

ELECTING BENEFITS ONLINE



ONLINE ENROLLMENT GUIDE

BENE RAC A Paychex Company

• Youru	nline the following address int <u>///www.eenmolken.ck/Vici</u> sername is your first ini hum of 16 characters).	ninasij?s/t/stria		phens, up to a
	assword is the last four Click here if you have fo		and the second	
Review your per	sonal information or	the My Family	page	
	Il of your personal informatio			
Steps				
 Click your nar Click here to a 	me to update your personal	information. You can	also change your p	assword in this area.
	add your spouse. add your dependents.			
-				Proceed to Log Out
	BENEFITS	Election Summary	Edit Family Resour	ce Library News & Alerts
Your Personal Information	on: Jerry Abel		Use these menus navigate	10
Please review the information	öon below. Add anv family member you w	ish to possil in your havails and		
·		on the standard at locks the pain can		
Employee Name SSN	Address		DOB Ge	nder Contact Approved
Jeny LAber 23-45-6789	345 Thurman Avenue #34, Eureka S	prings, AR 72632	2/13/1979 M	Ne 918/2012
Dependents			3	Add A Family Menter Add Street
Norma SSN Johnny Abai 888-00-0042	Address 345 Thurman Avenue #34, Eureka Spri	nga, AR 72632 D	tatus 000 apandent Child 101/200	Gender Approved Tasks Mate 9/10/2012 Code
Version and the share been been				
			PROCEI	D TO MY BENEFITS »

	ourb	enefits						
f your enrollme nstructions bel		e not been pre	viously set up in th	ne system, you ca	in make yo	our selection	ns by following t	he
			flits menu to revie e a selection from					
Quick Links (15 tota)		Medical						
Medical Health Savinan Account Medical Carle, ESA							NAGE BENEF	T=
Dependent Cara FEA Deptat							Vew Per/Celong	
Visio Core Lite						Cercito	e.Docett	
Long Sere Disability Short Term Doability Optional Life		Medical Car	* FSA					Is.Is
Costs		metrical Ca						
Total Cost of Elections Total Denefit dollars Out of pocket expense	\$0.00					MA	NAGE BENEFI	τ×
Change e Your current ele option from the Steps	ections v	vill appear in a	similar fashion a lefit section.	s shown in the pi	cture belo	w. To make	e a change, sele	ect an
Your current ele option from the Steps 1. Clic	ections v list in th k here to	vill appear in a e Manage Ber	age Benefit option	n. The system w	ill guide yo	ou through t	he process of m	
Your current ele option from the Steps 1. Clic	ections v list in th k here to nges to	vill appear in a e Manage Ber o select a Man	age Benefit option	n. The system w ptions vary depe	ill guide yo	ou through t the type of	he process of m	aking
Your current ele option from the Steps 1. Clic cha	ections v list in th k here to nges to	vill appear in a e Manage Ber o select a Man your elections	age Benefit option These op Status: / Activity: e Coverage: E Employer Cost 3	n. The system w ptions vary depe I <u>Rene</u> Adve	III guide yo	the type of	he process of m	aking
Your current ele option from the Steps 1. Clic cha Medical Elite Health Name	ections v list in th k here to nges to Sample	vill appear in a e Manage Ber o select a Man your elections PPO Plan	Age Benefit option These op Status: / Activity: e Coverage: Employee Coat 3	n. The system w ptions vary depo bioos bioos bioos bioos first os first os first bioten-klonthy	III guide yo ending on R Cescration Action	the type of MANAG	he process of m benefit. Here Becap I View O BE BENEFIT Approved	aking
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EMPLOYMENT ENROLLMENT

