

# Enrolling in Benefits Using PeopleSoft

Use this document to assist in your benefits enrollment. Your New Hire packet contains the information you need to make benefit elections. If you require additional assistance, please contact the Benefits office at 617-496-4001 or [benefits@harvard.edu](mailto:benefits@harvard.edu).

## Key Points

**30 Days to Submit Benefits:** As a newly hired employee, you have 30 days from your date of hire to make your benefit elections.

**Save vs. Submit:** You may **Save** your elections and return to make changes within the 30-day window, but your elections will not be processed until you click **Submit** on the Submit Benefits page in PeopleSoft (clicking only the first Submit button on the Benefits Enrollment page will save your elections). If you do not submit your benefits before the enrollment period ends, your elections will not be processed.

**Dependent Documentation:** Benefits must receive all appropriate dependent certification documentation for any dependents you add to medical, dental and/or vision within the 30-day window. *If documentation is not received within that timeframe, any undocumented dependents will be **removed** from plans, retroactive to your hire date.*

Please send all dependent documentation with the Dependent Certification Cover Sheet included in your New Hire packet to Benefits by fax to 617-496-3000, or in the envelope provided in the New Hire packet.

★ **Must Enroll Dependents to Medical, Dental and Vision Care:** Any dependents that you would like coverage for must be added to your medical, dental and/or vision care plan through the PeopleSoft Self-Service Benefits Enrollment System.

**Once Submitted, No Changes:** Once you have submitted your elections, they cannot be changed until the next Open Enrollment period, or in the event of a qualified change in family or employment status.

**Additional Resources:** Review the last section of this document for links to additional information on new hire and benefit resources

## Access Requirements

In order to enroll in benefits, you will need your HUID (Harvard Identification) and PIN (Personal Identification Number). You will not be able to log onto HARVie (Harvard Intranet for Employees) or PeopleSoft until your actual hire date.

If you do not have a PIN, follow the instructions at <http://www.pin.harvard.edu>. If you have trouble with the online system, call 617-496-9001 (the PIN help number).

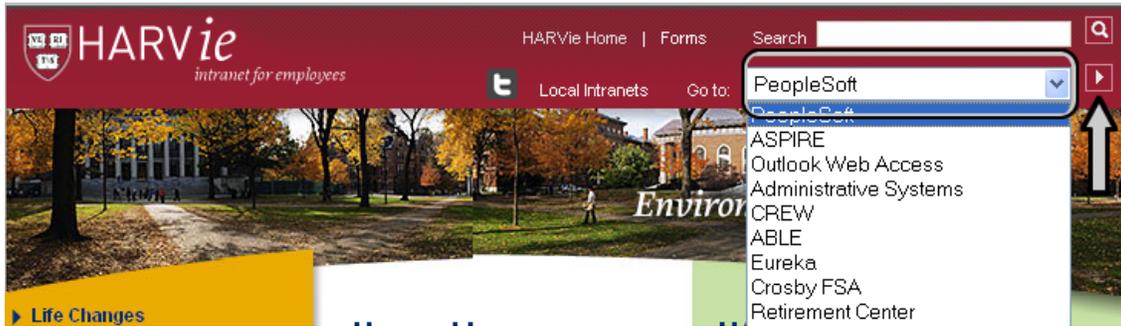
## Table of contents

Access PeopleSoft 9.1 Benefits Enrollment .....	2
Selecting Benefits – Benefits Enrollment Page .....	3
Adding Dependents .....	5
Saving Benefit Selections .....	7
Submitting Benefit Elections .....	7
Additional Resources.....	8

## Access PeopleSoft 9.1 Benefits Enrollment

1. Once you have logged on to HARvie using your HUID and PIN, go to the top right corner and click  next to PeopleSoft, which is the default selection in the drop-down list. There are also several other links, such as Crosby FSA and the Retirement Center, which are helpful to employees.

<http://HARvie.harvard.edu>:



2. After the PeopleSoft redirect page appears for 5 seconds, the **Harvard PIN** login displays. Enter your HUID and PIN, then click **Login** or press the Enter key.



