

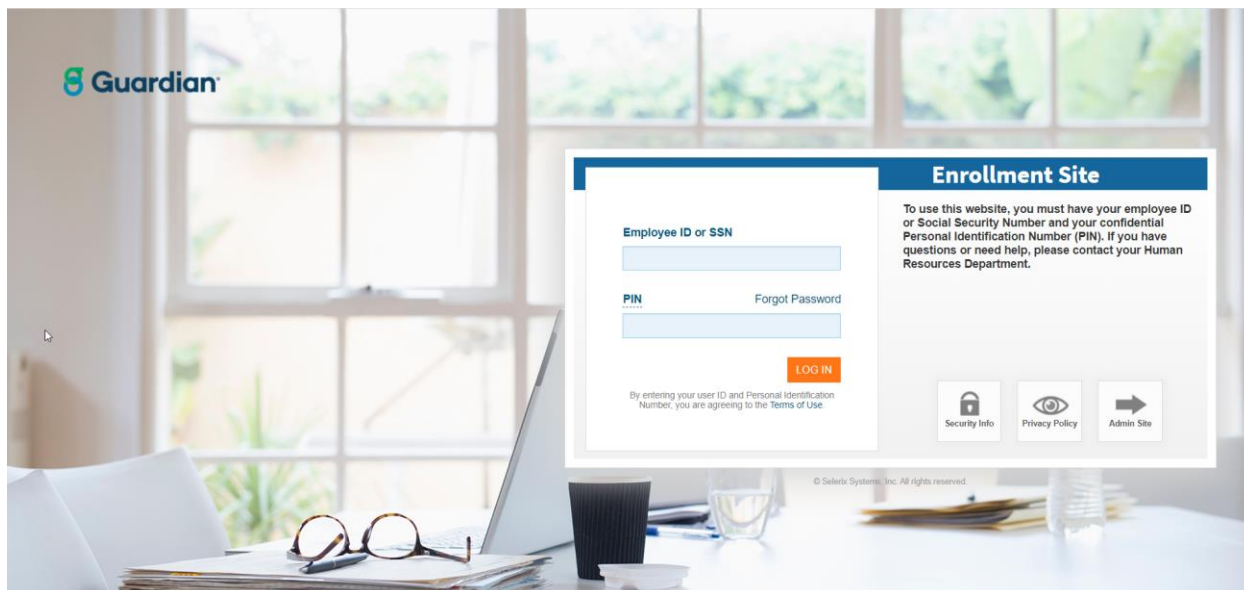


2026 Plan Year Benefit Enrollment Guide

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 2026 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**.

*Rates displayed in this guide may differ from true plan rates.
Please reference your USD 231 Benefit Guide for accurate 2026 plan year rates.
Benefit summaries may be found at usd231benefits.com*

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USD231
Gardner Edgerton School District

Status (27% Complete)

Home You & Your Family My Benefits Sign & Submit Next

Welcome to Your Benefit Enrollment for Plan Year 2026

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.

Click **Next** to begin.

✓ Your Benefit Options

- Health
- 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.

Next

Accountability © 2025 - Powered by Selerix

1. Please review the Welcome Page.
2. This is a list of 2026 employee benefits you will be reviewing.
3. Click **Next**.

Rates displayed in this guide may differ from true plan rates.
Please reference your USD 231 Benefit Guide for accurate 2026 plan year rates.
Benefit summaries may be found at usd231benefits.com



Status 0% Complete

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Sign & Submit

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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 jacksona@usd231.com.

1.

Personal Info

Name:

Test

Demo

First

MI

Last

Suffix

Preferred Name:

Date of Birth:

01/01/1999

SSN:

***-**-5839

Gender:

☐ Male
☒ Female
☐ Other

Contact Info

Address:

USA

Country

425 Waverly Rd

Street

Street (cont.)

Gardner

City

KS

State

66030

Zip

Home Phone:

Work Phone:

Ext.:

Mobile Phone:

E-Mail:

Personal E-Mail:

2.

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3.

