Submitting a New Hire Event (as of November 2024)

Step 1: Open your browser to www.ess.uconn.edu. Click **Core-CT Sign on** and enter your Net ID and Password.

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Step 2: Click on **Benefit Details**.

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Step 3: Select **Benefits Enrollment**.

Benefit Details

Benefits Summary	Benefits Enrollment	Dependent/Beneficiary
	Start Enrollment	None

Life Events	Benefits Attachment
Start a Life Event	

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Step 4: Please read the important information on this page. Click on the **Start** button to proceed.

Benefits Enrollment

1. If you and your spouse are both State of Connecticut employees and you have at least one eligible dependent, you must contact your Agency Benefits Specialist for assistance in enrolling in or making changes to the Family Less Employed Spouse (FLES) health options. FLES elections cannot be processed through Self Service.

2. If you or your spouse have been granted permanent or temporary guardianship of a child under age 18, you must contact your Agency Benefits Specialist for assistance enrolling the dependent. Gaurdians cannot be enrolled through Self-Service.

3. Before proceeding, please make sure the following documents are available. If you are adding dependents, you need to provide the long form birth certificate for children, adoption decree for adopted children and a marriage certificate for a spouse. Social Security Numbers are requested for all dependents.

After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a qualified family status change.
The information icon provides you with additional information about your enrollment.
The Start or Resume button next to an event means it is currently open for enrollment. Use the Start button to begin or the Resume button to continue your enrollment.

Note: Some events may be temporarily closed until you have completed enrollment for a prior event.

Your Benefit Events

Event Description ⇅		Event Date ⇅	Event Status ⇅	Job Title ⇅	
New Hire	ⓘ	10/04/2024	Open		Start

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Step 5: The benefit options available to you will appear. Please read the important information on this page including information about automatic enrollment in the Health Enhancement Program (HEP) . HEP <u>does not apply</u> to Postdoctoral Research Associates and Graduate Assistants. Click on the **Review** button to view the benefit plan enrollment options (e.g., Medical, Dental, etc.)

Note: The Benefits Summary at the bottom of the page will reflect your 'Costs Per Pay Check' and 'Costs Annually'.

Benefits Enrollment

* Indicates required field

The Enrollment Summary will display which benefit options are open for edit. Click Review button to begin your enrollment.

Important: Your Enrollment is not complete until you click on the "Done" button and then submit your changes for approval by your Agency Benefits Specialist. For questions regarding your enrollment in the Health Enhancement Program (HEP) or your current HEP Status, contact Quantum Health at 833.740.3258

Once your enrollment is submitted and approved, you will not be able to make any benefit changes until the next annual Open Enrollment period or if you have a qualified status change.

Authorize Elections:

I hereby apply for membership in the plan(s) above. I understand that if I am changing plans, my current coverage will be cancelled when my new coverage takes effect. I understand that the services will be available subject to the exclusions, limitations and conditions by the health plan.

I authorize any physician, hospital, insurer, or other organization or person having records, data or information concerning health history or medical insurance, including those related to HIV/AIDS information or psychiatric, drug or alcohol abuse for me or my family member(s), to furnish such records, data or information as may be requested by the organization providing the benefits under the health plan or its underwriting department or representatives involved in collecting information for use in connection with verification or confirmation of claims for benefits under the health benefit plan. A photocopy of this authorization shall be considered as effective and valid as the original.

I certify that all information on this form is correct to the best of my knowledge and belief and understand that providing false and/or incomplete information may result in rescission of coverage and/or nonpayment of claims for myself or my eligible dependent(s).

I understand by enrolling in health coverage I will be automatically enrolled in the Health Enhancement Program (HEP) and that the rates on the Enrollment Statement are based on my participation. If I do not want to participate in HEP, I will need to complete the opt out form on the Care Compass website located at https://carecompass.ct.gov/forms/health-enhancement-program-opt-out/ and submit it to my agency Benefits Specialist for processing. If I choose not to participate in HEP, I understand that I will be responsible to pay an additional $100 per month ($46.16 biweekly), a $350 per participant per year deductible ($1,400 family maximum), and will be ineligible for reduced co-pays for certain prescriptions and office visits.

I hereby authorize the State Comptroller to make deductions, if applicable, from my payroll check for the medical and/or dental insurance indicated above.

I acknowledge my obligation to make Retiree Health Fund contributions for 10 years (if first hired before 7/1/17) or 15 years (if first hired after 7/1/17) or until I retire or terminate employment, whichever comes first. SERS, ARP and Hybrid members contribute 3% of compensation; TRS members 1.75% of compensation. I hereby authorize such deductions from my payroll check.

Select the Submit Enrollment button to send your final choices to the Benefits Department.

⌄ Enrollment Summary

Your Pay Period Cost	**$0.00**	Full Cost **$0.00**
Status	**Pending Review**	

[Enrollment Preview Statement]

[Submit Enrollment]

Benefit Plans

Medical	**Dental**	**Life**
Current No Coverage	Current No Coverage	Current No Coverage
New Waive	New Waive	New Waive
Status Pending Review	Status Pending Review	Status Pending Review
👥 0 Dependents	👥 0 Dependents	
Pay Period Cost $0.00	Pay Period Cost $0.00	Pay Period Cost $0.00
Annual Cost $0.00	Annual Cost $0.00	Annual Cost $0.00
Review	Review	Review

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Step 6: Please read the important information provided. If applicable, enroll your dependents by clicking on the **Add/Update Dependent** button.

[Cancel]   **Medical**   [Done]

Each of the medical plans offered cover the same benefits ¿ the same services and supplies. The amount you pay out of pocket at the time you receive services is very similar, yet your payroll deduction varies. Visit carecompass.ct.gov/state/medical for full plan option details.

