How to complete

Self-Enrollment

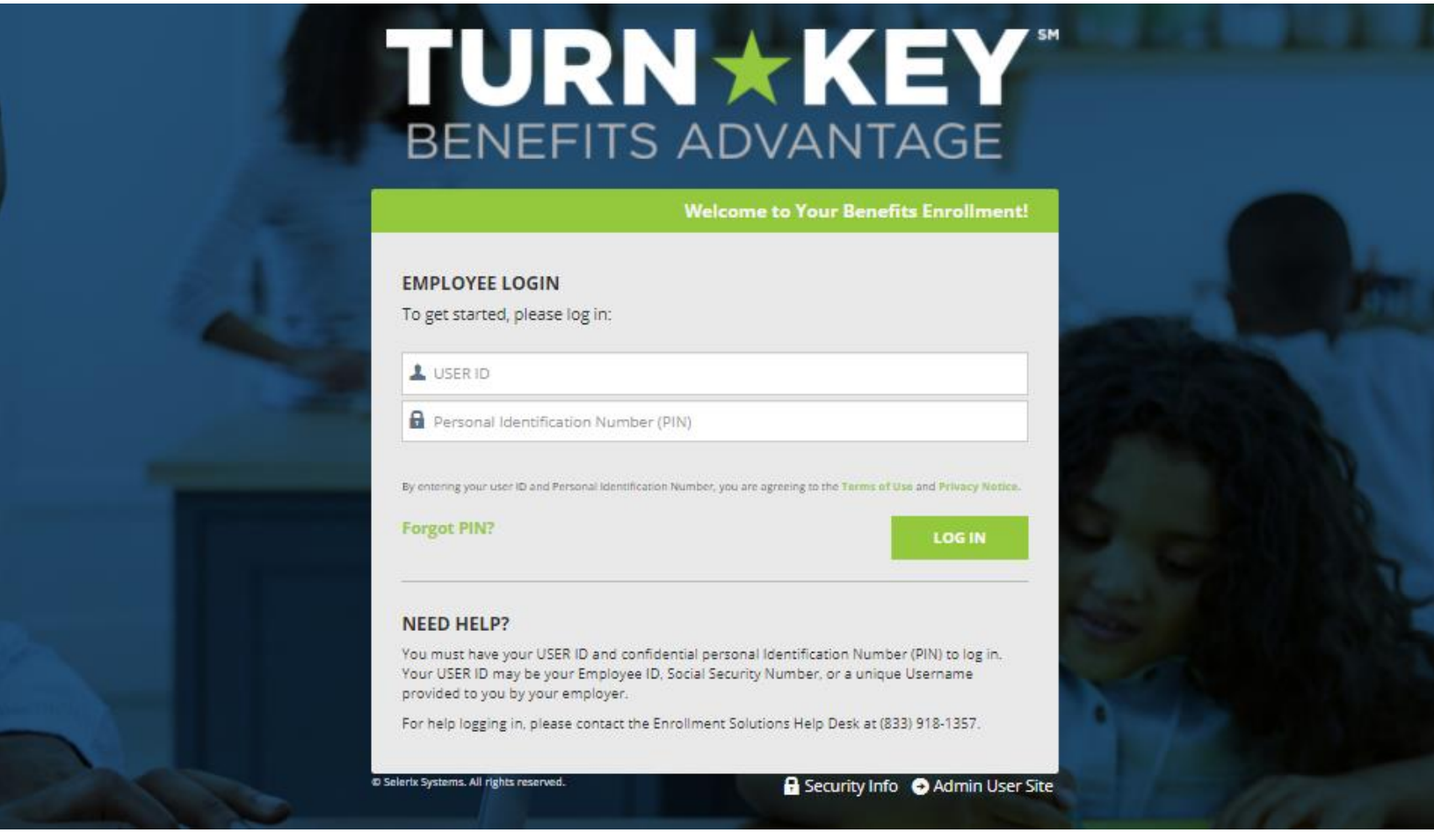
TURN★KEY℠
BENEFITS ADVANTAGE

Do:

- Review product options ahead of enrolling
- Ensure internet connection
- Gather dependent and beneficiary information
- Set aside 20-30 minutes to complete