Next

Accessibility

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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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Spouse & 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	
Demo Spouse		1/1/1998	M	Spouse	0	
Demo Child		1/1/2019	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 (27% Complete)

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Health

Health insurance assists in paying costs of the insured individual's medical and surgical expenses. It generally protects you from paying the full costs of medical services when you are injured or sick.

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

⚠ The rates shown reflect the full premium cost. Staff eligible for district paid health insurance will receive the district paid benefit of \$855 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.

View Existing Coverage

1.

Product: Plan B: \$3300 PPO HDHP Benefit Amount: N/A Cost: \$2,191.00/Monthly Pre-Tax

First Name	MI	Last Name	DOB	Sex	Relationship
Test		Demo	1/1/1999	F	Employee
Demo		Spouse	1/1/1998	M	Spouse
Demo		Child	1/1/2019	F	Child

PLAN A: BASE \$4000 PPO

Your Cost: Per Month

☐ Employee Only: \$855.00

☐ Employee + Spouse: \$1,780.00

☐ Employee + Children: \$1,608.00

☒ Employee + Family: \$2,261.00

Covered People:

Test Demo
Demo Spouse
Demo Child

Enroll

PLAN B: \$3400 PPO HDHP

This plan is HSA eligible!

Your Cost: Per Month

☐ Employee Only: \$886.00

☐ Employee + Spouse: \$1,833.00

☐ Employee + Children: \$1,659.00

☒ Employee + Family: \$2,344.00

Covered People:

Test Demo
Demo Spouse
Demo Child

Enroll

PLAN C: \$1000 PPO

Your Cost: Per Month

☐ Employee Only: \$919.00

☐ Employee + Spouse: \$1,900.00

☐ Employee + Children: \$1,721.00

☒ Employee + Family: \$2,431.00

Covered People:

Test Demo
Demo Spouse
Demo Child

Enroll

PLAN D: \$0 EPO

Your Cost: Per Month

☐ Employee Only: \$961.00

☐ Employee + Spouse: \$1,987.00

☐ Employee + Children: \$1,799.00

☒ Employee + Family: \$2,541.00

Covered People:

Test Demo
Demo Spouse
Demo Child

Enroll

DECLINE COVERAGE

Your Cost: \$0.00

Decline

3.

My Benefits

☒ Health	\$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	\$16.00
☒ Voluntary Life & AD&D - Spouse	\$4.00
☒ Voluntary Life & AD&D - Child	\$2.12
☒ 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 \$0.00
Post-tax cost \$38.27

Total Cost
Per Month **\$38²⁷**

2.

1. Review existing coverage from prior year
2. Plan information will be displayed here. Select the applicable radial button for the plan and tier you would like to enroll in for 2026 (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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Status 1/2% 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

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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Status (33% 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 Demo

☒ I acknowledge these eligibility rules.

Back Next

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

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Status: 33% Complete

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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.

View Existing Coverage

Maximum Annual Contribution:

\$8,750.00

Amount Per Month:

\$0.00

Number of Periods:

12

Total Amount:

\$0.00

Calculate

☐ I wish to apply for this coverage

☒ I wish to DECLINE this coverage

Back

Next

My Benefits

Health	\$2,344.00
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	\$16.00
Voluntary Life & AD&D - Spouse	\$4.00
Voluntary Life & AD&D - Child	\$2.12
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

\$2,344.00

Post-tax cost

\$38.27

Total Cost

\$2,382.27

Per Month

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 (38% Complete)

Home

You & Your Family

My Benefits

Sign & Submit

Dental

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

⚠ The rates shown reflect the full premium cost. Staff eligible for district paid health 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

Your Cost:

Per Month

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

Covered People:

Test Demo

Demo Spouse

Demo Child

Enroll

DENTAL PLAN - BUY UP PLAN

Your Cost:

Per Month

☐ Employee Only: \$38.36
 ☐ Employee + Spouse: \$74.94
 ☐ Employee + Children: \$80.98
 ☒ Employee + Family: \$134.16

Covered People:

Test Demo

Demo Spouse

Demo Child

Enroll

DECLINE COVERAGE

Your Cost:

