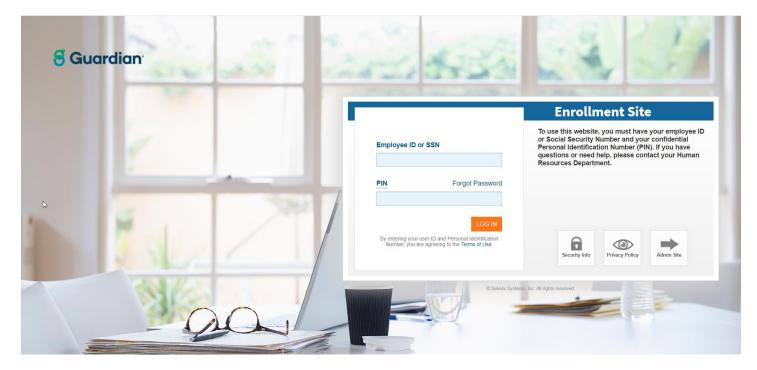


2022 Plan Year Benefit Enrollment Guide

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 2022 Annual Benefit Enrollment please click here \rightarrow 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.
- 2. PIN = The last four of your Social Security Number and the last two digits of your birth year (ex. 545466).
- 3. Click LOGIN.

USDD231 Gardner Edgerton School District	
Home You & Your Family - My Benefits - Sign & Submit	Ret
At Gardner Edgerton School District, we know that benefit requirements change. That's why we have an Open Enrollment period each year. Open Enrollment for the 2022 Plan Year will run from October 18 through October 29, 2021. 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 confirmation form to complete your enrollment. Click Next to begin.	✓ Your Benefit Options Health Health Savings Account Dental Usion Healthcare FSA Short Term Disability Voluntary Life & AD&D - Employee Voluntary Life & AD&D - Employee Voluntary Life & AD&D - Shouse Voluntary Life & AD&D - Child Accident Critical Illness with Cancer Hospital Indennity Combined LifeTime Benefit Term with LTC Allstate Identity Protection Metlaw Legal Services
Press <i>Next</i> to review personal info	rmation and beein enrollment.

- **1.** Please review the Welcome Page.
- 2. This is a list of 2022 employee benefits you will be reviewing.
- 3. Click Next.

TEST DE 2022 - Gardner - Edgerton USD 231 - Liv	Status: (0% Complete) 1					F
Home You & Your Family + My Benefits +	Sign & Submit					Back Next
Personal Information	1					
• Please review your personal information to e	ensure it is correct and complete. If you need to	correct any informa	tion below, please e	mail Amy Jackson at jac	ksonal@usd231.com.	
Personal Info						
Name:	Test		Testerman			
Name:	First		ast		Suffix	
Date of Birth:	05/05/1985	i				
SSN:	***_**-3333					
Gender:	Male Female Other					
Contact Info						
Address:	USA	.				
Adaress:	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:	personalemail@personal.com		-		2	
Back				3		Next
						ed by Selerix

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

USD2 Gardner Edgerton School District	31 Status (0% Complete)					
Home You & Your Family 🗸	My Benefits 🖌 Sign & Submit					Back Next
Dependents						
Click the <i>Next</i> button when year of the second sec	right of table) to add your spouse or dependent ou are finished.					Ļ
Name	SSN	DOB	Sex	Relation	Uploads	+
Spouse Testerman	***-**-5555	6/6/1986	F	Spouse	0	1*
Child Testerman	***-**-4444	7/7/2017	F	Child	0	/×
Add a Dependent	ve or you would like to add an additional deper	ndent, simply click the Add Deper	ndent button below.			

- 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 dependent click the plus sign and enter the necessary data.
- 3. When complete, or if you have no dependents, click Next.

Home You & Your Family + My Benefits + Sign & Submit			Back Next
My Benefits			
Below is a list of your current benefit elections. Click "Review" for bene	efit information and to elect or decline coverage.	My Benefits	
O Health You have to complete enrollment in this plan.	3 Review Curre	Vision Vision Healthcare FSA Dependent Care FSA Short Term Disability	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Health Savings Account You must be enrolled in Health to participate in Health Savings	Review Curre	Voluntary Life & ADB0 - Employ Voluntary Life & ADB0 - Employ Voluntary Life & ADB0 - Child Accident Critical Illness with Cancer Hospital Indemnity combined LifeTime Benefit Terr	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
O Dental	Rester Curre	LTC O Allstate Identity Protection O Metlaw Legal Services	\$0.00 \$0.00
You have to complete enrollment in this plan.		Pre-tax cost Post-tax cost	\$0.00 \$0.00
O Vision	Review Curro	nt Election	\$0 ⁰⁰
You have to complete enrollment in this plan.			

- 1. Above is the order that each of your benefit plans will appear.
- This dashboard will appear on the righthand side throughout the enrollment process. Once you have completed the enrollment for each benefit you will see the circle next to the description change from a blank circle to a red X or a green arrow. You can click on any of these titles directly to maneuver throughout the enrollment OR;
- 3. You can click **Review** to see/enroll/waive each coverage line OR;
- 4. You can also click **Next** at the very bottom of this page and it will automatically take you through each coverage.

