

Open Enrollment

Purpose

This document explains how to make changes to benefit elections during the annual Open Enrollment period. Open Enrollment at the University of Chicago will begin **October 30, 2023** and will end **November 13, 2023**. All new elections and changes made during this period will take effect **January 1, 2024**.

Please visit <https://intranet.uchicago.edu/benefits-and-career/benefits/open-enrollment> for more information.

Benefits Specialists are available to answer your questions and provide assistance Monday through Friday from 8:30 a.m. to 4:30 p.m. by phone at 773.702.9634 and email at benefits@uchicago.edu.

Supporting Documentation

If you are adding new beneficiaries or dependents, you must provide social security numbers, dates of birth, and addresses for those individuals. Proof of relationship is required for all dependents. Accepted documents include:

- Spouse/Civil Union Partner: marriage or civil union certificate
- Child: birth certificate or adoption documents
- For military veteran dependents ages 26 through 29, who reside in Illinois, the Certificate of Release or Discharge from Active-Duty document is also required.

If you do not submit the required information by the Open Enrollment deadline, your dependent will be considered ineligible and their coverage will not be processed.

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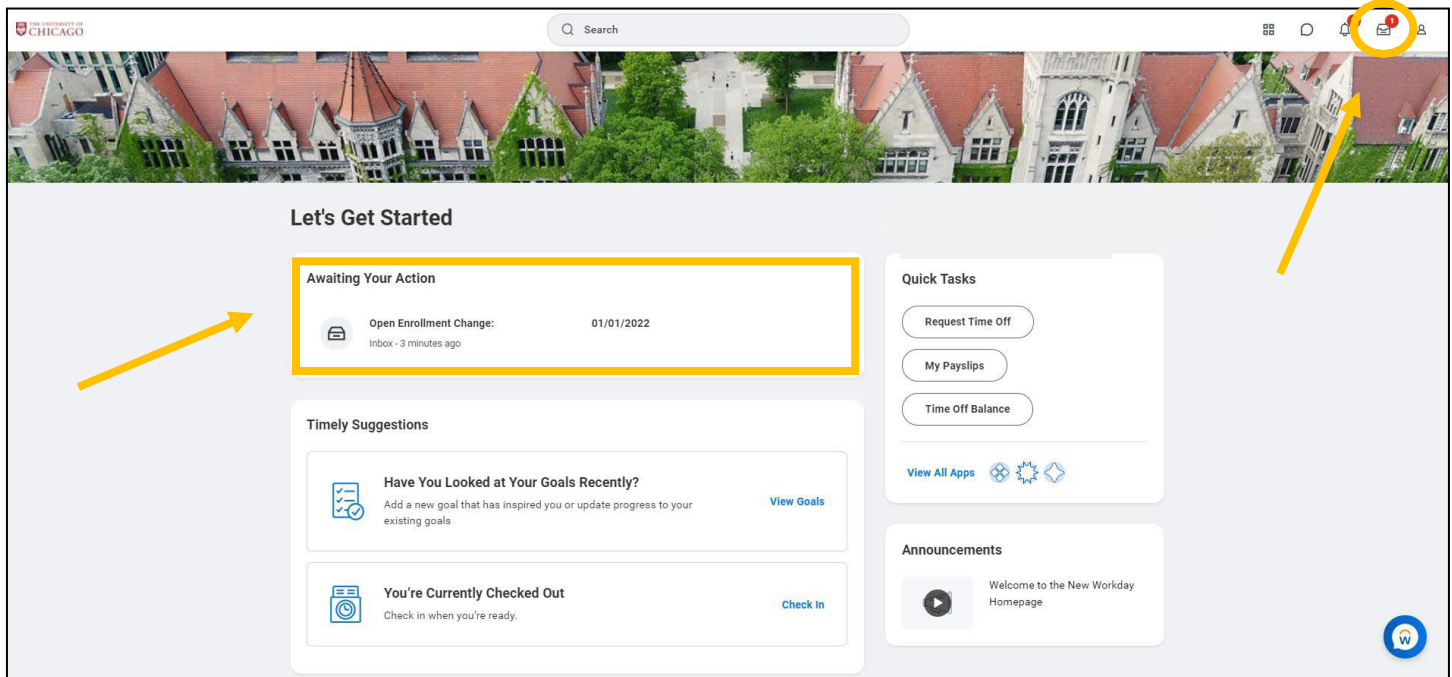
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Keep in Mind

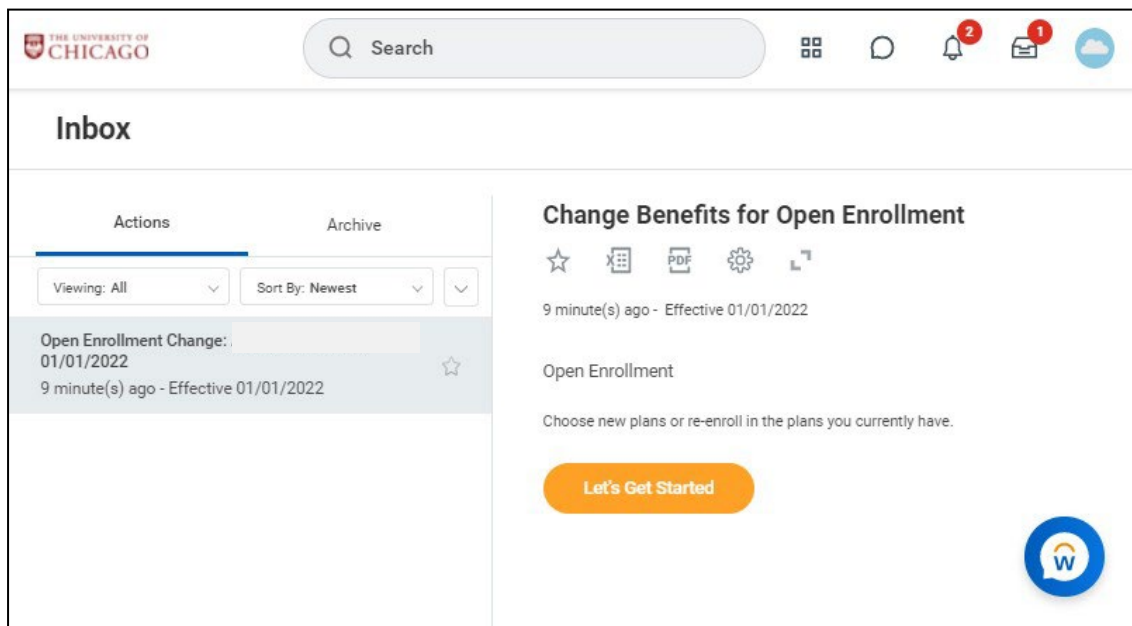
- **Take Action!** Health, Limited Purpose, and Dependent Care Flexible Spending Accounts (FSA), Health Savings Account (HSA), and 457(b) elections require you to re-enroll during Open Enrollment. Your deductions will default to \$0 the upcoming year unless you re-enroll.
- If you do not want to change any of your other current benefit elections, you **do not** have to take action. Your current elections will automatically continue into next year.
- To leave your Open Enrollment event in Workday and return at a later time to submit your elections, click **Save for Later** at the bottom of the page.

