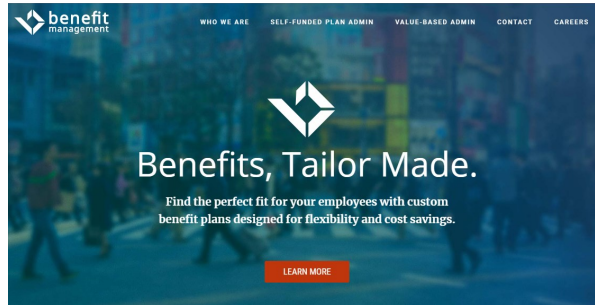


A Web Guide On How To Do Employee Open Enrollment

Enter the web page at:

www.benefitmanagementllc.com.

Click **I am a Member**.



I am a **Member**



I am an **Employer**



I am a **Broker**



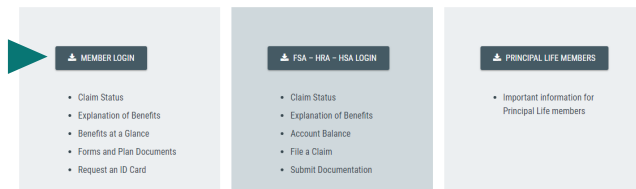
I am a **Provider**



WHO WE ARE SELF-FUNDED PLAN ADMIN VALUE-BASED ADMIN CONTACT CAREERS

MEMBER INFORMATION

Rediscover the value of your benefits—explore simple tools to track claims, monitor account balances, submit documents and more.

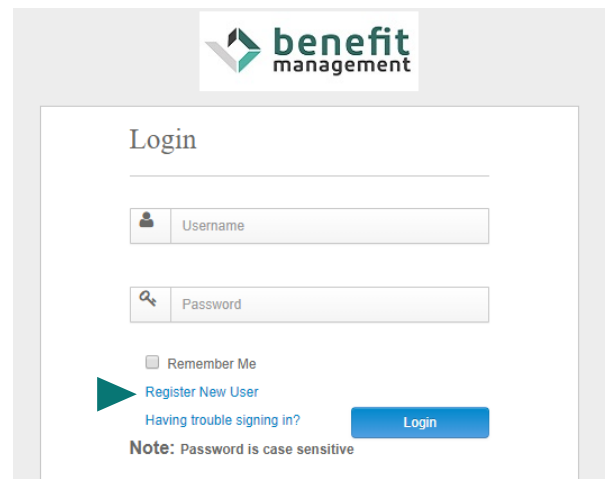


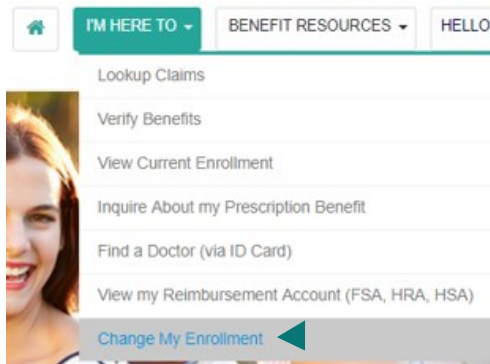
On this page, click on **Member Login**.

Since 7/1/19, if you

- have logged in and created a new Username and Password, use that Username and Password to Login. If you have forgotten your Username and/or Password, click on “Having trouble signing in?”.
- have not logged in and created a new Username and Password, click on “Register New User”.

If you run into log-in issues, call the Benefit Management Customer Service Center at 1-800-290-1368.