sts in paying costs of the insured in injured or sick. refer to https://www.usd231benefit in a medical plan will receive th 718, the employee will receive th employee may use the surplus direct it to a 457 deferred compet tinue your current coverage, click t ich dependents will be covered or inished, click on the Enroll button Care Blue Network	Its.com/health-insurance a the district paid health b the remainder as a surpi s as an HSA deposit (if e ensation account, or rec the option that represent in the next page.	and your benefit guide whic enefit of <u>\$718</u> per month. lus. The employee will ha eligible), apply it toward th ceive it as ordinary taxabl	h you can access by CLICKIN If the plan/tier chosen by th ave the choice to determine he cost of other benefits, dii	NG HERE. he employee has a how best to use any paid rect it to a 403(b) Employee+Family	My Benefits Health Health Savings Account Dental Vision HealthCare FSA Short Term Disability Voluntary Life & AD&D - Employee Voluntary Life & AD&D - Child Accident Critical Illness with Cancer Hospital Indemnity Combined LifeTime Benefit Term LTC	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
e injured or sick. refer to https://www.usd231benefit in a medical plan will receive th remployee may use the surplus direct if to a 457 deferred compet tinue your current coverage, click i ich dependents will be covered or inished, click on the Enroll button Care Blue Network	Is.com/health-insurance a the district paid health b the remainder as a surp as as an HSA deposit (if e ensation account, or red the option that represents in the next page. It to continue.	and your benefit guide which enefit of <u>\$719</u> per month. Ius. The employee will he stigible), apply it toward th ceive it as ordinary taxabil s your election.	h you can access by CLICKIN If the plan/tier chosen by th ave the choice to determine he cost of other benefits, dii le income in their net pay.	NG HERE. he employee has a how best to use any paid rect it to a 403(b) Employee+Family	Health Health Savings Account Dental Vision Health Care FSA Dependent Care FSA Dependent Care FSA Short Term Disability Voluntary Life & AD&D - Employee Voluntary Life & AD&D - Child Accident Critical Iliness with Cancer Hospital Indemnity Combined LifeTime Benefit Term	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
refer to https://www.usd231benefit i in a medical plan will receive th 718, the employee will receive th employee may use the surplus direct it to a 457 deferred compe tinue your current coverage, click lich dependents will be covered or inished, click on the Enroll button	the district paid health b the remainder as a surp is as an HSA deposit (if die eensation account, or ree the option that represents in the next page. It to continue. Employee Only	enefit of <u>\$718</u> per month. lus. The employee will ha eligible), apply it toward th ceive it as ordinary taxabi s your election.	If the plan/tier chosen by the vertice to determine the cost of other benefits, dill te income in their net pay.	he employee has a thow best to use any paid rect it to a 403(b) Employee+Family	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 Ilness with Cancer Hospital Indemnity Combined LifeTime Benefit Term	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
Care Blue Network	Employee Only				 Critical Illness with Cancer Hospital Indemnity Combined LifeTime Benefit Term 	\$0.0 \$0.0 with \$0.0
					LTC	
			0 31,340.00	\$1,901.00	 Allstate Identity Protection Metlaw Legal Services 	\$0.0 \$0.0
d Care Blue Network	\$596.00	S1,230.00	S1,116.00	\$1,573.00	O Metiaw Legar Services	30.0
t Plus Network	\$663.00	\$1,373.00	S1,242.00	○ \$1,754.00	Pre-tax cost	\$0.0 \$0.0
are - BlueSelect Plus Network	\$553.00	\$1,114.00	S1,036.00	\$1,461.00	Total Cost	\$0 ⁰⁰
Select Plus Network	○ \$581.00	O \$1,204.00	S1,089.00	\$1,536.00	Per Month	
ly for this coverage LINE this coverage						
ly f	or this coverage	or this coverage	or this coverage	or this coverage	or this coverage IE this coverage	ect Plus Network S581.00 S1,204.00 S1,089.00 S1,536.00

- 1. Plan information will be displayed here
- 2. *If you have current coverage,* that option will be automatically selected within the table to indicate what you are currently enrolled in.
- **3.** Select the applicable radial button for the plan and tier you would like to enroll in for 2022 (I.e. Employee Only, Employee + Spouse, etc.)
- 4. Select whether you would like to apply for, or decline this coverage
- 5. Click NEXT once you have made your election.

USDD231 Status (7% Complete)	P
Home You & Your Family + My Benefits + Sign & Submit	Back Next
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.	
Back	Next

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

	TEST OE 2022 - Gardner - Edgerton USD 231 - Live 0	1/01/2022 - 12/31/2022 Test Testerman (0) A_Nizzi (⊕ Logout)	
	USD231	tus (7% Complete)	۵
	Home You & Your Family + My Benefits + Sig	n & Submit	Back Next
	Health Savings Account		
1	Your HSA Election		My Benefits
0	Choose your requested options below to enroll. For more information refer to https://www.usd231ber	saving, spending, investing, and tax treatment for HSAs. As the account holder, you are responsible	♥ Health \$596.00 ♥ 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
2	Maximum Annual Contribution:	\$3,650.00	Voluntary Life & AD&D - Spouse \$0.00 Voluntary Life & AD&D - Child \$0.00 Accident \$0.00 Oritical illness with Cancer \$0.00
	Amount Per Month:	\$0.00	O Hospital Indemnity \$0.00 O Combined LifeTime Benefit Term with \$0.00
	Number of Periods:	12	LTC O Allstate Identity Protection \$0.00 O Metlaw Legal Services \$0.00
	Total Amount:	so.oo 🚽 🗕 3	Pre-tax cost \$596.00
		Calculate 4	Post-tax cost \$0.00 Total Cost \$596 ⁰⁰
5 -	 I wish to apply for this coverage I wish to DECLINE this coverage 	6	Per Month
	Back	Next Next	
	π p		© 2021 - Powered by Selerix

- 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

	Final Merge - Gardner - Edgerton USD 231 01/01	1/2022 - 12/31/2022 Test Testerman (0) A_Nizzi (🖻 Lo	ogout)	
	USD231 Gardner Edgerton School District	Status (94% Complete)		₽
	Home You & Your Family 🖌 My Benefits 🕇	Sign & Submit		Cancel
	Dental			
1 —	Employees enrolling in a dental plan will receive a less than \$18, the employee will receive the rema surplus. The employee may use the surplus as ar account, direct it to a 457 deferred compensation • To enroll or continue your current coverage	Ibenefits.com/dental-insurance and your benefit guide the district paid health benefit of \$18 per month. If the inder as a surplus. The employee will have the choice to tSA deposit (if eligible), apply it toward the cost of or account, or receive it as ordinary taxable income in th , click the option that represents your election. red by using the pencil icon next to the list of Covered I utton to continue.	plan/tier chosen by the employee has a premiur to determine how best to use any paid benefit her benefits, direct it to a 403(b) retirement eir net pay.	Health Software Health Savings Account Software Dental Software Sof
	DENTAL PLAN - BASE PLAN	DENTAL PLAN - BUY UP PLAN	DECLINE COVERAGE	Hospital Indemnity \$0.00 Combined LifeTime Benefit Term with \$75.97 LTC Alistate Identity Protection \$0.00 Metlaw Legal Services \$0.00
				Pre-tax cost \$606.00 Post-tax cost \$153.52
2 -	Your Cost: Per Month Employee Only: \$17.28 Employee + Spouse: \$33.73 Employee + Children: \$32.84 Employee+Family: \$55.40 	Your Cost: Per Month Employee Only: \$35.48 Employee + Spouse: \$69.28 Employee + Children: \$74.88 Employee+Family: \$124.04 		Total Cost \$759 ⁵²
	Covered People: Test Testerman	Covered People: Test Testerman		
			Your Cost: \$0.00	D
3 🕳	Enroll	Enroll	Decline	

