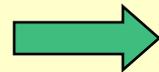


Employee Self Service

Benefits Open Enrollment - 2009



October 13 – 31, 2008

Revised: 10/06/2008

Tips for Electronic Enrollment

1) **Review** information that you have received about benefits open enrollment in order to determine your elections

2) **Discuss** all items with your family members before accessing ESS

3) Dental Plans

Do I want to change my dental enrollment?

Do I need to make a change to my dependent coverage option or to my dependents?

How do I know if my dentist is in the network? (See instructions on **How to Locate a Dental Network Provider.**)

What if I am a current participant in a dental plan but do not want to participate in either dental plan during 2009? (You must select "Waive Dental")

4) Flexible Spending Accounts

Am I eligible to participate in Child and Adult Day Care spending account (cost of care for children under age 13, a disabled spouse, or disabled dependents of any age – including parents)?

Based on my out-of-pocket medical expenses for 2008, my 2009 medical plan election, and projections of my expenses for 2009, how much do I want to contribute to my Health Care spending account?

5) Medical Plans

Do I want to change my medical enrollment?

Do I need to make a change to my dependent coverage option or to my dependents?

How do I know if my primary care physician (PCP) and my dependents' PCP is in the network? (See instructions on **How to Locate a CIGNA Network Provider** and also verify other in-network providers such as specialists or hospitals.)

NOTE: The Open Enrollment process is NOT meant for changing your PCP. Call CIGNA to make any changes to your PCP.

What if I am a current participant in a medical plan but do not want to participate in either medical plan during 2009? (You must select "Waive Medical")

How to Locate a Dental Network Provider

DELTA DENTAL PLAN

1. Access the Delta Dental Web Site at www.deltadentaltn.com
2. Click **Need A Dentist?**
3. **Product Selection**, click **Delta Dental Premier**
4. **Your Location**, enter Your **City and State** or **Zip code***
5. **Sorting, Distance and Number of Results**, you can select the way you want the information sorted (Distance, Name, City, Zip Code), the maximum distance you are willing to travel, and the Number of Results
6. **Additional Search Criteria**, you may also search by Dentist Last Name, Practice Name, or Specialty (Optional)
7. Click **Search for a Dentist**

METLIFE DENTAL PLAN

1. Access the MetLife Web Site at www.metlife.com
2. In the box labeled **DENTAL CENTER**, to perform a Quick Search, Enter **Zip Code** and Click GO or click **Find a PDP Dentist**
3. To **Search for the closest dentist**, Enter either your **ZIP code** or address or **To search for a specific dentist**, Enter either the dentist's **Last name** and either **city/state** or **Zip Code**
4. **Choose Proximity** (default is 30 miles – you can change the proximity)
5. **Choose a Display** (default is List Dentist Only – you can change to List Dentist and Map)
6. Click **Submit**

How to Locate a CIGNA Network Provider

CIGNA PLANS

1. Access the CIGNA Web Site at www.cigna.com
2. In the center of the screen, Find a Doctor, enter **Doctor's Name, City/State or Zip Code***
3. Click **Next**
4. **What type of plan you** have – accept the default **"Network (HMO) Plans or Point of Service (POS) Plans**
5. Click the drop-down menu and select the geographic area you are searching for
6. If desired, indicate the type of Primary Care Physician (optional) or to search for a Specialist instead of Primary Care Physician and **Select type**
7. Click **Search**
8. Choose a physician from the listing. Please be sure that the physician(s) you choose is accepting new patients (if you are already a patient, this is not necessary)
9. Make sure you **record the PCP ID#** for entry during the enrollment process. (PCP ID# required for all covered dependents in the Point of Service plan)

*You may also **Search by specialty** for a specific doctor by clicking on Find doctors or dentists by specialty (Optional)

ORNL Home Page - Internal



The screenshot shows the internal ORNL home page. At the top, there is a navigation bar with "Inside ORNL" highlighted. Below this, the ORNL logo is displayed. A secondary navigation bar includes "Internal Sharepoint", "About ORNL", "Directorates", and "Centers and Offices". On the left side, there are several menu items: "View All Site Content", "Laboratory Director" (with sub-items "Lab Director's Blog" and "Director's Forum"), and "Safety and Concerns" (with sub-items "LSS Office - 574-6606" and "Hotline - 241-5500"). The main content area features a "Headlines" section with a link to "United Way campaign tops \$1 million". Below this, there are sections for "About ORNL" (Director, Org Charts, Maps, Leadership) and "My Services" (Benefits, ESS, HR, Employee Handbook). A red callout box points to the "ESS" link in the "My Services" section.

