

**KRONOS Self-Service  
(Benefit Enrollment & Updating of Personal Information)**

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***Please be aware that Kronos Self Service works only with the Internet Explorer web browser.***

***If you are attempting to use other web browsers, such as Mozilla Firefox, Safari, etc., you will not be able to successfully complete Open Enrollment or any other actions in Self Service.***

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## Getting Around

### Main Self Service Screen




#### EMPLOYEE SELF SERVICE

<b>Welcome, <del>XXXXXXXXXXXX</del></b> → <u>Benefit Enrollment</u>	<b>My Information</b> → Direct Deposit → Employee Goals → <u>Life Events</u> → Performance Reviews → Tax Withholdings → Training → My Timecard	<b>Personal Information</b> → Personal Information → Address and Phone → Change Password → Email Address → Emergency Contacts
<b>Additional Notifications</b> → Actions List → Inbox		
<b>Company Information</b> → Company Directory → Company Handbook → Suggestions and Awards → Job Openings → Benefit Information		<b>Reference</b> → <u>Current Benefits</u> → Earnings History → Personal Profile → Paycheck Calculator → W-2 Review

#### Applicable menu options:

- Under Welcome → Benefit Enrollment
- Under My Information → Life Events (Benefit Enrollment)
- Under Reference → Current Benefits

#### KRONOS Conventions:

- Use  to get back to a previous page and/or the Self Service Home Page.
- You can also select Home  (upper right-hand corner of the screen) to return to the Self Service Home Page.
-  **IMPORTANT:** Remember to save your changes for each page!

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## Current Benefits

To view Current Benefit Enrollment elections, select Current Benefits under Reference.

Reference
→ <a href="#">Current Benefits</a>
→ <a href="#">Earnings History</a>
→ <a href="#">Personal Profile</a>
→ <a href="#">Paycheck Calculator</a>
→ <a href="#">W-2 Review</a>

### CURRENT BENEFITS

[Return](#)

Below is a summary of your current benefits. If you have any questions, please contact the benefits administrator.

<b>Your total Biweekly deduction</b>
\$275.07
<b>Your employer's contribution</b>
\$425.70

Benefit	Plan	Election	Coverage	Your Deduction	Employer Contribution
08FlexHealth	08HealthCareFlx	\$76.92		\$76.92	
403(b)	TSAP	None			
Acc Death	AD&Dbasic	\$20,000.00		*	\$0.40
Dental	Dental HMO	Employee+Spouse		\$18.50	\$8.47
Emp Assist	EAP	None		*	\$0.95
Health Advocate	Health Advocate	None		*	\$0.69
Life	LifeBasic	\$20,000.00		*	\$4.20
Long Term Dis	LTD	None		*	\$17.52
Medical	HMO	Employee+Family		\$170.00	\$393.47
Vision	Vision	Employee+Spouse		\$9.65	

\* Company provided benefit

### Current Benefits will list

- Benefit Type
- Plan Name
- Election (Amount, Percentage, Coverage, or None)
- Your Deduction (Bi-weekly)
- Employer Contribution
- Dependents
- Beneficiaries

**You may also view your Current Benefits within Open Enrollment via:**

- Benefit Profile page OR
- Step-Thru Enroll process

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## Benefit Enrollment

To Get To Benefit Enrollments:

