

## Kronos Employee Self-Service Benefit Enrollment Guide

This document will instruct a newly hired employee who was hired within the past 30-days of how to enroll in Medical, Dental, & Vision insurance using the employee self-service site <http://myaldenhr.com>. This is only a guide for those employees who wish to enroll in coverage. If you do not wish to enroll in either Medical, Dental, or Vision insurance and plan to waive coverage, please see your Business Office Manager and you will need to fill out paper waiver forms. For more information regarding specific insurance plan details visit <http://myaldenhr.com> and review the insurance plan documents or see your business office manager.

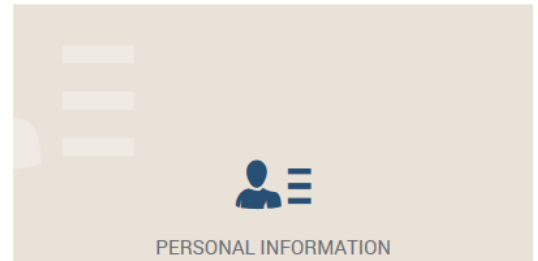
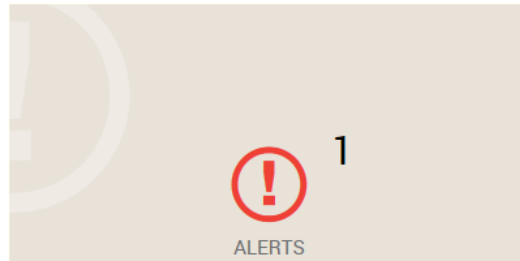
1. Visit <http://myaldenhr.com> and login to your self-service portal
  - a. If you are unable to login or need help identifying your username/password, please reach out to your Business Office Manager
2. Once you are logged into the site go to the **Alerts** Tile

### Employee Menu ▾



Name  
**John Sample**

Employee ID  
**12345**



### LIFE EVENTS

Welcome to the Life Events page.

#### What You Can Do

Dependent Change

→ New Child

Employment Status Change

→ ACA Status Change

Marital Status Change

→ Marriage

→ [Divorce](#)

New Hire

→ New Hire

3. Hover your cursor over the **Alerts** Tile and select **New Hire Notification**
  - a. Note: If there is not a notification under the **Alerts** Tile, go to the **Benefits** tile and select **Life Event**
4. You will receive an **ACA Status Change** notification, click **OK**
5. When you have reached the **Life Events** page, click on the **New Hire** link
6. Once the **New Hire** link is clicked you will receive a Welcome message from the Alden Network read through the message then click **Continue**

7. From this point you will go through several employment information tabs, review all of the personal information to insure that it is correct
8. If any information is not correct or needs to be updated, make the necessary corrections and then click [Save & Continue](#)
9. Once the employment information has been verified you will reach the **Updating Your Benefits** screen. Once you have reached this screen, **Check All Boxes** available and then click [Save & Continue](#)

## UPDATING YOUR BENEFITS

Enrollment Deadline: 11/6/2018

<input checked="" type="checkbox"/>	Benefit
<input checked="" type="checkbox"/>	Medical
<input checked="" type="checkbox"/>	Dental
<input checked="" type="checkbox"/>	Vision

a. Below **Updating Your Benefits** you will see a **Deadline for Changes** date. Upon this date, any pending insurance enrollment information will be submitted to your Business Office Manager. It is a good idea to review your benefit information before this date

