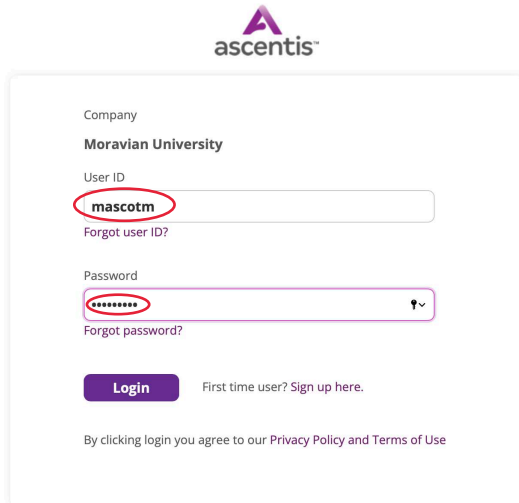


MORAVIAN UNIVERSITY

HOW TO COMPLETE YOUR NEW HIRE BENEFITS ENROLLMENT

1. Go to: [HRportal.moravian.edu](https://hrportal.moravian.edu)
2. Type in Net ID username and password (This is the username and password you use to log into the computer. Your network ID is either your 'me' account or your last name first initial)



ascendis™

Company
Moravian University

User ID

[Forgot user ID?](#)

Password

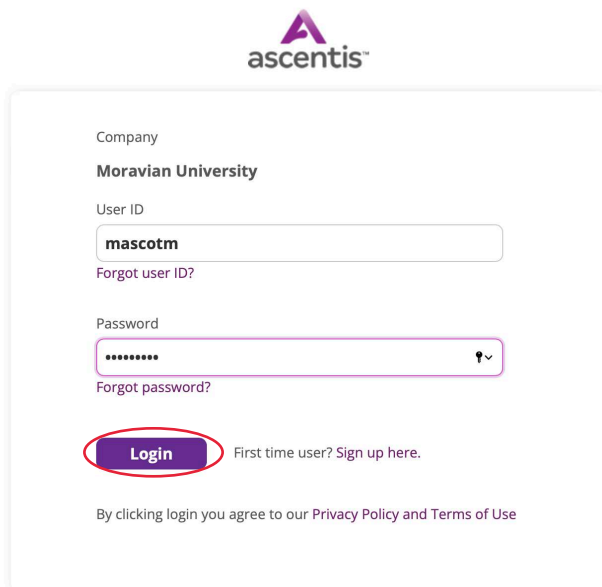
[Forgot password?](#)

Login First time user? Sign up here.

By clicking login you agree to our [Privacy Policy](#) and [Terms of Use](#)

Online services are for authorized users only. Unauthorized users are prohibited. Usage will be monitored.
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3. Click on “Login”



ascendis™

Company
Moravian University

User ID

[Forgot user ID?](#)

Password

[Forgot password?](#)

Login First time user? Sign up here.

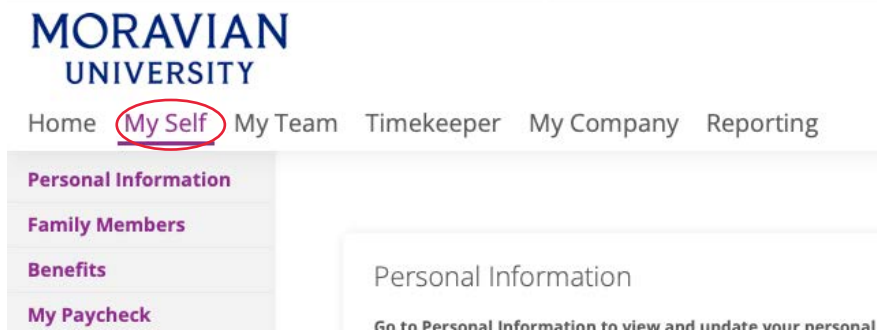
By clicking login you agree to our [Privacy Policy](#) and [Terms of Use](#)

Online services are for authorized users only. Unauthorized users are prohibited. Usage will be monitored.
Copyright © Ascentis Corporation. All rights reserved.

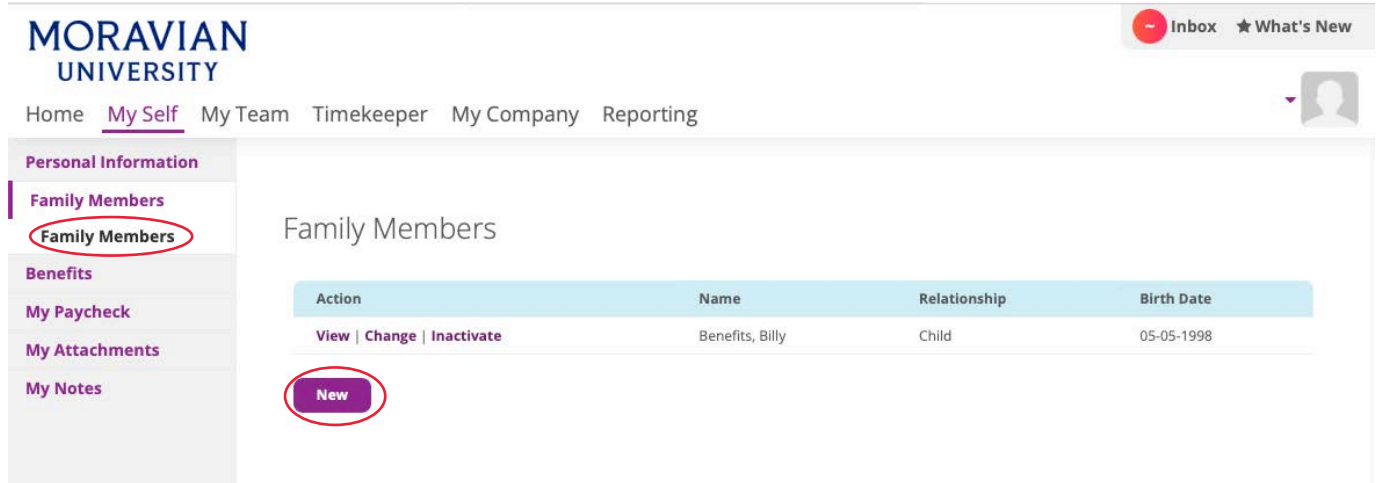
Should you require assistance using these instructions or employee self-service in general, please contact HR@moravian.edu or call 610-861-1527.

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4. Click "Myself"



5. If you would like to add dependents and/or a spouse onto a plan please click "Family Members" and then click "New"



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6. Type in all information, click "Save Changes"

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Home [My Self](#) My Team Timekeeper My Company Reporting

Personal Information

Family Members

Family Members

Benefits

My Paycheck

My Attachments

My Notes

*First Name: Betty

Middle Name:

*Last Name: Benefits

*Relationship: Spouse

Social Security: 555-55-5555

*Birth Date: 05/05/1950

Sex: Male Female

Smoker: Yes No

Same Residence as Employee: Yes No

Please enter all fields having a red label and *

Save Changes Cancel

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7. To review or compare benefit plans, click "Benefit Summary" and choose a benefit you would like to review.

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Home [My Self](#) My Team Timekeeper My Company Reporting

Personal Information

Family Members

Benefits

Benefits Summary

Plan Information & Comparison

Beneficiaries

Retirement

Benefits Links

1095-C for My Taxes

My Paycheck

My Attachments

My Notes

Benefits Summary

Need to make a change to your benefits? See if you are eligible by clicking on this link: [Qualifying Life Events](#). All changes will be sent to HR for approval. Below is a summary of your benefits as of the dates shown. NOTE: Employer contribution to retirement plan and tuition remission benefits are not listed below.

Current enrollments (1) Pending changes Future enrollments

Current enrollment Collapse all | Expand all

Long Term Disability LTD You pay per paycheck \$ 0.00

Monthly Benefit \$ 706.88

Totals Details Pay per paycheck \$ 0.00

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8. To complete your new hire enrollment, select “Complete Your New Hire Benefits Enrollment”

The screenshot shows a web interface with a navigation bar at the top containing three tabs: HOME, MY SELF, and MY COMPANY. Below the navigation bar is a sidebar menu with the following items: Personal Information, Family Members, Benefits, Benefits Summary, Plan Information & Comparison, Complete Your New Hire Benefits Enrollment (highlighted in yellow), Tuition Remission/ Exchange Tracking, Benefits Links, My Paycheck, and My Attachments. The main content area displays the following text:

The Enrollment Wizard will walk you through the following steps:

- entering or updating your personal information
- entering or updating information about your family
- enrolling in benefits

After you are done with the wizard, this information will be sent to HR approval.

