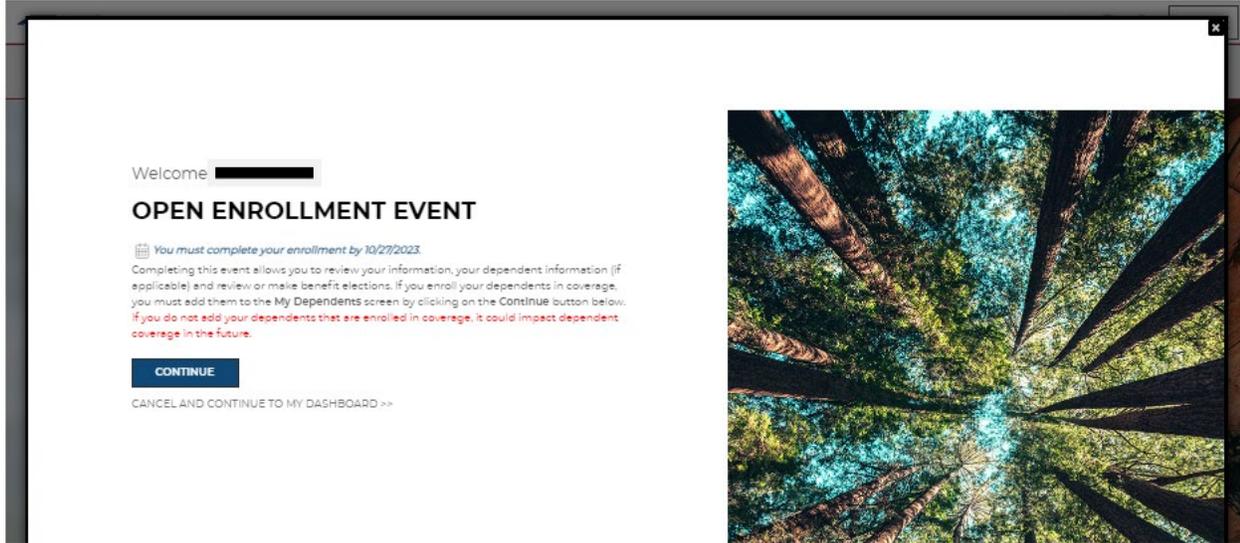
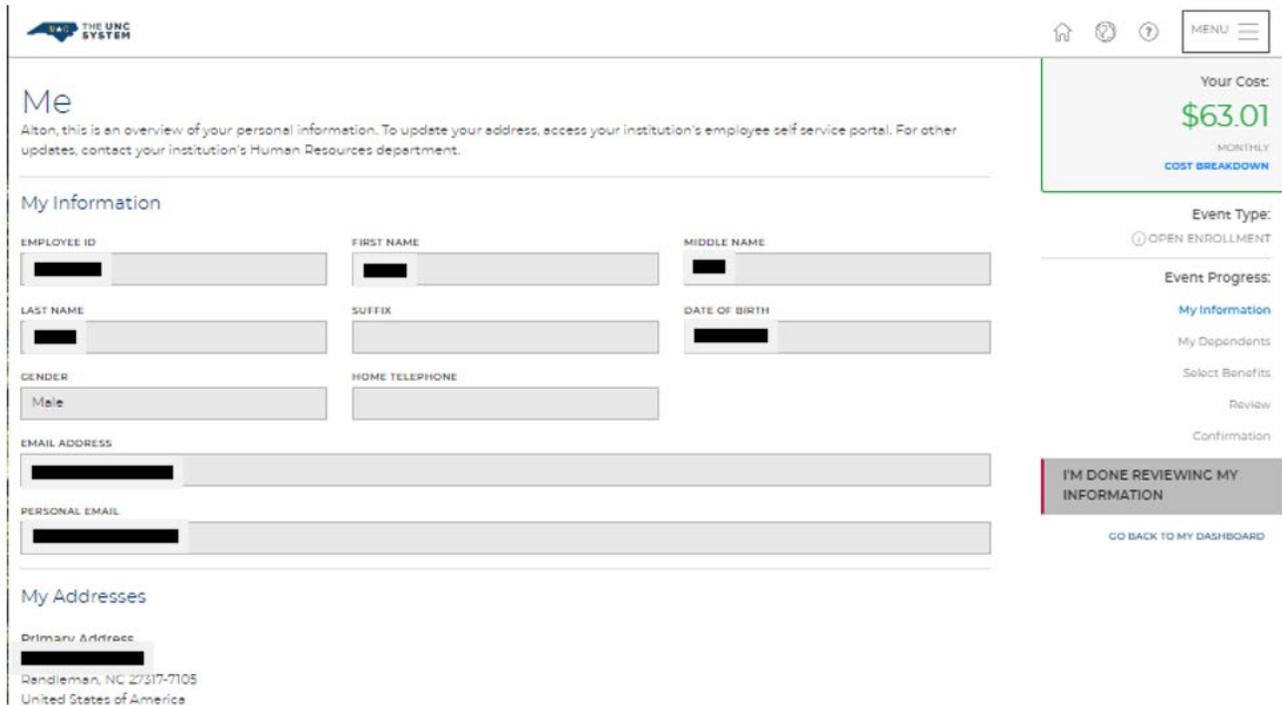


UNC Empyrean (COMPASS) – Annual Open Enrollment Election Flows

1. Opening prompt indicates an Open Enrollment Event needs to be completed. Click “CONTINUE” to begin.



2. Please verify all personal information. If corrections are needed, please work with your institution to update. Click “I’M DONE REVIEWING MY INFORMATION” to proceed.



3. Review, ADD NEW, and/or update dependent information. Click **"I'M DONE WITH DEPENDENTS"** to proceed to next page once you have verified/updated your dependent information.

THE UNC SYSTEM

My Family

Please review your dependent information.

Important Information Regarding Dependents

- If you intend to enroll your spouse/domestic partner/child(ren), you will need to add them on this page before they can be enrolled in coverage.
- You may cover your children on your benefit plans to age 26 regardless of marital, student, or tax status. All coverage terminates at the end of the month in which your child turns 26.
 - **Example:** If a child turns 26 on January 5th, his/her coverage terminates on January 31st.
- Any dependent, including your spouse or domestic partner, that you intend on enrolling in benefits, needs to be added/updated on this page.

If you do not have all of the required dependent fields noted below, please contact the University of North Carolina Benefits Service Center at (833) 862-1490 for assistance.

My Dependents

Name	Date of Birth	SSN	Gender	Relationship	
[REDACTED]	[REDACTED]	[REDACTED]	Female	Child	[EDIT]
[REDACTED]	[REDACTED]	[REDACTED]	Female	Child	[EDIT]
[REDACTED]	[REDACTED]	[REDACTED]	Female	Child	[EDIT]

[ADD NEW](#)

Update your dependents when you experience a family status change (i.e., a birth/adoption, marriage, divorce, death in the family, etc.).

Your Cost:
\$63.01
MONTHLY
[COST BREAKDOWN](#)

Event Type:
[OPEN ENROLLMENT](#)

Event Progress:
[My Information](#)
[My Dependents](#)
[Select Benefits](#)
[Review](#)
[Confirmation](#)

I'M DONE WITH DEPENDENTS

[BACK TO PREVIOUS PAGE](#)

4. Selecting your benefits screen is displayed.

NOTE: You will not be able to change your Mandatory Retirement plan (TSERS or ORP). Mandatory Retirement elections are an irrevocable* decision made at time of hire that follows you through your university career. *There are a few unique situations that will allow a change in your Mandatory Retirement plan. Consult with your institution's University Benefits Administrator for more details.*

To enroll or decline the UNC Supplemental Disability plan (Lincoln or The Standard), click **"CHANGE"** on the SUPPLEMENTAL DISABILITY tile.

Select Your Benefits

Send to view your current benefit elections. If eligible for spouse or children coverage, those options will be presented to you after your enrollment in the "Employee" plan. If you intend to enroll a spouse or dependent children, you need to have added them on the My Dependents page (link on the right). Go back and update if needed before proceeding.

No Employee cost for CORE AD&D

You can make beneficiary changes on the next screen by clicking **IM DONE SELECTING BENEFITS** for applicable benefits. Beneficiaries for your retirement plan enrollment are made directly with the ORP vendor or TSERS.

MANDATORY RETIREMENT

Plan: TSERS Plan
Effective Date: 09/02/24
[VIEW DETAILS](#)

SUPPLEMENTAL DISABILITY

Plan: No Coverage - A Mandatory Retirement election must be made prior to enrolling in your Supplemental Disability plan
Effective Date: 09/02/24
[CHANGE](#)
[VIEW DETAILS](#)

EMPLOYEE VOLUNTARY LIFE

Plan: 4 X Salary
Cost: \$30.94/monthly
Elected Amount: \$40,000.00
Effective Date: 09/02/24
[CHANGE](#)
[VIEW DETAILS](#)

SPOUSE/DOMESTIC PARTNER LIFE

Plan: Decline Coverage
Cost: \$0.00/monthly
Effective Date: 09/02/24
[CHANGE](#)
[VIEW DETAILS](#)

CHILD LIFE

Plan: \$10,000
Cost: \$0.50/monthly
Elected Amount: \$10,000.00
Effective Date: 09/02/24
[CHANGE](#)
[VIEW DETAILS](#)

VOLUNTARY AD&D

Plan: \$50,000 Employee and Family
Cost: \$1.25/monthly
Elected Amount: \$50,000.00
Effective Date: 09/02/24
[CHANGE](#)
[VIEW DETAILS](#)

CORE AD&D

Plan: \$10,000
Cost: \$0.00/monthly
Elected Amount: \$10,000.00
Effective Date: 09/02/24
[VIEW DETAILS](#)

DENTAL

Plan: Decline Coverage
Cost: \$0.00/monthly
Effective Date: 09/02/24
[CHANGE](#)
[VIEW DETAILS](#)

VISION

Plan: Decline Coverage
Cost: \$0.00/monthly
Effective Date: 09/02/24
[CHANGE](#)
[VIEW DETAILS](#)

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

Plan: No Contribution
Cost: \$0.00/monthly
Effective Date: 09/02/24
[CHANGE](#)
[VIEW DETAILS](#)

DEPENDENT DAY CARE FLEXIBLE SPENDING ACCOUNT

Plan: No Contribution
Cost: \$0.00/monthly
Effective Date: 09/02/24
[CHANGE](#)
[VIEW DETAILS](#)

CANCER

Plan: High Plan
Cost: \$14.42/monthly
Tier: Employee Only
Effective Date: 09/02/24
[CHANGE](#)
[VIEW DETAILS](#)

CRITICAL ILLNESS

Plan: \$15,000
Cost: \$15.90/monthly
Tier: Employee and Children
Elected Amount: \$15,000.00
Effective Date: 09/02/24
[CHANGE](#)
[VIEW DETAILS](#)

ACCIDENT

Plan: Decline Coverage
Cost: \$0.00/monthly
Effective Date: 09/02/24
[CHANGE](#)
[VIEW DETAILS](#)

FICARE

Plan: Decline Coverage
Cost: \$0.00/monthly
Effective Date: 09/02/24
[CHANGE](#)
[VIEW DETAILS](#)

Your Cost: \$63.01

Event Type: OPEN ENROLLMENT

Event Progress: My Information, My Dependents, **Select Benefits**, Review, Confirmation

IM DONE SELECTING BENEFITS

[BACK TO PREVIOUS PAGE](#)

5. Select desired Supplemental Disability coverage and click **“I’M DONE WITH MY SELECTION”** or **“BACK TO PREVIOUS PAGE”** to make changes.

THE UNC SYSTEM

Select Your Supplemental Disability Plan

The offer to enroll in supplemental disability page is contingent on the retirement plan chosen. For detailed information about this plan, please visit the [Resources Page](#).

Review and select your plan

Your Current Benefit Plan: No Coverage - A Mandatory Retirement election must be made prior to enrolling in your Supplemental Disability plan

Lincoln Financial	TIER: COVERAGE
	YOUR SELECTION

Evidence of Insurability Required

No Coverage - A Mandatory Retirement Election Must Be Made Prior To Enrolling In Your Supplemental Disability Plan Select This Plan To Waive Coverage.	SELECT
--	--------

I'M DONE WITH MY SELECTION BACK TO PREVIOUS PAGE

6. Review your election and if correct, click **“SAVE MY ELECTION”** or **“BACK TO PREVIOUS PAGE”** to make changes.

** Note: EOI is required when newly electing this coverage during Open Enrollment (OE).

THE UNC SYSTEM

You've selected Supplemental Disability: Lincoln Financial

Review your plan selection below.

