RIT

Benefits Online New Hire Enrollment Step-By-Step Instructions

There are several screens that you must go through to complete a successful new hire benefits enrollment. These instructions and the Help Text on each screen should help you.

If you have any questions, please contact the RIT Service Center (RSC) as follows:

- RSC self-service portal at: help.rit.edu
- Online Live Chat through the portal
- Call 585-475-5000

Please note that after you complete your transactions on each page, any changes will be saved once you click the "Save and Proceed" button. The last page is the Confirmation page and you can print a summary of your benefit elections.

GETTING STARTED

You will access Oracle Self-Service via the Internet at https://myinfo.rit.edu. Once logged in, you will be on home page and you should click on **RIT Employee Benefits Enrollment** (right side of the screen.)

On the Enter Effective Date screen, use the effective date provided in your Benefits Enrollment email and click Next.

Note: Your effective date will be the first of the month following your date of hire, unless you were hired on the first of the month, then use your hire date. The date format must be DD-MMM-YYYY (i.e., 01-SEP-2025.)

Enter Effective Date

Cancel   Next

Welcome to RIT!

To begin the process, please enter your benefits effective date then click Next. Your benefits effective date is the first of the month following your date of hire/eligibility (unless hired on the first of month). The date you should use here was indicated in your welcome email.

Any questions, please contact the RIT Service Center online or at 585-475-5000.

When you have completed your elections, click on the Save and Proceed button.

* Effective Date   [   ]   📅

(Example: dd-MMM-yyyy)

EMPLOYEE ACKNOWLEGEMENT

Read the information on this screen and click the Accept box. If Decline, you will not be able to enroll in your benefits.

Legal Disclaimer

Cancel   Printable Page   Next

✅TIP Please read the Employee Acknowledgement and accept to proceed with making benefit enrollments.

I authorize RIT to reduce my salary by the applicable before-tax dollars or deduct from my paycheck the applicable after-tax dollars for the benefit programs I elect. Unless stated otherwise, I understand that I cannot change my elections until the next annual Open Enrollment, unless I have a change in family or employment status. If I have a change in family or employment status, I understand that **I must elect this change in writing within 31 days of the event** date and that the change elected is consistent with the event. Should there be an increase in any insurance premiums during a Plan Year, the University may adjust my reductions/deductions. If I am required to complete an Evidence of Insurability form, I understand the coverage **change will not take effect until the insurance company approves the election.** I further understand that RIT reserves the right to change, modify, discontinue or terminate benefits at any time for any reason and that the insurance companies may from time to time change their policies. I understand that Beneflex contributions do not carry over from one year to the next and that **I must re-enroll in Beneflex each year.**

I affirm that any family member(s) I elect to cover is eligible for benefits. I understand that I must provide proof of each family member's eligibility and if I cover a family member who is not eligible that I will be in violation of RIT Policy which may result in ineligibility for the benefit and/or disciplinary action up to and including termination of employment.

To proceed with your enrollment, click in the Accept box below. If you click in the Decline box, you will not be able to complete your enrollment.

○ Accept
○ Decline

Cancel   Printable Page   Next

DEPENDENTS AND BENEFICIARIES

The first page is the **Dependents and Beneficiaries** page. This screen lists people whom you are (or have in the past) covering under your medical, vision, dental, and/or tuition waiver benefit and/or you have selected as your Emergency Contact(s). *NOTE: children can be covered up the age of 26.*

To add family members, click on **Add Contact,** then under Dependents and Contacts**,** click **Add** to add your dependent's information on the **Contact Information screen.** Please note that for the Relationship Start Date, you must use your Benefits Eligibility date, using the date format of DD-MMM-YYYY (i.e., 01-SEP-2023.) Enter the required information and click **Next, then review the information on the next screen. If correct, click submit. Once confirmed, click Return to Overview button. Please note:** you must add your dependent's SSN and Date of Birth if they are being covered under the Medical Plan.

