

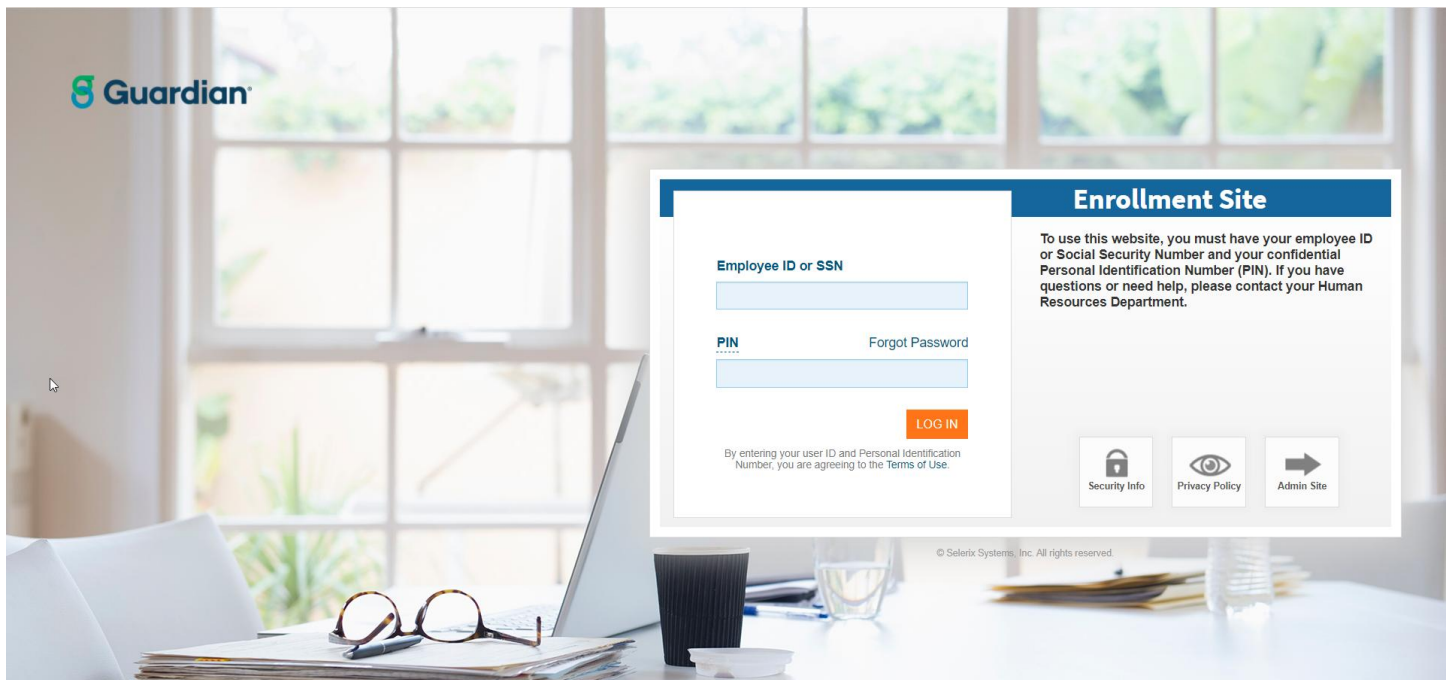


2027 Plan Year Benefit Enrollment Guide

For enrollment assistance, or questions about any of the benefits available for enrollment, please call the USD 231 Benefit Enrollment line at **866-434-0050**

Welcome! To begin your 2027 Annual Benefit Enrollment please click here → guardian.benselect.com/enroll to access the USD 231 Benefit Administration System.

You should now see the screen below.



To log-in follow these steps:

1. Enter your Social Security Number (no dashes).
2. PIN = The last four of your Social Security Number and the last two digits of your birth year (ex. 545466).
3. Click **LOGIN**.

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Please reference your USD 231 Benefit Guide for accurate 2027 plan year rates.
Benefit summaries may be found at usd231benefits.com*

01/01/2027 - 12/31/2027

USD231

Gardner Edgerton School District

Status (0% Complete)

Home

You & Your Family

My Benefits

Sign & Submit

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1

Welcome to Your Benefit Enrollment for Plan Year 2027

At Gardner Edgerton School District, 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.

- First, review and contact HR to update personal information about you or your covered dependents.
- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.
- During open enrollment, if you are already enrolled for Voluntary Life/AD&D insurance, you may increase your election by one increment of \$50,000, up to the Guaranteed Issue (GI) amount of \$200,000, without needing to complete Evidence of Insurability (EOI) or medical underwriting.

Click *Next* to begin.

2

Your Benefit Options

[Health](#)
[Cash-in-Lieu Benefit](#)
[Health Savings Account](#)
[Dental](#)
[Vision](#)
[Healthcare FSA](#)
[Dependent Care FSA](#)
[Short Term Disability](#)
[Voluntary Life & AD&D - Employee](#)
[Voluntary Life & AD&D - Spouse](#)
[Voluntary Life & AD&D - Child](#)
[Accident](#)
[Critical Illness with Cancer](#)
[Hospital Indemnity](#)
[ID Theft + Cyber Protection](#)
[Metlaw Legal Services](#)
[GE Schools Foundation](#)

Press *Next* to review personal information and begin enrollment.

3

Next

Accessibility

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1. Please review the Welcome Page.
2. This is a list of 2027 employee benefits you will be reviewing.
3. Click **Next**.

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2



Status (0% Complete)

1

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Personal Information

Please review your personal information to ensure it is correct and complete. If you need to correct any information below, please email Amy Jackson at jacksonal@usd231.com.

Personal Info

Name:
 Test
 Testerman

First
 MI
 Last
 Suffix

Date of Birth:
 05/05/1985

SSN:
 ***-**-3333

Gender:
 ☒ Male
 ☐ Female
 ☐ Other

Contact Info

Address:
 USA
 Country

1234 Main St.
 Street

Street (cont.)

Anywhere
 IA
 50323
 City
 State
 Zip

Home Phone:
 (555) 555-5555

Work Phone:
 (666) 666-6666

Mobile Phone:
 (777) 777-7777

Email:
 fakeemail@fakeemail.com

Personal Email:

2

Back
 3
 Next

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1. Review contact information. Please contact HR for any items needing updated.
2. You may update your personal email address here.
3. Click **Next**.

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Gardner Edgerton School District

Status: 0% Complete

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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	
Spouse Testerman	***.**.5555	6/6/1986	F	Spouse	0	+ ✎ ✕
Child Testerman	***.**.4444	7/7/2017	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

1. If you have current dependents enrolled, they will show here. Review for accuracy. To make changes, click on the Pencil icon next on each dependent's line.
2. To add a dependent click the plus sign and enter the necessary data.
3. When complete, or if you have no dependents, click **Next**.

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Status (0% Complete)

Gardner Edgerton School District

Home

You & Your Family

My Benefits

Sign & Submit

Health

For more information refer to <https://www.usd231benefits.com/health-insurance>.

1

The rates shown reflect the full premium cost. Staff eligible for district paid health insurance will receive the district paid benefit of \$913 per month in your gross pay. Refer to the employee benefit guide at www.usd231benefits.com to see the net cost of each product after the district paid benefits are applied.

