

Benefits (ESS): Make Benefit Elections Using BearTrax

All Employees

Introduction

Purpose:

The purpose of this task is for you to manage, change and/or submit your benefit elections using BearTrax.

To request a password, you'll email beartrax@shawnee.edu.

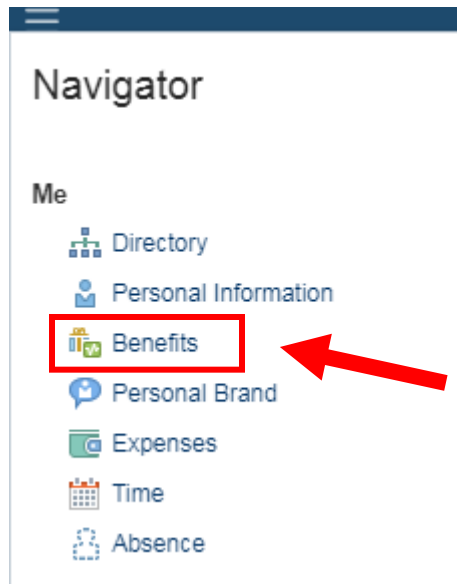
To access Beartrax, you'll visit: www.shawnee.edu/beartrax.

How to Access:

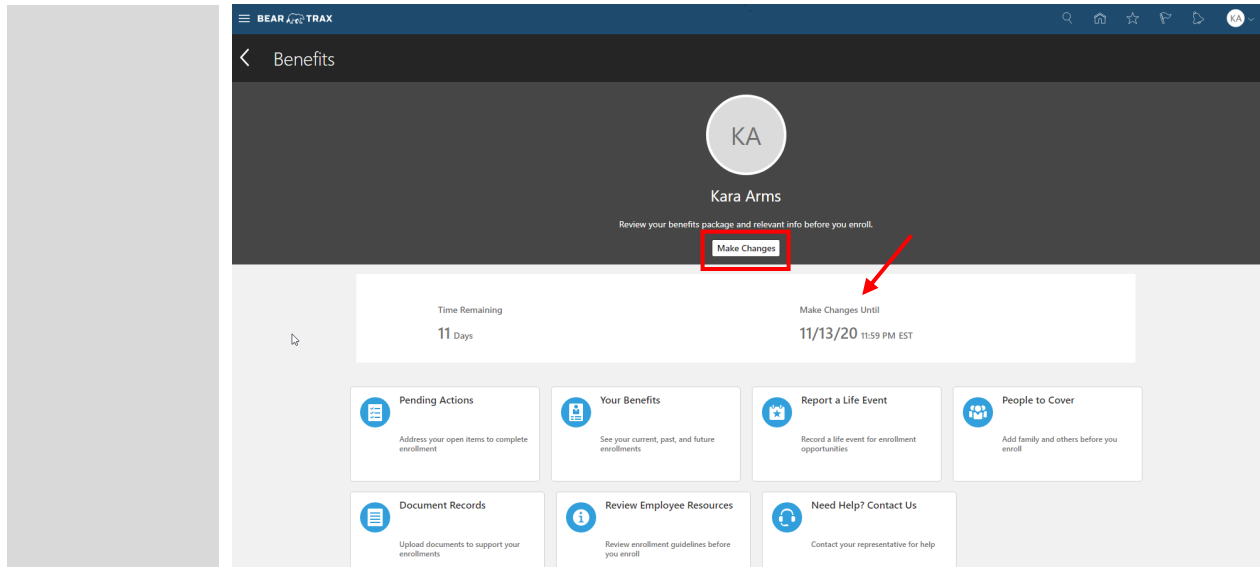
Go to the [Home Screen](#) by clicking the  icon.

Click the  icon.

Under "Me," click "Benefits." This will take you to the Benefits screen.



From this screen, you can view, change, and submit your benefit elections while in an enrollment period or when a life event has been recorded.



Helpful Hints:

Be sure to keep in mind that...

