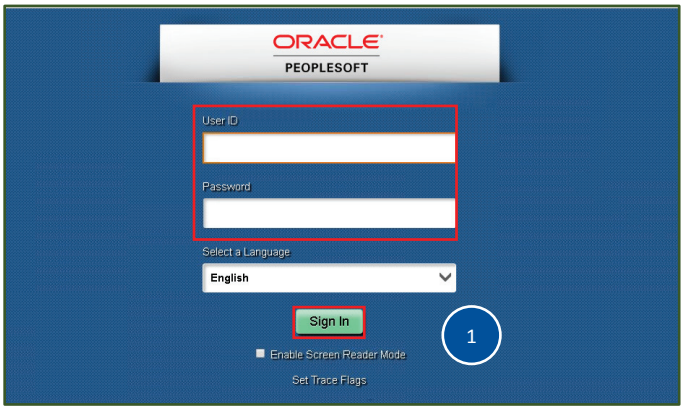
This topic will cover the following: On-Boarding.

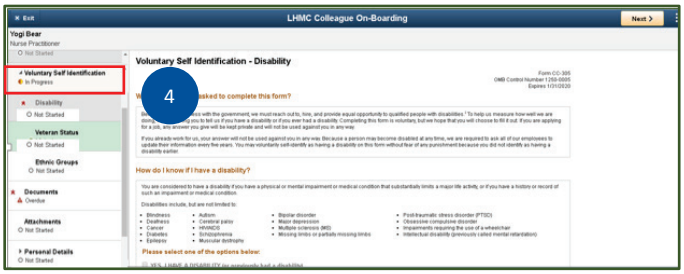
1 Log in to **PeopleSoft**.



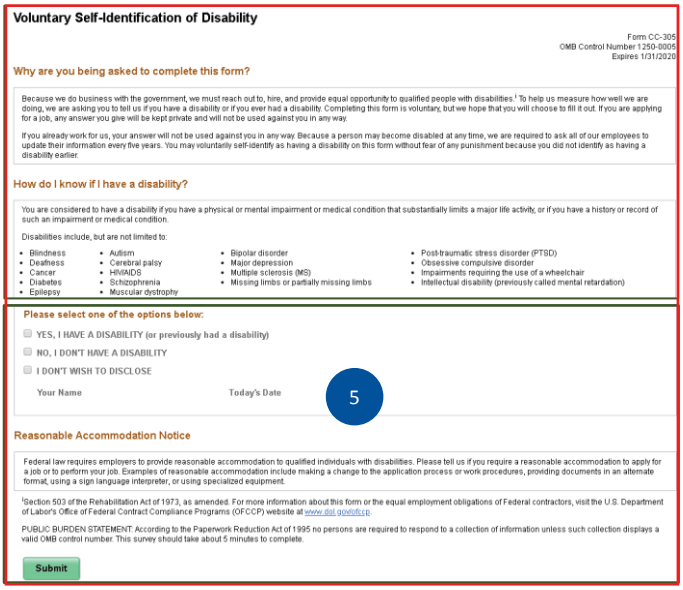
2 Click **OnBoarding** tile from the Employee Self Service (ESS) home.

3 Click **Onboarding Activities** tile

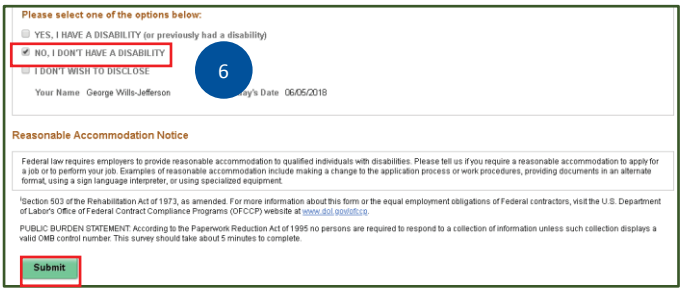
4 Click **Voluntary Self-Identification - Disability** link.



5 Review the **Voluntary Self-Identification - Disability** information page.

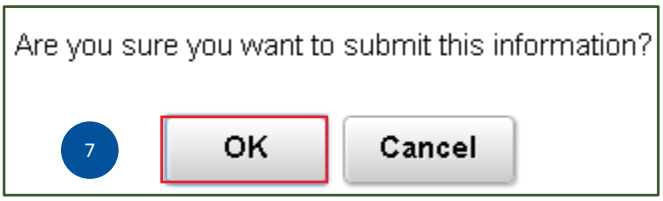


6 Select an **option** under the Please select one of the options below section and click **Submit**.

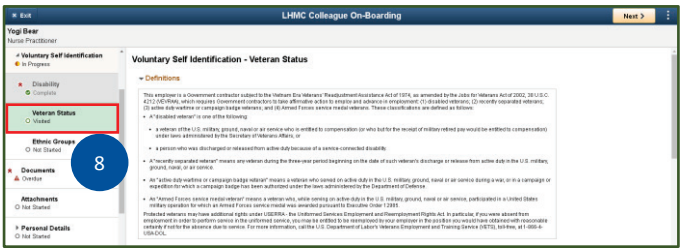


Note: Option selection will populate your name and the current system date which will serve as your electronic signature.

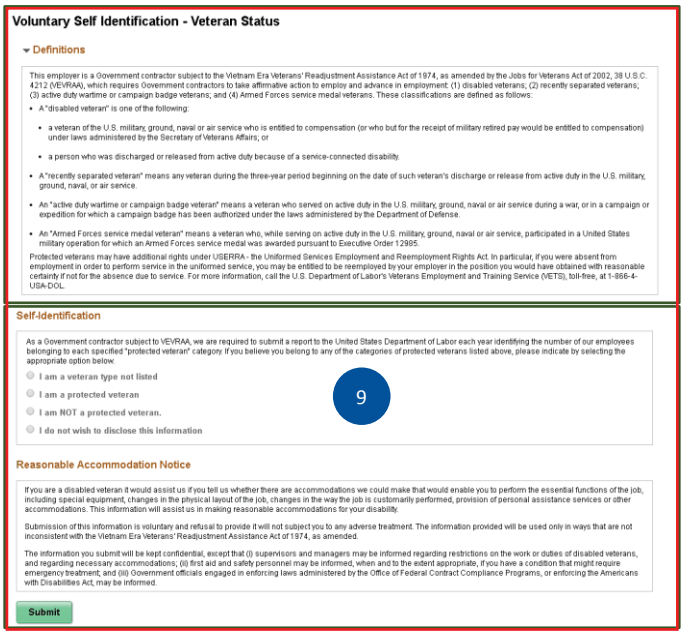
7 Click **OK**.



