

# BENEFITS ENROLLMENT

## The Standard Enrollment System

### User Guide

2019 - 2020

## Part I: NEW EMPLOYEE ENROLLMENT GUIDE

Benefits enrollment must be done using the Standard Enrollment System at <https://standard.benselect.com>

### FIRST TIME USERS

At the log in page, you will need to enter your User name and PIN.

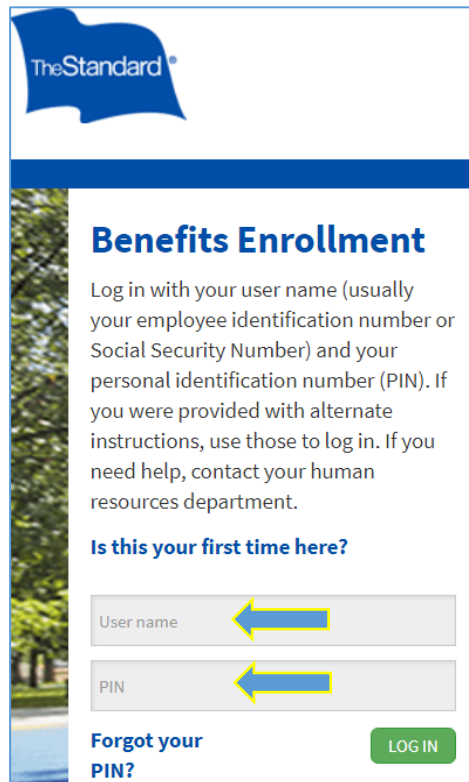


Figure 1

### LOGIN IN

Your User name is your employee “b” number without the b (7XXXXX). Your PIN is the last four digits of your social security number, followed by the last two digits of your birth year (SSSSYY). Click the green LOG IN box.



Figure 2

### GETTING STARTED

Starting at the home page (Figure 2) you will be taken through several pages regarding insurance coverage options. You can move forward by clicking the orange NEXT box in the upper or lower right corner of each screen. You can also navigate by clicking on the drop down menus at the tabs entitled Me & My Family or My Benefits.

### PERSONAL INFORMATION

Review your information at the Personal Information page. **If you need to make changes to your personal information, go to <https://hr.madison.k12.wi.us/employeeforms> and click on “Change Your Contact Information.”** Click NEXT.

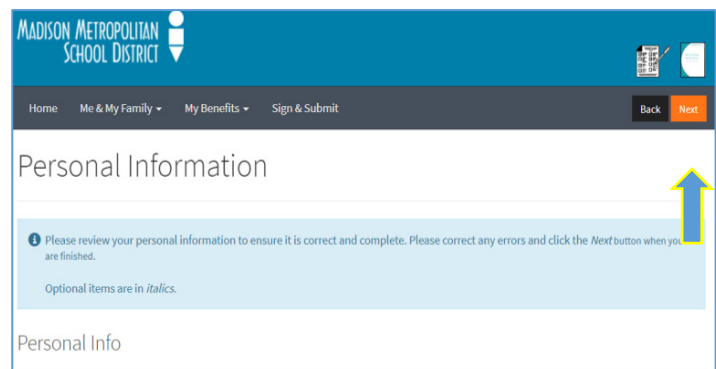
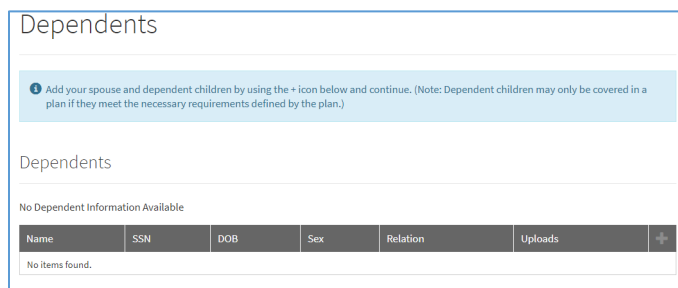


Figure 3

## DEPENDENTS

At the Dependents page, you may add your spouse and/or children who will be covered by any of your insurance plans. To add dependents to your coverage click on the “+” sign. If you do not have dependents that you wish to add, click NEXT.



Dependents

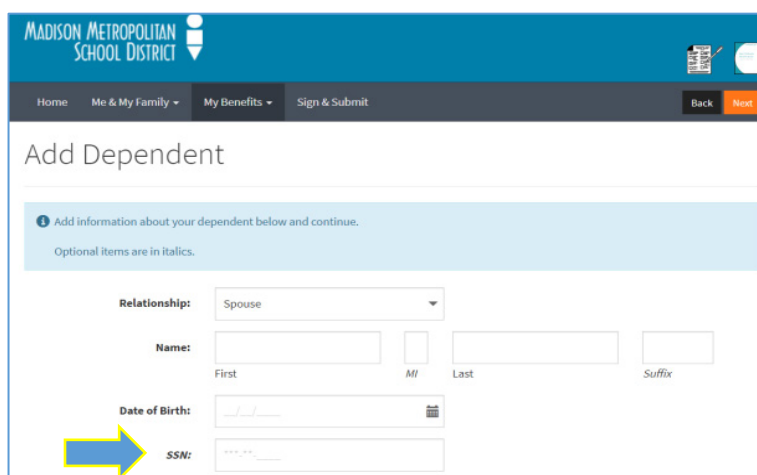
1 Add your spouse and dependent children by using the + icon below and continue. (Note: Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan.)

