

Banner Self Service
Online Open Enrollment Instructions
Index

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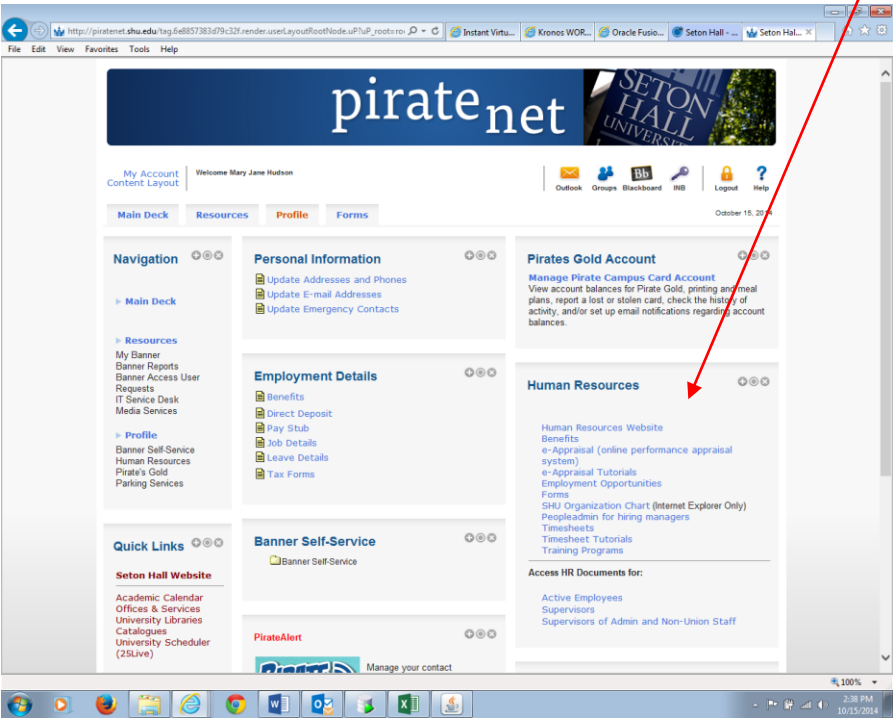
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After reviewing, these instructions if you have any questions or need assistance please contact:

Babette Brooks	(973) 275-2755
Natasha Cohen	(973) 761-9176
Terri Demarest	(973) 761-9181

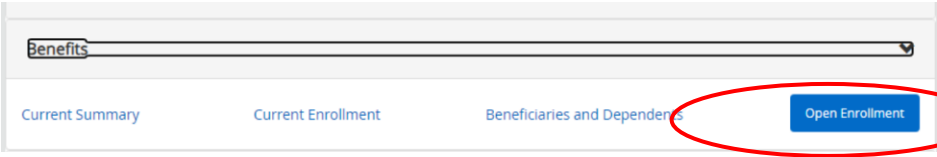
Login Go to Piratenet, SHU Portal, and the Profile tab.

Access Open Enrollment Click on Open Enrollment in the Human Resources Channel.



The screenshot shows the Piratenet SHU Portal profile page. The 'Human Resources' tab is highlighted in the right-hand column, and a red arrow points to it. The page includes sections for Personal Information, Employment Details, Banner Self-Service, and Human Resources. The Human Resources section lists various links and documents.

Start Open Enrollment Process In the Benefits section, click on the Open Enrollment button.



The screenshot shows the Benefits section of the Piratenet SHU Portal. The 'Open Enrollment' button is circled in red. The page includes a dropdown menu for 'Benefits' and several tabs: 'Current Summary', 'Current Enrollment', 'Beneficiaries and Dependents', and 'Open Enrollment'.

