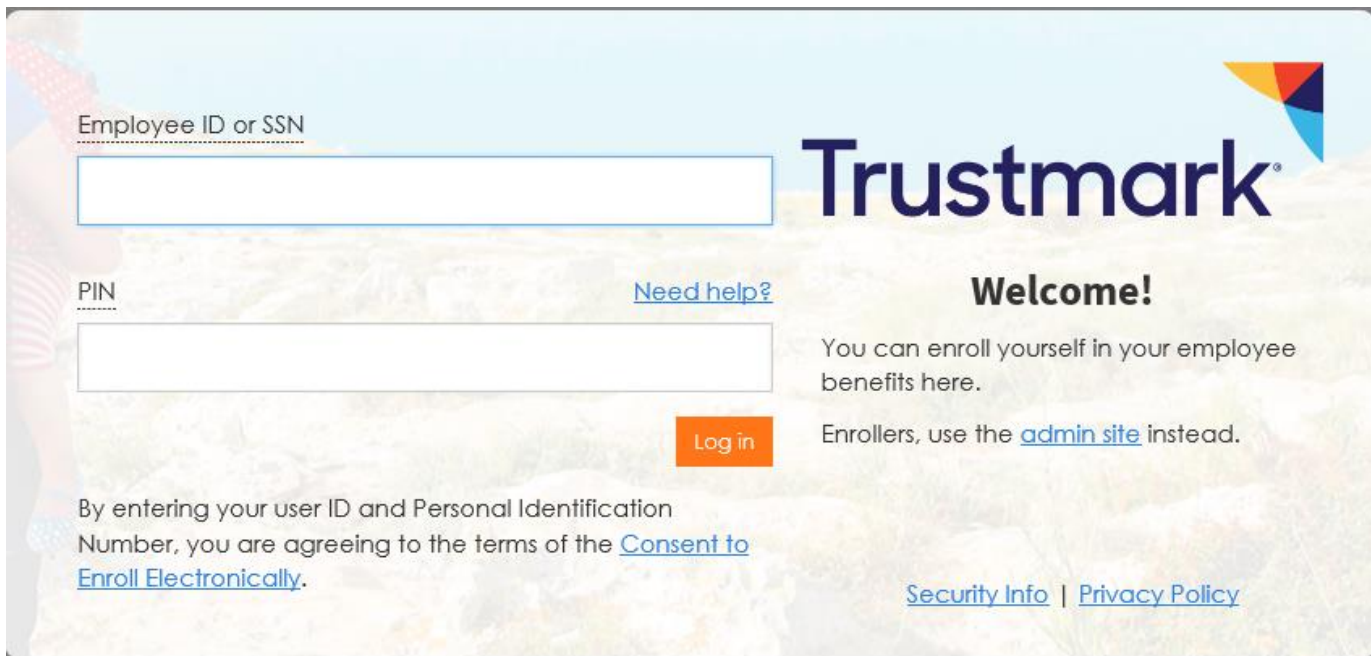


Trustmark Selerix Self-Enrollment Guide for City of Lee's Summit 2021

1. Click on "Enroll in 2021 Benefits" on the Open Enrollment Tab of the Benefits site.
 - a. www.cityoflsbenefits.com
 - b. Your **username = Your Employee ID number or full SSN (no dashes).**
 - c. **PIN = Password** and that will be the **last four of your SSN + the last 2-digits of your birth year**
(EX: SSN with last four of 1234 and birth year of 1972 would result in a PIN of 123472)
 - d. If you have any issues or questions about the process or any of the benefit plans, you may feel free to call the Avant Benefit Counselors at 1-844-350-4040.
 - Call Center Hours: 8:30 am–5:00 pm Monday-Friday, October 19 – November 6.
 - The Call Center will be open through 7:00 pm on October 27 and 29 and November 3 and 5.
 - e. If you get interrupted in the middle of your enrollment process, your work to that point will be saved. Just log in again later and pick up where you left off.



The screenshot shows the Trustmark Selerix Self-Enrollment page. On the left, there are two input fields: "Employee ID or SSN" and "PIN", each with a corresponding label above it. To the right of the "PIN" field is a blue link "Need help?". Below the "PIN" field is an orange "Log in" button. To the right of the input fields is the Trustmark logo, which consists of a stylized 'T' made of four colored triangles (yellow, red, blue, and green) followed by the word "Trustmark" in a bold, dark blue font. Below the logo, the text "Welcome!" is displayed in a bold, dark blue font. Underneath "Welcome!" is the text "You can enroll yourself in your employee benefits here." and "Enrollers, use the [admin site](#) instead." At the bottom left, there is a paragraph: "By entering your user ID and Personal Identification Number, you are agreeing to the terms of the [Consent to Enroll Electronically](#)." At the bottom right, there are two links: "[Security Info](#) | [Privacy Policy](#)".

