

Self-Service Enrollment Instructions

Courtesy of

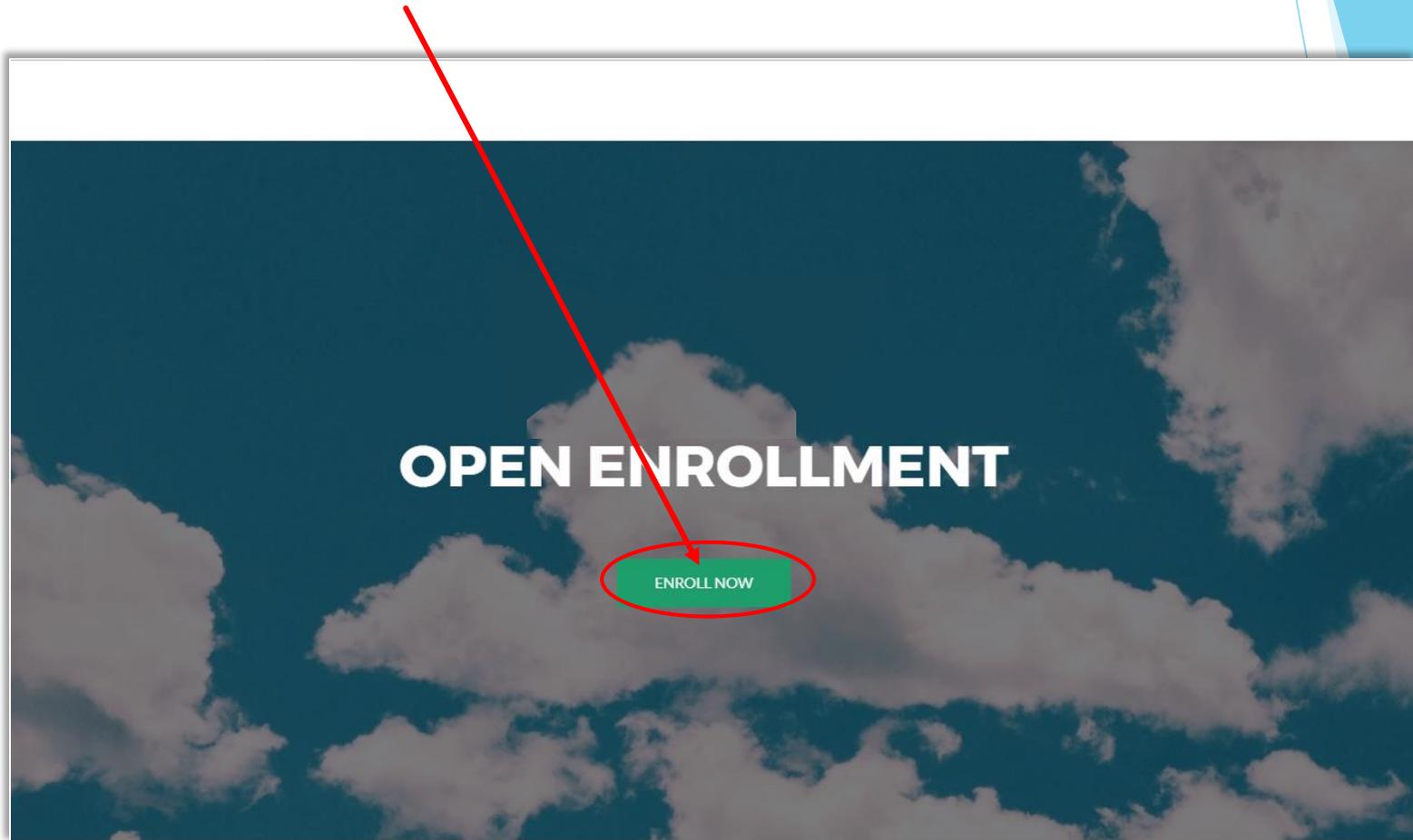


Self-service Enrollment

BenAware's convenient self-service portal is available for use anytime during the open enrollment period.

STEP 1: VISIT ENROLLMENT WEBSITE

- Click the 'Enroll Now' button



System Login Instructions

STEP 2: LOGIN

When prompted to login to the Benselect system:

1. Enter your Social Security Number (9 digits without dashes)
2. Your personal identification number (PIN) is comprised of the last four digits of your Social Security Number and your two-digit year of birth (ex: 432185)
3. Click 'Log In'
4. Follow the step-by-step process described in the following pages.

Enrollment Site

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department.

Employee ID or SSN
Your SSN

PIN Forgot Password
.....

Log in

By entering your user ID and Personal Identification Number, you are agreeing to the [Terms of Use](#).