- 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

н		Sign & Submit			
	Vision				
	For more information refer to https://www.usd231b • To enroll or continue your current coverage, 4 • You can edit which dependents will be covere • When you are finished, click on the Enroll but VSP VISION VSP VISION Your Cost: Per Month • Employee Only: \$10.00	lick the option that represe d by using the pencil icon i	ents your election. next to the list of Covered	Health Health Health Health Savi Dental Vision Healthcare Opependent Short Term Voluntary L Voluntary L Voluntary L Accident Critical Illn Hospital Ini Combined LTC	\$17.28 \$0.00 FSA \$0.00 Care FSA \$0.00 Disability \$0.00 ife & AD&D - Employee \$0.00 ife & AD&D - Spouse \$0.00 ife & AD&D - Child \$0.00 ess with Cancer \$0.00 esmith 2 \$0.00 util the Benefit Term with \$0.00 ntity Protection \$0.00
2	Chiptoyee Chip. \$15.84 Employee + Spouse: \$15.81 Employee + Children: \$16.17 Employee + Family: \$26.06 Covered People: Test Testerman			Pre-Lax Post-tax Total C Per Mont	cost \$0.00
		Your Cost:	\$0.00		
	Enroll	Decl	ine		

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

	Healthcare FSA		
	Health Care FSA		My Benefits
	A flexible spending account allows you to set aside pr contribution amounts for the next plan year are show	e-tax money to pay for expenses not covered by your insurance. The minimum and maximum n below.	Health \$596.00 Health \$0.00
	dollars. The Health Care FSA maximum in 2021 was	in IRS-approved medical care expenses not covered by their insurance plan with pre-tax s \$2,750 (per IRS rules). The maximum for 2022 has not yet been released. If the IRS increases our contribution beyond \$2,750 you may do so by contacting the Enrollment Call Center at 860	Dental \$17.28 Vision \$10.00 Healthcare FSA \$0.00
	For more information refer to https://www.usd231ber HERE.	nefits.com/flexible-spending-account and your benefit guide which you can access by CLICKING	Voluntary Life & AD&D - Spouse \$0.00 Voluntary Life & AD&D - Child \$0.00
		Account (HSA), IRS regulations state you are not permitted to enroll in the traditional Health ing in a Health Care FSA, you and your spouse (if married) are not permitted to contribute to a	O Combined LifeTime Benefit Term with \$0.00
	If you would like to enroll in the FSA plan, enter the ar "I wish to apply for this coverage".	nount you would like to contribute for plan year. Then click on the button next to the text which rea	ds O Allstate Identity Protection \$0.00 O Metlaw Legal Services \$0.00
		tton next to the text which reads "I wish to DECLINE this coverage".	
	When you are finished, click on the "NEXT" button to	continue.	Pre-tax cost \$623.28 Post-tax cost \$0.00
2	Minimum Annual Contribution:	\$120.00	For Month \$623 ²⁸
	Maximum Annual Contribution:	\$2,750.00	
	Amount Per Month:	\$10.00	
	Number of Periods:	12	
	Total Amount:	\$120.00	
		Calculate 4	\$
	I wish to apply for this coverage		
-	I wish to DECLINE this coverage		

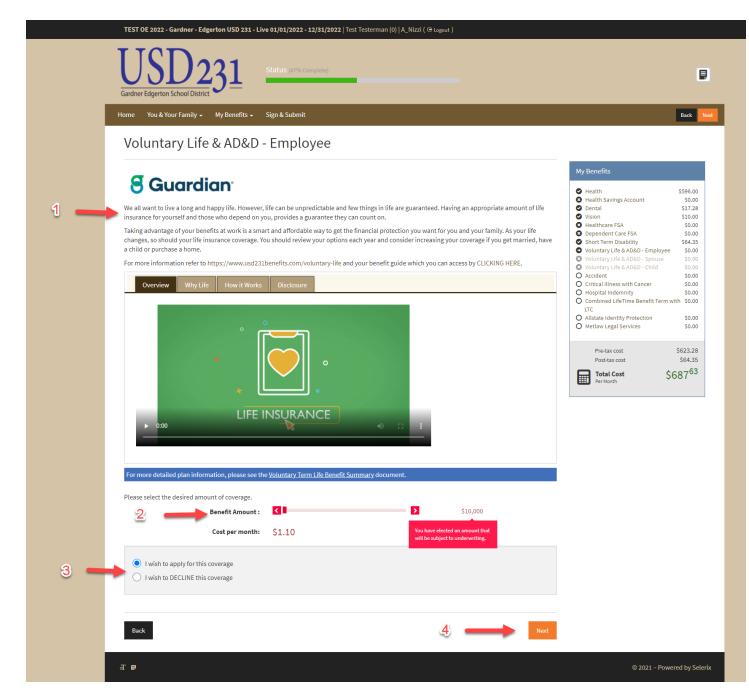
- 1. If you are not enrolled in an HSA eligible plan, you are eligible for Health FSA. If you wish to enroll in Health FSA follow the prompts
- 2. Be mindful of the annual limits (note, should these limits increase for 2022, you will be allowed to increase to the new maximum)
- 3. You can enter contribution 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