Dependents

No Dependent Information Available

| Name            | SSN | DOB | Sex | Relation | Uploads | + |
|-----------------|-----|-----|-----|----------|---------|---|
| No items found. |     |     |     |          |         |   |

Figure 4



MADISON METROPOLITAN SCHOOL DISTRICT

Home Me & My Family My Benefits Sign & Submit Back Next

Add Dependent

1 Add information about your dependent below and continue.  
Optional items are in *italics*.

Relationship: Spouse

Name: First MI Last Suffix

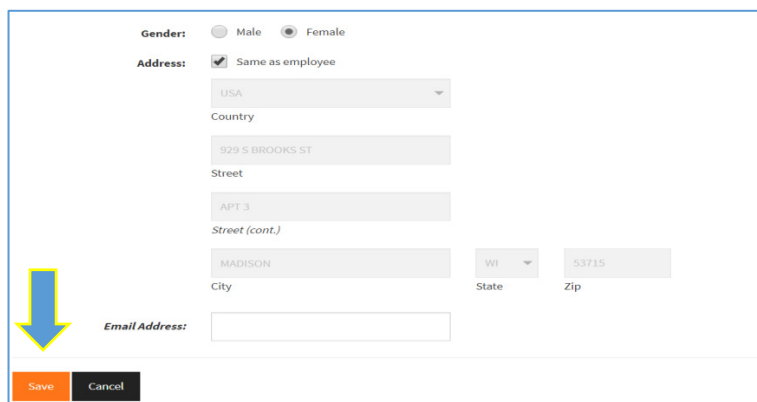
Date of Birth: [Calendar Icon]

SSN: [Masked Field]

## TO ADD DEPENDENTS

At the Add Dependent page, add the information requested for your dependent and click the orange SAVE box. REPEAT THIS PROCESS FOR EACH DEPENDENT. When all dependents have been added, click the NEXT button as above.

Please note social security numbers are required. If your dependent does not have a social security number, please contact the Benefits Helpdesk at: [benefits@madison.k12.wi.us](mailto:benefits@madison.k12.wi.us) or call (608) 663-1692



Gender: ☐ Male ☒ Female

Address: ☒ Same as employee

Country: USA

Street: 929 S BROOKS ST

Street (cont.): APT 3

City: MADISON State: WI Zip: 53715

Email Address: [Field]

Save Cancel

Figure 5

## BENEFITS OVERVIEW

Home Me & My Family My Benefits Sign & Submit Back Next

### Benefits Overview

Below is a list of your current benefit elections. You may review your coverage to elect, edit or decline.

☐ Medical  
You have not completed enrollment in this plan.  
Review

☐ FSA - Medical  
You have not completed enrollment in this plan.  
Review

☐ FSA - Dependent Care  
You have not completed enrollment in this plan.  
Review

#### My Benefits

|   |        |
|---|--------|
| <input type="radio"/> Medical                                   | \$0.00 |
| <input type="radio"/> FSA - Medical                             | \$0.00 |
| <input type="radio"/> FSA - Dependent Care                      | \$0.00 |
| <input type="radio"/> Dental                                    | \$0.00 |
| <input type="radio"/> Vision                                    | \$0.00 |
| <input type="radio"/> Basic Life and AD&D                       | \$0.00 |
| <input checked="" type="radio"/> Voluntary Life and AD&D - Self | \$0.00 |
| <input checked="" type="radio"/> Voluntary Life - Dependents    | \$0.00 |
| <input type="radio"/> Long Term Disability                      | \$0.00 |
| <input type="radio"/> Long Term Care - Self                     | \$0.00 |
| <input checked="" type="radio"/> Long Term Care - Spouse        | \$0.00 |

Employer Cost

Pre-tax cost

Post-tax cost

Total Cost  
Per Pay Period

\$0.00  
\$0.00  
\$0.00  
\$0.00

Figure 6

## BENEFITS OVERVIEW

At the Benefits Overview page, you will see a list entitled My Benefits. This list will display the benefits that are available to you. Each benefit on the list will have a corresponding REVIEW box on the left side of the screen. Any Benefit that is grayed out is not available to you (see Long Term Care – Spouse, for example, in Figure 6). To begin enrolling, click on the REVIEW box in a benefit, or NEXT box to be taken through the benefits one by one.

**If more than 30 days have passed since your first day of work, the enrollment screens will be different. You can see how to enroll in a “waived” or locked benefit in Part II of this User Guide. Please contact the Benefits Helpdesk at [benefits@madison.k12.wi.us](mailto:benefits@madison.k12.wi.us) or (608) 663-1692 with any questions.**

## MEDICAL, DENTAL and/or VISION INSURANCE

The following steps are required to enroll in medical, dental and/or vision insurance. Only health insurance is illustrated below. You must complete these steps for **each** benefit you'd like enroll in or waive.

Home Me & My Family My Benefits Sign & Submit Back Next

### Health Insurance

About the Insurance Wellness Program

#### Carriers

You have the opportunity to enroll in health insurance through Dean Health Plan or Group Health Cooperative of South Central Wisconsin. These carriers provide you with a diverse range of networks and providers, yet have the exact same type of coverage (copays, etc.), but with slightly different employee premiums (what you pay per pay period for coverage).

