



### Support Staff (AUPE) Benefits Enrolment New Hire

**Purpose:** This reference guide provides you with the steps to enrol in Support Staff (AUPE) group benefits. You have two weeks from your date of hire to complete your enrolment in the benefits program. HR sends you an email within two days of your hire date, outlining the steps to follow.

This guide is also helpful if you experience a life event and need to make changes to your benefit selections. The steps provided here are specific to new hires but are relevant for making changes to existing benefits, dependents, and beneficiaries.

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**Audience:** New hires to the University of Calgary Support Staff.

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**Prerequisites:** You have received a system email notification from DoNotReply@ucalgary.ca indicating you can access the enrolment tool to make your benefit selections.

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**Related Documents** For related benefits information, visit the UofC Human Resources website:  
<https://ucalgary.ca/hr/benefits-pension/new-employee-enrolment/support-staff>

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## Complete Your Enrolment

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Our comprehensive benefits and pension program is designed to promote a productive level of health and well-being to staff members through coverage for retirement income planning, health, dental, life insurance, and income protection for disability. We hope you find these programs beneficial in meeting your needs.

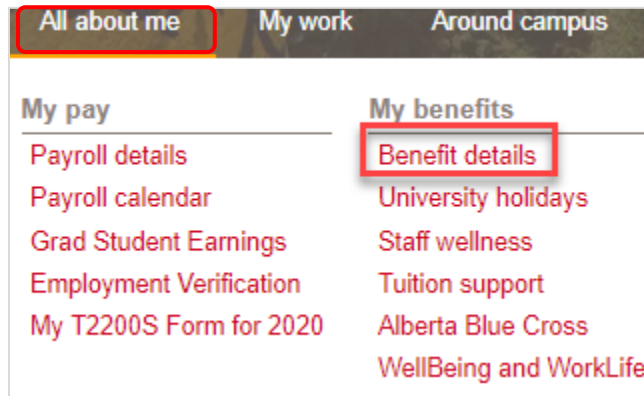
Benefit eligibility and an overview of your benefit plan would have been outlined in your offer of employment. Detailed benefit plan information can found on the Support Staff [Benefits at a Glance](#) page.

If you have experienced a life event, go to the HR Life Events page at <https://ucalgary.ca/hr/benefits-pension/life-events/support-staff> for key information, prior to making changes to your benefits.

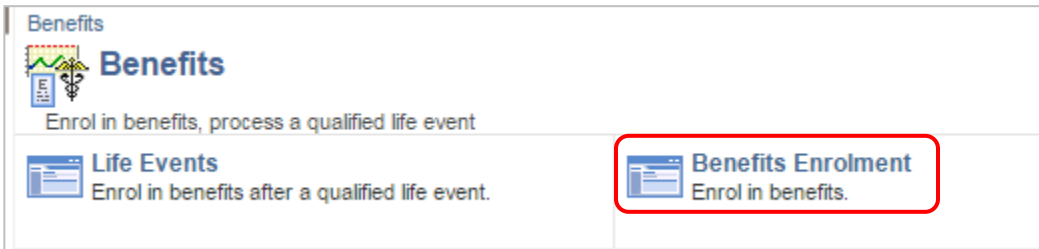
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### Step 1: Navigate to the Benefits Enrolment Page

1. From the my.ucalgary.ca Portal, click **All about me** → **My benefits** → **Benefit details**



2. On the **Benefits** page, click **Benefits Enrolment**.



Step 2: Review Key Information

1. The **Benefits Enrolment** page displays.
2. Read the information.
3. Click the **Overview of All Plans** link to review details about your benefits. This opens in a new tab.
4. In the **Open Benefits Events** section, click the **Information** button for more detailed instructions.
5. Review the important information about **Benefits Enrolment**.
6. Click the **OK** button.


**Benefits Enrolment**  
Ronald McDonald

The University of Calgary is pleased to offer a comprehensive Group Benefit Program.

Please review your options and make your selections. Click [Overview of All Plans](#) to review details about your benefits.

After your initial enrolment the only time you may update your benefits through self-serve is at a qualified Life Event.

Use the **Select** button to begin your enrolment.

Open Benefit Events				
Event Description		Event Date	Event Status	Job Title
Hire/Rehire		2016/11/16	Submitted	Administrative Assistant

After you click the **Select** button, it may take a few seconds for your benefit enrolment information to load.

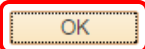
**Benefits Enrolment**

**Hire/Rehire**  
Ronald McDonald

As a new hire you must enrol in benefits within 14 days of your date of hire. If you do not complete your selections you will be defaulted to base single coverage with no optional benefits. Please note that coverage for Dental, Basic Life and Long-term Disability are effective six months after hire. Before making your selections please enter your dependent data (spouse and children).

Ensure you select all your benefit choices before clicking Save and Continue.

Click **Review/Update Dependent Data** to begin your enrolment.




### Step 3: Enter Dependent/Beneficiary Information

Enter dependent information as needed to ensure appropriate coverage. This is also the time to add your beneficiaries for applicable Life, and optional benefits.

1. Click the **Select** button
2. The **Benefits Enrolment** page displays (you may need to scroll up).
3. Click the **Review/Update Dependent Data** button.

**Note:** You cannot make your benefit selections until you have entered dependent/beneficiary information.

Open Benefit Events				
Event Description		Event Date	Event Status	Job Title
Hire/Rehire		2016/11/16	Submitted	Administrative Assistant

After you click the **Select** button, it may take a few seconds for your benefit enrolment information to load.

#### Benefits Enrolment


### Hire/Rehire

Ronald McDonald

As a new hire you must enrol in benefits within 14 days of your date of hire. If you do not complete your selections you will be defaulted to base single coverage with no optional benefits. Please note that coverage for Dental, Basic Life and Long-term Disability are effective six months after hire. Before making your selections please enter your dependent data (spouse and children).

Ensure you select all your benefit choices before clicking Save and Continue.

Click **Review/Update Dependent Data** to begin your enrolment.

 Select Review/Update Dependent Data to begin your enrolment. Refer to [Group Benefit Definitions](#).

4. The **Add/Review Dependent/Beneficiary** page displays.
5. To add a dependent or beneficiary, click the button.

**Add/Review Dependent/Beneficiary**

Ronald McDonald

The information below reflects current dependent/beneficiary data in our system. Make changes to existing individuals by selecting their name. Use the "Add a dependent or beneficiary" button to add new people. Dependents include both your spouse and children.

