

Tufts University Human Resources New Hire Benefits Enrollment

Online New Hire Benefits Enrollment allows fast and convenient processing of your New Hire Benefits Enrollment elections. You will be able to print a confirmation statement after you have completed your New Hire Benefits Enrollment.

Prior to enrolling online, you should have the following information available:

- Dependent(s) Social Security Number(s)
- Dependent(s) AND Beneficiary(ies) Dates of Birth
- Primary Care Physician's Full Name & ID number from Tufts Health Plan's Website for yourself and covered dependents - (Enrollment in the health plans does not require a primary care physician, however we do encourage you to select one for yourself and your covered dependents.)
- Health Care and/or Dependent Care Flexible Spending Account annual pledge (for the rest of the calendar year) - If enrolling

IMPORTANT:

1. You **must enter your Basic Life beneficiary information** as well as % allocations through the below online process.

To enroll online through Employee Self Service, follow the simple steps below:

1. Open Internet Explorer or Mozilla Firefox (Other browsers may not display information accurately).
2. Go to <http://eServe.hr.tufts.edu> and select the Employee Self Service Login.
3. On the Employee Self-Service Login page, enter your User ID and Password.
4. Click on **Tufts New Employee Information** under the Self-Service Menu.
5. Click on the **Continue** button.
6. The Benefits Enrollment page will be displayed. Click on the **Select** button to start your New Hire Benefits Enrollment process.

Benefits Enrollment

Welcome to Tufts University!

This is your opportunity to enroll in Health, Dental and Vision Plan coverage; Supplemental and Dependent Life Insurance, Accidental Death & Dismemberment (AD&D), Long Term Disability, Dependent Care and/or Health Care Flexible Spending Accounts (FSA) and the MetLaw Legal Plan. Please note, you must also enter your Life Insurance beneficiaries at this time.

YOU WILL HAVE 31 DAYS FROM YOUR HIRE DATE TO COMPLETE YOUR NEW HIRE EVENT.

Click the **Select** button below to begin your New Hire event.

Open Benefit Events					
Event Description		Event Date	Event Status	Job Title	
New Hire	i	02/19/2015	Open	Staff Asst	Select

Once you click Select, it will take a few seconds for your benefits enrollment information to load.

[Return to New Hire Event](#)

Tufts University Human Resources New Hire Benefits Enrollment

Benefits Enrollment

New Hire

As a new hire you must enroll in benefits within **31** days from your date of hire. Your benefits will be effective on your hire date.

If you do not enroll within 31 days of your hire date, participation in the benefit programs will be limited to the next Annual Benefits Open Enrollment OR if you experience a Qualified Status Change (birth, marriage, divorce, loss of coverage, etc.)

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Enrollment Summary

Medical	Before Tax	After Tax	<input type="button" value="Edit"/>
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Current: No Coverage
New: **Waive**

To enroll in any benefit, simply click the **“Edit”** button. For example, to enroll in one of the health plans, click on the **“Edit”** button to the right of the word **“Medical.”**

Overview of all Plans

Select one of the following plans:

Quality Tiered Plan

Coverage Level	Your Costs	Tax Class
Individual	\$40.03	Before-Tax
Two Person	\$123.30	Before-Tax
Family	\$154.66	Before-Tax

Traditional Plan

Coverage Level	Your Costs	Tax Class
Individual	\$42.11	Before-Tax
Two Person	\$129.72	Before-Tax
Family	\$162.72	Before-Tax

Value Plan

Coverage Level	Your Costs	Tax Class
Individual	\$35.86	Before-Tax
Two Person	\$110.46	Before-Tax
Family	\$138.55	Before-Tax

Waive

Then, select a plan in which to enroll.

Tufts University Human Resources New Hire Benefits Enrollment

Enroll Your Dependents

The following lists your dependents who are on file and are eligible for this plan.

If an individual is missing from this list, click the [Add/Review Dependents](#) button to update this information.

