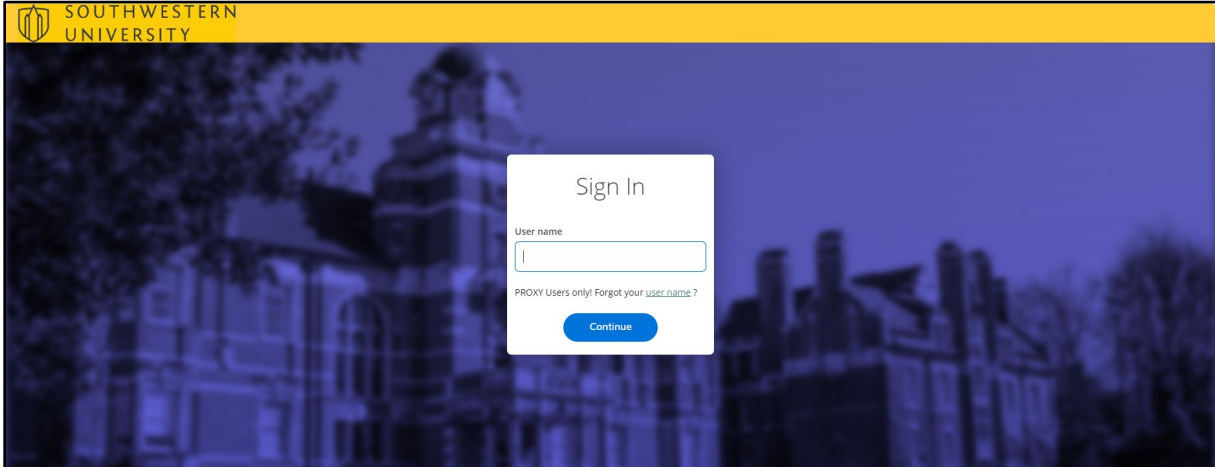
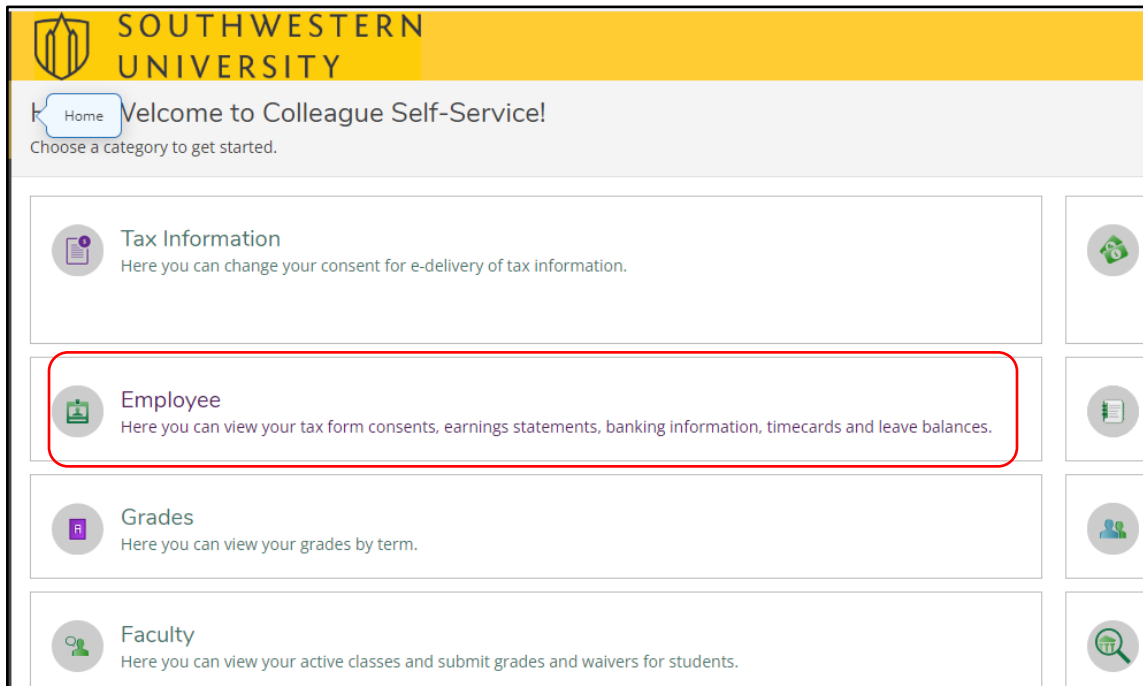


