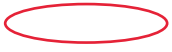




Should you require assistance using these instructions or employee self-service in general, please contact HR@moravian.edu or call 610-861-1527.





6. Type in all information, click “Save Changes”

The screenshot shows the MORAVIAN UNIVERSITY self-service portal. The user is logged in, and the navigation menu includes Home, My Self, My Team, Timekeeper, My Company, and Reporting. The left sidebar contains links for Personal Information, Family Members, Benefits, My Paycheck, My Attachments, and My Notes. The main content area is the Family Members form, which includes fields for First Name, Middle Name, Last Name, Relationship (set to Spouse), Social Security (598-55-5555), Birth Date, Sex, Smoker status (Yes/No), and Same Residence as Employee (Yes/No). A 'Save Changes' button is circled in red at the bottom of the form. A privacy notice is visible at the bottom right of the page.

7. To review or compare benefit plans, click “Benefit Summary” and choose a benefit you would like to review.

The screenshot shows the MORAVIAN UNIVERSITY self-service portal with the Benefits Summary page. The left sidebar contains links for Personal Information, Family Members, Benefits Summary (circled in red), Plan Information & Comparison, Beneficiaries, Benefits Links, 1095-C for My Taxes, My Paycheck, My Attachments, and My Notes. The main content area displays the Benefits Summary, including a message about making changes to benefit plans, a table of current enrollments, and a summary of benefit costs. The table shows a total cost of \$0.00 per paycheck. A 'Totals Details' button is visible at the bottom of the table. A privacy notice is visible at the bottom right of the page.

Benefit	Employer Contribution	Employee Contribution	Total
Long Term Disability (LTD)	You pay	Employer pay	
Monthly Benefits			
Totals			Pay per paycheck \$ 0.00

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8. To complete your new hire enrollment, select “Complete Your New Hire Benefits Enrollment”

9.

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10. Input all information, click “Next”

Shown below is your personal information on file. Please enter any missing information and verify existing information.

First Name	Bill	Last Name	
Street (Line 1)	1200 Main Street	Street (Line 2)	
City	Bethlehem	State/Province	PA
Zip/Postal Code	18018	Home Phone	
Work Phone		Other Email Address	
Add'l E-Mail		Add'l E-Mail	
Add'l E-Mail		Add'l E-Mail	

Back Next

11. Input any additional dependents and /or spouse, click “Next”

Shown below are your family members that will be covered by benefits. For each family member, please review the details to make sure they are correct. You can also add any family members that are not currently listed.

Relationship	Birth Date	Action	Name

More

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12. Make your health plan selection, click “Next”

If dependent(s) can be covered in a plan, select the family members that you would like to enroll, then select the plan that you would like to enroll in. Click the name of the member listed, you can add, edit, delete or sort the member list. Use the dropdown menu to select the plan you wish to enroll in. If you do not see a plan name, click the dropdown menu to view all plans.

marriage license or certificate
and/or
 birth certificate, adoption agreement, or legal guardianship.

18. You will pay \$187.99 per paycheck.

PPO Choice
You are eligible for this plan. If you wish to enroll, this benefit will start on 11-01-20

Betty Benefits

PPO Select

Your total benefit costs so far:

13. Make your dental plan selection, click “Next”

full name.

Dental

Should you require assistance using these instructions or employee self-service in general, please contact HR@moravian.edu or call 610-861-1527.



14. Make your vision plan selection, click “Next”

If dependent(s) can be enrolled in a plan with the family members that you would like to enroll, then select the plan that you would like to enroll in. Click the blue arrow for more information.

Full name: _____

Vision Basic

are eligible for this plan. If you wish to enroll, this benefit will start on 1/1/2018. You will pay \$8.82 per paycheck. This sample cost assumes enrollment by you and all eligible _____ You

None. I do not want to enroll in a Vision plan. Waive all Vision coverage.

