

Benefits (ESS): Make Benefit Elections Using BearTrax

All Employees

Introduction


Purpose:

The purpose of this task is for you to manage, change and/or submit your benefit elections using BearTrax.

To request a password, you'll email beartrax@shawnee.edu.

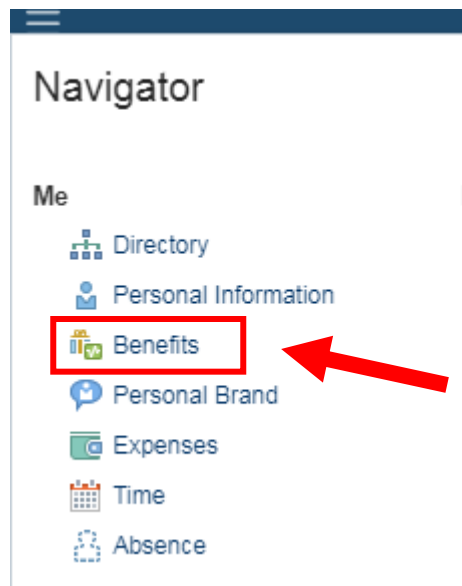
To access Beartrax, you'll visit: www.shawnee.edu/beartrax.

How to Access:

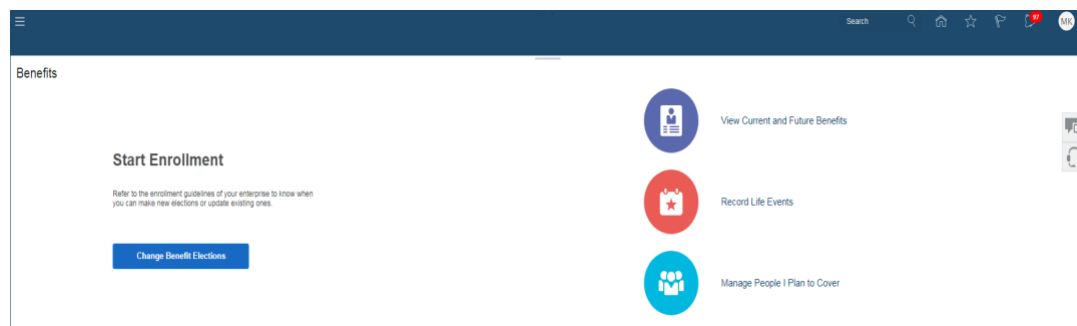
Go to the [Home Screen](#) by clicking the  icon.

Click the  Icon.

Under "Me," click "Benefits." This will take you to the Benefits screen.



From this screen, you can view, change, and submit your benefit elections while in an enrollment period or when a life event has been recorded.



Helpful Hints:

Be sure to keep in mind that...

- You can see how changes you make to your elections will affect the total cost to you as you go through the benefits enrollment process.
- You must adhere to the enrollment guidelines set by Human Resources.
- Important! Be sure to add family members and other beneficiaries as contacts before you make your elections.
- In your Benefits pages, the term “Contacts” references your dependents and beneficiaries to be covered.

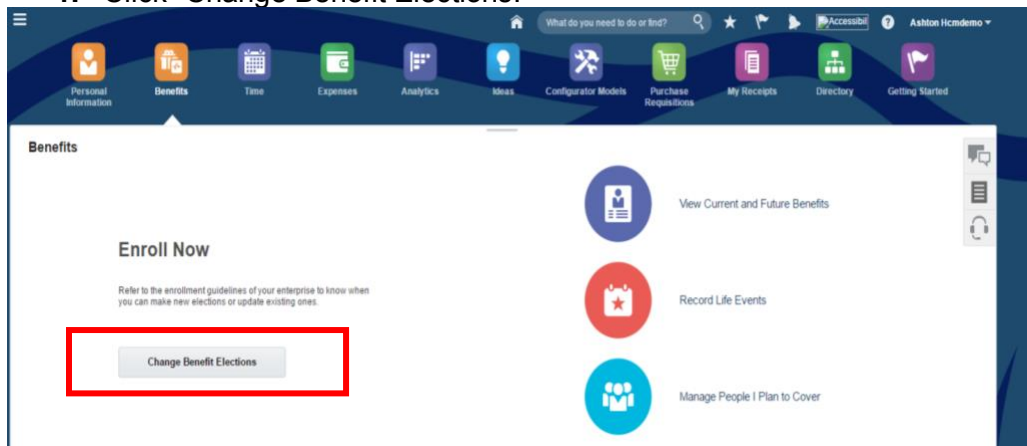
Procedure

Complete the following steps to change and submit your benefit elections:

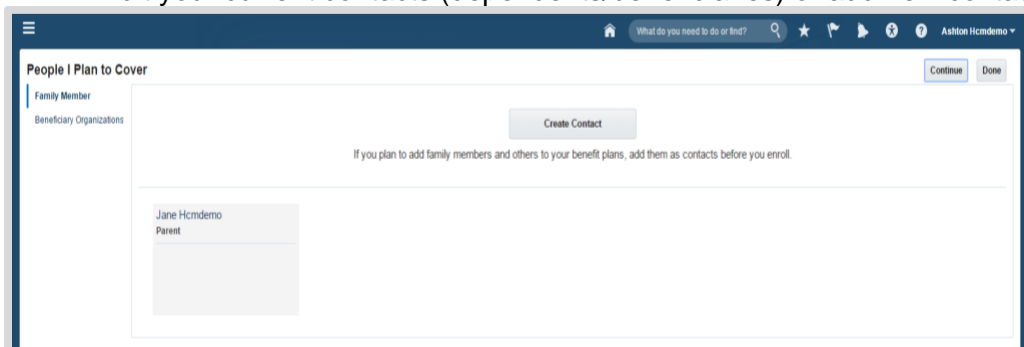
Change your Benefit Elections

Follow these instructions to change your benefit elections:

1. Click “Change Benefit Elections.”



2. Edit your current contacts (dependents/beneficiaries) or add new contacts from here.



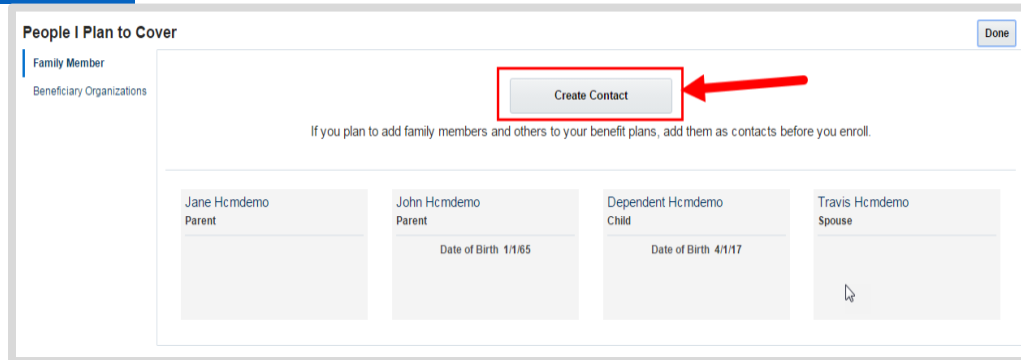
Create or Edit Contacts for Benefits Coverage

Follow these instructions to create or edit your contact for benefits coverage:

To create a contact:

Click “Create Contact” to add a family member as a dependent or beneficiary.

Note: If your contact is an existing employee, please refer to the [Personal Information: Edit Contacts Job Aid](#).



View the Create Contact page.

Create Contact

* Effective Start Date

Name Style

Global-Name Language

* Last Name

First Name

Title

Prefix

Suffix

Middle Name

Honors

Preferred Name

Previous Last Name

Marital Status

Gender

Date of Birth

Country

* Relationship

Emergency Contact

Address

Copy my home address

Enter a New Address

Primary E-Mail

Primary Phone

National ID

Student Status

Covered in Another Plan

Plan

Disability Type

Tobacco Use

Disability Status

Enter all required information to create the contact if they do not already exist in your contacts.

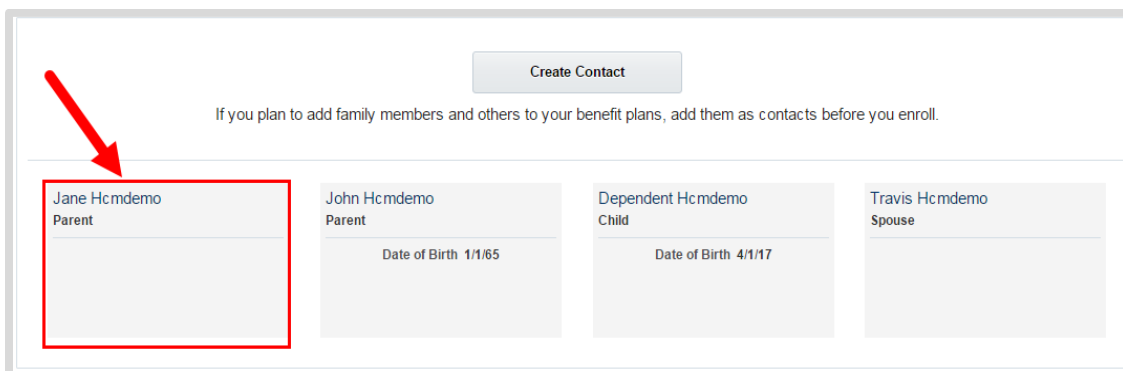
Gender, Date of Birth, and National ID are required information for all Dependents.

Disability Status is required for Dependents 26 and older.

Complete all required fields marked by *.

Click “Save” at the top right corner.

View contacts’ information on contact card. **To update** contact information, click on the contact’s name and make the change.



Create Contact

If you plan to add family members and others to your benefit plans, add them as contacts before you enroll.

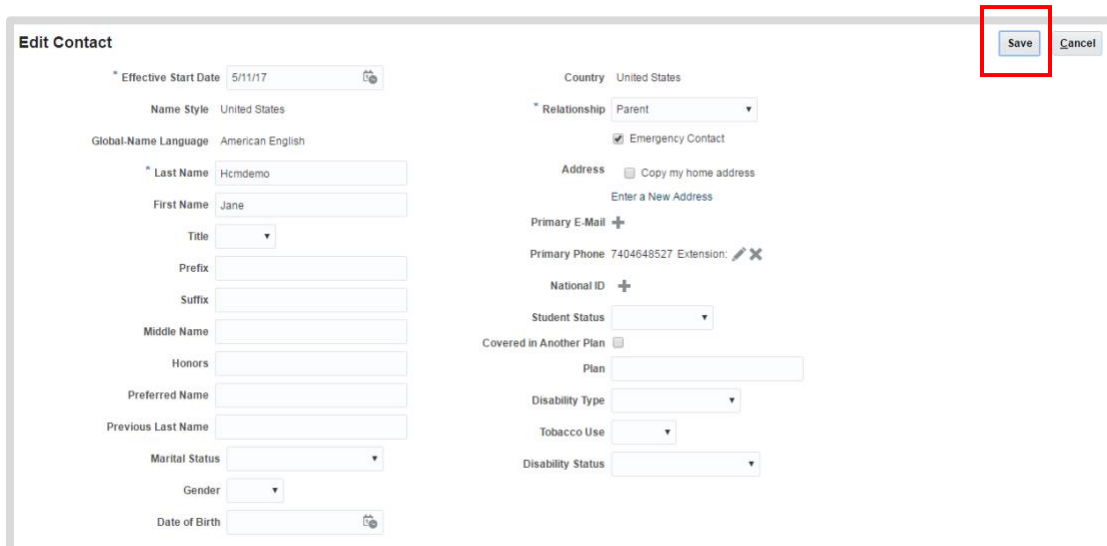
Jane Hc:demo Parent	John Hc:demo Parent Date of Birth 1/1/65	Dependent Hc:demo Child Date of Birth 4/1/17	Travis Hc:demo Spouse
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If *current* data is incorrect, contact Human Resources to update.

