

# How to Enroll in New Hire Benefits in Oracle

This document is a step-by-step guide on how to enroll in benefits as a new hire.

## Introduction

All enrollments must be completed by you within your Period of Initial Eligibility (PIE), which is 31 calendar days from your new hire date.

To complete the enrollment process online, you must have a CRYPTOCard with administrative-level access. Employees without A-level CRYPTOCARD access will need to complete form 1751a and email it to [benefits@lanl.gov](mailto:benefits@lanl.gov).

To enroll eligible dependents, submit a completed [LANL Contacts Form](#) and supporting documentation by emailing it to [benefits@lanl.gov](mailto:benefits@lanl.gov) as early as possible, but no later than the end of your PIE. Within 5 business days, your dependent(s) will appear in Oracle. The Benefits Office will notify you when you are able to enroll them in benefits. If you are not enrolling dependents, a [LANL Contacts Form](#) is not needed. You may enroll in your benefits through Oracle by the end of your PIE.

Make sure all dependents you want to enroll in benefits meet eligibility requirements before submitting your [LANL Contacts Form](#) to the Benefits Office. Please refer to the [Acceptable Dependent Supporting Documentation chart \(pdf\)](#) for additional information regarding eligible family members and required documentation.

*Once you complete your enrollments, your benefits will go into effect as of your date of hire.*

## Step-by-Step Enrollment Instructions

Once your [LANL Contacts Form](#) has been entered and the Benefits Office has notified you to complete your enrollments, follow these steps.

1. Review new hire enrollment [plan information](#). Click on the section that pertains to your employment status to access the appropriate enrollment information.

### Enrollment Information

Casual Status



Full-Time/Part-Time Status



2. If you are a Full-Time/Part-Time Status employee, login to Oracle. Select “LANL Worker Self Service” and then select “Benefits” to begin the enrollment election process.

Oracle Applications Home Page

LANL Worker Self Service

Benefits

From	Type	Subject	Sent	Due
There are no notifications in this view.				
✓ TIP Vacation Rules - Redirect or auto-respond to notifications.				
✓ TIP Worklist Access - Specify which users can view and act upon your notifications.				

### 3. Review and accept the Terms & Conditions and select “Next”. You will only be required to accept the Terms & Conditions once, so if you have previously accepted them, you will not see the Terms & Conditions screen again.

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Legal Disclaimer

**TIP** Please read the Legal Disclaimer, then click "Accept" to proceed with making benefit elections. It is your responsibility to know and understand the enrollment and eligibility rules of your benefits. Please refer to Triad Welfare Benefit Plan for Employees for additional information on eligibility.

Terms and Conditions

In accordance with the Triad Welfare Benefit Plan for Employees:

- I certify that:
  - The spouse/domestic partner I have listed as an eligible dependent is:
    - My legal spouse as defined under applicable federal law; or
    - My domestic partner who meets the requirements in the Declaration of Domestic Partnership (Form 1925a)
  - The child(ren) I have listed as eligible dependents are:
    - Under the age of 26
    - Under the age of 18 if a Legal Ward
    - Are over the age of 26 and have been certified disabled in accordance with the definition provided in the Triad Welfare Benefit Plan
  - My enrolled dependent(s) is/are not covered by another LANL plan as an employee or covered dependent, which results in duplicate coverage under the same plan.
  - I understand that enrolling or failing to remove an ineligible dependent is in violation of the Plan and will result in disciplinary action up to and including termination of employment.
- I understand that I have 31 calendar days following a qualified Life Event (e.g. marriage, new child) to change my benefits, and should I miss the 31 day window, I will not be able to change my elections or add a dependant to my coverage until the next Open Enrollment period.
- I authorize deductions from my earnings to cover the premiums for plans I have selected for my eligible dependents and myself. Please refer to the Triad Welfare Benefit Plan for Employees for additional information.

