



ANOKA-HENNEPIN
SCHOOLS
A future without limit

New Hire Benefit Options

2022-2023

NEW EMPLOYEE REMINDERS:

- ID badge – Perks
- Email/Voicemail – Set up/check regularly (506help@ahschools.us)
- Acceptable use of network resources
- Mandated Reporters

CELL PHONE DISCOUNT

Save on monthly basic cell phone service



Anoka-Hennepin School District

Home Page

Login: ahschools.us

Translate Accessibility District Schools Search Login

ANOKA-HENNEPIN SCHOOLS
A FUTURE WITHOUT LIMIT


Directory Calendar Enroll

About A-H Academics Services Support Involvement Employment Community Ed

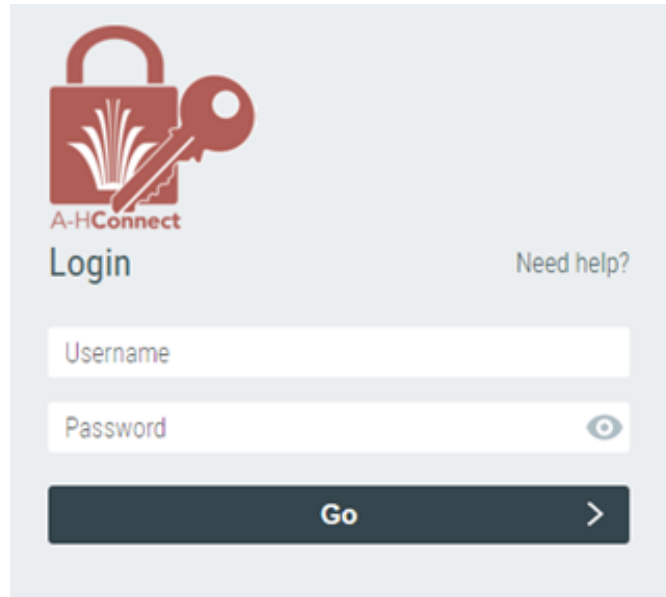
Safe and open schools

The goal of Anoka-Hennepin Schools is to provide in-person learning, five days per week. The Safe Learning Plan was created to maximize choice while ensuring public health and safety.

Learn more.



A-H Connect - Lock & Key



The image shows a login interface for A-H Connect. At the top left is a red logo featuring a padlock and a key, with the text "A-HConnect" below it. To the right of the logo is the word "Login" in a dark font. Further right is a link that says "Need help?". Below these elements are two input fields: "Username" and "Password". The "Password" field has a small eye icon to its right, indicating a toggle for visibility. At the bottom is a dark grey button with the text "Go" and a right-pointing chevron symbol.

Lock & Key

IDENTITY AUTOMATION Applications Marcella

Filter

My Applications >

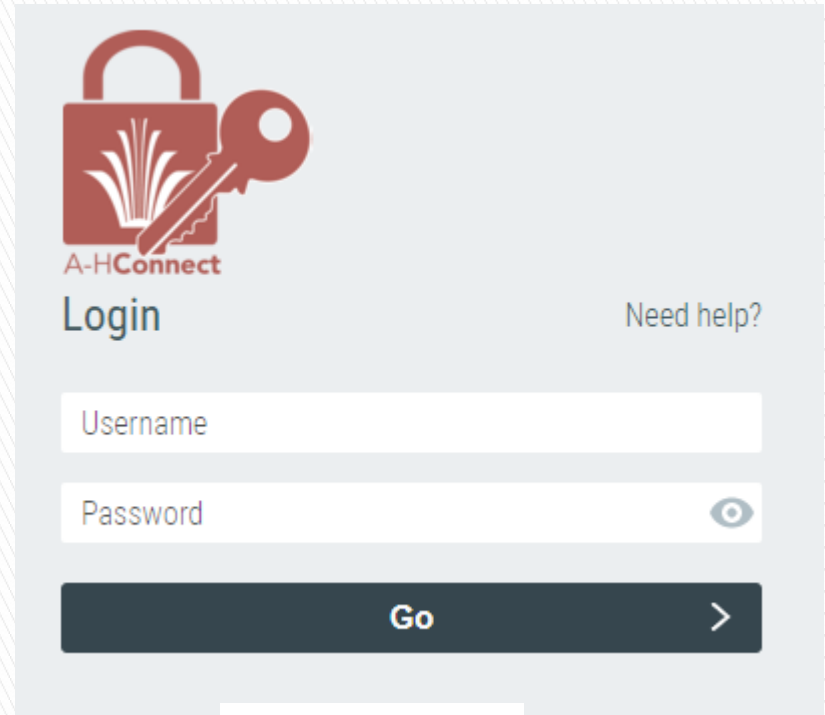
- All
- Bookmarks

My Applications

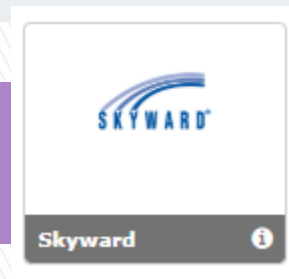
 Recent AHApps Calendar - separate	 Recent AHApps Drive - Separate	 Recent AHApps Mail - separate	 Recent AH Jobs - separate	 AH Print Shop
 District Home Page	 District Staff Directory	 Learning Management System	 Recent My Meal Account Details Launch	 SchoolWires Centricity2 - ...
 Recent Skyward	 Where Wellness Matters	 Recent WorkLife - separate		