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HIGH SCHOOL DISTR		BEN	FITS	Election	Summary	Edit Family	Resource Libra	ry News & Alerts
Your Personal Information Benefits - Georg		n						Unfinalized
	·							
Quick Links (15 total) Medical Health Savings Account Medical Care FSA Dependent Care FSA Dental Vision		you. If IMPO	you wish to RTANT: If yo ed without ex	e below show your current status enroll members other than yours ou are adding a new dependent y plicitly adding them to each bene d of CA Access+ HMO Plan	elf in any bene ou must enroll	fit, <u>click here</u> to	make those changes n	OW.
Core Life		Medical	Dide Officie			Benefit	Description History Enro	Ilment Recap View Questions
Long Term Disability Short Term Disability Optional Life		Blue of	e Shield ^{California}	Activity:	Active 11/1/2013 Employee + F \$295.80 (Bi-W	amily		E BENEFIT 💝
Costs				Employee Cost:	\$87.50 (Bi-We	eekly)	Change or View	/ Plan/Options
Total Cost of Elections: Total Benefit dollars:	\$87.50 \$0.00	Name	Туре	Group Number	<u>Provider</u>	Action	Decline Benefit	
Out of pocket expense:	\$87.50	George	EMP	BSHMO BS HMO		Add	11/1/2013 1	0/14/2013
		Jane	SPS	BSHMO BS HMO		Add		0/14/2013
Go to Review & Finalize		Elroy	DEP	BSHMO BS HMO		Add	11/1/2013 1	0/14/2013

<u> To Top</u>

"I AGREE" PAGE



Your Personal Information) Benefits)

Manage Medical: Change or View Plan/Options

* Required

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)

CANCEL | << GO BACK | I AGREE



	BEN	EFITS	Election Summa	ary Edit Family	Resource Library	News & Alerts
OOL DISTRICT						
sonal Information)						
its - George Jets	on					Unfinaliz
	The E	Benefit Blocks below	show your current status in ea	ach benefit. Use 'Manag	e Benefit' on each block to	o see choices availal
k Links (14 total) al	you. l	f you wish to enroll ı	members other than yourself ir	n any benefit, <u>click here</u>	to make those changes no	DW.
h Savings Account		RTANT: If you are a	adding a new dependent you n	nust enroll them in each	applicable benefit block. Y	Your dependent will r
n oanngo noooann						
al	enroll	ed without explicitly	adding them to each benefit.			
_	enroll	ed without explicitly	adding them to each benefit.			
<u>n</u>	enroll	ed without explicitly	adding them to each benefit.			
on ical Care FSA			adding them to each benefit.			
<u>on</u> i <u>cal Care FSA</u> c Life/AD&D	enroll Medical	ed without explicitly Medical PPO	adding them to each benefit.		Densifi Densisian II	
n ical Care FSA c Life/AD&D g Term Disability			adding them to each benefit.		Benefit Description H	History Enrollment Re
n cal Care FSA c Life/AD&D Term Disability ntary STD ntary Employee			Status: A		Benefit Description F	History Enrollment Re
cal Care FSA <u>cal Care FSA</u> <u>: Life/AD&D</u> <u>Term Disability</u> <u>ntary STD</u> <u>ntary Employee</u> <u>AD&D</u>	Medical	Medical PPO	Status: A Activity: 1	1/1/2013		
n i <u>cal Care FSA</u> <u>c Life/AD&D</u> <u>g Term Disability</u> ntary STD ntary Employee AD&D		Medical PPO	Status: A Activity: 1 Coverage: E	1/1/2013 mployee + Family		History Enrollment Re
ical Care FSA c Life/AD&D g Term Disability ntary STD ntary Employee AD&D ntary Spouse Life/AD&D	Medical	Medical PPO	Status: A Activity: 1	1/1/2013 mployee + Family 376.36 (Bi-Weekly)		
n i <u>cal Care FSA</u> <u>c Life/AD&D</u> <u>a Term Disability</u> <u>ntary STD</u> <u>ntary Employee</u> <u>AD&D</u> ntary Spouse Life/AD&D	Medical MED	Medical PPO	Status: A Activity: 1 Coverage: E Employer Cost: \$ Employee Cost: \$	1/1/2013 mployee + Family 376.36 (Bi-Weekly) 82.62 (Bi-Weekly)	MANAGE	BENEFIT ♥
n <u>cal Care FSA</u> <u>: Life/AD&D</u> <u>. Term Disability</u> <u>ntary STD</u> <u>ntary Employee</u> <u>AD&D</u> ntary Spouse Life/AD&D ts	Medical MED	Medical PPO	Status: A Activity: 1 Coverage: E Employer Cost: \$ Employee Cost: \$ Up Number <u>Provi</u>	1/1/2013 mployee + Family 376.36 (Bi-Weekly) 82.62 (Bi-Weekly) der Action	MANAGE Effective Ap	BENEFIT 🜫
n i <u>cal Care FSA</u> <u>c Life/AD&D</u> <u>a Term Disability</u> <u>ntary STD</u> <u>ntary Employee</u> <u>AD&D</u> ntary Spouse Life/AD&D	Medical MED Name George	Medical PPO	Status: A Activity: 1 Coverage: E Employer Cost: \$ Employee Cost: \$ Up Number Provi 4 PPO	1/1/2013 mployee + Family 376.36 (Bi-Weekly) 82.62 (Bi-Weekly) der Action Change	MANAGE Effective Apr 11/1/2013 Su	BENEFIT 🜫
ntal ion dical Care FSA sic Life/AD&D ng Term Disability untary STD untary Employee :/AD&D untary Spouse Life/AD&D sts al Cost of Elections: \$82.62 to Review & Finalize	Medical MED	Medical PPO	Status: A Activity: 1 Coverage: E Employer Cost: \$ Employee Cost: \$ Up Number <u>Provi</u>	1/1/2013 mployee + Family 376.36 (Bi-Weekly) 82.62 (Bi-Weekly) der Action	MANAGE Effective Apr 11/1/2013 Su 11/1/2013 Su	pproved Se

