

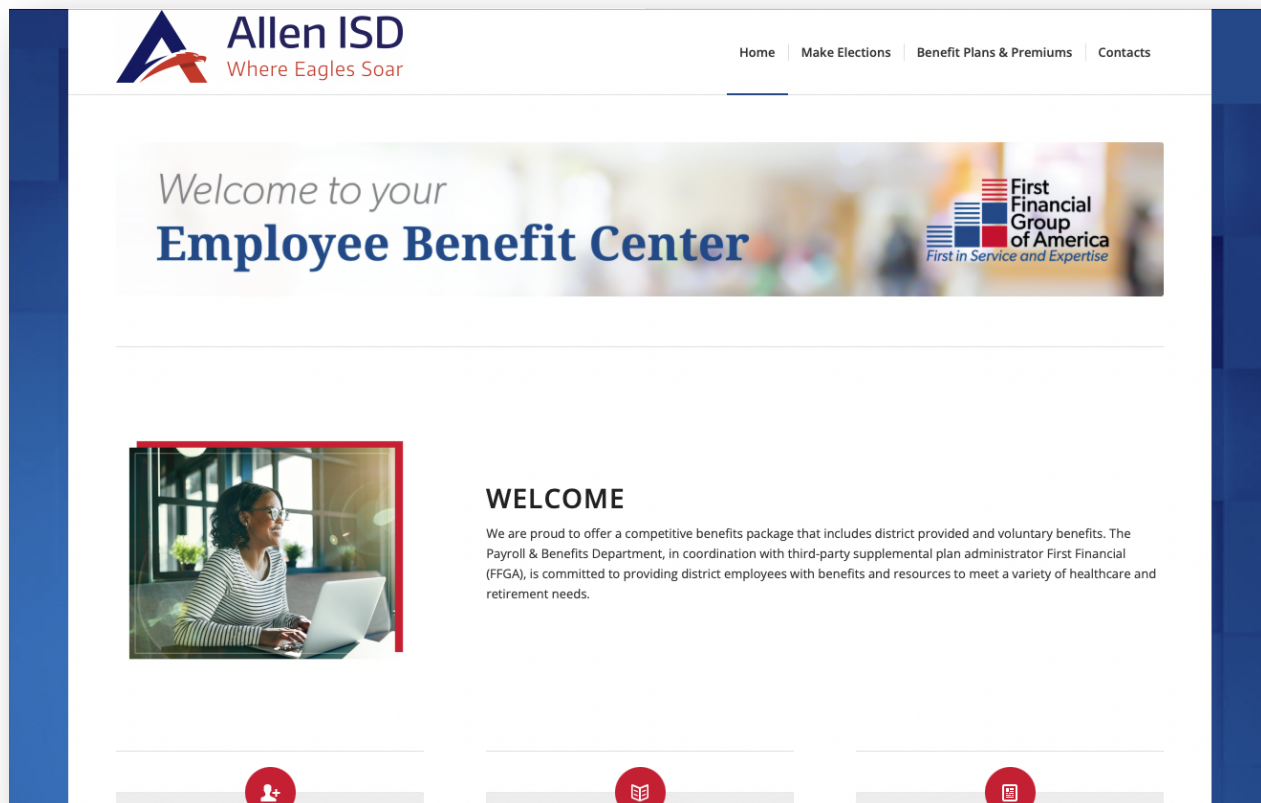
Welcome to FFenroll! Follow the easy steps below to make your benefit(s) selections online.

If you experience technical difficulty or have trouble during your enrollment, please call our Enrollment Solutions 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.

## Navigating to the Employee Benefit Center

1. Go to <https://benefits.ffga.com/allenisd>.



The screenshot shows the Allen ISD Employee Benefit Center website. At the top left is the Allen ISD logo with the tagline "Where Eagles Soar". To the right is a navigation menu with links for "Home", "Make Elections", "Benefit Plans & Premiums", and "Contacts". Below the navigation is a large banner with the text "Welcome to your Employee Benefit Center" and the First Financial Group of America logo. Underneath the banner is a "WELCOME" section with a photo of a woman working on a laptop and a paragraph of text. At the bottom, there are three red circular icons on a white background.

