

ESUITE HR PORTAL BENEFIT ENROLLMENT END-USER DESK REFERENCE

This document is intended to guide an end-user on how to proceed through the benefit enrollment process (“open enrollment”) via eSuite’s HR Portal.

Table of Contents

Section 1: Login to the HR Portal.....	Pg 1
Section 2: Verify Existing Dependents.....	Pg 2
Section 3: Employee Benefit Enrollment.....	Pg 3
▪ Step 1: Benefit Enrollment Homepage.....	Pg 3
▪ Step 2: Plan Documentation.....	Pg 4
▪ Step 3: Enrollment.....	Pg 4
▪ Step 4: Submit and Complete Enrollment.....	Pg 7
▪ Step 5: Print Confirmation Statement.....	Pg 8

SECTION 1: LOGIN TO THE HR PORTAL

To begin benefit enrollment, [click here to access the eSuite HR Portal](#). Enter your username and password and click **LOGIN**. If you want eSuite to remember your username the next time you login to the **same** computer, check the box next to “Remember me next time.”



A link for the eSuite HR Portal is also available on the homepage of the Employee Intranet.

The eSuite HR Portal requires users to set-up Two Factor Authentication (2FA) to access eSuite. [Click here for set-up instructions](#). Users can utilize Duo Mobile for 2FA; this app is already used by employees for workstation computer access.

The screenshot displays the eSuite HR Portal login interface. At the top, the URL is esuite-mountprospect-illtylertech.com/nwprod/Websites/HRPortal/Default.aspx?ReturnUrl=%2Ffwprod%2Fwebsites.hr.portal%2F. The page features a navigation bar with links to Village - Email Arch..., DocuSign Login - E..., Benefits, New Hire, New World ERP, Websites, Prime Music, JILL, and Central Login | Illin... The main content area is titled 'eSuite HR Portal' and 'Powered by Tyler Technologies'. The 'Employee Login' section includes a message: 'Employees may log into the Human Resources portal using the form below.' Below this are input fields for 'Username' and 'Password', a 'Remember me next time.' checkbox, and a 'LOGIN' button. At the bottom, there are links for 'Need a login?', 'Forgot Username?', and 'Forgot password?'.

If you forgot your password: Click on the “Reset Password” link that is located under the “Forgot Password?” section on the bottom of eSuite HR Portal Login Page and follow the instructions below.

You will immediately be prompted to verify your identity by typing in your Email Address or your Username. Next, you will need to reset your password by typing and re-confirming your NEW password. A confirmation e-mail will be sent to your e-mail address on file. You must click on the reset link included in the e-mail to reset your password. Once this has been completed your account has been reactivated with your new password. Click on the Login link to return to the eSuite HR Portal Login Page.

