

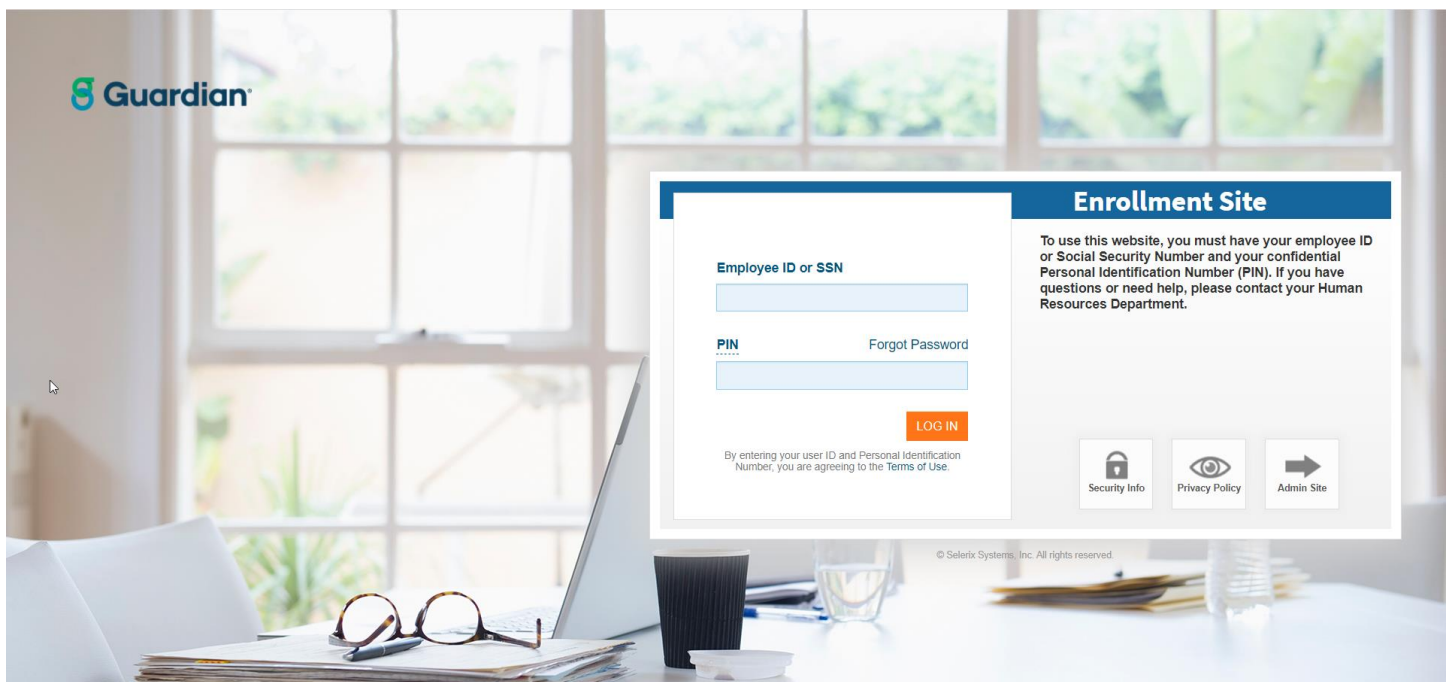


2022 Plan Year Benefit Enrollment Guide

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 → 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**.

*Rates displayed in this guide may differ from true plan rates.
Please reference your USD 231 Benefit Guide for accurate 2022 plan year rates.
Benefit summaries may be found at usd231benefits.com*

USD231
Gardner Edgerton School District

Status (0% Complete)

Home You & Your Family My Benefits Sign & Submit **Next**

Welcome to Your Benefit Enrollment for Plan Year 2022

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 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](#)
- [Combined Life/Time Benefit Term with LTC](#)
- [Allstate Identity Protection](#)
- [Metlaw Legal Services](#)

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

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

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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.

Personal Info

Name: Test Testerman

First MI Last Suffix

Date of Birth: 05/05/1985

SSN: ***-**-3333

Gender: ☒ Male ☐ Female ☐ Other

Contact Info

Address: USA

Country

1234 Main St.

Street

Street (cont.)