1. Select



OR

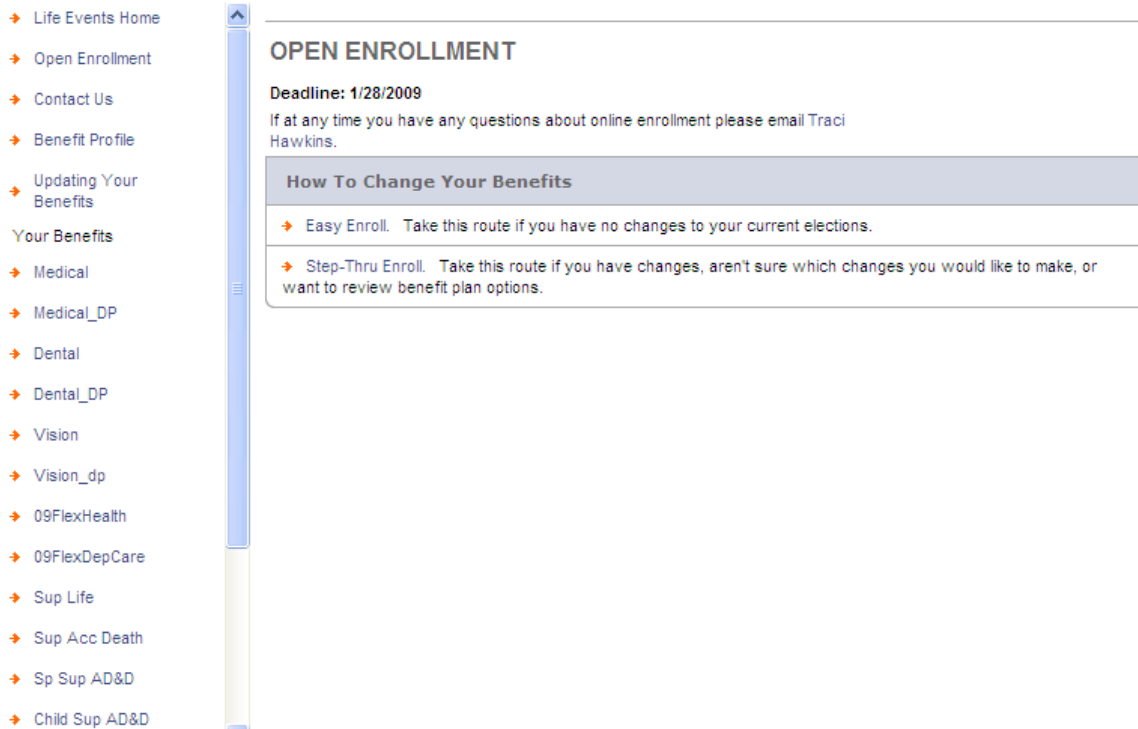
1. Select Life Events under My Information
2. Then, select Open Enrollment

### LIFE EVENTS

Welcome to the Life Events page. To proceed with the 2009 Open Enrollment, please click on Open Enrollment below.



The Open Enrollment page will open...



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## OPEN ENROLLMENT

**Deadline: 1/28/2009**

If at any time you have any questions about online enrollment please email Traci Hawkins.

How To Change Your Benefits
→ <b>Easy Enroll.</b> Take this route if you have no changes to your current elections.
→ <b>Step-Thru Enroll.</b> Take this route if you have changes, aren't sure which changes you would like to make, or want to review benefit plan options.

### Two options

1. **Easy Enroll** – Use this option if you have **No Changes** to make or if you know exactly which benefits you want to change.
2. **Step-thru Enroll** – Use this option if you want step-by-step instructions.

### Easy Enroll

1. When you select Easy Enroll, your Benefit Profile will be displayed. This lists:
  - Your total Biweekly Deduction
  - Your employer's Contribution
  - Benefit
  - Dependents
  - Current Elections
  - Current Deduction
  - New Plan Year Elections
  - New Plan Year Cost

## BENEFIT PROFILE

Click on a specific benefit to change or add. Click Save & Exit now if you don't have any changes.

**Pending approval, your benefit changes will become effective 3/1/2009 12:00:00 AM.**

<b>Your total Biweekly deduction</b>
\$38.99
<b>Your employer's contribution</b>
\$169.77

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- To make changes, click on the specific benefit. Make any changes. Then click Save & Exit.

