



OPEN ENROLLMENT QUICK GUIDE

Table of Contents

Open Enrollment Quick Guide.....	3
A Quick Guide to Completing Open Enrollment.....	3

Open Enrollment Quick Guide

A Quick Guide to Completing Open Enrollment

Follow these simple steps to navigate the Open Enrollment process.....

Step 1

Click the "MENU" button, select Open Enrollment, and click "Start" to begin

The screenshot displays the 'Employee Benefits Center' interface. At the top left, a navigation menu is visible with the following items: 'Open Enrollment', 'Qualifying Event', 'View Elections', 'Benefit Highlights', 'Forms', 'Beneficiary Designations', and 'Help'. A red arrow points to the 'MENU' button (represented by a hamburger icon) in the top right corner of the header. Another red arrow points to the 'Open Enrollment' option in the left-hand menu. A third red arrow points to the 'Start' button at the bottom of the page. The main content area is titled '— INTRODUCTION —' and contains text about the open enrollment system. Below this, a section titled '— OPEN ENROLLMENT —' provides details about the enrollment period and includes an 'Important Reminder' and a link to an 'Open Enrollment Video'. The 'Start' button is highlighted with a red box and a circled number '3'.

Step 2

Confirm your demographic information.

— EMPLOYEE INFORMATION —

Please ensure that the information below is correct. If the information below is incorrect, the Change of Address [Form](#) must be completed and returned to your Benefits Administrator.

Member : John Smith

Basic Information

Prefix	First Name John	Middle Name	Last Name Smith	Suffix
SSN 000012345	Gender Male	DOB 1/1/1970	Marital Status Married	

Contact Information

Street Address 1 123 Sample Street	Street Address 2	City Sample City
Country United States of America (the)	State/Province Florida	Zip/Postal Code 12345
Home Phone	Email Address	

Next

Step 3

If applicable, add, edit, or remove dependent records.

New Dependent SAVE CANCEL

Demographics

Prefix	First Name	Middle Name	Last Name	Suffix
SSN	Gender	DOB	Disabled	Student
Home Phone	Marital Status	Relationship	Resides With Employee	
Street Address 1	Street Address 2	City		
Country	State/Province	Zip / Postal Code		
Email Address				

Step 4

Scroll down to review available benefit information.

— BENEFIT HIGHLIGHTS —

The group insurance plan year begins [Date] and ends [Date]. The plans offered are also summarized in the [Employee Benefit Highlights Booklet](#). If you have any specific questions, please refer to the [Important Contact Information](#).

This page only highlights your benefit options. To make your elections, click the "Next" button to proceed to the [Benefit Elections](#) page.

Open Enrollment News

Health Care Reform Notices. Be sure to review the current benefits related compliance notices mandated by the Federal government.

Important Enrollment Reminders

- If you do not make any changes to your current elections during the open enrollment time period, they will rollover and remain the same for the new plan year.
- Most insurance premiums will be deducted from your paycheck on a pre-tax basis as permissible by Section 125 of the Internal Revenue Code (IRS) unless you indicate otherwise.
- Once the new plan year begins, your elections cannot be changed unless you or a dependent experience a Qualifying Event.

Coverage Options

Each coverage option listed below is summarized in the [Employee Benefit Highlights Booklet](#). For plan specifics, click on the links contained in each coverage description.

Health Insurance

The following plans are provided by (Carrier Name):

- [Open Access HMO](#)
- [Choice POS](#)
- [HDHP Choice POS with HSA*](#).
*The [Company Name] contributes \$596.96/year, divided among the pay periods, into each HSA for all full-time employees who elect Employee Only coverage.

Dental Insurance

The following plans are provided by (Carrier Name):

- [DMO](#)
- [PPO](#)

Flexible Spending Accounts (FSAs)

The following FSAs are administered by (TPA Name):

Step 5

Select the benefit elections for you and your dependents, making sure applicable dependents are marked as Covered. Also notice the Benefits Enrollment Cart in the bottom right hand corner of the Election page. The Cart updates your per paycheck deductions as you make elections. Use the links in the Cart for faster navigation of the page.

