

How to complete Self-Enrollment

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

TURN★KEYSM
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?

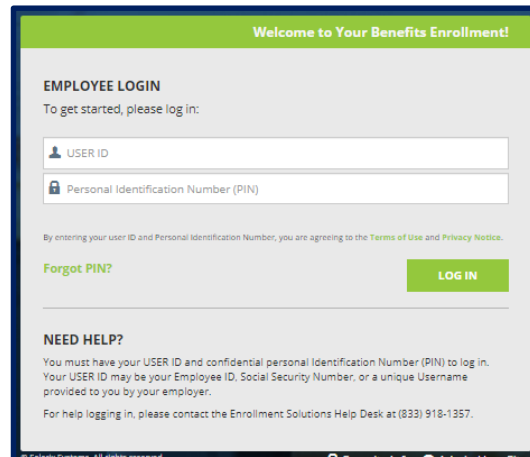
You must have your USER ID and confidential personal Identification Number (PIN) to log in. Your USER ID may be your Employee ID, Social Security Number, or a unique Username provided to you by your employer.

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”.

<https://www.benefits-direct.com/tps501>

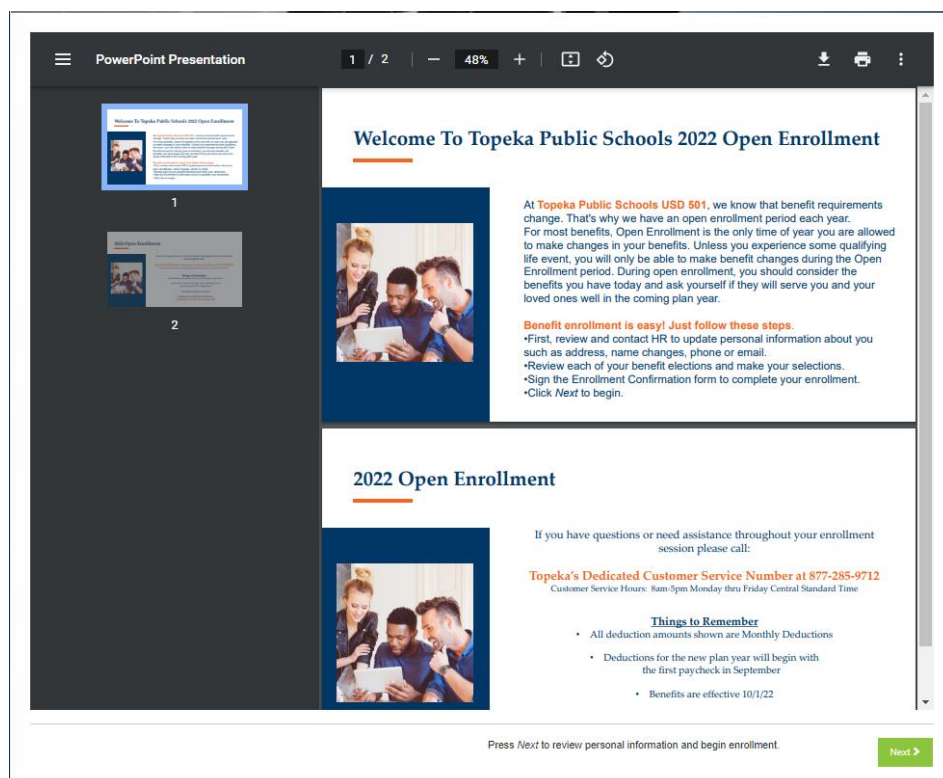


The screenshot shows a web browser window with a green header that says "Welcome to Your Benefits Enrollment!". Below the header is a section titled "EMPLOYEE LOGIN" with the instruction "To get started, please log in:". There are two input fields: "USER ID" and "Personal Identification Number (PIN)". Below these fields is a link for "Forgot PIN?". A green "LOG IN" button is to the right. At the bottom, there is a "NEED HELP?" section with text explaining the requirements for the USER ID and PIN, and a contact number for the Enrollment Solutions Help Desk at (833) 918-1357.

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 you with enrollment steps and things to remember. Click the “Next” button to begin your enrollment.



