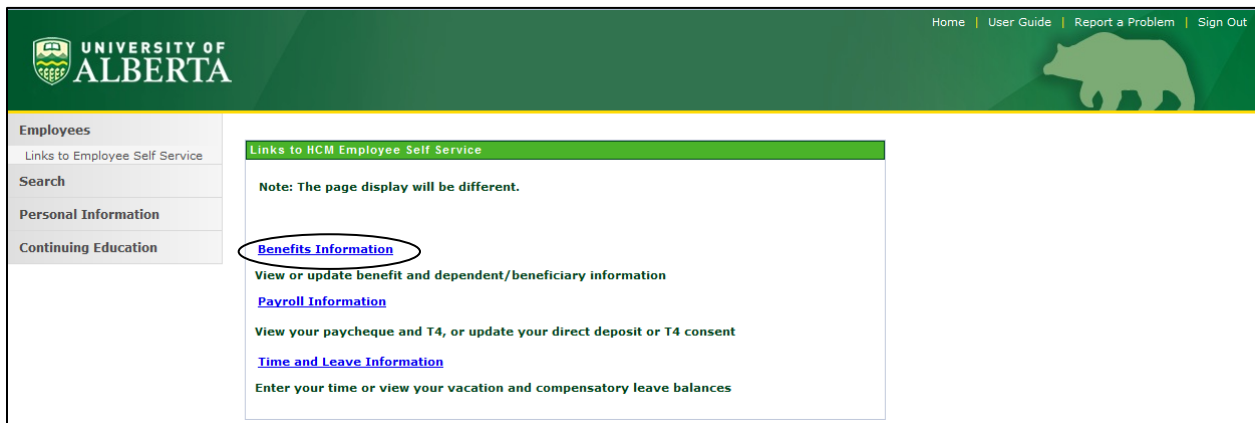


Benefits Summary

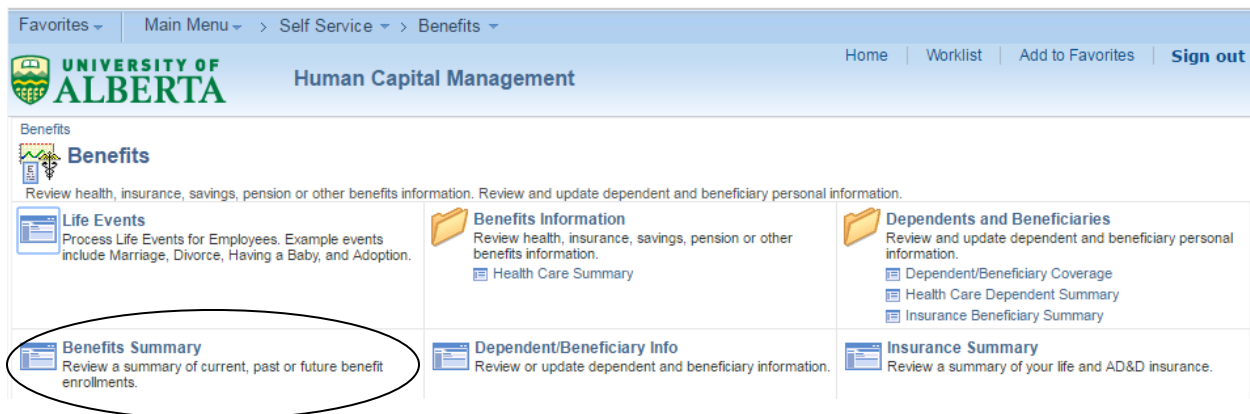
Human Resource Services (HRS)

Viewing Your Benefit Information

1. Sign in to **Bear Tracks**
2. Click **Benefits Information** from the list of Employee Self Service options



3. Click **Benefits Summary** from the list of menu items.



4. In the **Type of Benefit** column, click on the name of the Benefit to review your information for that specific benefit.

To view your benefits as of a specific date, enter the **Date** and click on **Go**. The date will default to the current date.

Benefits Summary

Zqohp,Wwuis Osjwob

The following outlines your current benefit elections. If you are waived in optional benefit coverage and wish to apply for optional benefit coverage please go to the HRS forms cabinet <http://hrs.ualberta.ca/Forms.aspx>, download and complete the form and submit to Human Resources for processing.

To view your benefits as of another date, enter the date and select Go.