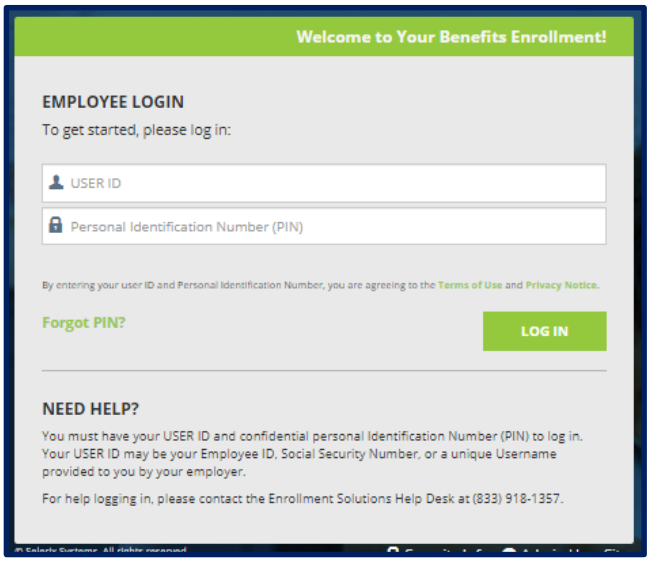
Don't:

- Hesitate to call (877) 857-3072 with any questions!



Log In

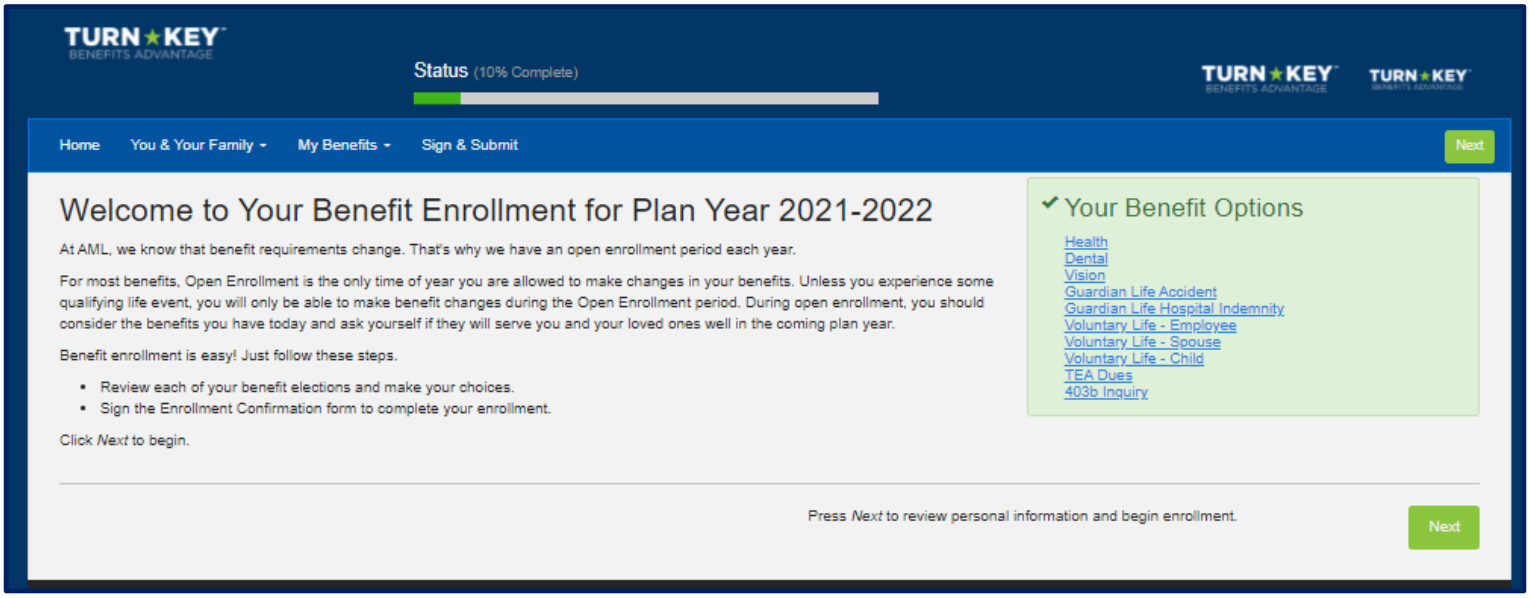
To make elections, please visit:
http://amerilife.benselect.com/chaparralschools



USER ID = first initial + last name + last 4 digits of SSN (case sensitive)
PIN = last four of SSN + last 2 digits of birth year (no dashes)

For example: John Smith with SSN of 123-45-6789 and DOB of 01/01/1980 would use the following credentials:
USER ID = jsmith6789 **PIN =** 678980