Dependent Information									
Name	Relationship to Employee	Date of Birth	Dependent Beneficiary Type	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary
<input type="button" value="Add a dependent or beneficiary"/>									

[Confirm and Return to Enrolment](#)

6. Enter your dependent/beneficiary personal information.
7. Note that under **Status Information**, leave the **As of** date field blank.

**Dependent/Beneficiary Personal Information**

Ronald McDonald

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Nov 16, 2016.

**Personal Information**

\*First Name

Middle Name

\*Last Name

Name Prefix

Name Suffix

Date of Birth

\*Gender

SIN  (Social Insurance Number)

\*Relationship to Employee

**Status Information**

\*Marital Status  As of

Student  As of

Disabled  As of

Smoker  As of

**Address and Telephone**

Same Address as Employee

Country

Address

Same Phone as Employee

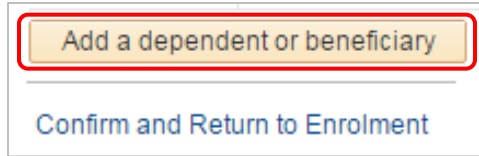
Phone

8. Click the **Save** button.
9. Click to **Return to Dependent/Beneficiary Summary**.

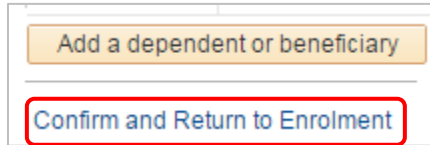
[Return to Dependent/Beneficiary Summary](#)

10. To **add another dependent or beneficiary**, click the button.

**Note:** Ensure you add any non-dependent beneficiaries for your Life Insurance at this point.

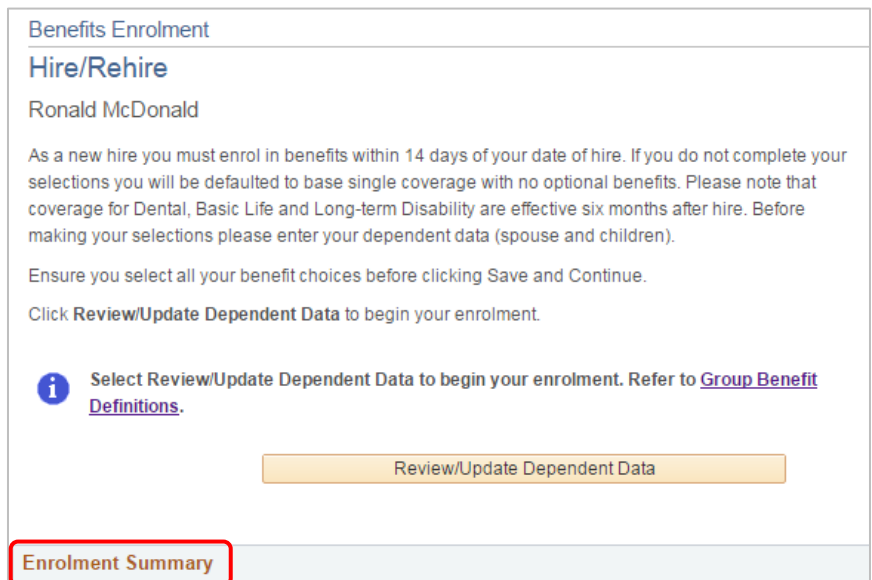


11. When done adding dependents and beneficiaries, click the **Confirm and Return to Enrolment** link to validate your entries and open up your benefits for making selections.



#### Step 4: Make Your Enrolment Selections

1. The **Benefits Enrolment** page displays.
2. Scroll down to your **Enrolment Summary**.



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3. Click the **Enrol** button for **each** item in the **Enrolment Summary**, in order to make changes or validate your existing choices.

Note that the numbers displayed here may not accurately reflect the numbers that will display in your enrolment summary.

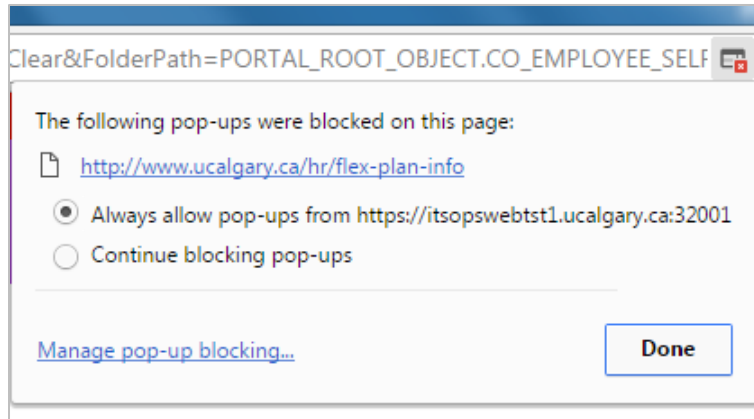
Depending on your eligibility, the **Enrolment Summary** may include:

- a. Health
- b. Dental
- c. Basic Life
- d. Optional Employee Life
- e. Optional Spousal Life (Family coverage only)
- f. Optional Child Life (Family coverage only)
- g. Long-Term Disability
- h. Flexible Credits
- i. Wellness Spending Account
- j. Health Spending Account
- k. Pension