The screenshot shows a PowerPoint presentation titled "Welcome To Topeka Public Schools 2022 Open Enrollment". The slide content includes:

- A header section with the title "Welcome To Topeka Public Schools 2022 Open Enrollment".
- A section titled "2022 Open Enrollment" with a sub-header "If you have questions or need assistance throughout your enrollment session please call:". Below this is the text "Topeka's Dedicated Customer Service Number at 877-285-9712" and "Customer Service Hours: 8am-5pm Monday thru Friday Central Standard Time".
- A section titled "Things to Remember" with a bulleted list:
 - All deduction amounts shown are Monthly Deductions
 - Deductions for the new plan year will begin with the first paycheck in September
 - Benefits are effective 10/1/22

At the bottom of the slide, there is a footer that says "Press Next to review personal information and begin enrollment." and a green "Next" button.




Personal & Contact Information

The next screen is your Personal Info screen; However, if you need to make demographic changes, please contact Human Resources.

Click “Next”.

TurnKey
BENEFITS ADVANTAGE

Status (0% 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. You are not able to change information in the system; however if you need to make a change, please contact Human Resources

Personal Info

Name :	Employee	Test
	First	Last
	MI	Suffix
Date of Birth:	09/01/1985	
SSN:	***-**-2347	
Gender :	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	

Contact Info

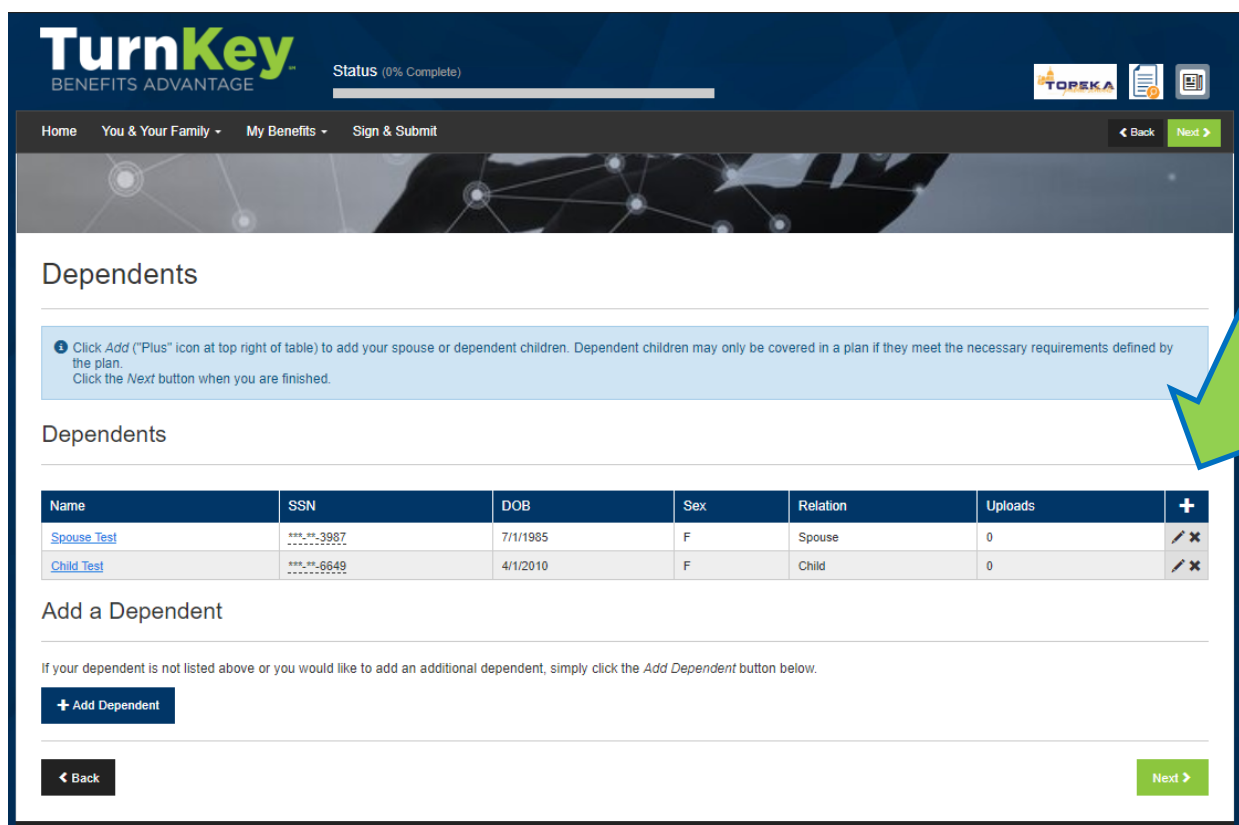
Address:	USA	
Country		
	624 SW 24th Street	
Street		
	Street (cont.)	
	Topoka	KS
City	State	Zip
		66611
Home Phone:	(785) 295-3000	
Work Phone:	() - - Ext. - -	
Mobile Phone:	() - -	
EMail:		
Personal EMail:		

[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. Once you have added the new dependent (if applicable) click “Save” and you will be brought back to the main dependent screen (shown below). You will see the dependent that was added.