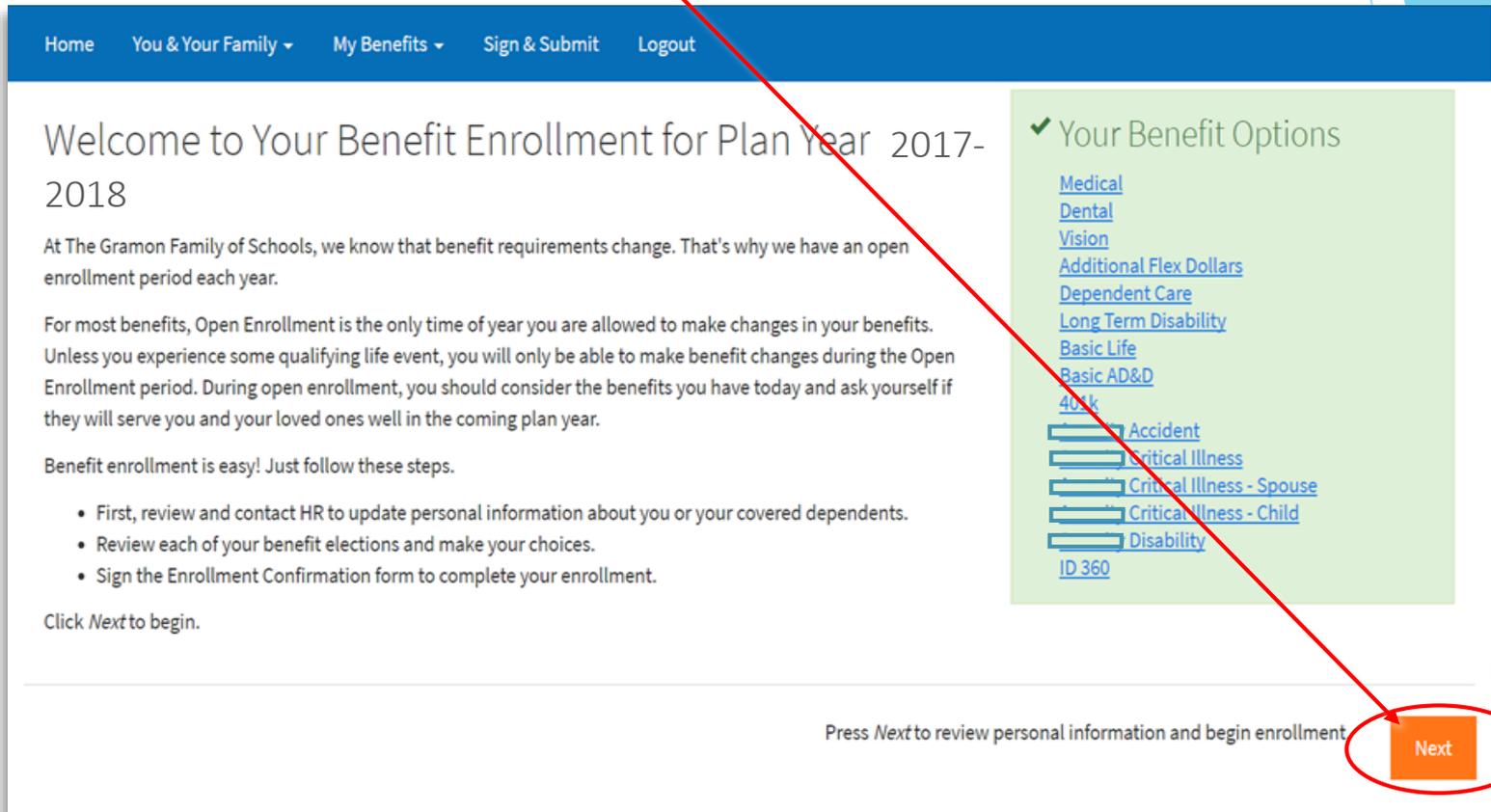
Security Info Privacy Policy Admin Site

NOTE: Be sure to make note of your PIN. You'll need it to complete and authenticate your enrollment for the 2018/2019 plan year.

Navigating the system

STEP 3: CLICK NEXT

Once you are successfully logged into the system, click 'Next'



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

Welcome to Your Benefit Enrollment for Plan Year 2017-2018

At The Gramon Family of Schools, 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](#)
- [Dental](#)
- [Vision](#)
- [Additional Flex Dollars](#)
- [Dependent Care](#)
- [Long Term Disability](#)
- [Basic Life](#)
- [Basic AD&D](#)
- [401k](#)
- [Accident](#)
- [Critical Illness](#)
- [Critical Illness - Spouse](#)
- [Critical Illness - Child](#)
- [Disability](#)
- [ID 360](#)

