

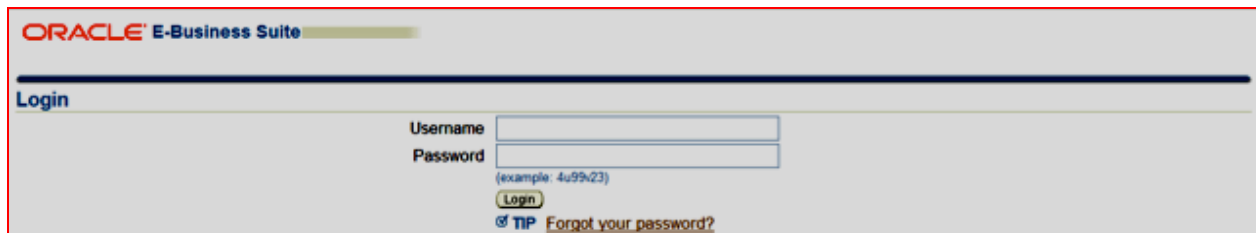
ENROLLMENT INSTRUCTIONS FOR ASRC ALASKA EMPLOYEES

These instructions show you how to access your online enrollment system. Your access to the Benefits Enrollment Application in Oracle is available from November 1-30.

1. Access the ASRC Applications website at <http://office.asrc.com/>. Select Oracle Self Service under the Applications menu to begin Open Enrollment.



2. This is the log-in screen. Log-in with your regular user-name (usually your first initial and last name) and your password.

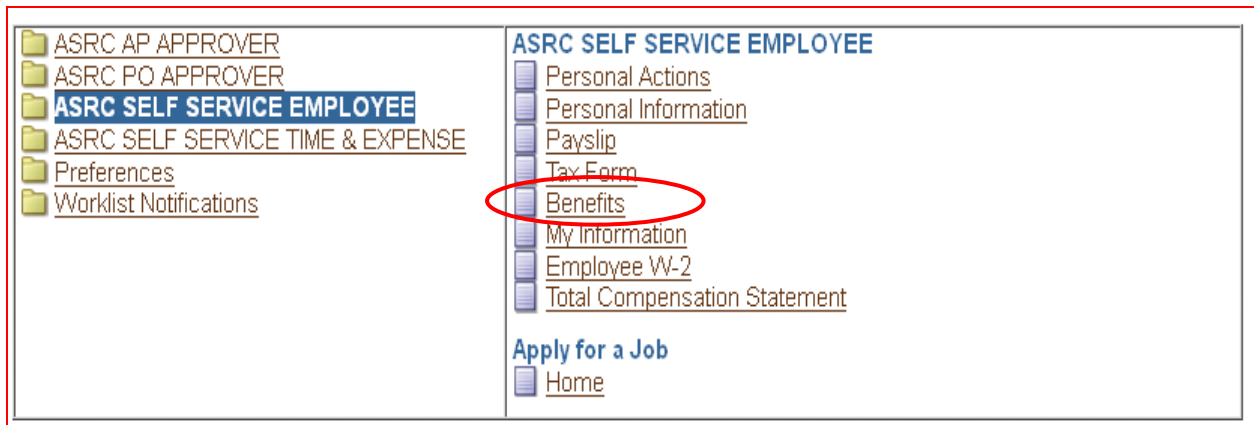


First time logging in? Your Password is **WELCOME1**. If you have forgotten your password, please contact the HelpDesk at (877) 869-6900.

