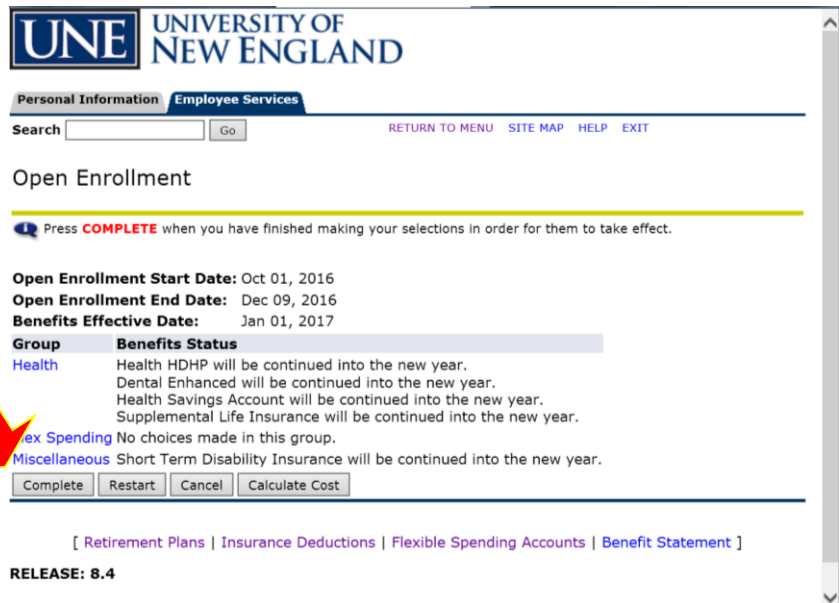# IMPORTANT:

This year you **MUST** access Open Enrollment online and select your 2020 benefits.
Failure to do so may cause a disruption in your coverage for 2020.
If you need any assistance please contact Human Resources.

Once you are finished with **ALL** benefit changes, select "**Complete**" on the bottom of the Open Enrollment page.
Your changes will not be activated until "Complete" is selected.

1

Select "Complete"

UNE UNIVERSITY OF NEW ENGLAND

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Open Enrollment

Press **COMPLETE** when you have finished making your selections in order for them to take effect.

Open Enrollment Start Date: Oct 01, 2016
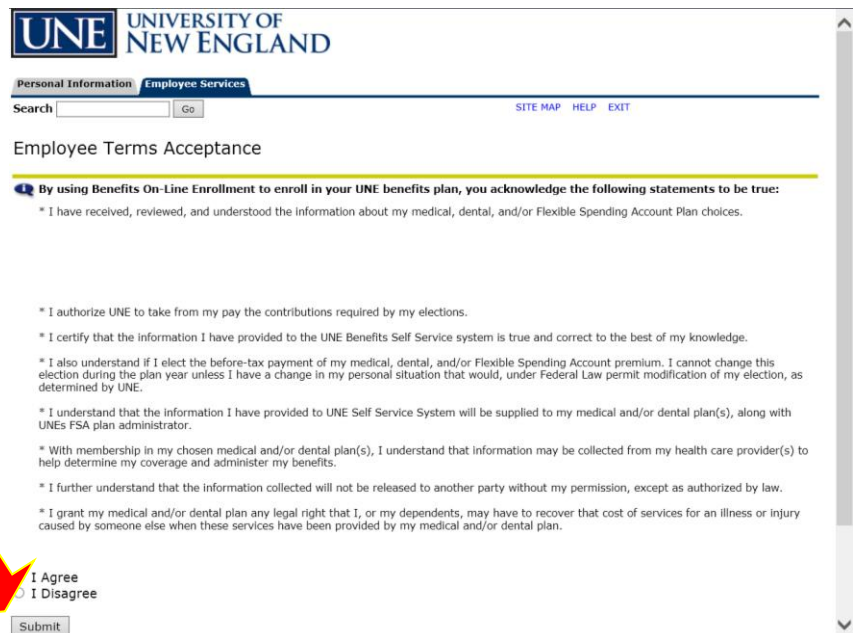**Open Enrollment End Date:** Dec 09, 2016
Benefits Effective Date: Jan 01, 2017

Group	Benefits Status
Health	Health HDHP will be continued into the new year.
	Dental Enhanced will be continued into the new year.
	Health Savings Account will be continued into the new year.
	Supplemental Life Insurance will be continued into the new year.
Flex Spending	No choices made in this group.
Miscellaneous	Short Term Disability Insurance will be continued into the new year.

[Complete] [Restart] [Cancel] [Calculate Cost]

[Retirement Plans | Insurance Deductions | Flexible Spending Accounts | Benefit Statement]

RELEASE: 8.4

2

Select "Submit"

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Employee Terms Acceptance

By using Benefits On-Line Enrollment to enroll in your UNE benefits plan, you acknowledge the following statements to be true:

* I have received, reviewed, and understood the information about my medical, dental, and/or Flexible Spending Account Plan choices.

* I authorize UNE to take from my pay the contributions required by my elections.

* I certify that the information I have provided to the UNE Benefits Self Service system is true and correct to the best of my knowledge.

* I also understand if I elect the before-tax payment of my medical, dental, and/or Flexible Spending Account premium. I cannot change this election during the plan year unless I have a change in my personal situation that would, under Federal Law permit modification of my election, as determined by UNE.

* I understand that the information I have provided to UNE Self Service System will be supplied to my medical and/or dental plan(s), along with UNEs FSA plan administrator.

* With membership in my chosen medical and/or dental plan(s), I understand that information may be collected from my health care provider(s) to help determine my coverage and administer my benefits.

* I further understand that the information collected will not be released to another party without my permission, except as authorized by law.

* I grant my medical and/or dental plan any legal right that I, or my dependents, may have to recover that cost of services for an illness or injury caused by someone else when these services have been provided by my medical and/or dental plan.

○ I Agree
○ I Disagree

[Submit]