

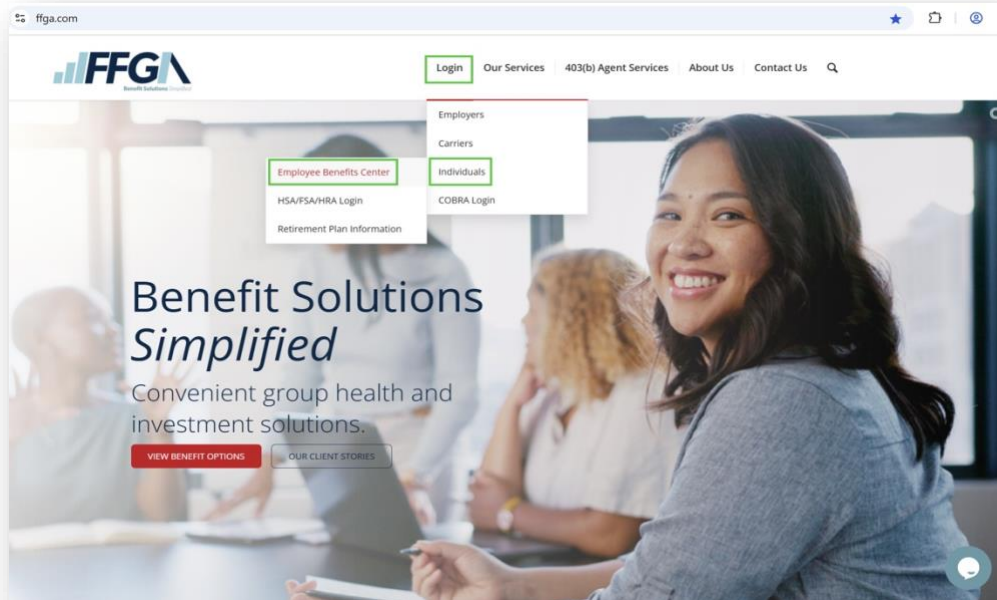
Welcome to FEnroll! Follow the easy steps below to make your benefit(s) selections online.

If you experience technical difficulty or have trouble during your enrollment, please call our FFGA Client Services Help Desk at 855-523-8422 Monday through Friday, 7 a.m. to 5 p.m. Central time.

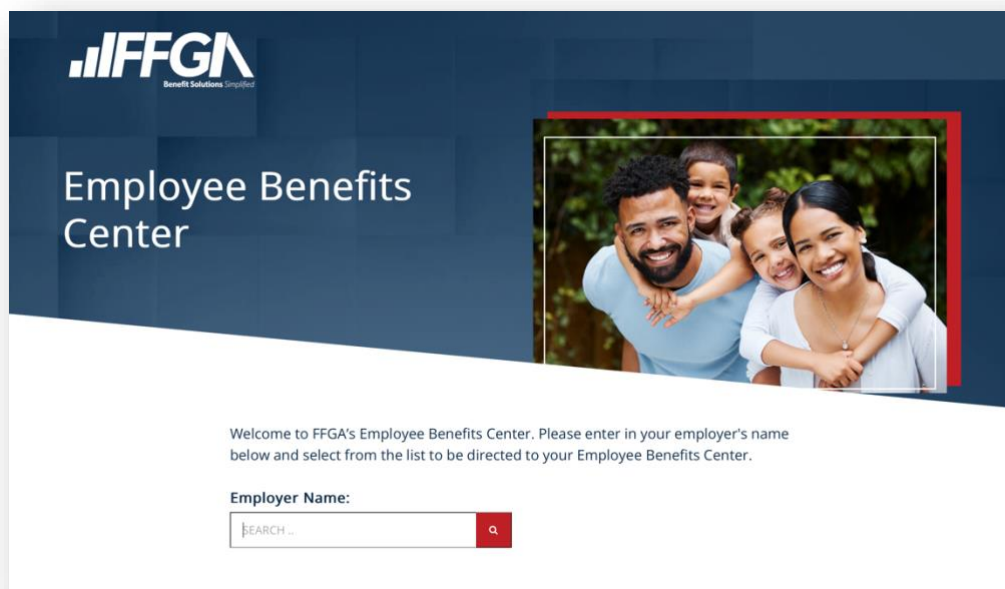
For coverage eligibility questions, contact your benefits office.

