

University Medical Resident Services, P.C. and University Dental Resident Services, P.C. Enrollment

Your company is now conducting benefit enrollment online at www.benefitsconnect.net/umrs

Online enrollment with Benefits Connect is simple, secure and can be done in a few minutes from any computer with internet access. After enrolling online, you will have access to your benefit information 24 hours a day, from any computer.

What you need to get started...

During the enrollment process you will be asked to provide some basic information that you should have available.

- Your social security number
- Your dependent's social security numbers and birth dates
- Your primary care clinic information and number

User Name and Password

Initially your user name and password are defaulted to a standard format. Upon completing your first login you will be prompted to change your password. Let's walk through a sample login.

Your **user name** is made up of the **first six letters of your last name**, followed by your **first initial** and **the last four numbers of your UB person number**. The **initial password** for the system is **0+your UB person number** (without dashes).

Example:

Employee Name: Matt Sample
UB Person #: 12341234

User Name: samplem1234
Password: 012341234

Enrollment Demo login

Please login below to enter the *benefitsCONNECT*® system.

Username: samplem1234

Password: *****

enter cancel

First six letters of your last name+first initial+ last four numbers of your UB Person #

UB Person # 0XXXXXXXXX

1. Your Personal Profile

After your initial login, the system will take you to the PERSONAL INFORMATION section. Please complete all fields. **Bolded** fields are required, and must be completed. When you have completed all of the fields, click save & continue to proceed to the next screen.

personal information

Please complete the 5-section enrollment process.

Click the "save" button at the bottom of the page after you've entered the profile information.

Fields in bold are required.

General Information

First Name	Jane
Middle Initial	.
Last Name	Sample
Title	No Title
Social Security No.	123456789
Government Visa No.	Not specified
EEO Ethnic Code	Select EEO Code
EEO Job Category	Select EEO Job Category
Gender	Female
Date of Birth	10/25/1983

date in format, mm/dd/yyyy

Contact Information

Street Address	
Street Address 2	

2. Dependent Profiles

The system will now take you to the DEPENDENT INFORMATION section:

- To enter a spouse, click the icon under Spouse, enter information, and click Save.
- To enter a child, click the icon under Children, enter information, and click Save.
- To edit a dependent, click the pencil icon next to the dependent you want to edit, make changes, and click Save.
- Note: You only need to add dependents that you would like to enroll for coverage. You will choose which dependents to enroll for each plan when you reach the election screens.

please complete the 4-section enrollment process

dependent information

Please enter your dependent information.

Spouse or Domestic Partner
To add spouse or domestic partner information, click here.

Children
To add a child dependent, click here.

Ex-spouse
To add ex-spouse information, click here.

[back](#) [save & continue](#)

[Section 2 of 4]

When you are finished entering dependents, click Save & Continue.

3. Benefit Elections

Next, the system will take you to the BENEFIT PLAN ENROLLMENT Section. Each benefit and your options will be displayed one by one.

- To enroll in a plan, check next to the plan, and check any dependents you want to cover. If applicable, indicate the amount for which you would like to enroll.
- To waive coverage, check next to I waive enrollment.
- For information about a plan, click View Plan Outline of Benefits.
- For plans provided by your company at no cost to you, enrollment is already checked.

benefits plan enrollment

Please select a Medical plan.

All elections and changes are stored in an archive that can be viewed at any time, so there's never missing forms or lost information.

Available Medical Plans	Coverage	Your Cost
<input checked="" type="radio"/> Choice MCS7 Plan View Plan Outline of Benefits Provided by MEDICA Eligible on 4/1/2005 Cost is deducted on a pre-tax basis	<input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Sam (child)	92.31
<input type="radio"/> Comprehensive Major Medical Plan View Plan Outline of Benefits Provided by BLUE CROSS OF MINNESOTA Eligible on 4/1/2005 Cost is deducted on a pre-tax basis	<input type="checkbox"/> You <input type="checkbox"/> Sam (child)	
<input type="radio"/> I waive enrollment in all Medical plans		

Election Summary
Costs shown are as of 4/1/2005
Medical \$92.31
Dental
Long-term Disability
Basic Life
Voluntary Life
Health Care Reimbursement (125)
Bi-weekly Payroll Deduction \$92.31

back **save & continue**

Click Save & Continue after each benefit selection.

Completing Your Enrollment

Once you have gone through enrollment for each plan available, the system will take you to the CONSOLIDATED ENROLLMENT FORM page. This screen will show you a summary of the information you entered and the benefit elections you made.

- To complete the enrollment process, click Finished. You will then see a "SYSTEM FEEDBACK" screen.
- If you need to log off before completing enrollment, any data you entered will be saved. The next time you log on, you will be taken directly to the last saved screen.
- **Always make sure to log out upon completing any action on the system.**

It is not necessary to print and sign the enrollment form, printing this form is for your records only.