

---

# Enroll in Insurance Benefits

*New Hire*

*Rehire*

---

## **Notice of Collection of Private Data**

Minnesota Management and Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why we are requesting the private data about you, your spouse, and dependents, how we will use it, who will see it, your obligation to provide the data, and the result of providing or not providing the requested data.

### **What data will we use?**

We will use the data you provide us at this time, as well as data previously provided us, about yourself, your spouse or dependent(s). If you provide any data about that is not necessary, we will not use it for any purpose.

### **Why we ask you for this data?**

We ask for this data so that we can successfully administer state employee insurance benefits. This data is used to process your request to add, change, or drop coverage for yourself and your spouse or dependents. The requested data also helps us to determine eligibility, to identify, and to contact you and your spouse and dependents. The data is used to administer programs, develop new programs, to determine if programs are properly managed and meet member needs, and to comply with federal and state laws and rules.

### **Do you have to answer the questions we ask?**

You are not required to provide any of the data but certain data must be collected or we may be unable to administer the programs or provide you your benefits.

### **What will happen if you do not answer the questions we ask?**

If you do not provide the requested data, you or your spouse and dependent may not be approved to participate in a program or may lose coverage under the program or the participation may be delayed.

### **Who else may see this data about you and your spouse and dependents?**

We may give data about you and your spouse, and dependents to the insurance carrier you have chosen, SEGIP's other representatives, vendors and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority to have the data; and anyone authorized by a court order. In addition, the parents of a minor may see data on the minor unless there is a law, rule, court order, or other legally binding instrument that blocks the parent from that data.

### **How else may this data be used?**

We can use or release this data only as stated in this notice or allowed under law unless you give us your written permission to release the data for another purpose or to release it to another individual or entity. The data also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the data or to use it for another purpose.

# Getting Started

Congratulations on becoming a State of Minnesota employee. Your employee insurance benefits are an important part of your total compensation. These instructions are intended to help you successfully enroll in insurance benefits and guide you through the election process.

## *Gather the information needed to complete your enrollment:*

- These enrollment instructions.**
- Your Personal Enrollment Form.** The benefits you are offered and the cost of the benefits are listed on this form.
- Your Employee Benefits booklet.** It is available on our website at [mn.gov/mmb/segip/](http://mn.gov/mmb/segip/).
- The legal name(s), social security numbers (SSN), date of birth and verification documents for all enrollees.** Definitions of eligible dependents and acceptable verification documents are included in these instructions.
- Your employee ID number and Self Service password** if you are enrolling electronically.

## *Know your Deadline:*

- Your elections must be **completed by 11:59 p.m. of the date shown on your Personal Enrollment Form or 35 days from the print date** on the bottom of the form, whichever is later.
  - Paper elections must be in the SEGIP office.
  - Elections made in Self Service must be submitted and accepted.
- **If you take NO action by your deadline:** You will be automatically enrolled in the benefits defined below without the opportunity to choose your preferred carrier. You will not be able to enroll any dependent(s) in coverages until the next Open Enrollment or until you experience a qualifying life event.

Employer Contribution Amount	Automatic Benefits Enrollment
Full	Single medical Basic life
Partial	Basic life
No contribution	None

- **Effective date:** Most coverages are effective on the 36th day of employment. Coverage requiring evidence of insurability is effective immediately after underwriting approval. Review your upcoming paycheck(s) to verify premium deductions. You may see back-charges based on the effective date of your insurance.

## *Enrollment method:*

- If you are electing medical coverage, continue to **Steps for a successful enrollment** and complete your enrollment in Employee Self Service.
- If you receive the full employer contribution and want to waive medical coverage, submit your Personal Enrollment Form.

Check with your agency's HR department or SEGIP if you do not know the employer contribution level you will receive.