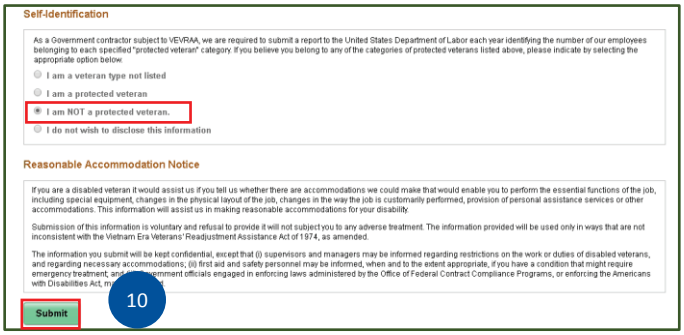
8 Click **Voluntary Self-Identification – Veteran** Status link.



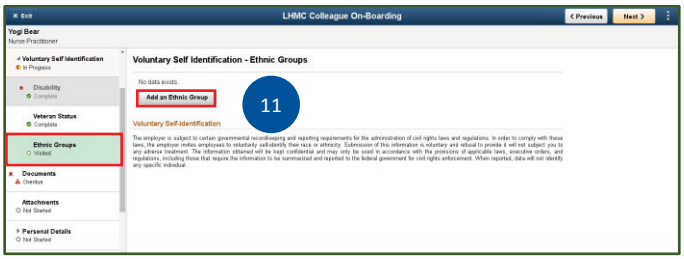
9 Review the **Voluntary Self-Identification – Veteran Status** information page.



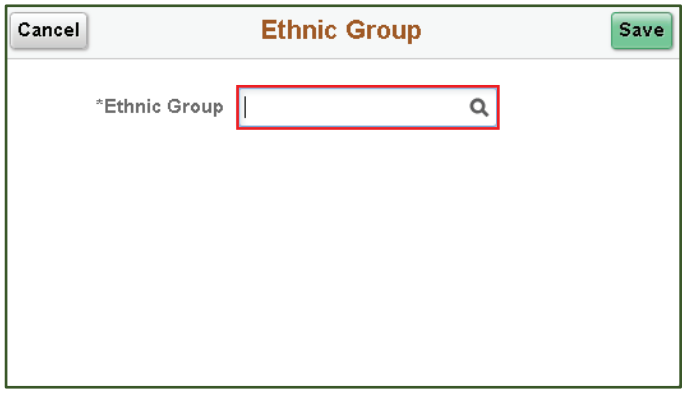
10 Make a selection and click **Submit**.



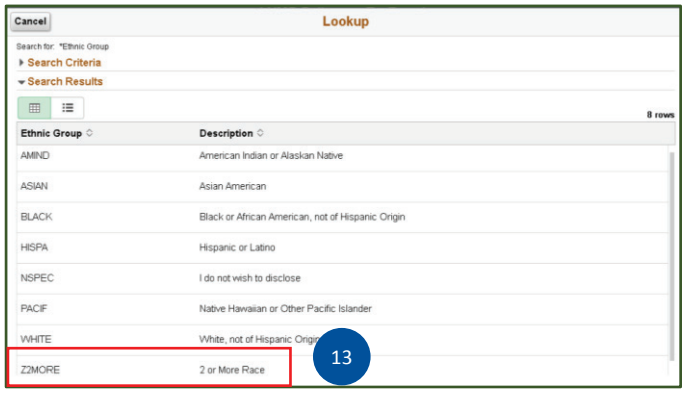
11 Click **Voluntary Self Identification – Ethnic Groups** link and click **Add an Ethnic Group** button.



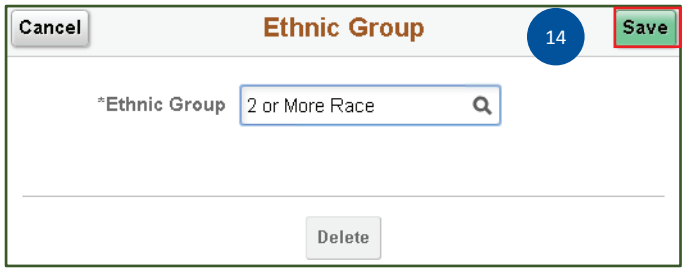
12 Click the **magnifying glass** in the Ethnic Group field.