Anywhere

City

IA

State

50323

Zip

Home Phone: (555) 555-5555

Work Phone: (666) 666-6666

Mobile Phone: (777) 777-7777

Email: fakeemail@fakeemail.com

Personal Email:

[Back](#)

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[Next](#)

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

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Gardner Edgerton School District

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Dependents

Click Add ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the Next button when you are finished.

Dependents

Name	SSN	DOB	Sex	Relation	Uploads	
Spouse Testerman	***-**-5555	6/6/1986	F	Spouse	0	✎ ✕
Child Testerman	***-**-4444	7/7/2017	F	Child	0	✎ ✕

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the Add Dependent button below.

+ Add Dependent

Back Next

1. If you have current dependents enrolled, they will show here. Review for accuracy. To make changes, click on the Pencil icon next on each dependent's line.
2. To add 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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USD231
Gardner Edgerton School District

Status (0% Complete)

Home You & Your Family My Benefits Sign & Submit

My Benefits

Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.

☐ Health
You have to complete enrollment in this plan.

Review Current Election

☒ Health Savings Account
You must be enrolled in Health to participate in Health Savings Account.

Review Current Election

☐ Dental
You have to complete enrollment in this plan.

Review Current Election

☐ Vision
You have to complete enrollment in this plan.

Review Current Election

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 \$0.00
- ☒ Voluntary Life & AD&D - Spouse \$0.00
- ☒ Voluntary Life & AD&D - Child \$0.00
- ☐ Accident \$0.00
- ☐ Critical Illness with Cancer \$0.00
- ☐ Hospital Indemnity \$0.00
- ☐ Combined LifeTime Benefit Term with LTC \$0.00
- ☐ Allstate Identity Protection \$0.00
- ☐ Metlaw Legal Services \$0.00

Pre-tax cost	\$0.00
Post-tax cost	\$0.00
Total Cost	\$0.00
Per Month	

Back Next

1. Above is the order that each of your benefit plans will appear.
2. 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.

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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> and your benefit guide which you can access by [CLICKING HERE](#).

Employees enrolling in a medical plan will receive the district paid health benefit of \$718 per month. If the plan/tier chosen by the employee has a premium less than \$718, the employee will receive the remainder as a surplus. The employee will have the choice to determine how best to use any paid benefit surplus. The employee may use the surplus as an HSA deposit (if eligible), apply it toward the cost of other benefits, direct it to a 403(b) retirement account, direct it to a 457 deferred compensation account, or receive it as ordinary taxable income in their net pay.

- To enroll or continue your current coverage, click the option that represents your election.
- You can edit which dependents will be covered on the next page.
- When you are finished, click on the **Enroll** button to continue.



	Employee Only	Employee + Spouse	Employee + Children	Employee+Family
Base PPO - Preferred Care Blue Network	<input checked="" type="radio"/> \$718.00	<input type="radio"/> \$1,487.00	<input type="radio"/> \$1,346.00	<input type="radio"/> \$1,901.00
HDHP PPO - Preferred Care Blue Network	<input type="radio"/> \$596.00	<input type="radio"/> \$1,230.00	<input type="radio"/> \$1,116.00	<input type="radio"/> \$1,573.00
Base PPO - BlueSelect Plus Network	<input type="radio"/> \$663.00	<input type="radio"/> \$1,373.00	<input type="radio"/> \$1,242.00	<input type="radio"/> \$1,754.00
HDHP PPO w Spira Care - BlueSelect Plus Network	<input type="radio"/> \$553.00	<input type="radio"/> \$1,114.00	<input type="radio"/> \$1,036.00	<input type="radio"/> \$1,461.00
Spira Care EPO - BlueSelect Plus Network	<input type="radio"/> \$581.00	<input type="radio"/> \$1,204.00	<input type="radio"/> \$1,089.00	<input type="radio"/> \$1,536.00