Steps to Enroll in Benefits

1. Log into [Workday](#) using your CNet ID and Password.
2. From the Home page, click the **Open Enrollment Change** task under **Awaiting Your Action**. If the event is not on the home page, click the Inbox icon in the top right corner.
 - a. You may need to click “x” to remove the pop-up message over the inbox icon.



3. Select the **Open Enrollment Change** inbox task on the left side of the screen. Then click the **Let's Get Started** button.



Health Care

- Enroll in or make updates to your Medical, Dental, and/or Vision elections by clicking **Enroll** or **Manage** on the appropriate card.

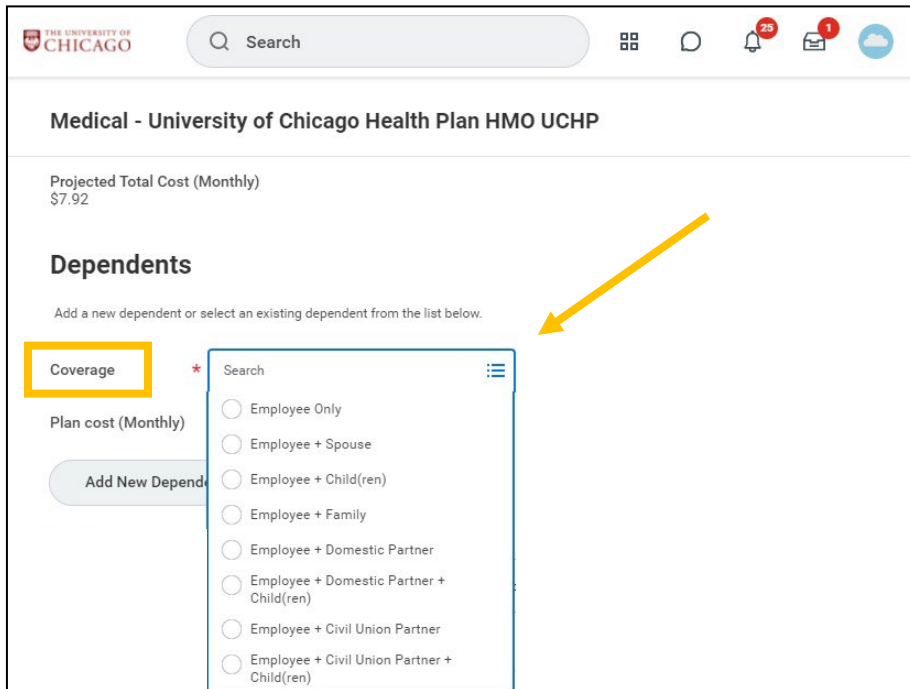
The screenshot shows the 'Hire' page with a 'Health Care and Accounts' section. It contains six cards: Medical Waived, Dental Waived, Vision Waived, Health Savings Account Waived, Healthcare FSA Waived, and Dependent Care FSA Waived. Each card has an 'Enroll' button at the bottom. A yellow box highlights the 'Enroll' button on the 'Medical Waived' card, with a yellow arrow pointing to it from the left.

- Click the radio button next to **Select** for the Health Care plan you would like to enroll in. Click the **Confirm and Continue** button to proceed to the next screen, where you can add your dependents if necessary.
 - Note the displayed cost of plans assumes coverage for Employee Only.

The screenshot shows the 'Medical' page with a 'Plans Available' section. It displays a table with four medical plans. Each plan has a radio button for 'Select' and 'Waive'. The 'Waive' option is selected for all plans. Below the table are two buttons: 'Confirm and Continue' (orange) and 'Cancel' (gray).

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Blue Cross Blue Shield HDHP Maroon Savings Choice	\$82.00	\$659.14
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Blue Cross Blue Shield HMO Illinois	\$77.00	\$431.27
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Blue Cross Blue Shield PPO Maroon Plan	\$183.00	\$668.29
<input type="radio"/> Select <input checked="" type="radio"/> Waive	University of Chicago Health Plan HMO UCHP	\$90.00	\$589.15

6. Indicate the Coverage Level (i.e. Employee Only, Employee + Spouse, etc.) in the **Coverage** prompt box.



THE UNIVERSITY OF CHICAGO

Search

Medical - University of Chicago Health Plan HMO UCHP

Projected Total Cost (Monthly)
\$7.92

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage

Plan cost (Monthly)

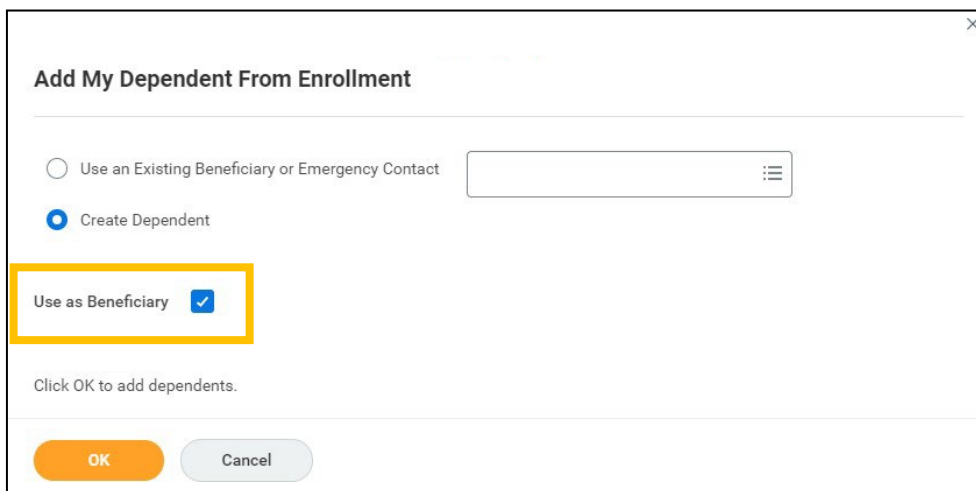
Add New Dependent

Search

- ☐ Employee Only
- ☐ Employee + Spouse
- ☐ Employee + Child(ren)
- ☐ Employee + Family
- ☐ Employee + Domestic Partner
- ☐ Employee + Domestic Partner + Child(ren)
- ☐ Employee + Civil Union Partner
- ☐ Employee + Civil Union Partner + Child(ren)

