

Please use this job aid to guide you through the enrollment process.

## Getting Started:

Benefits elections are made in **Oracle Employee Self Service** within **30 days of your date of hire/rehire or qualifying life event**.

Your benefits will become effective on the **1<sup>st</sup> day of the month**, after you have completed 30 days of employment. For qualifying life events, these changes go into effect on the same date as the event as long as you have been employed longer than 30 days.

If you choose **NOT** to enroll, you will **automatically** be enrolled in only the company-paid plans, such as basic life insurance.

## To access Oracle, please visit:

- On the ttec network: <https://oracle.ttec.com>
- Off the ttec network: <https://erp.ttec.com>

## The Enrollment Process:

1. After you have signed into Oracle, select **Enroll in Benefits** from the Main Menu on the left-hand side of the screen.



2. Please **read** and **Accept** (if you agree) the Legal Disclaimer. Click **Next**.

Cancel Next

TIP Note: If you decline this disclaimer, you will not be able to enroll in benefits.

Fraud Disclaimer:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company. Penalties may include imprisonment, fines, denial of insurance, and civil damages.

By using your assigned username and password you are providing the same authorization as your written signature and you are certifying that all the information you provide is full, complete and true to the best of your knowledge and belief.

I understand that I am subject to a Nicotine surcharge for enrollment in a TTEC medical plan of \$46.15 per pay period with a maximum of \$138.45 per pay period. Myself and any covered dependent(s) over the age of 18 test positive for use or fail to take the Nicotine screening.

Accept Decline

Cancel Next

3. If you wish to add dependent(s) to your plan, please enter them on the Contacts Screen by selecting the Add button. If you do not wish to add dependents, click Next.

Please note: you will need to submit dependent verification documents, such as a marriage license or birth certificate for your dependents within the first 31 days of coverage via an AskNow Ticket. Please visit the dependent verification page on MyBenefits.ttec.com to see the documents we accept. Failure to do so will result in loss of coverage for your dependents.

Welcome to Oracle Employee Self Service for Benefits. This portal will allow you to edit your current elections or enroll in any of the ttec plans.

If you elect coverage for newly added dependents, you are required to provide proof of eligibility within the first 31 days of your coverage via AskNOW-HC. If you are not adding new dependents at this time or have already provided your documentation, no further action is required.

If you do not provide the required documentation, your newly covered dependent(s) will be removed from coverage without notice. To learn more about the requirements, visit http://MyBenefits.ttec.com

If you encounter system issues while enrolling please submit an ASK Now-HC ticket prior to the end of your enrollment window and attach a screen shot or description of the error.

Please note: Your privacy is important to us, however your personal information, including your salary, may be displayed on some of the screens.

Contacts:

Add your dependents below. If your dependents are already listed, do not add them again.

Note\* Adding a dependent within this screen does not provide them with coverage.

To ADD: Select the "Add" button. To ensure coverage is activated, please make the appropriate benefit elections on the subsequent pages within the enrollment process.

To Edit: Select the "Update" button below, edit the information, and then save your work.

Once your elections are final, click "Next."

Table with columns: Add, Name, Relationship, Social Security Number, Birth Date, Update. Content: No results found.

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4. Please enter your dependents information in the following fields and click **Apply** when finished.

- First and Last Name
- Relationship
- Relationship Start Date (if adding a spouse, enter the date you were married. If adding a child, enter the date the child was born.)
- Date of Birth
- Social Security Number (needed if electing medical plan)
- Marital Status
- Whether or not your dependent is disabled

**Name and Relationship**

\* Relationship: Child  
 \* First Name: Jane  
 Middle Name:   
 \* Last Name: Doe  
 Suffix:   
 \* Relationship Start Date: 01-Jul-2020  
Enter the date the relationship started. For example, if adding a spouse, enter the date you were married. If adding a child, enter the date the child was born.

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**Miscellaneous Information**

\* Date of Birth: 01-Jul-2020  
Format (DD-MON-YYYY): Example 10-MAY-1979  
 \* Gender: Female  
 Social Security: 111-11-1111  
(example: 123-45-6789)  
 Marital Status: Single  
 Is this Person Disabled?: No

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**Address Information**

Shared Residence  
Address information is not required. This box will automatically be checked when you click the Apply button.

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5. The next screen shows all current elections. If a new hire, all elections, except the company-paid benefits, are set to waived by default. To make your ttec benefits elections, please click **Update Elections**.

**Benefits Enrollment | Current Benefits**

Benefit Enrollments

Name: [Redacted] Event Name: New Hire Program: ttec US Employee Benefits

• Your changes have been saved. To make additional changes, select the "Return to Overview" button and repeat the process. Please print a copy of this page or take a clear picture with your smart phone for your records. You can access Oracle from any non-work related computer or smart phone by going to: <https://era.ttec.com>  
 • Create an **ASK Now-HC** ticket if you have any questions.  
 • By using your assigned username and password, you are providing the same authorization as your written signature and you are certifying that all the information you provided is full, complete, and true to the best of your knowledge and belief. You are providing authorization for your selected benefits and to make deductions for these benefits from your earnings as appropriate.

