

How to complete Self-Enrollment



Do:



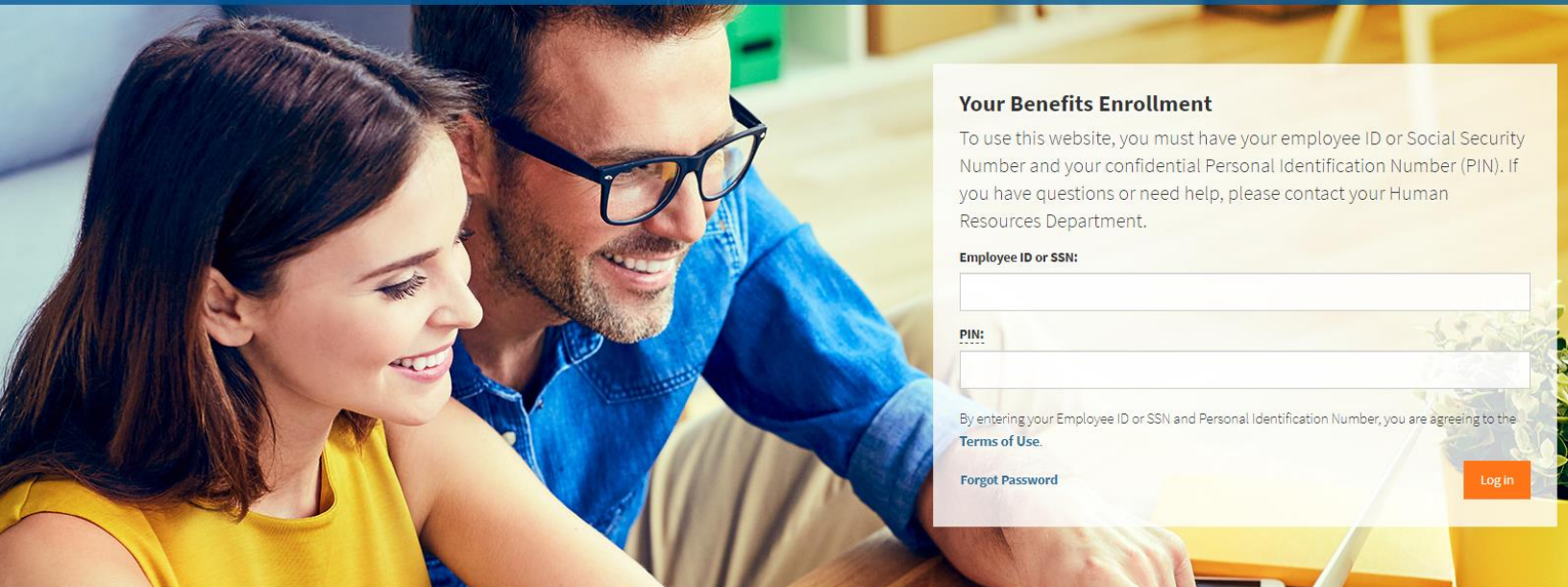
- Review product options ahead of enrolling
- Ensure internet connection
- Gather dependent and beneficiary information
- Set aside 20-30 minutes to complete

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

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Employee ID or SSN:

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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 (0% Complete)

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

Welcome to Your Benefit Enrollment for Plan Year 2020-2021

At Douglas County Government, 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**

- [Vision](#)
- [Employee Voluntary Life](#)
- [Spouse Voluntary Life](#)
- [Child Voluntary Life](#)
- [Short Term Disability](#)
- [Medical Reimbursement FSA](#)
- [Dependent Care FSA](#)
- [Prosperity Group Accident Hospital Indemnity](#)
- [Prosperity Group Cancer](#)
- [Prosperity Group Critical Illness](#)
- [Legal](#)
- [Identity Theft](#)
- [Combined Life Time Benefit Term with LTC](#)

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	
CAM BALL	***-**-7014	10/10/1975	M	Spouse	0	+ / ✕
BABY BALL	***-**-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 (0% 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.

Vision

The enrollment period for Vision expired as of 12/30/2019, and you are no longer eligible to enroll in this plan. Please contact your plan administrator if you require assistance.

