

## VUMC **BUSINESS EDUCATION**

MEDICAL CENTER

## **New Hire Benefits Enrollment**

New Hire Enrollment allows new staff at VUMC to enroll in their benefits within 30 days of their start date. During this period, new hires will receive a task in their My Tasks inbox prompting them to begin making benefit elections. Follow the steps below to complete your New Hire Enrollment.

New Hire Enrollment	۵ ۵ 🗗 🗗 🦲
From your homepage:	Actions Archive
1. Select the <b>My Tasks</b> icon 🛃.	Viewing: All Viewi
<ol> <li>Action items in your My Tasks inbox display. Select the New Hire Enrollment task.</li> </ol>	Benefit Change - New Hire on 05/10/2022
3. Select Let's Get Started.	{ 18 day(s) ago - Effective 05/1( ☆ 祖 腔 礎 L
<ul> <li>4. Answer the Health Questionnaire for Tobacco Use and select <b>Continue</b>. Select <b>Continue</b> again to proceed with benefit selection.</li> <li>5. Select <b>Manage</b> to update your elections.</li> </ul>	Question       Have you used tobacco in any form in the past 12 months?         Answer       I am tobacco-free (credit is received).         I am a tobacco user. However, I am committed to ending my tobacco use in 2022         I am a tobacco user. I do not intend to end. (credit is not received)
6. Choose <b>Select</b> or <b>Waive</b> for each medical election.	4 Continue Cancel
Note: If you want to know more about each plan, choose the Plan Details links (in blue) to review. Note: Remember to Confirm and Continue as you page through your benefit elections and make your selections.	Health Aetna HDHP Health Savers Plan     *Selection     Benefit Plan Details       Coverage     Select     Aetna HDH Health Savers Plan       5     Manage     Waive       Select     Aetna PPO Plus
<ol> <li>Once you have completed all coverage elections, select <b>Review and Sign</b>.</li> </ol>	6 Select Aetna PPO Waive Waive
<b>Note:</b> Selecting "Save for Later" will save your progress and allow you to continue enrolling in benefits at a later time.	Review and Sign Save for Later
8. Now that your coverage elections are confirmed, select the <b>Check Box</b> and proceed by selecting <b>Submit</b> .	Electronic Signature I understand that: I am making an election concerning the above described benefits. I authoris I cannot revoke or charge this election during the plan year unless there is a then revoke my earlier election. I verify and aftrm that the dependents enrolled for Health, Dental and/or Via and including termination. By checking this box, this serves as my electronic I Accept  I
( ) (2024	8 Submit Save for Later Cancel