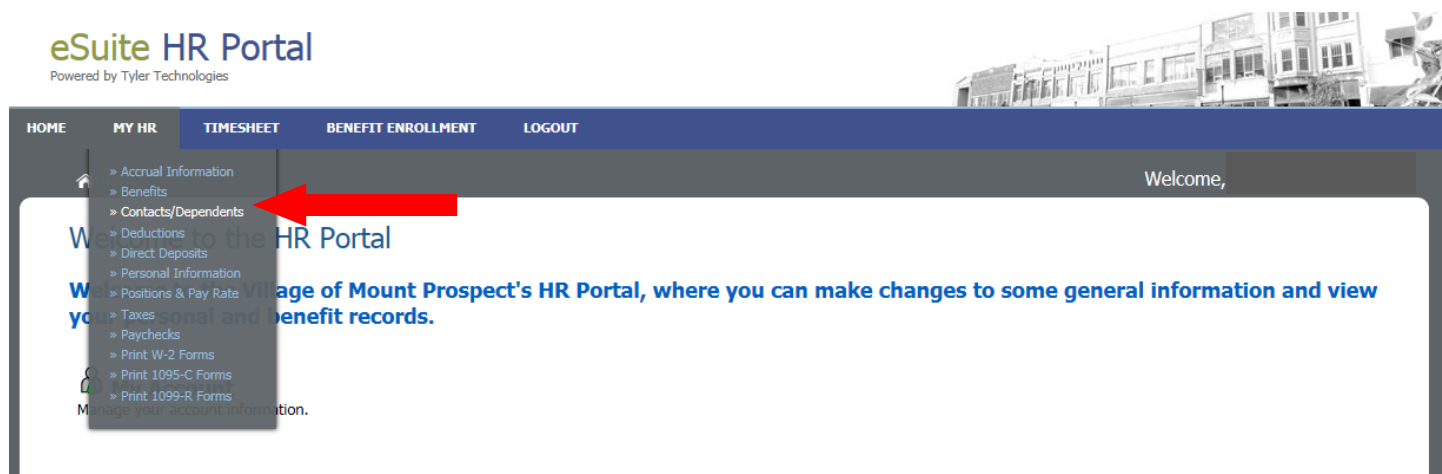
- OR -

If you do not remember your username or are having difficulties resetting your password, you will need to contact Human Resources at one of the following extensions, x5371, x5293 or x5370.

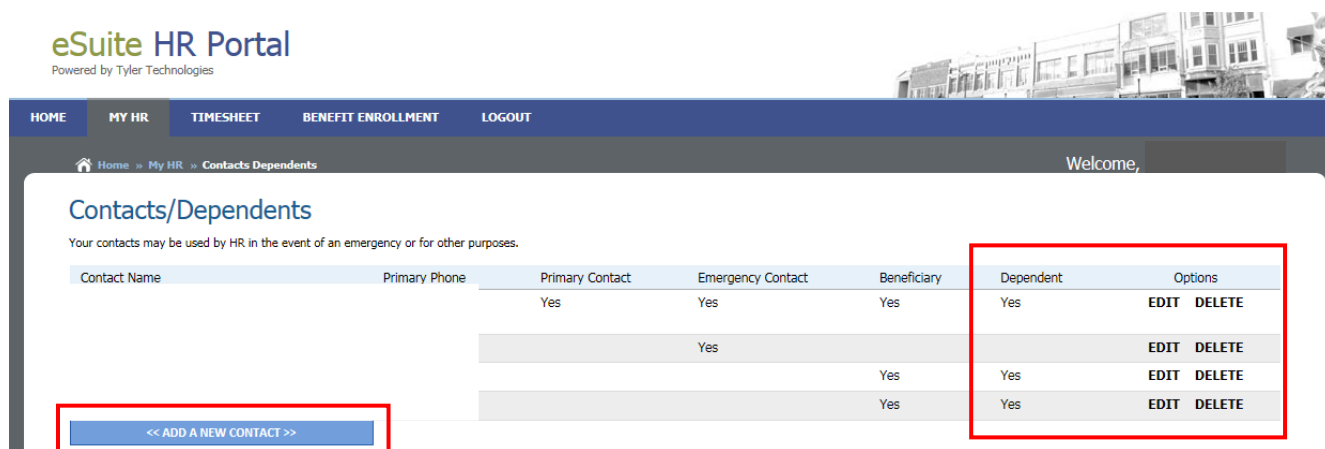
SECTION 2: VERIFY EXISTING DEPENDENTS

This step is not required, but is highly recommended before enrolling in benefits. If your dependent(s) is/are not entered here, the system won't allow you to add them to a benefit plan

Upon logging-in, you will see the [HR Portal homepage](#). On the blue header, mouse over the “MY HR” menu and select the [Contacts/Dependents](#) hyperlink.



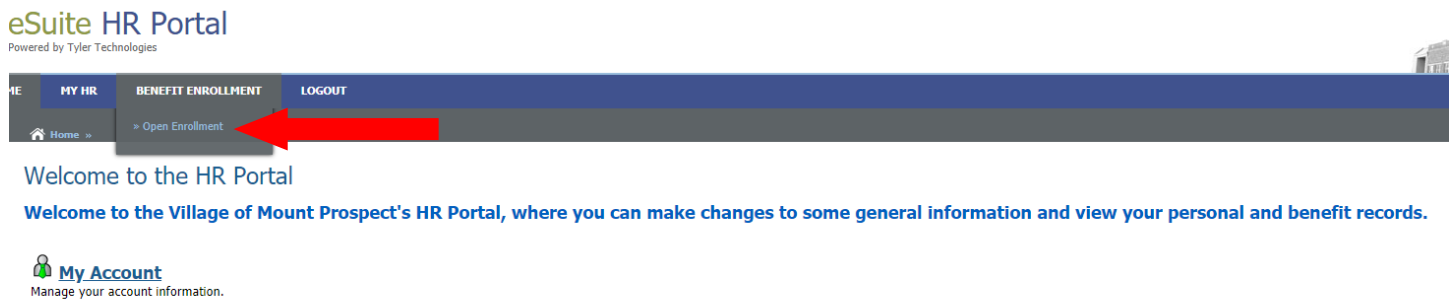
On the [Contacts/Dependents](#) webpage, please review your list of dependents.