IMPORTANT NOTE:

At the end of the Enrollment Wizard you will be taken to the Confirmation page. Once you are sure all the information you entered is correct and you are finished with your [Enrollment button](#) for your changes to take effect. You will then be taken to a summary page which you can print for your records.

Next

9. Click “Next”

The Enrollment Wizard will walk you through the following steps:

- entering or updating your personal information
- entering or updating information about your family
- enrolling in benefits

After you are done with the wizard, this information will be sent to HR approval.

IMPORTANT NOTE:

At the end of the Enrollment Wizard you will be taken to the Confirmation page. Once you are sure all the information you entered is correct and you are finished with your [Enrollment button](#) for your changes to take effect. You will then be taken to a summary page which you can print for your records.

Next

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10. Input all information, click "Next"

Shown below is your personal information on file. Please enter any missing information and verify existing information.

*First Name	<input type="text" value="Billy"/>
Middle Name	<input type="text"/>
*Last Name	<input type="text" value="Benefits"/>
Nickname	<input type="text" value="Bill"/>
Previous Name	<input type="text"/>
Street (Line 1)	<input type="text" value="1200 Main Street"/>
Street (Line 2)	<input type="text"/>
City	<input type="text" value="Bethlehem"/>
State/Province	<input type="text" value="PA"/>
Zip/Postal Code	<input type="text" value="18018"/>
Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
Other Email Address	<input type="text"/>
Add'l E-Mail ▼	<input type="text"/>
Add'l E-Mail ▼	<input type="text"/>
Add'l E-Mail ▼	<input type="text"/>

Please enter all fields having a red label and *

11. Input any additional dependents and/or spouse, click "Next"

Shown below are your family members that will be covered by benefits. For each family member, please view the details to make sure they are correct. You can also add any family members that are missing. Social Security number is required to add a dependent to your benefits, if applicable.

Action	Name	Relationship	Birth Date
View Change Inactivate	Benefits, Betty	Spouse	05-05-1950

Should you require assistance using these instructions or employee self-service in general, please contact HR@moravian.edu or call 610-861-1527.

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12. Make your health plan selection, click "Next"

If dependents can be enrolled in a plan, select the family members that you would like to enroll, then select the plan that you would like to enroll in. Click the plan name

-->NOTE: If you do not see a family member listed, you must first add them to this portal by clicking on the blue link to your left titled "Family Members." Required in full name.

When adding someone new to your HEALTH PLAN, you MUST supply HR with a copy of the applicable

-marriage license or certificate

and/or

-birth certificate, adoption agreement, or legal guardianship.

PPO Choice

You are eligible for this plan. If you wish to enroll: This benefit will start on 11-01-2018. You will pay \$187.99 per paycheck.

Betty Benefits

PPO Select

You are eligible for this plan. If you wish to enroll: This benefit will start on 11-01-2018. You will pay \$137.64 per paycheck. This sample cost assumes enrollment

None. I do not want to enroll in a Medical plan. Waive all Medical coverage.

Your total benefit costs so far:

\$187.99 per paycheck

13. Make your dental plan selection, click "Next"

If dependents can be enrolled in a plan, select the family members that you would like to enroll, then select the plan that you would like to enroll in. Click the plan name for more info

-->NOTE: If you do not see a family member listed, you must first add them to this portal by clicking on the blue link to your left titled "Family Members." Required information - Social Security number

Dental

You are eligible for this plan. If you wish to enroll: This benefit will start on 11-01-2018. You will pay \$13.68 per paycheck.

Betty Benefits

None. I do not want to enroll in a Dental plan. Waive all Dental coverage.

