



Return From Leave Event

Employee Self Service (ESS):

Online Benefits New Hire Enrollment allows fast and convenient processing of your Benefits Enrollment elections through Employee Self Service (ESS). ESS is an online module within PeopleSoft where employees have access to view and update their personal information, including their Health Benefits elections.

*Supporting Documentation is **required** for any Benefits changes involving dependents.*

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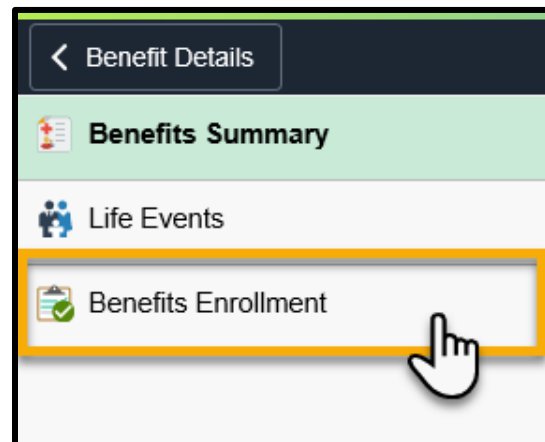
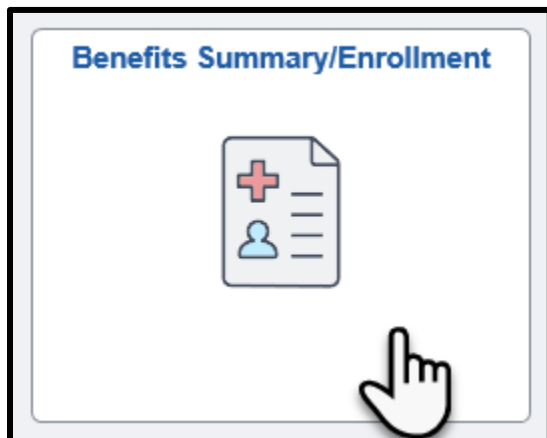
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Navigating To Return From Leave Event

1. After successfully authenticating and logging into **PeopleSoft HR**, click the **Benefits Details tile**.



2. Selecting the Benefits **Summary/Enrollment**, navigate to **Benefits Enrollment**.



Navigating To Return From Leave Event

Please Note: Event Description → This is your Qualifying Event

Clicking the blue “i” button will give you a brief description of the Qualifying Event

Event Date → This is the date your new Benefits Coverage will take effect

Event Status → Only Events in an Open or Submitted Status can be edited

Job Title → This is your current Corporate Title which determines your eligibility



3. Click the **“Select”** button to continue.

Health Benefits Enrollment

WENDY WORKER

After your initial enrollment, the only time you may change your health plan is during Open Enrollment or if you experience a Qualifying Event. Qualifying Events can include Return from Leaves, Demotions and Promotions. Please check your personal information on file. Should HR Shared Services Benefits Department need to reach out to you regarding your enrollment selections we will use your current contact information, which can be seen by Navigating to Personal Details Tile. The information icon provides you with additional information about your enrollment. The SELECT button next to an event means it is currently open for enrollment. To Begin your enrollment, click **SELECT.**
 Note: Some events may be temporarily closed until you have completed enrollment for a prior event.

Open Benefit Events

Event Description		Event Date	Event Status	Job Title	
Return From Leave		06/11/2021	Open	Case Investigator	

Once you click **Select**, please wait momentarily for your benefits enrollment information to become available for updating.

Navigating To Return From Leave Event

4. Click the **“Edit”** button to select your Medical coverage or Add/Drop Dependents.

Health Benefits Enrollment
Return From Leave
WENDY WORKER

Your Return from Leave event is now open. During this Qualifying Event you may choose a different medical plan. If you do not have medical coverage, you can add it, or if you no longer need it, you can cancel your coverage. You can also add or drop dependents on your coverage.

Select Edit on the Medical row to begin or continue your Enrollment process.

If you wish to make an addition or change for a Domestic Partner, select Edit on the Domestic Partner Medical row after you have made your selections on Medical.

If you have a Domestic Partner on your coverage and your Domestic Partner is now your spouse you must submit a marriage certificate as supporting documentation.

i Important: Your enrollment will not be complete until you Submit your choices.

Enrollment Summary

Medical	Before Tax	After Tax	Edit
Current: No Coverage New: Waive			
Domestic Partner Medical	Before Tax	After Tax	
Current: No Coverage New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

Election Summary			
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	0.00	0.00	0.00
Your Costs	0.00	0.00	0.00

These costs do not include certain choices that are based on variable earnings.

Click **Submit** to send your final choices.
Select the **I Have No Changes** button if you are happy with your prior elections and do not want to make any changes.

i Important: Your enrollment will not be complete until you Submit your choices.

Please note: The flexible spending accounts and retirement plan options listed are view only. You must reach out to each entity directly to enroll/make changes.

Reviewing Health Plan Options and Selecting a Plan

This page allows you to view all of the Plans that you are currently eligible for with their corresponding costs per Pay-Period. In addition, you can use the following tools:

- **Overview of All Plans** → Gives you a shorter list of all eligible plans and their Costs
 - **Costs** → Both Employee Only and Family Costs
5. Select the plan in which you would like to enroll, by clicking the circle next to the plan name. If you have dependents, continue to the [Adding Dependents](#) section.

Health Benefits Enrollment

Medical

WENDY WORKER

The Overview of all Plans, Summary Program Description, and Health Plan links are designed to assist you in making an informed decision.

i Important! Your current coverage is: No Coverage. Coverage for this plan will be waived if you do not make an election.

Your enrollment on this page may affect your choices for the following type(s) of coverage:
Domestic Partner Medical

Complete your enrollment on this page before enrolling in the benefit plans listed.

Select an Option

Here Are Your Available Options With Your per-pay-period Costs:
(Your cost = Full benefit cost - Credits)

[Overview of All Plans](#) [Enrollment Handbook](#)

Select one of the following plans:

HIP HMO Basic

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Family	\$0.00	Before-Tax
Employee + Domestic Partner	\$0.00	Before-Tax
Family (with Domestic Partner)	\$0.00	Before-Tax

HIP HMO Carveout

Coverage Level	Your Costs	Tax Class
Employee Only	\$3.94	Before-Tax
Family	\$9.65	Before-Tax
Employee + Domestic Partner	\$9.65	Before and After Tax
Family (with Domestic Partner)	\$9.65	Before and After Tax

6. If you do not have dependents, click the **“Update Elections”** button.

Update Elections **Discard Changes**

Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

Adding Dependents

1. Click the ***“Add/Review Dependents”*** button to add your dependent(s).

Enroll Your Dependents

The following list displays individuals who may be eligible to be your dependents. This may include dependents that are not currently covered who may be eligible. Currently covered dependents are indicated by a check mark next to their name.

If your dependent is covered by another City Agency, you cannot enroll your dependent under your health benefits coverage through the City of New York. ***Double City Coverage is NOT permitted*.**

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name. Click **Add/Review Dependents** button to add new dependents to your coverage or to modify a dependent's personal information.

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

Add/Review Dependents

Update Elections **Discard Changes**

Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

2. Click the ***“Add a dependent or beneficiary”*** button to add your dependent(s) personal information.

Add/Review Dependent/Beneficiary

WENDY WORKER

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

Adding Dependents

3. Enter the required fields and click the *Save* button:

Dependent/Beneficiary Review

Dependent/Beneficiary Personal Information

Personal Information

*First Name WHITNEY

Middle Name

*Last Name WORKER

Date of Birth 09/20/2018

*Gender Female

Social Security Number

*Relationship to Employee Child

Status Information

*Marital Status Single

As of

*Disabled No

As of

Address and Telephone

Same Address as Employee

Country United States [Change Country](#)

Address [Edit Address](#)

Same Phone as Employee

Phone

Save

You will get the following Save Confirmation. Click the **OK** button.

Dependent/Beneficiary Review

✓ The Save was successful.

OK

Adding Dependent

4. This will take you back to the dependents information page. Click on back button *Dependent Beneficiary Review* then again on *Plan Election*.

Add/Review Dependent/Beneficiary

WENDY WORKER

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.

Dependent and Beneficiary Information

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date
WHITNEY WORKER	Child	09/20/2018	Single	

[Add a dependent or beneficiary](#)

Add/Review Dependent/Beneficiary

WENDY WORKER

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.

Dependent and Beneficiary Information

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date
WHITNEY WORKER	Child	09/20/2018	Single	

[Add a dependent or beneficiary](#)

To return to
Health Benefits
Enrollment page

Adding Dependent

5. Scroll down to Enroll Your Dependents on this page and check the **Enroll** box next to all the dependents that you want to cover. This allows you to add dependents for Health Coverage purposes ONLY. This has no impact on your Tax withholding

Enroll Your Dependents

The following list displays individuals who may be eligible to be your dependents. This may include dependents that are not currently covered who may be eligible. Currently covered dependents are indicated by a check mark next to their name.

If your dependent is covered by another City Agency, you cannot enroll your dependent under your health benefits coverage through the City of New York. *Double City Coverage is NOT permitted*.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name. Click **Add/Review Dependents** button to add new dependents to your coverage or to modify a dependent's personal information.

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	WHITNEY WORKER	Child

Add/Review Dependents

Update Elections **Discard Changes**

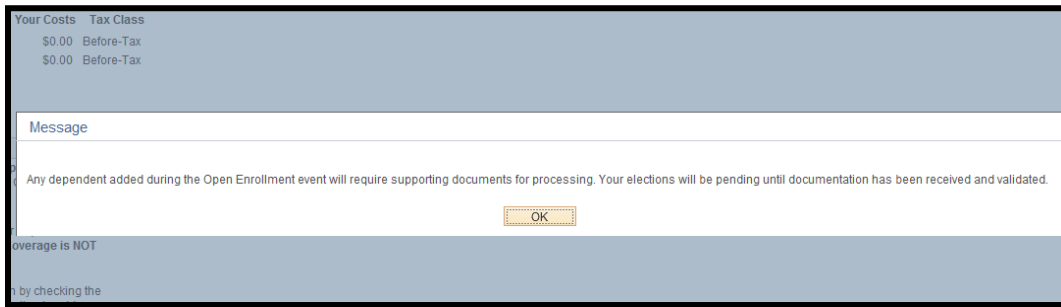
Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

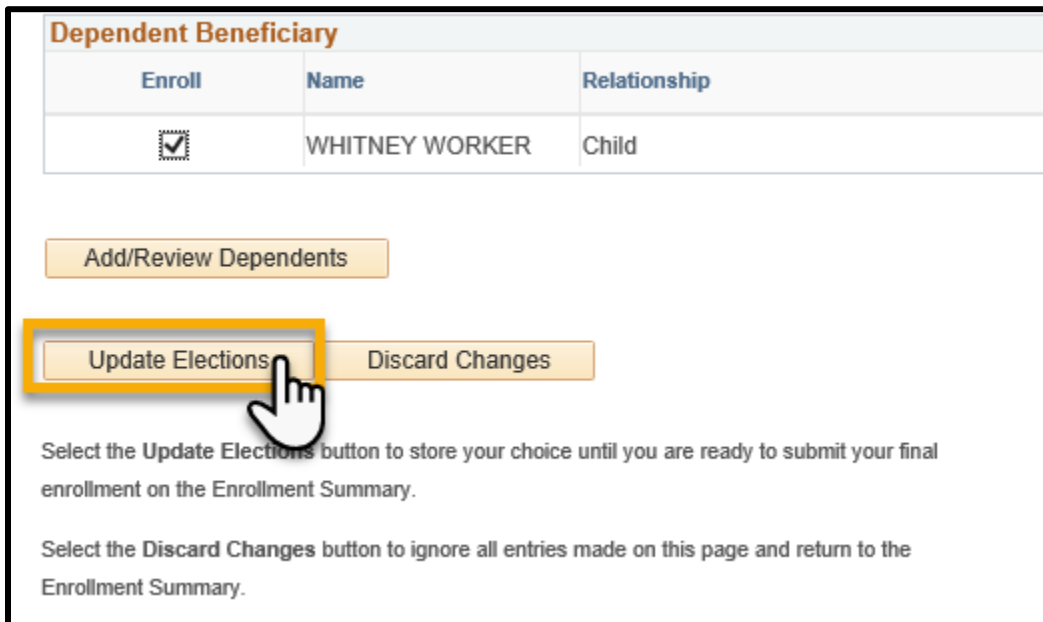
REMEMBER, only dependents with the "Enroll" checkbox checked next to their name as shown above will be covered! **(Note: Domestic Partners will be taxed differently)**

Adding Dependent

REMEMBER, Supporting Documentation will be required for all modifications and additions of Dependents. Please see the [Submit Supporting Documentation](#) section for more information!



- Click the **“Update Elections”** button when you have completed both your Health Coverage Elections AND reviewed your dependents.



Reviewing Your Future Plans and Costs

1. Click the **“Update Elections”** button when you have completed both your Health Coverage Elections AND reviewed your dependents.

Health Benefits Enrollment

Medical

WENDY WORKER

i Important: Your enrollment will not be complete until you Submit your choices.

Your Choice

You have chosen HIP HMO Basic with Family coverage. You are also covering Family.

Your Estimated per-pay-period Cost

Your Cost \$0.00

Your Covered Dependents

Dependent Information	
Name	Relationship
WHITNEY WORKER	Child

Notes

Once submitted, this choice will take effect on 06/11/2021. Deductions and/or Credits for this choice will start with the pay period beginning 06/11/2021.

Select the Update Elections button to store your choices.
Select the Discard Changes button to go back and change your choices.

2. You will be prompted to review your Current Plan and Costs against your New Plan and Costs. After reviewing click on **Submit**.

Enrollment Summary

	Before Tax	After Tax
Medical		
Current: No Coverage		
New: HIP HMO Basic:Family	0.00	
Domestic Partner Medical		
Current: No Coverage		
New: No Coverage		

This table summarizes estimated costs for your new benefit choices.

Election Summary			
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	0.00	0.00	0.00
Your Costs	0.00	0.00	0.00

These costs do not include certain choices that are based on variable earnings.

Click Submit to send your final choices.

i Important: Your enrollment will not be complete until you Submit your choices.

Employee Certification

1. You will be required to confirm that you read New York City’s Employee Certification in order to enroll in Health Benefits. After reviewing click on **Submit**.

Health Benefits Enrollment

Submit Benefit Choices

WENDY WORKER

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you would like up until 31 days after your event date. However, once you click Submit your benefit choices will be processed.

Please be aware there are After-Tax implications for dependents who are domestic partners.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment or if you have a qualifying event.

If you have any questions, please contact HR Shared Services Benefits Department at 55 Water Street 26th Fl. New York, NY 10041 (646) 458-5634, HHCBenefits@nychhc.org.

Authorize Elections

I certify that the above information is correct and I authorize the City to deduct from my salary the amount required, if any, through the City Health Benefits Program. I understand that the City Program’s benefits will be coordinated with those available through Medicare or any other source. Furthermore, I agree that my periodic health plan deductions, if any, will be made on a pre-tax basis pursuant to the Internal Revenue Code 125. I understand that I have an option to decline this benefit, by obtaining a Medical Spending Conversion Form, both of which are obtainable at my payroll office, (Section 125 does not apply to retirees.) If I have checked the Waive Benefits Box in the Elections Options section, I am choosing not to participate in the City Health Benefits Program at this time.

Click **Submit** to send your final choices.

Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

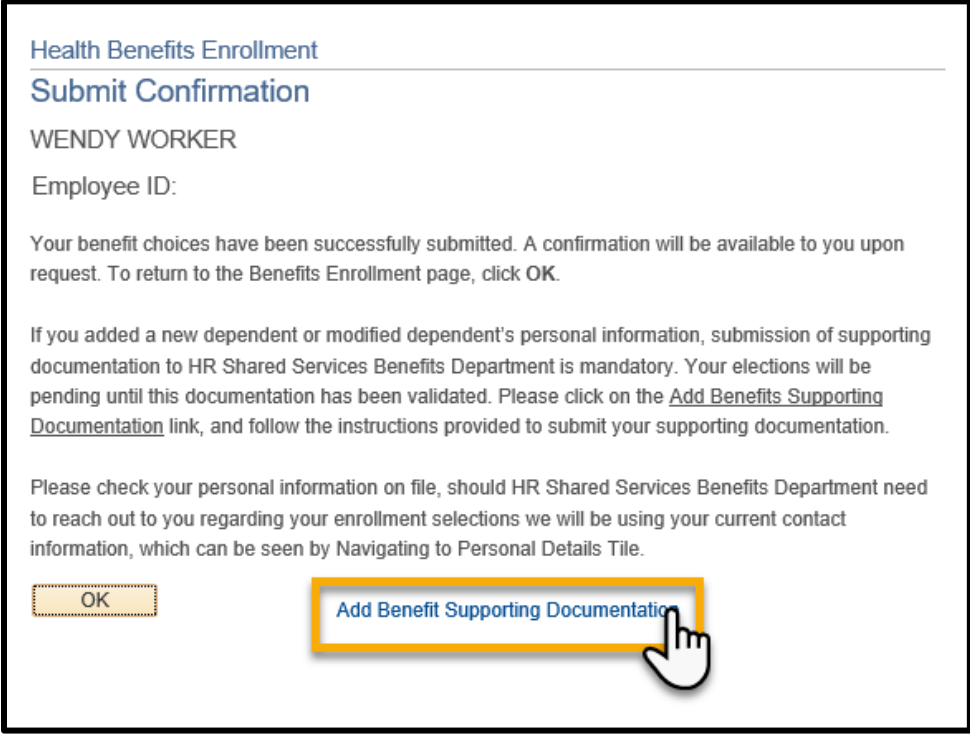
Submission Confirmation

This is the confirmation page you will receive once your changes have been submitted.

REMEMBER, Supporting Documentation is required for any changes involving dependents!

REMEMBER, check your Outlook email in order to make sure your changes have been approved by HRSS/Benefits. If there are any problems, HRSS/Benefits will contact you via email. If you fail to respond, your requests will **NOT** be processed.

1. Click on the “**Add Benefit Supporting Documentation**” link to begin submitting Supporting Documentation for your new dependent. **(Click here for how to guides)**



Health Benefits Enrollment

Submit Confirmation

WENDY WORKER

Employee ID:

Your benefit choices have been successfully submitted. A confirmation will be available to you upon request. To return to the Benefits Enrollment page, click OK.

If you added a new dependent or modified dependent's personal information, submission of supporting documentation to HR Shared Services Benefits Department is mandatory. Your elections will be pending until this documentation has been validated. Please click on the [Add Benefits Supporting Documentation](#) link, and follow the instructions provided to submit your supporting documentation.

Please check your personal information on file, should HR Shared Services Benefits Department need to reach out to you regarding your enrollment selections we will be using your current contact information, which can be seen by Navigating to Personal Details Tile.

If you have any questions about your elections you can contact HRSS/ NYC Health + Hospitals Corporate Benefits by phone at (646) 458-5634 or by email at HHCBenefits@nychhc.org