2. You should now be at the “Welcome” screen. Here you can click on “Next” in the upper right or bottom right corner to review your personal info, review your dependents, add dependents if needed, and begin your enrollment.

Home You & Your Family - My Benefits - Sign & Submit

Welcome to Your Benefit Enrollment for Plan Year 2021

At City of Lee's Summit, 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 unless you experience a qualifying event. 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.

- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click **Next** to begin.

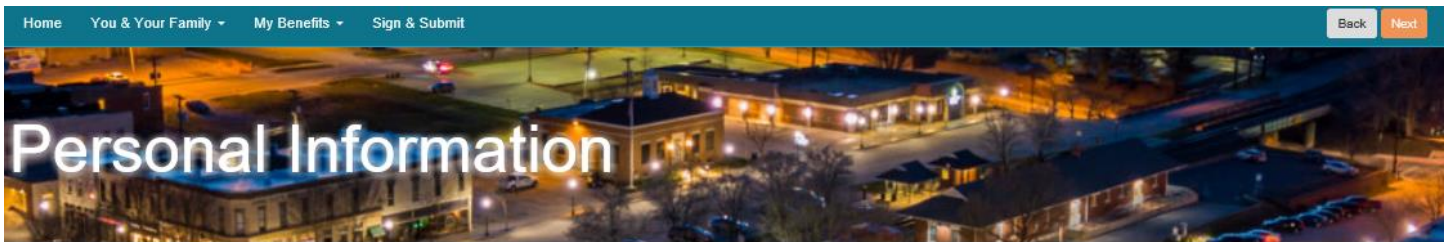
✓ Your Benefit Options

- [Health](#)
- [Health Savings Account](#)
- [Critical Illness](#)
- [Accident Coverage](#)
- [Health Care FSA](#)
- [Dependent Care FSA](#)
- [Limited FSA](#)
- [Dental](#)
- [Vision](#)
- [Basic Life](#)
- [Basic AD&D](#)
- [Dependent Group Life](#)
- [Trustmark Universal Life](#)
- [Employee Voluntary Term Life](#)
- [Spouse Voluntary Term Life](#)
- [Child Voluntary Term Life](#)
- [Employee AD&D/Employee + Family AD&D](#)
- [Short-term Disability](#)
- [Long-term Disability](#)
- [EAP](#)

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

Next

3. If all your personal info is correct, click “Next” in the upper or lower right-hand corners of the screen. Please note that optional fields are in italics while required fields are in a regular font.




i 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*.

Please contact HR if corrections are needed for Date of Birth, Gender, or Social Security Number values.

Personal Info

| | | | | |
|----------------|---|----------------------|----------------------------------|----------------------|
| Name: | <input type="text" value="Tester"/> | <input type="text"/> | <input type="text" value="One"/> | <input type="text"/> |
| | <i>First</i> | <i>MI</i> | <i>Last</i> | <i>Suffix</i> |
| Date of Birth: | <input type="text" value="01/01/1970"/>  | | | |
| SSN: | <input type="text" value="***-**-1111"/> | | | |
| Gender: | <input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other | | | |

Contact Info

| | |
|----------|----------------------------------|
| Address: | <input type="text" value="USA"/> |
| | <i>Country</i> |

4. The next screen is where you would want to enter any dependents you wish to cover (spouse or children, etc.). (Have the dependent's DOB and SSN handy if you are adding them.)

You would do this by clicking the “+” sign on the right side of the page in the gray bar or clicking the blue “Add Dependent” button. If a dependent has already been added and you need to edit their information, select the pencil icon.

[Home](#) [You & Your Family](#) [My Benefits](#) [Sign & Submit](#) [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.