REVIEW & FINALIZE

Election Summary Employee: Jetson, Geor Address: 123 Milky Wa Sky City, CA	ay		Hire Date: 10/2/2013 Status: Full Time Employee				
Benefits as of: 11/1/2013							
Plan Elections Amounts shown	n are per (Bi-Weekly) pay	period					
Benefit Category	Pla	n Description			Coverage	Pre-Tax	Post-Tax
Medical		dical PPO			Employee + Family	\$82.62	\$0.00
Dental	Ass	surant Dental PPO Pla	an		Employee + Family	\$38.20	\$0.00
Vision	De	clined			Declined	\$0.00	\$0.00
Medical Care FSA	De	clined			Declined	\$0.00	\$0.00
Basic Life/AD&D	Ass	surant Basic Life Plan			\$50,000.00	\$0.00	\$0.00
Long Term Disability	Ass	surant Long Term Disa	ability Plan		\$5,000.00 (Monthly)	\$0.00	\$0.00
Summation Amounts shown are	per (Bi-Weekly) pay perio	d					
	Total out of poo	ket expense:	\$120.82				
Your Employer is	contributing \$401.52 to	your Benefit Packa	ge.				
Family Members							
Name		Relation			Medical	Dental	
Jane Jetson		Spouse			Y	Y	
Elroy Jetson		Dependent			Υ	Υ	
Primary Beneficiaries							
Benefit	N	ame		Relationship		% Address	
Basic Life/AD&D	Já	ane Jetson		Spouse		100	
Contingent Beneficiaries							
Benefit There are no Contingent Beneficiaries	Name	Relatio	nship		%	Address	

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

MVLA	BENEFITS	Election Summary	Edit Family	Resource Library	News & Alerts
HIGH SCHOOL DISTRICT					
Benefits - George Jetson	l i i i i i i i i i i i i i i i i i i i				Finalized

Quick Links (14 total) Medical Health Savings Account Dental Vision Medical Care FSA	you. I IMPO	f you wish to RTANT: If yo	enroll member ou are adding a	s other than you	rself in any be you must enre	nefit, <u>click here</u>	to make those cha	block to see choices nges now. block. Your depende	
Basic Life/AD&D Long Term Disability	Medical	Medical P	PO						
Voluntary STD							Benefit Desc	ription History Enroll	ment Recap
<u>Voluntary Employee</u> <u>Life/AD&D</u> <u>Voluntary Spouse Life/AD&D</u>	MED		-	Activi Coverag	e: Employee	+ Family	MANA	AGE BENEFI	T≍
				Employee Co	st: \$376.36 (l st: \$82.62 (Bi				
Costs	Namo	Type	Crown Num	bor	Providor	Action	Effective	Approved	Sont
Total Cost of Elections: \$120.82	Name	Type EMP	Group Num 1234 PPO	iber	Provider		Effective 11/1/2013	Approved Submitted	Sent
	George					Change			
Go to Review & Finalize	Jane	SPS	1234 PPO			Change	11/1/2013	Submitted	
	Elroy	DEP	1234 PPO			Change	11/1/2013	Submitted	