# Online Enrollment Instructions

First Financial Group of America is happy to provide you with an on-line enrollment system. Below you will find easy steps on how to make your benefit selections. If, during your enrollment, you experience technical difficulty or have trouble maneuvering through the enrollment process, please call our Enrollment Solutions Help Desk line at **1-855-523-8422,** 7AM-5PM Central Standard Time. If you have coverage eligibility questions please call your benefits office.

- Go to http://benefits.ffga.com/ISD
- Enter your employer name

Employee Benefits Center
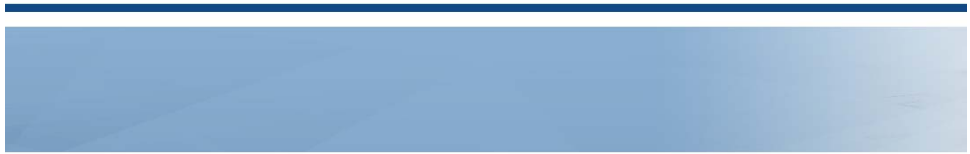
Welcome to First Financial's Employee Benefits Center. It appears the page you were trying to access was not found. Please enter in your employer's name below and select from the list to be directed to your Employee Benefits Center.

Employer Name:

- Click on **How to Enroll** tab

FFSolutions

Employee Benefits Center

Plan Year: January 1, 2016 - December 31, 2016

Home   Benefits   Access My Benefits   How to Enroll   FAQ   Contact Us

How to Enroll

- Click on the **Go to** link

Go to *https://ffga.benselect.com/enroll*
Login: your social security number or your Employee ID (#########)

PIN: last four digits of your social and the last two digits of the year you were born (######)

Once you login you will see a Welcome presentation. Once finished Click "Next," then:

- Verify your personal information
- Verify all dependent information (ssn/date of birth) **Very Important**
- View employment information

You will then see a brief presentation on each benefit available. Notify the Business Office/Payroll Department of any discrepancies.

Useful Information to Know

- Remember your PIN number.
- Contact First Financial at 855-523-8422 with any technical questions.
- No changes will be allowed until annual enrollment (unless you have an IRS S125 approved event)

For questions or to meet with your First Financial Representative in person, contact us today!

> **Please note: Rates and benefits reflected in these instructions are not reflective of your employers benefit plans and premiums.** Please note that you are not finished until you see **CONGRATULATIONS!**

- **Login ID**: your **SSN** or your **Employee ID**
- Personal Identification Number (**PIN**) is the **last 4 digits** of your **SSN** and the **last 2 digits** of the **year you were born** (this should be a 6 digit number) Your **PIN** may be required on some applications for your electronic signature.

- You will arrive at the **Welcome Screen**. Use the **Next** and **Back** navigation buttons to navigate through the website
- If you currently have benefits, the list of those benefits will be displayed on the **Welcome Screen**
- Click **Next** to begin

- Review and update any **Personal Information** and **Required Information**
- **Please note: The email address entered here is where all electronic correspondence will be sent pertaining to the benefits applied through FFenroll**

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Form:04132018

Dependents – Please enter dependent information on this screen even if you do not plan to cover any of them on your benefit options.

- To add dependents not listed click on the **Plus sign**
- Enter requested data for the dependent including **legal name and middle initial as it appears on the Social Security Card**
- If any information appears incorrect for dependents already listed click on the **pencil** to edit the dependent information
- Click **Save**
- Continue the process until **ALL** dependents are entered
- Click **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.

If you need to update information for any dependents currently listed in the system **DO NOT** delete and re-add them. Click on their name, update the information and click *Save*.

Click the *Next* button when you are finished.

> ⓘ IMPORTANT - Deleting a dependent from this screen will not remove them from any benefit they are currently enrolled in. To remove a dependent you will need to re-enroll in that benefit. If you are adding a new spouse or child and want them covered under a plan you are currently enrolled in, please be sure you re-enroll in that benefit. Adding a dependent to this screen does not automatically add them to coverage.

Name	SSN	DOB	Sex	Relation	+
JANICE JACKSON		6/12/1986	F	Spouse	🖉✕

Benefit Summary – this screen enables you to confirm your current benefit elections and keep or edit benefits without the need to review each plan. Note this option is not available for all benefits, some will require review. A list of **Your Benefits** will be display. Scroll down the screen to quick enroll your elections by clicking on **"Keep Existing Election"** or **"Edit this Election".**

Benefit Summary

Below is a list of your current benefit elections.

🏷 **Your Benefits**

Plan	Benefit	Cost per Paycheck	Coverage Termination Date
Medical	Medical HMO, Emp + Spouse	$200.00 pre-tax	
Dental	Dental Low Plan, Emp + Spouse	$46.00 pre-tax	
Medical Reimbursement	Family - $595	$85.00 pre-tax	
Basic Group Term	$10,000	Employer-paid	
Employee Group Term	$50,000	$11.50 after-tax	
		$342.50 total	

For each of the benefit options below, your enrollment options are shown. Click the "Keep Existing Election" link to decline participation in the coverage or continue your current election or click "Edit this Election" to review your other options.

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Adding Plans – to enroll in a benefit that you do not currently have click on **Edit this election** – you will then go through the application process for that benefit

☐ Vision   Keep Existing Election   Edit this Election

ⓘ Keep Existing Election: will waive this benefit.

