

New Hire Benefits User Guide


Note: This guide is meant to help you navigate the system to complete any benefits tasks you may be assigned. Tasks in the below examples may not match what you have been assigned, however the general steps to complete your tasks should be the same. Please only refer to the screenshots for Examples of what you are looking for within the system rather than expecting an exact mirror image of your individually assigned tasks/questions.

Changes to Forms: you can change your elections to the benefits forms up until you sign them. To do so you will need to go back to the questionnaire items and change your answers to the appropriate fields you wish to update.

Prior to signing the forms: you should double check the answers to the benefits section in your questionnaire task previously completed.

For screenshots examples please see below.

1. When you log into your onboarding account you will see previously completed tasks in green and pending tasks in red. **Failure to complete the SF-2809 forms will result in waived FEHB.** NOTE: Your Tasks may vary from the examples in this guide.

Task Name	Due	Completed
<input checked="" type="checkbox"/> Complete New Hire Questionnaire  May show incomplete if you did not answer all questions		10/04/2022
<input checked="" type="checkbox"/> **SF-61 - Appointment Affidavit	12/06/2021	12/06/2021
<input checked="" type="checkbox"/> **SF-181 - Ethnicity and Race Identification	12/07/2021	12/06/2021
<input checked="" type="checkbox"/> **SF-256 - Self-Identification of Disability	12/07/2021	12/06/2021
<input checked="" type="checkbox"/> Applicant upload Supporting documentation for Citizenship	12/09/2021	10/04/2022
<input checked="" type="checkbox"/> Applicant upload Supporting documentation for I9	12/09/2021	10/04/2022
<input checked="" type="checkbox"/> **OF-306 - Declaration for Federal Employment	12/09/2021	12/06/2021
<input checked="" type="checkbox"/> I-9 - Employment Eligibility Verification	12/12/2021	10/04/2022
<input checked="" type="checkbox"/> **SF-1199A-Direct Deposit Sign-up Form	12/15/2021	12/06/2021
<input checked="" type="checkbox"/> **W-4 - Federal Tax Withholding Allowance Certificate	12/15/2021	12/06/2021
<input type="checkbox"/> **SF-2809 - Employee Health Benefits Election	02/04/2022	
<input type="checkbox"/> **SF-2817 - Federal Employees' Group Life Insurance Election	02/04/2022	

- When you access your onboarding account on/after EOD you will see all tasks assigned to you. Your previous task of "Complete New Hire Questionnaire" will show incomplete if you did not previously answer the benefits question. You first need to go into the questionnaire to complete the benefits questionnaire items are pending, or review the previous answers for accuracy.

Onboarding Progress 68%

Position Title: Human Resources Specialist (DO NOT DELETE-USED FOR TRAINING)
 Pay Plan-Series-Grade: GS-0201-12
 Duty Location: Cincinnati, Ohio

Tasks 🔴 - Incomplete 🟢 - Complete

The tasks below have been assigned by Human Resources to communicate the required information and actions necessary for you to enter on duty. Click the **Task Name** for each individual task to view the instructions provided by Human Resources and mark the task as complete. Some tasks have quick links that allow you to **Start** or **Continue** working on the task. Note the due date for each assignment, and track your progress by referencing the completed date.

Task Name	Due	Completed
<input type="checkbox"/> Complete New Hire Questionnaire		
<input checked="" type="checkbox"/> **SF-61 - Appointment Affidavit	12/06/2021	12/06/2021
<input checked="" type="checkbox"/> **SF-181 - Ethnicity and Race Identification	12/07/2021	12/06/2021
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<input type="checkbox"/> **SF-2809 - Employee Health Benefits Election	02/04/2022	
<input type="checkbox"/> **SF-2817 - Federal Employees' Group Life Insurance Election	02/04/2022	

- Click on the benefits questionnaire to answer/review all questions in those sections.

