

It's easy to manage your benefits online

Quickly access your benefits for Washburn University when you need them – from your desktop, phone or tablet.

You can manage benefits year-round with your online benefits system. Enroll in and update benefits, get benefit details, costs and additional resources — all in one easily accessible place.

Company key
is
“benefits”

Get started:

1. Gather information: Full name, date of birth and Social Security Number for yourself and any dependents over age one. And if your dependent's address is different from yours, you'll need that as well.
2. Go to www.washburnbenefits.com
3. Enter your username and password. Or, if you're a first-time user, select Register to set up your username, password and security questions. **Use benefits as the company key.**

[Enrolling and updating benefits:](#)

During enrollment time, you can enroll in your benefits all at once. Beyond enrollment, there are times you may need to update your benefits information, such as a change in personal information or experiencing a life change—like getting married or having a baby. Now you can update benefits and beneficiaries in one place.

1. Log in to enroll or update benefits. Then follow the prompts and continue through the selection process.
2. Confirm your choices by clicking Approve and I Agree.
3. Note the confirmation number or print the statement for your records.

[Forgot your password?](#)

It happens. We'll have you up and running in no time.

- Go to www.washburnbenefits.com
- Select Forgot your username or password?
- Enter the company key: benefits
- Enter required information, which may include your Social Security Number, date of birth or security phrase.
- Enter and confirm your new password.

[Need help?](#)

We're here for you.

Human Resources at 785-670-1538, benefits@washburn.edu

Welcome

User Name

case sensitive

Password

case sensitive

Login >

[Forgot your user name or password?](#)

First time here?

Register to create your
user name and password.

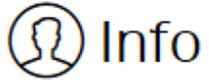
[Register](#)

Info

Create

Confirm

Login



>The Company Key is "benefits".
>Complete all of the information.
>Click Continue.

Company Key

benefits

case sensitive

Social Security Number

123-45-6789

Date of Birth

MM/DD/YYYY

Directions

All fields are required.

If you don't already have your Company Key, contact your benefits administrator.

⚠ The information you have submitted was not correct. Please try again.

If you miss a required field, an error message will appear and allow you to make the correction.

Cancel

Continue >

Info Create Confirm Login

Create Account

User Name

case sensitive

Password

Confirm Password

Security Questions

Security Question 1 *
Please Select

Security Answer 1 *

Security Question 2 *
Please Select

Security Answer 2 *

Security Question 3 *
Please Select

Security Answer 3 *

Cancel Continue >

Create Account

Create Account

User Name

case sensitive

Password

Strong

Confirm Password

- >Follow the directions to create your Account.
- >Please make note of your User Name, Password and the answers to your 3 Security Questions.
- >Click Continue.

Info Create Confirm Login

Confirm

You have successfully registered. Click the "continue" button and enter your new information on the login page.

Continue >

>Click Continue.

>You may now login using your User Name and Password.
>Click Login.



Welcome

User Name

case sensitive

Password

case sensitive

Login >

[Forgot your user name or password?](#)

First time here?

Register to create your user name and password.

[Register](#)

Security Phrase

Security Question

What is the name of the first school you attended?

Security Answer

Directions

Please answer the security question provided in order to log in to your account.

Cancel

Continue >

Benefit Enrollment

As part of your employment you are eligible for health and welfare benefits. This website is our one-stop shop for all your benefits needs.

[Start Enrollment >](#)

Let's Get Started

>You must agree to proceed

Getting Started Details

Please read the following information. After you have read the information either accept or decline the agreement by clicking on the appropriate button below. If you agree, you will be directed to the next step. If you decline, you will be returned to the login page and will have to contact your benefits administrator to enter the system.

Consent to do Business Electronically

Required Documents

Please review the document below by clicking the hyperlink. Once you have reviewed the document, click "Continue" to proceed.

[Disclaimer \(Kansas\) English](#)

 [Get Adobe® Reader®](#)

- >Click on Disclaimer (Kansas) and review.
- >The document must be opened to continue.
- >Click Continue.