Review/Update Dependent Data		
Enrolment Summary		
<b>Health</b>	Annual Cost	<input type="button" value="Enrol"/>
Current: No Coverage		
New: Ext Health Support: Single	0.00	
<b>Dental</b>	Annual Cost	<input type="button" value="Enrol"/>
Current: No Coverage		
New: Support Dental: Single	0.00	
<b>Basic Life</b>	Annual Cost	<input type="button" value="Enrol"/>
Current: BASIC LIFE: Salary X 2		
New: BASIC LIFE: Salary X 2 - \$158,000	427.92	
<b>Optional Employee Life</b>	Annual Cost	<input type="button" value="Enrol"/>
Current: No Coverage		
New: No Coverage		
<b>Optional Spousal Life</b>	Annual Cost	<input type="button" value="Enrol"/>
Current: No Coverage		
New: No Coverage		
<b>Optional Child Life</b>	Annual Cost	<input type="button" value="Enrol"/>
Current: No Coverage		
New: No Coverage		
<b>Long-Term Disability</b>	Annual Cost	
Current: Long-Term Disability Support		
New: Long-Term Disability Support	1,477.44	
<b>Flexible Credits</b>	Annual Cost	
Current: No Coverage		
New: SUP Flex Credits - 0.8-1.0 FTE	125.00	
<b>Wellness Spending Account</b>	Annual Cost	<input type="button" value="Enrol"/>
Current: No Coverage		
New: Wellness Spending - Support: \$0.00	0.00	
<b>Health Spending Account</b>	Annual Cost	<input type="button" value="Enrol"/>
Current: No Coverage		
New: Health Spending - Support: \$125.00	125.00	
<b>Pension</b>	Annual Cost	<input type="button" value="Enrol"/>
Current: Public Service Pension Plan		
New: Public Service Pension Plan		

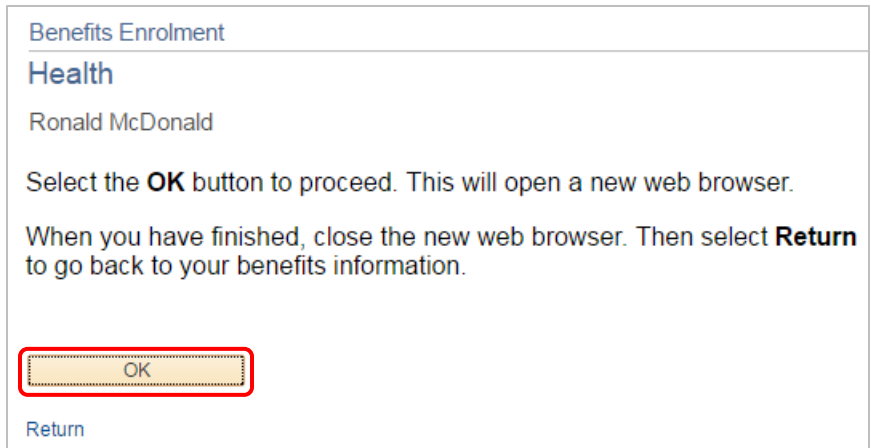
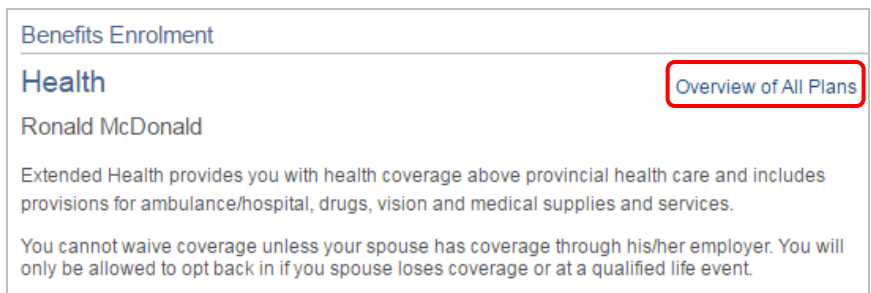


**Note:** When you click into each item, ensure your pop-up blocker is set to allow pop-ups on this site.



Overview of All Plans

1. For an **Overview of All Plans**, once you have selected to edit an item in your Enrolment Summary, click the link in the top right corner. This link is available when you navigate into each item of the Enrolment Summary.
2. Click the **OK** button to open a new browser window of the UofC Human Resources website – Group Benefits Information.
3. When done reviewing the available plans on the Human Resources website, click the other tab to return to your benefits enrolment. You can return to the Human Resources website at any time by clicking the Benefits and Pension tab.



4. Click **Return** to go back to your benefits information.

Benefits Enrolment

**Health**

Ronald McDonald

Use the **Return** button to go back to your benefits information.

**Return**

Health

1. Click the **Enrol** button for the **Health** option.
2. Before you confirm your **Health** selection, review the important information.

Health	Annual Cost	Enrol
Current: No Coverage. New: Ext Health Support:Single	0.00	<b>Enrol</b>

Benefits Enrolment

**Health** Overview of All Plans

Ronald McDonald

Extended Health provides you with health coverage above provincial health care and includes provisions for ambulance/hospital, drugs, and medical supplies and services.

You cannot waive coverage unless your spouse has coverage through his/her employer. You will only be allowed to opt back in if your spouse loses coverage or at a qualified life event.

**i** Your current coverage is: No Coverage. If you do not make a choice, your coverage will be: Ext Health Support with Family coverage

3. Validate the selection. You cannot waive coverage unless your spouse (if applicable) has coverage through his/her employer. Rather than opting out, we recommend coordination of benefits between your and your spouse’s plans.

**Select an Option**

Below are the options with your annual cost.

Select one of the following plans:

Ext Health Support

**Coverage Level**

Single	\$34.56
Family	\$104.40

Waive

**Coverage Level**

Single	\$0.00
Family	\$0.00

4. **Enrol Your Dependents** in this benefit. To make changes to dependents, click the **Update and Continue** button to return to the Re-Enrolment Summary page.

**Note:** Changing dependents impacts your coverage. If changes are made to dependents after benefits are selected, review selections to ensure they are still accurate.

5. If you are done reviewing and/or making changes, click the **Update and Continue** button.

6. A summary displays with your selection.
7. If you are happy with your selection, click the **Update Elections** button to return to the Enrolment Summary. Otherwise click **Discard Changes** to update your selection.

### Enrol Your Dependents

The following table displays your dependents who are eligible for this benefit. Should you wish to make changes to your dependents, please click *Update and Continue* to return to the Enrolment Summary page where you can Review/Update Dependent Data..

You may enrol any of the following individuals for coverage under this plan by checking the **Enrol** box next to the dependent's name.

Dependent Beneficiary		
Enrol	Name	Relationship
<input checked="" type="checkbox"/>	Mama John	Spouse
<input checked="" type="checkbox"/>	Robert McDonald	Child

Update and Continue

Discard Changes

Select the **Update and Continue** button to save your choice until you are ready to submit your final enrolment.

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

### Benefits Enrolment

## Health

Ronald McDonald

i Important: Review this page to confirm your choice.

#### Your Choice

You have chosen Ext Health Support with Family coverage.