Important: You will continue with your current coverage election if you do not make a choice.

Your Enrollment is not complete until you click on the "Done" button and submit your changes for approval by your Agency Benefits Specialist.

⌄ Enroll Your Dependents

Check the Enroll box next to the name of the eligible dependent(s) you are enrolling.
Uncheck the Enroll box next to the name of the dependent(s) you are removing.
Note: If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add a Dependent or Beneficiary' button. Otherwise, click on the 'Done' button to continue.

The list below includes current and historical dependents/beneficiaries. If you need to make changes to the people listed below, contact your Agency Benefits Specialist. To add a new dependent or beneficiary whose name does not appear below, select 'Add a Dependent or Beneficiary' button.

You have no dependent registered

[Add/Update Dependent]

⌄ Enroll in Your Plan
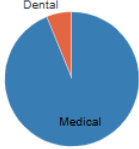
The cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

	Plan Name		Before Tax Cost	After Tax Cost	Pay Period Cost
Select	Anthem Out of Area Requires enrollment to Prescription Anthem Prescription OutOfArea	ⓘ	$74.40		$74.40
Select	Expanded Access Requires enrollment to Prescription Caremark Anthem Prescription	ⓘ	$70.27		$70.27
Select	Primary Care Access Requires enrollment to Prescription Caremark Anthem Prescription	ⓘ	$54.61		$54.61
Select	Quality First Select Access Requires enrollment to Prescription Caremark Anthem Prescription	ⓘ	$42.94		$42.94
Select	Standard Access Requires enrollment to Prescription Caremark Anthem Prescription	ⓘ	$59.32		$59.32
✓	Waive				$0.00

[Overview of All Plans]

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Step 7: Click **Add Individual**.

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Step 8: Enter dependent's information in each section: Name, Personal, Information, Address, Social Security Number Phone, and Email. Next, click **Save**.

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Step 9: Read the information regarding Supporting documents and click OK. **Note**: Supporting documents are added in the next step.

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Step 10: Click [⚠ Incomplete] in the Dependent and Beneficiary Information window (below) to attach supporting documents.

Dependent and Beneficiary Information					
Add Individual					
Name	**Relationship**	**Beneficiary**	**Dependent**	**Attachment**	
Jane Smith	Child	✓	✓	📎 View	>
John Smith	Child	✓	✓	📎 View	>
Jeremy Smith	Child	✓	✓	⚠ Incomplete	>

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Step 11: Click **Add Attachment**.

Cancel	Dependent Attachments	Done

Event Value Jeremy Smith

⌄ Instructions

Proof of relationship documentation is required for eligible dependents you are adding to coverage, and proof of a qualifying life event is required if you are making changes outside of open enrollment or new hire enrollment.
If you will be uploading your proof documentation, click Add Attachment. You can repeat this step for each proof document. If you will not be uploading required proof documentation, click Add Note.

⌄ Document List

Document	Upload / Status	Approval / Status
Proof Document	Required Attachment Missing	Not Required

Add Document

Add Attachment	Add Note

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Step 12: Click **My Device**, locate the file, and click **Open**.

File Attachment	✕

Choose From

My Device

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Step 13: Click **Upload** and **Done**.

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Step 14: Enter a document name in the Description field (e.g., birth certificate, marriage certificate), then click **Done**.

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Step 15: Confirm attachment(s) uploaded, and click the **X** to close and continue. Repeat this process for each new dependent you are enrolling.

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Step 16: The Medical options that are available to you will appear. Check the box next to each dependent to include on the plan, and click **Select** for your Medical option. Click **Done** to proceed with enrolling in other benefit plan options, or click **Cancel** to discard changes.

Note: If supporting documentation is not loaded in Steps 10-14, the number of dependents in the window displayed below will not be correct.

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Step 17: You can now review your medical costs and enrolled dependents.

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Step 18: You now have the option of enrolling in other benefit plans by following the same process as the Medical example shown above. To enroll in Dental, click **Review** under Dental.

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Step 19: Check dependents to enroll, **Select** the plan, and click **Done**. If adding dependents, supporting documentation is required (e.g., long form birth certificate, marriage certificate) for each dependent you are enrolling. View Steps 10-15 for more information.

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Step 20: If applicable, continue to enroll in Life Insurance by clicking **Review** under Life, select the plan, and click **Done**.

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Step 21: Read the important information prior to designating beneficiaries. Click on **Add/Update Beneficiaries** button to add beneficiaries (if not previously entered). If adding dependents, view Steps 10-15 for uploading required supporting documentation (e.g., long form birth certificate, marriage certificate) for each dependent you are enrolling. Click **Done** to proceed or click **Cancel** to discard changes.

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Step 22: Review the changes.

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Step 23: Click **Enrollment Summary** and read the important information.

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Step 24: Click the **X** button (top right corner) to return to the prior *Benefits Enrollment* page.

Review Enrollment

| Statement Type | Enrollment Preview | Description | New Hire |

Enrollment Effective Date 10/04/2024

Statement Issue Date 11/19/2024 12:50PM

Print View

This statement records your State of CT Event Maintenance benefit selections and pay period costs, dependent information, and beneficiary information at the time your enrollment is submitted. If an error has been made in recording your elections, please correct your elections before the event is closed. For further question, contact your benefits administrator. Please keep the statement for your records until you receive a confirmation statement.

Statement Sections

Expand All

> **Personal Information**

> **Cost Summary**

> **Election Summary**

> **Dependents and Beneficiaries**

> **Dependent Enrollments**

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Step 25: Click **Submit Enrollment** once all benefits selections are entered and dependent documents are uploaded.

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Step 26: The _Submit Confirmation_ page will appear confirming your submission to your Agency Benefits Specialist for approval. Click **Done** to complete your submission.

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