7. If you are listing a dependent for the first time, click the **Add New Dependent** button.

- Search your dependent's name in the "Existing Beneficiary or Emergency Contact" prompt box to make sure you are not creating a duplicate record.
- It is recommended that you select the **Use as Beneficiary** checkbox to avoid duplicate entries of dependents, should you decide later to designate them as a beneficiary under the Life Insurance plans.



Add My Dependent From Enrollment

☐ Use an Existing Beneficiary or Emergency Contact

☒ Create Dependent


Use as Beneficiary ☒






Click OK to add dependents.

OK Cancel

8. The following information is required to create a new dependent: First Name, Last Name, Relationship (Spouse, Child, etc.), Date of Birth, Gender, National ID, Address, and Phone Number. Click **Save**.

- If you do not enter the Social Security Number for your dependent, you must provide a reason the SSN is not available to continue with your elections.





Add My Dependent From Enrollment

Name

Country *

×

United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Allow Duplicate Name ☐

Check this box only when there is more than one dependent with the same name.

Personal Information

Relationship *

Date of Birth *

MM/DD/YYYY

Age

(empty)

Gender *

Citizenship Status

Full-time Student☐

Student Status Start Date

Student Status End Date

Disabled☐

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Add

Click **Add** to enter the dependent's Social Security Number

Address

Use Existing Address

Country *

×

United States of America

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Phone & Email

Use Existing Phone

Country Phone Code

×

United States of America (+1)

Phone Number *


Phone Extension

Email Address

Click the **Use Existing Address** prompt box to auto-fill the address fields for dependents living at the same address

Save

Cancel



9. Once you have added all dependents you wish to cover, make sure to select the checkbox next to each of their names so that they will be covered under the plan.

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage ✕ Employee + Family

Plan cost (Monthly) \$246.00

Add New Dependent

4 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>		Child	
<input checked="" type="checkbox"/>		Child	
<input checked="" type="checkbox"/>		Spouse	
<input checked="" type="checkbox"/>		Child	

10. Click **Save**. Repeat for Dental and Vision if desired. You will not need to create a new dependent once you have added your dependent for the first time.


Health Savings Account

11. If you selected the Blue Cross Blue Shield HDHP Maroon Savings Choice Plan and would like to enroll in a Health Savings Account (HSA), click **Enroll** or **Manage** on the Health Savings Account card. **Your deductions will default to \$0 for the upcoming year unless you re-enroll.**

Hire


Projected Total Cost (Monthly)
\$7.92

Health Care and Accounts




Medical
Waived

Enroll




Dental
Waived

Enroll




Vision
Waived

Enroll




Health Savings Account
Waived

Enroll



Healthcare FSA
Waived

Enroll



Dependent Care FSA
Waived

Enroll

- The IRS limits the amount that can be contributed each year to your HSA, including the University's contribution and your own contributions. The current contribution limits are displayed on the [Health Savings Account](#) page of the UChicago Intranet.
- Employees may not elect both an HSA and the traditional Healthcare Flexible Spending Account. Employees enrolled in the Maroon Savings Choice Plan may elect both the HSA and the Limited Purpose Flexible Spending Account. The Limited Purpose FSA may be used for **Dental and Vision expenses ONLY**.

12. Click the radio button next to **Select** for the HSA plan you wish to enroll in. Click the **Confirm and Continue** button to proceed to the next screen.

13. On the next screen, indicate the amount you would like to contribute to your HSA Per Paycheck or Annually. The remaining field will calculate automatically based on your entry. Click **Save**.

- If you plan to contribute the annual maximum, input the amount into the Annual box and Workday will calculate the Per Paycheck amount automatically.

Contribute

Per Paycheck
Annual

Remaining Paychecks 9

Minimum Annual Amount: \$1.00

Maximum Annual Amount: \$6,200.00

Summary

Contribution (Monthly)	\$65.00
Total Annual HSA Contribution	\$270.00

Flexible Spending Account

14. If you would like to enroll in a Healthcare FSA, Limited Purpose FSA, and/or Dependent Care FSA, click **Enroll** on the appropriate FSA card. **Your deductions will default to \$0 for the upcoming year unless you re-enroll.**

Health Care and Accounts

Medical
Waived
Enroll

Dental
Waived
Enroll

Vision
Waived
Enroll

Health Savings Account
Waived
Enroll

Healthcare FSA
Waived
Enroll

Dependent Care FSA
Waived
Enroll

- A Flexible Spending Account is a “use it or lose it” benefit. The Healthcare FSA and Limited Purpose plans allow you to rollover a limited amount of unused FSA funds remaining on December 31 to the following year. **Any balance in the HCFSA or LPFSA remaining above the allowed rollover amount will be forfeited. All claims for the HCFSA/LPFSA must be submitted by March 31 of the following year. Any claims not submitted by the deadline will be denied and the funds will be forfeited.**
- The Dependent Care FSA plan does not allow any carryover. **Unused funds in the DCFSA at the end of the plan year grace period (March 15 of the following year) will be forfeited. All claims for the DCFSA must be submitted by June 30 of the following year. Any claims not submitted by the deadline will be denied and the funds will be forfeited.**
- The Limited Purpose Spending Account is only available for employees enrolled in the Blue Cross Blue Shield Maroon Savings Choice Plan and may only be used to pay for **Dental and Vision** expenses not covered by insurance.
- The Dependent Care Flexible Spending Account allows you to save pre-tax funds to reimburse yourself for eligible dependent care or elder care expenses, such as daycare or after-school programs for your children under the age of 13. **DCFSA is NOT for payment of your dependents’ eligible health care expenses.**

15. Click the radio button next to **Select** for the FSA plan you wish to enroll in. Click the **Confirm and Continue** button to proceed to the next screen.