e You & Your Family • My Benefits • Si	gn & Submit	Back
ependent Care FSA		
e 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).	My Benefits Health \$596.00 Health \$6.00 Dental \$17.28
		Vision \$10.00 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 - Spouse \$0.00
Minimum Annual Contribution:	\$120.00	Accident \$0.00 Critical Illness with Cancer \$0.00 Hospital Indemnity \$0.00 Combined LifeTime Benefit Term with \$0.00 LTC
Maximum Annual Contribution: Amount Per Month:	\$5,000.00	Allstate Identity Protection \$0.00 Metlaw Legal Services \$0.00
Number of Periods:	12	Pre-tax cost \$623.28 Post-tax cost \$0.00 Total Cost \$623 ²⁸
Total Amount:	\$120.00	Per Month \$623
	Calculate 4	
I wish to apply for this coverage I wish to DECLINE this coverage		
	endent Day Care FSA E Dependent Day Care FSA lets USD 231 employee: a ge of 13 or caring for disabled dependents over a annual maximum amount you may contribute to calendar year. amples include: The cost of child(ren) or disabled- mools & preschools (excluding kindergarten and ed Minimum Annual Contribution: Maximum Annual Contribution: Amount Per Month: Number of Periods: Total Amount: I wish to apply for this coverage	Periodeut Day Care FSA Be Dependent Day Care FSA lets USD 231 employees use pre-tax dollars towards qualified dependent day care expenses such as caring for children under 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). Be annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 per household (or \$2,500 each if married and filing separately) calendar year. amples 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 tools & preschools (excluding kindergarten and educational costs). Minimum Annual Contribution: \$120.00 Amount Per Month: \$10.00 Image of Periods: 12 Image of Periods: 3120.00 Image of Periods: 3120.00

- 1. If enrolled in ANY of the medical plans, you are eligible for Dependent Care FSA. 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

	USDU231 Status (40% Complete) Gardner Edgerton School District Home You & Your Family - My Benefits - Sign & Submit	End.
	Short Term Disability	DOLA
1 🗕		
	S Guardian	My Benefits
	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 and your benefit guide which you can access by CLICKING HERE. 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	Health 5595.00 Health Savings Account 53.00 Dental 53.12.8 Vision 510.00 HealthCare FSA 50.00 Dependent Care FSA 50.00 Dependent Care FSA 50.00 Visiont Term Disability 50.00 Visiont Jule ADBO-Spotos 50.00 Visiontary Use ADBO-child 50.00 Visiontary Use ADBO-child 50.00 Critical liness with Cancer 50.00 Hospital Idemity 50.00 Combined LifeTime Benefit Term with 50.00 Combined LifeTime Benefit Term with 50.00
	► DOD DISABILITY INSURANCE NO E I	 Allstate Identity Protection Metlaw Legal Services \$0.00 Pre-tax cost \$623.28 Post-tax cost \$0.00 Image: The second secon
	For more detailed plan information, please see the Worksite Short Term Disability Benefit Summary	
	2 Benefit Levels: STD Option 1: 8 day elimination STD Option 2: 30 day elimination	
	Please select the desired amount of coverage. Weekly Benefit Amount: Cost per month: \$64.35	3
_	I wish to apply for this coverage I wish to DECLINE this coverage	

- 1. Review the Short Term Disability Plan details here
- 2. Select the 8-day or 30-day elimination period
- 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 guardiananytime.com/eoi
- 4. Select if you wish to apply or Waive this option
- 5. Click **Next** once complete



- 1. You may read about the Voluntary Life and AD&D here, and follow the prompts
- 2. You can drag the green bar here to adjust the life benefit amount and see the correlating per pay period 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)

ome You & Your Family - My Benefits -	Sign & Submit			
/oluntary Life & AD&D -	- Employee			
Choose Beneficiaries				
A beneficiary is a person, trust, or organizatio	on to whom benefits will be paid. A	A contingent beneficiary will receive benefits if your primar	y beneficiary is no longer living at the	time of your deat
 Click Add (Plus sign) if you do not see the 	he desired person or trust in the lis	ary. The percentage allocations will automatically calculate st.		
 Click Add (Plus sign) if you do not see th You may change the percentages, as lon Clicking <i>All living children</i> will clear any 	he desired person or trust in the lis ng as they add up to 100%. y children already selected.	st.		
 Click Add (Plus sign) if you do not see th You may change the percentages, as lot 	he desired person or trust in the lis ng as they add up to 100%. y children already selected.	st.		
Click Add (Plus sign) if you do not see th You may change the percentages, as lon Clicking <i>All living children</i> will clear any Beneficiaries may not be both primary. Note: Editing a beneficiary that is of a coverat	he desired person or Trust in the lis ng as they add up to 100%. c vhildren altready selected. and contingent at the same time.	st.		peneficiary rather
 Click Add (Plus sign) if you do not see th You may change the percentages, as lot Clicking <i>All living children</i> will clear any Beneficiaries may not be both primary. 	he desired person or Trust in the lis ng as they add up to 100%. c vhildren altready selected. and contingent at the same time.	st.		peneficiary rather
Click Add (Plus sign) if you do not see th You may change the percentages, as lon Clicking <i>All living children</i> will clear any Beneficiaries may not be both primary. Note: Editing a beneficiary that is of a coverat	he desired person or Trust in the lis ng as they add up to 100%. c vhildren altready selected. and contingent at the same time.	st.		eneficiary rather
 Click Add (Plus sign) if you do not see th You may change the percentages, as lot Clicking <i>All living children</i> will clear any Beneficiaries may not be both primary. Note: Editing a beneficiary that is of a coverat one that is already in the list as a dependent. 	he desired person or Trust in the lis ng as they add up to 100%. y children already selected. and contingent at the same time. ble type (such as spouse or child) v	st. will edit that dependent's information as well. For this reas	on, it is recommended to add a new b Contingent	beneficiary rather
 Click Add (Plus sign) if you do not see th You may change the percentages, as lot Clicking <i>All living children</i> will clear any Beneficiaries may not be both primary. Note: Editing a beneficiary that is of a coverat one that is already in the list as a dependent. Beneficiary 	he desired person or Trust in the lis ng as they add up to 100%. c vhildren already selected. and contingent at the same time. ble type (such as spouse or child) v Relationship	st. will edit that dependent's information as well. For this reas	on, it is recommended to add a new b	
Click Add (Plus sign) if you do not see th You may change the percentages, as lot Clicking All living children will clear any Beneficiaries may not be both primary. Note: Editing a beneficiary that is of a coverat one that is already in the list as a dependent. Beneficiary Spouse Testerman	he desired person or Trust in the lis ng as they add up to 100%. y children already selected. and contingent at the same time. ble type (such as spouse or child) v Relationship	st. will edit that dependent's information as well. For this reas Primary 100.00%	on, it is recommended to add a new b Contingent	

