Open the Bates Home Page and Click on the GARNET GATEWAY link
Welcome to Bates College Annual Benefits Enrollment
Sign In to the Garnet Gateway Using Your **User Id** (your Bates ID Number) and your previously selected **PIN**

Login by entering your user id and pin number. If you forget your PIN, go to the Help Desk in Ladd Library with your BatesCard. To protect your privacy and your files, be sure to click the exit button and close your browser when finished.
Main Menu

Course Look Up - All Terms - Viewing Only
Students - Select Registration Menu To Register

My Contact Information for Campus Emergencies

Student Menu

Faculty Menu
• Course Maintenance Menu
• Faculty Class Information Menu
• Faculty Course Registration/Advisor Menu
• Student Information Menu

Employee Menu
• Time Sheet
• Payroll Information Menu
• Tax Information Menu
• Leave Balances
• Benefit Statement

Personal Information Menu
• Change PIN
Put your mouse pointer over the words Annual Online Enrollment and CLICK
The first time you enter the open enrollment process your Benefit Status will show that you have not made any elections. 
Click on **Start Open Enrollment** to populate your Benefit Status.

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**Annual Enrollment**

- **Open Enrollment Start Date:** Oct 21, 2013
- **Open Enrollment End Date:** Nov 27, 2013
- **Benefits Effective Date:** Dec 15, 2013

**Benefits Status**
- Health & Dental Insurance: No choices made in this group.
- Healthcare & Dependent Care Reimbursement Accounts: No choices made in this group.

To finalize your enrollment, click **Complete when you have finished making your elections**.
Your form is now populated with your 2014 benefit plan. Before you start making your elections, it is suggested that you spend a little time looking at the tools that have been made available to help you through the process.

1. Confirm My Benefits...This will show you what your benefits will look like if you do not make any changes from 2013 and you do not select a Dependent or Healthcare Reimbursement Account (note Firefox is the preferred browser for viewing your Benefits Statement).
2. Detailed Instructions will explain the various healthcare choices you have available.
3. Frequently Asked Questions (FAQ) will help to answer some of the questions you may have.
4. Online Tutorial...You can look at the online tutorial as many times as you need to.
5. If you still have questions at the end of this process, contact Ken or Brenda for assistance.
Click on the link to the Health and Dental Insurance. The screen will show you what your current coverage is. If you change it you must stop the benefit on your current coverage and then enroll in the new coverage. You may also choose the Health Care Contribution credit if you are eligible.
Your current dental coverage. You may stop this benefit, change your coverage level or choose the OPT out coverage.

Your current medical coverage. You may stop this benefit and either change your coverage level or your plan choice or you may choose the opt out coverage.
Health Insurance Contribution Credit
If you qualify, choose My Choice. You will have to send in a copy of last year’s (2012) tax form.

Health Insurance Contribution Credit Application (Under $60,000 In 2012 Household Income)

Employees whose household Adjusted Gross Income is less than $60,000 (from last year’s tax form) may apply for the Health Insurance Contribution Credit (HICC). If you qualify for the HICC you will receive a credit back of 10%, 15% or 20% of the amount you contribute toward the Bates Medical Plan.

If applying for the Health Insurance Contribution Credit [HICC] please submit the HICC form along with last year’s tax form to HR

If you wish to exit this screen without applying for the credit please click on one of the menu links below the Add Choice button.

Make an election:

Deduction Effective as of: Dec 15, 2013

<table>
<thead>
<tr>
<th>Elect</th>
<th>My Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes-I Qualify for the Credit</td>
<td>☐</td>
</tr>
</tbody>
</table>

Add Choice
Healthcare and Dependent Care Contributions
Click on the link to add dollar amounts for these reimbursement accounts.
These amounts must be selected each year. They do not carry over into the new year.

Annual Enrollment

Open Enrollment Start Date: Oct 21, 2013
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<table>
<thead>
<tr>
<th>Group</th>
<th>Benefits Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Dental Insurance</td>
<td>Bates Dental Plan will be continued into the new year. Open Access Plus in-network only (OAPin) will be continued into the new year.</td>
</tr>
<tr>
<td>Healthcare &amp; Dependent Care Reimbursement Accounts</td>
<td>No choices made in this group.</td>
</tr>
</tbody>
</table>

To finalize your enrollment, click Complete when you have finished making your elections:

Complete  Restart

Need Help?

Review benefits for next year

Resources:

Detailed Information
Frequently Asked Questions
Online Tutorial

Benefits Contacts:

Brenda Sawyer
Human Resources Specialist
786-6176
bsawyer@bates.edu

Ken Emerson
Associate Director
786-8271
kemerson@bates.edu
Healthcare & Dependent Care Reimbursement Accounts

You must actively make an election each year in order to participate. Your current elections will not carry forward automatically.

Your annual election is divided by 12 for monthly employees; by 24 for bi-weekly employees and by 21 for academic year employees.