13 Make a **selection** from the list.

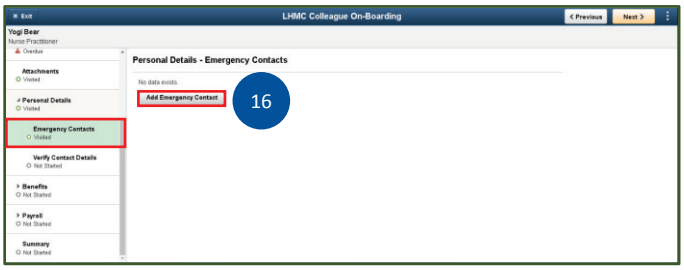


14 Click **Save**.

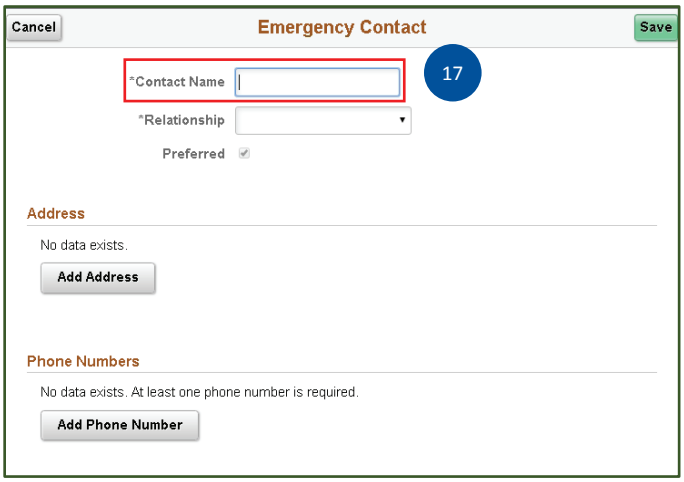


15 Your updated information is shown below.

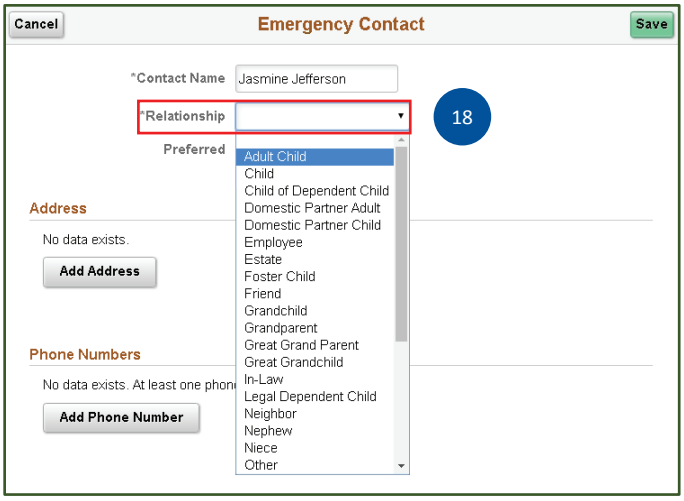
16 Click **Emergency Contacts** under Personal Details and **Add Emergency Contact** button.



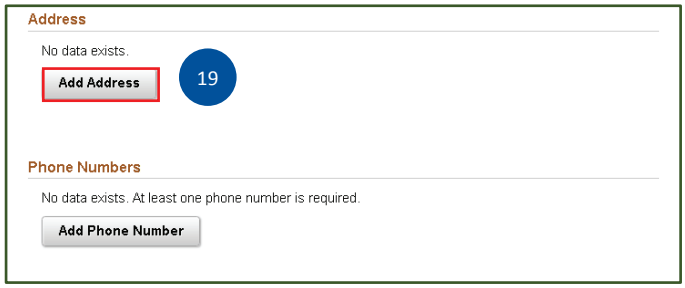
17 Enter **Contact Name**.



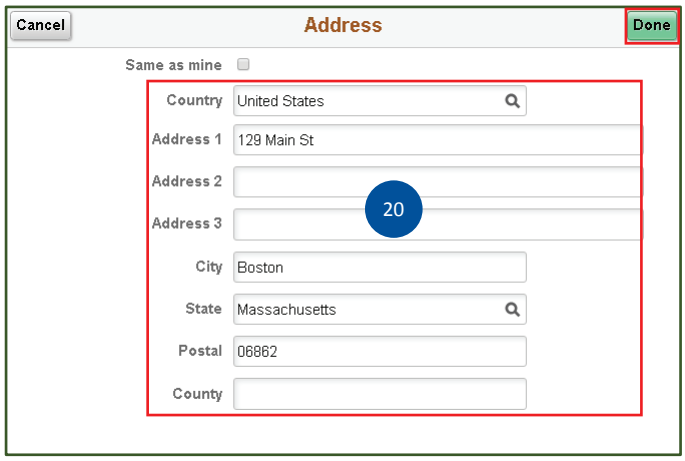
18 Select a **Relationship** by clicking on the drop-down arrow in Relationship field.



19 Click **Add Address**.

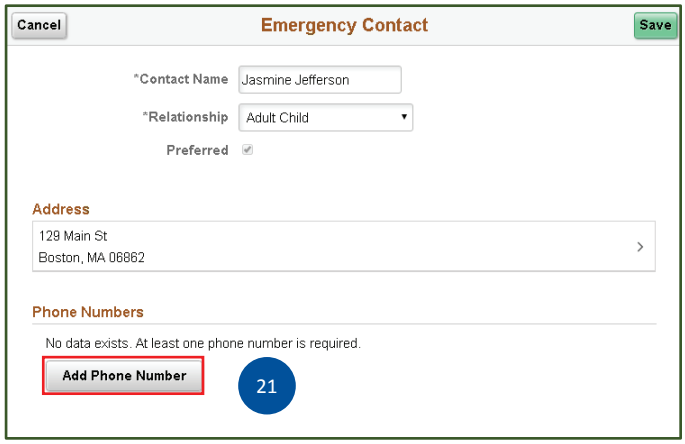


20 **Enter address** information and click **Done**.

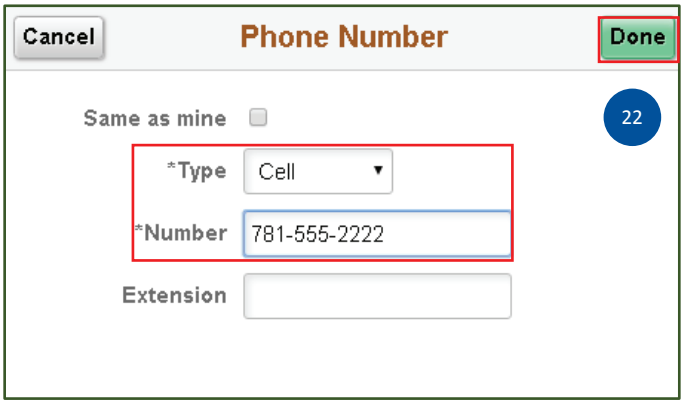


Note: You can click on **Same as mine check box** if your emergency contact has same address as yours.

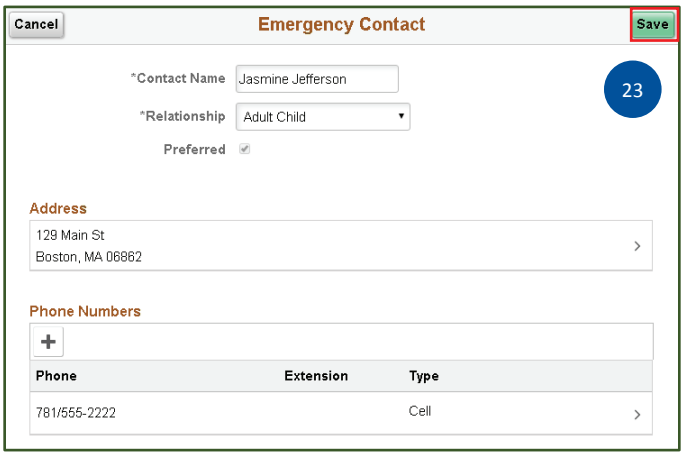
21 Click **Add Phone Number.**



22 **Enter phone number** information and click **Done**.