Lock & Key

- ▶ *Skyward* is your personalized
- ▶ employee content online:
 - ✓ Payroll
 - ✓ Deductions
 - ✓ Reimbursements
 - ✓ Leave balance & more
- ▶ Questions?
- ▶ Call 763-506-HELP (ext. 64357)
- ▶ 506HELP@ahschools.us



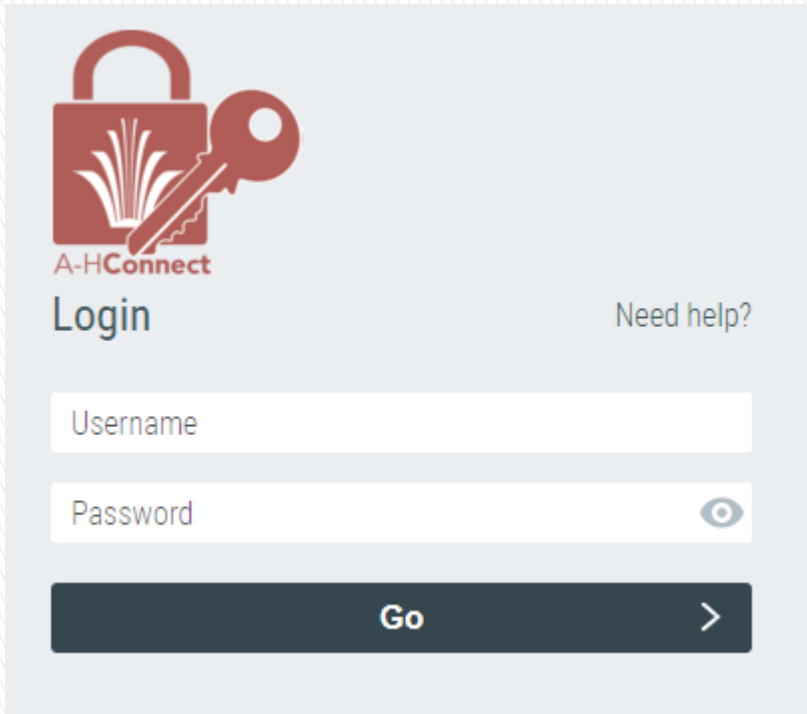
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Lock & Key

Worklife

Worklife gives access to your Insurance enrollment



The image shows a login interface for A-HConnect. At the top left is a red logo featuring a padlock and a key with a stylized plant inside. Below the logo is the text "A-HConnect" and "Login". To the right of "Login" is a link that says "Need help?". Below these are two input fields: "Username" and "Password". The "Password" field has an eye icon to its right. At the bottom is a dark grey button with the text "Go" and a right-pointing chevron.



EMPLOYEE DATA FORM

- Legal Name Change
(documentation required)
- Address Change
- New Phone Number

EMPLOYEE DATA FORM

Anoka-Hennepin Independent School District No. 11
11299 Hanson Blvd. Coon Rapids, Minnesota 55433

TENNESSEN WARNING:
In accordance with the Minnesota Government Data Practices Act, and as set forth more fully in the District's Public and Private Personnel Data policy, Anoka-Hennepin Independent School District No. 11 is required to inform you of your rights as they pertain to certain information collected from you. "Private Data" is information that is available to you, but not to the public. Any general information which we need under it is private. The information we collect or have collected from you or from other sources authorized by you is needed for federal and state reporting requirements, to insure your rights to equal opportunity, and for purposes of health safety. Release of such information may result in denial of employment for new hires. Information will not be given to any other agency or individual without your written consent unless specifically authorized by state or federal law under a valid court order. Unless otherwise authorized by law, government agencies when we share private or confidential information shall also treat that information, they receive as private or confidential. You, as the subject of collected data, unless otherwise specified by law or court order, may review the information we have concerning you and may make written comments as to the accuracy of the information. All information on you will be kept until federal, state and/or Anoka-Hennepin ISD #11 retention requirements have been met at which time the information will be destroyed.
In accordance with the Minnesota Government Data Practices Act, I have been informed and understand my rights as a subject of data.

