



Auglaize County

Open Enrollment Self Service Guide

For Selerix Benefits Enrollment System

Open enrollment begins on November 15, 2019. Employees will not be able to access the enrollment database until November 15, 2019.



1910 Indian Wood Circle
Maumee, OH 43537
888-808-3008

Logging In

Enter this URL into your internet browser: harmony.benselect.com

You will see this screen on the landing page after it has loaded:

The screenshot shows the 'ENROLLMENT SITE' for Colonial Life. It features a header with the Colonial Life logo. Below the header, the title 'Your Benefits Enrollment' is displayed. A paragraph explains that users must have their employee ID or Social Security Number and a confidential Personal Identification Number (PIN). It also provides a contact number for the Enrollment Solutions Help Desk. There are two input fields: one for the Employee ID or Social Security Number and another for the Personal Identification Number (PIN). Below the fields, a message states that clicking the login button agrees to the Terms of Use and Privacy Notice. At the bottom left is a 'FORGOT PASSWORD' link, and at the bottom right is a 'LOGIN' button. The footer contains copyright information for Colonial Life & Accident Insurance Company and Selerix Systems, along with links for 'Security Info' and 'Admin Site'.

Colonial Life

ENROLLMENT SITE

Your Benefits Enrollment

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have difficulty logging in, please contact the Enrollment Solutions Help Desk at 1-866-875-4772.

Employee ID or Social Security Number

Personal Identification Number (PIN)

By clicking the login button below, you are agreeing to the **Terms of Use** and **Privacy Notice**.

FORGOT PASSWORD

LOGIN

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Security Info Admin Site

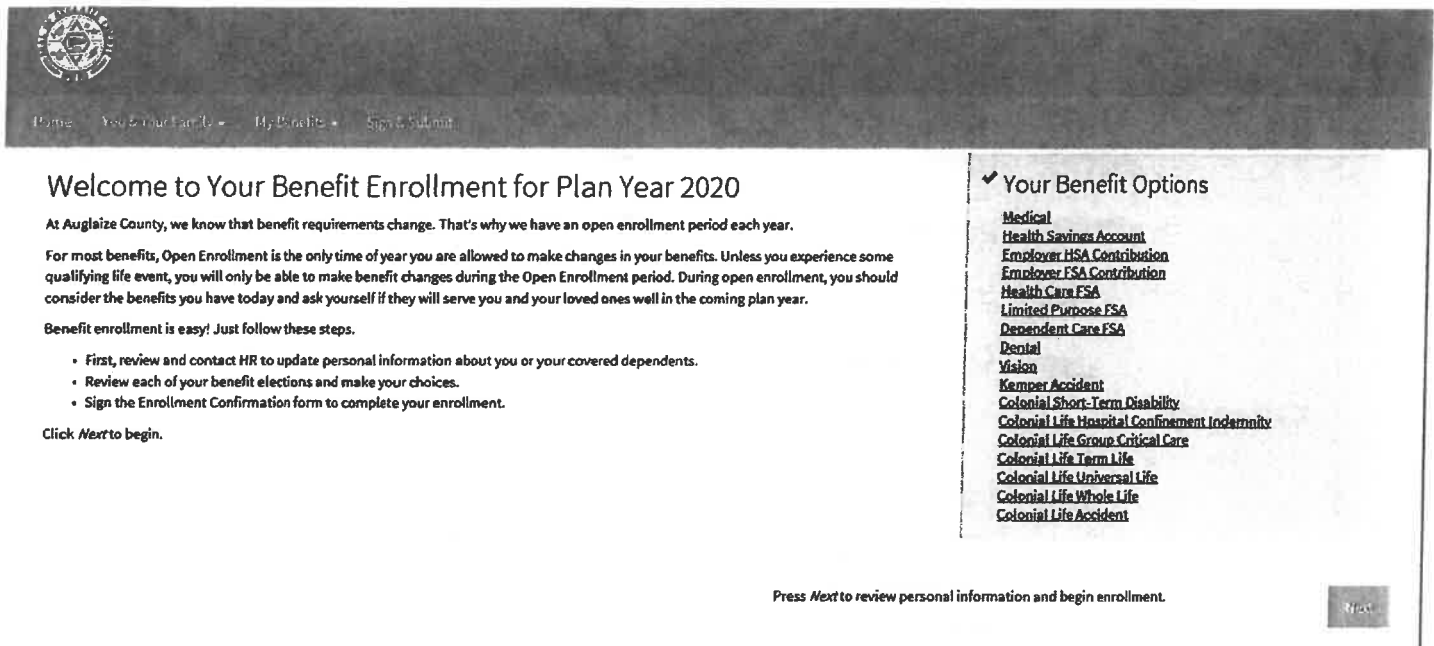
Your personal login credentials are as follows:

In the “**Employee ID or Social Security Number**” field- you will enter your full Social Security Number, with no spaces or dashes (*e.g., 123-45-6789 would be entered as 123456789*).

Your **Pin Number** is the Last Four Digits of your SSN, followed by the last Two digits of your birth year (*e.g., If you were born in 1970, your Pin in this continued example would be 678970*).

Once you have entered this information, click the “**Log In**” button to continue.

After you have successfully logged in, you will be brought to the homepage of your enrollment site, *shown below*.



The screenshot shows the homepage of the Auglaize County Benefit Enrollment website. At the top is a dark navigation bar with the Auglaize County seal on the left and links for Home, You & Your Family, My Benefits, and Sign & Submit. The main content area is divided into two columns. The left column has a heading 'Welcome to Your Benefit Enrollment for Plan Year 2020' followed by a paragraph about the open enrollment period and a list of three steps: 1. Review and contact HR to update personal information, 2. Review each of your benefit elections and make your choices, and 3. Sign the Enrollment Confirmation form. Below this is a 'Click Next to begin.' instruction. The right column has a heading 'Your Benefit Options' followed by a list of benefit categories: Medical, Health Savings Account, Employer HSA Contribution, Employer FSA Contribution, Health Care FSA, Limited Purpose FSA, Dependent Care FSA, Dental, Vision, Kemper Accident, Colonial Short-Term Disability, Colonial Life Hospital Confinement Indemnity, Colonial Life Group Critical Care, Colonial Life Term Life, Colonial Life Universal Life, Colonial Life Whole Life, and Colonial Life Accident. At the bottom of the page, there is a text prompt 'Press Next to review personal information and begin enrollment.' and a 'Next' button.

Auglaize County

Home You & Your Family My Benefits Sign & Submit

Welcome to Your Benefit Enrollment for Plan Year 2020

At Auglaize County, we know that benefit requirements change. That's why we have an open enrollment period each year.

For most benefits, Open Enrollment is the only time of year you are allowed to make changes in your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year.

Benefit enrollment is easy! Just follow these steps.

- First, review and contact HR to update personal information about you or your covered dependents.
- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click *Next* to begin.

✓ Your Benefit Options

- [Medical](#)
- [Health Savings Account](#)
- [Employer HSA Contribution](#)
- [Employer FSA Contribution](#)
- [Health Care FSA](#)
- [Limited Purpose FSA](#)
- [Dependent Care FSA](#)
- [Dental](#)
- [Vision](#)
- [Kemper Accident](#)
- [Colonial Short-Term Disability](#)
- [Colonial Life Hospital Confinement Indemnity](#)
- [Colonial Life Group Critical Care](#)
- [Colonial Life Term Life](#)
- [Colonial Life Universal Life](#)
- [Colonial Life Whole Life](#)
- [Colonial Life Accident](#)

Press *Next* to review personal information and begin enrollment.

Next

Click the "Next button to begin your enrollment.

The next screen will be your Personal Info screen. You may update any personal information on this screen

1 Please review your personal information to ensure it is correct and complete. Please correct any errors and click the *Next* button when you are finished.

Optional items are in *italics*.