## Steps for a successful enrollment

1. **Review the *Your Employee Benefits* booklet.** It explains the insurance benefits you have been offered.
  2. **Review Personal Enrollment Form:** Use this as a guide to complete your enrollment in Employee Self Service.
- Elect medical coverage:** The state offers its employee medical coverage through the MN Advantage Health Plan. You may choose one of the three carriers to administer medical services.
    - Select your medical insurance carrier:
    - Choose employee only or family coverage.
    - Select a Primary Care Clinic and note the clinic number to complete your enrollment.
      - You can choose a different Primary Care Clinic for each dependent at different cost levels, but you must choose the same carrier.
      - Confirm the cost level. The cost level determines the amount of out-of-pocket costs you will pay. Understanding this may help you select a carrier.
    - **Waive medical coverage:** Complete and submit the Waiver of Medical Coverage form (available on our website) by your deadline. If you waive medical coverage now you may enroll in it during the annual Open Enrollment or upon a qualified life event. You may still enroll in other coverages at this time.
  - Elect dental coverage:**
    - Select a dental insurance carrier.
    - Choose employee only or family coverage.
    - **Waive dental coverage:** If you waive dental coverage now you may enroll in it during the annual Open Enrollment (dental is generally offered to make changes every other year) or upon a qualified life event.
  - Elect Basic Life or Manager's Life insurance:** Choose one.
    - Basic Life. Based on your salary and your union agreement or compensation plan up to \$95,000.
    - Basic Life 50K Max: The value of employer paid life insurance over \$50,000 is taxable according to IRS Publication 15B. Selecting this option will cap your Basic Life at \$50,000 if your annual salary is greater than \$50,000 and you do not wish to pay income taxes on the premium amount over \$50,000.

*If you are in the Managerial Plan, Choose one of these options.*

- **Managers Income Protection Plan A**
  - Employer paid life insurance benefit equal to 1 ½ times your annual salary.
  - Employer paid disability coverage with an elimination period of 150 days.
  - You have the option of buying a lower elimination period of 30, 60, 90 or 120 days.
  - Waive the amount in excess of \$50,000 to limit tax liability by selecting Managers 50K Plan A.
- **Managers Income Protection Plan B**
  - Employer paid life insurance benefit equal to two times your annual salary.
  - Waive the amount in excess of \$50,000 to limit tax liability by selecting Managers 50K Plan B.
  - Managers covered under this plan have the option of buying disability coverage with an elimination period of 30, 60, 90, 120 or 150 days.

### **Elect employee paid optional coverages:**

- Employee Additional Life.** In addition to the Basic Life Plan/Manager Life Insurance Plan, employees may choose to enroll in Additional Life.

- **Employee Accidental Death & Dismemberment (AD&D).**
- **Spouse Life.**
- **Spouse AD&D.** Coverage amount may not exceed employee AD&D.
- **Child life.**
- **Short-Term Disability.**
  - You do not have to provide evidence of good health when you apply for Short-Term Disability at this time. However, if you apply for STD at a later date you will be required to show evidence of good health and you may not be approved.
- **Long-Term Disability.**
  - Long Term Disability has a two-year pre-existing condition clause.
- **Flexible Spending Accounts (FSA) or pre-tax benefits.**
  - Medical/Dental Expense Account (MDEA)
  - Dependent Care Expense Account (DCEA)
  - Transit Expense Account – Parking (PKEA)
  - Transit Expense Account – Bus Pass/Vanpool (BVEA)

Note: If you have been rehired following a break in State service of thirty (30) days or less, you CANNOT change your previous MDEA election unless a qualified life event occurred within that time period.

### 3. **Submit your benefit elections:**

- **Employee Self Service**
  - Employee Self Service instructions are provided in this booklet.
  - Submit and accept your elections to complete your enrollment.
  - Print your Benefits Confirmation Statement and save it for your records.
  - You can confirm your benefit elections a day after you enter your elections in Self Service. Log into your Employee Service, click on Benefits and then Benefits Summary, enter the date your benefits become effective in the date field, you will then see all your elected benefits along with your rates.
  - Once you have confirmed your benefit elections, prepare your dependent verification documents. You will receive a letter requesting documents within one week after confirming your accepted enrollments. Contact SEGIP if you do not receive this letter. Dependent coverage enrollment is not finalized until verification documentation has been received and approved.