Dependents

| Name | SSN | DOB | Sex | Relation | Documentation | Uploads | |
|----------------------------|-------------|----------|-----|----------|---------------|---------|-------------------------------------|
| Spouse One | ***-**-8546 | 5/4/1970 | F | Spouse | N/A | 0 | + |
| Child One | ***-**-8843 | 5/4/2006 | M | Child | N/A | 0 | ✎ ✕ |

Add a Dependent

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

[+ Add Dependent](#)

[Back](#) [Next](#)

5. Input dependent information and click “Save” when complete.

Dependent Info

| | | | | |
|--------------------|--|---------------|-----------------------|-------------|
| Relationship: | <div>Child</div> | | | |
| Name: | <div></div> | <div></div> | <div></div> | <div></div> |
| | First | Mi | Last | Suffix |
| Date of Birth: | <div></div> | | | |
| SSN: | <div></div> | | | |
| Gender: | <div><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other</div> | | | |
| Full-time Student: | <div><input type="radio"/> Yes <input checked="" type="radio"/> No</div> | | | |
| Disabled: | <div><input type="radio"/> Yes <input checked="" type="radio"/> No</div> | | | |
| Address: | <div><input checked="" type="checkbox"/> Same as employee</div> | | | |
| | <div>USA</div> | | | |
| | Country | | | |
| | <div>1st street</div> | | | |
| | Street | | | |
| | <div></div> | | | |
| | Street (cont.) | | | |
| | <div>One</div> | <div>MO</div> | <div>35463-4583</div> | |
| | City | State | Zip | |
| Email Address: | <div></div> | | | |

 Save Cancel

6. Once you are finished adding any dependent information and you click next, you'll come to your Benefits Summary page where you can review each available plan. The plans that you are currently enrolled in will already be populated on this page. Please take a moment to review the coverage you currently have.
- a. A Quick Enroll option is available on some plans to waive the benefit. Otherwise, click "Review" to review your options.

☐ Critical Illness Quick Enroll Review
Based on your group's rules, choosing "Quick Enroll" will waive this benefit.

☐ Accident Coverage Quick Enroll Review
Based on your group's rules, choosing "Quick Enroll" will waive this benefit.

☐ Health Care FSA Review
You have to complete enrollment in this plan.

- b. If you would like to make changes to your current coverage (including changing your plan or adding/removing dependents), click the "Review" button.

- i. **Note: You will need to ensure to "Review" your Health Savings Account and Flexible Spending Account elections if you would like to continue them for 2021. These elections will NOT carry over from 2020 if you do not actively review and confirm your enrollment.**

☒ Health Review


Enrollment Details

Product Name: CIGNA - Base PPO Plan (\$500 Deductible)
Coverage Level: Employee Only

| First Name | MI | Last Name | DOB | Sex | Relationship |
|------------|----|-----------|------------|-----|--------------|
| Hartford | | Test | 10/14/1980 | M | Employee |

✓ You have completed enrollment in this plan. Your cost per pay period will be \$36.88

7. On your Benefits Summary Page, down the right-hand side of the screen you will be able to view which benefits that you have enrolled in and monitor the total payroll costs as you are completing your enrollment process. When you have opened a benefit plan and are reviewing it, you will note that it changes to blue on the right-hand side of the screen. Once you have completed your enrollment for that benefit, it will have a green checkmark next to it.



| My Benefits | |
|---|--------------------------|
| <input checked="" type="checkbox"/> Health | \$36.88 |
| <input checked="" type="checkbox"/> Health Savings Account | \$0.00 |
| <input checked="" type="checkbox"/> Critical Illness | \$4.20 |
| <input checked="" type="checkbox"/> Accident Coverage | \$0.00 |
| <input type="checkbox"/> Health Care FSA | \$0.00 |
| <input type="checkbox"/> Dependent Care FSA | \$0.00 |
| <input checked="" type="checkbox"/> Limited FSA | \$0.00 |
| <input checked="" type="checkbox"/> Dental | \$0.00 |
| <input checked="" type="checkbox"/> Vision | \$0.00 |
| <input type="checkbox"/> Basic Life | \$0.00 |
| <input checked="" type="checkbox"/> Basic AD&D | \$0.00 |
| <input type="checkbox"/> Dependent Group Life | \$0.00 |
| <input type="checkbox"/> Trustmark Universal Life | \$0.00 |
| <input type="checkbox"/> Employee Voluntary Term Life | \$0.00 |
| <input checked="" type="checkbox"/> Spouse Voluntary Term Life | \$0.00 |
| <input checked="" type="checkbox"/> Child Voluntary Term Life | \$0.00 |
| <input type="checkbox"/> Employee AD&D/Employee + Family AD&D | \$0.00 |
| <input type="checkbox"/> Short-term Disability | \$0.00 |
| <input type="checkbox"/> Long-term Disability | \$0.00 |
| <input type="checkbox"/> EAP | \$0.00 |
| Employer Cost | \$351.12 |
| Pre-tax cost | \$36.88 |
| Post-tax cost | \$4.20 |
|  Total Cost Per Pay Period | \$41⁰⁸ |

