

Your Guide for Online Enrollment

Below, you will find easy steps on how to make your benefit(s) selections. If, during your enrollment, you experience technical difficulty or have trouble, please call our Enrollment Solutions Help Desk at 855-523-8422, 7AM-5PM CST. If you have coverage eligibility questions, please contact your benefits office.

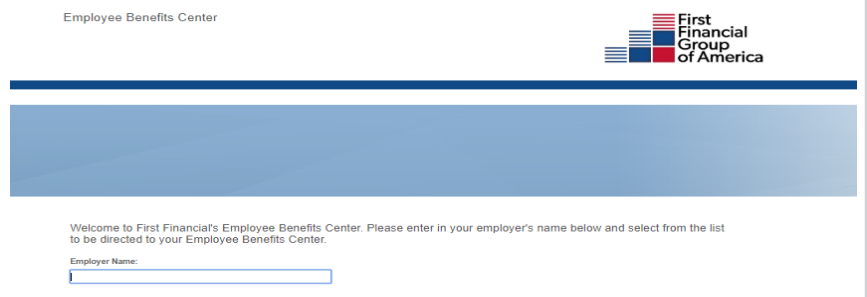
1. Go to www.ffga.com



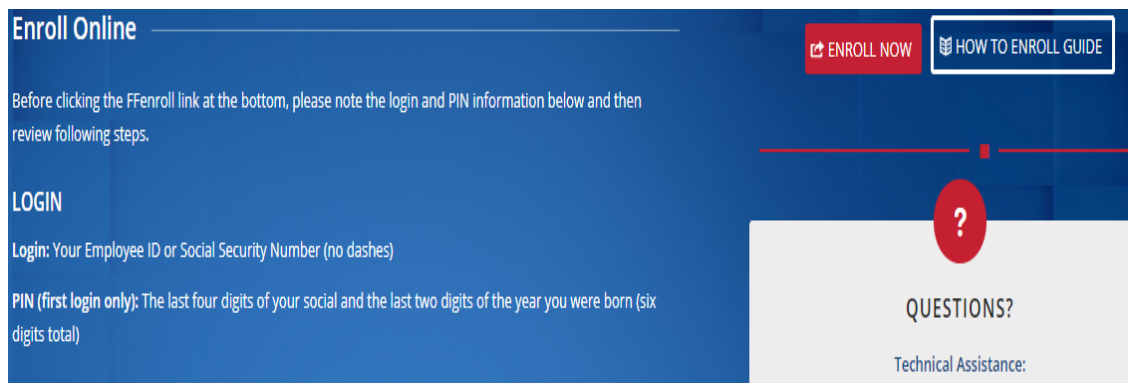
Click on "Login" and then "Employee Benefits Center"

2. Enter your Employer's name in the box:

San Angelo ISD



3. Click on "How to Enroll" at the top of the page, then scroll down and click on the red "Enroll Now" button to take you to the enrollment website.



4. Login ID: Your **SSN (without dashes)** or your **Employee ID**

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).

Your **PIN** may be required on some applications for your electronic signature.

FFenroll
ENROLLMENT SITE

Employee ID or Social Security Number

Personal Identification Number (PIN)

By entering your user ID and Personal Identification Number, you are agreeing to the terms of the [Consent to Enroll Electronically](#).

Log in

[Forgot Pin?](#) | [Security Information](#) | [Privacy Policy](#)

If you need help enrolling or trouble logging in please call the FFenroll Support Helpdesk at 855-523-8422.

[Administrative users: login to the Administrative Site](#)

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You will arrive at the Welcome Screen. Use the Next and Back buttons to navigate through the website. Click Next to begin.

San Angelo ISD
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Status [77% Complete]

Home You & Your Family My Benefits Sign & Submit

WELCOME TO YOUR BENEFIT ENROLLMENT FOR PLAN YEAR 2021-2022

At San Angelo ISD, we know that benefit requirements change. That's why we have an open enrollment period each year.

For most benefits, Open Enrollment is the only time of year you are allowed to make changes to your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year.