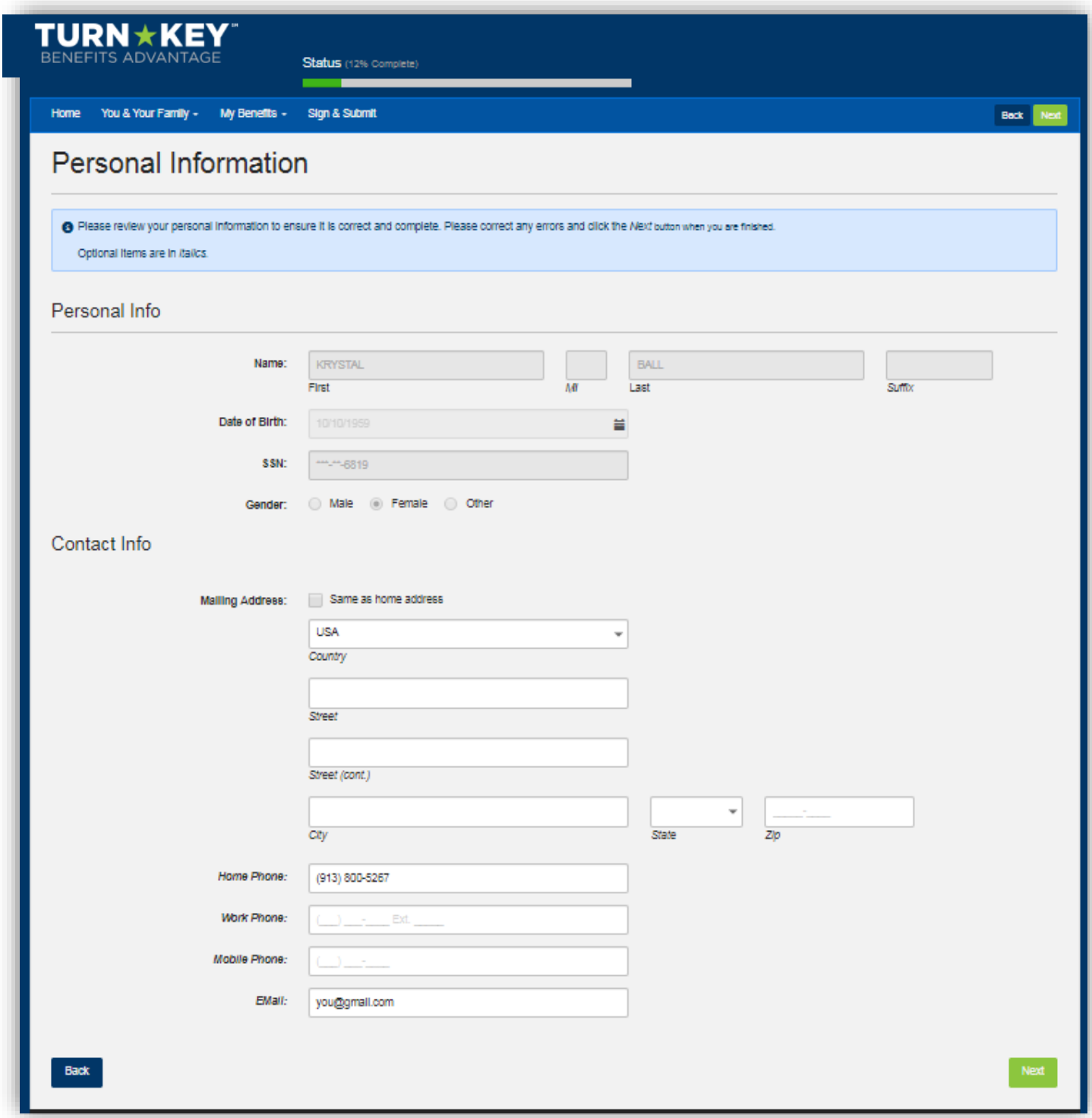
Once you have entered this information, click the “Log In” button to continue. Now you will arrive at the “Welcome” Page! This screen provides a listing of benefits offerings. Click the “Next” button to begin your enrollment.



Personal & Contact Information

The next screen is your Personal Info screen. You are able to change your phone and email; however if you need to make other changes, please contact Human Resources.

Click “Next”.