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

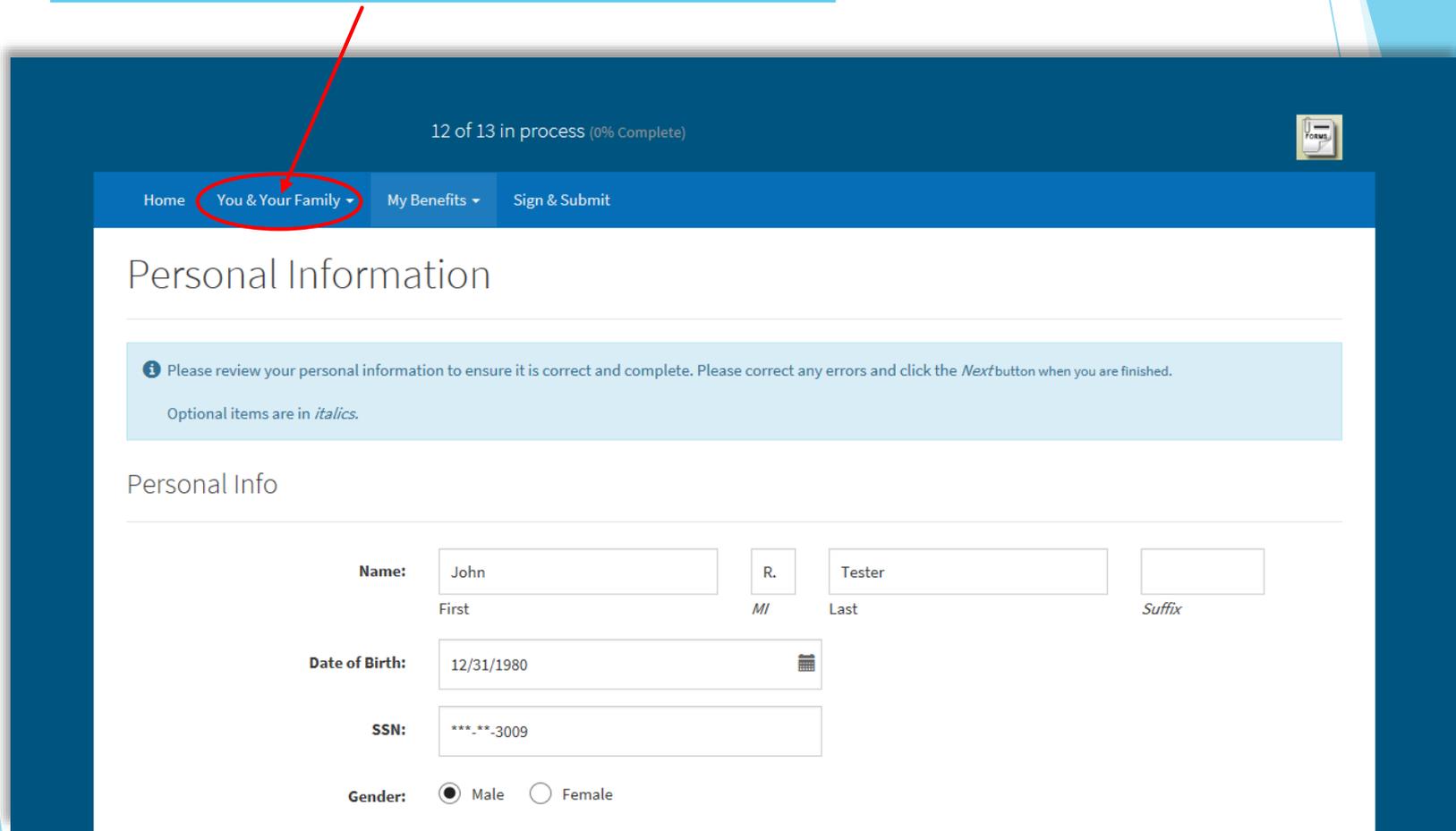
Personal Information

STEP 4: VERIFY PERSONAL INFO

The system will first bring you to the 'Personal Information' page. Verify that your information is correct.

(Please report any incorrect information to your Human Resources department).

STEP 5: CLICK 'YOU AND YOUR FAMILY'



12 of 13 in process (0% Complete)

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

Personal Information

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*.