**Please note, each of the carriers can, and do, refer patients out-of-network for specific medical needs.**

#### Plan Options

Within each of the carriers, you can enroll in the Health Maintenance Plan (HMO), Point-of-Service Plan (POS) or Preferred Provider Organization Plan (PPO). The PPO plan is only available to employees who do not live in South Central Wisconsin. The POS and PPO plans provide greater access to non-network services when referrals are not available. The POS and PPO plans have higher employee premiums and deductible/coinsurance out of network coverage. You can find more detailed information about the plans and plan documents on the Human Resources website.

#### My Benefits

- ☒ Medical \$0.00
- ☐ FSA - Medical \$0.00
- ☐ FSA - Dependent Care \$0.00
- ☐ Dental \$0.00
- ☐ Vision \$0.00
- ☐ Basic Life and AD&D \$0.00
- ☒ Voluntary Life and AD&D - Self \$0.00
- ☒ Voluntary Life - Dependents \$0.00
- ☐ Short Term Disability \$0.00
- ☐ Long Term Disability \$0.00
- ☐ Long Term Care - Self \$0.00
- ☒ Long Term Care - Spouse \$0.00

Employer Cost \$0.00  
Pre-tax cost \$0.00  
Post-tax cost \$0.00

**Total Cost** \$0.00  
Per Pay Period

Figure 7

After clicking REVIEW OR NEXT (Figure 6), you will be taken to a page containing information about the benefit plan(s) (Figure 7). At the bottom of each page is a chart showing the plan options from which you may choose.

|            | Employee Only                | Employee+Family               |
|------------|------------------------------|-------------------------------|
| Dean - HMO | <input type="radio"/> \$4.81 | <input type="radio"/> \$12.66 |
| Dean - POS | <input type="radio"/> \$5.08 | <input type="radio"/> \$13.34 |
| Dean - PPO |                              |                               |
| GHC - HMO  | <input type="radio"/> \$3.87 | <input type="radio"/> \$10.34 |
| GHC - POS  | <input type="radio"/> \$5.81 | <input type="radio"/> \$12.92 |
| GHC - PPO  |                              |                               |

☒ I wish to apply for this coverage  
☐ I wish to DECLINE this coverage

Back Next

Figure 8

The dollar amounts listed show your cost per paycheck for the various insurance plans. In the example to the left, the employee is restricted from selecting family coverage because he/she has not added any dependents (Figures 4 & 5).

Select the coverage plan desired and then click on the radio button to apply or decline/cancel coverage and click NEXT.

If you entered dependent information, you will then be taken to a page listing the dependents. All family members to be covered should be checked in the "To Be Covered?" column.

## Medical Plan Application Details

### Individuals to Be Covered

Click on the checkbox next to each person's name to be included for coverage.

### Selecting a Primary Care Physician (PCP)

- This plan requires each person to be covered to select a Primary Care Physician (PCP) if you are enrolling in this plan for the **FIRST TIME**.
- If you do not choose a PCP, one will be assigned to you by the insurance carrier.
- If you are currently enrolled in this plan, you **DO NOT** need to complete the PCP information requested. To change your PCP, you should contact the Member Services Department at the carrier.

To find a PCP, click on the **"FIND"** button below to link to the carrier's website. Once you identify your PCP on the carrier's website, you can copy and paste the PCP name and number from the carrier's website to this screen for each individual to be covered.

When you are finished, click on the **"NEXT"** button to continue.

**Coverage:** Medical

**Coverage Level:** Employee+Family

| To Be Covered? | Name | Age | PCP Location | PCP Name | Existing Patient |
|----------------|------|-----|--------------|----------|------------------|
|----------------|------|-----|--------------|----------|------------------|

Figure 9

**REPEAT THESE STEPS FOR DENTAL AND/OR  
VISION INSURANCE TO ENROLL BY CLICKING  
NEXT**

## FLEXIBLE SPENDING ACCOUNTS


### Flexible Spending Account - Medical

The Medical Flexible Spending Account (FSA) allows you to save on your health care expenses on a pre-tax basis. Because you do not pay Federal and Social Security taxes on money that goes into your FSA, you decrease your taxable income and potentially increase your spendable income. With a medical FSA, you can be reimbursed an amount up to the total annual contribution you have elected regardless of your account balance. You can begin to use all or some of the total amount elected as soon as the plan year begins.

A medical FSA allows you to save for health care expenses such as: deductibles, copayments, coinsurance payments, uninsured dental expenses, vision care expenses (e.g. eyeglasses or contact lenses), hearing care expenses (e.g. a hearing aid) and orthodontia\*. **The maximum annual amount you can deposit into a Health Care FSA is \$2,650.**

*\*A full list of eligible and ineligible FSA expenses are defined and listed in IRS Publication 502, available online at [www.irs.gov/publications](http://www.irs.gov/publications).*

☒ Health Care FSA Eligible Expenses

 You may elect either a Total Amount or Amount per pay period below. Click the "Calculate" button to see the final total/cost.

|                                  |                                       |
|----------------------------------|---------------------------------------|
| Minimum Annual Contribution:     | \$124.98                              |
| Maximum Annual Contribution:     | \$2,650.00                            |
| Contributed to Date:             | \$124.98                              |
| Amount per pay period:           | <input type="text" value="\$41.66"/>  |
| Number of pay periods remaining: | <input type="text" value="21"/>       |
| Total Amount :                   | <input type="text" value="\$999.84"/> |

Calculate

- ☒ I wish to apply for this coverage
- ☐ I wish to CANCEL this coverage

### FLEXIBLE SPENDING ACCOUNT - MEDICAL

All medical expenses Flexible Spending Accounts (FSA) run with the calendar year. To enroll, you can either (1) determine the amount per pay period that you would like to have withheld, or (2) determine the total annual amount you'd like to have withheld for your medical expenses FSA.

