



ELECTING BENEFITS ONLINE

ONLINE ENROLLMENT GUIDE



MVLA HIGH SCHOOL DISTRICT

Employee Online Enrollment Guide

- Get online
- Enter the following address into your browser:
<https://www.enrollenr.com/signin?STVSTB324601>
- Your user name is your first initial and last name (no spaces/no hyphens, up to a maximum of 16 characters).
- Your password is the last four digits of your social security number.

[Click here if you have forgotten your User Name or Password](#)

Review your personal information on the My Family page

It is important to review all of your personal information to ensure accuracy.

Steps

1. Click your name to update your personal information. You can also change your password in this area.
2. Click here to add your spouse.
3. Click here to add your dependents.

BEHAVIOR Election Summary Edit Family Resource Library News & Alerts

Your Personal Information: Jerry Abel

Please review the information below. Add any family member you wish to enroll in your benefit offerings.

Employee						
Name	SSN	Address	DOB	Gender	Contact	Approved
Jerry Abel	23-45-6789	345 Thurman Avenue #34, Eureka Springs, AR 72632	21/31/1979	Male	Use	9/18/2012

Dependents							
Name	SSN	Address	Status	DOB	Gender	Approved	Tasks
Johnny Abel	888-00-0042	345 Thurman Avenue #34, Eureka Springs, AR 72632	Dependent Child	1/1/2000	Male	9/18/2012	Create

PROCEED TO MY BENEFITS >

Enroll in your benefits

If your enrollments have not been previously set up in the system, you can make your selections by following the instructions below.

Steps

1. Click a link under the **Benefits** menu to review a particular category of benefits.
2. In each benefit block, make a selection from your list of **Manage Benefit** options.

Medical

Quick Links (15 total)
 Medical Health Savings Account
 Medical Care FSA
 Dependent Care FSA
 Dental
 Vision
 Core Life
 Life Term Disability
 Short Term Disability
 Disability Life

Costs
 Year Cost of Election: \$0.00
 Total Benefit dollars: \$0.00
 Out of pocket expense: \$0.00

MANAGE BENEFIT

Change existing benefits

Your current elections will appear in a similar fashion as shown in the picture below. To make a change, select an option from the list in the **Manage Benefit** section.

Steps

1. Click here to select a **Manage Benefit** option. The system will guide you through the process of making changes to your elections.

Medical Sample PPO Plan

These options vary depending on the type of benefit

Elite Health

Status: Active
 Activity: 6/1/2012
 Coverage: Employee - All Children
 Employer Cost: \$175.00 (Semi-Monthly)
 Employee Cost: \$200.00 (Semi-Monthly)

Name	Type	Group Number	Provider	Action	Effective	Approved	Sent
Jerry	EMP	H200_PPO		Ass	6/1/2012	7/6/2012	
Johnny	DEP	H200_PPO		Ass	6/1/2012	7/6/2012	

MANAGE BENEFIT

EMPLOYMENT ENROLLMENT



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BENEFITS

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Benefits - George Jetson

Unfinalized

Quick Links (15 total)

- [Medical](#)
- [Health Savings Account](#)
- [Medical Care FSA](#)
- [Dependent Care FSA](#)
- [Dental](#)
- [Vision](#)
- [Core Life](#)
- [Long Term Disability](#)
- [Short Term Disability](#)
- [Optional Life](#)

Costs

Total Cost of Elections: **\$87.50**
 Total Benefit dollars: **\$0.00**
 Out of pocket expense: **\$87.50**

[Go to Review & Finalize](#)



The Benefit Blocks below show your current status in each benefit. Use 'Manage Benefit' on each block to see choices available to you. If you wish to enroll members other than yourself in any benefit, [click here](#) to make those changes now.

IMPORTANT: If you are adding a new dependent you must enroll them in each applicable benefit block. Your dependent will not be enrolled without explicitly adding them to each benefit.

Medical Blue Shield of CA Access+ HMO Plan

[Benefit Description](#) | [History](#) | [Enrollment Recap](#) | [View Questions](#)



Status:	Active
Activity:	11/1/2013
Coverage:	Employee + Family
Employer Cost:	\$295.80 (Bi-Weekly)
Employee Cost:	\$87.50 (Bi-Weekly)

MANAGE BENEFIT

[Change or View Plan/Options](#)

Name	Type	Group Number	Provider	Action	Decline Benefit
George	EMP	BSHMO BS HMO		Add	11/1/2013 10/14/2013
Jane	SPS	BSHMO BS HMO		Add	11/1/2013 10/14/2013
Elroy	DEP	BSHMO BS HMO		Add	11/1/2013 10/14/2013

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"I AGREE" PAGE



BENEFITS

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Manage Medical: Change or View Plan/Options

* Required

Carefully review the information below before finalizing

Transaction Type:	Change Coverage
* Event Date:	11/1/2013
Comment:	Change or View Plan/Options
Transaction Date:	11/1/2013
Included:	George Jetson (Employee) Jane Jetson (Spouse) Elroy Jetson (Dependent)
Product:	Medical PPO
Group Number:	1234 PPO
Coverage Level:	Employee + Family
Employer Cost:	\$376.36 (Bi-Weekly)
Employee Cost:	\$82.62 (Bi-Weekly)