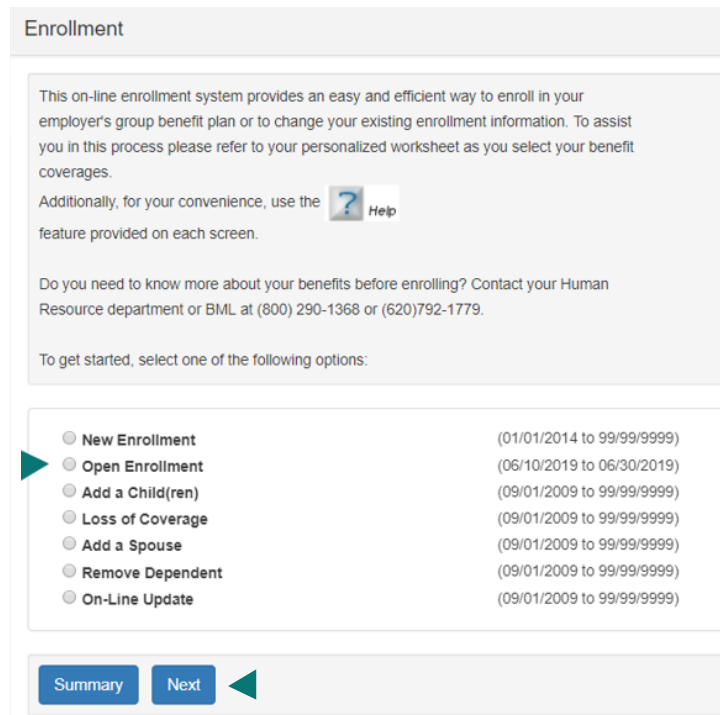




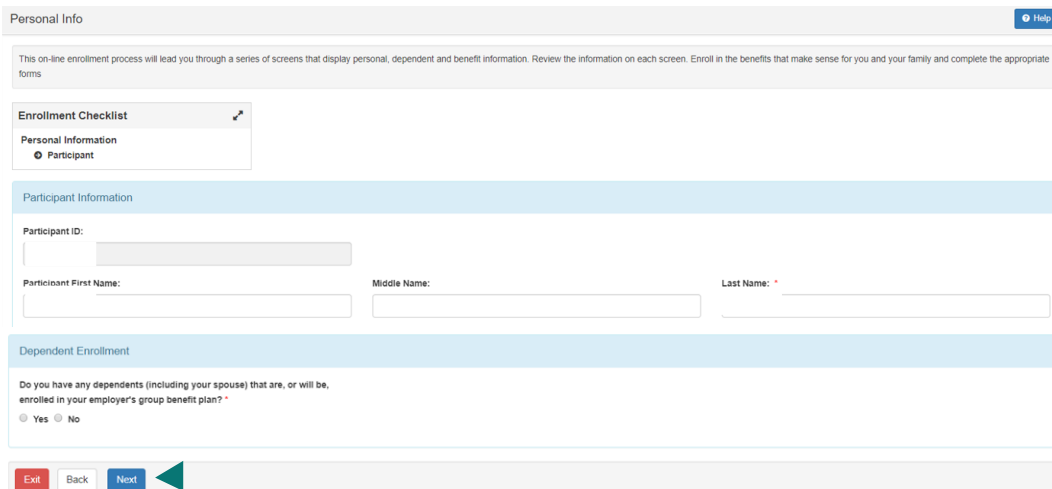
Once logged into the home page, click **I'M HERE TO...** at the top of the page. Then, click **Change My Enrollment** from the drop-down menu options.

Select **Open Enrollment**.

Click **Next**.



On the following page, confirm and complete the information in the sections labeled “Participant Information”, “Contact Information”, and “Dependent Enrollment”. Be sure to complete any required fields (marked *). Answer the questions at the bottom of the screen and click **Next**.



Review information for dependents based on the following situations that may apply:

EDITING EXISTING DEPENDENTS: If you already have dependents on your plan, you will be taken to this screen. Existing dependents can be edited by being clicked on, while new dependents can be added by selecting **Add Another Dependent**. Once all information is correct, click **Next** to continue to the “Benefit Enrollment” section.

Dependent Summary Help

Enrollment Checklist

- Personal Information
- Dependent

Dependents

Search:

SSN	First Name	Last Name	Middle	Sex	DOB	Relationship	Student?	Handicapped?	Status	Termination Date	Delete
						Spouse		No	Terminated	08/31/2018	<input checked="" type="checkbox"/>

Exit Back **Add Another Dependent** Next

ADDING NEW DEPENDENTS: If you are adding dependents for the first time, you will be taken to this screen. Complete all appropriate sections and click **Next** when complete to continue to the “Dependent Summary” shown above. Click **Next** again when all information is correct.