16. On the next screen, indicate the amount you would like to contribute to your FSA Per Paycheck or Annually. The remaining field will calculate automatically based on your entry. Click **Save**.

- If you plan to contribute the annual maximum, input the amount into the Annual box and Workday will calculate the Per Paycheck amount automatically.

Contribute

Per Paycheck

Annual

Remaining Paychecks

10

Minimum Annual Amount: \$250.00

Maximum Annual Amount: \$2,750.00

Summary

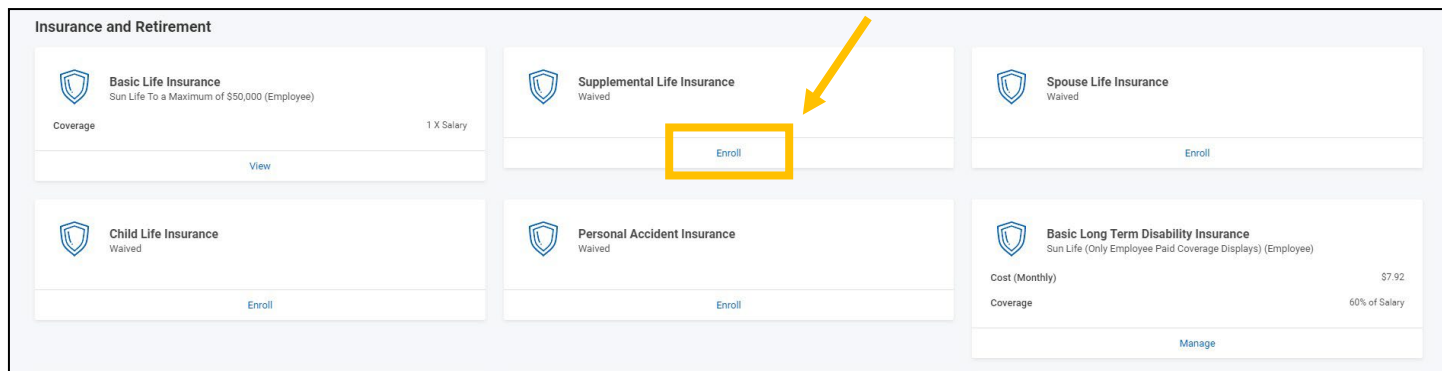
Contribution (Monthly)	\$108.33
Total Annual Contribution	\$500.00

Basic Life Insurance

17. All benefits-eligible employees are automatically enrolled in the Basic Life Insurance plan. There is no option to waive this benefit.

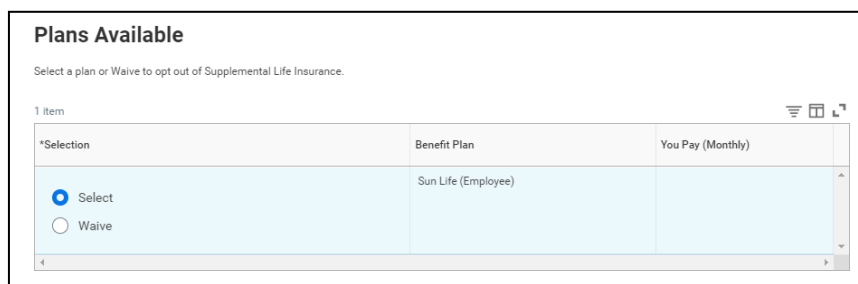
Supplemental, Spouse, and Child Life Insurance

18. If you would like to elect or make changes to any additional insurance plans, such as Supplemental Life Insurance, Spouse Life Insurance, Child Life Insurance, or Personal Accident Insurance, click **Enroll** or **Manage** on the appropriate card.



The dashboard titled "Insurance and Retirement" displays several insurance cards. The "Supplemental Life Insurance" card is highlighted with a yellow box around its "Enroll" button, and a yellow arrow points to it from the top right. Other cards include "Basic Life Insurance" (1 X Salary), "Spouse Life Insurance" (Waived), "Child Life Insurance" (Waived), "Personal Accident Insurance" (Waived), and "Basic Long Term Disability Insurance" (Sun Life Only Employee Paid Coverage Displays) (Employee) with a cost of \$7.92 and 60% of salary coverage.

19. Click the radio button next to **Select** for the insurance plan you would like to enroll in. Click the **Confirm and Continue** button to proceed to the next screen.

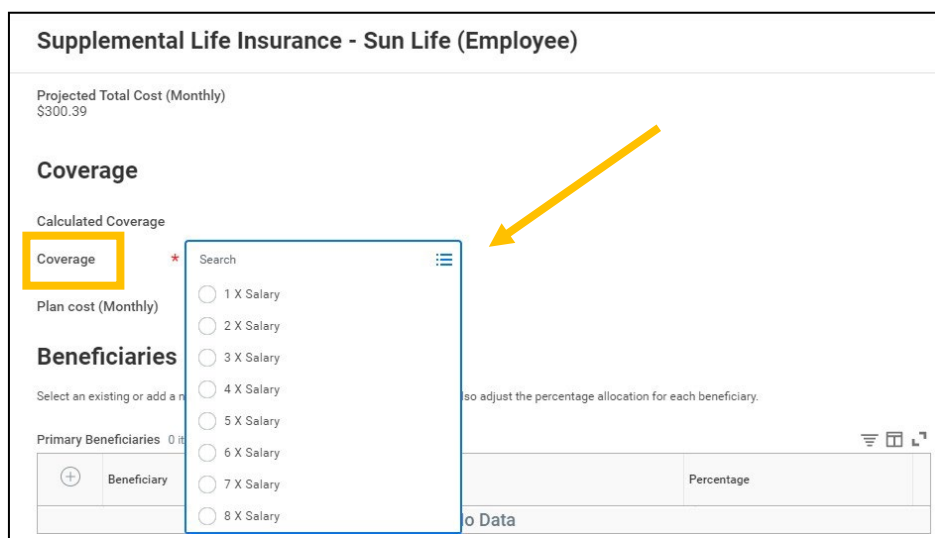


The "Plans Available" screen shows a table with one item. The table has columns for "Selection", "Benefit Plan", and "You Pay (Monthly)". The "Selection" column has a radio button next to "Select" and another next to "Waive". The "Benefit Plan" column shows "Sun Life (Employee)".

