

NCPERS Life Insurance Open Enrollment

Only employees eligible for this plan AND not already enrolled will have access to the enrollment. If already enrolled or you do not wish to enroll at this time, there is nothing you need to do. From Employee Self Service, go into the 2020 Benefits Enrollment. Click on the “NCPERS Life Insurance 2020” link in the Progress section on the right side.

Eligible Years

2020 Enrollment

TEST EMPLOYEE (1036)

ACTIONS

2020 Benefit Enrollment

\$57.69
Total Cost
Per Pay Period

Contact Information

Dependents and Beneficiaries

✓ Flexible Spending- Health Care 2020 \$57.69

✗ Flexible Spending- Dependent 2020 \$0.00

NCPERS Life Insurance 2020 \$0.00

REVIEW

FINALIZE

START ENROLLMENT

You have 9 days to complete enrollment.

Hello Test

Below are tips for completing the annual benefit open enrollment. If you are making changes to any other current benefits, you can click on the benefit name listed to the right, under Dependents and Beneficiaries.

- To access the Life Insurance enrollment, click on the "NCPERS Life Insurance 2020" link in the progress bar to the right (above the Review button).
- The Health/Dental/Vision and Flexible Spending Account enrollments are separated into two different enrollments with different ending dates.
 - 1. Your current Health, Dental, and Vision Enrollments (2019-2020 Plan Year) can be viewed in the 2019 Enrollment section. Any changes must be submitted by end of day October 15, 2019. No changes will be allowed after the 10/15/2019 deadline. The elections in Paycom will be the coverage you are enrolled in from 12/1/2019 through 11/30/2020 unless a qualifying event occurs, such as a birth, marriage, etc., that would allow you to make a mid-year election change.
 - 2. Flexible Spending Account Enrollments (2020 Calendar Year) can be viewed in the 2020 Enrollment section. FSA deductions do not carry over from the previous year, you must make a new election each year. Your 2020 enrollment must be submitted by end of day November 12, 2019. No elections or changes will be allowed after the 11/12/19 deadline. Your FSA elections will be effective for the entire 2020 calendar year, unless a qualifying event occurs that would allow you to make a mid-year election change.
- Make sure you have all new dependent information. If you have not entered dependents before, you will need their social security number and date of birth.
- You also can choose an enrollment section in the progress bar on the right of the enrollment screen to jump to that particular section.
- To get started, click Start Enrollment.

Click the Box to select the plan, click on the “Enroll” button,

NCPERS Life Insurance 2020

PLAN DOCUMENTS

After you Finalize this enrollment, a message will pop up containing a link to an enrollment form. You MUST complete and return this form to Payroll no later than 11/19/19.

Employee Per-Pay-Period-Amount
Cost Calculated by Human Resources

Decline Coverage

PREVIOUS ENROLL

IMPORTANT: You must open, complete, and print the NCPERS Life Insurance Enrollment Form and return it to Payroll no later than Tuesday, 11/19/19.

- Step 1 View the provided file NCPERS Life Insurance Enrollment Form and review it.
- Step 2 Complete the form by entering your information and save the file.

Depending on your web browser settings, you may have to hit the + and then the – buttons to view the full page.

FIRST PREVIOUS Page 1 of 4 NEXT LAST + - Go to:

The Prudential Insurance Company of America – Enrollment

751 Broad Street • Newark, NJ 07102

MPEDC EIC DIAM

Complete Page 1.

FIRST PREVIOUS Page 1 of 4 NEXT LAST + - Go to:

The Prudential Insurance Company of America – Enrollment and Beneficiary Form
751 Broad Street • Newark, NJ 07102

NCPERS S16 PLAN Control No.: 92860
Please submit your complete enrollment form to your employer. Your employer will begin payroll deductions and forward your enrollment information to Member Benefits. Questions? Call 1-800-525-8056.

FOR EMPLOYER: Please complete this section. Additionally, it is important that you review the form for complete information. All sections must be completed in order for The Prudential Insurance Company of America to process claims.
Return completed form to:
Member Benefits
10739 Deerwood Park BLVD, Suite 200-B
Jacksonville, FL 32256-9843
1-800-525-8056
Email: NCPERS@memberbenefits.com

Please show date of first deduction 12/13/19 (Mo. Day Yr.)
EMPLOYER Unit No. 3034

Member Information New Member Enrollment Open Enrollment Change of Beneficiary
EMPLOYEE TEST null

Last Name First Name MI
157 N MAIN ST EDWARDSVILLE IL 62025
Street Address City State ZIP code

Social Security Number Primary Phone Number Your Date of Birth (mm/dd/yyyy)
123456789 6185551508 04/26/1981

Date of Employment 05/31/2004
Actively at work Yes No – If no, you are not eligible for this coverage. Male Female

*Active Work Requirement: A requirement that a member be actively at work as normally required by the employer or as predetermined by the member's Public Employee Retirement Systems group on the date of the insurance is to begin.

I declare the above statements and answers are complete and true and understand they are the basis for providing life insurance under

Click the NEXT button twice until you reach the Beneficiary page. Please complete this page with at least one Primary Beneficiary. If you would like to split the payout to multiple Primary Beneficiaries, you will need to print the blank page 3 multiple times. Print the entire enrollment form, review and return to Payroll by 11/19/19.

After completing the form, you will need to click “Finalize”.

Step 1 View the provided file NCPERS Life Insurance Enrollment Form and review it.
Step 2 Complete the form by entering your information and save the file.

- ✓ Contact Information
- ✓ Dependents and Beneficiaries
- ✗ Flexible Spending- Health Care 2020 \$0.00
- ✗ Flexible Spending- Dependent 2020 \$0.00
- ✓ NCPERS Life Insurance 2020 \$0.00

REVIEW
FINALIZE

IGNORE this message and click “Update”.

Dependent and Beneficiary Confirmation

The following are entered in the system but not tied to a benefit plan. Please confirm this is correct for these individuals before finalizing enrollment.

1. Test Child

CANCEL UPDATE

Click “Sign and Submit”.

Enrollment Submission

By pressing Sign and Submit, you are confirming your open enrollment elections.

CANCEL SIGN AND SUBMIT