Pending Approval - Evidence of Insurability Required	Approved
Lincoln Financial	No Coverage - A Mandatory Retirement election must be made prior to enrolling in your Supplemental Disability plan
TIER: COVERAGE Total Pending Amount: \$1.00	Effective Date 01/01/2024
Evidence of Insurability (EOI) is required for some of your elections. Your plan elections will not go into effect until you have completed EOI and it has been approved by the vendor.	TIER: DECLINE COVERAGE
	This will be your current policy until your information is submitted and approved. You will see the appropriate costs reflected on your paystub.

SAVE MY ELECTION BACK TO PREVIOUS PAGE

7. The “Select Your Benefits” screen is displayed, and your elections are updated. To enroll, change, or decline the employee UNC Voluntary Life plan, click “**CHANGE**” on the EMPLOYEE VOLUNTARY LIFE tile.

The screenshot displays the 'Select Your Benefits' interface. It features six benefit tiles arranged in a 3x2 grid. Each tile includes a plan name, cost, elected amount, and effective date, along with a 'CHANGE' button and a 'MORE DETAILS' link. The tiles are:

- MANDATORY RETIREMENT:** Plan: TSERS Plan, Effective Date: 01/01/2024.
- SUPPLEMENTAL DISABILITY:** Plan: Lincoln Financial, Effective Date: 01/01/2024.
- EMPLOYEE VOLUNTARY LIFE:** Plan: 4 X Salary, Cost: \$30.94 MONTHLY, Elected Amount: \$140,000.00, Effective Date: 01/01/2024.
- SPOUSE/DOMESTIC PARTNER LIFE:** Plan: Decline Coverage, Cost: \$0.00 MONTHLY, Effective Date: 01/01/2024.
- CHILD LIFE:** Plan: \$10,000, Cost: \$0.50 MONTHLY, Elected Amount: \$10,000.00, Effective Date: 01/01/2024.
- VOLUNTARY AD&D:** Plan: \$50,000 Employee and Family, Cost: \$1.25 MONTHLY, Elected Amount: \$50,000.00, Effective Date: 01/01/2024.

 A sidebar on the right shows 'Your Cost' of \$63.01 MONTHLY, 'Event Type' as OPEN ENROLLMENT, and 'Event Progress' steps: My Information, My Dependents, **Select Benefits**, Review, and Confirmation. A button at the bottom of the sidebar reads 'I'M DONE SELECTING BENEFITS' and 'BACK TO PREVIOUS PAGE'.

8. Select your desired Employee Voluntary Life Plan and click “**I'M DONE WITH MY SELECTION**” or “**BACK TO PREVIOUS PAGE**” to make changes.

The screenshot shows the 'Select Your Employee Voluntary Life Plan' screen. It features a header with the title and a background image of green grass. Below the header, there is a paragraph of text explaining the plan and a link to the 'Beneficiaries Page'. The main content area is titled 'Review and select your plan' and shows a list of plan options from Securian Financial. Each option includes the plan name, coverage amount, and monthly cost. The 2 X Salary option is highlighted with a yellow background and labeled 'YOUR SELECTION'. At the bottom of the screen, there are two buttons: 'I'M DONE WITH MY SELECTION' and 'BACK TO PREVIOUS PAGE'.

Plan Name	Coverage Amount	Monthly Cost	Status
1 X Salary	\$25,000.00	\$7.74	SELECT
2 X Salary	\$70,000.00	\$15.47	YOUR SELECTION
3 X Salary	\$105,000.00	\$23.21	SELECT
10 X Salary	\$250,000.00	\$77.35	SELECT
Decline Coverage	Select This Plan To Waive Coverage.		SELECT

9. After clicking “I’M DONE WITH MY ELECTIONS” you will proceed to review/updated beneficiary(ies) information for the Employee Voluntary Life election. Once beneficiary(ies) are allocated, click “I’M READY TO PROCEED” or “BACK TO PREVIOUS PAGE” to make changes.

Allocate Beneficiaries SPLIT PERCENTAGE ADD NEW BENEFICIARY

Name	Date of Birth	Relationship	Type	Percentage
Jane	03/22/1999	Child	Primary	100 %

I'M READY TO PROCEED BACK TO PREVIOUS PAGE

10. Review your election and if correct, click “SAVE MY ELECTION” or “BACK TO PREVIOUS PAGE” to make changes.

****Note:** EOI may be required if enrolling for first time during OE (late entrant) or election exceeds Guaranteed Issue.

2 X Salary Effective Date: 01/01/2024

TIER: COVERAGE
Total Elected Amount: \$70,000.00

BENEFICIARIES:

Name	Type	Percentage
Jane	Primary	100%

YOUR COST
\$15.47
MONTHLY VIEW COST BREAKDOWN

SAVE MY ELECTION BACK TO PREVIOUS PAGE

11. The "Select Your Benefits" screen is displayed.

To enroll, change, or decline the spouse/domestic partner UNC Voluntary Life plan, click "CHANGE" on the SPOUSE/DOMESTIC PARTNER LIFE tile.

The screenshot shows the "Select Your Benefits" interface. At the top, it says "Saved to this PC" and "YOU HAVE 15 BENEFITS TO REVIEW". Below this, there are four benefit tiles:

- MANDATORY RETIREMENT:** Plan: TSERS Plan, Effective Date: 01/01/2024. Includes a "MORE DETAILS" link.
- SUPPLEMENTAL DISABILITY:** Plan: Lincoln Financial, Effective Date: 01/01/2024. Includes a "CHANGE" button and a "MORE DETAILS" link.
- EMPLOYEE VOLUNTARY LIFE:** Plan: 2 X Salary, Cost: \$15.47 MONTHLY, Elected Amount: \$70,000.00, Effective Date: 01/01/2024. Includes a "CHANGE" button, "Beneficiaries allocated", and a "MORE DETAILS" link.
- SPOUSE/DOMESTIC PARTNER LIFE:** Plan: Decline Coverage, Cost: \$0.00 MONTHLY, Effective Date: 01/01/2024. Includes a "CHANGE" button and a "MORE DETAILS" link.

12. Select your desired Spouse/Domestic Partner Life Plan coverage and click "I'M DONE WITH MY SELECTION" or "BACK TO PREVIOUS PAGE" to make changes.

The screenshot shows the "Select Your Spouse/Domestic Partner Life Plan" screen. It features three coverage options from Securian Financial:

- \$10,000:** Coverage Amount: \$10,000.00, TIER COVERAGE: \$2.04 MONTHLY. Includes a "YOUR SELECTION" button.
- \$25,000:** Coverage Amount: \$25,000.00, TIER COVERAGE: \$5.10 MONTHLY. Includes a "SELECT" button.
- \$50,000:** Coverage Amount: \$50,000.00, TIER COVERAGE: \$10.20 MONTHLY. Includes a "SELECT" button.

At the bottom, there is a "Decline Coverage Select This Plan To Waive Coverage." option with a "SELECT" button. Below the options are two buttons: "I'M DONE WITH MY SELECTION" and "BACK TO PREVIOUS PAGE".

13. You will need to confirm the person you're enrolling is eligible for benefits, so answer the question and click "I'M READY TO PROCEED" or "BACK TO PREVIOUS PAGE" to make changes.

THE UNC SYSTEM

Home Clock Help MENU

Questions

When you enroll anyone in a plan as a family member, you are confirming that the individual(s) you have enrolled meet the eligibility requirements.

BY CLICKING YES, YOU ARE ACKNOWLEDGING THAT YOU UNDERSTAND THE PLAN'S SPOUSAL ELIGIBILITY RULES AND ARE ENROLLING AN ELIGIBLE SPOUSE OR DOMESTIC PARTNER.*

Yes

I'M READY TO PROCEED BACK TO PREVIOUS PAGE

14. Review your election and if correct, click "SAVE MY ELECTION" or "BACK TO PREVIOUS PAGE" to make changes.

**Note: EOI may be required if enrolling spouse for first time during OE (late entrant) or election exceeds Guaranteed Issue.

THE UNC SYSTEM

Home Clock Help MENU

You've selected Spouse/Domestic Partner Life: \$10,000

Review your plan selection below.

Pending Approval - Evidence of Insurability Required	Approved
 \$10,000	Decline Coverage Effective Date: 01/01/2024
TIER: COVERAGE Total Pending Amount: \$10,000.00 Total Elected Amount: \$10,000.00	TIER: DECLINE COVERAGE
YOUR COST \$2.04 MONTHLY VIEW COST BREAKDOWN	YOUR COST \$0.00 MONTHLY
<p>⚠ Evidence of Insurability (EOI) is required for some of your elections. Your plan elections will not go into effect until you have completed EOI and it has been approved by the vendor. Dependent coverage is contingent on employee enrollment. The employee must be approved and enrolled in the life insurance in order for Spouse coverage to become effective.</p>	<p>This will be your current policy until your information is submitted and approved. You will see the appropriate costs reflected on your paystub.</p>

SAVE MY ELECTION BACK TO PREVIOUS PAGE

15. The “Select Your Benefits” screen is displayed, and your elections are updated. To enroll, change, or decline the child UNC Voluntary Life plan, click “**CHANGE**” on the CHILD LIFE tile.

The screenshot shows a grid of six benefit selection tiles. Each tile includes a header, a plan name, cost, elected amount, and effective date, along with a 'CHANGE' button and a 'MORE DETAILS' link.

- MANDATORY RETIREMENT:** Plan: TSERS Plan, Effective Date: 01/01/2024.
- SUPPLEMENTAL DISABILITY:** Plan: Lincoln Financial, Effective Date: 01/01/2024, with a 'PENDING' status and a 'CHANGE' button.
- EMPLOYEE VOLUNTARY LIFE:** Plan: 4 X Salary, Cost: \$30.94 MONTHLY, Elected Amount: \$140,000.00, Effective Date: 01/01/2024.
- SPOUSE/DOMESTIC PARTNER LIFE:** Plan: Decline Coverage, Cost: \$0.00 MONTHLY, Effective Date: 01/01/2024.
- CHILD LIFE:** Plan: \$10,000, Cost: \$0.50 MONTHLY, Elected Amount: \$10,000.00, Effective Date: 01/01/2024.
- VOLUNTARY AD&D:** Plan: \$50,000 Employee and Family, Cost: \$1.25 MONTHLY, Elected Amount: \$50,000.00, Effective Date: 01/01/2024.

16. Select or decline Child Life Plan coverage and click “**I’M DONE WITH MY SELECTION**” or “**BACK TO PREVIOUS PAGE**” to make changes.

The screenshot displays the 'Select Your Child Life Plan' interface. It includes a header with navigation icons and a main title. Below the title, there is explanatory text about the benefit. A summary box shows the current selection: Securian Financial, \$10,000 Coverage Amount, and \$0.50 Monthly cost. A 'SELECT' button is present. Below this, there is a 'Decline Coverage' option with a 'YOUR SELECTION' button. At the bottom, there are two buttons: 'I'M DONE WITH MY SELECTION' and 'BACK TO PREVIOUS PAGE'.

17. You will need to confirm the person you're enrolling is eligible for benefits, so answer the question and click "I'M READY TO PROCEED" or "BACK TO PREVIOUS PAGE" to make changes.

THE UNC SYSTEM

Questions

When you enroll anyone in a plan as a family member, you are confirming that the individual(s) you have enrolled meet the eligibility requirements.

BY CLICKING YES, YOU ARE ACKNOWLEDGING THAT YOU UNDERSTAND THE PLAN'S SPOUSAL ELIGIBILITY RULES AND ARE ENROLLING AN ELIGIBLE SPOUSE OR DOMESTIC PARTNER.*

Yes

I'M READY TO PROCEED BACK TO PREVIOUS PAGE

18. Review your election and if correct, click "SAVE MY ELECTION" or "BACK TO PREVIOUS PAGE" to make changes.

**Note: NO EOI is required for Child Life coverage.

THE UNC SYSTEM

You've selected
Child Life: Decline Coverage

Review your plan selection below.