Dependent

Please provide the following information for the dependent(s) you are adding.

Enrollment Checklist

- Healthcare Benefits
- MEDICAL

Contact Information

Dependent's Address

Copy From Participant

Address: *

Address Line 2:

City: * State/Province: * ZIP/Postal Code: *

Phone Number:

Dependent Disability Information

Please submit proof of the child's disability and dependency. Proof may be in the form of a physician's statement that describes the general nature of the disability and the date the disability began.

Is this dependent handicapped? *

Yes No

Date of Handicapped Status:

Next

NO DEPENDENTS: You will immediately be taken to the “Benefit Enrollment” section.

Complete the following steps:

1. Every benefit will have to be Elected or Declined. (see footnote next page)
2. Indicate which plan option you are choosing, if appropriate.
3. You can indicate the dependents you wish to cover with this benefit, if applicable.
4. You can click “Calculate” to see the estimated premium.
5. Answer all questions.
6. Click **Next**.

Similar screens will follow for each benefit that is available. Complete them as appropriate.

benefit management HOME IM HERE TO BENEFIT RESOURCES HELLO

MEDICAL COVERAGE OPTIONS

Effective Date of Coverage:
08/01/2019

You may choose to elect medical coverage.

Elect/Decline Coverage

Elect Decline **1**

Enroll in a plan

Plan Name 2	Enrollment Level	Employee Contribution (Estimated pre-tax \$)
MED-PCN	PARTICIPANT ONLY	

Calculate **4**

The Employee Contribution is your Cost Per Pay Period.

Dependents

Click the **elect** option for each dependent that you would like to include in this coverage.

Elect	Soc. Sec.	Name	Gender	Birthdate	Relationship
<input checked="" type="checkbox"/> 3			Male		Spouse

Are you or any elected dependent covered by any other Medical Insurance Plan? *

Yes No **5**

Exit **6**

Footnote:

Please be aware

1. Every benefit will have to be Elected or Declined.

The HealthCare Coverage Option is comprised of two parts:

“Medical” Elect or Decline

“Medical Waived Coverage” Elect or Decline


If you are *Electing* “Medical” you must *Decline* “Medical Waived Coverage”; conversely if you *Decline* “*Medical*”, you must *Elect* “Medical Waived Coverage. These selections affirm your choice to have or opt out of the Medical coverage.

The next page will be your Enrollment Summary. Verify that all elections are correct.

**NOTE: Declined benefits are listed at the bottom of the screen.*

Click **Submit**.

Enrollment Summary

Enrollment Checklist 

Thank you for participating in the on-line enrollment process. In order for your enrollment/on-line change to be processed you must click **NEXT**.

Group ID: _____ Enrollment Number: _____

Division ID: _____ Electronic Submission: _____
KS01 06/17/2019 11:14 am

Enrollment Type: _____
EOPN

Personal Information

Participant: _____ Participant ID: _____

Address: _____

e-mail: _____


Phone Number: _____

Waived Benefits

HCFSA
DCFSA

Please print a copy of this enrollment and retain it for your records. In order for your on-line enrollment to be completed, you must click **Next**, and then **Approve**. If any Documentation was requested during the on-line enrollment process, please fax it to BML at (620) 793-1199. Enrollment is not final until BML receives acceptable documentation.

Participant Signature: _____ Date: _____

Back Print **Submit** 

Enrollment Confirmation Statement

Enrollment Checklist

Employer Paid Benefits

 Basic Dependent Life

Thank you for using the on-line enrollment system. Please print copies of all summaries for your records.

Group ID: _____

Enrollment Number: _____

Division ID: _____

Confirmation Number: _____

KS01

Enrollment Type: _____

ENEW

Print

Done 

On the next screen, you will see your Enrollment Confirmation Statement. You can click **Print** to have a copy of your elections for your records.

You must click **Done** to fully complete your enrollment.

Congratulations, your enrollment is complete!