Benefits	Dependents/Beneficiaries	Current Elections	Current Deduction	New Plan Year Elections	New Plan Year Cost
<a href="#">Medical</a>	0	HMO Employee	\$25.00	HMO Employee	\$25.00
<a href="#">Medical DP</a>	0	Not Enrolled None		None None	

- If you have No Changes, click Save & Exit.

**Step Thru Enroll**

- When you select Step Thru Enroll, a Benefits Checklist will be displayed.

**UPDATING YOUR BENEFITS**

**Deadline for Changes: 1/28/2009.**

	Choose the benefits you want to update	Your current elections are shown
<input type="checkbox"/>	Medical	HMO/ Employee Current Deduction: 25.00
<input type="checkbox"/>	Medical_DP	Not Enrolled
<input type="checkbox"/>	Dental	Dental HMO/ Employee Current Deduction: 9.50
<input type="checkbox"/>	Dental_DP	Not Enrolled
<input type="checkbox"/>	Vision	Vision/ Employee Current Deduction: 4.49
<input type="checkbox"/>	Vision_dp	Not Enrolled
<input type="checkbox"/>	09FlexHealth	Not Enrolled
<input type="checkbox"/>	09FlexDepCare	Not Enrolled
<input type="checkbox"/>	Sup Life	Not Enrolled
<input type="checkbox"/>	Sup Acc Death	Not Enrolled
<input type="checkbox"/>	Sp Sup AD&D	Not Enrolled
<input type="checkbox"/>	Child Sup AD&D	Not Enrolled
<input type="checkbox"/>	Sp Sup Life	Not Enrolled
<input type="checkbox"/>	Child Sup Life	Not Enrolled
<input type="checkbox"/>	Voluntary LTD	Not Enrolled

- Select the benefits you want to enroll in and/or change.
- When you select Save and Continue, KRONOS will open the benefit pages for the benefits you selected.
- You can then make any changes.

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***Benefit Selection***

**Medical, Dental, and Vision Plan pages**

**Example of Medical Benefit Page**

**MEDICAL**

To look up plan physicians or other Cigna information, go to the Cigna web site.

**NOTE:** "E'ee & Family" coverage is limited to spouses & children only.

Select the coverage type you want from the list below

**What You Can Do**

- ➔ Select the coverage type you want from the list below
- ➔ Update your dependents

[Voluntary Life Evidence of Insurability](#)

**Current election for HMO**

Employee

**Biweekly Deduction**

\$ 25.00

Plan	Election Option	Biweekly Deduction
HMO	<input checked="" type="radio"/> Employee	25.00
	<input type="radio"/> Employee+Family	170.00
	<input type="radio"/> Employee+Spouse	115.00
	<input type="radio"/> Employee+Child(ren)	100.00

Plan	Election Option	Biweekly Deduction
PPO	<input type="radio"/> Employee	70.00
	<input type="radio"/> Employee+Family	365.00
	<input type="radio"/> Employee+Spouse	230.00
	<input type="radio"/> Employee+Child(ren)	205.00

Deduct my benefit on a  basis.

**Provider Web Sites:**

Specific benefit pages have a link to the Provider Website:

- The Medical page has a link to the Cigna web site.
- The Dental page has a link to the Guardian web site.

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**To Enroll in the Medical Plan (OR Dental, or Vision plans)**

1. Select either the HMO or PPO plan
2. Select an Election Option:
  - Employee
  - Employee & Family (Employee, Spouse, and 1 or more children)
  - Employee & Spouse
  - Employee & Child(ren)
  - Note: the rates for each election option appear on the right.
3. Note: For Domestic Partner enrollment, select:
  - Employee OR
  - Employee & Child(ren)
  - AND THEN, enroll your Domestic Partner (and/or your Domestic Partner and their Child(ren) on the associated DP Plan (i.e. Medical\_DP, Dental\_DP, or Vision\_DP)
4. Add/Update dependent information (if necessary).
5. Select Save & Continue.

