# Welcome to your Employee Portal



#### Welcome, come on in!

Password	٢
Sign i	n



### Your resource for

- Your personal profile
- Benefits information
- Pay statements
- PTO requests
- And more...

### Navigate here for instructions, FAQs and portal link

https://www.hood.edu/offices-services/human-resources/resources-employees-supervisors/employee-portal

## How to Enroll/Waive Benefits Coverage in the Portal

Enrollment must be completed within 30 days of your eligibility date (hire or change of status date)

- Login to the Employee Portal (Hood.edu/ Faculty & Staff/Employee Portal)
  - Your employee data will not be moved into the Portal until after you have completed the New Hire Onboarding process. This could take up to 3 to 5 days after your hire date

Employee Portal username: Hood email address Default Password: date of birth and last four digits of SSN (MMDDYYYYSSSS)

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- Once you are in the portal, navigate to Menu/Myself/Life Events. Use the following slides as a guide.
- You must make an election (decline or elect) for each benefit type and identify which dependents you are covering
- After reviewing your elections, press Submit to send your elections to the Benefits Manager for review and approval
  - Remember to send your completed Life Insurance Beneficiary Form and Agreement for 403(b) Salary Reduction Form to <u>aharris@hood.edu</u>.
- Once your enrollment is complete, the Benefits Manager will report your elections to the applicable vendors
  - UMR (medical/FSA) will send you a welcome letter and your ID Card within 7 -10 days after they receive your enrollment data
  - UHC Dental and Vision will not send a card. You must go to uhcdental.com and myuhcvision.com to set up your account and access your electronic ID cards.
- If you elect an H.S.A. Account, you must open your account at Optum Bank in order for us to be able to deposit your contributions there will be a link to complete this action in the online enrollment process
- You can create your TIAA-CREF account after you have received your first pay check. If you try before that, TIAA-CREF won't recognize you as an active employee.

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♡	<b>.</b>	Life Events	ē	?
10			print	help
Myself		About Life Events		
Q Search		Life Events are changes that happen to you or your family affecting your benefits. Below is a list of events that complete. Begin by selecting an event that most closely describes your circumstances.	you are eligible	to
Personal	~			
My Company	~	Description Message	Status	臣
Jobs	~	<u>I am a new (or</u> This is for newly hired (or rehired) benefit eligible employees (.5 or greater FTE).	In	
Career & Education	~	rehired) employee	Progress	
Career Development	~	Benefits for new (or rehired) employees begin on the first of the month following or concurrent with the date of hire/rehire.		
Рау	~	<u>I had a qualified</u> This life event is for any employee who experiences a qualified life event for a	Not	
Benefits	~	<u>change in my</u> dependent:	Started	
Open Enrollment		dependent This includes:		
Life Events	^	Adding a dependent through birth, adoption or marriage		
Life Events		Losing a dependent through death, divorce or a dependent's attainment of age 26		

Uife Events - Work - Microsoft Edge	— D	$\times$
https://e11.ultipro.com/pages/edit/Bl	ME lections We lcome. a spx? USP arams = bengrpid = 70! bme lecthe a derid = 3320! coid = LFMN2! eeid = EKK8AQ000030! is a dmin = true! masterid = 25! pare.	A
<b>Life Events</b> I am a new (or rehired) employee Dipper Pines - 073090		
About This Life Event	About This Life Event>Image: Constraint of the submit of the s	⑦ help
Verify Beneficiary And Dependent Information	Life Event Effective Date 03/21/2023 What was the reason? • Hire/rehire •	
Medical		
Health Savings Account Dental	As a new (or rehired) .5 or greater FTE employee you are eligible to enroll in Hood's employee benefits, including health, life and other supple benefits plans. Detailed information about these plans was (or will be) provided to you during the benefits orientation. You must make your b elections for yourself and your eligible dependents, if applicable, within 30 days of your hire/rehire date. If you fail to make an election in this period, or if you waive coverage, you will not have an opportunity to enroll again until or next open enrollment period or if you experience a c life event change.	oenefit 30 day
Vision		
Flexible Spending Acct		
DEPENDENT CARE REIMBURSEMENT ACCNT		
HEALTH REIMBURSEMENT ACCNT		
LIMITED PURPOSE REIMBURSEMENT ACCNT		