All four Health plans have access to the Spira Care centers.

To enroll or continue your current coverage, click the option that represents your election.

You can edit which dependents will be covered by using the pencil icon next to the list of Covered People when available.

When you are finished, click on the Enroll button to continue.

Employees who waive the GESD health plan and are enrolled in another eligible group health plan that meets ACA requirements are eligible for a \$20 per month cash payment.

PLAN A: BASE \$4000 PPO

Your Cost:

Per Month

☒ Employee Only:

\$913.00

☐ Employee + Spouse:

\$1,883.00

☐ Employee + Children:

\$1,696.00

☐ Employee + Family:

\$2,389.00

Covered People:

Test Testerman

Enroll

2

PLAN B: \$3500 PPO HDHP

Your Cost:

Per Month

☒ Employee Only:

\$944.00

☐ Employee + Spouse:

\$1,956.00

☐ Employee + Children:

\$1,767.00

☐ Employee + Family:

\$2,502.00

Covered People:

Test Testerman

Enroll

PLAN C: \$1000 PPO

Your Cost:

Per Month

☒ Employee Only:

\$992.00

☐ Employee + Spouse:

\$2,053.00

☐ Employee + Children:

\$1,854.00

☐ Employee + Family:

\$2,614.00

Covered People:

Test Testerman

Enroll

PLAN D: \$0 EPO

Your Cost:

Per Month

☒ Employee Only:

\$1,049.00

☐ Employee + Spouse:

\$2,160.00

☐ Employee + Children:

\$1,957.00

☐ Employee + Family:

\$2,749.00

Covered People:

Test Testerman

Enroll

DECLINE COVERAGE

Your Cost:

\$0.00

Decline

3

My Benefits

Health

\$0.00

Cash-In-Lieu Benefit

\$0.00

Health Savings Account

\$0.00

Dental

\$0.00

Vision

\$0.00

Healthcare FSA

\$0.00

Dependent Care FSA

\$0.00

Short Term Disability

\$0.00

Voluntary Life & AD&D - Employee

\$0.00

Voluntary Life & AD&D - Spouse

\$0.00

Voluntary Life & AD&D - Child

\$0.00

Accident

\$0.00

Critical Illness with Cancer

\$0.00

Hospital Indemnity

\$0.00

ID Theft + Cyber Protection

\$0.00

Metlaw Legal Services

\$0.00

GE Schools Foundation

\$0.00

Pre-tax cost

\$0.00

Post-tax cost

\$0.00

Total Cost

\$0.00

1. Plan information will be displayed here

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2. Select the applicable radial button for the plan and tier you would like to enroll in for 2027 (I.e. Employee Only, Employee + Spouse, etc.) then click Enroll under that plan.
3. If you wish to decline this coverage, select Decline

IF YOU DECLINE HEALTH INSURANCE You may be eligible for a Cash In Lieu Benefit

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Gardner Edgerton School District

Status (12% Complete)

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Health

WAIVER OF HEALTH INSURANCE: I understand that while I am being offered the opportunity to enroll in health insurance coverage under the GESD group benefit plan, I also have the option to waive enrollment in such coverage that has been offered. If I decline coverage under the GESD Plan and I instead enroll in coverage through another group health plan that is compliant with the Affordable Care Act of 2010 (ACA), I am eligible to receive a monthly cash payment of up to \$20 per month that will be paid on my regular paychecks. I understand these additional payments will cease as of the earlier of my date of termination or the end of the current calendar year (waiver elections must be made annually for the next year). **By selecting the “Eligible for Payment” option below, I am certifying that I am declining coverage under the GESD Plan because I am covered under another group health plan that is ACA compliant.**

☐ Eligible for Payment

☐ NOT Eligible for Payment

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1. After declining health insurance, you will see the page above
2. Please read through the criteria on the screen – if you waive and are enrolled elsewhere in a qualifying GROUP health plan, and in an eligible job class, select Eligible for Payment
3. If you do not meet the listed criteria, please select NOT Eligible for Payment

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Cash-in-Lieu Benefit

 You have elected to decline coverage under the GESD health plan and indicated that you are covered through another group health plan that is compliant with the Affordable Care Act of 2010 (ACA). A monthly cash payment of up to \$20 per month will be applied to your paycheck in lieu of the employer paid portion of the health plan.

Click "Enroll" below to continue.

\$20 CASH IN LIEU BENEFIT	
Your Cost:	Per Month
☒ Employee Only:	\$0.00
Covered People:	
Test OE	
Enroll	



1. If you selected "Eligible for Payment", you will be brought to this screen, acknowledging that you will receive the \$20 cash in lieu, and that there is no cost to you. One selecting enroll, you will be taken to the dental enrollment page.

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Gardner Edgerton School District

Status (7% Complete)

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Health Savings Account

IMPORTANT: Not everyone is eligible to establish an HSA. In order to be eligible/continue to be eligible, you MUST:

- NOT be covered by any other plan unless it is also a Qualified High Deductible Health Plan
- NOT have a Health Care FSA or HRA (including access to one through your spouse's employer)
- NOT be claimed as a dependent or eligible to be claimed on another's tax return (Example: claimed on parent's tax return)
- NOT be enrolled in Medicare, because of age or disability
- NOT be in receipt of Veteran Administration (VA) benefits within the prior 3-month period

Test Testerman

☐ I acknowledge these eligibility rules.

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1. If you have selected an HSA eligible medical plan, you must acknowledge that the eligibility statements apply
2. Select your acknowledgement
3. Click NEXT to make your HSA election

Rates displayed in this guide may differ from true plan rates.
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Health Savings Account

Your HSA Election

Health Savings Account (HSA) is a tax-advantaged medical savings account available to those who are enrolled in a high deductible health plan (HDHP). Choose your requested options below to enroll.

For more information refer to <https://www.usd231benefits.com/health-savings-account>.

The IRS also has additional rules regarding eligibility, saving, spending, investing, and tax treatment for HSAs. As the account holder, you are responsible for following HSA regulations. For more information, call HSA Central at 833-232-4676.

If you would like to enroll in the HSA plan, enter the amount you would like to contribute for the plan year. Click "Calculate" then click on the button next to the text which reads "I wish to apply for this coverage".

Maximum Annual Contribution: \$4,500.00

Amount Per Month:

Number of Periods: 12

Total Amount:

☐ I wish to apply for this coverage

☐ I wish to DECLINE this coverage

Calculate

My Benefits

Health	\$944.00
Cash-in-Lieu Benefit	\$0.00
Health Savings Account	\$0.00
Dental	\$0.00
Vision	\$0.00
Healthcare FSA	\$0.00
Dependent Care FSA	\$0.00
Short Term Disability	\$0.00
Voluntary Life & AD&D - Employee	\$2.20
Voluntary Life & AD&D - Spouse	\$1.10
Voluntary Life & AD&D - Child	\$0.00
Accident	\$16.15
Critical Illness with Cancer	\$0.00
Hospital Indemnity	\$0.00
ID Theft + Cyber Protection	\$0.00
Metlaw Legal Services	\$0.00
GE Schools Foundation	\$0.00

Pre-tax cost	\$944.00
Post-tax cost	\$19.45
Total Cost	\$963⁴⁵
Per Month	

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Next

1. If you have selected an HSA eligible plan, read about your HSA options here
2. Be aware of the maximum contribution amounts
3. You can enter contribution amount in the "per month" field or in the "Total Amount" field
4. Clicking here will **Calculate** the amounts into both fields automatically
5. Select if you wish to apply for the HSA option or Waive the option
6. Click **Next** once complete

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Status (31% Complete)

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Sign & Submit

Dental

For more information refer to www.usd231benefits.com/dental-insurance.