Plan	
<input type="radio"/> MedCDHP_30_2019	<input type="radio"/> Employee <input type="radio"/> Employee + Spouse <input type="radio"/> Employee + Child(ren) <input type="radio"/> Family
<input type="radio"/> MedCopper_30_2019	<input type="radio"/> Employee <input type="radio"/> Employee + Spouse <input type="radio"/> Employee + Child(ren) <input type="radio"/> Family
<input type="radio"/> Medical Waived	<input type="radio"/> Medicare <input type="radio"/> No Other Coverage <input type="radio"/> Other Insurance <input type="radio"/> Parents Insurance <input type="radio"/> Spousal Coverage <input type="radio"/> Too Costly <input type="radio"/> VA Eligibility
<input checked="" type="radio"/> MedSilver_30_2019	<input checked="" type="radio"/> Employee <input type="radio"/> Employee + Spouse <input type="radio"/> Employee + Child(ren) <input type="radio"/> Family

b. The first benefit you will need to select will be your Medical Insurance. Review the options and select your desired **Plan**. Once your **Plan** is selected, select your **Election** If you select an **Election** other than Employee you will need to add a dependent

**10.** If you are adding a dependent follow the below instructions, if you are selecting Employee coverage move on to step 12. **Note: It is required to provide the Social Security Number for each Dependent ONLY for Medical & Vision Enrollment**

- a. Click **Add Dependent**
- b. Enter the dependent’s information into the applicable boxes
  - i. All asterisked fields are required
- c. Review the entered dependent information and if it is correct, click **Save & Continue**

**ADD A DEPENDENT**

\* Indicates a required field.

First Name*	SAMANTHA	Birth Date (mm/dd/yyyy) *	8/23/1969
Middle Name	A	Social Security #	000-00-0000
Last Name *	SAMPLE	Full-time Student	<input type="checkbox"/>
Suffix		Smoker	<input type="checkbox"/>
Nickname		Disabled	<input type="checkbox"/>
Gender	Female		
Relationship	Spouse		

Use my primary address/phone  
 Use a different address/phone

- d. You will now need to confirm the address and phone number of your dependent, review their information and change any incorrect items. Once all the dependent contact information is correct, click **Save & Continue**

Your records show the following address and phone information:

Add Address			
Primary	Address		
✓	1610 LAKE ELMO DR, APT 104, GLENVIEW, Illinois 60026		<a href="#">Change</a>

Add Phone			
Primary	Phone	Type	
<input checked="" type="radio"/>	847-616-6666	Cell	<a href="#">Delete</a> <a href="#">Change</a>

**Save & Continue**

- e. At this point your dependent should appear in the dependent section of the **Medical Current Elections** screen, **Click the Medical Box** which is located under the **Enroll** column to add this dependent to your medical plan and click **Save & Continue** –if **this box is not checked your dependent will not be enrolled in the insurance plan**

Add Dependent			
Dependent	Relationship	Enroll	
Samantha Sample	Spouse	<input checked="" type="checkbox"/> Medical	<a href="#">Edit</a>

[Save & Continue](#)

- 11.** The next benefit you will have the option of adding will be your Dental insurance. Review the various dental plans and select first the **Plan** then **Election** which you desire
- All dependent information from the Medical insurance enrollment stage will be carried over to the Dental insurance screen. To add a new dependent follow **Steps 11A-11E**

DENTAL

**Dental Tier Coverage Employee/Family**

Plan	
<input type="radio"/> Dental Waived	<input type="radio"/> Too Costly <input type="radio"/> No Other Coverage <input type="radio"/> Other Insurance <input type="radio"/> Parents Insurance <input type="radio"/> Spousal Coverage <input type="radio"/> VA Eligibility
<input checked="" type="radio"/> DentalHMO_30_2019	<input type="radio"/> Employee <input checked="" type="radio"/> Family
<input type="radio"/> DentalPPO1_30_2019	<input type="radio"/> Employee <input type="radio"/> Family
<input type="radio"/> DentalPPO2_30_2019	<input type="radio"/> Employee <input type="radio"/> Family

- 12.** If you are selecting the **Dental HMO** option you will need to select a **Primary Care Dentist**. If you are not selecting the **Dental HMO** plan select your desired **Plan & Election** and click [Save & Continue](#) and move onto **Step 13**

Physician
<a href="#">Add/Change</a>

**PLAN PHYSICIAN**

Enter information about the insured's Primary Care Physician.

\* Indicates a required field.

