



UNIVERSITY of MARYLAND  
MEDICAL SYSTEM

# New Hire Step-By-Step Benefits Enrollment Guide

For New Hires and Newly Benefit Eligible  
Team Members

2022 - 2023



Ready to enroll? Follow the steps in this guide to make your benefit elections.

Start by visiting HRConnections at [www.umms.org/hrconnections](http://www.umms.org/hrconnections) and click Employee.

If you need assistance with the *HRConnections* website, please call the *HRConnections* Service Center at 1-855-486-6747.

For assistance with the Kelly Benefits website, please call the Kelly Benefits Center at 1-888-535-5949.

## HR Connections

*HRConnections* Online is the one-stop shop for all Human Resources-related activities for employees and new hires of the following:

- University of Maryland Medical System Corporate
- University of Maryland Baltimore Washington Medical Center
- University of Maryland Community Medical Group
- University of Maryland Medical Center Midtown Campus
- University of Maryland Medical Center University Campus
- University of Maryland Rehabilitation and Orthopaedic Institute
- University of Maryland St. Joseph Medical Center
- University of Maryland Shore Regional Health

For other UMMS hospitals not listed above, please contact the local HR department for assistance.

Questions?

Call the *HRConnections* Service Center at 1-855-4UMMSHR (1-855-486-6747)



Find A Doctor

Health Services

Locations

Health

Home > HR Connections > Employee Information

## Employee Information

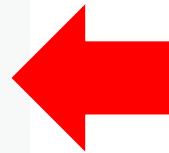
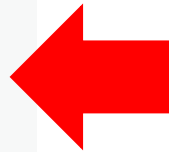
 Home Computer >>

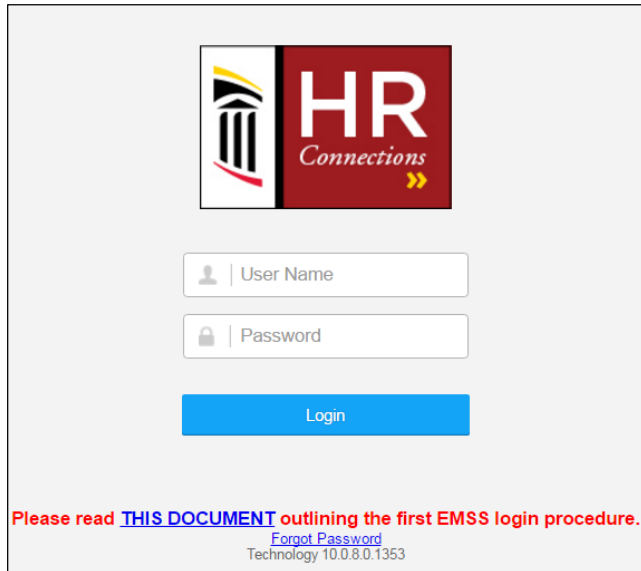
 Work Computer >>

 View Paychecks on Mobile Device >>

 Video Tutorials >>

Click ***Home Computer***  
if you are at home, or  
click ***Work Computer***  
if you are at work.





Log in to *HRConnections*. Your username is your team member ID number. If this is your first time signing in as a team member, the default password is Umms and the last 4 digits of your social security number (example: Umms1234).

If you have signed in before and you have forgotten your password, click ***Forgot Password*** for a reminder question.

If you are unable to reset your password by using the ***Forgot Password*** feature, contact the IS&T Help Desk at **(410)328-4357** to reset your password.

Click the **My Benefits** link in the My HRConnections QuickLinks box on the HRConnections home page. You will be forwarded to the Kelly Benefits enrollment portal.

The screenshot shows the HRConnections home page. At the top, there is a yellow header with the HRConnections logo on the left and a search bar on the right. Below the header, the page is divided into three main sections. On the left is the 'HRConnections Bulletins' section, which contains two news items: one dated 12/12/2018 about a pay stub display change, and another dated 12/06/2018 about a change in blood glucose testing coverage. A red arrow points from the second bulletin to the 'My Benefits' link in the 'My HRConnections QuickLinks' section. The 'My HRConnections QuickLinks' section includes a list of links: 'Compensation Planning', 'Disability FMLA & Other Leaves', 'Evercheck - License Verification', 'My Benefits', and 'My Paychecks (from home)'. On the right is the 'Ask HRConnections' section, which includes a link to contact an HR expert and a status bar showing 5 closed and 0 open questions.

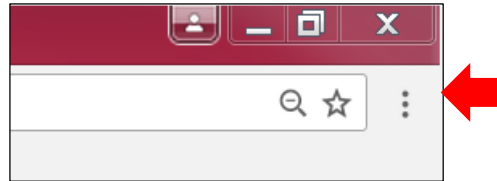
**NOTE:** If the Kelly Benefits website does not load, you may need to disable your browser's pop-up blocker before proceeding. To disable the pop-up blocker, please follow the directions for your browser listed on the next page. After the pop-up blocker has been disabled, please refresh and repeat this step.

## How to Disable Pop-Up Blockers

*Select your browser and follow the instructions*

### Google Chrome

At the top right corner of your browser window, click **Customize and control Google Chrome** (the button with 3 dots)



- Click **Settings**
- At the bottom, click **Show advanced settings**
- Under **Privacy**, click **Content settings**
- Under **Pop-ups** click **Allow all sites to show pop-ups**



### Mozilla Firefox

- Click **Tools**, then click **Options**
- On the **Content** tab, uncheck the **Block Popup Windows** box, then click **OK**

### Safari

- Click **Safari**, then click **Preferences**
- Click **Security**
- Under **Web Content**, uncheck the **Block pop-up windows** box



### You have 16 days to complete your New Hire benefits enrollment

We are pleased to offer many great benefits to our newly eligible employees. Consider all of your options before making your elections. Once you complete your enrollment, you will only be able to make changes during Open Enrollment or if you have a Qualifying Event (marriage, birth of child, etc.).

Your eligibility period to complete your New Hire benefits enrollment ends on 5/12/2022 at 11:59 PM EST.

① Your company is currently in its Open Enrollment period.

① If your New Hire Enrollment is effective prior to 7/1/2022, you will have the opportunity to participate in Open Enrollment for plans effective 7/1/2022

Open Enrollment ends in 22 days.

[Enroll Now](#)

During your New Hire Enrollment Period, you will see this notification at the top of the page. Click “Enroll Now” to start the process.

### Employee Personal Information

There are specific items on this page that you will not have the ability to update. Demographic changes can be updated in HRConnections. [Please click here for further instructions.](#)

NOTE: If you are enrolling in an HSA account, Federal Law (Patriot Act) requires that an actual physical U.S. street address be provided to open this account. A P.O. Box or foreign address is not sufficient, and your account cannot be opened until this requirement is met.

#### Basic Information

Last Name: \*   
Suffix:   
Date of Birth: \*   
Gender: \*   
Marital Status:

#### Address

Street Address 1: \*   
Street Address 2:   
City: \*   
State/Province: \*   
Zip/Postal Code: \*   
Country: \*


#### Contact Information

Home Phone:   
Mobile Phone: ( ) -   
Email Address:   
[Privacy Policy](#)

#### Race, Ethnicity, Language and Country of Origin

Disclaimer

Race:   
Ethnicity:   
Language:   
Country of Origin:

Save & Continue 

# Review your Personal Information.

## Click, “Save & Continue.”

NOTE: If your personal information is incorrect or has changed, please update your information in HRConnections Employee Self Service. For assistance, contact the HRConnections Service Center at (855) 486-6747. Any changes you make to your personal information in HRConnections will be sent to Kelly Benefits the next day.

**Midtown Employees Only:** For tobacco free attestation information, see **Appendix 1** at the end of this guide.



Personal information changes have been saved.

### Your Dependents

Add your dependents who need coverage. Eligibility depends on the plan in which you are enrolling.

Dependents being added for the first time will require documentation or they will be dropped from your plan.

- Newly Eligible: within 31 days of the event
- 2022 Open Enrollment: by May 31, 2022

Please upload your documentation using the "Verification Document" button below or email documentation to [Dependent Verification](mailto:benefitshotline@kellybenefits.com). You may also fax your documentation to 410-527-5904.



Marcy R Dixon Spouse	Gender: Male DOB: 4/25/1987 SSN: ###-##-5424	Disabled: No Eligible for Medicare: No	<a href="#">Edit</a> <a href="#">Hide</a>
Levi D Knapp Child	Gender: Female DOB: 4/25/2007 SSN: ###-##-1463	Disabled: No Eligible for Medicare: No Full-Time College Student: No	<a href="#">Edit</a> <a href="#">Hide</a>
Neil Ms Valdez Child	Gender: Male DOB: 4/25/2007 SSN: ###-##-5240	Disabled: No Eligible for Medicare: No Full-Time College Student: No	<a href="#">Edit</a> <a href="#">Hide</a>



[Continue](#)

## IMPORTANT: This screen is for adding dependent demographic information only and will NOT enroll your dependent in a benefit plan.

Additional documentation is REQUIRED if you are adding dependents to a plan. Please upload your documentation using the "Verification Document" button that will appear after the dependent has been added or email to [benefitshotline@kellybenefits.com](mailto:benefitshotline@kellybenefits.com). You may also fax your documentation to (410) 527-5904.

We recommend calling Kelly Benefits at (888) 535-5949 to confirm receipt of your documents prior to the deadline.



**YOUR DOCUMENTS MUST BE RECEIVED BY KELLY BENEFITS WITHIN 31 DAYS OF YOUR EMPLOYMENT START DATE OR YOUR DEPENDENTS WILL NOT HAVE COVERAGE**

To change information for an existing dependent, click the **Edit** button. To add a new dependent, click the **+Add Dependent** button. When finished, click **Continue**.

Dependent Verification Document ×

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Previously Provided Verification Documents

 Birth Certificate 4/29/2020 4  
 Birth Certificate 4/29/2020

Upload Document for Tester Abbott (Child)

**Document Type**

Birth Certificate 1

**File**

2

Please select the file to upload (.pdf, .jpg, .gif, .png)

3 Upload Cancel

If you added a new dependent and clicked on the “Dependent Verification Document” button, you will be taken to this screen.

Select the “Document Type” (1) using the drop-down menu and then using “Browse” (2), select the document from your computer to upload.


Click “Upload” (3) and you will see the documents you added appear at the top of the screen (4).

**Enroll in Benefits** Continue

Select a plan for each benefit or decline/terminate the benefit if it is not mandatory. You need to assign beneficiaries for some insurance plans.

• Benefits will be automatically renewed with your current year's coverage.

**NOTE**  
 Plans are subject to non-discrimination testing each year. Test results will vary each year and we cannot advise prior to signing up for these plans if you will or will not individually be considered a highly compensated employee (this depends entirely on the salaries of others who enroll). For more information on this important consideration, please go to IRS Bulletin [http://www.irs.gov/irs2007-09\\_IRB/ar11.html](http://www.irs.gov/irs2007-09_IRB/ar11.html), under V. New Rules 1, 102-7 Non-Discrimination Rules.

<b>Medical</b>				
<b>Bronze Plan</b>	Who's Covered:	\$32.37	<a href="#">Change</a>	
Carrier: NCSB-CR1-CV2 CareMark R02F Coverage Period: 07/01/2022 - 06/30/2023	Cecilia En Jibson (Employee)	Your Cost Per Day Per Employee		
<b>Health Savings Account</b>		\$0.00	<a href="#">Change</a>	
<b>Accident</b>			<a href="#">Enroll or Decline</a>	
<b>Hospital Indemnity</b>			<a href="#">Enroll or Decline</a>	
<b>Employee Critical Illness</b>			<a href="#">Enroll or Decline</a>	
<b>Spouse Critical Illness</b>			<a href="#">Enroll or Decline</a>	
<b>Child Critical Illness</b>			<a href="#">Enroll or Decline</a>	
<b>Dental</b>				
<b>Enhanced Dental</b>	Who's Covered:	\$27.49	<a href="#">Change</a>	
Carrier: Delta Dental R02F Coverage Period: 07/01/2022 - 06/30/2023	Cecilia En Jibson (Employee) Mary Olson (Spouse)	Your Cost Per Day Per Employee & Spouse	<a href="#">Terminate</a>	
<b>Vision</b>	Who's Covered:	\$2.93	<a href="#">Change</a>	
Carrier: Eye Med Vision 020 Coverage Period: 07/01/2022 - 06/30/2023	Cecilia En Jibson (Employee)	Your Cost Per Day Per Employee	<a href="#">Terminate</a>	

You're now on the Enrollment Dashboard.

Click on each "Enroll or Decline" button to enter and choose your benefits  
 Let's go to "Medical" first...

Medical

Who Should Be Covered?

- Cecilia En Abbott (Employee)
- Marcy Dixon (Spouse)
- Demo Abbott (Child)
- Levi Knapp (Child)
- Nell Valdez (Child)

[View Dependents](#)

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Elect a Plan

Or you can decline coverage below. [Compare Plans](#)

<input checked="" type="checkbox"/> <b>Bronze Plan</b> <small>Center: NCLB-CFL OIG CareMark Ro 3F Coverage Period: 07/01/2022 - 06/30/2023</small>	<a href="#">View Plan Highlights</a> <a href="#">View Eligibility Rules</a>	<b>\$32.37</b> <small>Your Cost Per Day</small>	<b>Your Current Election</b> <input type="checkbox"/> Compare
<input type="checkbox"/> <b>Silver Plan</b> <small>Center: NCLB-CFL OIG CareMark Ro 3F Coverage Period: 07/01/2022 - 06/30/2023</small>	<a href="#">View Plan Highlights</a> <a href="#">View Eligibility Rules</a>	<b>\$54.19</b> <small>Your Cost Per Day</small>	<input checked="" type="checkbox"/> <b>Select Plan</b> <input type="checkbox"/> Compare
<input type="checkbox"/> <b>Gold Plan</b> <small>Center: NCLB-CFL OIG CareMark Ro 3F Coverage Period: 07/01/2022 - 06/30/2023</small>	<a href="#">View Plan Highlights</a> <a href="#">View Eligibility Rules</a>	<b>\$86.60</b> <small>Your Cost Per Day</small>	<input checked="" type="checkbox"/> <b>Select Plan</b> <input type="checkbox"/> Compare

Decline Coverage

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Answer Plan Questions

Are you on Medicare? \*

Yes  No

[Back](#) [Continue](#)

**Start by choosing who will be covered by this benefit by clicking on each dependent you wish to have coverage. The “Cost Per Pay” amount being shown will change based on the dependents selected.**

Here you see only the team member is selected so the team member only Cost Per Pay rate is being shown.

- To Elect a Plan, select the Elect Plan button next to the plan.
- For a quick summary of each plan, click “View Plan Highlights”.
- To waive medical coverage, click “Decline Coverage”
- Click “Continue” when done

Note: These amounts are for example only.

## Health Savings Account

Enter an Annual or Per Pay Contribution Amount for your Health Savings Account or you may decline to participate . Your HSA contribution amount can be changed at any time during the year.

[Learn more about your Health Savings Account](#)

### Enter your Annual or Per Pay Contribution Amount

Minimum Annual Contribution: \$0.00  
Maximum Annual Contribution: \$3,650.00

[View Plan Highlights](#)

Amount is Annual  
 Amount is Per Pay

\$ 100.00

**YOUR COST PER PAY**

**\$3.84**

Decline Coverage

[Back](#)

[Continue](#)

**PLEASE NOTE:** The full annual amount you elect will be deducted regardless of when you are eligible. Pay close attention to the cost per pay number when enrolling and keep in mind that the plan year ends on June 30<sup>th</sup>.

If you choose a Medical plan associated with a Health Savings Account (Bronze Plan), you will be presented with this screen.

You may choose to enter an annual contribution amount or per pay amount.

If you enter an annual contribution amount, the system will automatically calculate your cost per pay for the plan year.

If you do not wish to have an HSA, click on “Decline Coverage”.

Click “Continue”




<b>Limited Purpose FSA (HSA Only)</b> You declined this benefit. <a href="#">Click here</a> to enroll.		DECLINED
<b>Dependent Care Flexible Spending Account</b> <b>Dependent FSA</b> <small>Carrier: Innovative Health Services, LLC.          Coverage Period: 07/01/2022 - 06/30/2023          Annual Employee Contribution: \$130.00</small>		<b>\$5.00</b> <small>Your Cost Per Pay</small> <a href="#">Change</a>
<b>Voluntary Legal</b> <small>Traffic violations, preparing or updating a will, or leasing/buying a home can require legal expertise. For a few dollars a month you can have real-time access to expert support when essential legal needs occur.</small> <b>MetLaw</b> <small>Carrier: MetLife Legal Plans          Coverage Period: 07/01/2022 - 06/30/2027</small>		<b>Who's Covered:</b> <small>Cecilia En Abbott (Employee)</small> <b>\$7.27</b> <small>Your Cost Per Pay for Employee</small> <a href="#">Change</a>
<b>Identity Theft Protection</b> You declined this benefit. <a href="#">Click here</a> to enroll.		DECLINED
<b>Current Coverage</b> <small>These benefits will continue through the upcoming plan year and cannot be changed at this time.</small>		
<b>Employee Assistance Plan</b> <b>Work Life Benefit Support</b> <small>Carrier: Miscellaneous Carrier - Non-Admin          Coverage Period: 07/01/2022 - 06/30/2023</small>		<b>COMPANY PAID</b> <b>\$0.00</b> <small>Your Cost Per Pay</small> <small>You have been automatically enrolled in this benefit. This benefit cannot be changed.</small>
<b>Life &amp; AD&amp;D</b> <b>Life &amp; AD&amp;D</b> <small>Carrier: Voya Financial Inc.          Coverage Period: 07/01/2022 - 06/30/2023          Benefit Amount: <a href="#">Show Amount</a></small>		<b>Beneficiaries:</b> <small>Marcy Dixon (Primary, 34.00%)          Levi Knapp (Primary, 33.00%)          Neil Valdez (Primary, 33.00%)  <a href="#">Add/Change Beneficiaries</a></small> <b>COMPANY PAID</b> <b>\$0.00</b> <small>Your Cost Per Pay</small> <small>You have been automatically enrolled in this benefit. This benefit cannot be changed.</small>
<b>Total Cost Per Pay</b>		<b>\$129.35</b>

[Continue](#)

Continue in the same manner for each benefit listed.

As you elect benefits, you'll see your progress on the main dashboard, and your "Total Cost Per Pay" will accumulate on the bottom.

You can click "Change" if you change your mind and need to adjust your choices.

 Flexible Spending Account	<a href="#">Enroll or Decline</a>
 Limited Purpose FSA (HSA Only)	<a href="#">Enroll or Decline</a>
 Dependent Care Flexible Spending Account	<a href="#">Enroll or Decline</a>


You will need to either Enroll or Decline the Flexible Spending (FSA), Limited Purpose FSA and Dependent Care FSA accounts.

**Flexible Spending Account (FSA)** – Funds taken from your paycheck before taxes that can be used to pay for qualified medical expenses such as deductibles, copayments, and other expenses not covered by the medical plan. Funds must be used within the plan year. Any funds not used will be forfeited.

**Limited Purpose FSA** – Similar to the FSA, but operates in conjunction with a health savings account. Funds can only be used for dental and vision expenses. Funds must be used within the plan year. Any funds not used will be forfeited.

**Dependent Care FSA** – Funds that can be used to pay for daycare, preschool, or elderly care that allows you and your spouse to work, look for work or attend school full-time. Funds must be used within the plan year. Any funds not used will be forfeited.

NOTE: Flexible Spending Plans (FSAs) are subject to non-discrimination testing each plan year. Results vary and are dependent upon enrollment totals and the salaries of others who enroll. Based on the results of the testing, your FSA election may be reduced for the plan year. We are unable to advise prior to enrollment if you will be affected by the testing.

 Health Savings Account

Enter an Annual or Per Pay Contribution Amount for your Health Savings Account or you may decline to participate. Your HSA contribution amount can be changed at any time during the year.

[Learn more about your Health Savings Account](#)

**Enter your Annual or Per Pay Contribution Amount**

Minimum Annual Contribution: \$0.00  
Maximum Annual Contribution: \$3,650.00  
[View Plan Highlights](#)

Amount Is Annual  
 Amount Is Per Pay

\$ 100.00

**YOUR COST PER PAY** \$3.84

Decline Coverage

[Back](#) [Continue](#)

## The Health Care, Limited Purpose and Dependent Care FSA screens are similar.

- Enter an annual contribution amount or an amount per pay.
- Your Cost Per Pay will be automatically calculated.
- Click “Decline Coverage” if you do not wish to contribute to an FSA.
- Click “Continue” when completed.

The full annual amount you elect will be deducted regardless of when you are eligible. Pay close attention to the cost per pay number when enrolling and keep in mind that the plan year ends June 30<sup>th</sup>.

If the medical benefit chosen does not allow you a particular FSA, you will not be able to elect it.



## Accident

No one can predict a serious accident. That's why this plan pays for out-of-pocket and other expenses, such as x-rays and physical therapy, following an accident or injury. This coverage is especially helpful when supporting High Deductible Health Plan as it can fill in the "gap" of the large deductible. This can be purchased on its own or in combination with other plans offered. Make sure to check the policy for the specific list of fixed cash benefits.

[Enroll or Decline](#)

## Hospital Indemnity

A hospital stay can be financially stressful. This plan typically helps offset non-covered expenses, such as major diagnostic testing and emergency room. Plan pays a fixed cash benefit to help with a variety of out-of-pocket medical expenses and helps fill the "gap" with a High Deductible Health Plan. Plan can be purchased on its own or in combination with other plans offered. Make sure to check the policy for the specific list of fixed cash benefits.

[Enroll or Decline](#)

## Employee Critical Illness

A serious illness never tells you it's coming, and few are financially prepared for it. This plan typically includes coverage for cancer, severe heart conditions, stroke, Alzheimer and other critical conditions. Plan pays a fixed cash benefit to help with a variety of out-of-pocket medical expenses and helps fill the "gap" with a High Deductible Health Plan. This can be purchased on its own or in combination with other plans offered. Make sure to check the policy for the specific list of covered illnesses.

[Enroll or Decline](#)

## Spouse Critical Illness

A serious illness never tells you it's coming, and few are financially prepared for it. This plan typically includes coverage for cancer, severe heart conditions, stroke, Alzheimer and other critical conditions. Plan pays a fixed cash benefit to help with a variety of out-of-pocket medical expenses and helps fill the "gap" with a High Deductible Health Plan. This can be purchased on its own or in combination with other plans offered. Make sure to check the policy for the specific list of covered illnesses.

[Enroll or Decline](#)

## Child Critical Illness

A serious illness never tells you it's coming, and few are financially prepared for it. This plan typically includes coverage for cancer, severe heart conditions, stroke, Alzheimer and other critical conditions. Plan pays a fixed cash benefit to help with a variety of out-of-pocket medical expenses and helps fill the "gap" with a High Deductible Health Plan. This can be purchased on its own or in combination with other plans offered. Make sure to check the policy for the specific list of covered illnesses.

[Enroll or Decline](#)

## Voluntary Legal

Traffic violations, preparing or updating a will, or leasing/buying a home can require legal expertise. For a few dollars a month you can have real-time access to expert support when essential legal needs occur.

[Enroll or Decline](#)

## Identity Theft Protection

This coverage provides a trusted partner to protect your information and help you recover if your identity is compromised. This protection helps to minimize your chance of financial loss and assistance getting your situation restored.

[Enroll or Decline](#)

# VOLUNTARY BENEFITS

You may elect voluntary benefits directly on the Kelly Benefits web portal. The benefits offered will be listed with a brief description of the benefit. The cost of these benefits are paid by the team member and will be listed as you make your election.

To elect any of the voluntary benefits, click on the "Enroll or Decline" button.

**Who Should Be Covered?**

**Wendy Ne Mullins** (Employee)

**James Mullins** (Spouse)

[+ Add Dependent](#)

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**Elect a Plan**

Or you can decline coverage below.

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**Accident Insurance**

Carrier: Voya Financial Inc. [View Plan Highlights](#) **\$3.03** [Elect Plan](#)  
Coverage Period: 07/01/2022 - 06/30/2027 [Eligibility Rules](#) Your Cost Per Pay

Decline Coverage

[Back](#) [Continue](#)

You first need to select who should be covered under the benefit by clicking the box next to the individual(s) to be enrolled. Your cost per pay will change based on who is selected.

If you do not see a dependent listed, you may click “+Add Dependent” to do so. Remember that supporting documentation may be needed and must be received by Kelly Benefits within 31 days of your new hire date.

Next, click on “Elect Plan”.

If you wish to waive coverage, check the box next to “Decline Coverage”.

Then click the “Continue” button.

# Life & AD&D Insurance

Company Paid

You will need to designate a beneficiary(ies) for your company provided life insurance.

- Click on “Add/Change Beneficiaries”.
- Select who you would like the beneficiary(ies) to be.
- Select the type for each beneficiary.
- Select the percentage of the benefit each beneficiary is to receive.
- Click “Save Changes and Close”.

**Employee Assistance Plan**  
Work Life Benefit Support  
Carrier: Miscellaneous Carrier - Non-Admin  
Coverage Period: 07/01/2022 - 06/30/2023

**Life & AD&D**  
Carrier: Voya Financial Inc.  
Coverage Period: 07/01/2022 - 06/30/2023  
Benefit Amount: Show Amount

**COMPANY PAID \$0.00**  
Your Cost Per Pay

**Beneficiaries:**  
Marcy Dixon (Primary, 34.00%)  
Levi Knapp (Primary, 33.00%)  
Nell Valdez (Primary, 33.00%)  
[Add/Change Beneficiaries](#)

[Add/Change Beneficiaries](#)

## Add/Change Beneficiaries

Add beneficiaries, select their beneficiary type, and enter their benefit percentage. You may change these designations at any time. [Read More](#)

### LIFE & AD&D

Select beneficiary to add

Include/Exclude	Beneficiary	Type	Percentage
<input checked="" type="checkbox"/> Included	Marcy Dixon (SPOUSE)	Primary	34 %
<input checked="" type="checkbox"/> Included	Levi Knapp (CHILD)	Primary	33 %
<input checked="" type="checkbox"/> Included	Nell Valdez (CHILD)	Primary	33 %
<input type="checkbox"/> Excluded	demo Abbott (CHILD)	Primary	0 %

Be sure that the total percentage between all beneficiaries totals 100%.

## Who Should Be Covered?

Christa Z Gillespie (Employee)

## Choose a Benefit Amount

This is the amount the policy will pay when the person covered by the plan becomes eligible for the benefit.

[View Plan Highlights](#)

\$ 210,000 ▼

⚠ Evidence of Insurability (EOI) required at this amount

💰 YOUR COST PER PAY

\$8.72

Decline Coverage

## Assign Beneficiaries

Add beneficiaries, select their beneficiary type, and enter their benefit percentage. You may change these designations at any time. [Read More](#)

Select beneficiary to add ▼

Beneficiary	Type	Percentage	
MICHELE GILLESPIE (CHILD)	Primary ▼	50 %	×
STEVE GILLESPIE (SPOUSE)	Primary ▼	50 %	×

Back

Continue

## Supplemental Life Insurance

If eligible, you may select supplemental life insurance for yourself, spouse and child(ren).

Use the drop down menu to select an amount of coverage. If you choose over the Guaranteed Issue Amount, you'll see the amount in red and will be notified that Evidence of Insurability is required before this amount will go into effect.

- Your cost per pay for the coverage selected will be listed.
- Be sure to assign a beneficiary(ies)

Click on "Decline Coverage" if you do not wish supplemental life.

Company Provided Benefits

 Employee Assistance Plan

Employee Assistance Program  
(EAP)

Carrier: Miscellaneous Carrier - Non-Admin  
Coverage Period: 07/04/2021 - 06/30/2023

COMPANY PAID  
**\$0.00**  
Your Cost Per Pay

You have been automatically enrolled in this benefit. This benefit cannot be changed.

 Life & AD&D

Life & AD&D

Carrier: Voya Financial Inc. (ING)  
Coverage Period: 07/04/2021 - 06/30/2023  
Benefit Amount: [Show Amount](#)

Beneficiaries:  
No beneficiaries added  
[Add Beneficiaries](#)

COMPANY PAID  
**\$0.00**  
Your Cost Per Pay

[Add Beneficiaries](#)

You have been automatically enrolled in this benefit. This benefit cannot be changed.

 Total Cost Per Pay

**\$0.00**

[Restart Enrollment](#)



[Continue](#)

Once you have made all of your selections, click on the “Continue” button.

✔ Thank you for completing New Hire Enrollment!

Dependents being added for the first time will require documentation within 31 days of the event or they will be dropped from your plan. During 2022 Open Enrollment, the documentation must be sent no later than May 31, 2022. If you are adding a newborn to your plans, please be advised that we are temporarily allowing you to supply hospital birth records in place of a birth certificate.

Please email your supporting documentation to [dependentverification@kellybenefits.com](mailto:dependentverification@kellybenefits.com) or fax to 410-527-5904. You may also upload your supporting documentation using the "Verification Document" link that appears on the Dependents page after you have entered in your newly eligible dependents. It is your responsibility to confirm your documentation has been received by the Kelly Benefits Benefit Center.



Review and save a copy of your New Hire Confirmation for your personal records.

[View/Print Your Enrollment Form](#)



You have 16 days to make changes to your New Hire Enrollment elections. Your new hire eligibility period ends on 5/12/2022 at 11:59 PM EST. Review and make any necessary changes to your enrollment elections.

[Make Changes](#)

\* By clicking the "Make Changes" button, you agree to complete the enrollment process again. If not fully completed, you will be enrolled in the selections that appear on your most recent confirmation statement.



**Don't Forget to Review and Print your Enrollment Election Confirmation Form by clicking on "View Your Enrollment Form".**

When complete, you'll be taken back out to your Team Member Homepage and you'll see this confirmation. Other information may be presented if additional documentation is needed.

# Don't Forget!

Submit spouse and dependent supporting documentation to Kelly Benefits within 31 days of your employment start date.

See Appendix (slide 25 – 27) for dependent documentation requirements.

**Your documents can be uploaded using “Verification Document” button or emailed to [benefitshotline@kellybenefits.com](mailto:benefitshotline@kellybenefits.com). You may also fax your documentation to (410) 527-5904. We recommend calling Kelly Benefits at (888) 535-5949 to confirm receipt of your documents prior to the deadline.**

# Appendix 1: Tobacco Attestation

## MIDTOWN Team Members ONLY

Team Members at UMMC Midtown who do not use tobacco products may qualify for reduced insurance premiums. In order to qualify, UMMC Midtown Team Members will be asked to certify their smoking status on the Kelly enrollment portal while completing enrollment. After certifying your tobacco status, click ***“Save & Continue”***.

### TOBACCO-FREE ATTESTATION

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By answering below, I certify and confirm that:

I am not currently using, and have not used, any tobacco products within the past 30 days, and I will continue to be tobacco-free. This includes, but is not limited to, cigarettes, cigars, pipes, chewing tobacco, e-cigarettes, snuff, vaporizers, etc.

If you answered "No," we encourage you to visit <http://smokingstopshere.com/> to learn more on how you can quit.

If you use tobacco and you are not able to quit or are currently participating in a smoking cessation program, contact the HRConnections Service Center at 855-486-6747 for assistance and information on other ways to qualify for this program

\*  No; I am not tobacco-free  Yes; I am tobacco-free



Save & Continue



# Appendix 2: Dependent Documentation Requirements

Dependent	Documents Required	Time frame to enroll and submit documents
<p><b>Child</b> – natural daughter or son of the participant who is under age 26</p> <p><b>Note:</b> Coverage for eligible dependents is through midnight the day before their 26<sup>th</sup> birthday</p>	<p><b>1 of the following:</b> photocopy of State issued birth cert., <b>OR</b> birth registration issued by division of vital statistics, <b>OR</b> certificate of live birth issued by the state</p> <p><b>Tax Return:</b> If one of the documents above is not available, a photocopy of the 1<sup>st</sup> page of participants most recent federal tax return that includes the participants child is acceptable. Please black out all financial information.</p>	<p>31 days of hire date</p>
<p><b>Legal Spouse</b> – participants legal spouse</p>	<p>Photocopy of marriage certificate  <a href="https://jportal.mdcourts.gov/mimpubrtrvl/index.html">https://jportal.mdcourts.gov/mimpubrtrvl/index.html</a></p> <p><b>Tax Return:</b> if a marriage certificate is not available, a photocopy of the 1<sup>st</sup> page of participants most recent federal tax return that includes the participants spouse is acceptable. Please black out all financial information.</p>	<p>31 days of hire date</p>

Dependent	Documents Required	Time frame to enroll and submit documents
<p><b>Step Child</b> – the step child of the participant who is under age 26</p> <p><b>Note:</b> Coverage for eligible dependents is through midnight the day before their 26<sup>th</sup> birthday</p>	<p><b>Photocopy of birth certificate</b> showing participants name AND photocopy of marriage certificate showing participant and child’s parents name.</p> <p><b>Tax Return:</b> If the documents above are not available, a photocopy of the 1<sup>st</sup> page of participants most recent federal tax return that includes the participants child and child's parent is acceptable. Please black out all financial information.</p>	<p>31 days of hire date</p>
<p><b>Dependent Child with Disability (age 26 or older)</b> - a child disabled prior to age 26, not able to be self supporting due to mental or physical disability and relies on the participant for support.</p>	<p><b>Photocopy of birth certificate</b> showing participants/spouses name <b>AND</b></p> <p><b>Tax return:</b> photocopy of the 1<sup>st</sup> page of participants most recent federal tax return that includes the participants disabled child (please black out all financial information.</p>	<p>31 days of hire date</p>

Dependent	Documents Required	Time frame to enroll and submit documents
<p><b>Legal Dependent</b> – child under the age of 26 for whom legal guardianship has been awarded to the participant or the participant’s spouse</p> <p>This includes legally adopted child, a child in foster care or other court or administrative order that specifically states providing medical coverage</p> <p><b>Note:</b> Coverage for eligible dependents is through midnight the day before their 26<sup>th</sup> birthday</p>	<p><b>Tax return:</b> photocopy of the 1<sup>st</sup> page of participants most recent federal tax return that includes the participants disabled child (please black out all financial information.</p> <p><b>OR 1 of the following applicable to the child dependent type:</b></p> <ul style="list-style-type: none"> <li>○ Photocopy of Adoption final decree or Interlocutory Decree of adoption showing the judge’s signature and seal</li> <li>○ Photocopy of the child’s birth certificate showing the participant as the adopting parent</li> <li>○ Photocopy of final court order with judges’ signature and seal affirming the participant as the child’s legal guardian</li> </ul>	<p>31 days of hire date</p>