**If you are electing coverage for dependent's please make sure they are shown as having coverage below.**

Plan	Coverage	Coverage Start Date	Coverage Amount	Per Pay Period	Pre Tax	Per Pay Period	Post Tax	TeleTech Contribution
Medical - Waive Medical Ins		01-Aug-2020			0.00		0.00	0.00
Dental - Waive Dental Ins		01-Aug-2020			0.00		0.00	0.00
Vision - Waive Vision Ins		01-Aug-2020			0.00		0.00	0.00
Health Savings Account - Waive Health Savings Account		01-Aug-2020			0.00		0.00	0.00
Healthcare FSA - Waive Healthcare FSA		01-Aug-2020			0.00		0.00	0.00
Dependent Care FSA - Waive Dependent Care FSA		01-Aug-2020			0.00		0.00	0.00
Limited FSA - Waive Limited FSA		01-Aug-2020			0.00		0.00	0.00
Group Accident Plan - Waive Group Accident Plan		01-Aug-2020			0.00		0.00	0.00
Short Term Disability - Waive Short Term Disability Ins		01-Aug-2020			0.00		0.00	0.00
Voluntary Long Term Disability Ins - Waive Voluntary LTD Ins		01-Aug-2020			0.00		0.00	0.00
Supplemental Employee Life - Waive Supplemental Employee Life Ins		01-Aug-2020			0.00		0.00	0.00
Supplemental Employee AD&D - Waive Supplemental Employee AD&D Ins		01-Aug-2020			0.00		0.00	0.00
Supplemental Child Life - Waive Supplemental Child Life Ins		01-Aug-2020			0.00		0.00	0.00
Critical Illness - Waive Critical Illness		01-Aug-2020			0.00		0.00	0.00
Legal - Waive PrePaid Legal		01-Aug-2020			0.00		0.00	0.00
Hospital Indemnity - Waive Hospital Indemnity		01-Aug-2020			0.00		0.00	0.00
Basic Life - Basic Life Ins	1X Compensation	01-Aug-2020	29,000.00		0.00		0.00	1.77
Basic AD&D - Basic AD&D Ins	1X Compensation	01-Aug-2020	29,000.00		0.00		0.00	0.21
<b>Total</b>					<b>0.00</b>		<b>0.00</b>	<b>1.98</b>

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6. To enroll in coverage, select the appropriate option within each category. Waive is the default setting, and does not enroll you for coverage. Click **Next** when finished.

If you have elected a benefit that requires you to enter a dollar amount e.g. Supplemental Life Insurance, Flexible Spending Accounts etc. you can click the **Recalculate** button at the bottom of the page to see the bi-weekly pay period deduction.

Benefits Enrollment | Current Benefits

Update Enrollments | Cover Dependents | Confirmation Statement

Update Elections: Update Enrollments

Name: [REDACTED] Program: ttec US Employee Benefits

Event Name: New Hire

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Currency = US dollar

**Medical**

To find the best plans for you, please visit Alex our Virtual Benefits Counselor [www.myalex.com/ttec/2020](http://www.myalex.com/ttec/2020).

To learn more about the benefit options available please view the enrollment guide at [MyBenefits.ttec.com](http://MyBenefits.ttec.com).

Plan	Coverage	Select	Per Pay Period Pre Tax	TeleTech Contribution
Waive Medical Ins		<input checked="" type="checkbox"/>		
Primary Care	Employee	<input type="checkbox"/>	41.54	175.85
Balanced HRA	Employee	<input type="checkbox"/>	84.81	174.30
Choice HSA	Employee	<input type="checkbox"/>	75.12	179.60

**Dental**

There are no ID cards required or provided for this coverage. Simply ensure your provider is in-network and claims will be filed electronically. Find in-network providers on the vendor's website visit [MyBenefits.ttec.com/Help and Resources](http://MyBenefits.ttec.com/Help and Resources).

Plan	Coverage	Select	Per Pay Period Pre Tax	TeleTech Contribution
Waive Dental Ins		<input checked="" type="checkbox"/>		

7. On the Dependent Selection page, designate each dependent that you want to include or exclude from your chosen plans. When finished, click **Next**. **(Please note, dependents without a checkmark under the plan, will not be enrolled in coverage.)**

**Dependent Selection**

Please select coverage for every dependent you wish to cover by placing a check mark next to their corresponding names.