#### Your Estimated Cost

Your Cost	<b>\$104.40</b>
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#### Your Covered Dependents

Dependent Information	
Name	Relationship
Mama John	Spouse
Robert McDonald	Child

#### Notes

Once submitted, this choice will take effect on 2016/11/16. Deductions for this benefit will start in the pay period beginning 2016/12/01.

Update Elections

Discard Changes

Select the **Update Elections** button to save your choices.

Select the **Discard Changes** button to go back and change your choices.

Dental

1. Click the **Enrol** button for the **Dental** option.
2. Dental coverage takes effect six months after your date of hire. Before you confirm your **Dental** selection, review the important information.

Remember, you can review all plans by clicking the link in the top right corner.

3. Validate the selection. You cannot waive coverage unless your spouse (if applicable) has coverage through his/her employer. Rather than opting out, we recommend coordination of benefits between your and your spouse's plans. You must enrol in Dental if you have enrolled in Health.

Dental	Annual Cost	<b>Enrol</b>
Current: No Coverage.		
New: Support Dental:Single	0.00	

**Benefits Enrolment**

**Dental** [Overview of All Plans](#)

Ronald McDonald

Dental coverage provides you with coverage for Basic Dental and Extensive Dental, as well as Orthodontics.

You cannot waive coverage unless your spouse has coverage through his/her employer. You will only be allowed to opt back in if your spouse loses coverage or at a qualified life event.

**i** Your current coverage is: No Coverage. If you do not make a choice, your coverage will be: Support Dental with Family coverage

**Select an Option**

Below are the options with your annual cost. Dental coverage takes effect six months after your date of hire.

Select one of the following plans:

Support Dental

**Coverage Level**

Single	\$0.00
Family	\$0.00

Waive

**Coverage Level**

Single	\$0.00
Family	\$0.00

4. **Enrol Your Dependents** in this benefit. To make changes to dependents, click the **Update and Continue** button to return to the Re-Enrolment Summary page.

**Note:** Changing dependents impacts your coverage. If changes are made to dependents after benefits are selected, review selections to ensure they are still accurate.

5. If you are done reviewing and/or making changes, click the **Update and Continue** button.

6. A summary displays with your selection.
7. If you are happy with your selection, click the **Update Elections** button to return to the Enrolment Summary. Otherwise click **Discard Changes** to update your selection.

### Enrol Your Dependents

The following table displays your dependents who are eligible for this benefit. Should you wish to make changes to your dependents, please click *Update and Continue* to return to the Enrolment Summary page where you can Review/Update Dependent Data..

You may enrol any of the following individuals for coverage under this plan by checking the **Enrol** box next to the dependent's name.

Dependent Beneficiary		
Enrol	Name	Relationship
<input checked="" type="checkbox"/>	Mama John	Spouse
<input checked="" type="checkbox"/>	Robert McDonald	Child

Update and Continue
Discard Changes

Select the **Update and Continue** button to save your choice until you are ready to submit your final enrolment.

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

### Benefits Enrolment

## Dental

Ronald McDonald

i Important: Review this page to confirm your choice.

#### Your Choice

You have chosen Support Dental with Family coverage.

#### Your Estimated Cost

Your Cost	\$0.00
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#### Your Covered Dependents

Dependent Information	
Name	Relationship
Mama John	Spouse
Robert McDonald	Child

#### Notes

Once submitted, this choice will take effect on 2017/05/16. Deductions for this benefit will start in the pay period beginning 2017/06/01.

Update Elections
Discard Changes

Select the **Update Elections** button to save your choices.

Select the **Discard Changes** button to go back and change your choices.

Basic Life

1. Click the **Enrol** button for **Basic Life**.
2. Basic Life coverage is mandatory and takes effect six months after your date of hire. Review the important information on basic life.

Basic Life	Annual Cost	<b>Enrol</b>
Current: BASIC LIFE: Salary X 2		
New: BASIC LIFE: Salary X 2 : \$158,000	427.92	

**Benefits Enrolment**

**Basic Life** [Overview of All Plans](#)

Life insurance provides a benefit to your named beneficiary in the event of your death.

**i** Your current coverage is: Basic Life Support Staff: Salary X 2 . Coverage takes effect six months after your date of hire.

**Notes**

Your annual cost for this coverage is \$427.92.  
You will need to designate your beneficiaries. Your named beneficiaries for Basic Life will be your beneficiaries for Basic AD/D (if applicable).

**Here Is Your Available Option**

Basic Life Support Staff ( \$158,000)

3. Designate your primary and secondary allocation by percent.

**Note:** You can't change the Primary or Secondary Allocation from Percent (the drop down is deceiving).

4. Click the **Update and Continue** button.

**Designate Your Beneficiaries**

The following table displays a list of your eligible beneficiaries. If a beneficiary is missing from this list, or you wish to make changes to their personal information, please click **Update and Continue** on this page and return to **Review/Update Dependent Data** on the **Enrolment Summary** page. Once you have updated the beneficiary information, return to this page to make your allocations.

Refer to [Naming Beneficiaries](#) for details on naming beneficiaries.

You may designate any or all of the following individuals as Primary or Secondary beneficiaries by allocating a percent of the total benefit. Secondary beneficiaries receive benefits only if all Primary beneficiaries are deceased.

You must print and sign the beneficiary designation form which is provided at the end of the enrolment process. If you do not designate a beneficiary, there may be delays or issues in the event of a claim. The designation in self-service is for display purposes. The original, signed Group Benefits - Beneficiary Designation form is required for claims. If no signed designation is on file, the claim would be paid to your estate.

\*Enter Primary Allocations as

\*Enter Secondary Allocations as

Allocation Details					
Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
Mama John	Spouse	50		<input type="text" value="100"/>	<input type="text"/>
Robert McDonald	Child	50		<input type="text"/>	<input type="text"/>
		<b>Total</b>	50	0	

**Update and Continue**


5. A summary displays with your selection.
6. If you are happy with your selection, click the **Update Elections** button to return to the Enrolment Summary. Otherwise click **Discard Changes** to update your selection.

**Note that Basic Life comes into effect six months after your start date.**

**Benefits Enrolment**

**Basic Life**

Ronald McDonald

 Important: Review this page to confirm your choice.