Signature: _____ Date: _____

Emp # _____ Please check here if this is a name change* address/phone number change; effective date: _____
*All name changes require legal documentation

LEGAL NAME: Last _____ First _____ Middle _____

former name: _____
FOR NAME CHANGE ONLY - "ALL name changes require legal documentation"

Street Address: _____
City _____ State _____ Zip _____

Home Phone: _____ Other Phone: _____

Sex: M F N Veteran: Y N Marital Status: S M D W

Social Security #: _____ Birth Date: mm / dd / yyyy

Ethnic Background:

American Indian or Alaska Native
 Asian
 Hispanic or Latino
 Black or African American
 White
Listed below currently not available on this survey
 Native Hawaiian or Other Pacific Islander
 Two or more races

PREVIOUS ANOKA-HENNEPIN ISD #11 EMPLOYMENT: Have you ever been employed by our school district before? Y N
If YES, when? _____ Under what name were you employed? _____

STUDENT STATUS: Are you a current student? Y N IF YES, then: part-time full-time School name: _____

EMPLOYEE SIGNATURE: _____ Date: _____

TEACHER LANE ADVANCEMENT

TEACHER LANE ADVANCEMENT

- ✓ Coursework or Degree Completion
- ✓ Application & Transcripts Received
- ✓ Lane Effective Date

ANOKA-HENNINGEN INDEPENDENT SCHOOL, DISTRICT NO. 11
TEACHER LANE ADVANCEMENT APPLICATION

Employee # _____

Teacher's Name (Print) _____ School _____ Subject or Grade _____

Signature _____ Home Phone / Work Phone _____ Date Submitted _____

Highest Degree Granted _____ Degree _____ Name of Institution _____ Date Granted _____

CLASSIFICATION REQUESTED:

Bachelors		Masters			
B-12	B-20	M-15	M-30	M-45	M-60/Ed. Spec.

College	Course No.	Course Title	Date Completed	No. of Credits*	
				Undergrad	Grad

*All credits must be submitted as quarter credits. To convert semester credits to quarter credits, multiply semester credits by 1.5.

Course Work or Degree requirements completed prior to:	Deadline for Receipt of Application Form and Official Transcript(s)	Effective Date
September 1	October 31 (or previous Friday)	Full Duty Year
December 15	January 14 (or previous Friday)	Last 2/3 of Duty Year
March 15	May 1 (previous Friday)	Last 1/3 of Duty Year

Official transcripts MUST be furnished for all credits submitted for consideration toward lane change. Official transcripts showing award of the Bachelor's and/or Master's degree must be received before any lane change request can be processed. Lane change is not complete unless both application and all official transcript(s) are submitted by the deadline.

Current Lane/Step _____ Employee Services Use Only

Approved by: _____ Date: _____

5/11/2010 Lane Change Info/TEACHER.DOC

ANOKA HENNEPIN SCHOOLS - EMPLOYMENT

District Website:
www.ahschools.us

- ▶ **Online Applications Only**
- ▶ **Postings every Tuesday and Thursday**
- ▶ **Summer postings more often**
- ▶ **PC Kiosks At ESC**
- ▶ **Employee Services**



EMPLOYEE ASSISTANCE PROGRAM



Connect with your Employee Assistance Program.
24/7. Confidential. No cost to you.

Call 866-374-6061

Visit liveandworkwell.com.
Enter company access code: AHSD

STAFF WELLNESS PROGRAM



Building Wellness Contacts

Wellness Activities

**\$10 discount on Community Ed:
Adult Learning – fitness, financial
& health**

403(b) RETIREMENT PLAN

What is a 403(b)?

Optional retirement plan

Available to all Anoka-Hennepin District employees

Tax deferred investments

Vendors?

Ameriprise, Educators Financial, P & A Financial, VOYA

District Match?

Amount depends on bargaining group & check working agreement

Submit forms to Payroll

Questions: A-H Labor Relations Dept. 763-506-1108



WORKER'S COMPENSATION

If you are hurt on the job...

- *Report to your Supervisor or Health Para immediately**
- Use Emergency Room for emergencies**
- If you go to the ER or doctor, do not use your personal insurance card**



SICK/PERSONAL LEAVE

- FT Accrual is typically 12 days
- Rolls over year to year - unlimited
- Use for short term disability
- Sick Leave criteria
- Personal Leave up to 3 days
- Supervisor pre-approval
Skyward – time off balance

Anoka-Hennepin ISD #11
RECORD OF ABSENCE

(Please place employee label here.) _____

Employee Signature _____

In the boxes below, please check the appropriate reason for your absence.

<p>SICK LEAVE</p> <p>S-01 <input type="checkbox"/> Personal Illness</p> <p>S-02 <input type="checkbox"/> Family Illness or Death Immediate Family</p> <p>VACATION LEAVE</p> <p>V-50 <input type="checkbox"/> Vacation</p>	<p>PERSONAL LEAVE</p> <p>S-04 <input type="checkbox"/> Personal/Emergency</p> <p>S-05 <input type="checkbox"/> Personal/Sub Deduct</p> <p>S-06 <input type="checkbox"/> 8th Year Day</p> <p>S-07 <input type="checkbox"/> 10th Year Day</p>	<p>OTHER LEAVE</p> <p>C-21 <input type="checkbox"/> District Committee Meeting</p> <p>C-22 <input type="checkbox"/> In District Training</p> <p>C-23 <input type="checkbox"/> Out of District Training</p> <p>C-24 <input type="checkbox"/> Building Meeting</p> <p>C-25 <input type="checkbox"/> Department Leader Meeting</p> <p>C-26 <input type="checkbox"/> Field Trip</p> <p>C-27 <input type="checkbox"/> Athletic/Activities</p> <p>C-29 <input type="checkbox"/> Jury Duty</p> <p>C-30 <input type="checkbox"/> Association Leave</p> <p>C-31 <input type="checkbox"/> Military Leave</p> <p>C-33 <input type="checkbox"/> Without pay - Dock</p>
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_____ Mo _____ Day _____ Year Thru _____ Mo _____ Day _____ Year

_____ for a total of _____ Hour(s) Day(s)

My daily work assignment is for _____ hours per day.

