



ON-LINE ENROLLMENT INSTRUCTIONS

Prepared By:





Instructions for On-line Enrollment

Florence Unified School District, in conjunction with °BAGNALL, 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 Florence.

To enroll follow these 4 easy steps.

1. Access the following Website: <http://enroll.benefitsconnect.net/fusdaz>

2. Enter your login: First 6 letters of last name +
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: If this is the first time you have logged into the system your password will be your SSN (with no dashes) – You will be prompted to change your password. Your new password must contain at least 6 (six) characters.

If this is not your first-time logging in you were prompted to change your password already. You will need to enter your password selected at that time. If you do not know that password select the Forgot Password button and follow the prompts to change your password.

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 menu options down left side of the page under the log out button.

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 **RED** type. You will view the following information in this order:

- 1) **Security Questions (If Applicable):** Select your answers to your security questions.
- 2) **Password Change (If Applicable):** Change to your new password.

- 3) **Welcome Page:** Select Get Started
- 4) **Employee Usage Agreement:** Acknowledgement of electronic signature use.
- 5) **Personal Information:** Verify your name, date of birth and address. You will be required to update all fields in RED. **If you have any changes to the fields that are not editable please contact your Human Resources Department.**
- 6) **Emergency Contact Information:** Select Add Emergency Contact if not already entered. You will be required to update all fields in RED. If already entered, click Edit to review the contacts information for accuracy.
- 7) **Dependents/Beneficiaries:** Add spouse and child(ren) here. If you do not add your dependents here, they will not be eligible for benefits. **If you add a dependent you are required to contact your Human Resources Department before the close of open enrollment to provide the requested documentation or the dependent's elections could be removed.** 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 beneficiary SSN available as well as the beneficiary Date of Birth or you will not be able to complete the on-line enrollment process. For each beneficiary designation, you will be prompted to select the beneficiary on the benefit election page.
- 8) **Medical (If Applicable):** Select Medical; or waive the benefits by selecting a waiver option.
- 9) **Teladoc (If Applicable):** Select the benefit as this is a paid benefit when enrolled in Medical. If Dependents are in the system check the boxes to enroll these dependents regardless of medical enrollment.
- 10) **Health Savings Account (If Applicable):** Select an annual contribution amount; or waive the benefit.
- 11) **Dental (If Applicable):** Select Dental; or waive the benefit.
- 12) **Vision (If Applicable):** Select Vision; or waive benefit.
- 13) **Basic Life/AD&D:** Displays amount of coverage the employer provides, as this is a paid benefit for the employee.
- 14) **Voluntary Life (If Applicable):** If you wish to elect additional life coverage for yourself, elect amount of coverage within the scroll bar; or waive enrollment. If you elect over the guarantee Issue amount you will be required to complete an Evidence of Insurability form and submit to the carrier before the close of your enrollment period.
- 15) **Voluntary Spouse Life (If Applicable):** If you wish to elect Voluntary Life coverage for your Spouse, elect amount of coverage within the scroll bar, or waive enrollment. If you elect over the guarantee Issue amount for your Spouse you will be required to complete an Evidence of Insurability form and submit to the carrier before the close of your enrollment period.

- 16) **Voluntary Child Life (If Applicable):** If you wish to elect Voluntary Life coverage for your child(ren), elect amount of coverage within the scroll bar, or waive enrollment.
- 17) **Voluntary Short-term Disability (If Applicable):** Select Voluntary Short-term Disability; or waive benefit.
- 18) **Flexible Spending Account (If Applicable):** Elect annual contribution amount for healthcare flexible spending account; or waive enrollment.
- 19) **Dependent Care Reimbursement Account (If Applicable):** Elect annual contribution amount for dependent care reimbursement account; or waive enrollment.
- 20) **Consolidated Enrollment Form:** You are not enrolled until you hit the **“Finish Elections”** button at the top of this page. Print a copy for your records or Email a copy to your email on file. These buttons are located directly above the Finish Elections button at the top of this page.

To change personal information: (Profile, Emergency Contact, etc...) Click on the “Personal Information” icon in the center of the page. Make the appropriate changes and save your information. If you have any changes to the fields that are not editable please contact your Human Resources Department.

To change dependent information: Click on the “Dependents” icon in the center of the page and select to add a spouse or child or click on the dependent you wish to edit. **If you add a dependent you are required to contact your Human Resources Department before the close of the election period to provide the requested documentation or the dependent’s elections could be removed.**

To change your benefit elections: Click on the “Benefit Information” icon in the center of the page, choose the FUTURE ELECTIONS tab at the top of the page and click “EDIT ELECTION” under the benefit you wish to change to update your enrollment. Outside of the enrollment period this option is not available and you must contact your Human Resources Department for any updates.

To change your password: Go to the main login page as listed above on page 2 and click the “Forgot Password?” link.

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.