1) Click ESS



The screenshot shows the ORNL Employee Self-Service page. At the top, there is a banner image of the ORNL building with the text "OAK RIDGE NATIONAL LABORATORY". Below the banner, there is a navigation bar with "ORNL SAP", "Accounting", "Employee Self-Service", and "HR". The main content area is divided into two sections: "My HR" and "Other Self-Service". Under "My HR", there are links for "Bank Information" and "Benefits Open Enrollment" (with a "NEW" badge). Under "Other Self-Service", there are links for "Invoices" and "Purchase Orders". A red callout box points to the "Benefits Open Enrollment" link.

2) Click Benefits Open Enrollment

AGAIN THIS YEAR:
You can access ESS from home at
<http://benefits.ornl.gov/openenrollment/2009>
Click ENROLL NOW. You will be prompted
for your user id and password.

SAP NetWeaver™
SAP Web Application Server

Note: Session cookies must be enabled in your browser.

User ID *

Password *

Log on

Copyright 2002-2003 SAP

**Enter UID and Password.
Click Log on.**

Name or password is incorrect. Please re-enter

Computer Requirements:

You must have an active user id, password, and SAP account. If you do not have a user id and password, please call the Computer Helpline, 241-6765. Also request a SAPPRD010 account.

If you have a user id and password, but currently do not have a SAP account, follow the instructions on the url below:

<http://home.ornl.gov/general/sap/sapAcctInstr.shtm>

[The suggested platform for SAP ESS applications is Internet Explorer 5.0 or higher.]

If you have correctly entered your UID and Password **and** receive this message, you do not have a SAP account (see Computer Requirements)

Quit Benefits Open Enrollment application

Provides assistance

Click here to view your benefit open enrollment options

Quit Help

Welcome JOHN M DOE - Benefits Enrollment

Enrollment reasons

	Changes possible from - to	Confirmation form
OPEN ENROLLMENT	10/13/2008 – 10/31/2008	Display form

Confirmation form of your enrollments

Open enrollment dates

NOTES:

Dental/Medical: If you are currently enrolled in a dental and/or medical plan and have no changes, you do not need to take any action.

Flexible Spending Accounts: If you want to participate during 2009, you **must** enroll during Open Enrollment.

Open Enrollment elections you make will be automatically deducted from your pay beginning **January 2009**.

After you make your 2009 enrollment elections, **click SUBMIT SELECTIONS** to process your enrollment

2) If you have no updates to your family members, **double click on a plan** you want to enroll in or make a change to for 2009 (see page 10 for more details)

If you are currently enrolled in a dental or medical plan and **DO NOT** want to participate during 2009, select **WAIVE DENTAL** or **WAIVE MEDICAL**

Quit Help

Benefits - Open Enrollment

Open Enrollment Overview

SUBMIT SELECTIONS Back to enrollment reasons

Open Enrollment Options

Selection	Plan	Participation period			
	***** DENTAL *****				
	METLIFE DENTAL	01/01/2009 - 12/31/9999			
	DELTA DENTAL	01/01/2009 - 12/31/9999	<input checked="" type="checkbox"/>		
	WAIVE DENTAL	01/01/2009 - 12/31/9999			
	***** MEDICAL *****				
	CIGNA POS	01/01/2009 - 12/31/9999			
	CIGNA OPEN ACCESS	01/01/2009 - 12/31/9999	<input checked="" type="checkbox"/>		
	WAIVE MEDICAL	01/01/2009 - 12/31/9999			
	*** FLEX SPENDING ***				
	CHILD AND ADULT DAY CARE FSA	01/01/2009 - 12/31/2009			
	HEALTH CARE FSA	01/01/2009 - 12/31/2009			

SUBMIT SELECTIONS Back to enrollment reasons

Additional information

Useful links About Your Benefits Go!

Costs and contributions Update Family Members

View Dependents

Returns to Benefits – Open Enrollment home page

Dates are defaulted

n/a

Indicates you are currently enrolled in this plan. (However, you **should** review your coverage option and dependents)

Useful benefit web sites. Click the down arrow to select a site. Click Go! (NOTE: You can print FSA Child and Adult Day Care Expenses and FSA Health Care Worksheet to assist you in determining your FSA contribution amounts.)

