



**NEW HIRE BENEFIT ENROLLMENT  
INSTRUCTIONS THROUGH THE COLLEAGUE  
RESOURCE CENTER IN LAWSON**

**BENEFITS DEPARTMENT**

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## Introduction


Welcome to New Hire Benefits Enrollment on the LVHN Colleague Resource Center in Lawson. In order to have benefits through Lehigh Valley Health Network, it is required that all employees enroll online within their first 30 days of employment. **If you do not enroll within 30 days of your date of hire, you will not be eligible for medical, dental, vision and/or FSA plans until the next Open Enrollment period, unless you have a qualifying event.**

We offer benefits including Medical, Dental, Vision Plans, Health Care and Child/Elder Care Flexible Spending Accounts (FSAs) and Supplemental Life insurance options (employee, spouse and dependent coverage). *If you enroll dependents in your medical and/or dental insurance, you will be asked to complete the required Coordination of Benefits (COB) information during the online enrollment in Lawson.*

Please follow these easy steps to complete your New Hire Benefit Enrollment for the year. With each plan, if you choose not to participate, you will need to select the Waive Plan. At the end of the enrollment process, you will have a chance to review all of your selections, click Save Your Enrollment and **print a copy of your election**. *A copy of your Confirmation Statement will be automatically sent to your LVHN e-mail address.*

Once you have saved your selections, you can only make changes by contacting Human Resources. If you have any questions, please contact the LVHN Colleague Resource Center at 844-GOASKHR (462-7547). If you are a Health Network Laboratories (HNL) colleague, please call HNL's HR department at 484-425-5520.


To access Lawson, please follow the directions below:

- 1) For LVHN colleagues, access the SSO toolbar by clicking the **“.SSO Apps”** icon  on your desktop. For HNL Colleagues, go to the **MyHNL** homepage.



- 2) For LVHN colleagues, click on the **“LVHN CRC - Lawson”** icon  from the SSO toolbar. This will launch the Lawson system.

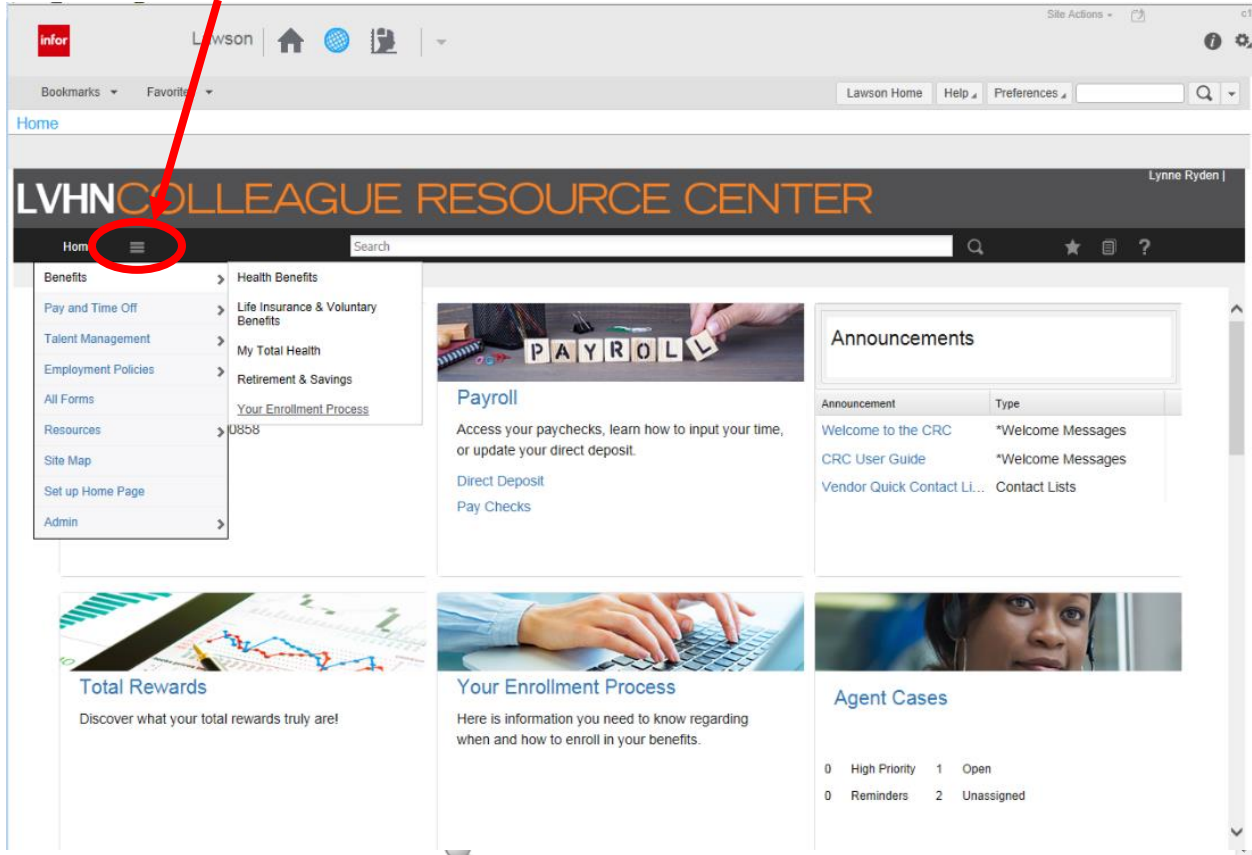


For HNL colleagues, please click on the **“Lawson Infor”** icon  from your **MyHNL** homepage. This will launch the Lawson system.

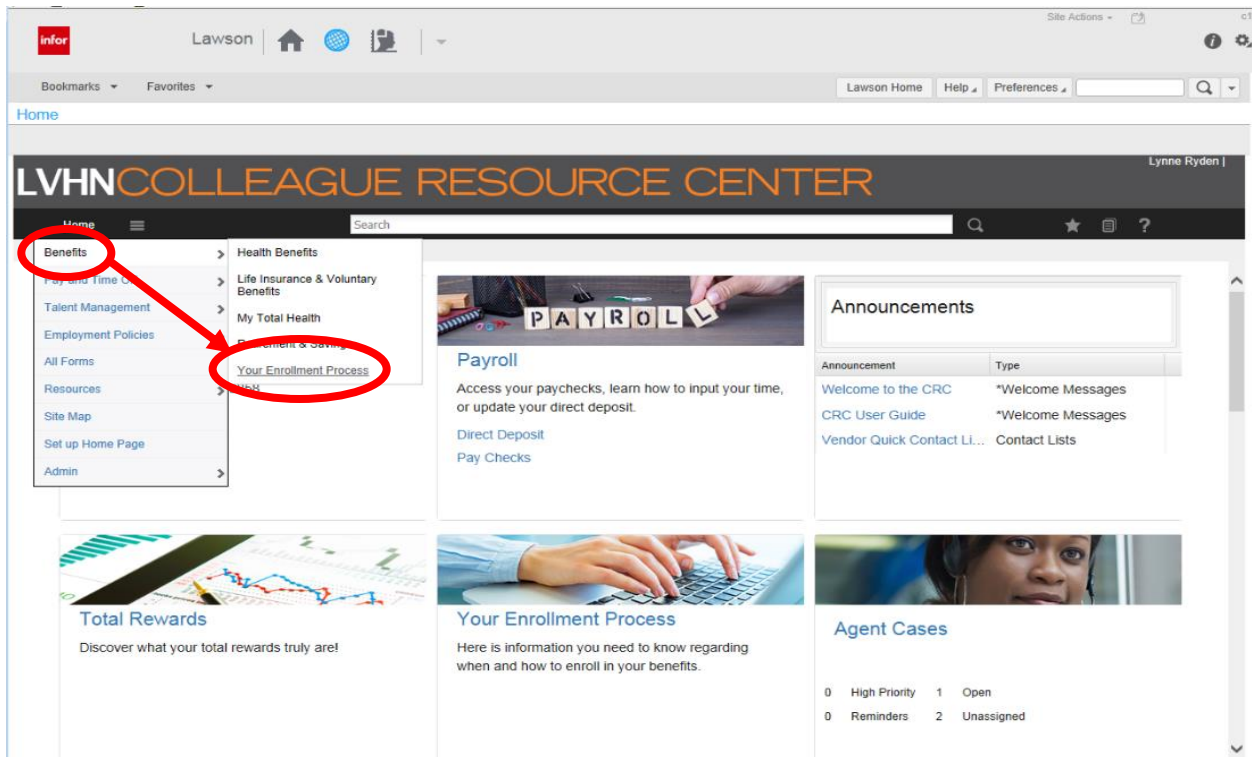
- 3) You must enter your login information to proceed. If unsure of your login information, please contact your Manager.