IMPORTANT: If you wish to add any additional dependents during the benefit enrollment process that are not currently listed on the [Contacts/Dependents webpage](#), you must first add them to this webpage using the hyperlinks above. Once you submit a dependent change via eSuite, you must wait for confirmation from the Human Resources Division before you can add dependents during the benefit enrollment as outlined below. For specific directions on how to add or change your dependents, click on the [eSuite HR Portal End-User Desk Reference guide](#).

SECTION 3: EMPLOYEE BENEFIT ENROLLMENT

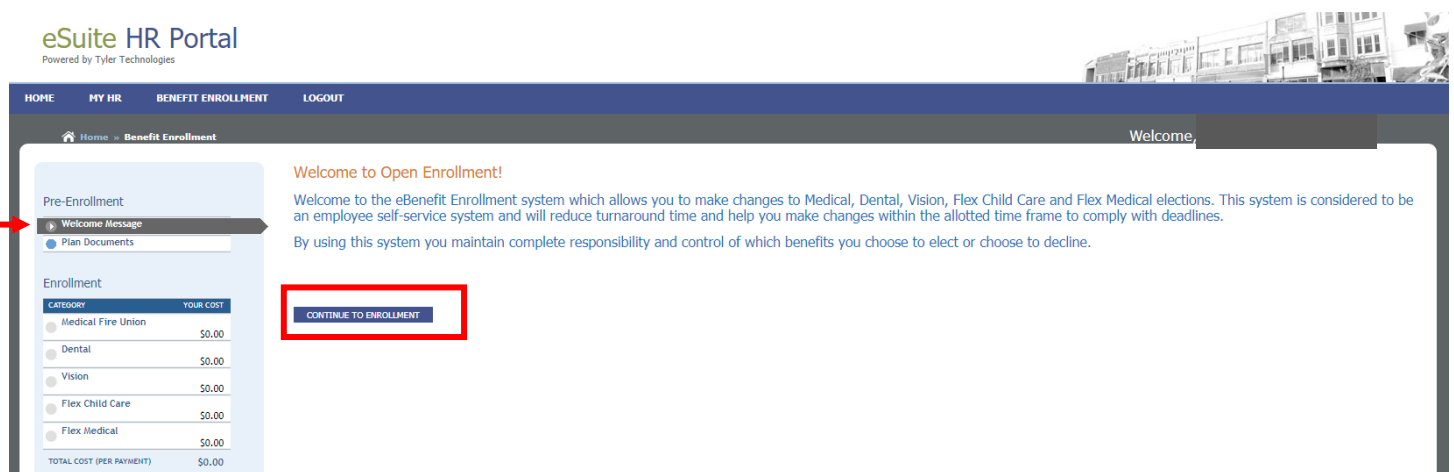
To proceed through benefit enrollment, click on “Open Enrollment” under the **BENEFIT ENROLLMENT** menu at the top of the webpage.



Step 1: Benefit Enrollment Homepage

Below is the [Benefit Enrollment homepage](#). Before proceeding, read the welcome message. Then, click the **CONTINUE TO ENROLLMENT** button.

NOTE: You can always return to the [Benefit Enrollment homepage](#) during the benefit enrollment process by clicking on the [Welcome Message](#) hyperlink located on the left-hand side of the webpage. In fact, at any time during enrollment you can click on a hyperlink on the left-hand side of the webpage and it will take you to the webpage you wish to return to.