8. In each benefit section, you will have the option to enroll in your preferred plan and select your coverage tier.

| | Employee Only | Employee + Spouse | Employee + Children | Employee+Family |
|--|--|--------------------------------|--------------------------------|--------------------------------|
| CIGNA - Base PPO Plan (\$500 Deductible) | <input checked="" type="radio"/> \$36.88 | <input type="radio"/> \$202.92 | <input type="radio"/> \$202.92 | <input type="radio"/> \$235.57 |
| CIGNA - Buy Up PPO Plan (\$0 Deductible) | <input type="radio"/> \$80.25 | <input type="radio"/> \$292.49 | <input type="radio"/> \$292.49 | <input type="radio"/> \$339.50 |
| CIGNA - HDHP with HSA Plan | <input type="radio"/> \$9.28 | <input type="radio"/> \$141.90 | <input type="radio"/> \$141.90 | <input type="radio"/> \$164.70 |
| Waive Health | <input type="radio"/> \$0.00 | | | |

Back

Next

9. If on any of the plans you are trying to choose a tier for which you don't have dependents entered, you will see a yield sign indicating you need to first add your dependents before you can enroll.

CIGNA DENTAL

Your Cost:

Per Pay Period

☐ Employee Only: \$0.00

☒ Employee+Family: \$8.18

Covered People:

George Test

Enroll

Choose the "You & Your Family" drop down menu at the top of the screen then choose "Dependents" to go back and add additional family members.

LS

LEE'S SUMMIT
MISSOURI

Status (61% Complete)