My Benefits	
<input checked="" type="radio"/> Health	\$0.00
<input checked="" type="radio"/> Health Savings Account	\$0.00
<input type="radio"/> Dental	\$0.00
<input type="radio"/> Vision	\$0.00
<input checked="" type="radio"/> Healthcare FSA	\$0.00
<input type="radio"/> Dependent Care FSA	\$0.00
<input type="radio"/> Short Term Disability	\$0.00
<input type="radio"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="radio"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="radio"/> Voluntary Life & AD&D - Child	\$0.00
<input type="radio"/> Accident	\$0.00
<input type="radio"/> Critical Illness with Cancer	\$0.00
<input type="radio"/> Hospital Indemnity	\$0.00
<input type="radio"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="radio"/> Allstate Identity Protection	\$0.00
<input type="radio"/> Metlaw Legal Services	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$0.00
Total Cost Per Month	\$0⁰⁰

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

[Back](#)
[Next](#)

- Plan information will be displayed here
- If you have current coverage, that option will be automatically selected within the table to indicate what you are currently enrolled in.
- 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.)
- Select whether you would like to apply for, or decline this coverage
- Click NEXT once you have made your election.

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Health Savings Account

1



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

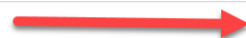
Test Testerman

☐ I acknowledge these eligibility rules.

2



3



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

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TEST OE 2022 - Gardner - Edgerton USD 231 - Live 01/01/2022 - 12/31/2022 | Test Testerman (0) | A_Nizzi (Logout)

USD231

Gardner Edgerton School District

Status (7% Complete)

Home You & Your Family My Benefits Sign & Submit Back Next

Health Savings Account

1 → **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> and benefit guide.

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.

2 → **Maximum Annual Contribution:** \$3,650.00

Amount Per Month: **3** →

Number of Periods:

Total Amount: **3** →

4 → **Calculate**

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

6 → **Next**

My Benefits

<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input type="checkbox"/> Dental	\$0.00
<input type="checkbox"/> Vision	\$0.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input type="checkbox"/> Dependent Care FSA	\$0.00
<input type="checkbox"/> Short Term Disability	\$0.00
<input type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input type="checkbox"/> Accident	\$0.00
<input type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00
Pre-tax cost	\$596.00
Post-tax cost	\$0.00
Total Cost Per Month	\$596⁰⁰

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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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Final Merge - Gardner - Edgerton USD 231 01/01/2022 - 12/31/2022 | Test Testerman (0) | A_Nizzi (Logout)

Status (94% Complete)

Home

You & Your Family

My Benefits

Sign & Submit

Cancel

Dental

For more information refer to <https://www.usd231benefits.com/dental-insurance> and your benefit guide which you can access by [CLICKING HERE](#).

Employees enrolling in a dental plan will receive the district paid health benefit of \$18 per month. If the plan/tier chosen by the employee has a premium less than \$18, the employee will receive the remainder as a surplus. The employee will have the choice to determine how best to use any paid benefit surplus. The employee may use the surplus as an HSA deposit (if eligible), apply it toward the cost of other benefits, direct it to a 403(b) retirement account, direct it to a 457 deferred compensation account, or receive it as ordinary taxable income in their net pay.

- 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.

Current

DENTAL PLAN - BASE PLAN

Your Cost:

Per Month

☒ Employee Only: **\$17.28**

☐ Employee + Spouse: \$33.73

☐ Employee + Children: \$32.84

☐ Employee+Family: \$55.40

Covered People:

Test Testerman

Enroll

DENTAL PLAN - BUY UP PLAN

Your Cost:

Per Month

☒ Employee Only: **\$35.48**

☐ Employee + Spouse: \$69.28

☐ Employee + Children: \$74.88

☐ Employee+Family: \$124.04

Covered People:

Test Testerman

Enroll

DECLINE COVERAGE

Your Cost:

\$0.00

Decline

My Benefits

<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$0.00
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input checked="" type="checkbox"/> Accident	\$0.00
<input checked="" type="checkbox"/> Critical Illness with Cancer	\$13.20
<input checked="" type="checkbox"/> Hospital Indemnity	\$0.00
<input checked="" type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$75.97
<input checked="" type="checkbox"/> Allstate Identity Protection	\$0.00
<input checked="" type="checkbox"/> Metlaw Legal Services	\$0.00

Pre-tax cost

\$606.00

Post-tax cost

\$153.52

Total Cost


Per Month

\$759⁵²


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

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Status (20% Complete)



[Home](#)
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[My Benefits](#)
[Sign & Submit](#)

Vision

For more information refer to <https://www.usd231benefits.com/vision-insurance> and your benefit guide which you can access by [CLICKING HERE](#).