Changing/Dropping Plans – to change a benefit that you are currently enrolled, click on **Edit this Election** – once on the application screen click on the **Unlock button** found at the top right or bottom left of the screen   Unlock   - Continue through the application process until the plan is changed or dropped

☑ Employee Group Term   Edit this Election

Benefit Amount	Cost
$50,000.00	$11.50

Beneficiary Information

Name	Relationship	Address	Phone	Percent	Type
JANICE JACKSON	Spouse	123 MAIN, ANYTOWN, TX 77777		100.00	Primary

✔ You have completed enrollment in this plan. Your cost per pay period will be   **$11.50**

No change to your current enrollment - Click on **Keep Existing Election** for a plan you do not want to change and your election will remain the same

☐ Medical Reimbursement   Keep Existing Election   Edit this Election

You were previously enrolled in **$595** at a cost per pay period of   **$85.00**

ⓘ Keep Existing Election: will enroll you into **FFGA Health Flex Account** with level of   **$102.00**
coverage **FA / $595** You will pay

You have elected an annual contribution: $595.00

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CONGRATULATIONS!

Carry-Over Elections – some benefits will automatically carry-over from the previous year's election – if you wish to make a change to one of these plans, click on **Edit this Election**

☑ **Dental**   Edit this Election

Plan Name: Dental **Coverage Level:** Employee + Spouse

First Name	MI	Last Name	DOB	Sex	Relationship
JOHN		JACKSON	5/5/1985	M	Employee
JANICE		JACKSON	6/12/1986	F	Spouse

✔ You have completed enrollment in this plan. Your cost per pay period will be   **$46.00**

Non-Qualified Plans- there will be some plans that require you to elect another benefit in order for you to become eligible for this benefit or have the right dependents under **Demographics**. If you want to **add** this benefit, you must first elect the required benefit for example you must first enroll in the employee group term life and then you can add the spouse term life.

⚠ **Spouse Group Term**   Edit this Election

🏷 You must be enrolled in Employee Group Term to participate in Spouse Group Term.

⚠ **Child Group Term**   Edit this Election

🏷 You must be enrolled in Employee Group Term to participate in Child Group Term.

Beneficiary Updates – if the plan indicates **No beneficiary on file** click on **Edit this Election** to update your beneficiary. You will need to **Unlock** the benefit to update the beneficiary.

☑ **Basic Group Term**   Edit this Election

Benefit Amount	Cost
$10,000.00	$0.00

Beneficiary Information

No beneficiary on file.

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

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To view information on different plans – you can access different product brochures to learn more information about each insurance plan by clicking on the **Forms Icon** or the **Benefit Guide Icon** in the top right corner of the screen

If you do not use the **Quick Enroll** options on the **Benefit Summary Screen,** you will be prompted to review each benefit screen and make your selections for each benefit plan. One of the following icons next to each plan:

☑ Enrolled   ✖ Waived or Dropped   ⚠ Not Eligible
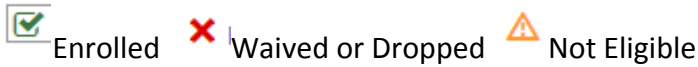
Click on the **Next** button to **Sign & Submit** benefits elections

Sign and Submit

Once you have selected all of your benefits the **Sign Forms Page** will display. All applications will be displayed that require an electronic signature. Your applications will appear as you click **Next**. Review each form carefully. Some applications must be printed and signed in ink and returned to your benefits office, please read the instructions at the bottom of each application.

Follow instructions by entering **PIN** to applications, **Clicking Next** and clicking **SignForm**

Sign Forms Page

First Financial

Benefit Confirmation / Deduction Authorization   High School

Name		Date of Birth	Home Phone	Work Phone	Address
JOHN JACKSON		05/05/1985	(281) 447-8111		123 MAIN
Employee ID	Hire/Elig Date	Gender	E-mail Address		ANYTOWN, TX 77777
98435	06/30/2016	M	test@ffga.com		

Location	Department	Reason for Completing Form
High School	Staff	
Job Class	Title	
Full-Time	TEACHER	

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested Benefit	Requested Cost	Employee Cost Pre-tax	Employee Cost After-tax	Employer Cost
Medical	Medical HMO	ES	12	08/01/2016				200.00	0.00	225.00
Dental	Dental Low Plan	ES	12	08/01/2016				0.00	46.00	0.00
Vision	Vision Plan	EO	12	08/01/2016				10.00	0.00	0.00
Medical Reimbursement	FFGA Health Flex Account	FA	12	07/18/2016	596			102.00	0.00	0.00
Basic Group Term	Basic Life with ADD	EO	12	08/01/2016	10,000			0.00	0.00	1.50
Employee Group Term	Dropped									
							Total:	312.00	46.00	226.50

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Download Form   Page 1 ▼

Employee: By clicking the *Sign Form* button, I am electronically signing the form listed above.

Sign Form

Please note: Rates and benefits reflected in these instructions are not reflective of your employers benefit plans and premiums. Please note that you are not finished until you see **CONGRATULATIONS!**

Sign/Submit Complete

Congratulations!

Your enrollment is complete. Please note that you are not finished until you see the scrolling **CONGRATULATIONS!**

- Review your benefit selections
- You can login and make changes anytime during **open enrollment** by going to https://ffga.benselect.com/enroll

You can print or save a copy of your enrollment confirmation and other applications by clicking on **Enrollment Confirmation** at the bottom of the page.
Click **Logout –** Your enrollment is complete

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

Sign/Submit Complete

CONGRATULATIONS! YOU HAVE COMPLETED YOUR ENROLLMENT.

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.**

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
Enrollment Confirmation 📖	7/18/2016

Logout   Back

Form:04132018