### PLEASE GO TO MY.WESTMONT.EDU



Use your Westmont credentials to Authenticate via SSO.

## TWO-FACTOR LOGIN



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# LANDING PAGE OPEN ENROLLMENT!



# WELCOME TO WESTMONT/UKG EMPLOYEE OPEN ENROLLMENT

#### UKG

Employee Open Enrollment Open Enrollment 2022 Hourly Lorraine M Yoro - 0613327

#### About Open Enrollment About Open Enrollment

Verify Beneficiary And Dependent Information

Medical

Dental

Vision

Group Term Life Insurance

EE Supplemental Life

Supplemental Life - Employee

Spousal Supplemental Life

Supplemental Life Spouse

Child Supplemental Life

Supplemental Life - Child

Long Term Disability

Flexible Spending Account

FSA - Medical

FSA - Dependent Care

Additional

### You currently have 23 days remaining to submit your elections for this open enrollment session. Welcome to your Open Enrollment for 2022! Open Enrollment is your once-a-year opportunity to update your benefit elections without a qualifying life event. This includes changing plans and adding or dropping eligible dependents from your coverage. The benefit elections you make during Open Enrollment will begin <u>March 1, 2022</u> and stay in effect until <u>February 28, 2023</u>, unless a mid-year change is made due to a qualifying event.

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Benefic elections will not be finalized until you CONFIRM and SUBMIT your elections. On the final confirmation page, your New Elections on the right win ONLY show newly-elected or changed benefits; any coverage not edited during the Open Enrollment session will continue unaffected.

You can save your elections as a draft anytime and return to them during the Open Enrollment period. The Open Enrollment period will end on Friday, February 4, 222 at 12:00 pm PST.

Please contact Numan Resources with any questions.

#### Carefully Read All Information!

To Begin, Click on "Verify Beneficiary and Dependent Information"

### Carefully Read All Instructions!

# VERIFY BENEFICIARY AND DEPENDENT INFORMATION

UKG	Employee Open Enrollment Open Enrollment 2022 Hourly Lorraine M Yoro - 0613327								
About Open Enrollment	Verify Beneficiary and Dependent Information $(\textcircled{\bullet})$ $(\leftarrow \rightarrow)$ $(\bigcirc)$ $[\fbox{\bullet}]$ $(\bigcirc)$ $(\fbox{\bullet})$ $(\fbox{\bullet})$ $(\textcircled{\bullet})$								
Verify Beneficiary And Dependent Information	This page allows you to add or make changes to your named dependents, beneficiaries, and emergency contacts. Please note that adding or changing contacts on this page does not mean that they are automatically assigned to your existing plan enrollments. You will still need to go through the election process and enroll dependents and assign beneficiaries to you plans (including your existing benefit enrollments) as you deem appropriate.								
Medical	What do I need to do here before moving on?								
Dental	Verify or change dependents. Make sure to confirm DOB and Social Security Numbers Add/change Beneficiaries								
Vision	Add/change Emergency Contact(s)								
Group Term Life Insurance	To verify or change dependents, beneficiaries and/or Emergency Contacts:								
EE Supplemental Life	1. Select the name link for the individual								
Supplemental Life - Employee	2. Edit the necessary information, as needed 3. Check the "Dependent", "Beneficiary" and/or "Emergency Contact" check box as applicable.								
Spousal Supplemental Life	3. Select save								
Supplemental Life Spouse	To ADD a dependent not already listed:								
Child Supplemental Life	1. Select add (blue plus (+) sign button)								
Supplemental Life - Child	<ol> <li>2. Enter completed information, including social security, date of birth and gender</li> <li>3. Check the "Dependent", "Beneficiary" and/or "Emergency Contact" check box as applicable.</li> </ol>								
Long Term Disability	4. Select Save								

#### Employee Open Enrollment Open Enrollment 2022 Hourly Lorraine M Yoro - 0613327

### Verify Beneficiary and Dependent Information

Verity or change dependents. Make sure to confirm DOB and Social Security Numbers Add/change Beneficiaries Add/change Emergency Contact(s)



#### To verify or change dependents, beneficiaries and/or Emergency Contacts:

1. Select the name link for the individual

2. Edit the necessary information, as needed

3. Check the "Dependent", "Beneficiary" and/or "Emergency Contact" check box as applicable.

Select save



### ADD/EDIT DESIGNATION



# ONCE INFORMATION IS COMPLETED

orify Rono	ficiary and Dene	ndent Informa	tion	Ð	~	$\rightarrow$	eubr
Add/Chang	ge Contact	delete	eset cancel	erint h	? elp		Sabri
Informa     This co	<b>tion</b> ontact cannot be deleted beca	ause of associations with e	existing benefit pla	ans.			acts:
< Contact is activ	e		$\mathbf{N}$				
Personal							as aj
First	AJ		Click Here	To			
Middle			Save Modifica	tions 🛛			
Last	• Yoro						
Former last							l gen
Suffix	<b>\$</b>						as ap
SSN	123-45-6789						
Date of birth	01/01/2021						
Name T	Relations	nip	Designa	auon			