Costs so far: _____ Your total benefit cost: _____

15. Make your FSA Medical Care selection (select contribution amount if you would like this benefit), click “Next”

[Redacted content]

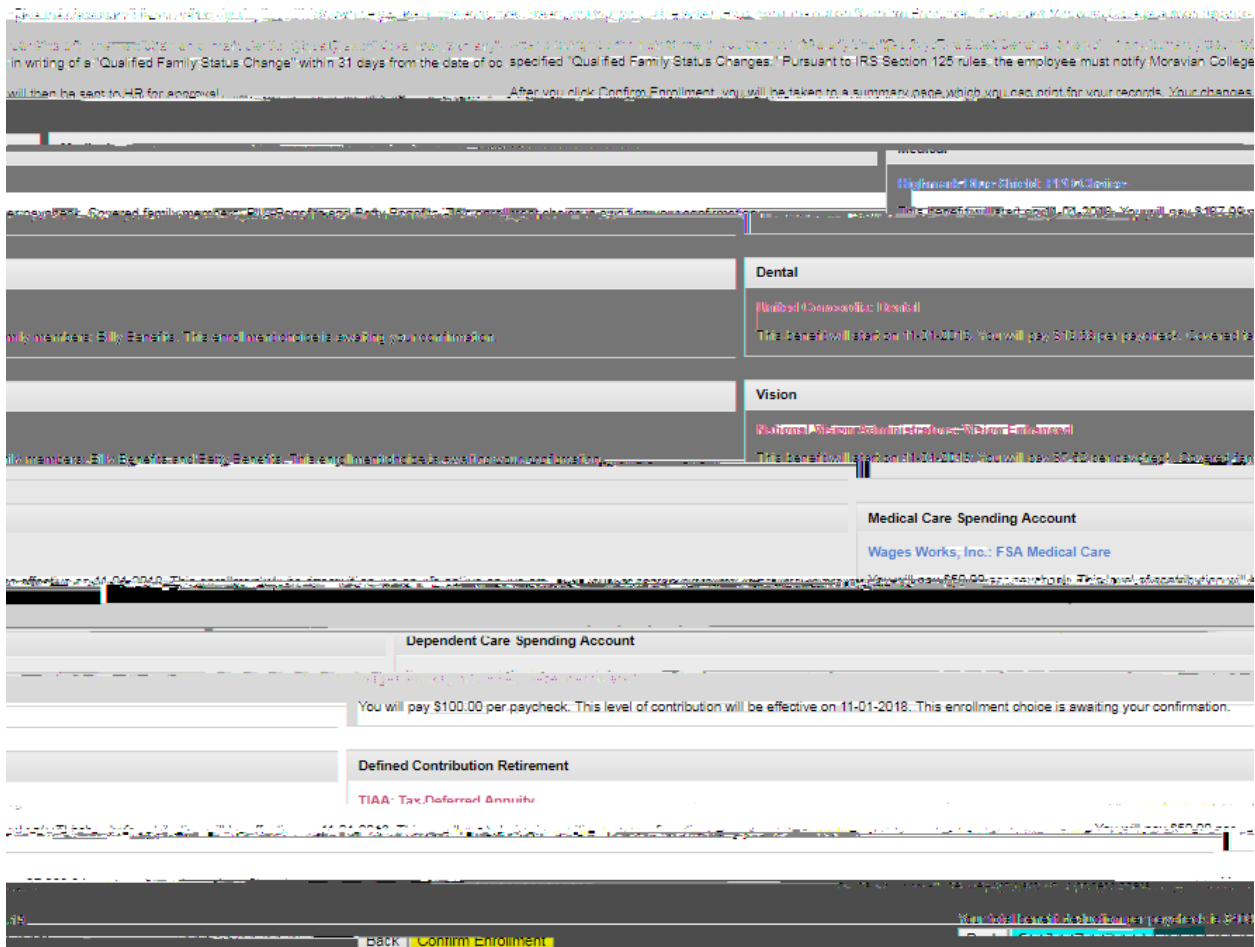
Should you require assistance using these instructions or employee self-service in general, please contact HR@moravian.edu or call 610-861-1527.



16. Make your Tax Deferred Annuity selection (select contribution amount if you would like this benefit), click “Next”



17. Review your selections, click “Confirm Enrollment”



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