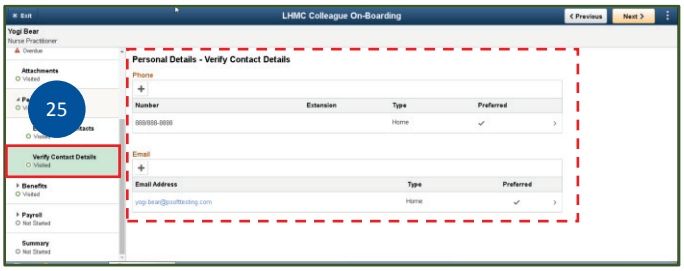


23 Click **Save.**

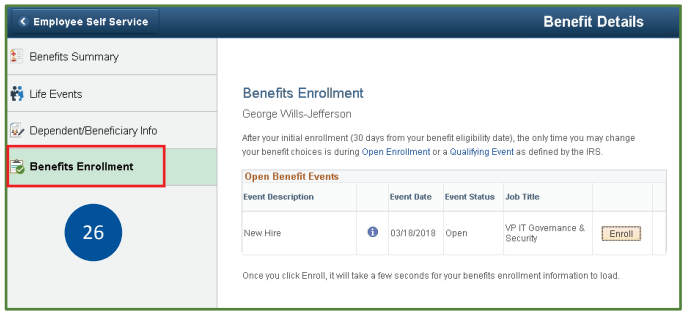


24 Your updated information is shown below.

25 Click **Verify Contact Details** and **review**.

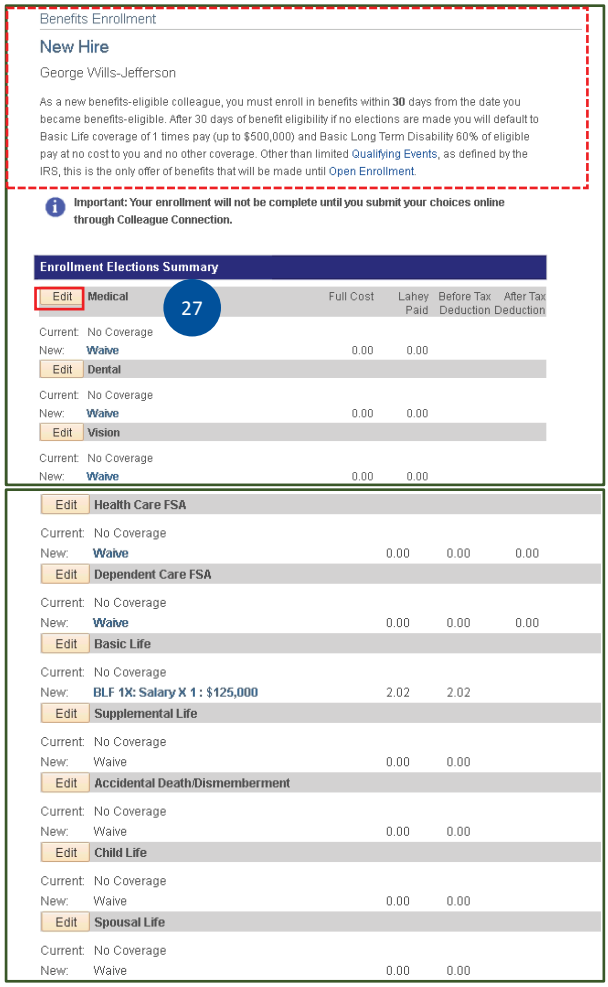


26 Click **Benefits** link.



Note: When you click on Enroll, the "Enrollment Elections Summary" form will open up. This form will list your available benefits. You will see an Edit button next to each available benefit; clicking on the **Edit** button will expand that benefit and provide you with the cost and other selection options. As you select each benefit, you can scroll down to the bottom of the form to see the cost impact. This Tip Sheet will show you how to select the Medical benefit, then just follow the same steps to select other benefits.

27 Click **Edit** button next to Medical.



Basic Long Term Disability

Current: No Coverage
New: **Basic LTD 60% of Eligible Pay: 60.00% of Salary** 34.94 34.94

Edit **Legal Plan**

Current: Waive
New: Waive 0.00 0.00

Employee Assistance Program

Current: Employee Assistance Plan
New: Employee Assistance Plan 0.00 0.00

Edit **Buy-Up Long Term Disability**

Current: No Coverage
New: No Coverage

This table summarizes estimated costs for your new benefit choices. (The "Employer" column displays the amount that Lahey Health is contributing to subsidize the cost of your benefits.)

	Before Tax Deduction	After Tax Deduction	Total
Full Cost			36.96
Lahey Paid			-36.96
Your Deduction	**0.00**	**0.00**	**0.00**

Some of these costs are based on your regularly scheduled hours and pay rate. These costs may change if your regularly scheduled hours or pay rate change.

Submit Select your Lahey Health benefits, then click **Submit** to send your final choices through Colleague Connection.

Important: Your enrollment will not be complete until you submit your choices through Colleague Connection.

Benefits Enrollment

Medical

George Wills-Jefferson

There are several choices of medical plans. Below are the options and costs for your medical coverage. Cost is based on your regularly scheduled work hours. Your 2018 Wellness Incentive, if applicable, will be added to your paycheck each pay period in 2018.

Click here for more information on the medical plan options

Important! Your current coverage is: No Coverage. Coverage for this plan will be waived if you do not make an election.

Select an Option

Here are your available options with your deduction:
(Your Deduction = Full Cost - Lahey Paid)

Overview of the Plan Costs

Select one of the following plans:

HP-Lahey Health Value HMO — Search for providers in this plan

Important Note: Selection of a PCP is required.

Coverage Level	Full Cost	Lahey Paid	Your Deduction
Individual	$355.24	$283.49	$71.75
Individual plus Spouse	$923.63	$739.86	$183.77
Individual plus Child(ren)	$710.48	$556.94	$153.54
Individual plus Family	$1,065.73	$831.32	$234.41

HP-Lahey Health Select HMO-OOA — Search for providers in this plan

Important Note: Selection of a PCP is required.

Coverage Level	Full Cost	Lahey Paid	Your Deduction
Individual	$373.94	$279.39	$94.55
Individual plus Spouse	$972.23	$747.80	$224.43
Individual plus Child(ren)	$747.87	$556.86	$191.01
Individual plus Family	$1,121.81	$837.98	$283.83

Harvard Pilgrim PPO

Important Note: No PCP is required.