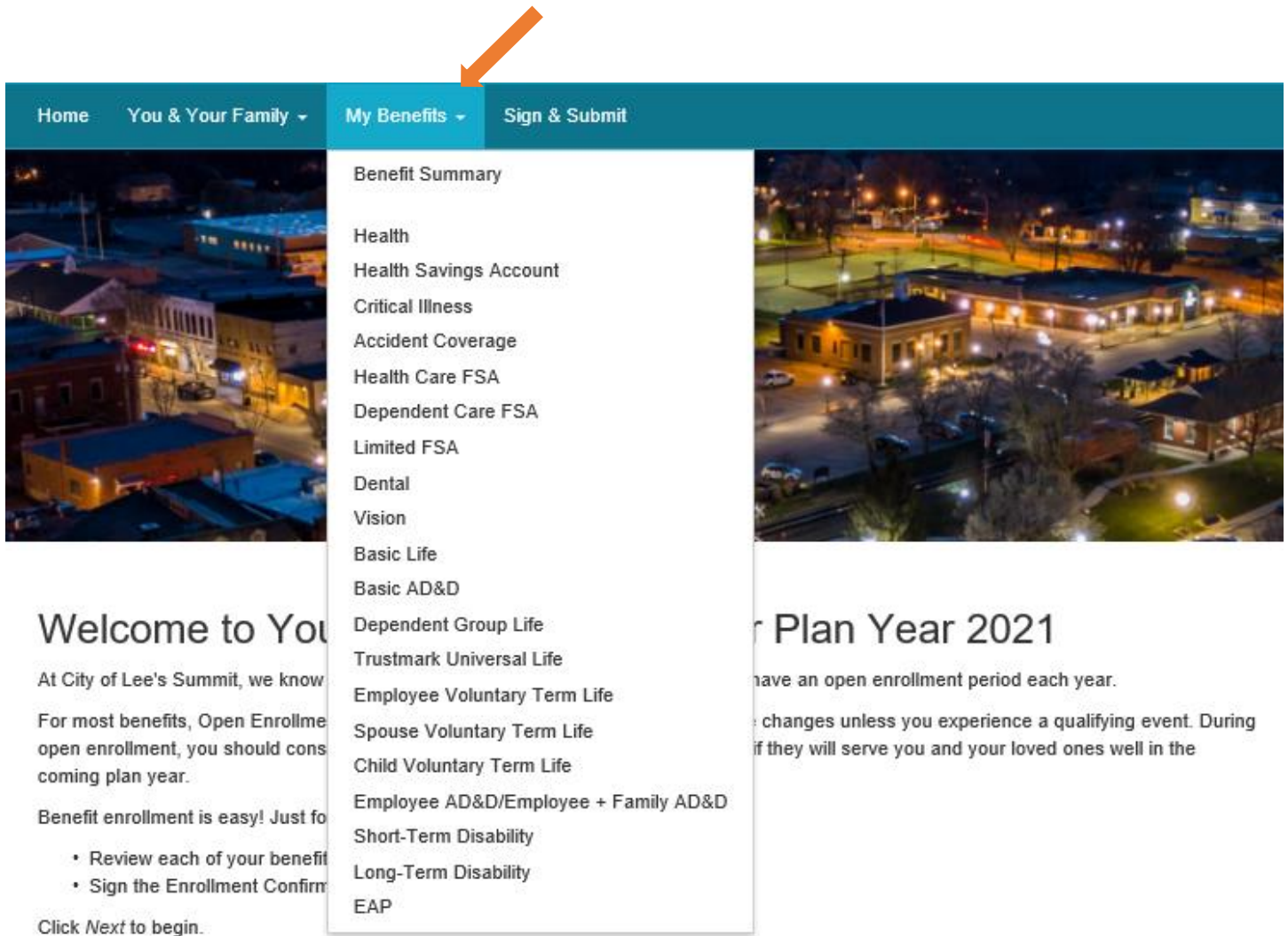
Home

You & Your Family

My Benefits

Sign & Submit

10. If you are reviewing one of your benefit plans but are not yet ready to decide and want to navigate back to your Benefits Summary page, choose the “My Benefits” drop down menu at the top of the screen and then choose “Benefit Summary” to go back to your Benefit Summary page.



The screenshot displays the top navigation bar of the City of Lee's Summit website. The navigation bar includes links for Home, You & Your Family, My Benefits, and Sign & Submit. An orange arrow points to the 'My Benefits' dropdown menu, which is currently open. The dropdown menu lists various benefit options: Benefit Summary, Health, Health Savings Account, Critical Illness, Accident Coverage, Health Care FSA, Dependent Care FSA, Limited FSA, Dental, Vision, Basic Life, Basic AD&D, Dependent Group Life, Trustmark Universal Life, Employee Voluntary Term Life, Spouse Voluntary Term Life, Child Voluntary Term Life, Employee AD&D/Employee + Family AD&D, Short-Term Disability, Long-Term Disability, and EAP. The background of the page shows a night-time aerial view of a city street with illuminated buildings and cars.

Home You & Your Family ▾ **My Benefits ▾** Sign & Submit

Benefit Summary

Health

Health Savings Account

Critical Illness

Accident Coverage

Health Care FSA

Dependent Care FSA

Limited FSA

Dental

Vision

Basic Life

Basic AD&D

Dependent Group Life

Trustmark Universal Life

Employee Voluntary Term Life

Spouse Voluntary Term Life

Child Voluntary Term Life

Employee AD&D/Employee + Family AD&D

Short-Term Disability

Long-Term Disability

EAP

Welcome to You

At City of Lee's Summit, we know

For most benefits, Open Enrollment is an annual event. During open enrollment, you should consider your options for the coming plan year.

Benefit enrollment is easy! Just follow these steps:

- Review each of your benefit options
- Sign the Enrollment Confirmation


Click *Next* to begin.

Plan Year 2021

have an open enrollment period each year.

changes unless you experience a qualifying event. During open enrollment, you will have the opportunity to make changes if they will serve you and your loved ones well in the coming plan year.

11. For the Trustmark Universal Life coverage, the Quick Enroll button can be used to waive this benefit. The Quick Enroll button will be shown when viewing from the Benefit Summary. Or, if you are at this screen and wish to waive this benefit, choose “I wish to CANCEL changes made in this enrollment session” and click “Next.”



Trustmark Universal Life

† You may apply for coverage for any of the individuals listed below. To view prices or apply, click the name of the person in the list below.


| Name | Relationship | Sex | DOB | Riders |
|---------------------------------|--------------|-----|------------|--------|
| Hartford Test | Employee | M | 10/14/1980 | |
| Test Hartford | Spouse | F | 10/14/1982 | |
| Tester Hartford | Child | F | 10/14/2018 | |

☒ I do wish to CONFIRM changes

☐ I wish to CANCEL changes made in this enrollment session.

[Back](#) [Next](#)

- a. When reviewing the Trustmark Universal Life benefit to determine whether to elect coverage or to make a change in your current coverage, click on the name of the individual you want to review.



Trustmark Universal Life

† You may apply for coverage for any of the individuals listed below. To view prices or apply, click the name of the person in the list below.

| Name | Relationship | Sex | DOB | Riders |
|---------------------------------|--------------|-----|------------|--------|
| Hartford Test | Employee | M | 10/14/1980 | |
| Test Hartford | Spouse | F | 10/14/1982 | |
| Tester Hartford | Child | F | 10/14/2018 | |

☒ I do wish to CONFIRM changes

☐ I wish to CANCEL changes made in this enrollment session.