Dependent Information

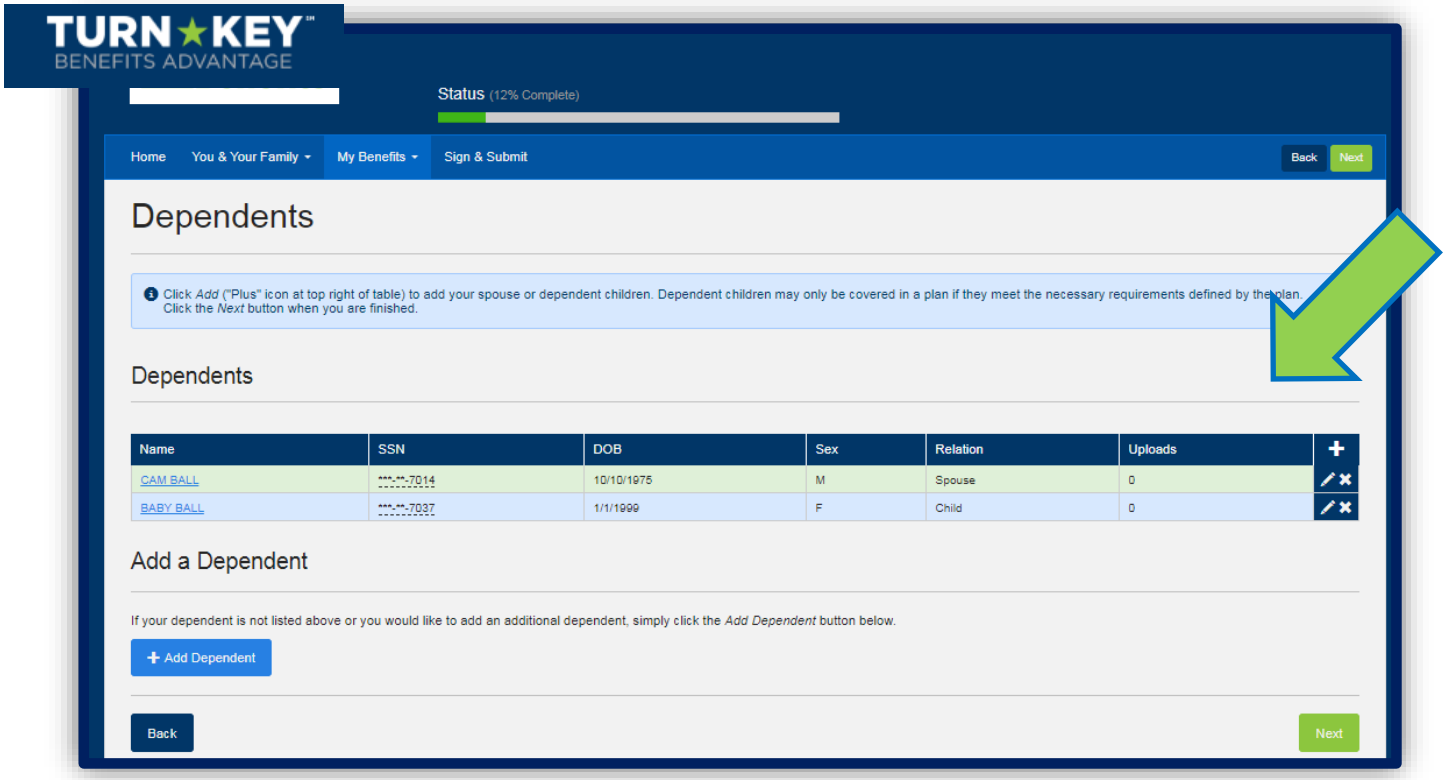
The next screen is the Dependents screen. You may update your dependent information here.

You can add a dependent by clicking the “plus” sign on the right side of screen and a new screen will appear where you can add the new dependent. Once you have added the new dependent (if applicable) click “Save” and you will be brought back to the main dependent screen (shown below).

If your changes include the deletion of a dependent then select the “X” on the right hand side of screen next to the pencil of the dependent you wish to delete.

You will see the dependent that was added. Click “Next” to move forward.

If you need to Edit a dependent’s information, select the pencil to the right side of that dependent.



Employment Information

The next screen is a review of your Employment Information.

Click “Next” to continue and move forward to the actual enrollment screens for your benefits.

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

Employment

Please review and correct your employment information shown here. Optional items are shown in *italics*.

Certain items require additional information from you. These items are highlighted and underlined. Click on the item to correct it, if necessary.

Press *Next* to continue.