Coverage Level	Full Cost	Lahey Paid	Your Deduction
Individual	$512.29	$279.09	$233.20
Individual plus Spouse	$1,331.96	$738.46	$593.50
Individual plus Child(ren)	$1,024.59	$556.32	$468.27
Individual plus Family	$1,536.89	$830.39	$706.50

HP- Lahey Health Preferred HMO — Search for providers in this plan

Important Note: Selection of a PCP is required.

Coverage Level	Full Cost	Lahey Paid	Your Deduction
Individual	$326.83	$283.75	$43.08
Individual plus Spouse	$849.74	$757.43	$92.31
Individual plus Child(ren)	$653.64	$578.41	$75.23
Individual plus Family	$980.47	$842.01	$138.46

Waive

Update and Continue Discard Changes

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

28 Click the **radio button** to select a plan.

Note: When you select a plan, the "Enroll your Dependents" form will open up. If the plan you selected requires a PCP, you would also see the "Choose a Primary Care Provider ID" form.

HP- La Preferred HMO — Search for providers in this plan

Important ction of a PCP is required.

28

Coverage Level	Full Cost	Lahey Paid	Your Deduction
Individual	$326.83	$283.75	$43.08
Individual plus Spouse	$849.74	$757.43	$92.31
Individual plus Child(ren)	$653.64	$578.41	$75.23
Individual plus Family	$980.47	$842.01	$138.46

Waive

Enroll Your Dependents

The definition of an eligible dependent includes:

- Legal spouse
- Children and step children to age 26 and disabled dependents to any age; and
- Children of your eligible covered children and stepchildren

If an individual is missing from the list, s/he does not meet the eligibility criteria. You may use the Add/Review Dependents button below to add or change dependent information.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.

Dependent Beneficiary

Enroll	Name	Relationship
☑	Martha Jefferson	Spouse

Add/Review Dependents

Choose a Primary Care Provider ID

Enrollment in this plan requires that you select a primary care provider. You must indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients. To find your Primary Care Physicians PCP ID#, click on Select a Provider link below.

Specify a Primary Care Provider ID #: Select a Provider

☐ **Check here if you are an existing patient of this provider.**

☐ **Check here to use the same provider for all your dependents**

Click here to Select a Provider for your Dependent(s).

Update and Continue Discard Changes

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

29 Enter **Primary Care Provider ID #** and if applicable **place check marks in the boxes below**.

Choose a Primary Care Provider ID

Enrollment in this plan requires that you select a primary care provider. You must indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients. To find your Primary Care Physicians PCP ID#, click on Select a Provider link below.

Specify a Primary Care Provider ID #: AA312422 Select a Provider

☑ **Check here if you are an existing patient of this provider.**

☑ **Check here to use the same provider for all your dependents**

29

Click here to Select a Provider for your Dependent(s).

Update and Continue Discard Changes

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

Note: You can also click on the "Select a Provider" link for this plan. It will take you to the Harvard Pilgrim Health Care/Lahey portal from which you can get the provider ID number to enter here. If you are enrolling in a HMO plan, each enrolled member must have a PCP ID number listed.

30 Click on **Update and Continue**.

Choose a Primary Care Provider ID

Enrollment in this plan requires that you select a primary care provider. You must indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients. To find your Primary Care Physicians PCP ID#, click on Select a Provider link below.

Specify a Primary Care Provider ID #: AA312422 Select a Provider

☑ **Check here if you are an existing patient of this provider.**

☑ **Check here to use the same provider for all your dependents**

Click here to Select a Provider for your Dependent(s).

Update and Continue | Discard Changes

30

Select the **Update and Con** o store your choice until you are ready to submit your final enrollment on the Enrollm ty.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

31 **Review Summary screen** and click on **Update Elections**.

Benefits Enrollment

Medical

George Wills-Jefferson

Important: Your enrollment will not be complete until you submit your choices online through Colleague Connection.

Your Choice

You have chosen HP- Lahey Health Preferred HMO with Individual plus Spouse coverage.

Your Estimated per-pay-period Deduction

Full Cost	$849.74
Lahey Paid	$757.43
Your Deduction	**$92.31**

The Primary Care Provider ID is AA2312422. You have seen this provider before.

Your Covered Dependents

Dependent Information

Name	Relationship	Select a Provider	Existing Patient
Martha Jefferson	Spouse	AA2312422	☑

Notes

31

Once submitted, this take effect on 03/18/2018. Deductions for this choice will start with the pay period containing 04/01/2018.

Update Elections | Discard Changes

Select the **Update Elections** button to store your choices.

Select the **Discard Changes** button to go back and change your choices.

32 **Make other Benefit elections** as above; and once completed, click on **Submit**.

Enrollment Elections Summary

		Full Cost	Lahey Paid	Before Tax Deduction	After Tax Deduction
Edit	**Medical**				
Current:	No Coverage				
New:	**HP- Lahey Health Preferred HMO:Ind+Spouse**	849.74	757.43	92.31	0.00
Edit	**Dental**				
Current:	No Coverage				
New:	**Waive**	0.00	0.00		
Edit	**Vision**				
Current:	No Coverage				
New:	**Waive**	0.00	0.00		
Edit	**Health Care FSA**				
Current:	No Coverage				
New:	**Waive**	0.00	0.00	0.00	
Edit	**Dependent Care FSA**				
Current:	No Coverage				
New:	**Waive**	0.00	0.00	0.00	
Edit	**Basic Life**				
Current:	No Coverage				
New:	**BLF 1X: Salary X 1 : $125,000**	2.02	2.02		
Edit	**Supplemental Life**				
Current:	No Coverage				
New:	Waive	0.00	0.00		
Edit	**Accidental Death/Dismemberment**				
Current:	No Coverage				
New:	Waive	0.00	0.00		
Edit	**Accidental Death/Dismemberment**				
Current:	No Coverage				
New:	Waive	0.00	0.00		
Edit	**Child Life**				
Current:	No Coverage				
New:	Waive	0.00	0.00		
Edit	**Spousal Life**				
Current:	No Coverage				
New:	Waive	0.00	0.00		
	Basic Long Term Disability				
Current:	No Coverage				
New:	**Basic LTD 60% of Eligible Pay: 60.00% of Salary**	34.94	34.94		
Edit	**Legal Plan**				
Current:	Waive				
New:	Waive	0.00	0.00		
	Employee Assistance Program				
Current:	Employee Assistance Plan				
New:	Employee Assistance Plan	0.00	0.00		
Edit	**Buy-Up Long Term Disability**				
Current:	No Coverage				
New:	No Coverage				

This table summarizes estimated costs for your new benefit choices. (The "Employer" column displays the amount that Lahey Health is contributing to subsidize the cost of your benefits.)

