

Life Event Enrollment Instructions

SmartBen is our online enrollment tool. The site is accessible via the Internet at <https://enroll.smartben.com/> and can be accessed 24 hours a day, seven days a week. The following tips will help you prepare for and complete the online enrollment process.

Before You Enroll

Review Your Options & Make Your Choices

Take time to review the information in the *Plans* section. It will help you understand your benefit choices. Discuss it with your family, too!

Click on the *Plans* link at the top of your home page and select a plan to review the plan details.

Steps to Complete Your Enrollment

STEP 1

Log on to <https://enroll.smartben.com>, enter your Username (Employee ID#+SPS) and Password (Last 4 digits of your SSN + SPS).

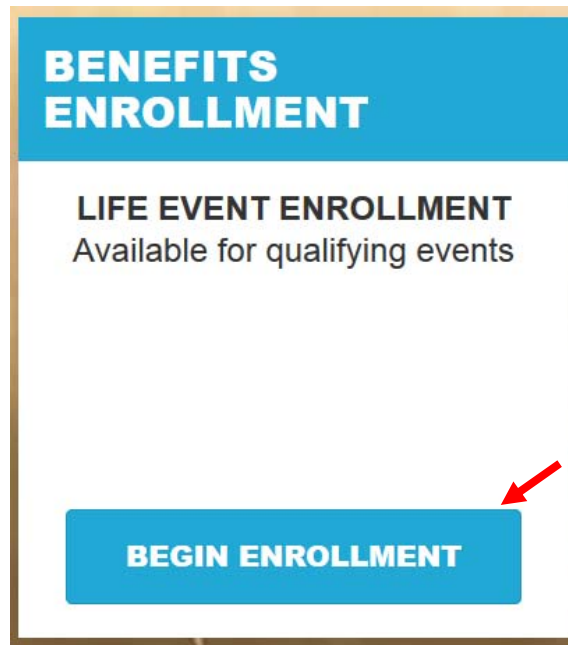
- Example Username: 12345SPS
- Example Password: 6789SPS

The screenshot shows a login form with a blue header 'LOGIN TO YOUR ACCOUNT'. Below the header are two input fields: 'Username' and 'Password'. There is a checkbox labeled 'HR Professional'. A blue 'SUBMIT' button is located below the input fields. At the bottom of the form, there is a link that says 'Recover Password'.

➡ **TIP:** Use the **Tab Key** to navigate through the site. DO NOT use the Enter Key. As with all Internet sites, when you use the Enter Key, it is the equivalent of hitting “submit” or “next”.

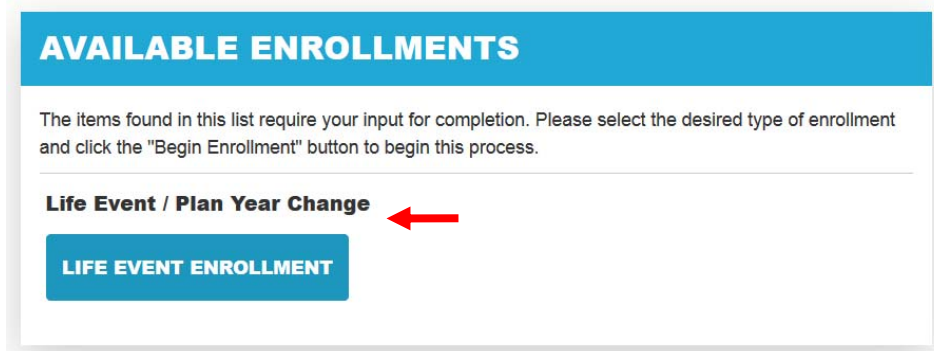
STEP 2

On the home page, you will see a Benefits Enrollment box. Underneath the countdown, there is a Begin Enrollment button. Click the button to begin enrollment.



STEP 3

On the next page, there is a box with *Available Enrollments*, telling you what enrollments are available. You will see a button for Life Event Enrollment. Select the Life Event Enrollment button to begin your enrollment session.



STEP 4

Life Event Tasks: You will enter the Enrollment Process at the Life Event Task page. Click on the button next to the applicable reason for your life event. Next enter the date of the life event occurrence. Lastly, enter a brief description of the event. To confirm, put in your initials at the bottom of the page. Click the continue button to make your life event election changes.

CHOOSE EVENT TYPE

Please check the item that applies to your requested change.

- Marriage of employee.
- Divorce, annulment, or legal separation of employee.
- Divorce, annulment, or legal separation of employee. (AND YOU CURRENTLY DO NOT HAVE THE SPOUSE ENROLLED IN A BENEFIT)
- Death of employee's spouse.
- Birth or adoption of a child of the employee.
- Newly eligible child of employee (not related to birth or adoption).
- Death of a child of the employee.
- Employee's child ceasing to be eligible.
- Beneficiary update/addition
- The termination of employment (or the commencement of employment) of the employee's spouse.
- A significant change in the health coverage of the employee/spouse/dependent attributable to the spouse or dependent's employment.
- Employee status change from benefit ineligible to benefit eligible.
- Moving from part-time to full-time status or full-time to part-time status by the employee.
- Retirement change
- Other - if none of the above applies to your circumstance please indicate why you are requesting a change.