Decline Coverage	Effective Date
TIER: DECLINE COVERAGE	01/01/2024
	YOUR COST \$0.00 MONTHLY

This will not take effect until your information is submitted and approved. You will see the appropriate costs reflected on your paystub.

SAVE MY ELECTION BACK TO PREVIOUS PAGE

19. The “Select Your Benefits” screen is displayed, and your elections are updated. To enroll, change, or decline the UNC Voluntary AD&D plan, click “CHANGE” on the VOLUNTARY AD&D tile.

THE UNC SYSTEM

Select Your Benefits

Scroll to view your current benefit elections. If eligible for spouse or child(ren) coverage, those options will be presented to you after your enrollment in the "Employee" plan. If you intend to enroll a spouse or dependent children, you need to have added them on the My Dependents page (link on the right). Go back and update if needed before proceeding.

YOU HAVE 15 BENEFITS TO REVIEW

Your Cost: \$49.08 MONTHLY COST BREAKDOWN

Event Type: OPEN ENROLLMENT

Event Progress: My Information, My Dependents, **Select Benefits**, Review, Confirmation

I'M DONE SELECTING BENEFITS

BACK TO PREVIOUS PAGE

MANDATORY RETIREMENT (UPDATED ELECTION ✓)

Plan: TSERS Plan
Effective Date: 01/01/2024
MORE DETAILS

SUPPLEMENTAL DISABILITY (UPDATED ELECTION ✓)

Plan: Lincoln Financial
Effective Date: 01/01/2024
CHANGE

EMPLOYEE VOLUNTARY LIFE (UPDATED ELECTION ✓)

Plan: 2 X Salary
Cost: \$15.47 MONTHLY
Elected Amount: \$70,000.00
Effective Date: 01/01/2024
Beneficiaries allocated
CHANGE
MORE DETAILS

SPOUSE/DOMESTIC PARTNER LIFE (UPDATED ELECTION ✓)

Plan: \$10,000
Cost: \$2.04 MONTHLY
Elected Amount: \$10,000.00
Effective Date: 01/01/2024
CHANGE
MORE DETAILS

CHILD LIFE (UPDATED ELECTION ✓)

Plan: Decline Coverage
Cost: \$0.00 MONTHLY
Effective Date: 01/01/2024
CHANGE
MORE DETAILS

VOLUNTARY AD&D

Plan: \$50,000 Employee and Family
Cost: \$1.25 MONTHLY
Elected Amount: \$50,000.00
Effective Date: 01/01/2024
No Beneficiaries allocated
CHANGE
MORE DETAILS

20. Select your desired Voluntary AD&D Plan coverage and click **“I’M DONE WITH MY ELECTIONS”** or **“BACK TO PREVIOUS PAGE”** to make changes.

Select Your Voluntary AD&D Plan

In addition to your employer-provided Core Accidental Death and Dismemberment (AD&D) insurance, you may choose to purchase additional AD&D insurance for yourself and your family. Please designate at least one beneficiary to receive this benefit on the Beneficiaries page. You may change or update your beneficiaries and allocations at any time. Plan rules require coverage to be reduced by 50% for anyone who is age 75 or older. For detailed information about this plan, please visit the [Resources Page](#).

Review and select your plan
Your Current Benefits Plan: \$50,000 Employee and Family, Coverage

\$50,000 Employee Only Coverage Amount: \$50,000.00	TIER COVERAGE \$0.85 MONTHLY SELECT
CURRENT \$50,000 Employee And Family Coverage Amount: \$50,000.00	TIER COVERAGE \$1.25 MONTHLY YOUR SELECTION
\$100,000 Employee Only Coverage Amount: \$100,000.00	TIER COVERAGE \$1.70 MONTHLY SELECT
\$500,000 Employee And Family Coverage Amount: \$500,000.00	TIER COVERAGE \$12.50 MONTHLY SELECT
Decline Coverage Select This Plan To Waive Coverage.	SELECT

I'M DONE WITH MY SELECTION **BACK TO PREVIOUS PAGE**

21. Review and/or updated beneficiary(ies) information for the Employee Voluntary Life election. Once beneficiary(ies) are allocated, click **“I’M READY TO PROCEED”** or **“BACK TO PREVIOUS PAGE”** to make changes.

Allocate Beneficiaries **SPLIT PERCENTAGE** **COPY FROM** **ADD NEW BENEFICIARY**

Please review your beneficiary information. Beneficiaries are a form of estate planning and ensure that your assets are transferred to the right person, people, or entity upon your death.

TAKE ACTION: It is important to maintain your beneficiary designations by keeping them current and including as much information in the fields below as possible.

There are two types of beneficiaries: primary and secondary:

- a primary beneficiary is the person (or persons) first in line to receive the death benefit from your life insurance policy; typically your spouse, children, or other family members.
- In the event your primary beneficiary dies before or at the same time as you, most policies also allow you to name at least one backup beneficiary, called a **SECONDARY** beneficiary; if the primary beneficiaries are all deceased, the secondary beneficiaries receive the death benefit.

If you do not designate a beneficiary, it may be unclear who is entitled to the funds, which can delay the benefit payment.

Retirement plan beneficiaries are not stored in this system and are record kept by the retirement vendor/plan.

Name	Date of Birth	Relationship	Type	Percentage
[REDACTED]	[REDACTED]	Child	Primary	100 %

I'M READY TO PROCEED **BACK TO PREVIOUS PAGE**

22. Review your election and if correct, click **“SAVE MY ELECTION”** or **“BACK TO PREVIOUS PAGE”** to make changes.

The screenshot shows a web interface for selecting a Voluntary AD&D plan. At the top, a banner reads "You've selected Voluntary AD&D: \$50,000 Employee and Family". Below this, a summary box displays the plan name, effective date (01/01/2024), and the user's cost of \$1.25 per month. A table lists the beneficiary as the primary at 100%. At the bottom, there are buttons for "SAVE MY ELECTION" and "BACK TO PREVIOUS PAGE".

Review your plan selection below:

\$50,000 Employee and Family		Effective Date
TIER: COVERAGE Total Elected Amount: \$50,000.00		01/01/2024
BENEFICIARIES:		YOUR COST \$1.25 MONTHLY
Name	Type	Percentage
[REDACTED]	Primary	100%
<small>This will not take effect until your information is submitted and approved. You will see the appropriate costs reflected on your paystub.</small>		
SAVE MY ELECTION	BACK TO PREVIOUS PAGE	VIEW COST BREAKDOWN

Note: Core AD&D is an auto enroll plan for all benefits eligible employees only. Should you not want this free additional AD&D coverage due to personal or religious reasons, please contact your institution’s University Benefits Administrator.

23. The “Select Your Benefits” screen is displayed, and your elections are updated. To enroll, change, or decline the NCFLEX Dental plan, click “CHANGE” on the DENTAL tile.



Select Your Benefits

Scroll to view your current benefit elections. If eligible for spouse or child(ren) coverage, those options will be presented to you after your enrollment in the “Employee” plan. If you intend to enroll a spouse or dependent children, you need to have added them on the My Dependents page (link on the right). Go back and update if needed before proceeding.

YOU HAVE 15 BENEFITS TO REVIEW:

Home | Help | Search | MENU

****No Employee cost for CORE AD&D****

You can make beneficiary changes on the next screen by clicking **IM DONE SELECTING BENEFITS** for applicable benefits. Beneficiaries for your retirement plan enrollment are made directly with the ORP vendor or TSERS.

MANDATORY RETIREMENT

Plan: TSERS Plan
Effective Date: 01/01/2024

[CHANGE](#)

MORE DETAILS

SUPPLEMENTAL DISABILITY UPDATED ELECTION ✓

Plan: Lincoln Financial
Effective Date: 01/01/2024

[CHANGE](#)

MORE DETAILS

EMPLOYEE VOLUNTARY LIFE UPDATED ELECTION ✓

Plan: 2 X Salary
Cost: \$15.47 MONTHLY
Elected Amount: \$70,000.00
Effective Date: 01/01/2024

[CHANGE](#)

Beneficiaries allocated | MORE DETAILS

SPOUSE/DOMESTIC PARTNER LIFE UPDATED ELECTION ✓

Plan: \$10,000
Cost: \$2.04 MONTHLY
Elected Amount: \$10,000.00
Effective Date: 01/01/2024

[CHANGE](#)

MORE DETAILS

CHILD LIFE UPDATED ELECTION ✓

Plan: Decline Coverage
Cost: \$0.00 MONTHLY
Effective Date: 01/01/2024

[CHANGE](#)

MORE DETAILS

VOLUNTARY AD&D UPDATED ELECTION ✓

Plan: \$50,000 Employee and Family
Cost: \$1.25 MONTHLY
Elected Amount: \$50,000.00
Effective Date: 01/01/2024

[CHANGE](#)

Beneficiaries allocated | MORE DETAILS

CORE AD&D

Plan: \$10,000
Cost: \$0.00 MONTHLY
Elected Amount: \$10,000.00
Effective Date: 01/01/2024

[CHANGE](#)

No Beneficiaries allocated | MORE DETAILS

DENTAL

Plan: Decline Coverage
Cost: \$0.00 MONTHLY
Effective Date: 01/01/2024

[CHANGE](#)

MORE DETAILS

VISION

Plan: Decline Coverage
Cost: \$0.00 MONTHLY
Effective Date: 01/01/2024

[CHANGE](#)

MORE DETAILS

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

Plan: No Contribution
Cost: \$0.00 MONTHLY
Effective Date: 01/01/2024

[CHANGE](#)

MORE DETAILS

Your Cost:

\$49.08

MONTHLY

COST BREAKDOWN

Event Type:

OPEN ENROLLMENT

Event Progress:

- My Information
- My Dependents
- Select Benefits
- Review
- Confirmation

IM DONE SELECTING BENEFITS

BACK TO PREVIOUS PAGE

24. Select your desired Dental Plan and add/remove the dependents to be covered. Once selection is completed, click **"I'M DONE WITH MY SELECTION"** or **"BACK TO PREVIOUS PAGE"** to make changes.

Your Dental Plan is available through MetLife. For detailed information about this plan, please visit the [Resources Page](#).

Your MetLife Alternate ID is 100051862. If you do not enroll in MetLife Dental coverage, you can disregard this.

1. Select who you want to cover for your Dental
Choose the dependent(s) that will be covered by this plan.

If you don't see your dependents listed, click "Add Dependents" button to change them. As you add or remove dependents, your Tier and Costs will update on the page.

[Redacted] [Redacted] [Redacted] [Redacted] UNSELECT ALL
ADD DEPENDENTS

2. Review and select your plan

Low Plan	TIER: EMPLOYEE AND CHILD(REN) \$52.34 MONTHLY SELECT
Classic Plan	TIER: EMPLOYEE AND CHILD(REN) \$78.00 MONTHLY SELECT
High Plan	TIER: EMPLOYEE AND CHILD(REN) \$119.84 MONTHLY YOUR SELECTION
Decline Coverage Select This Plan To Waive Coverage.	SELECT

I'M DONE WITH MY SELECTION BACK TO PREVIOUS PAGE

25 Review your election and if correct, click **"SAVE MY ELECTION"** or **"BACK TO PREVIOUS PAGE"** to make changes.

You've selected
Dental: High Plan

Review your plan selection below.

High Plan		Effective Date 01/01/2024
WHO'S COVERED	TIER: EMPLOYEE AND CHILD(REN)	YOUR COST
You: [Redacted]		\$119.84
Dependents: [Redacted]		MONTHLY
		VIEW COST BREAKDOWN

This will not take effect until your information is submitted and approved. You will see the appropriate costs reflected on your paystub.

SAVE MY ELECTION BACK TO PREVIOUS PAGE

26. The “Select Your Benefits” screen is displayed, and your elections are updated. To enroll, change, or decline the NCFLEX Vision plan, click “CHANGE” on the VISION tile.

THE UNC SYSTEM

Select Your Benefits

Scroll to view your current benefit elections. If eligible for spouse or child(ren) coverage, those options will be presented to you after your enrollment in the "Employee" plan. If you intend to enroll a spouse or dependent children, you need to have added them on the My Dependents page (link on the right). Go back and update if needed before proceeding.