Any changes made to information for contacts will be effective from the date submitted.

Fill out the required fields, as marked by an *.

Click “Save.”



Edit Contact

* Effective Start Date: 5/11/17

Name Style: United States

Global-Name Language: American English

* Last Name: Hc:demo

First Name: Jane

Title: [Dropdown]

Prefix: [Text]

Suffix: [Text]

Middle Name: [Text]

Honors: [Text]

Preferred Name: [Text]

Previous Last Name: [Text]

Marital Status: [Dropdown]

Gender: [Dropdown]

Date of Birth: [Text]

Country: United States

* Relationship: Parent

Emergency Contact

Address: Copy my home address

Enter a New Address

Primary E-Mail: +

Primary Phone: 7404648527 Extension: [Text]

National ID: +

Student Status: [Dropdown]

Covered in Another Plan:

Plan: [Text]

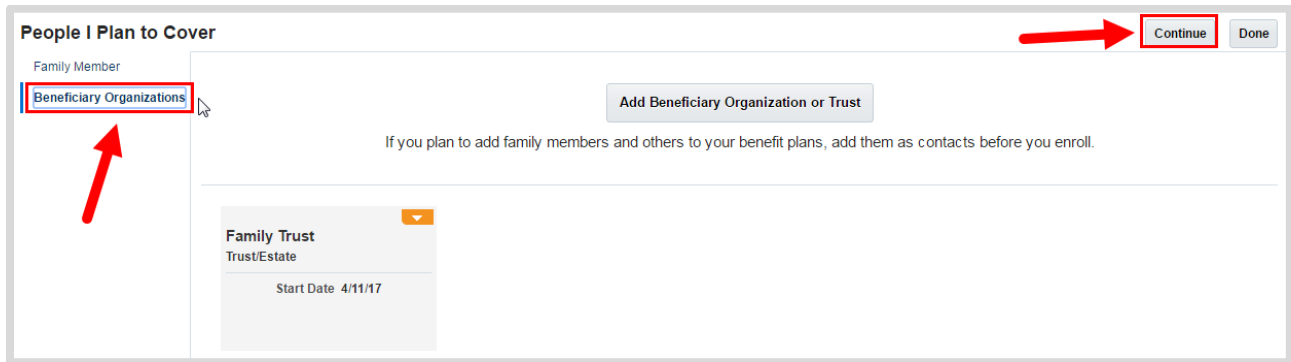
Disability Type: [Dropdown]

Tobacco Use: [Dropdown]

Disability Status: [Dropdown]

Save Cancel

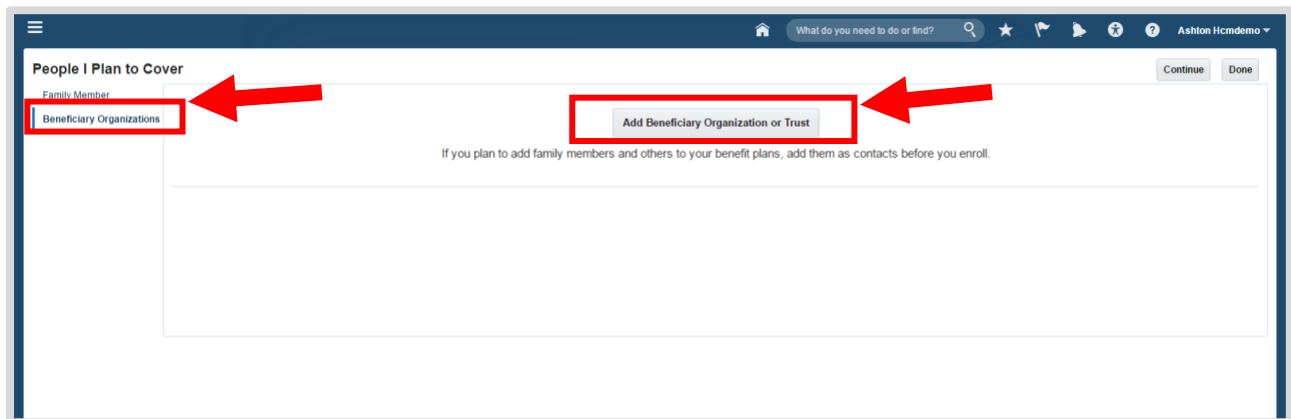
If you wish to add a Trust/Estate as a beneficiary, click the Beneficiary Organization link on the left side of the screen.



To continue to select or edit your Benefit Elections, click “Continue.”