When you have completed entering or updating dependent, click **Next.** *Please note that the next screen could take up to one minute to load or longer during peak times.*

Dependents and Beneficiaries

Name   [Cancel] [Next]

Please add any dependents that you will be covering for benefits. The people listed below are currently in your profile; in addition, you may see your Emergency Contact(s) listed.

If you need to correct any information, click on the pencil in the far right column called Update. If you need to add a person, click on the Add Contact button.

RIT is required to report the Social Security Number (SSN) of each covered family member in RIT's medical plans to the federal government. This requirement does not apply to vision or dental coverage. If you need to update your dependent's record AFTER you have completed your benefits enrollment, you can log back into Oracle Employee Self Service, go to My Personal Demographic and Contact Information to add the Social Security Number for any family member you cover under your medical coverage.

If you receive an error message, please contact the RIT Service Center.

When you are done, click on the Next button. Please note that the next screen could take one minute or longer to load.

Add Contact

Name	Relationship	SSN	Birth Date	Update
	Spouse	***-**-		✏
	Child			✏

BENEFIT ENROLLMENTS

This page shows all of the benefits you eligible for here at RIT. For each benefit, you will need either to enroll or decline coverage.

To begin, click on the **Enroll or Make Changes** button on the upper right side of the screen.

Benefits Enrollment | Current Benefits

Benefit Enrollments

Name   Program   **RIT Benefits**   **Enroll or Make Changes**

To enroll in benefits, click on the "Enroll or Make Changes" button to the right.

ELECTING BENEFITS

At the top of the next several screens, you will see your progress. The dot is solid for the screen you are on.

●--○--○

Update Enrollments   **Cover Dependents**   **Confirmation**

This page is page where you will make your benefit elections. You will see each benefit plan with the various options for that plan, with your 2025 employee contribution amounts.

Medical Plan: Employees who have an address outside of the POS network area, will only have the option for the PPO plan. (The medical plan Contribution rate is for both the medical plan and the associated prescription drug plan.)

Medical

Your spouse or certified domestic partner, and children under age 26 are eligible for coverage. Make your plan selection below, if you do not want to elect coverage, select "Waive Medical Coverage".

To understand differences among the plans, refer to the Medical Benefits Comparison Book for Employees. Use our insurance carrier contact information sheet for links to the carrier's websites and customer service numbers.

Plan	Option	Select	Pre-Tax
Waive Medical Coverage		☐	
Blue Point2 POS A			
	Individual	☐	
	2 Person	☐	
	1 Parent Family	☐	
	Family	☐	
Blue Point2 POS B			
	Individual	☐	
	2 Person	☐	
	1 Parent Family	☐	
	Family	☐	
Blue Point2 POS B No Drug			
	Individual	☐	
	2 Person	☐	
	1 Parent Family	☐	
	Family	☐	
Blue Point2 POS D			
	Individual	☐	
	2 Person	☐	
	1 Parent Family	☐	
	Family	☐	

Dental Plan

Dental

Your spouse or certified domestic partner, and children **under age 26** are eligible for coverage. Make your plan selection below, if you do not want to elect coverage, select "Waive Dental Coverage".

To understand differences among the various plans, refer to the Dental Benefits Summary. Additional information can be found on the Dental Coverage summary. Use our insurance carrier contact information sheet for links to the carrier's websites and customer service numbers.

Note: This enrollment is separate from your medical and vision plan enrollments; you can have a different level of coverage for the Dental Plan than you do for your other benefits.

Plan	Option	Select	Pre-Tax
Waive Dental Coverage		☐	
Dental Standard			
	Individual	☐	
	2 Person	☐	
	Family	☐	
Dental Enhanced			
	Individual	☐	
	2 Person	☐	
	Family	☐	

Vision Plan

Vision Care

Your spouse or certified domestic partner, and children under age 26 are eligible for coverage. Make your plan selection below, if you do not want to elect coverage, select "No Coverage". Coverage details about the vision care plan can be found in the Vision Care Summary. Visit VSP to find a current list of providers. Use our insurance carrier contact information sheet for links to the carrier's websites and customer service numbers.