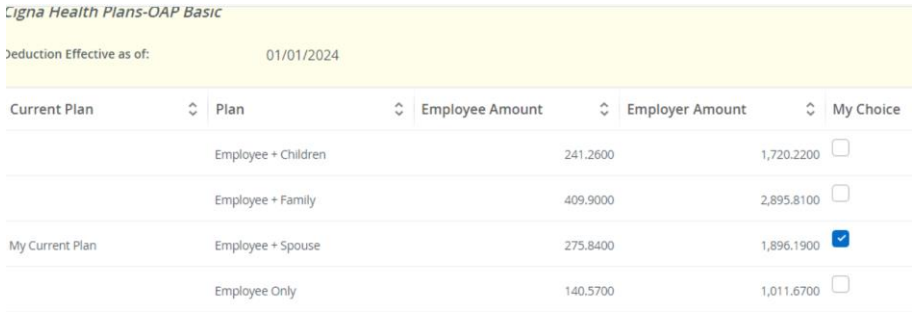
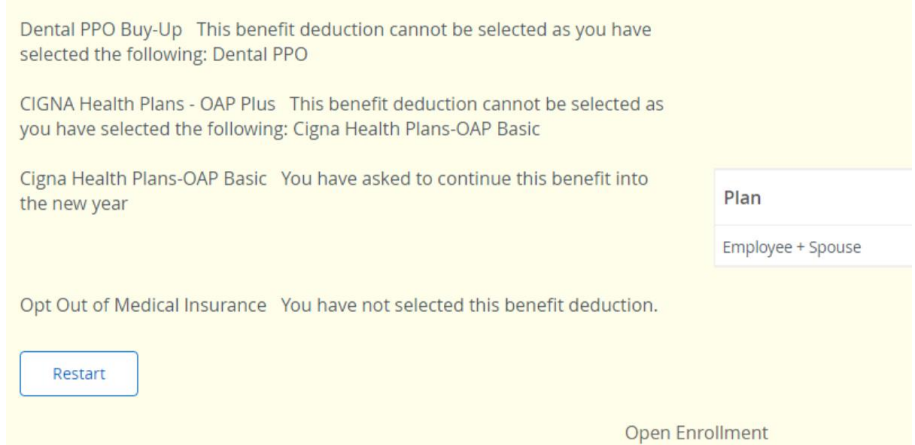
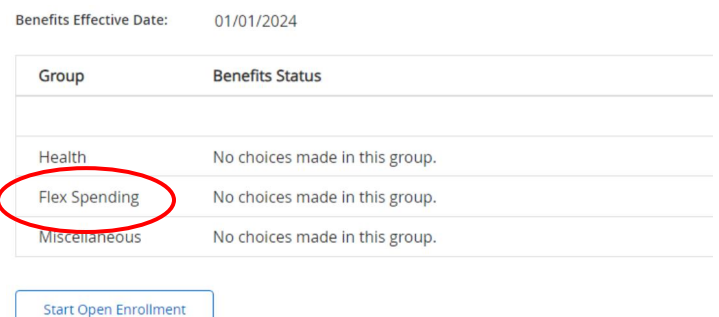
Select Group Select **Health** to Enroll/Change/OptOut/Terminate Medical and/or Dental coverage. Select **Flex Spending** to enroll in Flexible Spending Plans.

Benefits Effective Date: 01/01/2024

Group	Benefits Status
Health	No choices made in this group.
Flex Spending	No choices made in this group.
Miscellaneous	No choices made in this group.

Start Open Enrollment

<p>Open Enrollment Health Plan Options</p>	<p>The following Health options are available during Open Enrollment. You must terminate existing plan coverage before changing plans. You will also need to update Dependent coverage after making changes.</p> <p>To Change Plan</p> <ol style="list-style-type: none"> 1. Select your existing plan 2. Click Stop Benefit Button 3. Select New Plan 4. Click the My Choice option for Level of Coverage 5. Click Add Choice Button <p>To Change Level of Coverage</p> <ol style="list-style-type: none"> 1. Select your existing plan 2. Click the My Choice Option for Level of Coverage 3. Click Submit Change Button <p>To Terminate Plan</p> <ol style="list-style-type: none"> 1. Select your existing plan 2. Click Stop Benefit Button <p>To Enroll in Plan</p> <ol style="list-style-type: none"> 1. Select New Plan 2. Click the My Choice Option for Level of Coverage 3. Click Add Choice Button <p>To Opt Out of Medical Coverage</p> <ol style="list-style-type: none"> 1. Select Opt Out of Medical Coverage 2. Click Add Choice Button
<p>Select Plan</p>	<p>To Change Plans, Level of Coverage or Terminate a Plan select your existing plan. To enroll in a new plan select a new plan.</p> <div style="background-color: #ffffcc; padding: 10px;"> <p>Health Group</p> <p>Dental HMO This benefit deduction cannot be selected as you have selected the following: Dental PPO</p> <p>Dental PPO You have asked to continue this benefit into the new year</p> <p>Dental PPO Buy-Up This benefit deduction cannot be selected as you have selected the following: Dental PPO</p> <p>CIGNA Health Plans - OAP Plus This benefit deduction cannot be selected as you have selected the following: Cigna Health Plans-OAP Basic</p> <p>Cigna Health Plans-OAP Basic You have asked to continue this benefit into</p> </div>