Navigate to FEnroll:

1. Go to www.ffga.com. (If you are already on the How To Enroll page on your Employee Benefit Center website, skip to step 4.)
2. Click on **Login/Individuals** on the top menu and then select **Employee Benefits Center**.



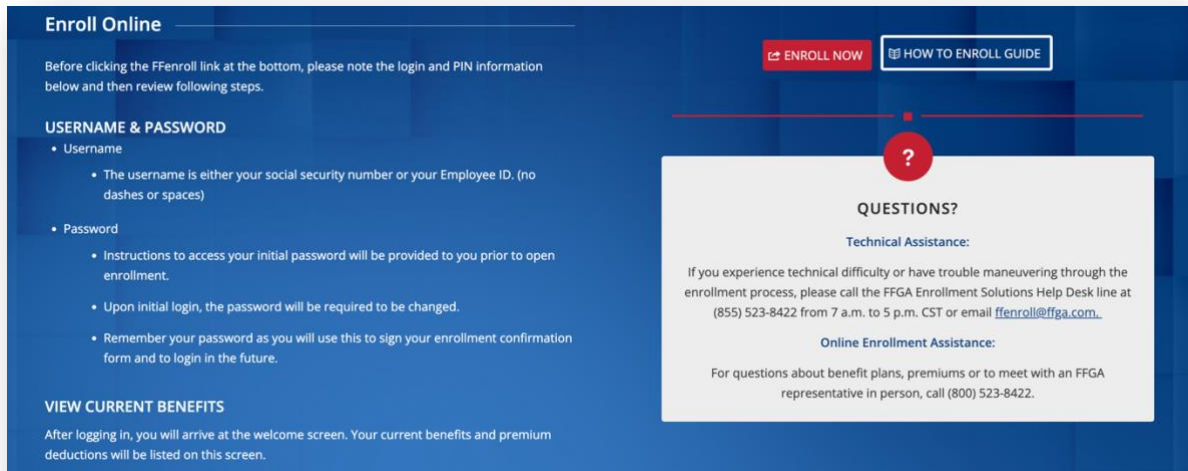
3. Once you are on <https://benefits.ffga.com>, enter your Employer's name in the box. This will take you to your Employee Benefits Center.



4. On the Employee Benefits Center website, click on **How to Enroll** from the menu at the top of the page.
5. Scroll down and select the red **Enroll Now** button to go to the enrollment website.

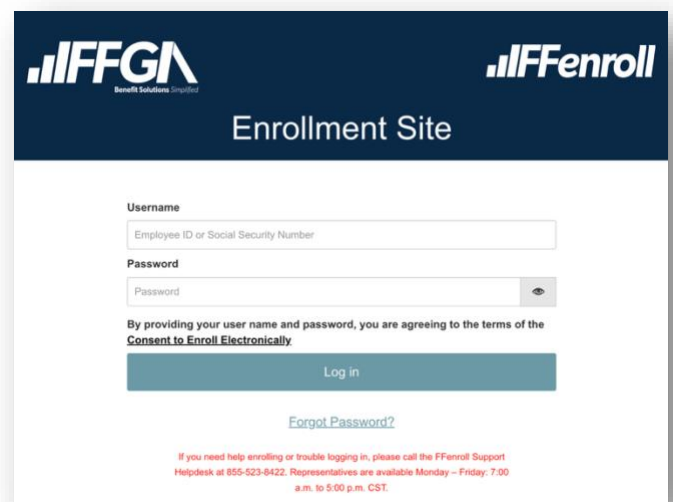
FFenroll Enrollment Site

6. Username and Password:



- Username
 - The Username is either your social security number or your Employee ID.
- Password
 - Instructions to access your initial password will be provided to you prior to open enrollment.
 - Upon initial login, the password will be required to be changed.
 - Remember your password as you will use this to sign your enrollment confirmation form and to login in the future.

If you have trouble logging in or forgotten your password, please use the [Forgot Password?](#) link to reset your password. If your account has been locked out due to too many failed attempts, please contact the FFGA Help Desk at 855-523-8422.



7. Begin Enrollment

- You will arrive at the Welcome Screen. Use the **Next** and **Back** buttons to navigate through the website.
- View plan information: Click on the **Important Forms/Forms icon** at the top right-hand side of the page to access various product brochures and learn more about each plan.