If you DO NOT wish to enroll in an FSA, you must click the radio button next to "I wish to CANCEL this coverage."

**Remember to re-enroll during Open Enrollment for the following year if/as desired.**

Enter the amount in the corresponding box and click the orange CALCULATE box. This will calculate the both the annual withholding amount and the withholding amount per pay period. The employee in the example has elected to have \$997.84 withheld annually, and is paid in 24 checks per year. \$41.66 is being withheld on each paycheck. To date, the employee has contributed \$124.98, and will continue to contribute for another 21 pay period.

As with all benefits, click the radio button to either apply or decline/cancel coverage (Figure 10) and click NEXT.

Figure 10


## Flexible Spending Account - Dependent

A Dependent Care Flexible Spending Account (FSA) allows you to save on your dependent care expenses on a pre-tax basis. Because you do not pay Federal and Social Security taxes on money that goes into your FSA, you decrease your taxable income and potentially increase your spendable income. With a dependent care FSA, you will be reimbursed only for dependent care services you have already received. If you submit a claim for an amount that exceeds your account balance, you will be reimbursed on a pay period basis until you have made enough additional contributions to cover the expenses.

A dependent care FSA allows you to save for day care expenses for your child, disabled parent or spouse that enable you and your spouse (if applicable) to work full-time and/or attend school on a full-time basis. Generally, expenses are eligible if they are the result of care for:

- Your children, under the age of 13, for whom you are entitled to a personal exemption on your federal income tax return.
- Your spouse or other dependents, including parents, who are physically or mentally incapable of self-care.

**The maximum annual amount you can deposit into a dependent care FSA is \$5,000 per household.**

 You may elect either a Total Amount or Amount per pay period below. Click the "Calculate" button to see the final total/cost.

|  |                                     |
|--|-------------------------------------|
| Maximum Annual Contribution:                                       | \$5,000.00                          |
| Amount per pay period:   | <input type="text" value="\$0.00"/> |
| Number of pay periods remaining:                                   | <input type="text" value="21"/>     |
| Total Amount :   | <input type="text" value="\$0.00"/> |
| <input type="button" value="Calculate"/>                           |                                     |
| <input checked="" type="radio"/> I wish to apply for this coverage |                                     |
| <input type="radio"/> I wish to DECLINE this coverage              |                                     |

Figure 11

### FLEXIBLE SPENDING ACCOUNT – DEPENDENT CARE

All dependent care expenses Flexible Spending Accounts (FSA) run with the calendar year. To enroll for a dependent care (day care) expenses FSA, you can either (1) determine the amount per pay period that you would like to have withheld, or (2) determine the total annual amount you'd like to have withheld for your day care expenses FSA. Only day care expenses are reimbursable from a Dependent care FSA.

If you DO NOT wish to enroll in an FSA, you must click the radio button next to "I wish to CANCEL this coverage."

**Remember to re-enroll during Open Enrollment for the following year if/as desired.**

Enter the amount in the corresponding box and click the orange CALCULATE box. As in Figure 11, this will calculate the both the annual withholding amount and the withholding amount per pay period. The employee in the example is opted not to enroll in this benefit.

As with all benefits, click the radio button to either apply or decline/cancel coverage and click NEXT.



## LIFE INSURANCE and INCOME PROTECTION:

You will see four kinds of life insurance in the My Benefits list, namely, (1) Basic Life, (2) Voluntary Life and AD&D – Employee, (3) Voluntary Life and AD&D – Spouse; and (4) Voluntary Life and AD&D – Child.

### Basic Life

Help protect your loved ones from financial hardship.

This coverage is designed to help provide financial support and stability to your family should you pass away. Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time — and into the future.



Listed below are the options and coverage choices available to you.

- For more information and important details, read your benefit summary.
- This benefit amount is based upon your estimated annual earnings as of the date of your enrollment and subject to change.
- To enroll or continue your current coverage, click on the option next to the cost which represents your election.
- When you are finished, click on the "NEXT" button to continue.

**Benefit Amount:** \$41,000 (1 salary)

**Cost:** \$0.00

### BASIC LIFE and AD&D INSURANCE

The Basic Life Insurance benefit is equal to one year's annual salary rounded up to the next ten thousand. There is no cost to you for this benefit and you will be automatically enrolled. The Benefit Amount and Cost will calculate automatically for you. Please note the information regarding evidence of insurability which will be required if you apply as a late applicant (after the initial 30 day window).

As with all benefits, click the radio button to either apply or decline/cancel coverage (see Figure 8) and click NEXT. If you are enrolling, you will be taken to a screen asking you to select a beneficiary for your life insurance. After your beneficiary(ies) are selected, click NEXT.

Figure 12 - Basic Life Insurance

### Voluntary Employee Life and AD&D

- \$10,000 to \$300,000 in \$10,000 increments.
- 100% paid by you.

#### \*Evidence of Insurability (EOI)

Evidence of Insurability means you will have to answer questions regarding your medical history and may have to provide medical records and/or a physical exam before coverage will be approved by the insurance carrier.

EOI is Required When:

- Applying for or increasing life insurance coverage for yourself outside of your initial enrollment period.
- Enrolling your spouse for life insurance outside of your initial enrollment period.
- Enrolling in long-term care after your initial enrollment period.

Please select the desired amount of coverage above.