Important Notes:

1. If you are enrolling a Same Sex Spouse into your Medical, Dental or Vision Plan(s), your dependent(s) name will appear below.
2. If you are enrolling a Same Sex Domestic Partner into your Medical, Dental or Vision Plan(s), your dependent(s) name will appear under the Same Sex Domestic Partner Health, Dental, and/or Vision Plan(s) options only
3. All children up to age 26 may enroll in a university health, dental, and/or vision plan. No restrictions apply.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Dependent Beneficiary		
Enroll	Name	Relationship
<input type="checkbox"/>		

[Add/Review Dependents](#)

Add any dependents by clicking on the "Add/Review Dependents" button.

Add/Review Dependent/Beneficiary

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

No Dependents on Record

[Add a dependent or beneficiary](#)

[Return to Event Selection](#)






Click on the "Add a dependent or beneficiary link".

Tufts University Human Resources New Hire Benefits Enrollment



Dependent/Beneficiary Personal Information

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Feb 19, 2015.

Personal Information

*First Name
Middle Name
*Last Name
Name Prefix 
Name Suffix 
Date of Birth 
*Gender 
SSN (Social Security Number)
*Relationship to Employee 

Status Information

Overage Dep-19 to 26 
Disabled 

Address and Telephone

Same Address as Employee
Country [Change Country](#)
Address
 Same Phone as Employee
Phone

[Return to Dependent/Beneficiary Summary](#)

Enter your dependent or beneficiary information on this page. Once you have completed all the required fields, click on the "Save" button.

Please note! Once you return to the Medical Enrollment screen, to attach your dependent you must click the "Enroll" checkbox.

Choose a Primary Care Provider ID

Enrollment in this health plan does not require that you select a primary care provider. However we do encourage you to select one for yourself and any covered dependents at this time using the below "Select a Provider" link. Enter the provider's six digit Provider ID number from the Tufts Health Plan's website in the below Primary Care Provider ID field.

Specify a Primary Care Provider ID:

[Select a Provider](#)

Check here to use the same provider for all your dependents.

[Dependent Provider List](#)

Once you return to the Medical Enrollment page, enter the six digit Provider ID number for your primary care provider. Click the "Select a Provider" link to find a primary care provider on the Tufts Health Plan website.

If the primary care provider(s) for your dependent(s) is different from your own, click on the "Dependent Provider List" to add their primary care provider(s).

Click on the "Store" button to save your choices.

Tufts University Human Resources New Hire Benefits Enrollment

Your Choice
You have chosen Quality Tiered Plan with Two Person coverage.

Your Estimated per-pay-period Cost

Your Cost	\$123.30
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The Primary Care Provider ID is 080482.

Your Covered Dependents

Primary Care Provider Details

Name	Relationship	Select a Provider
George Burns	Child	080482

Notes
IMPORTANT: Your enrollment will not be complete until you [Store](#) your choices on this page and [Agree](#) to the salary reduction information. Once submitted your election(s) will be effective on your date of hire.

This page will appear, confirming your choices for the particular benefit. If you need to make changes, click on "Cancel", otherwise, click "OK".

You will be returned to the main Benefits Enrollment page, where you can continue to make your other benefits selections.

Benefits Enrollment

Submit Benefit Choices

Congratulations!

Your benefit enrollment is nearly complete. To complete your New Hire Enrollment, you must read the Salary Reduction Agreement and click [I Agree](#) at the bottom of this page.

If you are not ready to submit your choices, select [I Do Not Agree](#) at the bottom of this page, and you will be returned to the Benefits menu. When you select [I Do Not Agree](#), your enrollment will not be processed. However, you may return to your New Hire Benefits Enrollment Event in Self Service and complete your elections at any time **within 31 days of your Date of Hire**.