**Open Enrollment Dates: Monday, November 6, 2023 – Wednesday, November 15, 2023**

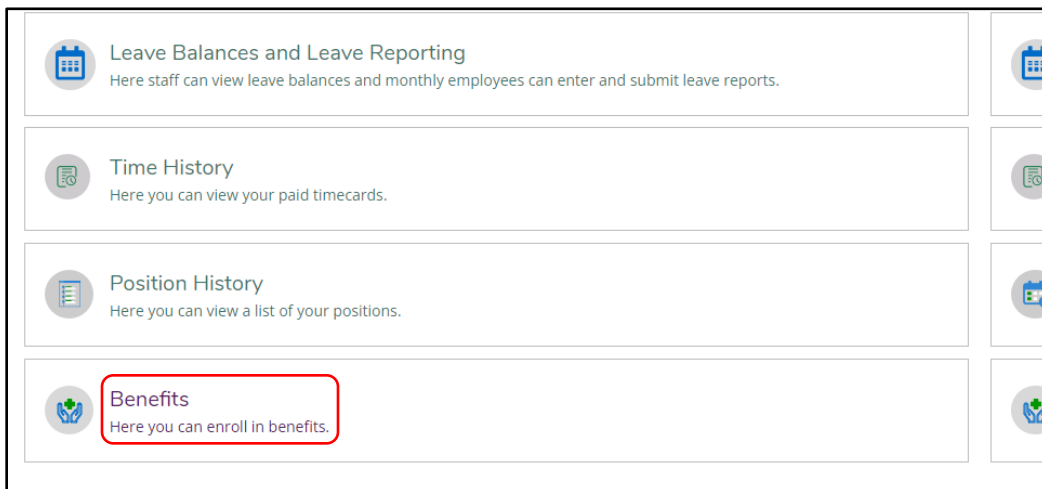
1. Sign into the Self Service with your SU login and password. <https://selfservice.southwestern.edu/Student/>



