



Employee Experience

Enrollment Guide

Version 3.0, 6/20/2019

Getting Started

We recommend you use Firefox or Google Chrome when logging into PlanSource. Do not use Internet Explorer.

So you're ready to enroll in your employer provided benefits! The new PlanSource enrollment experience will help you do just that, in an intuitive, educational and fun way.

Before you begin enrolling in your benefits, please make sure you have the following items.

- Social Security Number (SSN) for all legal dependents you wish to enroll in any coverage.
- Date of Birth (DOB) for all legal dependents you wish to enroll in any coverage
- Beneficiary Information for Life Insurance, which includes your beneficiaries' name(s), DOB(s) and SSN(s)
- Marriage certificate or 1040 tax form for your spouse or birth certificate(s) for your dependent children that you are enrolling in the Medical, Dental or Vision plans. This is not required, if they are currently enrolled and have already been verified in PlanSource.

Log in to PlanSource

Before you can do anything in the PlanSource system, you must first log in with your username and password.

1. Type or paste this link into your web browser's search bar: <https://benefits.plansource.com/>
2. On the login page, type your username and password.
3. If this is the first time you are using this site follow the instructions below for your user name and Password. Your Username consists of:
 - a. First initial of your First Name
 - b. First six characters of your Last Name
 - c. Last four (4) digits of your SSN

Example: John Employee, whose SSN is 000-00-1234, would have a login of JEMPLOY1234.

PLEASE NOTE: If you worked at another ACSHP district previously or your prior employer utilized PlanSource, your Username will be slightly different.

Your Password is your birthdate in the format YYYYMMDD. Example: a birthdate of February 7, 1975 would look like this: 19750207.

First time users will be prompted to select a new password. (Note: Every year during Open Enrollment your password will reset back to your birthdate in the YYYYMMDD format.) If you forgot your password, click "Forgot your password." If you have no email address on file for this process, contact your Treasurer's Office.

Welcome Screen

From this screen you will be able to begin the subscriber's enrollment, make changes to your benefits, see the benefits summary, and review benefit plan information among other resources. First we will go through the enrollment process; later in this document we will review steps to update enrollment information.

Overview

At the top of the screen you'll see how many days you have left to enroll, whether you're updating a new hire or are in an open enrollment window. You also have until that time to revisit benefits.plansource.com to make any changes to your enrollment. Failure to enroll by the enrollment due date will result in "NO COVERAGE".

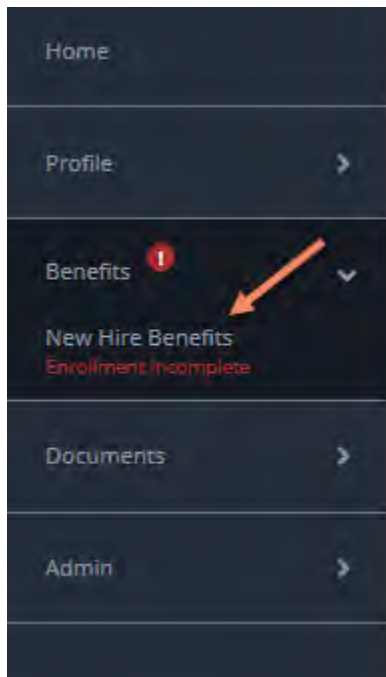
1. Review the timeline. The timeline will show where you are, or where you left off in the enrollment process.
2. Click Get Started

Updating Subscriber Information

If you are in Open Enrollment - After you select "Get Started", you will be taken through a series of steps in order to update your personal information and the dependents information.

If you are in your new hire window – you will select New Hire Benefits on the left hand side, then you will be taken through a series of steps in order to update your personal information and the dependents information.

New Hire



Open Enrollment

Welcome AllenElida7,

Shop and Enroll in Benefits

Let's start with your profile and see if anything has changed since last year.

[Get Started](#)

Annual Enrollment

The Annual enrollment period is your opportunity to make changes to your benefits for the upcoming plan year. To begin, please click on the "Enroll - Annual" button on the left.

Review Profile Shop Benefits Checkout

Review Your Profile

The first step in your enrollment process is to review your profile. Read through this page and verify that all information is correct; if there are errors, you can modify the information by selecting "Edit Info" or contact your Treasurer's Office for corrections. Complete any information where the field is empty or incorrect. Once you have completed your updates, select "Save". Then select "Next: Review My Family".

Elida Local Schools

Welcome Kiro \$0.00 Per Pay Period

Verify your Personal Information and make changes if needed

This information is used for:

- reporting to the benefit carriers.
- to issue your ID cards and process your claims
- to process your payroll, taxes, etc.

If any of the information is incorrect and you are unable to change it on this page, please contact your payroll department.