# Accessing New Hire Enrollment via the Colleague Resource Center in Lawson

Click on the main menu icon on the upper left side of the page



Hover over (do not click) 'Benefits' from the drop down menu, then click on 'Your Enrollment Process'.



To access the New Hire Enrollment process, click on “New Hire Enrollment”.

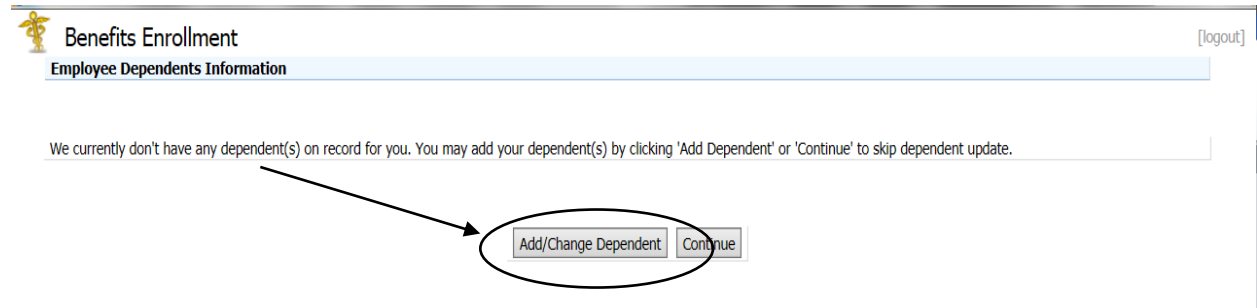
The screenshot shows the LVHN Colleague Resource Center website. The main navigation bar includes 'Home', 'Search', and 'Lynne Ryden'. The page title is 'Your Enrollment Process'. On the left, there is a sidebar with 'Overview' and 'Related Links'. The 'New Hire Enrollment' section is highlighted with a red circle, and a red arrow points from this link to the 'New Hire Enrollment' link in the 'Related Links' section.

To start New Hire Enrollment, review the verbiage on the Welcome screen and click ‘Continue’.

The screenshot shows the 'Welcome to New Hire Enrollment' screen. The page title is 'Benefits Enrollment' and 'Welcome to New Hire Enrollment'. The main heading is 'Welcome to New Hire Benefit Enrollment!'. The text on the page reads: 'You must enroll in order to have medical, dental, vision, Flexible Spending Account (FSA) or Supplemental Life coverage as of your eligibility date. If you do not successfully complete this enrollment process, within 30 days of your hire date, you will not have benefit coverage.' Below this, there are instructions and a list of attention points. At the bottom right, there is a 'Continue' button circled in red.

## Adding a Dependent

Click on **Add/Change Dependent** to add your dependent(s).



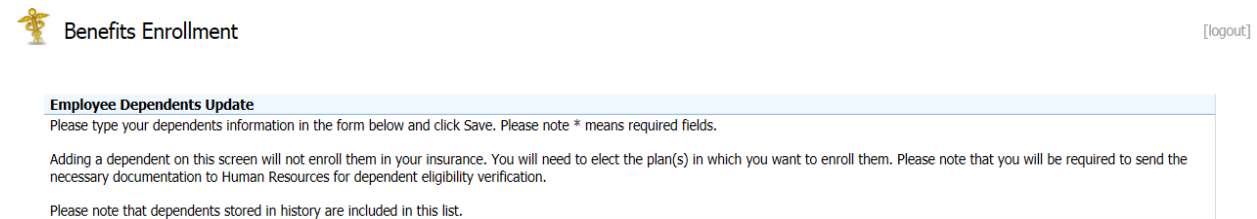
Benefits Enrollment [logout]

Employee Dependents Information

We currently don't have any dependent(s) on record for you. You may add your dependent(s) by clicking 'Add Dependent' or 'Continue' to skip dependent update.

[Add/Change Dependent](#) [Continue](#)

This will open a detail window for you to add each dependent you would like to add to your insurance and their required information. **Keep in mind, adding a dependent on this screen will not enroll them in your insurance. You will need to elect the plan(s) in which you want them enrolled during this online enrollment process.** Please note that you will be required to upload or send the necessary documentation to Human Resources for dependent eligibility verification. Please make sure that the correct information (i.e., SSN, DOB, relationship, etc.) is entered for each dependent.



Benefits Enrollment [logout]

**Employee Dependents Update**

Please type your dependents information in the form below and click Save. Please note \* means required fields.

Adding a dependent on this screen will not enroll them in your insurance. You will need to elect the plan(s) in which you want to enroll them. Please note that you will be required to send the necessary documentation to Human Resources for dependent eligibility verification.

Please note that dependents stored in history are included in this list.

Existing Dependent(s) List				
Name	Relation	Dependent Type	Birthdate	Verified?
<a href="#">Upload Documents</a>				

**New Dependent(s) Form**

\*First Name  Middle Initial

\* Last Name:

Suffix

\* Birthdate (mm/dd/yyyy)

(If adopted): Adoption Date (mm/dd/yyyy)

\* Social Security Number

\* Relationship

\* Dependent Type  Spouse  Child

\* Gender  Male  Female

\*Does this dependent reside with you?  Yes  No-resides at different address

[Save](#) [Continue](#)

You must complete each asterisked section (shown above) and the Social Security Number for each dependent.

If your dependent does not live at your home address (i.e., school, with another parent), you must update their address to ensure proper claim processing.

## Benefits Enrollment

### Employee Dependents Update

Please type your dependents information in the form below and click Save. Please note \* means required fields.

Adding a dependent on this screen will not enroll them in your insurance. You will need to elect the plan(s) in which you want to enroll them. Please note that you will be required to send the necessary documentation to Human Resources for dependent eligibility verification.

Please note that dependents stored in history are included in this list.

Existing Dependent(s) List					
Name	Relation	Dependent Type	Birthdate		
MUSKETEERS, THREE	SON	Dependent	06/10/1998		<a href="#">Edit</a>
way, milky	DAUGHTER	Dependent	04/15/1995		<a href="#">Edit</a>
bar, snickers	DAUGHTER	Dependent	05/18/1991		<a href="#">Edit</a>
cup, peanut butter	SPOUSE	Spouse	02/28/1960		<a href="#">Edit</a>
PATTY, PEPPERMINT	DAUGHTER	Dependent	05/10/2000		<a href="#">Edit</a>

New Dependent(s) Form	
*First Name	<input type="text"/> Middle Initial <input type="text"/>
* Last Name:	<input type="text"/>
Suffix	<input type="text"/>
* Birthdate (mm/dd/yyyy)	<input type="text"/>
(If adopted): Adoption Date (mm/dd/yyyy)	<input type="text"/>
* Social Security Number	<input type="text"/>
* Relationship	<input type="text"/>
* Dependent Type	<input type="radio"/> Spouse <input type="radio"/> Child
* Gender	<input type="radio"/> Male <input type="radio"/> Female
*Does this dependent reside with you?	<input type="radio"/> Yes <input type="radio"/> No-resides at different address

First, answer the question above *Does this dependent reside with you?* **YES/NO**. If NO, complete their address, including zip code. Click 'Save' to update.

http://vh10bts.vh.com:8080/?key=cHJveHk9dHJlZXVibX8sb3llZT0yMDk2MDJlJ8Y29tcGFueT0xHRScGU9TFZla - Windows Internet Explorer

### Benefits Enrollment

Employee Dependents Update

Please type your dependents information in the form below and click Save. Please note \* means required fields.

Adding a dependent on this screen will not enroll them in your insurance. You will need to elect the plan(s) in which you want to enroll them. Please note that you will be required to send the necessary documentation to Human Resources for dependent eligibility verification.