- 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.
- 3. Once complete, select NEXT

	USD231 Gardner Edgerton School District	۵
	Home You & Your Family - My Benefits - Sign & Submit Voluntary Life & AD&D - Employee	Back Next
]	This election requires completion of an Evidence of Insurability (EOI), please take note of the information below as it is needed to complete New or increased coverage will not take effect until the EOI is completed and approved. Your group number is 00576382, you will need in 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 <u>CLICKING HERE(ONLINE EOI</u> or download a PDF form to complete by <u>CLICKING HERE(PDF EOI)</u> CLICKI	to enter this
2 -	Proposed benefit amount \$130,000	
	Current benefit allowed \$0	
	Back 3	Next
	£ ₽ © 2021	- Powered by Selerix

- 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

	TEST OE 2022 - Gardner - Edgerton USD 231 - Live 01/01/2022 - 12/31/2022 Test Testerman (0) A_Nizzi (🕒 Logout) USD 2023 - Gardner - Edgerton School District Gardner Edgerton School District	Đ
	Home You & Your Family + My Benefits + Sign & Submit	Back Next
	Voluntary Life & AD&D - Spouse	
	S Guardian	My Benefits Health S596.00 Health Savings Account S0.00
1 —	We all want to live a long and happy life. However, life can be unpredictable and few things in life are guaranteed. Having an appropriate amount of life insurance for yourself and those who depend on you, provides a guarantee they can count on. Taking advantage of your benefits at work is a smart and affordable way to get the financial protection you want for you and your family. As your life changes, so should your life insurance coverage. You should review your options each year and consider increasing your coverage if you get married, have a child or purchase a home.	Dental \$17.28 V Vision \$10.00 Healthcare FSA \$0.00 Dependent Care FSA \$0.00 Short Term Disability \$64.35 Voluntary Life & AD&D - Employee \$0.00 Voluntary Life & AD&D - Spouse \$0.00
	For more information refer to https://www.usd231benefits.com/voluntary-life and your benefit guide which you can access by CLICKING HERE. Overview Why Life How it Works Disclosure	Voluntary Life & AD&D - Child \$0.00 Accident \$0.00 O Critical liness with Cancer \$0.00 O Hospital Indemnity \$0.00 Combined LifeTime Benefit Term with \$0.00 LTC
	Come Company	Alistate identity Protection \$0.00 Metiaw Legal Services \$0.00 Pre-tax cost \$623.28 Post-tax cost \$643.55 ↓ Total Cost \$687 ⁶³ Per Month
	For more detailed plan information, please see the <u>Voluntary Term Life Benefit Summary</u> document.	
	Please select the desired amount of coverage. Benefit Amount : Cost per month: \$1.10 You have elected an amount that will be subject to underwriting.	
3 —	I wish to apply for this coverage I wish to DECLINE this coverage	
	Back 4 Next	
	T P	© 2021 - Powered by Selerix

- 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 green bar here to adjust the life benefit amount and see the correlating per pay period 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

	USDD231 Gardner Edgerton School District	
	Home You & Your Family - My Benefits - Sign & Submit	Bock Next
	Voluntary Life & AD&D - Spouse	
1 🛶	A separate Evidence of Insurability (EOI) is required to be completed for your Spouse's information. Please take note of the information below as it is needed to complete you is completed and approved. Your group number is 00576382, you will need to ent Form Your request for additional coverage is subject to submission of the required Evidence You can complete the form online by <u>CLICKING HERE(ONLINE EOI)</u> or download a PDF	ur EOI. New or increased coverage will not take effect until the EOI ter this number to complete your Evidence of Insurability of Insurability Form.
2 🕳	Proposed benefit amount	\$30,000
-	Current benefit allowed	50
	Back	3 - Next
	I B	© 2021 – Powered by Selerix

- 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

	Status (53% Complete)	
	Home You & Your Family - My Benefits - Sign & Submit Voluntary Life & AD&D - Child	Back Next
	9 Guardian [.]	My Benefits
	<text><text><text><text></text></text></text></text>	 Health Ssvings Account \$50.00 Health Savings Account \$50.00 Dental \$17.28 Vision \$10.00 Health Care FSA \$50.00 Dependent Care FSA \$50.00 Short Term Disability \$64.35 Voluntary Life & AD&D - Employee \$50.00 Voluntary Life & AD&D - Spouse \$50.00 Voluntary Life & AD&D - Child \$50.00 Accident \$50.00 Critical Illness with Cancer \$50.00 Combined LifeTime Benefit Term with \$50.00 Life Allstate Identity Protection \$50.00 Metlaw Legal Services \$50.00 Pre-tax cost \$623.28 Post-tax cost \$64.35 Total Cost \$68763
	For more detailed plan information, please see the <u>Voluntary Term Life Benefit Summary</u> document. Please select the desired amount of coverage.	
	Benefit Amount : \$10,000 Cost per month: \$2,12 You have elected an amount that	
2 🗕	I wish to apply for this coverage I wish to DECLINE this coverage	
	Back 3 Next	
	T P	© 2021 - Powered by Seleria

- 1. To elect Child Supplemental Life, you must elect Supplemental Life coverage for yourself. Review the child life details here.
- 2. Select if you wish to apply or Waive this option
 - a. Evidence of Insurability (EOI) will be required if the bar turns red. You will see the link to complete EOI for your child, as well as the amounts that will pend EOI, after you assign a beneficiary
- 3. Click Next once complete