**Login type:** Harvard University ID (HUID) What is a login type?

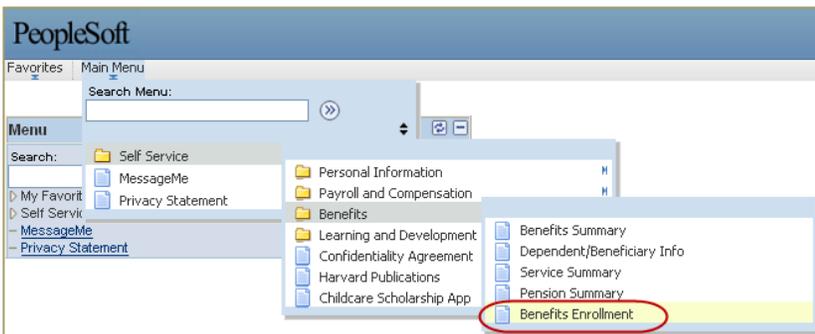
**Login ID:**  
 What is a login ID?

**PIN / Password:**  
 What is a PIN / Password?

New user? Forgot your PIN / Password?

3. The PeopleSoft home page displays. From **Main Menu** displayed at the top of the page, navigate to **Benefits Enrollment**:

Main Menu > Self Service > Benefits > **Benefits Enrollment**:



- This is the initial Benefits Enrollment page. Review the information displayed, then click **Select** to begin making your elections.

The main Benefits Enrollment page opens.

## Selecting Benefits – Benefits Enrollment Page

The main Benefits Enrollment page displays all of your benefit enrollment elections. If you have not yet made any selections, the default will be “No Coverage / Waive” and the total cost will be \$0.00.

If you had previously made some choices but did not yet submit your benefits, the selection choices and associated costs will appear next to the “New” for each benefits type (such as Medical, Dental, etc.).

To review and make an election to a benefit type, click **Edit**.

If you are receiving a benefit which is automatic and no cost to you, the detail will display and you will not be able to make any changes to it.

**Tip:** click the [Enrollment Guide](#) link to review Harvard’s Benefits Enrollment Guide. It is also located in [HARVie](#).

**Benefits Enrollment**

**Medical**  
Newhire, Amanda

To make changes to your medical plan, please follow these three steps.

1. Select a medical plan option or waive coverage.
2. Review or add dependents at the bottom of this page.
3. Click Continue and follow the prompts until you have submitted your elections.

**1 Important! Your current coverage is: No Coverage. Coverage for this plan will be waived if you do not make an election.**

**Select an Option**

Here are your available options with your per-pay-period costs.

Please note: **Family\*** means either domestic partner, same sex spouse, or ex-spouse coverage. Your premium for these coverages is a combination of before tax and after tax deductions (unless all covered dependents are federally tax-qualified dependents), and the amounts of each will depend on the relationships and federal tax attestation selected on the Dependent Personal Information page.

Please select one of the following plans:

**Harvard Pilgrim HMO**

Coverage Level	Your Costs	Tax Class
Employee Only	\$53.54	Before-Tax
Family	\$146.77	Before-Tax
Family*	\$146.77	Before and After Tax

**Harvard Pilgrim POS**

Coverage Level	Your Costs	Tax Class
Employee Only	\$66.00	Before-Tax
Family	\$180.00	Before-Tax
Family*	\$180.00	Before and After Tax

Waive

**Enroll Your Dependents**

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents. You may also use this button to add new dependents to your list.

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

**Only those dependents who have a check mark in the Enroll box will be covered under this plan.**

You may only cover a Non-Qualified Child if you are covering a Same Sex Spouse or a Domestic Partner.

Enroll	Name	Relationship
<input type="checkbox"/>		

**Each benefit page has a very similar set-up.**

Here, Amanda Newhire clicked Medical to review and make her medical benefit election. Notice that each election type provides the pay-period costs for each coverage level.

Click the radio button  to make a selection, such as Harvard Pilgrim HMO. The default is set to "Waive."

To view more information about a specific plan, click the plan name. For example, if Amanda clicked [Harvard Pilgrim HMO](#), a new window would open to the Harvard Pilgrim HMO website.