Please note that dependents stored in history are included in this list.

Existing Dependent(s) List					
Name	Relation	Dependent Type	Birthdate		
MUSKETEERS, THREE	SON	Dependent	06/10/1998		<a href="#">Edit</a>
way, milky	DAUGHTER	Dependent	04/15/1995		<a href="#">Edit</a>
bar, snickers	DAUGHTER	Dependent	05/18/1991		<a href="#">Edit</a>
cup, peanut butter	SPOUSE	Spouse	02/28/1960		<a href="#">Edit</a>
PATTY, PEPPERMINT	DAUGHTER	Dependent	05/10/2000		<a href="#">Edit</a>

New Dependent(s) Form	
*First Name	<input type="text"/> Middle Initial <input type="text"/>
* Last Name:	<input type="text"/>
Suffix	<input type="text"/>
* Birthdate (mm/dd/yyyy)	<input type="text"/>
(If adopted): Adoption Date (mm/dd/yyyy)	<input type="text"/>
* Social Security Number	<input type="text"/>
* Relationship	<input type="text"/>
* Dependent Type	<input type="radio"/> Spouse <input type="radio"/> Child
* Gender	<input type="radio"/> Male <input type="radio"/> Female
*Does this dependent reside with you?	<input type="radio"/> Yes <input checked="" type="radio"/> No-resides at different address
Dependent Home Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Country:	<input type="text"/>
Address Effective Date:	<input type="text"/>

Click on the 'Save' Button once you have updated information which will give you a blank New Dependent Form to add another Dependent.

## Uploading Dependent Eligibility Documents

Dependent Eligibility documentation is required to enroll dependents onto insurance with LVHN (ex., State issued Marriage License, State issued Birth Certificate, etc.). If you have a file or picture of your document, you may upload it here. *Acceptable file types are doc, docx, txt, jpg, pdf, csv, tif, png. Maximum acceptable file size is 2048 KB.*

To upload your document(s), click on the **'Upload Documents'** button.

**Benefits Enrollment** [logout]

**Employee Dependents Update**  
Please type your dependents information in the form below and click Save. Please note \* means required fields.

Adding a dependent on this screen will not enroll them in your insurance. You will need to elect the plan(s) in which you want to enroll them. Please note that you will be required to send the necessary documentation to Human Resources for dependent eligibility verification.

Please note that dependents stored in history are included in this list.

Existing Dependent(s) List				
Name	Relation	Dependent Type	Birthdate	Verified?
MOUSE, MINNIE	SPOUSE	Spouse	01/01/1950	No

**New Dependent(s) Form**

\*First Name  Middle Initial

\* Last Name:

Suffix

\* Birthdate (mm/dd/yyyy)

(If adopted): Adoption Date (mm/dd/yyyy)

\* Social Security Number

\* Relationship

\* Dependent Type  Spouse  Child

\* Gender  Male  Female

\*Does this dependent reside with you?  Yes  No-resides at different address

Save Continue

Click on the **'Browse'** button to select the file you wish to upload. Please give each document file a Title.

**Benefits Enrollment** [logout]

**Employee Dependents Update**  
Please type your dependents information in the form below and click Save. Please note \* means required fields.

Adding a dependent on this screen will not enroll them in your insurance. You will need to elect the plan(s) in which you want to enroll them. Please note that you will be required to send the necessary documentation to Human Resources for dependent eligibility verification.

Please note that dependents stored in history are included in this list.

Existing Dependent(s) List	
Name	Relation

**New Dependent(s) Form**

\*First Name  Middle Initial

\* Last Name:

Suffix

\* Birthdate (mm/dd/yyyy)

(If adopted): Adoption Date (mm/dd/yyyy)

\* Social Security Number

\* Relationship

\* Dependent Type  Spouse  Child

\* Gender  Male  Female

\*Does this dependent reside with you?  Yes  No-resides at different address

Save Back

File Upload

You may select the files to upload by selecting the browse button. You may also specify the title of each document. Acceptable file types are doc, docx, txt, jpg, pdf, doc, cvs, tif, png. Maximum acceptable file size is 2048 KB.

File 1:  \*  
Title:   
Upload File:  Browse...

File 2:  \*  
Title:   
Upload File:  Browse...

File 3:  \*  
Title:   
Upload File:  Browse...


File 4:  \*  
Title:   
Upload File:  Browse...

Click on the **'Save'** Button once you have uploaded your documents.

If are you finished adding dependents/uploading documents and wish to proceed with New Hire Enrollment, click **'Continue'**. Next, you will see the list of benefits available for you.



This screen shows the various benefits you will be electing during the New Hire Enrollment process.

 **Benefits Enrollment** [[logout]]

**Enrollment Order**

You will enroll in benefits in the following order.

Plan Type
HEALTH
DENTAL
VISION
HEALTH SAVINGS ACCT
HEALTH CARE FSA
CHILD/ELDER CARE FSA
SUPPLEMENTAL LIFE
SPOUSE LIFE
DEPENDENT LIFE

Click on **'Continue'** to begin. Should you choose to enroll at a later time, click on **'Exit'**.

# Tobacco Surcharge

Please answer the question regarding Tobacco usage within the past 3 months and click **'Continue'**.



## Benefits Enrollment



### Tobacco Acknowledgement

Please answer the questions below to acknowledge whether or not you use tobacco.

Do you currently use tobacco products or have you used tobacco products in the last 3 months? This includes cigarettes, pipes, cigars, chewing tobacco, snuff, e-cigarettes or any other type of smoking or smokeless tobacco.

Yes



No



Continue

## Health Plan

First, select your Health Plan. For a description of the plans, click the [blue links](#) for each option.

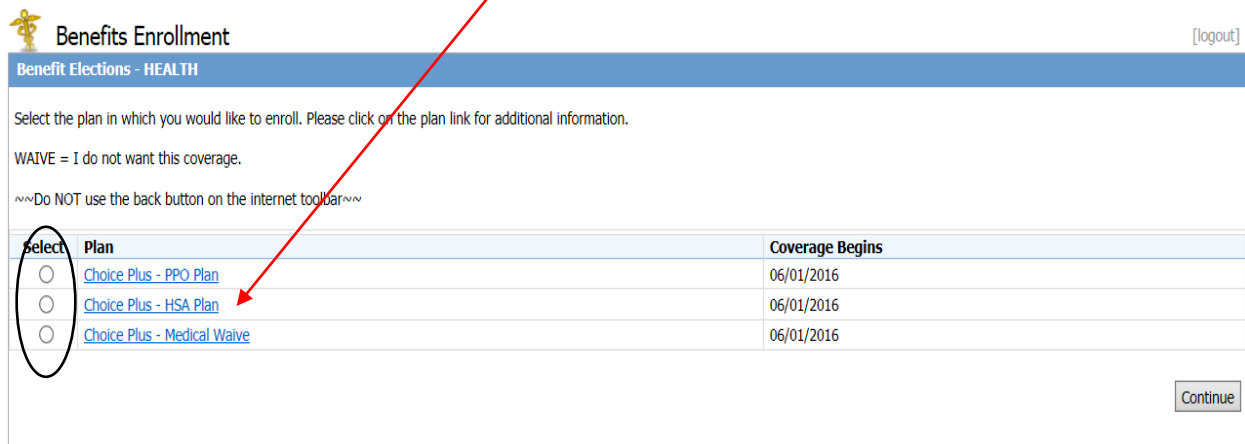
**“Choice Plus – PPO Plan” = lower deductibles/higher premiums**

**“Choice Plus – HSA Plan” = higher deductibles/lower premiums**

*Important Reminder on Choice Plus - HSA Plan: You may not have other non-high-deductible health coverage (i.e. from a parent, spouse or Medicare)*

**“Choice Plus – Medical Waive” = Do not want this coverage.**

*If you elect the Choice Plus HSA plan, you will be asked if you want to make additional contributions to your Health Savings Account (HSA). This will occur later in the enrollment process (refer to your electronic New Hire Benefits Briefing for more information on the HSA plan and contribution limits).*



Benefits Enrollment [logout]

Benefit Elections - HEALTH

Select the plan in which you would like to enroll. Please click on the plan link for additional information.

