

# How to complete Self-Enrollment

**TURN★KEY**<sup>SM</sup>  
BENEFITS ADVANTAGE

**Do:**



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

**Don't:**



- Hesitate to call (833) 900-0925 with any questions!

**TURN★KEY**<sup>SM</sup>  
BENEFITS ADVANTAGE

Welcome to Your Benefits Enrollment!

#### EMPLOYEE LOGIN

To get started, please log in:

 USER ID

 Personal Identification Number (PIN)

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

[Forgot PIN?](#)

**LOG IN**

#### NEED HELP?

You must have your USER ID and confidential personal Identification Number (PIN) to log in. Your USER ID may be your Employee ID, Social Security Number, or a unique Username provided to you by your employer.

For help logging in, please contact the Enrollment Solutions Help Desk at (833) 918-1357.

# Log In

To make elections, visit your employee portal and go to the “How to Enroll” tab. Then, click on the drop-down labeled “Self-Enroll Now”.

<https://www.benefits-direct.com/cityofgrandview>

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**USER ID:** first Initial + last name + last four of SSN, no spaces or dashes. (Note – all lower case, for example: jdoe1234)

**PIN:** last four of SSN + last 2 digits of birth year, no spaces dashes

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.

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Status (20% Complete)

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

Welcome to Your Benefit Enrollment for Plan Year 2022-2023

At City of Grandview, 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.



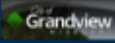
✓ **Your Benefit Options**

- [Required Dependent Verification](#)
- [CIGNA Medical](#)
- [Health Savings Account](#)
- [CIGNA Dental](#)
- [Guardian Vision](#)
- [Reliance Employer Paid Basic Life](#)
- [Reliance Employer Paid AD&D](#)
- [MetLaw Legal Services](#)
- [Reliance Accident](#)
- [Reliance Hospital Indemnity](#)
- [Cancer](#)
- [Identity Force Identity Theft](#)
- [Trustmark Universal Life](#)
- [MetLife Group Critical Illness - Issue Age](#)
- [Reliance Short Term Disability](#)
- [Nationwide Pet Insurance](#)
- [CBIZ Flexible Spending Account](#)

# 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".

Status (0% Complete)

[Home](#) [You & Your Family -](#) [My Benefits -](#) [Sign & Submit](#) [Back](#) [Next >](#)

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## Personal Information

**i** If any personal information needs to be updated, please contact the HR Department. Click the *Next* button to continue.  
Optional items are in *italics*.

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### Personal Info

<b>Name :</b>	Employee	Test
	First <i>MI</i>	Last Suffix
<b>Date of Birth:</b>	05/26/1985	
<b>SSN:</b>	***-**-4923	
<b>Gender :</b>	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	

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### Contact Info

<b>Address:</b>	USA	
	Country	
	1234567 Main Street	
	Street	
	Street (cont.)	
	Grandview	MO
	City	State
		64030
		Zip
<b>Home Phone:</b>	<input type="text"/>	
<b>Work Phone:</b>	<input type="text"/> Ext. <input type="text"/>	
<b>Mobile Phone:</b>	<input type="text"/>	
<b>E-Mail:</b>	<input type="text"/>	

[Back](#) [Next >](#)