Log Out

Continue



I understand and agree with the following statements:

- My dependents are not eligible for coverages I don't have. My dependents, including step and foster children and any over the maximum age are eligible based on plan provisions but those over the maximum age will be verified when a claim is filed.
- If I refuse dental coverage, I and my dependents may enroll later but this will affect the level of benefits.
- If I refuse coverage, I cannot enroll after retirement.
- If I refuse life, disability or critical illness coverage, I may apply later but I must show proof of good health and coverage will be subject to approval by Principal Life Insurance Company.
- I represent all information in this enrollment is complete and true to the best of my knowledge. It is part of this request for coverage. All statements by or on behalf of the insured shall be deemed to be representations and not warranties. I agree Principal Life is not liable for a claim before the effective date of coverage and all policy provisions apply. I have read, or had read to me, the information and my answers in this enrollment. During the first two years coverage is in force, fraud or intentional misrepresentations can cause changes in my coverage, including cancellation back to the effective date.
- Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

WASHBURN UNIVERSITY

Home Message Center Reference Center Menu

Home Your Health Your Life Mobile Apps

Let's Get Started

Review Open Enrollment
18 days remaining to enroll

To Do 1
Open Enrollment - Complete Review

MyChoice Mobile App
Click on the "Mobile Apps" tab at the top of this page for more information about the new MyChoice Mobile App.

Your Resources
HR Contact Life Events Info ACA Info
email: benefits@washburn.edu
or call: 785-670-1538

Quick Links
Disclaimer | Principal Family Medical Leave Act Video Reference Center

Reference Center

Principal eBenefits Edge

Name
Washburn University

Home Message Center Reference Center Menu

Reference Center
Glossary

Reference Center

Washburn University

Name
Required Notices
Medical BlueCross BlueShield of KS
Dental BlueCross BlueShield of KS
Vision EyeMed
Flexible Spending Account ASIFlex
Life & Disability Principal
Employee Assistance Program (EAP) New Directions
Additional Documents

>Click on the Washburn University folder.
>The Reference Center is filled with resources.



Review Open Enrollment

18 days remaining to enroll

To Do 1

Open Enrollment - Complete

Review



MyChoice Mobile App

Click on the "Mobile Apps" tab at the top of this page for more information about the new MyChoice Mobile App.



Your Resources

HR Contact Life Events Info ACA Info

email: benefits@washburn.edu
or call: 785-670-1538

Your Resources

HR Contact Life Events Info ACA Info

Qualified Life Events Include:

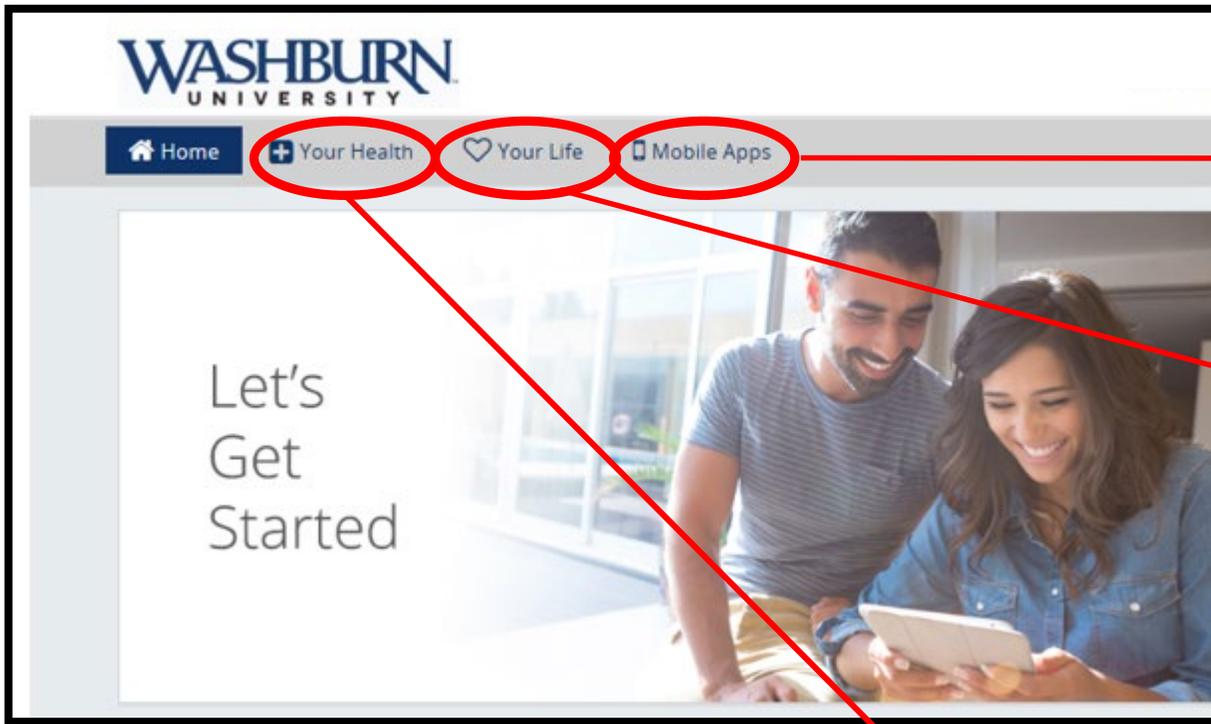
- New Hire
- Rehire
- Transferring between eligible and non-eligible status
- Birth or Adoption
- Marriage or Divorce
- Dependent Loses or Gains Coverage Eligibility
- Death of your dependent
- Loss of Other Coverage