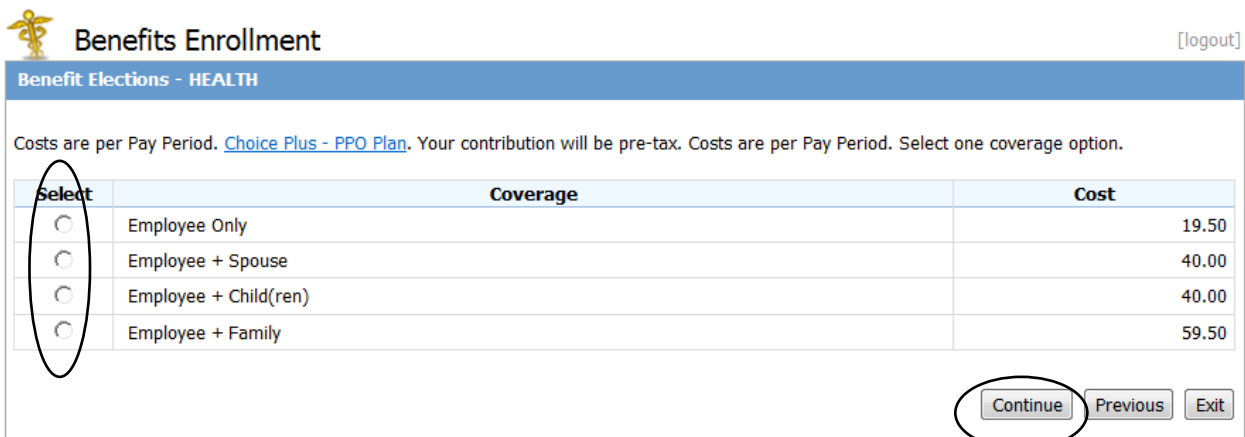
WAIVE = I do not want this coverage.

~~Do NOT use the back button on the internet toolbar~~

Select	Plan	Coverage Begins
<input type="radio"/>	<a href="#">Choice Plus - PPO Plan</a>	06/01/2016
<input type="radio"/>	<a href="#">Choice Plus - HSA Plan</a>	06/01/2016
<input type="radio"/>	<a href="#">Choice Plus - Medical Waive</a>	06/01/2016

Make your selection by clicking the circle next to the Plan you've chosen. Then click **'Continue'**.

If enrolling dependents onto your Health insurance, please select the appropriate coverage tier below and click **'Continue'**:




Benefits Enrollment [logout]

Benefit Elections - HEALTH

Costs are per Pay Period. [Choice Plus - PPO Plan](#). Your contribution will be pre-tax. Costs are per Pay Period. Select one coverage option.

Select	Coverage	Cost
<input type="radio"/>	Employee Only	19.50
<input type="radio"/>	Employee + Spouse	40.00
<input type="radio"/>	Employee + Child(ren)	40.00
<input type="radio"/>	Employee + Family	59.50

Select the dependents you are enrolling in your health insurance by checking the box next to each name and clicking 'Continue'.

 **Benefits Enrollment** [logout]

**Benefit Elections - HEALTH**


Costs are per Pay Period. [Choice Plus - PPO Plan](#). This plan may cover a spouse and your dependents. Error: This plan covers up to 99 Dependents. **Select dependents to include for plan coverage.**

Select	Dependent	Status
<input type="checkbox"/>	THREE MUSKETEERS	Eligible
<input type="checkbox"/>	milky way	Eligible
<input type="checkbox"/>	snickers bar	Eligible
<input type="checkbox"/>	peanut butter cup	Eligible
<input type="checkbox"/>	PEPPERMINT PATTY	Eligible

If you fail to select a dependent on this screen, they will not be enrolled onto the Health Plan.

# Working Spousal Surcharge

If you have chosen to enroll your spouse onto the Health Plan, please answer the question regarding your Spouse's eligibility for coverage with their employer. If your spouse works at LVHN or HNL, you should answer 'No' to this question.

 **Benefits Enrollment** [logout]

**Benefit Elections - HEALTH**

Costs are per Pay Period. [Choice Plus - PPO Plan](#). Costs are per Pay Period. Changes will be effective 01/01/2016.

Plan	Coverage	Cost
Choice Plus - PPO Plan	Employee + Family	59.50 Pre-tax

**Covered Dependents As Of 01/01/2016**

THREE MUSKETEERS	milky way
snickers bar	peanut butter cup
PEPPERMINT PATTY	

**Working Spouse Provision**

Is your Spouse eligible for medical coverage through their employer, other than LVHN or HNL, or another group health plan, regardless of whether they are enrolled? (NOT including Medicare, TRICARE, COBRA and retiree coverage):

Yes  
 No

If yes, enter Employer Name:

By clicking "Continue", I certify that I have answered all information truthfully and that any dependent(s) listed above, who will be covered under my LVHN benefit coverage, are my eligible dependent(s) under the plan's eligibility guidelines. I understand that proof of dependent eligibility may be requested by the plan at any time.

## Dental Plan

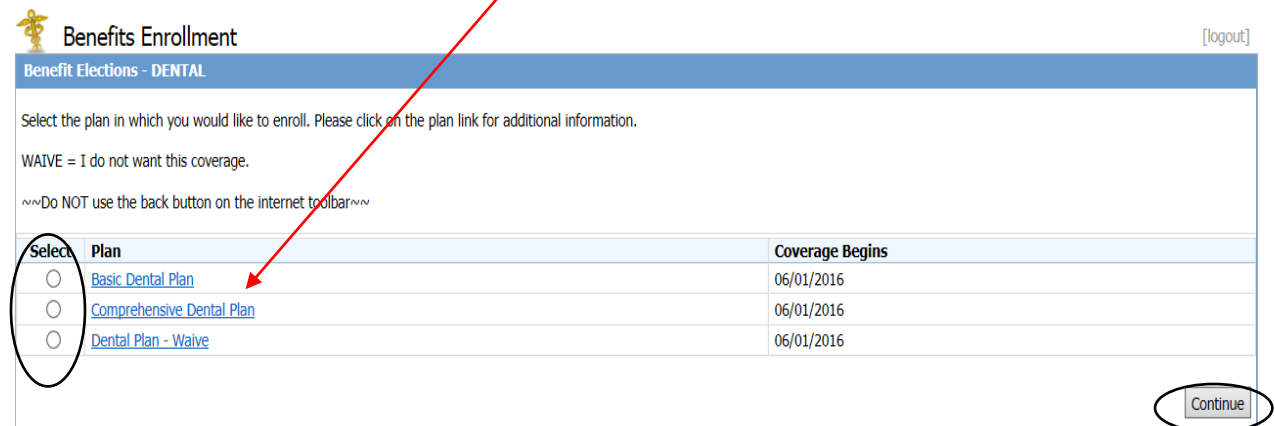
Each of the following plans follows the same basic steps to enroll or waive. Please select carefully.

**“Basic Dental Plan” = covers Preventive and Basic services only**

**“Comprehensive Dental Plan” = covers Preventive, Basic, Major and Orthodontic services.**

**“Dental Plan – Waive” = I do not want this coverage.**

For a description of the plans, click the [blue links](#) for each option.