CONTINUE

LIFE EVENT DATE

Please input the date of the life event occurrence. The date must be less than or equal to a date up to 120 days in the future from today.

COMMENT

Add any additional information, such as who, when, and where in the comment box below. This information will be reviewed by HR and stored in your file if the event qualifies for a change in coverage.

AGREEMENT

STEP 5

Review and Elect Benefits: After selecting your life event reason you will move on to the Benefit Manager page.

Life Event Enrollment

COMPLETED BENEFITS			
	Plan Title	Employee Cost	Employer Cost
<input checked="" type="radio"/>	Medical Insurance BCBS PPO Employee + Spouse <i>12 Deductions/Year</i>	\$99.00	\$998.00
<input checked="" type="radio"/>	Dental Insurance Waive <i>12 Deductions/Year</i>	\$0.00	\$0.00
<input checked="" type="radio"/>	Flexible Spending Account-Medical \$0.00 <i>6 Deductions/Year</i>	\$0.00	\$0.00
<input checked="" type="radio"/>	Flexible Spending Account - Dependent Day Care \$0.00 <i>6 Deductions/Year</i>	\$0.00	\$0.00

Benefit Manager: Use this to review your enrollment options and make your benefit elections. To enroll or make changes to a benefit, click on a benefit name.

To make a change, click on the option you want to elect. You will first need to select which individuals are being covered by making your selection in the Who Is Being Covered box on the right.

Who's Being Covered?

Employee Only

Employee and Spouse

Employee and Children

Family

Current Coverage Level:
Waive

Then select the plan you want to enroll in. The selection you made will turn green. Click the green *Continue* button at the top right of the page when you are finished.

BCBS PPO EMPLOYEE ONLY

\$400/person \$1,200/family 30% after deductible <small>Deductible & Coinsurance</small>	\$2,900/person \$6,200/family <small>Max Out of Pocket</small>	Primary:\$20 Specialist:\$40 RX Copays: \$10/\$30/\$50 <small>Copayments</small>	\$50.00 <small>Per-Pay-Period</small>
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SELECT
MORE INFO

BCBS HDHP EMPLOYEE ONLY

\$1500/person \$3000/family 20% after deductible <small>Deductible & Coinsurance</small>	\$5,000/person \$10,000/family <small>Max Out of Pocket</small>	20% coinsurance RX Copays: 20%/20%/30% coinsurance <small>Copayments/Coinsurance</small>	\$38.00 <small>Per-Pay-Period</small>
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SELECT
MORE INFO

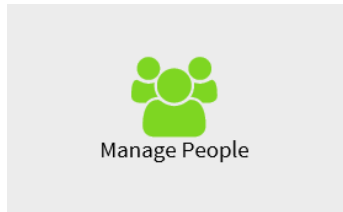
If you are enrolling a spouse or dependent in medical and/or dental coverage, click on the box next to the dependent you wish to enroll. If you are dropping a dependent from medical and/or dental coverage, you must uncheck the dependent you are dropping. **Note:** If you changed coverage levels (e.g. from family to employee + child(ren) or from family to employee + spouse), your spouse or child is automatically dropped.

ASSIGN A SPOUSE

Diane AAAFITZ (05/17/1970)

- ➡ **TIP:** Click on the *Beneficiary Type* drop down box to designate your beneficiary as primary or secondary.
- ➡ **TIP:** If you need to add more than one beneficiary, click on the *Add a Person* button to designate the additional beneficiaries.

People Manager: This is where your Personal, Spouse/Dependent, and Beneficiary information is stored. you are enrolling a spouse or dependent in coverage, you will need to click the green Add a Person button to add them in the People Manager



People Manager
Manage the personal information about yourself and all the people associated with your benefits.

AMANDA AAATESTER (YOU)		MANAGE BENEFITS
<i>Name</i>		Amanda aaatester (You) Date of Birth: Feb 15, 1950 SSN: Edit
First Name	<input type="text" value="Amanda"/>	
Middle Name	<input type="text" value="Middle Name"/>	
Last Name	<input type="text" value="aaatester"/>	
Maiden Name	<input type="text" value="Maiden Name"/>	Individuals Associated With You
<i>Address</i>		Spouse <input type="text"/>
Address	<input type="text" value="Address"/>	Dependents <input type="text"/>
Apt. Unit Ste.	<input type="text"/>	Beneficiary <input type="text"/>

Personal Info - Review your personal information and make changes if necessary.

Spouse and Dependent Info – Click on the *Add a Spouse* or *Add a Dependent* button to add your spouse and dependents' information if you are enrolling them in a benefit plan. Click *Save* when you are finished.