Questionnaires To Complete

Questionnaire Name	Status	Action
<input checked="" type="checkbox"/> Biographic Information	Complete	Update
<input checked="" type="checkbox"/> Employment Information	Complete	Update
<input checked="" type="checkbox"/> Background Information	Complete	Update
<input checked="" type="checkbox"/> Compensation Information	Complete	Update
<input checked="" type="checkbox"/> Benefits Information	Complete	Update

4. Click save and continue at the bottom of the page of each section as you complete the questions. Then click “continue” to go back to the questionnaire item list to start the next section. (the following are examples of the types of questions you will want to check or complete.)
- a. NOTE: Some questions depending on how you answer them may cause more questions to appear. You must fill out any questions available until all required questions are complete.

Benefits Information ❑ = Incomplete ✅ = Complete * = Required

✅ Health Insurance ✅ Life Insurance

The Federal Employees Health Benefits (FEHB) Program offers various options for health benefits plan coverage for you and family members. You have 60 days from the effective date of your appointment to elect or waive health benefits. If you do not elect health benefits during this 60 day period, you can elect coverage during the FEHB annual open season, which runs from mid-November through mid-December of each year. For more information about FEHB plans and enrollment codes, read about Healthcare on the OPM website.

Do you want to receive Federal Employee Health Benefits (FEHB)? *

Yes
 No

*** Answering No to this question will mean you are waiving your right to health benefits.

Please answer the following questions regarding any health insurance plans you may be covered under.

What health coverage do you currently have (choose all that apply)? *

Medicare - Part A
 Medicare - Part B

✅ Health Insurance ✅ Life Insurance

By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic Life Insurance as an employee. When you first become eligible for Federal Employees' Group Life Insurance (FEGLI), you may (1) do nothing and have Basic automatically, (2) elect Basic and any or all of the options, or (3) waive all life insurance coverage.

Would you like to receive Federal Employees' Group Life Insurance (FEGLI)? *

Yes
 No

* Answering no to this question will result in you waiving your life insurance benefit.

As a new employee, you may elect or retain any of the following optional coverages. By electing any of these coverage, you authorize deductions from your paycheck to pay the full cost. If you do not elect any optional coverages at this time, your ability to enroll in the optional coverages is strictly limited. For more details on the cost and enrollment restrictions for each of the FEGLI coverages, review the FEGLI Program Booklet. You have 60 days from the date of your appointment to elect any of the Optional coverages.

Select which Optional FEGLI coverage you elect and authorize deductions from paycheck to pay the full cost? (If you do not want to elect any of the Optional coverages, do not check any of the boxes below)

Option A - Standard
 Option B - Additional
 Option C - Family

- Once all questionnaire items are complete you can hit the “Close” button at the bottom of the page. This will return you to your task list where you are now able to sign and submit your benefits forms. Click on the hyper link for the form you need to sign from the task list then again in the new window that appears.

<input checked="" type="checkbox"/> **SF-1199A-Direct Deposit Sign-up Form	12/15/2021	12/06/2021
<input checked="" type="checkbox"/> **W-4 - Federal Tax Withholding Allowance Certificate	12/15/2021	12/06/2021
<input type="checkbox"/> **SF-2809 - Employee Health Benefits Election	02/04/2022	
<input type="checkbox"/> **SF-2817 - Federal Employees' Group Life Insurance Election	02/04/2022	

Instructions

The Federal Employees Health Benefits (FEHB) Program offers various options for health benefits plan coverage for you and family members. You have 60 days from the effective date of your appointment to elect or waive health benefits. If you do not elect health benefits during this 60-day period, you can elect coverage during the FEHB annual open season, which runs from mid-November through mid-December of each year. For more information about FEHB plans and enrollment codes, read about [Healthcare](#) on the OPM website.

This form will be completed and submitted to the IRS at a later date. Until then, this task will stay red and will not affect your eligibility to continue the hiring process. Your benefits counselor will instruct you to access the form for signature and submission when the time is appropriate.

