



A Step-by Step Guide to your online Health Care Enrollment in ClearBenefits


1. Please go to www.myclearbenefits.com or <https://stanford.clearbenefits.com/login.asp>
2. Login name and password is SUP + Stanford Postdoctoral Scholar ID number without the leading zeros. Your Stanford ID # can be found in the upper left hand corner of your Stanford University ID card
 - a. USER ID: SUP + your Stanford Postdoc ID
 - b. Password: SUP + your Stanford Postdoc IDExample: (SUP2212145) Case Sensitive, use upper case.



3. For your privacy and protection, you are required to change your password.

MY INFO MY BENEFITS POSTDOC RESOURCES

PERSONAL



[Personal](#)
[Dependents](#)
[Beneficiaries](#)
Change Password

Change Password

* indicates required fields

Postdoc: **Aaatest, Test**

User ID: SUPs123456

Old Password*

New Password*

Re-enter Password*


Hint Question*

Hint Answer*

Password must be equal to or more than 6 characters, have at least one alpha character and a number, and must not have spaces.

4. You will be asked to electronically sign a legal acknowledgment about the utilization of the system and confirm your personal data. After accepting acknowledgement, please select the “Begin Setup” button.

MY INFO MY BENEFITS



ELECTRONIC SIGNATURE/LEGAL ACKNOWLEDGEMENT


* indicates required fields

You are signing on to an online benefits enrollment software system. Because you will be completing legally binding transactions on this system you must acknowledge that you understand and accept the terms of use by entering your password and date below. By doing so you are providing your "electronic signature" which will serve as your confirmation of the accuracy of the data you enter in this system. By clicking the "I ACCEPT" button below you are certifying that you understand that your postdoc benefit elections processed through this software are legally binding transactions and are subject to the same terms and conditions as paper based transactions.

Password:*

Today's Date:* MM/DD/YYYY

MY INFO MY BENEFITS



New Account Setup

[New Account Setup](#)

Welcome Mel1! Before proceeding you must first complete some basic information about yourself and your legal dependents so that the system can provide you with accurate information about your postdoc benefits eligibility. This process may take approximately 5 minutes. To complete the account setup process you should have the Date of Birth and Social Security Number (if available) for each of your dependents. We realize that you may not have your Social Security Number at the date of enrollment but we expect you to login to your enrollment profile and update this system with your official Social Security Number once you've received it. A Social Security Number is **not** required by the health insurance providers for your dependents but it is required for you (the postdoc) as primary policyholder.

If you don't yet have your Social Security Number, you should still continue with electing your coverages. Be advised that your enrollment information will not be sent on our weekly file to the health insurance carriers until you have entered your Social Security Number. If you have any questions, please contact your Postdoc Benefits Office Administrators, Cecilia (Cecy) Avila at cavila@stanford.edu or Mona Hartmann at monah@stanford.edu

5. Please complete the New Account Set Up required fields (those marked with an asterisk *). When you have completed all required fields for you and your legal dependents, please select the “FINISH” button.

MY INFO MY BENEFITS



New Account Set Up: Personal Info

* indicates required fields

First Name*

Middle Name

Last Name*

Name Suffix

Social Security # ?

Birth Date* MM/DD/YYYY

Local Address 1 * ?