1 The rates shown reflect the full premium cost. Staff eligible for district paid dental insurance will receive the district paid benefit of \$18.68 per month in your gross pay. Refer to the employee benefit guide at www.usd231benefits.com to see the net cost of each product after the district paid benefits are applied.

- To enroll or continue your current coverage, click the option that represents your election.
- You can edit which dependents will be covered by using the pencil icon next to the list of Covered People when available.
- When you are finished, click on the **Enroll** button to continue.

View Existing Coverage

Current

DENTAL PLAN - BASE PLAN

2

Your Cost:
Per Month

☒ Employee Only: \$18.68
☐ Employee + Spouse: \$36.48
☐ Employee + Children: \$35.54
☐ Employee + Family: \$59.92

Covered People:

3

Enroll

DENTAL PLAN - BUY UP PLAN

Your Cost:
Per Month

☒ Employee Only: \$41.24
☐ Employee + Spouse: \$80.56
☐ Employee + Children: \$87.06
☐ Employee + Family: \$144.22

Covered People:

Enroll

DECLINE COVERAGE

Your Cost: \$0.00

Decline

My Benefits

☒ Health	\$944.00
☒ Cash-in-Lieu Benefit	\$0.00
☒ Health Savings Account	\$0.00
☒ Dental	\$0.00
☐ Vision	\$0.00
☐ Healthcare FSA	\$0.00
☐ Dependent Care FSA	\$0.00
☐ Short Term Disability	\$0.00
☒ Voluntary Life & AD&D - Employee	\$2.20
☒ Voluntary Life & AD&D - Spouse	\$1.10
☒ Voluntary Life & AD&D - Child	\$0.00
☒ Accident	\$16.15
☐ Critical Illness with Cancer	\$0.00
☐ Hospital Indemnity	\$0.00
☐ ID Theft + Cyber Protection	\$0.00
☐ Metlaw Legal Services	\$0.00
☐ GE Schools Foundation	\$0.00

Pre-tax cost \$944.00

Post-tax cost \$19.45

Total Cost Per Month \$963⁴⁵

1. If you wish to enroll in Dental follow the prompts
2. Select the tier you would like to enroll in here
3. Click Enroll or Decline to move forward

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Please reference your USD 231 Benefit Guide for accurate 2027 plan year rates.
Benefit summaries may be found at usd231benefits.com

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Vision

For more information refer to <https://www.usd231benefits.com/vision-insurance>.

1. To enroll or continue your current coverage, click the option that represents your election.
- You can edit which dependents will be covered by using the pencil icon next to the list of Covered People when available.
- When you are finished, click on the **Enroll** button to continue.

View Existing Coverage

Current

VSP VISION

Your Cost: Per Month

☐ Employee Only: \$10.92

☒ Employee + Spouse: **2** \$17.30

☐ Employee + Children: \$17.66

☐ Employee + Family: \$28.46

Covered People:

3 Enroll

DECLINE COVERAGE

Your Cost: \$0.00

Decline

My Benefits

☒ Health	\$944.00
☒ Cash-in-Lieu Benefit	\$0.00
☒ Health Savings Account	\$0.00
☒ Dental	\$0.00
☒ Vision	\$0.00
☐ Healthcare FSA	\$0.00
☐ Dependent Care FSA	\$0.00
☐ Short Term Disability	\$0.00
☒ Voluntary Life & AD&D - Employee	\$2.20
☒ Voluntary Life & AD&D - Spouse	\$1.10
☒ Voluntary Life & AD&D - Child	\$0.00
☒ Accident	\$16.15
☐ Critical Illness with Cancer	\$0.00
☐ Hospital Indemnity	\$0.00
☐ ID Theft + Cyber Protection	\$0.00
☐ Metlaw Legal Services	\$0.00
☐ GE Schools Foundation	\$0.00

Pre-tax cost \$944.00
Post-tax cost \$19.45

Total Cost \$963⁴⁵
Per Month

1. If you wish to enroll in Vision follow the prompts
2. Select the tier you would like to enroll in here
3. Click Enroll or Decline to move forward

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USD231

Gardner Edgerton School District

Status (44% Complete)

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Healthcare FSA

1

Health Care FSA

A flexible spending account allows you to set aside pre-tax money to pay for expenses not covered by your insurance. The minimum and maximum contribution amounts for the next plan year are shown below.

For more information refer to <https://www.usd231benefits.com/flexible-spending-account>.

Note: If you are participating in the Health Savings Account (HSA), IRS regulations state you are not permitted to enroll in the traditional Health Spending Account (FSA) program. If you are enrolling in a Health Care FSA, you and your spouse (if married) are not permitted to contribute to a Health Savings Account (HSA).

If you would like to enroll in the FSA plan, enter the amount you would like to contribute for plan year. Click "Calculate" then click on the button next to the text which reads "I wish to apply for this coverage".

If you do not want to enroll in the FSA, click on the button next to the text which reads "I wish to DECLINE this coverage".

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

2

Maximum Annual Contribution:

\$3,500.00

Amount Per Month:

\$0.00

Number of Periods:

12

Total Amount:

\$0.00

4

Calculate

3

5

☐ I wish to apply for this coverage

☐ I wish to DECLINE this coverage

6

Next

My Benefits

Health	\$944.00
Cash-in-Lieu Benefit	\$0.00
Health Savings Account	\$0.00
Dental	\$0.00
Vision	\$0.00
Healthcare FSA	\$0.00
Dependent Care FSA	\$0.00
Short Term Disability	\$0.00
Voluntary Life & AD&D - Employee	\$2.20
Voluntary Life & AD&D - Spouse	\$1.10
Voluntary Life & AD&D - Child	\$0.00
Accident	\$16.15
Critical Illness with Cancer	\$0.00
Hospital Indemnity	\$0.00
ID Theft + Cyber Protection	\$0.00
Metlaw Legal Services	\$0.00
GE Schools Foundation	\$0.00

Pre-tax cost

\$944.00

Post-tax cost

\$19.45

Total Cost

\$963⁴⁵

Per Month

1. If you or your spouse are not enrolled in an HSA, you are eligible for Health FSA. If you wish to enroll in Health FSA follow the prompts
2. Be mindful of the annual limits
3. You can enter contribution amount in the "per month" field or in the "Total Amount" field
4. Clicking here will **Calculate** the amounts into both fields automatically
5. Select if you wish to apply or Waive this option
6. Click **Next** once complete

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Status (50% Complete)

Gardner Edgerton School District

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Dependent Care FSA

1

Dependent Day Care FSA

The Dependent Day Care FSA lets USD 231 employees use pre-tax dollars towards qualified dependent day care expenses such as caring for children under the age of 13 or caring for disabled dependents over the age of 13 (as long as you and your spouse (if married) are working full-time).