Personal Info

Name: John R. Tester
First MI Last Suffix

Date of Birth: 12/31/1980

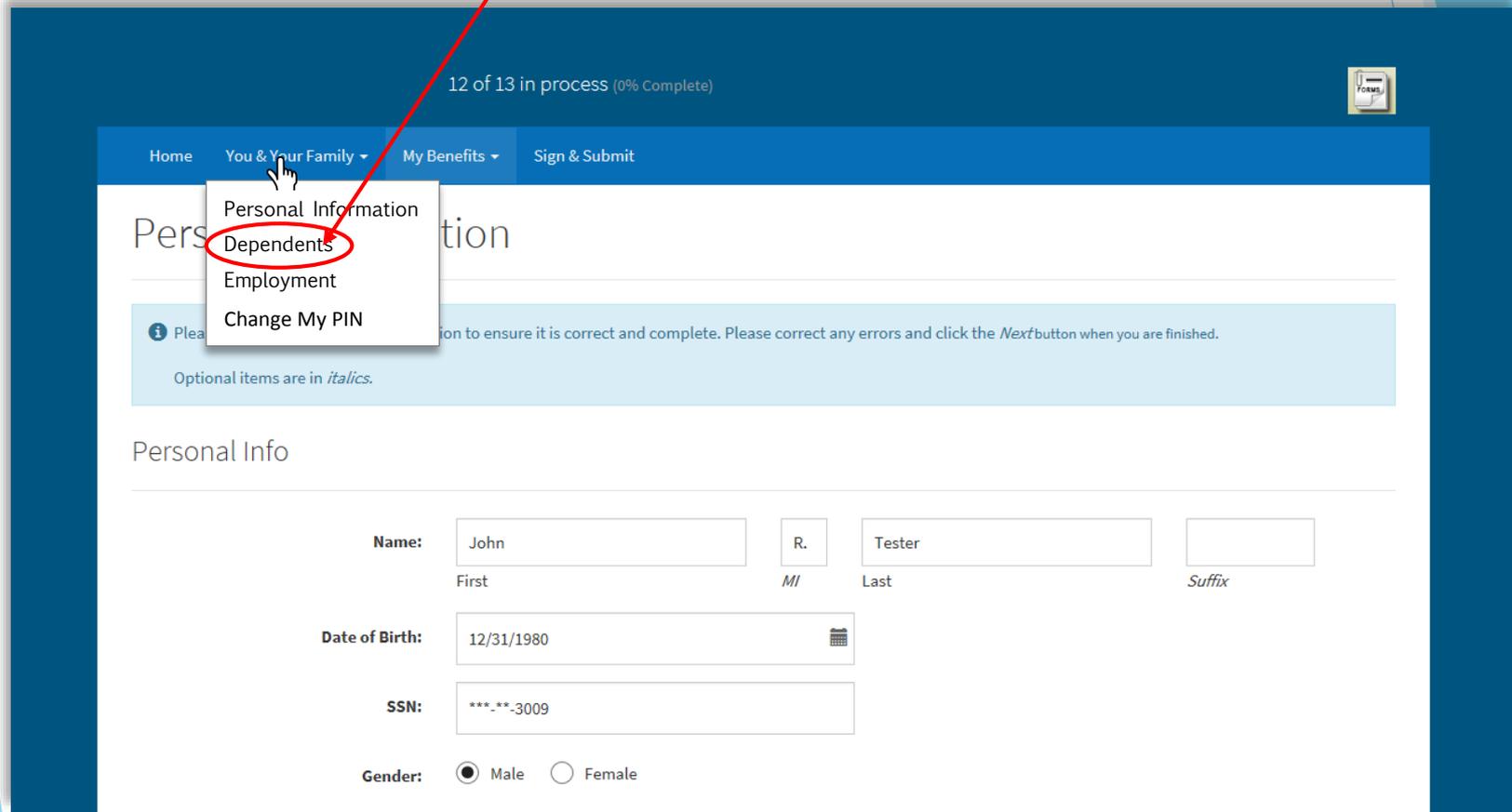
SSN: ***-**-3009

Gender: Male Female

Adding Dependents

STEP 6: CLICK DEPENDENTS

If you have dependents and want to add them to your benefits, select 'You & Your Family'. Then click 'Dependents' from the drop down bar.



12 of 13 in process (0% Complete)

Home You & Your Family My Benefits Sign & Submit

Personal Information

Personal Information

Please review your 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: John R. Tester

First MI Last Suffix

Date of Birth: 12/31/1980

SSN: ***-**-3009

Gender: Male Female

Adding Dependents

All added dependents will show up on this screen. Verify that all your dependent information is correct. If you don't see your dependent(s) listed, you will need to add them.

STEP 7: CLICK ON THE PLUS SIGN TO ADD DEPENDENTS

Hover the cursor over the '+' symbol until it turns green. Click to add a new dependent.

Dependents

i 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.

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	
No items found.					

Add

Back **Next**

Adding Dependents

STEP 8: FILL IN DEPENDENT INFORMATION

1. Fill in all requested information on the form
2. Click 'Save' when complete
3. Repeat steps for each dependent

The screenshot shows a web form titled "Add Dependent" with a navigation bar at the top containing "Home", "You & Your Family", "My Benefits", and "Sign & Submit". Below the title is a light blue banner with an information icon and the text: "Add information on your dependents below. Optional fields are marked in *italics*." The main form area is titled "No Dependent Information Available" and contains the following fields:

- Relationship:** A dropdown menu with "Spouse" selected.
- Name:** Four input fields for "First", "MI", "Last", and "Suffix".
- Date of Birth:** A date input field with a calendar icon.
- SSN:** An input field with a placeholder "***-**-****".
- Gender:** Radio buttons for "Male" and "Female", with "Female" selected.
- Address:** A checkbox for "Same as employee" (unchecked).
- Country:** A dropdown menu with "USA" selected.
- Street:** Two input fields for "Street" and "Street (cont.)".
- City:** An input field.
- State:** A dropdown menu.
- Zip:** An input field.
- Email Address:** An input field.

At the bottom of the form are two buttons: "Save" (highlighted with a red circle and a red arrow from the text "Click 'Save' when complete") and "Cancel".

My Benefits

The Benselect system will now guide you through your benefit options.

The 'My Benefits' page displays each benefit offering, and indicates whether you've enrolled

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

My Benefits

Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.

- Medical Review
You have to complete enrollment in this plan.
- Dental Review
You have to complete enrollment in this plan.
- Vision Review
You have to complete enrollment in this plan.
- Employer FSA Review
You have to complete enrollment in this plan.
- Additional Flex Dollars Review
You have to complete enrollment in this plan.
- Dependent Care Review
You have to complete enrollment in this plan.

My Benefits	
<input type="radio"/> Medical	\$0.00
<input type="radio"/> Dental	\$0.00
<input type="radio"/> Vision	\$0.00
<input type="radio"/> Employer FSA	\$0.00
<input type="radio"/> Additional Flex Dollars	\$0.00
<input type="radio"/> Dependent Care	\$0.00
<input type="radio"/> Long Term Disability	\$0.00
<input type="radio"/> Basic Life	\$0.00
<input type="radio"/> Basic AD&D	\$0.00
<input type="radio"/> 401k	\$0.00
<input type="radio"/> Assurity Accident	\$0.00
<input type="radio"/> Assurity Critical Illness	\$0.00
<input checked="" type="radio"/> Assurity Critical Illness - Spouse	\$0.00
<input checked="" type="radio"/> Assurity Critical Illness - Child	\$0.00
<input type="radio"/> Assurity Disability	\$0.00
Employer Cost	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$0.00
Total Cost	\$0⁰⁰
Per Pay Period	

It also includes a cost calculator

Making Changes

As you advance through the enrollment process, the system will lock in your selections.

