



Self Enroll Guide

Reno County Government
2023



TURN★KEYSM
BENEFITS ADVANTAGE

Self Enrollment Do's and Don'ts

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!

Contents

Login.....3

Personal & Contact Information.....4

Dependent Information5

Enrolling in Benefits.....6

Sample Product Page.....7

Sign & Submit.....9

Review & Sign Forms.....10

Congratulations.....11



Welcome to Your Benefits Enrollment!

EMPLOYEE LOGIN

To get started, please log in:

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

[Forgot PIN?](#)

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.

© Selerix Systems. All rights reserved. [Security Info](#) [Admin User Site](#)

Logging In

To make elections, please visit: <https://amerilife.benselect.com/renocogov>

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.

TURN★KEYSM BENEFITS ADVANTAGE

Status (10% Complete)

TURN★KEYSM BENEFITS ADVANTAGE

TURN★KEYSM BENEFITS ADVANTAGE

Home You & Your Family My Benefits Sign & Submit

Welcome to Your Benefit Enrollment for Plan Year 2021-2022

At AML, 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.

- 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

- [Health](#)
- [Dental](#)
- [Vision](#)
- [Guardian Life Accident](#)
- [Guardian Life Hospital Indemnity](#)
- [Voluntary Life - Employee](#)
- [Voluntary Life - Spouse](#)
- [Voluntary Life - Child](#)
- [TEA Dues](#)
- [403b Inquiry](#)

Press [Next](#) to review personal information and begin 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”**.

The screenshot shows the 'Personal Information' section of the TurnKey Benefits Advantage portal. At the top, the logo 'TURN KEY BENEFITS ADVANTAGE' is displayed, along with a 'Status (12% Complete)' indicator. The navigation bar includes 'Home', 'You & Your Family', 'My Benefits', and 'Sign & Submit', with 'Back' and 'Next' buttons on the right. A blue banner contains a message: 'Please review your personal information to ensure it is correct and complete. Please correct any errors and click the Next button when you are finished. Optional items are in italics.' The 'Personal Info' section includes fields for Name (First: KRYSTAL, Middle: [blank], Last: BALL, Suffix: [blank]), Date of Birth (10/10/1969), SSN (***--6619), and Gender (radio buttons for Male, Female, Other). The 'Contact Info' section includes a checkbox for 'Mailing Address: Same as home address', a dropdown for 'Country' (USA), and text boxes for 'Street', 'Street (cont.)', 'City', 'State', and 'Zip'. Below these are fields for 'Home Phone' ((913) 800-5267), 'Work Phone' (() - - Ext.), 'Mobile Phone' (() - -), and 'EMail' (you@gmail.com). 'Back' and 'Next' buttons are located at the bottom left and right of the form area, respectively.

TURN KEYSM
BENEFITS ADVANTAGE

Status (12% Complete)

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

Personal Information

Please review your personal information to ensure it is correct and complete. Please correct any errors and click the Next button when you are finished.
Optional items are in italics.

Personal Info

Name:
First Middle Last Suffix

Date of Birth:

SSN:

Gender: Male Female Other

Contact Info

Mailing Address: Same as home address

Country

Street

Street (cont.)

City State Zip

Home Phone:

Work Phone:

Mobile Phone:

EMail:

Back 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.

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BENEFITS ADVANTAGE

Status (12% Complete)

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

Dependents

Click Add (“Plus” icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the Next button when you are finished.

Dependents

Name	SSN	DOB	Sex	Relation	Uploads	+
CAM BALL	***-**-7014	10/10/1975	M	Spouse	0	✎ ✕
BABY BALL	***-**-7037	1/1/1999	F	Child	0	✎ ✕

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the *Add Dependent* button below.

+ Add Dependent

Back Next

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.

TURN★KEY
BENEFITS ADVANTAGE

Status (12% Complete)

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

Employment

i 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:	<input type="text" value="2/8/2010"/>
Eligibility Date:	<input type="text" value="2/8/2010"/>
Location:	<input type="text" value="DEFAULT"/> /
Department:	<input type="text" value="DEFAULT"/> /
Job Class:	<input type="text" value="Administrative"/> /
Title:	<input type="text" value="Supervisor"/>
Salary:	<input type="text" value="\$60,000.00"/> /
Pay group:	<input type="text" value="Default"/> /
Payroll Frequency:	<input type="text" value="BiWeekly"/>
Hours per Week:	<input type="text" value="35.00"/>

[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 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”**.

TURN★KEY
BENEFITS ADVANTAGE

Status (12% Complete)

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

Benefit Summary

i Below is a list of your current benefit elections. For each of the benefit options below, your "Quick Enroll" option is shown. Click the Quick Enroll link to accept on each one, or click "Review" to review your other options.

