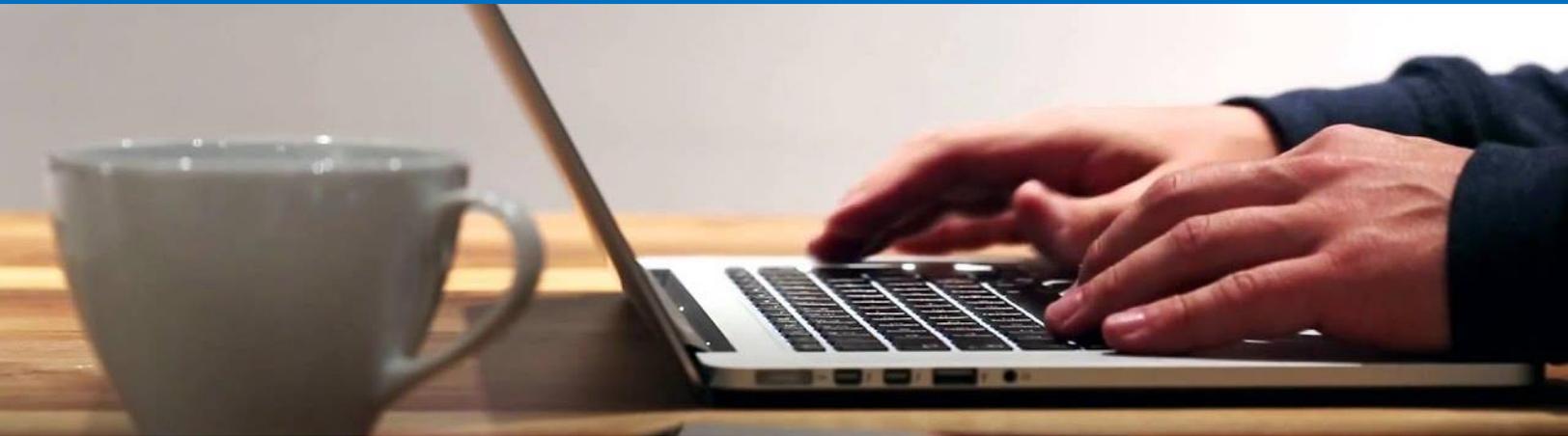


# How to complete Self-Enrollment



**Do:**



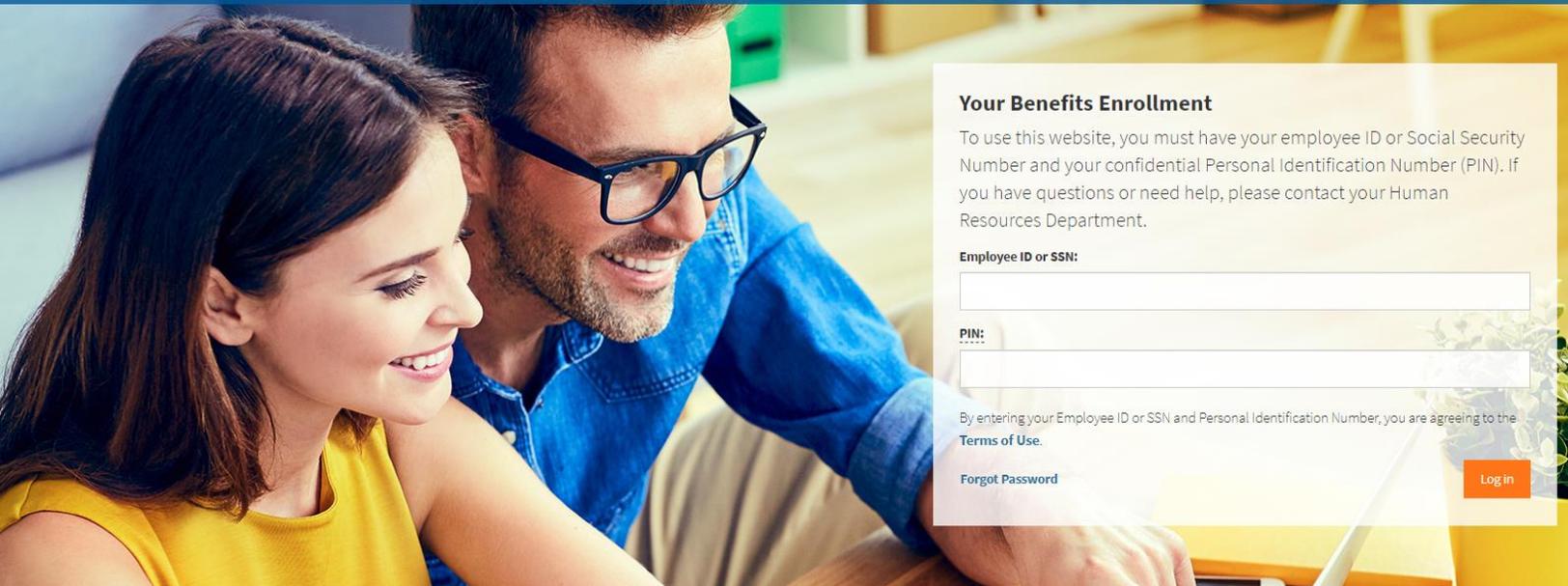
- Review product options ahead of enrolling
- Ensure internet connection
- Gather dependent and beneficiary information
- Set aside 20-30 minutes to complete