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**Your Choice**

You have chosen Basic Life Support Staff ( \$96,000) coverage.

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**Your Estimated annual Cost**

Your Cost	<b>\$304.08</b>
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**Your Primary Beneficiary Allocations**

**Primary Allocation Details**

Name	Relationship	Percent of Benefit
Mama John	Spouse	100

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**Your Secondary Beneficiary Allocations**

You have not designated any secondary beneficiaries.

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**Notes**

The amount of coverage for this plan is based upon your salary, and will vary in accordance with any changes to your salary over time.  
 Once submitted, this choice will take effect on 2017/05/16. Deductions for this benefit will start in the pay period beginning 2017/06/01.

Update Elections
Discard Changes

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

Optional Employee Life

1. Click the **Enrol** button for **Optional Employee Life**.
2. Before you make your **Optional Employee Life** selections, review the important information.
3. If you choose to enrol, medical evidence of insurability is required.
4. Scroll down to make your selections.

Remember, you can review all plans by clicking the link in the top right corner.

5. If you would like to enrol in this additional insurance, select **Yes Opt. Life Support Staff**.
6. Enter a **Coverage Amount** in units of \$1000 up to \$300,000. You will be sent required forms to complete and submit to the provider. Your coverage does not begin until approval is received from the provider and the six-month waiting period has ended.

Optional Employee Life	Annual Cost	<b>Enrol</b>
Current: No Coverage.		
New: No Coverage.		

**Benefits Enrolment**

**Optional Employee Life** [Overview of All Plans](#)

Optional Life Insurance is available in units of \$1,000 up to a maximum of \$300,000 subject to medical evidence of insurability. The cost of Optional Life depends on the amount of coverage chosen and your age, gender and smoking status.

If you wish to enrol you will receive the required forms to complete and send to the provider from Benefits once you have submitted your benefit choices. Please note that coverage under this benefit and associated payroll deductions will not take effect until approval is received from the provider.

**i** Your current coverage is: No Coverage. This coverage will continue if you do not make a choice.

Enrolment in this benefit requires medical evidence of insurability. If you select this choice, you will receive an Evidence of Medical Insurability form from Benefits, which you must complete and send to the provider.

**Notes**

If you select this choice, you will receive an Evidence of Medical Insurability form from Benefits, which you must complete and send to the provider.

**Select an Option**

No, I do not want to enrol

**Yes Opt. Life Support Staff**

**Enter a Coverage Amount**

This plan requires that you specify a coverage amount. Enter an amount to indicate your desired coverage. Your annual premium rate for this plan is \$2,400 per \$1,000 of coverage.

**Coverage Amount**



## Support Staff (AUPE) Benefits Enrolment New Hire

- Designate your beneficiaries by percent. To add a beneficiary, navigate back to the **Enrolment Summary** page.

**Note:** You can't change the Primary or Secondary Allocation from Percent (the drop down is deceiving).

### Designate Your Beneficiaries

The following table displays a list of your eligible beneficiaries. If a beneficiary is missing from this list, or you wish to make changes to their personal information, please click **Update and Continue** on this page and return to Review/Update Dependent Data on the Enrolment Summary page. Once you have updated the beneficiary information, return to this page to make your allocations.

Refer to [Naming Beneficiaries](#) for details on naming beneficiaries.

You may designate any or all of the following individuals as Primary or Secondary beneficiaries by allocating a percent of the total benefit. Secondary beneficiaries receive benefits only if all Primary beneficiaries are deceased.

You must print and sign the beneficiary designation form which is provided at the end of the enrolment process. If you do not designate a beneficiary, there may be delays or issues in the event of a claim. The designation in self-service is for display purposes. The original, signed Group Benefits - Beneficiary Designation form is required for claims. If no signed designation is on file, the claim would be paid to your estate.

\*Enter Primary Allocations as

\*Enter Secondary Allocations as

#### Allocation Details

Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
Mama John	Spouse	50		<input type="text" value="100"/>	<input type="text"/>
Robert McDonald	Child	50		<input type="text"/>	<input type="text"/>
<b>Total</b>		50		0	

- Click the **Update and Continue** button.

**Update and Continue**

Discard Changes

## Support Staff (AUPE) Benefits Enrolment New Hire

- A summary displays of your selections.
- If you are happy with your selection, click the **Update Elections** button to return to the Enrolment Summary. Otherwise click **Discard Changes** to update your selection.

### Benefits Enrolment

#### Optional Employee Life

Ronald McDonald

**i** Important: Review this page to confirm your choice.

**Your Choice**

You have chosen Opt. Life Support Staff coverage for \$10,000.

**Your Estimated annual Cost**

Your Cost	\$24.00
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**Your Primary Beneficiary Allocations**

**Primary Allocation Details**

Name	Relationship	Percent of Benefit
Mama John	Spouse	100

**Your Secondary Beneficiary Allocations**

You have not designated any secondary beneficiaries.

**Notes**

You will receive a form from Benefits to complete and send to the provider before this coverage can take effect. The premium for this plan is based upon your age, gender, and smoker status as of the end of each pay period. The cost above is calculated based on the smoker status in our records, which may not be up-to-date. Coverage and deductions will take effect when approval has been received from the provider.

Select the **Update Elections** button to save your choices.

Select the **Discard Changes** button to go back and change your choices.

## Optional Spousal Life

This is only relevant to employees with **Family** coverage.

1. Click the **Enrol** button for Optional Spousal Life.
2. Review the important information about Optional Spousal Life.
3. If you choose to enrol, medical evidence of insurability is required.
4. Scroll down to make your selections.

Optional Spousal Life	Annual Cost	<b>Enrol</b>
Current: No Coverage.		
New: No Coverage.		

**Benefits Enrolment**

**Optional Spousal Life** [Overview of All Plans](#)

Optional Life Insurance is available for your spouse in units of \$1,000 up to a maximum of \$300,000 subject to medical evidence of insurability. The cost of Optional Life depends on the amount of coverage chosen and the age, gender and smoking status of your spouse. You, as the employee, are automatically the beneficiary.

If you wish to enrol you will receive the required forms to complete and send to the provider from Benefits once you have submitted your benefit choices. Please note that coverage under this benefit and associated payroll deductions will not take effect until approval is received from the provider.