YOU HAVE 15 BENEFITS TO REVIEW

***No Employee cost for CORE AD&D**

You can make beneficiary changes on the next screen by clicking I'M DONE SELECTING BENEFITS for applicable benefits. Beneficiaries for your retirement plan enrollment are made directly with the GRP vendor or TSERS.

MANDATORY RETIREMENT
Plan: TSERS Plan
Effective Date: 01/01/2024
MORE DETAILS

SUPPLEMENTAL DISABILITY (UPDATED ELECTION)
Plan: Lincoln Financial
Effective Date: 01/01/2024
PENDING
CHANGE
MORE DETAILS

EMPLOYEE VOLUNTARY LIFE (UPDATED ELECTION)
Plan: 2 X Salary
Cost: \$15.47 MONTHLY
Elected Amount: \$70,000.00
Effective Date: 01/01/2024
Beneficiaries allocated
CHANGE
MORE DETAILS

SPOUSE/DOMESTIC PARTNER LIFE (UPDATED ELECTION)
Plan: \$10,000
Cost: \$2.04 MONTHLY
Elected Amount: \$10,000.00
Effective Date: 01/01/2024
PENDING
CHANGE
MORE DETAILS

EMPLOYEE VOLUNTARY LIFE (UPDATED ELECTION)
Plan: 2 X Salary
Cost: \$15.47 MONTHLY
Elected Amount: \$70,000.00
Effective Date: 01/01/2024
Beneficiaries allocated
CHANGE
MORE DETAILS

SPOUSE/DOMESTIC PARTNER LIFE (UPDATED ELECTION)
Plan: \$10,000
Cost: \$2.04 MONTHLY
Elected Amount: \$10,000.00
Effective Date: 01/01/2024
PENDING
CHANGE
MORE DETAILS

CHILD LIFE (UPDATED ELECTION)
Plan: Decline Coverage
Cost: \$0.00 MONTHLY
Effective Date: 01/01/2024
CHANGE
MORE DETAILS

VOLUNTARY AD&D (UPDATED ELECTION)
Plan: \$50,000 Employee and Family
Cost: \$1.25 MONTHLY
Elected Amount: \$50,000.00
Effective Date: 01/01/2024
Beneficiaries allocated
CHANGE
MORE DETAILS

CORE AD&D
Plan: \$10,000
Cost: \$0.00 MONTHLY
Elected Amount: \$10,000.00
Effective Date: 01/01/2024
No Beneficiaries allocated
CHANGE
MORE DETAILS

DENTAL (UPDATED ELECTION)
Plan: High Plan
Cost: \$119.84 MONTHLY
Tier: Employee and Child(ren)
Effective Date: 01/01/2024
Covered: CHOW, Kayla, Jenna
CHANGE
MORE DETAILS

VISION
Plan: Decline Coverage
Cost: \$0.00 MONTHLY
Effective Date: 01/01/2024
CHANGE
MORE DETAILS

HEALTH CARE FLEXIBLE SPENDING ACCOUNT
Plan: No Contribution
Cost: \$0.00 MONTHLY
Effective Date: 01/01/2024
CHANGE
MORE DETAILS

Your Cost: \$168.92
MONTHLY
COST BREAKDOWN

Event Type: OPEN ENROLLMENT

Event Progress:
My Information
My Dependents
Select Benefits
Review
Confirmation

I'M DONE SELECTING BENEFITS

BACK TO PREVIOUS PAGE

27. Select your desired NCFLEX Vision Plan and add/remove the dependents to be covered. Once desired selection is completed, click **“I’M DONE WITH MY SELECTION”** or **“BACK TO PREVIOUS PAGE”** to make changes.

28. Review your election and if correct, click **“SAVE MY ELECTION”** or **“BACK TO PREVIOUS PAGE”** to make changes.

29. The “Select Your Benefits” screen is displayed, and your elections are updated. To enroll or waive the NCFLEX HCFSa plan, click “CHANGE” on the “HEALTH CARE FLEXIBLE SPENDING ACCOUNT” tile.

Select Your Benefits

Scroll to view your current benefits elections. If eligible for spouse or child(ren) coverage, those options will be presented to you after your enrollment in the "Employee" plan. If you intend to enroll a spouse or dependent children, you need to have added them on the My Dependents page (link on the right). Go back and update if needed before proceeding.

YOU HAVE 15 BENEFITS TO REVIEW

Event Type: OPEN ENROLLMENT

Event Progress: My Information, My Dependents, **Select Benefits**, Review, Confirmation

YOUR COST: **\$168.92** MONTHLY COST BREAKDOWN

IM DONE SELECTING BENEFITS

BACK TO PREVIOUS PAGE

Benefit Category	Plan Name	Cost	Effective Date	Status
Mandatory Retirement	TSERS Plan	\$0.00	01/01/2024	Updated Election
Supplemental Disability	Lincoln Financial	\$0.00	01/01/2024	Pending
Employee Voluntary Life	2 X Salary	\$15.47	01/01/2024	Updated Election
Spouse/Domestic Partner Life	\$10,000	\$2.04	01/01/2024	Pending
Child Life	Decline Coverage	\$0.00	01/01/2024	Updated Election
Voluntary AD&D	\$50,000 Employee and Family	\$1.25	01/01/2024	Updated Election
Core AD&D	\$10,000	\$0.00	01/01/2024	Updated Election
Dental	High Plan	\$119.84	01/01/2024	Updated Election
Vision	Decline Coverage	\$0.00	01/01/2024	Updated Election
Health Care Flexible Spending Account	No Contribution	\$0.00	01/01/2024	Pending

30. Manually key your desired NCFLEX HC-FSA annual contribution amount and then click on the “CALCULATE COST” button to obtain the projected monthly payroll deduction. Click “SELECT” in the Contribution or No Contribution (waive coverage) box to indicate your desired enrollment choice. Once complete, click on “I’M DONE WITH MY SELECTION” when finished or “BACK TO PREVIOUS PAGE” to make changes.

Select Your Health Care Flexible Spending Account Plan

The annual amount you elect to contribute to your Health Care Flexible Spending Account (HCFSA) is available in your account on the first day of the plan year OR the first day your benefits become effective. Your contributions will be deducted on a pre-tax basis from your paycheck evenly over the calendar year OR the remaining months of the calendar year. For detailed information about this plan, please visit the [Resources Page](#).

If enrolling in the HCFSA plan make sure to enter the desired annual limit, click "Calculate Cost", and then click "Select" before proceeding to "I'm Done With My Selection".

Review and select your plan

<p>Contribution Enter Coverage Amount</p> <p>\$ 1,200.00 CALCULATE COST</p> <p><small>(\$120.00 - \$1,050.00 increments of \$1.00)</small></p>	<p>TIER: COVERAGE</p> <p>\$100.00 MONTHLY</p> <p>SELECT</p>
<p>No Contribution Select This Plan To Waive Coverage. YOUR SELECTION</p>	

I'M DONE WITH MY SELECTION BACK TO PREVIOUS PAGE

31. Review your election and if correct, click “SAVE MY ELECTION” or the “BACK TO PREVIOUS PAGE” to make changes.

You've selected
Health Care Flexible Spending Account: Contribution

Review your plan selection below.

Contribution		Effective Date 01/01/2024
TIER: COVERAGE		YOUR COST
Total Elected Amount: \$1,200.00		\$100.00 MONTHLY
		VIEW COST BREAKDOWN

This will not take effect until your information is submitted and approved. You will see the appropriate costs reflected on your payroll.

SAVE MY ELECTION BACK TO PREVIOUS PAGE

32. The “Select Your Benefits” screen is displayed, and your elections are updated. To enroll or waive the NCFLEX DDCFSA plan, click “CHANGE” on the “DEPENDENT DAY CARE FLEXIBLE SPENDING ACCOUNT” tile.

Select Your Benefits

Scroll to view your current benefit elections. If eligible for spouse or child(ren) coverage, those options will be presented to you after your enrollment in the "Employee" plan. If you intend to enroll a spouse or dependent children, you need to have added them on the My Dependents page (link on the right). Go back and update if needed before proceeding.

YOU HAVE 15 BENEFITS TO REVIEW

Your Cost: \$168.92
MONTHLY COST BREAKDOWN

Event Type: OPEN ENROLLMENT

Event Progress:
 My Information
 My Dependents
 Select Benefits
 Review
 Confirmation

I'M DONE SELECTING BENEFITS
BACK TO PREVIOUS PAGE

MANDATORY RETIREMENT
 Plan: TSERS Plan
 Effective Date: 01/01/2024
MORE DETAILS

SUPPLEMENTAL DISABILITY
 Plan: Lincoln Financial
 Effective Date: 01/01/2024
MORE DETAILS

EMPLOYEE VOLUNTARY LIFE
 Plan: 2 X Salary
 Cost: \$15.47 MONTHLY
 Elected Amount: \$70,000.00
 Effective Date: 01/01/2024
MORE DETAILS

SPOUSE/DOMESTIC PARTNER LIFE
 Plan: \$10,000
 Cost: \$2.04 MONTHLY
 Elected Amount: \$0,000.00
 Effective Date: 01/01/2024
MORE DETAILS

CHILD LIFE
 Plan: Decline Coverage
 Cost: \$0.00 MONTHLY
 Effective Date: 01/01/2024
MORE DETAILS

VOLUNTARY AD&D
 Plan: \$50,000 Employee and Family
 Cost: \$1.25 MONTHLY
 Elected Amount: \$50,000.00
 Effective Date: 01/01/2024
MORE DETAILS

CORE AD&D
 Plan: \$10,000
 Cost: \$0.00 MONTHLY
 Elected Amount: \$10,000.00
 Effective Date: 01/01/2024
MORE DETAILS

DENTAL
 Plan: High Plan
 Cost: \$19.84 MONTHLY
 Tier: Employee and Child(ren)
 Effective Date: 01/01/2024
 Covered: Chiba, Kelly, Jenna
MORE DETAILS

VISION
 Plan: Decline Coverage
 Cost: \$0.00 MONTHLY
 Effective Date: 01/01/2024
MORE DETAILS

HEALTH CARE FLEXIBLE SPENDING ACCOUNT
 Plan: Contribution
 Cost: \$100.00 MONTHLY
 Elected Amount: \$1,200.00
 Effective Date: 01/01/2024
MORE DETAILS

DEPENDENT DAY CARE FLEXIBLE SPENDING ACCOUNT
 Plan: No Contribution
 Cost: \$0.00 MONTHLY
 Effective Date: 01/01/2024
MORE DETAILS

CANCER
 Plan: High Plan
 Cost: \$14.42 MONTHLY
 Tier: Employee Only
 Effective Date: 01/01/2024
MORE DETAILS

33. Manually key your desired NCFLEX DDC-FSA annual contribution amount and then click on the “CALCULATE COST” button to obtain the projected monthly payroll deduction. Click “SELECT” in the Contribution or No Contribution (waive coverage) box to indicate your desired enrollment choice. Once complete, click on “I’M DONE WITH MY SELECTION” when finished or “BACK TO PREVIOUS PAGE” to make changes.

The Dependent Day Care Flexible Spending Account (DDCFSA) offers you a tax-free way to pay yourself back for eligible dependent care expenses throughout the year. Your contributions will be deducted on a pre-tax basis from your paycheck evenly over the calendar year OR the remaining months of the calendar year. The IRS sets the maximum contribution, which is \$5,000 per family, per year. For detailed information about this plan, please visit the [Resources Page](#).

If enrolling in the DDCFSA plan make sure to enter the desired annual limit, click "Calculate Cost", and then click "Select" before proceeding to "I'm Done With My Selection".

Review and select your plan

<p>Contribution Enter Coverage Amount</p> <p>\$ 1,200.00 CALCULATE COST</p> <p><small>(\$100.00 - \$5,000.00 increments of \$1.00)</small></p>	<p>TIER: COVERAGE</p> <p>\$100.00 MONTHLY</p> <p>YOUR SELECTION</p>
<p>No Contribution Select This Plan To Waive Coverage. SELECT</p>	

I'M DONE WITH MY SELECTION BACK TO PREVIOUS PAGE

34. Review your election and if correct, click “I’M DONE WITH MY SELECTION” or “BACK TO PREVIOUS PAGE” to make changes.

You've selected

Dependent Day Care Flexible Spending Account: Contribution

Review your plan selection below:

Contribution		Effective Date
TIER: COVERAGE		01/01/2024
Total Elected Amount: \$1,200.00		
		YOUR COST
		\$100.00
		MONTHLY
		VIEW COST BREAKDOWN

This will not take effect until your information is submitted and approved. You will see the appropriate costs reflected on your paystub.