**Don't:**



- Hesitate to call 833-890-4057 with any questions!

ENROLLMENT SITE



### Your Benefits Enrollment

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department.

Employee ID or SSN:

PIN:

By entering your Employee ID or SSN and Personal Identification Number, you are agreeing to the [Terms of Use](#).

[Forgot Password](#)

[Log In](#)

# Log In

To make elections, visit your employee portal and click “Enroll Now”.  
<https://mybenefitsportal.com/douglas/>

**Your Benefits Enrollment**

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department.

**Employee ID or SSN:**

.....

**PIN:**

By entering your Employee ID or SSN and Personal Identification Number, you are agreeing to the [Terms of Use](#).

[Forgot Password](#) [Log in](#)

**Full SSN, no dashes**

**PIN:** last four of SSN + last 2 digits of birth year, no dashes

Once you have entered this information, click the “Log In” button to continue. Now you will arrive at the “Welcome” Page! This screen provides a listing of benefits offerings. Click the “Next” button to begin your enrollment.

**TURN★KEY™**  
BENEFITS ADVANTAGE

Status (12% Complete)

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

## Welcome to Your Benefit Enrollment for Plan Year 2020

At AML, 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 in 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.

- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click *Next* to begin.

### ✓ Your Benefit Options

- [Medical](#)
- [Dental](#)
- [Vision](#)
- [Basic Group Life](#)
- [EMPLOYEE VOLUNTARY TERM LIFE and AD&D](#)
- [DEPENDENT VOLUNTARY TERM LIFE and AD&D](#)
- [MEDICAL REIMBURSEMENT FLEXIBLE SPENDING ACCOUNT](#)
- [DEPENDENT CARE REIMBURSEMENT ACCOUNT](#)
- [SHORT TERM DISABILITY](#)
- [LONG TERM DISABILITY](#)
- [Guardian Life Cancer](#)
- [MetLife Group Critical Illness - Attained Age](#)
- [MetLife Group Accident](#)
- [Chubb LifeTime Benefit Term](#)
- [Compliance Notice](#)

Press *Next* to review personal information and begin enrollment. [Next](#)

# Personal & Contact Information

The next screen is your Personal Info screen. You are able to change your phone and email; however if you need to make other changes, please contact Human Resources.

Click "Next".

**TURN KEY**  
BENEFITS ADVANTAGE

Status (12% Complete)

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

## Personal Information

Please review your personal information to ensure it is correct and complete. Please correct any errors and click the Next button when you are finished.  
Optional items are in italics.

### Personal Info

Name:      
First MI Last Suffix

Date of Birth:

SSN:

Gender:  Male  Female  Other

### Contact Info

Mailing Address:  Same as home address

Country

Street

Street (cont.)

City State Zip

Home Phone:

Work Phone:

Mobile Phone:

Email:

[Back](#) [Next](#)

# Dependent Information

The next screen is the Dependents screen. You may update your dependent information here.

You can add a dependent by clicking the “plus” sign on the right side of screen and a new screen will appear where you can add the new dependent. Once you have added the new dependent (if applicable) click “Save” and you will be brought back to the main dependent screen (shown below).

If your changes include the deletion of a dependent then select the “X” on the right hand side of screen next to the pencil of the dependent you wish to delete.

You will see the dependent that was added. Click “Next” to move forward.

If you need to Edit a dependent’s information, select the pencil to the right side of that dependent.

**TURN KEY**  
BENEFITS ADVANTAGE

Status (12% Complete)

Home You & Your Family My Benefits Sign & Submit Back 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. Click the Next button when you are finished.

### Dependents

Name	SSN	DOB	Sex	Relation	Uploads	
<a href="#">CAM BALL</a>	***-**-7014	10/10/1975	M	Spouse	0	+ / ✕
<a href="#">BABY BALL</a>	***-**-7037	1/1/1999	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

# Employment Information

The next screen is a review of your Employment Information.

Click “Next” to continue and move forward to the actual enrollment screens for your benefits.

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

## Employment

**i** Please review and correct your employment information shown here. Optional items are shown in *italics*.  
Certain items require additional information from you. These items are highlighted and underlined. Click on the item to correct it, if necessary.  
Press *Next* to continue.

### Employment Info

Date of Hire:	<input type="text" value="2/8/2010"/>
Eligibility Date:	<input type="text" value="2/8/2010"/>
Location:	<input type="text" value="DEFAULT"/> 
Department:	<input type="text" value="DEFAULT"/> 
Job Class:	<input type="text" value="Administrative"/> 
Title:	<input type="text" value="Supervisor"/>
Salary:	<input type="text" value="\$60,000.00"/> 
Pay group:	<input type="text" value="Default"/> 
Payroll Frequency:	<input type="text" value="BiWeekly"/>
Hours per Week:	<input type="text" value="35.00"/>

[Back](#)

# Enrolling in Benefits

You will now see all of your options for benefit elections. **Any coverages that you are currently enrolled in will show under each benefit!**

Review each benefit by clicking “Review” to learn more and make elections or you can select the “Quick Enroll” options if you wish to keep the same coverage that you currently have.

Once you are satisfied with your elections, click “Next”.

**TURN KEY**  
BENEFITS ADVANTAGE

Status (12% Complete)

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

## Benefit Summary

**Below is a list of your current benefit elections.**  
For each of the benefit options below, your "Quick Enroll" option is shown. Click the Quick Enroll link to accept on each one, or click "Review" to review your other options.

- Medical** Review  
You were previously enrolled in at a cost per pay period of **\$825.00**  
You have to complete enrollment in this plan.
- Dental** Quick Enroll Review  
You were previously enrolled in at a cost per pay period of **\$51.73**  
**Based on your group's rules, choosing "Quick Enroll" will waive this benefit.**
- Vision** Quick Enroll Review  
You were previously enrolled in at a cost per pay period of **\$8.36**  
**Based on your group's rules, choosing "Quick Enroll" will waive this benefit.**
- Basic Group Life** Review  
You were previously enrolled in at a cost per pay period of **\$0.00**  
You have to complete enrollment in this plan.
- EMPLOYEE VOLUNTARY TERM LIFE and AD&D** Quick Enroll Review  
You were previously enrolled in at a cost per pay period of **\$8.00**  
**Based on your group's rules, choosing "Quick Enroll" will waive this benefit.**

### My Benefits

<input type="radio"/> Medical	\$0.00
<input type="radio"/> Dental	\$0.00
<input type="radio"/> Vision	\$0.00
<input type="radio"/> Basic Group Life	\$0.00
<input type="radio"/> EMPLOYEE VOLUNTARY TERM LIFE and AD&D	\$0.00
<input type="radio"/> DEPENDENT VOLUNTARY TERM LIFE and AD&D	\$0.00
<input checked="" type="radio"/> MEDICAL REIMBURSEMENT FLEXIBLE SPENDING ACCOUNT	\$0.00
<input checked="" type="radio"/> DEPENDENT CARE REIMBURSEMENT ACCOUNT	\$0.00
<input type="radio"/> SHORT TERM DISABILITY	\$0.00
<input type="radio"/> LONG TERM DISABILITY	\$0.00
<input type="radio"/> Guardian Life Cancer	\$0.00
<input type="radio"/> MetLife Group Critical Illness - Attained Age	\$0.00
<input type="radio"/> MetLife Group Accident	\$0.00
<input type="radio"/> Chubb LifeTime Benefit Term	\$0.00
<input type="radio"/> Compliance Notice	\$0.00

Employer Cost	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$0.00
<b>Total Cost Per Pay Period</b>	<b>\$0<sup>00</sup></b>

# Sign & Submit

Once you have either enrolled in or waived each of the benefits on your enrollment screen you will need to Sign and Submit.

Please take time to review your elections to ensure accuracy and click “Next”.

If you need to make a product change, select the product you want to change and you will be able to do so.

**TURN★KEY™**  
BENEFITS ADVANTAGE

Status (93% Complete)

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

## Sign and Submit

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.