City*

County

State/Province*

Zip/Postal Code*

Home Phone

Mobile Phone*

Personal Email*


Marital Status*

Number of Dependent Children*

Gender* Male Female

6. To begin enrollment, please click the “NEXT” button.

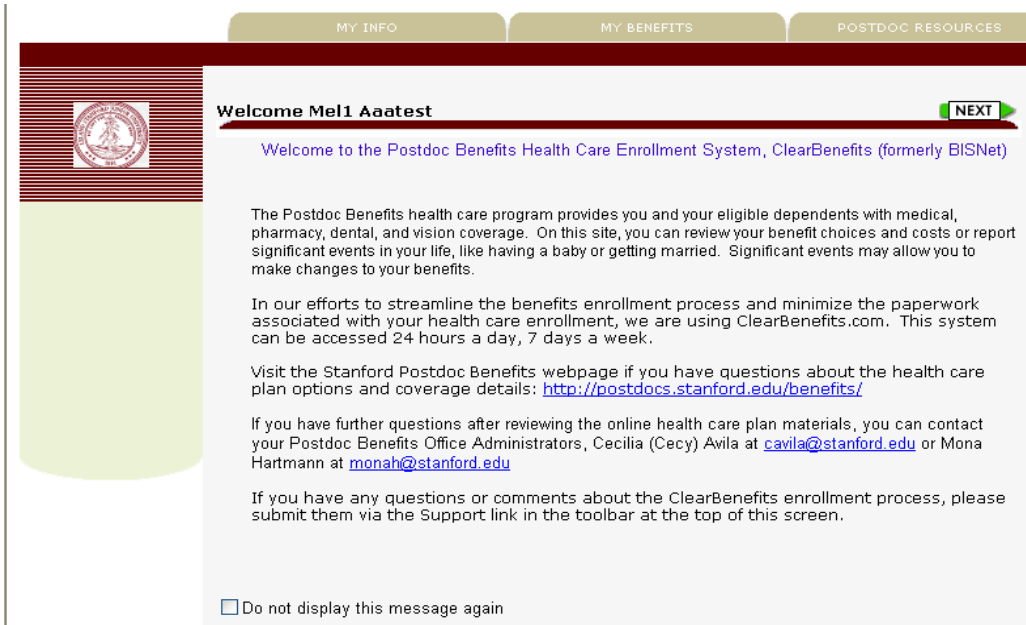
MY INFO MY BENEFITS



New Account Setup

Congratulations! You have completed the setup process.
To begin using the system, please click the 'Next' button below

7. Please read the Welcome message and click “Next” to proceed.



The screenshot shows a web interface with a navigation bar at the top containing three tabs: "MY INFO", "MY BENEFITS", and "POSTDOC RESOURCES". Below the navigation bar is a header area with the Stanford University logo on the left and the text "Welcome Mel1 Aaatest" on the right, followed by a green "NEXT" button. The main content area contains a welcome message and several paragraphs of text. At the bottom left of the content area, there is a checkbox labeled "Do not display this message again".

MY INFO MY BENEFITS POSTDOC RESOURCES

Welcome Mel1 Aaatest **NEXT**

[Welcome to the Postdoc Benefits Health Care Enrollment System, ClearBenefits \(formerly BISNet\)](#)

The Postdoc Benefits health care program provides you and your eligible dependents with medical, pharmacy, dental, and vision coverage. On this site, you can review your benefit choices and costs or report significant events in your life, like having a baby or getting married. Significant events may allow you to make changes to your benefits.

In our efforts to streamline the benefits enrollment process and minimize the paperwork associated with your health care enrollment, we are using ClearBenefits.com. This system can be accessed 24 hours a day, 7 days a week.

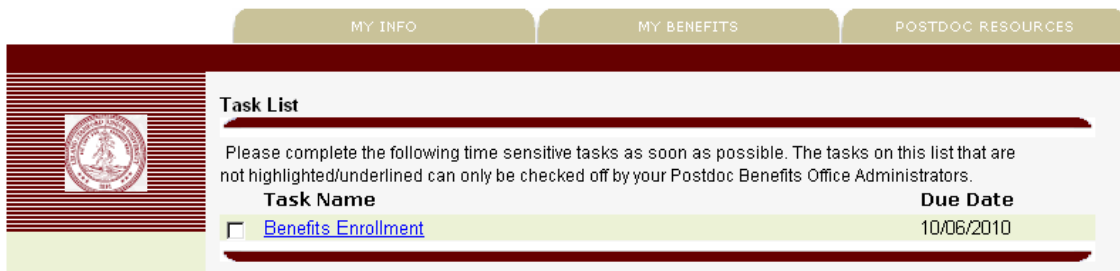
Visit the Stanford Postdoc Benefits webpage if you have questions about the health care plan options and coverage details: <http://postdocs.stanford.edu/benefits/>

If you have further questions after reviewing the online health care plan materials, you can contact your Postdoc Benefits Office Administrators, Cecilia (Cecy) Avila at cavila@stanford.edu or Mona Hartmann at monah@stanford.edu

If you have any questions or comments about the ClearBenefits enrollment process, please submit them via the Support link in the toolbar at the top of this screen.