I understand it is my responsibility to verify my enrollments and PRINT THE CONFIRMATION PAGE after making an enrollment selection or change. The confirmation page acts as evidence of my selections. The confirmation page is REQUIRED if corrections are necessary.

Accept  
 Decline

Next

### 4. Review the list of your eligible dependent(s). If all of your dependents are listed, click “Continue”.

If you do not see the dependent(s) you plan on enrolling, STOP, do not proceed. Complete the [LANL Contacts Form](#) and email the form and necessary supporting documentation to [benefits@lanl.gov](mailto:benefits@lanl.gov) (see introduction above for more information).

Oracle Self-Service Benefits: Depen: X

https://ebzhr.lanl.gov/OA\_HTML/OA.jsp?page=/oracle/apps/ben/selfservice/enrollment/webui/Legal... 90%

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LANL Worker Self Service

Your benefits-eligible dependent(s)/beneficiary(ies) is/are listed below. If you do not see the dependent(s)/beneficiary(ies) you plan on enrolling/designating, STOP, do not proceed. Contact Benefits (benefits@lanl.gov, 667-1806) to add dependent(s)/beneficiary(ies). Supporting documentation may be required.

Name	Relationship	Social Security Number	Birth Date
[Redacted]	Spouse	[Redacted]	[Redacted]
[Redacted]	Child	[Redacted]	[Redacted]

**TIP** Please click "Continue" to proceed with your elections.

Continue

5. The next screen will show you two tabs: your “Current Benefits” and “Benefits Enrollment”. Your “Current Benefits” will show most plans (except plans you are enrolled in automatically) in a “waived” status. To enroll, click the “Benefits Enrollment” tab, then click the “Change Your Benefits Enrollments” button.

The screenshot shows the 'LANL Worker Self Service' portal. At the top left is the Los Alamos National Laboratory logo. The page title is 'LANL Worker Self Service'. There are navigation links for 'Navigator', 'Favorites', 'Home', 'Logout', 'Preferences', and 'Help'. Two tabs are visible: 'Benefits Enrollment' (highlighted with a green box) and 'Current Benefits'. Below the tabs, the user's name is redacted, and the event is 'New Hire'. The program is 'LANL Full Benefits' and the enrollment period is '06-APR-2020 - 07-MAY-2020'. A 'General Benefits Help' link is present. A 'Change Your Benefits Enrollments' button is located at the top right of the content area.

**Benefit Selections**

Plan	Option	Coverage Start Date	Coverage Pretax Amount	After Tax Amount
Medical - Waive Medical Plan		06-Apr-2020	0.00	0.00
Health Care Reimbursement Account - Waive Health Care Reimbursement Account		06-Apr-2020	0.00	0.00
Dental - Waive Dental Plan		06-Apr-2020	0.00	0.00
Vision - Waive Vision Plan		06-Apr-2020	0.00	0.00
Dependent Care Reimbursement Account - Waive Dependent Care Reimbursement Account		06-Apr-2020	0.00	0.00
Adoption Expense Reimbursement Account - Waive Adoption Care Reimbursement Account		06-Apr-2020	0.00	0.00
Legal - Waive Legal		06-Apr-2020	0.00	0.00
Basic Short Term Disability - Short Term Disability		06-Apr-2020	0.00	0.00
Supplemental Short Term Disability - Supplemental Short Term Disability		06-Apr-2020	4,723.00	8.43
Long Term Disability - Long Term Disability		06-Apr-2020	4,723.00	0.92
Employer Paid Life Insurance - Basic Life Insurance		06-Apr-2020	50,000.00	0.00
Employee Supplemental Life Insurance - Waive Employee Supplemental Life Insurance		06-Apr-2020	0.00	0.00
Spouse/CP Life Insurance - Waive Spouse/CP Life Insurance		06-Apr-2020	0.00	0.00
Child Life Insurance - Waive Child Life Insurance		06-Apr-2020	0.00	0.00
AD&D Insurance - Waive AD&D Insurance		06-Apr-2020	100,000.00	0.00
Business Travel Accident - Business Travel Accident Employee		06-Apr-2020	0.00	0.00
<b>Total</b>			<b>0.00</b>	<b>9.35</b>

A 'Change Your Benefits Enrollments' button is located at the bottom right of the table area, highlighted with a green box.



**6. Complete your benefits elections. You must either enroll or waive each insurance option; do not skip any.**

- a. Select the medical plan you wish to enroll in. If you do not wish to enroll in a Laboratory-sponsored medical plan, select “Waive Medical Plan”.**
- b. If you enroll in the HDHP medical plan and wish to enroll in the Health Savings Account (HSA), select the box near the HSA option (e.g. “Employee Only” or “Employee + Family”) that corresponds with the level of coverage you selected for your medical plan. To contribute to the HSA via payroll deductions, enter the per pay period amount in the field provided. If not, leave the amount as \$0.**
- c. If you wish to participate in a Flexible Spending Account (HCRA, DCRA, AERA), select the box near the plan and enter an annual amount in the coverage field. You can enroll in the Health Care Reimbursement Account if you are enrolled in the PPO plan or if you are waiving medical coverage.**
- d. Make sure you scroll down and make a selection for all the benefits listed. If enrolling in a benefit, be sure to select a benefit coverage amount if applicable and the pertinent level of coverage.**
- e. Once you have made selections for each benefit, press “Save > Next”.**
- f. Please note that Laboratory-provided benefits such as Basic Life insurance, Short Term Disability, and Business Travel Accident insurance are automatically enrolled and you cannot waive them. The Laboratory pays the premiums for these plans.**
- g. Ensure you are not creating duplicate coverage when enrolling in your benefits. Triad plan rules do not allow duplicate coverage.**
  - This means you may not be covered in any Triad-sponsored benefit plan as an employee and as an eligible dependent of another Triad employee or retiree at the same time. Family members of Triad employees may not be covered by more than one employee. For example, if a husband and wife both work for Triad, their children may only be covered by one parent for any given benefit.**

Change Your Benefits Enrollments: Update Enrollments  
 Name: [Redacted] | General Benefits Help | Enrollment Period: 06-APR-2020 - 07-MAY-2020 | Back | Save>Next

**Medical**

Plan	Employee Only	Employee + Children	Employee + Adult	Employee + Adult + Children
PPO Pretax	<input type="checkbox"/> 64.00	<input type="checkbox"/> 116.00	<input type="checkbox"/> 134.50	<input type="checkbox"/> 186.00
HCHP Pretax	<input type="checkbox"/> 47.00	<input type="checkbox"/> 82.50	<input type="checkbox"/> 97.00	<input type="checkbox"/> 133.00
Waive Medical Plan	<input checked="" type="checkbox"/>			

**Health Savings Account**

Must be enrolled in HDHP medical plan option. Enter a PER PAY PERIOD amount (amount you want deducted from each paycheck). The 2020 IRS limit is \$3,550 for an individual and \$7,100 for a family. Catch-up contribution of \$1,000 allowed for individuals age 55 and older. You are responsible for ensuring that you do not exceed the IRS limit. For more information, visit the [Benefits website](#).

Plan	Employee Only	Employee + Family
Health Savings Account	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00

**Health Care Reimbursement Account**

Must be enrolled in PPO or Waive medical plan option. Enter the ANNUAL amount (total amount you want for the calendar year) for reimbursement of qualified medical, dental and vision expenses for you and your eligible tax dependents. Total annual contribution amount will be divided by the total number of pay periods remaining in the year and deducted from each paycheck. For more information, visit the [Benefits website](#).

Plan	Select	Coverage	Cost per Pay Period
Health Care Reimbursement Account	<input type="checkbox"/>	0.00	0.00
Waive Health Care Reimbursement Account	<input checked="" type="checkbox"/>		

**Dental**

**Child Life Insurance**

The Plan does not allow duplicate coverage. If both parents are LANL employees, only one parent can provide coverage for the child(ren).