The annual maximum amount you may contribute to the Dependent Care FSA is **\$7,500 per household (or \$3,750 each if married and filing separately)** per calendar year.

For more information refer to <https://www.usd231benefits.com/flexible-spending-account>.

Examples include: The cost of child(ren) or disabled-dependent care, the cost for an individual to provide care either in or outside of your home, nursery schools & preschools (excluding kindergarten and educational costs).

If you would like to enroll in the FSA plan, enter the amount you would like to contribute for the plan year. Click "Calculate" then click on the button next to the text which reads "I wish to apply for this coverage".

2

Maximum Annual Contribution:

\$7,500.00

Amount Per Month:

\$0.00

Number of Periods:

12

Total Amount:

\$0.00

4

Calculate

5

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

Back

6

Next

My Benefits

Health	\$944.00
Cash-in-Lieu Benefit	\$0.00
Health Savings Account	\$0.00
Dental	\$0.00
Vision	\$0.00
Healthcare FSA	\$0.00
Dependent Care FSA	\$0.00
Short Term Disability	\$0.00
Voluntary Life & AD&D - Employee	\$2.20
Voluntary Life & AD&D - Spouse	\$1.10
Voluntary Life & AD&D - Child	\$0.00
Accident	\$16.15
Critical Illness with Cancer	\$0.00
Hospital Indemnity	\$0.00
ID Theft + Cyber Protection	\$0.00
Metlaw Legal Services	\$0.00
GE Schools Foundation	\$0.00

Pre-tax cost

\$944.00

Post-tax cost

\$19.45

Total Cost

\$963⁴⁵

Per Month

1. If you wish to enroll in a Dependent Care FSA follow the prompts
2. Be mindful of the plan limits
3. You can enter an amount in the "per month" field or in the "Total Amount" field
4. Clicking here will **Calculate** the amounts into both fields automatically
5. Select if you wish to apply or Waive this option
6. Click **Next** once complete

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Status (26% Complete)

Home

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Short Term Disability

1

A serious illness or injury can strike anyone at any time, and at any age, taking away your ability to earn a paycheck. Disability insurance replaces a portion of your paycheck and provides you with a steady stream of income until you return to work.

For more information refer to <https://www.usd231benefits.com/short-term-disability>.

Short Term Disability pre-existing condition exclusion: If a claim is made within the first 12 months that coverage is effective, Guardian will look back 3 months prior to the coverage effective date to determine if the disability was diagnosed or treated during that time. If so, the condition is considered pre-existing, and only two weeks of benefit will be paid

Overview

Why Disability

How It Works

Common Terms

Disclosure

If you have elected an amount that will be subject to underwriting, in the coming weeks Guardian will reach out to you via your work email with the Evidence of Insurability (EOI) request and completion instructions. Please save the information below as it will be needed to complete your EOI. Your group number is: 00576382

2

Benefit Levels:

☒ STD Option 1: 8 day elimination
 ☐ STD Option 2: 30 day elimination

Click Next to continue.

Weekly Benefit Amount:

\$650

3

Cost per month: \$74.04

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

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My Benefits	
Health	\$944.00
Cash-In-Lieu Benefit	\$0.00
Health Savings Account	\$0.00
Dental	\$0.00
Vision	\$0.00
Healthcare FSA	\$0.00
Dependent Care FSA	\$0.00
Short Term Disability	\$0.00
Voluntary Life & AD&D - Employee	\$2.20
Voluntary Life & AD&D - Spouse	\$1.10
Voluntary Life & AD&D - Child	\$0.00
Accident	\$16.15
Critical Illness with Cancer	\$0.00
Hospital Indemnity	\$0.00
ID Theft + Cyber Protection	\$0.00
Metlaw Legal Services	\$0.00
GE Schools Foundation	\$0.00
Pre-tax cost \$944.00	
Post-tax cost \$19.45	
Total Cost	\$963⁴⁵
Per Month	

1. Review the Short Term Disability Plan details here
2. Select the 8-day or 30-day elimination period

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 Benefit summaries may be found at [usd231benefits.com](https://www.usd231benefits.com)

3. Your Voluntary Short-term Disability benefit amount options and cost are shown here. If the bar turns **red**, you have chosen an amount that will require Evidence of Insurability (EOI). EOI information will be sent out after Open Enrollment is complete, or can be completed by visiting www.guardiananytime.com/eoi
4. Select if you wish to apply or Waive this option
5. Click **Next** once complete

USD231
Gardner Union School District

Status 147% Complete

Home You & Your Family My Benefits Sign & Submit

Voluntary Life & AD&D - Employee

1 Term Life insurance pays a benefit in the event of the death of the insured during a specified term. Choose your requested options below to enroll.

1 If you have elected an amount that will be subject to underwriting, in the coming weeks Guardian will reach out to you via your work email with the Evidence of Insurability (EOI) request and completion instructions. Please save the information below as it will be needed to complete your EOI. Your group number is: 00576382

Click Next to continue.

2 Benefit Amount: \$10,000

Cost per month: \$2.20

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

4 **Next**

My Benefits

Health	\$944.00
Cash-in-Lieu Benefit	\$0.00
Health Savings Account	\$0.00
Dental	\$0.00
Vision	\$0.00
Healthcare FSA	\$0.00
Dependent Care FSA	\$0.00
Short-Term Disability	\$0.00
Voluntary Life & AD&D - Employee	\$0.00
Voluntary Life & AD&D - Spouse	\$0.00
Voluntary Life & AD&D - Child	\$0.00
Accident	\$16.15
Critical Illness with Cancer	\$0.00
Hospital Indemnity	\$0.00
ID Theft + Cyber Protection	\$0.00
Metlaw Legal Services	\$0.00
GE Schools Foundation	\$0.00

Pre-tax cost \$944.00
Post-tax cost \$16.15

Total Cost
Per Month **\$960¹⁵**

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1. You may read about the Voluntary Life and AD&D here, and follow the prompts
2. You can drag the bar here to adjust the life benefit amount and see the correlating monthly cost. If electing over the Guarantee Issue amount, or for the first time, amounts will turn **RED** and the above pop-up will appear.
 - a. If you have elected an amount that will be subject to underwriting, in the coming weeks Guardian will reach out to you via your work email with the Evidence of Insurability (EOI) request and completion instructions. Please save the information below as it will be needed to complete your EOI. Your group number is: 00576382
3. Select if you wish to apply or Waive this option
4. Click **Next** once complete
(If you choose to enroll, follow the prompts to assign or add a Beneficiary)

Rates displayed in this guide may differ from true plan rates.
Please reference your USD 231 Benefit Guide for accurate 2027 plan year rates.
Benefit summaries may be found at usd231benefits.com



Voluntary Life & AD&D - Employee

Choose Beneficiaries

A beneficiary is a person, trust, or organization to whom benefits will be paid. A contingent beneficiary will receive benefits if your primary beneficiary is no longer living at the time of your death.