**Allen ISD**  
Where Eagles Soar

Home | Make Elections | Benefit Plans & Premiums | Contacts

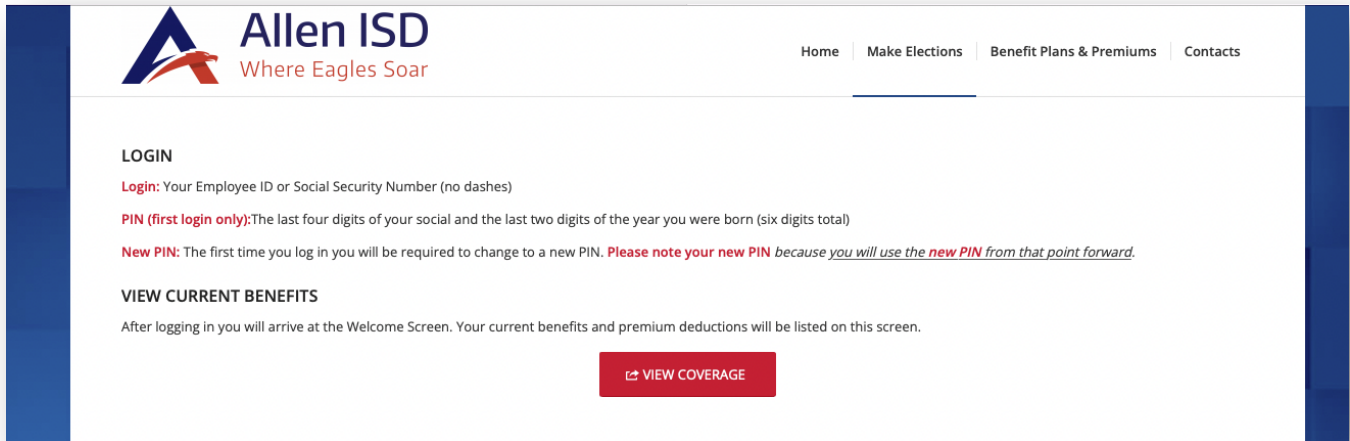
Welcome to your  
**Employee Benefit Center**

**First Financial Group of America**  
First in Service and Expertise

**WELCOME**

We are proud to offer a competitive benefits package that includes district provided and voluntary benefits. The Payroll & Benefits Department, in coordination with third-party supplemental plan administrator First Financial (FFGA), is committed to providing district employees with benefits and resources to meet a variety of healthcare and retirement needs.

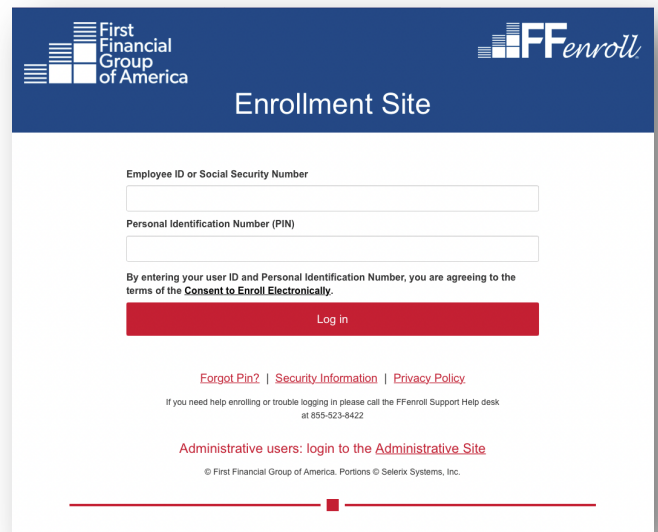
2. On your Employee Benefits Center website, click on Make Elections > View my coverage from the menu at the top of the page.
3. Scroll down and select the red View Coverage button to go to the enrollment website.