Plan	Option	Select	Coverage
Child Life Insurance	5K Child(ren)	<input type="checkbox"/>	5,000.00
	10K Child(ren)	<input type="checkbox"/>	10,000.00
Waive Child Life Insurance		<input checked="" type="checkbox"/>	

**AD&D Insurance**

Plan	Option	Select	Coverage
AD&D Insurance	50K Employee Only	<input type="checkbox"/>	50,000.00
	50K Employee + 1	<input type="checkbox"/>	50,000.00
	50K Employee + 2 or more	<input type="checkbox"/>	50,000.00
	100K Employee Only	<input type="checkbox"/>	100,000.00
	100K Employee + 1	<input type="checkbox"/>	100,000.00
	100K Employee + 2 or more	<input type="checkbox"/>	100,000.00
	200K Employee Only	<input type="checkbox"/>	200,000.00
	200K Employee + 1	<input type="checkbox"/>	200,000.00
	200K Employee + 2 or more	<input type="checkbox"/>	200,000.00
	300K Employee Only	<input type="checkbox"/>	300,000.00
	300K Employee + 1	<input type="checkbox"/>	300,000.00
	300K Employee + 2 or more	<input type="checkbox"/>	300,000.00
	400K Employee Only	<input type="checkbox"/>	400,000.00
	400K Employee + 1	<input type="checkbox"/>	400,000.00
	400K Employee + 2 or more	<input type="checkbox"/>	400,000.00
	500K Employee Only	<input type="checkbox"/>	500,000.00
500K Employee + 1	<input type="checkbox"/>	500,000.00	
500K Employee + 2 or more	<input type="checkbox"/>	500,000.00	
Waive AD&D Insurance		<input checked="" type="checkbox"/>	

**Business Travel Accident**

Business Travel Accident insurance is a core benefit provided by LANL. Enrollment is automatic.

Plan	Select	Coverage
Business Travel Accident Employee	<input checked="" type="checkbox"/>	100,000.00

7. Select dependents as applicable by placing a checkmark in the “Cover” column (not required for “Employee Only” coverage) and select “Save > Next”.

Note: If you do not see the dependent(s) you plan on enrolling, STOP, do not proceed. Complete the [LANL Contacts Form](#) and email the form and necessary supporting documentation to [benefits@lanl.gov](mailto:benefits@lanl.gov) (see introduction above for more information).

**Benefits Enrollment** | **Current Benefits** | Navigator | Favorites | Home | Logout | Preferences | Help

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

Update Benefits: Cover Dependents | Name: [Redacted] | Event Name: **New Hire LANL Full Benefits** | Program: [Redacted] | Enrollment Period: **06-APR-2020 - 07-MAY-2020** | [General Benefits Help](#) | [Back](#) | [Save>Next](#)

**Dependent Selection**

**TIP** Only eligible dependents are listed below. If you need to add an eligible dependent, please contact the Benefits Office. Supporting documentation will be required before your newly eligible dependent is added.

**Medical : PPO Pretax Employee + Adult + Children**

Dependent	Relationship	Social Security Number	Eligible	Cover
[Redacted]	Spouse		Yes	<input type="checkbox"/>
[Redacted]	Child		Yes	<input type="checkbox"/>

**Dental : Dental Employee + Adult + Children**

Dependent	Relationship	Social Security Number	Eligible	Cover
[Redacted]	Spouse		Yes	<input type="checkbox"/>
[Redacted]	Child		Yes	<input type="checkbox"/>

**Vision : Vision Employee + Adult + Children**

Dependent	Relationship	Social Security Number	Eligible	Cover
[Redacted]	Spouse		Yes	<input type="checkbox"/>
[Redacted]	Child		Yes	<input type="checkbox"/>

**Legal : Legal Employee + Adult + Children**

Dependent	Relationship	Social Security Number	Eligible	Cover
[Redacted]	Spouse		Yes	<input type="checkbox"/>
[Redacted]	Child		Yes	<input type="checkbox"/>