- 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.

VSP VISION

Your Cost:

☒ Employee Only:

Per Month
\$10.00

☐ Employee + Spouse:

Per Month
\$15.84

☐ Employee + Children:

Per Month
\$16.17

☐ Employee+Family:

Per Month
\$26.06

Covered People:

Test Testerman

Enroll

DECLINE COVERAGE

Your Cost:

\$0.00

Decline

My Benefits

<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$0.00
<input type="checkbox"/> Healthcare FSA	\$0.00
<input type="checkbox"/> Dependent Care FSA	\$0.00
<input type="checkbox"/> Short Term Disability	\$0.00
<input type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input type="checkbox"/> Accident	\$0.00
<input type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00
Pre-tax cost \$613.28	
Post-tax cost \$0.00	
Total Cost	\$613²⁸
Per Month	

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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

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Healthcare FSA

Health Care FSA

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

This program lets USD 231 employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The Health Care FSA maximum in 2021 was \$2,750 (per IRS rules). The maximum for 2022 has not yet been released. If the IRS increases this limit for 2022 and you would like to increase your contribution beyond \$2,750 you may do so by contacting the Enrollment Call Center at 866-434-0050.

For more information refer to <https://www.usd231benefits.com/flexible-spending-account> and your benefit guide which you can access by CLICKING HERE.

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.

My Benefits	
<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input type="checkbox"/> Dependent Care FSA	\$0.00
<input type="checkbox"/> Short Term Disability	\$0.00
<input type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input type="checkbox"/> Accident	\$0.00
<input type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00
Pre-tax cost	\$623.28
Post-tax cost	\$0.00
Total Cost Per Month	\$623²⁸

Minimum Annual Contribution: \$120.00

Maximum Annual Contribution: \$2,750.00

Amount Per Month:

Number of Periods:

Total Amount:

Calculate

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

Back

Next

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

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Status: 33% Complete

Home You & Your Family My Benefits Sign & Submit

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 **\$5,000 per household (or \$2,500 each if married and filing separately)** per calendar year.

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).

Minimum Annual Contribution: \$120.00

Maximum Annual Contribution: \$5,000.00

Amount Per Month:

Number of Periods:

Total Amount:

Calculate

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

Back **Next**

My Benefits

Health	\$596.00
Health Savings Account	\$0.00
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 - Child	\$0.00
Accident	\$0.00
Critical Illness with Cancer	\$0.00
Hospital Indemnity	\$0.00
Combined LifeTime Benefit Term with LTC	\$0.00
Allstate Identity Protection	\$0.00
Metlaw Legal Services	\$0.00

Pre-tax cost: \$623.28
 Post-tax cost: \$0.00

Total Cost Per Month: \$623.28

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

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USD231
Gardner Edgerton School District

Status: 40% Complete

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Short Term Disability

Guardian

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.

My Benefits

<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$0.00
<input type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input type="checkbox"/> Accident	\$0.00
<input type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00
Pre-tax cost	\$623.28
Post-tax cost	\$0.00
Total Cost Per Month	\$623.28

Overview Why Disability How it Works Common Terms Disclosure

DISABILITY INSURANCE

For more detailed plan information, please see the [Worksite Short Term Disability Benefit Summary](#)

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

Please select the desired amount of coverage.

Weekly Benefit Amount: \$650

Cost per month: \$64.35

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

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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 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.
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TEST OE 2022 - Gardner - Edgerton USD 231 - Live 01/01/2022 - 12/31/2022 | Test Testerman (0) | A_Nizzi (Logout)

USD231


Gardner Edgerton School District

Status: (47% Complete)

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Voluntary Life & AD&D - Employee




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.


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



For more detailed plan information, please see the [Voluntary Term Life Benefit Summary](#) document.

Please select the desired amount of coverage.