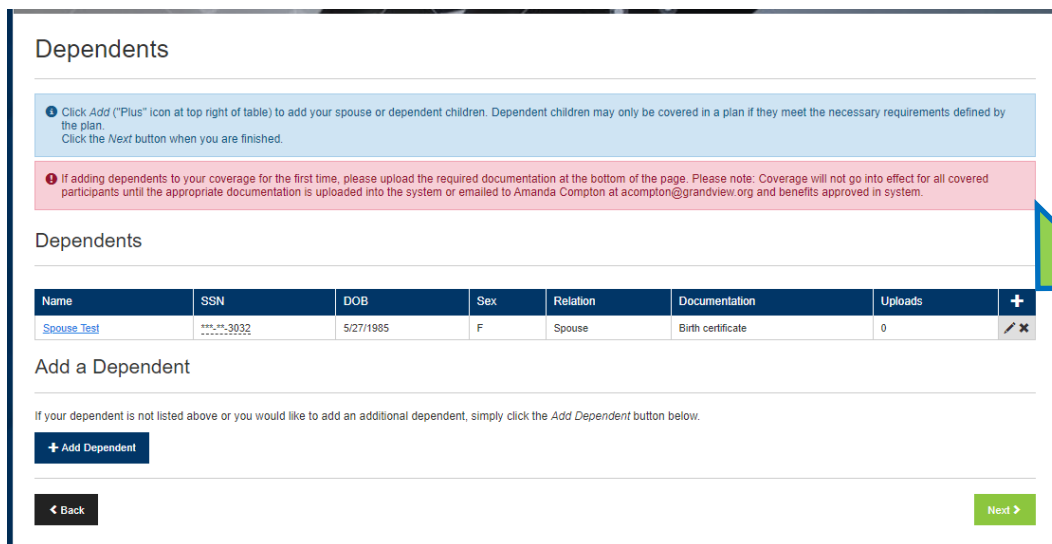
# Dependent Audit Information

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.

**If adding dependents to your coverage for the first time, please upload the required documentation at the bottom of the page. Please note: Coverage will not go into effect for all covered participants until the appropriate documentation is uploaded into the system or emailed to Amanda Compton at [acompton@grandview.org](mailto:acompton@grandview.org) and benefits approved in system.**

For more instructions for adding a dependent and their dependent documentation, please see the next page.



The screenshot shows the 'Dependents' screen. At the top, there are two informational banners: a blue one with a plus icon and a red one with an exclamation mark. Below these is a table with columns: Name, SSN, DOB, Sex, Relation, Documentation, Uploads, and a plus sign. A single row is visible with the name 'Spouse Test'. Below the table is a section titled 'Add a Dependent' with a plus button and a 'Next' button at the bottom right. A large green arrow points to the plus sign in the table's header.

Name	SSN	DOB	Sex	Relation	Documentation	Uploads	+
<a href="#">Spouse Test</a>	***-**-3032	5/27/1985	F	Spouse	Birth certificate	0	

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.

# Dependent Audit Information

If you are adding a new dependent into TurnKey, you will need to complete the Dependent Info.

For Dependent Documentation, select what documentation will be provided to verify the dependent's relationship to the employee. If you wish to upload that documentation now, you can do so below. However, if you are not uploading the documentation at this time, you must select "No documentation provided".

Add Dependent

Add information on your dependents below. Optional fields are marked in *italics*.

Dependent Info

Relationship: Child

Name: Child      
First MI Last Suffix

Date of Birth: 09/10/2010

SSN: \*\*\*-\*\*-7835

Gender:  Male  Female  Other

Full-time Student:  Yes  No

Disabled:  Yes  No

Address:  Same as employee

Country: USA

Street: 1234567 Main Street

Street (cont.):

City: Grandview State: MO Zip: 64030

Email Address:

Dependent Documentation

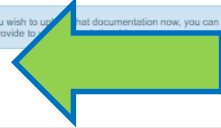
Please select what documentation will be provided to verify the dependent's relationship to the employee. If you wish to upload that documentation now, you can do so below. However, even if you are not uploading the documentation at this time, you must select what type of documentation you can provide to verify the relationship.

Relationship Verified By: Birth certificate

Upload Documentation

Here you may upload additional documentation.

Upload from my computer  
Using this option you may upload files directly from this computer. Click the upload icon and follow the instructions on the dialog pop-up.



Now, click the blue box with the arrow to upload your selected dependent documentation. Upload your document and then select the Document Type you have uploaded. Click "OK". Once your file has been uploaded, it will show in the box below. Click "Save". Now, your new dependent will appear on the Dependents page.

File Name	Document Type	Size	Uploaded By	Date	
<a href="#">ChildTestBirthCert</a>	Birth Certificate	679 B	Natalie White	04/29/2022 20:13:18 UTC	X

Save Cancel

# 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.

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Status (0% Complete)

City of Grandview

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

← Back Next →

## Employment

Please review and correct your employment information shown here. Please contact your employer if this need to be changed.  
Press **Next** to continue.

