

How to complete Self-Enrollment

TURN★KEYSM
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 877-285-9712 with any questions!

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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

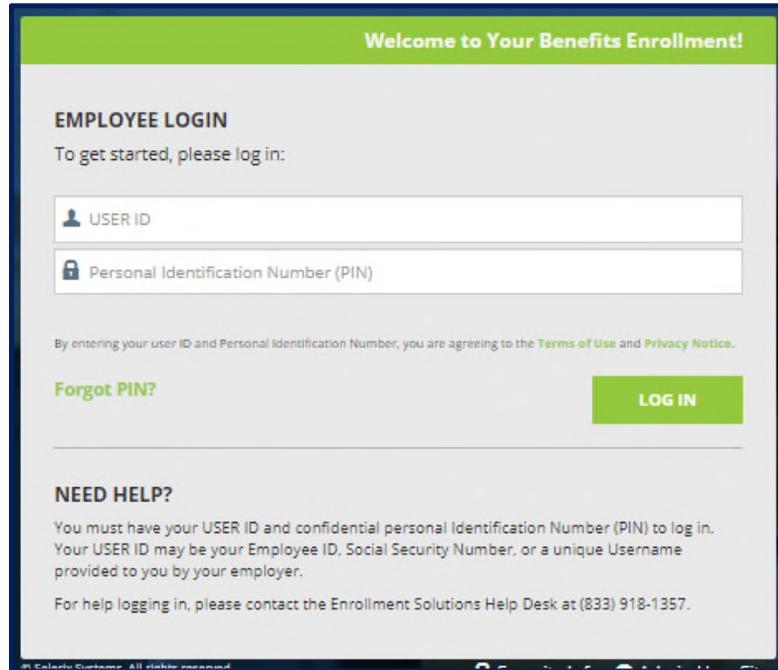
NEED HELP?

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 click “Enroll Now”.
<https://www.benefits-direct.com/tps501>

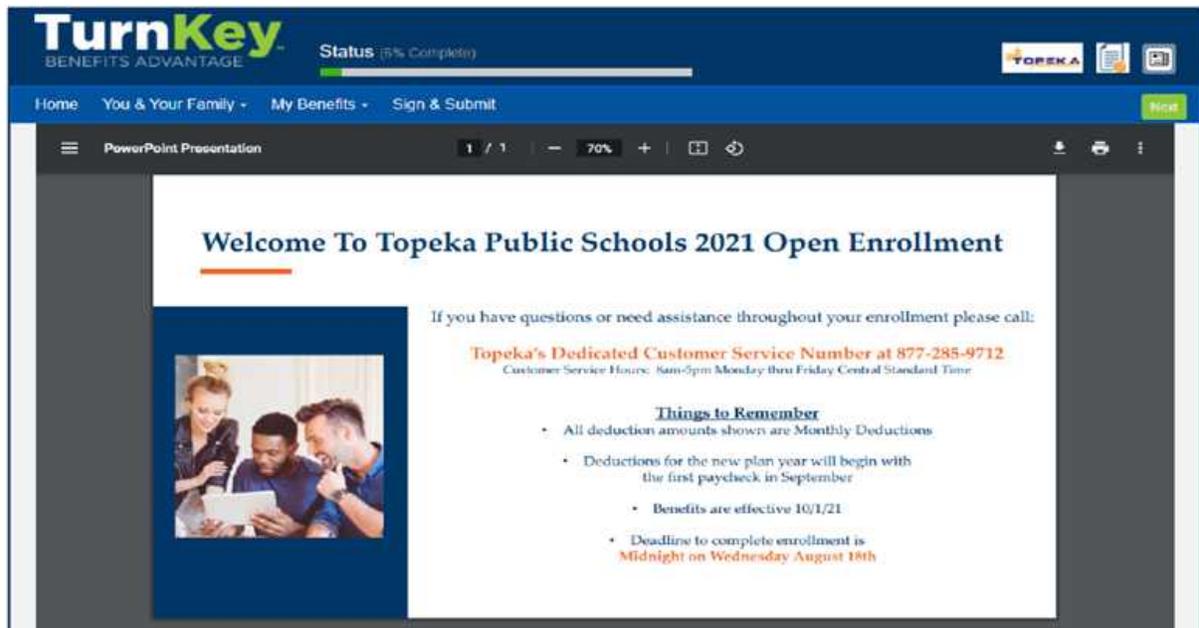


The screenshot shows a login page titled "Welcome to Your Benefits Enrollment!". Under the heading "EMPLOYEE LOGIN", it says "To get started, please log in:". There are two input fields: "USER ID" and "Personal Identification Number (PIN)". Below the fields, a note states: "By entering your user ID and Personal Identification Number, you are agreeing to the Terms of Use and Privacy Notice." There is a "Forgot PIN?" link and a green "LOG IN" button. A "NEED HELP?" section provides instructions on what to do if the user ID or PIN is forgotten, including a contact number for the Enrollment Solutions Help Desk at (833) 918-1357.

User ID: first initial of first name + last name + last four of SSN

PIN: last four of SSN + last 2 digits of birth year, no 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 benefit offerings. Click the “Next” button to begin your enrollment.



The screenshot shows the TurnKey Benefits Advantage portal. The top navigation bar includes "Home", "You & Your Family", "My Benefits", and "Sign & Submit". A "Next" button is visible in the top right corner. The main content area features a "Welcome To Topeka Public Schools 2021 Open Enrollment" heading. Below this, there is a section for customer support with the text: "If you have questions or need assistance throughout your enrollment please call: Topeka's Dedicated Customer Service Number at 877-285-9712". A "Things to Remember" section lists key details: "All deduction amounts shown are Monthly Deductions", "Deductions for the new plan year will begin with the first paycheck in September", "Benefits are effective 10/1/21", and "Deadline to complete enrollment is Midnight on Wednesday August 18th".

Personal & Contact Information

The next screen is your Personal Info screen. Please review and if you need to make changes, please contact Human Resources.

Click "Next".

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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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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.

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.

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:	<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](#)

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 "Next" to learn more and make elections. Once you are satisfied with your elections, click "Next", "Confirm" Election and click "Next" to move to next product.

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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

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

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

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.

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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

CONGRATULATIONS! YOU DID IT!

You have completed your enrollment once you see the following screen. Please take time to complete a brief Survey by clicking on **SURVEY**. You can now “Logout” of the system.

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Status (100% Complete)

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

Sign/Submit Complete

Congratulations!

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

Recap of Your Elections

Listed below is a recap of your elections including 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.

- Medical
You have elected to WAIVE coverage under this plan.
- Dental
You have elected to WAIVE coverage under this plan.
- Vision
You have elected to WAIVE coverage under this plan.
- Basic Group Life

Enrollment Details