Dependent	Relationship	Social Security Number	Eligible	Cover
[Redacted]	Spouse		Yes	<input type="checkbox"/>
[Redacted]	Child		Yes	<input type="checkbox"/>

**Dental : Dental Employee + Adult + Children**

Dependent	Relationship	Social Security Number	Eligible	Cover
[Redacted]	Spouse		Yes	<input type="checkbox"/>
[Redacted]	Child		Yes	<input type="checkbox"/>

**Vision : Vision Employee + Adult + Children**

Dependent	Relationship	Social Security Number	Eligible	Cover
[Redacted]	Spouse		Yes	<input type="checkbox"/>
[Redacted]	Child		Yes	<input type="checkbox"/>

**Legal : Legal Employee + Adult + Children**

Dependent	Relationship	Social Security Number	Eligible	Cover
[Redacted]	Spouse		Yes	<input type="checkbox"/>
[Redacted]	Child		Yes	<input type="checkbox"/>

**Spouse/DP Life Insurance : Spouse Life Insurance 200K Spouse**

Dependent	Relationship	Social Security Number	Eligible	Cover
[Redacted]	Spouse		Yes	<input type="checkbox"/>

**AD&D Insurance : AD&D Insurance 500K Employee + 2 or more**

Dependent	Relationship	Social Security Number	Eligible	Cover
[Redacted]	Spouse		Yes	<input type="checkbox"/>
[Redacted]	Child		Yes	<input type="checkbox"/>

[Back](#) | [Save>Next](#)

Benefits Enrollment | Current Benefits | Home | Logout | Preferences | Help | Copyright (c) 2006, Oracle. All rights reserved.

## 9. Save your confirmation statement.

- Select “Printable Page” to print your confirmation statement, and keep the statement for your records. The statement is your only evidence that you have submitted your enrollment.
- If you go back and make changes before clicking “Finish”, print a new confirmation statement *each time*.

**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:
  - AD&D Insurance - <Optional> - If you are a Casual status employee please click Finish. Otherwise, Please designate a beneficiary.
  - Basic Life Insurance - <Optional> - If you are a Casual status employee please click Finish. Otherwise, Please designate a beneficiary.
  - Business Travel Accident Employee - <Optional> - If you are a Casual status employee please click Finish. Otherwise, Please designate a beneficiary.
  - Employee Supplemental Life Insurance - <Optional> - If you are a Casual status employee please click Finish. Otherwise, Please designate a beneficiary.
  - Spouse Life Insurance - <Required> - New enrollments in Supplemental Life Insurance greater than 3 times salary requires evidence of insurability (Personal Health Application - PHA), which is subject to approval by the carrier. The PHA will be sent by the carrier via email.
  - Spouse Life Insurance - <Required> - New enrollments in Supplemental Life Insurance greater than 3 times salary requires evidence of insurability (Personal Health Application - PHA), which is subject to approval by the carrier. The PHA will be sent by the carrier via email.

**Confirmation Statement**

Name: [Redacted]    Event Name: New Hire    Program: LANL Full Benefits    Enrollment Period: 06-APR-2020 - 07-MAY-2020

**PRINT THE CONFIRMATION PAGE and keep it for your records. This is the only evidence you will receive that you have submitted an enrollment change.**