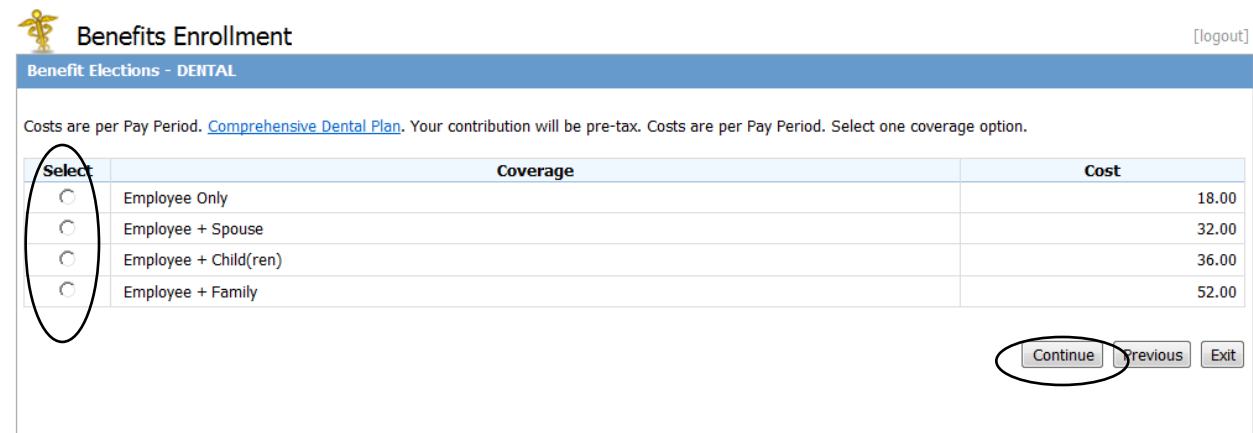


The screenshot shows the 'Benefits Enrollment' page for 'Benefit Elections - DENTAL'. It includes a header with a logo and a '[logout]' link. The main content area has a blue header and instructions: 'Select the plan in which you would like to enroll. Please click on the plan link for additional information.' Below this, it says 'WAIVE = I do not want this coverage.' and a warning: '~~Do NOT use the back button on the internet toolbar~~'. A table lists three options: 'Basic Dental Plan', 'Comprehensive Dental Plan', and 'Dental Plan - Waive', each with a radio button and a 'Coverage Begins' date of 06/01/2016. A red arrow points from the text 'blue links' to the 'Basic Dental Plan' link. A 'Continue' button is circled in the bottom right.

Select	Plan	Coverage Begins
<input type="radio"/>	<a href="#">Basic Dental Plan</a>	06/01/2016
<input type="radio"/>	<a href="#">Comprehensive Dental Plan</a>	06/01/2016
<input type="radio"/>	<a href="#">Dental Plan - Waive</a>	06/01/2016

Make your selection by clicking the circle next to the Plan you've chosen. Then click **'Continue'**.


If enrolling dependents onto your Dental insurance, please select the appropriate coverage tier below and click **'Continue'**:



The screenshot shows the 'Benefits Enrollment' page for 'Benefit Elections - DENTAL'. It includes a header with a logo and a '[logout]' link. The main content area has a blue header and instructions: 'Costs are per Pay Period. [Comprehensive Dental Plan](#). Your contribution will be pre-tax. Costs are per Pay Period. Select one coverage option.' Below this, a table lists four coverage options: 'Employee Only', 'Employee + Spouse', 'Employee + Child(ren)', and 'Employee + Family', each with a radio button and a 'Cost' value. A 'Continue' button is circled in the bottom right.

Select	Coverage	Cost
<input type="radio"/>	Employee Only	18.00
<input type="radio"/>	Employee + Spouse	32.00
<input type="radio"/>	Employee + Child(ren)	36.00
<input type="radio"/>	Employee + Family	52.00

Select the dependents you are enrolling in your dental insurance by checking the box next to each name and clicking 'Continue'.

 **Benefits Enrollment** [logout]

**Benefit Elections - DENTAL**

Costs are per Pay Period. [Comprehensive Dental Plan](#). Error: This plan only covers your dependents. Error: This plan covers up to 99 Dependents. **Select dependents to include for plan coverage.**

Select	Dependent	Status
<input type="checkbox"/>	THREE MUSKETEERS	Eligible
<input type="checkbox"/>	milky way	Eligible
<input type="checkbox"/>	snickers bar	Eligible
<input type="checkbox"/>	peanut butter cup	Error: This plan does not cover your spouse.
<input type="checkbox"/>	PEPPERMINT PATTY	Eligible

If you fail to select a dependent on this screen, they will not be enrolled onto the Dental Plan.

When finished making appropriate coverage and dependent selection, click on 'Continue' to move to the Vision Plan.

## Vision Plan

Please make your selection for the vision plan:

**“Vision Buy-Up Plan” = coverage includes glasses and contact in the same calendar year.**

**“Vision Base Plan” = coverage includes glasses or contacts with calendar year restrictions.**

**“Vision Plan Waive” = I do not want this coverage.**

For a description of the plans, click the [blue links](#) for each option.

Benefits Enrollment [logout]

Benefit Elections - VISION

Select the plan in which you would like to enroll. Please click on the plan link for additional information.

WAIVE = I do not want this coverage.

~~Do NOT use the back button on the internet toolbar~~

Select	Plan	Coverage Begins
<input type="radio"/>	<a href="#">Vision Buy-Up Plan</a>	06/01/2016
<input type="radio"/>	<a href="#">Vision Base Plan</a>	06/01/2016
<input type="radio"/>	<a href="#">Vision Plan Waive</a>	06/01/2016

Continue

Make your selection by clicking the circle next to the Plan you've chosen. Then click **'Continue'**.

If enrolling dependents onto your Vision insurance, please select the appropriate coverage tier below and click **'Continue'**:

Vision Base Plan. Your contribution will be pre-tax. Costs are per Pay Period. Select one coverage option.' A table lists four coverage options: 'Employee Only', 'Employee & Spouse', 'Employee & Children', and 'Family', with costs of 3.08, 5.69, 5.39, and 7.68 respectively. The 'Select' column has radio buttons next to each option. A 'Continue' button is circled in the bottom right corner."/>

Benefits Enrollment [logout]

Benefit Elections - VISION


Costs are per Pay Period. [Vision Base Plan](#). Your contribution will be pre-tax. Costs are per Pay Period. Select one coverage option.

Select	Coverage	Cost
<input type="radio"/>	Employee Only	3.08
<input type="radio"/>	Employee & Spouse	5.69
<input type="radio"/>	Employee & Children	5.39
<input type="radio"/>	Family	7.68

Continue Previous Exit



Select the dependents you are enrolling in your vision insurance by checking the box next to each name and clicking 'Continue'.

 **Benefits Enrollment** [logout]

**Benefit Elections - VISION**

Costs are per Pay Period. [Vision Base Plan](#). Error: This plan only covers your dependents. Error: This plan covers up to 99 Dependents. **Select dependents to include for plan coverage.**


Select	Dependent	Status
<input type="checkbox"/>	THREE MUSKETEERS	Eligible
<input type="checkbox"/>	milky way	Eligible
<input type="checkbox"/>	snickers bar	Eligible
<input type="checkbox"/>	peanut butter cup	Error: This plan does not cover your spouse.
<input type="checkbox"/>	PEPPERMINT PATTY	Eligible

If you fail to select a dependent on this screen, they will not be enrolled onto the Vision Plan.

## Health Savings Account (HSA)

If you elected the Choice Plus HSA plan as your Health coverage, you now must decide if you will contribute additional money into your Health Savings Account (HSA). LVHN will contribute \$25 per paycheck for Employee Only coverage and \$50 for Employee +Spouse, Employee + Child(ren), or Employee + Family coverage.

You may contribute additional money from your paycheck as well. Please refer to the electronic New Hire Benefits Briefing for more information (or the HR intranet under Benefits).

 Benefits Enrollment [logout]

**Benefit Elections - HEALTH SAVINGS ACCT**

Select the plan in which you would like to enroll. Please click on the plan link for additional information.

WAIVE = I do not want this coverage.

~~Do NOT use the back button on the internet toolbar~~

LVHN automatically contributes \$25 per pay period if you cover only yourself or \$50 per pay period if you cover yourself and dependents. If you wish to contribute additional money into the Health Savings Account, please select Health Savings Account.

If you do NOT wish to contribute additional money, please select HSA Emp Waive/Employer Only.

Select	Plan	Coverage Begins
<input type="radio"/>	<a href="#">Health Savings Account</a>	06/01/2016
<input type="radio"/>	<a href="#">HSA Emp Waive / Employer Only</a>	06/01/2016

**Health Savings Account = Enroll and select contribution level (as seen below)**

**HSA Emp Waive / Employer Only = No additional contributions from employee, only LVHN portion**

 Benefits Enrollment [logout]

**Benefit Elections - HEALTH SAVINGS ACCT**

Costs are per Pay Period. [Health Savings Account](#). Your contribution will be pretax.

Enter the amount you want to contribute.

per pay period  
15 periods remaining from benefit start date

or

for remaining year from benefit start date

## Health Care and/or Child/Elder Care Flexible Spending Account

It is your decision to enroll in the Health Care and/or Child/Elder Care Flexible Spending Accounts (FSAs).