Personal Info

Name:	<div>Sample</div> <div>First</div>	<div></div> <div>MI</div>	<div>Tester</div> <div>Last</div>	<div></div> <div>Suffix</div>
Marital Status:	<div>Married</div>			
Date of Birth:	<div>04/24/1974</div>			
SSN:	<div>***-**-7424</div>			
Gender:	<div><input type="radio"/> Male <input checked="" type="radio"/> Female</div>			

Contact Info

Address:	<div>USA</div> <div>Country</div>		
	<div>1234 Indianwood Circle</div> <div>Street</div>		
	<div></div> <div>Street (cont.)</div>		
	<div>Maumee</div> <div>City</div>	<div>OH</div> <div>State</div>	<div>43537</div> <div>Zip</div>
Home Phone:	<div>(419) 897-9120</div>		
Work Phone:	<div></div>		
Mobile Phone:	<div></div>		
EMail:	<div>sample@gmail.com</div>		

Back

Next

After you have made your changes please click "Next" button. If there are no changes to be made just click "Next".

The following screen is the Dependents screen. You may update your dependent info here.

Dependents


1 Click **Add** ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the **Next** button when you are finished.

Dependents

Name	SSN	DOB	Sex	Relation	Uploads	
Spouse J. Doe	***-**-9789	1/7/1973	M	Spouse	0	 

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the **Add Dependent** button below.

 Add Dependent

Back

Next

To add a dependent not listed, please select the "plus" sign on the screen (or the +Add Dependent button) and the following screen will pop up so you can add a dependent:

[Home](#) [You & Your Family](#) [My Benefits](#) [Sign & Submit](#) [Logout](#) [Back](#) [Next](#)

Add Dependent

2 Add information on your dependents below. Optional fields are marked in *italics*.

Relationship:

Child

Name:

Child

First

MI

Last

Tester

Suffix

Date of Birth:

01/01/2016

SSN:

***-**-8888

Gender:

☐ Male

☒ Female

Full-time Student:

☐ Yes

☒ No

Disabled:

☐ Yes

☒ No

Address:

☒ Same as employee

Country:

USA

Street:

123 First Street

Street (cont.):

City:

San Francisco

State:

CA

Zip:

94101

Save

Cancel

Click "save" and this will bring you back out to the main dependent screen. You should see the new dependent now.

Home You & Your Family + My Benefits + Sign & Submit Logout Back Next

Dependents

Click Add ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the Next button when you are finished.

Name	SSN	DOB	Sex	Relation	+
<u>Spouse Tester</u>	***-**-4555	1/9/1973	M	Spouse	/ ✕
<u>Child Tester</u>	***-**-8888	1/1/2016	F	Child	/ ✕

Back Next

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PLEASE NOTE

SOCIAL SECURITY NUMBERS ARE REQUIRED FOR ALL DEPENDENTS-YOU CAN NOT COMPLETE YOUR ENROLLMENT WITHOUT THIS INFORMATION.

This next screen reviews your Employment information.

Employment

1 Please review and correct your employment information shown here. Optional items are shown in *italics*.

Certain items require additional information from you. These items are highlighted and underlined. Click on the item to correct it, if necessary.

Press **Next** to continue.

Employment Info

Date of Hire: 11/30/2002

Eligibility Date: 11/30/2002

Location: Treasurer

Department: TREASURER

Job Class: Elected Official:

Title: TREASURER

Salary:

Pay group: All Employees

Payroll Frequency: BiWeekly

Hours per Week: 40.00

Back

Next

If your Department, Location or Salary need updated your HR department will have to take care of this for you.

Click "Next" to continue. These next screens will be the actual enrollment screens for your benefits.

On this screen you will see all of your options for benefit elections. Any coverages that you are currently enrolled in will show your election under each benefit.

Below is a list of your current benefit elections. For each of the benefit options below, your "Quick Enroll" option is shown. Click the Quick Enroll link to accept on each one, or click "Review" to review your other options.