*Selection	Benefit Plan	You Pay (Monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Sun Life (Employee)	

20. On the next screen, indicate the coverage level in the Coverage prompt box.

- For Supplemental Life Insurance, select 1X Salary, 2X Salary, etc.
- For Spouse Life, Child Life, or Personal Accident Insurance, select \$10,000, \$20,000, etc.



The "Supplemental Life Insurance - Sun Life (Employee)" screen shows a "Coverage" section with a "Calculated Coverage" box. A yellow box highlights the "Coverage" label, and a yellow arrow points to the dropdown menu that is open, showing options from "1 X Salary" to "8 X Salary". The "Beneficiaries" section is also visible, with a table for "Primary Beneficiaries" and "Percentage".

Projected Total Cost (Monthly)
\$300.39

Coverage

Calculated Coverage

Coverage

Plan cost (Monthly)

Beneficiaries

Select an existing or add a new beneficiary

Primary Beneficiaries

Beneficiary	Percentage

21. Use the Plus (+) radio button under Beneficiaries to add one or more beneficiary persons or trusts.

- a. If you checked the **Use as Beneficiary** box when creating your dependent(s), they will be available to select. Otherwise, use Add New Beneficiary or Trust to create a new beneficiary person or trust.

Basic Life Insurance - Sun Life To a Maximum of \$50,000 (Employee)

Projected Total Cost (Monthly)
\$300.39

Coverage

Calculated Coverage \$50,000.00

Coverage 1 X Salary

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries

- Existing Beneficiary Persons
- Existing Trusts
- Add New Beneficiary or Trust
- Search

Percentage

0

- b. You may add as many beneficiary persons or trusts as you wish, but the sum of Percentages must be equal to 100% for both Primary and Secondary Beneficiaries.

Basic Life Insurance - Sun Life To a Maximum of \$50,000 (Employee)

Projected Total Cost (Monthly)
\$305.13

Coverage

Calculated Coverage \$50,000.00

Coverage 1 X Salary

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 1 item

Beneficiary	Percentage
x Beneficiary Person 1 ...	100

Secondary Beneficiaries 3 items

Beneficiary	Percentage
x Beneficiary Person 2 ...	33
x Beneficiary Person 3 ...	33
x Beneficiary Person 4 ...	34

Save Cancel

22. Click **Save**. If Evidence of Insurability is required, you will be contacted directly by the insurance provider.

Long Term Disability Insurance

23. Changes to Long-Term Disability (LTD) Insurance elections are not permitted during Open Enrollment. If you wish to change your LTD elections, please follow the instructions provided on the Intranet: <https://intranet.uchicago.edu/benefits-and-career/benefits/managing-your-benefits-in-workday>

Retirement Plans

24. You will see your Contributory Retirement Plan (CRP) or Retirement Income Plan for Employees (ERIP) Mandatory contributions. You cannot make changes to these elections.

- a. If you are eligible for CRP, you are automatically enrolled with a mandatory contribution of 5%.
- b. If you are eligible for ERIP, you are automatically enrolled with a mandatory contribution of 3%.

25. If you would like to change your contributions to the ERIP – Voluntary Plan, Supplemental Retirement Plan (SRP), SRP Catch-Up Plan, or 457(b) Deferred Compensation Plan, click **Enroll** or **Manage** on the appropriate card.

- a. **Your 2023 deductions for the 457(b) Deferred Compensation Plan will default to \$0 for calendar year 2024 unless you re-enroll.**
- b. If you are currently enrolled in ERIP – Voluntary, SRP, and/or SRP Catch-Up and make no changes, your current contributions will automatically continue for 2024.
- c. Effective January 1, 2024, after-tax Roth contributions will be offered through the University of Chicago Supplemental Retirement Plan (SRP). All employees who are eligible for the SRP will be able to sign up for Roth contributions for the first time during Open Enrollment for 2024. The addition of Roth contributions gives you more SRP contribution options, allowing you to elect any combination of pre-tax and/or Roth contributions. **The total combined contributions of ERIP – Voluntary, SRP (Pre-tax), and SRP (Roth) cannot exceed the IRS annual maximum.**

26. Click the radio button next to **Select** to enroll in the plan. Click the **Confirm and Continue** button to proceed to the next screen.

27. Choose to contribute a dollar amount or a percentage of your pay in the **Contribution Type** prompt box. Enter the Amount or Percent you wish to contribute in the designated prompt box. Click **Save**.

Contribute

Enter how much you want to contribute as an amount or a percentage.

Contribution Type *

Percentage ▼

Contribution (%)

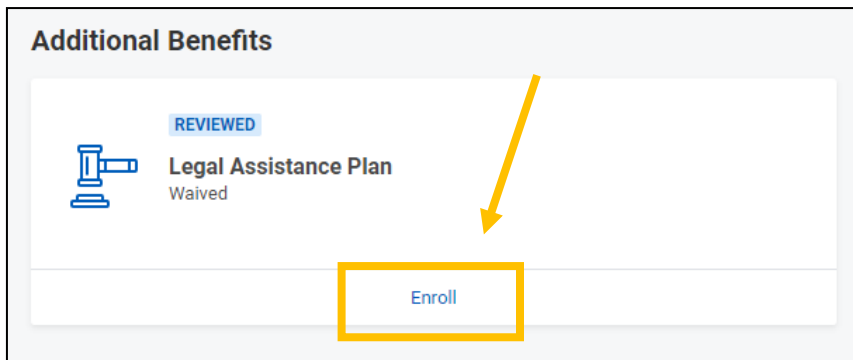
2

Maximum Percentage: 100

- If you elect Percentage, the contribution is a percent of your gross pay, not a percent of the allowed annual contribution. **Do NOT elect 100% unless you intend for your entire paycheck to be deposited into your SRP account.**
- **Bi-weekly paid employees** will have their contribution amount deducted EACH pay period. Please ignore the Monthly indicator.

Additional Benefits

28. If you wish to enroll in a Legal Assistance Plan, click **Enroll** or **Manage** on the appropriate card.



29. Click the radio button next to **Select** for the insurance plan you would like to enroll in. Click the **Confirm and Continue** button to proceed to the next screen.

Legal Assistance Plan

Projected Total Cost Per Paycheck
\$458.62

Plans Available

Select a plan or Waive to opt out of Legal Assistance Plan.