Step 2: Plan Documentation

Benefit plan documents are available on the [Plan Documentation webpage](#) below.

NOTE: You can always return to the [Plan Documentation webpage](#) during the benefit enrollment process by clicking on the [Plan Documents](#) hyperlink located on the left-hand side of the webpage.

If you are on this webpage, click the **CONTINUE TO ENROLLMENT** button to return to the benefit enrollment process.

The screenshot shows the 'Plan Documentation' webpage. On the left, there is a sidebar with a 'Pre-Enrollment' section containing 'Welcome Message' and 'Plan Documents' (highlighted with a red arrow). Below this is an 'Enrollment' section with a table showing costs for various categories: Medical (\$0.00), Dental (\$0.00), Vision (\$0.00), Flex Child Care (\$0.00), and Flex Medical (\$0.00). The total cost per payment is \$0.00. At the bottom of the sidebar, there is a 'Finish' section with 'Submit & Complete Enrollment' and 'Print Confirmation Statement' buttons. The main content area is titled 'Plan Documentation' and lists various documents available for download, categorized by General, Medical, Dental, and Vision. A red box highlights the 'CONTINUE TO ENROLLMENT' button at the bottom of the document list.

Plan Documentation

You will find the following documents contained on this page:

- * Notice of HIPAA Privacy Practices: This notice describes how medical information about you may be used and disclosed and how you can get access to this information.
- * Blue Cross Blue Shield of Illinois Benefits Guide for both HMO and PPO medical plans.
- * Children's Health Insurance Program (CHIP) Information Sheet: Each year the Village is required to provide this notice to all benefit eligible employees.
- * HMO Plan Comparison Chart: Includes details of the various HMO plans, the employee monthly premiums and prescription drug co-pay information.
- * Notice About Your Prescription Drug Coverage: We recommend that you retain this document for your records.
- * PPO Annual Out-of-Pocket Chart: For all medical PPO participants.
- * PPO Plan Comparison Chart: Includes details of the various PPO plans, the employee monthly premiums and prescription drug co-pay information.
- * Women's Health and Cancer Rights Act (WHCRA) Fact Sheet: Each year the Village is required to provide this notice to all benefit eligible employees.
- * 2021 Dental Plan Highlight Sheet (Includes employee monthly premiums).
- * MetLife Benefits Overview for the PDP (PPO) Plus dental plan.
- * 2021 Vision Plan Highlight Sheet (Includes employee monthly premiums).
- * VSP Vision Benefits Summary (Includes a description of the benefits, co-payments and frequency for the new voluntary vision plan).

General

- [Notice of HIPAA Privacy Practices](#)

Medical

- [Blue Cross Blue Shield of Illinois Benefits Guide for both HMO and PPO medical plans](#)
- [Children's Health Insurance Program \(CHIP\) Information Sheet](#)
- [HMO Plan Comparison Chart](#)
- [Notice About Your Prescription Drug Coverage](#)
- [PPO Annual Out-of-Pocket Chart](#)
- [PPO Plan Comparison Chart](#)
- [Women's Health and Cancer Rights Act \(WHCRA\) Fact Sheet](#)

Dental

- [2021 Dental Plan Highlight Sheet](#)
- [MetLife Benefits Overview for the PDP \(PPO\) Plus Dental Plan](#)

Vision

- [2021 Vision Plan Highlight Sheet](#)
- [VSP Vision Benefits Summary Page](#)

CONTINUE TO ENROLLMENT

Step 3: Enrollment

During the [Medical, Dental and Vision enrollment](#) process on Page 5, you are required do one of the following:

1. **Continue your current benefit:** If you currently are enrolled in a benefit and do not want to change your election, be sure your election is selected by clicking the appropriate benefit option. You will then proceed to the next benefit election webpage; however you must click the **SAVE AND CONTINUE** button at the bottom of the page.
2. **Change your benefit option:** If you would like to change your benefit election, click the benefit option you wish to elect and click the **SAVE AND CONTINUE** button. **If you select an option other than Single (S), you will be prompted to select the dependents you wish to cover for that benefit (as shown on the next page).**
3. **Decline a benefit:** If you wish to decline a benefit, click the Decline Coverage button for that benefit. Then click the **SAVE AND CONTINUE** button.