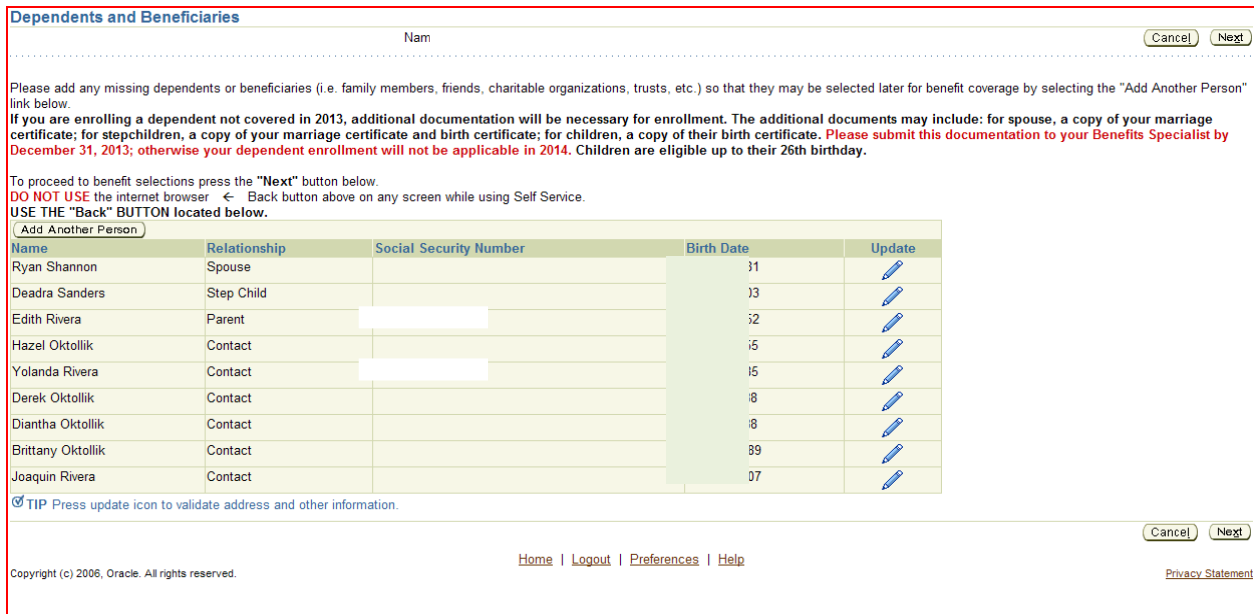
3. Select the xxx SELF SERVICE EMPLOYEE responsibility in the left column, where xxx is your company abbreviation.



4. Select the *Benefits* link in the right column.



5. This is the Dependents and Beneficiaries screen. Click the update icons next to each person's name to update any dependent or beneficiary's information.



- You may click on *Add Another Person* if you need to add a new dependent or beneficiary. All asterisked information is necessary for enrollment, plus the Gender. Click *Apply* when you are finished with entry. Continue to add additional family members as needed.

Add Dependents and Beneficiaries

Name Cancel Apply


The Relationship Start Date depending on the Relationship type is: Marriage date, Birth date, or Adoption date. Please note that Oracle requires a specific date format of DD-MMM-YYYY, with the month being the first 3 letters of the month. Alternatively, you may select the date from the calendar by clicking on the calendar icon next to the date field.

Please Note: Children are eligible up to their 26th birthday.

* Indicates required field

Name and Relationship

* Relationship

* Relationship Start Date 
(example: 28-Oct-2013)

Title

* First Name

Middle Name

* Last Name

Suffix
(example: Jr.)

Address Information

Shared Residence
If you check the box above you don't need to fill in the address below


Address Type

Address Style

* Address Line 1

Address Line 2


Address Line 3

* City 

State

* Zip Code

County

* Country 

Telephone

* Last Name

Suffix
(example: Jr.)

Address Information

Shared Residence
If you check the box above you don't need to fill in the address below


Address Type

Address Style

* Address Line 1

Address Line 2


Address Line 3

* City 

State

* Zip Code


County

* Country 

Telephone

Telephone2

Miscellaneous Information

* Date of Birth  Social Security
(example: 28-Oct-2013) (example: 123-45-6789)

Marital Status Gender

Is this Person Disabled? Student Status

Second Medical Coverage

Covered by Other Medical Plan.

Name of Plan

Cancel Apply

- Select the Next button to move to the next screen.