[Back](#) [Next](#)

- b. Select the appropriate smoker/non-smoker status from the drop down to ensure the accuracy of the rates displayed.
- c. Then, click the radio button that corresponds to the benefit level of your choosing. If you prefer an amount not listed, you can input a custom amount based on cost per pay period or benefit amount by entering these values below and clicking the calculator icon.

Insurance for Hartford Test

Does anyone proposed for coverage smoke cigarettes or during the past 12 months has anyone proposed for coverage smoked cigarettes?

No

| Cost per Pay Period | Benefit Amount |
|--|----------------|
| <input checked="" type="radio"/> <u>\$6.00</u> | <u>12,590</u> |
| <input type="radio"/> <u>\$10.27</u> | <u>25,000</u> |
| <input type="radio"/> <u>\$18.88</u> | <u>50,000</u> |
| <input type="radio"/> <u>\$27.48</u> | <u>75,000</u> |
| <input type="radio"/> <u>\$36.09</u> | <u>100,000</u> |
| <input type="radio"/> <u>\$53.30</u> | <u>150,000</u> |
| <input type="radio"/> <u>\$70.51</u> | <u>200,000</u> |

Cost per Pay Period:

6.00



Benefit Amount:

12,590.00



- d. Complete your election by checking the radio button to apply for or decline the coverage and clicking “Next”.

Application riders

- ▶ ☒ Long Term Care (LTC) \$0.59
Monthly Living Benefit
(year 0) is \$504
- ▶ ☒ Benefit Restoration (BRR) \$0.09
- ▶ ☒ EZ Value (EZV) \$1 - 5 yrs ▼

Total Premium: **\$6.00**

- ☒ I wish to apply for this coverage
- ☐ I wish to DECLINE this coverage

Back

Next

- e. At the next screen, confirm your beneficiary choices and click “Next.”

Choose Beneficiaries

A beneficiary is a person, trust, or organization to whom benefits will be paid. A contingent beneficiary will receive benefits if your primary beneficiary is no longer living at the time of your death.

- Place a checkmark next to each desired primary and contingent beneficiary. The percentage allocations will automatically calculate.
- Click Add if you do not see the desired person or trust in the list.
- You may change the percentages, as long as they add up to 100%.
- Clicking *All living children* will clear any children already selected.
- Beneficiaries may not be both primary and contingent at the same time.

| Beneficiary | Relationship | Primary | Contingent | + |
|---------------------|--------------|---|--------------------------------|-----|
| Spouse Test | Spouse | <input checked="" type="checkbox"/> 100.00% | <input type="checkbox"/> 0.00% | ✎ ✕ |
| Child Test | Child | <input type="checkbox"/> 0.00% | <input type="checkbox"/> 0.00% | ✎ ✕ |
| All Living Children | | <input type="checkbox"/> 0.00% | <input type="checkbox"/> 0.00% | ✎ ✕ |
| Estate | | <input type="checkbox"/> 0.00% | <input type="checkbox"/> 0.00% | ✎ ✕ |

Back

Next

- f. Select “I do wish to CONFIRM changes” and click “Next” to complete the process and accept the changes made or select “I wish to CANCEL changes made in this enrollment session” to discard the changes and maintain your original level of coverage.

Each person currently covered is listed below. If you wish to make a change to the coverage, click the person's name.

| Primary Insured | Relationship | DOB | Policy # | Benefit | Premium | Options | |
|-------------------------------|--------------|------------|----------|---------|---------|---------------|--------------------------|
| Hartford Test | Employee | 10/14/1980 | | 12,590 | \$6.00 | HHC BRR EZVFP | Withdraw |

You may apply for coverage for any of the individuals listed below. To view prices or apply, click the name of the person in the list below.

| Name | Relationship | Sex | DOB | Riders |
|---------------------------------|--------------|-----|------------|--------|
| Test Hartford | Spouse | F | 10/14/1982 | |
| Tester Hartford | Child | F | 10/14/2018 | |

- ☒ I do wish to CONFIRM changes
- ☐ I wish to CANCEL changes made in this enrollment session.

[Back](#)

[Next](#)

- g. If you have reviewed the information, but have decided to decline the coverage, choose the option “I wish to CANCEL changes made in this enrollment session” and then click Next to have your declination of the coverage saved.

Each person currently covered is listed below. If you wish to make a change to the coverage, click the person's name.

| Primary Insured | Relationship | DOB | Policy # | Benefit | Premium | Options | |
|----------------------------|--------------|-----------|----------|---------|---------|---------|--------------------------|
| Age65 Test | Employee | 8/16/1953 | | 15,000 | \$39.76 | HHC BRR | Withdraw |

You may apply for coverage for any of the individuals listed below. To view prices or apply, click the name of the person in the list below.

| Name | Relationship | Sex | DOB | Riders |
|-----------------------------|--------------|-----|-----------|--------|
| Spouse Test | Spouse | F | 5/12/1992 | |
| Child Test | Child | F | 8/16/2017 | |

- ☒ I do wish to CONFIRM changes
- ☐ I wish to CANCEL changes made in this enrollment session.