☒ **Medical** Review

Enrollment Details

Product Name: HDHP
Coverage Level: Employee+Family

First Name	MI	Last Name	DOB	Sex	Relationship
test		test	4/24/1974	F	Employee
spouse		test	1/7/1975	M	Spouse

☒ You have completed enrollment in this plan. Your cost per pay period will be \$234.53

☒ **Health Savings Account** Review

Enrollment Details

You have elected an annual contribution: \$480.00

☒ You have completed enrollment in this plan. Your cost per pay period will be \$60.00

☒ **Employer HSA Contribution** Review

Enrollment Details

You have elected an annual contribution: \$300.00

☒ You have completed enrollment in this plan. Your cost per pay period will be \$0.00

☐ **Employer FSA Contribution** Quick Enroll Review

☒ Based on your group's rules, choosing "Quick Enroll" will waive this benefit.

☒ **Health Care FSA** Review

☒ You may not enroll in Health Care FSA if you are also enrolled in Health Savings Account.

☐ **Limited Purpose FSA** Quick Enroll Review

My Benefits

<input checked="" type="radio"/> Medical	\$134.53
<input checked="" type="radio"/> Health Savings Account	\$60.00
<input checked="" type="radio"/> Employer HSA Contribution	\$0.00
<input checked="" type="radio"/> Employer FSA Contribution	\$0.00
<input checked="" type="radio"/> Health Care FSA	\$0.00
<input checked="" type="radio"/> Limited Purpose FSA	\$0.00
<input checked="" type="radio"/> Dependent Care FSA	\$0.00
<input checked="" type="radio"/> Dental	\$27.32
<input checked="" type="radio"/> Vision	\$6.82
<input checked="" type="radio"/> Cancer Accident	\$15.84
<input checked="" type="radio"/> Colonial Short-Term Disability	\$0.00
<input checked="" type="radio"/> Colonial Life Hospital Confinement Indemnity	\$0.00
<input checked="" type="radio"/> Colonial Life Group Critical Care	\$0.00
<input checked="" type="radio"/> Colonial Life Term Life	\$0.00
<input checked="" type="radio"/> Colonial Life Universal Life	\$0.00
<input checked="" type="radio"/> Colonial Life Whole Life	\$0.00
<input checked="" type="radio"/> Colonial Life Accident	\$0.00

Total Cost **\$229.57**

You will begin by going through each benefit. Your current coverages are carried forward. If you do not need to make any changes, you do not actually need to review that benefit. If you would like to review the benefit because you would like to change or look at other coverages you would select the "Review" tab.

➤ Some of the benefits do have a "Quick Enroll" option. If you select Quick Enroll, you will be waiving or "declining" that benefit.

If you wish to review the benefit you can click on review and that will bring you to a screen that will look like this:

Medical

Here is a summary of your current Medical election.

① If you wish to make a change, click the *Unlock* button.

Enrollment Details

Product Name: HDHP

Coverage Level: Employee+Family

First Name	MI	Last Name	DOB	Sex	Relationship
test		tester	4/24/1974	F	Employee
spouse		tester	1/7/1973	M	Spouse

Back

Medical is now locked. If you wish to make changes, press the *Unlock* button.

Unlock

Next

My Benefits

Medical	\$124.19
Health Savings Account	\$80.00
Employer HSA Contribution	\$0.00
Employer FSA Contribution	\$0.00
Health Care FSA	\$3.00
Limited Purpose FSA	\$0.00
Dependent Care FSA	\$0.00
Dental	\$27.22
Vision	\$5.82
Kemper Accident	\$12.94
Colonial Short-Term Disability	\$0.00
Colonial Life Hospital Confinement Indemnity	\$0.00
Colonial Life Group Critical Care	\$0.00
Colonial Life Term Life	\$0.00
Colonial Life Universal Life	\$0.00
Colonial Life Whole Life	\$0.00
Colonial Life Accident	\$0.00

Total Cost
Per Pay Period

\$229⁶⁷

Just click the *Unlock* button to review your coverage.

Your next screen will look similar to this:

Medical

① Listed below are the options and coverage choices available to you.

- To enroll or continue your current coverage, click the option that represents your election.
- You can edit which dependents will be covered by using the pencil icon next to the list of Covered People when available.
- When you are finished, click on the Enroll button to continue.