SAVE MY ELECTION BACK TO PREVIOUS PAGE

35. The “Select Your Benefits” screen is displayed, and your elections are updated. To enroll, change, or decline the NCFLEX Cancer plan, click “CHANGE” on the CANCER tile.

Select Your Benefits

Scroll to view your current benefit elections. If eligible for spouse or child(ren) coverage, those options will be presented to you after your enrollment in the 'Employee' plan. If you intend to enroll a spouse or dependent children, you need to have added them on the My Dependents page (link on the right). Go back and update if needed before proceeding.

****No Employee cost for CORE AD&D****

You can make beneficiary changes on the next screen by clicking 'I'M DONE SELECTING BENEFITS' for applicable benefits. Beneficiaries for your retirement plan enrollment are made directly with the CRP vendor or TSERS.

MANDATORY RETIREMENT
Plan: TSERS Plan
Effective Date: 01/01/2024

SUPPLEMENTAL DISABILITY
Plan: Lincoln Financial
Effective Date: 01/01/2024

EMPLOYEE VOLUNTARY LIFE
Plan: 2 X Salary
Cost: \$15.47 MONTHLY
Elected Amount: \$70,000.00
Effective Date: 01/01/2024

SPOUSE/DOMESTIC PARTNER LIFE
Plan: \$10,000
Cost: \$2.04 MONTHLY
Elected Amount: \$10,000.00
Effective Date: 01/01/2024

CHILD LIFE
Plan: Decline Coverage
Cost: \$0.00 MONTHLY
Effective Date: 01/01/2024

VOLUNTARY AD&D
Plan: \$50,000 Employee and Family
Cost: \$1.25 MONTHLY
Elected Amount: \$50,000.00
Effective Date: 01/01/2024

CORE AD&D
Plan: \$10,000
Cost: \$0.00 MONTHLY
Elected Amount: \$10,000.00
Effective Date: 01/01/2024

DENTAL
Plan: High Plan
Cost: \$119.84 MONTHLY
Tier: Employee and Child(ren)
Effective Date: 01/01/2024

VISION
Plan: Decline Coverage
Cost: \$0.00 MONTHLY
Effective Date: 01/01/2024

HEALTH CARE FLEXIBLE SPENDING ACCOUNT
Plan: Contribution
Cost: \$100.00 MONTHLY
Elected Amount: \$1,200.00
Effective Date: 01/01/2024

DEPENDENT DAY CARE FLEXIBLE SPENDING ACCOUNT
Plan: Contribution
Cost: \$100.00 MONTHLY
Elected Amount: \$1,200.00
Effective Date: 01/01/2024

CANCER
Plan: High Plan
Cost: \$14.42 MONTHLY
Tier: Employee Only
Effective Date: 01/01/2024

YOUR COST: \$168.92 MONTHLY COST BREAKDOWN

Event Type: OPEN ENROLLMENT

Event Progress: My Information, My Dependents, Select Benefits, Review, Confirmation

I'M DONE SELECTING BENEFITS

BACK TO PREVIOUS PAGE

36. Select your desired NCFLEX Cancer Plan and add/remove the dependents to be covered. Once desired selection is completed, click “I’M DONE WITH MY SELECTION” or “BACK TO PREVIOUS PAGE” to make changes.

Select Your Cancer Plan

Cancer and Specified Disease Insurance pays cash benefits for cancer and 29 other specified diseases to help with the costs associated with treatments and expenses as they happen. You can choose between three plan options (Low, High, and Premium) depending on your insurance needs. For detailed information about this plan, including covered diseases and procedures, claim details, and pay schedules and amounts, please visit the [Resources Page](#).

1. Select who you want to cover for your Cancer
Choose the dependent(s) that will be covered by this plan.

If you don't see your dependents listed, click "Add Dependents" button to change them. As you add or remove dependents, your Tier and Costs will update on the page.

[Redacted]
 [Redacted]
 [Redacted]
 [Redacted]

2. Review and select your plan
Your Current Benefit Plan: High Plan, Employee Only

Low Plan	<small>TIER: EMPLOYEE ONLY</small> \$6.06 <small>MONTHLY</small> <input type="button" value="SELECT"/>
<small>CURRENT</small> High Plan	<small>TIER: EMPLOYEE ONLY</small> \$14.42 <small>MONTHLY</small> <input type="button" value="SELECT"/>
Premium Plan	<small>TIER: EMPLOYEE ONLY</small> \$19.26 <small>MONTHLY</small> <input type="button" value="SELECT"/>
Decline Coverage Select This Plan To Waive Coverage.	<input type="button" value="YOUR SELECTION"/>

37. Review your election and if correct, click on “SAVE MY ELECTION” or “BACK TO PREVIOUS PAGE” to make changes.

You've selected Cancer: Decline Coverage

Review your plan selection below.

Decline Coverage		<small>Effective Date</small> 01/01/2024
<small>WHO'S COVERED</small> You: No Dependents: None	<small>TIER: DECLINE COVERAGE</small>	<small>YOUR COST</small> \$0.00 <small>MONTHLY</small>
<small>This will not take effect until your information is submitted and approved. You will see the appropriate costs reflected on your paystub.</small>		

38. The “Select Your Benefits” screen is displayed, and your elections are updated. To enroll, change, or decline the NCFLEX Critical Illness plan, click “CHANGE” on the “CRITICAL ILLNESS” tile.

Select Your Benefits

Scroll to view your current benefit elections. If eligible for spouse or child(ren) coverage, those options will be presented to you after your enrollment in the Employee plan. If you intend to enroll a spouse or dependent children, you need to have added them on the My Dependents page (link on the right). Go back and update if needed before proceeding.

YOUR HAVE 15 BENEFITS TO REVIEW

Your CORE \$354.50
MONTHLY
COST BREAKDOWN

Event Type: OPEN ENROLLMENT

Event Progress: My Information, My Dependents, **Select Benefits**, Review, Confirmation

I'M DONE SELECTING BENEFITS

BACK TO PREVIOUS PAGE

MANDATORY RETIREMENT (UPDATED ELECTION) ✓
Plan: TSERS Plan
Effective Date: 01/01/2024
[CHANGE]

SUPPLEMENTAL DISABILITY (UPDATED ELECTION) ✓
Plan: Lincoln Financial
Effective Date: 01/01/2024
[CHANGE]

EMPLOYEE VOLUNTARY LIFE (UPDATED ELECTION) ✓
Plan: 2 X Salary
Cost: \$15.47 MONTHLY
Elected Amount: \$70,000.00
Effective Date: 01/01/2024
[CHANGE]

SPOUSE/DOMESTIC PARTNER LIFE (UPDATED ELECTION) ✓
Plan: \$10,000
Cost: \$2.04 MONTHLY
Elected Amount: \$10,000.00
Effective Date: 01/01/2024
[CHANGE]

CHILD LIFE (UPDATED ELECTION) ✓
Plan: Decline Coverage
Cost: \$0.00 MONTHLY
Effective Date: 01/01/2024
[CHANGE]

VOLUNTARY AD&D (UPDATED ELECTION) ✓
Plan: \$50,000 Employee and Family
Cost: \$1.25 MONTHLY
Elected Amount: \$50,000.00
Effective Date: 01/01/2024
[CHANGE]

CORE AD&D (UPDATED ELECTION) ✓
Plan: \$10,000
Cost: \$0.00 MONTHLY
Elected Amount: \$10,000.00
Effective Date: 01/01/2024
[CHANGE]

DENTAL (UPDATED ELECTION) ✓
Plan: High Plan
Cost: \$119.84 MONTHLY
Tier: Employee and Child(ren)
Effective Date: 01/01/2024
[CHANGE]

VISION (UPDATED ELECTION) ✓
Plan: Decline Coverage
Cost: \$0.00 MONTHLY
Effective Date: 01/01/2024
[CHANGE]

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (UPDATED ELECTION) ✓
Plan: Contribution
Cost: \$100.00 MONTHLY
Elected Amount: \$1,200.00
Effective Date: 01/01/2024
[CHANGE]

DEPENDENT DAY CARE FLEXIBLE SPENDING ACCOUNT (UPDATED ELECTION) ✓
Plan: Contribution
Cost: \$100.00 MONTHLY
Elected Amount: \$1,200.00
Effective Date: 01/01/2024
[CHANGE]

CANCER (UPDATED ELECTION) ✓
Plan: Decline Coverage
Cost: \$0.00 MONTHLY
Effective Date: 01/01/2024
[CHANGE]

CRITICAL ILLNESS (UPDATED ELECTION) ✓
Plan: \$15,000
Cost: \$15.90 MONTHLY
Tier: Employee and Child(ren)
Elected Amount: \$15,000.00
Effective Date: 01/01/2024
[CHANGE]

ACCIDENT (UPDATED ELECTION) ✓
Plan: Decline Coverage
Cost: \$0.00 MONTHLY
Effective Date: 01/01/2024
[CHANGE]

TROICARE (UPDATED ELECTION) ✓
Plan: Decline Coverage
Cost: \$0.00 MONTHLY
Effective Date: 01/01/2024
[CHANGE]

39. Select your desired NCFLEX Critical Illness plan and add/remove the dependents to be covered. Once desired selection is completed, click **“I’M DONE WITH MY SELECTION”** or **“BACK TO PREVIOUS PAGE”** to make changes.

Select Your Critical Illness Plan

Critical Illness Insurance pays a benefit if you are diagnosed with a covered critical illness. You can choose a maximum benefit amount of \$15,000, \$25,000, or \$40,000. For detailed information about this plan, including eligible illnesses and procedures, claim details, and pay schedules and amounts, please visit the [Resources Page](#).

1. Select who you want to cover for your Critical Illness
Choose the dependent(s) that will be covered by this plan.

If you don't see your dependents listed, click "Add Dependents" button to change them. As you add or remove dependents, your Tier and Costs will update on the page.

[Redacted]
 [Redacted]
 [Redacted]
 [Redacted]

2. Review and select your plan
Your Current Benefit Plan: \$15,000, Employee and Child(ren)

<p>CURRENT</p> <p>\$15,000</p>	<p>TIER: EMPLOYEE AND CHILD(REN)</p> <p style="text-align: right;">\$15.90 MONTHLY</p> <p style="text-align: center;"><input type="button" value="YOUR SELECTION"/></p>
<p>\$25,000</p>	<p>TIER: EMPLOYEE AND CHILD(REN)</p> <p style="text-align: right;">\$26.50 MONTHLY</p> <p style="text-align: center;"><input type="button" value="SELECT"/></p>
<p>\$40,000</p>	<p>TIER: EMPLOYEE AND CHILD(REN)</p> <p style="text-align: right;">\$42.40 MONTHLY</p> <p style="text-align: center;"><input type="button" value="SELECT"/></p>
<p>Decline Coverage Select This Plan To Waive Coverage.</p>	<p style="text-align: center;"><input type="button" value="SELECT"/></p>

40. Review your election and if correct, click **“SAVE MY ELECTION”** or **“BACK TO PREVIOUS PAGE”** to make changes.

You've selected Critical Illness: \$15,000

Review your plan selection below:

	\$15,000	Effective Date 01/01/2024
<p>WHO'S COVERED</p> <p>You: [Redacted]</p> <p>Dependents: [Redacted]</p>	<p>TIER: EMPLOYEE AND CHILD(REN)</p>	<p>YOUR COST</p> <p style="text-align: right; color: green;">\$15.90 MONTHLY</p> <p style="text-align: center;"><input type="button" value="VIEW COST BREAKDOWN"/></p>
<p>This will not take effect until your information is submitted and approved. You will see the appropriate costs reflected on your paystub.</p>		

41. The “Select Your Benefits” screen is displayed, and your elections are updated. To enroll, change, or decline the NCFLEX Accident plan, click “CHANGE” on the ACCIDENT tile.