2. Once on the home page, click on Employee.



3. Click on Benefits.

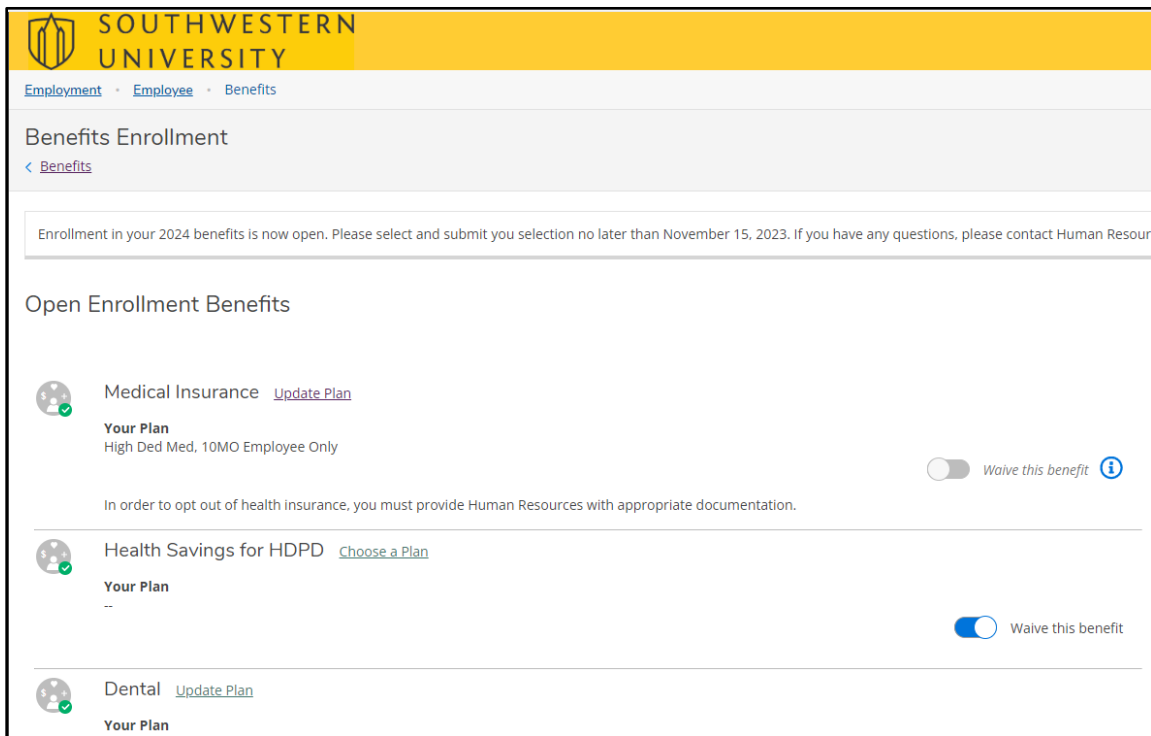


**Open Enrollment Dates: Monday, November 6, 2023 – Wednesday, November 15, 2023**

4. You will then see the Open Enrollment Page with the options to see your current elections and make your 2024 plan year elections.
5. To make elections, click on 'Choose a Plan' or drag the 'Waive this benefit' circle to waive coverage. If you previously waived coverage and are now electing coverage, you'll need to drag the circle away from the 'Waive this benefit' option first, then click on 'Update Plan' to make elections.

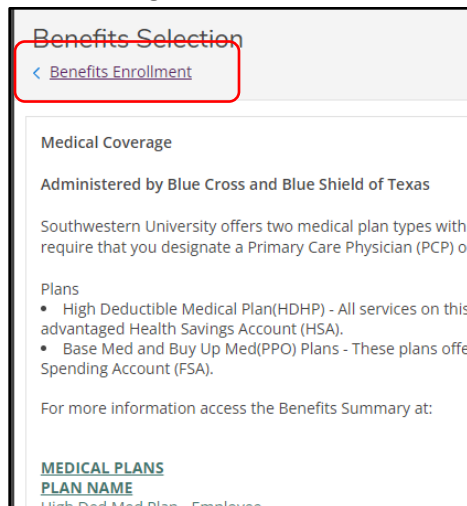
**You must make a selection for each benefit.**

*\*If you elect the HDHP and will not be electing an employee contribution amount for the 'Health Savings for HDHP', please select 'Waive this benefit'. Waiving this benefit applies only to the employee contribution and not the SU contribution.\**



**Helpful Hints while navigating the Open Enrollment process**

- After making a Benefit selection, click on < Benefits Enrollment to return to the main screen.