Current

HDHP

Your Cost: Per Pay Period

☐ Employee Only: \$46.57

☒ Employee+Family: \$124.19

Covered People:

test tester

spouse tester

Enroll

DECLINE COVERAGE

You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.

Your Cost: \$0.00

Decline

My Benefits

<input checked="" type="radio"/> Medical	\$0.00
<input checked="" type="radio"/> Health Savings Account	\$60.00
<input checked="" type="radio"/> Employer HSA Contribution	\$0.00
<input type="radio"/> Employer FSA Contribution	\$0.00
<input checked="" type="radio"/> Health Care FSA	\$0.00
<input type="radio"/> Limited Purpose FSA	\$0.00
<input type="radio"/> Dependent Care FSA	\$0.00
<input checked="" type="radio"/> Dental	\$27.22
<input checked="" type="radio"/> Vision	\$5.92
<input checked="" type="radio"/> Kemper Accident	\$12.34
<input type="radio"/> Colonial Short-Term Disability	\$0.00
<input type="radio"/> Colonial Life Hospital Confinement Indemnity	\$0.00
<input type="radio"/> Colonial Life Group Critical Care	\$0.00
<input type="radio"/> Colonial Life Term Life	\$0.00
<input checked="" type="radio"/> Colonial Life Universal Life	\$0.00
<input type="radio"/> Colonial Life Whole Life	\$0.00
<input type="radio"/> Colonial Life Accident	\$0.00

Total Cost Per Pay Period \$105⁴⁸

If you need to change from single to family, or family to single you can just click the radio button by the options to change to the correct selection. If you need to select or unselect a dependent you would click on the pencil to edit your selections. Or if you would like to decline coverage then you would select the Decline coverage option.

****IF YOU DO GO INTO THE MEDICAL TO REVIEW YOUR COVERAGE THE SYSTEM WILL AUTOMATICALLY HAVE YOU REVIEW THE HSA BENEFITS THAT ARE NEXT ON THE ENROLLMENT SCREEN.****

The Health Savings Account screen will look like this:

Your HSA Election

A health savings account allows you to set aside pre-tax money to pay for expenses not covered by your insurance. The minimum and maximum contribution amounts for the next plan year are shown below.

- If you would like to enroll in the HSA plan, enter the amount you would like to contribute for plan year. Then click on the button next to the text which reads "I wish to apply for this coverage".
- If you do not want to enroll in the HSA, click on the button next to the text which reads "I wish to DECLINE this coverage".
- When you are finished, click on the "NEXT" button to continue.

Benefit Levels: ☐ Single ☒ Employee+Family



Maximum Annual Contribution:

\$6,800.00

Amount per pay period:

\$18.46

Number of periods:

Total Amount:

\$479.96

Calculate

☒ I wish to apply for this coverage

☐ I wish to CANCEL this coverage

Back

Next

You will need to select **employee or employee + family radio button next to the benefit level selection** -then enter the dollar amount per pay period and hit calculate. Or you can select a Total amount and hit calculate and the system will automatically calculate what the amount would be per pay period.

The Employer HSA contribution will automatically give you the Employer contribution amount in the Total Amount field, base on your election of Single or Employee + Family coverage. You will not be able to enter an amount per pay period.

My Be

- ☒ Me
- ☒ He
- ☒ Em
- ☐ Em
- ☒ Me
- ☐ Lim
- ☐ Des
- ☒ Der
- ☒ Visi
- ☒ Ker
- ☐ Col
- ☐ Col
- ☐ Indi
- ☐ Col
- ☐ Col
- ☒ C.L.
- ☐ Col
- ☐ Col



Employer HSA Contribution

Your Employer Paid HSA Election

Benefit Levels: ☐ Single ☒ Employee+Family

Minimum Annual Contribution: \$300.00

Maximum Annual Contribution: \$300.00

Employer Match: \$300.00

Amount per pay period: \$0.00

Number of periods:

Total Amount: \$300.00

Calculate

☒ I wish to apply for this coverage

☐ I wish to CANCEL this coverage

Back

Next

Click next and continue your enrollment.