Your total benefit costs so far:

\$201.67 per paycheck

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14. Make your vision plan selection, click "Next"

If dependents can be enrolled in a plan, select the family members that you would like to enroll, then select the plan that you would like to enroll in. Click the plan name for more information.

-->NOTE: If you do not see a family member listed, you must first add them to this portal by clicking on the blue link to your left titled "Family Members." Required information - Social Security number and full name.

Vision Basic

You are eligible for this plan. If you wish to enroll: This benefit will start on 11-01-2018. You will pay \$5.52 per paycheck. This sample cost assumes enrollment by you and all eligible dependents.

Vision Enhanced

You are eligible for this plan. If you wish to enroll: This benefit will start on 11-01-2018. You will pay \$7.52 per paycheck.

Betty Benefits

None. I do not want to enroll in a Vision plan. Waive all Vision coverage.

Your total benefit costs so far:
\$209.19 per paycheck

15. Make your FSA Medical Care selection (select contribution amount if you would like this benefit), click "Next"

Select the plan that you would like to enroll in. Click the plan name for more information on the plan.

FSA Medical Care

You are eligible for this plan. This level of contribution will be effective on 11-01-2018.

Contribute: per year per month per paycheck

None. I do not want to enroll in a Medical Care Spending Account plan. Waive all Medical Care Spending Account coverage.

Your total benefit costs so far:
\$309.19 per paycheck

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16. Make your Tax Deferred Annuity selection (select contribution amount if you would like this benefit), click "Next"

Select whether or not to contribute to this plan. Click the plan name for more information on the plan.

Tax Deferred Annuity
You will pay \$50.00 per paycheck. This level of contribution will be effective on 11-01-2018.

- Contribute at the maximum contribution level allowed (\$942.31)
- Contribute based on a flat amount: \$50.00 per paycheck
- Contribute based on a percentage of salary: (\$0.00) per paycheck

None. I do not want to enroll in a Defined Contribution Retirement plan. Waive all Defined Contribution Retirement coverage.

Your total benefit costs so far:
\$409.19 per paycheck

17. Review your selections, click "Confirm Enrollment"

Shown below are all the enrollment selections that you just elected. By clicking the button "Confirm Enrollment," you grant Moravian College authorization to make the necessary payroll deductions.

After clicking "Confirm Enrollment" you cannot make any changes to your elected benefits, or enroll in any currently declined benefits until the next open enrollment period (typically each November, with any specified "Qualified Family Status Changes." Pursuant to IRS Section 125 rules, the employee must notify Moravian College in writing of a "Qualified Family Status Change" within 31 days from the date of occurrence.

After you click Confirm Enrollment, you will be taken to a summary page which you can print for your records. Your changes will then be sent to HR for approval.

Medical Highmark Blue Shield: PPO Choice This benefit will start on 11-01-2018. You will pay \$187.99 per paycheck. Covered family members: Billy Benefits and Betty Benefits. This enrollment choice is awaiting your confirmation.
Dental United Concordia: Dental This benefit will start on 11-01-2018. You will pay \$13.68 per paycheck. Covered family members: Billy Benefits. This enrollment choice is awaiting your confirmation.
Vision National Vision Administrators: Vision Enhanced This benefit will start on 11-01-2018. You will pay \$7.52 per paycheck. Covered family members: Billy Benefits and Betty Benefits. This enrollment choice is awaiting your confirmation.
Medical Care Spending Account Wages Works, Inc.: FSA Medical Care You will pay \$50.00 per paycheck. This level of contribution will be effective on 11-01-2018. This enrollment choice is awaiting your confirmation.
Dependent Care Spending Account Wages Works, Inc.: FSA - Dependent Care You will pay \$100.00 per paycheck. This level of contribution will be effective on 11-01-2018. This enrollment choice is awaiting your confirmation.
Defined Contribution Retirement TIAA: Tax Deferred Annuity You will pay \$50.00 per paycheck. This level of contribution will be effective on 11-01-2018. This enrollment choice is awaiting your confirmation.

You pay \$7,338.94 per year toward your benefit costs.

Your total benefit deduction per paycheck is \$409.19.

Should you require assistance using these instructions or employee self-service in general, please contact HR@moravian.edu or call 610-861-1527.