2 → Benefit Amount:  \$10,000

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

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1. You may read about the Voluntary Life and AD&D here, and follow the prompts
2. You can drag the **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)

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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	
Spouse Testerman	Spouse	<input checked="" type="checkbox"/> 100.00%	<input type="checkbox"/> 0.00%	
Child Testerman	Child	<input type="checkbox"/> 0.00%	<input checked="" type="checkbox"/> 100.00%	
All Living Children		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	
Estate		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	

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

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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\(ONLINE EOI\)](#) or download a PDF form to complete by [CLICKING HERE\(PDF EOI\)](#)CLICKING HERE

Proposed benefit amount	\$130,000
Current benefit allowed	\$0

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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



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.

For more information refer to <https://www.usd231benefits.com/voluntary-life> and your benefit guide which you can access by [CLICKING HERE](#).

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For more detailed plan information, please see the [Voluntary Term Life Benefit Summary](#) document.

Please select the desired amount of coverage.

Benefit Amount :



\$10,000

Cost per month: \$1.10

You have elected an amount that will be subject to underwriting.

☒ I wish to apply for this coverage

☐ I wish to DECLINE this coverage

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My Benefits

<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input type="checkbox"/> Accident	\$0.00
<input type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00

Pre-tax cost \$623.28
Post-tax cost \$64.35

Total Cost \$687⁶³
Per Month

- To elect Spouse Supplemental Life, you must elect Supplemental Life coverage for yourself. Review the spouse life details here.
- 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.
 - 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
- Select if you wish to apply or Waive this option
- Click **Next** once complete

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

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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\(ONLINE EOI\)](#) or download a PDF form to complete by [CLICKING HERE\(PDF EOI\)](#)CLICKING HERE

Proposed benefit amount	\$30,000
Current benefit allowed	\$0

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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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Status (53% Complete)

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Voluntary Life & AD&D - Child

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.

For more information refer to <https://www.usd231benefits.com/voluntary-life> and your benefit guide which you can access by [CLICKING HERE](#).

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Why Life

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Disclosure

For more detailed plan information, please see the [Voluntary Term Life Benefit Summary](#) document.

Please select the desired amount of coverage.

Benefit Amount : \$10,000

Cost per month: \$2.12

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

You have elected an amount that will be subject to underwriting.

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My Benefits

<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input type="checkbox"/> Accident	\$0.00
<input type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00

Pre-tax cost

\$623.28

Post-tax cost

\$64.35

Total Cost

Per Month

\$687⁶³

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- 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 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
- Click **Next** once complete

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Voluntary Life & AD&D - Child

1 → Your request for additional coverage is subject to submission of the required **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\(ONLINE EOI\)](#) or download a PDF form to complete by [CLICKING HERE\(PDF EOI\)](#) [CLICKING HERE](#)

Proposed benefit amount	\$10,000
Current benefit allowed	\$0

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3 → [Next](#)

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1. 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

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Benefit summaries may be found at usd231benefits.com*

Accident



Accidents happen, and now you and your family can offset the cost of the care and treatment of those injuries with Accident insurance. For just a few dollars a month, voluntary accident insurance purchased at work helps you avoid devastating expenses. Learn why.

For more information refer to <https://www.usd231benefits.com/accident-insurance> and your benefit guide which you can access by [CLICKING HERE](#).

Overview Why Accident How it Works Disclosure



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

Please make a selection below.

GUARDIAN LIFE ACCIDENT - G

Your Cost: Per Month

☒ Employee Only: **\$16.15**

☐ Employee + Spouse: \$24.02

☐ Employee + Children: \$32.03

☐ Employee+Family: \$39.90

Covered People:
Test Testerman

Enroll

DECLINE COVERAGE

Your Cost: \$0.00

Decline

My Benefits

<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input checked="" type="checkbox"/> Accident	\$0.00
<input type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00

Pre-tax cost \$623.28

Post-tax cost \$64.35

Total Cost \$687⁶³

Per Month

1

2

3

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

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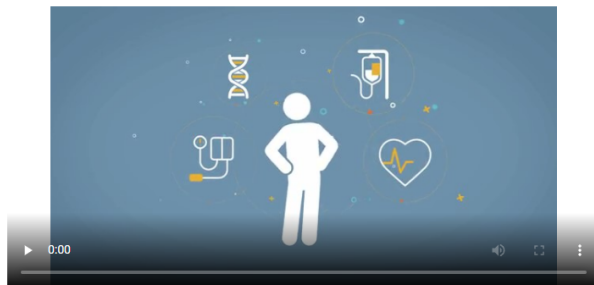
Critical Illness with Cancer



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

For more information refer to <https://www.usd231benefits.com/critical-illness-cancer> and your benefit guide which you can access by [CLICKING HERE](#).