Do not display this message again

8. Stanford has scheduled a task for you to complete. Please note that this task is time sensitive.



The screenshot shows the "Task List" section of the web interface. It features the same navigation bar as the previous screenshot. Below the navigation bar is a header area with the Stanford University logo on the left and the text "Task List" on the right. The main content area contains a paragraph of text and a table with two columns: "Task Name" and "Due Date". The table has one row with the task "Benefits Enrollment" and a due date of "10/06/2010". There is a checkbox next to the task name.

MY INFO MY BENEFITS POSTDOC RESOURCES

Task List

Please complete the following time sensitive tasks as soon as possible. The tasks on this list that are not highlighted/underlined can only be checked off by your Postdoc Benefits Office Administrators.

Task Name	Due Date
<input type="checkbox"/> Benefits Enrollment	10/06/2010

9. Please click each box to enroll for the Medical, Dental, Vision, Life/AD&D, Short Term Disability and Long Term Disability Plans.

Once you've completed your election for ALL plans, click the "Finalize Enrollment Elections" button.
Please note: You CANNOT finalize your enrollment if you do not have your SSN. Your elections have been completed; however your enrollment will be pending until you've entered your Social Security Number.

Welcome to ClearBenefits (formerly BISNet)

HOME CHECK LIST LINKS SUPPORT HELP LOG OUT

MY INFO MY BENEFITS POSTDOC RESOURCES

BENEFITS PROVIDER DIRECTORIES FORMS CONTACT INFO

Benefits Enrollment Checklist

This section is designed to assist you in making your benefit plan selections and to automate the enrollment process. To begin the enrollment process, select the links below.

When you have completed your elections for ALL plans you MUST click the "**Finalize Enrollment Elections**" button to complete the enrollment process. Upon completion of the enrollment process an enrollment confirmation statement can be printed for your own records. If you wish to decline/waive coverage for one or more plans simply select the "**Waive**" option during the enrollment process. If you have any questions, please contact your Postdoc Benefits Office Administrators, Cecilia (Cecy) Avila at cavila@stanford.edu or Mona Hartmann at monah@stanford.edu

- [Medical](#)
- [Dental](#)
- [Vision](#)
- [Life/AD&D](#)
- [Short Term Disability](#)
- [Long Term Disability](#)

You are eligible to participate in the following additional benefit plans. Please click on the links below for further information.

- [Future Mom's](#)
- [On-Site Campus Counseling](#)
- [Postdoc Assistance Program \(PAP\)](#)
- [SU Wellness](#)

10. If you are enrolling in the Anthem HMO Medical Plan, you must select either a Medical Group (PMG) or Primary Care Physician. Click on the "Search" button to access the Anthem online Provider Directory for specific codes associated with the Anthem HMO Medical Groups and/or specific physicians codes for those participating in an Independent Practice Association (IPA).

Current PCP Selection for

In order to complete the enrollment process for this plan you must select a provider for yourself and each covered dependent (if applicable)


Medical: Anthem Blue Cross California Care (HMO)(HMO)

Select **AaaTest, Ella**

Not Selected

Finish

PCP Selection for: **AaaTest, Ella**

Doctor's First Name Search 

Doctor's Last Name

Current Patient?* Yes No

Provider Number*

Medical Group Name

Address

City

State

Zip

Phone

Cancel

Finish

11. Adding Beneficiaries. Dependents listed are automatically included as beneficiaries. Add as many primary and contingent beneficiaries as your want, total percentage must equal 100%.

Add/Edit Life/AD&D Beneficiaries

Primary Beneficiaries

Name	Relation	DOB	SSN	Address	Effective Date	Percentage	Action
------	----------	-----	-----	---------	----------------	------------	--------

Add New

Contingent Beneficiaries

Name	Relation	DOB	SSN	Address	Effective Date	Percentage	Action
------	----------	-----	-----	---------	----------------	------------	--------

Add New

Finish

Add/Edit Beneficiary

In order to designate your beneficiaries, please enter the information below or if you wish to designate an existing dependent/beneficiary, please select the "COPY" button and select "FINISH" at the bottom to finalize. You will then be asked to enter the % of insurance benefit allotted to this individual. You may add additional beneficiaries by selecting "ADD NEW" – the total benefit divided amongst all beneficiaries may not exceed 100%.