Note: Medical and dental premiums are paid on a pre-tax basis. If you wish to choose a premium contribution on an after-tax basis contact a SEGIP representative.

### *Beneficiary Information:*

MN Life is the beneficiary manager for the life and AD&D insurance plans. After you enroll in a life insurance or AD&D insurance coverage, MN Life will send you a letter with instructions on creating an account on their website so that you can designate your beneficiaries. Information is available at [lifebenefits.com](http://lifebenefits.com) or by calling 1-866-293-6047.

### *Resources:*

- **SEGIP website:** [mn.gov/mmb/segip/](http://mn.gov/mmb/segip/)
- **SEGIP Service Center:** SEGIP staff are available to assist you with insurance benefits 7:00 a.m. to 4:30 p.m., Monday through Friday.
  - Email: [segip.mmb@state.mn.us](mailto:segip.mmb@state.mn.us)
  - Telephone: 651-355-0100
  - Fax: 651-296-5445
  - Mailing address: 400 Centennial Building, 658 Cedar Street, Saint Paul, MN 55155
- **Your Human Resource department:** For assistance with the enrollment process and benefit elections.

## Dependent Eligibility for Medical and Dental Coverage State Employee Group Insurance Program (SEGIP)

Eligible Dependents	Definition of an Eligible Dependent	Required Documentation
Spouse	<ul style="list-style-type: none"> <li>• Must be legally married under Minnesota law to an insurance eligible employee, <b>and</b></li> <li>• Your spouse is not eligible if he/she works full-time for an employer (with more than 100 people) and elects to receive cash or credits (1) in place of health insurance, or (2) in addition to a health plan with a deductible of \$750 or greater</li> </ul>	<ol style="list-style-type: none"> <li>1. Copy of your certified marriage certificate <b>and</b></li> <li>2. Copy of the front page for your most recent federal tax return confirming this dependent is your spouse OR a document dated within the last 60 days showing current relationship status such as a household bill. The document must include your spouse's name, the date and your mailing address. <b>and</b></li> <li>3. Completed Spouse/Former Spouse Certification Form</li> </ol>
Former Spouse	<ul style="list-style-type: none"> <li>• The divorce must occur while the employee is covered, <b>and</b></li> <li>• Must have been covered on the employee's plan at the time of the divorce, <b>and</b></li> <li>• May not have obtained other group coverage since the divorce, <b>and</b></li> <li>• Not eligible if he/she works full-time for an employer (with more than 100 people) and elects to receive cash or credits (1) in place of health insurance, or (2) in exchange for a health plan with a deductible of \$750 or greater</li> </ul>	<ol style="list-style-type: none"> <li>1. Copy of your divorce decree signed by a judge or court administrator <b>and</b></li> <li>2. Completed Spouse/Former Spouse Certification Form</li> </ol>
Biological Children	<ul style="list-style-type: none"> <li>• To age 26</li> </ul>	<ol style="list-style-type: none"> <li>1. Copy of your child's certified birth certificate naming you as the child's parent</li> </ol>
Adopted children	<ul style="list-style-type: none"> <li>• To age 26 if adopted <b>or</b></li> <li>• To age 18 if placed with you for adoption</li> </ul>	<ol style="list-style-type: none"> <li>1. Final copy of your court documentation showing the names of both you (or your spouse) and the child confirming the adoption or</li> <li>2. Copy of the child's certified birth certificate naming you (or your spouse) as the child's parent</li> </ol>
Step Children	<ul style="list-style-type: none"> <li>• To age 26</li> <li>• You must be legally married to the child's parent</li> </ul>	<ol style="list-style-type: none"> <li>1. Copy of the child's certified birth certificate naming your spouse as the child's parent <b>and</b></li> <li>2. Copy of your certified marriage certificate and a current financial document naming both you and your spouse</li> </ol>
Foster Children (ward, legal guardian, legal custody)	<ul style="list-style-type: none"> <li>• To age 26</li> <li>• Full and permanent legal and physical custody</li> </ul>	<ol style="list-style-type: none"> <li>1. Completed Foster Child Certification Form <b>and</b></li> <li>2. Final copy of court document showing your name (and/or your spouse) confirming the permanent custodial relationship <b>and</b></li> <li>3. Copy of the front page of your (or your spouse's) most recent federal tax return confirming this dependent is your (or your spouse's) tax dependent</li> </ol>
Grandchildren	<ul style="list-style-type: none"> <li>• To age 25</li> <li>• Unmarried, dependent upon you for principal support and maintenance and lives with you; your child must be unmarried and less than age 19 <b>or</b></li> <li>• Financially dependent upon you and has resided with you continuously from birth</li> <li>• <b>-OR-</b></li> <li>• If you have legally adopted your grandchild or are the foster parent of your grandchild follow the eligibility rules for each above</li> </ul>	<ol style="list-style-type: none"> <li>1. Completed Grandchild Certification Form <b>and</b></li> <li>2. Copy of your grandchild's certified birth certificate, naming your (or your spouse's) child as your grandchild's parent <b>and</b></li> <li>3. Copy of your child's certified birth certificate naming you (or your spouse) as the parent <b>and</b></li> <li>4. Document dated within the last 6 months establishing this grandchild currently resides with you <b>and</b></li> <li>5. Copy of your most recent federal tax return listing this child as your (or your spouse's) tax dependent</li> <li>6. If your grandchild has lived with you continuously from birth a copy of your federal tax return from the year this grandchild was born</li> </ol>
Disabled Children	<ul style="list-style-type: none"> <li>• Any age or marital status, includes dependent children incapable of self-sustaining employment by reason of developmental disability, mental illness or disorder, or physical disability, <b>and</b></li> <li>• Chiefly dependent upon you for principal support and maintenance, <b>and</b></li> <li>• You must provide proof of such incapacity and dependency annually as requested by your health plan administrator</li> </ul>	<ol style="list-style-type: none"> <li>1. Copy of the child's certified birth certificate naming you or your spouse as the child's parent, OR appropriate court order / adoption decree naming you as the child's legal guardian</li> </ol>