Adding spouse/dependent information in *People Manager* **DOES NOT** assign your spouse/dependent to coverage. You will assign your spouse/dependent to each plan individually in order for them to be covered.

Beneficiary Info –*If you are electing Supplemental Term Life/AD&D coverage*, click on *Beneficiary* to add or change your beneficiary. Click *Save* when you are finished.

Adding your beneficiary information in the *People Manager* **DOES NOT** assign a beneficiary percentage. You will assign the percentage later in the enrollment process.

Once you have added your spouse or dependent in the People Manager you will need to click on the benefit that you want to assign them to. Click on the Manage Benefits button at the top of the screen after adding the dependent.

People Manager
Manage the personal information about yourself and all the people associated with your benefits.

AMANDA AAATESTER (YOU)

Name	
First Name	<input type="text" value="Amanda"/>
Middle Name	<input type="text" value="Middle Name"/>

MANAGE BENEFITS

Amanda aaatester
(You)
Date of Birth: Feb 15, 1950
SSN:
[Edit](#)

Once you click on Mange benefits it will bring you back to the Benefits Manager page and your incomplete benefits will be at the top. Click the benefit you would like to add your dependent to.

New Hire Enrollment

INCOMPLETE BENEFITS

	Plan Title	Employee Cost
	Health Insurance Aetna Select Team Member + Child(ren) <small>24 Deductions/Year</small>	\$175.42

Turn All The Lights Green

Click on the "Elect & Continue" button or click on a benefit name to make changes. Note: All benefits must reflect a completed status ("Green Light") in order for the "Elect & Continue" button to be active.

Click Continue to accept the plan. To assign a dependent to coverage, click the check box next to the dependents name. Click Continue.

ASSIGN A DEPENDENT

<input checked="" type="checkbox"/>	Tim aaatester (07/01/2005)
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CONTINUE

ADD A PERSON

[Return To Lights](#)

STEP 5

Once your elections are complete each benefit will have a green light. To proceed to the next step, click the green button labeled “Elect & Continue.”

New Hire Enrollment

COMPLETED BENEFITS			
	Plan Title	Employee Cost	Employer Cost
	Medical Insurance BCBS PPO Employee Only <i>12 Deductions/Year</i>	\$50.00	\$498.00
	Dental Insurance Waive <i>12 Deductions/Year</i>	\$0.00	\$0.00
	Flexible Spending Account-Medical \$0.00 <i>6 Deductions/Year</i>	\$0.00	\$0.00
	Flexible Spending Account - Dependent Day Care \$0.00	\$0.00	\$0.00

Turn All The Lights Green

Click on the “Elect & Continue” button or click on a benefit name to make changes. Note: All benefits must reflect a completed status (“Green Light”) in order for the “Elect & Continue” button to be active.

ELECT & CONTINUE

Your Total Cost
\$84.85
Per Pay Period 

STEP 6

Verify Required Data: If you have not entered all required information, SmartBen will not process your enrollment. Click on each item in the Enrollment Task List and SmartBen will take you to the required page for corrections. Make your corrections, click *Submit*, *Enroll* or *Save*, whichever is applicable. Be sure to review any items in the “Information” box on this task page, click on “click here” to make changes, and then click the green “Continue” button.

Enrollment Verification Tasks

Information is missing required to complete your enrollment. Click on the link(s) provided below to complete the necessary information.

SPOUSE INFORMATION

The spouse information for April aaaTester is incomplete! [Click here](#) to return to the Manage People section and complete the required information.

STEP 7

Review Confirmation: Review your elections thoroughly.

Enrollment Confirmation For Benny AaaFitz

Review the information thoroughly before clicking "Continue" at the right of the screen.

ELECTED BENEFITS		
Plan Title	Employee Cost	Employer Cost
Medical Insurance BCBS PPO Employee Only <i>12 Deductions/Year</i>	\$50.00	\$498.00
Dental Insurance Waive <i>12 Deductions/Year</i>	\$0.00	\$0.00
Flexible Spending Account-Medical \$0.00 <i>6 Deductions/Year</i>	\$0.00	\$0.00

To confirm, enter your initials at the bottom of the *Confirmation* page and click *Continue*.

AGREEMENT

Please initial below to indicate agreement:

CONTINUE

Return To Lights



Manage People

STEP 8

You have successfully completed the enrollment process! Select the *Click Here* link for a copy of your Confirmation Statement.

Congratulations!

You have successfully completed the enrollment process.

[PRINT YOUR CONFIRMATION STATEMENT](#)

[RETURN TO START](#)

To get a printer ready copy of your elections, [click here](#) and feel free to continue using SmartBen Essentials.

STEP 9

It's time to review your Confirmation Statement! Carefully review your statement to ensure your benefit elections are accurate. Keep in mind, this Confirmation Statement is *only* a confirmation of your benefit elections. If carrier approvals (e.g., Supplemental Term Life/AD&D Insurance) are required, coverage will be subject to those requirements.

Note: Always remember to print a Confirmation Statement to serve as your confirmation of benefit elections.