- This is the Benefits Enrollments screen, which shows you your current benefit enrollments, enrolled dependents, and beneficiaries. Select the Update Benefits button to update your benefits for 2014. **Note: The costs are PRETAX unless they are reflected in the After Tax column.**

Benefit Enrollments

Name: _____ Program: AES H&W Program
 Event Name: Open Enrollment Period: 01-SEP-2013 - 31-OCT-2013 Update Benefits

This year there are a few changes to the ASRC benefit program.
Action is required if you are enrolled in the PPO 1000 medical plan. This plan will be discontinued. You will need to elect new medical coverage for the 2014 calendar year. If you are enrolled in the Gold (PPO 500) or Silver (CDHP) medical plans, then no action is required to maintain your current level of coverage. The medical Bronze plan has been added as a new option for 2014. It is important to review the Open Enrollment booklet regarding the changes that will be occurring for 2014.

You may enroll now for your 2014 benefits. You can select from 3 medical, 2 dental & 1 vision plans.

You have until November 30 to make enrollment changes.

Click the 'Update Benefits' button to continue enrollment.

[Click here for Benefit Enrollment Instructions](#)
[Click here for the Open Enrollment booklet](#)

Benefit Selections

Plan	Option	Coverage Start Date	Coverage Per Pay Period Pre Tax Cost	Per Pay Period After Tax Cost
Basic Accident - Company Provided - BASIC AD&D		01-Jan-2010	70,000.00	0.00
Basic Life - Company Provided - BASIC LIFE		01-Jan-2010	70,000.00	0.00
Medical - Medical Silver	Emp Plus Spouse	01-Jan-2014		68.25
HSA - Health Savings Account	Family Coverage	01-Jan-2014	1,500.00	31.25
HSA - Health Savings Account	Family Coverage	01-Jan-2014	1,500.00	500.00
Dental - Dent II Flex	Emp Plus Spouse	01-Jan-2010		13.90
Vision - Vision	Emp Plus Spouse	01-Jan-2010		4.07
Supplemental EE ADD - Voluntary AD&D Employee	Vol EE AD&D	01-Jan-2010	300,000.00	0.00
Supplemental SPS ADD - Voluntary AD&D Spouse	Vol SPS AD&D	01-Jan-2010	200,000.00	0.00
Supplemental Child ADD - Voluntary AD&D Children	WAIVE	01-Jan-2010		0.00
Supplemental Life - Voluntary Life Ins. Employee	VOL LIFE Emp	01-Jan-2012	30,000.00	0.00
Supplemental Life Child - Voluntary Life Ins. Children	WAIVE	01-Nov-2005		0.00
Supplemental Life Spouse - Voluntary Life Ins. Spouse	VOL LIFE Spouse	01-Jan-2012	30,000.00	0.00
Total			617.47	17.58

- This is the Update Benefits: Update Enrollments screen. You may update your benefit plan enrollments here. Do not uncheck the Company Provided benefit plans. Those are provided to you free of charge.

Update Benefits: Update Enrollments

Name: _____ Program: ASRC H&W Program
 Event Name: Open Enrollment Period: 01-SEP-2013 - 31-OCT-2013 Recalculate Back Next

Currency = US Dollar

The plans and options presented below are based on your eligibility.
 The ASRC provided plans are paid for you by the company. Please **DO NOT UNCHECK** them.
 Select any additional coverages you desire.
 Click the "Recalculate" button to view the per pay period cost to you.
 Click the "Next" button at the bottom of the screen after making all your selection to proceed with the enrollment process.