**To complete your enrollment, print this page for your records and then click "Finish"**

Plan	Option	Coverage Start Date	Coverage Pretax Amount	After Tax Amount
Medical - PPO Pretax	Employee + Adult + Children	20-Apr-2020	186.00	0.00
Health Care Reimbursement Account - Health Care Reimbursement Account		06-Apr-2020	2,000.00	111.11
Dental - Dental	Employee + Adult + Children	20-Apr-2020	13.67	0.00
Vision - Vision	Employee + Adult + Children	20-Apr-2020	1.57	0.00
Dependent Care Reimbursement Account - Waive Dependent Care Reimbursement Account		06-Apr-2020	0.00	0.00
Adoption Expense Reimbursement Account - Waive Adoption Care Reimbursement Account		06-Apr-2020	0.00	0.00
Legal - Legal	Employee + Adult + Children	20-Apr-2020	0.00	8.32
Basic Short Term Disability - Short Term Disability		06-Apr-2020	0.00	0.00
Supplemental Short Term Disability - Supplemental Short Term Disability		06-Apr-2020	4,723.00	0.00
Long Term Disability - Long Term Disability		06-Apr-2020	4,723.00	0.00
Employer Paid Life Insurance - Basic Life Insurance		06-Apr-2020	50,000.00	0.00
Employee Supplemental Life Insurance - Employee Supplemental Life Insurance(Interim)	3x Salary	06-Apr-2020	171,000.00	0.00
Employee Supplemental Life Insurance - Employee Supplemental Life Insurance(Suspended)	5x Salary	06-Apr-2020	285,000.00	0.00

## 10. Press “Finish”, then log out. Log back into Oracle “LANL Worker Self Service” and select “Benefits”. Ensure your plan elections have been saved.



**Benefit Selections**

Plan	Option	Coverage Start Date	Coverage Pretax Amount	After Tax Amount
Medical - PPO Pretax	Employee + Adult + Children	20-Apr-2020	186.00	0.00
Health Care Reimbursement Account - Health Care Reimbursement Account		06-Apr-2020	2,000.00	111.11
Dental - Dental	Employee + Adult + Children	20-Apr-2020	13.67	0.00
Vision - Vision	Employee + Adult + Children	20-Apr-2020	1.57	0.00
Dependent Care Reimbursement Account - Waive Dependent Care Reimbursement Account		06-Apr-2020	0.00	0.00
Adoption Expense Reimbursement Account - Waive Adoption Care Reimbursement Account		06-Apr-2020	0.00	0.00
Legal - Legal	Employee + Adult + Children	20-Apr-2020	0.00	8.32
Basic Short Term Disability - Short Term Disability		06-Apr-2020	0.00	0.00
Supplemental Short Term Disability - Supplemental Short Term Disability		06-Apr-2020	4,723.00	0.00
Long Term Disability - Long Term Disability		06-Apr-2020	4,723.00	0.00
Employer Paid Life Insurance - Basic Life Insurance		06-Apr-2020	50,000.00	0.00
Employee Supplemental Life Insurance - Employee Supplemental Life Insurance(Interim)	3x Salary	06-Apr-2020	171,000.00	0.00
Employee Supplemental Life Insurance - Employee Supplemental Life Insurance(Suspended)	5x Salary	06-Apr-2020	285,000.00	0.00
Spouse/DL Life Insurance - Spouse Life Insurance(Suspended)	200K Spouse	06-Apr-2020	200,000.00	0.00
Child Life Insurance - Waive Child Life Insurance		06-Apr-2020	0.00	0.00
AD&D Insurance - AD&D Insurance	500K Employee + 2 or more	20-Apr-2020	500,000.00	0.00
Business Travel Accident - Business Travel Accident Employee		06-Apr-2020	200,000.00	0.00
<b>Total</b>			<b>312.35</b>	<b>24.79</b>

**Covered Dependents - To add an eligible dependent, contact the Benefits Office. Supporting documentation required.**

Plan	Dependent	Relationship	Social Security Number	Option
Medical - PPO Pretax	[Redacted]	Spouse		Employee + Adult + Children
	[Redacted]	Child		
Dental - Dental	[Redacted]	Spouse		Employee + Adult + Children
	[Redacted]	Child		





**11. Your elections will be applied to the Oracle system overnight. Once applied, you cannot make changes to your benefits elections. If you realize a mistake has been made after your elections are committed, reach out to the Benefits Office by emailing [benefits@lanl.gov](mailto:benefits@lanl.gov) or calling (505) 667-1806 to discuss your situation.**