Click  to store your selection.

Click  to return to the main Benefits Enrollment page without saving.

**Notes on Dependents:**

- Once a medical, dental or vision care selection is made for the first time, the  button appears.
- When your dependent(s) are added into the system, this page will display your dependents and allow you to add them to your medical, dental and/or vision care plans.
- Any dependents that you would like coverage for must be attached to your medical, dental and/or vision care plan.

The following will display on the PeopleSoft Benefits Enrollment pages for other common enrollment types:

Benefit Type	Additional Details
Dental	<i>(Similar to Medical)</i>
Vision Care	<i>(Similar to Medical)</i>
Life	<ul style="list-style-type: none"> <li>▪ Coverage is auto-defined and cannot be changed</li> </ul>
Supplemental Life	<ul style="list-style-type: none"> <li>▪ Select amount or waive coverage</li> <li>▪ Cannot assign Dependents</li> </ul>
Short-Term Disability	<ul style="list-style-type: none"> <li>▪ Coverage is auto-defined and cannot be changed</li> </ul>
Long-Term Disability	<ul style="list-style-type: none"> <li>▪ Select 'Yes' or 'No' to coverage</li> </ul>
Flex Spending – Health Care <b>AND</b> Flex Spending – Dependent Care	<ul style="list-style-type: none"> <li>▪ Select 'Yes' or 'No'</li> <li>▪ Enter annual goal amount if 'Yes' is selected</li> </ul>

## Adding Dependents

The Benefits office **must** receive appropriate certification documentation for any dependents you add to medical, dental and/or vision care coverage within your 30-day enrollment period. If no documentation is received in that time, any undocumented dependents will be removed from your plan(s), retroactive to your date of hire.

★ **Important:** Your dependents **must** be added to your medical, dental and/or vision care plan prior to submitting your elections.

Once you select a medical, dental and/or vision care plan and Add/Review Dependents, the following page will display to indicate that you do not have any dependent information in PeopleSoft. To add a dependent, click .

If you do not wish to add any dependents, click [Return to Event Selection](#). This will leave your coverage level at Employee Only.

### Enrollment Dependent Summary

Newhire, Amanda

Click the dependent's name if you would like to review or change personal information.

Once you have reviewed the dependent information on this page, click Return to Event Selection and do not forget that only those dependents who have a check mark in the Enroll box will be covered under your medical plan.

No Dependents on Record
Relationship to Employee



[Return to Event Selection](#)

### Dependent Personal Information

Newhire, Amanda

Click Save once you have added your dependent's personal information. This information will go into effect as of April 4, 2012. If you would like to exit this page without adding a dependent, click on the link at the bottom of this page.

Dependents eligible for coverage under the medical, dental or vision plan include: spouse, same or opposite sex domestic partner, and dependent children.

For any newly covered dependent, you will need to provide documentation of the dependent's relationship to you. See HARVie or your enrollment materials for details about appropriate documentation. If you still have questions about what qualifies as supporting documentation, please call Benefits at 617-496-4001.

#### Personal Information

*First Name:	<input type="text" value="Caroline"/>
Middle Name:	<input type="text" value="Elizabeth"/>
*Last Name:	<input type="text" value="Newhire"/>
Name Prefix:	<input type="text"/>
Name Suffix:	<input type="text"/>
*Date of Birth:	<input type="text" value="08/15/2011"/>
*Gender:	<input type="text" value="Female"/>
SSN:	<input type="text" value="***-**-7890"/> (Social Security Number - Optional)

1. Enter your dependent's personal information, then scroll down to complete the Federal Qualified Dependents, Status, and Address Information. Asterisked fields (\*) are required.

Federal Qualified Dependents?  Yes  No

**Dependent Relationship and Qualification**

If you are covering an opposite sex spouse or any birth or adopted children, those dependents are "Federally Qualified Dependents".

If you are covering a same sex spouse or any non-birth or non-adopted children of such a relationship, please view [Same Sex Spouse and Child Dependent Attestation Guide](#) for more information on dependent attestation.