- You can see how changes you make to your elections will affect the total cost to you as you go through the benefits enrollment process.
- You must adhere to the enrollment guidelines set by Human Resources.
- Important! Be sure to add family members and other beneficiaries as contacts before you make your elections.
- In your Benefits pages, the term “Contacts” references your dependents and beneficiaries to be covered.

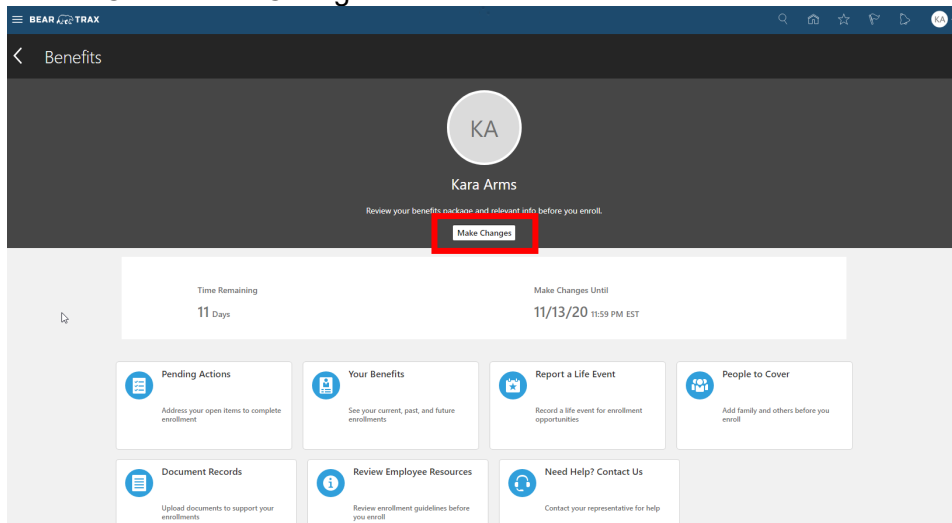
Procedure:

Complete the following steps to change and submit your benefit elections:

Change your Benefit Elections

Follow these instructions to change your benefit elections:

- Click “Make Changes.”



- Edit your current contacts (dependents/beneficiaries) or add new contacts from here.

Create or Edit Contacts for Benefits Coverage:

- Click “+Add” to add a family member as a dependent or beneficiary.
- **Note:** If your contact is an existing employee, please refer to the [Personal Information: Edit Contacts Job Aid](#).

- Enter all required information to create the new contact if they do not already exist in your contacts.
 - a. Gender, Date of Birth, and National ID are required information for all Dependents.
 - b. Disability Status is required for Dependents 26 and older.
 - c. Complete all required fields marked by *.
- Click “Submit” at the top right corner.

New Contact Submit

Basic Information

| | |
|--|--|
| *Last Name | Suffix |
| <input type="text"/> | <input type="text"/> |
| First Name | Middle Name |
| <input type="text"/> | <input type="text"/> |
| Title | Honors |
| Select a value | <input type="text"/> |
| Prefix | Preferred Name |
| <input type="text"/> | <input type="text"/> |
| *Relationship | Previous Last Name |
| Select a value | <input type="text"/> |
| *What's the start date of this relationship? | <input type="checkbox"/> This person is an emergency contact |
| m/d/yy | TIN Type |
| Gender | <input type="text"/> |
| Select a value | TIN Number |
| Date of Birth | <input type="text"/> |
| m/d/yy | Benefits Offered Conditionally |
| Student Status | <input type="text"/> |
| Select a value | Tobacco Use |
| Disability Type | Select a value |
| Select a value | Covered by another plan? |
| Disability Status | No |
| Select a value | Plan |
| | <input type="text"/> |

Add/Edit Beneficiary Organizations

- If you wish to add or edit a Trust/Estate as a beneficiary, click the “+Add” Beneficiary Organizations.
- Enter the Start Date in the appropriate format.
- Select the Beneficiary Type.
- If you are entering an Existing Organization:
 - Choose the Name from the drop-down menu displayed.
 - Click “Save.”
- If you are entering a Trust/Estate:
 - Enter information into the required fields.
 - Click “Save.”