Building Administrator's Approval _____

Send to payroll with
bi-weekly payroll report. Form # _____

PAYROLL

Direct Deposit or Focus[®] Card



ANOKA-HENNEPIN SCHOOL DISTRICT MANDATORY DIRECT DEPOSIT AUTHORIZATION

Employee Information

First Name:	Last Name:
Employee #:	Phone #:
School Building Name:	

Two Convenient Options: (must choose one)

<input type="checkbox"/> Direct Deposit to Bank Account	By choosing traditional direct deposit, your pay will be deposited directly into your checking or savings account each payday. You may choose to have deposits in up to 5 separate accounts.
<input type="checkbox"/> Focus Pay Card	With the US Bank Focus Card, your pay will be deposited onto a prepaid Visa card. Your card can be used anywhere Visa debit cards are accepted worldwide. It's not a credit card, no credit check is needed and there is no cost to enroll. Cash can be withdrawn at any MoneyPass ATM, Point of Sale with pin, or cashed to the penny by a teller at Visa branded banks.

Account Information

You may choose to have deposits in up to 5 separate bank accounts. Please attach a voided check for checking accounts. Savings accounts require a slip from your bank with a verified routing number and account number. Deposit slips are not accepted as documentation.

The Primary Account is your main bank account. For additional accounts please fill in the account information and either an amount or percent to be taken each payday. The remaining balance of your pay will be deposited into the Primary Account.

Primary Account (Required) Note: If Focus Card, leave Routing and Account # blank

Action	ABA Routing/Transit #	Account #	Type of Account	Deduction Amount
<input type="checkbox"/> New			<input type="checkbox"/> Checking	<input type="checkbox"/> 100%
<input type="checkbox"/> Change			<input type="checkbox"/> Savings	<input type="checkbox"/> Remaining balance after
<input type="checkbox"/> Stop			<input type="checkbox"/> Focus Card	<input type="checkbox"/> Additional Accounts

Additional Accounts (Limit 4)

<input type="checkbox"/> New			<input type="checkbox"/> Checking	<input type="checkbox"/> _____ Dollars
<input type="checkbox"/> Change			<input type="checkbox"/> Savings	<input type="checkbox"/> _____ Percent
<input type="checkbox"/> Stop			<input type="checkbox"/> Focus Card	
<input type="checkbox"/> New			<input type="checkbox"/> Checking	<input type="checkbox"/> _____ Dollars
<input type="checkbox"/> Change			<input type="checkbox"/> Savings	<input type="checkbox"/> _____ Percent
<input type="checkbox"/> Stop			<input type="checkbox"/> Focus Card	
<input type="checkbox"/> New			<input type="checkbox"/> Checking	<input type="checkbox"/> _____ Dollars
<input type="checkbox"/> Change			<input type="checkbox"/> Savings	<input type="checkbox"/> _____ Percent
<input type="checkbox"/> Stop			<input type="checkbox"/> Focus Card	
<input type="checkbox"/> New			<input type="checkbox"/> Checking	<input type="checkbox"/> _____ Dollars
<input type="checkbox"/> Change			<input type="checkbox"/> Savings	<input type="checkbox"/> _____ Percent
<input type="checkbox"/> Stop			<input type="checkbox"/> Focus Card	

I hereby authorize Anoka-Hennepin School District to initiate credit entries (deposits) and, if necessary, debit entries and adjustments for any credit entries in error to my bank account or Focus card. This authorization will remain in effect until cancelled by me with written notification to the Payroll department.

Signature: _____ Date: _____

Questions? Please call the payroll helpdesk at 763-506-1050 or email payroll_help@anoka.k12.mn.us

Did you remember to attach a voided check or bank slip?

After completing, mail this form to:
Payroll Department / 2727 N. Ferry Street / Anoka, MN 55303.
In-district mail: ESC - Attn: Payroll Department

ANOKA-HENNEPIN EDUCATION MINNESOTA

AHEM Teacher's Union

- **Union dues owed are based on FTE**
- **Dues = payroll deduction**
- **Union participation optional**
- **Questions - Contact the AHEM Office**

Phone: (763) 421-9110

ahem.mn.aft.org



TEACHERS RETIREMENT ASSOCIATION

- **TRA is the pension plan for all certified teaching staff**
- **Pension Contributions:**
7.50% teacher contribution
8.55% district contribution
- **Questions - Contact the TRA Office:**
651-296-2409 tra.state.mn.us



PUBLIC EMPLOYEE RETIREMENT ASSOCIATION

- **PERA is the pension plan for all classified staff**
- **Pension Contributions:**
 - 6.50% employee contribution**
 - 7.50% district contribution**
- **Questions - Contact the PERA Office:**
651-296-7460 mnpera.org



HALFWAY THERE!