To make changes, click on the benefit you'd like to change from the 'My Benefits' Bar.



My Benefits		
Enrolled	✓ Medical	\$55.58
	✗ HSA	\$0.00
	✓ Dental	\$39.40
	✗ Vision	\$0.00
	✓ Long-term Disability	\$0.00
	✓ Voluntary Short-term Disability	\$51.21

When the chosen benefit screen appears, click 'Unlock' to make any necessary changes to that plan selection

Medical

Here is a summary of your current Medical election.

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

Product Name: Medical Plan 1

Coverage Level: Employee Only

First Name	MI	Last Name	DOB	Sex	Relationship
John	R.	Tester	12/31/1980	M	Employee

Back

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

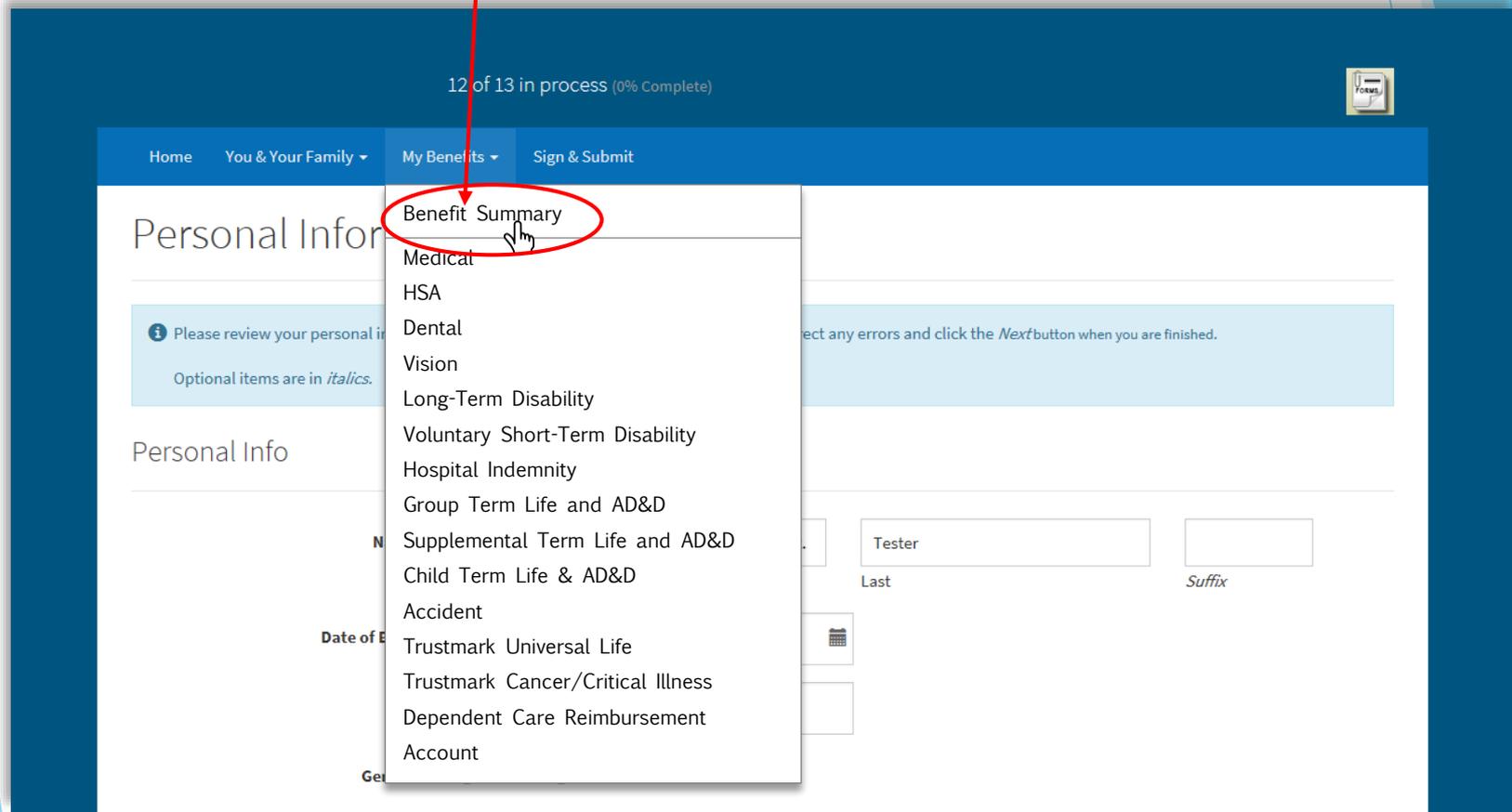
Unlock

Next

Benefit Summary

STEP 9: CLICK 'BENEFIT SUMMARY'

The drop-down bar under 'My Benefits' allows you to navigate to a specific page, or view a benefit summary page. To begin, click 'Benefit Summary'.



The screenshot displays a web application interface with a dark blue header. At the top, it shows "12 of 13 in process (0% Complete)" and a "Forms" icon. The navigation bar includes "Home", "You & Your Family", "My Benefits", and "Sign & Submit". A dropdown menu is open under "My Benefits", listing various benefit categories. The "Benefit Summary" option is circled in red, and a mouse cursor is pointing at it. The background shows a "Personal Information" form with fields for "Last" and "Suffix" names, and a "Date of Birth" field.

