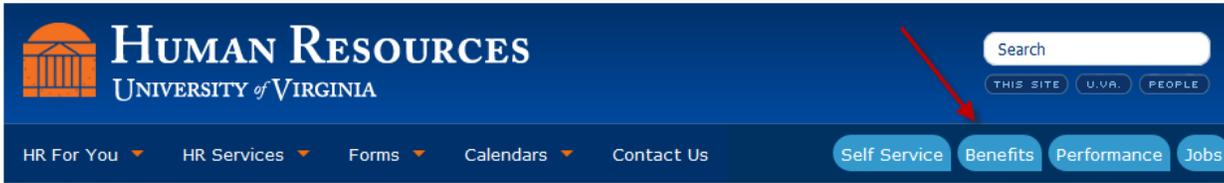


[UVA Employee Benefit Self-Service – 403\(b\) Enrollment](#)

New Hires: *You will be able to submit a supplemental 403(b) request one business day after you completed all of your initial benefit enrollments.*

Visit www.hr.virginia.edu and select the **Benefits** button.



Login into the Integrated System to access your Employee Self-Service account.

<http://its.virginia.edu/integratedsystem/>

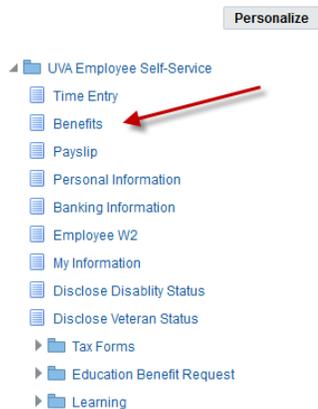
Integrated System

University of Virginia



Open the UVA Employee Self-Service Menu and select **Benefits**.

Navigator



Read the Legal Disclaimer. Select **Accept**, then click **Continue** to proceed.

Legal Disclaimer Cancel Continue

 **TIP** Please read the Legal Disclaimer and accept to proceed with making benefit enrollments.

AUTHORIZATION: I authorize deductions from my earnings for all contributions to any Group or Voluntary Plans and programs I elect during an enrollment process.

Section 125: Enrollments in pre-tax plans can only be made during new hire eligibility periods, annual open enrollment, or for mid-year life events. Once my elections are confirmed it is my responsibility to review the PDF Confirmation Statement at the end of my enrollment, and to review my pay slip for accurate deductions within the first pay period of new elections. Enrollments may not be changed following your submission. However, requests for certain allowable corrections are based on Plan rules and must be reported within the first pay period. Dependent documentation and Social Security Numbers (or Tax ID #) are required for all family members covered under Group Voluntary Plans. I understand appropriate supporting documentation is required to enroll my eligible dependents. I will have 30 days to provide the appropriate documentation for enrolled dependents, otherwise the Plan will dis-enroll unsubstantiated dependents from enrolled Plans.

[HIPAA PRIVACY NOTICE](#)

PLAN DETAILS: I understand information for all Plans and programs are available at www.hr.virginia.edu. I also understand communication for Plan and/or program operations will be delivered via email when an email address is on file, or through the postal address listed in the payroll system.

For mid-year life events (birth, marriage, etc.) first contact AskHR@Virginia.edu or 434-982-0123 to receive assistance.

Click Accept and then click the Continue button to start your request.

Accept 

Decline

Click **Continue** to move past the **Dependents and Beneficiaries** page.

This page is not required for updating your 403(b) supplemental retirement plan.

You will have the opportunity to name beneficiaries for this benefit through the vendor's website.

Dependents and Beneficiaries Cancel **Continue**

Select **Update Supplemental 403(b)** and then select **Continue**.

Select Program Back **Continue**

Name

Please select a Program to update.

Select	Program Name
<input checked="" type="radio"/>	Update Supplemental 403(b) 

Select **Continue** to move past the 403(b) Benefits Preview to reach the enrollment form.

Benefit Enrollments

Back **Continue**

Name Program Update Supplemental 403(b)

New Hires / New Enrollees: You may disregard this summary page and select the Continue button in the upper right corner to access the benefit enrollment form.

Current Employees: If you have previously enrolled in your benefits and are submitting changes, then the list below shows your current benefits. Click the Continue button in the upper right corner to access the benefit enrollment form for requesting changes.

Benefit Preview (click Continue to make updates)

Coverage Start Date on the Benefit Summary page listed below is subject to change based on your requested enrollment changes and Plan eligibility rules. Click **Continue to the next page and request changes or the benefits below are what you will have.**

Benefit Plan	Coverage Level	Coverage Start Date	Coverage	Pre Tax	Post Tax
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Check the box to enroll in any of the **Pre Tax** or **After Tax** benefits and to select which vendors, **TIAA**, or **Fidelity**, that you want to contribute to. In the Coverage column, fill in the dollar amount you want to contribute **each paycheck**. Select the **Continue** button until you reach the confirmation page, or your request will not be submitted.