Insured's Name:

Relationship: Self

Physician Name \*:

ID Number \*:

Record this physician for my dependents also.

[Save & Continue](#)

- Click **Add/Change**
- You will need to use the **Guardiananytime.com** website to search for the **ID number** for your **Primary Care Dentist**. To do this click on the **Dentist Name** link on the **Plan Dentist** screen
- Once the **Dentist Name** link is clicked you will be taken to the **Guardiananytime.com Website** where you can find a dentist

**Find a Dentist**

**Plan Type** ?

- PPO
- Managed Dental Care (DHMO/Prepaid)**

**Zip or City and State**

**Miles**

60025 x

Glenview, IL 60025

10 v

**d.** Select Managed Dental Care (DHMO/Prepaid) & Enter your **Zip Code** and click **search**

**e.** You will now see all of the Dentists in your area who accept the **Guardian Dental** plan. Review the available options and select which dentist you would like to have as your **Primary Care Dentist**

[Add to favorites](#)

**HARITOS, JAMES G, DDS**  
SUPER DENTAL FAMILY CENTER

2200 Waukegan Rd  
Glenview, IL 60025  
(847) 729-8580 [S](#)

PCD ID #: 015960  
+ Accepting New Patients  
+ [Within 1.9 miles](#)  
[See Exclusions](#)

Primary Care Dentist

- f.** When you have decided on a dentist record the dentist’s name and their **PCDID#** which is located next to the dentist name
- g.** With this information recorded you can **close** the **Guardiananytime.com Dental** website to take you back to the **Dental Current Election** page

**PLAN PHYSICIAN**

Enter information about the insured's Primary Care Physician.

\* Indicates a required field.

Insured's Name: JOHN SAMPLE v

Relationship: Self

Physician Name \*: James G Haritos

ID Number \*: 15960

Record this physician for my dependents also.

**Save & Continue**

**h.** When you are back on the **Dental Current Elections** page click the **Add/Change** link located below the **Physician** header

**i.** When the **Plan Physician** page pops up you will need to complete the required fields with the information you have already recorded from the **Guardian Dental** website

- j. If you wish for the dependents on your Dental plan to have the same dentist click the box that reads Record this physician for my dependents also
- k. If you wish for the dependents on your Dental plan to have a different dentist, select the desired dependents name from the **Insured's Name** dropdown and enter the **Dentist Name & ID Number** for your dependents **Primary Care Dentist**
- l. When all **Primary Care Dentist(s)** information is entered and attributed to the correct enrollees click [Save & Continue](#)

13. Review the **Dental Current Elections** page and make sure that all the information on it is accurate. When all the information is correct click [Save & Continue](#)

Add Dependent			
Dependent	Relationship	Enroll	
Samantha Sample	Spouse	<input checked="" type="checkbox"/> Dental	<a href="#">Edit</a>

[Save & Continue](#)



- a. **Note – Important:** In order to enroll a dependent onto your Dental plan you must insure that the **Dental box** under the **Enroll** header is checked for that dependent- **If this box is not checked your dependent will not be enrolled in the insurance plan.**
14. The final benefit you will need to make an election on will be the **Vision Plan**. Review your options for this plan and select your desired election and click [Save & Continue](#).
- a. Adding dependents to the **Vision Plan** will follow a similar process as the **Dental & Medical** Insurance Plans. For guidance on this please review point 10 above.
  - b. **Note – Important** - This is a standalone plan that is completely separate from the **Medical** Insurance Plan.

**VISION**

**CURRENT ELECTIONS**

Benefit	Plan
Vision	Vision Plan

Plan	
<input checked="" type="radio"/> Vision_30_2019	<input checked="" type="radio"/> Employee <input type="radio"/> Employee + Spouse <input type="radio"/> Employee + Child(ren) <input type="radio"/> Family

Waive Vision

**Add Dependent**

Dependent	Relationship
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**15.** You will now be directed to the **Benefit Summary** page where you will have a chance to review all of your benefit **Plans, Elections & Dependents**

**BENEFIT SUMMARY**

**John Sample**

Enrollment Date: 1/1/2019

This is a list of the benefits you have selected. Please review carefully for accuracy. When you have completed the enrollment changes, click Submit Changes below.