Review

Employee Voluntary Life

You were previously enrolled in **\$100,000** at a cost per pay period of **\$16.90**

The enrollment period for Employee Voluntary Life expired as of 1/29/2020, and you are no longer eligible to enroll in this plan. Please contact your plan administrator if you require assistance.

Review

Spouse Voluntary Life

You were previously enrolled in **\$30,000** at a cost per pay period of **\$8.61**

Review

My Benefits

+	Vision	\$0.00
+	Employee Voluntary Life	\$0.00
+	Spouse Voluntary Life	\$0.00
+	Child Voluntary Life	\$0.00
+	Short Term Disability	\$0.00
+	Medical Reimbursement FSA	\$0.00
+	Dependent Care FSA	\$0.00
+	Prosperity Group Accident	\$0.00
+	Hospital Indemnity	\$0.00
+	Prosperity Group Cancer	\$0.00
+	Prosperity Group Critical Illness	\$0.00
+	Legal	\$0.00
+	Identity Theft	\$0.00
+	Combined LifeTime Benefit Term with LTC	\$0.00

Employer Cost	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$0.00
Total Cost Per Pay Period	\$0⁰⁰

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
Medical	Waived			
Dental	Waived			
Vision	Waived			
Basic Group Life	\$10,000	\$0.00	\$0.00	\$2.25
EMPLOYEE VOLUNTARY TERM LIFE and AD&D	Waived			
DEPENDENT VOLUNTARY TERM LIFE and AD&D	N/A			
MEDICAL REIMBURSEMENT FLEXIBLE SPENDING ACCOUNT	Waived			
DEPENDENT CARE REIMBURSEMENT ACCOUNT	Waived			
SHORT TERM DISABILITY	Waived			
LONG TERM DISABILITY	Waived			
Guardian Life Cancer	Waived			
MetLife Group Critical Illness - Attained Age	Waived			
MetLife Group Accident	Waived			
Chubb LifeTime Benefit Term	Waived			
Compliance Notice	Compliance Notice; EO	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$2.25

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 Confirmation / Deduction Authorization

Douglas County

Name		Date of Birth	Home Phone	Work Phone	Address	
John Test		06/19/1982			123 Main St. Lawrence, KS 66046	
Employee ID	Hire/Elig Date	Gender	E-mail Address			
0	12/29/2019	M	johnstest@gmail.com			
Location		Department				
Douglas County		DEFAULT				
Job Class		Title				
Full Time Employees						
Reason for Completing Form						
Open Enrollment						

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost		Employer Cost
						Benefit	Cost	Pre-tax	After-tax	
Vision	Vision	EO	24	06/01/2020				3.89	0.00	0.00
Employee Voluntary Life	Reliance Voluntary Life	EO	24	06/01/2020	100,000			0.00	5.10	0.00
Spouse Voluntary Life	Reliance Dependent Life - Sp	SO	24	06/01/2020	30,000			0.00	4.31	0.00
Child Voluntary Life	Reliance Dependent Life - Chi	CO	24	06/01/2020	10,000			0.00	0.87	0.00
Short Term Disability	Reliance Voluntary STD	EO	24	06/01/2020	575			0.00	32.78	0.00
Medical Reimbursement FSA	Medical Flexible Spending Acc	EO	24	06/01/2020	100			4.17	0.00	0.00
Dependent Care FSA	Dependent Care FSA	FA	24	06/01/2020	1,000			41.66	0.00	0.00
Guardian Accident	Waived									
Prosperity Group Accident	Prosperity Group Accident - Le	EO	24	06/01/2020	20,000			0.00	6.19	0.00
Hospital Indemnity	Guardian Hospital Indemnity	EO	24	06/01/2020				0.00	7.13	0.00
Loyal Cancer	Waived									
Prosperity Group Cancer	Prosperity Group Cancer - Le	EO	24	06/01/2020	3,000			0.00	12.90	0.00
Loyal Critical Illness	Waived									
Prosperity Group Critical Illnes	Waived									
Legal	Waived									
Identity Theft	Waived									
Total:								49.72	69.28	0.00

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



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