Your Resources

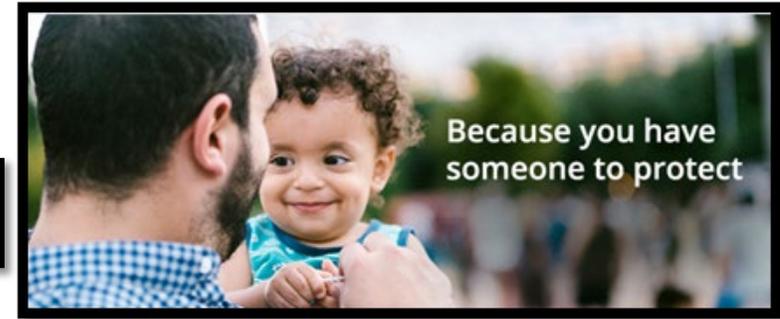
HR Contact Life Events Info ACA Info

[Affordable Care Act \(ACA\) Overview](#)
[Affordable Care Act \(ACA\) Video](#)

>Click on each tab under "Your Resources" for additional information.



>Click on “Mobile Apps” for access to the mobile app.



>Click on “Your Life” for all of your life tools, such as:

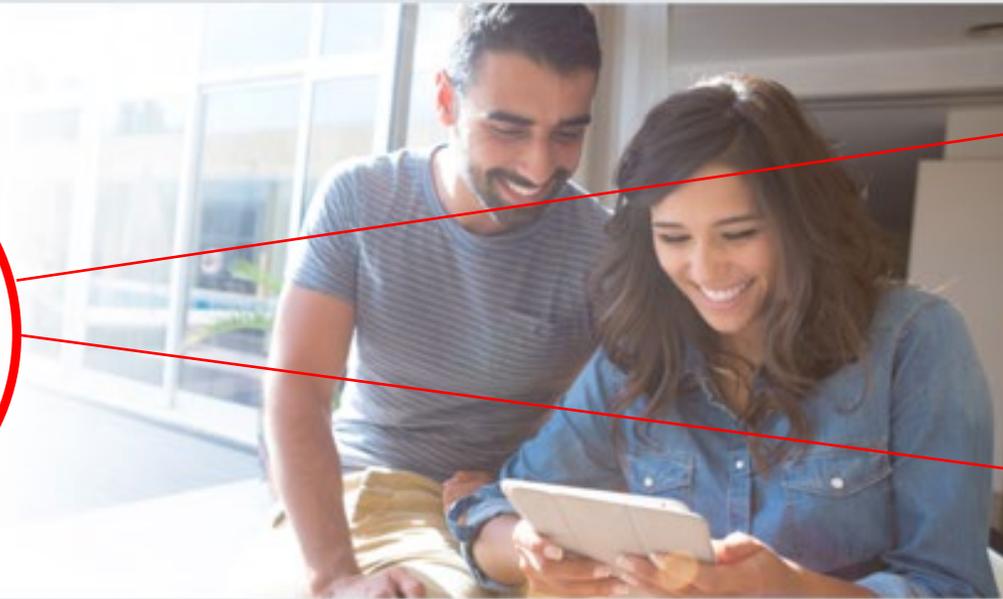
- Contacts and links to coverage providers for Life & Disability.
- Helpful Calculators.
- Employee Assistance Program provider.
- A Video Library stocked full of informative resources.

>Click on “Your Health” for all of your health tools, such as:

- Contacts and links to coverage providers for Health, Dental and Vision.
- Helpful Calculators.
- Flexible Spending links and tools.
- A Video Library stocked full of informative resources.



Let's Get Started



Start Here
Open Enrollment

19 days remaining to enroll



To Do

Open Enrollment

Start Here

Your Resources

HR Contact

Life Events Info

ACA Info

email: benefits@washburn.edu
or call: 785-670-1538



MyChoice Mobile App

Click on the "Mobile Apps" tab at the top of this page for more information about the new MyChoice Mobile App.

Let's Get Started

Getting Started Details

Please read the following information. After you have read the information either accept or decline the agreement by clicking on the appropriate button below. If you agree, you will be directed to the next step. If you decline, you will be returned to the login page and will have to contact your benefits administrator to enter the system.

Consent to do Business Electronically

This Benefits Enrollment system is the property of one or more of the member companies and/or affiliates of the Principal Financial Group®. You may use this system/application to gain access to authorized information only. By Consenting to do Business Electronically, you:

- Consent to do business and to conduct transactions electronically in connection with your Benefits Enrollment with the member companies and affiliates of the Principal Financial Group. This consent applies to all transactions conducted through the Benefits Enrollment system.
- Certify that you are the person identified by that information. If you are not that person and/or you are attempting to access someone else's information, you are in violation of federal and/or state law and should exit this application now. Suspected violations may be reported to state and/or federal authorities;
- If you are accessing this system/application on behalf of your employer, you certify that you have the appropriate authority to conduct business electronically on behalf of your employer;
- Consent to, and acknowledge that activity through the Benefits Enrollment system may be viewed, monitored and recorded by the Principal Financial Group in order to help prevent and detect potential fraud or other abuse, including unauthorized access to information.

Do you agree?

Yes No

Log Out

Continue >

Step 1. About You

You will review your personal information and add your date of marriage if adding a spouse to any benefit plans.

The screenshot displays the Washburn University Open Enrollment interface. At the top left is the Washburn University logo. The top right navigation bar includes links for Home, Message Center, Reference Center, and a Menu dropdown. The main content area is divided into three steps: '1. About You' (active), '2. Election Information', and '3. Review'. A yellow box on the left shows 'Total Employee Cost' as '\$0.00* Monthly'. Below the steps, a grey bar highlights the 'Personal Information' section.

Step	Icon	Label
1.		About You
2.		Election Information
3.		Review

Open Enrollment

Total Employee Cost **\$0.00***
Monthly

Personal Information

Open Enrollment

Total Employee Cost **\$0.00***
Monthly

About You

Personal Information

Dependent Information

Election Information

Review

Your Information

First Name: zzTestWashburnFTEXTier6

Middle Initial:

Last Name: zzTestWashburnFTEXTier6

Suffix:

Date of Birth: 01/01/1970

Address 1: 2345 Any Street

Address 2:

City: Topeka

State: KS

ZIP: 55555

If married, please enter your date of marriage.:

MM/DD/YYYY

>Add your date of marriage if adding a spouse to any benefit plans.

>You may review the left hand side for your total employee cost.
>This will update as you choose coverage.
>The total will also reflect if it is Monthly or Semi-Monthly (Bi-Weekly).