32

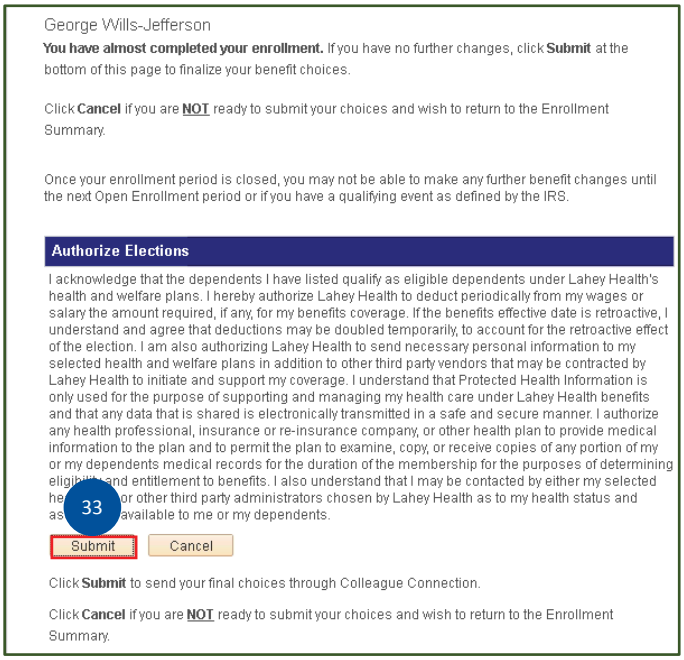
	Before Tax Deduction	After Tax Deduction	Total
Full Cost			886.70
Lahey Paid			-794.39
Your Deduction	**92.31**	**0.00**	**92.31**

Some of these costs are based on your regularly scheduled hours and pay rate. These costs may change if your regularly scheduled hours or pay rate change.

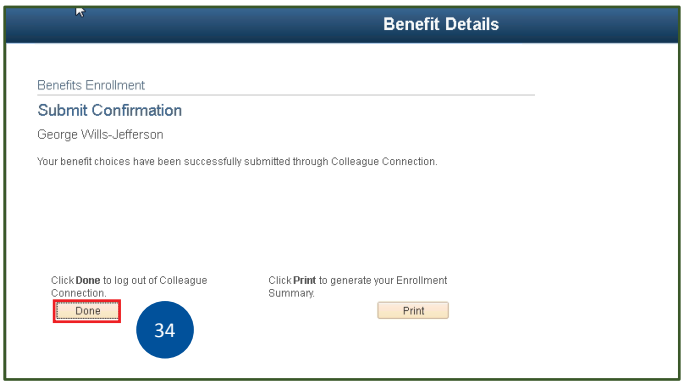
Submit Select your Lahey Health benefits, then click **Submit** to send your final choices through Colleague Connection.

Important: Your enrollment will not be complete until you submit your choices through Colleague Connection.

33 After reading Authorize Elections, click **Submit** again.



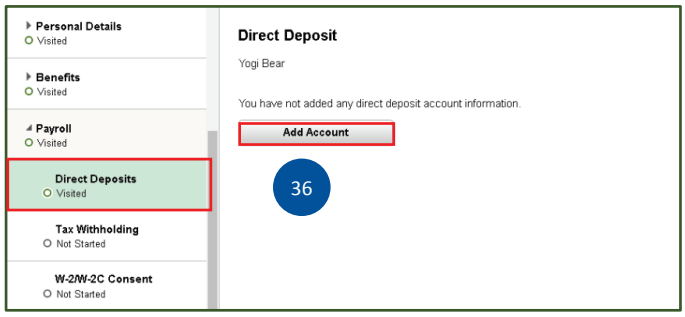
34 Click **Done**.



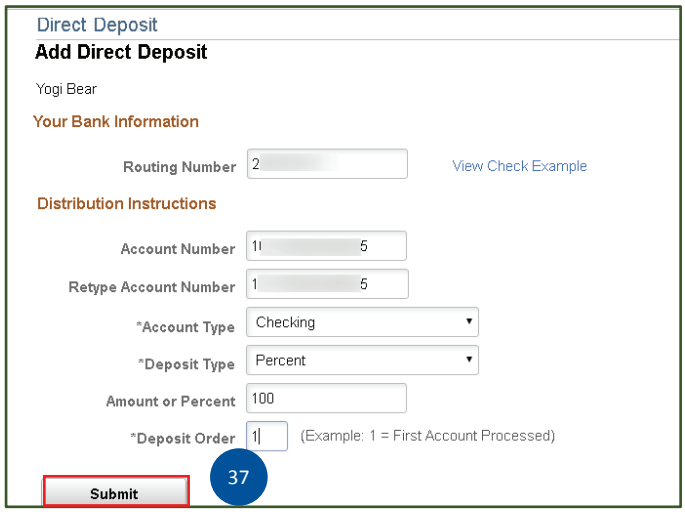
Note: You can click on the Print Button before clicking on Done to save a pdf enrollment summary.

35 Click **OK**.

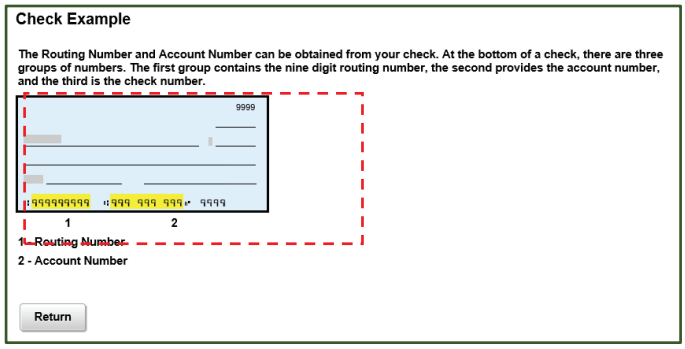
36 Click **Direct Deposit** under Payroll and click **Add Account**.