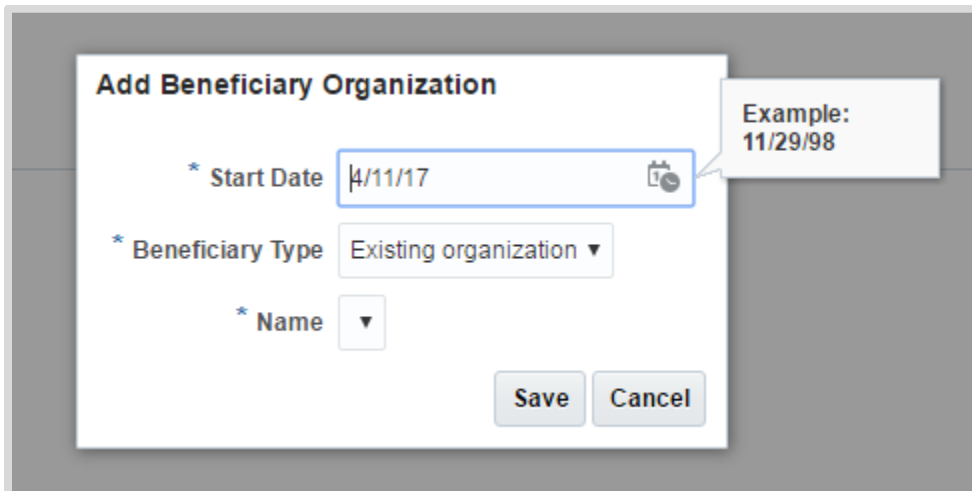
Edit Beneficiary Organizations

Click “Beneficiary Organizations” on the left side of the screen.



Click “Add Trust/Estate” to begin the steps to add a new Beneficiary.

Enter the Start Date in the appropriate format.



The screenshot shows a modal window titled "Add Beneficiary Organization". It contains three required fields: "Start Date" with a calendar icon and a callout box showing "Example: 11/29/98", "Beneficiary Type" set to "Existing organization", and "Name" with a dropdown arrow. "Save" and "Cancel" buttons are at the bottom.

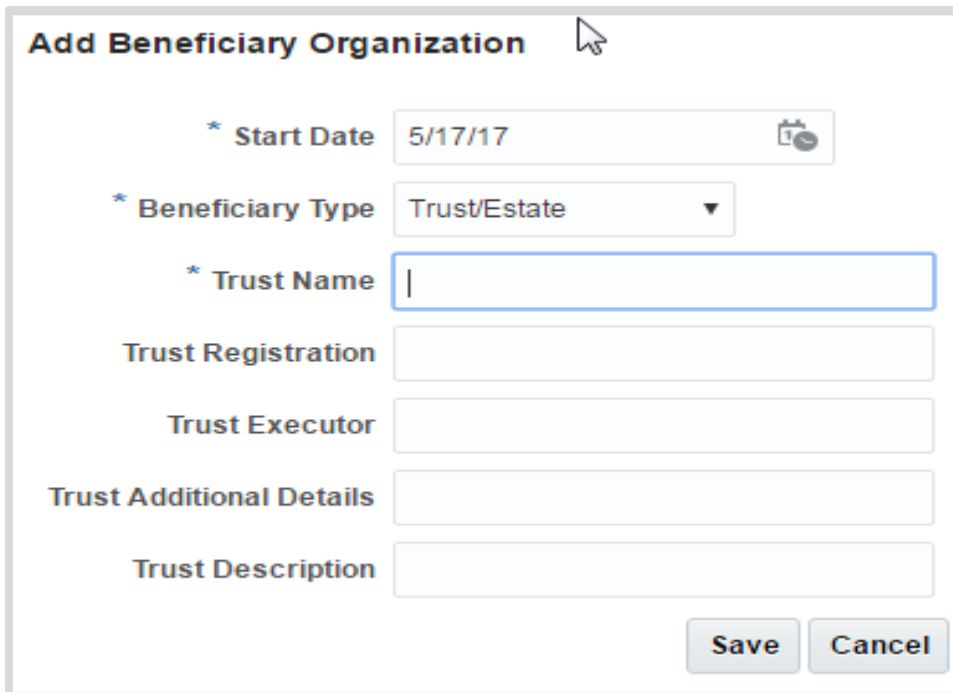
Select the Beneficiary Type.

If you are entering an Existing Organization:

Choose the Name from the drop-down menu displayed.

Click "Save."

If you are entering a Trust/Estate:



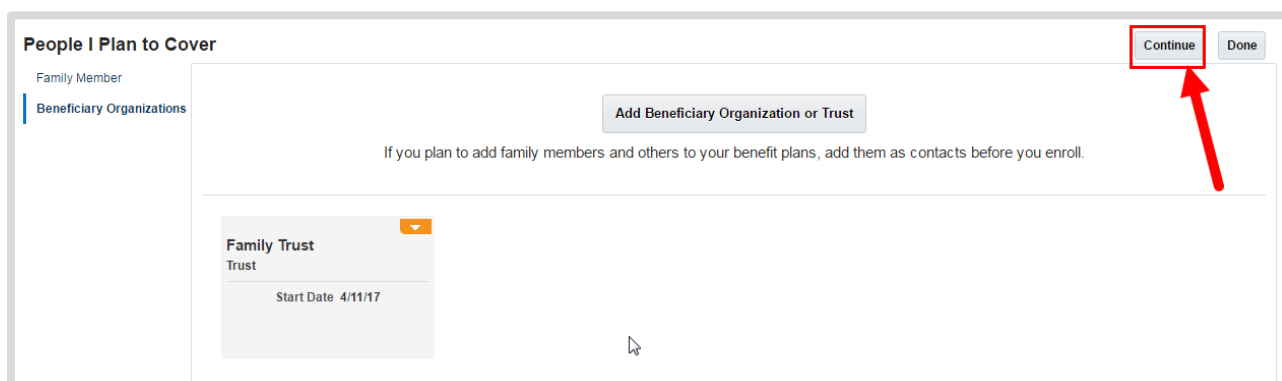
The screenshot shows a modal window titled "Add Beneficiary Organization" with a mouse cursor over the title. It contains several fields: "Start Date" (5/17/17) with a calendar icon, "Beneficiary Type" (Trust/Estate), "Trust Name" (empty), "Trust Registration" (empty), "Trust Executor" (empty), "Trust Additional Details" (empty), and "Trust Description" (empty). "Save" and "Cancel" buttons are at the bottom.