<p>Stop Benefit/ Submit Change or Add Choice</p>	<p>To Change or Terminate a Plan click on Stop Benefit.</p> <p>To Change Level of Coverage, select the My Choice option and click the Submit Change button.</p>  <p><i>Cigna Health Plans-OAP Basic</i></p> <p>Deduction Effective as of: 01/01/2024</p> <table border="1"> <thead> <tr> <th>Current Plan</th> <th>Plan</th> <th>Employee Amount</th> <th>Employer Amount</th> <th>My Choice</th> </tr> </thead> <tbody> <tr> <td></td> <td>Employee + Children</td> <td>241,2600</td> <td>1,720,2200</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Employee + Family</td> <td>409,9000</td> <td>2,895,8100</td> <td><input type="checkbox"/></td> </tr> <tr> <td>My Current Plan</td> <td>Employee + Spouse</td> <td>275,8400</td> <td>1,896,1900</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>Employee Only</td> <td>140,5700</td> <td>1,011,6700</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Current Plan	Plan	Employee Amount	Employer Amount	My Choice		Employee + Children	241,2600	1,720,2200	<input type="checkbox"/>		Employee + Family	409,9000	2,895,8100	<input type="checkbox"/>	My Current Plan	Employee + Spouse	275,8400	1,896,1900	<input checked="" type="checkbox"/>		Employee Only	140,5700	1,011,6700	<input type="checkbox"/>
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<p>Decline/Opt Out Medical Coverage</p>	<p>To Decline/Opt Out of Medical coverage, select the Plan and click Add Choice</p> <p>After completing your health plan elections, click on the Open Enrollment link at the bottom of the screen.</p>  <p>Dental PPO Buy-Up This benefit deduction cannot be selected as you have selected the following: Dental PPO</p> <p>CIGNA Health Plans - OAP Plus This benefit deduction cannot be selected as you have selected the following: Cigna Health Plans-OAP Basic</p> <p>Cigna Health Plans-OAP Basic You have asked to continue this benefit into the new year</p> <p>Plan Employee + Spouse</p> <p>Opt Out of Medical Insurance You have not selected this benefit deduction.</p> <p>Restart</p> <p>Open Enrollment</p>																									
<p>Enroll in Flexible Spending Account Plans for the new plan year.</p>	<p>Select Flex Spending to participate in the Flexible Spending Account Plans or click Complete if you are finished with Open Enrollment. Flex Plan enrollment does not carry over from one year to the next year, you must enroll/re-enroll.</p> <p>Select Flex Spending from the Open Enrollment screen.</p>  <p>Benefits Effective Date: 01/01/2024</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Benefits Status</th> </tr> </thead> <tbody> <tr> <td>Health</td> <td>No choices made in this group.</td> </tr> <tr> <td>Flex Spending</td> <td>No choices made in this group.</td> </tr> <tr> <td>Miscellaneous</td> <td>No choices made in this group.</td> </tr> </tbody> </table> <p>Start Open Enrollment</p>	Group	Benefits Status	Health	No choices made in this group.	Flex Spending	No choices made in this group.	Miscellaneous	No choices made in this group.																	
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	<p>Select the Flex Account you wish to participate in.</p> <div style="background-color: #ffffcc; padding: 10px;"> <p>Flex Spending Group</p> <p>Flexible Dependent Care You have not selected this benefit deduction.</p> <p>Flexible Health Reimbursement Account You have not selected this benefit deduction.</p> <p style="text-align: right;">Open Enrollment</p> </div>								
<p>Flexible Dependent Care Spending Account Plan</p>	<p>If you selected Flexible Dependent Care, enter the annual amount you wish to contribute to the plan. The Annual Goal Amount Minimum is \$300.00 and Maximum is \$5,000.00. After entering the data click on the Add Choice button.</p> <div style="background-color: #ffffcc; padding: 10px;"> <p>* -indicates a required field</p> <p><i>Flexible Dependent Care</i></p> <p>Deduction Effective as of:</p> <p>Annual Goal Amt (up to \$5000) 999999.99 : *</p> <div style="border: 1px solid blue; border-radius: 10px; padding: 5px; display: inline-block; margin-top: 20px;">Add Choice</div> </div>								
<p>Flexible Health Reimbursement Account</p>	<p>If you selected Flexible Health, enter the annual amount you wish to contribute to the Plan. The Annual Goal Amount minimum is \$300.00 and Maximum is \$3,050.00. After entering the data click on the Add Choice Button.</p>								
<p>Enrolling in Voluntary Benefits</p>	<p>Click on Miscellaneous.</p> <p>Benefits Effective Date: 01/01/2024</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Group</th> <th style="width: 50%;">Benefits Status</th> </tr> </thead> <tbody> <tr> <td>Health</td> <td>No choices made in this group.</td> </tr> <tr> <td>Flex Spending</td> <td>No choices made in this group.</td> </tr> <tr> <td>Miscellaneous</td> <td>No choices made in this group.</td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <div style="border: 1px solid blue; border-radius: 10px; padding: 5px; display: inline-block;">Start Open Enrollment</div> </div>	Group	Benefits Status	Health	No choices made in this group.	Flex Spending	No choices made in this group.	Miscellaneous	No choices made in this group.
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Click on the benefit in which you want to enroll; Accident Coverage, Critical Illness, Pre-Paid Legal or Pet Discount Plan.