[Back](#)

[Next](#)

12. When you are reviewing your Voluntary Term Life, you will be able to use the slider bar to review different amounts of coverage and the cost per pay period.
- If you are not currently enrolled in Employee Voluntary Life or Spouse Voluntary Life, or you are enrolled but you have not yet elected up to the \$150,000 Guarantee Issue amount for yourself or the \$30,000 Guarantee Issue amount for your spouse, Hartford allows for you to increase your current enrollment up to the Guarantee Issue amount for either you or your spouse during Open Enrollment.
 - If you want to view the increased cost of adding coverage up to the Guarantee Issue, those amounts will show up as green on the slider bar.

Employee Voluntary Term Life


Why Life Insurance?




Life Insurance

Learn More

Product Information



Customer Reviews



See what others are saying about The Hartford

If you die, life benefits are disbursed to your beneficiaries (a person, trust or organization you choose) in a lump sum to help them pay for things like:


- Burial and final expenses.
- Debts such as student and car loans and the mortgage.
- Future expenses, including college tuition, childcare, and retirement savings.

Your Employer's Plan Details

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

[HRT_FORM_NUMBER_MT_LIFE]

Please select the desired amount of coverage.

Benefit Amount :  \$150,000

Cost per pay period: **\$13.50**

☐ I wish to apply for this coverage

☐ I wish to DECLINE this coverage


Back

Next

- c. If you already have over \$150,000 in coverage and want to increase your election, you must complete medical evidence of insurability through Hartford to be approved. Those amounts will show up in red on the slider bar.


Employee Voluntary Term Life

Why Life Insurance?



[Learn More](#)
Product Information

Customer Reviews



See what others are saying about the benefit.

If you die, life benefits are disbursed to your beneficiaries (a person, trust or organization you choose) in a lump sum to help them pay for things like:

- Burial and final expenses.
- Debts such as student and car loans and the mortgage.
- Future expenses, including college tuition, childcare, and retirement savings.


Your Employer's Plan Details

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

[HRT_FORM_NUMBER_MT_LIFE]

Please select the desired amount of coverage.

Benefit Amount :



\$200,000

Cost per pay period:

\$18.00

You have elected an amount that will be subject to underwriting.

☐ I wish to apply for this coverage.

☐ I wish to DECLINE this coverage.

Back

Next

13. When you reach the end of the plans available to review, you will be asked to sign and submit to confirm your elections. After reviewing what's on the screen and the total pre-tax and post-tax costs, if everything looks correct, click "next" in the upper or lower right-hand corner of the screen.



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 | Employer Paid |
|--|--|----------------|----------------|-----------------|
| Health | CIGNA - Base PPO Plan (\$500 Deductible); EO | \$36.88 | \$0.00 | \$331.88 |
| Health Savings Account | N/A | | | |
| Critical Illness | \$10,000; Employee Only | \$0.00 | \$4.20 | \$0.00 |
| Accident Coverage | Waived | | | |
| Health Care FSA | Waived | | | |
| Dependent Care FSA | Waived | | | |
| Limited FSA | N/A | | | |
| Dental | CIGNA Dental; EO | \$0.00 | \$0.00 | \$16.24 |
| Vision | MetLife Vision; EO | \$0.00 | \$0.00 | \$3.00 |
| Basic Life | Basic Life - Hartford; \$100,000 | \$0.00 | \$0.00 | \$3.97 |
| Basic AD&D | Basic AD&D - Hartford; \$100,000 | \$0.00 | \$0.00 | \$0.92 |
| Dependent Group Life | \$3,000 | \$0.00 | \$0.00 | \$0.56 |
| Trustmark Universal Life | Waived | | | |
| Employee Voluntary Term Life | \$150,000 | \$0.00 | \$13.50 | \$0.00 |
| Spouse Voluntary Term Life | Waived | | | |
| Child Voluntary Term Life | Waived | | | |
| Employee AD&D/Employee + Family AD&D | 25,000; EO | \$0.00 | \$0.35 | \$0.00 |
| Short-term Disability | Self-Funded; \$1,000 | \$0.00 | \$0.00 | \$0.00 |
| Long-term Disability | Long Term Disability - Hartford; \$3,000 | \$0.00 | \$0.00 | \$5.54 |
| EAP | EAP; EO | \$0.00 | \$0.00 | \$1.07 |
| Total | | \$36.88 | \$18.05 | \$363.18 |

Signatures Required

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

| Form Name | Status | Date Signed/Reviewed |
|-----------------------------------|----------|----------------------|
| City of LS - Benefit Confirmation | Unsigned | |

Next

14. If you change your mind on an election, or something doesn't look correct, the quickest way to go back is to use the drop-down menu under "My Benefits" to go directly to the section you want to unlock and change.