**i** Your current coverage is: No Coverage. This coverage will continue if you do not make a choice.

Enrolment in this benefit requires medical evidence of insurability. If you select this choice, you will receive an Evidence of Medical Insurability form from Benefits, which you must complete and send to the provider.

**Notes**  
If you select this choice, you will receive an Evidence of Medical Insurability form from Benefits, which you must complete and send to the provider.

**Select an Option**

No, I do not want to enrol

Yes Life-Optional Spouse Support

**Update and Continue** **Discard Changes**

Select the **Update and Continue** button to save your choice until you are ready to submit your final enrolment.

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

## Support Staff (AUPE) Benefits Enrolment New Hire

- To enrol your spouse in this plan, select **Yes** for **Life-Optional Spouse Support**.
- Enter a **Coverage Amount** in units of \$1000 up to \$300,000. You will be sent required forms to complete and submit to the provider. Your spousal coverage does not begin until approval is received from the provider and the six-month waiting period has ended.

**Notes**  
If you select this choice, you will receive an Evidence of Medical Insurability form from Benefits, which you must complete and send to the provider.

**Select an Option**

No, I do not want to enrol

**Yes** Life-Optional Spouse Support

**Enter a Coverage Amount**  
This plan requires that you specify a coverage amount. Enter an amount to indicate your desired coverage. Your annual premium rate for this plan is \$0.6000 per \$1,000 of coverage.

Coverage Amount

- Enrol your spouse by selecting the check box in the Covered column. To add a dependent, navigate back to the **Enrolment Summary** page.

**Enrol Your Dependents**  
The following table lists all your dependents. Please select **only your spouse** for this benefit.  
Should you wish to make changes to your dependents, please click **Update and Continue** to return to Review/Update Dependent Data on the Enrolment Summary page.

**Allocation Details**

Name	Relationship	Covered
Mama John	Spouse	<input checked="" type="checkbox"/>

- Click the **Update and Continue** button.

9. A summary displays of your selections.
10. If you are happy with your selection, click the **Update Elections** button to return to the Enrolment Summary. Otherwise click **Discard Changes** to update your selection.

**Benefits Enrolment**

### Optional Spousal Life

Ronald McDonald

**i** Important: Review this page to confirm your choice.

**Your Choice**

You have chosen Life-Optional Spouse Support coverage for \$30,000.

**Your Estimated annual Cost**

<b>Your Cost</b>	<b>\$18.00</b>
------------------	----------------

**Your Covered Dependents**

Primary Allocation Details		
Name	Relationship	Amount
Mama John	Spouse	\$30,000

**Notes**

You will receive a form from Benefits to complete and send to the provider before this coverage can take effect. Coverage and deductions will take effect when approval has been received from the provider.

Update Elections
Discard Changes

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

### Optional Child Life

This is only relevant to employees with **Family** coverage, with at least one child.

1. Click the **Enrol** button for Optional Child Life.
2. Review the important information about Optional Child Life.
3. Scroll down to make your selections.

Optional Child Life Annual Cost Enrol

Current: No Coverage.  
New: No Coverage.

**Benefits Enrolment**

### Optional Child Life Overview of All Plans

Ronald McDonald

Optional Child Life is available for your eligible dependent child(ren) in units of \$5,000 to a maximum of \$15,000 per insured child. The amount of coverage selected is applicable to each of your eligible dependent children. You, as the employee, are automatically the beneficiary.

**i** Your current coverage is: **No Coverage**. This coverage will continue if you do not make a choice.

This benefit plan **requires** enrolment in one of the following plans:  
Basic Life

Coverage for Optional Child Life (if selected) will take effect once the six month waiting period for Basic Life has ended.

## Support Staff (AUPE) Benefits Enrolment New Hire

- If you would like to enrol, select **Yes** for **Life-Optional Child Support**.
- Enter a **Coverage Amount** in units of \$5,000 up to \$15,000.

### Select an Option

No, I do not want to enrol

**Yes** Life-Optional Child Support

### Enter a Coverage Amount

This plan requires that you specify a coverage amount. Enter an amount to indicate your desired coverage. Your annual premium rate for this plan is \$2.6400 per \$1,000 of coverage. You must enter either \$5,000, \$10,000 or \$15,000.

Coverage Amount

- To enrol your child. Select the checkbox in the Covered column. To add a dependent, navigate back to the **Enrolment Summary** page.

### Enrol Your Dependents

The table below lists all your dependents. Please choose **only your child(ren)** for coverage in this benefit.

Should you wish to make changes to your dependents, please click **Update and Continue** to return to Review/Update Dependent Data on the Enrolment Summary page.

Allocation Details		
Name	Relationship	Covered
Papa John	Child	<input checked="" type="checkbox"/>
Baby John	Child	<input checked="" type="checkbox"/>

Select the **Update and Continue** button to save your choice until you are ready to submit your final enrolment.

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

- Click the **Update and Continue** button.

8. A summary displays of your selections.
9. If you are happy with your selection, click the **Update Elections** button to return to the Enrolment Summary. Otherwise click **Discard Changes** to update your selection.

**Benefits Enrolment**

**Optional Child Life**

**i** Important: Review this page to confirm your choice.

---

**Your Choice**

You have chosen Life-Optional Child Support coverage for \$5,000.

---

**Your Estimated annual Cost**

Your Annual Cost    \$13.20

---

**Your Covered Dependents**

**Primary Allocation Details**

Name	Relationship	Amount
Papa John	Child	\$5,000
Baby John	Child	\$5,000

---

**Notes**

Once submitted, this choice will take effect on 2019/11/27. Deductions for this benefit will start in the pay period beginning 2019/12/01.

Update Elections
Discard Changes

Select the **Update Elections** button to save your choices.

Select the **Discard Changes** button to go back and change your choices.

Wellness Spending Account

1. Click the **Enrol** button for the **Wellness Spending Account**.
2. Before you make your **Wellness Spending Account** selection, review the important information.
3. If you choose to enrol in Wellness Spending, enter an amount in the **Annual Credit Allocation** field. This number cannot exceed your available credit amount, which appears below the important information once you select this option. You can divide your credit amount between the WSA and Health Spending account. A minimum of \$100 is required in each account.