Employment Info

Date of Hire:	2/8/2010
Eligibility Date:	2/8/2010
Location:	DEFAULT
Department:	DEFAULT
Job Class:	Administrative
Title:	Superviser
Salary:	$60,000.00
Pay group:	Default
Payroll Frequency:	BiWeekly
Hours per Week:	35.00

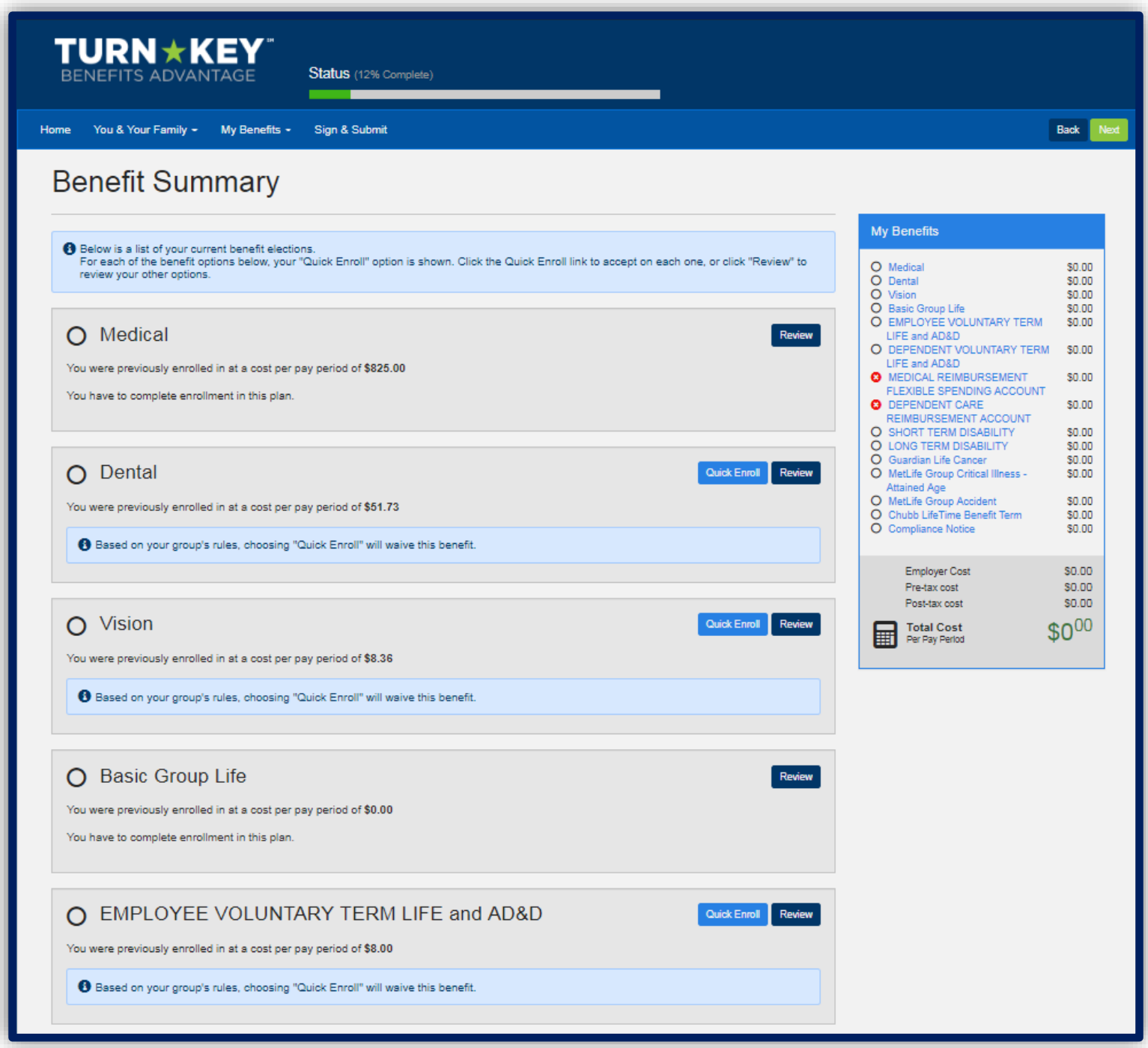
Back

Enrolling in Benefits

You will now see all of your options for benefit elections. **Any coverages that you are currently enrolled in will show under each benefit!**

Review each benefit by clicking “Review” to learn more and make elections or you can select the “Quick Enroll” options if you wish to keep the same coverage that you currently have.

