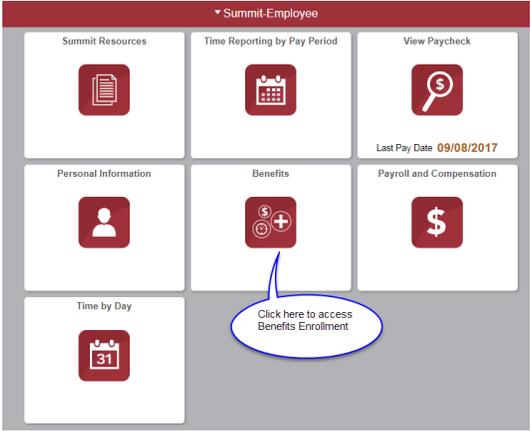


**Getting Ready**

- ⇒ Review your Open Enrollment materials
- ⇒ Contact your Department Benefits Representative if you have any questions about your benefit options
- ⇒ To facilitate your enrollment and avoid Summit from timing out, use the benefits enrollment worksheet on the reverse side of this form to note your election choices **BEFORE** you log on to Summit.

<p><b>To Start</b></p>	<p><b>Step 1:</b> Log on to Summit with your username and password. Summit is accessible from the RamseyNet Homepage Popular links and the County Homepage at <a href="http://www.co.ramsey.mn.us">www.co.ramsey.mn.us</a> (Select For Employees at bottom of page)</p>  <p><b>Step 2:</b> Click on the Benefits tile on your Homepage</p>  <p>Then click on Benefits Enrollment from the menu.</p> <p><b>Step 3:</b> Click on <b>Select</b> to view and/or change your election options</p>
<p><b>Viewing and Updating Your Benefit Elections</b></p>	<ul style="list-style-type: none"> <li>• Click on the <b>Edit</b> button next to each plan in which you wish to enroll or change enrollment options.</li> <li>• When you have completed your enrollment selections, scroll to the bottom of the page and click on the <b>Continue</b> button.</li> <li>• You may receive some error or warning messages. Read these carefully and follow any instructions.</li> <li>• Confirm that the online enrollment summary matches the selections on your Benefits Enrollment Worksheet on the back of this form to ensure that you have entered your choices correctly. Make any needed corrections before moving to the next step.</li> <li>• Click the <b>Submit</b> button to save your final choices. (<b>IMPORTANT: Your enrollment is not complete until you click the Submit button.</b>)</li> <li>• Your enrollment has now been completed. However, you may change your elections at any time during the open enrollment period.</li> </ul>
<p><b>Confirming Your Benefits Elections</b></p>	<p>Make sure your address in Summit is current. A Confirmation Statement will be sent to your home address in December. If there are any benefit discrepancies, note the correction on the Confirmation Statement, and return it to Human Resources immediately.</p>
<p><b>Questions?</b></p>	<p>⇒ Contact your <a href="#">Department Benefit Representative</a> if you have questions about benefit plan options or the online enrollment process.</p>

## Benefits Enrollment Worksheet

*Note: This worksheet is a planning tool and does not enroll you in benefits. You have to log on to Summit Self Service and enter your benefit elections online. Refer to the [Employee Benefit Plan Reference Guide](#) and [Cafeteria Plan Reference Guide](#) for more information on plans, rates, and enrollment restrictions.*

<b>Medical and Dental Insurance</b>	⇒ Do you want to enroll in one or both of these plans? If yes: Do you want ___ single or ___ family or ___ Waive coverage for Medical insurance? Do you want ___ Delta Dental Premier/PPO or ___ DeltaCare for dental insurance? Do you want ___ single or ___ family or ___ Waive coverage for Dental insurance?
	⇒ If you want to add family coverage, follow the instructions to enroll your dependents. You will need to provide social security numbers for your dependents.
	⇒ Do you want to pay your premium ___ before-tax or ___ after-tax ? ( <i>Refer to the Cafeteria Plan Reference Guide for more information on the advantages and disadvantages of these options.</i> )
<b>Health Care Reimbursement Account and Dependent Care Reimbursement Account (FSAs)</b>	⇒ HCRA Amount (maximum \$2,600) _____ DCRA amount (maximum \$5,000) _____ <i>Important: (Estimate your expenses conservatively, as any money you do not use must be forfeited.)</i> <b>Remember, you must re-enroll each year that you want to participate.</b>
	⇒ Refer to the Cafeteria Plan Reference Guide, which is available on RamseyNet, for information on IRS regulations and other important enrollment information.
<b>Optional Life Insurance</b>	⇒ Do you want to add or increase your optional employee life coverage? Amount _____? <b>Refer to the Employee Benefit Plan Reference Guide for maximum amounts allowable.</b> <i>(Evidence of insurability is required to enroll or increase coverage. You must complete the Evidence of Insurability form available in the Employee Life enrollment panel and send to Minnesota Life for approval.)</i>
	⇒ Do you want to add or increase spouse-domestic partner life insurance? Amount _____? <b>Refer to the Employee Benefit Plan Reference Guide for maximum amounts allowable.</b> <i>(Evidence of insurability is required to enroll or increase coverage. You must complete the Evidence of Insurability form available in the Spouse Life enrollment panel and send to Minnesota Life for approval.)</i>
	⇒ Do you want Accidental Death and Dismemberment (AD&D) Insurance? Yes ___ No ___ <i>(You must have optional employee and/or spouse-domestic partner life and the amount of AD&amp;D coverage must equal the total of your optional employee and spouse-domestic partner life coverage.)</i>
	⇒ Do you want to Add ___ or Drop ___ Dependent Life Insurance? <i>The \$15,000 plan covers all of your dependents, including spouse or domestic partner. No evidence of insurability is required during open enrollment. Please review to insure you have eligible dependents.</i>
<b>Disability Insurance</b>	⇒ Do you want to Add ___ or Drop ___ optional long-term disability insurance? ( <i>Note: No evidence of insurability is required during open enrollment.</i> )
	⇒ Do you want to drop, add or change the elimination period on your short-term disability insurance? Elimination period: ___ 30 day ___ 60 day ___ 90 day or ___ Waive ( <i>No evidence of insurability is required during open enrollment.</i> )

Retain this worksheet as a record of your election changes and to compare with the Confirmation Statement you will receive from Ramsey County in December. *Please note: Changes in life insurance that require evidence of insurability (optional employee life and spouse/domestic partner life) will not appear on your Confirmation Statement if approval from Minnesota Life is not received prior to the printing of Confirmation Statements.*