

Online Life Event Changes

Below you will find the easy steps to make your life event changes during the middle of the plan year. If, during your enrollment, you experience technical difficulty or have trouble maneuvering through the enrollment process, please call the help desk line at 1-855-523-8422, 7:00AM-5:00PM Central Standard Time.

PLEASE NOTE YOU ARE NOT COMPLETE UNTIL YOU SEE “CONGRATUALATIONS!”

- Point your web browser to <https://ffga.benselect.com/enroll>
- Login ID:** your **SSN** or your **Employee ID**
- 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) – you will be promoted to change this on your first login
- You will arrive at the Welcome screen and see current benefits
- Review **Your Benefits** and make a note of which plans you need to change before moving forward with the change
- Click on the option in the blue box “Change my benefits due to a qualifying life event



© First Financial Group of America. Portions © Selerix Systems, Inc.

Welcome Back, EMPLOYEE

For most benefits, annual enrollment is the only time of year you are allowed to make changes in your benefits, unless you experience a qualifying life event. Be sure to contact the Conroe ISD Benefits Office no later than 30 calendar days after the date of the event to request a change of election.

Here is a summary of your current benefit elections:

Plan	Benefit	Cost per Paycheck	Coverage Termination Date
Aetna Medical	Aetna Whole Health 2016	\$64.00 pre-tax	
Aetna Dental	Aetna PDN Dental High Plan	\$20.42 pre-tax	
VSP Vision	Employee Only	\$4.20 pre-tax	
FFGA Health Care FSA	Family - \$960	\$40.00 pre-tax	
Reliance Standard Accidental Death & Dismemberment	\$20,000	\$0.22 after-tax	
The Standard Disability Insurance	\$2,300	\$22.08 after-tax	
Unum Employee Group Term Life	\$20,000	\$1.20 after-tax	
1095 Electronic Consent		\$0.00 after-tax	
		\$152.12 total	

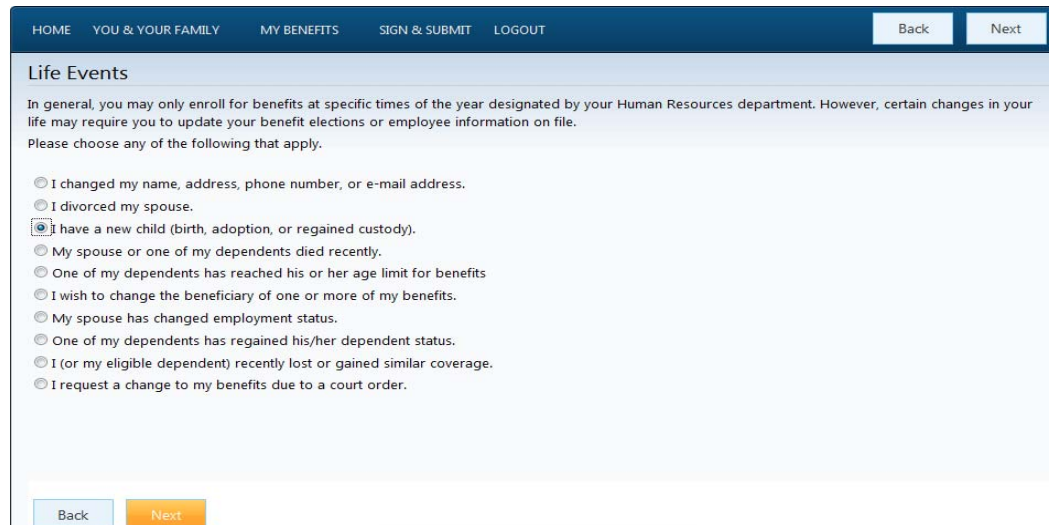
What would you like to do?

- Change my beneficiary
- Change my benefits due to a qualifying life event
- Find a document or form
- Change my PIN

Press *Next* to review personal information and begin enrollment.