Beneficiary Organizations Save Cancel

***Start Date**

Date when you would like this organization available for designation

***Beneficiary Type**

***Trust Name**

Additional Info

Trust Description

- **Note:** If you wish to designate a contact as a beneficiary of your benefit elections, you must go through the Change Benefit Elections process and designate them before finalizing enrollment changes. *This can only occur during annual enrollment periods or when you report a life event.* See [Edit Your Benefit Selections](#).

Enrollment Authorization

- **Note:** The authorization statement notifies all employees that:
- By enrolling in benefits, you are authorizing Shawnee State University to take deductions from your paycheck to pay for your cost of coverage. You are also authorizing the Benefits Office to send necessary personal information to your selected providers to initiate and support your coverage.
- Read the authorization statement. If you disagree, you may not move on to make benefit elections.
- Click “Accept” to continue.

BEAR TRAX

Start Enrollment
Cancel

Authorization

By enrolling in benefits, you are authorizing Shawnee State University to withhold contributions from your paycheck to pay for your cost of coverage. Contributions for faculty and staff will be deducted over the calendar year (24 pay periods). For faculty choosing the 20 pay option contributions will be deducted during the academic year (18 pay periods).

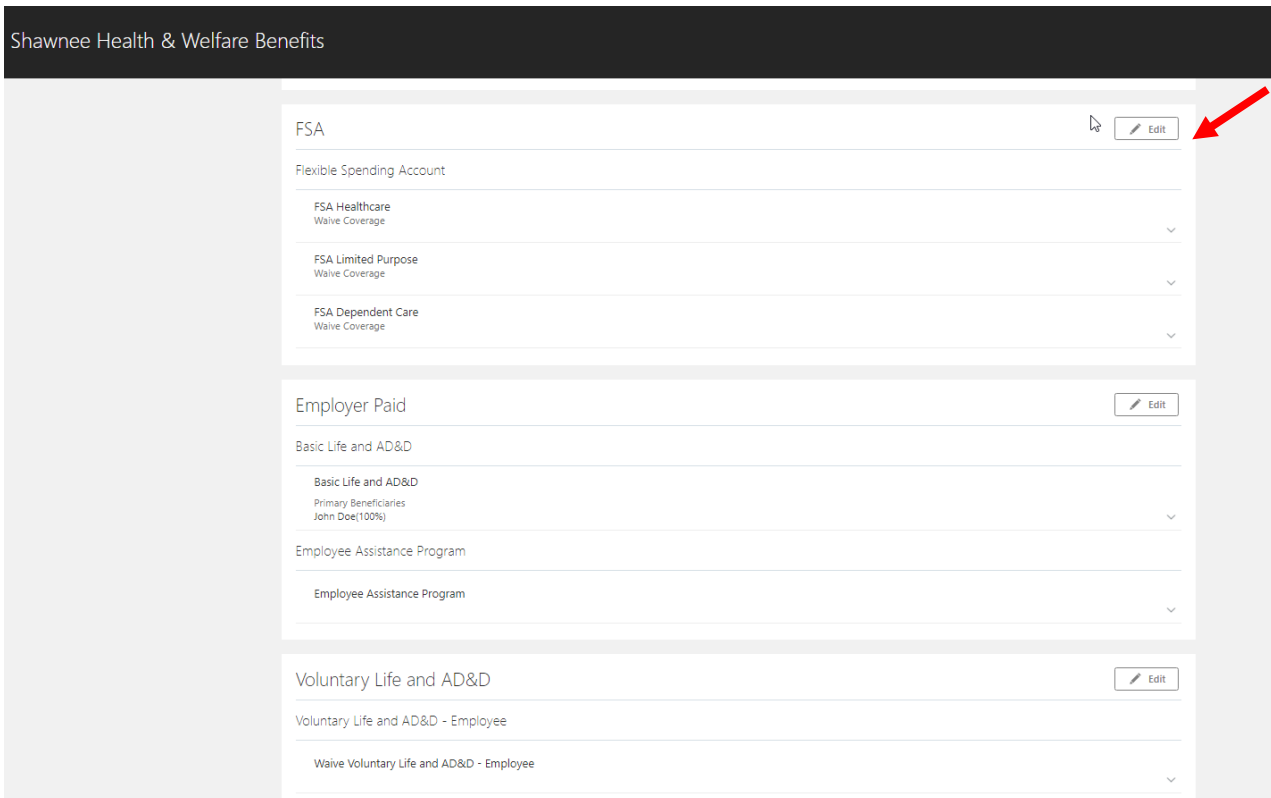
You are also authorizing the Human Resources department to send necessary personal information to your selected providers to initiate and support your coverage.