- It is very important to designate each dependent you wish to cover under ttec's benefits.
- Dependent Documents:** You are required to provide proof that your newly added dependents are eligible to be covered. Please submit your supporting documentation via [AskNOW](#) within the first 31 days of your coverage effective date to retain coverage for your dependents. You can scan or take a clear picture with a smart phone of the required documents and attach them to a ticket in the Benefits=Eligibility category 24x7. To learn more about the dependent verification requirements visit <https://mybenefits.ttec.com/AskNow> can be accessed from any internet connection 24x7 <https://asknow.ttec.com> or via the Service Now app on your smart phone. You are responsible for providing your dependent documents directly to the Benefits team via AskNow. If you ask someone else to submit the required documents on your behalf, you are responsible for ensuring your documents were submitted correctly and timely. Obtain the AskNow ticket number for your records.
- Please ensure that all fields are completed within the dependent's contact screen to ensure coverage will be provided.
- Select "Next" to confirm and finalize your elections.

**\*Disclaimer: Failing to provide proof that your newly added dependents are eligible for coverage will result in your dependents being dropped from your benefit plans.**

✔TIP Those not listed may not be family members or may be ineligible.

**Medical : Primary Care Employee+ Family**

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
John Doe	Spouse	123-34-6121	Yes		<input checked="" type="checkbox"/>
Jane Doe	Child	123-11-1234	Yes		<input checked="" type="checkbox"/>
Johnny Doe	Child	123-11-1111	Yes		<input checked="" type="checkbox"/>

**Dental : Delta Dental Enhanced Ins Employee+ Family**

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
John Doe	Spouse	123-34-6121	Yes		<input checked="" type="checkbox"/>
Jane Doe	Child	123-11-1234	Yes		<input checked="" type="checkbox"/>
Johnny Doe	Child	123-11-1111	Yes		<input checked="" type="checkbox"/>

**Vision : Vision Base Employee+ 2 or More**

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
John Doe	Spouse	123-34-6121	Yes		<input type="checkbox"/>

8. Congratulations! You have just completed your benefits enrollment. This final page is your confirmation. **Please save a copy for your records.**

- Don't forget to provide dependent verification documents via an AskNow ticket within the first 31 days of coverage.
- If you elected medical, please visit the Nicotine Testing page on MyBenefits.ttec.com for next steps.
- If you elected supplemental life insurance for you or your spouse over the guaranteed issue amount, please visit the Life Insurance page on MyBenefits.ttec.com for the Statement of the Health form. Return completed form to MetLife to the address listed on the form.

Benefits Enrollment
Current Benefits

Update Enrollments
Cover Dependents
Confirmation Statement

**Confirmation**  
 Your changes have been saved. Please print this page or take a picture of this page with your phone for your records. If you want to make changes to benefits within your current enrollment window, click Return to Overview. Once your current enrollment window closes you can only make changes during a qualifying life event or next annual enrollment period. Learn more about qualifying life events on MyBenefits.ttec.com (Philippines only will use MyBenefits.teletch.com)

**Confirmation Statement**

Name	██████████	Program	ttec US Employee Benefits
Event Name	New Hire		

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**Congratulations! You have now elected benefits!**

Scroll to the bottom of the page to ensure your dependents are designated for the proper coverage.

Please print this confirmation page or take a picture with your phone and save it for your records.

Please reach out via an [AskNOW](#) ticket for any further questions or concerns.

For more details about ttec's benefits or to obtain a certification form (Statement of Health) for MetLife, please visit <https://mybenefits.ttec.com>.

**Nicotine Surcharge:**  
 Employees and covered dependents age 18 or older covered on a TTEC-sponsored medical plan are provided the opportunity to complete nicotine testing to avoid a surcharge of \$100 per month per member with a maximum of \$300 per month. Testing is 100% voluntary. To avoid the surcharge, you will need to complete testing with a negative result for the surcharge to be waived. No refunds are provided for nicotine surcharges. Learn more about the nicotine testing on [MyBenefits.ttec.com](#)

**TIP**  
 If you need to make changes to other benefits click the Logout link when you are finished, log back in and select the application. Remember you have 31 days from your date of hire/rehire to make your elections

**Benefit Selections**

Plan	Coverage	Start Date	Coverage Amount	Per Pay Period	Pre Tax	Per Pay Period	Post Tax	TeleTech Contribution
Medical - Primary Care	Employee+Family	01-Aug-2020			189.97		0.00	475.37
Dental - <a href="#">Delta Dental Enhanced Ins</a>	Employee+Family	01-Aug-2020			19.64		0.00	19.20
Vision - <a href="#">Vision Base</a>	Employee+2 or More	01-Aug-2020			7.42		0.00	0.00
Health Savings Account - Waive Health Savings Account		01-Aug-2020			0.00		0.00	0.00
Healthcare FSA - Waive Healthcare FSA		01-Aug-2020			0.00		0.00	0.00
Dependent Care FSA - Waive Dependent Care FSA		01-Aug-2020			0.00		0.00	0.00
Limited FSA - Waive Limited FSA		01-Aug-2020			0.00		0.00	0.00
Group Accident Plan - Waive Group Accident Plan		01-Aug-2020			0.00		0.00	0.00
Short Term Disability - Waive Short Term Disability Ins		01-Aug-2020			0.00		0.00	0.00