## FFenroll Enrollment Site

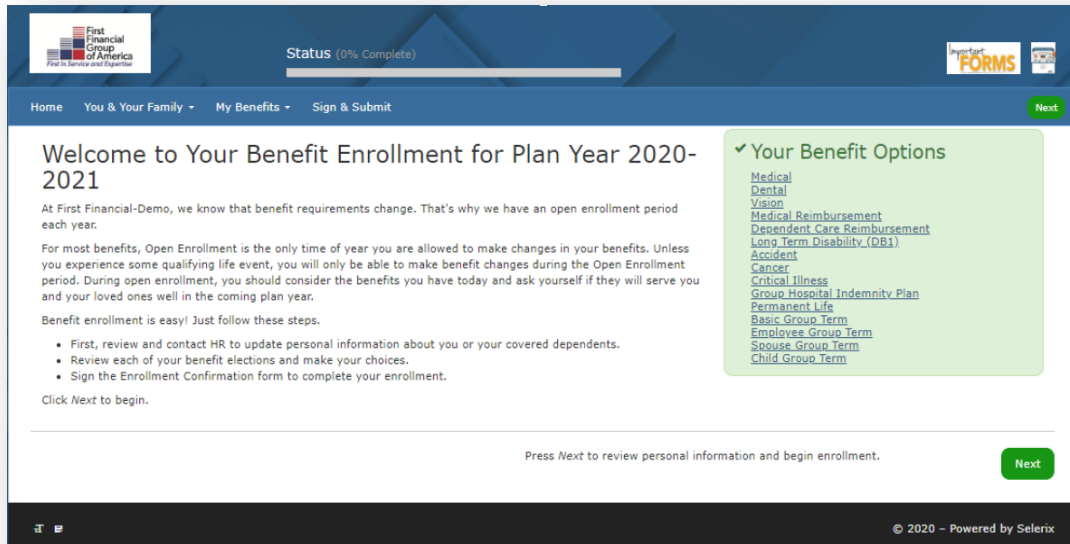
### 4. Login:

- Employee ID
  - The Employee ID is either your Employee ID, Social Security Number or your Network Login ID.
- PIN
  - Your 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).
  - Please note: Your PIN may be required on some applications as your electronic signature.



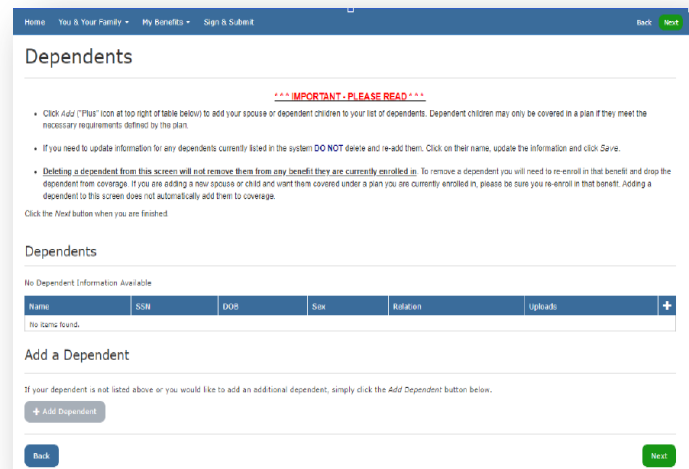
## 5. Begin Enrollment

- 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.



## 6. 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 (+) sign 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.



## 7. Benefit Summary

- The My Benefits screen provides a list of your current benefit elections and allows you to keep or edit benefits without the need to review each plan.  
NOTE: You may not need to review all benefits, however certain benefits will require your review.
- Scroll down the screen to quickly enroll in your elections by clicking either Keep Existing Election or Edit this Selection.

Home You & Your Family My Benefits Sign & Submit

### My Benefits

Below is a list of your current benefit elections.

✓ Your Benefits Plan	Benefit	Cost per Paycheck	Coverage Termination Date
<a href="#">Medical</a>	TRS - ActiveCare 1-HD Houston	\$142.00 pre-tax	
<a href="#">Dental</a>	PPO Dental High Plan, Employee Only	\$30.00 pre-tax	
<a href="#">Vision</a>	Employee Only	\$6.00 pre-tax	
<a href="#">Medical Reimbursement</a>	Family - \$1,000	\$100.00 pre-tax	
<a href="#">Accident</a>	Group Accident Low Plan	\$15.00 pre-tax	
<a href="#">Cancer</a>	Group Cancer High Plan	\$11.00 pre-tax	
<a href="#">Critical Illness</a>	\$15,000	\$15.60 after-tax	
<a href="#">Basic Group Term</a>	\$10,000	Employer-paid	

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

## 8. Adding Plans

- To enroll in a benefit that you do not currently have, click on Edit this Election and then proceed with the application process.

Accident Keep Existing Election Edit this Election

**i** Keep Existing Election: will waive this benefit.

## 9. Changing/Dropping Plans

- To change a benefit that you are currently enrolled in, click on Edit this Election. This will take you to the application screen. Click the unlock button to either enroll in or drop a benefit plan. Continue through the application process until the desired changes are complete.

