

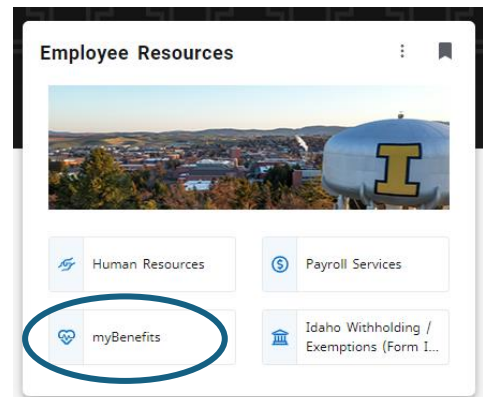
Complete your Annual Enrollment: One step at a time

Before completing your enrollment, please review these important reminders:

- **Deadlines:** Annual Enrollment is open Oct. 21 – Nov. 5, 2024 (closes at midnight Pacific Time). Any supporting documentation must be uploaded no later than Jan. 31, 2025.
- **Spending Accounts:** You **must** complete Annual Enrollment to contribute to a Health Savings Account (HSA), Health Care Flexible Spending Account (FSA) or Dependent Care Flexible Spending Account (DCFSA) in 2025. Even if you are contributing in 2024, your elections **will not** roll over.
- **Waiving Coverage:** If you are waiving coverage in 2025, complete your Annual Enrollment and select waived coverage, then upload proof of other coverage such as a copy of your insurance card. Proof of other coverage must be uploaded **every year**.
- **If your spouse is a U of I employee:** To waive coverage to be on their plan, complete your Annual Enrollment and select waived coverage, then email your and your spouse's names and Vandal Numbers to benefits@uidaho.edu. Proof of other coverage is not required.
- **If you do not complete Annual Enrollment:**
 - If you are a full-time employee, your 2024 benefit elections will be carried forward to 2025 except spending account elections.
 - If you are less than full-time, you will be placed in waived coverage.

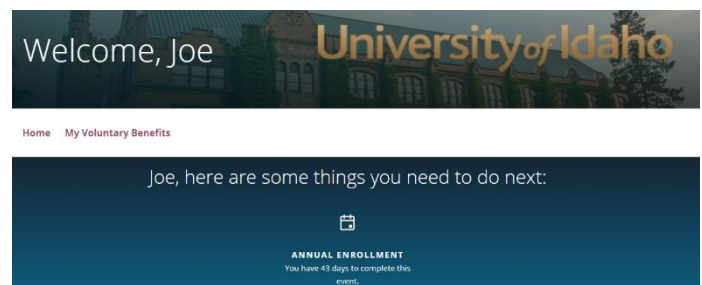
Step 1: Log In

Sign in to MyUI at <https://my.uidaho.edu>. On the Employee Resources card, select myBenefits.



Step 2: Start your Annual Enrollment

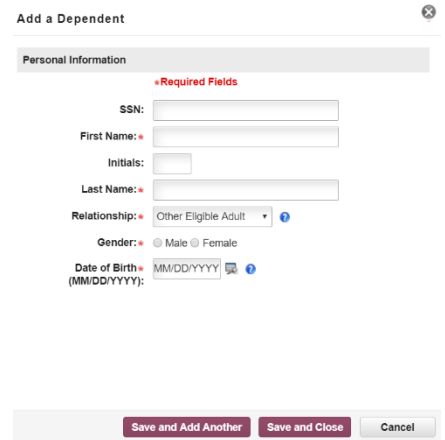
On the myBenefits landing page, select Annual Enrollment to begin your enrollment. The banner will display the remaining days available to complete your enrollment.



Step 3: Confirm your Dependents

Follow the prompts to add or remove dependents.

- You only need to list dependents who will be covered on your medical, dental, vision, and/or life insurance plans.
- If your dependents do not have SSNs, enter 111-11-1111 for the first dependent, 222-22-2222 for the second dependent, etc.
 - As soon as SSN is received, you will return to the myBenefits portal to update your dependent information.



Add a Dependent

Personal Information

***Required Fields**

SSN:

First Name:

Initials:

Last Name:

Relationship:

Gender: Male Female

Date of Birth (MM/DD/YYYY):

Save and Add Another **Save and Close** **Cancel**

Step 4: Confirm Benefit Elections

Health Benefits: Confirm your plan choices for your medical, dental and vision coverage, as well as which dependents are covered on each plan.

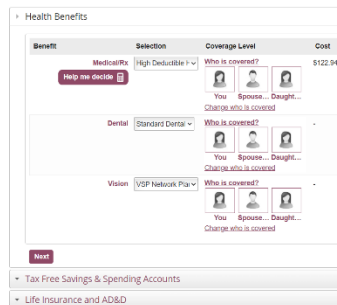
Tax Free Savings & Spending Accounts: Enter the **TOTAL ANNUAL** amount you wish to contribute to an HSA, FSA or DCFSA.

