Open Enrollment Portal Instructions
Changes must be submitted by November 13, 2025.

You do not need to submit information if you wish to maintain your current benefits and you do not want to participate in a flexible spending account in 2026. We encourage you to verify your information, verify and/or add Social Security Numbers for covered dependents, and update beneficiaries.

- ☐ Log in to the portal at **portal.colgate.edu** using your network username and password. Contact the Colgate Helpline at x7111 should you need assistance with your Colgate network account.
- ☐ Scroll down to the TOOLS section
- ☐ Select HR & Payroll
- ☐ Select the **Online Benefit System** link. You will need to log in using your Colgate email and password.
- ☐ **Contact Preferences**
  Confirm your personal and primary email. You have the option to enter a cell phone number.
- ☐ To begin, select **START HERE** located at the top of the page.

To navigate throughout the system, select *Next* or *Back*. When you have completed the process, you will receive a confirmation number.

- ☐ **Start Enrollment**
  Verify your personal information (address, Social Security number, email, and phone), and update as appropriate. Confirm your Consent to Electronic Compliance delivery by selecting *Next*, unless you prefer paper copies to be mailed to you. These forms can be reviewed by visiting the *Reference Center*.
- ☐ **Dependent Information**
  Review the dependent information. Select the E*dit* button for each name to verify all Social Security Numbers. To add a dependent, you will need to select *Add a New Dependent* and will later select Add under the appropriate benefit. (Please keep in mind once you add a dependent they cannot be removed or deleted from the Online Benefit System. Contact HR if you have any questions)
- ☐ **Medical and Prescription Drug**
  Only if you need to change your level of coverage, select yes or no (your selection will be in green) under *Choose who you would like covered*.
  1. Select I want Coverage or Drop Coverage if you do not wish to participate
  2. Select who you wish to have covered
  3. Confirm who is covered and the plan level (single, employee plus child(ren), employee plus spouse, family). Remember to confirm your true cost beyond single coverage; reference one of the 2027 Health Insurance Premium Worksheets
     a. 2027 Non-Local SEIU Union Health Insurance Premium Worksheet or
     b. 2027 Local SEIU Union Health Premium Worksheet
  4. Additional Information
  5. Review Your Election
- ☐ **Dental**
  Only if you need to change your level of coverage, select yes or no (your selection will be in green) under *Choose who you would like covered*.
  1. Select I want Coverage or Drop Coverage if you do not wish to participate
  2. Select who you wish to have covered
  3. Confirm who is covered and the plan level (single, employee plus child(ren), employee plus spouse, family).
  4. Review Your Election
- ☐ **Voluntary Vision**
  Select the coverage level if you would like to purchase additional insurance, or select *Waive* coverage if you want to cancel current coverage.
  1. Select I want Coverage or Drop Coverage if you do not wish to participate
  2. Select who you wish to have covered
  3. Confirm who is covered and the plan level (single, employee plus child(ren), employee plus spouse, family
  4. Review Your Election
- ☐ **Employer Paid Term Life and Accidental Death and Dismemberment** coverage.
  No selections are required for this University-paid coverage.
- ☐ **Employer Paid Term Life and Accidental Death and Dismemberment** Beneficiaries.
  1. Name a Primary Beneficiary and an optional contingent beneficiary
  2. Review Your Election
- ☐ **Voluntary Employee Term Life**
  1. Select I want coverage or drop coverage if you do not wish to participate
  2. Select the coverage level (1x or 2x your salary)
  3. Name a Primary Beneficiary and an optional contingent beneficiary
  4. Review Your Election
- ☐ **Voluntary Dependent Life**
  1. Select I want coverage or drop coverage if you do not wish to participate
  2. Select who you wish to have covered
  3. Select the coverage level (Spouse $5,000/Child(ren) $2,000 or Spouse $10,000 and Child(ren)$4,000)
  4. Review Your Election

☐ **Employer Paid Short-Term Disability** coverage.
No selections are required for this University-paid coverage.

☐ **Employer Paid Long-Term Disability** coverage.
No selections are required for this University-paid coverage.

☐ **Health Care Flexible Spending Account for Calendar Year 2027- you must enroll if you want a 2027 account**
1. I want Coverage or Waive Coverage if you do not wish to participate
2. Enter your Total for Year* Amount (this page will also provide the total per pay period amount)
3. Review Your Election

☐ **Dependent Care Flexible Spending Account for Calendar Year 2027- you must enroll if you want a 2027 account**
1. I want Coverage or Waive Coverage if you do not wish to participate
2. Enter your Total for Year* Amount (this page will also provide the total per pay period amount)
3. Review Your Election

☐ **Employer Paid Travel Accident** coverage.
No selections are required for this University-paid coverage.

☐ **Employer Paid Travel Accident** Beneficiaries.
1. Name a Primary Beneficiary and any optional contingent beneficiary
2. Review Your Election

☐ **Sick Leave Benefit** coverage. Non-Exempt Employees Only
No selections are required for this University-paid coverage.

☐ **Sick Leave Benefit** Beneficiaries. Non-Exempt Employees Only
1. Name a Primary Beneficiary and an optional contingent beneficiary
2. Review Your Election

☐ **Voluntary AFLAC Cancer Care**
If interested, please contact Alera Group (see contact information below) to complete the application process.

☐ **Review Enrollment – Select Compare Current Plans; this will show you your 2026 elections compared to your 2027 elections**
Review your enrollment elections, make edits as necessary.
Approve to submit your benefit elections. Elections are effective January 1, 2027.

☐ **Confirmation**
Select ***I Agree*** to finalize elections, or ***I Disagree*** to go back and make changes.

☐ **Transaction Complete**
Print your confirmation page by selecting the *printer icon* in the confirmation box. Your enrollment is not complete without a confirmation number.
Print your Benefit Summary by selecting the *Benefit Summary on the right-hand side.*

View your **2027 Open Enrollment Benefit Summary** on the Benefit Summary on the home page. Updates may be made as often as necessary during the Open Enrollment Period. However, you will need to contact Alera Group if you wish to make changes after you have confirmed your elections. All changes must be submitted and confirmed by November 13, 2026. For questions or assistance with your Open Enrollment elections, contact Alera Group at 1-800-836-0026, opt 2, or the Human Resources Department at 315-228-7565.