Wellness Spending Account	Annual Cost
Current: No Coverage.	
New: Wellness Spending - Support: \$0.00	0.00

**Enrol**

**Benefits Enrolment**

**Wellness Spending Account** [Overview of All Plans](#)

A Wellness Spending Account (WSA) can be used to reimburse costs associated with wellness, learning, development and technology expenses. Amounts claimed are taxable and will result in a T4A slip. WSA can only be used by you and not your dependents.

Your available credits default to your Health Spending Account unless you allocate some or all of your credits to the WSA account.

**i** Indicate your desired annual allocation of credits below.

Your credit amount is \$125.00. You may allocate some or all of this amount to this account. Anything left over will default into your Health Spending Account.

**Select an Option**

No, I do not want to enrol

**Wellness Spending - Support**

This plan requires that you specify an annual allocation amount.

**Annual Credit Allocation**

4. Click the **Update and Continue** button.

**Update and Continue** **Discard Changes**

Select the **Update and Continue** button to save your choice until you are ready to submit your final enrolment.

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



## Support Staff (AUPE) Benefits Enrolment New Hire

5. A summary displays with your selection.
6. If you are happy with your selection, click the **Update Elections** button to return to the Enrolment Summary. Otherwise click **Discard Changes** to update your selection.

### Benefits Enrolment

## Wellness Spending Account

Ronald McDonald

**i** Important: Review this page to confirm your choice.

**Your Choice**

You have chosen to enrol in the Wellness Spending - Support plan with an annual allocation of \$200.00.

**Notes**

Once submitted, this choice will take effect on 2016/11/22.

**Update Elections**      **Discard Changes**

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

## Health Spending Account

1. Click the **Enrol** button for the **Health Spending Account**.
2. Review the important information about your Health Spending Account. All flexible spending credits default to this account. To change the amount, change your Wellness Spending Account amount.
3. The Annual Credit Allocation displays.
4. Click the **Update and Continue** button.

Health Spending Account	Annual Cost	<b>Enrol</b>
Current: No Coverage.		
New: Health Spending - Support: \$25.00	25.00	

### Benefits Enrolment

## Health Spending Account

[Overview of All Plans](#)

The Health Spending Account allows you to use your flexible spending credits to pay for some Health expenses. For detailed information about Health Spending Accounts click "Overview of All Plans" link to review details about your option choices.

**i** Credits default to the Health Spending Account. If you wish to change this amount, change your Wellness Spending Account amount.

### Select an Option

Health Spending - Support

Credits default to this plan. If you wish to change the amount, first allocate credits in your Wellness Spending Account (WSA).

**Annual Credit Allocation**

**Update and Continue**

5. A summary displays with your selection.
6. If you are happy with your selection, click the **Update Elections** button to return to the Enrolment Summary.

**Benefits Enrolment**

### Health Spending Account

Ronald McDonald

**i** Important: Review this page to confirm your choice.

**Your Choice**

You have chosen to enrol in the Health Spending - Support plan with an annual allocation of \$437.50.

**Notes**

Once submitted, this choice will take effect on 2016/11/16.

**Update Elections**

Select the **Update Elections** button to save your choices.

## Pension

1. Click the **Enrol** button for **Pension**.
2. Depending on your eligibility, pension is mandatory and can't be deselected.

New enrolments in the pension plan will receive a new member package from the PSPP administrator, Alberta Pensions Services, which contains information and the applicable forms to be completed to declare your pension partner and designate you pension beneficiary.

3. Click the **Update and Continue** button.

Pension	Annual Cost	<b>Enrol</b>
Current: Public Service Pension Plan		
New: Public Service Pension Plan		

**Benefits Enrolment**

### Pension

Ronald McDonald

Support employees are members of the Public Service Pension Plan (PSPP) and participation is mandatory. PSPP is a defined benefit plan that, at retirement, provides a monthly retirement benefit to the member. Employees and the university contribute equally to the PSPP.

**i** Your current coverage is: **Public Service Pension Plan**

**Yes** Public Service Pension Plan

**Notes**

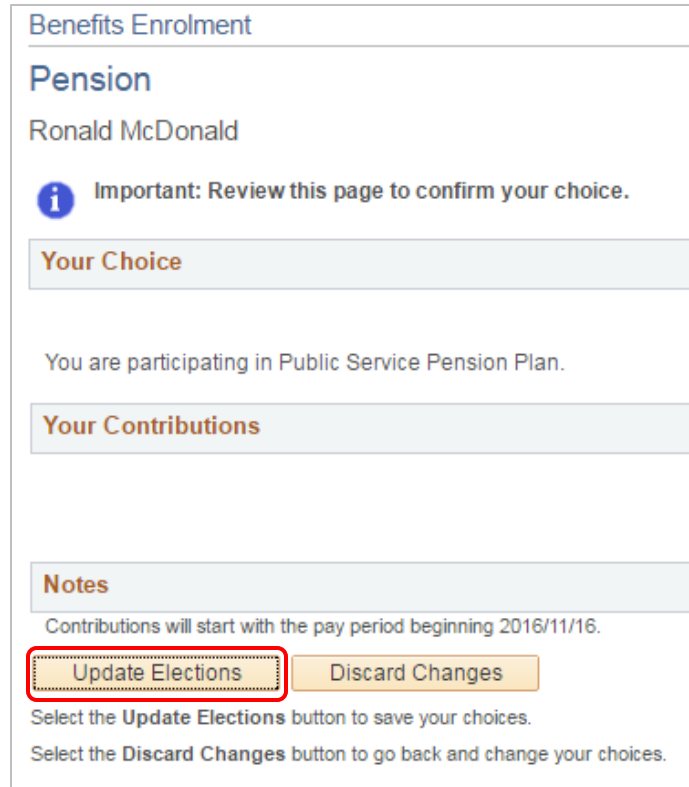
New enrolments in the pension plan will receive a new member package from the PSPP administrator, Alberta Pensions Services, which contains information and the applicable forms you need to complete to declare your pension partner and designate your pension beneficiary. For existing members who wish to change beneficiaries, you should contact APS directly.

**Update and Continue** Discard Changes

Select the **Update and Continue** button to save your choice until you are ready to submit your final enrolment.

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

4. A summary displays of your selections.
5. Click the **Update Elections** button to return to the Enrolment Summary.



Benefits Enrolment

### Pension

Ronald McDonald

**i** Important: Review this page to confirm your choice.

#### Your Choice

You are participating in Public Service Pension Plan.