Note: This enrollment is separate from your medical and dental plan enrollments; you can have a different level of coverage for the Vision Care Plan than you do for your other benefits.

Plan	Option	Select	Pre-Tax
Vision Care			
	No Coverage	☐	
	Individual	☐	
	2 Person	☐	
	Family	☐	

Basic Life: no election needed, as shown below, eligible employees are automatically enrolled.

Basic Life

All regular full-time employees and part-time employees (scheduled to work 750 or more hours per year) are automatically covered by the Basic Life. The Basic Life coverage amount is two (2) times your annual salary, rounded up (if applicable).

Plan	Select	Coverage
Basic Life	☑	

Supplemental Life: **If you are enrolling in supplemental life insurance coverage,** you will need to complete an *Evidence of Insurability (EOI) Form* for Prudential's (the insurance company) approval. Prudential will send you an e-mail to your work address after your enrollment has been processed if you need to complete the EOI form.

EOI is not required if you are enrolling in Supplemental Life for yourself for 1 or 2 times your base pay. EOI is required for all other elections to enroll. If you wish to enroll or increase your coverage option at a later time, an approved EOI will be required.

Supplemental Life

RIT offers supplemental life insurance for eligible employees to elect for themselves to supplement their Basic Life coverage. The cost of the supplemental coverage is based on your smoking status, age band, and amount of coverage elected; and is listed below.

If you make an election for supplemental coverage that is for more than 2x's your annual salary you will need to complete Evidence of Insurability. If an Evidence of Insurability is required, Prudential will send you an email to your RIT email with an information request after your enrollment has been processed. The increased coverage would not be effective until approved by Prudential.

Plan	Option	Select	Coverage	After-Tax
Supp Life Non Smoker				
	No Coverage	☐		
	1X Salary	☐		
	2X Salary	☐		
	3X Salary	☐		
	4X Salary	☐		
	5X Salary	☐		
Supp Life Smoker				
	No Coverage	☐		
	1X Salary	☐		
	2X Salary	☐		
	3X Salary	☐		
	4X Salary	☐		
	5X Salary	☐		

Spouse/Partner Life: EOI is required for new enrollments in coverage amounts over the $25,000 flat coverage election. The spouse/partner coverage amount cannot exceed the amount of the employee's basic and supplemental coverage.

Spouse Life

RIT offers spouse life insurance for eligible employees to elect; as the employee you are automatically the beneficiary of this coverage. The cost is based on your spouse/certified domestic partner's smoking status, your age band and amount of coverage elected (based on your salary). You can see your individual cost for the coverage listed below.

The coverage you elect for your spouse must be equal to or less than the coverage you have on yourself.

New elections above $25,000 in coverage will require an Evidence of Insurability to be completed. If an Evidence of Insurability is required, Prudential will send you an email to your RIT email with an information request after your enrollment has been processed. The increased coverage would not be effective until approved by Prudential.

Plan	Option	Select	Coverage	After-Tax
Spouse Life Non Smoker				
	No Coverage	☐		
	$25,000 Coverage	☐	25,000.00	
	1X Salary	☐		
	2X Salary	☐		
	3X Salary	☐		
	4X Salary	☐		
	5X Salary	☐		
Spouse Life Smoker				
	No Coverage	☐		
	$25,000 Coverage	☐	25,000.00	
	1X Salary	☐		
	2X Salary	☐		
	3X Salary	☐		
	4X Salary	☐		
	5X Salary	☐		

Child Life: EOI is not required for any Child Life elections.

Child Life

RIT offers child life insurance for employees to elect; as the employee, you are automatically the beneficiary of this coverage. The coverage and premium cost covers all of your children, who are under age 26. There is no approval required from the insurance company.