Healthcare Reimbursement Account: minimum contribution is $100 and maximum is $2,500.

Dependent Care: minimum contribution is $100 and maximum is $5,000, and the total of the Dependent Care Subsidy and your contribution cannot exceed the $5,000 maximum. If contributing to the Dependent Care Account, you must also complete and submit the Dependent Care Subsidy Form.

Make an election:

- [ ] Dependent Care Reimbursement Account Contribution
  You have not selected this benefit deduction.

- [ ] Higher Dependent Care Subsidy Application (under $60.00 in 2012 Household Income)
  You have not selected this benefit deduction.

- [ ] Healthcare Reimbursement Account Contribution
  You have not selected this benefit deduction.

- [ ] Healthcare Reimbursement Account with Debit Card
  You have not selected this benefit deduction.

The Dependent Care and Healthcare Reimbursement Accounts must be re-entered each year. Your elections from last year are not carried over.
You may enter either the Per Pay Period contribution or the Total for the Year. The system will calculate the other for you.

Dependent Care Reimbursement Account Contribution

Enter an amount in either space, the other amount will automatically calculate.

**Pay periods:** monthly employees (12) | full year bi-weekly employees (24) | academic year bi-weekly employees (21)

**Annual contribution:** minimum $100, maximum $5,000, including your annual contribution and the College’s Dependent Care Subsidy.
The College’s contribution can be found on the Dependent Care Subsidy Form which you will need to fill out and return to HR. If you apply for the Higher Dependent Care Subsidy contribution you must also include a copy of the page of your previous year’s tax return that identifies your Adjusted Gross Income.

*Note: You have until March 15th to use contributions from this year. To ask about your current balance please call Group Dynamic at 781-8800 or toll free at 1-800-626-3539.*

**Make an election:**

**Deduction Effective as of:** Dec 15, 2013

**Per Pay Period Contribution:**

**Total for the Year:**

[ Calculate ]

[ Add Choice ]
Higher Dependent Care Subsidy
If you qualify, choose My Choice. You will have to send in a copy of last year’s (2012) tax form.

Higher Dependent Care Subsidy Application (Under $60,000 In 2012 Household Income)

Employees whose household adjusted gross income as listed on their previous year's tax return is less than $60,000 may apply for an increased Dependent Care Subsidy.

The total of your annual contribution and the College's Dependent Care Subsidy cannot exceed $5,000. The College's contribution can be found on the Dependent Care Subsidy Form which you will need to fill out and return to HR. If you will be applying for the Higher Dependent Care Subsidy contribution you must also include a copy of the page of your previous year's tax return that identifies your Adjusted Gross Income.

If you wish to exit this screen without applying for the Higher Dependent Care Subsidy please click on one of the menu links below the Add Choice button.

Make an election:
Deduction Effective as of: Dec 15, 2013

<table>
<thead>
<tr>
<th>Elect</th>
<th>My Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes-I Qualify</td>
<td>0</td>
</tr>
</tbody>
</table>

Add Choice
You may enter either the Per Pay Period contribution or the Total for the Year. The system will calculate it for you. The maximum contribution is $2500/year.

Healthcare Reimbursement Account Contribution

Enter an amount in either space, the other amount will automatically calculate.

Pay periods: monthly employees (12) | full year bi-weekly employees (24) | academic year bi-weekly employees (21)

Annual contribution: minimum $100, maximum $2,500.

Note: You have until March 15th to use contributions from this year. To ask about your current balance please call Group Dynamic at 781-8800 or toll free at 1-800-626-3539.

Make an election:

Deduction Effective as of: Dec 15, 2013

Per Pay Period Contribution :

Total for the Year :

[calculate]

[Add Choice]
You may enter either the Per Pay Period contribution or the Total for the Year. The system will calculate it for you. You will receive a debit card in the mail.

**Healthcare Reimbursement Account With Debit Card**

With this option you may use a "Group Dynamic Debit Card" to pay for your eligible expenses. There is a fee of $15.00 that will be deducted from your account balance to activate the card. More information on the Group Dynamic Debit Card can be found at [Detailed Information about Reimbursement Accounts](#).

Enter an amount in either space, the other amount will automatically calculate.

**Pay periods:** monthly employees (12) | full year bi-weekly employees (24) | academic year bi-weekly employees (21)

**Annual contribution:** minimum $100, maximum $2,500.

*Note: You have until March 15th to use contributions from this year. To ask about your current balance please call Group Dynamic at 781-8800 or toll free at 1-800-626-3539.*

**Make an election:**

Deduction Effective as of: Dec 15, 2013

- Per Pay Period Amount:
- Total for the Year:

[calculate]
DEPENDENT CARE SUBSIDY ENROLLMENT FORM

<table>
<thead>
<tr>
<th>2012 Household Income</th>
<th>0 to 30,000</th>
<th>30,001 to 45,000</th>
<th>45,001 to 60,000</th>
<th>60,001 and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Dependent Child</td>
<td>$1,300</td>
<td>$1,040</td>
<td>$780</td>
<td>$520</td>
</tr>
<tr>
<td>2nd Dependent Child</td>
<td>$2,340</td>
<td>$1,872</td>
<td>$1,404</td>
<td>$936</td>
</tr>
<tr>
<td>3rd Dependent Child</td>
<td>$3,120</td>
<td>$2,496</td>
<td>$1,872</td>
<td>$1,248</td>
</tr>
<tr>
<td>4th Dependent Child</td>
<td>$3,640</td>
<td>$2,912</td>
<td>$2,184</td>
<td>$1,456</td>
</tr>
<tr>
<td>5th Dependent Child (maximum)</td>
<td>$3,900</td>
<td>$3,120</td>
<td>$2,340</td>
<td>$1,560</td>
</tr>
</tbody>
</table>

Please compare the subsidy chart and your election on the Bates Benefits Enrollment Form (subsidies are prorated for ¾ and ½ time benefit eligible employees). The total subsidy received and the amount you contribute to the DCRA cannot exceed the maximum allowed by law; $5,000 per year for single, head of household, and married couples filing a joint return, or $2,500 for married couples filing separate returns.

Name of Bates Employee (Please Print) ______________________________ Bates ID Number ______________________________

**Dependents Qualifying for Subsidy**

1. Full Name ____________________ Relationship ____________________ Date of Birth ______
2. Full Name ____________________ Relationship ____________________ Date of Birth ______
3. Full Name ____________________ Relationship ____________________ Date of Birth ______
4. Full Name ____________________ Relationship ____________________ Date of Birth ______
5. Full Name ____________________ Relationship ____________________ Date of Birth ______

I understand that any subsidies will be governed and administered by the regulations that apply to dependent care reimbursement accounts. This enrollment form must be submitted along with a copy of the first page of your 2012 tax return for income verification. If you do not provide this information, your subsidy will be based on the highest income bracket on the chart.

Signature: ___________________________ Date: ___________________________

**If you enroll in the Dependent Care Spending Account you need to complete the Dependent Care Subsidy Form and submit it to Human Resources.**

**If applying for a subsidy for household income less than $60,000 you must also turn in a copy of the page your 2012 tax return identifying your adjusted gross income.**
If you add or remove dependents from either your medical or dental plan coverage you need to complete the Dependent Coverage Change Form and return it to Human Resources.

<table>
<thead>
<tr>
<th>Name of Bates Employee:</th>
<th>Bates ID Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Add Delete</td>
</tr>
<tr>
<td></td>
<td>OAPin</td>
</tr>
<tr>
<td></td>
<td>OAP</td>
</tr>
<tr>
<td></td>
<td>Dental</td>
</tr>
<tr>
<td>2</td>
<td>Add Delete</td>
</tr>
<tr>
<td></td>
<td>OAPin</td>
</tr>
<tr>
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<tr>
<td></td>
<td>Dental</td>
</tr>
</tbody>
</table>

DOB: Date of Birth, SSN: Social Security Number, OAPin: Open Access Plus in-network only, OAP: Open Access Plus
When electing the Health Insurance Contribution Credit you must complete the Health Insurance Contribution Credit Form and submit it along with the page of your 2012 tax return identifying your adjusted gross income.

<table>
<thead>
<tr>
<th>2012 Household income</th>
<th>0 to 30,000</th>
<th>30,001 to 45,000</th>
<th>45,001 to 60,000</th>
<th>60,001 and over</th>
</tr>
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<tbody>
<tr>
<td>Circle Credit for Level of Income</td>
<td>20%</td>
<td>15%</td>
<td>10%</td>
<td>0%</td>
</tr>
</tbody>
</table>

This Health Insurance Credit Form must be submitted along with a copy of the first page of your 2012 tax return for income verification (adjusted gross income). If you do not provide this information, you will not receive a Health Insurance Credit. Please note the Health Insurance Credit will be paid each pay period and will increase your taxable income.

Signature: _______________________ Date: _____________________

(Please circle what credit level you are applying for and either bring this form and a copy of your 2012 tax form to Human Resources or attach a copy of your 2012 tax form page that lists your adjusted gross income and send it to Human Resources attn: Ken Emerson. Once your income is verified any documents will be shredded.)
Once your medical, dental and reimbursement account elections are made you must return to the annual enrollment main menu and click the Complete button towards the bottom of the page.

**Annual Enrollment**

**Open Enrollment Start Date:** Oct 21, 2013  
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<td>Healthcare &amp; Dependent Care</td>
<td></td>
</tr>
<tr>
<td>Reimbursement Accounts</td>
<td></td>
</tr>
</tbody>
</table>

To finalize your enrollment, click Complete when you have finished making your elections:

![Complete Restart button](image)

Your enrollment is not complete until you return to the Annual Enrollment Main Menu and hit complete.
The End

If you have questions, please contact Ken Emerson at X8271 or Brenda Sawyer at X6176