**“Health Care FSA Account” = contribute paycheck funds into a Health Care FSA account for approved services. See Publication 502 on IRS.gov for a listing of guidelines and applicable expenses.**

**“Health FSA Waive Plan” = I do not want this plan.**

If you choose to enroll, enter the amounts you would like to have deducted for each plan.

**\*YOU MAY NOT ENROLL IN A HEALTH CARE FSA IF YOU ELECT THE CHOICE PLUS HSA PLAN.**

Benefits Enrollment [logout]

Benefit Elections - HEALTH CARE FSA

Select the plan in which you would like to enroll. Please click on the plan link for additional information.

WAIVE = I do not want this coverage.

~~Do NOT use the back button on the internet toolbar~~

Select	Plan
<input type="radio"/>	<a href="#">Health Care FSA Account</a>
<input type="radio"/>	<a href="#">Health FSA Waive Plan</a>

Continue Previous

Select **‘Health Care FSA Account’** to select an amount for the remainder of the current calendar year. See screen below.

You can enter an amount per pay period or per year.

Benefits Enrollment [logout]

Benefit Elections - HEALTH CARE FSA

Costs are per Pay Period. [Health Care FSA Account](#). Your contribution will be pre-tax.

Annual Minimum	Annual Maximum
100.00	2,500.00

Enter the amount you want to contribute.

per pay period

26 periods remaining from benefit start date

or

per year

Continue Previous Exit

Follow the same steps for the Child/Elder Care Flexible Spending Account.

**“Child/Elder Care FSA Account” = contribute money from each paycheck into an account for child/elder care services (i.e. daycare). Please refer to Publication 503 on IRS.gov for a listing of applicable expenses.**

**“Child/Elder Care Waive” = I do not want this plan.**

Benefits Enrollment [logout]

Benefit Elections - CHILD/ELDER CARE FSA

Select the plan in which you would like to enroll. Please click on the plan link for additional information.

WAIVE = I do not want this coverage.

^^Do NOT use the back button on the internet toolbar^^

Select	Plan	Coverage Begins
<input type="radio"/>	<a href="#">Child/Elder Care FSA Account</a>	06/01/2016
<input type="radio"/>	<a href="#">Child/Elder Care Waive</a>	06/01/2016

Continue

Select **‘Child/Elder Care FSA Account’** to select an amount for the remainder of the current calendar year. See screen below.

You can enter an amount per pay period or per year.

Benefits Enrollment [logout]

Benefit Elections - CHILD/ELDER CARE FSA

Costs are per Pay Period. [Child/Elder Care FSA Account](#). Your contribution will be pretax.

Annual Minimum	Annual Maximum
0.00	5,000.00

Enter the amount you want to contribute.

per pay period  
15 periods remaining from benefit start date

or

for remaining year from benefit start date

Continue Previous Exit

## Supplemental Life Insurance and AD&D Elections

You will need to select one of the options on the page.

- If you are electing Supplemental Life insurance for yourself, select 'Supp Life and AD&D Plan' and continue
  - **REMINDER – you must elect insurance for yourself if you wish to elect either spousal and/or dependent life insurance**
- If you are waiving Supplemental Life Insurance, select 'Supp Life and AD&D - Waive' and continue

Benefits Enrollment [logout]

Benefit Elections - SUPPLEMENTAL LIFE

Select the plan in which you would like to enroll. Please click on the plan link for additional information.

WAIVE = I do not want this coverage.

~~Do NOT use the back button on the internet toolbar~~

Select	Plan
<input type="radio"/>	<a href="#">Supp Life and AD&amp;D Plan</a>
<input type="radio"/>	<a href="#">Supp Life and AD&amp;D - Waive</a>

Continue

Select the amount of life insurance you would like for yourself (shown in increments of \$25,000 and the appropriate bi-weekly payroll deduction based on your age).

**Reminder – As a new hire, you may enroll in supplemental life coverage in increments of \$25,000 up to 5 times your annual salary (maximum of \$500,000). The first \$250,000 is Guaranteed Issue and would not require Evidence of Insurability (EOI). If you elect coverage beyond \$250,000, you will have to provide EOI.**

Benefits Enrollment [logout]

Benefit Elections - SUPPLEMENTAL LIFE

Costs are per Pay Period. [Supp Life and AD&D Plan](#). Your contribution will be aftertax.

Minimum	Maximum
25,000.00	425,000.00

Enter the amount of insurance you want. Employee Cost

<input type="radio"/>	25,000.00	0.92
<input type="radio"/>	50,000.00	1.85
<input type="radio"/>	75,000.00	2.77
<input type="radio"/>	100,000.00	3.69
<input type="radio"/>	125,000.00	4.62
<input type="radio"/>	150,000.00	5.54
<input type="radio"/>	175,000.00	6.46
<input type="radio"/>	200,000.00	7.38
<input type="radio"/>	225,000.00	8.31
<input type="radio"/>	250,000.00	9.23
<input type="radio"/>	275,000.00	10.15
<input type="radio"/>	300,000.00	11.08
<input type="radio"/>	325,000.00	12.00
<input type="radio"/>	350,000.00	12.92
<input type="radio"/>	375,000.00	13.85
<input type="radio"/>	400,000.00	14.77
<input type="radio"/>	425,000.00	15.69

Continue Previous Exit


Make your selection and click 'Continue'.

## Supplemental Life and AD&D - Spousal Life Insurance

If you are electing life insurance for your spouse, please make your election below. **REMINDER – you must have elected insurance for yourself if you wish to elect spousal life insurance.**

You will need to select one of the options on the page.

- If you are electing coverage for your spouse, select **'Supp Life Spousal'** and continue
- If you are waiving coverage for your spouse, select **'Supp Life Spousal - Waive'** and continue

 Benefits Enrollment [logout]

**Benefit Elections - SPOUSE LIFE**

Select the plan in which you would like to enroll. Please click on the plan link for additional information.


WAIVE = I do not want this coverage.

~~Do NOT use the back button on the internet toolbar~~

Select	Plan
<input type="radio"/>	<a href="#">Supp Life Spousal</a>
<input type="radio"/>	<a href="#">Supp Life Spousal - Waive</a>

You may elect spouse life insurance coverage of either \$25,000 or \$50,000, provided you elect employee supplemental life coverage.

Next, select either \$25,000 or \$50,000 of coverage and click **'Continue'**

 Benefits Enrollment [logout]

**Benefit Elections - SPOUSE LIFE**


Costs are per Pay Period. [Supp Life Spousal](#). Your contribution will be after-tax.

Minimum	Maximum
25,000.00	50,000.00

Enter the amount of insurance you want. Employee Cost

<input type="radio"/> 25,000.00	4.73
<input type="radio"/> 50,000.00	9.46

Then, click the name of your spouse and click **'Continue'**

 Benefits Enrollment [logout]

**Benefit Elections - SPOUSE LIFE**

Costs are per Pay Period. [Supp Life Spousal](#). Error: This plan only covers your spouse. **Select dependents to include for plan coverage.**

Select	Dependent	Status
	THREE MUSKETEERS	Error: This plan does not cover dependents.
	milky way	Error: This plan does not cover dependents.
	snickers bar	Error: This plan does not cover dependents.
<input type="checkbox"/>	peanut butter cup	Eligible
	PEPPERMINT PATTY	Error: This plan does not cover dependents.

## Supplemental Life and AD&D - Dependent Life Insurance

If you are electing life insurance for your child(ren), please make your election below. **REMINDER – you must have elected insurance for yourself if you wish to elect dependent life insurance.**

You will need to select one of the options on the page.

- If you are electing coverage for your child(ren), select **'Supp Life Child'** and continue
- If you are waiving coverage for your child(ren), select **'Supp Life Child - Waive'** and continue

**LAWSON** ent [logout]

**Benefit Elections - DEPENDENT LIFE**

Select the plan in which you would like to enroll. Please click on the plan link for additional information.

WAIVE = I do not want this coverage.

~~Do NOT use the back button on the internet toolbar~~

Select	Plan
<input type="radio"/>	<a href="#">Supp Life Child</a>
<input type="radio"/>	<a href="#">Supp Life Child - Waive</a>

Next, you will see the \$15,000 of life insurance for child coverage (if applicable). Click **'Continue'**.