If you are covering a domestic partner or any non-birth or non-adopted children of such a relationship, please view the [Domestic Partner and Child Dependent Attestation Guide](#) for more information on dependent attestation.

\*Relationship to Employee:

**Status Information**

\*Marital Status:  As of:

**Address and Telephone**

Same Address as Employee

Country: United States  
Address: 1 My Way  
Cambridge, MA 02138  
Middlesex

Same Phone as Employee

Phone: 617/555-5555 Business/Office

[Return to Enrollment Dependent Summary](#)

\* Required Field

2. Indicate whether your dependent is classified as a Federal Qualified Dependent.

### Who are Federal Qualified Dependents?

A Federal Qualified Dependent is an opposite-sex spouse, birth children, or adopted children.

Click the links provided on the page to learn more about dependents who are same-sex spouses, domestic partners, or non-birth / non-adopted children.

3. Select your dependent's marital status and "as-of" date (if applicable).

4. Enter the address and phone number of the dependent, or if applicable check "Same Address as Employee" and "Same Phone as Employee."

5. Click .

A warning message appears to remind you to provide the necessary certification documentation to Benefits within 30 days of your hire date.

Click  on the warning message, then click  under Save Confirmation. You are now able to add the dependent to your medical, dental and/or vision care plan.

**Message**

Certification is Required (29011,8)

You will be required to provide dependent certification documentation. If Benefits does not receive appropriate documentation within 30 days of the effective date of enrollment, or by January 15 for any Open Enrollment elections, any undocumented dependents will be removed from your medical, dental and vision plan retroactive to the event date that they were added.

### To add another dependent:

Click [Return to Enrollment Dependent Summary](#), located at the bottom of the Dependent Personal Information page,

**Dependent Personal Information**

Newhire, Amanda

Dependent's personal information as of April 4, 2012. Click Edit at the bottom of this page to update this information. Otherwise, click on the link at the bottom of this page if the information is correct.

For any newly covered dependent, you will need to provide documentation of the dependent's relationship to you. See HAR/ve or your enrollment materials for details about appropriate documentation. If you still have questions about what qualifies as supporting documentation, please call Benefits at 617-496-4001.

**Personal Information**

First Name: Caroline  
Middle Name: Elizabeth  
Last Name: Newhire  
Name Prefix:  
Name Suffix:  
Date of Birth: 08/15/2011  
Gender: Female  
SSN: \*\*\*-\*\*-7890 (Social Security Number)

Federal Qualified Dependents?  Yes  No

**Dependent Relationship and Qualification**

An opposite sex spouse or any birth or adopted children are "Federally Qualified Dependents". If you would like to change the attestation listed above for any of your dependents, please contact Benefits at 617-496-4001 or benefits@harvard.edu.

For more information on dependent attestation, click on the appropriate family status in the eligibility section at the top of the [Federally Qualified Dependents Guide](#).

Relationship to Employee: Child

**Status Information**

Marital Status: Single

**Address and Telephone**

Same Address as Employee

Country: United States  
Address: 1 My Way  
Cambridge, MA 02138  
Middlesex

Same Phone as Employee

Phone: 617/555-5555 Business/Office

then click  on the Enrollment Dependent Summary page.

**Enrollment Dependent Summary**

Newhire, Amanda

Click the dependent's name if you would like to review or change personal information.

Once you have reviewed the dependent information on this page, click Return to Event Selection and do not forget that only those dependents who have a check mark in the Enroll box will be covered under your medical plan.

Dependent Information		
Name	Relationship to Employee	Date of Birth
<a href="#">Caroline Newhire</a>	Child	08/15/2011

[Return to Event Selection](#)

★ **Important:** In order for your dependents to be added to your medical, dental, and/ or vision care coverage, you must go back to the Benefits Enrollment pages and add them to your selection(s).

To add a dependent from the medical, dental or vision care benefit page:

1. Select the coverage  .
2. Click the enroll checkbox next to the dependents you want covered under this plan.

Dependent Beneficiary	
Enroll	Name
<input checked="" type="checkbox"/>	Caroline Elizabeth Newhire

3. Click  .



Coverage Level	Your Costs	Tax Class
Employee Only	\$60.46	Before-Tax
Family	\$162.92	Before-Tax
Family*	\$162.92	Before and After Tax

Waive

**Enroll Your Dependents**

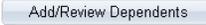
The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents. You may also use this button to add new dependents to your list.