Overview Why Critical Illness How it Works Disclosure



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

Please make a selection below.

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

Insurance for Test Testerman

Benefit Amount: \$5,000
Cost per month: \$4.40

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

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My Benefits

<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input checked="" type="checkbox"/> Accident	\$0.00
<input checked="" type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="radio"/> Hospital Indemnity	\$0.00
<input type="radio"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="radio"/> Allstate Identity Protection	\$0.00
<input type="radio"/> Metlaw Legal Services	\$0.00

Pre-tax cost \$623.28

Post-tax cost \$64.35

Total Cost \$687⁶³
Per Month

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

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Critical Illness with Cancer

Critical Illness with Cancer

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

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

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

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

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

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

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

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Critical Illness with Cancer

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

For more information refer to <https://www.usd231benefits.com/critical-illness-cancer> and your benefit guide which you can access by [CLICKING HERE](#).

[Overview](#)
[Why Critical Illness](#)
[How it Works](#)
[Disclosure](#)

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

Please make a selection below.

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

Insurance for Spouse Testerman

Spouse Critical Illness Benefit Amount: \$5,000

Cost per month: \$4.40

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

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My Benefits

<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input checked="" type="checkbox"/> Accident	\$0.00
<input checked="" type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00
Pre-tax cost \$623.28	
Post-tax cost \$64.35	
Total Cost	\$687⁶³
Per Month	

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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

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

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Status (65% Complete)

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Critical Illness with Cancer

Critical Illness with Cancer

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

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

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

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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.

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Status (71% Complete)

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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> and your benefit guide which you can access by CLICKING HERE.

Please make a selection below.

GUARDIAN HOSPITAL INDEMN

Your Cost:

Per Month

☒ Employee Only: **\$10.62**

☐ Employee + Spouse: \$19.10

☐ Employee + Children: \$16.87

☐ Employee+Family: \$25.35

Covered People:

Test Testerman

Enroll

DECLINE COVERAGE

Your Cost:

\$0.00

Decline

My Benefits

<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input checked="" type="checkbox"/> Accident	\$0.00
<input checked="" type="checkbox"/> Critical Illness with Cancer	\$13.20
<input checked="" type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00

Pre-tax cost

\$623.28

Post-tax cost

\$77.55

Total Cost

Per Month

\$700⁸³

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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

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

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Combined LifeTime Benefit Term with LTC

Basics

Benefits

Additional Benefits

Features

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

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 wish to apply for this coverage*. If not, please select *I wish to DECLINE this coverage*. Press Next when you are finished.

Insurance for Test Testerman

Has the Proposed Insured used tobacco or Nicotine Products in Last 12 Months?

No

Is the employee actively at work performing the regular duties of the job in the usual manner and at the usual place of employment?

No

Cost per month	Benefit Amount
<input type="radio"/> \$18.99	25,000
<input type="radio"/> \$37.98	50,000
<input type="radio"/> \$56.97	75,000
<input checked="" type="radio"/> \$75.97	100,000
<input type="radio"/> \$94.96	125,000
<input type="radio"/> \$113.95	150,000

Cost per month: 18.99

Benefit Amount: 25,000.00

Application riders

☐ 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

Total Premium: \$18.99

☒ I wish to apply for this coverage

☐ I wish to DECLINE this coverage

Back

Next

My Benefits

<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input checked="" type="checkbox"/> Accident	\$0.00
<input checked="" type="checkbox"/> Critical Illness with Cancer	\$13.20
<input checked="" type="checkbox"/> Hospital Indemnity	\$0.00
<input checked="" type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="radio"/> Allstate Identity Protection	\$0.00
<input type="radio"/> