

Navigating Your 2026-27 Benefits Open Enrollment



Do you think you've ever logged in to Employee Navigator to manage your University benefits?

Nope

- Let's get you registered! Click [here](#) to access the registration screen, but do return to this document and keep scrolling for registration instructions.
- Then click [here](#) to scroll at super speed down to the relevant page.

Yes; I know it well!

- Let's get you logged in and move ahead. Click [here](#) to access the login page.
- Then click [here](#) to scroll at super speed down to the relevant page.

Registering as a New User

This is easy, so don't fret. We simply need to connect your online access to your existing employee account. You should have an Internet browser open with a screen that looks similar to the one below this text.

Once you've entered information into all of the fields, click the "Next" button.

Create Your Account

First, let's find your company record

First Name

This should be your legal name. You can update your preferred name later, if you'd like.

Last Name

Same here. Legal name.

Company Identifier

(provided by HR)

Enter "US" as shown.

PIN

(Last 4 Digits of SSN / ID)

Last 4 digits of your SSN

Birth Date

(mm/dd/yyyy)

Date of Birth in format MM/DD/YYYY

Next »

Let's Talk About a Possible Error

If you get this error above the “Next” button, something isn’t lining up. It’s likely the information we have on file for you isn’t exactly as you have typed. Email benefits@sewanee.edu to get this sorted out.

We cannot locate your records. Please revise your answers or contact your Administrator for help.

Next »

Creating Something Beautiful - Your Account

The screen similar to the one below should appear after successfully completing the last step. Let's do something special and make this your own!

Create Your Account

Then register a username and password

Username

(company email is recommended)

Password

(minimum length of 6, number and symbol required)

[show it](#)

I agree with the [terms of use](#)

We recommend you use your Sewanee e-mail address for ease; however, it's completely up to you. We wouldn't dare put a damper on your free-spirit.

At least 6 characters with a number and a symbol. Save it somewhere!

Don't forget to click that you agree if you'd like to continue.

Let's Get Acquainted

Stunning! Please read through the introduction, click the "Continue" button, read a bit more and then click the "Let's Begin" button. We're off! [Click here](#) to jump to the next relevant section.



Welcome! We're excited to have you on our team.

Say hello to your benefits management tool! Here you'll have 24/7 access to detailed information about our employee benefits program, company documents, interactive tools, and more! Click continue to find out what HR needs from you before you begin navigating your personalized employee profile.

Continue

1/2



Participation Required

The following items are required by HR and need to be completed in a timely manner. You can log out at anytime, but be sure to come back and complete the items listed below.


- 1 Open Enrollment

Let's Begin

2/2

Logging In as an Existing User

Wonderful! You remember using Employee Navigator at some point, so we simply need to get you logged in. You should have an Internet browser open with a screen that looks similar to the one below this text. Once you're able to login, move on to the next step.



Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

Your Username was set by you, and is likely your e-mail address. If you can't remember it, email benefits@sewanee.edu

You may not remember your password – it's okay! Simply use the "Reset a forgotten password" link and you'll be on your way.

Enjoying the View of a Successful Login

Welcome! You've made it past the most difficult part of the enrollment process. Let's take this to the next level.





If you'd like to browse around, review your information, check out the kitchen, etc. please do so.

If you've been here before and you're ready to leave, let's make this quick. Click the "Start" button.

Hello

It's time for open enrollment.
You have 22 days left to complete your elections.

Open Enrollment Incomplete **Start**

-  View Profile
-  Document Library
-  Enrollment Summary
-  Change Benefits

Let's Get Enrolling!

A bit of additional light reading appears. Please read and click the "Get Started" button.

Let's Begin Your Open Enrollment

You will:

1. Verify and enter some personal information for you and your dependents
2. Enter Social Security Numbers and dates of birth for eligible family members
3. Select your benefits

Elections will be finalized **only** after you sign and authorize them.

[Get Started](#)

Confirm Your Personal Information

Look over your personal information, but please let us know if your name, gender or date of birth needs to be updated by emailing benefits@sewanee.edu. Feel free to update your preferred name and phone number if you'd like.

Personal Information

First Name

Middle Name

Last Name

Suffix

Preferred Name

Gender Male Female

Date of Birth

SSN

Phone Number

Email Address

[Save & Continue](#)

Progress: 1 of 12

[View steps >](#)

Best Kept Secret!

If you need to skip to another section (forward or backward), do not use your browser's 'back' button. Simply click the "View steps" text along the right side of the screen. The menu will expand and you can jump to your favorite section.

Progress: 2 of 12

[View steps v](#)

- 1. Personal Information
- ⊖ 2. Address
- ⊖ 3. Dependent Information
- ⊖ 4. Medical
- ⊖ 5. Dental
- ⊖ 6. Vision
- ⊖ 7. Life
- ⊖ 7a. Life Beneficiary
- ⊖ 8. Voluntary Life
- ⊖ 9. Group Long-Term Disability
- ⊖ 10. Flexible Spending Account
- ⊖ 11. Dependent Care Spending Account
- ⊖ 12. Enrollment Summary

Where's Home?

Double check your address to ensure we have the most current information housed within this system. It's where any ID cards or other benefit mailings will be sent.

Address

Country
United States of America ▼

Address 1
735 University Ave

Address 2

City
Sewanee

State
Tennessee ▼

Zip Code
37383

[Save & Continue](#)

Verify Address

Recommended

735 University Ave
Sewanee, TN 37383-2000
Franklin County

[Use this address](#)

Alternatives

Close and edit my address

[Back to edit](#)

You'll likely be asked to verify your address. The software is attempting to check your entry against registered postal addresses. If it proposed something different than what you've input and you know you're correct, simply override it by using an available alternative that would appear along the bottom of the screen.

Other Than Us, Who Depends on You?

This is an important step if you'd like to enroll your eligible dependents (spouse, partner, children under age 26, disabled children over age 26). Take some time to review their information, update or add as necessary and then "Save & Continue."

Should you need to remove a dependent from the system (such as a previous spouse), you can request we do that by e-mailing us [here](#).

Dependent Information

Note: In this system, "dependent" refers to a spouse/partner and/or child(ren).

[add dependent +](#)

No dependents were found.

Edit Dependent

First Name	<input type="text"/>
Middle Name	<input type="text"/>
Last Name	<input type="text"/>
Suffix	--Select--
Relationship	--Select--
Gender	<input type="radio"/> Male <input type="radio"/> Female
Date of Birth	--Month-- --Day-- --Year--
Age	
SSN	<input type="text"/>
Fulltime College Student	<input type="radio"/> Yes <input type="radio"/> No
Disabled	<input type="checkbox"/>
Tobacco User	<input type="radio"/> Yes <input type="radio"/> No
Address	Home

It's best to enter information into all of the fields for which you know the information to be accurate. It makes it easier in the future.

Interested in Medical Coverage?

Let's break it down with some visuals.

Medical

Enrolling in Medical insurance can protect you from paying the full cost of medical services when you're injured or sick. Select a plan below to safeguard your financial security in the event of a health care emergency.

Who am I enrolling?

- Myself
- Select All
- Spouse Test (Spouse)
- Child Test (Child) |

Which plan do I want?

Plan Name	Cost per pay period	Effective on	Employee
2026-27 HSA-Eligible Plan	\$168.48	07/01/26	Employee
2026-27 Base PPO Plan	\$226.20	07/01/26	Employee
2026-27 Buy-Up PPO Plan		07/01/26	Employee

Buttons for each plan: Compare, Details, Select this plan.

Bottom buttons: Save & continue >, Don't want this benefit?

Callout 1: Select who you'd like to cover with this policy.

Callout 2: Select the policy that you feel is best for you and your family.

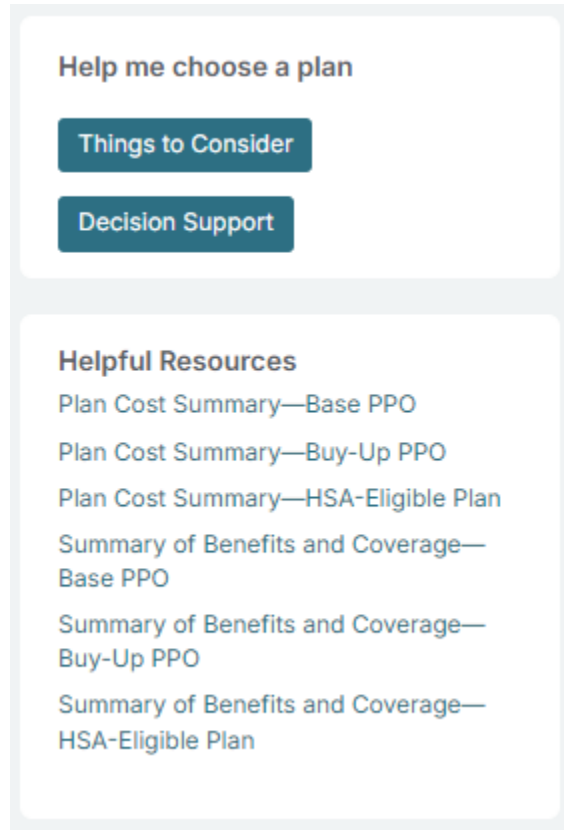
Callout 3: Click here this to access a tool to compare pay period costs and coverage details per pay side-by-side.

Callout 4: When you've made your selection, click this button to move forward.

Callout 5: Not interested in coverage? Click this button and move on.

Don't Forget About Helpful Resources!

For most plans, there is a section of “Helpful Resources” with links to more information about the coverages offered. These may include links to outside sites, downloadable summaries or documents that you may need to review based on your selections.



The image shows a screenshot of a user interface with two main sections. The top section is titled "Help me choose a plan" and contains two dark teal buttons with white text: "Things to Consider" and "Decision Support". The bottom section is titled "Helpful Resources" and lists five links in a light blue font: "Plan Cost Summary—Base PPO", "Plan Cost Summary—Buy-Up PPO", "Plan Cost Summary—HSA-Eligible Plan", "Summary of Benefits and Coverage—Base PPO", "Summary of Benefits and Coverage—Buy-Up PPO", and "Summary of Benefits and Coverage—HSA-Eligible Plan".

Help me choose a plan

[Things to Consider](#)

[Decision Support](#)

Helpful Resources

- [Plan Cost Summary—Base PPO](#)
- [Plan Cost Summary—Buy-Up PPO](#)
- [Plan Cost Summary—HSA-Eligible Plan](#)
- [Summary of Benefits and Coverage—Base PPO](#)
- [Summary of Benefits and Coverage—Buy-Up PPO](#)
- [Summary of Benefits and Coverage—HSA-Eligible Plan](#)

Interested in a Health Savings Account (HSA)?

If *and only if* you've enrolled in the HSA-Eligible Plan will you be eligible to be enrolled in the Health Savings Account (HSA), a tax-free account to use toward eligible medical, dental, and vision expenses.

If eligible, you'll automatically receive the University's monthly contribution; however, you can go ahead and elect to make your own contribution to the account via payroll deduction. **With an HSA, you can update this at any point during the year, so don't add pressure to yourself if you're not ready to commit to making your own contributions.** You are encouraged you to check out the "Helpful Resources" to ensure this enrollment is right for you. If you still have additional questions, please let us know.

The screenshot shows a web form for a Healthcare Savings Account. It is divided into three main sections: 'Review The Plan Information', 'Choose Your Contribution', and 'Review Your Selection'. The 'Choose Your Contribution' section includes a text input field for 'Employee Per Pay Election' with a dollar sign icon and the value '0.00'. A callout box with a purple border points to this field, containing the text: 'If you'd like to make contributions each pay period, indicate the amount per pay period here.' At the bottom right of the form is a green button labeled 'Save & continue >'. Below the form, the text 'Your projected deferral through 12/31/2026 is \$600.00' is displayed, followed by the bolded statement 'Contributions will continue into the next year.'

Healthcare Savings Account	
Review The Plan Information	
IRS Contribution Limit	\$4,400
Employer Monthly Contribution	\$100
Employer Funding Dates ⓘ	
Effective Date	07/01/2026
Choose Your Contribution	
Eligible Yearly Contribution	\$3,800
Employee Per Pay Election	\$ 0.00
Review Your Selection	
Your projected deferral through 12/31/2026 is \$600.00 ⓘ	
Contributions will continue into the next year.	

If you'd like to make contributions each pay period, indicate the amount per pay period here.

Save & continue >

Don't Panic! You May See the Following:

If you see either of these messages, don't panic. It's only because you are not enrolled in an eligible medical plan.

Those enrolled in the HSA-Eligible Plan are not able to enroll in the Health Care Flexible Spending Account (HCFA), but are able to enroll in the Health Savings Account (HSA) under rules of the Internal Revenue Code.

Similarly, those enrolled in either of the PPO plans are not able to enroll in the Health Savings Account (HSA) but are able to enroll in the Health Care Flexible Spending Account (HCFA), under rules of the Internal Revenue Code.

Health Savings Account

Unable to enroll

You enrolled in a medical plan that does not allow enrollment in this benefit. To be eligible you must enroll in a supported medical plan.

Continue

Flexible Spending Account

The University of the South is concerned about your financial security, and we offer Benefit Plans designed to protect our employee. Below is the summary for our 2026 Health Care FSA.

Not eligible to enroll

You are enrolled in an HSA and are not eligible for an FSA.

Confirm & Continue

Interested in a Healthcare Flexible Spending Account (HCFSA)?

If *and only if* you're **not** enrolled in a HSA-eligible Plan at the University or elsewhere, will you be eligible to be enrolled in the HCFSA. If you're interested in having payroll dollars deducted each pay period to be deposited into a tax-free account to use toward eligible medical, dental, and vision expenses, we encourage you to check out the "Helpful Resources" to ensure this plan is right for you. If you still have additional questions, please let us know.

Choose your election

Plan year:
07/01/2026 to 06/30/2027

Available annual amounts:
\$150 to \$3,400

Number of pay periods:
12 remaining

How much do you want to defer?

By annual amount - OR - Defer Maximum \$

By per pay amount

\$

Save & continue >

Don't want this benefit?

Update your Amount and double, even triple check the software's calculation.

Not interested in coverage? Click this button and move on.

Interested in a Dependent Care Flexible Spending Account (DCFSA)?

If you're interested in having payroll dollars deducted each pay period to be deposited into a tax-free account to use toward care for your dependents (such as childcare expenses), we encourage you to check out the "Helpful Resources" to ensure this plan is right for you.

Enrollment in an HSA does not affect your eligibility to enroll in a DCFSA. If you still have additional questions, please let us know.

Please note: If you have a child enrolled in daycare at the Sewanee Children's Center, we'll adjust *your* payroll contributions to account for the University's contribution after enrollment is complete and verified. For now, please enter the total amount you'd like to have available for the period July 1, 2026 – June 30, 2027

Choose your election

Plan year:
07/01/2026 to 06/30/2027

Available annual amounts:
\$600 to \$7,500

Number of pay periods:
12 remaining

How much do you want to defer?

By annual amount - OR - Defer Maximum \$

By per pay amount

\$

Save & continue >

Don't want this benefit?

Update your Amount and double, even triple check the software's calculation.

Not interested in coverage? Click this button and move on.

Interested in Dental Coverage?


Make your selection or choose not to enroll in the same manner in which you made your medical plan decision. Choose who you'd like to cover (if anyone), select the plan and either "Save & Continue" or decline to enroll by clicking "Don't want this benefit?"

Who am I enrolling?

- Myself
- Select All
- Spouse Test (Spouse)
- Child Test (Child)

Select who you'd like to cover with this policy.


Which plan do I want?

 **2026-27 Buy-Up Enhanced Dental Plan**

\$38.00
Cost per pay period

Effective on 07/01/26
Employee

[Compare](#) [Details](#) [Select this plan](#)

 **2026-27 Base Dental Plan**

\$28.64
Cost per pay period

Effective on 07/01/26
Employee

[Compare](#) [Details](#) [Select this plan](#)

[Save & continue >](#)

[Don't want this benefit?](#)

Not interested in coverage? Click this button and move on.

Interested in Vision Coverage?

Make your selection or choose not to enroll in the same manner in which you made your medical and dental plan decisions. Choose who you'd like to cover (if anyone), select the plan and either "Save & Continue" or decline to enroll by clicking "Don't want this benefit?"


The screenshot shows a web interface for enrolling in vision coverage. It is divided into two main sections: "Who am I enrolling?" and "Which plan do I want?".

Who am I enrolling?

- Myself
- Select All
- Spouse Test (Spouse)
- Child Test (Child)

Which plan do I want?

2026-27 Vision Plan

 **\$6.08**
Cost per pay period

Effective on 07/01/26
Employee

[Compare](#) [Details](#) [Select this plan](#)

[Save & continue >](#)

[Don't want this benefit?](#)

Callout 1: Select who you'd like to cover with this policy. (Points to the "Who am I enrolling?" section)

Callout 2: Not interested in coverage? Click this button and move on. (Points to the "Don't want this benefit?" button)

Review Your Complimentary Life Insurance

If eligible, you'll have an opportunity to review the details of the life insurance coverage that the University provides to you at no cost. The amount of the insurance should be equal to your base pay rounded up to the nearest \$1,000. If you feel there is an error in the software's calculation, email benefits@sewanee.edu for a review.

Note: If you are 65 years of age or older, this amount is reduced to 65% of the original amount. If you are 70 years of age or older, the amount is reduced to 50% of the original amount.

The screenshot shows a web interface for reviewing life insurance. It has a light gray background with white content boxes. The first box is titled 'Group Life' and contains a paragraph of text. The second box is titled 'Select your benefit' and contains the word 'Myself'. Below this is a table with three rows of information. At the bottom of the interface are two buttons: a green one with a right-pointing arrow and a blue one. Two callout boxes with purple borders and lines pointing to the buttons contain explanatory text.

Group Life

As an eligible employee, the University provides you with an employer-paid basic life insurance in an amount that equivalent to your annual base salary (rounded to the next \$1,000) up to a maximum of \$100,000. You are also provided with an equal amount of AD&D insurance. This benefit is reduced by 35% at age 65 and by 50% at age 70.

Select your benefit

Myself

Effective Date	07/01/2026
Requested benefit	\$56,000
Requested per pay cost	\$0

When you've reviewed the details of the policy, click this button to move forward.

Save & continue >

Don't want this benefit?

Please do not click this. All eligible employees are covered. We'll have to add it back if you do.

Record Beneficiaries for Your Life Insurance

If eligible for complimentary life insurance, you'll need to record at least one beneficiary. We don't recommend leaving it without anyone assigned to it or leaving it simple to your estate.

The image shows a web interface for recording life insurance beneficiaries. It includes a main form with a '+ add a beneficiary' button, a red error message, and a modal window for adding a primary beneficiary. The modal window has two sections: 'Copy existing dependent' and 'Beneficiary Type', both with dropdown menus. A 'Save' button is at the bottom right. A second, larger modal window shows a detailed form for a primary beneficiary with fields for Beneficiary Type, Relationship, Gender, Allocation %, Name, Date of Birth, SSN, Address, City, State/Country, ZIP/Postal Code, and Phone. A 'Save' button is at the bottom right. Callout boxes provide instructions: 'Click this button to add a beneficiary.' points to the '+ add a beneficiary' button; 'If you have them entered, you can use the information from your existing dependents to speed the process along.' points to the 'Copy existing dependent' dropdown; 'If you need to add someone's information, do so by selecting the appropriate option from the drop down.' points to the 'Beneficiary Type' dropdown; and 'When adding in a beneficiary's information, add as much information as you can. You'll notice that much of the information isn't required, so just do the best you can.' points to the detailed beneficiary form.

Click this button to add a beneficiary.

You are required to enter a primary beneficiary.

Primary Beneficiary

Copy existing dependent --Select--

--or--

Beneficiary Type --Select--

Save

Primary Beneficiary

Beneficiary Type Person

Relationship --Select--

Gender --Select--

Allocation %

First / Middle Name

Last Name / Suffix --Select--

Date of Birth --Month-- --Day-- --Year--

SSN

Address 1

Address 2

City

State / Country --Select-- --Select--

ZIP/Postal Code

Phone

Save

If you have them entered, you can use the information from your existing dependents to speed the process along.

If you need to add someone's information, do so by selecting the appropriate option from the drop down.

When adding in a beneficiary's information, add as much information as you can. You'll notice that much of the information isn't required, so just do the best you can.

Need More Life Insurance?

If eligible, you can purchase additional life insurance beyond the coverage provided by the University.


If you are requesting an increase in coverage (including adding coverage when you previously had none), you may need to complete an Evidence of Insurability (EOI) and have it approved before the new amount goes into effect. We'll have more on that in a bit.

Voluntary Life

A Voluntary Life insurance policy is designed as a financial protection plan in the event that the policyholder passes away. Select a plan below to secure your loved ones with a cash benefit after death.

HR Sign Date - 10/25/19


HR Must sign on employee's behalf

10/25/19  [Sign](#)

Who am I enrolling?

[Buy Guaranteed Issue](#)

Myself

\$0 

Slide to select →

Requested benefit	^	\$0
Requested per pay cost		\$0.00
Guaranteed Issue ⓘ		\$0

My Spouse

Requested benefit	^	\$0
Requested per pay cost		\$0.00
Guaranteed Issue ⓘ		\$0

My Children (Child)

Requested benefit	^	\$0
Requested per pay cost		\$0.00
Guaranteed Issue ⓘ		\$0

[Save & Continue](#)

[Don't want this benefit?](#)

Just use the slider to select the level of coverage you'd like.

If you'd like to add coverage for your spouse and/or children, you can do so after you've selected your level of coverage.

Remember that you'll need to have coverage in order to insure other members of your family.

Not interested in coverage? Click this button and move on.

Adding or Increasing Life Insurance?

If you elected to add coverage or increase your existing coverage, you may see a message like the one below indicating that you need to complete an Evidence of Insurability (EOI). Don't worry, we can assist you if you'd like. USABLE simply wants to know why you are now interested in coverage beyond the guarantee issue amount. Often, no medical visit is required, but they want additional information before extending coverage.

Simply click the link to download the form and follow the instructions to complete it and submit it to USABLE.

You will be able to complete enrollment even if you do not complete the EOI before the end of Open Enrollment, and you will only pay for coverage amounts that have been approved. If USABLE approves your new request, they will inform you and us of the start date of the increase.

Health Questions Needed for 2026 Vol Life and AD&D

Your requested benefit amount requires completing a set of Health Questions known as an EOI (Evidence of Insurability). Use the link below to complete your required form



Attention: Access Your Required Health Form

You have elected over the Guaranteed Issue amount for this plan.

Employee requested **\$500,000** but is only pre-approved for **\$200,000**
pending approval amount is **\$300,000**

Spouse requested **\$250,000** but is only pre-approved for **\$50,000** pending
approval amount is **\$200,000**

Your designated beneficiary cannot receive the pending amount until this form has been submitted to, and approved by, the carrier.


[Download USABLE Evidence of Insurability Form](#)

[Continue](#)

Record Beneficiaries for Your Additional Life Insurance

This probably looks familiar. For the specific steps, please click [here](#) to scroll back up to the previous page that looks like this.

Beneficiaries Form

 Claims Summary Report


For: 2026-27 Vol Life and AD&D

A beneficiary is the recipient of financial benefit from an insurance policy in the event the insured passes away. Beneficiaries are categorized as primary and contingent. If a primary beneficiary cannot receive the benefit after an insured passes away because the primary beneficiary is deceased, the rights are passed to the contingent beneficiary. The benefit payout can be divided between multiple persons or entities so long as the total sum of shares is equal to 100% for each primary and contingent beneficiary sets.

Some states dictate if the insured is married, the spouse is the primary beneficiary. If a married individual designates a non-spouse as the primary beneficiary, the requirements of the state will be reviewed prior to claim payment.

Primary Beneficiaries

[Add a beneficiary +](#)

 You are required to enter a primary beneficiary.

Contingent Beneficiaries

[Add a beneficiary +](#)

[Continue](#)


Review Your Complimentary Long Term Disability Coverage

If eligible, you'll have an opportunity to review the details of the long-term disability coverage that the University provides to you at no cost. The amount of the insurance should be equal to 60% of your monthly base pay up to a maximum of \$7,000 per month. If you feel there is an error in the software's calculation, email benefits@sewanee.edu for a review.

Group Long-Term Disability

Long Term Disability (LTD) Insurance provides partial income replacement if you become unable to work due to a serious illness or injury that lasts for an extended period. This coverage protects your financial security when a disability prevents you from returning to work for months or even years.

Select a plan



2026-27 Long Term Disability

\$0
Cost per pay period

Effective on 07/01/2026
Your monthly benefit:\$2,751

[Details](#) [Selected](#)

[Save & continue >](#)

Before moving on, make sure "Selected" is green.


New: Interested in Accident Coverage?

If eligible, make your selection or choose not to enroll in the same manner in which you made your prior plan decisions. Choose who you'd like to cover (if anyone), select the plan and either "Save & Continue" or decline to enroll by clicking "Don't want this benefit?"

Who am I enrolling?

- Myself
- Select All
- Spouse Test (Spouse)
- Child Test (Child)

Which plan do I want?

 **2026-27 Accident Coverage**

\$9.82
Cost per pay period

Effective on 07/01/26
Employee

[Compare](#) [Details](#) [Select this plan](#)

[Save & continue >](#)

[Don't want this benefit?](#)

Select who you'd like to cover with this policy.

Not interested in coverage? Click this button and move on.

New: Interested in Critical Illness Coverage?

If eligible, make your selection or choose not to enroll in the same manner in which you made your prior plan decisions. Choose who you'd like to cover (if anyone), select the plan and either "Save & Continue" or decline to enroll by clicking "Don't want this benefit?"

The screenshot shows a web interface for selecting Critical Illness Coverage. It includes a sign-off section, a benefit selection section with a slider, and enrollment options for 'Myself', 'My Spouse', and 'My Children'. Callout boxes provide instructions: 'Just ignore this piece. It's a system piece that isn't meaningful.' points to the 'Sign' button; 'Just use the slider to select the level of coverage you'd like.' points to the slider; 'If you'd like to add coverage for your spouse and/or children, you can do so after you've selected your level of coverage. Remember that you'll need to have coverage in order to insure other members of your family.' points to the 'My Spouse' section; and 'Not interested in coverage? Click this button and move on.' points to the 'Don't want this benefit?' button.

HR Sign Date - 04/25/26
HR Must sign on employee's behalf
04/25/2026

Select your benefit

Myself
\$0
Slide to select →

Effective Date	07/01/2026
Requested benefit	\$0
Requested per pay cost	\$0
Guaranteed Issue ⓘ	\$40,000

My Spouse

Effective Date	07/01/2026
Requested benefit	\$0
Requested per pay cost	\$0
Guaranteed Issue ⓘ	\$40,000

My Children (Child)
Enroll My Children:

Effective Date	07/01/2026
Requested benefit	\$0
Requested per pay cost	\$0
Guaranteed Issue ⓘ	\$20,000

Just ignore this piece. It's a system piece that isn't meaningful.

Just use the slider to select the level of coverage you'd like.

If you'd like to add coverage for your spouse and/or children, you can do so after you've selected your level of coverage. Remember that you'll need to have coverage in order to insure other members of your family.

Not interested in coverage? Click this button and move on.


New: Interested in Hospitalization Coverage?

If eligible, make your selection or choose not to enroll in the same manner in which you made your prior plan decisions. Choose who you'd like to cover (if anyone), select the plan and either "Save & Continue" or decline to enroll by clicking "Don't want this benefit?"

Who am I enrolling?

- Myself
- Select All
- Spouse Test (Spouse)
- Child Test (Child)

Which plan do I want?



2026 Hospital Indemnity Coverage

\$13.98
Cost per pay period

Effective on 07/01/26
Employee

[Compare](#) [Details](#) [Select this plan](#)

[Save & continue >](#)

[Don't want this benefit?](#)

Select who you'd like to cover with this policy.

Not interested in coverage? Click this button and move on.

Let's Give it a "Once Over."

You're almost there. Close your eyes, take a deep breath, count to 5... now open them and let's get this completed! On this final page, please check over all of your elections and the amounts of those elections. Then check one more time, you know, for fun.

If they look just as you remember, click the "Click to Sign" button to complete your enrollment.

Remember that you can come back any time before 5 p.m. on May 29th to make changes.

If anything looks strange, use the "View steps" link along the upper right to go to that page whose information seems incorrect. Make any adjustments necessary and come back to the last step to recheck everything. If you are unable to make a correction that you feel is necessary, please contact us and we'll take care of it for you.

Enrollment Summary Print

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.

Signature required

You've elected all your benefits, but we still require a signature before advancing.


Please review the acknowledgment below.

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.

Sign to complete enrollment Click to Sign

Enrolled Plans


Medical Collapse

 **2026-27 HSA-Eligible Plan**

Coverage: Employee Effective: 07/01/2026

Cost Per Pay: \$168.48

Health Savings Account Collapse

 **2026-27 Health Savings Account**


Progress: 15 of 16

[View steps](#)


- ✓ 1. Personal Information
- ✓ 2. Address
- ✓ 3. Dependent Information
- ✓ 4. Medical
- ✓ 5. Health Savings Account
- ✓ 6. Flexible Spending Account
- ✓ 7. Dependent Care Spending Account
- ✓ 8. Dental
- ✓ 9. Vision
- ✓ 10. Group Life
- ✓ 10a. Group Life Beneficiary
- ✓ 11. Voluntary Life
- ✓ 11a. Voluntary Life Beneficiary
- ✓ 12. Group Long-Term Disability
- ✓ 13. Accident
- ✓ 14. Critical Illness
- ✓ 15. Hospital Indemnity
- 16. Enrollment Summary

Success!

You've completed your enrollment and nothing further is needed from you. Thank you so much for your time and the effort taken to complete this process. Should you have any additional questions, please let us know.

Enrollment Summary 

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.

 **Acknowledged and Submitted**
Enrollment completed on 4/26/2026