Display the cost summary (employer and employee) for your benefits as well as contributions you have elected for flexible spending accounts prior to SUBMITTING your elections

Display your covered dependents for dental and medical plans prior to SUBMITTING your selections

1) Do you need to update your family member information? (see pages 7-9 for details on how to add or change information)

Quit Family Member/Dependents application

Provides assistance

Quit Help

Family Member/Dependents: Overview

Full Name JOHN M DOE
 Personnel Number 888460
 Family Member **Child**

Family Member/Dependents					
Start Date	End Date	Name	Birth date	Gender	
01/01/2006	12/31/9999	JAMIE DOE	02/01/2000	Male	
01/01/2006	12/31/9999	JEREMY DOE	01/01/1980	Male	

PLEASE NOTE
 You cannot use this application to change family members names or birthdates. Please phone the Benefits Service Center at 574-1500 for assistance or if you have questions about a participant's eligibility

New Change Display Delete

1) Select record to review/update Spouse or Child

NOTE: There is no need to actually delete a former spouse unless you have remarried or to delete a child who no longer is covered by your dental or health plans – SIMPLY do not attach them to your plans in Open Enrollment

2a) If you want to edit existing records highlight the record you want then select change, display, or delete

2) Click New to add a child (see 2a to edit existing records)

Click New to add a dependent, Change to correct information, or Display to view only

Quit Help

Create New Family Member/Dependents: Detail

Full Name JOHN M DOE
Personnel Number 888460

Child

Personal Data

Start Date	09/01/2008	End Date	12/31/9999
Last name	DOE	Initials	J
First name	JOSHUA	Disability	<input type="checkbox"/>
Birth date	01/09/2008 (Required)		
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female		

Back Save

One initial only

3) You must complete all information and **SAVE. You will be returned to the Family Member/Dependents Overview**

If you **DO NOT** want to save this information, click **BACK** to return to the Family Member/Dependents Overview

4: Click **QUIT** to return to Benefits - Open Enrollment

Quit Help

Family Member/Dependents: Overview

Full Name: JOHN M DOE
Personnel Number: 888460
Family Member: Child

Start Date	End Date	Name	Birth date	Gender
01/01/2006	12/31/9999	JAMIE DOE	02/01/2000	Male
01/01/2006	12/31/9999	JEREMY DOE	01/01/1980	Male
09/01/2008	12/31/9999	JOSHUA DOE	01/09/2008	Male

PLEASE NOTE
You cannot use this application to change family members names or birthdates. Please phone the Benefits Service Center at 574-1500 for assistance or if you have questions about a participant's eligibility.

New Change Delete

Record created

Confirmation that you were successful in creating a new record

After you make your 2009 enrollment elections, click **SUBMIT SELECTIONS** to process your enrollment

1) Double click on a plan you want to enroll in or make a change to for 2009

If you are currently enrolled in a dental or medical plan and **DO NOT** want to participate during 2009, select WAIVE DENTAL or WAIVE MEDICAL

Quit Help

Benefits - Open Enrollment

Open Enrollment Overview

SUBMIT SELECTIONS Back to enrollment reasons

Open Enrollment Options					
Selection	Plan	Participation period			
	***** DENTAL *****				
	METLIFE DENTAL	01/01/2009 - 12/31/9999			
	DELTA DENTAL	01/01/2009 - 12/31/9999	<input checked="" type="checkbox"/>		
	WAIVE DENTAL	01/01/2009 - 12/31/9999			
	***** MEDICAL *****				
	CIGNA POS	01/01/2009 - 12/31/9999			
	CIGNA OPEN ACCESS	01/01/2009 - 12/31/9999	<input checked="" type="checkbox"/>		
	WAIVE MEDICAL	01/01/2009 - 12/31/9999			
	*** FLEX SPENDING ***				
	CHILD AND ADULT DAY CARE FSA	01/01/2009 - 12/31/2009			
	HEALTH CARE FSA	01/01/2009 - 12/31/2009			

SUBMIT SELECTIONS Back to enrollment reasons

Additional information

Useful links About Your Benefits Go!