Next

- Select the life event that has occurred
- Click Next



Family Status Change Information Required

Please note the information below next to the bullet point is the data that you will need to make the corresponding life event change in the online enrollment system. **Once you have found the correct life event and entered the requested data, go to Page 6.**

- ## Marriage
- Date of Marriage
 - Name of New Spouse
 - New Spouse Date of Birth
 - New Spouse SSN
 - New Spouse Gender
 - Address
 - Does employee have new dependent children as a result
 - New Dependent Information: Dependent's First name, Last name, Date of Birth, Social Security Number, Gender, Relationship

Life Event: Marriage

Please enter the actual date of your marriage below, then provide information about your spouse. If your name or address has changed or if you need to add dependent children as a result, please check the appropriate box below. Press */exit* when you are finished.

Date of Marriage or Civil Union:

Enter spouse or domestic partner information below:

Name:
First MI Last Suffix

Date of Birth:

SSN:

Gender: Male Female

Full-time Student: Yes No

My name or address has changed

I have new dependent child(ren) as a result

- ## Divorce
- Divorce date
 - Any dependents who will no longer be covered as a result
 - Any dependents who will need to be added as a result
 - Dependent's First name, Last name, Date of Birth, Social Security Number, Gender, Relationship

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

Life Event: Divorce

Please enter the effective date of your divorce.

Divorce date:

As a result of a divorce or legal separation, you may need to eliminate one or more people from your list of dependents. If so, please select in the list below any anyone who will no longer be considered your dependent.

Name	Relationship	DOB
<input type="checkbox"/> BOBBY TESTING	Child	12/12/2004
<input type="checkbox"/> BRADY TESTING	Child	2/2/2012

My name or address has changed

I need to add additional dependent children as a result

Once you have found the correct life event and entered the requested data, go to Page 6.

New Child (birth, adoption, marriage, divorce, regain custody)

- Event Date (date of birth, date of adoption, etc)
- Dependent's First name, Last name, Date of Birth, Social Security Number, Gender, Relationship

Life Event: Birth / Adoption

Please enter information on the birth or adoption.

Reason:

Relationship:

Name:

Date of Birth:

SSN:

Gender: Male Female

Death of Spouse or Dependent

- Dependent Name
- Date of Death

Home You & Your Family My Benefits Sign & Submit Logout

Life Event: Dependent Deceased

Please indicate which of your dependents passed away and the date of death. Press *Next* when you are finished.

Dependent:

Date of Death:

Dependent has attained age limit for benefits

- Dependent Name
- Date age is attained

Life Event: Attained Age Limit

Please indicate the date on which your dependent attained the allowed age limit. This may have been the result of losing full-time student status or a recent birthday.

Choose dependent:

Specify date age is attained:

Back

Next

Once you have found the correct life event and entered the requested data, go to Page 6.

Spouse has changed employment status

- Date spouse's employment status changes
 - If you are gaining coverage at your spouse's new employer – enter last day of month coverage will be effective at current employer
 - If you are losing coverage due to a change in your spouse's employer – enter last day of month you and/or your spouse will be covered through the other plan
- Is spouse is being removed or added to a benefit plan of the group
- OR if the employee will now be participating in the spouse's benefit plan
-

Life Event: Spouse Employment Change

Please select the date your spouse's employment changed and the action that should be taken.

Date of change:

01/31/2017



- I would like to remove my spouse from my benefit plan.
- I would like to add my spouse to my benefit plan.
- I would like to participate my spouse's benefit plan.

Dependent has regained dependent status

- Dependent Name
- Effective Date (if the dependent is supposed to be effective on the first of the month, use one day prior to that date)
- Reason for regained status

Life Event: Regain Dependent Status

Please indicate the date on which your dependent regained dependent status and specify the reason for regaining dependent status. This event is usually the result of regaining full-time student status.

Dependent:

TESTER, PEGGY



Full Time Student:



Effective Date:

03/01/2017



Reason:

Loss of other coverage

Retiring

- Effective date of retirement

Life Event: Retiring

Please indicate the effective date of your retirement. Press *Next* when you are finished.

Effective date:

01/31/2017



Loss of gain of similar coverage

- Loss of other coverage – last day of month coverage will be active under other carrier
OR
- Gain of other coverage – last day of month coverage will be active at current employer
- Any dependent who will need to be (un)covered as a result of the change
- What plans you need to change due to the life event

Coverage Change

Select which plans you would like to change.