**To change your Physician (or Dentist):**


- Call Cigna Member Services @ 800 244-6224 or go to [www.mycigna.com](http://www.mycigna.com)
- Call Guardian Member Services @ 800 273-3330 (HMO) OR 800 541-7846 (PPO)

**To Waive Coverage**

1. To waive coverage for any plan, select the checkbox for "I decline coverage."


**Waive Coverage**

I decline coverage.

2. Select Save & Continue. 
3. A separate window will open for you to confirm that you want to decline coverage. Click the checkbox and select Save and Continue.


**DECLINING COVERAGE**

I waive coverage for myself and dependents, if any, and I have read the waiver statement above.



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**To Add a Dependent**

1. Select 
2. Enter the Dependent Information – see below. Certain fields are required. These are designated by an \*.

**ADD A DEPENDENT**

\* Indicates a required field.

<b>First Name</b>	<input type="text"/>	<b>Birthday (mm/dd/yyyy) *</b>	<input type="text"/>
<b>Middle Name</b>	<input type="text"/>	<b>Social Security # *</b>	<input type="text"/>
<b>Last Name *</b>	<input type="text"/>	<b>Full-time Student</b>	<input type="checkbox"/>
<b>Suffix</b>	<input type="text"/>	<b>Smoker</b>	<input type="checkbox"/>
<b>Nickname</b>	<input type="text"/>		
<b>Gender</b>	Female <input type="button" value="v"/>		
<b>Relationship</b>	Child <input type="button" value="v"/>		

Use my primary address/phone  
 Use a different address/phone



3. Dependent relationship options include:

Child

- Child
- Cousin
- Domestic Partner
- Friend
- Other
- Parent
- Sibling
- Spouse
- Unknown

**IMPORTANT:** The **ONLY** dependents that can be covered on plans are:

- Child
- Domestic Partner
- Spouse
- (Other relationships can be used for Beneficiaries ONLY)

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**Health Care Flex and Dependent Care Flex Plan Pages**

**IMPORTANT:** You MUST select Health Care Flex & Dependent Care Flex EACH YEAR if desired. There is NO automatic re-enrollment.

**Example of Health Care Flex**

**09FLEXHEALTH**

The Election Amount indicated below should reflect the bi-weekly amount you wish to have deducted from your paycheck. (In otherwords, your annual election amount divided by 26 pay periods).

What You Can Do

→ Select a plan and enter the percent or amount you would like to contribute.

**Current election**  
Not Enrolled

**Biweekly Deduction**  
\$0.00

Enroll	Plan	Election Amount		Deduction
<input type="radio"/>	09 Health Care Flex	<input type="text" value="0.00"/> Amount	<a href="#">Calculate</a>	\$0.00

Top

If at any time you have any questions about online enrollment please email Traci Hawkins.

[Save & Continue](#)

**To Enroll in Heath Care Flex (Or Dependent Care Flex)**

1. Select Enroll.
2. Enter Election Amount in Dollars. This is a per pay period election amount.
3. Click Calculate. This will update the Deduction amount.
4. Click Save & Continue.
5. Note: If you do not specify an amount, the system will assume you wish to waive coverage.

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## Life and AD&D Plan Pages

### Example of Spouse Supplemental Life

#### SP SUP LIFE

Maximum coverage is 50% of employee coverage (in \$5K increments) up to \$250K. If electing an amount above \$25K (the "Guarantee Issue" limit), then please complete the "Voluntary Life Evidence of Insurability" form and submit to Human Resources by 2/15/09

Select the coverage type you want from the list below

What You Can Do	
➤ Select the coverage type you want from the list below	
➤ Update your dependents	<a href="#">Voluntary Life Evidence of Insurability</a>
➤ Update your beneficiaries	

Current election for Not Enrolled
None
<b>Biweekly Deduction</b>
\$ 0.00

Plan	Election Amount	Calculate	Biweekly Deduction
SPLife	<input type="text"/> Amount	Calculate	0.00

Waive Coverage
<input type="checkbox"/> I decline coverage.

Add Dependent						
Dependent Name	Relationship	Birthdate	SS#	Enroll		
John Doe	Spouse	1/2/1975	123-45-6789	<input type="checkbox"/>	<a href="#">Change</a>	

Add Beneficiary				
Beneficiaries	Enroll	Percent		
None				

### To Enroll in Spouse Supplemental Life (or Child Sup Life)

1. Note: Employee MUST be enrolled in this plan in order to enroll either a spouse or child(ren). This applies to AD&D as well.
2. Enter Election Amount. This is the amount for the coverage of the policy.
3. Click Calculate. This will update the Biweekly Deduction amount.
4. Enroll and/or confirm Dependent (Name, Relationship, Birthday, and SSN). To change any of this information, select Change.
5. To add a Dependent, select Add Dependent.
6. Add a Beneficiary – see instructions below.
7. IMPORTANT: This plan requires that the Voluntary Life Evidence of Insurability form be completed and submitted to HR if electing an amount above the Guarantee Issue limit. There is a link on this page to the form (see upper right-hand corner of the form).
8. Select Save & Continue

Note: Election amounts for coverage of Spouse & Child differ:

- Spouse (increments of \$5,000 (or 5K) – maximum is ½ of employee's election)
- Child (increments of \$2,000 (or 2K) – maximum of \$10,000 or 10K)

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Plan	Election Option
ChildLife	<input type="radio"/> 2K
	<input type="radio"/> 4K
	<input type="radio"/> 6K
	<input type="radio"/> 8K
	<input checked="" type="radio"/> 10k

**To Add a Beneficiary:**

1. Select Add Beneficiary.
2. Enter Beneficiary Information (Name, SSN, Relationship, Contact Information); fields with an \* are required.
3. Select Beneficiary Type of either Primary or Contingent.
4. Specify the Percent of Benefit/Distribution. Please note: if divided among multiple beneficiaries, the total must equal 100%.
5. Select Save & Continue.

**ADD A BENEFICIARY**

**Add Beneficiary**

\* indicates a required field.

<b>Name *</b>	<input style="background-color: yellow;" type="text"/>	<b>Address 1</b>	<input type="text"/>
<b>Social Security #</b>	<input type="text"/>	<b>Address 2</b>	<input type="text"/>
<b>Relationship *</b>	Spouse <input type="button" value="v"/>	<b>City</b>	<input type="text"/>
<b>Beneficiary Type</b>	Primary <input type="button" value="v"/>	<b>State</b>	None <input type="button" value="v"/>
<b>Percent of Benefit Distribution *</b>	<input type="text"/> %	<b>Zip</b>	<input style="background-color: yellow;" type="text"/>
		<b>Phone</b>	<input style="background-color: yellow;" type="text"/>

**Save & Continue**

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## Domestic Partner Benefit Plan

### Example of Domestic Partner Benefit Plan

The following domestic partner benefit plans have separate plan pages:

- Medical\_DP
- Dental\_DP
- Vision\_DP

Plan	Election Option		Biweekly Deduction
Vision_DP	<input type="radio"/> Employee & DP		5.16
	<input type="radio"/> E'ee/ DP & Child		8.96
	<input type="radio"/> E'ee & Child/DP		4.71

Deduct my benefit on a  basis.

### To Enroll in Domestic Partner Benefit Plan:

1. First, as an employee, enroll in Main Benefit Plan (Medical, Dental, and/or Vision).
2. Then, enroll Domestic Partner and/or family in corresponding Domestic Partner Benefit Plan (Medical\_DP, Dental\_DP, Vision\_DP).

### Election Options:

- Employee & Domestic Partner
- Employee/Domestic Partner & Child (Child is the child of Domestic Partner)
- Employee & Child/Domestic Partner (Child is the child of Employee)

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## Voluntary LTD Plan

### VOLUNTARY LTD

Indicate below if you wish to enroll for Voluntary Long Term Disability Insurance.  
For more information on this new benefit, please refer to the plan information provided under the Benefit Information link on the ESS home page.