Plan	Option	Select	Coverage	After-Tax
Child Life				
	No Coverage	☐		
	$10,000 Coverage	☐	10,000.00	0.75
	$20,000 Coverage	☐	20,000.00	1.50

Basic AD&D: no election needed, as shown below, eligible employees are automatically enrolled.

Basic AD&D

All regular full-time and part-time employees (scheduled to work 750 or more hours per year) automatically covered by the Basic Accidental Death & Dismemberment plan. The premium for the Basic AD&D is fully paid for by RIT. The coverage amount is based on your salary upon hire/eligibility and annually as of each January 1st.

Plan	Select	Coverage
Basic Accidental Death and Dismemberment	☑	

Supplemental AD&D: EOI is not required for any AD&D elections.

Supplemental AD&D

RIT offers supplemental Accidental Death & Dismemberment insurance for employees to elect for themselves. The cost is based on the amount of coverage elected. The coverage is a multiple of your base pay (your pay is rounded up to the next $1,000 first if not already a multiple of $1,000) and your individualized cost is listed below.

There is no approval required from the insurance company.

Plan	Option	Select	Coverage	After-Tax
Supp Accidental Death and Dismemberment				
	No Coverage	☐		
	1X Salary	☐		
	2X Salary	☐		
	3X Salary	☐		
	4X Salary	☐		
	5X Salary	☐		

Spouse AD&D: EOI is not required for any AD&D elections.

Spouse Accidental Death and Dismemberment

RIT offers Spouse Accidental Death & Dismemberment (AD&D) insurance for employees to elect for spouse/certified domestic partner. The coverage is a multiple of your base pay (your pay is rounded up to the next $1,000 first if not already a multiple of $1,000). The coverage you elect for your spouse must be equal to or less than the coverage you have on yourself. You can see your individualized cost listed below.

Plan	Option	Select	Coverage	After-Tax
Spouse Accidental Death & Dismemberment				
	No Coverage	☐		
	$25,000 Coverage	☐	25,000.00	0.19
	1X Salary	☐		
	2X Salary	☐		
	3X Salary	☐		
	4X Salary	☐		
	5X Salary	☐		

Child AD&D: EOI is not required for any AD&D elections.

Child AD&D

RIT offers Child Accidental Death & Dismemberment (AD&D) insurance for employees to elect for your child(ren.) As the employee, you are automatically the beneficiary of this coverage. The coverage and cost covers all of your children, who are under age 26. The premium cost is based on the amount of coverage elected. There is no approval required from the insurance company.

Plan	Option	Select	Coverage	After-Tax
Child Accidental Death & Dismemberment				
	No Coverage	☐		
	$10,000 Coverage	☐	10,000.00	0.08
	$20,000 Coverage	☐	20,000.00	0.15

Short Term Disability: no election needed, as shown below, eligible employees are automatically enrolled.

Short Term Disability

All regular full-time and part-time employees are automatically covered by the short term disability plan, which is paid for fully by RIT. More information can be found in the Short Term Disability summary.

Plan	Select
Short Term Disability	☑

Basic LTD: no election needed, as shown below, eligible employees are automatically enrolled.

Basic LTD

All regular full-time employees are automatically covered by the Basic LTD plan. The premium is fully paid for by RIT. Additional details can be found in the Highlights of the Long Term Disability Plan. The coverage amount is based on your salary as of your hire/eligibility date and annually, each January 1st.

Plan	Select	Coverage
Basic LTD	☑	

Supplemental LTD: As a new hire, no approval from the insurance company is required. If an employee declines coverage at their initial eligibility and elects it during a future open enrollment period, approval from the insurance company will be required.

Supplemental LTD

RIT offers supplemental long term disability for employees to elect that provides additional LTD benefits beyond the Basic LTD plan. There is no underwriting required for new hires or newly eligible employees to elect supplemental LTD. You can see your individual cost for this benefit is shown below.