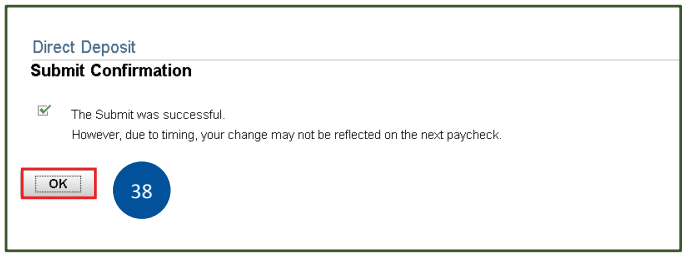
37 Enter information in the fields and click **Submit**.



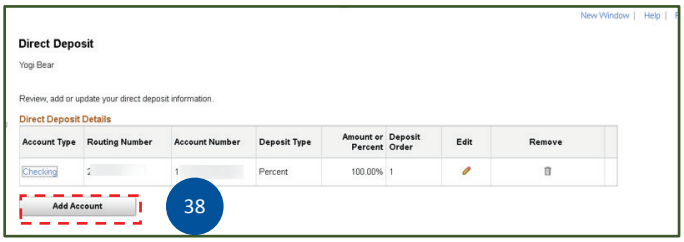
Note: you can click on the View Check Example link to get additional information on Routing Number and Account Number



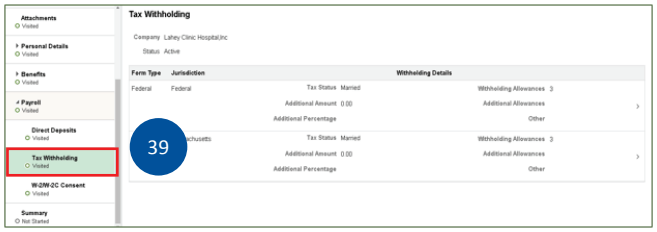
38 Click **OK**.



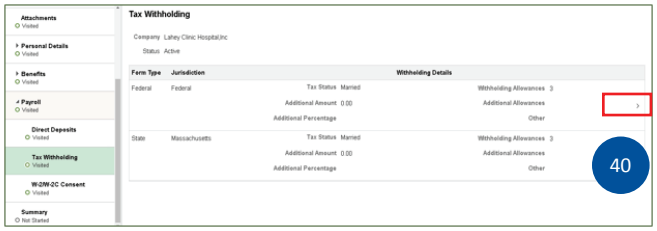
Note: You can add additional accounts by clicking on Add Accounts



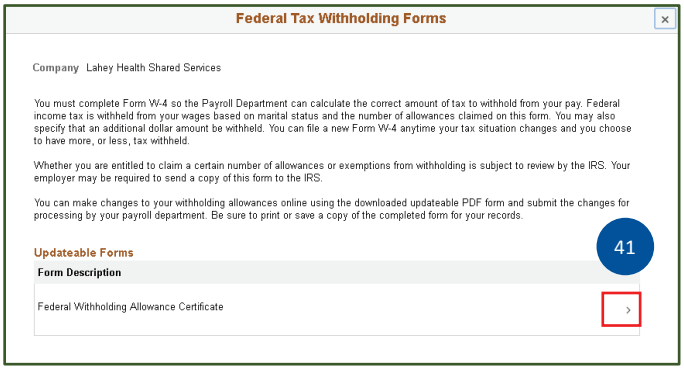
39 Click **Tax Withholding**.



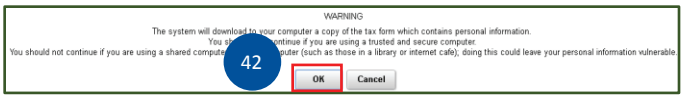
40 Click on the **right facing arrow** for Federal.



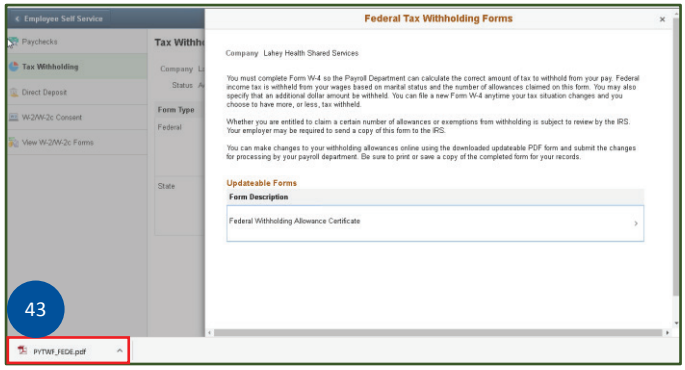
41 Click on the **right facing arrow** for Federal.



42 Click on **OK**.

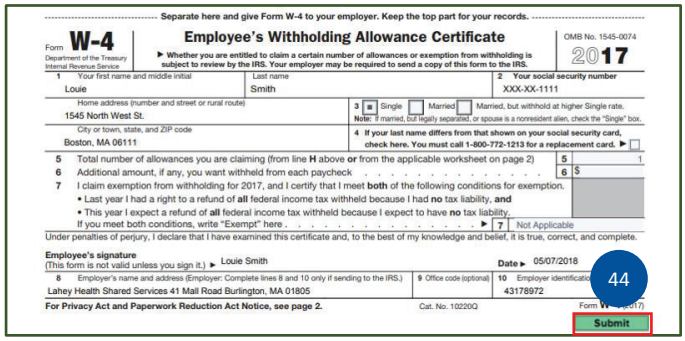


43 Click on the **download icon**. The form will download and you will see a pdf icon on the bottom of your screen.

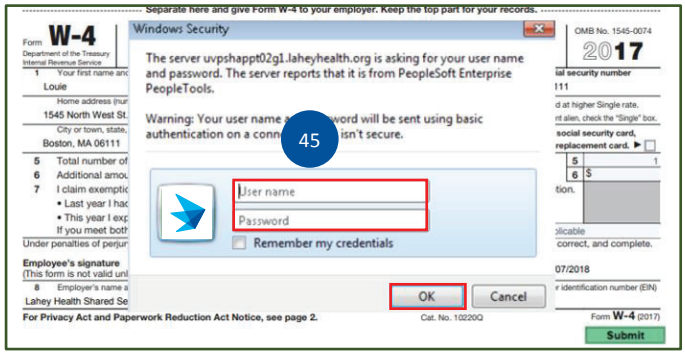


Note: depending on the browser that you are using the download may show up differently.