For the fields below, use the following key:
 Yellow: Required to be filled out.
 White: Optional to be filled out.
 Gray: View only

Basic Information

First Name: Kiro Middle Name: Last Name: TEST Chan

Union Name: kchan4697 Phone: 258-31-4697

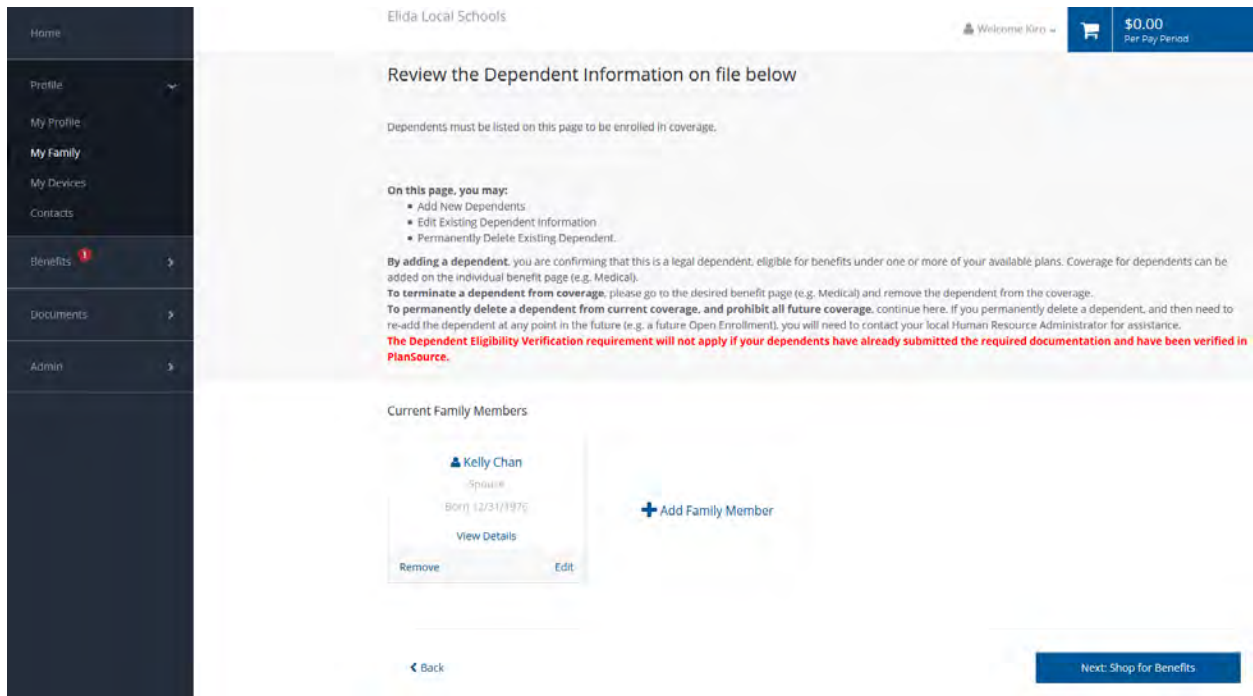
Contact Information

Address: 456 Address:

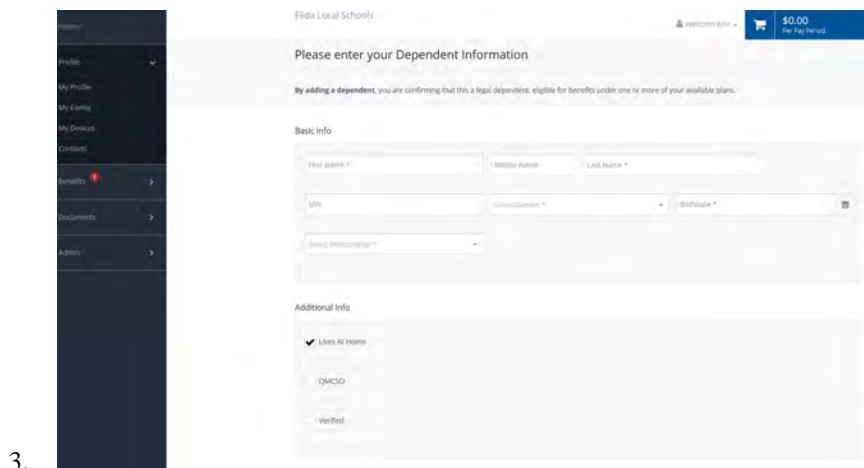
City: Los Angeles State: California Zip: 74125

Adding Dependents

After you review the profile, you will have an option to add dependents. Each dependent you add is capable of being a beneficiary. However, adding dependents (i.e. Spouse, Partner, and Child) can be done on any page of the enrollment. To enter a new dependent not currently listed on the page:



1. Click the “Add Family Member” box. This will open a new page
2. On the new page, enter the dependent information as shown below.