To retain a copy of your Benefit Summary Elections and per pay check deductions for your records, please use the print icon on the upper right side of this page!

If you are not seeing your employee deductions on this benefit summary page, you missed enrolling into that particular benefit plan. Please review your enrollment election for that plan. If do not choose a benefit plan and the employee deduction states zero, you will not be enrolled into that benefit plan.

Benefit	Plan	Election	Coverage	Biweekly Deduction
Medical	MedSilver_30_2019	Employee		\$106.51
Dental	DentalHMO_30_2019	Family		\$13.41
Vision	Vision_30_2019	Employee		\$0.00

\* Company provided benefit

**DEPENDENTS**

Dependent Name	Relationship	Birth Date
Samantha A Sample	Spouse	08/23/1969

**BENEFICIARIES**

Beneficiary Name	Relationship
None	

Beneficiary Name	Relationship
None	

**Section 125**

By clicking on "Submit Changes" I have enrolled for a group health and/or dental benefit coverage. Under the employer's Cafeteria Benefit Plan, any previous election and compensation reduction agreement under the Cafeteria Benefit Plan relating to the same benefits is hereby revoked. I agree that my gross pay will be reduced by the amount of my contribution for the benefit option(s) I have elected under the Cafeteria Benefit Plan, effective **01/01/2019** and counting for each succeeding pay period until this agreement is amended or terminated. In addition, this compensation reduction agreement will continue by its terms in the amount of the contribution for these benefit coverage(s). The Plan Administrator may reduce or cancel the amount of my pay reduction or otherwise modify this agreement in accordance with the Cafeteria Benefit within the IRS guidelines.

The Employee Benefits Support staff is available to help you with your benefits questions and enrollment. Most questions can be answered by Business Office Manager or Human Resources Director at your location. You can also email the Benefits Support at [benefitshelp@thealdennetwork.com](mailto:benefitshelp@thealdennetwork.com) with your questions.

**Please Note: Your benefit enrollment must be done by 11/6/2018**

**16.** Review the **Benefit Summary** page to insure that all of the desired **Plans, Elections & Dependents** are selected. *If all the information on this screen is correct,* Please ensure you **Print a copy for your records**

- a. Note:** This will be the only chance that you get to review the **Benefit Summary** page, so please print the screen
- b.** This page will be very helpful when you receive your **Medical & Dental** insurance cards, so that you can verify that the information on the **Benefit Summary** is the same as the information on the insurance cards

**16.** Once the Benefit Summary page is printed out click **Exit**



17. The **Exit** screen will be the last screen you go through to enroll in insurance. Read both options under the **What You Can Do** header and select the appropriate option

## EXIT

What You Can Do
→ I'm finished. Send my information to the benefit administrator. Your personal and benefit information will be sent to the benefits administrator. You may, however, return and make changes as often as necessary until 12/19/2016. Watch the 'Notifications' section of your Employee Home Page for your administrator's response.
→ I'm finished but might return later to make changes. Your records will be updated with the personal information you entered. Any benefit information you entered will be saved in a temporary file. You can return and make changes to your benefits until 12/19/2016. If you don't return, the information you just entered will be sent for approval on that date.

18. If you select the *'I'm finished but might return later to make changes'* link you will go to the **Benefit Information Reminder** page

## BENEFIT INFORMATION REMINDER

Deadline: 12/19/2016

[Print checklist](#)

**Exit**

19. Click the **Exit** tab and you are done. Please note that the **Deadline date** refers to the final date which you will be allowed to make changes to your insurance election until the next open enrollment period

**Completed** 

**Thank you, this completes your enrollment process.**

- If you have any questions, please contact your Business Office Manager