**Benefit Amount :**  \$120,000

**Cost:** \$28.20



☒ I wish to apply for this coverage

☐ I wish to CANCEL this coverage

### VOLUNTARY EMPLOYEE LIFE and AD&D

In addition to the basic life insurance, you may also purchase additional life insurance for yourself. This is the Voluntary Employee Life and AD&D (Figure 13). Voluntary life insurance for yourself may be purchased in increments of \$10,000, up to a maximum of \$300,000 or 5 times your annual salary, whichever is less. You can see what the cost of the additional insurance would be by clicking and sliding on the calculation bar.

As with all benefits, click the radio button to either apply or decline/cancel coverage and click NEXT. If you are enrolling, you will be taken to a screen asking you to select a beneficiary for your voluntary life insurance. After your beneficiary(ies) are selected, click NEXT.

Figure 13 – Voluntary Employee Life and AD&D



## Voluntary Spouse Life and AD&D

- \$5,000 to \$150,000 in \$5,000 increments.
- Limited to 50% of Employee election.
- 100% paid by you.

### \*Evidence of Insurability (EOI)

Evidence of Insurability means you will have to answer questions regarding your medical history and may have to provide medical records and/or a physical exam before coverage will be approved by the insurance carrier.

EOI is Required When:

- Applying for or increasing life insurance coverage for yourself outside of your initial enrollment period.
- Enrolling your spouse for life insurance outside of your initial enrollment period.
- Enrolling in long-term care after your initial enrollment period.

Please select the desired amount of coverage above.

Benefit Amount :  \$50,000

Cost: \$11.75

- ☒ I wish to apply for this coverage
- ☐ I wish to CANCEL this coverage

Figure 14 - Voluntary Life and AD&D -Spouse

## VOLUNTARY LIFE and AD&D – Spouse

You may also purchase life insurance for your spouse. A spouse is eligible to purchase up to 50% of the amount of Voluntary life insurance that you have elected for yourself in increments of \$5,000. You can see what the cost of the additional insurance would be by clicking and sliding on the calculation bar.

As with all benefits, click the radio button to either apply or decline/cancel coverage and click NEXT. You are the automatic beneficiary of any Dependent Life policies.

## VOLUNTARY LIFE and AD&D – Child

You may purchase life insurance for your dependent children, as well. Coverage for children is offered at two levels, either \$5,000 per child or \$10,000 per child. You can see what the cost for the child coverage by clicking on the level of coverage desired.

As with all benefits, click the radio button to either apply or decline/cancel coverage and click NEXT. You are the automatic beneficiary of any Dependent Life policies.

## Voluntary Employee Life and AD&D

- \$10,000 to \$300,000 in \$10,000 increments.
- 100% paid by you.

### \*Evidence of Insurability (EOI)

Evidence of Insurability means you will have to answer questions regarding your medical history and may have to provide medical records and/or a physical exam before coverage will be approved by the insurance carrier.

EOI is Required When:

- Applying for or increasing life insurance coverage for yourself outside of your initial enrollment period.
- Enrolling your spouse for life insurance outside of your initial enrollment period.
- Enrolling in long-term care after your initial enrollment period.

Please select the desired amount of coverage above.

Benefit Amount :  \$240,000

Cost: \$56.40

The coverage that you have requested is over the guaranteed limit. You will be required to answer additional questions on the following screens.

## EVIDENCE OF INSURABILITY (EOI)

When purchasing life insurance, some circumstances will require Evidence of Insurability (EOI) to determine whether coverage is approved. The system will recognize these circumstances and provide an on screen notice (Figure 15). EOI is required when you are enrolling in or increasing the amount of voluntary life insurance outside of the new employee 30 day eligibility window. If you are applying for life insurance (or to increase life insurance) for a spouse outside of your initial new employee eligibility window, you spouse must provide evidence of insurability as well.

Figure 15

**Your benefit amount exceeds the GI limit.**

Click [here](#) to fill out an EOI form. (you will need to reference Policy Number 754764 in the EOI form).

|  |           |
|--|-----------|
| Amount Allowed as Guaranteed Issue Limit | \$166,000 |
| Total Amount Requested                   | \$221,000 |
| Amount Pending EOI Approval              | \$55,000  |

Figure 16

Figure 16 shows the screen that will appear if/when EOI is required. Click on the underlined word “[here](#)” to continue. You will be taken to the website of the insurance company (The Standard Insurance Company) where you will be guided through completing the EOI process (Figure 17). You will need the Policy number (754764) given in Figure 16.

STANDARD INSURANCE COMPANY

**TheStandard**

**Medical History Statements**

Frequently Asked Questions

**Getting Started**

This site will guide you through the steps to complete and submit a Medical History Statement to The Standard.

You will be asked a series of questions that will take approximately 15 minutes to answer. Your progress will be indicated at the top of each page. Your answers will be automatically transferred to the Medical History Statement form. After you answer all of the questions you will be asked to review your completed form, making changes if needed.

Before you begin, please have the following information available:

- Types and amounts of coverage you are requesting

**Note**

If a Medical History Statement is required for spouse/domestic partner, please provide them access to this site. The Medical History Statement must reflect that individual's health status and be signed by them, or by the member for a dependent child's application.

Figure 17

If additional information is needed, The Standard Insurance Company will contact you directly. They will also notify you regarding the approval or denial of the coverage sought.