### Your Benefits

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
<a href="#">Medical</a>	Waived			
<a href="#">Dental</a>	Waived			
<a href="#">Vision</a>	Waived			
<a href="#">Basic Group Life</a>	\$10,000	\$0.00	\$0.00	\$2.25
<a href="#">EMPLOYEE VOLUNTARY TERM LIFE and AD&amp;D</a>	Waived			
<a href="#">DEPENDENT VOLUNTARY TERM LIFE and AD&amp;D</a>	N/A			
<a href="#">MEDICAL REIMBURSEMENT FLEXIBLE SPENDING ACCOUNT</a>	Waived			
<a href="#">DEPENDENT CARE REIMBURSEMENT ACCOUNT</a>	Waived			
<a href="#">SHORT TERM DISABILITY</a>	Waived			
<a href="#">LONG TERM DISABILITY</a>	Waived			
<a href="#">Guardian Life Cancer</a>	Waived			
<a href="#">MetLife Group Critical Illness - Attained Age</a>	Waived			
<a href="#">MetLife Group Accident</a>	Waived			
<a href="#">Chubb LifeTime Benefit Term</a>	Waived			
<a href="#">Compliance Notice</a>	Compliance Notice; EO	\$0.00	\$0.00	\$0.00
<b>Total</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2.25</b>

### Signatures Required

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

Form Name	Status	Date Signed/Reviewed
<input checked="" type="checkbox"/> Enrollment Confirmation	Unsigned	

[Next](#)

# Review & Sign Forms

The next screen will ask you to enter your PIN in order to electronically sign any necessary documents.

Your PIN is the last four of your social security number + the last 2 digits of your birth year.

### Benefit Verification / Deduction Confirmation

<b>Name</b>	SSN	Employee ID	Date of Hire	<b>Reason for Completing Form</b>
KRYSTAL BALL	6819	0	02/08/2010	Open Enrollment
<b>Location</b>	<b>Department</b>	<b>Job Class</b>	<b>Pay Mode</b>	<b>Address</b>
DEFAULT	DEFAULT	Administrative	26	125 Test Rd Test City, TN 37128
<b>Work Phone</b>	<b>Home Phone</b>	<b>E-mail</b>		
	(913) 800-5267	you@gmail.com		

#### Benefit Deduction Summary

Plan	Product	Cvg	Benefit Amount	Ded. Cycle	Employer Cost	Employee Cost Pre-tax	Employee Cost Post-tax
Medical	Waived						
Dental	Waived						
Vision	Waived						
Basic Group Life	Basic Life and AD&D	EO	10,000	26	2.25	0.00	0.00
EMPLOYEE VOLUNTARY MEDICAL REIMBURSEMENT	Waived						
DEPENDENT CARE REIMBURSEMENT	Waived						
SHORT TERM DISABILITY	Waived						
LONG TERM DISABILITY	Waived						
Guardian Life Cancer	Waived						
MetLife Group Critical Illness	Waived						
MetLife Group Accident	Waived						
Chubb LifeTime Benefit Termination	Waived						
Compliance Notice	Compliance Notice	EO		26	0.00	0.00	0.00
<b>Total:</b>					<b>2.25</b>	<b>0.00</b>	<b>0.00</b>

#### Enrollment Agreement / Payroll Deduction Authorization

- To the best of my knowledge and belief, all statements and answers made on this form and all associated application forms are true, complete, and correct.
- I understand that omissions or misrepresentations in the information I have provided may constitute fraud and may result in my coverage being void.
- Pursuant to IRC § 125, "pre-tax" elections are irrevocable during the plan year. No changes to "pre-tax" elections are allowed during the plan year unless you experience a qualified change in status event. Qualified change in status events include: change in marital status, change in dependent status, change in employment status. You have 30 days from the date of the change to contact human resources to change your benefit elections.

- Upon acceptance by the insurers, I hereby authorize my Group to deduct from my earnings the amounts indicated above.
- My authorization shall continue thereafter until the earlier of (a) termination of my employment, (b) written notice from me canceling this authorization, or (c) termination of the Payroll Deduction Plan.
- I understand that it is my responsibility to verify the deduction amounts from my paycheck and to notify my Employer immediately of any discrepancies.
- I understand any unused balance in a Dependent Care or Health Care Reimbursement account in which I am enrolled will be forfeited under the "Use It or Lose It" rule. Expenses must be incurred during the plan year for which the election amount was redirected.

**Your total deductions per pay period...**

**Total Deductions**

**\$ 0.00**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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 Verification/Deduction Confirmation form above. Please review it carefully before entering your PIN.

Dow

>
Sign Form

←

# CONGRATULATIONS! YOU DID IT!

You have completed your enrollment once you see the following screen and you can now “Logout” of the system.

**TURN KEY**  
BENEFITS ADVANTAGE

Status (100% Complete)

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

## 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.

- Medical  
You have elected to WAIVE coverage under this plan.
- Dental  
You have elected to WAIVE coverage under this plan.
- Vision  
You have elected to WAIVE coverage under this plan.
- Basic Group Life

Enrollment Details