

# Enrolling in *i*Benefits Through Single Sign-On (SSO):

#### Using *i*Benefits and Single Sign-On (SSO)

Note: The following information is intended for new international graduate student employees, who should follow these as closely as possible. While the instructions are the same for US citizens and legal permanent residents, more options exist for these individuals, since there are fewer requirements. See the New Graduate Student Employee section or your human resources representative for more information.

**International students should sign up for or decline insurance within the first 7 days of employment.** If you hold other, non-TAMUS health insurance, please decline medical coverage through SSO/*i*Benefits, certifying other coverage, and submit a waiver through the <u>waiver process</u>. You may, however, sign up for other optional insurance plans.

Go to the site – <u>sso.tamus.edu</u>. Enter your UIN and click on "New Employees – Set up your password"



Follow the prompts. The only information you will need from your department is your ADLOC. This will be on your *i*Benefits instruction sheet or available from your human resources representative.

After logging in, you will be presented with a list of applications for which you may be authorized. **Select** "*i***Benefits.**"



**Updated November 2014** 



### On the following screen click on "Click here to Get Started."

	Current Role: Partid
od Evening, - Welcome to iBenefits!	
Cick here to Get Started Tour New Employee Envolment event has been ristated by your HR representative. To make benefit rectors, div the button above, make your velections, and submit your envolment document. Rease note that your new-hire status expires on A(5/2011; therefore, your changes must be submitted before that date. Cick here to view the TAMUS Benefits Guide	Questions?         To learn more about your benefit options or to get help, dick the information icons located at the top of the screen.         Image: Comparison of the screen is a screen in the top of the screen.         Image: Comparison of the screen is a screen in the top of the screen.         Image: Comparison of the screen is a screen in the top of the screen.         Image: Comparison of the screen is a screen in the screen in the screen is a screen in the screen is a screen in the screen is a screen in the screen in the screen in the screen in the screen is a screen in the

On the next few screens, you will be prompted to verify your personal information and list an emergency contact.

On the next screen, choose "I want to enroll in Texas A&M System benefits." Select "Continue."

Home   New Employee Accept/Decline Coverage
The Texas A&M System offers a full complement of insurance benefits for employees and their families. We recommend that you make the most of these benefit opportunities. You may want to review the Benefits Guide.
Options OI Want to enroll in Texas A&M System benefits OI DECLINE all coverage (including medical, dental, vision, life, and others) offered by the Texas A&M System
To complete the process, please answer all remaining questions before ending your session.           Continue >>



The following 4 screens will have important rules and instructions. Indicate your tobacco status on the next screen. Select "Continue."

Home <ul> <li>New Employee Benefit Options</li> </ul>
Tobacco User? O No O Yes
<< Back Continue >>

On the following screen, under Medical Coverage,

- If you hold other medical insurance and want to decline our coverage, select "I DO NOT want to enroll in A&M system medical coverage"
- Otherwise, select "I want to enroll in A&M system medical coverage" and choose a start date.
  - o If available, choose September 1 or January 1
  - o Otherwise, choose a date that best meets your situation. See your Human Resources representative for help.

Under Optional Coverage, you may select those as well (example: dental, vision), but it is not required.

When complete, click "Continue."

mployment Date mployer Contrib. Start Date	09/1/2014 11/1/2014	NOTE: You will pay your Employer Con	the total cost of coverages until tribution Start Date	Show Rate Worksheet
Medical Coverage				
I want to enroll in A&M sy	stem medical coverag	e 🖌		
Start Date	Select	~		
I want to enroll my de	ependent(s) in medica	coverage		
Start Date	Select	~		
O I DO NOT want to enroll in My Coverage	n A&M system medica Select	l coverage		~
Optional Coverage				
I want to enroll in optional	A&M system benefit	coverages		
Start Date	Select	~		
I want to enroll my de	ependent(s) in optiona	l coverage		
Start Date	Select	~		
-	ANY optional covera	ge		
O I DO NOT want to enroll in		-		



On the following screen, click on "edit" to select your plan.

Home   Benefit Overview				🖬 Het: Use t	he links to view a previous pag
Vicipant White, Snow 123004567	Doc # 1234 Doc Type New 1	56 Employee Enroll	ment Eff. Date 9/1/2014		
Options Dependents Participant A	ierts.				
Sign & Submit Cancel Decument Bene Dree Coverage changes entered on this document w	Arree Cada Deneficiaries vill not take effect unless t	l he document is	submitted by the applicate deadline.		History
Important: You have selected multiple v your new benefity/dependent enrollment, coverage enrollment and cost information please click the View Coverage Calendar Wew Coverage Calendar	dates on which to begin To view detailed n for a specific date, button below.	Effective 9(1/2014 11/1/20	r Dute Vour Houthly Cost. 8527.28 8263.69		
Benefit		Status	Information	Your Honthly Cost	Employer Contribution
Redical	tilt Drup	Incomplete	ABM Care (Wellness Incentive: Yes), Employee only, 1 covered	\$263.69	\$249.46
Life Insurance	Ede	Enrolled	Basic Life \$7,500	\$0.00	\$4.23
Dental	Envol	Not Enrolled			
Jental Fision	Evol	Not Enrolled Not Enrolled			
Dental Vision ADBD	Errol Errol	Nut Enrolled Nut Enrolled Nut Enrolled			
Dental Vision AD&D Long-Term Disability	Dirol Dirol Dirol	Not Enrolled Not Enrolled Not Enrolled			
Dental Vision AD&D Long-Term Disability Health Care Spending Account	trol brol brol brol brol	Not Enrolled Not Enrolled Not Enrolled Not Enrolled			
Dental Vision AD&D Long-Term Disability Health Care Spending Account Dependent Daycare Spending Account	Evrol Evrol Evrol Evrol Evrol Evrol Q	Nut Enrolled Nut Enrolled Nut Enrolled Nut Enrolled Nut Enrolled			

On the following screen, select "Grad Plan." It should give you similar costs to what is shown below. Click "Save."