Select Your Benefits

Send to view your current benefits elections. If eligible for spouse or child(ren) coverage, those options will be presented to you after your enrollment in the "Employee" plan. If you intend to enroll a spouse or dependent children, you need to have added them on the My Dependents page (link on the right). Go back and update if needed before proceeding.

YOUR COST
 YOU HAVE 15 BENEFITS TO REVIEW
 \$354.50 MONTHLY COST BREAKDOWN

Event Type: OPEN ENROLLMENT
 Event Progress: My Information, My Dependents, Select Benefits, Review, Confirmation

I'M DONE SELECTING BENEFITS
 BACK TO PREVIOUS PAGE

MANDATORY RETIREMENT (Updated Election) ✓
 Plan: TSERS Plan
 Effective Date: 01/01/2024
 MORE DETAILS

SUPPLEMENTAL DISABILITY (Updated Election) ✓
 Plan: Lincoln Financial
 Effective Date: 01/01/2024
 CHANGE
 MORE DETAILS

EMPLOYEE VOLUNTARY LIFE (Updated Election) ✓
 Plan: 2 X Salary
 Cost: \$15.47 MONTHLY
 Elected Amount: \$10,000.00
 Effective Date: 01/01/2024
 CHANGE
 MORE DETAILS

SPOUSE/DOMESTIC PARTNER LIFE (Updated Election) ✓
 Plan: \$10,000
 Cost: \$2.04 MONTHLY
 Elected Amount: \$10,000.00
 Effective Date: 01/01/2024
 CHANGE
 MORE DETAILS

CHILD LIFE (Updated Election) ✓
 Plan: Decline Coverage
 Cost: \$0.00 MONTHLY
 Effective Date: 01/01/2024
 CHANGE
 MORE DETAILS

VOLUNTARY AD&D (Updated Election) ✓
 Plan: \$50,000 Employee and Family
 Cost: \$1.25 MONTHLY
 Elected Amount: \$50,000.00
 Effective Date: 01/01/2024
 CHANGE
 MORE DETAILS

CORE AD&D (Updated Election) ✓
 Plan: \$10,000
 Cost: \$0.00 MONTHLY
 Elected Amount: \$10,000.00
 Effective Date: 01/01/2024
 CHANGE
 MORE DETAILS

DENTAL (Updated Election) ✓
 Plan: High Plan Family
 Cost: \$19.84 MONTHLY
 Tier: Employee and Child(ren)
 Effective Date: 01/01/2024
 CHANGE
 MORE DETAILS

VISION (Updated Election) ✓
 Plan: Decline Coverage
 Cost: \$0.00 MONTHLY
 Effective Date: 01/01/2024
 CHANGE
 MORE DETAILS

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (Updated Election) ✓
 Plan: Contribution
 Cost: \$100.00 MONTHLY
 Elected Amount: \$,200.00
 Effective Date: 01/01/2024
 CHANGE
 MORE DETAILS

DEPENDENT DAY CARE FLEXIBLE SPENDING ACCOUNT (Updated Election) ✓
 Plan: Contribution
 Cost: \$100.00 MONTHLY
 Elected Amount: \$,200.00
 Effective Date: 01/01/2024
 CHANGE
 MORE DETAILS

CANCEB (Updated Election) ✓
 Plan: Decline Coverage
 Cost: \$0.00 MONTHLY
 Effective Date: 01/01/2024
 CHANGE
 MORE DETAILS

CRITICAL ILLNESS (Updated Election) ✓
 Plan: \$15,000
 Cost: \$15.90 MONTHLY
 Tier: Employee and Child(ren)
 Elected Amount: \$10,000.00
 Effective Date: 01/01/2024
 CHANGE
 MORE DETAILS

ACCIDENT (Updated Election) ✓
 Plan: Decline Coverage
 Cost: \$0.00 MONTHLY
 Effective Date: 01/01/2024
 CHANGE
 MORE DETAILS

TRICARE (Updated Election) ✓
 Plan: Decline Coverage
 Cost: \$0.00 MONTHLY
 Effective Date: 01/01/2024
 CHANGE
 MORE DETAILS

42. Select your desired NCFLEX Accident plan and add/remove the dependents to be covered. Once desired selection is completed, click **“I’M DONE WITH MY SELECTION”** or **“BACK TO PREVIOUS PAGE”** to make changes.

Select Your Accident Plan

The Accident Plan pays you cash benefits for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date. You can choose between two plan options: the Classic Option and the Enhanced Option. For detailed information about this plan, please visit the [Resources Page](#).

1. Select who you want to cover for your Accident
Choose the dependent(s) that will be covered by this plan.

If you don't see your dependents listed, click "Add Dependents" button to change them. As you add or remove dependents, your Tier and Costs will update on the page.

2. Review and select your plan

Classic Plan	TIER: EMPLOYEE ONLY	\$6.94 MONTHLY	<input type="button" value="SELECT"/>
Enhanced Plan	TIER: EMPLOYEE ONLY	\$15.98 MONTHLY	<input type="button" value="YOUR SELECTION"/>
Decline Coverage Select This Plan To Waive Coverage.			<input type="button" value="SELECT"/>

43. Review your election and if correct, click **“SAVE MY ELECTION”** or **“BACK TO PREVIOUS PAGE”** to make changes.

You've selected Accident: Enhanced Plan

Review your plan selection below.

Enhanced Plan		Effective Date 01/01/2024
WHO'S COVERED	TIER: EMPLOYEE ONLY	YOUR COST
You: [REDACTED]		\$15.98 MONTHLY
Dependents: [REDACTED]		<input type="button" value="VIEW COST BREAKDOWN"/>

This will not take effect until your information is submitted and approved. You will see the appropriate costs reflected on your paystub.

44. The “Select Your Benefits” screen is displayed, and your elections are updated. To enroll, change, or decline the NCFLEX Tricare Supplement plan, click “CHANGE” on the TRICARE SUPPLEMENT tile.

Select Your Benefits

Scroll to view your current benefits elections. If eligible for spouse or child(ren) coverage, those options will be presented to you after your enrollment in the "Employer" plan. If you intend to enroll a spouse or dependent children, you need to have added them on the My Dependents page (link on the right). Go back and update if needed before proceeding.

****No Employee cost for CORE AD&D****

You can make beneficiary changes on the next screen by clicking **IM DONE SELECTING BENEFITS** for applicable benefits. Beneficiaries for your retirement plan enrollment are made directly with the ORP vendor or TSERS.

YOUR COST
\$354.50
 MONTHLY COST BREAKDOWN

Events Type:
 OPEN ENROLLMENT

Events Progress:
 My Information
 My Dependents
 Select Benefits
 Review
 Confirmation

IM DONE SELECTING BENEFITS

BACK TO PREVIOUS PAGE

MANDATORY RETIREMENT (UPDATED ELECTION) ✓
 Plan: TSERS Plan
 Effective Date: 01/01/2024
 MORE DETAILS

SUPPLEMENTAL DISABILITY (UPDATED ELECTION) ✓
 Plan: Lincoln Financial
 Effective Date: 01/01/2024
 CHANGE

EMPLOYEE VOLUNTARY LIFE (UPDATED ELECTION) ✓
 Plan: 2 X Salary
 Cost: \$15.47
 Elected Amount: \$70,000.00
 Effective Date: 01/01/2024
 CHANGE

SPOUSE/DOMESTIC PARTNER LIFE (UPDATED ELECTION) ✓
 Plan: \$70,000
 Cost: \$2.04
 Elected Amount: \$0.000.00
 Effective Date: 01/01/2024
 CHANGE

CHILD LIFE (UPDATED ELECTION) ✓
 Plan: Decline Coverage
 Cost: \$0.00
 Elected Amount: \$0.000.00
 Effective Date: 01/01/2024
 CHANGE

VOLUNTARY AD&D (UPDATED ELECTION) ✓
 Plan: \$50,000 Employee and Family
 Cost: \$1.25
 Elected Amount: \$0.000.00
 Effective Date: 01/01/2024
 CHANGE

CORE AD&D (UPDATED ELECTION) ✓
 Plan: \$0.00
 Cost: \$0.00
 Elected Amount: \$0.000.00
 Effective Date: 01/01/2024
 CHANGE

DENTAL (UPDATED ELECTION) ✓
 Plan: High Plan
 Cost: \$19.84
 Tier: Employee and Child(ren)
 Effective Date: 01/01/2024
 CHANGE

VISION (UPDATED ELECTION) ✓
 Plan: Decline Coverage
 Cost: \$0.00
 Effective Date: 01/01/2024
 CHANGE

RETIREMENT SAVING ACCOUNT (UPDATED ELECTION) ✓
 Plan: Contribution
 Cost: \$100.00
 Elected Amount: \$200.00
 Effective Date: 01/01/2024
 CHANGE

DEPENDENT DAY CARE FLEXIBLE SPENDING ACCOUNT (UPDATED ELECTION) ✓
 Plan: Contribution
 Cost: \$100.00
 Elected Amount: \$200.00
 Effective Date: 01/01/2024
 CHANGE

CANCER (UPDATED ELECTION) ✓
 Plan: Decline Coverage
 Cost: \$0.00
 Effective Date: 01/01/2024
 CHANGE

CRITICAL ILLNESS (UPDATED ELECTION) ✓
 Plan: \$15,000
 Cost: \$15.90
 Tier: Employee and Child(ren)
 Elected Amount: \$15,000.00
 Effective Date: 01/01/2024
 CHANGE

ACCIDENT (UPDATED ELECTION) ✓
 Plan: Enhanced Plan
 Cost: \$15.98
 Tier: Employee Only
 Effective Date: 01/01/2024
 CHANGE

TRICARE (UPDATED ELECTION) ✓
 Plan: Decline Coverage
 Cost: \$0.00
 Effective Date: 01/01/2024
 CHANGE

45. Select your desired NCFLEX Tricare Supplement plan and add/remove the dependents to be covered. Once desired selection is completed, click “I’M DONE WITH MY SELECTION” or “BACK TO PREVIOUS PAGE” to make changes.

Select Your Tricare Plan

If you currently have TRICARE Select, Prime, or TDR benefits offered to the military community, you may be eligible and interested in the TRICARE Supplement Plan. For detailed information about this plan, please visit the [Resources Page](#).

1. Select who you want to cover for your Tricare
Choose the dependent(s) that will be covered by this plan.

If you don't see your dependents listed, click "Add Dependents" button to change them. As you add or remove dependents, your Tier and Costs will update on the page.

[Redacted] [Redacted] [Redacted] [Redacted]

[SELECT ALL](#)
[ADD DEPENDENTS](#)

2. Review and select your plan

Coverage	TIER: EMPLOYEE ONLY \$60.50 MONTHLY YOUR SELECTION
----------	--

[Decline Coverage](#) Select This Plan To Waive Coverage. [SELECT](#)

[I'M DONE WITH MY SELECTION](#) [BACK TO PREVIOUS PAGE](#)

46. Review your election and if correct, click “SAVE MY ELECTION” or “BACK TO PREVIOUS PAGE” to make changes.

You've selected Tricare: Coverage

Review your plan selection below:

Coverage		Effective Date 01/01/2024
WHO'S COVERED You: [Redacted] Dependents: [Redacted]	TIER: EMPLOYEE ONLY	YOUR COST \$60.50 MONTHLY VIEW COST BREAKDOWN

This will not take effect until your information is submitted and approved. You will see the appropriate costs reflected on your paystub.

[SAVE MY ELECTION](#) [BACK TO PREVIOUS PAGE](#)

47. The “Select Your Benefits” screen is displayed, and your elections are updated. Review all elections and if correct, click **“I’M DONE SELECTING BENEFITS”** towards the bottom of the right-hand side of the screen. If corrections are needed, revisit the individual benefits plan tile to make changes.

Select Your Benefits

Scroll to view your current benefit elections. If eligible for spouse or child(ren) coverage, those options will be presented to you after your enrollment in the "Employee" plan. If you intend to enroll a spouse or dependent children, you must have added them on the My Dependents page (link on the right). Go back and update if needed before proceeding.

No Employee cost for CORE AD&D

You can make beneficiary changes on the next screen by clicking I'M DONE SELECTING BENEFITS for applicable benefits. Beneficiaries for your retirement plan enrollment are made directly with the ORP vendor or TSEIG.