IMPORTANT: The below screen shot on Page 5 will show your current benefit election however, you **MUST** click the same or new election from the below choices and click the **SAVE AND CONTINUE** button on each benefit election webpage. If you do not, the system will automatically decline enrollment and any benefit election changes **will not** be saved.

HOME MY HR TIMESHEET BENEFIT ENROLLMENT LOGOUT

Home » Benefit Enrollment

Medical Enrollment

In order to be eligible for the discounted rate, employees and their spouses (that are on the plan) must have completed the annual biometric screening in July 2020. If this was not completed, please do not select the discount option.

Current Election

PPO \$300/\$900 - Family Discount
Dependents Covered
Self

Per Payment Deduction
\$123.48

Enrollment in Plan

Please choose the plan you'd like to enroll in below:

	Employer Cost (Per Payment)	Your Cost (Per Payment)
HMO \$25/\$75		
☐ Family	\$780.14	\$158.76
☐ Family Discount	\$827.77	\$111.13
☐ Single	\$231.62	\$72.68
☐ Single + 1	\$517.06	\$131.10
☐ Single + 1 Discount	\$543.28	\$104.88
☐ Single Discount	\$238.89	\$65.41
PPO \$300/\$900		
☐ Family	\$959.02	\$185.22
☒ Family Discount	\$1,014.58	\$129.66
☐ Single	\$330.24	\$84.34
☐ Single + 1	\$729.84	\$152.14
☐ Single + 1 Discount	\$760.28	\$121.72
☐ Single Discount	\$338.68	\$75.90

If you do not wish to enroll in a plan at this time, please click below:

☐ Decline Coverage Button

If you are declining coverage and you decide to enroll at a later date you may subject yourself and your eligible dependents to certain applicable waiting periods. Under the Health Insurance

SAVE AND CONTINUE...

System automatically highlights your current plan for 2027

If electing other than single coverage, you will be prompted to select the dependents you wish to cover for **Medical, Dental and Vision** on a webpage like the one below. Check the box next to each dependent you wish to cover and click the **SAVE AND CONTINUE** button.

IMPORTANT: If you are missing a dependent and forgot to add or remove dependents according to Section 2 of this document, you will not be able to make the appropriate dependent selection and risk a dependent not being covered.

eSuite HR Portal
Powered by Tyler Technologies

HOME MY HR TIMESHEET BENEFIT ENROLLMENT LOGOUT

Home » Benefit Enrollment

Welcome,

Pre-Enrollment

Welcome Message
Plan Documents

Enrollment

CATEGORY	YOUR COST
Medical	\$129.66
Dental	\$0.00
Vision	\$0.00
Flex Child Care	\$0.00
Flex Medical	\$0.00
TOTAL COST (PER PAYMENT)	\$129.66

Finish

Submit & Complete Enrollment
Print Confirmation Statement

If you are adding a dependent, be sure that the dependent is listed under Contact/Dependents on the My HR tab and check the box marked "dependent." In addition, you must send Human Resources proof of relationship (i.e. a copy of the marriage certificate, civil union or birth/adoption certificate) for the individual you are adding.

Select Covered Individual(s)

☒	SELF
☒	DEPENDENT CHILD
☒	DEPENDENT CHILD
☒	SPOUSE

SAVE AND CONTINUE...

Enrollment

CATEGORY	YOUR COST
☒ Medical	\$129.66
☒ Dental	\$0.00
☐ Vision	\$0.00
☐ Flex Child Care	\$0.00
☐ Flex Medical	\$0.00
TOTAL COST (PER PAYMENT)	\$129.66

Each time you click the **SAVE AND CONTINUE** button on a benefit election webpage, a checkmark will appear next to the benefit located on the left-hand side of the benefit enrollment category you completed. The benefit category will also turn to gray. Your cost per paycheck will also update automatically.

REMINDER: Double check your elections, even if a check mark appears next to the benefit. You can click on the benefit hyperlink to the left and it will return you to the benefit election webpage to review your options for that benefit.