12 of 13 in process (0% Complete)

Forms

Home You & Your Family My Benefits Sign & Submit

Personal Information

Please review your personal information. Optional items are in *italics*.

Personal Info

Benefit Summary

Medical

HSA

Dental

Vision

Long-Term Disability

Voluntary Short-Term Disability

Hospital Indemnity

Group Term Life and AD&D

Supplemental Term Life and AD&D

Child Term Life & AD&D

Accident

Trustmark Universal Life

Trustmark Cancer/Critical Illness

Dependent Care Reimbursement

Account

Date of Birth

Get

Tester

Last

Suffix

Review Benefit Options

STEP 10: BEGIN ENROLLMENT

Begin with the Medical plan, then proceed through each benefit option until enrollment is complete.

- ▶ Click the 'Review' button in the box marked 'Medical' to review plan options and select or waive medical coverage.

Home You & Your Family My Benefits Sign & Submit Logout

My Benefits

Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.

- Medical Review
You have to complete enrollment in this plan.
- Dental Review
You have to complete enrollment in this plan.
- Vision Review
You have to complete enrollment in this plan.
- Employer FSA Review
You have to complete enrollment in this plan.
- Additional Flex Dollars Review
You have to complete enrollment in this plan.
- Dependent Care Review
You have to complete enrollment in this plan.

My Benefits

<input type="radio"/> Medical	\$0.00
<input type="radio"/> Dental	\$0.00
<input type="radio"/> Vision	\$0.00
<input type="radio"/> Employer FSA	\$0.00
<input type="radio"/> Additional Flex Dollars	\$0.00
<input type="radio"/> Dependent Care	\$0.00
<input type="radio"/> Long Term Disability	\$0.00
<input type="radio"/> Basic Life	\$0.00
<input type="radio"/> Basic AD&D	\$0.00
<input type="radio"/> 401k	\$0.00
<input type="radio"/> Assurity Accident	\$0.00
<input type="radio"/> Assurity Critical Illness	\$0.00
<input checked="" type="radio"/> Assurity Critical Illness - Spouse	\$0.00
<input checked="" type="radio"/> Assurity Critical Illness - Child	\$0.00
<input type="radio"/> Assurity Disability	\$0.00
Employer Cost	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$0.00
Total Cost Per Pay Period	\$0.00

Medical Benefits

STEP 11: SELECT COVERAGE

Beginning with the Medical plan, select the options you prefer.

▶ Select the radio button next to the coverage tier you choose, then click 'Enroll'

▶ To waive medical coverage, click 'Decline'

Medical

i 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.

MEDICAL PLAN 1

Your Cost: Per Pay Period

Employee Only: **\$55.58**

Employee + Children: \$97.82

Covered People:
John R. 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"/> HSA	\$0.00
<input type="radio"/> Dental	\$0.00
<input type="radio"/> Vision	\$0.00
<input type="radio"/> Long-term Disability	\$0.00
<input type="radio"/> Voluntary Short-term Disability	\$0.00
<input type="radio"/> Hospital Indemnity	\$0.00
<input type="radio"/> Group Life & AD&D	\$0.00
<input type="radio"/> Supplemental Term Life & AD&D	\$0.00
<input checked="" type="radio"/> Child Term Life & AD&D	\$0.00
<input type="radio"/> Accident	\$0.00
<input type="radio"/> Trustmark Universal Life	\$0.00
<input type="radio"/> Trustmark Cancer/Critical Illness	\$0.00
<input type="radio"/> Dependent Care Reimbursement Account	\$0.00

Employer Cost \$0.00
Pre-tax cost \$0.00
Post-tax cost \$0.00

Total Cost **\$0⁰⁰**
Per Pay Period

Health Savings Account

STEP 12: SELECT HSA CONTRIBUTION AMOUNT

If you selected a medical plan, you will also be eligible to contribute pre-tax dollars into a Health Savings Account (HSA). You may contribute any amount up to the IRS limit of \$3,450.

- ▶ Use the calculator to determine your contribution amounts based on your individual needs.
- ▶ Click 'Calculate' and adjust the amount, as needed.
- ▶ To decline, click here
- ▶ After you've finalized your contributions click 'Next' to proceed to the next benefit option.

HSA

Your HSA Election

A health saving's 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 FSA 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 FSA, 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: Employee Only Employee+Family

Maximum Annual Contribution: \$3,450.00

Amount per pay period:

Number of periods: 12

Total Amount:

I wish to apply for this coverage
 I wish to DECLINE this coverage

My Benefits

<input checked="" type="checkbox"/> Medical	\$55.58
<input checked="" type="checkbox"/> HSA	\$0.00
<input checked="" type="checkbox"/> Dental	\$39.40
<input checked="" type="checkbox"/> Vision	\$8.19
<input type="checkbox"/> Long-term Disability	\$0.00
<input type="checkbox"/> Voluntary Short-term Disability	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Group Life & AD&D	\$0.00
<input type="checkbox"/> Supplemental Term Life & AD&D	\$0.00
<input checked="" type="checkbox"/> Child Term Life & AD&D	\$0.00
<input type="checkbox"/> Accident	\$0.00
<input type="checkbox"/> Trustmark Universal Life	\$0.00
<input type="checkbox"/> Trustmark Cancer/Critical Illness	\$0.00
<input type="checkbox"/> Dependent Care Reimbursement Account	\$0.00

Employer Cost \$500.29
Pre-tax cost \$103.17
Post-tax cost \$0.00

Total Cost \$103¹⁷
Per Pay Period

Dental & Vision Benefits

STEP 13: SELECT DENTAL AND VISION COVERAGE

The system will forward you through your dental and vision plan options. Follow the same steps as for medical benefit selection.