Madison Metropolitan School District provides you with basic life insurance, basic accidental death & dismemberment (AD&D), voluntary life insurance and AD&D, short-term disability, long-term disability and long-term care insurance. Basic life and AD&D is 85% paid by the district and long-term disability is 100% paid by the district and. All other plans are 100% paid by you and are voluntary. You can find a calculator help you determine costs on the Human Resources website.

#### **Late Enrollment Extended Waiting Period**

Please note: If you do not apply for STD during this Initial Enrollment Period, an Extended Benefit waiting period of 12 months will apply if you later decide to apply for STD.

## Voluntary Short Term Disability

### 100% paid by you

|                  |                                 |
|------------------|---------------------------------|
| Waiting Period   | 14 calendar days                |
| Benefit Level    | 66.67% of base salary           |
| Benefit Duration | End of disability or LTD begins |

**Benefit Amount:** \$706.44 (66.67 % of weekly salary)

**Cost:** \$11.83

☒ I wish to apply for this coverage

☐ I wish to CANCEL this coverage



Figure 18 - Short Term Disability Insurance

## SHORT TERM DISABILITY

This benefit is available to all employees except those in the “Teacher” employment group. The Benefit Amount and Cost will calculate automatically for you. Please note the information about applicable waiting periods.

As with all benefits, click the radio button to either apply or decline/cancel coverage and click NEXT.

If you DO NOT wish to enroll in this benefit, you must click the radio button next to “I wish to CANCEL this coverage.”

## Long-Term Disability

### 100% paid by the district

|                  |   |
|------------------|---|
| Waiting Period   | 55 work days or<br>75 calendar days                       |
| Benefit Level    | 80% of base salary  |
| Benefit Duration | End of disability or<br>Social Security<br>Retirement Age |

## \*Evidence of Insurability (EOI)

Evidence of Insurability means you will have to answer questions regarding your medical history and may have to provide medical records and/or a physical exam before coverage will be approved by the insurance carrier.

EOI is Required When:

- Applying for or increasing life insurance coverage for yourself outside of your initial enrollment period.
- Enrolling your spouse for life insurance outside of your initial enrollment period.
- Enrolling in long-term care after your initial enrollment period.

**Benefit Amount:** \$3,673.28 (80% of Monthly Salary)

**Cost:** \$0.00


Figure 19 - Long Term Disability Insurance

## LONG TERM DISABILITY

All benefits eligible employees are automatically enrolled in Long Term Disability insurance. The district pays the full cost of this benefit, and you do not need to do anything except click “Next.”

## Long Term Care - Self

UNUM Long Term Care plan is being offered to Madison Metropolitan School District again this year!

 Your enrollment session here may timeout. If you return back to a login screen, you **MUST** log back in and complete this enrollment.

You must enroll here: UNUM LTC

After enrolling, please enter the EMPLOYEE benefit amount and monthly cost you applied for below. This information will be checked over and confirmed or corrected by HR.

| Benefit Amount              | Employee Cost               |
|-----------------------------|-----------------------------|
| <input type="text"/> \$0.00 | <input type="text"/> \$0.00 |

Figure 20

## LONG TERM CARE

Long Term Care is end-of- life or nursing home care. You may apply for yourself, your spouse, and various other family members. To begin the enrollment process, you must click on the words "UNUM LTC" (Figure 20). This will take you to UNUM's website to complete online enrollment for this benefit. Once enrollment on UNUM's website has been completed, return to the MMSD website and enter the Benefit Amount and Employee Cost from the UNUM website.

As with all benefits, click the radio button to either apply or decline/cancel coverage and click NEXT.

If you DO NOT wish to enroll in this benefit, you must click the radio button next to "I wish to CANCEL this coverage."

## COMPLETING ENROLLMENT

**YOU HAVE NOT COMPLETED ENROLLMENT UNTIL YOUR VERIFY AND SUBMIT YOUR ELECTIONS!**

## VERIFY and REVIEW YOUR ELECTIONS

After you have gone through each benefit and either accepted or declined/waived coverage, you will see a page requesting you to verify your benefit elections (Figure 21).

**Signature** I wish to make the choices indicated on this form, including, if applicable, consent to the transfer of my benefits to Electronic Transactions section. If electing coverage, I authorize deductions from my wages to cover the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. I agree to the terms and conditions of the plan documents, including, if applicable, those made in response to the Evidence Of Insurability questions, are true and correct.

Figure 21

This page will show a list of all available Plans and a Description of each benefit's enrollment status. In the example below (Figure 21), the employee has not **reviewed** the plans for Voluntary Life – Dependents, Short Term Disability, or Long Term Care - Self. **ALL** Plans must be reviewed ***even if you are going decline/waive coverage*** in order to proceed. Clicking on any not-reviewed plan will take you back to that enrollment page.