[Click here for Benefit Enrollment Instructions](#)
[Click here for Summary Plan Description](#)

Basic Accident - Company Provided

Plan	Select	Coverage
BASIC AD&D	<input checked="" type="checkbox"/>	

Basic Life - Company Provided

Plan	Select	Coverage
BASIC LIFE	<input checked="" type="checkbox"/>	

10. Select a Medical plan and coverage option if you want to elect or change your medical plan.

Medical			
Plan	Option	Select	Per Pay Period Pre Tax Cost
Medical Gold	Emp Only	<input type="checkbox"/>	63.50
	Emp Plus Spouse	<input type="checkbox"/>	133.50
Medical Silver	Emp Only	<input type="checkbox"/>	32.25
	Emp Plus Spouse	<input checked="" type="checkbox"/>	68.25
Medical Bronze	Emp Only	<input type="checkbox"/>	19.25
	Emp Plus Spouse	<input type="checkbox"/>	40.25
Waive Medical Plan	WAIVE	<input type="checkbox"/>	

11. Enter an ANNUAL Health Savings Account (HSA) contribution amount. You may only elect this plan if you are enrolled in the Silver (CDHP) plan.

- **Note:** Costs will not be reflected on the form until you have pressed the Recalculate button on the bottom of the form or completed the enrollment process to the end.

HSA					
Plan	Option	Select	Coverage	Annual Contribution	Per Pay Period Pre Tax Cost
Health Savings Account	Emp Only	<input type="checkbox"/>	0.00 ⓘ	0.00	0.00
	Family Coverage	<input checked="" type="checkbox"/>	1,500.00 ⓘ	1,500.00	31.25
Waive Health Savings Account	WAIVE	<input type="checkbox"/>			

12. Select a Dental and/or Vision plan option if you want to elect or change those plans.

Dental			
Plan	Option	Select	Per Pay Period Pre Tax Cost
Dent I Preferred	Emp Only	<input type="checkbox"/>	5.83
	Emp Plus Spouse	<input type="checkbox"/>	12.24
Dent II Flex	Emp Only	<input type="checkbox"/>	6.62
	Emp Plus Spouse	<input checked="" type="checkbox"/>	13.90
Waive dental plan	WAIVE	<input type="checkbox"/>	

Vision			
Plan	Option	Select	Per Pay Period Pre Tax Cost
Vision	Emp Only	<input type="checkbox"/>	1.94
	Emp Plus Spouse	<input checked="" type="checkbox"/>	4.07
Waive Vision	WAIVE	<input type="checkbox"/>	

13. Select a Voluntary AD&D Coverage amount if you want that coverage. Select Voluntary Life coverage amount(s) if you want that coverage.

NOTE: If you are electing voluntary life insurance for the first time, or if you increase the amount of your voluntary life insurance coverage, you may be required to submit Evidence of Insurability documentation to the Benefits Dept. The new or additional coverage may be suspended pending receipt of the documentation.

	Vol SPS AD&D	<input type="checkbox"/>	250,000.00	2.50
	Vol SPS AD&D	<input type="checkbox"/>	260,000.00	2.60
	Vol SPS AD&D	<input type="checkbox"/>	270,000.00	2.70
	Vol SPS AD&D	<input type="checkbox"/>	280,000.00	2.80
	Vol SPS AD&D	<input type="checkbox"/>	290,000.00	2.90
	Vol SPS AD&D	<input type="checkbox"/>	300,000.00	3.00
	Vol SPS AD&D	<input type="checkbox"/>	310,000.00	3.10
	Vol SPS AD&D	<input type="checkbox"/>	320,000.00	3.20
	Vol SPS AD&D	<input type="checkbox"/>	330,000.00	3.30
	Vol SPS AD&D	<input type="checkbox"/>	340,000.00	3.40
	Vol SPS AD&D	<input type="checkbox"/>	350,000.00	3.50
	Vol SPS AD&D	<input type="checkbox"/>	360,000.00	3.60

Voluntary Child ADD

Plan	Option	Select	Coverage	Per Pay Period After Tax Cost
Voluntary AD&D Children	WAIVE	<input checked="" type="checkbox"/>		
	Vol CHD AD&D	<input type="checkbox"/>	10,000.00	0.12

Voluntary Life

Indicates Certification is required.