- Aetna Medical
- Waive Medical
- Aetna Health Savings Account
- Alternate Plan
- Aetna Dental
- VSP Vision
- Reliance Standard Accidental Death & Dismemberment
- Allstate Benefits Group Cancer
- Humana Critical Illness
- Humana Hospital Indemnity Insurance (Plan 1)
- Humana Hospital Indemnity Insurance (Plan 2)
- Legal Protection Plan
- Unum Employee Group Term Life
- Unum Legal Spouse Group Term Life
- Unum Dependent Child Group Term Life
- AFA Term Life
- AF Term Life
- Texas Life Insurance
- Life Secure LTC
- FFGA Dependent Care FSA

Event Date:

02/28/2017



Court Order

- Court Order Date
- Name, dob and SSN of any dependent who needs to be added to the system
- Plan names that need to be changed due to the life event

Court-ordered Coverage

Please enter the event date of the court order and a reason. If you need to add new dependents to your coverage as part of the court order, check the box for "I have new dependent children as a result." Then click "Next".

Event Date:

01/31/2017




Reason:

Add dependent due to court order

I have new dependent child(ren) as a result.

After the correct life event option is selected continue through the following screens:

- Enter requested **Information** after the correct life event is selected
- To add a dependent click on the  icon
- Click **Next**

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

Life Event: Birth / Adoption

Please indicate below whether the addition of your dependent child(ren) is a result of birth or adoption. Then enter the requested information below. If you do not have a Social Security number for your child, you may leave this line blank. Press Save when the information is complete. Press Next when you are finished.

Reason	First Name	Last Name	SSN	+
	SAM	TEST		
	FRANK	TEST		
	BABY	TEST		


Back Next

- Enter your **PIN**
- Click **Checkmark** (do not click enter, click on the checkmark icon using your mouse)

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

Life Event: Please Confirm

Once my PIN has been entered, I certify that I have had a birth or adoption of a child in my household. A birth or adoption is considered a qualifying event under Section 125 of the Internal Revenue Service code entitling me to re-enroll in certain benefit plans

PIN: 

Back

- Select the **Benefits** you need to change
- Click **Next**

Life Event: Please Confirm

You are eligible to re-enroll in following benefit plans. Please make selections and press Next button

- Aetna Medical
- Waive Medical
- Aetna Health Savings Account
- Alternate Plan
- Aetna Dental
- VSP Vision
- FFGA Health Care FSA
- Reliance Standard Accidental Death &
- Dismemberment**
- Allstate Benefits Group Cancer
- Humana Hospital Indemnity Insurance (Plan 1)
- Humana Hospital Indemnity Insurance (Plan 2)
- Legal Protection Plan
- Unum Employee Group Term Life
- Unum Legal Spouse Group Term Life
- Unum Dependent Child Group Term Life
- AFA Term Life
- Texas Life Insurance
- FFGA Dependent Care FSA

Back

Next

How to **ADD** a Benefit:

You will now come to the additional application screens for benefits that require review or for those that you wish to **add, change, or drop**.

- Click the circle for the coverage level you wish to apply
- Click the circle for the option of: **I wish to apply for this coverage**
- Click **Next**

Please note that you may have several pages that you will need to continue through if you are required to answer any questions pertaining to the plan. Make sure that you **Confirm** the benefit.

You will now need to confirm your election

- Review the benefit and who the plan will cover
- Select **Confirm**
- You will then be taken to the next benefit election for which you need to enroll

Aetna Medical

Aetna is the medical and pharmacy plan administrator for Conroe ISD. Aetna Whole Health is a local member-focused, doctor-driven group of health care providers whose goal is to give you (and your family) a better patient experience by delivering better health and better care at a better cost.

With Aetna Whole Health, one premium gives you access to two provider networks. Maximize your savings and receive the most integrated care by using Tier 1 providers in the Aetna Memorial Hermann Accountable Care Network. If you would like, you may also use Tier 2 providers in the Aetna Select network, but you will pay more for their services. You are not required to choose a network at the time of enrollment, and you may use a provider from either network at any time during the year.

If you currently participate in the HDHP, then you have the option of staying on the plan or switching to the Aetna Whole Health plan. The HDHP is closed to new enrollments, so once you leave the plan, you may not re-enroll in it.