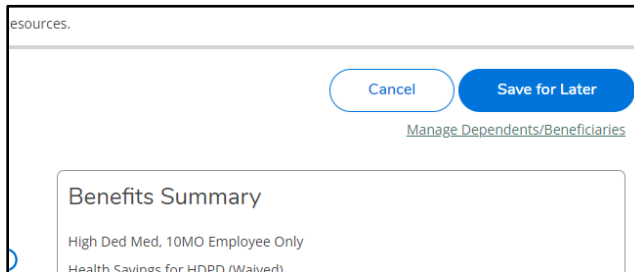


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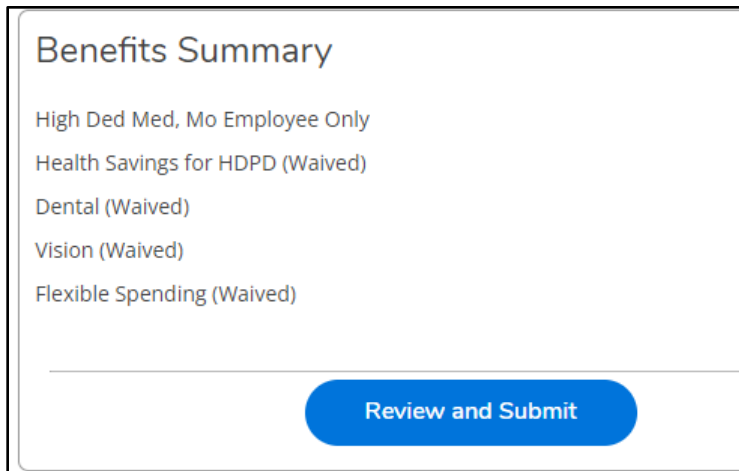
- If you want to change your Benefit selection, you must ‘uncheck’ your original selection prior to making your new selection.



- You will be prompted to Save or Save for Later during the Open Enrollment process. Click on the Save box to continue.



6. Once you've completed making your selections, you can click on the Review and Submit button after reviewing your listed Benefits Summary.



**Open Enrollment Dates: Monday, November 6, 2023 – Wednesday, November 15, 2023**

7. The next screen includes Terms and Conditions that need to be read and accepted. After checking the box, the Submit button will turn blue. Select the Submit button to complete your open enrollment.

Terms and Conditions

Authorization

Scroll down the page to review this information and proceed with the confirmation process. You **MUST** check the box to accept the terms and submit your benefits elections.

- I authorize Southwestern University to make periodic salary reductions from my paycheck to be deposited in my account for the election period specified above in an amount equal to the premiums required for the coverage elected above plus the specific dollar amounts, if any, elected for the Flexible Spending Accounts and/or the Health Savings Account. The salary reductions will be made in substantially equal amounts, to the extent administratively feasible. I further authorize Discovery Benefits to disburse funds from my account in accordance with the Plan and my elections.
- I further acknowledge that I must submit Reimbursement Requests to receive reimbursement from my flexible spending account(s) if I did not utilize my debit card to pay for services. Additionally, I understand that there may be times that I will be required to provide an itemized receipt when my debit card is used.
- My elections (other than the Health Savings Account contributions), including coverage types, cannot be altered without a qualified "Change in Family Status" as defined by the Internal Revenue Code.
- The Southwestern University plan year runs from January 1, 2024 through December 31, 2024. The grace period for incurring Health Care and Dependent Care Flexible Spending Account expenses has been extended to March 15, 2025. The deadline for filing all claims will be April 30, 2025.
- The unused balance of the Flexible Spending Accounts are forfeited if unclaimed by April 30, 2025. I understand that if my employment terminates prior to March 15, 2025, the unused balance of the Flexible Spending Accounts are forfeited if unclaimed within 45 days following my termination date, unless otherwise extended under applicable continuation coverage rules.
- I hereby verify that, if I have elected salary reduction contributions for the Dependent Care benefit in the amounts which will exceed the \$2,500 in one calendar year, and if I am married, I will file a joint income tax return with my spouse.
- By participating and pre-taxing the above premiums, the computing and reporting of my federal income tax will be based on my reduced salary, as will my FICA (social security) contributions.
- If I enroll in the HDHP and elect contributions to the Health Savings Account, I understand that I will be required to submit additional documentation to the custodian of the Health Savings Account in order to open, and have contributions made to, the Account. Further, I understand the applicable eligibility requirements for Health Savings Account contributions and confirm I am eligible to make such contributions and have contributions made on my behalf. I understand that I am solely responsible for any tax consequences related to my participation in the Health Savings Account.

I have read and accepted these terms

Save for Later

Submit

8. The last page of the Open Enrollment process will include the following statement at the bottom of the screen

**Thank you for completing your open enrollment elections!**

Please review this online confirmation of benefits enrollment. If you have any changes or corrections, please contact Human Resources.

You also have the option to save/print a PDF confirmation.