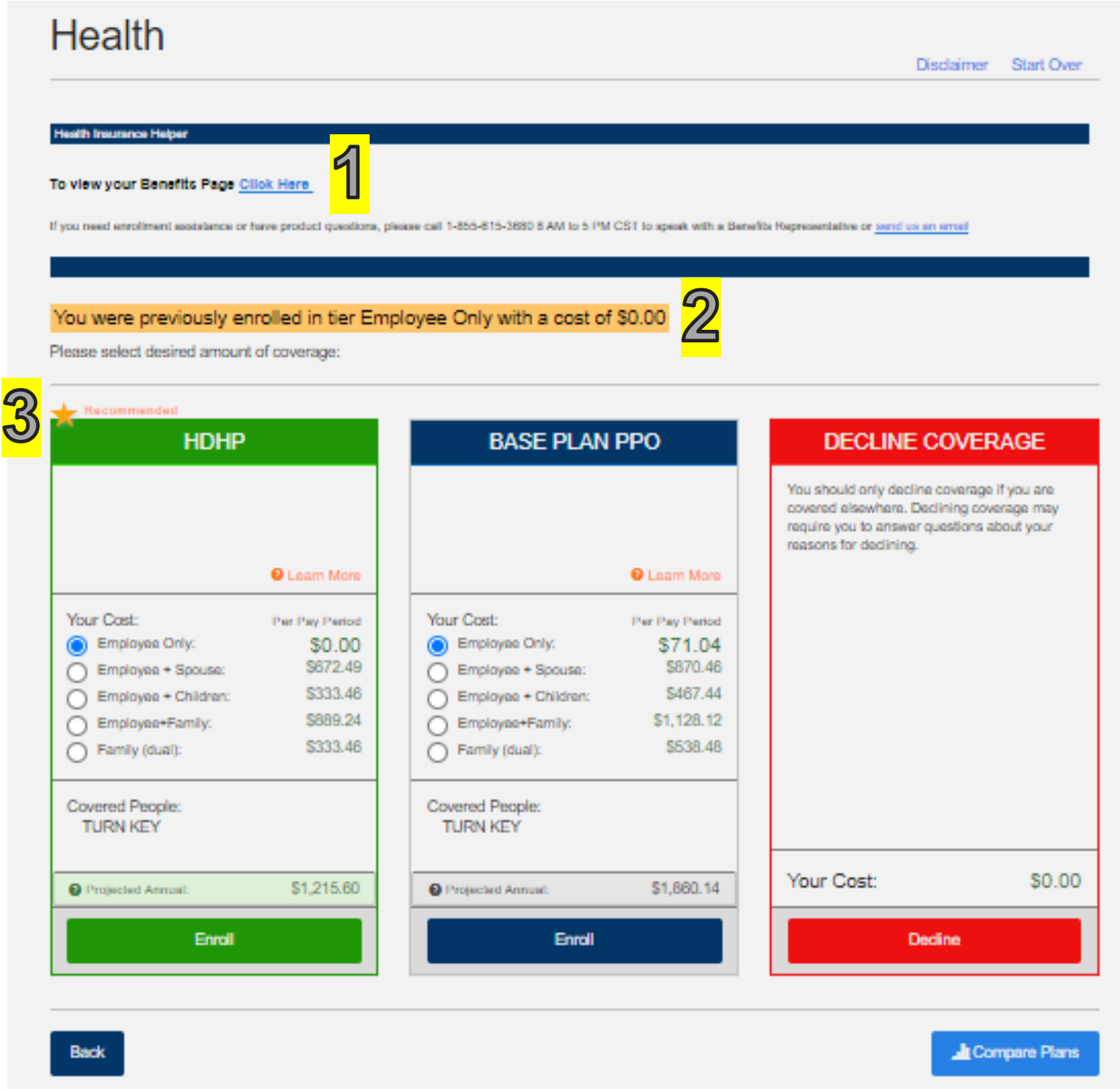
Once you are satisfied with your elections, click “Next”.



Sample Product Pages

Election Page

1. Link to benefit portal page showing plan details, SBCs, brochures
2. Previous coverage
3. Recommendation



Sample Product Pages

Built in education

Accidents happen, and now you and your family can offset the cost of the care and treatment of those injuries with Accident insurance.
For just a few dollars a month, voluntary accident insurance purchased at work helps you avoid devastating expenses. Learn why.