Previous

Next

Dependent Information

Please add/edit your dependent information.

If you plan to cover any dependents, you will need to add them here.

It is recommended that you select coverage for any eligible dependents on the following benefit screens. You will only be able to add coverage in the future during your company's open enrollment period or if you experience a qualifying life event.

For dependents over the age of 26, please indicate disability status for the purpose of determining eligibility.

Dependents

No Dependents Listed

 [+ Add a New Dependent](#)

[← Previous](#)

[Next >](#)

- >Enter all dependent information.
- >Click Save Changes.
- >If you plan to cover any dependents, you will need to add them here.
- >Click Next.

Dependent Information X

Relationship: *

First Name: *

Middle Initial:

Last Name: *

Suffix:

Jr., Sr., III, etc.

 **Warning!** Please provide an **accurate social security number** or individual taxpayer identification number for your dependent. If you are unable to supply a valid number, please indicate in the checkbox and select a reason from the drop down menu. Please note, you can add a valid identifying number in the future.

Without associating the correct social security number or individual taxpayer identification number, those subject to the Affordable Care Act could be liable for an IRS penalty under Code 6055 of the Affordable Care Act.

Social Security Number:

123-45-6789

I can't provide dependent's Social Security Number *

Date of Birth: *
MM/DD/YYYY

Gender: *

Disabled: *

Please enter the dependent address if it is different than yours

Address 1:

Address 2:

City:

State:

ZIP:

Next >

Step 2. Election Information

- >Make your medical coverage election choices.
- >Select your plan (Base or Buy-Up)
- >Continue scrolling down to choose who you would like to cover.
- >Review the plan coverage.
- >Click Next.

Select your plan

Select

BCBS KS Base Plan

OR

Select

BCBS KS Buy-Up Plan

OR

Select

BCBS KS High Deductible Health Plan

OR

Select

Waive Medical

Home Message Center Reference Center Menu

1. About You 2. Election Information 3. Review

Medical

Even if you are in good health, having health insurance is important. You never know when you or your family member will have an accident or get sick. Having good health insurance provides you with an affordable way to get medical care when you need it.

*See Reference Center for additional benefit information

I Want Coverage Drop Coverage

Choose who you would like to cover in this plan

	Covered?
zzTest'	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
John Jacobs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Joe Jacobs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Plan: BCBS KS Base Plan
Coverage: Family
Cost: \$236.63 /Semi-Monthly
Covered Members: zzTestWashburnFTNETier4 zzTestWashburnFTNETier4, John Jacobs, Joe Jacobs

Next >

If you elect the High Deductible Health Plan (HDHP), you will be promoted to complete Health Savings Account (HAS) information.

[Select](#) BCBS KS High Deductible Health Plan

Health Savings Account

Washburn University gives each employee enrolled in the High Deductible Health Plan a contribution towards the Health Savings Account based upon which tier level is chosen (click on "\$ Contribution Detail" below to see the per pay period contribution from the University). You CANNOT Waive HSA coverage but you may choose \$0 as your Employee Contribution.

I Want Coverage

Waive Coverage

Select your plan

Selected Health Savings Account



Maximum annual amount: \$3,900.00 ⓘ

I want to contribute * \$ 0 every Year over 12 pay periods

or \$0.00 for each pay period

\$0.00 of \$3,900.00

[\\$ Contribution Details](#)

Dental

One of the first defenses for your overall health begins with your dentist. It pays to invest in prevention when it comes to protecting your teeth and the connection between oral health and overall health is well documented.

***See Reference Center for additional benefit information**

I Want Coverage

Waive Coverage

- >Make your dental coverage election choices.
- >Select your plan.
- >Continue scrolling down to choose who you would like to cover.
- >Review the plan coverage.
- >Click Next.

Next >

Vision

Vision insurance goes beyond lenses and frames - it can help with early detection of vision-related diseases and treatment of other eye problems. And there is a significant link between vision and overall health. Eye exams can help detect brain tumors, diabetes, hypertension, high cholesterol and thyroid disorders.