Accept
Decline

Edit Your Benefit Selections

Follow these instructions to edit your benefit selections:

- **Note:** Be sure to refer to the information/instructions located at the top of each section to learn more about each benefit and the options available to you.



Shawnee Health & Welfare Benefits

FSA Edit

Flexible Spending Account

FSA Healthcare
Waive Coverage

FSA Limited Purpose
Waive Coverage

FSA Dependent Care
Waive Coverage

Employer Paid Edit

Basic Life and AD&D

Basic Life and AD&D
Primary Beneficiaries
John Doe(100%)

Employee Assistance Program

Employee Assistance Program

Voluntary Life and AD&D Edit

Voluntary Life and AD&D - Employee

Waive Voluntary Life and AD&D - Employee

FSA Options:

- Click the “Edit” icon for the Flexible Spending Account (FSA) benefit option you wish to elect.
- PPO participants have the option to enroll in the FSA or a Dependent Care FSA.
- HDHP Participants have the option to enroll in a limited-purpose FSA and/or a Dependent Care FSA.
- Enter the annual amount you wish to contribute in the “coverage” box.
- Click, OK within that selection, and then Continue at the top right.

Note: Pursuant to IRS guidelines, any unused funds in the FSA account(s) are forfeited on March 15th of the subsequent plan year. Flex Spending must be elected every year during open enrollment as this account will not default to the prior year's election.

Flexible Spending Account

FSA Healthcare

Elect Coverage
0.00 Annually Employee Per Pay Perio...
Coverage Amount
240.00

Waive Coverage

FSA Limited Purpose

Elect Coverage
0.00 Annually Employee Per Pay Perio...
Coverage
240 to 2650, in increments of 0.01
Annual Amount
0.00

Waive Coverage

FSA Dependent Care

Elect Coverage
0.00 Annually Employee Per Pay Perio...
Coverage Amount
240.00

Buttons: Continue, Cancel, OK, Cancel

Employer Paid Benefit Options:

- View the Employer Paid benefits—these elections cannot be changed. You can designate beneficiaries on the Designations page.

Employer Paid Edit

Basic Life and AD&D

Basic Life and AD&D
Primary Beneficiaries
John Doe(100%)

Employee Assistance Program

Employee Assistance Program

Voluntary Life and AD&D Options:

- Click the “edit” icon for the Voluntary Life and AD&D benefits you wish to select for enrollment. The system will default to “waive”. If you previously had this benefit and wish to continue coverage or increase coverage amounts you will need to elect the coverage amount.

Shawnee Health & Welfare Benefits Submit Cancel

Voluntary Life and AD&D Edit

Voluntary Life and AD&D - Employee

Waive Voluntary Life and AD&D - Employee

Voluntary Life and AD&D - Spouse

Waive Voluntary Life and AD&D - Spouse

Voluntary Life and AD&D - Child(ren)

Voluntary Life and AD&D - Child(ren)
Waive Coverage

Disability Edit

Voluntary LTD

Waive Voluntary Long Term Disability

- For Employee Coverage: Enter the coverage amount you wish in the “coverage” box. Enter Beneficiary amounts and click “OK” in the top right corner.