Miscellaneous Group

Accident Covg- High-Monthly This benefit deduction cannot be selected as you have selected the following: Accident Covg - Low- MN

Accident Covg - Low- MN You have asked to continue this benefit into the new year

Critical Illness-15000-MN You have not selected this benefit deduction.

Critical Illness-30000-MN You have not selected this benefit deduction.

Voluntary Pre-Paid Legal, Identity Theft Protection and Financial Wellness You have not selected this benefit deduction.

Voluntary PetAssure Discount Pet Plan You have not selected this benefit deduction.

Make your election under My Choice. Each benefit enrollment screen will look a little different. Click on Add Choice.

Voluntary Pre-Paid Legal, Identity Theft Protection and Financial Wellness

Deduction Effective as of: 01/01/2024

Plan	Employee Amount	My Choice
1 Employee Only	18,3300	<input type="checkbox"/>
2 Employee + Spouse	24,6500	<input type="checkbox"/>
3 Employee + Family	27,6000	<input type="checkbox"/>

Add Choice

Complete the Open Enrollment Process

Click on the Open Enrollment option at the bottom of the screen.

Restart

Open Enrollment

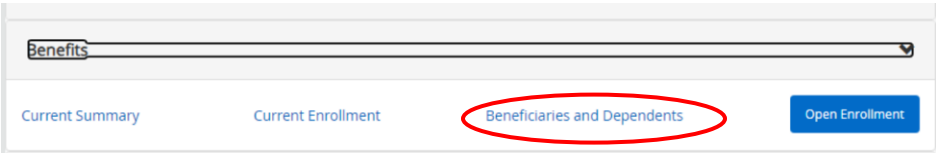
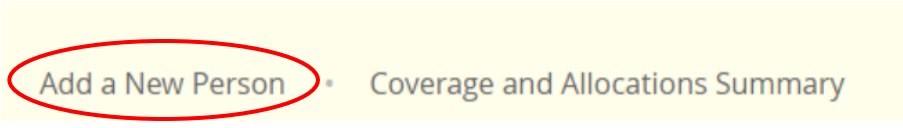
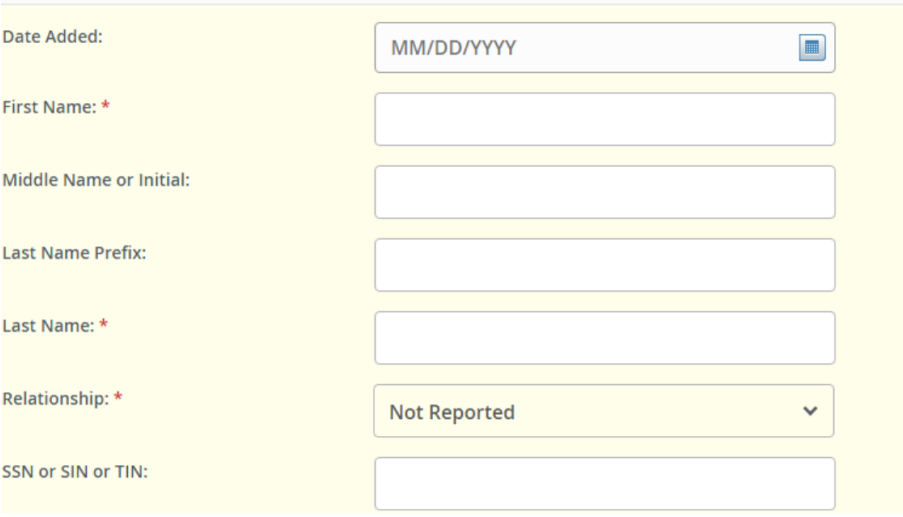
To finish the Open Enrollment process and save your changes you must click **Complete**. You will receive an email confirming your elections after clicking Complete.