I HAVE AN ERROR: If you received the error below on either the **Medical, Dental or Vision** webpage; you selected “Single” as the coverage option, but you also selected one (1) or more dependents. This is an error and eSuite will not permit you to submit your benefit enrollment until it is corrected.

Category: Medical - Number of covered individuals cannot be greater than the maximum of 1 or less than the minimum of 1 based on the selected coverage option.

IF YOU SELECT A SINGLE + 1 OR FAMILY MEDICAL, DENTAL OR VISION PLAN AND ONLY LIST YOURSELF AS THE DEPENDENT, YOU MAY BE SUBJECT TO THE HIGHER SINGLE + 1 & FAMILY RATE.

Flex Child Care and Flex Medical

For **Flex Child Care** and **Flex Medical**, you must select “All Full-Time Employees” and enter your Annual Allowance for 2027. **If you do not select “All Full-time Employees” and enter an amount, the system will automatically decline coverage and you will not be enrolled in the Flex Plan(s) for 2027.** Note: If you had flex during the previous year, you may see under Current Election “No individuals covered under this plan.” As long as “All Full-Time Employees” is selected with an annual amount keyed and Your Cost (Per Payment) field showing the bi-weekly deduction, your flex account will be set-up correctly. We do not need nor collect dependent information for the flexible spending plans.

Once you enter in an amount, Your Cost (Per Payment) will populate. Click the **SAVE AND CONTINUE** button on the bottom of the page and your cost under the applicable Enrollment Category will update on the left hand side.

Pre-Enrollment

- Welcome Message
- Plan Documents

Enrollment

CATEGORY	YOUR COST
☒ Medical	\$129.66
☒ Dental	\$35.25
☒ Vision	\$6.73
☒ Flex Child Care	\$208.34
☒ Flex Medical	\$0.00
TOTAL COST (PER PAYMENT)	\$379.98

Finish

- Submit & Complete Enrollment
- Print Confirmation Statement

Flex Medical Enrollment

You are eligible to elect to pre-tax up to \$2,750 annually for eligible **medical** care expenses.

You are eligible to elect to pre-tax up to \$5,000 annually for eligible **dependent** care expenses.

Current Election

Flex Medical - All Full-Time Employees

Dependents Covered

No individuals covered under this plan.

Enrollment in Plan

Please choose the plan you'd like to enroll in below:

Flex Medical

☒ All Full-Time Employees

Per Payment Deduction

\$93.75

IF you are electing Flex Child Care or Flex Medical, you must select “All-Full Time Employees” AND enter an annual amount below, Your Cost (Per Payment) will populate. Then click Save and Continue. (Note: “Your Cost (Per Payment)” must populate in order for the system to process your selection. If you had flex last year, the system may populate the annual amount, however it is not updating Your Cost (Per Payment). If this happens, please clear out the annual amount and re-type it in, hit tab and then Your Cost (Per Payment) should update. Then click Save and Continue.

Enter the amount you would like to allocate for Annual Allowance

Your Cost (Per Payment)

Minimum Allowed \$0.00 Maximum Allowed \$2,750.00

\$114.59

Step 4: Submit and Complete Enrollment

Once you have completed your benefit elections, you must review the elections and submit your confirmation per the [Confirm & Submit webpage](#). This webpage shows each benefit election, as well as both the employer and employee cost per paycheck. If you need to make any changes to your benefit elections **before** submitting them, just click on the relevant benefit hyperlink located on the left-hand side of the webpage.

NOTE: At any time during the benefit enrollment process, you can go to this specific webpage by clicking the [Submit & Complete Enrollment](#) hyperlink located on the left-hand side of the webpage.

Confirm & Submit

Summary Of Elections

Category	Plan - Election	Employer Cost (Per Payment)	Your Cost (Per Payment)
Medical	PPO \$300/\$900 - Family Discount	\$1,014.58	\$129.66
Covered Individuals			
Dental	PDP (PPO) Plus - Family	\$35.25	\$35.25
Covered Individuals			
Vision	Vision - Family	\$0.00	\$6.73
Covered Individuals			
Flex Child Care	Flex Child Care - All Full-Time Employees	\$0.00	\$208.34
Flex Medical	Flex Medical - All Full-Time Employees	\$0.00	\$114.59
		Your Total Cost: \$494.57	

Submit To HR

Clicking the submit button below will submit all of your current elections to your HR department. Once you submit your elections you may not make additional changes online.