Benefit enrollment is easy! Just follow these steps:

- First, review and contact the Payroll & Benefits Department to update personal information about you or your covered dependents.
- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click Next to begin.

Press Next to review personal information and begin enrollment.

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You may use the tab marked "You & Your Family" to review and update personal information. Please review the spelling of your name, address, social security number and contact number.

5.



Dependents

Due to the Affordable Care Act, please enter dependent information even if you do not plan to cover them on your benefit options

- To add dependents **not** listed, click on the Plus 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

6.

Benefit Summary This screen provides a list of your current benefit elections. To make a change to your medical or if you need to make a change to your medical plan or to update your beneficiary; click on "Edit this Selection" or click "Keep Existing" if you do not wish to change.

Benefit Summary

Below is a list of your current benefit elections.

Your Benefits			
Plan	Benefit	Cost per Paycheck	Coverage Termination Date
TRS Medical	TRS - Decline Medical	\$0.00 pre-tax	
Basic Group Life	BCBS (Dearborn) Basic Life - \$15,000	Employer-paid	

For each of the benefit options below, your enrollment options are shown. Click the "Waive" link to waive or decline participation in the coverage or click "Add or Change" to review your other options.

- Please note if any of the plans listed below indicate "N/A" you must contact Ty Stovall at 432-770-5645.
- Please note you will not have coverage for those benefits until you contact him.

- 7. Adding or Changing Medical:** To add or change medical, click on **Edit this Election** and then proceed with the application process.

TRS Medical [Edit this Election](#)

Enrollment Details

Beneficiary Updates

If the plan indicates **No beneficiary on file** click on the **Edit this Election** to update

Basic Group Life [Edit this Election](#)

Enrollment Details

Benefit Amount	Cost
\$15,000.00	\$0.00

Beneficiary Information

No beneficiary on file.

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

To view detailed information on different plans:



You can access different product brochures to learn more about each plan by clicking on the **Important Forms** icon.

8. Sign and Submit

Once you have selected your benefits, the **Sign Forms Page** will display. The Benefit Confirmation/Deduction Authorization Form will appear. Please review it for accuracy and ensure your benefits elections are correct. Follow the on screen instructions by entering your **PIN**, and then clicking **Sign Form**.

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?** If you wish to make any changes to your elections, click on the benefit plan name by selecting the plan name under the "My Benefits" drop down menu..

Please note if any of the plans listed below indicate "Request for Information" you must contact Ty Stovall at 432-770-5645.

Please note you will not have coverage for those benefits until you contact Ty Stovall

Scroll down by using the OUTSIDE slide bar.

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

Benefit Confirmation / Deduction Authorization

Name		Date of Birth	Home Phone	Work Phone	Address	
TEACHER TEST		06/21/1979			123 MAIN ST SAN ANGELO, TX 77777	
Employee ID	Hire/Elig Date	Gender	E-mail Address			
0	08/15/2021	F	TEST@FFGA.COM			
Location			Department		Reason for Completing Form	
AUSTIN ELEMENTARY			Staff			
Job Class			Title			
FT			TESTER			

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost		Employer Cost
						Benefit	Cost	Pre-tax	After-tax	
TRS Medical	TRS - ActiveCare HD	EO	12	09/01/2021				12.00	0.00	417.00
Ameritas Dental	Waived									
Vision Plans	Waived									
AF Accident	Waived									
AF Group Cancer	Waived									
AF Term Life	Waived									
AF Long Term Disability	Waived									
Aflac Group Critical Illness	Waived									
Texas Life Insurance	Waived									
Basic Group Life	BCBS (Dearborn) Basic Life	EO	12	09/01/2021	15,000			0.00	0.00	1.56
Employee Group Life	Waived									
MASA Medical Transport	Waived									

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:

9. 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 to your medical plan anytime during open enrollment by going to <https://ffga.beneselect.com/enroll>
- To change supplemental plans, call the Enrollment Assistance line: 1-855-523-8422

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.**

You can print or save a copy of your enrollment confirmation by clicking on **Enrollment Confirmation** at the bottom of the page.

Click **Logout**. Congratulations your enrollment is complete!

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	07/16/2021

Logout