| Plan                                      | Description   | Pretax Cost    | Posttax Cost   | Employer Paid   |
|---|---|----------------|----------------|-----------------|
| <u>Medical</u>                            | Dean - HMO; Family  | \$25.32        | \$0.00         | \$818.59        |
| <u>FSA - Medical</u>                      | \$999.84  | \$41.66        | \$0.00         | \$0.00          |
| <u>FSA - Dependent Care</u>               | N/A   |                |                |                 |
| <u>Dental</u>                             | Delta Dental; Family  | \$4.51         | \$0.00         | \$40.57         |
| <u>Vision</u>                             | Waived  |                |                |                 |
| <u>Basic Life and AD&amp;D</u>            | Standard Life - Salary Based; \$56,000  | \$1.85         | \$0.00         | \$10.47         |
| <u>Voluntary Life and AD&amp;D - Self</u> | Standard Life - Salary Based; \$168,000   | \$0.00         | \$33.60        | \$0.00          |
| <b>Voluntary Life - Dependents</b>        |  <b>Not Reviewed</b> |                |                |                 |
| <b>Short Term Disability</b>              | <b>Not Reviewed</b>   |                |                |                 |
| <u>Long Term Disability</u>               | Standard LTD - Salary Based; \$3,673.28   | \$0.00         | \$0.00         | \$13.20         |
| <b>Long Term Care - Self</b>              |  <b>Not Reviewed</b> |                |                |                 |
| <u>Long Term Care - Spouse</u>            | N/A   |                |                |                 |
| <b>Total</b>                              |   | <b>\$73.34</b> | <b>\$33.60</b> | <b>\$882.83</b> |

Figure 22

**THE LAST STEP IS TO SIGN and SUBMIT** (electronically) your benefit elections.

To do this, click the orange NEXT box

| Form Name  | Status   | Date Signed/Reviewed |
|--|----------|----------------------|
|  Enrollment Summary | Unsigned |                      |



Next

Figure 23

## DOUBLE CHECK YOUR ELECTIONS

A list of your elected benefits and costs will appear. Review this carefully. If you need to make a change, you can click the BACK box, or use the My Benefits drop down list to go back to any benefits enrollment page.

| Benefit Plan               | Product                        | Opt   | Cvg  | Ded | Effective Date | Benefit Amount | Requested |      | Employee Cost |           | Employer Cost |
|----------------------------|--------------------------------|-------|------|-----|----------------|----------------|-----------|------|---------------|-----------|---------------|
|                            |                                |       |      |     |                |                | Benefit   | Cost | Pre-tax       | After-tax |               |
| Medical                    | Dean - HMO                     | W     | FA   | 24  | 01/01/2018     |                |           |      | 25.32         | 0.00      | 818.59        |
| FSA - Medical              | FSA - Medical                  | 1 24  | ENR  | 24  | 01/01/2018     | 1,000          |           |      | 41.66         | 0.00      | 0.00          |
| Dental                     | Delta Dental                   |       | FA   | 24  | 01/01/2018     |                |           |      | 4.51          | 0.00      | 40.57         |
| Vision                     | Waived                         |       |      |     |                |                |           |      |               |           |               |
| Basic Life and AD&D        | Standard Life - SB             | 1     | EO   | 24  | 01/01/2018     | 56,000         |           |      | 1.85          | 0.00      | 10.47         |
| Voluntary Life and AD&D -  | Standard Life - SB             | 3 0   | EO   | 24  | 03/01/2018     | 168,000        |           |      | 0.00          | 33.60     | 0.00          |
| Voluntary Life - Dependent | Standard Life - DB             | 2     | DEPS | 24  | 02/07/2018     |                | 15,000    | 2.00 | 0.00          | 0.00      | 0.00          |
| Short Term Disability      | Standard Short Term Disability | 66.67 | EO   | 24  | 01/01/2018     | 706            |           |      | 0.00          | 11.83     | 0.00          |
| Long Term Disability       | Standard LTD - SB              | 80    | EO   | 24  | 02/08/2018     | 3,673          |           |      | 0.00          | 0.00      | 13.20         |
| Long Term Care - Self      | Waived                         |       |      |     |                |                |           |      |               |           |               |
|                            |                                |       |      |     |                |                |           |      |               |           |               |
|                            |                                |       |      |     |                |                |           |      |               |           |               |
|                            |                                |       |      |     |                |                |           |      |               |           |               |
|                            |                                |       |      |     |                |                |           |      |               |           |               |
|                            |                                |       |      |     |                |                |           |      |               |           |               |
|                            |                                |       |      |     |                |                |           |      |               |           |               |
| <b>Total:</b>              |                                |       |      |     |                |                |           |      | 73.34         | 45.43     | 882.83        |

Page 1 of 2 rev. 9-22-2017

Page ▼ [Download Form](#)

Figure 24

When all your elections are complete and correct, you MUST CLICK THE orange box that says I AGREE (Figure 25).

### Authorization

By submitting my benefit choices, I acknowledge that I am authorizing my employer to take pre-tax and/or, to the extent relevant, after-tax deductions from my paychecks to pay for my benefit costs. I understand that pursuant to Internal Revenue Code section 125, this election can only be made during the annual open enrollment period before the beginning of each plan year (unless I am a new hire), and is irrevocable for the entire calendar year unless I incur a Qualifying Life Event Change or other permissible mid-year change event as determined by the benefit plans (collectively, the "Plans").

I understand that the maximum salary reductions I can make are set forth in the Plans, and that the Plans govern all issues concerning my elections, payroll deductions, eligibility, and benefits. I acknowledge that my elections (with the exception of contributions to the Flexible Spending Accounts) will automatically rollover from year to year unless I submit a change during the annual open enrollment period.

I agree that in the event of any change in the required benefit plan contributions prior to the next enrollment period, my payroll deduction election will automatically be revised to take such change into account. I also understand that my contributions to the Flexible Spending Accounts, if any, can only be used to reimburse qualified health and/or dependent care expenses incurred in the same plan year as the contributions are deducted from my paychecks. Any funds remaining in my Flexible Spending Account(s) not used for current year expenses may be forfeited after all current plan year reimbursements are processed.

I understand that I may be required to provide Human Resources with proof of dependent eligibility in order to receive coverage for my dependent(s).

I authorize my employer to use and send necessary personal information, including Protected Health Information under HIPAA, to my selected benefit vendors and providers in order to initiate and support my coverage elections.

To the best of my knowledge, all statements and answers in this application are complete and true.

I Agree
←


Figure 25

## SUCCESS!

You have successfully completed enrolling in your benefits when you see the congratulations screen below.

Sign/Submit Complete

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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.**

Figure 26

Click on Enrollment Summary to download and save a copy of your benefits elections for your records.

**Completed Forms**

Following is a list of forms reviewed and/or signed during the enrollment. Click on the form name to view or print.  
Press *Return* to exit the website.



| Form Name   | Date Signed/Reviewed |
|---|----------------------|
|  <a href="#">Enrollment Summary</a>  | 02/08/2018           |

Figure 27

For more specific information concerning the above-listed benefits, please contact the Benefits Helpdesk at [benefits@madison.k12.wi.us](mailto:benefits@madison.k12.wi.us) or at (608) 663-1692.



## Part II: LIFE EVENTS: Making a Change in Enrollment Status

Benefits enrollment must be done using the Standard Enrollment System at <http://www.standard.benselect.com>.

At the log in page, you will need to enter your User name and PIN.

Figure 28

### LOGGIN IN:

Your User name is your employee “b” number without the b (7XXXXX). Your PIN is the last four digits of your social security number, followed by the last two digits of your birth year (SSSSYY). Click the green LOG IN box.

After you log in, you will see the welcome screen (Figure 29), including a list of your current benefits.

Figure 29

## MAKING A CHANGE – LIFE EVENTS

Hover over the Me & My Family dropdown list. Select Life Events to initiate a change to one or more of your benefits, or to your status. To read about Life Events that would allow you to make changes outside of an open enrollment period, please refer to the Benefits Guide Book.

Figure 30

Figure 31

Select which life event applies to you and then click the orange NEXT box. Depending upon which event you select, you will be allowed to make any eligible changes. The system will ask for information related to your Life Event and then ask you to confirm your event by entering your PIN (as above) and clicking on the orange check box.

Figure 32

Check all benefits that will be effected by your Life Event and then click the orange NEXT box. You will be taken through each benefit. Select the type of coverage you'd like and then click the radio button next to either apply for or cancel/decline in each benefit.

Life Event: Please Confirm

You are eligible to re-enroll in following benefit plans. Please make selections and press Next button

- ☐ Medical
- ☐ FSA - Medical
- ☐ FSA - Dependent Care
- ☐ Dental
- ☐ Vision
- ☐ Voluntary Life and AD&D - Self
- ☐ Voluntary Life - Dependents
- ☐ Short Term Disability
- ☐ Long Term Disability
- ☐ Long Term Care - Self
- ☐ Long Term Care - Spouse

Figure 33

## Verify Your Benefit Elections

**Signature** I wish to make the choices indicated on this form, including, if applicable, those made in response to the Evidence Of Knowledge and belief, and I understand that they form the basis of my coverage.

Figure 34

Once you have gone through all the benefits, you will be asked to "Verify Your Benefit Elections." If the benefit elections are correct, click the orange NEXT box. If you'd like or need to make a change, simply click on the benefit.

Signatures Required

To complete your enrollment, you must review all of the above plans. Press Next to begin Reviewing plans.

| Form Name          | Status   | Date Signed/Reviewed |
|--------------------|----------|----------------------|
| Enrollment Summary | Unsigned |                      |

Figure 35

## SUBMITT YOUR ENROLLMENT

## Authorization

By submitting my benefit choices, I acknowledge that I am authorizing my employer to make deductions from my paychecks to pay for my benefit costs. I understand that this authorization is made during the annual open enrollment period before the beginning of each calendar year unless I incur a Qualifying Life Event Change or other permitted change. Collectively, the "Plans".

I understand that the maximum salary reductions I can make are set forth in the plan documents. I acknowledge that my election will automatically be revised to take such change into account. I also understand that my Flexible Spending Accounts (if any) will automatically rollover from year to year unless I submit a new election. I agree that in the event of any change in the required benefit plan contributions, my Flexible Spending Accounts, if any, can only be used to reimburse qualified health and/or dependent care expenses. Any funds remaining in my Flexible Spending Accounts are forfeited after all current plan year reimbursements are processed.

I understand that I may be required to provide Human Resources with proof of dependent(s).

I authorize my employer to use and send necessary personal information, including my Social Security Number, to benefit vendors and providers in order to initiate and support my coverage election.

To the best of my knowledge, all statements and answers in this application are correct.

Figure 36

**YOUR CHANGES/ENROLLMENT WILL NOT BE EFFECTIVE UNTIL/UNLESS YOU SUBMIT YOUR ELECTIONS.** To do this, scroll down to the page and click the orange I AGREE box. You should then see a page congratulating you on your enrollment/changes and recapping your benefits. We strongly recommend that you print and retain a copy of the Enrollment Summary for your records. You should also receive a confirmation email after the change has been made.

## Completed Forms

Following is a list of forms reviewed. Press *Return* to exit the website.

| Form Name          |
|--------------------|
| Enrollment Summary |

Figure 37

For more specific information concerning the above-listed benefits, please contact the Benefits Helpdesk at [benefits@madison.k12.wi.us](mailto:benefits@madison.k12.wi.us) or at (608) 663-1692.