

**Open Enrollment Portal Instructions**  
Changes must be submitted by **November 17, 2023**.

**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 2024. We encourage you to verify your information, verify and/or add Social Security Numbers for covered dependents and update beneficiaries.**

- Log into the portal at [portal.colgate.edu](http://portal.colgate.edu) using your network username and password. Contact the Colgate Helpline at x7111 should you need assistance with your Colgate network account.
- Select the [2024 Online Open Enrollment](#) link on the Banner Self-Service channel. You will need to log in using your Colgate email and password.
- Personal Preferences**  
Confirm personal and primary email. You have the option to enter a cell phone number, and opt into text.
- 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) update as appropriate. Confirm your Consent to Electronic Compliance delivery, by selecting *Next*, unless you prefer paper copies be mailed to you. These forms can be reviewed by visiting the *Reference Center*.
- Dependent Information**  
Review the dependent information. Select the *Edit* button by 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.
- 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 true cost beyond single coverage, reference the Active Health Plan 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 required for this University paid coverage.
- Employer Paid Term Life and Accidental Death and Dismemberment** Beneficiaries.
  1. Name a Primary Beneficiary and 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 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 required for this University paid coverage.
- Employer Paid Long Term Disability** coverage.  
No selections required for this University paid coverage.

- Health Care Flexible Spending Account for Calendar Year 2024- you must enroll if you want a 2024 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 2024- you must enroll if you want a 2024 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 required for this University paid coverage.
- Employer Paid Travel Accident Beneficiaries.**
  1. Name a Primary Beneficiary and optional contingent beneficiary
  2. Review Your Election
- Sick Leave Benefit coverage. Non-Exempt Employees Only**  
No selections required for this University paid coverage.
- Sick Leave Benefit Beneficiaries. Non-Exempt Employees Only**
  1. Name a Primary Beneficiary and optional contingent beneficiary
  2. Review Your Election
- Voluntary AFLAC Cancer Care**  
If interested, please contact AleraEdge- Relph Benefit Advisors (see contact information below) to complete the application process.
- Review Enrollment**  
Review your enrollment elections, make edits as necessary.  
*Approve* to submit your benefit elections, effective January 1, 2024.
- 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 righthand side*.

View your **2024 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 AleraEdge-Relph Benefit Advisors (RBA) if you wish to make changes after you have confirmed your elections. All changes must be submitted and confirmed by November 17, 2023. For questions or assistance with your Open Enrollment elections contact RBA at 1-800-836-0026, x7400 or the Human Resources Department at 315-228-7565.