***See Reference Center for additional benefit information**

I Want Coverage

Waive Coverage

Selected

Eyemed Vision Plan



- >Make your vision coverage election choices.
- >Select your plan.
- >Continue scrolling down to choose who you would like to cover.
- >Review the plan coverage.
- >Click Next.

Next >

Short Term Disability

Your employer is offering you the opportunity to enroll in disability coverage at affordable rates. This coverage can boost your financial safety net by replacing a portion of your income if an accident or illness leaves you unable to work and earn an income.

Please note, this coverage is offered as a **weekly benefit in \$50 increments** and the per pay cost is noted to the right of each coverage option in the drop down. If increasing coverage, you will be required to complete evidence of insurability before coverage will be approved.

***See Reference Center for additional benefit information**

I Want Coverage

Waive Coverage

Select your plan

Your Cost Semi-Monthly

Selected

Principal Voluntary Short-Term Disability



\$

Select Amount



- >Make your coverage election choices.
- >Select your plan.
- >If you select coverage, you must select the amount from the drop down.
- >Review the plan coverage.
- >Click Next.

Next >

Long-Term Disability

Your employer is offering you the opportunity to enroll in disability coverage at affordable rates. This coverage can boost your financial safety net by replacing a portion of your income if an accident or illness leaves you unable to work and earn an income.

Benefit checks are sent directly to you, helping you pay the bills and support your family while you're unable to work.

***See Reference Center for additional benefit information**

I Want Coverage

Waive Coverage

Select your plan

Your Cost Semi-Monthly

Selected

Principal Voluntary Long Term Disability



- >Make your coverage election choices.
- >Select your plan.
- >Review the plan coverage.
- >Click Next.

Next >

Continue through the plan coverage election process.

- >Make your coverage election choices.
- >Select your plan and coverage level.
- >Review the plan coverage.
- >Click Next.

Basic Life

Most employees have little or no life insurance, which could leave their families with a financial catastrophe if an accident or illness occurs. Your employer felt it was important to offer this coverage as a part of your employee benefits package so your family can be financially protected.

***See Reference Center for additional benefit information**

Select your plan

Selected

Principal Group Term Life and AD and D



Election maximum is the lesser of 1x your salary or \$50,000.

Coverage Level: 1x Salary - 100% Company Paid ▼

Long-Term Disability

Next >

Voluntary Life

Next >

Voluntary Spouse Life

Next >

Voluntary Child Life

Next >

Health Care Flexible Spending Account

Please make your flex spending election.

IMPORTANT: You have made an election into a **Health Savings Account (HSA)** plan which limits how and when you can use your Health Flexible Spending Account (FSA) dollars. You are still eligible to enroll in a FSA, however, it is known as a **Limited Purpose Health FSA** and may be used for vision and dental expenses only.

Current Year Elections

Plan	Coverage
Health Care Flexible Spending Account (HCFSA)	

✓ I Want Coverage

✗ Drop Coverage

HealthCare Reimbursement

\$

(Annual amount up to a maximum of \$2,650)

- >Make your flex spending election.
- >Select your plan.
- >Enter the annual amount of your choice.
- >Review the plan coverage.
- >Click NEXT

Next >

Dependent Care Flexible Spending Account

✓ I Want Coverage

✗ Drop Coverage

Select your plan

Selected

Dependent Care Flexible Spending Account (DCFSA)



Dependent Care Reimbursement

\$

(Annual amount up to a maximum of \$5,000)

- >Make your dependent care flex spending election.
- >Select your plan.
- >Enter the annual amount of your choice.
- >Review the plan coverage.
- >Click Next.

Next >

Authorization

- >Review the Authorization.
- >Click Next.

Authorization

I affirm this enrollment for employee benefits, including social security numbers, addresses, spouse and/or dependent child(ren) information, is true and accurate. I authorize my employer to reduce my salary by pre-tax or after-tax deductions in accordance with IRC Section 125 either prospectively or retroactively for my elected benefits. I understand that I may only change benefit elections during open enrollment or by written notification to Human Resources within 30 calendar days of a qualified life event. I understand that while on any unpaid status I am responsible for paying the appropriate benefit premiums, if applicable. If I fail to pay premiums as required, my benefits may be cancelled and I will be responsible for any claims. Should a change in pay (e.g., pay increase) or status (e.g., full-time, part-time) occur within the benefit plan year, any benefit elections/premiums impacted by the change will be adjusted.