Questions?

Do you have any questions?

Part-time (non-benefit eligible employees) may leave the meeting at this time



GROUP INSURANCE BENEFITS

▶ **District Insurances**

- **Health/Hospitalization**
- **Dental**
- **Group Term Life**
- **Long Term Disability**

▶ **Optional Benefits**

- **Flexible Spending Accounts**
- **Supplemental Life (available to new hires only)**
- **Sick Leave Bank (available to new hire-Teachers only)**



- ▶ **Deductible plans**
 - ▶ **Choice Plus 80/20 Deductible**
 - ▶ **Core 80/20 Deductible**

- ▶ **CoPay plans**
 - ▶ **Choice Plus CoPay**
 - ▶ **Core CoPay**

Core 80/20 Deductible Plan

Lowest monthly premium cost

- Single \$0 Family \$545
- ▶ **Deductible**
 - Single \$1500 deductible & \$3000 out-of-pocket max
 - Family \$3000 deductible & \$6000 out-of-pocket max
- ▶ **Co-insurance**
 - *After deductible, plan pays at 80%*
- ▶ **Well visits covered 100%**
- ▶ **MHealth Fairview and North Memorial providers/hospitals**

HRA Health Reimbursement Arrangement

80/20 Deductible Plan HRA deposits
2022–2023

Single \$750

Family \$1,500

- ✓ Funds are controlled by you
- ✓ Administered by *MidAmerica*
- ✓ HRA debit card offers easy access to funds
- ✓ Used to pay for your eligible medical expenses
- ✓ Reimbursements are not taxed
- ✓ Unused funds rollover & grow tax-free
- ✓ Yours to keep! After job change or retirement

Core CoPay Plan

Monthly premium cost

- Single \$135 Family \$1,030

✓ \$25 CoPay

Office visits (illness/injury), Chiropractic, Therapy

✓ \$50 CoPay

Urgent Care or Enhanced radiology

✓ \$100 CoPay

Emergency Room or Inpatient Hospital

✓ MHealth Fairview and North Memorial providers/hospitals

Minute Clinic – non-emergency and Virtual Care \$10 copay

Choice Plus 80/20 Deductible Plan

Low monthly premium cost

- Single \$15 Family \$640
- ▶ **Deductible**
 - Single \$1500 deductible & \$3000 out-of-pocket max
 - Family \$3000 deductible & \$6000 out-of-pocket max
- ▶ **Co-insurance**
 - *After deductible, plan pays at 80%*
- ▶ **Well visits covered 100%**
- ▶ **Open access nationwide network**

HRA Health Reimbursement Arrangement

▶ 80/20 Deductible Plan HRA deposits 2022–2023

▶ **Single \$750 Family \$1,500**

- ✓ Funds are controlled by you
- ✓ Administered by *MidAmerica*
- ✓ HRA debit card offers easy access to funds
- ✓ Used to pay for your eligible medical expenses
- ✓ Reimbursements are not taxed
- ✓ Unused funds rollover & grow tax-free
- ✓ Yours to keep! After job change or retirement

Choice Plus CoPay Plan

Monthly premium cost

- Single \$180 Family \$1,150

- ✓ \$25 CoPay
Office visits (illness/injury), Chiropractic, Therapy
- ✓ \$50 CoPay
Urgent Care or Enhanced radiology
- ✓ \$100 CoPay
Emergency Room or Inpatient Hospital
- ✓ Open access nationwide network

Minute Clinic – non-emergency and Virtual Care \$10 copay

MYUHC.com

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[Home](#) [Member resources](#) [Health care tools](#) [myuhc.com member website](#)

Health care tools

[myuhc.com member website](#)

[UnitedHealthcare app](#)

[Virtual visits](#)

Sign in to member websites for:

[Medicaid](#)

[Medicare](#)

[Another secure site](#)

myuhc.com[®] member website

Sign in to help make managing your health plan easier

Learning how to use your health plan benefits may seem complicated at first. With [myuhc.com](#), it's easier. Sign in and you'll get a personalized website designed to help you manage your plan and your health information.

[Sign in](#)



It only takes minutes to set up your account

Have your health plan ID card handy and go to [myuhc.com](#). Go to [Register Now](#) and follow the step-by-step instructions. After you're signed in, you'll have 24/7 access to easy-to-use tools and resources that help you do so many things — find network doctors, see claims, manage pharmacy benefits, get wellness support and more. It's all there to make it simpler to get more out of your benefits.