**Also covered:** any other person required by state or federal law to be treated as a dependent for purpose of health care coverage.

**Change in status or dependent eligibility: It is your responsibility to notify SEGIP of any change in a dependent's status** (life event). Spouses and dependents losing eligibility may qualify for COBRA. An eligible spouse or dependent may be added within 30 days of a life event or during Open Enrollment. You must notify SEGIP within 60 days of your divorce from a covered spouse or if a covered dependent loses eligibility. After the 60-day period ends, continued failure to report a loss of eligibility may be considered fraud or intentional misrepresentation of a material fact and the employee may be liable for all claims paid by the Plan on behalf of such individuals and you may be subject to criminal penalties. Instances of fraud, intentional misrepresentation of a material fact or non-payment of premiums may result in the retroactive cancellation of coverage. Upon a 30-day notice, ineligible dependents may be dis-enrolled. Details are in <https://mn.gov/mmb-stat/documents/segip/doc/YEB.pdf>

## Electronic Enrollment Instructions

On the internet, go to [state.mn.us/employee](http://state.mn.us/employee). The State of Minnesota Self Service sign-in page displays.

Note: If you receive the full employer contribution and want to waive medical coverage you must submit your elections through the paper format.



Self Service  
State of Minnesota

SWIFT

Favorites Main Menu

Sign In

User ID

Password

Sign In

Enterprise Menu

- State of MN Self Service
- Forgot Your Password?
- Problems Signing On?
- Privacy Statement

Type your User ID and Password; then press Enter or select the *Sign In* button. (New employees: Obtain your User ID and initial Password from your HR or Payroll office.)





Self Service


SWIFT

Home | Sign out

Favorites Main Menu

Enterprise Menu  

- State of MN Self Service

Welcome to Self Service  

**To enter the State of Minnesota Self Service, click the State of MN Self Service link under Enterprise Menu.**

Select the *State of MN Self Service* link.

The State of MN Self Service Home Menu displays the main navigation screen for employee self-service options. Topics are available by selecting the desired link on the navigation page. An individual page or additional links will display depending on your topic selection. If needed, continue navigating until you reach the desired page.