Please note that if you do not have an HSA bank account the county will deposit money into an FSA account for you. In this case, do not enroll in the Employer HSA Contribution benefit. Please enroll in the Employer FSA Contribution benefit .

If you are not taking Auglaize County medical coverage then you can “quick enroll” or “decline” the Employer HSA and FSA Contribution benefits.

Continue through the enrollment Dental, Vision, etc. using the same methods explained earlier with the medical benefit.


If you would like to review the Kemper Accident Benefit you can click on review and you will see a screen that looks similar to this:

Kemper Accident

Listed below are the options and coverage choices available to you.

- To enroll or continue your current coverage, click on the option next to the cost which represents your election.
- When you are finished, click on the "NEXT" button to continue.

Employee Only	Employee + Children	Employee + Spouse	Employee+Family
<input type="radio"/> \$0.25	<input type="radio"/>	<input checked="" type="radio"/> \$12.34	<input type="radio"/>

Benefit Amount:  \$2,000

☒ I wish to apply for this coverage
☐ I wish to CANCEL this coverage

Back

Kemper Accident is now unlocked for editing. Click *No Change* to undo your changes.

No ChangeNext

This benefit has a slider option to make your benefit amount selection. First you would select which tier you want, then select the Benefit Amount by using the arrows on the slider. As you change benefit amounts the total cost will change in your tier selection.

The last few benefits shown on the enrollment screen are the Colonial benefits. You can either quick enroll to waive those benefits, or you can review the benefit.

☐ Colonial Short-Term Disability

Quick Enroll

Review

1 Based on your group's rules, choosing "Quick Enroll" will waive this benefit.

☐ Colonial Life Hospital Confinement Indemnity

Quick Enroll

Review

2 Based on your group's rules, choosing "Quick Enroll" will waive this benefit.

☐ Colonial Life Group Critical Care

Quick Enroll

Review

3 Based on your group's rules, choosing "Quick Enroll" will waive this benefit.

☐ Colonial Life Term Life

Quick Enroll

Review

4 Based on your group's rules, choosing "Quick Enroll" will waive this benefit.

If you wish to enroll, change, or cancel coverage you will need to select review. This will bring you to a screen similar to this:

Colonial Short-Term Disability

- Choose *Enroll/Change/Cancel Coverage* if you wish to view rates and enroll in this product.
- Choose *Waive Coverage* if you do not wish to have coverage in this plan.

Press *Next* after you have made your selection.

Enroll/Change/Cancel Coverage

☐ Waive coverage

[Back](#)

Next

Once you click the Next button to bridge over to Harmony you will see screens similar to this:

Disability Insurance

Get a Quote for Disability 1000

Skip this benefit

Who Is Covered

Employee

Coverage

Primary Coverage

Off Job Accident and Off Job Sickness

Benefit Amount

Monthly Off-Job Benefit Amount (\$)

---Select one---

▼

Additional Options

☐ Health Screening Benefit

\$0.61

Your Total Cost per Deduction: \$0.00

Benefits & Features

Terms of Use

My Benefits

☒ Medical Health Insurance
☒ Employment
☒ Health Coverage
☐ Limited Dependents
☒ Dental Vision
☒ Cancer Screening
☐ Colonoscopy
☐ Colonoscopy
☒ Colonoscopy
☐ Colonoscopy

Calculator

Total Per Month

You can click on benefits and features to see information about the plan, or select a Benefit Amount to get a quote. If you decide not to enroll in the benefit you can the “Skip this Benefit” link and it will take you back to the original enrollment screen.

Here is an example of how to cancel a Colonial coverage.

Once you bridge over to Colonial you can see your policy information:

existing coverages, click on the button next to each option to view or change the coverage.