- Place a checkmark next to each desired primary and contingent beneficiary. The percentage allocations will automatically calculate.
- Click Add (Plus sign) if you do not see the desired person or trust in the list.
- You may change the percentages, as long as they add up to 100%.
- Clicking *All living children* will clear any children already selected.
- Beneficiaries may not be both primary and contingent at the same time.

Note: Editing a beneficiary that is of a coverable type (such as spouse or child) will edit that dependent's information as well. For this reason, it is recommended to add a new beneficiary rather than edit one that is already in the list as a dependent.

Beneficiary	Relationship	Primary	Contingent	
Spouse Testerman	Spouse	☒ 100.00%	☐ 0.00%	
Child Testerman	Child	☐ 0.00%	☒ 100.00%	
All Living Children		☐ 0.00%	☐ 0.00%	
Estate		☐ 0.00%	☐ 0.00%	

Back

Next

- Click the plus sign to add a new beneficiary
- Once you have added your beneficiaries, enter the percentage you would like each to receive. You may also assign a contingent beneficiary.
- Once complete, select NEXT

Rates displayed in this guide may differ from true plan rates.

Please reference your USD 231 Benefit Guide for accurate 2027 plan year rates.

Benefit summaries may be found at [usd231benefits.com](https://www.usd231benefits.com)

USD231
Gardner Edgerton School District

Status (47% Complete)

Home You & Your Family - My Benefits - Sign & Submit

Voluntary Life & AD&D - Spouse

1 Term Life insurance pays a benefit in the event of the death of the insured during a specified term. Choose your requested options below to enroll.

! If you have elected an amount that will be subject to underwriting, in the coming weeks Guardian will reach out to you via your work email with the Evidence of Insurability (EOI) request and completion instructions. Please save the information below as it will be needed to complete your EOI. Your group number is: 00576382

▶ View Existing Coverage

Click Next to continue.

2 Benefit Amount : \$5,000

Cost per month: \$1.10

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

4 **Next**

My Benefits

☒ Health	\$944.00
☒ Cash-in-Lieu Benefit	\$0.00
☒ Health Savings Account	\$0.00
☒ Dental	\$0.00
☒ Vision	\$0.00
☒ Healthcare FSA	\$0.00
☒ Dependent Care FSA	\$0.00
☐ Short Term Disability	\$0.00
☒ Voluntary Life & AD&D - Employee	\$13.20
☒ Voluntary Life & AD&D - Spouse	\$0.00
☐ Voluntary Life & AD&D - Child	\$0.00
☒ Accident	\$16.15
☐ Critical Illness with Cancer	\$0.00
☐ Hospital Indemnity	\$0.00
☐ ID Theft + Cyber Protection	\$0.00
☐ Metlaw Legal Services	\$0.00
☐ GE Schools Foundation	\$0.00
Pre-tax cost \$944.00	
Post-tax cost \$29.35	
Total Cost	\$973.35
Per Month	

1. To elect Spouse Supplemental Life, you must elect Supplemental Life coverage for yourself. Review the spouse life details here.
2. You can drag the bar here to adjust the life benefit amount and see the correlating per month cost. If electing over the Guarantee Issue amount, amounts will turn **RED** and the above pop-up will appear.
 - a. If you have elected an amount that will be subject to underwriting, in the coming weeks Guardian will reach out to you via your work email with the Evidence of Insurability (EOI) request and completion instructions. Please save the information below as it will be needed to complete your EOI. Your group number is: 00576382
3. Select if you wish to apply or Waive this option
4. Click **Next** once complete

Rates displayed in this guide may differ from true plan rates.
Please reference your USD 231 Benefit Guide for accurate 2027 plan year rates.
Benefit summaries may be found at usd231benefits.com



Status (47% Complete)

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You & Your Family -
My Benefits -
Sign & Submit

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Voluntary Life & AD&D - Child

1

Term Life insurance pays a benefit in the event of the death of the insured during a specified term. Choose your requested options below to enroll.

Click Next to continue.

2

Benefit Amount :

\$10,000

Cost per month:

\$2.12

3

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

Back

4

Next

My Benefits

☒ Health	\$944.00
☒ Cash-in-Lieu Benefit	\$0.00
☒ Health Savings Account	\$0.00
☒ Dental	\$0.00
☒ Vision	\$0.00
☒ Healthcare FSA	\$0.00
☒ Dependent Care FSA	\$0.00
☐ Short Term Disability	\$0.00
☒ Voluntary Life & AD&D - Employee	\$2.20
☐ Voluntary Life & AD&D - Spouse	\$0.00
☒ Voluntary Life & AD&D - Child	\$0.00
☒ Accident	\$16.15
☐ Critical Illness with Cancer	\$0.00
☐ Hospital Indemnity	\$0.00
☐ ID Theft + Cyber Protection	\$0.00
☐ Metlaw Legal Services	\$0.00
☐ GE Schools Foundation	\$0.00
Pre-tax cost \$944.00	
Post-tax cost \$18.35	
Total Cost	\$962 ³⁵
Per Month	

- To elect Child Supplemental Life, you must elect Supplemental Life coverage for yourself. Review the child life details here.
- Select if you wish to apply or Waive this option
 - Evidence of Insurability (EOI) will **NOT** be required for Child Life, but coverage will pend until any pending employee coverage is approved.
- Click **Next** once complete

Rates displayed in this guide may differ from true plan rates.
 Please reference your USD 231 Benefit Guide for accurate 2027 plan year rates.
 Benefit summaries may be found at usd231benefits.com



Accident



1

Accidents happen, and now you and your family can offset the cost of the care and treatment of those injuries with Accident insurance. For just a few dollars a month, voluntary accident insurance purchased at work helps you avoid devastating expenses. Learn why. For more information refer to <https://www.usd231benefits.com/accident-insurance>.

Overview
Why Accident
How it Works
Disclosure

For more detailed plan information, please see the [Accident Benefit Summary](#) document

Please make a selection below.

► View Existing Coverage

Current

ACCIDENT

Your Cost:

Per Month

☒ Employee Only: \$16.15
☐ Employee + Spouse: \$24.02
☐ Employee + Children: \$32.03
☐ Employee + Family: \$39.90

Covered People:

Enroll

DECLINE COVERAGE

Your Cost:

\$0.00

Decline

2

3

My Benefits	
☒ Health	\$944.00
☒ Cash-In-Lieu Benefit	\$0.00
☒ Health Savings Account	\$0.00
☒ Dental	\$0.00
☒ Vision	\$0.00
☒ Healthcare FSA	\$0.00
☒ Dependent Care FSA	\$0.00
☒ Short Term Disability	\$0.00
☒ Voluntary Life & AD&D - Employee	\$13.20
☐ Voluntary Life & AD&D - Spouse	\$0.00
☐ Voluntary Life & AD&D - Child	\$0.00
☒ Accident	\$0.00
☐ Critical Illness with Cancer	\$0.00
☐ Hospital Indemnity	\$0.00
☐ ID Theft + Cyber Protection	\$0.00
☐ Metlaw Legal Services	\$0.00
☐ GE Schools Foundation	\$0.00
Pre-tax cost \$944.00	
Post-tax cost \$13.20	
Total Cost	\$957²⁰
Per Month	

1. If you wish to enroll in the Group Accident plan, follow the prompts
2. Select the coverage tier you wish to apply for
3. Click Enroll or Decline

Rates displayed in this guide may differ from true plan rates.
Please reference your USD 231 Benefit Guide for accurate 2027 plan year rates.
Benefit summaries may be found at [usd231benefits.com](https://www.usd231benefits.com)

Status (47% Complete)

Home

You & Your Family

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Next

Critical Illness

A serious illness can have serious financial consequences, even if you have health insurance. Learn how you can reduce financial burdens with Critical Illness Insurance.

