



Enrolling in iBenefits Through Single Sign-On (SSO):

Using iBenefits and Single Sign-On (SSO)

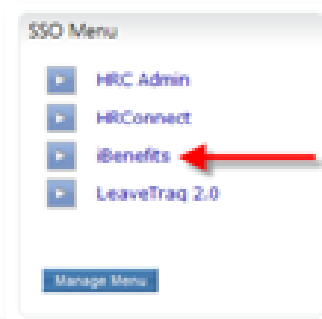
Note: The following information is intended for new international graduate student employees, who should follow these as closely as possible. While the instructions are the same for US citizens and legal permanent residents, more options exist for these individuals, since there are fewer requirements. 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/iBenefits, certifying other coverage, and submit a waiver through the [waiver process](#). You may, however, sign up for other optional insurance plans.

Go to the site – sso.tamug.edu. 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 iBenefits 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 “iBenefits.”**



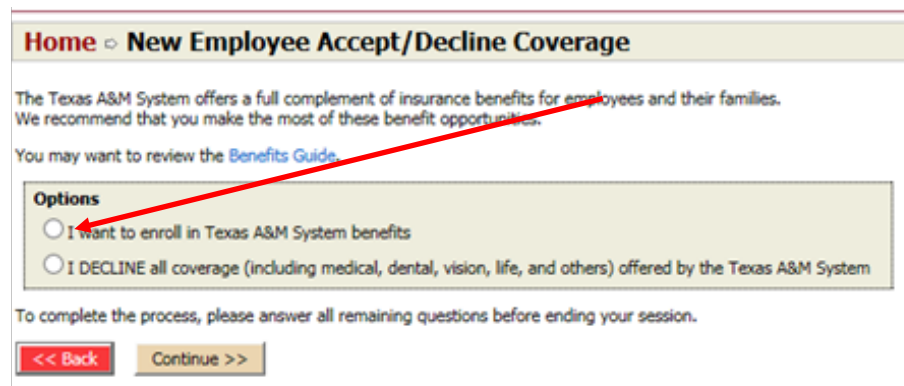


On the following screen click on “Click here to Get Started.”



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.”





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

Home ▾ **New Employee Benefit Options**

Tobacco User? No Yes ?

Pre-tax Deductions ?

<< 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.”

Home ▾ **New Employee Coverage Start Date(s)**

Employment Date **09/1/2014**

Employer Contrib. Start Date **11/1/2014** NOTE: You will pay the total cost of coverages until your Employer Contribution Start Date [Show Rate Worksheet](#)

Medical Coverage

I want to enroll in A&M system medical coverage

Start Date

I want to enroll my dependent(s) in medical coverage

Start Date

I DO NOT want to enroll in A&M system medical coverage

My Coverage

Optional Coverage

I want to enroll in optional A&M system benefit coverages

Start Date

I want to enroll my dependent(s) in optional coverage

Start Date

I DO NOT want to enroll in ANY optional coverage

<< Back Continue >>



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

Home - Benefit Overview

Participant: White, Snow Doc # 123456 Doc Status: New
UIN: 123004567 Doc Type: New Employee Enrollment Eff. Date: 9/1/2014

Options: Dependents | Participant Alerts

Sign & Submit | Cancel Document | New Employee Data | Beneficiaries | History

Coverage changes entered on this document will not take effect unless the document is submitted by the system's deadline.

Important: You have selected multiple dates on which to begin your new benefit/dependent enrollment. To view detailed coverage enrollment and cost information for a specific date, please click the View Coverage Calendar button below.

Effective Date	Your Monthly Cost
9/1/2014	\$527.38
11/1/2014	\$263.69

View Coverage Calendar

Benefit	Action	Status	Information	Your Monthly Cost	Employer Contribution
Medical	Edit Cancel	Incomplete	ABN Care (Wellness Incentive: Yes), Employee only, 1 covered	\$263.69	\$249.46
Life Insurance	Edit	Enrolled	Basic Life \$7,500	\$0.00	\$4.23
Dental	Enroll	Not Enrolled			
Vision	Enroll	Not Enrolled			
AD&O	Enroll	Not Enrolled			
Long-Term Disability	Enroll	Not Enrolled			
Health Care Spending Account	Enroll	Not Enrolled			
Dependent Daycare Spending Account	Enroll	Not Enrolled			
Total Cost *				\$0.00	\$4.23

* Rate/Premium Information
- Premiums have not yet been finalized and are subject to change.