Enter information into the required fields.

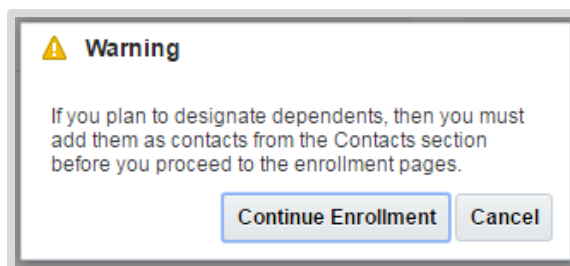
Click “Save.”

Note: If you wish to designate a contact as a beneficiary of your benefit elections, you must go through the Change Benefit Elections process and designate them before finalizing enrollment changes. *This can only occur during annual enrollment periods or when you report a life event.* See [Edit Your Benefit Selections](#).

Click “Continue” once you have returned to the Edit Beneficiary Organizations page to proceed to the Edit Benefits process and make or change your benefit elections.



Click “Continue Enrollment” in the warning box if you have already entered your dependents in the contacts section.



Note: The authorization statement notifies all employees that:

By enrolling in benefits, you are authorizing Shawnee State University to take deductions from your paycheck to pay for your cost of coverage. You are also authorizing the Benefits Office to send necessary personal information to your selected providers to initiate and support your coverage.


Read the authorization statement. If you disagree, you may not move on to make benefit elections.

Click “Accept” to continue.

Authorization

By enrolling in benefits, you are authorizing Shawnee State University to take deductions from your paycheck to pay for your cost of coverage. You are also authorizing the Benefits Office to send necessary personal information to your selected providers to initiate and support your coverage.

Printable Page Decline **Accept**



Edit Your Benefit Selections

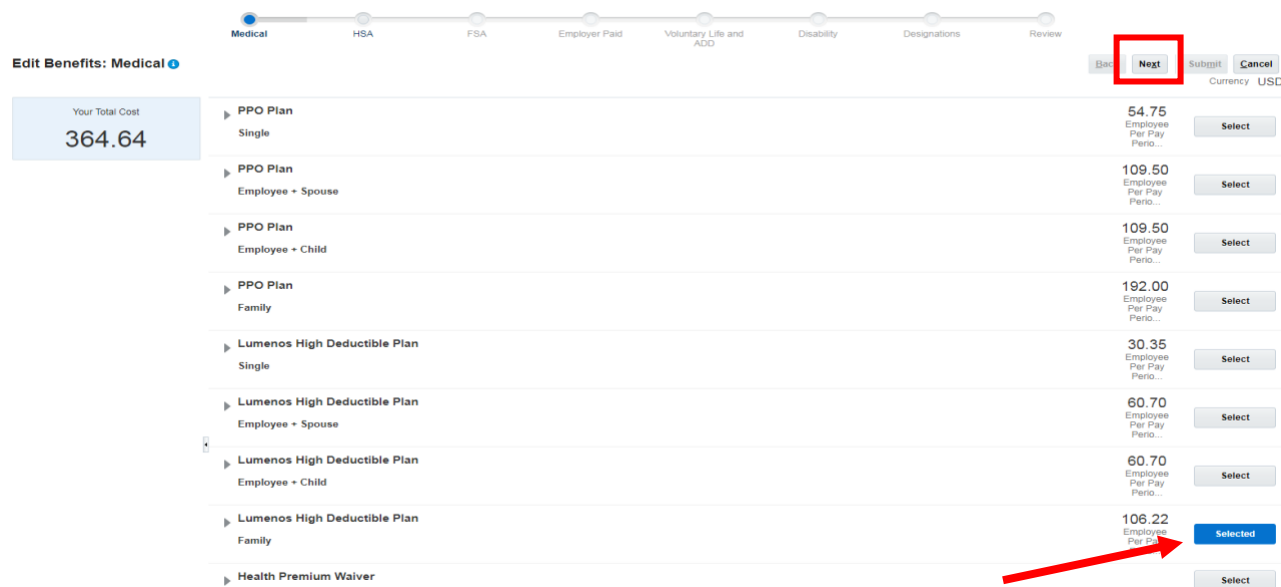
Follow these instructions to edit your benefit selections:

Note: Be sure to refer to the information icon ⓘ located beside the section title to learn more about each benefit and the options available to you.

Medical Options:

1. Choose the plan and options in which you wish to enroll.
2. First, click the “Select” icon for the Medical Benefit option of your choice.
3. Click “Next.”

i. Note: Your current year elections and costs will be displayed as you move through the train stops.



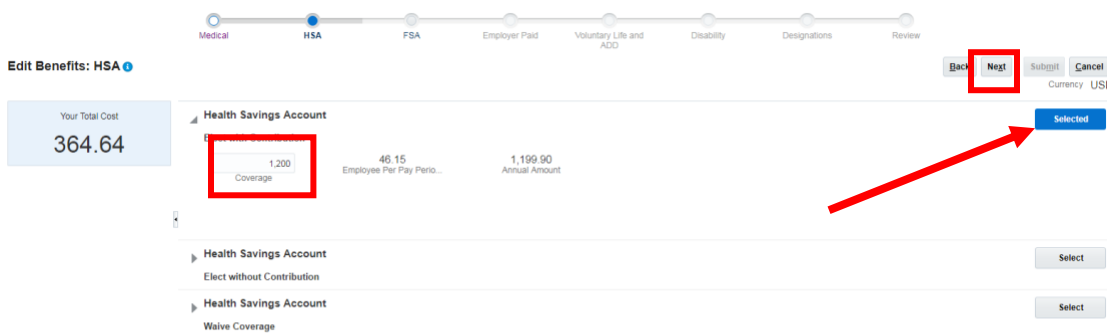
Edit Benefits: Medical ⓘ Back **Next** Submit Cancel Currency USD