\$0.00

Decline

My Benefits

☒ Health \$2,344.00
 ☒ 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 \$16.00
 ☒ Voluntary Life & AD&D - Spouse \$4.00
 ☒ Voluntary Life & AD&D - Child \$2.12
 ☒ 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

\$2,344.00

Post-tax cost

\$38.27

Total Cost

\$2,382.27

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

Rates displayed in this guide may differ from true plan rates.
 Please reference your USD 231 Benefit Guide for accurate 2026 plan year rates.
 Benefit summaries may be found at usd231benefits.com

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Status: 44% Completed

Home

You & Your Family

My Benefits

Sign & Submit

Vision

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

- 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: \$17.30

Employee + Children: \$17.66

Employee + Family: \$28.46

Covered People:

Test Demo

Demo Spouse

Demo Child

Enroll

DECLINE COVERAGE

Your Cost:

\$0.00

Decline

My Benefits

Health	\$2,344.00
Health Savings Account	\$0.00
Dental	\$59.92
Vision	\$0.00
Healthcare FSA	\$0.00
Dependent Care FSA	\$0.00
Short Term Disability	\$0.00
Voluntary Life & AD&D - Employee	\$16.00
Voluntary Life & AD&D - Spouse	\$4.00
Voluntary Life & AD&D - Child	\$2.12
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

\$2,403.92

Post-tax cost

\$38.27

Total Cost

Per Month

\$2,442¹⁹

Accessibility

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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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Status: 100% Complete

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Healthcare FSA

Health Care FSA

1. 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. 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: \$3,400.00

Amount Per Month: 3.

Number of Periods: 12

Total Amount: 4. Calculate

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

6. Back Next

My Benefits

Health	\$2,344.00
Health Savings Account	\$0.00
Dental	\$59.92
Vision	\$28.46
Healthcare FSA	\$0.00
Dependent Care FSA	\$0.00
Short Term Disability	\$0.00
Voluntary Life & AD&D - Employee	\$16.00
Voluntary Life & AD&D - Spouse	\$4.00
Voluntary Life & AD&D - Child	\$2.12
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	\$2,432.38
Post-tax cost	\$38.27
Total Cost Per Month	\$2,470⁶⁵

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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 (66% Complete)

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Dependent Care FSA

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).

Maximum Annual Contribution:

\$7,500.00

Amount Per Month:

\$0.00

Number of Periods:

12

Total Amount:

\$0.00

Calculate

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

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Next

My Benefits

Health	\$2,344.00
Health Savings Account	\$0.00
Dental	\$59.92
Vision	\$28.46
Healthcare FSA	\$0.00
Dependent Care FSA	\$0.00
Short Term Disability	\$0.00
Voluntary Life & AD&D - Employee	\$16.00
Voluntary Life & AD&D - Spouse	\$4.00
Voluntary Life & AD&D - Child	\$2.12
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

\$2,432.38

Post-tax cost

\$38.27

Total Cost Per Month

\$2,470⁶⁵

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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Gardner Edgerton School District

Status (99% Completed)

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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

My Benefits

Health	\$2,344.00
Health Savings Account	\$0.00
Dental	\$59.92
Vision	\$28.46
Healthcare FSA	\$0.00
Dependent Care FSA	\$0.00
Short Term Disability	\$0.00
Voluntary Life & AD&D - Employee	\$16.00
Voluntary Life & AD&D - Spouse	\$4.00
Voluntary Life & AD&D - Child	\$2.12
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

\$2,432.38

Post-tax cost

\$38.27

Total Cost

\$2,470.65

Per Month

2.

Benefit Levels:

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

Click Next to continue.

3.

Weekly Benefit Amount:

4

5

\$550

Cost per month:

\$62.15

4.

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

Back

5. Next

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

Rates displayed in this guide may differ from true plan rates.
 Please reference your USD 231 Benefit Guide for accurate 2026 plan year rates.
 Benefit summaries may be found at usd231benefits.com

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Home You & Your Family My Benefits Sign & Submit

1. Voluntary Life & AD&D - Employee

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.