- ▶ Select the radio button next to the coverage tier you choose, then click 'Enroll'
- ▶ To waive Dental or Vision coverage, click 'Decline'
- ▶ The system will automatically advance you to the next benefit option.

Dental

Current

DENTAL PLAN 1

Your Cost: Per Pay Period

- Employee Only: \$39.40
- Employee + Children: \$109.28

Covered People: John R. 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:

Decline

Vision

Current

VISION PLAN 1

Your Cost: Per Pay Period

- Employee Only: \$8.19
- Employee + Children: \$13.45

Covered People: John R. 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

Disability Benefits

STEP 14: BEGIN ENROLLMENT

Disability benefit amounts will automatically default to to your employer's selected percentage.

- ▶ As before, select the radio button next to the options you choose (apply or decline)
- ▶ Click 'Next' to advance to the next screen

Voluntary Short-term Disability

If you wish to purchase Short-Term Disability Insurance, please select Apply and click Next.
If you do not wish to purchase, click Decline/Cancel and click Next.

Benefit Amount: \$1,010 (60 % salary)
Cost: \$51.21

My Benefits

<input checked="" type="checkbox"/>	Medical	\$55.58
<input checked="" type="checkbox"/>	HSA	\$0.00
<input checked="" type="checkbox"/>	Dental	\$39.40
<input type="checkbox"/>	Vision	\$0.00
<input checked="" type="checkbox"/>	Long-term Disability	\$0.00
<input checked="" type="checkbox"/>	Voluntary Short-term Disability	\$0.00
<input type="checkbox"/>	Hospital Indemnity	\$0.00
<input type="checkbox"/>	Group Life & AD&D	\$0.00
<input type="checkbox"/>	Supplemental Term Life & AD&D	\$0.00

Long-term Disability

If you wish to purchase Long-Term Disability Insurance, please select Apply and click Next.
If you do not wish to purchase, click Decline/Cancel and click Next.

Benefit Amount: \$4,350 (60 % salary)
Cost: \$0.00

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

Back

Next

My Benefits

<input checked="" type="checkbox"/>	Medical	\$55.58
<input checked="" type="checkbox"/>	HSA	\$0.00
<input checked="" type="checkbox"/>	Dental	\$39.40
<input type="checkbox"/>	Vision	\$0.00
<input checked="" type="checkbox"/>	Long-term Disability	\$0.00
<input type="checkbox"/>	Voluntary Short-term Disability	\$0.00
<input type="checkbox"/>	Hospital Indemnity	\$0.00
<input type="checkbox"/>	Group Life & AD&D	\$0.00
<input type="checkbox"/>	Supplemental Term Life & AD&D	\$0.00
<input checked="" type="checkbox"/>	Child Term Life & AD&D	\$0.00
<input type="checkbox"/>	Accident	\$0.00
<input type="checkbox"/>	Trustmark Universal Life	\$0.00
<input type="checkbox"/>	Trustmark Cancer/Critical Illness	\$0.00
<input type="checkbox"/>	Dependent Care Reimbursement Account	\$0.00

Employer Cost \$500.29
Pre-tax cost \$94.98
Post-tax cost \$0.00

Total Cost \$94⁹⁸
Per Pay Period

Life Insurance

STEP 15: SELECT LIFE INSURANCE

Your Group Life Insurance coverage amount will be automatically calculated.

1. Select 'I wish to apply' or 'I wish to Decline' to accept or waive coverage.
2. Then click 'Next'
3. Click the '+' symbol to add a beneficiary
4. Enter beneficiary information, then click 'Save'

The screenshot shows the 'Group Life & AD&D' selection screen. At the top, a blue bar contains an information icon and the text 'Please select the desired benefit amount and then press Next'. Below this, the text 'Please select the desired amount of coverage.' is followed by two lines of information: 'Benefit Amount: \$50,000' and 'Cost per pay period: \$0.00'. The main selection area contains two radio button options: 'I wish to apply for this coverage' (which is selected and circled in red) and 'I wish to DECLINE this coverage'. Below the options are two buttons: 'Back' and 'Next' (circled in red). A red box highlights a '+ Add' button with a green plus sign and a hand cursor. Below this box is a form for adding a beneficiary. The form includes a 'Relationship' dropdown menu (set to '<Choose Relationship>'), a 'Name' section with four input fields for 'First', 'MI', 'Last', and 'Suffix', a 'Gender' section with 'Male' and 'Female' radio buttons, and a 'Type' dropdown menu (set to 'Primary'). At the bottom of the form are 'Save' and 'Cancel' buttons, with the 'Save' button circled in red.

Voluntary Benefits

STEP 16: SELECT VOLUNTARY BENEFITS

Voluntary benefits provide additional coverage beyond the standard medical, dental, vision, and employer-paid life insurance. Note that some voluntary plans require you to answer additional questions to determine your eligibility for coverage. Please answer all questions accordingly.