For more information refer to <https://www.usd231benefits.com/critical-illness-cancer>.

Please note: Should you wish to cancel your previously elected Critical Illness coverage, please begin by cancelling the Spouse line first, then cancel your own line of coverage.

Overview

Why Critical Illness

How it Works

Disclosure

For more detailed plan information, please see the [Critical Illness Benefit Summary](#) document

Please make a selection below.

Any eligible children who are added to the system as dependents will be covered with a benefit amount of 25% of the employee benefit amount. Child CI cost is included in the cost of employee CI coverage.

Your current selection includes the following coverage for your eligible dependents:

- Child Hart - \$1,250

Insurance for

Benefit Amount:

\$5,000

Cost per month:

\$15.35

I wish to apply for this coverage

I wish to DECLINE this coverage

Back

Next

My Benefits

☒ Health	\$944.00
☒ Cash-in-Lieu Benefit	\$0.00
☒ Health Savings Account	\$0.00
☒ Dental	\$0.00
☒ Vision	\$0.00
☒ Healthcare FSA	\$0.00
☒ Dependent Care FSA	\$0.00
☐ Short Term Disability	\$0.00
☒ Voluntary Life & AD&D - Employee	\$13.20
☐ Voluntary Life & AD&D - Spouse	\$0.00
☐ Voluntary Life & AD&D - Child	\$0.00
☒ Accident	\$0.00
☒ Critical Illness with Cancer	\$0.00
☐ Hospital Indemnity	\$0.00
☐ ID Theft + Cyber Protection	\$0.00
☐ Metlaw Legal Services	\$0.00
☐ GE Schools Foundation	\$0.00
Pre-tax cost \$944.00	
Post-tax cost \$13.20	
Total Cost	\$957²⁰
Per Month	

1. If you wish to enroll in the Group Critical Illness follow the prompts

*Rates displayed in this guide may differ from true plan rates.
Please reference your USD 231 Benefit Guide for accurate 2027 plan year rates.
Benefit summaries may be found at [usd231benefits.com](https://www.usd231benefits.com)*

2. Please note, any eligible children who are added to the system as dependents will be covered with a benefit amount of 25% of the employee benefit amount. There is no additional cost for this child coverage. This section will show each eligible child and their coverage amount.
3. You can drag the green bar here to adjust the benefit amount and see the correlating cost
4. Select if you wish to apply or waive this option
5. Click **Next** once complete

USD231
Gardner Edgerton School District

Status (65% Complete)

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Critical Illness with Cancer

Critical Illness with Cancer

Each person currently covered is listed below. If you wish to make a change to the coverage, click the person's name.

Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options
Test Testerman	Employee	5/5/1985		10,000	\$8.80	Withdraw

You may apply for coverage for any of the individuals listed below. To view prices or apply, click the name of the person in the list below.

Name	Relationship	Sex	DOB	Riders
Spouse Testerman	Spouse	F	6/6/1986	

☒ I wish to CONFIRM the changes made in this enrollment session.
☐ I wish to CANCEL changes made in this enrollment session.

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If you were enrolled in CI in past years, you will be brought to this screen after you have selected the enrollment amount for yourself

1. If you wish to elect for your spouse, or change the current CI election for your spouse, select their name
2. If you do not wish to elect or change amounts for your spouse, select that you would like to CONFIRM or CANCEL the changes you made to your own coverage
3. Then click NEXT

*Rates displayed in this guide may differ from true plan rates.
Please reference your USD 231 Benefit Guide for accurate 2027 plan year rates.
Benefit summaries may be found at [usd231benefits.com](https://www.usd231benefits.com)*



Critical Illness



A serious illness can have serious financial consequences, even if you have health insurance. Learn how you can reduce financial burdens with Critical Illness Insurance.

For more information refer to <https://www.usd231benefits.com/critical-illness-cancer>.

1

Please note: Should you wish to cancel your previously elected Critical Illness coverage, please begin by cancelling the Spouse line first, then cancel your own line of coverage.

Overview
Why Critical Illness
How it Works
Disclosure

For more detailed plan information, please see the [Critical Illness Benefit Summary](#) document.

Please make a selection below.

Any eligible children who are added to the system as dependents will be covered with a benefit amount of 25% of the employee benefit amount. Child CI cost is included in the cost of employee CI coverage.

2

Your current selection includes the following coverage for your eligible dependents:

- Child Hart - \$1,250

Insurance for

3

Benefit Amount: \$5,000

Cost per month: \$15.35

4

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

Back

5

Next

My Benefits	
☒ Health	\$944.00
☒ Cash-in-Lieu Benefit	\$0.00
☒ Health Savings Account	\$0.00
☒ Dental	\$0.00
☒ Vision	\$0.00
☒ Healthcare FSA	\$0.00
☒ Dependent Care FSA	\$0.00
☒ Short Term Disability	\$0.00
☒ Voluntary Life & AD&D - Employee	\$13.20
☐ Voluntary Life & AD&D - Spouse	\$0.00
☐ Voluntary Life & AD&D - Child	\$0.00
☒ Accident	\$0.00
☒ Critical Illness with Cancer	\$0.00
☐ Hospital Indemnity	\$0.00
☐ ID Theft + Cyber Protection	\$0.00
☐ Metlaw Legal Services	\$0.00
☐ GE Schools Foundation	\$0.00
Pre-tax cost	\$944.00
Post-tax cost	\$13.20
Total Cost Per Month	\$957²⁰

- If you select your spouse's name to enroll them, or adjust their enrollment in Spouse Critical Illness, follow the prompts

Rates displayed in this guide may differ from true plan rates.
Please reference your USD 231 Benefit Guide for accurate 2027 plan year rates.
Benefit summaries may be found at [usd231benefits.com](https://www.usd231benefits.com)

2. You can drag the green bar here to adjust the benefit amount and see the correlating cost
3. Select if you wish to apply or waive this option
4. Click **Next** once complete

USD231
Gardner Edgerton School District

Status (65% Complete)

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Critical Illness with Cancer

Critical Illness with Cancer

Each person currently covered is listed below. If you wish to make a change to the coverage, click the person's name.

Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options
Test Testerman	Employee	5/5/1985		10,000	\$8.80	Withdraw
Spouse Testerman	Spouse	6/6/1986		5,000	\$4.40	Withdraw

☒ I wish to CONFIRM the changes made in this enrollment session.
☐ I wish to CANCEL changes made in this enrollment session.

Back Next

1. Once you have enrolled or updated the elections for yourself or your spouse, please review the selections you made
2. Select whether you would like to CONFIRM or CANCEL the changes and elections you made
3. Then click NEXT

REMINDER: any eligible children who are added to the system as dependents will be covered with a benefit amount of 25% of the employee benefit amount. Child CI cost is included in the cost of employee CI coverage.