Contact Information:
 Aetna Member Services: (866) 361-8333
 Aetna website: www.Aetna.com

Plan Information:
 Aetna Whole Health Summary of Benefits and Coverage (2015)
 Aetna HDHP Summary of Benefits and Coverage (2015)
 Aetna Whole Health Summary of Benefits (2016)
 Aetna Whole Health Summary of Benefits(Spanish) (2016)
 Aetna HDHP Summary of Benefits (2016)
 Aetna HDHP Summary of Benefits (Spanish) (2016)

Please select the desired level of coverage below and indicate whether or not you are a tobacco user:

Non-tobacco User Tobacco User

	Employee Only	Employee + Spouse	Employee + Children	Employee+Family
Aetna Whole Health 2016	<input type="radio"/> \$84.00	<input type="radio"/> \$395.00	<input checked="" type="radio"/> \$242.00	<input type="radio"/> \$454.00

I wish to apply for this coverage
 I wish to CANCEL this coverage

My Benefits

- Aetna Medical \$0.00
- Aetna Health Savings Account \$0.00
- Alternate Plan \$0.00
- Aetna Dental \$0.00
- VSP Vision \$0.00
- FFGA Health Care FSA \$0.00
- Reliance Standard \$0.00
- Accidental Death & Dismemberment \$0.00
- Allstate Benefits Group Cancer \$0.00
- Aflac Group Critical Illness - Employee \$0.00
- Aflac Group Critical Illness - Spouse \$0.00
- The Standard Disability Insurance \$29.60
- Humana Hospital Indemnity Insurance (Plan 1) \$0.00
- Humana Hospital Indemnity Insurance (Plan 2) \$0.00
- Legal Protection Plan \$0.00
- Unum Employee Group Term Life \$0.00
- Unum Legal Spouse Group Term Life \$0.00
- Unum Dependent Child Group Term Life \$0.00
- AFA Term Life \$0.00
- Texas Life Insurance \$0.00
- Life Secure LTC \$0.00
- FFGA Dependent Care FSA \$0.00
- 1095 Electronic Consent \$0.00

Employer Cost \$0.00
 Pre-tax cost \$0.00
 Post-tax cost \$29.60

Total Cost \$29.60
 Per Pay Period

Aetna Medical

Product Name: Aetna Whole Health 2016
Coverage Level: Employee + Children

First Name	MI	Last Name	DOB	Sex	Relationship
TEACHER		TEST	5/18/1977	F	Employee
SAM		TEST	10/12/2006	M	Child
FRANK		TEST	4/12/2011	M	Child
BABY		TEST	1/25/2017	M	Child
SALLY		TEST	2/6/2017	M	Child

SemiMonthly deduction

Cost: \$242.00 (pre-tax)

You have elected **Aetna Whole Health 2016**. Please review the summary information above and press **Confirm** if it is correct. To make changes, press **Back**.

Back **Confirm**

ATTENTION:

- Please note if you are enrolling in a benefit for additional family members you will come to a screen to elect which family member you wish to cover before you get to the confirm screen
- Some benefits require additional questions and you will need to move through the enrollment by answering the questions and selecting **Next**
- Some benefits will link out to the insurance carrier’s website (for example American Fidelity). You will be redirected to the insurance carrier’s site. Once your benefit enrollment is complete at the insurance carrier’s site you will link back to FFEnroll and your new premium will carry over as well.

VSP Vision

How to Drop a benefit

- Select the benefit you want to drop by scrolling over on the **My Benefits** menu option in the tool bar
- Select the plan name of the coverage you need to **Drop**
- Click the **Decline** box
- Click **Confirm** on the next screen

You should now have a red “X” next to that benefit in the **My Benefits** box.

What is vision insurance? It is a way to help cover expenses incurred for eye care services from eye care professionals such as optometrists and ophthalmologists. Regular eye exams can offer more than just eye sight measurements. They can identify serious eye diseases early, allowing time for treatment. Most people don't realize that eye exams can also reveal the early signs of serious illnesses like diabetes, heart disease and high blood pressure. Having vision insurance can help pay for:

- Eye exams
- Eyeglasses
- Contact lenses
- Eye surgeries
- Vision correction

Why do I need vision insurance? It's important to budget for regular eye exams. By doing so, your doctor could identify and treat eye diseases, such as glaucoma, cataracts, macular degeneration, and diabetic retinopathy. Having vision insurance can help you improve your health with routine eye exams while saving you money on your eye care needs.