Form Name	Next Action
<input type="checkbox"/> SF 2809: Employee Health Benefits Election Form	Review, Sign, and Submit Form to HR after First Day

- Review the form for accuracy then Click the “Confirm Button” Then Click “Sign and Submit after EOD”**

this form. Instead, use form OPM 2809, which is available at www.opm.gov/forms/OPM-forms, or call the Retirement Information Office toll-free at 1-888-767-6738.

3. Former spouses eligible to enroll in or currently enrolled in the plan while you are covered under your parent's FEHB Self Plus One plan or Self and Family plan.

You are an annuitant who is reemployed in the Federal government. You are enrolling in an FEHB plan as an employee while you are covered under your own or a

Verify you are able to view the generated PDF form by clicking Confirm. If you cannot see the PDF form in the window above, please view our online help to troubleshoot the issue.

I have reviewed the information for the form displayed and I consent that the information is accurate and true. By signing, as applicable, and / or submitting this form electronically, I acknowledge my approval of the information being submitted. I understand that an electronic signature is equivalent to signing the form. I understand there are legal implications if information has been stated fraudulently. I consent to the electronic release of information as appropriate.

- Once the form reflects the green checkmark click the “Close” button to return to the task list once again.

Task Name
**SF-2809 - Employee Health Benefits Election

Instructions
The Federal Employees Health Benefits (FEHB) Program offers various options for health benefits plan coverage for you and family members. You have 60 days from the effective date of your appointment to elect or waive health benefits. If you do not elect health benefits during this 60-day period, you can elect coverage during the FEHB annual open season, which runs from mid-November through mid-December of each year. For more information about FEHB plans and enrollment codes, read about [Healthcare](#) on the OPM website.

This form will be completed and submitted to the IRS at a later date. Until then, this task will stay red and will not affect your eligibility to continue the hiring process. Your benefits counselor will instruct you to access the form for signature and submission when the time is appropriate.

Form Name	Next Action
<input checked="" type="checkbox"/> SF 2809: Employee Health Benefits Election Form	Complete

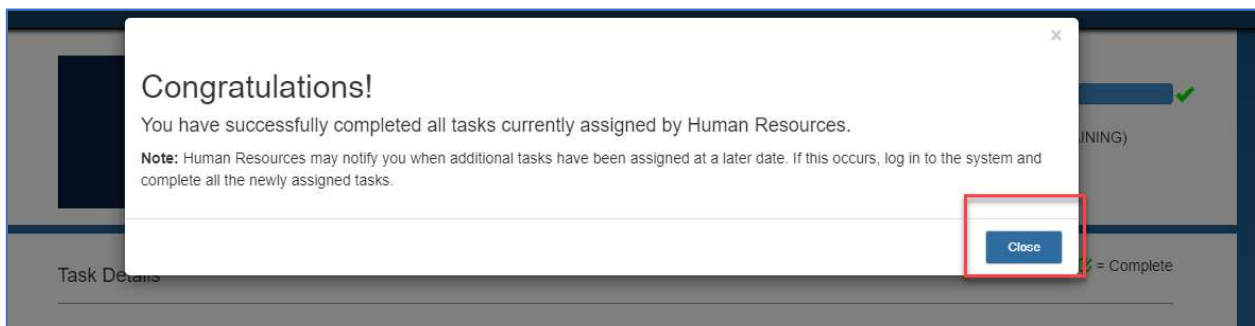
Completion Date
10/04/2022

- Follow the same process to sign and submit any remaining forms indicated by the red squares.

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- Once you have finished all tasks you will once again get the “Congratulations” popup and see that your progress bar is back at 100%. You may now log out.





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Pay Plan-Series-Grade: GS-0201-12
Duty Location: Cincinnati, Ohio

Tasks

- Incomplete - Complete

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<input checked="" type="checkbox"/> **SF-1195A-Direct Deposit Sign-up Form	12/15/2021	12/06/2021
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<input checked="" type="checkbox"/> **SF-2809 - Employee Health Benefits Election	02/04/2022	12/06/2021
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The End!