Rates displayed in this guide may differ from true plan rates.
 Please reference your USD 231 Benefit Guide for accurate 2027 plan year rates.
 Benefit summaries may be found at usd231benefits.com



Status (53% Complete)

Home

You & Your Family

My Benefits

Sign & Submit

Hospital Indemnity



No matter what kind of medical insurance you have, being admitted to the hospital is expensive. Learn how hospital insurance can help provide you with financial support when you need it most.

For more information please refer to <https://www.usd231benefits.com/hospital-indemnity>.

Please make a selection below.

This is a fixed indemnity policy, NOT health insurance. Please read this notice
https://www.usd231benefits.com/_files/ugd/773577_8fb1f2819ec94e84b2163f2e678cc57e.pdf.

HOSPITAL INDEMNITY

Your Cost:

Per Month

☒ Employee Only: **\$10.62**

☐ Employee + Spouse: \$19.10

☐ Employee + Children: \$16.87

☐ Employee + Family: \$25.35

Covered People:

Enroll

DECLINE COVERAGE

Your Cost:

\$0.00

Decline

My Benefits

☒ Health	\$944.00
☒ Cash-in-Lieu Benefit	\$0.00
☒ Health Savings Account	\$0.00
☒ Dental	\$0.00
☒ Vision	\$0.00
☒ Healthcare FSA	\$0.00
☒ Dependent Care FSA	\$0.00
☐ Short Term Disability	\$0.00
☒ Voluntary Life & AD&D - Employee	\$13.20
☐ Voluntary Life & AD&D - Spouse	\$0.00
☐ Voluntary Life & AD&D - Child	\$0.00
☒ Accident	\$0.00
☒ Critical Illness with Cancer	\$0.00
☒ Hospital Indemnity	\$0.00
☐ ID Theft + Cyber Protection	\$0.00
☐ Metlaw Legal Services	\$0.00
☐ GE Schools Foundation	\$0.00

Pre-tax cost

\$944.00

Post-tax cost

\$13.20

Total Cost

Per Month

\$957²⁰

1. If you wish to enroll in the Group Hospital Indemnity follow the prompts
2. Select the tier you would like to enroll in here
3. Click Enroll or Decline

Rates displayed in this guide may differ from true plan rates.
 Please reference your USD 231 Benefit Guide for accurate 2027 plan year rates.
 Benefit summaries may be found at [usd231benefits.com](https://www.usd231benefits.com)

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Status (59% Complete)

Home
You & Your Family
My Benefits
Sign & Submit

ID Theft + Cyber Protection

For more information please refer to <https://www.usd231benefits.com/identity-theft>.

1

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

- To enroll or continue your current coverage, click the option that represents your election.
- You can edit which dependents will be covered by using the pencil icon next to the list of Covered People when available.
- When you are finished, click on the **Enroll** button to continue.

ID THEFT + CYBER PROTECTION

Your Cost:
Per Month

☒ Employee Only:
\$7.95

☐ Employee + Family:
\$13.95

Covered People:

Enroll
3

DECLINE COVERAGE

Your Cost:
\$0.00

Decline

My Benefits

☒ Health	\$944.00
☒ Cash-in-Lieu Benefit	\$0.00
☒ Health Savings Account	\$0.00
☒ Dental	\$0.00
☒ Vision	\$0.00
☒ Healthcare FSA	\$0.00
☒ Dependent Care FSA	\$0.00
☐ Short Term Disability	\$0.00
☒ Voluntary Life & AD&D - Employee	\$13.20
☐ Voluntary Life & AD&D - Spouse	\$0.00
☐ Voluntary Life & AD&D - Child	\$0.00
☒ Accident	\$0.00
☒ Critical Illness with Cancer	\$0.00
☒ Hospital Indemnity	\$0.00
☒ ID Theft + Cyber Protection	\$0.00
☐ Metlaw Legal Services	\$0.00
☐ GE Schools Foundation	\$0.00

Pre-tax cost
Post-tax cost

\$944.00
\$13.20

Total Cost
Per Month

\$957²⁰

- Review the options for Identity Theft Protection
- Select your coverage tier
- Choose to Enroll or Decline

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Please reference your USD 231 Benefit Guide for accurate 2027 plan year rates.
Benefit summaries may be found at [usd231benefits.com](https://www.usd231benefits.com)



Metlaw Legal Services



1

With MetLaw, the group legal plan available through Hyatt Legal Plans, you get a lawyer in your corner for common legal needs. We all know Legal matters can be expensive. Suppose you need to contest a traffic ticket, update a will, buy or sell a home or get assistance with small claims court issues—your plan is there to help, all at an affordable group rate.

For more information please refer to https://www.usd231benefits.com/legal_assistance.

Overview Resources

Access to quality, affordable legal representation is more important than you may think.

There are many times in life when you may need the services of a qualified, licensed attorney: purchasing a home, estate planning and will preparation, financial matters, family law or adoption issues. MetLaw®, the group legal plan available through Hyatt Legal Plans, makes things simple for you. You get the attorney you need at a cost that's very affordable. You get access to the attorney in person or by telephone for advice on an unlimited number of personal legal matters, and representation for a wide variety of legal services.

MetLaw could save you hundreds of dollars in attorney fees for common legal services like these:

- Estate Planning Documents, Including Wills and Trusts
- Real Estate Matters
- Identity Theft Defense
- Financial Matters, such as Debt Collection Defense
- Traffic Offenses
- Document Review
- Family Law, including Adoption, Guardianship and Name Change
- Advice and Consultation on an unlimited number of Personal Legal Matters
- And More

MetLaw is offered by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Company and Affiliates, Newark, NJ. No services, including consultations, will be provided for: (1) employment related matters, including company or statutory benefits; (2) matters involving the employee, MetLife, and Affiliates; (3) matters in which there is a conflict of interest between the employee and spouse/civil union partner or dependent; (4) matters in which coverage is excluded for the spouse/civil union partner and dependent; (5) appeals and class actions; (6) bankruptcy, business or investment matters, matters involving property held for investment or rental, or issues when the Participant is the landlord; (7) patent, trademark, and copyright matters; (8) suits or fees; (9) frivolous or unethical matters; (10) matters for which an attorney-client relationship exists prior to the Participant becoming eligible for MetLaw. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. MetLaw and MetLife® are registered trademarks of Metropolitan Life Insurance Company, New York, NY.