New Coverage	Deduction Cost	Available Action
Kimberly Click Get a Quote to apply for coverage.		Get A Quote
New Coverage Cost Per Deduction Period: \$0.00		
Don't see all your family listed above? Add Family Member		
Existing Coverage	Deduction Cost	Available Action
Kimberly Whole Life (\$25,000.00)	\$22.26	View / Cancel Add A Rider
Existing Coverage Cost Per Deduction Period: \$22.26		

[My Benefits](#)

You will then need to click on the “View/Cancel” button. Which will bring you to this screen:

Whole Life (\$25,000.00) (WL6GR) Coverage Began: Jan 2014
 Life Paid Up at 65. Non-Tobacco Plan.

— Important Information —

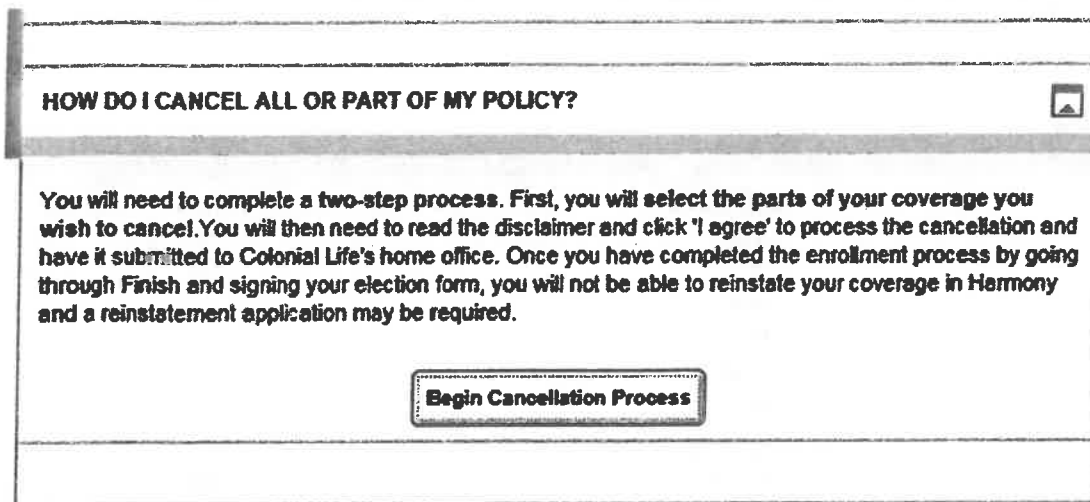
Please review these links which provide more detailed information on this coverage. This coverage has exclusions and limitations.

- [Important Information About Whole Life](#)

HOW DO I CANCEL ALL OR PART OF MY POLICY?

You will click on the the sentence that says “HOW DO I CANCEL ALL OR PART OF MY POLICY?”

The next step is to click on the “Begin Cancellation Process”



HOW DO I CANCEL ALL OR PART OF MY POLICY?

You will need to complete a two-step process. First, you will select the parts of your coverage you wish to cancel. You will then need to read the disclaimer and click 'I agree' to process the cancellation and have it submitted to Colonial Life's home office. Once you have completed the enrollment process by going through Finish and signing your election form, you will not be able to reinstate your coverage in Harmony and a reinstatement application may be required.

Begin Cancellation Process

On the next screen you will need to remove the checkmark next to the benefit you currently have, and then you will click on Save and Continue and follow the next prompts/steps you will see.

After your policy has been canceled you should be able to “Return to benefits” and that will bridge you back over to the Selerix enrollment system where you can then complete the rest of your enrollment.

Once you are finished going through the enrollment screen you click next and will at the Sign and Submit screen

Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions per pay period for each plan.

- **Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- **Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

Your Benefits

Plan	Description	Pretax Cost	Posttax Cost
<u>Medical</u>	Medical HDHP FA	\$124.19	\$0.00
<u>Health Savings Account</u>	\$479.96	\$18.46	\$0.00
<u>Employer HSA Contribution</u>	\$300	\$0.00	\$0.00
<u>Employer FSA Contribution</u>	Waived		
<u>Health Care FSA</u>	N/A		
<u>Limited Purpose FSA</u>	Waived		
<u>Dependent Care FSA</u>	Waived		
<u>Dental</u>	Superior Dental High Plan; ES	\$27.22	\$0.00
<u>Vision</u>	Vision; ES	\$5.92	\$0.00
<u>Kemper Accidents</u>	\$3,000; ES	\$15.78	\$0.00
<u>Colonial Short-Term Disability</u>	Waived		
<u>Colonial Life Hospital Confinement Indemnity</u>	Waived		
<u>Colonial Life Group Critical Care</u>	Waived		
<u>Colonial Life Term Life</u>	Waived		
<u>Colonial Life Universal Life</u>	N/A		
<u>Colonial Life Whole Life</u>	Waived		
<u>Colonial Life Accident</u>	Waived		
Total		\$191.57	\$0.00

Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
<input checked="" type="checkbox"/> Benefit Confirmation Form	Unsigned	

Next

Here you can review your elections, and if needed, you can go back and click on any of the benefits you would like to change or review again. If everything looks good, click next. This will take you to the Review/Sign Forms screen:

Review / Sign Forms

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions per pay period for each plan.

- **Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- **Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

Benefit Confirmation / Deduction Authorization

Juvenile Court

Name	Date of Birth	Home Phone	Work Phone	Address
Iest Iestor	04/24/1974	(888) 808-3008		1 Anywhere Maumee, OH 43537
Employee ID	Hire/Elig Date	Gender	E-mail Address	
0	07/01/2019	F	test@gmail.com	

Location	Department	Reason for Completing Form
Juvenile Court	Juvenile Court	Open Enrollment
Job Class	Title	
Full Time	Juvenile	

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested Benefit	Cost	Employee Cost Pre-tax	After-tax	Employer Cost
Medical	Medical HDHP	FA	26	01/01/2020				124.19	0.00	831.13
Health Savings Account	Health Savings Account	EO	26	01/01/2020	480			18.46	0.00	
Employer HSA Contribution	ER HSA Contribution	EO	1	01/01/2020	300					300.00
Employer FSA Contribution	Waived									
Limited Purpose FSA	Waived									
Dependent Care FSA	Waived									
Dental	Superior Dental High Plan	ES	26	08/01/2019				27.22	0.00	
Vision	Vision	ES	26	08/01/2019				5.92	0.00	
Kemper Accident	Kemper Accident	ES	26	01/01/2020	3,000			15.76	0.00	
Colonial Short-Term Disabil	Waived									
Colonial Life Hospital Confi	Waived									
Colonial Life Group Critical	Waived									
Colonial Life Term Life	Waived									
Colonial Life Whole Life	Waived									
Colonial Life Accident	Waived									
Total:								191.57	0.00	1,131.13

Page 1 of 2

rev. 04-11-2007

Page 1

Download Form

Spouse: Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the Benefit Verification/Deduction Confirmation Form above. Please review it carefully before entering your PIN.

PIN:

Sign Form

To complete the enrollment you will have to electronically sign the Benefit Confirmation Form.

The Electronic Pin number will be the *last four of your social security number and last two of your birth year.*

Enter the Pin and click the "Sign Form" button.

Your enrollment will be complete when you see the Sign/Submit Complete screen:

Home You & Your Family My Benefits Sign & Submit

Sign/Submit Complete

Congratulations!
Your enrollment is now complete. You may log in to the system at any time during the year to review your benefit elections.

Recap of Your Elections
Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. Scroll down to the bottom of this screen to view a list of your completed enrollment forms.

☒ **Medical**

Enrollment Details

Product Name: HDHP
Coverage Level: Employee+Family

First Name	MI	LAST NAME	DOB	Sex	Relationship
test		test	6/24/1974	F	Employee
spouse		test	1/7/1975	M	Spouse

☒ **Health Savings Account**

Enrollment Details

You have elected an annual contribution: \$479.96

☒ **Employer HSA Contribution**

Enrollment Details

You have elected an annual contribution: \$300.00

☒ **Employer FSA Contribution**

You have elected to WAIVE coverage under this plan.

☒ **Health Care FSA**

You have elected to WAIVE coverage under this plan.

☒ **Limited Purpose FSA**

At the bottom of this screen there is an option to print or save your benefit confirmation form. Then you can click the logout button to log out of the system.