### Employment Info

Date of Hire:	1/1/2022
Eligibility Date:	1/1/2022
Location:	DEFAULT
Department:	DEFAULT
Job Class:	All full time employees
Title:	
Salary:	\$0.00
Pay group:	Default
Payroll Frequency:	BiWeekly
Hours per Week:	0.00

← Back Next →

# 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. To waive coverage or keep the same coverage, select the “Quick Enroll” option for the individual product.

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

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BENEFITS ADVANTAGE

Status (100% Complete)

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

## My Benefits

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

Required Dependent Verification Review

Enrolled

You have completed enrollment in this plan. Your cost per pay period will be \$0.00

CIGNA Medical Review

### Enrollment Details

Product Name: \$3500 QHDHP EPO  
Coverage Level: Employee+Family

First Name	MI	Last Name	DOB	Sex	Relationship
Employee		Test	5/26/1985	M	Employee
Spouse		Test	5/27/1985	F	Spouse
Child		Test	9/10/2010	M	Child

### My Benefits

- Required Dependent Verification \$0.00
- CIGNA Medical \$48.46
- Health Savings Account \$0.00
- CIGNA Dental \$24.29
- Guardian Vision \$3.96
- Reliance Employer Paid Basic Life \$0.00
- Reliance Employer Paid AD&D \$0.00
- MetLaw Legal Services \$0.00
- Reliance Accident \$8.91
- Reliance Hospital Indemnity \$12.79
- Cancer \$0.00
- Identity Force Identity Theft \$0.00
- MetLife Group Critical Illness - Issue Age \$0.00
- Nationwide Pet Insurance \$0.00
- CBIZ Flexible Spending Account \$0.00
- CBIZ Limited Purpose FSA \$0.00
- CBIZ Dependent Care \$0.00
- Reliance Employee Voluntary Life \$0.00
- Reliance Employee Voluntary AD&D \$0.00
- Reliance Spouse Voluntary Life \$0.00
- Reliance Spouse Voluntary AD&D \$0.00
- Reliance Child Voluntary Life \$0.00
- Reliance Child Voluntary AD&D \$0.00




Pre-tax cost \$76.71  
Post-tax cost \$19.70  
**Total Cost Per Pay Period \$96.41**

# 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.

Status (98% Complete)

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Home You & Your Family - My Benefits - Sign & SubmitNext >

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## 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 on the left.

### Your Benefits

Plan	Description	Employee Pretax Cost	Employee Posttax Cost
<a href="#">Required Dependent Verification</a>	Eligibility Acknowledgement	\$0.00	\$0.00
<a href="#">CIGNA Medical</a>	\$3500 QHDHP EPO; FA	\$48.46	\$0.00
<a href="#">Health Savings Account</a>	Waived		
<a href="#">CIGNA Dental</a>	CIGNA Dental PPO; FA	\$24.29	\$0.00
<a href="#">Guardian Vision</a>	Guardian Life Vision; E+1	\$3.96	\$0.00
<a href="#">Reliance Employer Paid Basic Life</a>	Basic Life; \$50,000	\$0.00	\$0.00
<a href="#">Reliance Employer Paid AD&amp;D</a>	\$50,000	\$0.00	\$0.00
<a href="#">MetLaw Legal Services</a>	Waived		
<a href="#">Reliance Accident</a>	Reliance Accident 1; EC	\$0.00	\$6.91
<a href="#">Reliance Hospital Indemnity</a>	Hospital Indemnity; ES	\$0.00	\$12.79
<a href="#">Cancer</a>	Waived		
<a href="#">Identity Force Identity Theft</a>	Waived		
<a href="#">MetLife Group Critical Illness - Issue Age</a>	Waived		
<a href="#">Reliance Short Term Disability</a>	Waived		
<a href="#">Nationwide Pet Insurance</a>	Waived		
<a href="#">CBIZ Flexible Spending Account</a>	Waived		
<a href="#">CBIZ Limited Purpose FSA</a>	Waived		
<a href="#">CBIZ Dependent Care</a>	Waived		
<a href="#">Reliance Employee Voluntary Life</a>	\$100,000	\$0.00	\$6.38
<a href="#">Reliance Employee Voluntary AD&amp;D</a>	\$100,000	\$0.00	\$2.00