My Benefits

☒ Health	\$944.00
☒ Cash-In-Lieu Benefit	\$0.00
☒ Health Savings Account	\$0.00
☒ Dental	\$0.00
☒ Vision	\$0.00
☒ Healthcare FSA	\$0.00
☒ Dependent Care FSA	\$0.00
☐ Short Term Disability	\$0.00
☒ Voluntary Life & AD&D - Employee	\$13.20
☐ Voluntary Life & AD&D - Spouse	\$0.00
☐ Voluntary Life & AD&D - Child	\$0.00
☒ Accident	\$0.00
☒ Critical Illness with Cancer	\$0.00
☒ Hospital Indemnity	\$0.00
☒ ID Theft + Cyber Protection	\$0.00
☒ Metlaw Legal Services	\$0.00
☐ GE Schools Foundation	\$0.00

Pre-tax cost \$944.00
Post-tax cost \$13.20

Total Cost \$957²⁰
Per Month

METLAW LEGAL SERVICES

Your Cost: Per Month
☒ Employee Only: \$18.75
☐ Employee + Spouse: \$18.75
☐ Employee + Children: \$18.75
☐ Employee + Family: \$18.75

Covered People:

Enroll

3

DECLINE COVERAGE

Your Cost: \$0.00

Decline

2

1. Review the details for the prepaid Legal plan
2. Select your coverage tier
3. Choose to Enroll or Decline

Rates displayed in this guide may differ from true plan rates.

Please reference your USD 231 Benefit Guide for accurate 2027 plan year rates.

Benefit summaries may be found at [usd231benefits.com](https://www.usd231benefits.com)



Status (71% Complete)

Home

You & Your Family

My Benefits

Sign & Submit

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GE Schools Foundation

The Gardner Edgerton Schools Foundation wants to partner with you in an effort to support students and staff of USD 231. Any amount that you are willing to contribute from your paycheck goes a long way in fulfilling the mission of the GESF - to promote and financially enrich our schools so they achieve excellence in and out of the classroom. Charitable contributions are tax deductible. Join your colleagues in the POWER OF GIVING Campaign.



GARDNER EDGERTON SCHOOLS FOUNDATION IS A NON-PROFIT 501 (c)(3) ORGANIZATION. CONTRIBUTIONS TO THIS ORGANIZATION ARE TAX-DEDUCTIBLE. STAFF MEMBERS WILL RECEIVE A WRITTEN ACKNOWLEDGMENT OF THEIR DONATIONS NO LATER THAN JANUARY 31 OF THE FOLLOWING YEAR FOR TAX DONATION PURPOSES.



The monthly amount selected below will be deducted from your paychecks beginning in January. If you would rather make a one-time donation instead of a payroll contribution, please reach out to the foundation at: bradv@usd231.com



Please use sliding bar to select the desired benefit amount and then click Next.

Click Next to continue.

Benefit Amount :

1

\$10

Cost per month:

\$10.00

2

☐ I wish to PLEDGE this amount to support the students and staff of USD 231.
 ☐ I wish to DECLINE

Back

3 Next

My Benefits

☒ Health	\$944.00
☒ Cash-in-Lieu Benefit	\$0.00
☒ Health Savings Account	\$0.00
☒ Dental	\$0.00
☒ Vision	\$0.00
☒ Healthcare FSA	\$0.00
☒ Dependent Care FSA	\$0.00
☐ Short Term Disability	\$0.00
☒ Voluntary Life & AD&D - Employee	\$13.20
☐ Voluntary Life & AD&D - Spouse	\$0.00
☐ Voluntary Life & AD&D - Child	\$0.00
☒ Accident	\$0.00
☒ Critical Illness with Cancer	\$0.00
☒ Hospital Indemnity	\$0.00
☒ ID Theft + Cyber Protection	\$0.00
☒ Metlaw Legal Services	\$0.00
☒ GE Schools Foundation	\$0.00

Pre-tax cost

\$944.00

Post-tax cost

\$13.20

 **Total Cost**

Per Month

\$957²⁰

The final enrollment pages are for the GE Schools Foundation. If you wish to donate read through the information at the top of the page, then:

1. Use the sliding bar to elect the amount you wish to donate per paycheck
2. Select Pledge or Decline
3. Hit Next

On the following screen, you will be able to select your Tshirt size, to receive your Tshirt for your donation. Once you have selected your size, hit next.

Rates displayed in this guide may differ from true plan rates.
Please reference your USD 231 Benefit Guide for accurate 2027 plan year rates.
Benefit summaries may be found at usd231benefits.com



Review / Sign Forms

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 month** for each plan.

- **Are You Satisfied With Your Elections?** If you are satisfied with your choices, enter your PIN and click the "Sign Form" button on the bottom of this screen to sign your Enrollment Verification Form electronically.
- **Need to Make Some Changes?** If you wish to make any changes to your elections, click "My Benefits" at the top of the page and click on the benefit plan name in the menu to make changes to that plan.

Gardner Edgerton USD #231 Benefit Confirmation / Deduction Authorization

Name	Date of Birth	Home Phone	Work Phone	Address
Employee ID	Hire/Elig Date	Gender	E-mail Address	
0				

Location	Department	Reason for Completing Form
CENTRAL OFFICE	Default	Open Enrollment
Job Class	Title	
Administration	TECHNOLOGY	

1

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested Benefit	Requested Cost	Monthly Rates Pre-tax	Monthly Rates After-tax
Health	Plan B: \$3500 PPO HDHP	EO	12	01/01/2027				944.00	0.00
Health Savings Account	Waived								
Dental	Waived								
Vision	Waived								
Healthcare FSA	Waived								
Dependent Care FSA	Waived								
Short Term Disability	Waived								
Voluntary Life & AD&D - Emp	Guardian Vol Life EE	EO	12	01/01/2027	60,000	300,000	66.00	0.00	13.20
Voluntary Life & AD&D - Spc	Waived								
Voluntary Life & AD&D - Chi	Waived								
Accident	Waived								
Critical Illness with Cancer	Waived								
Hospital Indemnity	Waived								
ID Theft + Cyber Protection	Waived								
Metlaw Legal Services	Waived								
GE Schools Foundation	GE Schools Foundation	EO	12	01/01/2027	45			0.00	45.00
Total:								944.00	58.20

The rates shown above reflect the full premium cost. Staff eligible for district paid health and/or dental will receive the district paid benefit in your gross pay.

Refer to the employee benefit guide at www.usd231benefits.com to see the net cost of each product after the district paid benefits are applied.

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Page 1

Download Form

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. Your PIN is the password used to log in.

PIN:

Sign Form

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1. Review all your elections for Open Enrollment here

Rates displayed in this guide may differ from true plan rates.

Please reference your USD 231 Benefit Guide for accurate 2027 plan year rates.

Benefit summaries may be found at usd231benefits.com

2. Toggle to the 2nd page of the Benefit Confirmation here
3. Sign your PIN (the password you used to log in to the enrollment site = the last four digits of your Social Security Number and the last two digits of your birth year).

USD231
Gardner Edgerton School District

Status (100% Complete)

Home You & Your Family My Benefits Sign & Submit Logout

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.**

✓ Health
Enrollment Details

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 *Logout* to exit the website.

Form Name	Date Signed/Reviewed
■ Enrollment Confirmation	10/07/2026

Return

1. Congratulations! You have completed your 2027 benefit enrollment. Scroll through to see the plans you elected
2. At the bottom of the page you will see copies of any forms you signed. You can print these off at any time.
3. Click Return to back to the Welcome Page. You will receive a benefit confirmation email shortly after your enrollment is complete.

*Rates displayed in this guide may differ from true plan rates.
Please reference your USD 231 Benefit Guide for accurate 2027 plan year rates.
Benefit summaries may be found at usd231benefits.com*