Overview | Why Accident | How it Works | Disclosure

FINANCIAL SUPPORT TO GET YOU BACK ON YOUR FEET

- No matter what kind of medical coverage you have, you will have out-of-pocket costs that could really set you back financially.
- Guardian® pays you cash benefits based on covered injuries, treatments and services.
- Payments go directly to you, and can help you pay for expenses, like traveling to the hospital, childcare and lost income from missed work.
- Child Organized Sport benefit pays you an extra 20% cash benefit for each accident when the dependent child is injured while playing an organized sport*.

*The child must be insured by the plan on the date the accident occurred and must be age 18 years or younger. Proof of registration required at time of claim.

For more detailed plan information, please see the Accident Benefit Summary document

Suggestions based on elections

Other Suggestions

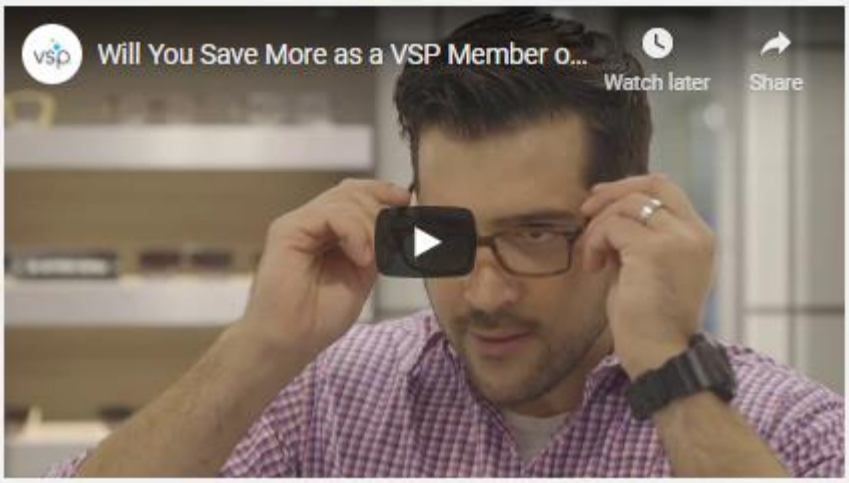
Your employer is also offering these coverages, which other people have found useful. Click each recommendation to learn more.

Guardian

Hospital Indemnity Insurance

Embedded videos

Want help deciding on a plan? Try: ALEX



Sign & Submit

Once you have either enrolled in or waived each of the benefits on your enrollment screen you will need to Sign and Submit.

Please take time to review your elections to ensure accuracy and click “Next”.

If you need to make a product change, select the product you want to change and you will be able to do so.

TURN★KEY™ BENEFITS ADVANTAGE

Status (93% Complete)

Home | You & Your Family | My Benefits | Sign & Submit | Next

Sign and Submit

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 at the left.

Your Benefits

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
Medical	Waived			
Dental	Waived			
Vision	Waived			
Basic Group Life	$10,000	$0.00	$0.00	$2.25
EMPLOYEE VOLUNTARY TERM LIFE and AD&D	Waived			
DEPENDENT VOLUNTARY TERM LIFE and AD&D	N/A			
MEDICAL REIMBURSEMENT FLEXIBLE SPENDING ACCOUNT	Waived			
DEPENDENT CARE REIMBURSEMENT ACCOUNT	Waived			
SHORT TERM DISABILITY	Waived			
LONG TERM DISABILITY	Waived			
Guardian Life Cancer	Waived			
MetLife Group Critical Illness - Attained Age	Waived			
MetLife Group Accident	Waived			
Chubb LifeTime Benefit Term	Waived			
Compliance Notice	Compliance Notice; EO	$0.00	$0.00	$0.00
	Total	**$0.00**	**$0.00**	**$2.25**

Signatures Required

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

Form Name	Status	Date Signed/Reviewed
Enrollment Confirmation	Unsigned	

Next

Review & Sign Forms

The next screen will ask you to enter your PIN in order to electronically sign any necessary documents.

Your PIN is the last four of your social security number + the last 2 digits of your birth year.