- Click **Next** to begin enrollment.

8. Review Dependents and Personal Information

- Personal Information
 - Before you begin, click on the tab **You and Your Family** to review your personal information. If any personal information needs to be updated, please contact your HR Department. NOTE: The email address entered here will be used for all electronic correspondence.
- Dependent Information - *Due to the Affordable Care Act, you will need to enter dependent information even if you do not plan to cover them on your benefit options.*
 - To add dependents not listed, click on the **Add Dependent** button.
 - 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.
 - When finished, click **Next**.

Spouse & Dependents

***** IMPORTANT - PLEASE READ *****

- Click **Add** ("Plus" icon at top right of table below) to add your spouse or dependent children to your list of dependents. 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**.
- **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 and drop the dependent from coverage. 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.

Click the **Next** button when you are finished.

Dependents

Name	SSN	DOB	Sex	Relation	Uploads	
Spouse New Hire	***-**-4458	8/15/1975	M	Spouse	0	
New Baby		10/25/2020	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 >**

9. Benefit Summary

- Your **Benefits** will be displayed in the box at the top of the page.
- Click **Edit this Election** on the display box of the current **Benefit** (coverage from the previous plan year will be displayed as previously enrolled coverage).

✓ Your Benefits

Plan	Benefit	Cost per Paycheck	Coverage Termination Date
Medical	BCBS High Deductible Health Plan, Family	\$580.00 pre-tax	
Vision	Emp + Child(ren)	\$13.00 pre-tax	
Long Term Disability SSNRA	50% of monthly salary - \$1,875	\$71.25 after-tax	
Accident	Group Accident Low Plan	\$15.00 pre-tax	
Basic Group Term	\$10,000	Employer-paid	
Employee Group Term	\$50,000 requested	\$0.00 (\$11.00 pending) after-tax	
Spouse Group Term	\$25,000 requested	\$0.00 (\$5.50 pending) after-tax	
Child Group Term	\$10,000 requested	\$0.00 (\$2.00 pending) after-tax	
Employee Handbook Acknowledgement		\$0.00 after-tax	
		\$679.25 total + \$18.50 pending	

- Scroll down the screen to quickly enroll in your elections by clicking either **Keep Existing Election** or **Edit this Election**.

☐ Medical Keep Existing Edit this Election

You were previously enrolled in **BCBS High Deductible Health Plan; FA** and **BCBS Base Health; FA** at a cost per pay period of **\$1,184.00**

☒ **Keep Existing:** will enroll you into **BCBS HDHP** with level of coverage **FA**
You will pay **\$580.00**

Enrollment Details

Product Name: BCBS HDHP
Coverage Level: Employee + Family

First Name	MI	Last Name	DOB	Sex	Relationship
New Hire		Demo	8/15/1976	F	Employee
Spouse		New Hire	8/15/1975	M	Spouse
New		Baby	10/25/2020	F	Child

Please note that the rates and benefits reflected in these instructions may not be reflective of your benefit plans and premiums.

10. Benefits Enrollment

- Choose the new level of coverage by clicking on the **radio** button next to the plan you wish to be enrolled effective for the new plan year.
- Click **Next** button.

Medical

Below are your medical elections for the current plan year. Please take the time to review the plan options available as there have been some plan changes.

Resources

- BCBS Medical Brochure
- BCBS Customer Service (877) 299-0683
- BCBS Website

Listed below are the options and coverage choices available to you.

- To enroll or continue your current coverage, click on the option next to the cost which represents your election.
- When you are finished, click on the **Next** button to continue.

► View Existing Coverage

	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
BCBS Base Health	☐ \$554.00	☐ \$932.00	☐ \$816.00	☐ \$1,068.00
BCBS Buy-Up Health	☐ \$565.00	☐ \$844.00	☐ \$942.00	☐ \$1,114.00
BCBS HDHP	☐ \$464.00	☐ \$744.00	☐ \$664.00	☒ \$1,044.00
Decline Medical	☐ \$0.00			

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

11. Verify all covered dependents

- Click **Next** button.

Medical

Application Details

Individuals to Be Covered
Click on the checkbox next to each person's name to be included for coverage. When you are finished, click on the "NEXT" button to continue.