This Benefit is part of your company's Section 125 plan. Part or all of your portion of the premium is paid on a pre-tax basis. If you would like it changed, please contact your Benefits Administrator

[CANCEL](#)[<< GO BACK](#)[I AGREE](#)



Benefits - George Jetson

Unfinalized

Quick Links (14 total)

- [Medical](#)
- [Health Savings Account](#)
- [Dental](#)
- [Vision](#)
- [Medical Care FSA](#)
- [Basic Life/AD&D](#)
- [Long Term Disability](#)
- [Voluntary STD](#)
- [Voluntary Employee Life/AD&D](#)
- [Voluntary Spouse Life/AD&D](#)

Costs

Total Cost of Elections: **\$82.62**

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IMPORTANT: If you are adding a new dependent you must enroll them in each applicable benefit block. Your dependent will not be enrolled without explicitly adding them to each benefit.

Medical Medical PPO

[Benefit Description](#) | [History](#) | [Enrollment Recap](#) |

MEDICAL

Status:	Active
Activity:	11/1/2013
Coverage:	Employee + Family
Employer Cost:	\$376.36 (Bi-Weekly)
Employee Cost:	\$82.62 (Bi-Weekly)

MANAGE BENEFIT

Name	Type	Group Number	Provider	Action	Effective	Approved	Sent
George	EMP	1234 PPO		Change	11/1/2013	Submitted	
Jane	SPS	1234 PPO		Change	11/1/2013	Submitted	
Elroy	DEP	1234 PPO		Change	11/1/2013	Submitted	

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REVIEW & FINALIZE

Election Summary				
Employee: Jetson, George Address: 123 Milky Way Sky City, CA 90123			Hire Date: 10/2/2013 Status: Full Time Employee	
Benefits as of: 11/1/2013				
Plan Elections <small>Amounts shown are per (Bi-Weekly) pay period</small>				
Benefit Category	Plan Description	Coverage	Pre-Tax	Post-Tax
Medical	Medical PPO	Employee + Family	\$82.62	\$0.00
Dental	Assurant Dental PPO Plan	Employee + Family	\$38.20	\$0.00
Vision	Declined	Declined	\$0.00	\$0.00
Medical Care FSA	Declined	Declined	\$0.00	\$0.00
Basic Life/AD&D	Assurant Basic Life Plan	\$50,000.00	\$0.00	\$0.00
Long Term Disability	Assurant Long Term Disability Plan	\$5,000.00 (Monthly)	\$0.00	\$0.00
Summation <small>Amounts shown are per (Bi-Weekly) pay period</small>				
		Total out of pocket expense:	\$120.82	
Your Employer is contributing \$401.52 to your Benefit Package.				
Family Members				
Name	Relation	Medical	Dental	
Jane Jetson	Spouse	Y	Y	
Elroy Jetson	Dependent	Y	Y	
Primary Beneficiaries				
Benefit	Name	Relationship	%	Address
Basic Life/AD&D	Jane Jetson	Spouse	100	
Contingent Beneficiaries				
Benefit	Name	Relationship	%	Address
There are no Contingent Beneficiaries				

The above reflects benefits that I have elected and grants authorization to my employer to make the necessary payroll deductions. I understand that I cannot make changes to my elected benefits, or enroll in any currently declined or terminated benefits until the next open enrollment period, except for specified "Qualified Family Status Changes". Pursuant to IRS Section 125 rules, I must notify Assurant Employee Benefits in writing of a "Qualified Family Status Change" within 31 days from the date of occurrence.

10/14/2013 9:36:10 PM

FINALIZED



HIGH SCHOOL DISTRICT

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BENEFITS

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Benefits - George Jetson

Finalized

Quick Links (14 total)

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[Health Savings Account](#)

[Dental](#)

[Vision](#)

[Medical Care FSA](#)

[Basic Life/AD&D](#)

[Long Term Disability](#)

[Voluntary STD](#)

[Voluntary Employee](#)

[Life/AD&D](#)

[Voluntary Spouse Life/AD&D](#)

Costs

Total Cost of Elections: **\$120.82**

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Medical Medical PPO

[Benefit Description](#) | [History](#) | [Enrollment Recap](#) |

MEDICAL

Status:	Active
Activity:	11/1/2013
Coverage:	Employee + Family
Employer Cost:	\$376.36 (Bi-Weekly)
Employee Cost:	\$82.62 (Bi-Weekly)

MANAGE BENEFIT

Name	Type	Group Number	Provider	Action	Effective	Approved	Sent
George	EMP	1234 PPO		Change	11/1/2013	Submitted	
Jane	SPS	1234 PPO		Change	11/1/2013	Submitted	
Elroy	DEP	1234 PPO		Change	11/1/2013	Submitted	