[Register now](#)

PRESCRIPTION DRUGS

Network Pharmacy (up to 31-day supply)

Tier 1 = \$10 Formulary generic

Tier 2 = \$25 Formulary brand

Tier 3 = \$50 Non-formulary brand



DEPENDENTS

- ▶ **A qualifying dependent is one who has not yet attained the age 26.**
- ▶ *Coverage cannot be denied or restricted based on a child's:*
 - Financial dependency
 - Residency
 - Student status
 - Marital status
 - Employment status
 - Or eligibility for other coverage



**Are you a spouse, parent
or dependent of a current
Anoka-Hennepin
employee?**

**If so, please contact:
Marcy.Moravec@ahschools.us**

DELTA DENTAL

- Family coverage – no additional cost
- Dentist of choice – tiers
 - Delta Preferred (PPO), Delta Premier, Out-Of-Network
 - Delta Preferred Provider = Best coverage
 - Annual max plan pay per person
 - \$1,500 per calendar year: Jan 1 – Dec 31
 - Orthodontics
 - Eligible children ages 0 through 18 years old
 - \$100 deductible per plan year, except for Preferred Orthodontist
 - 50% coverage up to \$1,500 lifetime max
 - ID Card mailed to you
- ▶ Find a dentist at **deltadentalmn.org**



LONG TERM DISABILITY INSURANCE

- **Out of work due to a long-term disability**
- **Elimination Period is 90 consecutive calendar days**
- **Monthly Benefit is 2/3 of monthly base salary**

GROUP TERM LIFE INSURANCE

- **Basic life insurance**
 - Cannot cash out or borrow against policy
- **Accidental death & dismemberment**
- **Available to eligible new hires**
- **Eligibility is first date of employment**
- **Choose a beneficiary on Worklife, our electronic enrollment system**

SUPPLEMENTAL LIFE INSURANCE

- **Available to eligible new hires to purchase**
- **Premium is age related**
- **Not a yearly open enrollment benefit**
- **Available in \$10,000 increments up to \$300,000**
- **Completed application (with-in 30 days of benefit eligible start date) and approval for elections over \$50,000**
- **Choose a beneficiary on Worklife, our electronic enrollment system**

FLEXIBLE BENEFIT PLAN

- **Optional benefit**
- **Pre-tax savings for unreimbursed health or dependent care expenses**
- **Dependent care is for children under the age of 13 years old**
- **Elect up to family max - \$5,000 Dependent Care**
- **Elect up to individual max - \$2,850 Health Care**
- **Rollover over \$570 per year for Health Care Flex (active employees)**
- **Claims reimbursed (direct deposit) on paydays**
- ***Deadline to get paid on payday is the prior Friday by 4:00 p.m.***
- **Claim forms online**

SICK LEAVE BANK

- **Benefit for Teachers only**
- **Enrollment at time of new hire only**
- **Form must be returned to Insurance**
- ▶ **(with-in 30 days of benefit eligible start date)**
- **Premium = one sick leave day**
- **Apply to Sick Leave Bank when:**
 - Exhausted all sick leave
 - Grave illness or injury
 - Qualify for long term disability

ANOKA-HENNEPIN SICK LEAVE BANK

A sick leave bank for teachers is established under the guidelines printed below:

- Teachers who have exhausted sick leave and will qualify for, but have yet to reach Long Term Disability, may apply to the Sick Leave Bank for days reserved for needs Long Term Disability.
- Teachers who have a grave personal illness as verified by a physician and have exhausted sick leave as a result of illness or injury and must undergo continuing treatment by a health care provider for illness such as cancer (chemotherapy, radiation) or kidney disease (dialysis) but are not qualify for Long Term Disability, may apply to the Sick Leave Bank Committee for days up to a maximum of 15 days per year.
- Teachers who have exhausted sick leave and need to care for a spouse, child, or parent due to a catastrophic health event or who must undergo continuing treatment by a health care provider for illness such as cancer (chemotherapy, radiation) or kidney disease (dialysis), as verified by a physician, may apply to the Sick Leave Bank Committee for days up to a maximum of 15 days per year. "Child" is defined as a dependent, biological, adopted and foster child regardless of their age. "Parent" is defined as a person for which the teacher is a "C" as verified above.
- Teachers must contribute a day to join the bank within 30 days of eligible employment or waive membership with open enrollment.
- Sick leave bank members may be assessed up to one day per year when deemed necessary by the committee.
- Applications for use of the sick leave bank will be reviewed by the committee.
- Decisions of the committee are nonnegotiable and appealable to the committee.
- The committee will conduct a yearly evaluation to determine any need for adjustment of guidelines with ALEA and district approval.
- Contributions shall be non-refundable.
- Administered by a joint committee of four teachers and two district administrators.

ANOKA-HENNEPIN INDEPENDENT SCHOOL DISTRICT NO. 11
SICK LEAVE BANK ENROLLMENT

Please Print

Employee #	Last Name	First Name	Building
------------	-----------	------------	----------

I DO NOT wish to participate in the Sick Leave Bank.

I DO wish to enroll as a member in the District No. 11 Sick Leave Bank and authorize the Payroll Department to deduct one day each year. If I revoke from my sick leave and transfer it to the Sick Leave Bank. My membership will remain in effect until such time that I decide to submit a signed statement that I wish to withdraw as a member of the Bank.

Date _____ Signature _____

This form must be returned to the Insurance Department within 30 days of employment or you waive membership.