MANDATORY RETIREMENT
Plan TSERS Plan
Effective Date: 01/01/2024

SUPPLEMENTAL DISABILITY
Plan Lincoln Financial
Effective Date: 01/01/2024

EMPLOYEE VOLUNTARY LIFE
Plan 2 X Salary
Cost: \$15.47
Elected Amount: \$10,000.00
Effective Date: 01/01/2024

SPOUSE/DOMESTIC PARTNER LIFE
Plan \$10,000
Cost: \$2.04
Elected Amount: \$10,000.00
Effective Date: 01/01/2024

CHILD LIFE
Plan Decline Coverage
Cost: \$0.00
Effective Date: 01/01/2024

VOLUNTARY AD&D
Plan \$50,000 Employee and Family
Cost: \$125
Elected Amount: \$50,000.00
Effective Date: 01/01/2024

CORE AD&D
Plan \$10,000
Cost: \$0.00
Elected Amount: \$10,000.00
Effective Date: 01/01/2024

DENTAL
Plan High Plan
Cost: \$19.84
Tier: Employee and Child(ren)
Effective Date: 01/01/2024

VISION
Plan Decline Coverage
Cost: \$0.00
Effective Date: 01/01/2024

DEPENDENT DAY CARE FLEXIBLE SPENDING ACCOUNT
Plan Contribution
Cost: \$100.00
Elected Amount: \$1,200.00
Effective Date: 01/01/2024

CRITICAL ILLNESS
Plan \$15,000
Cost: \$15.90
Tier: Employee and Child(ren)
Elected Amount: \$15,000.00
Effective Date: 01/01/2024

ACCIDENT
Plan Enhanced Plan
Cost: \$15.98
Tier: Employee Only
Effective Date: 01/01/2024

TRICARE
Plan: Coverage
Cost: \$60.50
Tier: Employee Only
Effective Date: 01/01/2024

Your Cost: \$430.98

I'M DONE SELECTING BENEFITS

48. Review your “Beneficiary Allocation” and if everything is correct, click “**I’M DONE WITH BENEFICIARIES**”. Click on “**CHANGE ALLOCATION**” if updates are needed for any area.

THE UNC SYSTEM

Review Beneficiary Allocation
Please review your beneficiary information. Beneficiaries are a form of estate planning and ensure that your assets are transferred to the right person, people, or entity upon your death.

TAKE ACTION: It is important to maintain your beneficiary designations by keeping them current and including as much information in the fields below as possible.

There are two types of beneficiaries: primary and secondary.

- A **primary** beneficiary is the person (or persons) first in line to receive the death benefit from your life insurance policy; typically your spouse, children, or other family members.
- In the event your primary beneficiary dies before or at the same time as you, most policies also allow you to name at least one backup beneficiary, called a **secondary** beneficiary. If the primary beneficiaries are all deceased, the secondary beneficiaries receive the death benefit.

If you do not designate a beneficiary, it may be unclear who is entitled to the funds, which can delay the benefit payment.

Retirement plan beneficiaries are not stored in this system and are record kept by the retirement vendor/plan.

My Beneficiaries **ADD NEW BENEFICIARY**

Beneficiaries can be one or more individuals or organizations, such as a charity or trust. It is important to update your beneficiary designations whenever you experience a family status change.

Name	Date of Birth	SSN/EID/TIN	Type	Relationship
[REDACTED]			Person	Child

My Allocations

EMPLOYEE VOLUNTARY LIFE **CHANGE ALLOCATION**

Name	Type	Percentage
[REDACTED]	Primary	100%

VOLUNTARY AD&D **CHANGE ALLOCATION**

Name	Type	Percentage
[REDACTED]	Primary	100%

CORE AD&D **CHANGE ALLOCATION**

You currently have no beneficiaries for this benefit.

CRITICAL ILLNESS **CHANGE ALLOCATION**

You currently have no beneficiaries for this benefit.

Event Type: [OPEN ENROLLMENT](#)

Event Progress:
[My Information](#)
[My Dependents](#)
[Select Benefits](#)
[Review](#)
[Confirmation](#)

I'M DONE WITH BENEFICIARIES

[BACK TO PREVIOUS PAGE](#)

Your Cost:
\$430.98
 MONTHLY
COST BREAKDOWN

49. Adding Beneficiary Allocation: EX: Core AD&D - Click “**CHANGE ALLOCATION**”, “**ADD/EDIT BENEFICIARIES**”, and once updated and allocation equals 100% click “**SAVE CHANGES**”.

Beneficiary Allocations
TAKE ACTION: It is important to maintain your beneficiary designations by keeping them current and including as much information in the fields below as possible.

There are two types of beneficiaries: primary and secondary.

A **primary** beneficiary is the person (or persons) first in line to receive the death benefit from your life insurance policy; typically your spouse, children, or other family members.

In the event your primary beneficiary dies before or at the same time as you, most policies also allow you to name at least one backup beneficiary, called a “secondary” beneficiary. If the primary beneficiaries are all deceased, the secondary beneficiaries receive the death benefit.

If you do not designate a beneficiary, it may be unclear who is entitled to the funds, which can delay the benefit payment.

SPLIT PERCENTAGE **COPY FROM** **ADD/EDIT BENEFICIARIES**

Core AD&D

Name	Date of Birth	Relationship	Type	Percentage
[REDACTED]	03/22/1999	Child	Primary	100 %

SAVE CHANGES **CANCEL**

50. EOI Verification screen will display indicating any EOI Verification(s) that you must completed; if any of your elections require this step. If clicking to download forms or going out to the Securian site to complete the EOI process **DO NOT** forget to come back to this enrollment flow and finish your elections. Elections are not complete until you move to the Confirmation page.

REMINDER: The coverage and/or amount requiring EOI approval will be pending until all information is submitted and approved.

EOI Verification

Please pay close attention to whether your requested change requires you to complete Evidence of Insurability (EOI). If you are required to complete EOI you will see a link below to submit Evidence of Insurability (EOI).

If you are pending Employee Life or Spouse Life coverage with Securian, once you click on the link, the Securian LifeBenefits website will open in a new tab.

If you are pending Supplemental Disability coverage with The Standard or Lincoln Financial, click on the link below to download a form with instructions to submit EOI.

Once you've completed your EOI application on the Securian LifeBenefits website or downloaded your EOI form from The Standard or Lincoln Financial, you must click back to COMPASS (this website) to confirm your elections. If you do not confirm your elections through COMPASS (this website) you may experience approval delays, retroactive payroll deductions, or disenrollment in the plan.

If you are pending Supplemental Disability coverage with The Standard or Lincoln Financial, disregard the Elected Amount and Approved Amount noted below.

To confirm your elections, click on the **I'M READY TO FINALIZE MY ELECTIONS** button to the right. Next click on the **SUBMIT MY ELECTIONS** button on the next screen and then click the **ACCEPT** button on the pop up.

Election Validation

⚠ These Elections Require Evidence of Insurability

Benefit	Plan	Elected Amount	Approved Amount	Complete EOI
Supplemental Disability	Lincoln Financial	\$1.00	\$0.00	Click Here To Download Form
Spouse/Domestic Partner Life	\$10,000	\$10,000.00	\$0.00	Securian EOI

Your Cost:
\$430.98
MONTHLY COST BREAKDOWN

Event Type:
OPEN ENROLLMENT

Event Progress:
My Information
My Dependents
Select Benefits
Review
Confirmation

I'M READY TO FINALIZE MY ELECTIONS

[BACK TO PREVIOUS PAGE](#)

Note: To prevent missing the important step of completing your enrollment, employees are encouraged to complete/access pending EOIs from the COMPASS “Home” page by clicking the Pending EOI notification.

Review Pending EOI

The following benefits are currently pending due to evidence of insurability (EOI). Until you complete the EOI process and are approved, your coverage will remain at the currently approved amount, if any. Please review the benefit plans below and click on the 'Link' to the far right to begin the EOI process, if you have not already done so.

Benefit	Elected Plan	Elected Amount	Approved Amount	Link
Employee Voluntary Life and AD&D	5 X Salary	\$360,000.00	\$216,000.00	Securian EOI
Spouse/Domestic Partner Life	\$25,000	\$25,000.00	\$0.00	Securian EOI

[BACK](#)

51. Review all your benefit elections and if everything is correct, click **“SUBMIT MY ELECTIONS”** on the lower right-hand side of the screen.



Review Elections

Please take a moment to review all of your benefit selections to ensure they are correct. Click the pencil icon to edit any benefit that you wish to change.

Your Cost:

\$430.98

MONTHLY
COST BREAKDOWN

Event Type:
OPEN ENROLLMENT

Event Progress:
My Information
My Dependents
Select Benefits
Review
Confirmation

SUBMIT MY ELECTIONS

BACK TO PREVIOUS PAGE

Your Benefit Selections YOU HAVE BENEFITS PENDING APPROVAL

<p style="font-size: 0.7em; margin: 0;">Mandatory Retirement TSEGG Plan Effective 01/01/2024</p>	<p style="font-size: 0.7em; margin: 0;">\$0.00 MONTHLY Cost</p>
<p style="font-size: 0.7em; margin: 0;">Supplemental Disability No Coverage - A Mandatory Retirement election must be made prior to enrolling in your Supplemental Disability plan Effective 01/01/2024</p> <p style="font-size: 0.6em; margin: 0;">VIEW PENDING APPROVAL</p>	<p style="font-size: 0.7em; margin: 0;">\$0.00 MONTHLY Cost</p>
<p style="font-size: 0.7em; margin: 0;">Employee Voluntary Life 2.X Salary Effective 01/01/2024</p> <p style="font-size: 0.6em; margin: 0;">Approved Amount: \$70,000.00</p> <p style="font-size: 0.7em; margin: 0;">BENEFICIARIES: [REDACTED]</p> <p style="font-size: 0.6em; margin: 0;">COST BREAKDOWN Plan-Tier Cost: \$15.47</p>	<p style="font-size: 0.7em; margin: 0;">\$15.47 MONTHLY Cost</p>
<p style="font-size: 0.7em; margin: 0;">Spouse/Domestic Partner Life Decline Coverage Effective 01/01/2024</p> <p style="font-size: 0.6em; margin: 0;">VIEW PENDING APPROVAL</p>	<p style="font-size: 0.7em; margin: 0;">\$0.00 MONTHLY Cost</p>
<p style="font-size: 0.7em; margin: 0;">Child Life Decline Coverage Effective 01/01/2024</p>	<p style="font-size: 0.7em; margin: 0;">\$0.00 MONTHLY Cost</p>
<p style="font-size: 0.7em; margin: 0;">Voluntary AD&D \$50,000 Employee and Family Effective 01/01/2024</p> <p style="font-size: 0.6em; margin: 0;">Approved Amount: \$50,000.00</p> <p style="font-size: 0.7em; margin: 0;">BENEFICIARIES: [REDACTED]</p> <p style="font-size: 0.6em; margin: 0;">COST BREAKDOWN Plan-Tier Cost: \$1.25</p>	<p style="font-size: 0.7em; margin: 0;">\$1.25 MONTHLY Cost</p>
<p style="font-size: 0.7em; margin: 0;">Core AD&D \$10,000 Effective 01/01/2024</p> <p style="font-size: 0.6em; margin: 0;">Approved Amount: \$10,000.00</p> <p style="font-size: 0.7em; margin: 0;">BENEFICIARIES: [REDACTED]</p> <p style="font-size: 0.6em; margin: 0;">COST BREAKDOWN</p>	<p style="font-size: 0.7em; margin: 0;">\$0.00 MONTHLY Cost</p>
<p style="font-size: 0.7em; margin: 0;">Dental High Plan Effective 01/01/2024 Tier: Employee and Child(ren)</p> <p style="font-size: 0.6em; margin: 0;">DEPENDENTS COVERED: [REDACTED]</p> <p style="font-size: 0.6em; margin: 0;">COST BREAKDOWN Plan-Tier Cost: \$119.84</p>	<p style="font-size: 0.7em; margin: 0;">\$119.84 MONTHLY Cost</p>
<p style="font-size: 0.7em; margin: 0;">Vision Decline Coverage Effective 01/01/2024</p>	<p style="font-size: 0.7em; margin: 0;">\$0.00 MONTHLY Cost</p>
<p style="font-size: 0.7em; margin: 0;">Health Care Flexible Spending Accounts Contribution Effective 01/01/2024</p> <p style="font-size: 0.6em; margin: 0;">Approved Amount: \$1,200.00</p> <p style="font-size: 0.6em; margin: 0;">COST BREAKDOWN Plan-Tier Cost: \$100.00</p>	<p style="font-size: 0.7em; margin: 0;">\$100.00 MONTHLY Cost</p>
<p style="font-size: 0.7em; margin: 0;">Dependent Day Care Flexible Spending Account Contribution Effective 01/01/2024</p> <p style="font-size: 0.6em; margin: 0;">Approved Amount: \$1,200.00</p> <p style="font-size: 0.6em; margin: 0;">COST BREAKDOWN Plan-Tier Cost: \$100.00</p>	<p style="font-size: 0.7em; margin: 0;">\$100.00 MONTHLY Cost</p>
<p style="font-size: 0.7em; margin: 0;">Cancer Decline Coverage Effective 01/01/2024</p> <p style="font-size: 0.6em; margin: 0;">BENEFICIARIES: None</p>	<p style="font-size: 0.7em; margin: 0;">\$0.00 MONTHLY Cost</p>
<p style="font-size: 0.7em; margin: 0;">Critical Illness \$15,000 Effective 01/01/2024 Tier: Employee and Child(ren)</p> <p style="font-size: 0.6em; margin: 0;">Approved Amount: \$15,000.00</p> <p style="font-size: 0.7em; margin: 0;">DEPENDENTS COVERED: [REDACTED]</p> <p style="font-size: 0.6em; margin: 0;">COST BREAKDOWN Plan-Tier Cost: \$15.00</p>	<p style="font-size: 0.7em; margin: 0;">\$15.00 MONTHLY Cost</p>
<p style="font-size: 0.7em; margin: 0;">Accidents Enhanced Plan Effective 01/01/2024 Tier: Employee Only</p> <p style="font-size: 0.6em; margin: 0;">DEPENDENTS COVERED: None</p> <p style="font-size: 0.6em; margin: 0;">COST BREAKDOWN Plan-Tier Cost: \$15.98</p>	<p style="font-size: 0.7em; margin: 0;">\$15.98 MONTHLY Cost</p>
<p style="font-size: 0.7em; margin: 0;">Tricare Coverage Effective 01/01/2024 Tier: Employee Only</p> <p style="font-size: 0.6em; margin: 0;">DEPENDENTS COVERED: None</p> <p style="font-size: 0.6em; margin: 0;">COST BREAKDOWN Plan-Tier Cost: \$60.50</p>	<p style="font-size: 0.7em; margin: 0;">\$60.50 MONTHLY Cost</p>