**LAWSON** ent [logout]

**Benefit Elections - DEPENDENT LIFE**

Costs are per Pay Period. [Supp Life Child](#). Your contribution will be after-tax.

Coverage	Cost
Dependents	15,000.00 0.48

Then, you must select the child(ren) you are including in this coverage, and then click **'Continue'**

**LAWSON** ent [logout]

**Benefit Elections - DEPENDENT LIFE**

Costs are per Pay Period. [Supp Life Child](#). Error: This plan only covers your dependents. **Select dependents to include for plan coverage.**

Select	Dependent	Status
<input type="checkbox"/>	THREE MUSKETEERS	Eligible
<input type="checkbox"/>	milky way	Eligible
<input type="checkbox"/>	snickers bar	Eligible
<input type="checkbox"/>	peanut butter cup	Error: This plan does not cover your spouse.
<input type="checkbox"/>	PEPPERMINT PATTY	Eligible

## Coordination of Benefits (COB)

Answer the question - Are you, your spouse, or any of your dependents enrolled in any other medical or dental and/or Medicare? YES/NO

If NO, scroll down to the bottom of the page and select **'Continue'**

If YES, fill in the information required for each of your dependents and click **'Continue'**.



### Benefits Enrollment

[logou

#### Coordination of Benefits

Are you, your spouse, or any of your dependents enrolled in any other medical or dental plan and/or Medicare?  Yes  No


<b>Name</b>	milton hershey	
<b>Other Medical Coverage</b>	<input type="radio"/> Yes <input type="radio"/> No	
<b>Medical Cardholder Name</b>	<input type="text"/>	
<b>Medical Insurance Company Name</b>	<input type="text"/>	
<b>Medical Group/Employer Name</b>	<input type="text"/>	
<b>Medical Group #</b>	<input type="text"/>	
<b>Medical Effective Date (mm/dd/yyyy)</b>	<input type="text"/>	
<b>Is this a Retiree Plan?</b>	<input type="radio"/> Yes <input type="radio"/> No	
<b>Other Dental Coverage</b>	<input type="radio"/> Yes <input type="radio"/> No	
<b>Dental Cardholder Name</b>	<input type="text"/>	
<b>Dental Insurance Company Name</b>	<input type="text"/>	
<b>Dental Group/Employer Name</b>	<input type="text"/>	
<b>Dental Group #</b>	<input type="text"/>	
<b>Dental Effective Date (mm/dd/yyyy)</b>	<input type="text"/>	
<b>Is this a Retiree Plan?</b>	<input type="radio"/> Yes <input type="radio"/> No	
<b>If Medicare entitled, check reason for entitlement</b>	<input type="checkbox"/> Age	Effective Date (mm/dd/yyyy): <input type="text"/>
	<input type="checkbox"/> Disability	Effective Date (mm/dd/yyyy): <input type="text"/>
	<input type="checkbox"/> ALS	Effective Date (mm/dd/yyyy): <input type="text"/>
	<input type="checkbox"/> ESRD	Effective Date (mm/dd/yyyy): <input type="text"/>



## Review Your Election and Save Your Enrollment

Review the information on the Benefit Elections screen. If you are comfortable with your elections, scroll down to the bottom of that screen and click 'Save Your Enrollment'. If you would like to make changes, click 'Make Changes' and go back and address the benefit you wish to alter.

**If you do not click 'Save Your Enrollment', your enrollment will not be saved.**


Benefits Enrollment
[Logo]

Benefit Elections As Of 01/01/2016

Click **Save Your Enrollment** if the information below is correct (You will be able to save your enrollment after you have made your appropriate changes or elections.)

After you click **Save Your Enrollment**, you will be asked if you want to print your elections. Be sure to print and keep your elections for future reference. You will also be sent the confirmation statement to your work e-mail address.

See the [Benefit Information Guide on the HR Intranet \(hr.lvhn.org\)](#) for additional benefit details.

Plan	Coverage	Your Cost	
Choice Plus - HSA Plan	Employee + Family	10.00	Pre-tax
Comprehensive Dental Plan	Employee + Family	52.00	Pre-tax
Vision Plan Waive			Waive
Health Savings Account	1,000.00 per year	38.46	Pre-tax
Health FSA Waive Plan			
Child/Elder Care Waive			
Choice Plus - Tobacco Waive			Waive
Choice Plus - Spousal Waive			Waive
Supp Life and AD&D Plan	25,000.00	43.04	After-tax
Supp Life Spousal	25,000.00	4.73	After-tax
Supp Life Child Dependent	15,000.00	0.48	After-tax
<b>Pending Plans for Evidence of Insurability</b>			
Supp Life and AD&D Plan - Pending EOI	50,000.00	86.08	After-tax
Supp Life Spousal - Pending EOI	50,000.00	9.46	After-tax

**Dependent Information**

Dependent	Medical	Dental	Spouse Life	Dependent Life
THREE MUSKETEERS	✓	✓	✗	✓
milky way	✓	✓	✗	✓
snickers bar	✓	✓	✗	✓
peanut butter cup	✓	✓	✓	✗
PEPPERMINT PATTY	✓	✗	✗	✓

Dependents with a checkmark ✓ are scheduled to be enrolled in the plan shown above.

Pay Period Summary	Cost
Total pre-tax contributions	100.46
Total after-tax contributions	143.79

Your deductions may differ slightly due to rounding.

Save Your Enrollment
Make Changes

**REMINDER – You have 30 days from your date of hire to make your New Hire Benefit elections. After you've completed the online enrollment, any changes must be made through the Human Resources. Please contact the LVHN Benefits Team by calling 484-884-3199. If you are a Health Network Laboratories (HNL) colleague, please call HNL's HR department at 484-425-5520.**

**If you do not enroll within the 30 days new hire enrollment window, elections cannot be made unless there is a life event that qualifies for changing benefits or the next annual open enrollment period.**

# Confirmation Statement

After you 'Save Your Enrollment', you will be asked if you would like to print a confirmation statement.

Benefits Enrollment [logout]

**Enrollment Elections**

**Election Notification**

Do you want to print these elections for your reference?

Yes

No

[Continue](#)

Please print for your records.

Benefits Enrollment

**Enrollment Elections**

**Print EOI Form \*\***

[Print](#)

**Congratulations!** You have successfully completed your New Hire Benefit enrollment.

Please retain this Benefit Confirmation Statement for your records and be sure to confirm that your benefit deductions are accurately reflected on your paychecks.

Please click on the 'Go to My Beneficiaries' button at the bottom of this page if you would like to review or update your life and accidental death insurance beneficiaries.

The Benefit Information Guide is available on the HR Intranet ([hr.content.lvhn.com](http://hr.content.lvhn.com)) for additional benefit details.

**New Hire Confirmation Statement**  
 Printed: 05/04/2016 Time: 14:01:18  
 Employee Number: 210029

K LUG  
 100 Lawson Way  
 Minneapolis, MN 55401

**Elections**

Plan	Coverage	Start Date	Pre Tax Cost	After Tax Cost	Company Cost
Choice Plus - PPO Plan	Employee Only	06/01/2016	43.25		
Comprehensive Dental Plan	Employee Only	06/01/2016	18.00		
Vision Base Plan	Employee Only	06/01/2016	3.08		
Health Savings Waive Plan		06/01/2016			
Health Care FSA Account	1,000.00 per year	06/01/2016	66.67		
Child/Elder Care Waive		06/01/2016			
Choice Plus - Tobacco		06/01/2016	25.00		
Supp Life and AD&D Plan	250,000.00	04/03/2016		9.23	
Supp Life Spousal	50,000.00	04/03/2016		9.46	
Supp Life Child - Waive		04/03/2016			
Choice Plus - Spousal Waive		06/01/2016			
<b>Your Per Pay Period Summary</b>			156.00	18.69	0.00
<b>Pending Plans Under Review**</b>					
Choice Plus - Spousal Pending DEPENDENT VERIFICATION		06/01/2016	50.00		
Choice Plus - PPO Plan - PENDING DEPENDENT VERIFICATION	Employee + Spouse	06/01/2016	85.25		
Comprehensive Dental Plan - PENDING DEPENDENT VERIFICATION	Employee + Spouse	06/01/2016	32.00		
Vision Base Plan - PENDING DEPENDENT VERIFICATION	Employee & Spouse	06/01/2016	5.69		
Supp Life and AD&D Plan - Pending EOI	300,000.00	04/03/2016		11.08	

If you elected Supplemental Life insurance over \$250,000, you must complete the **Evidence of Insurability (EOI) form** (shown above). Click the red box to access the EOI form, print the form, complete the necessary information and mail it to the address noted on the form”

**\*\*A copy of your Confirmation Statement showing your New Hire elections will be automatically sent to your LVHN email address\*\***

# Life Insurance Beneficiaries

Please select your life insurance beneficiaries at this time.

