

## HOW TO ENROLL ONLINE

Open Enrollment will be done through the eWeber secure portal. The annual Open Enrollment period will begin **Monday, April 4, and end on Friday, May 13, 2022**. You may enroll or change your enrollment at any time during the open enrollment period. There are no paper enrollment forms. If for some reason you cannot enroll using the online enrollment system, please contact the Human Resources office at 801-626- 6032.

## THINGS YOU WILL NEED BEFORE YOU BEGIN.

- **WSU eWeber User Name and Password** If you need help with your username or password, please visit: [https:// portalapps.weber.edu/getwcid/](https://portalapps.weber.edu/getwcid/) or call the Helpdesk at 801-626-7777.
- **Spouse and/or Dependents Social Security Numbers and Dates of Birth.** In order to comply with the Affordable Care Act, Social Security Numbers must be entered for each dependent.
- **Other insurance policy information:** Company Name, Company Phone Number, Policy Holders Name, Policy Holders Date of Birth, Policy Number, and Policy Start Date.
- **Life Event:** If you have experienced a life event such as marriage, divorce, or the birth of a child, you must go to the HR office to process any changes to your insurance coverage.

## ACCESSING OPEN ENROLLMENT

1. Log in to the eWeber portal using your existing username and password.
2. Use the search window to find *Employee Enrollment*, or look in the Human Resources category.
3. Select *Open Enrollment to get started*.

**THE APPLICATION WILL STEP YOU THROUGH THE PROCESS TO COMPLETE ONLINE OPEN ENROLLMENT. USE THE REST OF THIS GUIDE, IF MORE HELP IS NEEDED, SEE CALENDAR FOR DROP-IN LABS DATES. MY INFORMATION**

1. Begin by verifying your dependents names, birthdates and Social Security Numbers.
2. Click *Edit* to update or correct any dependent information, click *Submit Changes* when complete.
3. Repeat previous step for all active dependents.
4. Add a dependent, click *Add Dependent* and add all required information, click *Add* when complete.
5. Select *Next Page* when done with this step.

## MEDICAL INSURANCE

1. Answer the question, *Would you like to make any changes?*

If *Keep it the same*, and you make no changes to dependent information, you will move directly to **FLEX SPENDING**, or continue to step 2

If *I want to make changes*, continue to step 2

2. Answer the question, *Do you want medical insurance?*

If *I would like to enroll in medical insurance*, go to step 3

If *I choose to waive medical insurance*, see warning, and click *Next Page* to continue to **FLEX SPENDING**

3. Answer the question, *Do you have other medical insurance?*
4. Choose your plan, compare the plans and click on *Select Plan*
5. Choose your network, compare the networks and click on, *Select Network*
6. Choose you coverage, if *Employee +1 Dependent or Employee +2 or More*, add your dependents Answer the question, *Does the dependent have other medical*

*insurance?*

Click *Next Page* when you are done adding dependents.

7. Click *Add New Insurance Co.*, answer all corresponding questions, and click, *Add/Update*
8. Click *Add Dependents* for each of the insurance companies listed, use the drop down box to select covered dependents, click *Done Adding Dependents* when finished.
9. When finished adding all other insurance, click *Next Page*

### **FLEX SPENDING (Must re-enroll every year.)**

1. Answer the question, *Do you want to participate in Flex Spending?*  
If *I want to participate in Flex Spending*, go to step 2  
If *I do not want to participate in Flex Spending*, click *Next Page*
2. Complete all relevant information; when complete, type your full name in the blank box below.
3. Click *Next Page*

### **DENTAL INSURANCE**

1. Answer the question, *Would you like to make any changes?*  
If *Keep it the same*, you will move directly to **VOLUNTARY VISION**  
If *I want to make changes*, go to step 2
2. Answer the question, *Do you want dental insurance?*  
If *I would like to enroll in dental insurance*, follow next steps  
If *I choose to waive dental insurance*, click *Next Page* to continue to **VOLUNTARY VISION**
3. Choose your plan by clicking *Select Plan*
4. Choose your plan type, if *Employee +1 or Employee +2 or More*, add dependent from the drop-down list.
5. When done, click *Next Page*

### **VOLUNTARY VISION INSURANCE**

1. Answer the question, *Would you like to make any changes?*  
If *Keep it the same*, you will move directly to **SUMMARY**  
If *I want to make changes*, go to step 2
2. Answer the question, *Do you want vision insurance?*  
If *I would like to enroll in vision insurance*, follow next steps  
If *I choose to waive vision insurance*, click *Next Page* to continue to **SUMMARY**
3. Choose your plan by clicking *Select Plan*
4. Choose your plan type, if *Employee +1 or Employee +2 or More*, add dependent from the drop-down list.
5. When done, click *Next Page*

### **SUMMARY**

1. Review all information, if correct, click *Finish*
2. Click *View Summary*, **print for your records**.

For HR assistance, please contact the Weber State University Human Resources Office at 801-626-6032.