Medical Review

You were previously enrolled in at a cost per pay period of **\$825.00**

You have to complete enrollment in this plan.

Dental Quick Enroll Review

You were previously enrolled in at a cost per pay period of **\$51.73**

i Based on your group's rules, choosing "Quick Enroll" will waive this benefit.

Vision Quick Enroll Review

You were previously enrolled in at a cost per pay period of **\$8.36**

i Based on your group's rules, choosing "Quick Enroll" will waive this benefit.

Basic Group Life Review

You were previously enrolled in at a cost per pay period of **\$0.00**

You have to complete enrollment in this plan.

EMPLOYEE VOLUNTARY TERM LIFE and AD&D Quick Enroll Review

You were previously enrolled in at a cost per pay period of **\$8.00**

i Based on your group's rules, choosing "Quick Enroll" will waive this benefit.

My Benefits

- Medical \$0.00
- Dental \$0.00
- Vision \$0.00
- Basic Group Life \$0.00
- EMPLOYEE VOLUNTARY TERM LIFE and AD&D \$0.00
- DEPENDENT VOLUNTARY TERM LIFE and AD&D \$0.00
- MEDICAL REIMBURSEMENT FLEXIBLE SPENDING ACCOUNT \$0.00
- DEPENDENT CARE REIMBURSEMENT ACCOUNT \$0.00
- SHORT TERM DISABILITY \$0.00
- LONG TERM DISABILITY \$0.00
- Guardian Life Cancer \$0.00
- MetLife Group Critical Illness - Attained Age \$0.00
- MetLife Group Accident \$0.00
- Chubb LifeTime Benefit Term \$0.00
- Compliance Notice \$0.00

Employer Cost	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$0.00
Total Cost Per Pay Period	\$0⁰⁰

Sample Product Pages

Election Page

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

Health

[Disclaimer](#) [Start Over](#)

Health Insurance Helper

To view your **Benefits Page** [Click Here](#) **1.**

If you need enrollment assistance or have product questions, please call 1-855-615-3880 8 AM to 5 PM CST to speak with a Benefits Representative or [send us an email](#)

You were previously enrolled in tier Employee Only with a cost of \$0.00 **2.**

Please select desired amount of coverage:

★ Recommended

Plan	Cost	Projected Annual	Action
HDHP 3. Learn More	Your Cost: Per Pay Period <input checked="" type="radio"/> Employee Only: \$0.00 <input type="radio"/> Employee + Spouse: \$872.49 <input type="radio"/> Employee + Children: \$333.46 <input type="radio"/> Employee+Family: \$889.24 <input type="radio"/> Family (dual): \$333.46	Projected Annual: \$1,215.60	Enroll
BASE PLAN PPO Learn More	Your Cost: Per Pay Period <input checked="" type="radio"/> Employee Only: \$71.04 <input type="radio"/> Employee + Spouse: \$870.48 <input type="radio"/> Employee + Children: \$487.44 <input type="radio"/> Employee+Family: \$1,128.12 <input type="radio"/> Family (dual): \$538.48	Projected Annual: \$1,860.14	Enroll
DECLINE COVERAGE	You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.	Your Cost: \$0.00	Decline

[Back](#) [Compare Plans](#)

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

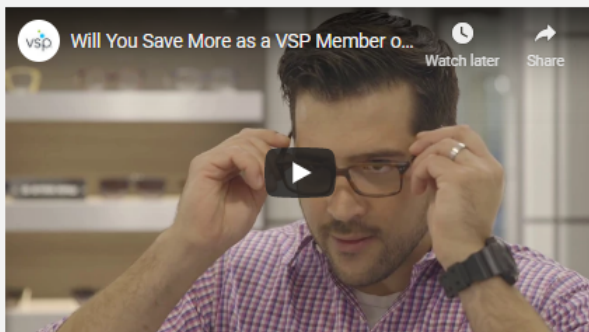
Your employer is also offering these coverages, which other people have found useful. Click each recommendation to learn more.



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★KEYSM
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
<input checked="" type="checkbox"/> 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	Address 123 Test Rd Test City, MS 39204
TURN KEY		1/6/1953	(913) 800-5265		
Employee ID	Hire/Elig Date	Gender	Location		
0	1/20/2020	M	District Administration		

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost		Employer Cost
						Benefit	Cost	Pre-tax	After-tax	
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 Inqury	403B Retirement Plan	EO	12	4/1/2021				0.00	0.00	0.01
Total:								0.00	12.53	56.47

1 of 2

rev. 11-08-2018

Page 1

Download F

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 Authorization Form** above. Please review it carefully before entering your PIN.

PIN:

Sign Form



CONGRATULATIONS

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