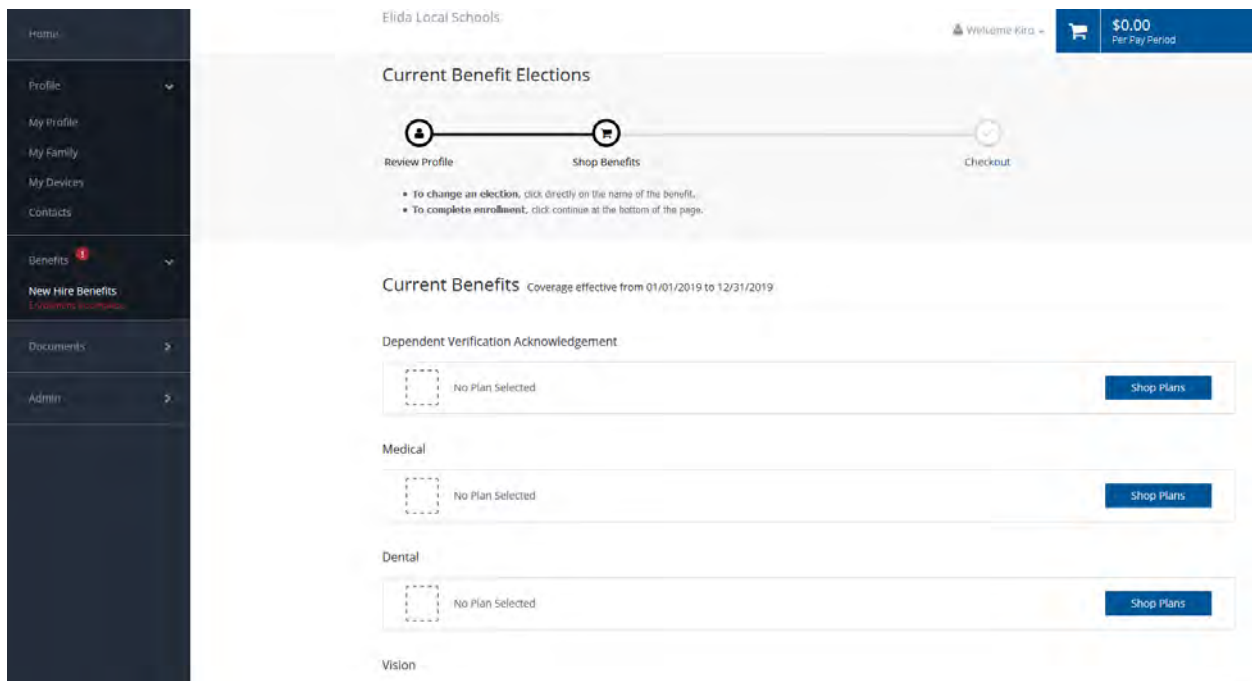


- 3.
4. Select “Save.”

Once you have saved the dependent/s, you will be sent back to the Manage your family member page. This allows you to add or remove family members before you move on. When finished with your updates select “Next: Shop for Benefits”.

Shop for Benefits

You’ve checked the profile information, and added dependents. Now you’re looking at the benefits dashboard, and you’re ready to shop! You’ll see available options in the middle of your screen, and the total benefit cost per pay period will appear in the upper right hand side of the enrollment screen in your cart. This will be updated as you go.



This figure (the dollar amount in your cart) will automatically update as you make each benefit plan selection, and will keep a current amount of your per pay period costs (based on your employer pay period information). If you expand your cart you will see your benefit options and selections.

You must select “Review and Checkout” at the end of your enrollment for your benefits to be in force! You can select it within the cart or at the bottom right of the Benefits Selection page.

The screenshot displays the enrollment interface for Elida Local Schools. On the left is a dark navigation sidebar with options: Home, Profile, Benefits (with a red notification icon), New Hire Benefits, Documents, and Admin. The main content area is divided into two columns. The left column lists benefit categories: Dental (Medical Mutual of Ohio, \$5.55/PP), Vision (EyeMed Vision, \$5.44/PP), Basic Employee Life & AD&D (Dearborn National, Basic Life & AD&D), Voluntary Employee Life & AD&D (Coverage Declined), Flexible Spending Account (Coverage Declined), and Dependent Care Spending Account (Coverage Declined). The right column shows a summary of 11 items in the cart, including verification acknowledgments, medical plan selection, COB certification, and various life and spending accounts. A total cost of \$129.20 per pay period is shown at the top right. A blue 'Review & Checkout' button is prominently displayed at the bottom right of the summary section, with an orange arrow pointing to it from the 'Flexible Spending Account' row. Below the summary, a table shows 'Employer Contribution' at \$721.72 and 'Your Cost Per Pay Period' at \$129.20, with another orange arrow pointing to a 'Review and Checkout' button.

Category	Selected Option	Cost
Dental	Medical Mutual of Ohio	\$5.55 Per Pay Period
Vision	EyeMed Vision	\$5.44 Per Pay Period
Basic Employee Life & AD&D	Dearborn National	Basic Life & AD&D
Voluntary Employee Life & AD&D	Coverage Declined	
Flexible Spending Account	Coverage Declined	
Dependent Care Spending Account	Coverage Declined	

Summary of Cart (11 of 11 items):

- Dependent Verification Acknowledgment: Dependent Verification Acknowledgment
- Medical: MGRP (Mid Deductible Health Plan)
- Spousal Coverage: Completed
- Spousal COB Certification Acknowledgment: Spousal COB Certification Acknowledgment
- COE Survey Question: Completed
- Dental: Dental
- Vision: EyeMed Vision
- Basic Employee Life & AD&D: Basic Life & AD&D
- Voluntary Employee Life & AD&D: Decline
- Flexible Spending Account: Decline
- Dependent Care Spending Account: Decline

Total Cost: \$129.20 Per Pay Period

Employer Contribution: \$721.72
Your Cost Per Pay Period: \$129.20

Enrollment Navigation

In order to proceed through each enrollment page, use the “Shop Plans” button next to the first benefit type.

The screenshot displays the enrollment navigation interface for Elida Local Schools. On the left is a dark sidebar menu with options: Home, Profile, My Profile, My Family, My Devices, Contacts, Benefits (with a red notification icon), New Hire Benefits (with a red notification icon), Documents, and Admin. The main content area shows the user's name 'Welcome Kira' and a balance of '\$0.00 Per Pay Period'. Below this is a progress bar for 'Current Benefit Elections' with three steps: Review Profile, Shop Benefits (the current step), and Checkout. A list of instructions follows: 'To change an election, click directly on the name of the benefit.' and 'To complete enrollment, click continue at the bottom of the page.' The 'Current Benefits' section indicates coverage effective from 01/01/2019 to 12/31/2019. It lists four benefit categories: Dependent Verification Acknowledgement, Medical, Dental, and Vision. Each category has a dashed box placeholder for a plan selection, the text 'No Plan Selected', and a blue 'Shop Plans' button.

Use the back button to go back to a previous page – Do not use your browser’s back button. Below you will see that we’ve started you with medical. On each benefits page, you can still compare plans, edit who’s covered, and get information related to your benefits.

Home | Profile | My Profile | My Family | My Devices | Contacts | Benefits | New Hire Benefits | Documents | Admin

SHINE LOCAL SCHOOLS | Welcome Kiro | \$0.00 Per Pay Period

Select your Medical Plan

For specific plan coverage information, review the plan details below.

Selecting a group Medical Plan provides:

- Guaranteed coverage at the most affordable rate
- Lower out of pocket costs by securing discounted rates at participating providers
- Protection for your finances and the health of you and your family

The cost of health care continues to increase so it is more important than ever to make sure you have health insurance.

[PPO vs HDHP video link](#)

Additional Content (4):

- Medical Plan Comparison
- What is a Copay Video
- FAQ's
- Health Care Statistics

[View Less](#)

Family Covered [Edit Family Covered](#)

Yourself, Kelly

Select a Plan

Plan Type	Office Visi...	Office Visi...
MDHP	\$25 copay	\$45 copay
HDHP	90% after...	90% after...

MDHP (Mid Deductible Health Plan) | \$118.21 Per Pay Period | [View Plan](#) | Compare

HDHP (High Deductible Health Plan) | \$70.11 Per Pay Period | [View Plan](#) | Compare

Decline Coverage | [Decline Medical Benefits](#)

Electing a Plan

All the plans available to you will be listed on the Benefits Landing page (see above; the plans in the figures are of sample plans for demonstration purposes only). So, after you've reviewed your options, learned about that benefit type and decided what plan is right for you and your family, you'll need to select your benefit.

- This is where you can edit who you want to cover, or add, by clicking "Edit Family Covered." Click on the benefit you wish to enroll in.

The screenshot displays the 'Electing a Plan' interface in the Plansource system. On the left is a dark navigation sidebar with options: Home, Profile, My Profile, My Family, My Devices, Contacts, Benefits (with a red notification icon), New Hire Benefits, Documents, and Admin. The main content area is titled 'EHR LOCAL SETTINGS' and 'Welcome Kiro'. It features a 'Family Covered' section with a text input field containing 'Yourself, Kelly' and an 'Edit Family Covered' link. Below this is the 'Coverage Levels' section, showing two options: 'Employee Only' at \$47.69 Per Pay Period and 'Employee + Family' at \$118.21 Per Pay Period. The 'Plan Details' section contains a table comparing 'In Network' and 'Out of Network' plan features.

Description	In Network	Out of Network
Plan Type	MDHP	MDHP
Office Visit for Primary Doctor	\$25 copay	\$25 copay
Office Visit for Specialist	\$45 copay	\$ 45 copay
Coinsurance	75%	50%
Annual Deductible	\$850 single / \$1,700 family	\$1,700 single / \$3,400 family
Separate Prescription Drugs Deductible	\$100/person, \$200/two people, \$300 family	\$100/person, \$200/two people, \$300 family
Prescription Drugs	Covered	Covered
Annual Out of Pocket Limit	\$3,350 single / \$6,700 family	\$4,200 single / \$8,400 family
Health Savings Account Eligible	No	No
Out of Country Coverage	Out of Network	Out of Network
Primary Care Physician Required	No	No
Specialist Referrals Required	No	No
Periodic Health Exam	100% No deductible	50% after deductible
Periodic OB-GYN Exam	100% No deductible	50% after deductible
Well Baby Care	100% No deductible	50% after deductible
Generic Prescription Drugs	\$20 copay	\$20 copay

On the right side of the interface, a summary box displays 'MDHP (Mid Deductible Health Plan)' with a cost of '\$118.21 Per Pay Period' and an 'Update Cart' button. Below this is a 'Decline Medical Benefits' link.

On this page, you can, again, edit who's covered (add dependents to this plan, or even add dependents that you forgot), review the coverage cost by tier, and see the full plan details. For a benefit with multiple plan options you will be taken back the Benefits Landing page view if you decide to add dependents. If there is a single plan offered for that benefit you will go directly to the plan details page shown above.

If this is the right plan for you, simply click "Update Cart" on the medical card at the right hand side of the page. Once you update your cart, you will be moved to the next benefit type page which will, again, show you all plan options for that benefit type. Once you select a plan to view, you again will be allowed to edit dependents, see coverage amounts by tier, and review the plan types.

As you shop for more benefits, your dashboard page will show progress and your cart will update with the total price.

The screenshot displays the 'Medical: MDHP (Mid Deductible Health Plan)' page. At the top, it shows the user's name 'Elida Local Schools' and a cart icon with a total of '\$129.20 Per Pay Period'. The page is divided into several sections:

- Family Covered:** A dropdown menu currently shows 'Yourself, Kelly' with an 'Edit Family Covered' link.
- Current Benefit:** A card for 'MDHP (Mid Deductible Health Plan)' with a cost of '\$118.21 Per Pay Period'.
- Coverage Levels:** Two options are shown: 'Employee Only' at '\$47.69 Per Pay Period' and 'Employee + Family' at '\$118.21 Per Pay Period'. A red arrow points to the 'Employee + Family' option.
- Plan Details:** A table comparing 'In Network' and 'Out of Network' rates for various services.
- Callout Box:** A box on the right highlights the 'Update Cart' button and a 'Decline Medical Benefits' link.

Description	In Network	Out of Network
Plan Type	MDHP	MDHP
Office Visit for Primary Doctor	\$25 copay	\$25 copay
Office Visit for Specialist	\$45 copay	\$45 copay
Coinsurance	75%	50%
Annual Deductible	\$550 single / \$1,700 family	\$1,700 single / \$3,400 family
Separate Prescription Drugs Deductible	\$100/person, \$200/two people, \$300 family	\$100/person, \$200/two people, \$300 family
Prescription Drugs	Covered	Covered
Annual Out of Pocket Limit	\$3,350 single / \$6,700 family	\$4,700 single / \$8,400 family
Health Savings Account Eligible	No	No
Out of Country Coverage	Out of Network	Out of Network
Primary Care Physician Required	No	No

To change your benefits from your dashboard, simply click "Change Plan" next to the benefit type you would like to update. When you have completed your elections you must click "**Review & Checkout**" for your benefits to be saved and elected! Think shopping online, if you don't Checkout then you won't receive your purchases!

Dependent Verification Acknowledgement

These instructions apply to Life Events, New Hire Events or Open Enrollment Events. If you have a dependent listed in PlanSource, the Dependent Verification Acknowledgement Agreement will generate. This Agreement explains the dependent eligibility for the Medical, Dental and Vision benefits and also lists the required documentation to confirm dependent eligibility. Note, this requirement will not apply if dependents have already submitted the required documentation (i.e., marriage certificate or 1040 tax form or birth certificates) and have been verified in PlanSource. In addition, it also explains the Spousal COB Requirement. When conducting the Dependent Audit, PlanSource's first step will be to check to see if a dependent has already been verified. If so, they will automatically approve the request.

Elida Local Schools
Welcome First

🛒 **\$135.51**
Per Pay Period

Dependent Verification Acknowledgement

This requirement will not apply if your dependents have already submitted the required documentation and have been verified in PlanSource. Make sure you check the Document Library. You can upload the required documentation through PlanSource.

Dependent Eligibility Verification
Dependent Eligibility Verification requires all employees who have dependents enrolled in the ACSHP group plans to provide proper documentation to verify the dependent's eligibility for coverage under the plans.

An Eligible Dependent Is:

- the Card Holder's spouse;
- the Card Holder or spouse's unmarried children, married children (applies to Medical only), stepchildren, children placed for adoption, legally adopted children, children

[View More](#)

Dependent Verification Acknowledgement: Dependent Verification Acknowledgement

[← To Benefits](#)

Select Coverage Level

I Understand

Current Benefit Coverage effective from 05/30/2019 to 12/31/2019

🛒 Dependent Verification Acknowledgement

\$0.00
Per Pay Period

Dependent Verification Acknowledgement

\$0.00
Per Pay Period

[🛒 Update Cart](#)

Spousal COB Certification Acknowledgement

The Spousal COB Certification Acknowledgement page will generate if a spouse is listed as a dependent and you are enrolled for family Medical/Rx coverage. This Agreement explains the Spousal COB requirement for spouses who are eligible for coverage from their employer or retirement plan. In addition, you can print a blank Spousal COB certification form for your spouse's employer or retirement plan to complete if you are enrolled with primary coverage by clicking on the Spousal COB Document button. You will need to select Update Cart button in order to move onto the next section. You will be required to answer a few COB Survey questions before proceeding to your next benefit section.

Elida Local Schools
Welcome Kiro

\$129.20
Per Pay Period

Spousal COB Certification Acknowledgement

If an employee's spouse is eligible to participate in their employer's group health insurance and prescription drug insurance, the spouse of the employee MUST enroll with at least single coverage in said employer's sponsored group insurance coverage(s). If a spouse is self-employed and offers a group health and/or prescription drug plan to his/her employees, such self-employed spouse MUST also enroll with at least single coverage in such employer-sponsored group insurance.

This requirement does not apply to any spouse who must pay more than 50% of the spouse's employer's monthly single premium. A certification form is required annually for

Additional Content (1):

[Spousal COB Certification Document](#)

[View More](#)

Spousal COB Certification Acknowledgement: Spousal COB Certification Acknowledgment

[← To Benefits](#)

Family Covered

[Edit Family Covered](#)

Yourself, Kelly

Current Benefit

Coverage effective from 06/01/2019 to 12/31/2019

Spousal COB Certification Acknowledgment

\$0.00
Per Pay Period


Spousal COB Certification Acknowledgment

\$0.00
Per Pay Period

[Update Cart](#)

Enrollment Confirmation

This page lists all the benefits you elected: Read through the entire page carefully and verify all information. Your cost is at the top in your cart, and your confirmed plan elections are shown below. You'll notice your timeline has reached checkout as well! To review your plans and who's covered, simply click View Plan next to each benefits type. You can also download, email, and print your selections for your own record.


Welcome Lina 1

🛒 **\$153.79**
Per Pay Period

Current Benefit Elections

The coverage details listed below are the current active elections on file for you and your dependents.

- If you believe there is an error in your statement, please contact your Benefits Administrator.
- If you need to make changes due to a qualifying life event, please click on the Life Event link to the left.

Click on the icons below to print your confirmation statement or generate a pdf file.

Current Benefits

Coverage effective from 01/01/2019 to 12/31/2019

📄 Download
✉ Email
🖨 Print

Below are your new elections. Benefit elections may be changed during your company's Open Enrollment or if you've had a Qualifying Life Event.

Dependent Verification Acknowledgement

+	Generic: Dependent Verification Acknowledgement	Change Plan
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Medical

+	Medical Mutual of Ohio: HDHP (High Deductible Health Plan)	\$115.04 Per Pay Period	Change Plan
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Spousal Survey

Status: Completed	Dates: Last Updated: 06/20/2019	View Summary
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Spousal COB Certification Acknowledgment

+	Generic: Spousal COB Certification Acknowledgment	Change Plan
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COB Survey Question

Status: Completed	Dates: Last Updated: 06/20/2019	View Summary
-------------------	------------------------------------	------------------------------

Dental

+	Medical Mutual of Ohio: Dental	\$21.87 Per Pay Period	Change Plan
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Basic Life & AD&D

+	Dearborn National: Basic Employee Life & AD&D	Change Plan
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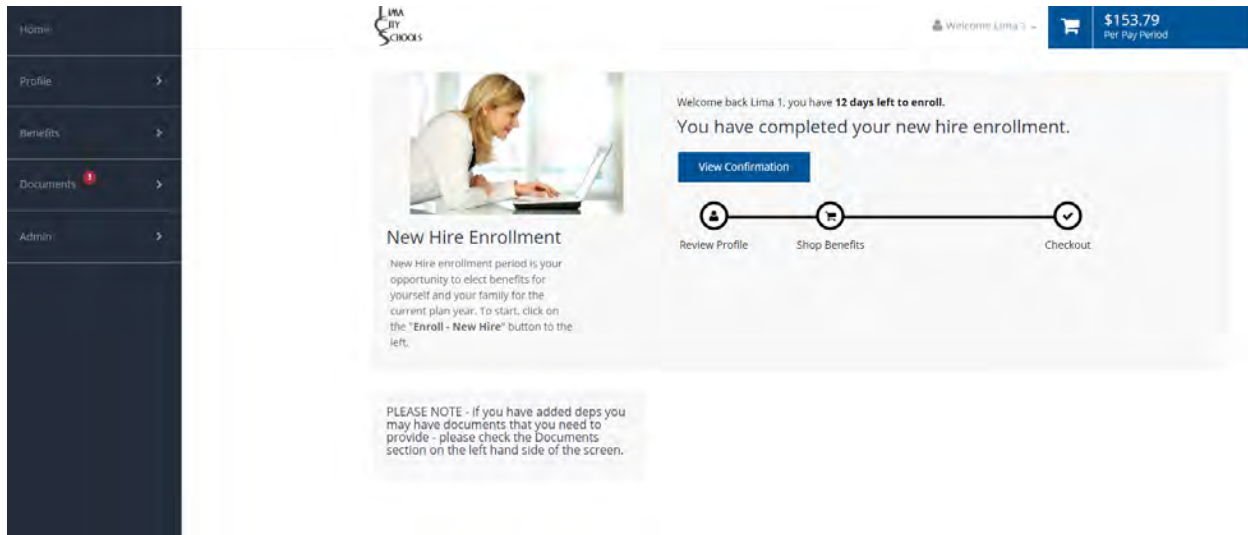
Voluntary Employee Life & AD&D

+	Dearborn National: Voluntary Employee Life and AD&D - 2	\$7.25 Per Pay Period	Change Plan
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Voluntary Spouse Life

+	Dearborn National: Voluntary Spouse Life - 1	\$0.74 Per Pay Period	Change Plan
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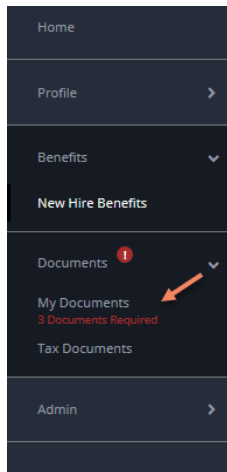
Congratulations, you have completed your enrollment!



NOTE, If you enrolled a dependent in the Medical/Rx, Dental or Vision coverage or acknowledged the Spousal COB Agreement above, you will need to click on the Documents tab located on the left hand side of the screen and follow the instructions on the next page.

Uploading Documents

This will walk you through how to upload document requests in the system.



In this section you must either upload your documentation or provide a response that you will provide it later. If you have previously provided a marriage certificate/1040 tax form or birth certificate for your dependent(s) listed and it has been verified in Plansource, please select, "I WILL SUPPLY THE DOCUMENT LATER". You will not be required to provide this information a second time.

Please be aware that if you have a document request for the Spousal COB, you **MUST** have your spouse's employer or retirement system complete the form if you enrolled your spouse with primary coverage under the Medical/Rx plan. However, you will not be required to complete the Spousal COB form if your spouse is covered under the Medical/Rx plan with secondary coverage. If you are not sure whether or not you should complete this form, just select "I WILL SUPPLY THE DOCUMENT LATER". The PlanSource team will evaluate the answers to your COB questions and send you a form if it is required.

My Documents

The following documents have been requested from you. Please be aware that acceptance of enrollment in any number of benefits may rely on your submitting the requested documents in a timely fashion.

If you have previously provided a marriage license/1040 tax form or birth certificate for your dependent(s) listed below and it has been verified in Plansource, please select, "I WILL SUPPLY THE DOCUMENT LATER". You will not be required to provide this information a second time.

If an employee's spouse is eligible to participate in their employer's group health insurance and prescription drug insurance, the spouse of the employee MUST enroll with at least single coverage in said employer's sponsored group insurance coverage(s). If a spouse is self-employed and offers a group health and/or prescription drug plan to his/her employees, such self-employed spouse MUST also enroll with at least single coverage in such employer-sponsored group insurance.

This requirement does not apply to any spouse who must pay more than 50% of the spouse's employers' monthly single premium. A certification form is required annually for

[View More](#)

Required Documents

The image shows three document upload boxes for Kelly Chan. Each box has a title, a dropdown menu for document type, a 'For Dependent Audit' label, a drag-and-drop area with an upload icon, and a list of options at the bottom. The first box is for a Marriage Certificate, the second for a Birth Certificate, and the third for Spousal COB. Arrows point from the text below to the dropdown menus and the 'I will supply the document later' option in each box.

In each box the dep is listed.

In each box the drop down will show you which documents can be accepted.

In the drag document box, you can upload the needed document.

At the bottom of the box you can indicate on of the following:

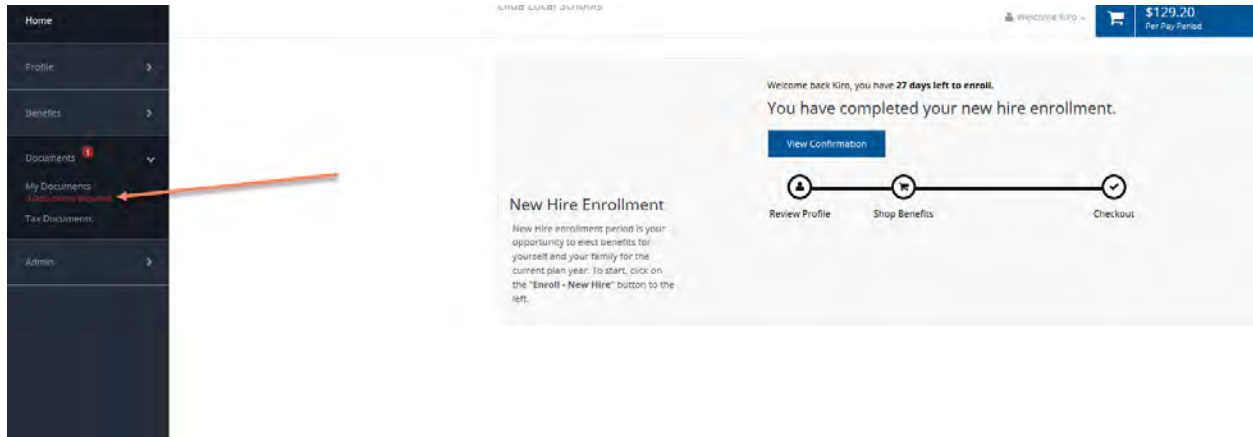
Select an existing document – if you are downloading form

Cannot provide required document – if you cannot provide the required document.

I will supply the documents later – if you plan on supplying the required documents later.

Instructions on How to Upload Documents at a Later Date

Log into the system and click on the My Documents link on the left hand side



Follow the same instructions on the prior page to upload the documents.

Adding Beneficiaries

From this page you can elect the beneficiaries you want. Simply click on Add Beneficiary and enter in the beneficiary information and the allocation amount (up to 100%) then click Save. If you elected Voluntary Employee Life Insurance, your beneficiaries will automatically be the beneficiaries listed under your Basic Life benefit.

The screenshot shows the 'Review Current Beneficiaries' interface. At the top, it identifies the user as 'Elida Local Schools' and shows a 'Welcome King' notification with a shopping cart icon and a '\$129.20 Per Pay Period' amount. The main heading is 'Review Current Beneficiaries' with a sub-note: 'You can view, add, or edit beneficiaries for each of your coverages by clicking on the benefit below.' The primary coverage shown is 'Dearborn National Basic Employee Life & AD&D' with a 'Coverage amount' of '\$40,000.00' and an 'Allocation Total' of '0%'. Below this, there are sections for 'Primary Beneficiaries' and 'Secondary Beneficiaries (optional)'. Each section has a table with columns for 'Name of Person, Entity, or trust', 'Relationship', and 'Allocation'. Both sections currently show '0%' allocation and include an '+ Add Beneficiary' link. At the bottom right of the form are 'Cancel' and 'Save' buttons. A 'Back' link is at the bottom left, and a 'Review and Confirm' button is at the bottom right.

To make any changes to your elections (within your enrollment window):

- Click Continue Enrollment, or View Confirmation (i.e. Medical, Dental, etc.)
- Make corrections
- Click Save (which will bring you back to the Your Summary Page)
- Click Review and Checkout

Certify Your Dependents

If you are making a status change at any time throughout the year you could be required to email, fax, or mail supporting documentation to your Treasurer's Office for your status change request to be approved. If your status change requires further documentation, you must send that documentation within 31 days of the event or your request will automatically be denied. Please refer to your Treasurer's Office for more information on life change event documentation.

Viewing Your Information at Any Time

At any time throughout the year you can login to your account using your Username and your password. If you do not remember your password contact your Treasurer's Office to have your Password reset. Click "Benefits" in the left hand navigation menu. Read through this page and verify that all information is correct; if there are errors, contact your Treasurer's Office for corrections.

Wrapping up Your Enrollment

The Enrollment process is designed to be smooth and effortless. Always remember to click Checkout once you finish enrolling or updating your benefits. If you have any issues, please reach out to your HR department and they will be able to assist you.

Creating a Life Event

Navigating through the system when creating a life event is the same as above with the exception of the initial screen.

Once you log on, click on Update your current benefits in the middle of the screen.

Elida Local Schools

Welcome First

\$0.00
Per Pay Period


Welcome First.

Do You Need to Update Your Benefits?

Click below if you've had a qualifying life event, such as getting married or an addition to the family.

[Update My Benefits](#)

Or you can review your current benefits

 **Need to update your current benefits?**
Have you had a qualifying life event such as a new addition to your family?
Update your current benefits.

From here you will select the type of Life event from the list on the screen:



Report Life Event

Some changes in your life or employment can affect your benefits. For example, when you have a baby you may want to add him/her to your health coverage. Changes like these that are made outside of standard benefit enrollment are called Life Events. First, select the type of Life Event from the drop down list to indicate the reason you are making the change. When selecting a particular Life Event, you will be given additional information on the type of change for the Life Event.

Select Life Event*

- Adoption
- Birth
- Dependent Student Status Change
- Domestic partnership creation
- Loss of Dependent Status
- Marriage
- Change in Spousal COB
- Medical Eligible Variable Hour Employee
- Dependent/Self Loses Coverage (Add Coverage)

[← Back](#)

[Continue](#)

Once you select a Life Event, you will be asked to enter in the effective date for the Life Event. If you do not enter in a date, the system automatically enters in the date you created the Life Event. Therefore, it is important that you remember to enter in the effective date and then click on Continue.



Report Life Event

Some changes in your life or employment can affect your benefits. For example, when you have a baby you may want to add him/her to your health coverage. Changes like these that are made outside of standard benefit enrollment are called Life Events. First, select the type of Life Event from the drop down list to indicate the reason you are making the change. When selecting a particular Life Event, you will be given additional information on the type of change for the Life Event.

Select Life Event *

- Adoption
- Birth**
- Dependent Student Status Change
- Domestic partnership creation
- Loss of Dependent Status
- Marriage
- Change in Spousal COB
- Medical Eligible Variable Hour Employee
- Dependent/Self Loses Coverage (Add Coverage)
- Change of Address

Birth

Congratulations and best wishes to you and the newest member of your family.

Adoption is a qualified change in status, so you may make certain changes to your benefits. The coverage changes must be consistent with your change in status. Example: When you have a baby, you may change your medical coverage from single to family coverage.

Event Date *
06/01/2019



13 Days left to make changes

Notes

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Once you click on Continue you will proceed through the system just like the steps outlined above.

Note, the Life event titled, “Change in Spousal COB” should only be used if you are updating your spouse’s Medical/Rx COB from primary to secondary or secondary to primary outside of the new hire election or open enrollment period. You will need to go in and answer the Spousal COB questions so there is record of this change. Based on the answers to the Spousal COB questions, you may be required to complete a Spousal COB Certification form. Make sure you indicate the actual effective date of the change.