Your Benefit Selections Pending Approval PENDING APPROVAL

Enrollments and changes to your plan coverage may require approval by the Benefits Administrator as well as possibly the vendor if Evidence of Insurability (EOI) is required. Follow the enrollment prompts for completing EOI. You will have the coverage displayed above until you have been approved, at which time the coverage shown in this Pending Approval section will go into effect.

<p style="font-size: 0.7em; margin: 0;">Supplemental Disability - Lincoln Financial</p>	<p style="font-size: 0.7em; margin: 0;">\$0.00 MONTHLY Cost</p>
<p style="font-size: 0.7em; margin: 0;">Spouse/Domestic Partner Life - \$10,000</p> <p style="font-size: 0.6em; margin: 0;">Elected Amount: \$10,000.00</p> <p style="font-size: 0.7em; margin: 0;">COST BREAKDOWN Plan-Tier Cost: \$2.04</p>	<p style="font-size: 0.7em; margin: 0;">\$2.04 MONTHLY Cost</p>

51. Click **“ACCEPT”** to confirm your elections or **“DENY”** if you wish to make changes.

The screenshot shows a web interface for reviewing benefit elections. A modal window is open at the top, containing the text: "Click Accept to confirm your elections. Click Deny to return and modify your benefits." Below this text are two buttons: "ACCEPT" (in green) and "DENY" (in white). The background page is titled "Review Elections" and includes a sub-header "Your Benefit Selections". A yellow banner at the top right of the content area says "YOU HAVE BENEFITS PENDING APPROVAL". The main content area lists three benefit selections:

- Mandatory Retirement** | TSERS Plan | Effective 01/01/2024
- Supplemental Disability** | No Coverage - A Mandatory Retirement election must be made prior to enrolling in your Supplemental Disability plan | Effective 01/01/2024. Includes a "VIEW PENDING APPROVAL" link and an edit icon.
- Employee Voluntary Life** | 2X Salary | Effective 01/01/2024. Includes an edit icon.

Below the Employee Voluntary Life selection, there is a summary of the approved amount and cost breakdown:

Approved Amount: \$70,000.00	\$15.47
BENEFICIARIES	
Date - Primary - 0000	
COST BREAKDOWN	
00 Hospital Cost \$15.47	

52. Your elections are confirmed. Make sure to print your benefits confirmation page by clicking on the "PRINT" icon.

Confirmation

Congratulations! Your benefit elections are confirmed and a confirmation number has been generated. Please print a copy of this summary for your records.

READ BELOW FOR IMPORTANT INFORMATION BEFORE LEAVING THIS PAGE
 Before logging out, click the Home icon in the top right corner of the page and confirm that no further action is required by you, i.e. Evidence of Insurability (EOI).

Supplemental Disability EOI - If you are enrolling Supplemental Disability, as a last minute (outside your 30 day new hire window), then click on the "pending item" from the homepage to access the EOI information.

Retirees reminder: **If you selected the CSR**, complete step two of the enrollment (choose investments and beneficiaries) by creating an account. To do this, click on the link below.
<https://www.lincolnfinancial.com/usa>

YOUR COST
\$430.98
MONTHLY COST
COVER PERIOD: 01/01/2024 - 01/01/2024

Event Type
 OTHER ENROLLMENT
Event Progress
[My Information](#)
[My Payments](#)
[Select Benefits](#)
[System](#)
[Confirmation](#)

Employee [REDACTED]

Confirmation # 2981

Event Open Enrollment

Requested Event Date 01/01/2024

Event Effective Date 01/01/2024

YOUR COST SUMMARY

	MONTHLY COST (ELECTED)	ANNUAL COST (ELECTED)	MONTHLY COST (APPROVED)	ANNUAL COST (APPROVED)
EMPHYSIOLOGICAL AMOUNT	\$26.24	\$4754.88	\$26.24	\$4754.88
EMPHYSIOLOGICAL AMOUNT	\$24.74	\$476.88	\$24.74	\$296.40
TOTAL COST OF BENEFITS	\$430.98	\$5231.76	\$430.98	\$5051.28
YOUR TOTAL: \$430.98 / MONTHLY Cost				

Your Benefit Selections YOU HAVE BENEFITS PENDING APPROVAL

Mandatory Retirement | T220 Plan | Effective 01/01/2024

Supplemental Disability | No Coverage - A Mandatory Deferral election must be made prior to enrolling in your Supplemental Disability plan | Effective 01/01/2024
[View Pending Approvals](#)

Employee Voluntary Life | 2X Salary | Effective 01/01/2024

Approved Amount: \$10,000.00	\$16.47
<small>DEPENDENTS COVERED: [REDACTED]</small>	<small>MONTHLY COST</small>
<small>COPI: [REDACTED]</small>	
<small>View Plan Cost: \$10.00</small>	

Spouse/Domestic Partner Life | Decline Coverage | Effective 01/01/2024
[View Pending Approvals](#)

\$0.00	<small>MONTHLY COST</small>
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Child Life | Decline Coverage | Effective 01/01/2024

\$0.00	<small>MONTHLY COST</small>
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Voluntary AD&D | \$50,000 Employee and Family | Effective 01/01/2024

Approved Amount: \$50,000.00	\$1.28
<small>DEPENDENTS COVERED: [REDACTED]</small>	<small>MONTHLY COST</small>
<small>COPI: [REDACTED]</small>	
<small>View Plan Cost: \$10.00</small>	

Core AD&D | \$10,000 | Effective 01/01/2024

Approved Amount: \$10,000.00	\$0.00
<small>DEPENDENTS COVERED: [REDACTED]</small>	<small>MONTHLY COST</small>
<small>COPI: [REDACTED]</small>	
<small>View Plan Cost: \$10.00</small>	

Dental | High Plan | Effective 01/01/2024 | Ten: Employee and Children

Approved Amount: \$10,000.00	\$18.84
<small>DEPENDENTS COVERED: [REDACTED]</small>	<small>MONTHLY COST</small>
<small>COPI: [REDACTED]</small>	
<small>View Plan Cost: \$10.00</small>	

Vision | Decline Coverage | Effective 01/01/2024

\$0.00	<small>MONTHLY COST</small>
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Health Care Flexible Spending Account | Contribution | Effective 01/01/2024

Approved Amount: \$1,200.00	\$100.00
<small>DEPENDENTS COVERED: [REDACTED]</small>	<small>MONTHLY COST</small>
<small>COPI: [REDACTED]</small>	
<small>View Plan Cost: \$100.00</small>	

Dependent Day Care Flexible Spending Account | Contribution | Effective 01/01/2024

Approved Amount: \$1,200.00	\$100.00
<small>DEPENDENTS COVERED: [REDACTED]</small>	<small>MONTHLY COST</small>
<small>COPI: [REDACTED]</small>	
<small>View Plan Cost: \$100.00</small>	

Cancer | Decline Coverage | Effective 01/01/2024

\$0.00	<small>MONTHLY COST</small>
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Critical Illness | \$15,000 | Effective 01/01/2024 | Ten: Employee and Children

Approved Amount: \$15,000.00	\$15.90
<small>DEPENDENTS COVERED: [REDACTED]</small>	<small>MONTHLY COST</small>
<small>COPI: [REDACTED]</small>	
<small>View Plan Cost: \$10.00</small>	

Accidents | Enhanced Plan | Effective 01/01/2024 | Ten: Employee Only

Approved Amount: \$10,000.00	\$15.98
<small>DEPENDENTS COVERED: [REDACTED]</small>	<small>MONTHLY COST</small>
<small>COPI: [REDACTED]</small>	
<small>View Plan Cost: \$10.00</small>	

Sickness | Coverage | Effective 01/01/2024 | Ten: Employee Only

Approved Amount: \$10,000.00	\$60.50
<small>DEPENDENTS COVERED: [REDACTED]</small>	<small>MONTHLY COST</small>
<small>COPI: [REDACTED]</small>	
<small>View Plan Cost: \$10.00</small>	

Your Benefit Selections Pending Approval PENDING APPROVAL

Enrollments and changes to your plan coverage may require approval by the Benefits Administrator as well as possibly the vendor of Evidence of Insurability (EOI) is required. Follow the enrollment prompts for completing EOI. You will have the coverage displayed above until you have been approved, at which time the coverage shown in this Pending Approval section will go into effect.

Supplemental Disability - Lincoln Financial

Spouse/Domestic Partner Life - \$10,000

Approved Amount: \$10,000.00	\$2.04
<small>DEPENDENTS COVERED: [REDACTED]</small>	<small>MONTHLY COST</small>
<small>COPI: [REDACTED]</small>	
<small>View Plan Cost: \$10.00</small>	

This is a summary of your benefit elections. It does not take the place of or supersede official plan requirements including Evidence of Insurability (EOI) completion. Any coverage elections you make requiring EOI approval from an insurance carrier will not be effective until the insurance carrier provides confirmation of approval, regardless of what may be displayed on this summary. In the event of a discrepancy between the information within this summary and official plan documents, the plan documents will prevail.

53. Your Open Enrollment Event is now confirmed.



Open Enrollment Event - Confirmed 1
You can make changes until 10/27/2023

UPDATE NOW

Welcome to the UNC System Benefits portal

Alton, you can manage your life insurance, AD&D, Cancer and Critical Illness benefits here, including updating your dependents and beneficiaries. Please click the "Current Benefits" menu link below to view benefits and beneficiary information.

CHANGE YOUR CURRENT BENEFITS

CURRENT BENEFITS

BENEFIT HISTORY



ADDITIONAL ITEMS TO EXPLORE

[Securian Financial Life Insurance Calculator](#)