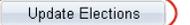
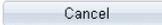
You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

**Only those dependents who have a check mark in the Enroll box will be covered under this plan.**

**You may only cover a Non-Qualified Child if you are covering a Same Sex Spouse or a Domestic Partner.**

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Caroline Elizabeth Newhire	Child



## Saving Benefit Selections

**Benefits Enrollment**

**Medical**

Newhire, Amanda

 Your enrollment will not be complete until you click Submit on the Submit Benefit Choices page.

**Your Choice**

You have chosen HUGHP POS with Family coverage.

**Your Estimated per-pay-period Cost**

Your Cost: \$162.92

**Your Covered Dependents**

Name	Relationship
Caroline Elizabeth Newhire	Child

**Notes**

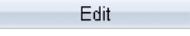
Once submitted, this choice will take effect on 04/04/2012. Deductions for this choice will start with the first pay period after your elections are processed.

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

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

Once you have made your selection and added/selected any dependents, a confirmation page displays. It will confirm your *selection choice*, *pay period cost* (or contribution amount for a Flexible Spending Account [FSA]), and any *covered dependents*, if applicable.

Click  to store your choices, or click  to change your selection.

**Remember:** in order to confirm all of your elections, you **must** submit, and then confirm your benefits from the main benefits enrollment page.

## Submit Benefit Elections

Submitting your benefit elections is a **two-step process**.

1. From the bottom of the Benefit Enrollment page, review your total costs for the year, then click  .

By clicking submit, you have only **saved** your elections. You **must** go to the next step to confirm.

This table summarizes estimated costs for your new benefit election. (The "Employer" column displays the amount Harvard is contributing to subsidize the cost of your benefits.)

Election Summary				
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax	Employer
Costs	116.77	116.77	0.00	561.31
<b>Your Costs</b>	<b>116.77</b>	<b>116.77</b>	<b>0.00</b>	

If you receive a salary increase that moves you to a higher salary tier, your costs will change.



Click **Submit** to save your elections above. You must complete your enrollment before the end of your enrollment period, which is 30 days from your event date. In order to complete enrollment, you must click Submit on the Submit Benefits Choices page.

 **Reminder:** You must submit your elections twice, on this page and the following page, in order to complete your enrollment.

2. This is the second and final page to submit your benefit elections. **Once they have been submitted, you will be unable to make further changes until the next Open Enrollment or if you have a qualified family or employment status change.**

- To go back and make edits, click .
- To submit and finalize your benefit elections, click .

**Important!** Until this **Submit** button is checked, your elections will not be finalized in the system.

## Additional Resources

### Assistance with your PIN (needed to login to HARVie and PeopleSoft):

<http://www.pin.harvard.edu> (for instructions)

[PIN\\_Help@harvard.edu](mailto:PIN_Help@harvard.edu)

617-496-9001

### HARVie homepage:

<http://harvie.harvard.edu>

### Benefits:

[benefits@harvard.edu](mailto:benefits@harvard.edu)

(f) 617-496-3000

(ph) 617-496-4001

### New Employee Resources:

HARVie ([harvie.harvard.edu](http://harvie.harvard.edu)), select New Employees under Special Resources on the right

### Compensation and Benefits Information:

HARVie ([harvie.harvard.edu](http://harvie.harvard.edu)) > Compensation & Benefits

### Harvard University Personnel Manuals

*Administrative/Professional Staff and Non-Bargaining Unit Support Staff*

HARVie ([harvie.harvard.edu](http://harvie.harvard.edu)) > Policies & Contracts > Staff Personnel Manual

*Harvard Union of Clerical and Technical Workers*

HARVie ([harvie.harvard.edu](http://harvie.harvard.edu)) > Policies & Contracts > Union Contracts > HUCTW Agreement

*Union Contracts*

HARVie ([harvie.harvard.edu](http://harvie.harvard.edu)) > Policies & Contracts > Staff Personnel Manual