To make your beneficiary designation, please click 'Go to My Beneficiaries'.



## Benefits Enrollment

### Enrollment Elections

#### Benefit Enrollment Confirmation/Summary

Effective Date: 01/01/2016  
 Printed: 09/23/2015 Time: 12:44:33  
 Employee Number: 209602

milton hershey  
 1313 hershey highway  
 hershey, PA 17033

#### Elections

Plan	Coverage	Pre Tax Cost	After Tax Cost	Company Cost
Choice Plus - HSA Plan	Employee + Fami	10.00		
Comprehensive Dental Plan	Employee + Fami	52.00		
Vision Plan Waive	Waive			
Health Savings Account	1,000.00 per year	38.46		
Health FSA Waive Plan				
Supp Life and AD&D Plan	25,000.00		43.04	
Supp Life Spousal	25,000.00		4.73	
Supp Life Child Dependent	15,000.00		0.48	
* Child/Elder Care Waive				
<b>Your Per Pay Period Summary</b>		100.46	48.25	0.00
<b>Pending Plans Under Review**</b>				
Supp Life and AD&D Plan - Pend	50,000.00		86.08	
Supp Life Spousal - Pending EO	50,000.00		9.46	

#### Dependent Information

Dependent	Birth Date	Relationship	Medical	Dental	Dependent Life
THREE MUSKETEERS	06/10/1998	SON	✓	✓	✓
milky way	04/15/1995	DAUGHTER	✓	✓	✓
snickers bar	05/18/1991	DAUGHTER	✓	✓	✓
peanut butter cup	02/28/1960	SPOUSE	✓	✓	✗
PEPPERMINT PATTY	05/10/2000	DAUGHTER	✓	✗	✓

Dependents with a checkmark ✓ are scheduled to be enrolled in the plan shown above.

[Go to My Beneficiaries](#)

You may make designations for each of the following policies:

**“Basic AD/D Plan” = basic AD/D insurance provided by LVHN**

**“Basic Life Plan” = basic life insurance provided by LVHN**

**“Supp Life and AD/D Plan” = (if elected) supplemental life insurance you elected to be paid for through paycheck deduction.**

Beneficiaries Form	
*Benefit Plan:	Basic AD/D Plan
*Beneficiary Type:	<input checked="" type="radio"/> Individual <input type="radio"/> Trust
*Primary or Contingent:	<input type="radio"/> Primary <input type="radio"/> Contingent
Percent:	<input type="text"/>
*Individual:	Select an existing dependent: <input type="text"/>
	*Last: <input type="text"/> *First: <input type="text"/> Middle: <input type="text"/>
	Social Security Number: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Relationship: <input type="text"/>
	<input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Clear"/>	
*Benefit Plan:	Basic Life Plan
*Beneficiary Type:	<input checked="" type="radio"/> Individual <input type="radio"/> Trust
*Primary or Contingent:	<input type="radio"/> Primary <input type="radio"/> Contingent
Percent:	<input type="text"/>
*Individual:	Select an existing dependent: <input type="text"/>
	*Last: <input type="text"/> *First: <input type="text"/> Middle: <input type="text"/>
	Social Security Number: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Relationship: <input type="text"/>
	<input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Clear"/>	
*Benefit Plan:	Supp Life and AD/D Plan
*Beneficiary Type:	<input checked="" type="radio"/> Individual <input type="radio"/> Trust
*Primary or Contingent:	<input type="radio"/> Primary <input type="radio"/> Contingent
Percent:	<input type="text"/>
*Individual:	Select an existing dependent: <input type="text"/>
	*Last: <input type="text"/> *First: <input type="text"/> Middle: <input type="text"/>
	Social Security Number: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Relationship: <input type="text"/>
	<input type="text"/>

If you are designating more than one beneficiary for each of the policies, you must make each election separately. **For an example, please see the next page.**

For example, if you wish to have 2 beneficiaries at 50% each for all of your life/AD&D/Supp Life policies, you must enter that designation separately under each policy. Start by adding the first person to each policy at 50%. Then click **'Save Beneficiaries'**.

Beneficiaries Form	
*Benefit Plan:	Basic AD/D Plan
*Beneficiary Type:	<input checked="" type="radio"/> Individual <input type="radio"/> Trust
*Primary or Contingent:	<input checked="" type="radio"/> Primary <input type="radio"/> Contingent
Percent:	50
*Individual:	Select an existing dependent: MINNIE MOUSE *Last: MOUSE *First: MINNIE Middle: Social Security Number: 111-22-3333 Relationship: SPOUSE SPOUSE
<input type="button" value="Save"/> <input type="button" value="Clear"/>	
*Benefit Plan:	Basic Life Plan
*Beneficiary Type:	<input checked="" type="radio"/> Individual <input type="radio"/> Trust
*Primary or Contingent:	<input checked="" type="radio"/> Primary <input type="radio"/> Contingent
Percent:	50
*Individual:	Select an existing dependent: MINNIE MOUSE *Last: MOUSE *First: MINNIE Middle: Social Security Number: 111-22-3333 Relationship: SPOUSE SPOUSE
<input type="button" value="Save"/> <input type="button" value="Clear"/>	
*Benefit Plan:	Supp Life and AD/D Plan
*Beneficiary Type:	<input checked="" type="radio"/> Individual <input type="radio"/> Trust
*Primary or Contingent:	<input checked="" type="radio"/> Primary <input type="radio"/> Contingent
Percent:	50
*Individual:	Select an existing dependent: MINNIE MOUSE *Last: MOUSE *First: MINNIE Middle: Social Security Number: 111-22-3333 Relationship: SPOUSE SPOUSE

Then select the other beneficiary for the remaining 50% of each policy. Click **'Save Beneficiaries'** again.

Beneficiaries Form	
*Benefit Plan:	Basic AD/D Plan
*Beneficiary Type:	<input checked="" type="radio"/> Individual <input type="radio"/> Trust
*Primary or Contingent:	<input checked="" type="radio"/> Primary <input type="radio"/> Contingent
Percent:	50
*Individual:	Select an existing dependent: *Last: MOUSE *First: MORTIMER Middle: Social Security Number: 222-33-4444 Relationship: SON SON
<input type="button" value="Save"/> <input type="button" value="Clear"/>	
*Benefit Plan:	Basic Life Plan
*Beneficiary Type:	<input checked="" type="radio"/> Individual <input type="radio"/> Trust
*Primary or Contingent:	<input checked="" type="radio"/> Primary <input type="radio"/> Contingent
Percent:	50
*Individual:	Select an existing dependent: *Last: MOUSE *First: MORTIMER Middle: Social Security Number: 222-33-4444 Relationship: SON SON
<input type="button" value="Save"/> <input type="button" value="Clear"/>	
*Benefit Plan:	Supp Life and AD/D Plan
*Beneficiary Type:	<input checked="" type="radio"/> Individual <input type="radio"/> Trust
*Primary or Contingent:	<input checked="" type="radio"/> Primary <input type="radio"/> Contingent
Percent:	50
*Individual:	Select an existing dependent: *Last: MOUSE *First: MORTIMER Middle: Social Security Number: 222-33-4444 Relationship: SON SON

Congratulations, you've successfully completed your online  
New Hire Benefits Enrollment!

Reminder, if you wish to make change to these elections and are still within 30 days of your date of hire, you must contact the LVHN Colleague Resource Center at 844-GOASKHR (462-7547). If you are a Health Network Laboratories (HNL) colleague, please call HNL's HR department at 484-425-5520.