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

Home - Benefit Overview - Medical

Participant: White, Snow Doc # 123456 Doc Status: New
UIN: 123004567 Doc Type: New Employee Enrollment Eff. Date: 9/1/2014

Save | Cancel

Plan: Grad Plan

Tobacco User? No Yes

Calculate Cost

As Of Date	9/1/2014	11/1/2014
Your Monthly Cost	\$125.00	\$0.00
Family Coverage Level	Employee only	Employee only
Tobacco Premium	\$0.00	\$0.00

NOTE: To add dependents, save your benefit changes and select the Dependents tab on the Benefit Overview screen.

Save | Cancel

* Rate/Premium Information
- Premiums have not yet been finalized and are subject to change.

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 - Benefit Overview - Beneficiaries

Participant: White, Snow Doc # 123456 Doc Status: Not Submitted
UIN: 123004567 Doc Type: New Employee Enrollment Eff. Date: 9/1/2014

Overview | Basic Life | Designation Documents

Basic Life Beneficiaries

Add Beneficiary

No beneficiaries designated for Basic Life

Enter the information for the beneficiary. Click “Save.”



Home > Benefit Overview > Beneficiaries > Add Beneficiary

Participant White, Snow Doc # 123456 Doc Status Not Submitted
 UIN 123004567 Doc Type New Employee Enrollment Eff. Date 9/1/14

Save Cancel

Basic Life Beneficiary

Choose an Existing Beneficiary

An Individual per Will or Testament Charity/Other Organization

First Name Doc
 Middle Init. (optional)
 Last Name Dwarf
 Relationship Other
 Address 1 124 Snowy Lane
 Address 2
 Address 3
 City Fairland State TX Zip Code 12345
 Country United States
 Phone Number 1 979-555-1212 Phone Number 2
 Comment

Beneficiary Type Primary

Save Cancel

Review the summary screen for accuracy. Once complete, click “Sign and Submit.”

Participant White, Snow Doc # 123456 Doc Status Not Submitted
 UIN 123004567 Doc Type New Employee Enrollment Eff. Date 9/1/2014

Sign & Submit Cancel Document New Employee Data Beneficiaries

Coverage changes entered on this document will not take effect unless the document is submitted by the applicable deadline.

Important: You have selected multiple dates on which to begin your new benefit/dependent enrollment. To view detailed coverage enrollment and cost information for a specific date, please click the View Coverage Calendar button below.

Effective Date	Year Monthly Cost
8/1/2014	\$129.23
11/1/2014	\$0.00

View Coverage Calendar

Benefit	Action	Status	Information	Year Monthly Cost	Employee Contribution
Medical	Enroll	Enrolled	Grad Plan, Employee only, 1 covered	\$0.00	\$125.00
Life Insurance	Enroll	Enrolled	Basic Life \$7,500	\$0.00	\$4.23
Dental	Enroll	Not Enrolled			
Vision	Enroll	Not Enrolled			
AD&D	Enroll	Not Enrolled			
Long-Term Disability	Enroll	Not Enrolled			
Health Care Spending Account	Enroll	Not Enrolled			
Dependent Daycare Spending Account	Enroll	Not Enrolled			
Total Cost *				\$0.00	\$129.23

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

Home > Benefit Overview > Submit Agreement

Participant White, Snow Doc # 123456 Doc Status Not Submitted
 UIN 123004567 Doc Type New Employee Enrollment Eff. Date 9/1/2014

You're almost done!

To submit this benefit change document, review the information below, enter your UIN in the field provided, and click Submit.

Payroll Deduction/Pretax Premiums/Billing Agreement:
 I authorize The Texas A&M University System to deduct from my earnings the amount required to cover my share of the premiums for these coverages. If I elect to participate in pretax health/dental/vision/AD&D premiums, I authorize the A&M System to reduce my taxable income by an amount equal to my health/dental/vision/AD&D premiums. If I am being billed, I understand that failure to pay my premium(s) will result in cancellation of coverage.

Tobacco User Agreement:
 I understand that if I have indicated that I or one of my dependents is not a tobacco user and this proves to have been a false statement, coverage for the individual whose record has been falsified will be cancelled. If my coverage is cancelled, all associated dependent coverage must be cancelled.

Enter your UIN:

Submit Do 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 [Waiver Process](#) for important information regarding removing the insurance charge from your fee statement, and processing a refund, if needed.