

HOW TO ENROLL AS A NEW EMPLOYEE



Before You Start Your Web Enrollment

Prior to enrolling in your benefits online, it is to your advantage to thoroughly review your enrollment materials.

If you are ready to enroll, but need assistance or have questions regarding your benefits, contact the on-site FBMC Service Center at 305-585-6512.

For assistance with your ESS log in, contact Jackson Health System IT Customer Service Center at 305-585-6789.

Once you have the answers you need, you may begin the enrollment process.

Be sure to have the following information available before you begin the enrollment process:

- **Social Security numbers (SSN)** for all your dependents.
- **Dates of birth** for all your dependents.
- **Proof of eligibility** for all your dependents.
- **Primary Care Physician (PCP)** if electing health insurance.

1 Log on

- Click "Employee Resources" tab in the Net Portal Website. Then click "Lawson Application Employee Self Service" tab.
- Type in your user name and password to login. User name and password is usually your network ID that you use to log in to windows.
- Select "My New Hire Process," and then select "New Hire Enrollment."



NEW HIRE IN LAWSON

2 Demographic, Dependents & Beneficiaries

Verify your demographic information and add dependents & beneficiaries, if applicable.

First Name: _____ Address 1: _____
Middle Initial: _____ Address 2: _____
Last Name: _____ City: MIDDLETOWN
Suffix: _____ State: FL Zip: 33039
Date of Birth: 01/28/1963 Phone: hru@hormiami.org
Date of Hire: 09/25/2016 Email Address: _____
Employee ID: _____ Work Phone: _____
SSN: _____ Gender: M
Pay Frequency: 2 Marital Status: _____
Salary: 48,540

Click [here](#) for the Dependent Verification Qualifying Documentation List

Dependents	DOB	Relationship	Last Updated
Name	01/01/1990	DOMPARTNER	09/28/2016

Beneficiaries	Type	Plan Desc	Amount
Name	Primary	Basic and/or Optional Life	100.00
	Primary	Survivor Life	100.00

[Add Life Dependents](#)

Please, note that if you elect Optional Life Insurance, your Basic Life beneficiaries will default to Optional Life. On the 46th day after your first day of employment or change in status, you may change these beneficiaries via ESS.

We are proud to offer you a comprehensive benefits package to meet the needs of you and your family now and in the future. Our goal is to provide competitive benefits to motivate our diverse workforce, and attract and retain top talent - in other words, people like you! The next several screens will take you through enrolling in your benefits for the remainder of the plan year.

If you have any questions while enrolling for your benefits, please contact one of our on-site representatives at 305-585-6512. These representatives are also available to assist you with questions about your benefits throughout the year. We wish you an enjoyable, rewarding and enriching career here at Jackson, and we look forward to assisting you with all of your benefits needs.

[Go](#) [Continue](#)

3 Dependents and Beneficiaries

Click "Update and Enroll" and then "Continue" once you finish adding "your dependents' and beneficiaries' profiles.

Current Beneficiaries

To add a beneficiary for a plan, click on the "Add Individual" or "Add Trust" button below the plan. To change, delete or view additional detail for a current beneficiary, click on the beneficiary's name.

Plan Type	Life Insurance
Plan Name	Basic and/or Optional Life
Name	Primary
Type	Primary
Amount	100.00%
Date Entered	09/14/2016

Plan Type	Life Insurance
Plan Name	Survivor Life
Name	Primary
Type	Primary
Amount	100.00%
Date Entered	09/14/2016

Detail

First Name: _____
Middle Initial: _____
Last Name: _____
Last Name Suffix: _____
Distribution Type:
Beneficiary Type: _____
Relationship: _____
Social Number: _____
Employee Address: _____
or
Address 1: _____
Address 2: _____
Address 3: _____
Address 4: _____
City or Address 5: _____
State or Province: _____
Postal Code: _____
Country: _____
Comments: _____
[Update](#) [Cancel](#)

Required

4 Coverage

Choose your coverage level or election amounts for each benefit (e.g., Medical, Dental, Vision). Click "Continue" and "Add to Elections" until the enrollment is complete.

* Note: You may save your enrollment session progress and return later to complete the enrollment at any point by clicking on the "Save Elections."

Benefit Elections - HEALTH

Plan	Coverage Begins	Edit	Select
AvMed Jackson Exp HMO	12/01/2016	Edit	<input checked="" type="radio"/>
AvMed POS	12/01/2016	Edit	<input type="radio"/>
AvMed Standard HMO	12/01/2016	Edit	<input type="radio"/>
AvMed Select RIS HMO	12/01/2016	Edit	<input type="radio"/>
Waive Health	12/01/2016	Edit	<input type="radio"/>

Select the plan in which you would like to enroll.

[Go](#) [Save Elections](#) [Elections](#) [Continue](#)

NEED HELP?
For benefits questions call Onsite FBMC Service Center at (305) 585-6512
For technical issues, please call HRIS at (786) 466-8380

5 Review Elections

Click "Review/Submit Your Election" once you complete your benefits election. You will be given a description of your benefit selection.

Benefit Elections - VOLUNTARY PLANS

Plan	Coverage Begins	Edit	Select
Hospital Indemnity Plan High	12/01/2016	Edit	<input type="checkbox"/>
Hospital Indemnity Plan Low	12/01/2016	Edit	<input type="checkbox"/>
Hospital Indemnity Plan Medium	12/01/2016	Edit	<input checked="" type="checkbox"/>
Critical Illness	12/01/2016	Edit	<input checked="" type="checkbox"/>
Waive Critical Illness	12/01/2016	Edit	<input type="checkbox"/>
Waive Hospital Indemnity Plan	12/01/2016	Edit	<input type="checkbox"/>
Arag Legal	12/01/2016	Edit	<input checked="" type="checkbox"/>
Pet Assure Program	12/01/2016	Edit	<input checked="" type="checkbox"/>
Constant Credit	12/01/2016	Edit	<input type="checkbox"/>
Identity Theft	12/01/2016	Edit	<input type="checkbox"/>
Waive Constant Credit	12/01/2016	Edit	<input type="checkbox"/>
Waive Identity Theft	12/01/2016	Edit	<input checked="" type="checkbox"/>
Waive Arag Legal	12/01/2016	Edit	<input type="checkbox"/>
Waive Pet Assure Program	12/01/2016	Edit	<input type="checkbox"/>

Select the plan(s) in which you would like to enroll. You may select up to 6 plans.

[Go](#) [Save Elections](#) [Elections](#) [Continue](#)

[Review/Submit Your Elections](#)

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6 Submit

Click "Submit Elections" to confirm your enrollment. Please print your Benefits Election page for your records. You will receive a confirmation email prior to your plan effective date

You may access the web enrollment 24 hours a day, 7 days a week, to make any changes to your benefits election during your new hire enrollment period (45 days). For questions, please contact the on-site FBMC Service Center at 305-585-6512.