2. View Existing Coverage

Click Next to continue.

Benefit Amount : \$200,000
Cost per month: \$16.00

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

4. Back Next

My Benefits	
Health	\$2,344.00
Health Savings Account	\$0.00
Dental	\$59.92
Vision	\$28.46
Healthcare FSA	\$0.00
Dependent Care FSA	\$0.00
Short Term Disability	\$22.60
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 \$2,432.38
Post-tax cost \$38.75

Total Cost Per Month \$2,471.13

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. Evidence of Insurability (EOI) will be required if the bar turns red. You will see the link to complete your EOI, as well as the amounts that will pend EOI, after you assign a beneficiary
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, and move on to the EOI page)

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Status (53% Complete)

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Voluntary Life & AD&D - Employee

This election requires completion of an Evidence of Insurability (EOI), please take note of the information below as it is needed to complete your EOI. New or increased coverage will not take effect until the EOI is completed and approved. **Your group number is 00576382, you will need to enter this number to complete your Evidence of Insurability Form.**

Your request for additional coverage is subject to submission of the required Evidence of Insurability Form.

You can complete the form online by [CLICKING HERE \(ONLINE EOI\)](#).

Requested total benefit amount

\$230,000

Current approved amount

\$200,000

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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	
Demo Spouse	Spouse	☒ 100%	☐ 0%	1. +
Demo Child	Child	☐ 0%	☒ 100%	2. ✕
All Living Children		☐ 0%	☐ 0%	✕
Estate		☐ 0%	☐ 0%	✕

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3. Next

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

Rates displayed in this guide may differ from true plan rates.
Please reference your USD 231 Benefit Guide for accurate 2026 plan year rates.
Benefit summaries may be found at usd231benefits.com

3. Once complete, select NEXT

01/01/2026 - 12/31/2026

USD 231
Gardner Edgerton School District

Status (53% Complete)

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Voluntary Life & AD&D - Employee

This election requires completion of an Evidence of Insurability (EOI), please take note of the information below as it is needed to complete your EOI. New or increased coverage will not take effect until the EOI is completed and approved. **Your group number is 00576382, you will need to enter this number to complete your Evidence of Insurability Form.**

Your request for additional coverage is subject to submission of the required Evidence of Insurability Form.

You can complete the form online by [CLICKING HERE \(ONLINE EOI\)](#).

Requested total benefit amount \$230,000

Current approved amount \$200,000

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1. If you have elected an amount that requires Evidence of Insurability (EOI), this screen will appear. Please review the instructions for completing your EOI. You may follow the link and complete now, or save the website and complete the EOI at a later time. However EOI MUST be completed before the requested coverage will take effect
2. Review your current and proposed elections
3. When you are ready, click NEXT

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Voluntary Life & AD&D - Spouse

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. View Existing Coverage

Click Next to continue.

Benefit Amount : \$50,000

Cost per month: \$4.00

2. I wish to apply for this coverage

3. I wish to DECLINE this coverage

Back Next

4. Next

My Benefits

Health	\$2,344.00
Health Savings Account	\$0.00
Dental	\$59.92
Vision	\$28.46
Healthcare FSA	\$0.00
Dependent Care FSA	\$0.00
Short Term Disability	\$22.60
Voluntary Life & AD&D - Employee	\$16.00
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 \$2,432.38
Post-tax cost \$54.75

Total Cost
Per Month \$2,487.13

Rates displayed in this guide may differ from true plan rates.
Please reference your USD 231 Benefit Guide for accurate 2026 plan year rates.
Benefit summaries may be found at [usd231benefits.com](https://www.usd231benefits.com)

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. Evidence of Insurability (EOI) will be required if the bar turns red. You will see the link to complete EOI for your spouse, as well as the amounts that will pend EOI, after you assign a beneficiary
3. Select if you wish to apply or Waive this option
4. Click **Next** once complete

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Voluntary Life & AD&D - Spouse

A separate Evidence of Insurability (EOI) is required to be completed for your Spouse's newly elected, or increased coverage, with your spouse's health information. Please take note of the information below as it is needed to complete your EOI. New or increased coverage will not take effect until the EOI is completed and approved. **Your group number is 00576382, you will need to enter this number to complete your Evidence of Insurability Form**

Your request for additional coverage is subject to submission of the required Evidence of Insurability Form.

You can complete the form online by [CLICKING HERE\(ONLINE EOI\)](#).

Requested total benefit amount	\$55,000
Current approved amount	\$50,000

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1. If you have elected an amount for your spouse that requires Evidence of Insurability (EOI), this screen will appear. Please review the instructions for completing your EOI. You may follow the link and complete now, or save the website and complete the EOI at a later time. However EOI MUST be completed before the requested coverage will take effect
2. Review your current and proposed elections
3. When you are ready, click NEXT

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Voluntary Life & AD&D - Child

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.

View Existing Coverage

Click Next to continue.

Benefit Amount : \$10,000

Cost per month: \$2.12

2.

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

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3.
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My Benefits

Health	\$2,344.00
Health Savings Account	\$0.00
Dental	\$59.92
Vision	\$28.46
Healthcare FSA	\$0.00
Dependent Care FSA	\$0.00
Short Term Disability	\$22.60
Voluntary Life & AD&D - Employee	\$16.00
Voluntary Life & AD&D - Spouse	\$4.00
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	\$2,432.38
Post-tax cost	\$58.75
Total Cost Per Month	\$2,491¹³

- 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

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

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Critical Illness

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 Demo	Employee	1/1/1999		5,000	\$3.05	CBR	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
Demo Spouse	Spouse	M	1/1/1998	

☒ 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

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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:
Test Demo

Enroll

DECLINE COVERAGE

Your Cost:
\$0.00

Decline

My Benefits

☒ Health	\$2,344.00
☒ Health Savings Account	\$0.00
☒ Dental	\$59.92
☒ Vision	\$28.46
☒ Healthcare FSA	\$0.00
☒ Dependent Care FSA	\$0.00
☒ Short Term Disability	\$22.60
☒ Voluntary Life & AD&D - Employee	\$16.00
☒ Voluntary Life & AD&D - Spouse	\$4.00
☒ Voluntary Life & AD&D - Child	\$2.12
☒ Accident	\$16.15
☒ Critical Illness with Cancer	\$3.05
☒ Hospital Indemnity	\$0.00
☐ ID Theft + Cyber Protection	\$0.00
☐ Metlaw Legal Services	\$0.00
☐ GE Schools Foundation	\$0.00

Pre-tax cost

\$2,432.38

Post-tax cost

\$63.92

Total Cost

\$2,496³⁰

Per Month

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 2026 plan year rates.
Benefit summaries may be found at [usd231benefits.com](https://www.usd231benefits.com)

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ID Theft + Cyber Protection

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

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:

Test Demo

Enroll

DECLINE COVERAGE

Your Cost: \$0.00

Decline

My Benefits	
☒ Health	\$2,344.00
☒ Health Savings Account	\$0.00
☒ Dental	\$59.92
☒ Vision	\$28.46
☒ Healthcare FSA	\$0.00
☒ Dependent Care FSA	\$0.00
☒ Short Term Disability	\$22.60
☒ Voluntary Life & AD&D - Employee	\$16.00
☒ Voluntary Life & AD&D - Spouse	\$4.00
☒ Voluntary Life & AD&D - Child	\$2.12
☒ Accident	\$16.15
☒ Critical Illness with Cancer	\$3.05
☒ Hospital Indemnity	\$10.62
☒ ID Theft + Cyber Protection	\$0.00
☐ Metlaw Legal Services	\$0.00
☐ GE Schools Foundation	\$0.00
Pre-tax cost	\$2,432.38
Post-tax cost	\$74.54
Total Cost	\$2,506⁹²
Per Month	

- Review the options for Identity Theft Protection
- Select your coverage tier
- 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 2026 plan year rates.
Benefit summaries may be found at [usd231benefits.com](https://www.usd231benefits.com)