12/12/2016

Type of Benefit	Plan Description	Coverage or Participation
Dental	Dental Plan Academic	Family
Major Medical	Supplementary Health Academic	Family
Health Spending Account	Health Spending Acct	Health Spending Acco
Life	Life Insurance Academic	\$100,000
Supplemental Life		Waived
AD and D	Accidental Death/Dismemberment	\$90,000
Critical Illness Mandatory	Critical Illness Mandatory	\$10,000
Critical Illness Voluntary		Waived
Dependent Life		Waived
Critical Illness Spouse		Waived
Long-Term Disability	Long Term Disability Academic	100% of Salary
Standard Pension	Universities Academic Pension	

Type of Benefit

A complete list of all the plans that you are currently enrolled in

Plan Description

Provides a brief description of each benefit listed

Coverage or Participation

Provides the level of coverage included with each benefit

For example, click on **Dental** to see the details of your Dental coverage.

Dental

Cnifm, Ytoeq Uqgtiy
To view your benefits as of another date, enter the date and select Go.

12/13/2016

Dental

Plan Name Dental Plan Academic

Plan Provider Qaq Johi Uwateqfi Zupreqb uh Zeqege

Coverage Family

Group Number 25379

Covered Dependents	
Name	Relationship
Jove Fetwnoj	Spouse
Lewenoi G. Cnifm	Child
Leupo D Cnifm	Child
Guin A Cnifm	Child
Doxiqvuq U Cnifm	Child

Additional Information

[Return to Employee Benefit Summary](#)

To view your coverage as of a specific date, enter the **Date** and click on **Go**. The date will default to the current date.

Plan Name	A description of coverage determined by the University of Alberta
Plan Provider	This is the insurance company that pays dental claims on behalf of the University of Alberta
Coverage	Specifies your level of coverage - Family or Single
Group Number	This is the policy number used when submitting a claim
Covered Dependents	Provides a listing of current eligible dependents covered under this plan name and their relationship to you
Additional Information	Displays any additional information related to this plan.

Return to Employee Benefit Summary – This will return you to the first page of benefits information.

Important Information

Claim forms for Dental, Extended Health Care, Health Spending Account and Personal Spending Account can be found in the forms cabinet on the HRS website at www.hrs.ualberta.ca/forms under the “Benefits” category.

To inquire about the balance of your Health Spending Account or Personal Spending Account, please visit Sun Life Member Services at www.mysunlife.ca.

Viewing Your Dependent and Beneficiary Information

Navigation: **Main Menu > Self Service > Benefits > Dependent/Beneficiary Info**

Dependent and Beneficiary Information

Cnifm,Ytoeq Uqgtiy

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent and Beneficiary Information								
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary
Fetwnoq,Jove	Spouse	07/27/1966	Unknown		No	<input type="checkbox"/>	Yes	Yes
Cnifm,Lewenoi G.	Child	03/24/1997	Unknown		No	<input type="checkbox"/>	Yes	Yes
Cnifm,Leupo D	Child	08/18/1998	Unknown		No	<input type="checkbox"/>	Yes	Yes
Cnifm,Guin A	Child	06/22/2000	Unknown		No	<input type="checkbox"/>	Yes	Yes
Cejqeq,Geqi	Sibling		Unknown		No	<input type="checkbox"/>	No	Yes
Cejqeq,Jeatoit			Unknown		No	<input type="checkbox"/>	No	Yes
Cnifm,Qwixi	Sibling		Unknown		No	<input type="checkbox"/>	No	Yes
Cnifm,Doxiqvuq U	Child	03/19/2003	Single		No	<input type="checkbox"/>	Yes	Yes

[Dependent/Beneficiary Coverage Summary](#)

This page displays your Dependent/Beneficiary information as of the current date.

Click on the **Name** of the Dependent/Beneficiary to view and/or edit their information.

Dependent/Beneficiary Personal Information

Cnifm, Ytoeq Uqgtiy

Dependent/Beneficiary's personal information as of Dec 16, 2016. Use the Edit button on this page to update this information.

Personal Information

First Name Jove
Middle Name
Last Name Fetwnoj
Date of Birth 07/27/1966
Gender Female
Relationship to Employee Spouse

Status Information

Marital Status Unknown
Student No
Disabled No
Smoker Non Smoker

Address and Telephone

Same Address as Employee

Country Canada
Address Regal Tower II
Anytown Alberta T6T 6T6
Canada

Same Phone as Employee

Phone 123/456-7890

Edit

[Return to Dependent/Beneficiary Summary](#)

For instructions on how to add or change the assignment of your Dependent and/or Beneficiary to a specific benefit, refer to the online Employee Self Service tutorial, which can be accessed through eClass

<https://eclass.srv.ualberta.ca/course/view.php?id=33398>.

You will be asked to log in with your CCID and register for the online course.