Voluntary Life and AD&D - Employee

Voluntary Life and AD&D - Employee

Voluntary Life and AD&D - Employee

Coverage OK Cancel

20000 to 500000, in increments of 1000

Employee Per Pay Period After-Tax Amount - for Life: 0.64 Employee Per Pay Period After-Tax Amount - for AD&D: 0.32

Primary Beneficiaries: John Doe % Contingent Beneficiaries: John Doe %

- For Spouse Coverage: Enter the coverage amount you wish in the “coverage” box. Select “who you want to cover” and click “OK” in the top right corner.

Voluntary Life and AD&D - Spouse

Voluntary Life and AD&D - Spouse

Voluntary Life and AD&D - Spouse

Coverage OK Cancel

Employee Per Pay Period After-Tax Amount - for Life: 0.64 Employee Per Pay Period After-Tax Amount - for AD&D: 0.32

Who do you want to cover? John Doe (Spouse)

- For Child Coverage: Select the coverage amount you wish and select “who you want to cover” and click “Ok” in the top right corner.

Voluntary Life and AD&D - Child(ren)

Voluntary Life and AD&D - Child(ren)

| | | | |
|--------------------------|----------------|---|---|
| <input type="checkbox"/> | \$5,000 | Employee Per Pay Period After-Tax Amount - for Life 0.37 | Employee Per Pay Period After-Tax Amount - for AD&D 0.08 |
| <input type="checkbox"/> | \$10,000 | Employee Per Pay Period After-Tax Amount - for Life 0.73 | Employee Per Pay Period After-Tax Amount - for AD&D 0.16 |
| <input type="checkbox"/> | \$15,000 | Employee Per Pay Period After-Tax Amount - for Life 1.10 | Employee Per Pay Period After-Tax Amount - for AD&D 0.24 |
| <input type="checkbox"/> | \$20,000 | Employee Per Pay Period After-Tax Amount - for Life 1.46 | Employee Per Pay Period After-Tax Amount - for AD&D 0.32 |
| <input type="checkbox"/> | Waive Coverage | | |

Disability Options:

- Click the “edit” icon for the Disability benefits you wish to select for enrollment. The system will default to waive. If you previously had this benefit and wish to continue coverage or change coverage plans you will need to elect the coverage.

Voluntary LTD

Voluntary Long Term Disability

| | | | |
|--------------------------|--------------------------|-----------------------------|--|
| <input type="checkbox"/> | Plan1 - 90 Days/SSNRA | Coverage Amount 2,791.36 | Employee Per Pay Period After-Tax Amount 6.28 |
| <input type="checkbox"/> | Plan2 - 180 Days/SSNRA | Coverage Amount 2,791.36 | Employee Per Pay Period After-Tax Amount 4.19 |
| <input type="checkbox"/> | Plan3 - 90 Days/5 Years | Coverage Amount 2,791.36 | Employee Per Pay Period After-Tax Amount 3.26 |
| <input type="checkbox"/> | Plan4 - 180 Days/5 Years | Coverage Amount 2,791.36 | Employee Per Pay Period After-Tax Amount 2.10 |

Waive Voluntary Long Term Disability

| | | | |
|-------------------------------------|--------------------------------------|--|--|
| <input checked="" type="checkbox"/> | Waive Voluntary Long Term Disability | | |
|-------------------------------------|--------------------------------------|--|--|


- Review your Benefit Elections and click “Submit” in the top right corner.

Shawnee Health & Welfare Benefits Submit Cancel

Currency in USD
Your Total Cost 0.00
Per Pay Period


Medical Edit

Medical

 There's nothing here so far.

HSA Edit

Health Savings Account

 There's nothing here so far.

FSA Edit

Flexible Spending Account

- If you need to make additional revisions, click the “cancel” button or go back to the benefits options.
- Click “Submit” to submit your benefit selections.
- You can now review your confirmation page.

Final Notes

By following these steps, you have successfully made changes or submitted benefit elections.