Costs and contributions Update Family Members

View Dependents View Beneficiaries

Indicates you are currently enrolled in this plan. (However, you **should** review your coverage option and dependents)

The information displayed on this screen will depend on the dental plan you have chosen

If you have no changes to your current dental enrollment, click **Back to Open Enrollment Options** to return to Benefits – Open Enrollment

Instructions on “how to locate a dental network provider”

Click here to see if your dentist is a network provider for the dental plan you have selected

If you are currently enrolled in this dental plan, review your **DEPENDENT COVERAGE, and your DEPENDENTS** – note now is the time to add new dependent Joshua to this plan by checking his name. **ALSO**, if you want to change from **post- or pre- tax deductions**, you may do that too.

Quit Help

DELTA DENTAL

Plan details

Make this Change Back to Open Enrollment Options Dental Locator Dentist Locator Help

Pers.No. 888460 JOHN M DOE
 Plan DELTA DENTAL
 Start 01/01/2009 - 12/31/9999
 Plan type DENTAL

Plan options

Health Plan Option COVERAGE LEVEL
 Dependent Coverage EMPLOYEE + 2 OR MORE

Costs Monthly (Deducted all Pay Periods)

Employee	22.00 USD	<input checked="" type="checkbox"/> Deductions Pre-Tax
Employer	82.45 USD	

Dependent selection

Select	Name	Relation
<input checked="" type="checkbox"/>	JENNIFER DOE	Spouse
<input checked="" type="checkbox"/>	JAMIE DOE	Child
<input checked="" type="checkbox"/>	JEREMY DOE	Child
<input type="checkbox"/>	JOSHUA DOE	Child

3) Click Make this Change to save your selection

If you have no changes or do not want to make changes at this time, click Back to Open Enrollment Options to return to Benefits – Open Enrollment

The screenshot shows the 'DELTA DENTAL' enrollment page. At the top, there are 'Quit' and 'Help' links. Below the title, there are two buttons: 'Make this Change' and 'Back to Open Enrollment Options'. To the right, there are two more buttons: 'Dental Locator' and 'Dentist Locator Help'. The main content area is divided into sections: 'Plan details', 'Monthly (Deducted all Pay Periods)', and 'Dependent selection'. The 'Plan details' section shows 'Pers No.' 888460 for 'JOHN M DOE', plan name 'DELTA DENTAL', effective dates '01/01/2009 - 12/31/9999', and 'DENTAL' as the plan type. The 'Monthly' section shows 'Employee' contribution of 22.00 USD and 'Employer' contribution of 82.45 USD, with a checked box for 'Deductions Pre-Tax'. The 'Dependent selection' section has a table with columns 'Select', 'Name', and 'Relation', listing JENNIFER DOE (Spouse), JAMIE DOE (Child), JEREMY DOE (Child), and JOSHUA DOE (Child), all with checked boxes. There are also icons for selecting/deselecting all dependents.

1) If you currently participate as post-tax Click here to change to pre-tax or deselect if you want to change to post-tax

NOTE: If you have a dependent child who is age 24 or older and is eligible for coverage under your medical or dental plan, contact the Benefits Service Center, 574-1500. They will inform you of additional info that is needed.

2) Click to add new dependent Joshua to this plan

Click [select all] to select all dependents. Click [deselect all] to deselect all dependents.

Quit Help

Benefits - Open Enrollment

Open Enrollment Overview

PLEASE NOTE:
Please remember to SUBMIT your new selections to complete your enrollment!

Open Enrollment Options

Selection	Plan	Participation period			
	***** DENTAL *****				
	METLIFE DENTAL	01/01/2009 - 12/31/9999			
✓	DELTA DENTAL	01/01/2009 - 12/31/9999	<input checked="" type="checkbox"/>		Undo
	WAIVE DENTAL	01/01/2009 - 12/31/9999			
	***** MEDICAL *****				
	CIGNA POS	01/01/2009 - 12/31/9999			
	CIGNA OPEN ACCESS	01/01/2009 - 12/31/9999	<input checked="" type="checkbox"/>		
	WAIVE MEDICAL	01/01/2009 - 12/31/9999			
	*** FLEX SPENDING ***				
	CHILD AND ADULT DAY CARE FSA	01/01/2009 - 12/31/2009			
	HEALTH CARE FSA	01/01/2009 - 12/31/2009			

When **SUBMIT SELECTIONS** is NOT grayed out, it indicates you have made an enrollment selection. You can **SUBMIT SELECTIONS** at any time for processing.