File Edit View Favorites Tools Help

# Self Service

Home | Print | Sign out

Favorites | Main Menu > State of MN Self Service

Main Menu >

## State of MN Self Service

State of Minnesota Employee Self Service information and activities.

<p><b>Benefits</b> Link to insurance information and enrollment.</p> <ul style="list-style-type: none"> <li>Benefits Summary</li> <li>Dependent Coverage</li> <li><b>Benefits Enrollment</b></li> <li>2 More...</li> </ul>	<p><b>My Personal Information</b> Update home address, phone numbers, email address, and emergency contact information. View name and marital status.</p> <ul style="list-style-type: none"> <li>Personal Information Summary</li> <li>Home and Mailing Address</li> <li>Phone Numbers</li> <li>Email Addresses</li> </ul>	<p><b>Careers</b> Search and apply for jobs</p>
<p><b>Interview Team Activity</b> Review applicants that have been routed to you, view interview schedules and evaluate answers to open ended questions.</p> <ul style="list-style-type: none"> <li>Routing Response</li> <li>Evaluate Open Ended Questions</li> <li>Interview Calendar</li> <li>2 More...</li> </ul>	<p><b>Need Assistance?</b> If you have questions or you are having problems with this website...</p> <ul style="list-style-type: none"> <li>Problems with website?</li> </ul>	<p><b>My profile</b> Change My Password and Password Hint. Set options to improve compatibility with screen reading software.</p>
<p><b>New Hire/Rehire Activity Guide</b> Newly hired and rehired employees enter information here before their first day of work.</p>		

The *Benefits Enrollment* link will take you to the Benefits Enrollment page.

Benefits Topic: Accesses Employee insurance and benefit options including enrollment.

Benefits Summary: Shows current enrollment options including a calculator and date range option to review potential benefit selections.

Dependent Coverage: Shows the names of your dependents and beneficiaries, and the type of benefit on which they are listed.

Benefits Enrollment: Although the Benefits Enrollment link is always visible you can only enroll in benefits during your initial enrollment period or during the Open Enrollment period. Changes to benefits at other times or to benefits that are not open in Self Service, must be done by submitting paper election forms.

Sign out of Self Service by selecting the *Sign out button* on the menu bar in the upper right-hand corner of the page when you are finished viewing or updating information. If you do not sign out, and are using a public computer, the next person may be able to click the back button on the browser and view your information. Close the browser window only after you sign out.



## Benefits Enrollment:

Before enrolling in insurance benefits on-line, complete all of your **Personal Enrollment Form**. You can use this as a guide to complete your enrollment in Self Service.

**CAUTION:** Do **NOT** use the back or forward buttons on your browser. If you use them, you could lose the data you entered and may have to start over.

To enroll in insurance benefits electronically, take the following steps:

1. Access the <b>State of Minnesota Self Service</b> page on the Internet. <i>If you have any questions about accessing the State of Minnesota Self Service page, please refer to the document on Self Service.</i>	The <b>State of Minnesota Self Service</b> page appears.
2. Select the <b>Benefits</b> topic.	The <b>Benefits</b> page appears.
3. Select the <b>Benefits Enrollment</b> topic.	“Processing” appears in the upper right corner. This indicates that SEMA4 is communicating with the mainframe computer.  The <b>Benefits Enrollment</b> page appears.

Before continuing:

- Verify that your name appears at the top of the page.

4. Choose the <b>Select</b> button.	The <b>Benefits Enrollment</b> page for <b>New Hires</b> appears.
-------------------------------------	---

Before continuing:

- Carefully read the instructions on this page.
- Be sure to review the summary of coverage after editing each election. After you edit and store an election, the Self Service page will display the day your coverage begins and the approximate, semi-monthly deductions from your pay.
- Notice the Alert informing you that your enrollment will not be complete until you review and accept your choices. Review and accept your choices by selecting the **Continue** button at the bottom of the **Benefits Enrollment Review** page.

**Warning:** Only select the **Continue** button after you have made all of your insurance elections and are comfortable with the selections you made.

