

INSTRUCTIONS FOR BENEFIT ENROLLMENT

1. To begin your online benefit enrollment through the internet, type www.mygrandviewbenefits.com on the address line of your internet browser.
2. Click the “My Benefits” button, which takes you to the Benefits Passport for the first sign-on.

Username:	grandview1
Password:	flexview

3. Review each of the Benefit Folders under “My Benefits” prior to enrolling to review plan summaries, plan booklets, eligibility and employee contribution schedules.
4. To enroll, click on the folder which says “My Online Enrollment” located below the “My Benefits” folder and click “enroll now.” You will now log on to your own “Personal Benefit Center.” This is a secure area which only you can access using your own personal log on. Do not share this information with anyone, since this will now be your personal benefit information.
5. **Use the second sign-on to enroll in your benefits.**

Username:	Your username is the first six (6) characters of your last name, followed by the first letter of your first name, followed by the month and day (MMDD) of your date of birth. Example: Doej0128
Password:	Your password is the first six (6) characters of your last name, Followed by the first letter of your first name, Followed by the last four (4) digits of your Social Security number. You can change your password once you enter the system under the Personal Information section.

6. Review and accept the Employee Usage Agreement. Once you are done enrolling this will serve as your acknowledgement and be your electronic signature as confirmation of your benefit elections.
7. Review Personal Information; be sure to update your phone number with the best number to contact you at for the Alert Now System. Please list an email address where we may send Grand View Hospital correspondence. If you do not have an email address, please list “None”. Also, please complete the EEO Ethnic Code.
8. Review/Add/Change your primary and/or secondary Emergency Contact.
9. Review/Add/Change any Eligible Dependent(s) information listed.

You are now ready to enroll in your 2012 Benefits!

You will be taken through the benefits that you are eligible to participate in based on your employment status. If you have current coverage in a benefit, the plan option you are currently enrolled in will be indicated. If you are new or wish to make changes, you can compare options available and view your bi-weekly contribution based on option selected and coverage type (employee only, two-party or family coverage). Once you have made your choice, you will progress to the next benefit that you are eligible for until you have reviewed all your benefit options.

10. **Medical**

- If you have current coverage, the plan option you are currently enrolled in will be indicated. Make your selection for yourself and any eligible dependents by clicking in the box next to the corresponding plan option. If you do not wish to elect coverage, select the “Opt-Out” plan option.
- Once you have made your selection, scroll down to the bottom of the page and click on the “Save & Continue” button. Repeat this step for each benefit option.

11. **Dental**

- Full-Time, Part-Time and Weekend Specialty employees may choose either the “Basic” or “Core” dental options for themselves and their eligible dependents.
- **Note ** Effective 1/1/2012, All employees who elect dental coverage WILL be enrolled in the same plan as selected for their eligible dependents.** If you do not wish to elect coverage, select “I waive enrollment in all Dental plans”.

12. **Vision**

- **Effective 1/1/2012, you may choose either the “Standard” or “Premier” Vision Plan.** Review the plan options and make your selection for yourself and any eligible dependents by clicking in the box(es) next to the corresponding plan option.
- **Note ** If you select the “Premier” Vision Plan, you will be required to remain in this plan for a minimum of (2) two consecutive plan years prior to electing the “Standard” Vision Plan.** If you do not wish to elect coverage, select “I waive enrollment in all Vision plans”.

13. **Basic Life-AD&D (Full-Time Employees Only)**

- This is a standard benefit for all eligible full-time employees at no cost to you. The amount of coverage you are eligible for automatically appears in the box next to the plan option.