Home   Ber	nefit Overview	• Medical				•	
Participant UIN	White, Snow 123004567	0	Doc # Doc Type	123456 New Employe	e Enrollment	Doc Status Eff. Date	New 9/1/2014
Save Cancel	1						
Plan Grad	1 Plan V						
Tobacco User?	No O Yes 🖗						
Calculate Cost							
As Of Date	9/1/2014	11/1/2014					
Your Monthly Co	st \$125.00	\$0.00	)				
Family Coverage	Employee only	Employee only	1				
Tobacco Premiu	m \$0.00	\$0.00	1				
NOTE: To add dep Benefit Ove Save Cancel	endents, save your benef erview screen.	it changes and se	lect the Dep	endents tab on the	]		
* Rate/Premium Infor - Premiums have no	mation ot yet been finalized and a	re subject to char	nge.				

You will need to enter beneficiaries (the person who will receive benefits if you die) for your basic life insurance plan. Click on the "Basic Life" tab and then click on "Add Beneficiary."

Home o	Benefit Overview • Ben	eficiaries			
Participant UIN	White, Snow 123004567	Doc # Doc Type	123456 New Employee Enrollment	Doc Status Eff. Date	Not Submitted 9/1/2014
Overview	Basic Life Designation Documents				
Basic Li Add Bene No bene	fe Beneficiaries	Life			

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# Enter the information for the beneficiary. Click "Save."



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ocipans	123004567	Doc Type	New Employee Enrollment	Eff. Date	9/1/14
Care	d				
isic Life B	eneficiary				
Choose an D	isting Beneficiary				
	Enter a New Beneficiary				
	-	-			
An Individual	O per Will or Testament	O Charity/Other Orga	inization		
	First Name				
	Middle Init. (ort	(leasi)			
	Last Name Dwarf				
	Relationship Other	~			
	Address 1 124 Snow	y Lane			
	Address 2				
	Address 3				
	City Faryland	State T	x V 200 Code 12045		
	Country United Sta	tes 🗸			
	1 979-555-1	212 Phone N	umber 2		
	Comment		0		
eficiary Type	Primary				
ave Cano	d				

# Review the summary screen for accuracy. Once complete, click "Sign and Submit."

Aarticipant JEN	White, Snow 123004567	Doc # 123456 Doc Type New Even		P. Cola 9/1/2014		
Senetia Opt	Careal Decoment Rest I	ingkyne Gata Deneficiaries t will not take effect unless the d	ocument is submitted b	y the applicable deadline.		Hetory
Important your new b coverage e please click Vew Cover	t: You have selected multipl penefit/dependent enrollmen enrollment and cost informat is the View Coverage Calendi repe Calendar	e dates on which to begin r. To view detailed ion for a specific date, ar button below.	Effective Date 9/1/2014 11/1/2004	Your Handbly Cost (1219-23 (90.00		
	Bearfit	Active	Status	Information	Your Hantbly Cost	Employer Contribution
Medical		Edit One	Enrolled	Grad Plan, Employee only, 1 co	overed \$0.00	\$125.0
Life Insuran	nce .	64	Enrolled	Basic Life \$7,500	\$0.00	\$4.2
Dental		Erval	Not Enrolled			
Vision		Errol	Not Enrolled			
ADBD		Erval	Not Enrolled			
Long-Term	Disability	Erval	Not Enrolled			
Health Care	Spending Account	Errol	Not Enrolled			
Dependent	Daycare Spending Account	Errol	I Not Enrolled			
1		1 0.0		Total Cest *	\$0.00	\$129.2

Enter your UIN in the box indicating your agreement and click on "Submit."

Home • Be	enefit Overview • 9	Submit Agreeme	ent				
Participant UIN	White, Snow 123004567	Doc # Doc Type	123456 New Employee Enrol	Iment	Doc Status Eff. Date	Not Submitted 9/1/2014	
You're almo To submit ti below, ente	st done! his benefit change d r your UIN in the fie	ocument, review Id provided and	the information the Submit.				
Payroll Deduct I authorize The I cover my share of health/dental/vis an amount equal failure to pay my	ion/Pretax Premium/Billin (exas ABM University System to of the premiums for these cove ion/AD&D premiums, I author to my health/dental/visior/AD premium(s) will result a carc	a Agreement: a deat frommy earning types. If Jeet to particip the aid System to red SD remiums. If I am beil action of coverage.	s the amount required to ate in pretax uce my taxable income by ng billed, I understand that	^			
Tobacco User / I understand that proves to have b will be cancelled	Agreement: t if I have indicated that I or o een a false statement, coverag . If my overage cancelled, a	ne of my dependents is no re for the individual whose Il associated dependent co	t a tobacco user and this record has been falsified overage must be cancelled.	~			
Enter your UP a	o Not Submit						



You have now completed your benefits enrollment. If you need to make changes, please contact your human resources representative as soon as possible.

For international students, continue to the <u>Waiver Process</u> for important information regarding removing the insurance charge from your fee statement, and processing a refund, if needed.