ANOKA-HENNEPIN

INSURANCE PREMIUMS

- Insurance year is **September through August**
- Premiums owed are deducted over a **20-pay period deduction cycle ***
- **September 9th through June 2nd for 2022-2023**
- **No deductions for summer months**
- **Monthly premium X's # of months insured divided by # of deductions = deduction amount per deduction pay date:**

2205	Friday	9/9/2022	8/7/2022	8/20/2022
2206	Friday	9/23/2022	8/21/2022	9/3/2022
2207	Friday	10/7/2022	9/4/2022	9/17/2022
2208	Friday	10/21/2022	9/18/2022	10/1/2022
2209	Friday	11/4/2022	10/2/2022	10/15/2022
2210	Friday	11/18/2022	10/16/2022	10/29/2022
2211	Friday	12/2/2022	10/30/2022	11/12/2022
2212	Friday	12/16/2022	11/13/2022	11/26/2022
2213	Friday	12/30/2022	11/27/2022	12/10/2022
2214	Friday	1/13/2023	12/11/2022	12/24/2022
2215	Friday	1/27/2023	12/25/2022	1/7/2023
2216	Friday	2/10/2023	1/8/2023	1/21/2023
2217	Friday	2/24/2023	1/22/2023	2/4/2023
2218	Friday	3/10/2023	2/5/2023	2/18/2023
2219	Friday	3/24/2023	2/19/2023	3/4/2023
2220	Friday	4/7/2023	3/5/2023	3/18/2023
2221	Friday	4/21/2023	3/19/2023	4/1/2023
2222	Friday	5/5/2023	4/2/2023	4/15/2023
2223	Friday	5/19/2023	4/16/2023	4/29/2023
2224	Friday	6/2/2023	4/30/2023	5/13/2023

LIFE EVENT CHANGES

- ▶ **Must submit changes within 30 DAYS of qualifying life event**
 - Add or remove someone from your **current** plan
 - Marriage, divorce or legal separation
 - Birth or adoption of child
 - Death of spouse or child
 - Change in spouse's employment status
 - Spouse's open enrollment for insurance
 - Change in employee's status



Getting Started

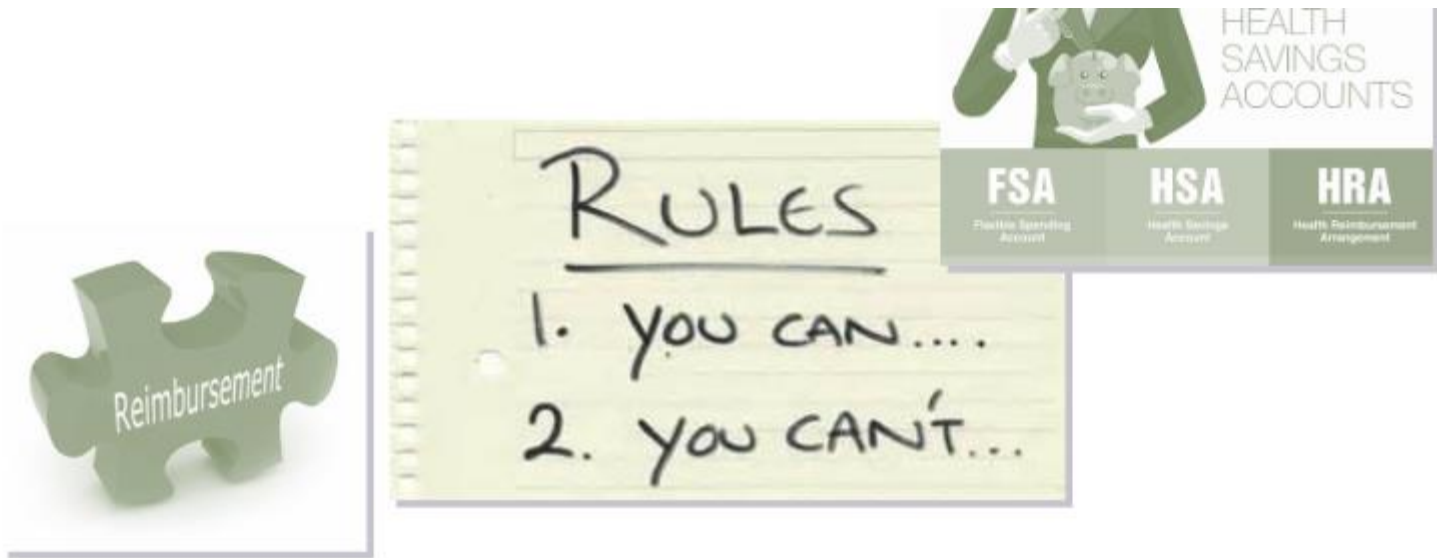
- ✓ Read through enrollment packet
- ✓ Birthdates and Social Security# ready

Online Enrollment

- ✓ Log on to **Worklife.com**
- ✓ **USERNAME** is your **Social Security #**
- ✓ **PASSWORD** is your **8-digit birthdate**
- ✓ No dashes or slashes between numbers

HRA vs. HSA

- ▶ **Does your Spouse have an HSA - Health Savings Account?**



OPEN ENROLLMENT FOR ANOKA-HENNEPIN

- **Annual open enrollment is end of May (opens day after Memorial Day)**
- **Information arrives to your building**
- **Enroll or make changes to your insurance**
 - Health and hospitalization plan
 - Dental insurance
 - Flexible Spending Account elections must be made each year
- ▶ **Changes made become effective September 1st**