TurnKey
BENEFITS ADVANTAGE

Status (0% Complete)

Home You & Your Family My Benefits Sign & Submit

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	
Spouse Test	***-**-3987	7/1/1985	F	Spouse	0	 
Child Test	***-**-6649	4/1/2010	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](#)

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

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.

Click “Next” to move forward.




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.

TurnKey
BENEFITS ADVANTAGE

Status (0% Complete)



HomeYou & Your Family ~My Benefits ~Sign & Submit

< BackNext >

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:8/1/2021

Eligibility Date:8/1/2021

Location:Default

Department:TOPEKA HIGH SCHOOL

Job Class:CERTIFIED

Title:Teacher

Salary:\$50,000.00

Pay group:Semi-Monthly

Payroll Frequency:Monthly

< 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!

Once you've reviewed the **Benefit Summary** page, Click **"Next"** on the top or bottom right hand side of the screen to be taken through all the offered **Benefits** you are currently not enrolled in to either elect or waive.




If you would like to return to the Benefit Summary page at anytime, click on My Benefits tab at top of screen and select Benefit Summary from the dropdown.

Please only click **"Review"** on the benefit summary page for a product you wish to make changes to.

Once you are satisfied with your elections, click **"Next"**.

TurnKey
BENEFITS ADVANTAGE

Status (95% Complete)



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

Benefit Summary

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.

☒ **BCBS of KS Medical** [Review](#)

Enrollment Details

Product Name: Plan D
Coverage Level: Employee+Family

First Name	MI	Last Name	DOB	Sex	Relationship
Employee		Test	6/1/1985	M	Employee
Spouse		Test	7/1/1985	F	Spouse
Child		Test	4/1/2010	F	Child

☒ You have completed enrollment in this plan. Your cost per month will be \$1,167.88

☒ **BCBS of KS Dental** [Review](#)

My Benefits


<input checked="" type="checkbox"/> BCBS of KS Medical	\$1,167.88
<input checked="" type="checkbox"/> BCBS of KS Dental	\$46.74
<input checked="" type="checkbox"/> Superior Vision	\$14.89
<input checked="" type="checkbox"/> FME Health Care Reimbursement	\$0.00
<input checked="" type="checkbox"/> FME Dependent Care	\$0.00
Reimbursement	
<input checked="" type="checkbox"/> RSLI Voluntary Short Term Disability	\$28.45
<input checked="" type="checkbox"/> RSLI District Paid Basic Life	\$0.00
<input checked="" type="checkbox"/> RSLI District Paid Basic AD&D	\$0.00
<input checked="" type="checkbox"/> RSLI Basic Dependent Life	\$4.00
<input checked="" type="checkbox"/> RSLI Supplemental Employee Life	\$0.00
<input checked="" type="checkbox"/> RSLI Supplemental Spouse Life	\$0.00
<input checked="" type="checkbox"/> Prosperity Group Cancer	\$0.00
<input checked="" type="checkbox"/> Prosperity Group Accident	\$30.88
<input checked="" type="checkbox"/> RSLI Employee Critical Illness	\$0.00
<input checked="" type="checkbox"/> RSLI Spouse Critical Illness	\$0.00
<input checked="" type="checkbox"/> RSLI Child(ren) Critical Illness	\$0.00
<input checked="" type="checkbox"/> Trustmark Universal Life	\$0.00
<input checked="" type="checkbox"/> RSLI Hospital Indemnity	\$34.46
<input checked="" type="checkbox"/> IdentityForce ID Theft	\$9.50
<input checked="" type="checkbox"/> MetLaw Legal Services	\$0.00

Pre-tax cost

\$1,229.51

Post-tax cost

\$107.27

 Total Cost Monthly

\$1,336⁷⁸




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. If you need to make a product change, select the product you want to change and you will be able to do so. Then, click “Next”.

TurnKey
BENEFITS ADVANTAGE

Status (95% 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 on the left.