Plan Name	Cost	Action
PPO Plan Single	54.75 Employee Per Pay Perio...	Select
PPO Plan Employee + Spouse	109.50 Employee Per Pay Perio...	Select
PPO Plan Employee + Child	109.50 Employee Per Pay Perio...	Select
PPO Plan Family	192.00 Employee Per Pay Perio...	Select
Lumenos High Deductible Plan Single	30.35 Employee Per Pay Perio...	Select
Lumenos High Deductible Plan Employee + Spouse	60.70 Employee Per Pay Perio...	Select
Lumenos High Deductible Plan Employee + Child	60.70 Employee Per Pay Perio...	Select
Lumenos High Deductible Plan Family	106.22 Employee Per Pay Perio...	Selected
Health Premium Waiver		Select

4. Click “Next.”

HSA Options:

5. If you selected the Luminos High Deductible plan, click the “select” icon for the Health Savings Account (HSA) Benefits option you wish to elect.
 - a. Your current year election will default.
6. Enter the annual amount you wish to contribute in the “coverage” box.



7. Click “Next.”

FSA Options:

8. Click the “select” icon for the Flexible Spending Account (FSA) benefit option you wish to elect.
 - a. PPO participants have the option to enroll in the FSA or a Dependent Care FSA.
 - b. HDHP Participants have the option to enroll in a limited-purpose FSA or a Dependent Care FSA.
9. Enter the annual amount you wish to contribute in the “coverage” box.
 - a. Your current year election will default.



Edit Benefits: FSA

Medical HSA **FSA** Employer Paid Voluntary Life and ADD Disability Designations Review

Back **Next** Submit Cancel
Currency USD

Your Total Cost: **364.64**

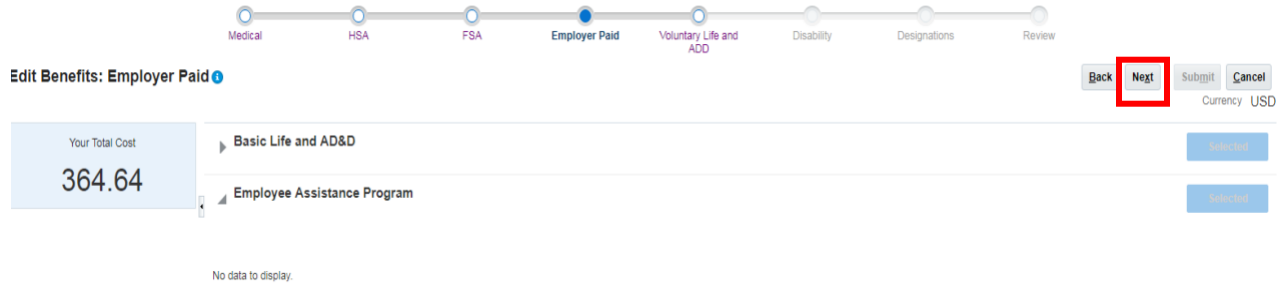
- FSA Healthcare**
 - Elect Coverage: 0.00 Employee Per Pay Perio... **Select**
 - Waive Coverage: **Selected**
- No data to display.
- FSA Limited Purpose**
 - Elect Coverage: 0.00 Employee Per Pay Perio... **Select**
 - Waive Coverage: **Selected**
- No data to display.
- FSA Dependent Care**
 - Elect Coverage:

<input type="checkbox"/> 5,000 Coverage	208.33 Employee Per Pay Perio...	5,416.58 Annual Amount
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 - Waive Coverage: **Selected**

10. Click “Next.”

Employer Paid Benefit Options:

11. View the Employer Paid benefits—these elections cannot be changed. You can designate beneficiaries on the Designations page.



Edit Benefits: Employer Paid

Medical HSA FSA **Employer Paid** Voluntary Life and ADD Disability Designations Review

Back **Next** Submit Cancel
Currency USD

Your Total Cost: **364.64**

- Basic Life and AD&D**: **Selected**
- Employee Assistance Program**: **Selected**
- No data to display.