Contact Information:

VSP Customer Service: (800) 877-7195
VSP website: www.vsp.com

Plan Information:

Vision Brochure

Current

VSP AMERITAS VISION

Your Cost: Per Pay Period

Employee Only: \$4.20

Employee + Spouse: \$9.88

Employee + Children: **\$9.04**

Employee+Family: \$15.28

Covered People: ✎

TEACHER TEST

SAM TEST

FRANK TEST

BABY TEST

SALLY TEST

Enroll

DECLINE COVERAGE

You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.

Your Cost: **\$0.00**

Decline

My Benefits	
<input checked="" type="checkbox"/> Aetna Medical	\$242.00
<input checked="" type="checkbox"/> Waive Medical	\$0.00
<input checked="" type="checkbox"/> Aetna Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Alternate Plan	\$0.00
<input type="checkbox"/> Aetna Dental	\$0.00
<input checked="" type="checkbox"/> VSP Vision	\$0.00
<input checked="" type="checkbox"/> PFGA Health Care FSA	\$0.00
<input checked="" type="checkbox"/> Reliance Standard	\$0.00
Accidental Death & Dismemberment	
<input checked="" type="checkbox"/> Allstate Benefits Group Cancer	\$0.00
<input checked="" type="checkbox"/> Aflac Group Critical Illness - Employee	\$0.00
<input checked="" type="checkbox"/> Aflac Group Critical Illness - Spouse	\$0.00
<input checked="" type="checkbox"/> The Standard Disability Insurance	\$29.60
<input checked="" type="checkbox"/> Humana Hospital Indemnity Insurance (Plan 1)	\$0.00
<input checked="" type="checkbox"/> Humana Hospital Indemnity Insurance (Plan 2)	\$0.00
<input checked="" type="checkbox"/> Legal Protection Plan	\$0.00
<input checked="" type="checkbox"/> Unum Employee Group Term Life	\$0.00
<input checked="" type="checkbox"/> Unum Legal Spouse Group Term Life	\$0.00
<input checked="" type="checkbox"/> Unum Dependent Child Group Term Life	\$0.00
<input checked="" type="checkbox"/> AFA Term Life	\$0.00
<input checked="" type="checkbox"/> Texas Life Insurance	\$0.00
<input checked="" type="checkbox"/> Life Secure LTC	\$0.00
<input checked="" type="checkbox"/> PFGA Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> 1095 Electronic Consent	\$0.00
<hr/>	
Employer Cost	\$220.00
Pre-tax cost	\$242.00
Post-tax cost	\$29.60
Total Cost	\$271.60
<small>Per Pay Period</small>	

VSP Vision

You have elected to WAIVE coverage under this plan.

Back

Confirm

Sign and Submit

Once you have selected all of your benefits you will come to the **Sign and Submit** screen. If any of your benefit selections are in a **pending** status you will be required to **confirm** the benefit before you can finalize your enrollment.

Form Names listed at the bottom will need to be electronically signed by clicking **Next** (Clicking on the form name will open the document in a separate browsing screen if you want to view the document before signing, you will need to close that out and click next to sign the form)

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 at the left.

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
Aetna Medical	Aetna Whole Health 2016; EC	\$242.00	\$0.00	\$220.00
Waive Medical	N/A			
Aetna Health Savings Account	Waived			
Alternate Plan	Waived			
Aetna Dental	Aetna PDN Dental Low Plan; EC	\$22.35	\$0.00	\$0.00
VSP Vision	Waived			
FFGA Health Care FSA	Waived			
Reliance Standard Accidental Death & Dismemberment	Waived			
Allstate Benefits Group Cancer	Waived			
Aflac Group Critical Illness - Employee	Waived			
Aflac Group Critical Illness - Spouse	Waived			
The Standard Disability Insurance	\$2,000	\$0.00	\$29.60	\$0.00
Humana Hospital Indemnity Insurance (Plan 1)	Waived			
Humana Hospital Indemnity Insurance (Plan 2)	Waived			
Legal Protection Plan	Waived			
Unum Employee Group Term Life	Waived			
Unum Legal Spouse Group Term Life	Waived			
Unum Dependent Child Group Term Life	Waived			
AFA Term Life	Waived			
Texas Life Insurance	Waived			
Life Secure LTC	Waived			
FFGA Dependent Care FSA	Waived			
1095 Electronic Consent	1095 Electronic Consent; EO	\$0.00	\$0.00	\$0.00
Total		\$264.35	\$29.60	\$220.00