BENEFITS ENROLLMENT

- ▶ **Enroll online on Worklife, our electronic enrollment system -**
- ▶ **<https://ahschools.wl.alight.com/login>**
- **Enrollment must be completed within 30 days of eligibility**
- **Missing the deadline forfeits your rights to insurance for the year**
- **You may waive insurance(s):**
 - Part-time employees – Medical, Dental and Life
 - Full-time employees – Medical and Dental
- **Insurance year is September through August**

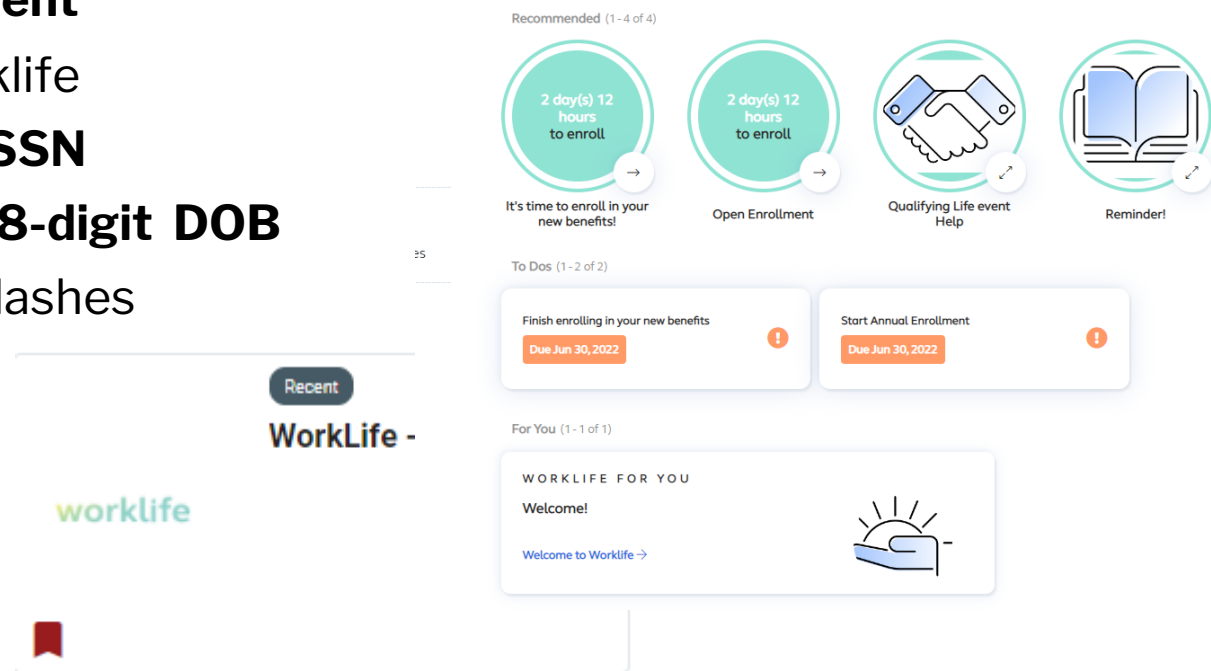
worklife

▶ **Getting Started**

- Review plans
- Gather birthdates & SSN for dependents & beneficiaries

▶ **Online Enrollment**

- Log on to Worklife
- USERNAME = **SSN**
- PASSWORD = **8-digit DOB**
- No dashes or slashes



Who's Being Covered?





You must select a coverage to continue.

- Coverage
- Employee Only
- Family

Current Coverage Level:
Waive Coverage

Benefit Summary - New Hire Enrollment

Completed Benefits


 Health Insurance Waive Coverage 1 Deductions per year View / Change	Total Cost \$0.00	Credits \$0.00	Employer Cost \$0.00	Your Cost \$0.00
 Dental Insurance Waive Coverage 1 Deductions per year View / Change	Total Cost \$0.00	Credits \$0.00	Employer Cost \$0.00	Your Cost \$0.00
 Group Term Life Insurance \$50,000 Group Term Life Insurance Coverage 1 Deductions per year View / Change	Total Cost \$46.20	Credits \$0.00	Employer Cost \$46.20	Your Cost \$0.00
 Supplemental Life Plan Waive Coverage 1 Deductions per year View / Change	Total Cost \$0.00	Credits \$0.00	Employer Cost \$0.00	Your Cost \$0.00

Enrollment progress

- 1 Review and Make Elections
- 2 Confirm & Complete Enrollment
- 3 Review Next Steps

[Continue](#)

[Dependents and Beneficiaries](#)

 **Your Total Cost**
\$0.00

- Enrollment completed within 30 days of hire
- Choose a beneficiary for life insurance
- Supplemental life insurance beyond \$50,000 has application process
- Print Confirmation page for your records
- Teachers **MUST** complete Sick Leave Bank information (within 30 days)
- Questions?
- ▶ Review new employee insurance paperwork and complete forms at: ahschools.us/newemployees (scroll down to **Insurance**)

Please contact the Insurance
Department with any Questions

763-506-1080

THANK

YOU