Plan	Option	Select	Coverage	Per Pay Period After Tax Cost
Voluntary Life Ins. Employee	WAIVE	<input type="checkbox"/>		
	VOL LIFE Emp	<input type="checkbox"/>	10,000.00	0.41
	VOL LIFE Emp	<input type="checkbox"/>	20,000.00	0.81
	VOL LIFE Emp	<input type="checkbox"/>	30,000.00	1.22
	VOL LIFE Emp	<input type="checkbox"/>	40,000.00	1.62
	VOL LIFE Emp	<input type="checkbox"/>	50,000.00	2.03
	VOL LIFE Emp	<input type="checkbox"/>	60,000.00	2.43
	VOL LIFE Emp	<input type="checkbox"/>	70,000.00	2.84
	VOL LIFE Emp	<input type="checkbox"/>	80,000.00	3.24
	VOL LIFE Emp	<input type="checkbox"/>	90,000.00	3.65
	VOL LIFE Emp	<input type="checkbox"/>	100,000.00	4.05

14. Click the Recalculate button and scroll back up to view the costs for your elections or click the Next button to continue.

	VOL LIFE Spouse	<input type="checkbox"/>	330,000.00	10.07
	VOL LIFE Spouse	<input type="checkbox"/>	340,000.00	10.37
	VOL LIFE Spouse	<input type="checkbox"/>	350,000.00	10.68
	VOL LIFE Spouse	<input type="checkbox"/>	360,000.00	10.98

Add Dependents and Beneficiaries

The choices listed above may vary based on family member information. Please add any dependents or beneficiaries you want to cover or designate.

[Add Dependents and Beneficiaries](#)

[Recalculate](#) [Back](#) [Next](#)

[Home](#) | [Logout](#) | [Preferences](#) | [Help](#)

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15. This is the Designation of Dependents screen. Click the Cover checkboxes to enroll each dependent in medical and other voluntary plans. If a family member does not appear here, you may go back and add them by clicking on the Add Dependents link on the lower left.

PLEASE NOTE: If you do go back to the family member's page, YOU MUST RE-SELECT the coverage options from the previous screen.

Designation of Dependents

This page represents your eligible dependents based on the information you provided earlier. If you are enrolling a dependent not covered in 2013 additional documentation will be necessary for enrollment. The additional documents may include: for spouse, a copy of your marriage certificate; for stepchildren, a copy of your marriage certificate and birth certificate; for children, a copy of their birth certificate. **Please submit this documentation to your Benefits Specialist by December 31, 2013; otherwise your dependent enrollment will not be applicable in 2014.** Children are eligible up to their 26th birthday.

You must check the "Cover" box next to each name to complete enrollment for these dependents. If names are missing, the dependent is either not eligible or you did not include them on the Dependent and Beneficiary page. To go back to the Dependent and Beneficiary page, click the "Add Dependents" link below.

Please Note: you must re-select your benefit elections if you return to the Dependents and Beneficiaries page at this point.
[Click here for Benefit Enrollment Instructions](#)
[Click here for the Open Enrollment booklet](#)
 ☑ TIP Missing Persons may not be family members or are ineligible.

Medical : Medical Bronze Emp Plus Family

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Ryan Shannon	Spouse		Yes		<input type="checkbox"/>
Deadra Sanders	Step Child		Yes		<input type="checkbox"/>

Add Dependents
 The people listed above are eligible for dependent coverage. Please add any dependents you want to cover and restart the enrollment process.

[Home](#) | [Logout](#) | [Preferences](#) | [Help](#)

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16. Click Next to continue

17. This is the Update Benefits: Update Beneficiaries page. Enter the percentage of beneficiary designations for each plan.
- The designations must total 100% for each plan
 - Do not select yourself as a beneficiary
 - You may also select a contingent beneficiary for each plan.