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

Please note - Once forms have been signed and enrollment is complete, any changes requested outside the annual enrollment period of July 1 through July 31 will not be accepted.

Form Name	Status	Date Signed/Reviewed
Enrollment Confirmation	Unsigned	

Your applications will appear.
 Review each form carefully.
 Some applications must be printed and signed in ink and returned to your benefits office.

Enter your PIN

Click **Sign Form**

Benefit Confirmation / Deduction Authorization

Name	Date of Birth	Home Phone	Work Phone	Address
TEACHER TEST	05/18/1977	(281) 444-7777	(281) 333-2222	1234 TEST HOUSTON, TX 77060
Employee ID	Hire/Elig Date	Gender	E-mail Address	
180428	08/18/2013	F	MELISSA.BLALOCK@FFGA.COM	
Location	Department		Reason for Completing Form	
CONROE HIGH SCHOOL	Staff		Child birth on 2/6/2017	
Job Class	Title			
FT (ACA Eligible)	TEACHER HS/ENGLISH			

Benefit Plan	Option	Cvg	Eff Date	Effective Date	Benefit Amount	Requested Benefit	Requested Cost	Employee Cost Pre-tax	Employee Cost After-tax	Employer Cost
Aetna Medical	Aetna Whole Health 2016	EC	24	02/06/2017				242.00	0.00	220.00
Aetna Health Savings Acco	Waived									
Alternate Plan	Waived									
Aetna Dental	Aetna PDN Dental Low Plan	EC	24	02/06/2017				22.35	0.00	0.00
VSP Vision	Waived									
FFGA Health Care FSA	Waived									
Reliance Standard Accident	Waived									
Allstate Benefits Group Car	Waived									
Aflac Group Critical Illness	Waived									
Aflac Group Critical Illness	Waived									
The Standard Disability Insu	Voluntary LTD	EO	24	09/01/2013	2,000			0.00	29.60	0.00
Humana Hospital Indemnity	Waived									
Humana Hospital Indemnity	Waived									
Legal Protection Plan	Waived									
Unum Employee Group Ter	Waived									
Unum Legal Spouse Group	Waived									
Unum Dependent Child Grc	Waived									
AFA Term Life	Waived									
Texas Life Insurance	Waived									
Life Secure LTC	Waived									
FFGA Dependent Care FSA	Waived									

Page 1 of 3

rev. 04-11-2007

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 Confirmation/Deduction Authorization Form** above. Please review it carefully before entering your PIN.

PIN:

**Sign/Submit Complete
 Congratulations!**

Your enrollment is complete. Please note that you are not finished until you see the **CONGRATULATIONS! banner**. You can print or save a copy of your enrollment confirmation by clicking on **Enrollment Confirmation** at the bottom of the page.

Click **Logout**

- Review your benefit selections
- You can login and make changes anytime during open enrollment by going to <https://ffga.benselect.com/enroll>
- Call **FFGA IT Help Desk** for technical assistance:
1-855-523-8422
7:00am – 5:00pm
Monday –Friday

Home You & Your Family - My Benefits - Sign & Submit

Enrollment 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 forms.

Aetna Medical

Product Name: Aetna Whole Health 2016

Coverage Level: Employee + Children

First Name	MI	Last Name	DOB	Sex	Relationship
TEACHER		TEST	5/18/1977	F	Employee
SAM		TEST	10/12/2008	M	Child
FRANK		TEST	4/12/2011	M	Child
BABY		TEST	1/25/2017	M	Child
SALLY		TEST	2/6/2017	M	Child

PLEASE NOTE YOU ARE **NOT COMPLETE UNTIL YOU SEE the **"CONGRATUALTIONS!"** banner.**