Name	Relation	DOB	Action
AaaTest, Child	Child	01/01/2009	Copy

* indicates required fields

Name*	<input type="text" value="AaaTest, Child"/>
Relation*	<input type="text" value="Child"/>
Birth Date	<input type="text" value="01/01/2009"/>  MM/DD/YYYY
Social Security #	<input type="text"/>
Address 1	<input type="text" value="123 Test ST"/>
Address 2	<input type="text"/>
City	<input type="text" value="Daly City"/>
State/Province	<input type="text" value="CA"/>
Country	<input type="text" value="United States"/> ▼
Zip/Postal Code	<input type="text" value="94587"/>
Effective Date*	<input type="text" value="10/01/2010"/>  MM/DD/YYYY
Type*	<input checked="" type="radio"/> Primary <input type="radio"/> Contingent

Add/Edit Life/AD&D Beneficiaries

Must equal to 100%

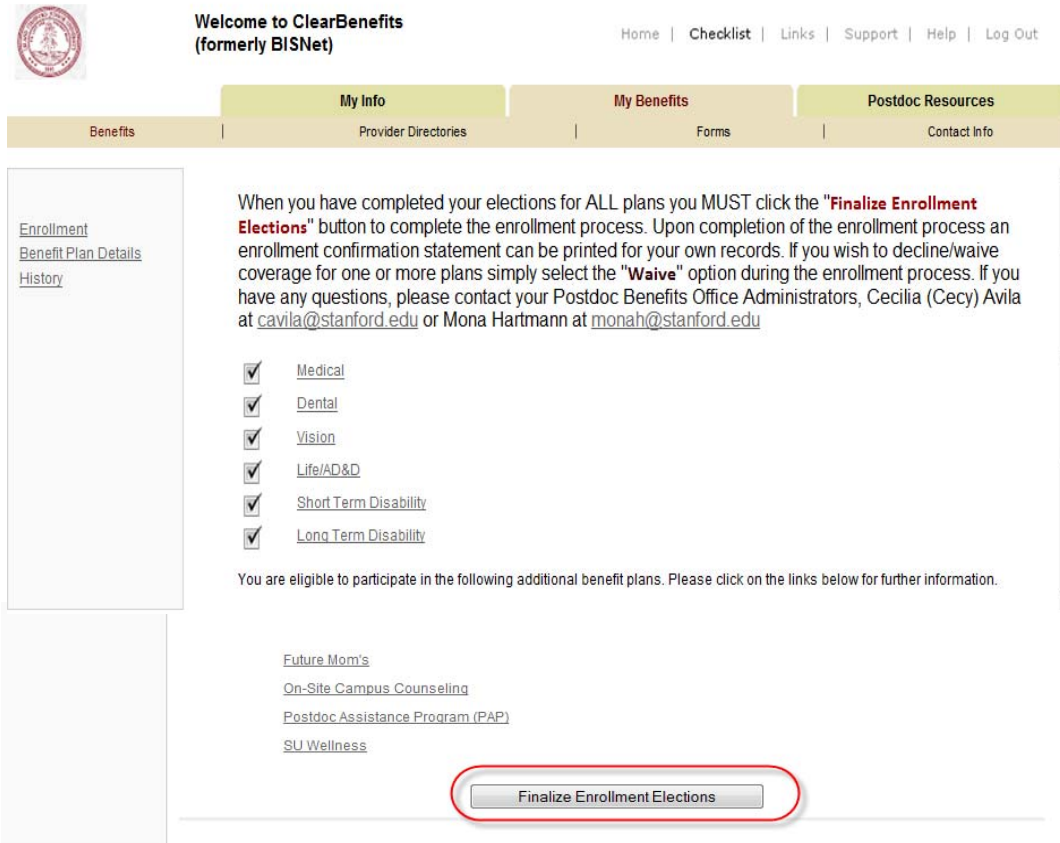
Primary Beneficiaries

Name	Relation	DOB	SSN	Address	Effective Date	Percentage	Action
AaaTest, Child	Child	01/01/2009		123 Test ST Daly City, CA, United States, 94587	10/01/2010	<input type="text"/>	Edit / Delete

Contingent Beneficiaries

Name	Relation	DOB	SSN	Address	Effective Date	Percentage	Action
------	----------	-----	-----	---------	----------------	------------	--------

12. Finalize your enrollment elections.



Welcome to ClearBenefits (formerly BISNet) Home | Checklist | Links | Support | Help | Log Out