2 items

*Selection	Benefit Plan Details	You Pay (Monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	MetLife Basic Legal Plan	\$19.00
<input type="radio"/> Select <input checked="" type="radio"/> Waive	MetLife Legal Plan Plus Parents	\$25.00

Confirm and Continue Cancel

30. Click **Save**.

31. The University provides some Additional Benefits at no cost to you. You will not be able to make changes to the Staff & Faculty Assistance Program or Business Travel Accident Insurance.

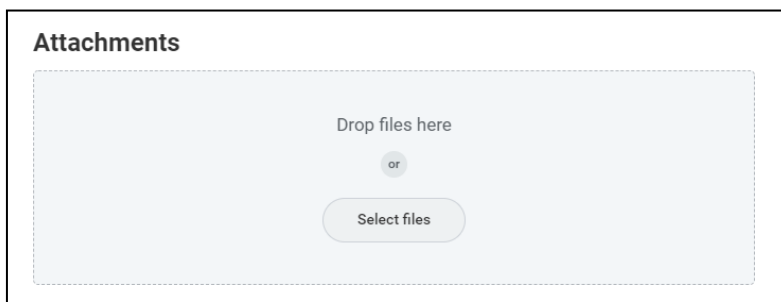
Review Elections

32. Click **Review and Sign** once you have made all desired benefit elections.

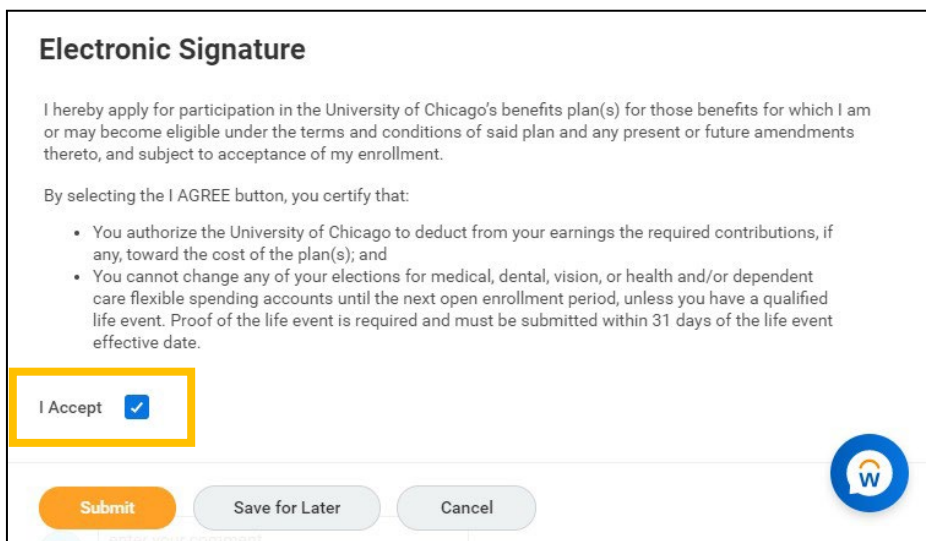
33. Review Selected Benefits, Dependents, Beneficiaries, Waived Benefits, and messages regarding Evidence of Insurability.

a. If EOI is required, you will be contacted directly by the insurance provider.

34. Scroll down to the bottom of the page. If you are covering new dependents, proof of relationship must be uploaded in the **Attachments** box.

A rectangular box with a dashed border. At the top left, the word "Attachments" is written in bold. In the center, the text "Drop files here" is displayed above a small circle containing the word "or". Below this is a rounded rectangular button with the text "Select files".

35. Read the Electronic Signature and click the **I Accept** checkbox. Click **Submit**.

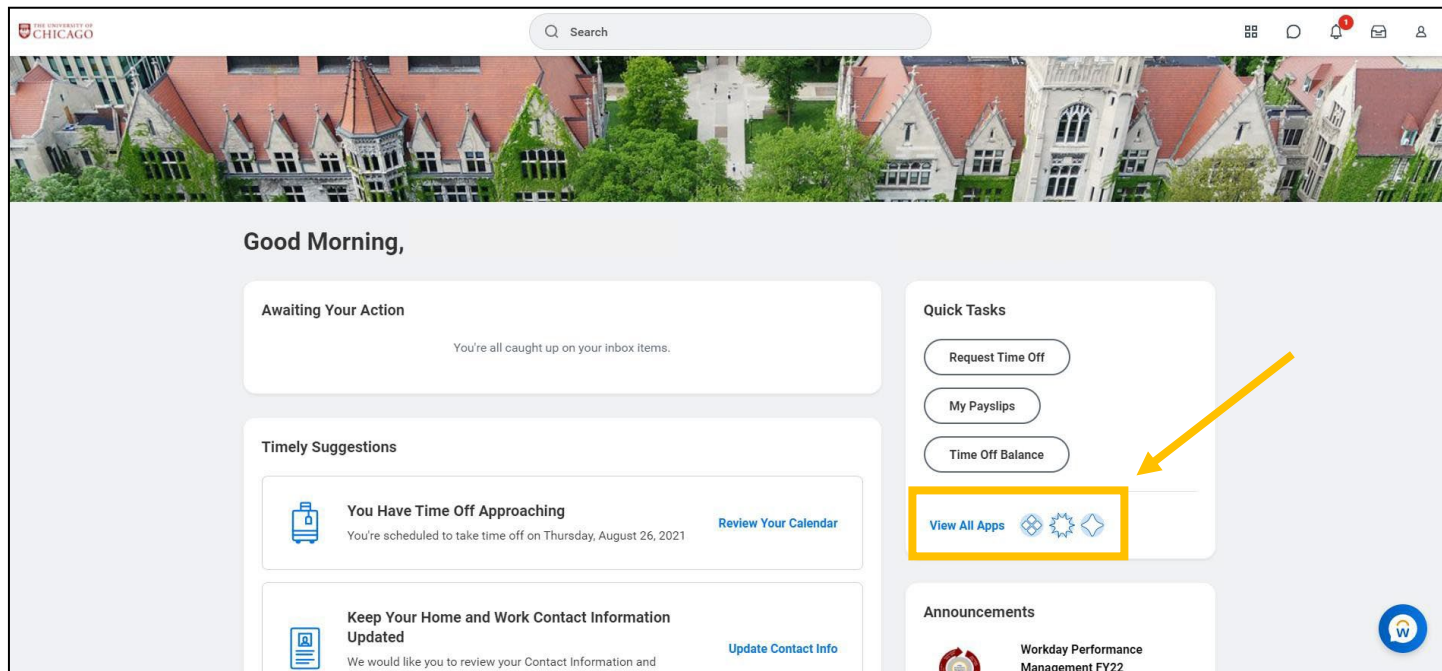
A form titled "Electronic Signature". The text reads: "I hereby apply for participation in the University of Chicago's benefits plan(s) for those benefits for which I am or may become eligible under the terms and conditions of said plan and any present or future amendments thereto, and subject to acceptance of my enrollment." Below this, it says "By selecting the I AGREE button, you certify that:" followed by two bullet points: "• You authorize the University of Chicago to deduct from your earnings the required contributions, if any, toward the cost of the plan(s); and" and "• You cannot change any of your elections for medical, dental, vision, or health and/or dependent care flexible spending accounts until the next open enrollment period, unless you have a qualified life event. Proof of the life event is required and must be submitted within 31 days of the life event effective date." At the bottom left, there is a checkbox labeled "I Accept" which is checked. To the right of the checkbox is a blue circular button with a white "W" and a speech bubble icon. At the bottom, there are three buttons: "Submit" (orange), "Save for Later" (light blue), and "Cancel" (light blue). Below the buttons, the text "Return your Enrollment" is visible.

