Toltec School District

ON-LINE ENROLLMENT INSTRUCTIONS

Prepared By:

Gallagher

Insurance | Risk Management | Consulting
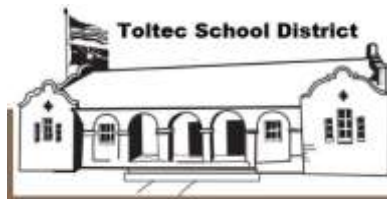
Instructions for On-line Enrollment

Toltec Elementary School District, in conjunction with Gallagher Benefit Services, is proud to bring you an innovative method for enrolling in our benefit programs. You will begin to enroll for your benefits via the internet through a secure website - benefitsCONNECT™ - designed specifically for Toltec ESD.

To enroll follow these 4 easy steps.

1. Access the following Website: http://www.benefitsconnect.net/toltec

2. Enter your login: First 6 letters of last name (or complete last name if less than 6 letters) +
First letter of first name +
Last 4 digits of SSN
Example1:   Mickey Starfish SSN 123456789
Login = starfim6789
Example2:   John Smith SSN 987654321
Login = smithj4321

3. Enter your password: SSN (with no dashes) – You will be prompted to change your password. Your new password must contain at least 6 (six) characters.

Do not use your internet browser back/forward buttons. You may use the navigation buttons at the bottom of each page or the links in the gray bar under the Toltec Elementary School District logo. Adobe Acrobat Reader will be required to view benefit summaries. This can be downloaded at http://www.adobe.com/products/acrobat/readstep2.html.

4. Complete the enrollment process.
The website will take you step by step, one screen at a time, to enroll in your benefits for the upcoming year. You must complete all fields in **Bold** type. **Please enter the current date when prompted for an effective date of change on any page.** You will view the following information in this order:

1)   **Employee Usage Agreement:** Acknowledgement of electronic signature use.

2)   **Password Change**: Change to your new password.

3)   **Personal Information:** Verify your name, date of birth and address. You will be required to update your work phone, email, marital status and date of marriage (if not single).

4)   **Emergency Contact:** Enter at least one emergency contact.

5) **Dependents:** Add spouse and child (ren) here. If you do not add your dependents here, they will not be eligible for benefits.

6) **Medical (If Applicable):** Select Medical; or waive the benefits by selecting a waiver option.

7) **Teladoc:** Select the coverage as this is a District paid benefit.

8) **Health Savings Account (If Applicable):** Select an annual contribution amount; or waive the benefit.

9) **Dental (If Applicable):** Select Dental; or waive the benefit.

10) **Vision (If Applicable):** Select Vision; or waive benefit.

11) **Basic Life/AD&D:** Displays amount of coverage the employer provides, as this is a paid benefit for the employee.

12) **Basic Dependent Life (If Applicable):** If you wish to elect Basic Dependent Life coverage for your spouse or dependent Child(ren), elect amount of coverage within the drop down; or waive benefit.

13) **Voluntary Life (If Applicable):** If you wish to elect additional life coverage for yourself, elect amount of coverage within the drop down; or waive benefit. If you elect over the guarantee Issue amount you will be required to complete an Evidence of Insurability form that will appear on the screen and submit to the carrier before the close of your enrollment period.

14) **Voluntary Spouse Life (If Applicable):** If you wish to elect Voluntary Life coverage for your Spouse, elect amount of coverage within the drop down; or waive benefit. If you elect over the guarantee Issue amount you will be required to complete an Evidence of Insurability form that will appear on the screen and submit to the carrier before the close of your enrollment period.

15) **Voluntary Child Life (If Applicable):** If you wish to elect Voluntary Life coverage for your child(ren), elect amount of coverage within the drop down; or waive benefit.

16) **Employee Assistance Program (EAP):** Displays amount of coverage the employer provides, as this is a paid benefit for the employee.

17) **Beneficiary Information:** All benefit eligible (full-time) employees must add beneficiary for the Company paid Life and AD&D coverage. You may designate an existing dependent or create new ones. You may list primary and contingent beneficiaries. Please be sure to have the beneficiary Social Security Number available or you will not be able to complete the on-line enrollment process. For each beneficiary designation, you must select which benefit you would like to designate him/her from the drop-down menu.

18) **Consolidated Enrollment Form:** You are not enrolled until you hit the **"Submit"** button at the bottom of this form. Print a copy for your records.

To change personal information: (Profile, Education, etc…) Click on the "Personal Information" icon and a drop-down list will appear. Click on the appropriate section, change and save your information.

To change dependent information: Click on the "Dependent Information" icon and select to add a spouse or child or click on the dependent your wish to change.

To change your benefit elections: Click on the "Benefit Plan Information", click on "Benefit Plan Enrollment", choose from the drop down box the benefit you wish to change and update your enrollment. Outside of the enrollment period this option is not available and you must contact your Human Resources Department for any updates.

If you have any questions regarding your enrollment, please contact your Human Resources Department.

Please give great care to protect your login ID and your password.

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