#### Your Contributions

#### Notes

Contributions will start with the pay period beginning 2016/11/16.

**Update Elections** **Discard Changes**

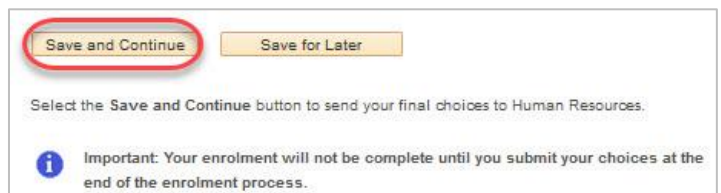
Select the **Update Elections** button to save your choices.  
Select the **Discard Changes** button to go back and change your choices.

---

## Step 5: Finalize Your Selections

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1. If you are happy with your selections, click to **Save and Continue**. You can also choose to **Save for Later** if you are not ready to finalize your selections.



**Save and Continue** **Save for Later**

Select the **Save and Continue** button to send your final choices to Human Resources.

**i** Important: Your enrolment will not be complete until you submit your choices at the end of the enrolment process.

**Note:** Your enrolment is not complete until you submit your choices. If you do not submit your choices, your coverage defaults to single and all flexible credits go to your health spending account.

## Support Staff (AUPE) Benefits Enrolment New Hire

- After clicking the **Save and Continue** button a Benefits Enrolment Summary displays. Review the summary.
- If you are happy with the information, click the **OK** button. To make changes, click the **Cancel** button.

**Benefits Enrolment**

Prior to submitting your choices to Human Resources, please take a moment to review your selections summarized below. If you are ready to submit, click **OK** to continue with the enrolment process. Click **Cancel** to return to the enrolment page to make changes.

Once you have submitted your choices, they can only be changed within 31 days of a Life Event (or at the time of the next Re-Enrolment for MaPS employees).

Benefit Selections					
Benefit Plan	Covrg Level	Pay Period Employer	Pay Period Employee	Annual Employer	Annual Employee
Ext Health Support	Family	\$77.20		\$1852.80	
Support Dental	Family	\$51.16		\$1227.84	
Basic Life Support Staff			\$17.83		\$427.92
Opt. Life Support Staff			\$0.06		\$1.45
Life-Optional Spouse Support			\$0.16		\$3.96
Life-Optional Child Support			\$1.10		\$26.40
Long-Term Disability Support			\$81.56		\$1477.44

FSA Allocation	
HSA Allocation	\$25.00
WSA Allocation	\$100.00

Note - all deductions are estimates - actual deductions will be displayed on your paycheque.

### Errors

- If you have any errors, click the **Return** button to make changes to your plan selections, or click the **Continue** button (warnings only).
- Warnings also indicate whether you need to complete an evidence of medical insurability form (for each insurance plan you registered in). This form is provided to you by Benefits once you have submitted your selections.
- Click the **Continue** button.

**Benefits Enrolment**

### Errors and Warnings

Ronald McDonald

Your enrolment contains some warnings or errors. Please review the following list and make any required changes in your enrolment.

**Errors and Warnings**

**Optional Spousal Life** Warning

Your enrolment in this benefit plan may require evidence of medical insurability. For Optional and Spousal Life Insurance as well as increases to MaPS Basic Life and LTD, Benefits will contact you with the appropriate forms for you to complete and submit to the provider. For Critical Illness, please return to the enrolment page and download and complete the form.

Return

Select the **Return** button to go back to the Enrolment Summary and correct your benefit choices.

Continue

Select the **Continue** button to ignore these warnings and submit your benefit choices.

## Submit Benefits

1. Review the important information prior to submitting your benefits, including instructions on printing the beneficiary designation form prior to submitting your choices.

### Benefits Enrolment

#### Submit Benefits

Ronald McDonald

You have almost completed your enrolment. Prior to submitting your choices, please click the **Group Benefits - Beneficiary Designation Form** link to the right of the Submit button at the bottom of this page to print and sign your beneficiary designations. Please ensure you print this form **prior** to hitting the Submit button. If you do not sign and submit this form to Human Resources, there may be delays or issues in the event of a claim. Note that the Pension Beneficiary Designation form is for UAPP only and is not applicable for AUPE employees.

Once you have printed your beneficiary form, if you have no further changes, select the **Submit** button on this page to finalize your benefit choices.

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

Do not submit your benefit choices until you have completed your enrolment. You may save your choices on each page and return to the Enrolment Summary as many times as you'd like prior to submitting. Once you select the **Submit** button your benefit choices will be sent to Human Resources for processing and you will no longer be able to make changes.

Once you have submitted your enrolment you will be unable to make changes to our benefits unless you have a qualified life event.

Should you require assistance with your enrolment contact the Integrated Service Centre (ISC) at [hr@ucalgary.ca](mailto:hr@ucalgary.ca) or call 403-220-5932.

2. Before you click the Submit button, click the links to the form: **Group Benefits – Beneficiary Designation Form**.

**Note:** When you click each form, ensure your pop-up blocker is set to allow pop-ups on this site.

3. Once you have printed off the form, and you are done making changes to your benefits, click the **Submit** button.
4. **Submit Confirmation** displays. Click the **Print Enrolment Confirmation** button to generate a confirmation statement of your elections.
5. To return to the **Benefits Enrolment** page, click the OK button.

### Authorize Elections

By submitting your benefit choices you are authorizing the University of Calgary to take deductions from your paycheque to pay for your benefit costs. You are also authorizing the University to send necessary personal information to your selected providers to initiate and support your coverage.

Submit

Cancel

[Group Benefits - Beneficiary Designation Form](#)

Select the **Submit** button to send your final choices to Human Resources for processing.

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

### Benefits Enrolment

#### Submit Confirmation

Your benefit choices have been successfully submitted to Human Resources. You will receive an email confirming your choices and the Benefits team will receive a copy.

Click the **OK** button to return to the Benefits Enrolment page.

OK

You will receive an email confirming your choices; the Benefits team receive a copy as well.

## Next Steps

Your selections will remain in place unless you experience a qualified life event, such as a marriage, divorce, birth of a child, etc. For a qualified life event, review Life Events on the HR web pages at <https://ucalgary.ca/hr/benefits-pension/life-events/support-staff> and follow the steps provided.