36. Click the **View 2024 Benefits Statement** button to print your benefit elections for your records.

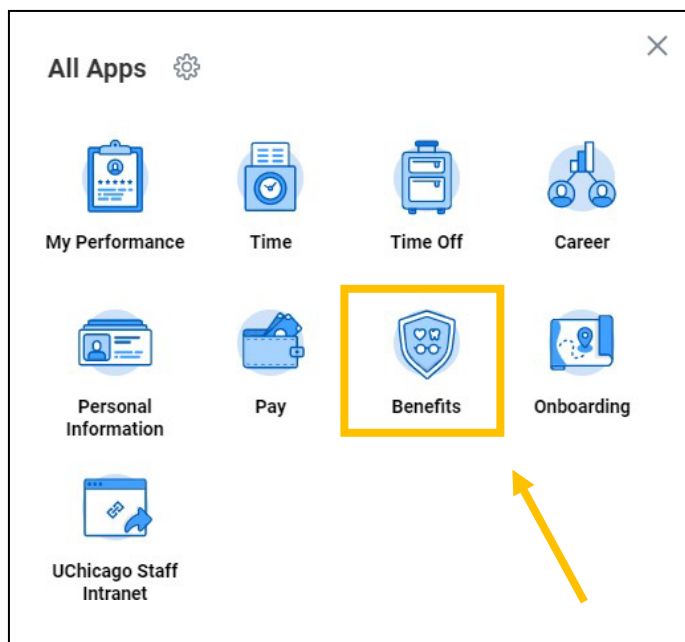
Modifying Your Elections

37. Once your elections have been submitted, the Open Enrollment task will no longer appear in your inbox. However, you may continue to access and modify your elections until the close of Open Enrollment.

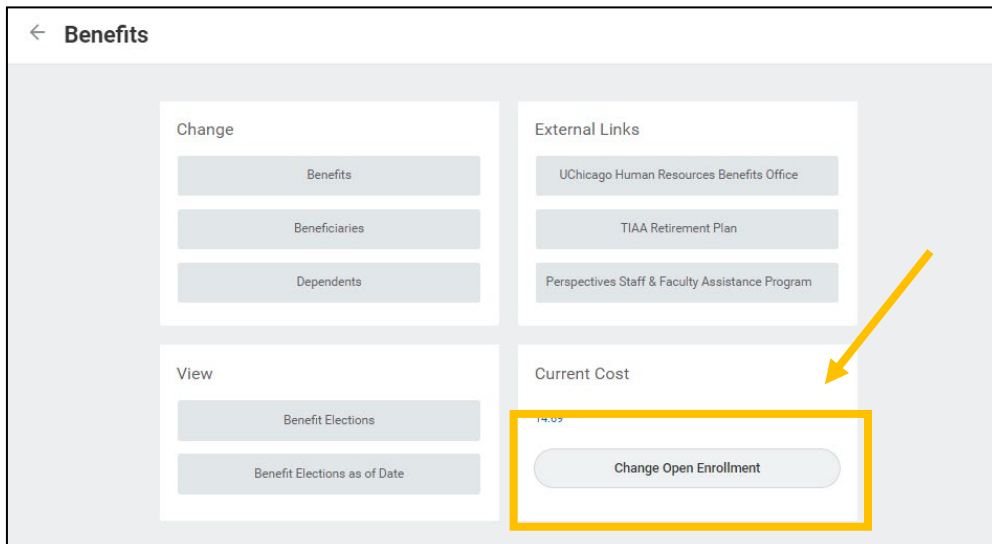
- a. After logging into Workday, click **View All Apps** at the bottom of the **Quick Tasks** card on the right side of the Home page.



- b. Click on the **Benefits** icon.



- c. Click on the **Change Open Enrollment** button at the bottom of the page (you may need to scroll down).