✔ Dental
Edit this Election

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### Enrollment Details

**Product Name:** PPO High Plan  
**Coverage Level:** Employee + Spouse

First Name	MI	Last Name	DOB	Sex	Relationship
Minnie	A	Mouse	7/5/1954	F	Employee
Mickey		Mouse	3/10/1977	M	Spouse

✔ You have completed enrollment in this plan. Your cost per pay period will be **\$50.00**

## 10. 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.

○ Vision
Keep Existing Election
Edit this Election

You were previously enrolled in **Vision Plan; EC** at a cost per pay period of **\$6.00**

ⓘ **Keep Existing Election:** will enroll you into **Vision Plan** with level of coverage **EC**  
 You will pay **\$13.00**

## 11. 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 benefit plans, click on Edit this Election.

✔ Accident
Edit this Election

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### Enrollment Details

**Product Name:** High Plan  
**Coverage Level:** Employee+Family

First Name	MI	Last Name	DOB	Sex	Relationship
Marge		Simpson	5/31/1987	F	Employee
spouse		tester	3/10/1977	M	Spouse
CHILD		TESTER	3/10/2014	M	Child

### Beneficiary Information

Name	Relationship	Physical Address (No P.O. Boxes)	Phone	Percent	Type
spouse tester	Spouse			100.00	Primary

✔ You have completed enrollment in this plan. Your cost per pay period will be **\$50.00**

## 12. Non-Qualified Plans

- Some plans require you to elect another benefit in order to become eligible for that plan. If adding dependents, they must be listed on Demographics.

**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: Voluntary Employee Life to participate in Child Group Term.

## 13. Beneficiary Updates

- If the plan indicates No beneficiary on file, click on Edit this Election to update your beneficiary. You will need to update the beneficiary.

**Employee Group Term** [Edit this Election](#)

**Enrollment Details**

Benefit Amount	Cost
\$50,000.00	\$72.50

**Beneficiary Information**

No beneficiary on file.

✓ You have completed enrollment in this plan. Your cost per pay period will be **\$72.50**

## 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.

Sign Forms Page

**First Financial**

High School

**Benefit Confirmation / Deduction Authorization**

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

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

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost		Employer Cost
						Benefit	Cost	Pre-tax	After-tax	
Medical	Medical HMO	ES	12	06/01/2016				200.00	0.00	225.00
Dental	Dental Low Plan	ES	12	08/01/2016				0.00	46.00	0.00
Medical Reimbursement	FFGA Health Flex Account	FA	12	07/18/2016	595			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									

Your screen will either have the "Sign Form" button  
or a field to enter your PIN.

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

[Sign Form](#)

OR

**Total:** 302.00 46.00 226.50

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[Download Form](#) Page 1

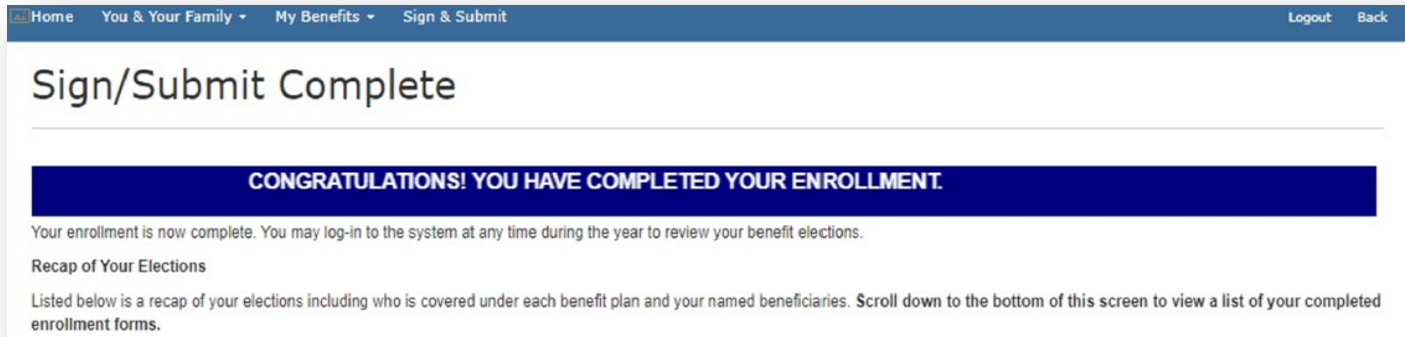
Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN.

PIN:  [Sign Form](#)



## 15. Sign/Submit Complete

- 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>.



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.

## 16. 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
<a href="#">Enrollment Confirmation</a>	03/12/2020

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 Enrollment Solutions 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](mailto:ffenroll@ffga.com).
- Online Enrollment Assistance:
  - For questions about benefit plans, premiums, contact your dedicated First Financial Account Representative.