## SELECTING BENEFITS



# ENROLLING DEPENDENTS

UKG	Employee Open Enrollment Open Enrollment 2022 Hourly Lorraine M Yoro - 0613327	
About Open Enrollment	Medical	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
Verify Beneficiary And Dependent Information	Coverage start date*: 03/01/2022	
Medical	*Estimated values	
Dental	Enroll Dependents You must enroll between 1 and 1 dependents in the plan.	In this area you will find
Vision	AJ Yoro	your dependents.
Group Term Life Insurance	SSN 123-45-6789	Soloct the dependent(s) you wish to
EE Supplemental Life	Date of birth 01/01/2021	enroll (you will do so for each benefit
Supplemental Life - Employee	Gender Male 🗢	option).
Spousal Supplemental Life		
Supplemental Life Spouse		
Child Supplemental Life	<ul> <li>Anthem HMO Deductible</li> </ul>	Anthem HMO Deductible Plan Information

# CONTINUE TO MOVE THROUGH THE BENEFITS MENU OPTIONS



# **IMPORTANT INFORMATION IS IN THE DETAILS!**



### IMPORTANT BENEFICIARY INFORMATION



CONFIRMATION OF ELECTIONS AND CHANGES								
Employee Op Open Enrollment 20 Lorraine M Yoro - 00	en Enrollmen 22 Hourly 513327		O THROUGH YOUF	<mark>R CURRENT AN</mark>	D NEW BENEFITS SELECTIC	<mark>DNS -</mark>		
Confirm Yo	our Election	s or Changes			← →   o back next sub	omit draft reset cancel	print help	
This page shows a summary of the changes you are about to make. Please verify your changes carefull the plan type or plan description hyperlink to return to the election page. When you are satisfied with your changes carefull the plan type or plan description hyperlink to return to the election page. When you are satisfied with your changes carefull the plan type or plan description hyperlink to return to the election page. When you are satisfied with your changes carefull the plan type or plan description hyperlink to return to the election page. When you are satisfied with your changes carefull the plan type or plan description hyperlink to return to the election page. When you are satisfied with you		y before submitting. If you need to make any edits you can do so by selecting your changes, please click the Submit button on the toolbar. Home phone Private Work phone Work extension Private			four New 023 Plan Year Cost			
Current	Current Benefits - As of 02/28/2022   Estimated Total Cost: \$0.00 ①							
Plan Type	Plan Details		Your bi- weekly cost	Plan Type	Plan Details		Your bi- weekly cost	
Additional	EAP Covered Family M Lorraine M Yoro	lembers		Medical	Anthem HMO Coverage: Employee Only Covered Family Members Lorraine M Yoro		\$22.16	
Declined Benefits - Annual Open Enrollment     2 plans declined								
Plan Type		Plan Details		Here You Will Find Benefits You				
Spousal Supplemental Life Supplemental Life		Supplemental Life Spouse		Have				
Child Suppler	nental Life	Supplemental Life - Child						

### YOU ARE NOW READY TO SUBMIT

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print help

Effective 03/01/2022

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back

Employee Open Enrollment Open Enrollment 2022 Hourly Lorraine M Yoro - 0613327

#### **Confirm Your Elections or Changes**

This page shows a summary of the changes you are about to make. Please verify your changes carefully before submitting. If you need to make any edits you can do so by selecting the plan type or plan description hyperlink to return to the election page. When you are satisfied with your changes, please click the Submit button on the toolbar.

When Selections Are Complete, Personal Information Click SUBMIT! Home phone Name Lorraine M Yoro Private Address Work phone Work extension Oxnard, CA 93036 E-mail lyoro@westmont.edu Current Benefits - As of 02/28/2022 New Benefits - As of 03/01/2022 Estimated Total Cost: \$0.00 ① Estimated Total Cost: \$251.81 Your bi-Your biweekly weekly Plan Type Plan Details Plan Type **Plan Details** cost cost Additional EAP Medical Anthem HMO \$22.16 Coverage: Employee Only **Covered Family Members Covered Family Members** Lorraine M Yoro Lorraine M Yoro Group Term Life **Basic Life** Insurance Dental Anthem Dental Net \$0.00

### CONGRATULATIONS, YOU HAVE COMPLETED OPEN ENROLLMENT!