Plan	Option	Select	Coverage	After-Tax
Supp LTD				
	No Coverage	☐		
	Coverage	☐		

Beneflex Health Care: If you would like to enroll for the remainder of 2023, enter the <u>total</u> amount you would like to contribute (**DO NOT** click in the box). The system will automatically calculate the per pay period contribution amount after the enrollment process is complete (it will show as a zero on the screen initially).

Beneflex Health Care

RIT offers Beneflex Health Care Flexible Spending Account (FSA). To elect, enter the annual amount you would like to contribute to the Health Care Spending Account, with a maximum contribution for 2023 of $3,050-- the per pay period amount will automatically calculate. There are many plan details that are outlined in the Beneflex Plan Summary.

Plan	Option	Select	Coverage	Annual Cost	Pre-Tax
Beneflex Health Care					
	No Coverage	☐			
	Coverage	☐	0.00	0.00	0.00

Beneflex Dependent Care: If you would like to enroll for the remainder of 2023, enter the <u>total</u> amount you would like to contribute (**DO NOT** click in the box). The system will automatically calculate the per pay period contribution amount after the enrollment process is complete (it will show as a zero on the screen initially).

Beneflex Dependent Day Care

RIT offers Beneflex Dependent Day Care Flexible Spending Account (FSA). To elect, enter the annual amount you would like to contribute to the Dependent Day Care Spending Account, with a maximum contribution for 2023 of $5,000-- the per pay period amount will automatically calculate. There are many plan details that are outlined in the Beneflex Plan Summary.

Plan	Option	Select	Coverage	Annual Cost	Pre-Tax
Beneflex Dependent Day Care					
	No Coverage	☐			
	Coverage	☐	0.00	0.00	

Legal Services Plan

Hyatt Legal Services

RIT offers a legal services plan that provides personal legal services for employees and their families. More information on this program can be found in the Legal Plan Summary.

Plan	Option	Select	After-Tax
Hyatt Legal			
	No Coverage	☐	
	Coverage	☐	9.38

Identity Theft Protection: Employees can cover themselves and up to 4 adults within their household, Children can (under age 26) can be covered for free under the ChildWatch benefit. ***IMPORTANT***: after you complete the entire enrollment process, you need to go to *My Personal Demographic and Contact Information* to add the email address for any adult you elect to cover.

Identity Theft Protection

RIT offers two types of Identity Theft Protection programs to employees and their families. More information on this program can be found in the Identity Theft Protection Plan Summary.

Plan	Option	Select	After-Tax
ID Theft Protection UltraSecure			
	No Coverage	☐	
	Employee Only	☐	4.98
	Employee + 1 Adult	☐	9.95
	Employee + 2 Adults	☐	14.93
	Employee + 3 Adults	☐	19.90
	Employee + 4 Adults	☐	24.88
	Employee + 1 Adult + Minor(s)	☐	9.95
	Employee + 2 Adults + Minor(s)	☐	14.93
	Employee + 3 Adults + Minor(s)	☐	19.90
	Employee + 4 Adults + Minor(s)	☐	24.88
	Employee + Minor(s)	☐	4.98
ID Theft Protection UltraSecure+Credit			
	No Coverage	☐	
	Employee Only	☐	8.48
	Employee + 1 Adult	☐	16.95
	Employee + 2 Adults	☐	25.43
	Employee + 3 Adults	☐	33.90
	Employee + 4 Adults	☐	42.38
	Employee + 1 Adult + Minor(s)	☐	16.95
	Employee + 2 Adults + Minor(s)	☐	25.43
	Employee + 3 Adults + Minor(s)	☐	33.90
	Employee + 4 Adults + Minor(s)	☐	42.38
	Employee + Minor(s)	☐	8.48

Once you have made all of your election, click the **Save and Proceed** button at the bottom of the screen.

COVER DEPENDENTS

○--●--○
Update Enrollments　　　　　　　　　**Cover Dependents**　　　　　　　　　**Confirmation**

After making your benefit elections, you will be taken to **Update Benefits: Cover Dependents**.