Life Insurance and AD&D: Select any optional life, spouse/dependent life or additional disability benefit coverage.

Personalize your benefits plan

New Hire - March 1, 2022

- 1 Family 2 **Benefits** 3 Beneficiaries 4 Finalize

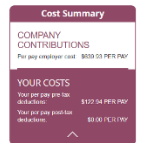


Health Benefits

Benefit	Selection	Coverage Level	Cost
Medical	High Deductible	Who is covered? You Spouse... Daught... Change who is covered	\$122.54
Dental	Standard Dental	Who is covered? You Spouse... Daught... Change who is covered	
Vision	VSP Network PPO	Who is covered? You Spouse... Daught... Change who is covered	

Next

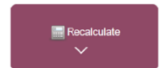
- Tax Free Savings & Spending Accounts
- Life Insurance and AD&D

Cost Summary

COMPANY CONTRIBUTIONS
Per pay period: \$10.03 PER PAY

YOUR COSTS
Your per pay pre-tax deductions: \$122.54 PER PAY
Your per pay post-tax deductions: \$1.00 TC, \$1.00P

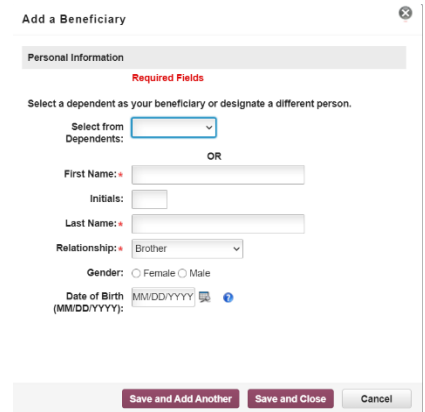


Recalculate

After each change, you can use the “Recalculate” button on the right side of the screen to see your updated cost per pay period.

Step 5: Designate Beneficiaries

Enter the beneficiaries who your basic and optional life benefits would be paid out to in the event of your death. If you have multiple “Primary” beneficiaries, the total of the percentages assigned to them must equal 100%. You may also designate “Contingent” beneficiaries (who the benefits would be paid to in the event that they could not be paid to the “Primary” beneficiaries).



Step 6: Finalize

Personalize your benefits plan

Annual Enrollment - January 1, 2025

Non-critical warnings

Based on the selections you made during this event, enrollment form(s) are required to be completed. The required forms can be viewed and printed by accessing the Forms Task.
In order for this event to be completed you will need to upload a copy of your marriage certificate.

Print your confirmation statement

The selections you made have been submitted successfully.

Event name: Annual Enrollment

Effective date: January 1, 2025

Date completed: October 2, 2024

 [If you wish, you can print a summary of your new selections.](#)

Your new selections will appear in your **Personal Profile** once processed.

You will also need to provide the following forms in order to finalize the enrolment.

Forms

Forms

[Copy of a marriage certificate](#)

(Provide by: January 31, 2025)

[Proof of financial interdependency or a tax form from within the last 2 years](#)

(Provide by: January 31, 2025)

Done

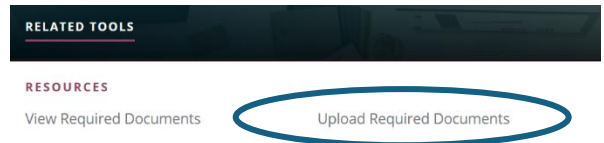
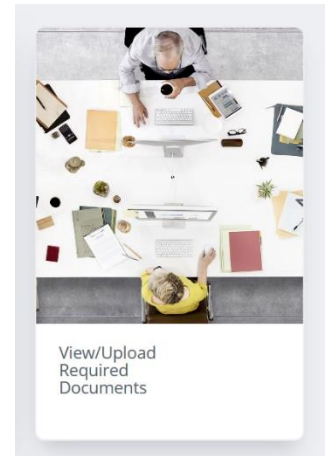
Print a copy of your confirmation statement and retain it for your records. If there are any technical issues, you will be asked to provide this documentation.

Step 7: Upload Required Documentation, if applicable

If you added dependents or waived coverage, you will need to upload documentation (see table below).

- Return to the myBenefits homepage
- Select View/Upload Required Documents
- Select Upload Required Documents
- Follow the instructions to upload your documents

Important: Please redact any sensitive information (financial amounts, SSN, etc.). For tax returns, be sure to include the signature page or confirmation of electronic submission.



Action	Required Documentation
Adding a Spouse	Marriage certificate and one proof of financial interdependency (joint utility bill, rental agreement, joint financial account, etc.) OR Joint tax return
Adding a Child	Birth certificate or court-filed adoption paperwork OR Tax return showing the child listed as a dependent
Waiving Coverage	Proof of other coverage, such as a copy of your insurance card or a letter from your carrier confirming your coverage

If you need assistance, please email benefits@uidaho.edu.