	USD231 Gardner Edgerton School District	Status (53% Complete)	
	Home You & Your Family + My Benefits +	Sign & Submit	Back Next
	Voluntary Life & AD&D	- Child	
1 —	Your request for additional covera	ge is subject to submission of the required Your group number is 0 surability Form	0576382, you will need to enter this number
		ge is subject to submission of the required Evidence of Insurability Fo	
	You can complete the form online	by <u>CLICKING HERE(ONLINE EOI</u>) or download a PDF form to complete	e by <u>CLICKING HERE(PDF EOI)</u> CLICKING HERE
	Proposed benefit amount		\$10,000
2 🗕	→		
	Current benefit allowed		\$0
	Back		3 Next
	£ ₽		© 2021 – Powered by Selerix

- If you have elected an amount for your child 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

	TIOD		
	USD231 Statu: Gardner Edgerton School District	S (59% Complete)	
	Home You & Your Family + My Benefits + Sign &	Submit	
	Accident		
	S Guardian		My Benefits
1 —	Accidents happen, and now you and your family can offse For just a few dollars a month, voluntary accident insuran	it the cost of the care and treatment of those injuries with Accident insurance. ice purchased at work helps you avoid devastating expenses. Learn why. is.com/accident-insurance and your benefit guide which you can access by CLICKING HERE.	Health \$596.00 Health Savigs Account \$0.00 Dental \$17.28 Vision \$10.00 Healthcare FSA \$0.00 Dependent Care FSA \$0.00 Short Term Disability \$64.35 Voluntary Life & AD&D - Employee \$0.00 Voluntary Life & AD&D - Spouse \$0.00
	Overview Why Accident How it Works	Disclosure	Voluntary Life & AD&D - Child \$0.00 Accident \$0.00 Critical Illness with Cancer \$0.00 Hospital Indemnity \$0.00 Combined LifeTime Benefit Term with \$0.00
			LTC O Allstate Identity Protection \$0.00 O Metlaw Legal Services \$0.00
			Pre-tax cost \$623.28 Post-tax cost \$64.35 Total Cost \$687 ⁶³ Per Month
	▶ 0:00	• • • •	
	For more detailed plan information, please see the Accid	Ient Benefit Summary document	
	GUARDIAN LIFE ACCIDENT - GC	DECLINE COVERAGE	
2	Your Cost: Per Month © Employee Only: \$16.15 Employee + Spouse: \$24.02 Employee + Children: \$32.03 Employee+Children: \$33.90		
	Covered People: Test Testerman		
3	Ye	our Cost: \$0.00	
3	Enroll	Decline	
	Æ ₽		© 2021 – Powered by Selerix

- 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

	Home You & Your Family + My Benefits + Sign & Submit	Back
	Critical Illness with Cancer	
1	<section-header><text><text><text></text></text></text></section-header>	My Benefits Health Special <
2	For more detailed plan information, please see the <u>Critical Illness Benefit Summary</u> document Please make a selection below. Any eligble children who are added to the system as dependents will be covered with a benefit amount of 25% of the employee benefit amount. Child Cl cost is included in the cost of employee Cl coverage. Insurance for Test Testerman	
3	Benefit Amount: Cost per month: \$4,40 I wish to apply for this coverage I wish to DECLINE this coverage	

- 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.
- 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

Critical Illnes	ss with Cancer						
Critical Illness with (Cancer						
Each person currently cove	red is listed below. If you wish to m	ake a change to the cover	age, click the person's na	me.			
Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options	
Test Testerman	Employee	5/5/1985		10,000	\$8.80		Withdraw
You may apply for cov Name	erage for any of the individuals list	red below. To view prices of Relationship	or apply, click the name of	f the person in the list			Riders
Spouse Testerman		Spouse		F	6/6/1986		
	he changes made in this enrollmer anges made in this enrollment ses						

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 CONIFRM or CANCEL the changes you made to your own coverage
- 3. Then click NEXT

	USDD231 Status (85% Complete)	
	Home You & Your Family + My Benefits + Sign & Submit	Back Next
	Critical Illness with Cancer	
1	<section-header><section-header><text><text><text><text></text></text></text></text></section-header></section-header>	My Benefits Health \$596,00 Health Savings Account \$0,00 Dental \$17,28 Yision \$10,00 Healthcare FSA \$0,00 Short Term Disability \$64,35 Yoluntary Life & AD&D - Child \$0,00 Accident \$0,00 Accident \$0,00 Accident \$0,00 Accident Care FSA \$0,00 Accident \$0,00 Accident \$0,00 Combined LifeTime Benefit Term with \$0,00 Combined LifeTime Benefit Term with \$0,00 Combined LifeTime Benefit Term with \$0,00 Combined LifeTime State \$0,00 Mettaw Legal Services \$0,00 Shostax cost \$64,35 \$688763 \$688763<!--</td-->
	For more detailed plan information, please see the <u>Critical Illness Benefit Summary</u> document Please make a selection below.	
	Any eligble children who are added to the system as dependents will be covered with a benefit amount of 25% of the employee benefit amount. Child Cl cost is included in the cost of employee Cl coverage.	
	Insurance for Spouse Testerman	
2	Spouse Critical Illness Benefit Amount: Cost per month: \$4.40	
3	I wish to apply for this coverage I wish to DECLINE this coverage	
	Back 4 Next	
	£ ₽	© 2021 – Powered by Selerix

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

	USD2 Gardner Edgerton School District	31 Status (05% c	omplete)					Ç.	ļ
	Home You & Your Family 🗸	My Benefits 🗸 Sign & Submit							Back New
	Critical Illness w	vith Cancer							
	Critical Illness with Cance	er							
	Each person currently covered is li	isted below. If you wish to make a	change to the coverage	, click the person's na	ne.				
	Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options		
L	Test Testerman	Employee	5/5/1985		10,000	\$8.80		Withdraw	
Ľ	Spouse Testerman	Spouse	6/6/1986		5,000	\$4.40		Withdraw	
		nges made in this enrollment ses: made in this enrollment session.	sion.						
	Back						3		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.