Authorize Elections

[Salary Reduction Agreement - Health, Dental, Vision and Flexible Spending Accounts](#)

My salary will be reduced by health, dental and vision options (except the portion deducted to cover a Qualified Domestic Partner (QDP) and, for federal tax purposes only, same sex spouses) and by my Health and/or Dependent Care Flexible Spending Accounts that I have elected.

Any previous election and salary reduction agreement for health, dental and vision or Health and/or Dependent Care Flexible Spending Accounts are hereby revoked. The reduction in my salary under this agreement shall be in addition to, and not in lieu of, any reductions under other agreements or benefit plans.

After the effective date of this agreement, I will not be permitted to change my benefit elections until the following calendar year, unless I have a Qualified Change in Status, in accordance with Internal Revenue Service regulations. If I do not make a new election at that time with respect to dental and vision coverage's, I will be treated as having elected to continue these dental and vision coverage's for a new calendar year and as having agreed to the continuation of this salary reduction agreement in the amount

Once you have finished making all your selections, click "Store" at the bottom of the [main Benefits Enrollment Summary page](#) to save your elections.

On this page, click on the "I Agree" button to acknowledge your elections and to agree to the Salary Reduction Agreement.

Tufts University Human Resources New Hire Benefits Enrollment

Benefits Enrollment

Submit Confirmation

Your benefit elections have been successfully submitted to the Human Resources Benefits Office.

To view your online confirmation statement of your benefit elections, click the **OK** button below.

Two links will appear at the bottom of the screen:

- Click on the **Go to next step** link to view your confirmation statement and to complete the new hire process.
- Click on the **Return to New Hire Summary** to return to the new hire event. **Please note** that your new hire event will not be complete until you view your confirmation statement.

If you have any questions, please contact Tufts Support Services at 617-637-7800.

OK

Click the “**OK**” button. A link will appear on the bottom of the screen, click on the “**Go to the next step**” link to view your Confirmation Statement.

Tufts University New Hire Event

EmplID:

i The New Hire process is almost finished.


Click on the **View Confirmation Statement** button to view and print your benefit elections. (this will take a few seconds to appear). Once you have printed your statement, click on the 'Sign-Out' link. The next time you log in to Employee Self Service, you will be able to view your Personal, Benefits, Pay and Time Off Information.

View Confirmation Statement

A new page will appear. Click on the “**View Confirmation Statement**” button to open your statement and to finalize your New Employee Information process.

Tufts University Human Resources New Hire Benefits Enrollment

Here is an example of a benefits statement. You'll want to print your statement for your files for future reference.



Human Resources

CONFIRMATION STATEMENT OF BENEFIT ELECTIONS New Hire Enrollment

This Statement confirms your recent benefit election(s). This coverage becomes effective on your [Hire Date](#). Changes to these elections may only be made during the Open Enrollment period or if you experience a [Qualified Change in Status](#).

Empl ID: _____
Date of Birth: _____

Your Benefit Elections

[View All](#) | [First](#) 1-15 of 24 [Last](#)

Benefit Plan	Description	Coverage Option	Coverage Summary	Pay Period PreTax Deduction	Pay Period AfterTax Deduction
Medical	Quality Tiered Plan	*Elect	Two Person	\$123.30	
Dental		Waive			
Vision		Waive			
Life		Waive			
Supplemental Life		Waive			
Accidental Death/Dismemberment		Waive			
Dependent Life Child(ren)		Waive			
Dep Life Spouse/SS Dom Part		Waive			
Long-Term Disability		Waive			
Flex Spending Health - U.S.		Waive			
Flex Spending Dependent Care		Waive			
MetLaw		Waive			
Medical		Waive			
Dental		Waive			
Vision		Waive			

Total Cost per Pay Period: **Before Tax:** \$123.30 **After Tax:** \$0.00

Dependent Coverages

[View All](#) | [First](#) 1 of 1 [Last](#)

Benefit Plan	Dependent Name	Relationship to Employee	Date of Birth
Medical	George Burns	Child	06/01/2007

No Beneficiary Information on File