My Info | My Benefits | Postdoc Resources

Benefits | Provider Directories | Forms | Contact Info

Enrollment
Benefit Plan Details
History

When you have completed your elections for ALL plans you MUST click the "**Finalize Enrollment Elections**" button to complete the enrollment process. Upon completion of the enrollment process an enrollment confirmation statement can be printed for your own records. If you wish to decline/waive coverage for one or more plans simply select the "**Waive**" option during the enrollment process. If you have any questions, please contact your Postdoc Benefits Office Administrators, Cecilia (Cecy) Avila at cavila@stanford.edu or Mona Hartmann at monah@stanford.edu

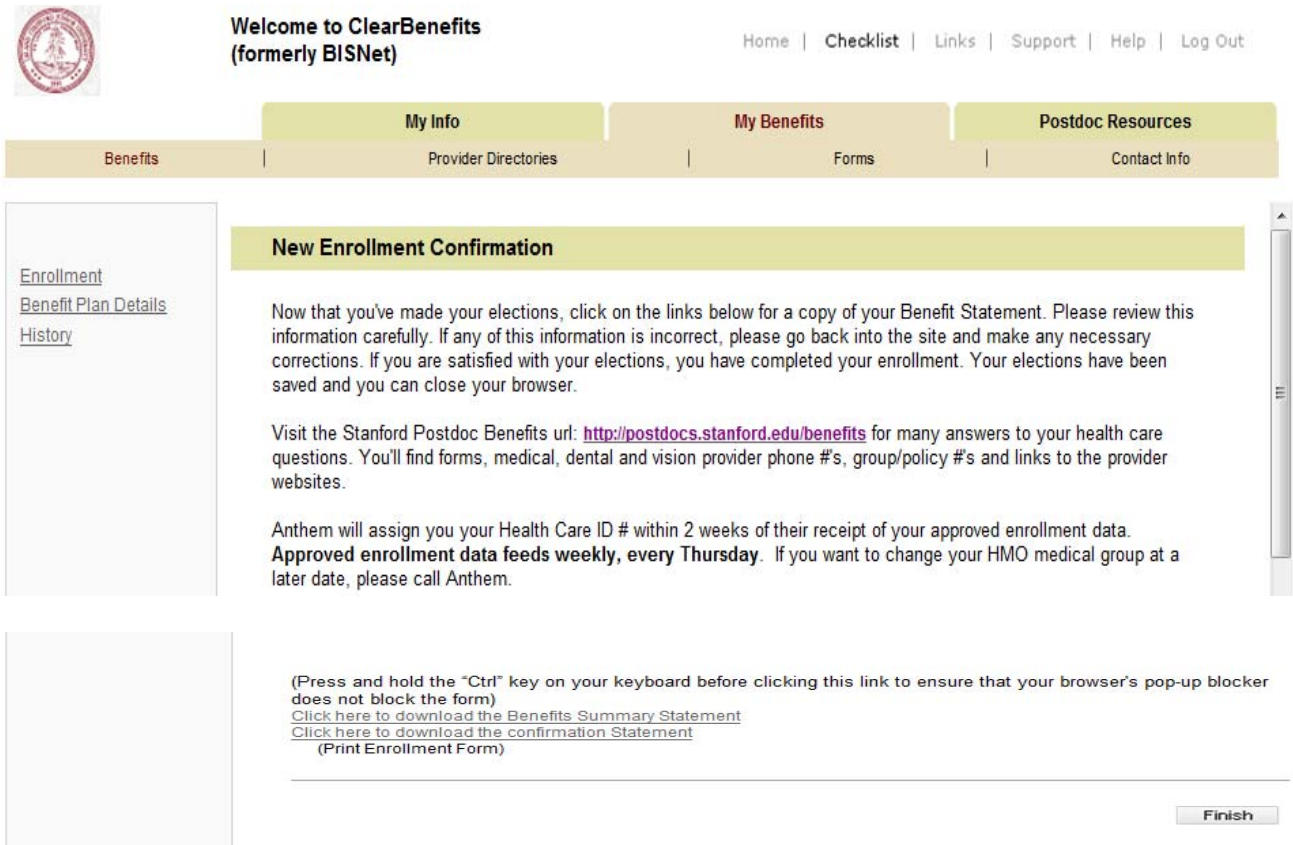
- Medical
- Dental
- Vision
- Life/AD&D
- Short Term Disability
- Long Term Disability

You are eligible to participate in the following additional benefit plans. Please click on the links below for further information.