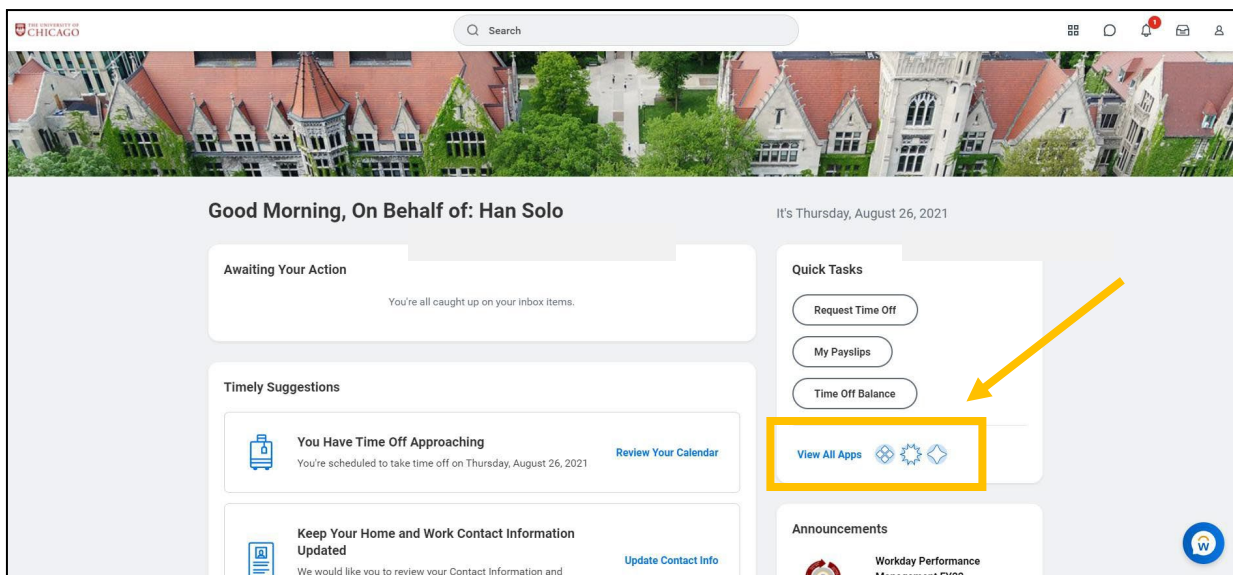


- d. Click **Let's Get Started**. Any changes you make will have to be submitted again. **If you do not resubmit, the changes will be disregarded and the previous submission will remain in effect.**

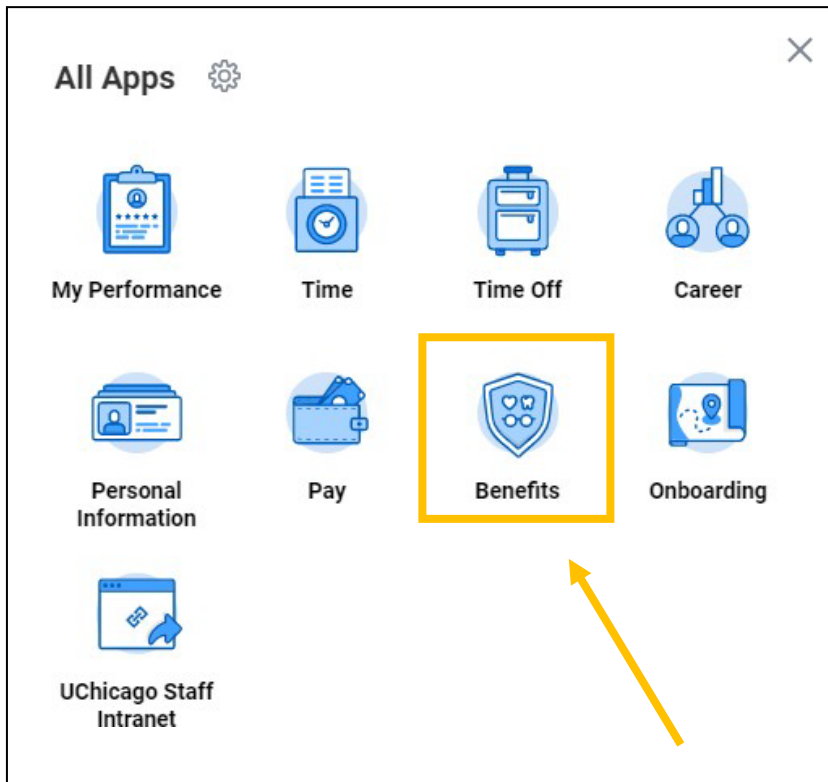
Viewing Your Elections

38. After Open Enrollment is finalized, you can view your benefit elections for the upcoming year by logging into Workday and following these steps:

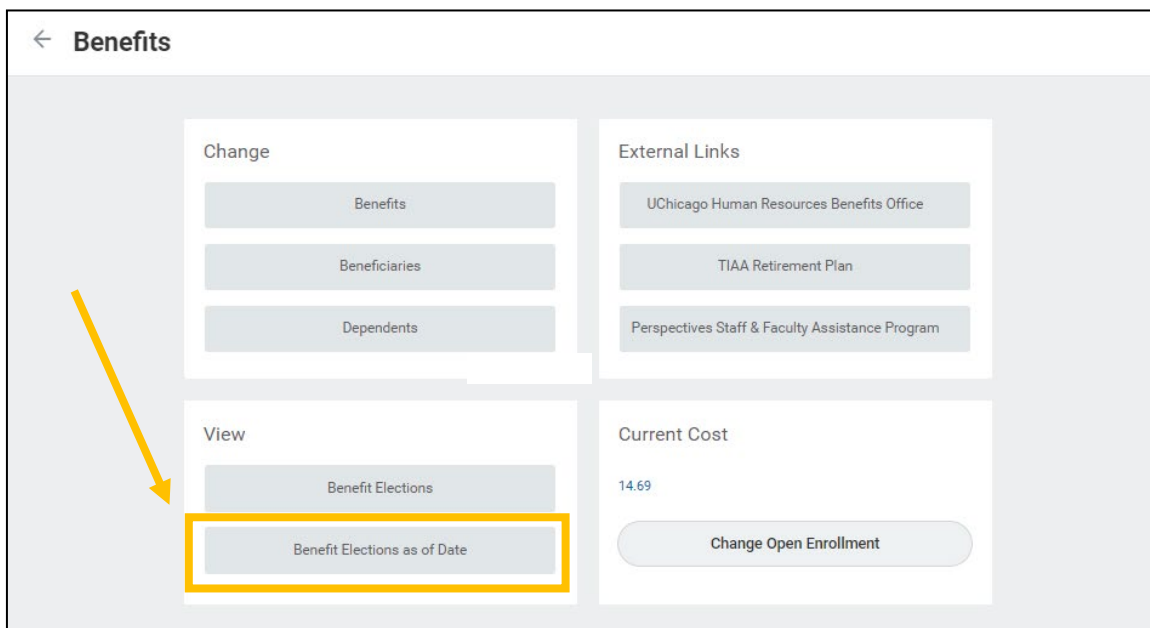
- a. Click **View All Apps** at the bottom of the **Quick Tasks** card on the right side of the Home page.



b. Click on the **Benefits** icon.



c. Under **View**, click on Benefit Elections as of Date (you may need to scroll down).




- d. Type or use the calendar icon to select **01/01/2024** in the **View As Of** prompt box.

Benefit Elections as of Date

View As Of *

01/01/2022



<

January 2022

>

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

- e. Click the **OK** button.