If you are covering dependents (spouse/domestic partner and/or children) under your medical, vision, dental, spouse/partner and child life and spouse/partner and child AD&D and Identity Theft Protection, you need to click the box in the column called ***Cover*** for each dependent you are covering. If you will cover an eligible family member who is not listed, you must go back to the Family Members and Others screen to add the person.

Please remember that as part of the family member verification process you will need to provide proof of eligibility for any new family members you plan to cover. To complete this process, please submit your documentation via the Family Member Verification service request. Acceptable proofs include a marriage certificate for a spouse and a birth certificate (with the employee-parent's name) for a child. You will find more details on acceptable proofs on the HR website on the Family Member Verification Process page.

Reminder, children can be covered through the last day of the month in which they turn age 26.

Under the federal Affordable Care Act (ACA), RIT is required to report the Social Security Number (SSN) of each covered family member in RIT's medical plans (this rule does not apply to Vision or Dental coverage). In Employee Self-Service, click on the link called *My Personal Demographic and Contact Information* to enter the SSN (or verify the SSN for those we have on file) for your covered family members. If you receive an error message, please contact the RIT Service Center (RSC).

If you are covering family members as adults under the Identity Theft Protection, we need each person's email address. In Employee Self-Service, click on the link called *My Personal Demographic and Contact Information* to enter the email address for each family member age 18 or older you are covering as an adult.

When done, click **Save and Proceed**. Once you click this, your enrollment has been submitted.

Update Benefits: Cover Dependents		
Name	Program **RIT Benefits**	Back Save and Proceed
To enroll in benefits, click on the "Enroll or Make Changes" button to the right.		

CONFIRMATION STATEMENT

○--○--●
   Update Enrollments   **Cover Dependents**   **Confirmation**

The next page is the **Confirmation** page. You can print a copy of the Confirmation for your records, by clicking on **Printable Page** (to print or save as PDF, selecting print to PDF.) If you need to make additional changes, click on **Return to Overview** at the bottom right of the page. This will take you back to the **Benefits Enrollments** page. You can only make changes in Oracle on the day you submitted your enrollment. If you need to make changes after that, you will need to contact the RIT Service Center.

Confirmation		
Your changes have been saved. To make additional changes, return to the Overview page and repeat the process. Please print this page for your records.		

Confirmation Statement

Name	Program **RIT Benefits**	Back Printable Page Return to Overview

You have completed your enrollment for the RIT Benefits Program. **PRINT THIS SCREEN FOR YOUR RECORDS.**

To make additional changes TODAY, click the "Return to Overview" button and make your changes. If you need to make a change to your new hire benefits enrollment after today and are still within your enrollment period, please contact the RIT Service Center to submit a manual request.

If you are covering dependents under your medical, dental and/or vision plan, please make sure they are listed below under the Benefit Selections area in the Covered Dependents section. If you do not see this section or you do not see all your dependents you are covering listed, click on the button called "Return to Overview" and continue to the Dependents page, where you can check the box for the dependents you will cover.

If you have newly elected medical insurance, you will be contacted directly by Excellus BCBS to provide your primary care physician information.

Be sure to complete the Family Member Verification service request to provide proof of your dependents relation to you. Coverage for your family member will not be processed until this documentation is provided.

When you are done, click on **Logout** (located at top right of screen).

Remember! If…
- you are covering dependents, complete the Family Member Verification service request.
- you elected medical insurance; you will need to provide your primary care physician information to Excellus. You can contact them to update this information. They will send you a letter asking for this information once your enrollment is processed.
- you elected supplemental employee or spouse life insurance that requires an Evidence of Insurability to be completed. Watch for an email directly from Prudential to request this to be completed. If you have not received an email within two weeks of submitting your enrollment, please contact RIT Service Center for assistance.
- you need to provide your beneficiary information to Prudential for your life and AD&D insurance – including those who are covered only by the Basic coverage.