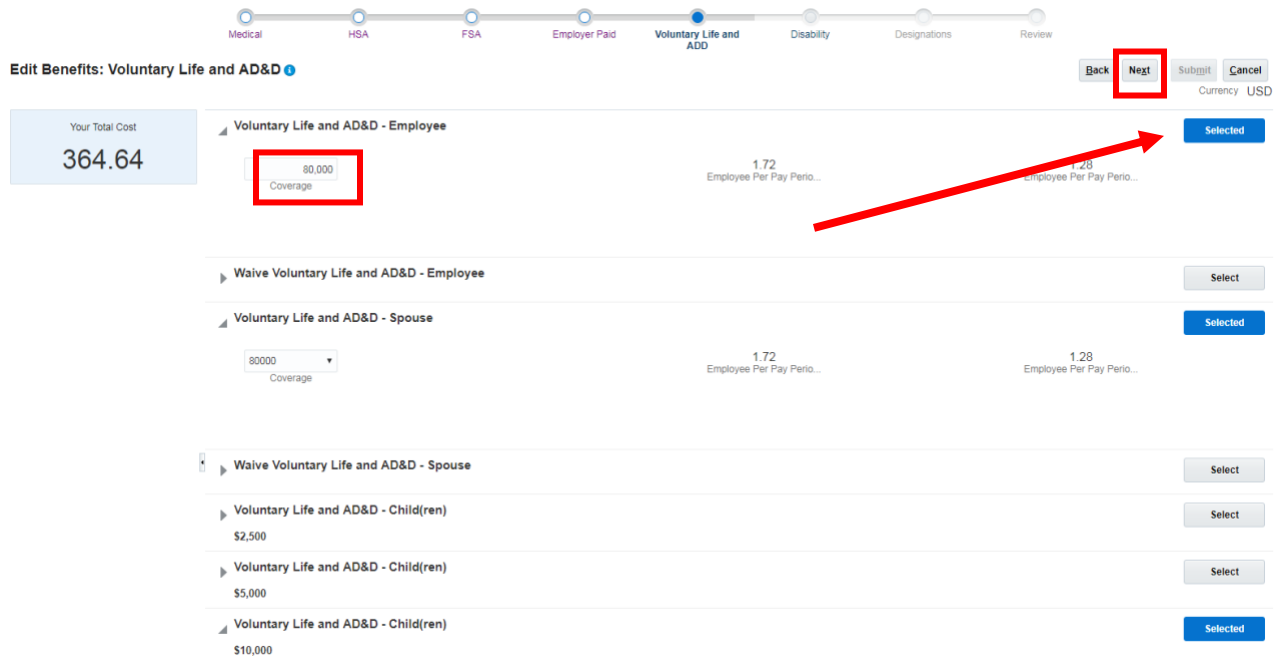
12. Click “Next.”

Voluntary Life and AD&D Options:

13. Click the “select” icon for the Voluntary Life and AD&D benefits you wish to select for enrollment.

a. Your current year elections will default.

14. Enter the coverage amount you wish in the “coverage” box.



Edit Benefits: Voluntary Life and AD&D

Medical HSA FSA Employer Paid **Voluntary Life and AD&D** Disability Designations Review

Back **Next** Submit Cancel
Currency USD

Your Total Cost: 364.64

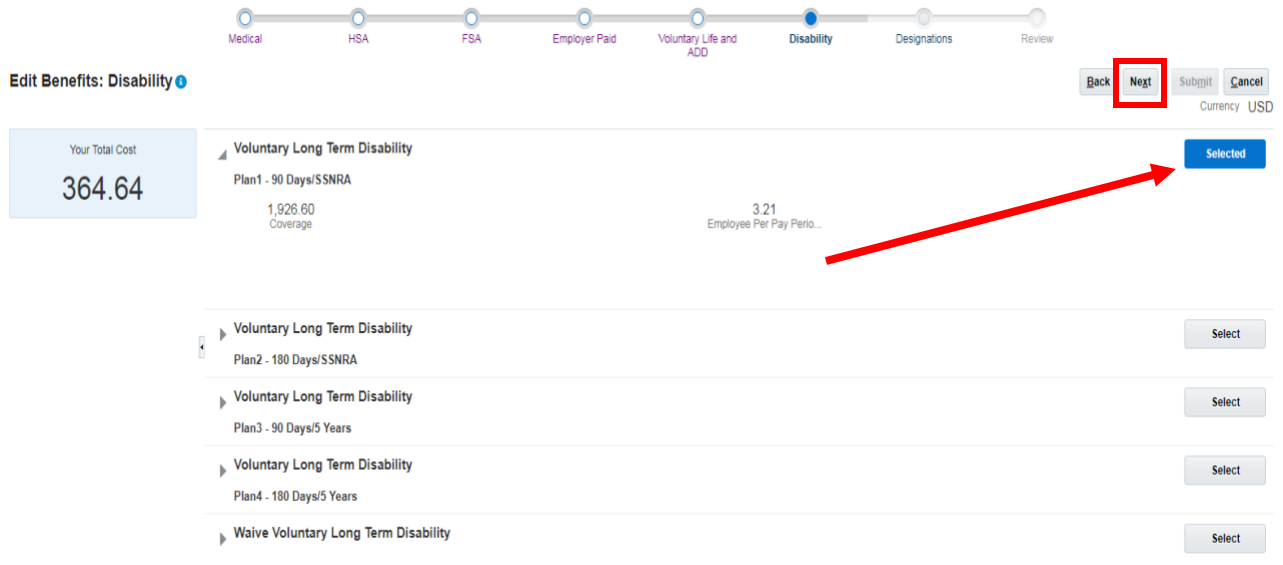
Benefit Option	Coverage	Employee Per Pay Period	Spouse Per Pay Period	Action
Voluntary Life and AD&D - Employee	80,000	1.72	1.28	Selected
Waive Voluntary Life and AD&D - Employee				Select
Voluntary Life and AD&D - Spouse	80000	1.72	1.28	Selected
Waive Voluntary Life and AD&D - Spouse				Select
Voluntary Life and AD&D - Child(ren)	\$2,500			Select
Voluntary Life and AD&D - Child(ren)	\$5,000			Select
Voluntary Life and AD&D - Child(ren)	\$10,000			Selected

15. Click “Next.”

Disability Options:

16. Click the “select” icon for the Disability benefits you wish to select for enrollment.

a. Your current year elections will default.