[← Previous](#)

[Next >](#)

Beneficiary Information

Please select the beneficiaries for the plans below. To add a new beneficiary click "Add Beneficiary."

When you establish a beneficiary as either Primary or Contingent, please make sure the allocation amount for each type is equal to 100%. A primary beneficiary type is required to complete enrollment. Contingent beneficiaries are optional.

A primary beneficiary is a beneficiary in a will, trust or insurance policy that is first in line to receive named benefits. Primary beneficiaries differ from contingent beneficiaries, in that contingent beneficiaries will only receive benefits if the primary beneficiary has died.

If you are naming a minor child as a beneficiary please complete the Uniform Transfer to Minors Act (UTMA) form found in the Reference Center and return it to your employer.

- >Total Primary Beneficiary allocation must equal 100%.
- >Total Contingent Beneficiary allocation must equal 100%.
- >You may click on 'Add Beneficiary' to add a Person or Non-Person(Trust).
- >Review your beneficiary designation.
- >Click Next.

Basic Life Designation

Beneficiary	Designation	Allocation
John Jacobs	<input checked="" type="radio"/> Primary <input type="radio"/> Contingent <input type="radio"/> None	100 % 
Joe Jacobs	<input type="radio"/> Primary <input checked="" type="radio"/> Contingent <input type="radio"/> None	100 % 

+ Add Beneficiary

Primary Total: 100% ✓
Contingent Total: 100% ✓

Next >

Step 3. Review

Review Enrollment

Open Enrollment

Please review the following information. After you have verified that all your information is correct, click on the "Approve" button. If you would like to make changes or new selections, simply click on the "Edit" link to the right of the area in which you would like to make the changes.



Approve >

Confirmation

By selecting "I Agree" you have confirmed your benefit elections for the current plan year.

By selecting "I Disagree" your changes will not be submitted.

**deductions may differ slightly due to rounding.*

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

I Disagree

Total Employee Cost: \$462.34

Semi-Monthly

I Agree

Thank You!

✔ Transaction Complete

Your information has been submitted.
Select Home to return to your benefits home page or Log Out to end this session.

Thank You.

 Print Benefit Summary

Confirmation Number

640-62-78-028

>You may also Print your Benefit Summary from the Home Page.

>Click Review

>Scroll down and choose Print.

 Print

Review
Open Enrollment

This online benefit summary is reflective of benefits information contained within the businessolver, Inc. database on the date this information is being displayed. This information is not intended to be an all inclusive or exhaustive list of benefit enrollment information. Modifications, deletions, and additions to coverage are not immediately effective upon submission. Please contact your Benefits Administrator with questions.

* - Any information that appears in red font indicates a change that is currently pending approval.

Return Home

Edit

Total Employee Cost

\$203.32*

Semi-Monthly

 Print

 Logout

Congratulations!

The screenshot shows the Washburn University HR portal homepage. At the top left is the Washburn University logo. The top right navigation bar includes links for Home, Message Center (with a notification badge), Reference Center, and Menu. Below this is a secondary navigation bar with links for Home, Your Health, Your Life, Your Future, Mobile Apps, and New Hires. The main content area features a large banner with a photo of a man and a woman looking at a tablet, with the text "Let's Get Started". To the right of the banner are three widget boxes: 1) "Review Open Enrollment" with a dark blue button and text "19 days remaining to enroll". 2) "To Do" with a checklist icon, a notification badge, and a "Review" button for "Open Enrollment - Complete". 3) "MyChoice Mobile App" with the MyChoice logo and text explaining how to access the app via the "Mobile Apps" tab. At the bottom left, under "Your Resources", are buttons for "HR Contact", "Life Events Info", and "ACA Info", along with contact information: email: benefits@washburn.edu and phone: 785-670-1538.