	Home You & Your Family + My Benefits + Sign & Submit	
	Hospital Indemnity	
1 —	Securities 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 and your benefit guide which you can access by CLICKING there. Please make a selection below.	My Benefits Health S596.00 Health Savings Account S000 Dental Dental Vision Vision Vision Vision Vision Vision Voluntary Voluntary Voluntary Voluntary Voluntary Voluntary Voluntary Voluntary Voluntary Voluntary Voluntary Voluntary Voluntary Voluntary Voluntary Voluntary Voluntary Combined Combined <trtr></trtr>
2 -	Your Cost: Per Month Employee Only: \$10.62 Employee + Spouse: \$19.10 Employee + Children: \$16.87 Employee + Family: \$25.35 Covered People: Test Testerman Test Testerman Employee + Spouse: State	Pre-tax cost \$623.28 Post-tax cost \$77.55 Total Cost \$700 ⁸³
3 —	Your Cost: \$0.00	

- 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

LICDaar							
USDD231 Gardner Edgerton School District 31							
Home You & Your Family → My Benefits → Sign & Submit	Back Next						
Combined LifeTime Benefit Term with LTC							
My Benefits							
Basics Benefits Additional Benefits Features	\$596.00						
 No one likes to think about needing life insurance. But if someone depends on you financially, you need life insurance. In the event of a tragedy, life insurance can help pay for: Funeral costs Bills and ongoing living expenses Outstanding debt, including credit cards and the mortgage Childcare or future education costs 	\$0.00 \$17.28 \$10.00 \$0.00 \$64.35 \$0.00 \$0.00 \$0.00 \$0.00						
Please select the desired amount of LifeTime Benefit Term coverage from the list below. You may also choose from the available options listed below. To continue through the LifeTime Benefit Term enrollment process, please select <i>I wish to apply for this coverage</i> . If not, please select <i>I wish to DECLIVE</i> Control LifeTime Benefit Term enrollment process, please select <i>I wish to apply for this coverage</i> . If not, please select <i>I wish to DECLIVE</i> Combined LifeTime Benefit Term with Cancer Comb	\$0.00 \$13.20 \$0.00 h \$0.00						
Insurance for Test Testerman O Allstate Identity Protection O Metlaw Legal Services	\$0.00 \$0.00						
	\$623.28						
Is the employee actively at work performing the regular duties of the job in the usual manner and at the usual place of employment?	\$77.55 00 ⁸³						
Cost per month Benefit Amount							
3 537.98 59.000							
● <u>\$75.97</u> 100,000							
25,000							
O \$113.95 150.000							
4 Cost per month: 18.99							
Benefit Amount: 25,000.00							
Application riders							
5 Dependent Child Rider 25000 -							
Premium Waiver, Payer Waiver of Premium							
Accelerated Death Benefit for Long Term Care							
Extension of Long Term Care Benefits 2x Paid Up V							
Total Premium: \$18.99							
6 I wish to apply for this coverage							
Back Next							
IT ₽ © 2021 - Power	ed by Selerix						

- 1. Follow the prompts
- 2. Answer tobacco use question, and the actively at work question
- 3. Select benefit amount
- 4. Cost per month and benefit amount will be calculated here
- 5. Choose additional Child Term or Waiver of Premium riders
- 6. Select whether you wish to apply or decline coverage
- 7. Select Next
- 8. Select beneficiary information on the following page
- 9. The system will return you to the first Universal Life page to go through the remaining names listed

	Combined LifeTime Benefit Term with LTC							
Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options		
Test Testerman	Employee	5/5/1985		100,000	\$75.97	LTC, EOB	Withdraw	
Name		Relationship		Sex	DOB		Riders	
Spouse Testerman Child Testerman		Spouse		F	6/6/1986			
Child Testerman		Cintu		1	1/1/2011			
		nt session.						

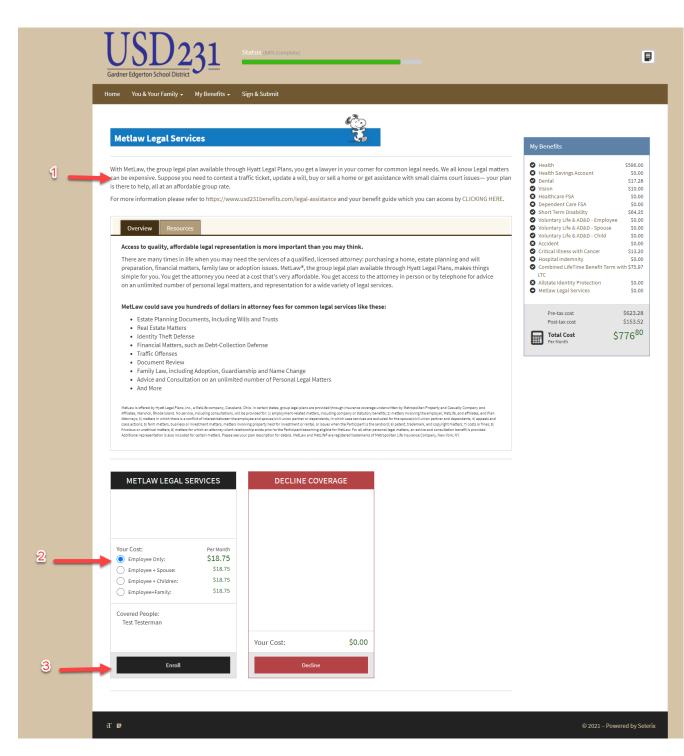
- 10. Once all changes are made, select if you wish to CONFIRM or CANCEL
- 11. Click Next

Gardner Edgerton School District	Sign & Submit	_
Combined LifeTime Be	enefit Term with LTC	
Conditional Issue Questions: Com Simplified Issue Eligibility questions	plete as required for any person proposed for Coverage. If any question is answered "Yes s for that person.	s", please answer all of t
A. Has the Employee missed more the months?	nan 5 consecutive days of active work due to an illness or injury in the past 3) yes (
	ited in a medical facility, hospitalized or disabled in the past 6 months, excluding atient or outpatient, whether or not confined. Treated in a medical facility does fice visit.) yes (
	e last 10 years, been diagnosed as having or been treated by a physician for ome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human) yes (
Has any person proposed for covera within the past 6 months, excluding	ge been seen or treated by a licensed physician or other medical practitioner flu, cold or routine physical?	⊖ yes (
	2	