## Enrolling in Medical and Dental Plans:

### Medical Plan:

Enrollment in the health plan is shown below as an example. Enrolling in other insurance plans is similar to enrolling in the health plan.

5. Choose <b>Edit</b> next to <b>MN Advantage Health Plan (MAHP)</b> .	The <b>Benefits Enrollment – MN Advantage Health Plan (MAHP)</b> page appears.
6. Scroll down the page to see the list of plan administrators.	Accesses the plan administrator options

<p>7. Select the related radio button to the left of the plan administrator you are choosing. If you wish to change your election, select the appropriate radio button and your selection will be changed.</p> <p>- If you are enrolling dependents, go to <b>step 8</b>.</p> <p>- If you are enrolling neither, go to <b>step 21</b>.</p>	<p>Selects a plan</p>
<p>8. Scroll down the page to the <b>Enroll Your Dependents section</b>.</p> <p>9. Add dependents on this page by selecting the <b>Add/View Dependents</b> button.</p>	<p>The <b>Enrollment Dependent Summary</b> page displays.</p>
<p>10. Click the Add a Dependent link</p>	<p>The <b>Dependent Personal Information</b> page displays.</p>
<p>11. Complete Personal Information about your dependents. Complete the following fields for dependents: <b>Last Name, First Name, Gender, Birth date, Relationship</b> (use the drop down list), <b>Marital Status</b> (use the drop down list), <b>Disabled, Dependent Address, Dependent Phone and Social Security Number</b>. (If the address and/or phone number is the same as yours, click on the check box. Allow the address information to be loaded into the page before checking the box for <b>Same Phone as Employee</b>.)</p> <p>Note: Only eligible dependents will be listed as eligible for health coverage. Until you provide required proof of eligibility enrollment is provisional.</p>	<p>Provides dependent information for processing.</p>
<p>12. Save selections by selecting the <b>Save</b> button.</p>	<p>The <b>Save Confirmation</b> page appears.</p>
<p>13. Select the <b>OK</b> button to save confirmation.</p>	<p>The <b>Dependent Personal Information</b> page appears. It contains the information you entered.</p>
<p>14. Review the information on the <b>Dependent Personal Information</b> page. If it is correct, click Return at the bottom of the page.</p> <p>If the information requires any change, contact SEGIP to have the information corrected.</p>	<p>The <b>Enrollment Dependent Summary page</b> appears.</p>
<p>15. Click the <b>Return to Enrollment Dependent Summary</b> link.</p>	<p>Repeat the process to enter additional dependents.</p>
<p>16. When you finish adding dependents, click the <b>Return to Enrollment</b> link</p> <p>Any dependents you add at this point can be used for enrollment in other plans (example: dental insurance).</p>	<p>You will be returned to the <b>Benefits Enrollment Review</b> page.</p>
<p>17. Scroll down to the <b>Enroll Your Dependents</b> section.</p> <p>18. Click the check box to the left of each dependent you wish to enroll on the health plan.</p>	<p>A check mark will appear in the check box.</p>
<p>19. Scroll down to the <b>Choose a Primary Care Provider ID</b> section.</p> <p>20. Enter the number of your Primary Care Provider in the <b>Specify a Primary Care Provider ID</b> field. Failure to specify a clinic for your health plan will slow the processing of your application and will result in your being assigned to a clinic by the carrier.</p>	<p>Elects clinic choice for <i>enrolling employee</i>.</p>

21. If you and all of your dependents see the same Primary Care Provider, click the check box next to “Check here to enroll your dependents in the same Primary Care Clinic you selected for yourself” then proceed to <b>step 28</b> . If your dependents’ Health Care provider(s) differ from yours, proceed to <b>step 22</b> .	Elects same clinic choice for <i>all</i> covered members.
22. Click the <b>Specify Primary Care Clinic ID for Dependents</b> link. 23. For each dependent, enter the Primary Care Provider ID in the <b>Provider ID</b> field	Elects clinic choice for <i>each</i> covered member.
24. Select the <b>OK</b> button when you are finished	You will be returned to the page on which you were entering your health insurance elections.
25. Select the <b>Continue</b> button to store your selections until you are ready to review and accept your final elections.	A recap of your choices, including any dependents and the selected provider will appear.
26. If the summary accurately reflects the choices you made, select the <b>OK</b> button. 27. If you wish to change your choices or edit your dependent information select the <b>Edit</b> button	Selecting the <b>OK</b> button will return you to the <b>Enrollment Summary</b> page. Select the <b>Edit</b> button to return to the <b>Mn Advantage Health Plan</b> page so you can edit your elections