14. **Short-Term Disability**

- For the Short-Term Disability benefit, your maximum monthly benefit and bi-weekly cost has already been calculated for you. Under each the 30-day waiting period or the 60-day waiting period, to the right of the listed benefit, you will see a “drop down” box. You may select any of the \$10.00 Weekly Benefit increments listed up to your Maximum Weekly Benefit. The bi-weekly cost associated with each \$10.00 increment is listed for your convenience. If you do not wish to elect coverage, select “I waive enrollment in all Voluntary Short-Term Disability plans.” **Note**The Short Term Disability plan does *not* cover normal pregnancy.**

15. **Long-Term Disability (Full-Time Employees Only)**

- This is a standard benefit for all eligible full-time employees at no cost to you. The amount of coverage you are eligible for automatically appears in the box next to the plan option.

16. **Voluntary Life Insurance and Voluntary Dependent Life**

- If you are currently enrolled in the Voluntary Life or Voluntary Dependent Life Insurance, a summary of your current coverage will be listed on your “Consolidated Benefit Statement” at the end of your enrollment. If you do NOT currently have Voluntary Life or Voluntary Dependent Life Insurance, and wish to apply or increase your coverage, there will be an option for you to “request an insurance packet from the carrier”. Please check one of the boxes.

1. I am interested in adding or increasing my Voluntary Life or Voluntary Dependent Life Insurance – I would like to request a Voluntary Life Insurance packet. (I understand that the Voluntary Life and/or Voluntary Dependent Life Insurance may require proof of good health through completion of an Evidence of Insurability form and is **not** effective until approved by the insurance carrier.
2. I would like to cancel my current Voluntary Life or Voluntary Dependent Life insurance.

3. I wish to keep my existing Voluntary Life and/or Voluntary Dependent Life insurance.

4. I “waive” enrollment in all Elect/Increase/Keep/Waive Voluntary Life plans.

FLEXIBLE SPENDING ACCOUNTS

17. Medical Flexible Spending Account

- Before electing a Medical Flexible Spending Account, be sure to familiarize yourself with eligible medical expenses covered under a Medical Flexible Spending Account and the IRS regulations. For complete details, review the Flexible Spending Accounts Booklet under the “My Reimbursements” folder.

18. Dependent Care Flexible Spending Account – Grand View Hospital

- You may elect Dependent Care FSA – Grand View Hospital, if you utilize Grand View’s Day Care facility.

19. Dependent Care Flexible Spending Account - Other

- You may elect a Dependent Care FSA – Other, for day care expenses at a facility other than Grand View’s Day Care Center.

Be sure to familiarize yourself with the rules and regulations of a Dependent Care Flexible Spending Account. For complete details, review the Flexible Spending Accounts Booklet under the “My Reimbursements” folder.

Use it or lose it. By Federal law, you may forfeit any contributions you do not use for medical expenses and/or dependent care expenses incurred during the account year. As a result of the “use it or lose it” rule, it is important for you to determine the actual benefits you expect to incur during the course of the Plan Year, which is January 1st through December 31st.

Remember, if you do not enroll for a Medical Flexible Spending Account or a Dependent Care Flexible Spending Account when you are eligible or during the Open Enrollment period, you will not be able to participate in either accounts in 2012 unless you experience a Qualified Life Event, even if you did participate in 2011.

20. Beneficiary Information

- Grand View Hospital provides every full-time employee with a Basic Life insurance benefit of one times his or her base annual earnings to a maximum benefit of \$70,000 at no cost to you. All Full-Time employees must designate a Basic Life Insurance beneficiary.
- If you are enrolled in the Voluntary Life Insurance, you will need to designate a Voluntary Life Insurance beneficiary.

21. Consolidated Enrollment Form

- Review your enrollment selections, beneficiary information and bi-weekly contributions.
- Make any changes by clicking the benefit and it will return you back to the enrollment options.
- You may print a copy of the Consolidate Enrollment Form for your records.
- Click “FINISHED” at the end of the Consolidated Enrollment Form to electronically sign your 2012 Enrollment Selections.

****REMEMBER TO “LOGOUT” IN THE UPPER RIGHT HAND CORNER OF THE WEBSITE!**

If you have questions, please contact Renee DeMarzio at ext. 4863, Kathleen Davis at ext. 4864 or Kathy Weaver at ext. 4636.