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Metlaw Legal Services


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, Warwick, Rhode Island. Its services, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife, and affiliates, and Plan Attorneys; 3) matters in which there is a conflict of interest between the employee and spouse/civil union partner or dependents, in which case services are excluded for the spouse/civil union partner and dependents; 4) appeals and class actions; 5) farm matters, business or investment matters, matters involving property held for investment or rental, or issues when the Participant is the landlord; 6) patent, trademark, and copyright matters; 7) costs or fines; 8) frivolous or unethical matters; 9) 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	\$2,344.00
Health Savings Account	\$0.00
Dental	\$59.92
Vision	\$28.46
Healthcare FSA	\$0.00
Dependent Care FSA	\$0.00
Short Term Disability	\$22.60
Voluntary Life & AD&D - Employee	\$16.00
Voluntary Life & AD&D - Spouse	\$4.00
Voluntary Life & AD&D - Child	\$2.12
Accident	\$16.15
Critical Illness with Cancer	\$3.05
Hospital Indemnity	\$10.62
ID Theft + Cyber Protection	\$7.95
Metlaw Legal Services	\$0.00
GE Schools Foundation	\$0.00

Pre-tax cost

Post-tax cost

Total Cost

Per Month

\$2,514⁸⁷

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:
Test Demo

Enroll

DECLINE COVERAGE

Your Cost: \$0.00

Decline

- Review the details for the prepaid Legal plan
- Select your coverage tier
- 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 2026 plan year rates.
Benefit summaries may be found at [usd231benefits.com](https://www.usd231benefits.com)

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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: bradyt@usd231.com

Please select the desired benefit amount and then click Next.

Click Next to continue.

1.

Benefit Amount :

\$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

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3. Next

My Benefits

Health	\$2,344.00
Health Savings Account	\$0.00
Dental	\$59.92
Vision	\$28.46
Healthcare FSA	\$0.00
Dependent Care FSA	\$0.00
Short Term Disability	\$22.60
Voluntary Life & AD&D - Employee	\$16.00
Voluntary Life & AD&D - Spouse	\$4.00
Voluntary Life & AD&D - Child	\$2.12
Accident	\$16.15
Critical Illness with Cancer	\$3.05
Hospital Indemnity	\$10.62
ID Theft + Cyber Protection	\$7.95
Metlaw Legal Services	\$0.00
GE Schools Foundation	\$0.00

Pre-tax cost \$2,432.38

Post-tax cost \$82.49

Total Cost
Per Month

\$2,514⁸⁷

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. And on the final page, donors giving \$25 or more/month OR +\$10/month increase from the previous year's commitment will ALSO receive their choice of a GESF Polo Shirt or GESF Tumbler.

Once your selections are made, hit Next.

Rates displayed in this guide may differ from true plan rates.
Please reference your USD 231 Benefit Guide for accurate 2026 plan year rates.
Benefit summaries may be found at usd231benefits.com

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If you have elected any Guardian products, review and acknowledge the Guardian Fraud Warning and Electronic Consent Forms by clicking SIGN FORM at the bottom of the pages

Review / Sign Forms



Signature and Fraud Warning

- I understand that my dependent(s) cannot be enrolled for a coverage, if I am not enrolled for that coverage.

Review / Sign Forms



VOLUNTARY CONSENT TO RECEIVE THE ELECTRONIC TRANSMISSION OF DOCUMENTS

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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, click on the **"NEXT"** button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

1.