Enrollment Options

(Carrier Name)

Plans	Pre-Tax Deduction	Post-Tax Deduction	Employer Contribution Per Pay
DMO			
<input type="radio"/> DMO: Employee Only	\$8.68	\$0.00	\$0.00
<input type="radio"/> DMO: Employee + Spouse/DP	\$14.78	\$0.00	\$0.00
<input type="radio"/> DMO: Employee + Children	\$15.55	\$0.00	\$0.00
<input type="radio"/> DMO: Employee + Family	\$23.33	\$0.00	\$0.00
Dental PPO			
<input type="radio"/> Dental PPO: Employee Only	\$22.98	\$0.00	\$0.00
<input type="radio"/> Dental PPO: Employee + Spouse/DP	\$45.43	\$0.00	\$0.00
<input type="radio"/> Dental PPO: Employee + Children	\$49.13	\$0.00	\$0.00
<input checked="" type="radio"/> Dental PPO: Employee + Family	\$62.48	\$0.00	\$0.00
<input type="radio"/> Waive all Dental coverage			

Available Dependents				
Name	Relationship	Covered	Not Covered	
Mary Smith	Spouse	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
James Smith	Dependent Child	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

My Benefits Cart

Coverage Types	Deductions
Health	\$392.70
Dental	\$62.48
Short Term Disability	\$0.00
Long Term Disability	\$0.00
Employee Assistance Program	\$0.00
Total Per Pay:	\$445.18

Step 5-1

If applicable, click the Edit icon within the Aflac coverage box to enroll in the available voluntary product options. For non GMO Aflac products you will find instructions to contact the Aflac agent for enrollment.

Aflac Group

Current Elections

Plans	Pre-Tax Deduction	Post-Tax Deduction	Employer Contribution Per Pay
No current coverage	\$0.00	\$0.00	\$0.00

Enrollment Options

Aflac

Plans	Benefit Level	Pre-Tax Deduction	Post-Tax Deduction	Employer Contribution
<input checked="" type="checkbox"/> Group Accident		\$0.00	\$0.00	\$0.00
<input checked="" type="checkbox"/> Group Hospital Indemnity		\$0.00	\$0.00	\$0.00
<input checked="" type="checkbox"/> Group Critical Illness Employee		\$0.00	\$0.00	\$0.00
<input checked="" type="checkbox"/> Group Critical Illness Spouse		\$0.00	\$0.00	\$0.00

My Benefits Cart

Supplemental EE Life/AD&D	\$0.00
Supplemental Dependent Life	\$0.00
Prepaid Legal/Identity Theft	\$0.00
Supplemental Insurance	\$0.00
Total Per Pay:	\$0.00

Step 6

To designate beneficiaries, enter the name exactly as it appears in the upper right hand corner of the page, and click "I Agree." Add at least one person to the Beneficiary Name Bank, entering all fields indicated with a "*", which are required. Lastly, designate the beneficiaries, by editing the primary level of each benefit. A contingent level is optional and may also be designated.

— BENEFICIARY DESIGNATIONS —

Before designating a life insurance beneficiary, you must read and agree to the following terms. Under and subject to the terms of my group policy for all applicable benefits maintained in benefit, I hereby amend and revoke any former beneficiary designations named by me, and I now designate the following person(s), guardian(s), and/or trust(s) as my beneficiary designations. I understand that changes for the below named plans submitted during this process will overwrite any changes previously submitted including changes via paper form(s).

To agree to these terms and proceed with your beneficiary designation updates, type your name exactly as it appears next to the Logout button (top right of page) and click the "I Agree" button.

Your Name 1

Beneficiary Name Bank

2

New Person

Name SSN Relationship Gender DOB

Street Address 1 Street Address 2 City

State/Province Postal Code Country Home Phone

Name: Mary Smith | Relationship: Spouse | Type: Person

Basic Life: \$20,000 3

Level: Primary

What is a Primary Beneficiary?

Name	Relationship	Percentage
Mary Smith	Spouse	100.00%

Level 1: Contingent

What is a Contingent Beneficiary?

Name	Relationship	Percentage
Michael Smith	Brother	100.00%

Step 7

Review Summary of Elections and Click "Submit" to finalize elections.

Summary

Status	Coverage Type	Coverage Elected	Pre-Tax Per Pay	Post-Tax Per Pay	Employer Contribution Per Pay
Active	Health	Choice POS: Employee + Family	\$382.70	\$0.00	\$323.08
Active	Dental	Dental PPO: Employee + Family	\$62.48	\$0.00	\$0.00
Active	Long Term Disability	\$1,389.58	\$0.00	\$0.00	\$5.24
Active	EAP	EAP	\$0.00	\$0.00	\$0.72
Active	Basic Life/AD&D	\$20,000.00	\$0.00	\$0.00	\$2.22

Totals

Summary of Deductions

Total Pre-Tax Deductions	\$445.18
Total Post-Tax Deductions	\$0.00
Adjusted Total Payroll Deductions	\$445.18
Total Annual Deductions	\$11,574.68

Summary of Contributions

Total Employer Paid Contributions	\$331.26
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Dependents Information

Congratulations!

You have completed the Open Enrollment process! You may return to the Open Enrollment module as many times as you wish during the Open Enrollment period.

Technical Support

Telephone: 1-888-5-BenTek (523-6835) or Email: support@mybentek.com

Support Hours of Operation: 8:30 a.m. to 8:00 p.m. EST, Monday - Friday