TIP: Select the **Recalculate** button to update your annual cost and to see an estimate how much you would contribute for the year.

Benefits Enrollment | Current Benefits

Update Enrollments | Attachments | Confirmation Statement

Recalculate | Back | **Continue**

Continue: Update Enrollments

Name Program Update Supplemental 403(b)

Recalculate: Use the Recalculate button in the upper right corner if you make changes while on this page in order to see updated per-paycheck pricing. Pre Tax (before tax) and Post Tax (after tax) rates reflected on this page are your per-paycheck costs. When your enrollment is completed you will have the opportunity to print or save a copy of your benefit elections and rates for your records. Note for New Hires: In order to catch up your required employee contributions to your eligibility start date in your new benefits you may experience higher payroll deductions the very first time benefits post on your paycheck. Need Help? Contact the UVA HR Service Team at 434-992-0123 or email AskHR@Virginia.edu.

PreTax Supplemental Savings Plan

Benefit Plan	Coverage Level / Option	Select	Coverage	Annual Cost	Pre Tax Cost
PreTax TIAA 403(b)	Waive	<input type="checkbox"/>			
	Dollar Amount - Per Pay Period	<input checked="" type="checkbox"/>	80.00 <small>(i)</small>	0.00	0.00
	Percentage - Per Pay Period	<input type="checkbox"/>	0.00 <small>(i)</small>		
PreTax Fidelity 403(b)	Waive	<input checked="" type="checkbox"/>			
	Dollar Amount - Per Pay Period	<input type="checkbox"/>	0.00 <small>(i)</small>	0.00	0.00
	Percentage - Per Pay Period	<input type="checkbox"/>	0.00 <small>(i)</small>		

AfterTax Supplemental Savings Plan

Benefit Plan	Coverage Level / Option	Select	Coverage	Annual Cost	Post Tax Cost
AfterTax TIAA Roth 403(b)	Waive	<input checked="" type="checkbox"/>			
	Dollar Amount - Per Pay Period	<input type="checkbox"/>	0.00 <small>(i)</small>		0.00
	Percentage - Per Pay Period	<input type="checkbox"/>	0.00 <small>(i)</small>		
AfterTax Fidelity Roth 403(b)	Waive	<input checked="" type="checkbox"/>			
	Dollar Amount - Per Pay Period	<input type="checkbox"/>	0.00 <small>(i)</small>		0.00
	Percentage - Per Pay Period	<input type="checkbox"/>	0.00 <small>(i)</small>		

Cash Match

Benefit Plan	Coverage Level / Option	Select
Cash Match	TIAA	<input checked="" type="checkbox"/>
	Fidelity	<input type="checkbox"/>

Recalculate | Back | **Continue**

Press **Submit** to reach the confirmation page.

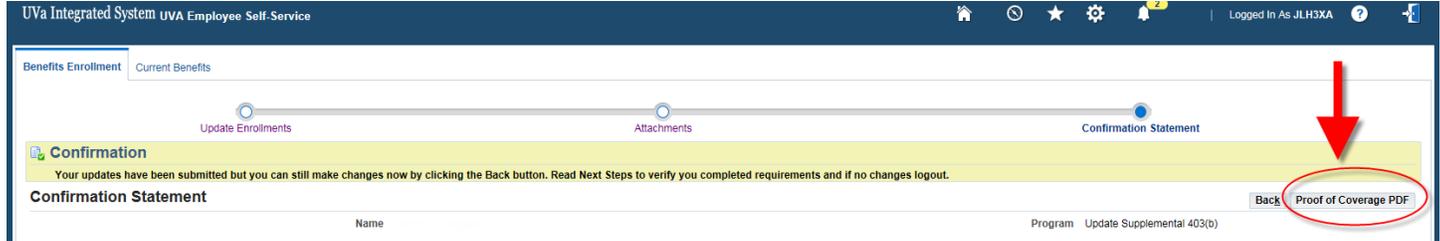
Note: Attachments are not required on this page for a 403(b) enrollment.



Once you reach this **Confirmation** page your elections will begin to process.

Select the **Proof of Coverage PDF** to review your 403(b) enrollments.

TIP: Select the Back button if you want to make any other 403(b) benefit changes before you exit self-service.



To return to the Employee Self Service Homepage click the **Home icon** or click the **Door icon**, and then close your browser to completely exit Integrated System Employee Self-Service.