**Dental Plan:**

- Follow the on-line instructions.
- Provider IDs are not required, but be sure to check with your provider about the plan you wish to select in order to verify the provider is contracted.

Enrolling in other selected plans is similar to enrolling in the health plan. Follow the on-screen instructions.

**Enrolling in Additional Life Insurance Plans:**

In addition to the Basic Life Plan and the Manager Life Insurance Plan, you may select additional life insurance for you and for your dependents.

To select any of these additional plans, select the **Edit** button next to the plan(s) in which you are interested and then select the option you want.

For all of the plans except Child Life Insurance, a new web page will open and you will be asked to provide additional information; Child Life Insurance has only one benefit level and no additional page will open.

**The default on all of the additional life insurance plans is NO COVERAGE.**

**Enrolling in Disability Plans:**

To select **Short Term Disability Insurance Plan** or **Long Term Disability Insurance Plan**, select the **Edit** button next to the plan(s) you are interested in and then select the option you want. A new web page will open and you will be asked to provide additional information. Managers may elect **Manager Income Protection Plan**.

**The default on all of the disability plans is NO COVERAGE.**

**Enrolling in Pre-tax Plans:**

To select any of the pre-tax accounts (**Medical/Dental Expense Account (MDEA)**, **Dependent Care Expense Account (DCEA)** and **Transit Expense Account (TEA)**) select the **Edit** button next to the account(s) that you wish to elect and then select the option you want. A new web page will open and you will be asked to provide additional information.

## Reviewing and accepting your final insurance elections:

When you are finished, select the **Continue** button to review your elections. To accept the elections displayed, select the **Accept** button. Your elections will be submitted to SEGIP for processing. Processing is done nightly.

## Printing your Confirmation Statement:

It is strongly recommended that you print a copy of your elections by selecting the **Print Confirmation** button.

**Warning:** Only select the **Continue** button after you have made all of your insurance elections and are comfortable with the selections you made. Otherwise, you could lose your elections and have to start over.

**Note:** After completing your electronic elections, you may change them any time during your enrollment period by contacting SEGIP.

**Note:** A summary of the cost of your choices displays at the bottom of the **Benefits Enrollment New Hire or Rehire** page. It updates as you continue to make and then store your benefits choices.

**Note:** You can confirm that your elections have been accepted by logging into Self Service next the business day after completing your elections and selecting Benefits Summary. Benefits that require evidence of good health will not display until they are approved by the insurance carrier.

To determine if your elections have been accepted, return to the **State of Minnesota Self Service** page the following business day and select **Benefits Summary**. If you elected additional life insurance coverage for you and/or your spouse and additional evidence of good health is required, you will not see those elections until the evidence of good health, you provided, is accepted by the insurance carrier.

## SEGIP Service Center

SEGIP Customer Service Specialists and State Program Administrators are here to assist employees with insurance and benefit questions or problems. Call the SEGIP Service Center from 7:00 a.m. to 4:30 p.m., Monday through Friday at **651-355-0100**.

You may speak to any SEGIP representative if you have a general question.

Customer Service Specialist                      Heidi Wydra

You may ask to speak to your assigned representative for assistance with a specific issue. State Program Administrators are assigned to employee groups by an alphabetical split.

Last Initial A-C-E-U-Y-Z	Paru Rajan
Last Initial B-J-Q	Jeff Grund
Last Initial D-M	Steve Meyer
Last Initial F-L-T-X	Andrew Gibbens
Last Initial G-I-N-W	Mary Schiltgen
Last Initial H-P	Val Tjader
Last Initial K-O-R	Tina Blanco
Last Initial S-V	Brad Reed