Until you **SUBMIT** your enrollment, you can Undo any changes you have just made.

The information displayed on this screen will depend on the medical plan you have chosen

If you have no changes or do not want to enroll in this medical plan, click Back to Open Enrollment Options to return to Benefits – Open Enrollment

If you are enrolling in Open Access, you are not required to select a Primary Care Physician (PCP) – but you are encouraged to.

If you are enrolling in the Point of Service Plan (POS) you are **required** to provide PCP ID# and Current Patient Information for you and your covered dependents.

If you are enrolling in the POS plan, click here if you do not know your PCP # – you must record the PCP # in the spaces below for you and your covered dependents.

Instructions on “how to” find your PCP ID# based on your medical plan election

Deductions default to pre-tax. If you prefer post-tax, click the check mark to remove it.

NOTE: The Open Enrollment process is NOT meant for changing your PCP. Call CIGNA at 1-800-244-6224 or www.cigna.com to make any changes to your PCP

Quit Help

CIGNA POS

Plan details

Make this Change Back to Open Enrollment Options Primary Physician Locator Physician Locator Help

Pers.No. 888460 JOHN M DOE
 Plan CIGNA POS
 Start 01/01/2009 - 12/31/9999
 Plan type MEDICAL

Plan options

Health Plan Option COVERAGE LEVEL
 Dependent Coverage EMPLOYEE ONLY

REQUIRED for Employee & Dependents

PCP ID#
 Current Patient Blank

Costs Monthly (Deducted all Pay Periods)

Employee 121.00 USD Deductions Pre-Tax
 Employer 484.00 USD

Dependent selection

Select	Name	Relation	PCP ID#	Patient?
<input type="checkbox"/>	JENNIFER DOE	Spouse		Blank <input type="checkbox"/> Required if selected
<input type="checkbox"/>	JAMIE DOE	Child		Blank <input type="checkbox"/> Required if selected
<input type="checkbox"/>	JEREMY DOE	Child		Blank <input type="checkbox"/> Required if selected
<input type="checkbox"/>	JOSHUA DOE	Child		Blank <input type="checkbox"/> Required if selected

Quit Help

CIGNA POS

Plan details

Pers.No.
 Plan
 Start -
 Plan type

2) Complete your PCP ID# and Current Patient info (required for Point of Service plan) and press Enter

If you have no changes or do not want to make changes at this time, click Back to Open Enrollment Options to return to Benefits – Open Enrollment

Plan options

Health Plan Option
 Dependent Coverage

REQUIRED for Employee & Dependents

PCP ID#
 Current Patient

1) Select dependent coverage applicable to your family

Costs monthly (Deducted all Pay Periods)

Employee USD Deductions Pre-Tax
 Employer USD

Click to select all dependents. Click to deselect all dependents.

Dependent selection

Select	Name	Relation	PCP ID#	Patient?	
<input checked="" type="checkbox"/>	JENNIFER DOE	Spouse	1234567	Yes	<input type="checkbox"/> Required if selected
<input checked="" type="checkbox"/>	JAMIE DOE	Child	A1A1A2	Yes	<input type="checkbox"/> Required if selected
<input checked="" type="checkbox"/>	JEREMY DOE	Child	A1A1A2	Yes	<input type="checkbox"/> Required if selected
<input checked="" type="checkbox"/>	JOSHUA DOE	Child	A1A1A2	No	<input type="checkbox"/> Required if selected

3) Select dependents that should be covered

4) Complete your Dependents' PCP ID# and Patient info (required for Point of Service plan)

The information displayed on this screen will depend on the flexible spending account you have chosen.

If you do not want to enroll, click Back to Open Enrollment Options

CAUTION!!
Please make sure you are enrolling in the correct flexible spending account

Quit Help

CHILD AND ADULT DAY CARE FSA

Plan details

Pers.No. 888460 JOHN M DOE
Plan CHILD AND ADULT DAY CARE FSA
Period 01/01/2009 - 12/31/2009
Option DAY CARE FSA

PLEASE NOTE:
Reimbursements for this spending account are for DAY CARE expenses ONLY. Health-related expenses are reimbursed through Health Care FSA.

Target contribution period 01/01/2009-12/31/2009 (Deducted in Monthly Increments)

2009 Annual Amount USD Your 2008 Amount

The Bank Info below is used to deposit your pay and sent to Ceridian for Direct Deposit.

Bank ORNL FEDERAL CREDIT UNION Account 45678912 Type 0

To select a different account, please print form and mail to ORNL Benefits.

Cancel Enrollment

NOTE: If you participated in this flexible spending account during the current year, you are provided that amount to assist you in planning for this enrollment.

You are no longer required to complete a Direct Deposit Form nor attach a cancelled check unless you want your FSA deposit sent to a different account

Before Open Enrollment ends at 4:00 p.m. on October 31, if you elect not to participate in this FSA after you have SUBMITTED your enrollment, click here to cancel your enrollment

2) Click Make this Change to save your selection

If you do not want to enroll or to save your changes, click Back to Open Enrollment Options

Quit Help

CHILD AND ADULT DAY CARE FSA

Plan details

Pers.No. 888460 JOHN M DOE
Plan CHILD AND ADULT DAY CARE FSA
Period 01/01/2009 - 12/31/2009
Option DAY CARE FSA

PLEASE NOTE:
Reimbursements for this spending account are for DAY CARE expenses ONLY. Health-related expenses are reimbursed through Health Care FSA.

Target contribution period 01/01/2009-12/31/2009 (Deducted in Monthly Increments)

2009 Annual Amount 3,500.00 USD Your 2008 Amount 5,000.00

The Bank Info below is used to deposit your pay and sent to Ceridian for Direct Deposit.

Bank ORNL FEDERAL CREDIT UNION Account 45678912 Type 0

To select a different account, please print form and mail to ORNL Benefits.

Enrollment

1) Enter your 2009 ANNUAL Amount (must be a value from \$100 to \$5,000)

You are no longer required to complete a Direct Deposit Form nor attach a cancelled check unless you want your FSA deposit sent to a different account

AGAIN THIS YEAR
You will receive an e-mail immediately confirming your 2009 open enrollment elections!!

Quit Help

Benefits - Open Enrollment

Open Enrollment Overview

SUBMIT SELECTIONS Back to enrollment reasons

PLEASE NOTE:
Please remember to SUBMIT your new selections to complete your enrollment!

Open Enrollment Options

Selection	Plan	Participation period			
	***** DE				
	METLIFE				
✓	DELTA D				
	WAIVE D				
	***** ME				
✓	CIGNA P				
	CIGNA O				
	WAIVE M				
	*** FLEX				
✓	CHILD A				
✓	HEALTH				

1) Click SUBMIT SELECTIONS to process your open enrollment elections

You can make changes to your 2009 elections until 4:00 p.m. October 31, 2008.

Quit Help

Benefits - Open Enrollment

Enrollment complete

Your selection has been successfully processed.
Please click on "Print confirmation form" below for a copy of your elections.

Print confirmation form Back to Open Enrollment Options Back to enrollment reasons

2) Click to PRINT a confirmation form of the benefits you have enrolled in

3) After printing your confirmation form, click Back to Open Enrollment Options to view your enrollments

Quit Help

Benefits - Open Enrollment

Open Enrollment Overview

SUBMIT SELECTIONS Back to enrollment reasons

Open Enrollment Options

Selection	Plan	Participation period			
	***** DENTAL *****				
	METLIFE DENTAL	01/01/2009 - 12/31/9999			
	DELTA DENTAL	01/01/2009 - 12/31/9999	<input checked="" type="checkbox"/>		
	WAIVE DENTAL	01/01/2009 - 12/31/9999			
	***** MEDICAL *****				
	CIGNA POS	01/01/2009 - 12/31/9999	<input checked="" type="checkbox"/>		
	CIGNA OPEN ACCESS	01/01/2009 - 12/31/9999			
	WAIVE MEDICAL	01/01/2009 - 12/31/9999			
	*** FLEX SPENDING ***				
	CHILD AND ADULT DAY CARE FSA	01/01/2009 - 12/31/2009	<input checked="" type="checkbox"/>		
	HEALTH CARE FSA	01/01/2009 - 12/31/2009	<input checked="" type="checkbox"/>		

SUBMIT SELECTIONS Back to enrollment reasons

1) Click **Quit** to exit Benefits - Open Enrollment

Green lights indicate that you have successfully completed the enrollment process!!

If you want to change any of your Open Enrollment elections, simply click on the plan and make your changes before 4:00 p.m. on October 31, 2008.



Please contact Becky Parks, parksrc1@ornl.gov .