- 1. Answer the prompted health questions
- 2. Hit next until all questions have been answered

	USD231 Gardner Edgerton School District	Status (82% Complete)			۵
	Home You & Your Family • My Benefits • • • • • • • • • • • • • • • • • • •	Sign & Submit			
1-		oices available to you. age, click the option that represents your electio covered by using the pencil icon next to the list o	on.	My Benefits Health Health Savings Account Dental Vision Healthcare FSA Dependent Care FSA	\$596.00 \$0.00 \$17.28 \$10.00 \$0.00 \$0.00
	IDENTITY PROTECTION	DECLINE COVERAGE		 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 Combined LifeTime Benefit Term v LTC Allstate Identity Protection Metlaw Legal Services 	\$64.35 \$0.00 \$0.00 \$0.00 \$13.20 \$0.00 \$0.00 with \$75.97 \$0.00 \$0.00
2	Your Cost: Per Month Employee Only: \$7.95 Employee+Family: \$13.95 Covered People: Test Testerman			Pre-tax cost Post-tax cost Total Cost \$	\$623.28 \$153.52 776 ⁸⁰
3	Enroll	Your Cost: \$0.00 Decline			
	£7 ₽			© 2021 - Powe	ered by Selerix

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



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

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

8 Guardian⁻

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

8 Guardian[.]

VOLUNTARY CONSENT TO RECEIVE THE ELECTRONIC TRANSMISSION OF DOCUMENTS

If you have elected Chubb coverage, review and acknowledge the Release of Information form by clicking SIGN FORM at the bottom of the page

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 pay period 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.

Authorization for Release of Information

Release information from the record(s) of	. Testerman	Test	
	(Last Name)	(First Name)	(Middle)
Date of Birth: <u>05 /05 /1985</u> So	oc. Sec. No. (last 4 digits): <u>3333</u>		

| tworks and a statified with Your Elections? If you are statified with your choices, click on the "NEXT" button at the bottom of this screen to sign your Encollment Verification Form electronical your PND is the passion dused to login. Text Text Text Text Text Text Text Text
 | State failed with Your Eaclans? If you are satisfied with your choices, click on the "MEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your Brook and to login. Image: State Science Changes? If you wish to make any changes to your elections, click on the benefit plan name in the menu on the lett. Image: State Science Changes? If you wish to make any changes to your elections, click on the benefit plan name in the menu on the lett. Image: State Science Changes? If you wish to make any changes to your elections, click on the benefit plan name in the menu on the lett. Image: State Science Changes? If you wish to make any changes to your elections, click on the benefit plan name in the menu on the lett. Image: State Science Changes? If you wish to make any changes to your elections, click on the energy to the science on
 | Satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your Encomposed to login. Marke Some Changes? If you wish to make any changes to your elections, click on the benefit plan name in the menu on the lett. Calculate Colspan="2">Calculate Colspan="2" Calculate Colspan="2" </th <th>Satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Encollment Verification Form electronically using your Encolment Verification Form electronical for form electronical for form electronical f</th> <th>Satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your is the password due to login. Satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your is the password due to login. Satisfied With Your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your electronical your elec</th> <th>Bate Status Stat</th> <th><text><text><section-header><section-header></section-header></section-header></text></text></th> <th>Statisfield With Your Clackings? If you are satisfield with your choices, click on the "MEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your Enrollment Verification Form electronical transment Provant Adver</th> <th><text><text><section-header><section-header><section-header></section-header></section-header></section-header></text></text></th> <th></th> <th>ns. The summary be</th> <th>low shows your elec</th> <th>ction for eac</th> <th>ch benefit a</th> <th>nd includes your p</th> <th>re-tax and post-tax</th> <th>contributions</th> <th>per month for</th> <th>each plan.</th> <th></th> | Satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Encollment Verification Form electronically using your Encolment Verification Form electronical for form electronical for form electronical f
 | Satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your is the password due to login. Satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your is the password due to login. Satisfied With Your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your electronical your elec | Bate Status Stat
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 | | ns. The summary be | low shows your elec | ction for eac | ch benefit a | nd includes your p | re-tax and post-tax | contributions | per month for | each plan. | | |

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| Benefit Confirmation / Decoded on the provided on t | Benefit Confirmation Authorization Image: Date of Birth Ostion 1995 Ostio
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 | Bacefit Configuration of Decision o
 | Benefit Confirmation / Deduction Authorization Name Date of Birth Home Phone Work Phone 1234 Birls II:
Anywhere, IA 50323 Exployee ID Hira/Elig Date Gender E-mail Address Image: Colspan="2">Colspan="2" Colspan="2" Colspan="2" Colspan="
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 | Or any o | <section-header><section-header></section-header></section-header> | PIN is the password used to l | g in. | - | | | | | | ollment Verific | ation Form ele | ctronically using | |
| Benefit Confirmation / Decoded on the provided on t | Benefit Confirmation Authorization Image: Date of Birth Ostion 1995 Ostio
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 | Bacefit Configuration of Decision o
 | Benefit Confirmation / Deduction Authorization Name Date of Birth Home Phone Work Phone 1234 Birls II:
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- 1. Review all your elections for Open Enrollment here
- 2. Toggle to the 2^{nd} 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).

USDD231 Gardner Edgerton School District	
Home You & Your Family + My Benefits + Sign & Submit	Logout
Sign/Submit Complete	
Congratulations! 1 Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit election Recap of Your Elections Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. forms. Mealth 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 <i>Logout</i> to exit the website.	2
Form Name	Date Signed/Reviewed
Guardian Coverage Attestations	10/15/2021
Guardian E-Consent 2019	10/15/2021
HIPAA Notice(Test Testerman)	10/15/2021
Enrollment Confirmation	10/15/2021

- 1. Congratulations! You have completed your 2022 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.

Return

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