Gardner Edgerton USD #231

Benefit Confirmation / Deduction Authorization

Name	Date of Birth	Home Phone	Work Phone	Address
Test Demo	01/01/1999			425 Waverly Rd Gardner, KS 66030
Employee ID	Hire/Elig Date	Gender	E-mail Address	
0	10/14/2025	F		

Location	Department	Reason for Completing Form
EDGERTON	Default	Open Enrollment
Job Class	Title	
Classified		

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested		Monthly Rates	
						Benefit	Cost	Pre-tax	After-tax
Health	Plan B: \$3400 PPO HDHP	FA	12	01/01/2026				2,344.00	0.00
Health Savings Account	Waived								
Dental	Dental Plan - Base Plan	FA	12	01/01/2026				59.92	0.00
Vision	VSP Vision	FA	12	01/01/2026				28.46	0.00
Healthcare FSA	Waived								
Dependent Care FSA	Waived								
Short Term Disability	Guardian Life Worksite Short Ter	EO	12	01/01/2026	200			0.00	22.60
Voluntary Life & AD&D - Emp	Guardian Vol Life EE	EO	12	01/01/2026	200,000	230,000	18.40	0.00	16.00
Voluntary Life & AD&D - Spc	Guardian Vol Life SP	SO	12	01/01/2026	50,000	55,000	4.40	0.00	4.00
Voluntary Life & AD&D - Chil	Guardian Vol Life CH	CO	12	01/01/2026	10,000			0.00	2.12
Accident	ACCIDENT	EO	12	01/01/2026				0.00	16.15
Critical Illness with Cancer	Guardian Life Critical Illness	EO	12	01/01/2026	5,000			0.00	3.05
Hospital Indemnity	HOSPITAL INDEMNITY	EO	12	01/01/2026				0.00	10.62
ID Theft + Cyber Protection	ID Theft + Cyber Protection	EO	12	01/01/2026				0.00	7.95
Metlaw Legal Services	Waived								
GE Schools Foundation	GE Schools Foundation	EO	12	01/01/2026	10			0.00	10.00
Total:								2,432.38	92.49

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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2.

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.

3.

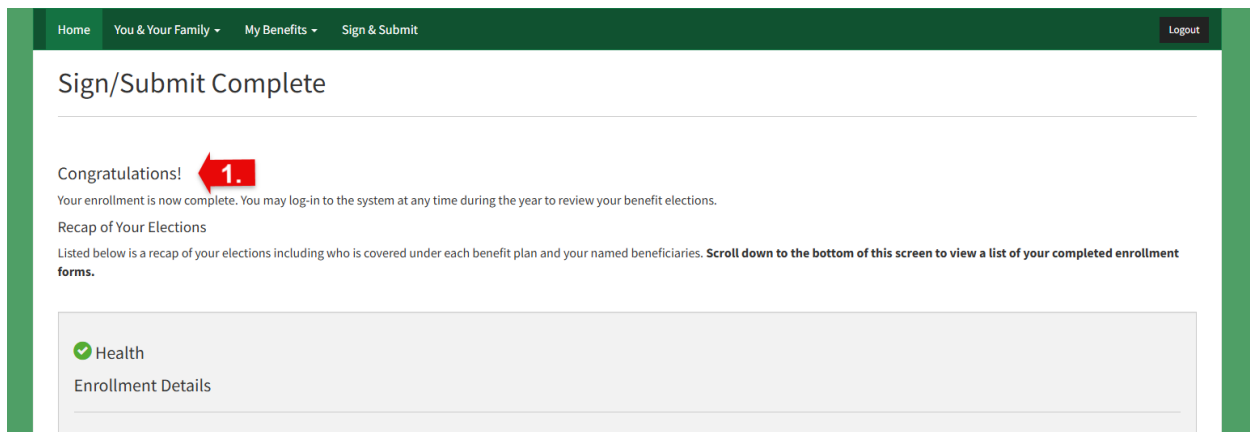
PIN:

Sign Form

1. Review all your elections for Open Enrollment here
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).

Rates displayed in this guide may differ from true plan rates.
Please reference your USD 231 Benefit Guide for accurate 2026 plan year rates.
Benefit summaries may be found at usd231benefits.com

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Completed Forms 2.

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
Guardian Coverage Attestations	10/21/2025
Guardian E-Consent 2019	10/21/2025
Enrollment Confirmation	10/21/2025
Guardian Coverage Attestations	10/21/2025
Guardian E-Consent 2019	10/21/2025
Enrollment Confirmation	10/21/2025

3. Return

1. Congratulations! You have completed your 2026 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.