Edit Benefits: Disability

Back **Next** Submit Cancel
Currency USD

Your Total Cost
364.64

Voluntary Long Term Disability
Plan1 - 90 Days/SSNRA
1,926.60 Coverage
3.21 Employee Per Pay Perio... **Selected**

Voluntary Long Term Disability Select
Plan2 - 180 Days/SSNRA

Voluntary Long Term Disability Select
Plan3 - 90 Days/5 Years

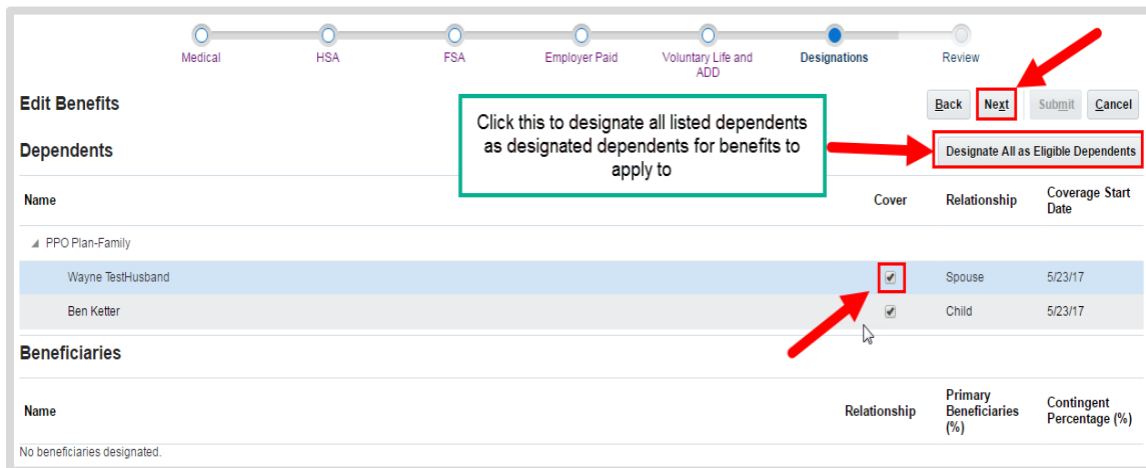
Voluntary Long Term Disability Select
Plan4 - 180 Days/5 Years

Waive Voluntary Long Term Disability Select

17. Click "Next."

Designations Options:

18. In the designation train stop, select the checkboxes for the Designations you wish to select as eligible dependents and beneficiaries to be covered by your benefit elections.



Edit Benefits

Medical HSA FSA Employer Paid Voluntary Life and ADD **Designations** Review
Back **Next** Submit Cancel

Click this to designate all listed dependents as designated dependents for benefits to apply to

Designate All as Eligible Dependents

Dependents

Name	Cover	Relationship	Coverage Start Date
PPO Plan-Family			
Wayne TestHusband	<input checked="" type="checkbox"/>	Spouse	5/23/17
Ben Ketter	<input checked="" type="checkbox"/>	Child	5/23/17

Beneficiaries

Name	Relationship	Primary Beneficiaries (%)	Contingent Percentage (%)
No beneficiaries designated.			

19. Click "Next" to proceed to the Review page of the Benefit Elections process.

20. Review your Benefit Elections.

Review







Back Next Submit Cancel

Submission Deadline: 10/31/17

6

Remaining Days

Your Total Cost
26.60 USD

	<p>Medical Plan: Lumenos High Deductible Plan - Single</p>	<p>Annual Amount 260.00 Primary 10.00</p>
	<p>Health Savings Account Plan: Health Savings Account - Elect without Contribution</p>	
	<p>Flexible Spending Account Plan: FSA Healthcare - Waive Coverage Plan: FSA Limited Purpose - Waive Coverage Plan: FSA Dependent Care - Waive Coverage</p>	
	<p>Basic Life and AD&D Plan: Basic Life and AD&D</p>	<p>Coverage Amount 50,000.00 Other 1 5.00</p>
	<p>Employee Assistance Program Plan: Employee Assistance Program</p>	
	<p>Voluntary Life and AD&D - Employee Plan: Voluntary Life and AD&D - Employee</p>	<p>Coverage Amount 150,000.00 Secondary 16.60 Other 2 3.20</p>

21. If you need to make additional revisions, click the “back” button or go directly to each page by clicking the benefit title.

22. Click “Next” to return to review page after revisions are complete.

23. Read the Authorization Statement at the bottom of the review page.


- a. If you agree with the statement, you may scroll back to the top of the review page and move on to submit your elections.

24. Click “Submit” to submit your benefit selections.

25. You can now review your confirmation page.

Confirmation: Shawnee Health & Welfare Benefits

Print Select Another Done



Your benefit enrollments were saved.





Enrollment changes can occur until 10/31/17.

Your Total Cost

29.80 USD

Per Pay Period

Benefits Summary

	<p>Medical</p> <p>✔ Enrolled Plan: Lumenos High Deductible Plan - Single</p> <p>Coverage Start Date 1/1/18</p>	<p>Employee Per Pay Period Pre-Tax Amount 10.00</p> <p>Employee Per Pay Period After-Tax Amount</p>
	<p>Health Savings Account</p> <p>✔ Enrolled Plan: Health Savings Account - Elect without Contribution</p> <p>Coverage Start Date 1/1/18</p>	<p>Employee Per Pay Period After-Tax Amount</p>
	<p>Flexible Spending Account</p> <p>✔ Enrolled Plan: FSA Healthcare - Waive Coverage</p> <p>Coverage Start Date 1/1/18</p>	<p>Employee Per Pay Period After-Tax Amount</p>
	<p>✔ Enrolled Plan: FSA Limited Purpose - Waive Coverage</p> <p>Coverage Start Date 1/1/18</p>	<p>Employee Per Pay Period After-Tax Amount</p>
	<p>✔ Enrolled Plan: FSA Dependent Care - Waive Coverage</p> <p>Coverage Start Date 1/1/18</p>	<p>Employee Per Pay Period After-Tax Amount</p>
	<p>Basic Life and AD&D</p> <p>✔ Enrolled Plan: Basic Life and AD&D</p> <p>Coverage Start Date 1/1/18</p>	<p>Coverage Amount 50,000.00</p>

Final Notes

By following these steps, you have successfully made changes or submitted benefit elections.