#### Life Events

I am a new (or rehired) employee Dipper Pines - 073090

About This Life Event		
Verify Beneficiary And Dependent Information	Verify Beneficiary and Dependent Information READ THIS	
Dependent Information	Retirement Plan purposes. Life insurance beneficiary assignments must be made in writing on RSLI''s Beneficiary Form (ava	ilable from HR) and
Medical	retirement beneficiary assignments must be made via your online account at <u>tiaa.org</u> . Proper beneficiary assignment is an in estate planning and is vital to ensuring your wishes are carried out. If you need more information, please contact the Benef	mportant part of
Health Savings Account	<b>Dependent</b> : This individual is a potential dependent under each separate plan. You will designate dependents as you elect plan. If you do not check this box for the individual on this Beneficiary and Dependent page, that individual will not be be in dependent on each plan page. Dependents must be under age 26 to be eligible for coverage under health plans. Life Insur-	ncluded as a potential
Dental	dependents to age 19, unless they are full-time students.	ance plans limit
Vision	<b>Emergency Contact</b> : Please ensure contact information for this individual is current.	and the st
Flexible Spending Acct	If you do not see the appropriate dependent listed on this page, you will need to add him/her. To do this, you will need his/h birth, gender, and social security number. You also will need to designate him/her as dependent.	ler name, date of
DEPENDENT CARE REIMBURSEMENT ACCNT	Find by Status - Active -	
HEALTH REIMBURSEMENT ACCNT	Name * Relationship Designation	₿
LIMITED PURPOSE REIMBURSEMENT ACCNT	No records found	

Add/Change	Contact	© ♡ <b>(5</b> ) ⊂ ⊗	• ?	Date of divorce
Add/ change	contact	delete save reset cancel	print help	Deceased
Contact is active				Employer
Personal				Occupation
First	•			
Middle				Designatio
Last	•			Select at least or
Former last				Beneficiary only benefit plans.
Suffix	~			Relationship
SSN				
Date of birth				
	MM/DD/YYYY			Address
Sex	~			Address is dif
Date of marriage	MM/DD/YYYY		•	Country

SSN, Date of Birth and Sex are mandatory fields in order to successfully add as dependent to coverage.

I	Employer	
I	Occupation	
l		
l	Designation	
		nation for this contact. <b>Note:</b> Identifying this record as a <b>Dependent</b> or them eligible for consideration, it does not automatically add them to any
	Relationship •	None   Designation  Dependent  Beneficiary
I		Emergency contact
l	Address	
I	Address is different f	rom employee
J	Country	United States
	Address	401 Rosemont Avenue
	Address 2	
	City	Frederick
	State/Province	Maryland 🗸
	Zip/Postal code	21701
	County	Frederick

MM/DD/YYYY

Medical page summary of the three medical plans by clicking here: Medical plan comparison 2022 2023. Please visit UMR.com for plan details and provider networks.	← back	→ next	<b>Submit</b>	draft	C reset	(X) cancel		<b>e</b> print	? help	
Anyone enrolled in the one of these medical plans also has access to Health Advocate. For program details, please click here: Your Lifeline for Healthcare Help.pdf										
If you currently have this type of coverage, you can click on the Current Plan box (upper Read more	2									
I decline Medical plans.										
O EPO										res are eligible for ess" rates under the
Options										I plan during the first plan
C EMPLOYEE \$63.30							У	ear	' in	which they are eligible.
O EMPLOYEE/CHILD(REN) \$154.66										
EMPLOYEE/FAMILY     \$226.04							Ν	lew	' hi	res will be responsible for
<ul> <li>►MPLOYEE/SPOUSE \$191.97</li> <li>✓ I decline Medical plans.</li> </ul>							t t	he i he i	nev nev	ting the wellness tasks for w plan year in order to earn w wellness rates for the
Decline reason Covered by spouse	~	)					L	pco	וווכ	ing plan year.

## **Retirement Elections**

### Confirm your portal elections match the Agreement for Salary Reduction Form