SUBMIT

Benefit Plan Links

Pre-Enrollment

- Welcome Message
- Plan Documents

Enrollment

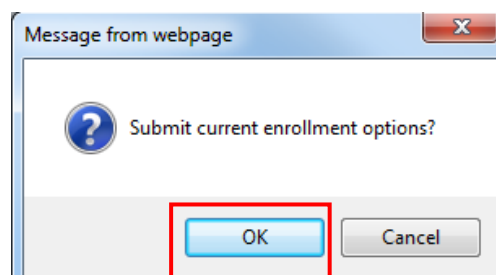
CATEGORY	YOUR COST
✓ Medical	\$129.66
✓ Dental	\$35.25
✓ Vision	\$6.73
✓ Flex Child Care	\$208.34
✓ Flex Medical	\$114.59
TOTAL COST (PER PAYMENT)	\$494.57

Finish

- Submit & Complete Enrollment
- Print Confirmation Statement

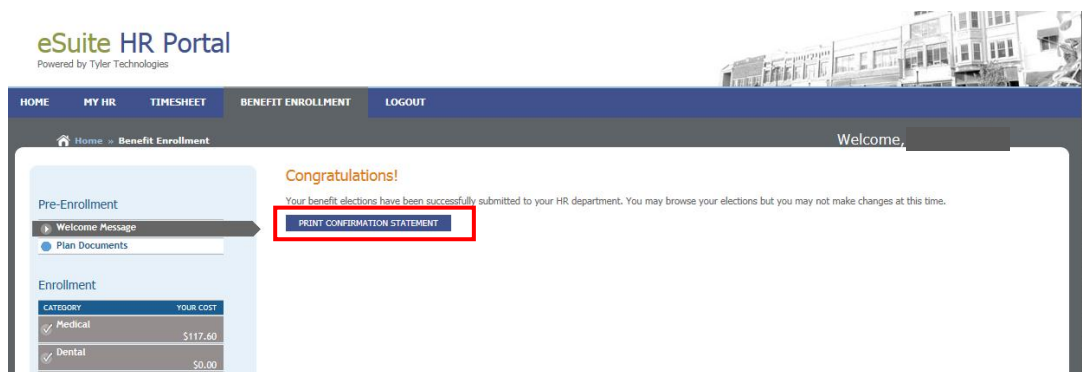
Once you have confirmed that all of the benefit elections are correct, click the **SUBMIT** button at the bottom of the webpage. If there are no errors, the following popup window will appear. Click **OK**.

IMPORTANT: Once you click **OK** you will not be able to make further changes via eSuite. If you discover changes need to be made, you will have to contact the Human Resources Division. **No changes** will be accepted after **October 23, 2026** unless a change is received for a major life event (marriage, civil union, birth, adoption, divorce, loss of job).



Step 5: Print Confirmation Statement

Once you have successfully submitted your benefit enrollment you will see the following webpage. We recommend you click the **PRINT CONFIRMATION STATEMENT** button.



Upon clicking the **PRINT CONFIRMATION STATEMENT** button, the **Confirmation Statement** popup window below will appear. Do the following:

1. Click the [Print Confirmation](#) hyperlink to print the *Benefit Election Confirmation Statement* for your records.
2. You **DO NOT** need to submit a copy to your department or Human Resources as it is your responsibility to properly enroll in your benefit elections for the 2027 calendar year.

[Print Confirmation](#) [Close Window](#) Click the **Print Confirmation** hyperlink to print the statement

Confirmation Statement

SUMMARY OF ELECTIONS

Category	Plan - Election	Employer Cost (Per Payment)	Your Cost (Per Payment)
Medical	PPO \$300/\$900 - Family Discount	\$948.86	\$117.60
Covered Individuals			

NOTE: If you forgot to print this copy for your records, you can always click the [Print Confirmation Statement](#) hyperlink located on the left-hand side of the webpage to obtain the statement. However you need to do so by the deadline on **October 23, 2026**.