Select the coverage type you want from the list below

What You Can Do	
→ Select the coverage type you want from the list below	<a href="#">Voluntary Life Evidence of Insurability</a>

<b>Current election for Not Enrolled</b>
None
<b>Biweekly Deduction</b>
\$ 0.00

Plan	Enroll	Biweekly Deduction
Voluntary LTD	<input type="checkbox"/>	17.83

### To Enroll in Voluntary LTD

1. Select Enroll.
2. Your biweekly deduction is automatically calculated based on your salary (and age).
3. Click Save & Continue.

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***Benefit Summary***

When you have completed benefit selections, you will be presented with a Benefit Summary page.

**BENEFIT SUMMARY**

[Print My Benefits Summary](#)

**Pending approval of the administrator, the elections you made will be updated on 3/1/2009. The coverage will begin on the "Date Eligibility" listed below.**

If at any time you have any questions about online enrollment please email Traci Hawkins.

<b>Your total Biweekly deduction</b>
\$60.14
<b>Your employer's contribution</b>
\$169.77

Benefit	New Plan Election	Your Contribution	Employer Contribution
Medical	HMO Employee	\$25.00	\$165.90
Medical_DP	None None		
Dental	Dental HMO Employee	\$9.50	\$3.87

1. Review your elections.
2. If you have no further changes, select **Print My Benefits Summary** (at the top of the page.)
3. The, select [Exit](#).

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You will have two choices; select either:

- "I'm finished"
- OR "No I am NOT finished and might return later to make changes" - If you choose this option remember to return before the end of Open Enrollment and select "I'm finished" to submit your information to HR.

### EXIT

What You Can Do
→ I'm finished. Send my information to the benefit administrator. Your personal and benefit information will be sent to the benefits administrator. Pending approval, your changes will become effective 3/1/2009. You may, however, return and make changes as often as necessary until 1/28/2009. Watch the 'Notifications' section of your Employee Home Page for your administrator's response.
→ No I am NOT finished and might return later to make changes. Your records will be updated with the personal information you entered. Any benefit information you entered will be saved in a temporary file. You can return and make changes to your benefits until 1/28/2009. If you don't return, the information you just entered will be sent for approval on that date.

### ***Benefit Information Reminder***

If you have any incomplete information, KRONOS will list the open issues in a Benefit Information Reminder page.

**WARNING:** Incomplete Information will delay your enrollment. These reminders must be resolved - your enrollment will be flagged as "pending" until they are resolved.

#### BENEFIT INFORMATION REMINDER

**Deadline: 2/15/2008**

[Print checklist](#)

Benefit Plan Enrollment Checklist	
Note: All submitted information is subject to benefit administrator approval.	
<input type="checkbox"/>	Modify your dependents for the Medical plan election option you have chosen. 1 dependents are required; you have enrolled 0.
<input type="checkbox"/>	Provide beneficiary information for the Sup Life plan you have chosen.
<input type="checkbox"/>	Provide beneficiary information for the Sup Acc Death plan you have chosen.
<input type="checkbox"/>	Provide beneficiary information for the Child Sup Life plan you have chosen.

[Make Changes Now](#)

<a href="#">Exit</a>
----------------------

#### **To resolve reminders:**

1. Click **Make Changes Now** to return to the plans to make the necessary changes.

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## Questions?

1. From the Main Benefits Enrollment Home Page, select Contact Us.
2. Click on the e-mail link to Traci Hawkins, HR Specialist.

## Contact Us

Online enrollment gives you the opportunity to make changes to your personal, dependent or benefit information during an open enrollment period.

If at any time you have any questions about online enrollment please email [Traci Hawkins](mailto:Traci.Hawkins).

[Continue](#)

3. OR from any plan page, click on the e-mail link to Traci Hawkins, HR Specialist.