Complete

Restart

Cancel

Calculate Cost

<p>Enroll or Update Dependent Data</p>	<p>If you have elected medical and/or dental coverage for dependents or have changed plans, you will need to add your dependents and enroll them for coverage or update their coverage. If you elect Countrywide benefits, you must include your dependents as instructed below.</p> <p>To add a new dependent during open enrollment you will also be required to complete a Dependent Eligibility Verification Affidavit and provide acceptable documentation in accordance with the affidavit*. The Affidavit and documentation must be presented to the Human Resources Department before coverage can begin.</p> <p>*Affidavit is not required for Countrywide.</p> <p>Select the Beneficiaries and Dependents link in the Benefits section</p> 
<p>Add a New Dependent</p> <p>NOTE: All added dependents will require verification through HR.</p>	<p>Click on the Add a New Person link to add a new dependent.</p> 
<p>Enter Dependent Information</p>	<p>Enter dependent data and click on the Submit Changes button at the bottom of the screen.</p> 

<p>Update Dependent Data</p>	<p>Select Dependent Name from list of dependents</p> <table border="1" data-bbox="467 262 1367 394"> <thead> <tr> <th>Name</th> <th>SSN or SIN or TIN</th> <th>Relationship</th> <th>Birth Date</th> <th>Gender</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>Test Test</td> <td>*****1234</td> <td>Child</td> <td>01/01/****</td> <td>Not Reported</td> <td>Active</td> </tr> </tbody> </table> <p>Update dependent data and click on the Submit Changes button at the bottom of the screen. If you are unable to update the SSN or Birth Date fields, contact the HR Department. These fields cannot be updated through self service if the dependent exists in Banner as a student or employee.</p>	Name	SSN or SIN or TIN	Relationship	Birth Date	Gender	Status	Test Test	*****1234	Child	01/01/****	Not Reported	Active						
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<p>Update or Enroll Dependent in Benefit Plan</p>	<p>Select Update Coverage and Allocations</p> <table border="1" data-bbox="467 718 1367 772"> <tbody> <tr> <td>Test Test</td> <td>*****1234</td> <td>Child</td> <td>01/01/****</td> <td>Not Reported</td> <td>Active</td> </tr> </tbody> </table> <p style="text-align: right;"> Add a New Person Coverage and Allocations Summary </p> <p>Select Coverage Details to update dependent enrollment for the plan.</p> <div data-bbox="467 997 1286 1444" style="background-color: #ffffcc; padding: 10px;"> <p>Test Test</p> <p>Child, Born on 01/01/**** and Does not attend college.</p> <p>⚠ No Coverage, No Allocations</p> <p>Enroll Coverage and Allocations</p> <p>Enrolled Benefits Information</p> <table border="1" data-bbox="467 1453 1286 1648"> <thead> <tr> <th>Benefit or Deduction</th> <th>Action</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>Flexible Dependent Care</td> <td></td> <td>Active</td> </tr> <tr> <td>Accident Covg - Low- MN</td> <td>Coverage Details</td> <td>Active</td> </tr> <tr> <td>Cigna Health Plans-OAP Basic</td> <td>Coverage Details</td> <td>Active</td> </tr> </tbody> </table> </div>	Test Test	*****1234	Child	01/01/****	Not Reported	Active	Benefit or Deduction	Action	Status	Flexible Dependent Care		Active	Accident Covg - Low- MN	Coverage Details	Active	Cigna Health Plans-OAP Basic	Coverage Details	Active
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