Plan Name: Medical
Coverage Level: Employee + Family

To Be Covered?	Name	Age
☐	New Hire Demo	48
☒	Spouse New Hire	49
☒	New Baby	4

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

- Answer any of the medical questions if presented as they pertain to you.
- Click **Next**.

12. Review coverage

- Click confirm.
- Continue the process for all benefits.

13. Review the Benefits Enrollment on the Sign and Submit Screen

- Click Next.

14. Sign Forms Page

- Review the **Benefit Confirmation /Deduction Authorization Form** for plan enrollment and premium confirmation. Upon verifying accuracy of the form, sign and submit the benefit selections at the bottom of the page. Your screen will either have the **Sign Form** button or a field to enter your password.

Sign Forms Page

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.
- **Need to Make Some Changes?** From the MyBenefits Menu at the top of the screen, click on the benefit you wish to change. You will then be prompted to Unlock the benefit and complete enrollment in the plan.

YOUR COVERAGE WILL NOT TAKE EFFECT AND DEDUCTIONS WILL NOT START UNTIL YOU SIGN YOUR CONFIRMATION FORM.

First Financial-Demo
Administration

Benefit Confirmation / Deduction Authorization

Name	Date of Birth	Home Phone	Work Phone
Employee ID	Hire/Elig Date	Gender	E-mail Address
	11/15/2020	F	

Location	Department
Administration	Staff
Job Class	Title
FT	Benefits

Reason for Completing Form	
Open Enrollment	

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested Benefit	Cost	Employee Cost Pre-tax	Employee Cost After-tax	Employer Cost
Medical	BCBS High Deductible Health	FA	12	05/01/2025				580.00	0.00	464.00
Dental	Waived									
Vision	Vision Plan	EC	12	05/01/2025				13.00	0.00	0.00
Medical Reimbursement	Waived									
Health Savings Account	Waived									
Dependent Care Reimbursement	Waived									
Long Term Disability SSNR	AF Long Term Disability (SSN)	EO	12	06/01/2023	1,875			0.00	71.25	0.00
Accident	Group Accident Low Plan	EO	12	12/01/2020				15.00	0.00	0.00
Cancer	Waived									
Critical Illness	Waived									
Group Hospital Indemnity Plan	Waived									
Permanent Life	Waived									
Basic Group Term	Basic Life with ADD	EO	12	05/01/2025	10,000			0.00	0.00	0.45
Employee Group Term	Voluntary Employee Life	EO	12	05/01/2025		50,000	11.00	0.00	0.00	0.00
Spouse Group Term	Voluntary Spouse Life	SO	12	05/01/2025		25,000	5.50	0.00	0.00	0.00
Child Group Term	Voluntary Term Life	CO	12	05/01/2025		10,000	2.00	0.00	0.00	0.00
Total:								608.00	71.25	464.45

Employee: Please click the *Sign Form* button, to complete your enrollment and submit your elections. By clicking *Sign Form*, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before clicking *Sign Form*.

By signing the application electronically, you agree that the electronic signature appearing on the application is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility. If you do not wish to sign the application electronically, you can print out a copy to sign and send to First Financial Group of America.

Sign Form

Please enter your password below and click on **"SIGN FORM"** to complete your enrollment and submit your elections. By entering your password, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your password.

By signing the application electronically, you agree that the electronic signature appearing on the application is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility. If you do not wish to sign the application electronically, you can print out a copy to sign and send to First Financial Group of America.

Password:

Sign Form

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.**

- Your enrollment is complete. Please note that you are not finished until you see "CONGRATULATIONS!"
- Review your benefits selections.

You can log in and make changes anytime during open enrollment by going to <https://ffga.beneselect.com/enroll>.

15. Print/Save and Logout

- 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.

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
 Introduction & Notices	05/08/2025
 Enrollment Confirmation	05/08/2025

Congratulations your enrollment is complete!

QUESTIONS?

- **Technical Assistance:**
 - If you experience technical difficulty or have trouble maneuvering through the enrollment process, please call the FFGA Client Services Help Desk line at 855-523-8422 Monday through Friday from 7 a.m. to 5 p.m. Central time or email ffenroll@ffga.com.
- **Benefit Assistance:**
 - For questions about benefit plans, premiums, contact your dedicated FFGA Account Representative.