15. When you are finished reviewing your coverages and are ready to complete your enrollment, click next and go to the review/sign forms page. Fill in the PIN and click "Sign Form." Your PIN will be the same that you used to login – last 4 digits of your SSN plus the last 2 digits of your birth year. You will receive an email confirmation of your enrollment.



Benefit Confirmation / Deduction Authorization

| Name | Date of Birth | Home Phone | Work Phone | Address |
|---------------|----------------|------------|----------------|---|
| Hartford Test | 10/14/1980 | | | 12345 City St Lee's Summit, MO 64063 |
| Employee ID | Hire/Elig Date | Gender | E-mail Address | |
| 12345 | 10/14/2018 | M | | |
| Location | Department | | | Reason for Completing Form |
| AIRPORT | Airport | | | Open Enrollment |
| Job Class | Title | | | |
| Full-Time | Airport | | | |

| Benefit Plan | Option | Cvg | Ded Cycle | Effective Date | Benefit Amount | Requested Benefit | Requested Cost | Employee Cost Pre-tax | Employee Cost After-tax | Employer Cost |
|----------------------------|---------------------------------|-----|-----------|----------------|----------------|-------------------|----------------|-----------------------|-------------------------|---------------|
| Health | CIGNA - Base PPO Plan (\$50 | EO | 26 | 01/01/2021 | | | | 36.88 | 0.00 | 331.88 |
| Critical Illness | Critical Illness 2.0 | EO | 26 | 01/01/2021 | 10,000 | | | 0.00 | 4.20 | 0.00 |
| Accident Coverage | Waived | | | | | | | | | |
| Health Care FSA | Waived | | | | | | | | | |
| Dependent Care FSA | Waived | | | | | | | | | |
| Dental | CIGNA Dental | EO | 26 | 01/01/2021 | | | | 0.00 | 0.00 | 16.24 |
| Vision | MetLife Vision | EO | 26 | 01/01/2021 | | | | 0.00 | 0.00 | 3.00 |
| Basic Life | Basic Life - Hartford | EO | 26 | 01/01/2021 | 100,000 | | | 0.00 | 0.00 | 3.97 |
| Basic AD&D | Basic AD&D - Hartford | EO | 26 | 01/01/2021 | 100,000 | | | 0.00 | 0.00 | 0.92 |
| Dependent Group Life | Dependent Group Life - Hartfc | SC | 26 | 01/01/2021 | 3,000 | | | 0.00 | 0.00 | 0.56 |
| Trustmark Universal Life | Waived | | | | | | | | | |
| Employee Voluntary Term L | Employee Voluntary Term Life | EO | 26 | 01/01/2021 | 150,000 | | | 0.00 | 13.50 | 0.00 |
| Spouse Voluntary Term Life | Waived | | | | | | | | | |
| Child Voluntary Term Life | Waived | | | | | | | | | |
| Employee AD&D/Employee | Employee AD&D/Employee + | EO | 26 | 01/01/2021 | 25,000 | | | 0.00 | 0.35 | 0.00 |
| Short-term Disability | Self-Funded | EO | 26 | 01/01/2021 | 1,000 | | | 0.00 | 0.00 | 0.00 |
| Long-term Disability | Long Term Disability - Hartford | EO | 26 | 01/01/2021 | 3,000 | | | 0.00 | 0.00 | 5.54 |
| EAP | EAP | EO | 26 | 01/01/2021 | | | | 0.00 | 0.00 | 1.07 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

16. Once you have submitted your enrollment and see the “Sign & Submit” screen, you will see “Congratulations! Your enrollment is now 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.

17. You may download the form to your computer or print by scrolling to the bottom of this page and clicking the hyperlink “City of LS Benefit Confirmation” and then downloading the form that opens.

Completed Forms

Following is a list of forms reviewed and/or signed during the enrollment. Click on the form name to view or print.

Press *Logout* to exit the website.

| Form Name | Date Signed/Reviewed |
|---|----------------------|
|  City of LS - Benefit Confirmation | 10/11/2019 |

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