

# Annual Health & Dental Open Enrollment Instructions

The Skyward Open Enrollment module is now open for the 2019-2020 plan year benefit election or waiver process. The coverage effective date is 7/1/2019 through 6/30/2020.

**2019-2020 Open Enrollment runs from 4/26/19 – 4:00 p.m. on 5/9/19.**


**\*\*IF YOU ARE ELIGIBLE FOR HEALTH AND/OR DENTAL INSURANCE COVERAGE, YOU MUST COMPLETE THE ONLINE OPEN ENROLLMENT / WAIVER PROCESS\*\***

**\*\*IF YOU ARE NOT MAKING CHANGES FOR THE NEW PLAN YEAR, YOU MUST STILL COMPLETE THE ONLINE OPEN ENROLLMENT / WAIVER PROCESS\*\***

## How to Enroll

To perform your annual enrollment, please be sure to have your dependent information ready (legal name, date of birth and social security number (s) before you log in to make this process as efficient as possible.

### Log into Skyward Employee Access

1. Select the **ONLINE OPEN ENROLLMENT** tab at the top of the page.
2. From the left toolbar, you can review your **CURRENT COVERAGE**.
3. Choose **OPEN ENROLLMENT – REGULAR**.
4. To view these instructions, click on **ONLINE ENROLLMENT INSTRUCTIONS** located on the upper right hand corner of the screen.
5. Your current coverage (if you are already enrolled) will appear with “Retain” as the default. To Add, WAIVE, or Drop coverage, use the buttons along the right side of the screen.
6. If enrolled in family coverage and to add dependents, click on the arrow  to the left of the plan name.
7. Click on **ADD DEPENDENTS** (name, relationship, gender, DOB, & Social Security #) click **SAVE**.
8. Once you have entered them in on the first plan, you may proceed to the next plan section (if applicable).
9. Click on **CLONE DEPENDENT** and the dependents will appear which were added on the first plan.
10. **If you are changing coverage**, click on the current coverage you wish to change then click **DROP COVERAGE**. Click **ADD COVERAGE** and select either Health, Dental, or Waive and **SELECT**. On the next screen select the coverage you wish to enroll.

Complete the **Custom Form – HEALTH INSURANCE WAIVER FORM**. This form must be completed even if you are not waiving health insurance. To do so, click on **OE CUSTOM FORMS** along the left side of the screen. Click on the secondary hyperlink that appears. Click **ADD** to bring up the form for completion. Choose **YES** or **NO** from the drop down menu: **WAIVING COVERAGE?** (*If waiving coverage, please electronically sign and date this form. You do not need to sign and date the form if you are not waiving coverage*). Save the form before exiting or it will not come through and you will need to re-complete the form. Click on **SUBMIT COVERAGE TO HR** which will turn from **Red** to **Green** when submitted.

11. **If no changes are being made to your insurance**, complete the custom form (#10 above) then click on **SUBMIT**

**COVERAGE TO HR** which will turn from **Red** to **Green** when submitted.

12. ***If enrolling for the first time, or making changes***, please complete the following forms and send to HR via email to [benefitforms@verona.k12.wi.us](mailto:benefitforms@verona.k12.wi.us) or drop-off by 4:00 p.m. on **5/9/19**. **LATE APPLICATIONS WILL NOT BE ACCEPTED\*\*\***

**Add Health:** [GHC Enrollment Form](#)

**Change Health** (i.e. – family to single, POS to HMO): [GHC Change Form](#)

**Add/Change Dental:** [Delta Dental Form](#)

## **Waiving Coverage**

If you are eligible for coverage and have previously waived coverage, click **SUBMIT TO HR** after completing the **OE Custom Form (see below)**.

If you currently have coverage on health or dental but are choosing to waive coverage, click **DROP** the current coverage and then click **ADD COVERAGE** and select the **WAIVE** plan.

**\* An electronic “Waiver of Benefits” form is required to be signed and returned if you are waiving health insurance.** To do so, click on **OE CUSTOM FORMS** along the left side of the screen, click on the secondary hyperlink that appears and **ADD** to bring up the form for completion. Save the form before exiting from it or it will not come through and you will need to re-complete the form. When you have finished the form, you will then be able to click **SUBMIT COVERAGE TO HR**.

## **Contact Information**

Please contact Allison Heil or Jasmine Fill if you experience problems with the enrollment module or need assistance. Allison can be reached at 608-845-4318 or [heila@verona.k12.wi.us](mailto:heila@verona.k12.wi.us). Jasmine can be reached at 608-845-4319 or [fillj@verona.k12.wi.us](mailto:fillj@verona.k12.wi.us).

## **Drop-In Help Hours**

**NEW THIS YEAR!** We are offering drop-in hours if you would like to meet to complete the enrollment in person:

- Wednesday, May 1 7:00 – 9:00 a.m. – Human Resources (245 Horizon Drive, Suite 108)
- Thursday, May 2 2:00 – 4:30 p.m. – Savanna Oaks Middle School
- Monday, May 6 7:00 – 9:00 a.m. – Stoner Prairie Elementary School
- Tuesday, May 7 2:00 – 4:30 p.m. – Human Resources (245 Horizon Drive, Suite 108)