

#### Step 1: Sign Into UKG Pro

- Access UKG Pro https://ecmc462.ukg.net (use Company Access Code: ecmc462)
  - Username: your ECMC email address (ex. janedoe1@ecmc.edu)
  - Password: your initial password if your 8 digit date of birth without slashes (ex. 01012024)
    - If you have not yet logged into UKG Pro you will be required to change your password and set your Security Questions and then you must sign in using your username and newly created password.

### Step 2: Access Your Benefits Portal

\*You will see how many days left in your enrollment window above the Shop and Enroll in Benefits title\*

#### Navigate to: Myself > Benefits > Manage My Benefits > Get Started

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			The profile and dependents must be reviewed before proceeding to benefits.
Myself			
Personal		Benefits 😃 🔉 🕨	Welcome you have 47 days left to enroll.
My Company			Shop and Enroll in Benefits
Jobs		1. Carrier	Let's start with your profile and see if anything has changed since last year.
Career & Education			
UKG Pro Learning			Get Startes
Pay			
Benefits			
Benefits Summary			Review Profile Shop Benefits Checkout
Manage My Benefits			
1095-C			
Documents			Need to update your current benefits?
			Have you had a qualifying life event such as a new addition to your family?
Home			Update your current benefits.
Inbox			

Step 3: Review Your Profile Information and Add Family Member Information (If Applicable) \*The only field that you can update in the Benefits portal profile is your Alternate Email, any other field would need to be corrected in your UKG Pro profile\*

- At the bottom of the page click on Next: Review My Family
  - If you are enrolling into <u>family coverage</u>, click +Add Family Member, input your Dependent's First name, Last Name, SSN (or SIN), Gender, Birthdate and Relationship to you and Save
    - Repeat this step for each dependent you are enrolling
      - Eligible dependents include: a legally married spouse (same and opposite gender), biological child(ren), step child(ren) If you are married to the biological parent, legally adopted child(ren) or child(ren) you have legal guardianship of classify all dependent child(ren) relationship(s) as **Child**
    - Once you have added all dependents, click Next: Shop for Benefits at the bottom of the page
  - o If you are enrolling into single coverage, click Next: Shop for Benefits at the bottom of the page

Step 4: Enroll In or Decline Benefits

- Click on Shop Plans for each benefit offering in order to enroll or decline the benefit
  - \*All benefits must be selected or declined in order to submit your final benefit selections, if you are unable to complete your benefit selections in one sitting, you can exit and continue making selections at a later time as long as your enrollment window is still open\*

## **Open Enrollment - Benefit Enrollment**



Home X			
Profile >	Your Benefits		
Beenfa 🔍 🗸	à		
Open Exrollment Executives a successful	Review Profile Shop Benefits To make a change, click on the benefit name. To complete your enrollment, click Check Out at the bottom of the page	Checkout e.	
Current Borelita			
Admin 👂	New Enrollment Plan Year Effective from 01/01/2025 to 12/31/2025		
	Medical		
	No Plan Selected	Shop Plans	
	Waiver Cash Payment		
	No Plan Selected	Shop Plans	
	Dental		
	Generic Dental-CSEA \$19.62 Per Pay Period	View or Change	
	Flexible Spending Qualifying Medical Account		
	No Plan Selected	Shop Plans	
	Dependent Care Reimbursement Account		
	No Plan Selected	Shop Plans	
	Premium Reimbursement FSA		
	No Plan Selected	Shop Plans	
	L	Employer Contribution 022 EE	
		Your Cost Per Pay Period \$19.62	

\*\*Please note, benefit offerings are dependent on your Union (AFSCME, CSEA, NYSNA) or Management Confidential (MC) affiliation, your benefits may appear slightly different than this example due to your specific affiliation within ECMC\*\*

In Shop Plans for each type of benefit (Medical, Dental, Waiver Cash Payment, FSA, ect.), select the
plan you would like to enroll into by clicking View Plan then Update Cart, or Decline Coverage then
Update Cart to decline the benefit offering. At any time you can check your per pay period deduction
amount at the upper right corner of the portal



- \*For family coverage only\* if you are enrolling any dependent(s) click on the dependent name check box in the Family Covered box above the plan option within each Shop Plan enrollment screen
- If you have any dependent(s) in medical/dental/waiver cash payment options you can still enroll into subsequent coverage as Single enrollment by **unchecking** the check box for each dependent you would not like enrolled into the plan in the **Family Covered** box above the plan options

Family Covered			+ ADD FAMILY MEMBER
Vourself	🔽 💄 Test Spouse	LEST CHILD	

 If you are <u>enrolling</u> into Flexible Spending Account(s) (FSAs) choose the total amount you would like for the remainder of the year, the total amount will be divided among the remaining pay periods for the year in which you are hired

# Open Enrollment - Benefit Enrollment

Upload the required document fo

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- If you are <u>declining</u> FSAs, keep the total amount at **\$0.00** and click **Update Cart** to go to the next benefit offering, or click **Decline Coverage** and **Confirm Decline**
- Once you have made all your benefit selections click Review and Checkout
- This will bring you to a final review screen to review your selections, then click Checkout
- \*You will be able to make any adjustments to your selections until your enrollment window ends, but make sure to submit any changes\*
- Once complete, you will see the message below, you can choose the have your confirmation of enrollments sent to you via email by clicking Send by Email and input the email address you would like your confirmation sent to

Current Benefit Elections			
Enrollment Complete!			
You have completed the open enrollment process and confirmed your benefits.  Need a copy of your benefits confirmation statement?  Send by Email			
Review Profile Shop Benefits Checkout			
The coverage details listed below are the current active elections on file for you and your dependents.			
1. To change an election, click directly on the name of the benefit.			
<ul> <li>If you believe there is an error in your statement, please contact Human Resources.</li> <li>If you need to make changes due to a qualifying life event, please click on the Life Event link.</li> </ul>			
Click on the icons below to print your confirmation statement or generate a PDF file.			
Your To-Do List <sup>9</sup>		0 of 4 Complet	te
Upload the required document for by November 22 2024	Open	>	
Upload the required document for by November 22 2024	Open	>	



by November 22 2024

Step 5: Provide Required Documents (If Applicable)

- \*Required documents must be uploaded through the Manage My Benefits portal, or sent to the Benefits team via email (benefits@ecmc.edu)
- If you are enrolling dependents into coverage or you are enrolling into the Waiver Cash Payment you will be required to provide documentation
  - For legally married spouses you will be required to provide your **legal marriage certificate** and a second proof of relationship showing common responsibility such as:
    - The first page of your most recent tax filing
    - Utility bill
    - Mortgage
    - Car insurance
    - Bank account, ect.
  - For biological children provide the **birth certificate** listing yourself as a birth parent
  - For step children provide the **birth certificate** listing your legally married spouse as a birth parent
  - For adopted children provide the **adoption certificate**
  - For child you have guardianship of provide the **court order** listing you or your legally married spouse as the legal guardian
  - For Waiver Cash Payment enrollment complete the Waiver Cash Payment Attestation document, this document is digitially signable and will be submitted directly to the benefits@ecmc.edu inbox
    - For Family Waiver Cash Payment, proof of your dependents: a legal marriage certificate is required for legally married spouse and/or a birth certificate for each dependent child