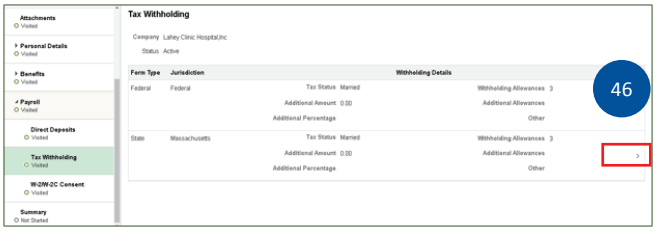
44 Enter the withholding information in lines 3, 5, and 6 and click on Submit.



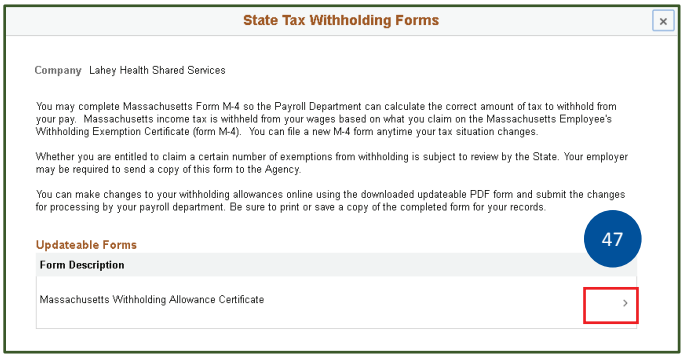
45 Enter your **User name** and **Password** and click on OK.



46 Click on the right **facing arrow for State**.

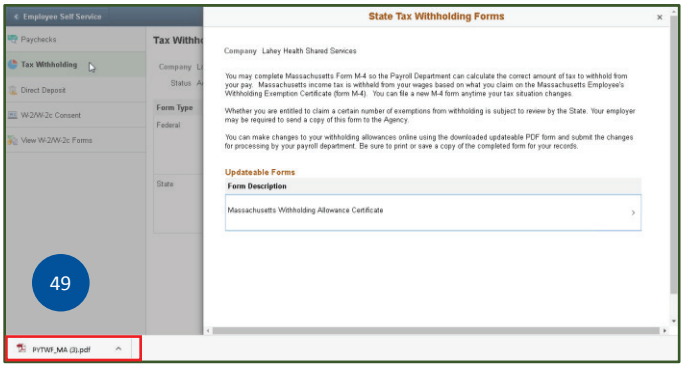


47 Click on the right **facing arrow for Updatable Forms**.



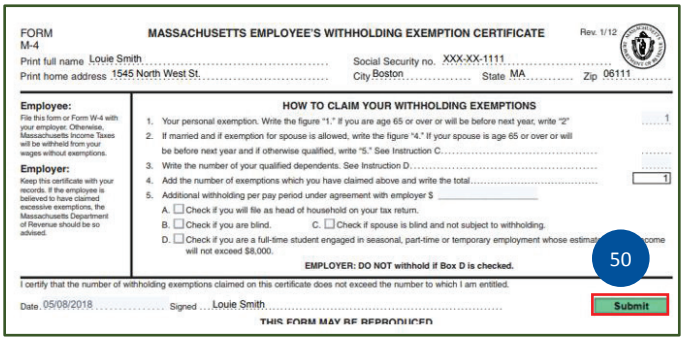
48 Click on **OK**.

49 Click on the **download icon**. The form will download and you will see a pdf icon on the bottom of your screen.



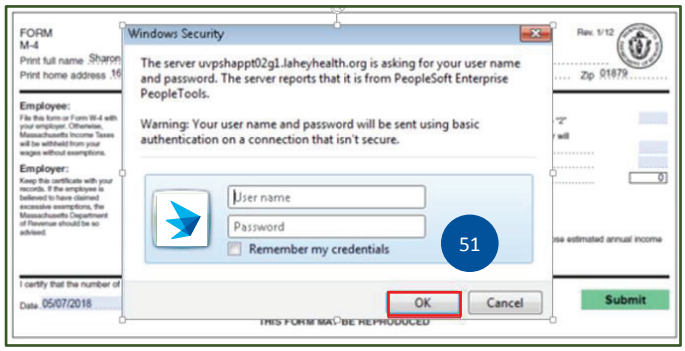
Note: depending on the browser that you are using the download may show up differently.

50 Enter the **withholding information in lines 1 - 4** and click **Submit**.

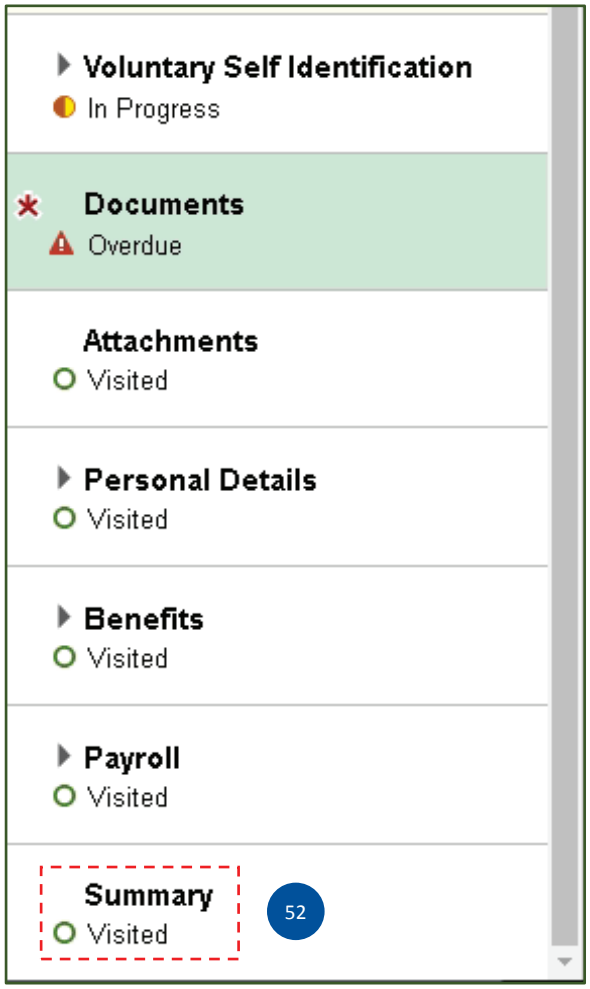


Note: You may also need to check one of the boxes for 5 if applicable.

51 Enter your **User name and Password** and click on **OK**.



52 After all the steps have been completed you can click on the **Summary** link to review the completion status.



You have successfully completed OnBoarding process steps.