Your Benefits

Plan	Description	Employee Prefax Cost	Employee Posttax Cost
BCBS of KS Medical	Plan D; FA	\$1,167.88	\$0.00
BCBS of KS Dental	BCBSKS Dental Plan; FA	\$46.74	\$0.00
Superior Vision	Vision; E+1	\$14.89	\$0.00
FME Health Care Reimbursement	Waived		
FME Dependent Care Reimbursement	Waived		
RSLI Voluntary Short Term Disability	Reliance Standard Voluntary Short Term Disability; \$576	\$0.00	\$28.45
RSLI District Paid Basic Life	District Paid Basic Life & AD&D; \$10,000	\$0.00	\$0.00
RSLI District Paid Basic AD&D	Reliance Basic AD&D; \$10,000	\$0.00	\$0.00
RSLI Basic Dependent Life	10,000; SO	\$0.00	\$4.00
RSLI Supplemental Employee Life	\$	\$0.00	\$0.00
RSLI Supplemental Spouse Life	Waived		
Prosperity Group Cancer	Waived		
Prosperity Group Accident	Prosperity Group Accident - Level 1; FA	\$0.00	\$30.86
RSLI Employee Critical Illness	Waived		
RSLI Spouse Critical Illness	Waived		
RSLI Child(ren) Critical Illness	Waived		
Trustmark Universal Life	Waived		
RSLI Hospital Indemnity	Reliance Standard Hospital Indemnity; ES	\$0.00	\$34.46
IdentityForce ID Theft	IdentityForce; EC	\$0.00	\$9.50
MetLaw Legal Services	Waived		
Monthly Total		\$1,229.51	\$107.27

Signatures Required

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

Form Name	Status	Date Signed/Reviewed	Enroller Date Signed/Reviewed
 6130-01-18_KS Accident Enrollment	Signed	07/27/2022 6:46:18	07/27/2022 6:46:25
 Enrollment Confirmation	Unsigned		N/A

Next >

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.

Please note, your enrollment is not complete until you see the “Congratulations” page!

Benefit Confirmation / Deduction Authorization

Name	Date of Birth	Home Phone	Work Phone	Address 624 SW 24th Street Topeka, KS 66611
Employee Test	6/1/1985	(785) 295-3000		
Employee ID	Hire/Elig Date	Gender	Location	
0	8/1/2021	M	Default	

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost		Employer Cost
						Benefit	Cost	Pre-tax	After-tax	
BCBS of KS Medical	Plan D	FA	12	10/1/2022				1167.88	0.00	537.62
BCBS of KS Dental	BCBSKS Dental Plan	FA	12	10/1/2022				46.74	0.00	21.96
Superior Vision	Vision	E+1	12	10/1/2022				14.89	0.00	0.00
TME Health Care Reimbursement	Waived									
IE Dependent Care Reimbursement	Waived									
SU Voluntary Short Term Disability	Reliance Standard Voluntary Short	EO	12	10/1/2022	576.00			0.00	28.45	0.00
RSLI District Paid Basic Life	District Paid Basic Life & AD&D	EO	12	10/1/2022	10000.00			0.00	0.00	0.54
RSLI District Paid Basic AD&D	Reliance Basic AD&D	EO	12	10/1/2022	10000.00			0.00	0.00	0.10
RSLI Basic Dependent Life	Reliance Dependent Life	SO	12	10/1/2022	10000.00			0.00	4.00	0.00
RSLI Supplemental Employee Life Insurance	Standard Supplemental Empl	EO	12	10/1/2022		100000.00	9.00	0.00	0.00	0.00
RSLI Supplemental Spouse Life	Waived									
Prosperity Group Cancer	Waived									
Prosperity Group Accident	Prosperity Group Accident - Level 1	FA	12	10/1/2022	30000			0.00	30.86	0.00
RSLI Employee Critical Illness	Waived									
Trustmark Universal Life	Waived									
RSLI Hospital Indemnity	Reliance Standard Hospital Indemni	ES	12	10/1/2022				0.00	34.46	0.00
IdentityForce ID Theft	IdentityForce	EC	12	10/1/2022				0.00	9.50	0.00
MetLaw Legal Services	Waived									
Total:								1,229.51	107.27	560.22

1 of 2 rev. 11-08-2018

Page 1 ▾ [Download Form](#)

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 HAVE COMPLETED YOUR ENROLLMENT!

Please click on <https://www.surveymonkey.com/r/2022tps501> 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.

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.**

We would appreciate your feedback, please click link to complete a quick survey

<https://www.surveymonkey.com/r/2022TPS501>

✓ BCBS of KS Medical

Enrollment Details

Product Name: Plan D

Coverage Level: Employee+Family

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	Enroller Date Signed/Reviewed
6130-01-18_KS Accident Enrollment	07/27/2022	07/27/2022
Enrollment Confirmation	07/27/2022	N/A

Return