# Review & Sign Forms

To sign your Benefit Confirmation, either sign your signature using your mouse in the space provided **OR** click on “Use Pin” 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 / Payroll Deduction Authorization

Name		Date of Birth	Home Phone	Work Phone	Group
Test, Employee		5/26/1985			
Employee ID	Hire/Elig Date	SSN	Location		Date
6064577	1/1/2022	4923	DEFAULT		

Benefit Plan	Coverage	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost		Employer Cost
					Benefit	Cost	Pre-tax	After-tax	
Eligibility Acknowledgement	EO	24	7/1/2022				0.00	0.00	0.00
\$3500 QHDHP EPO	FA	24	7/1/2022				48.46	0.00	690.94
Health Savings Account	Waived								
CIGNA Dental PPO	FA	24	7/1/2022				24.29	0.00	24.30
Guardian Life Vision	E+1	24	7/1/2022				3.96	0.00	3.96
Basic Life	\$50,000	24	7/1/2022	50000.00			0.00	0.00	4.50
Reliance Basic AD&D	EO	24	7/1/2022	50000.00			0.00	0.00	1.00
MetLaw Legal Services	Waived								
Reliance Accident 1	EC	24	7/1/2022				0.00	6.91	0.00
Hospital Indemnity	ES	24	7/1/2022				0.00	12.79	0.00
Cancer	Waived								
Identity Force Identity Theft	Waived								
MetLife Group Critical Illness -	Waived								
Reliance Short Term Disability	Waived								
Nationwide Pet Insurance	Waived								
CBIZ Flexible Spending Accour	Waived								
CBIZ Limited Purpose FSA	Waived								
CBIZ Dependent Care	Waived								
Reliance Voluntary Life	EO	24	7/1/2022	100000.00			0.00	6.38	0.00
Reliance Voluntary AD&D	EO	24	7/1/2022	100000.00			0.00	2.00	0.00
Reliance Spouse Voluntary Life	Waived								
Reliance Child Voluntary Life	Waived								

**Employee:** Please sign in the space provided to complete your enrollment and submit your selections. Please review the Enrollment Verification Form above before signing.



Use PIN

Clear

Submit

# CONGRATULATIONS! YOU DID IT!

You have completed your enrollment! Please click on [Survey](#) to share your thoughts and experience using the Self-Enroll option to elect your benefits!

If you would like a copy of your **Benefit Confirmation Statement**, scroll to the bottom of the page and Click on “**Enrollment Confirmation**.” Lastly, Click “Logout” at the top once you are completed with your enrollment and survey.

**TurnKey**  
BENEFITS ADVANTAGE

Status (100% Complete)

Grandview

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

## Sign/Submit Complete

Congratulations!

Your enrollment is now complete; however if you have **not provided the required documentation** for your newly added dependents, your coverage **will not go into effect** until the required documentation is received and HR approves.

Please take a moment to complete our [Survey](#) and provide your feedback on your enrollment experience

### Recap of Your Elections

Listed below is a recap of your elections in [Recap of Your Elections](#) and who is covered under each benefit plan and your named beneficiaries. Scroll down to the bottom of this screen to view a list of your completed enrollment forms.

- ✓ Required Dependent Verification  
Enrolled
- ✓ CIGNA Medical  
Enrollment Details

#### Completed Forms

Following is a list of forms reviewed and/or signed during the enrollment. Click on the form name to view or print. Press [Logout](#) to exit the website.

Form Name	Date Signed/Reviewed
<a href="#">Guardian E-Consent 2019</a>	04/29/2022
<a href="#">Guardian Coverage Attestations</a>	04/29/2022
<a href="#">Enrollment Confirmation</a>	04/29/2022