- [Future Mom's](#)
- [On-Site Campus Counseling](#)
- [Postdoc Assistance Program \(PAP\)](#)
- [SU Wellness](#)

Finalize Enrollment Elections

13. Now that you've completed your elections, you can print a New Enrollment Confirmation for your records.



Welcome to ClearBenefits (formerly BISNet) Home | Checklist | Links | Support | Help | Log Out

My Info | My Benefits | Postdoc Resources

Benefits | Provider Directories | Forms | Contact Info

Enrollment
Benefit Plan Details
History

New Enrollment Confirmation

Now that you've made your elections, click on the links below for a copy of your Benefit Statement. Please review this information carefully. If any of this information is incorrect, please go back into the site and make any necessary corrections. If you are satisfied with your elections, you have completed your enrollment. Your elections have been saved and you can close your browser.

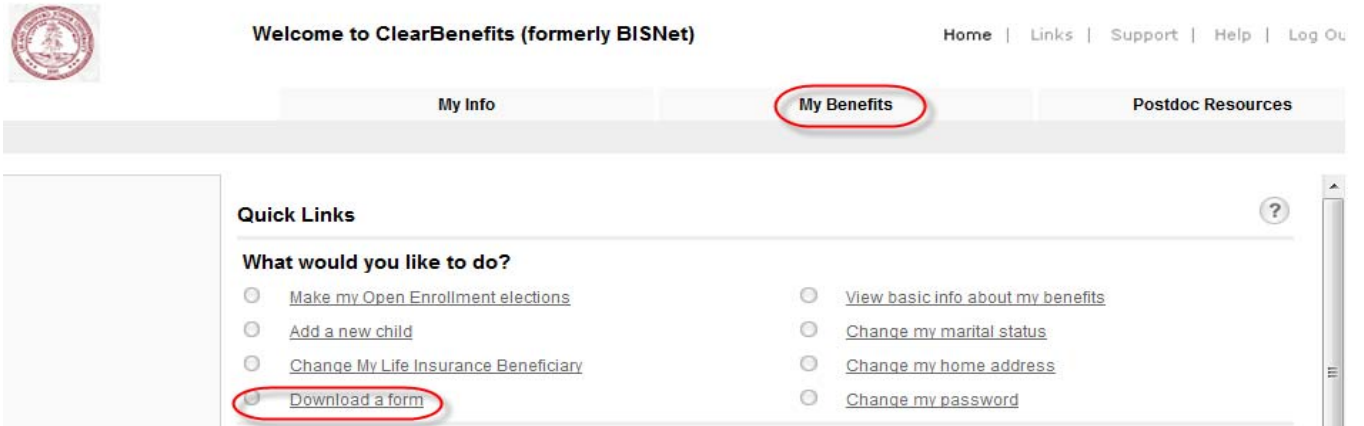
Visit the Stanford Postdoc Benefits url: <http://postdocs.stanford.edu/benefits> for many answers to your health care questions. You'll find forms, medical, dental and vision provider phone #'s, group/policy #'s and links to the provider websites.

Anthem will assign you your Health Care ID # within 2 weeks of their receipt of your approved enrollment data. **Approved enrollment data feeds weekly, every Thursday.** If you want to change your HMO medical group at a later date, please call Anthem.

(Press and hold the "Ctrl" key on your keyboard before clicking this link to ensure that your browser's pop-up blocker does not block the form)
[Click here to download the Benefits Summary Statement](#)
[Click here to download the confirmation Statement \(Print Enrollment Form\)](#)

Finish

14. If you are enrolling in any plan for which you are required to make monthly premium contributions, you must complete and submit the Automatic Bank Deduction Authorization Form along with a voided check. You can find the form under “Download a form” link in the Quick Links section or under the “My Benefits” tab.



Welcome to ClearBenefits (formerly BISNet) Home | Links | Support | Help | Log Out

My Info **My Benefits** Postdoc Resources

Quick Links ?

What would you like to do?

- [Make my Open Enrollment elections](#)
- [Add a new child](#)
- [Change My Life Insurance Beneficiary](#)
- [Download a form](#)
- [View basic info about my benefits](#)
- [Change my marital status](#)
- [Change my home address](#)
- [Change my password](#)

15. Logout and close browser.