- ▶ Additional information on your voluntary benefits will be provided right in the system
- ▶ Informational videos will show up like this

Prior to the enrollment screen, you may see an informational brochure

Accident

Accident insurance from Trustmark helps pay for the unexpected expenses that result beyond what your health insurance plan pays.

[Watch: Accident Video](#)

To apply, select *I wish to apply for this coverage*. If you do not wish to purchase this coverage, choose *I wish to DECLINE this coverage*. Press Next when you are finished.

Coverage

Employee Only

HospitalPlan

Plan 4

Let's talk life.
Accident Insurance

Accident insurance is designed to cover the unexpected expenses that result from all kinds of accidents. Emergency services, hospital stays, medicines and physician fees. Accident insurance provides a measure of financial security by helping to take care of the unexpected, so you and your family can

How Accident Benefits can add up
Example: If you or a family member breaks a leg, here's how accident benefits may be paid.



©2013 Trustmark Insurance Company

Additional Questions

You may purchase coverage for yourself or you and your eligible family members. Please indicate the desired level of coverage and whether or not any individuals to be covered smoke. Then select the desired benefit amount from the list below. If you want to select a different amount, enter it in the space provided at the bottom of the list and click *Calculate*.

If you do not wish to be covered under this plan, select *I wish to DECLINE...* before clicking *Next*.

Coverage Employee Only

Indicate whether any of the proposed insureds have smoked cigarettes or used tobacco in any form within the last 12 months.

Cost per Pay Period	Benefit Amount
<input checked="" type="radio"/> \$18.59	10,000
<input type="radio"/> \$28.17	15,000
<input type="radio"/> \$33.78	20,000
<input type="radio"/> \$48.93	30,000
<input type="radio"/> \$64.10	40,000

Cost per Pay Period:

Benefit Amount:

Application riders

Base Policy

\$17.34

Health Screening Benefit (HS)

\$1.25

EZ Value Plan (EZVFP)

Total Premium: **\$18.59**

I wish to apply for this coverage

I wish to DECLINE this coverage

Back

Next

STEP 17: ANSWER HONESTLY

- ▶ Progress through all informational media for voluntary benefits. When you arrive at the enrollment page, continue to select your benefit options as you've done previously.
- ▶ Answer any additional questions accurately and completely
- ▶ Click 'Next' when finished

Verify Benefit Elections

STEP 18: VERIFY YOUR BENEFIT ELECTIONS

- Review your benefits to ensure everything is correct.
- You will also see an itemized breakdown of your elections, costs, and pre-tax/post-tax expenses.

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
Medical	Medical Plan 1; EO	\$55.58	\$0.00	\$500.29
HSA	Waived			
Dental	Dental Plan 1; EO	\$39.40	\$0.00	\$0.00
Vision	Waived			
Long-term Disability	Long Term Disability; \$4,350	\$0.00	\$0.00	\$6.96
Voluntary Short-term Disability	Short Term Disability; \$1,010	\$0.00	\$51.21	\$0.00
Hospital Indemnity	Basic Care Hospital Indemnity Insurance; EO	\$0.00	\$34.34	\$0.00
Group Life & AD&D	\$50,000	\$0.00	\$0.00	\$4.75
Supplemental Term Life & AD&D	\$150,000	\$0.00	\$16.50	\$0.00
Child Term Life & AD&D	N/A			
Accident	<input type="checkbox"/> Accident Insurance; EO	\$0.00	\$10.01	\$0.00
<input type="checkbox"/> Universal Life	Waived			
<input type="checkbox"/> Cancer/Critical Illness	<input type="checkbox"/> Cancer/Critical Illness Combo <ul style="list-style-type: none"> benefit: \$10,372 Health Screening Benefit \$50 	\$0.00	\$13.00	\$0.00
Dependent Care Reimbursement Account	\$16.68	\$8.34	\$0.00	\$0.00
Total		\$103.32	\$125.06	\$512.00

Signatures

STEP 19: REVIEW AND SIGN FORMS

If your signature is required, you will be guided through a series of forms and asked to sign electronically. When finished, click 'Next'.

Review / Sign Forms

Your enrollment will not be complete until you review and sign the forms listed below. By entering your electronic signature below, you are giving your consent to the electronic signature (e-signature) process and authorization to use electronic records and electronic signatures connected with your enrollment. If you decline the e-signature process, you will not be able to complete your enrollment electronically.

Please review each document carefully and place a checkmark next to each before signing.

Form Name
<input type="checkbox"/> A-607/A E Application for Accident Coverage
<input type="checkbox"/> I573-NWB-387/R 1111 Acknowledgement and Authorization to Obtain Information
<input type="checkbox"/> CL-205 ND Trustmark Application for Insurance
<input checked="" type="checkbox"/> OA-607 ND V2 R10-12 NO Outline of Coverage

Employee: By clicking the *Sign Form* button, I am electronically signing the form listed above.

Sign Form

Next

Submission

STEP 20: BENEFIT VERIFICATION FORM

- ▶ If a signature box appears, please click ‘Use Pin’ on left of signature box.
 - ▶ Enter your PIN (last 4 digits of your SSN and 2 digit year of birth) to authorize and sign form.
 - ▶ Once you enter your PIN and sign, you will be able to access the “Verification” form for printing or future reference.
-

CONGRATULATIONS!
Your enrollment is complete.