Benefit Confirmation / Deduction Authorization

Name		Date of Birth	Home Phone	Work Phone
TURN KEY		1/6/1953	(913) 800-5265	
Employee ID	**Hire/Elig Date**	**Gender**	**Location**	
0	1/20/2020	M	District Administration	

Address
123 Test Rd Test City, MS 39204

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	Waived									
Dental	Dental Buy-Up Plan	EC	12	4/1/2021				0.00	0.00	56.46
Vision	Waived									
Guardian Life Accident	Guardian Life Accident - Value	EO	12	4/1/2021				0.00	12.53	0.00
Guardian Life Hospital Indemnity	Waived									
Voluntary Life - Employee	Waived									
Voluntary Life - Child	Waived									
TEA Dues	Waived									
403b Inquiry	403B Retirement Plan	EO	12	4/1/2021				0.00	0.00	0.01
							Total:	0.00	12.53	56.47

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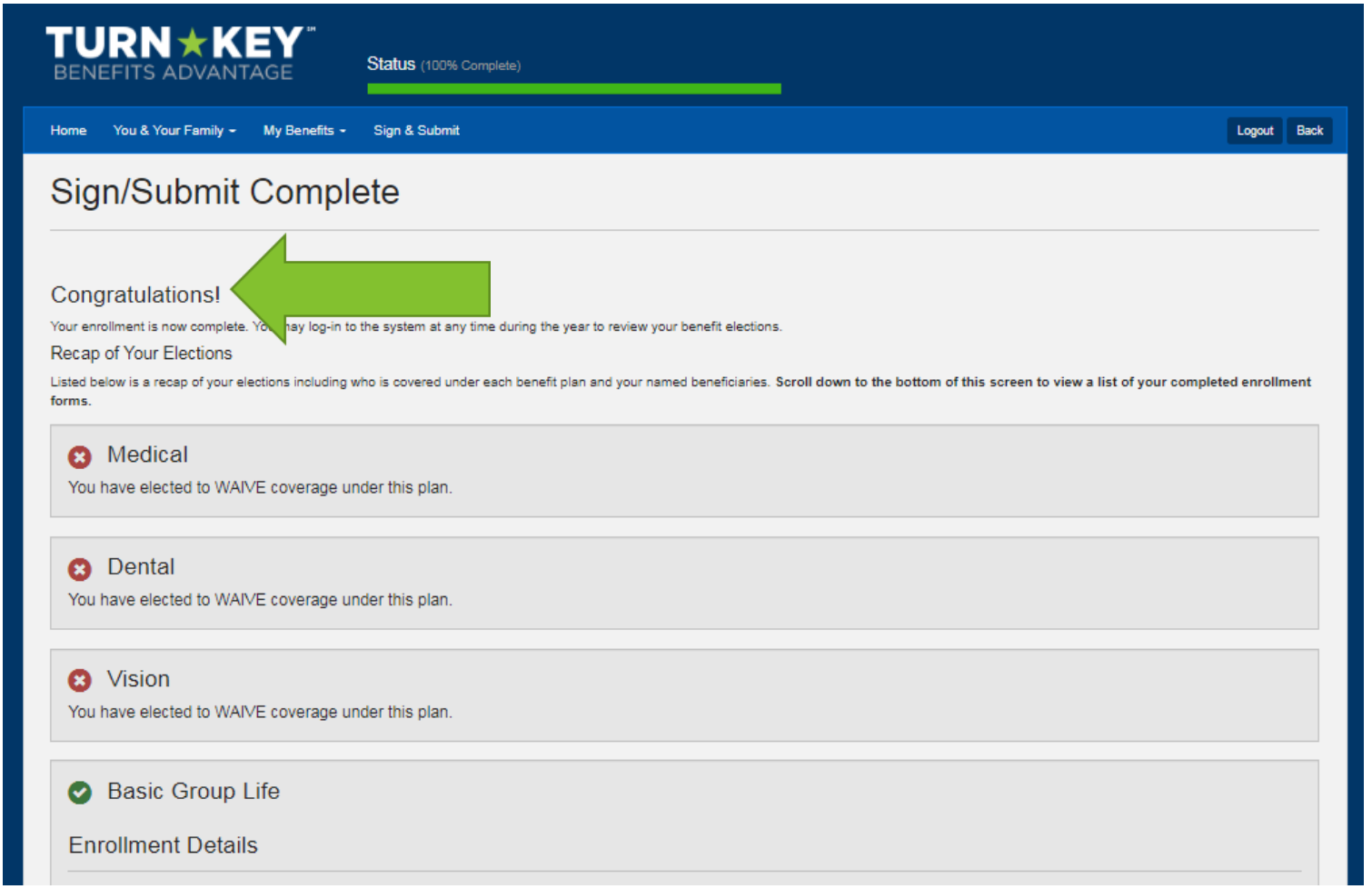
rev. 11-08-2018

Page 1 Download Form

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

CONGRATULATIONS!
YOU DID IT!

You have completed your enrollment once you see the following screen and you can now “Logout” of the system.