Update Benefits: Update Beneficiaries

Name: _____ Program: ASRC H&W Program
 Event Name: Open Enrollment Period: 01-SEP-2013 - 31-OCT-2013

Designation of Beneficiaries

Beneficiaries are those you choose to receive your life or AD&D insurance benefits in the event of your death. Please DO NOT list yourself as a beneficiary for the following plans: Basic Life, Basic AD&D, Vol Life Employee, or Vol AD&D Employee. If you have elected Vol Life or AD&D spouse or child coverage, you are automatically the beneficiary.
[Click here for Benefit Enrollment Instructions](#)
[Click here for the Open Enrollment booklet](#)

Basic Accident - Company Provided: BASIC AD&D

Family Members and Others

Beneficiary	Relationship	Social Security Number	Primary %	Contingent %	Clear
Brittany Oktollik	Contact		<input type="text" value="0"/>	<input type="text" value="20"/>	
Deadra Sanders	Step Child		<input type="text" value="0"/>	<input type="text" value="0"/>	
Derek Oktollik	Contact		<input type="text" value="0"/>	<input type="text" value="20"/>	
Diantha Oktollik	Contact		<input type="text" value="0"/>	<input type="text" value="20"/>	
Edith Rivera	Parent		<input type="text" value="39"/>	<input type="text" value="0"/>	
Hazel Oktollik	Contact		<input type="text" value="0"/>	<input type="text" value="40"/>	
Joaquin Rivera	Contact		<input type="text" value="18"/>	<input type="text" value="0"/>	
Marcy Rivera	Self		<input type="text" value="0"/>	<input type="text" value="0"/>	
Ryan Shannon	Spouse		<input type="text" value="4"/>	<input type="text" value="0"/>	
Yolanda Rivera	Contact		<input type="text" value="39"/>	<input type="text" value="0"/>	

Primary % Contingent %
 100 100

18. Click Next to continue

19. Click on the Confirmation Statement to bring up a printable page of all your enrollments. Print and keep for your records.

Home Logout Preferences Help

Update Enrollments Cover Dependents Update Beneficiaries **Confirmation Statement**

Warning

- Your changes have been saved. However, there are additional action items to complete for the enrollments you selected. Any required action item suspends the election. Optional action items are requests for additional information. These include:
- Medical Bronze - <Optional> - The option you have selected for this plan requires that you designate a dependent.

Confirmation Statement

Name: Open Program: ASRC H&W Program Enrollment Period: 01-SEP-2013 - 31-OCT-2013

Back Printable Page **Confirmation Statement** Finish

This year there are a few changes to the ASRC benefit program. **Action is required if you are enrolled in the PPO 1000 medical plan. This plan will be discontinued. You will need to elect new medical coverage for the 2014 calendar year.** If you are enrolled in the Gold (PPO 500) or Silver (CDHP) medical plans, then no action is required to maintain your current level of coverage. The medical Bronze plan has been added as a new option for 2014. It is important to review the Open Enrollment booklet regarding the changes that will be occurring for 2014.

You may enroll now for your 2014 benefits. You have until November 30 to make enrollment changes. Click the 'Update Benefits' button to continue enrollment. [Click here for the Open Enrollment booklet](#)

Please submit all documentation to your Benefits Specialist by December 31, 2013; otherwise your dependent enrollment will not be applicable in 2014.

If you or a dependent were not enrolled in voluntary life coverage in 2013 or you are increasing your current voluntary life coverage over the guarantee issue, your election(s) will be suspended until your Evidence of Insurability is approved. You are responsible for completing the Evidence of Insurability form to complete the application process. Click on the link below for the Evidence of Insurability form

[Click here for the Evidence of Insurability Instructions](#)
[Click here for the Evidence of Insurability form](#)

TIP Click Confirmation Statement to get a PDF document of your enrollments. Click Finish to complete the enrollment process, then click the Logout link when you are ready to leave the application.

Benefit Selections

Plan	Option	Coverage Start Date	Coverage Per Pay Period Pre Tax Cost	Per Pay Period After Tax Cost
Basic Accident - Company Provided - BASIC AD&D		01-Jan-2014	0.00	0.00
Basic Life - Company Provided - BASIC LIFE		01-Jan-2014	0.00	0.00

20. Click Logout to exit the Self Service application.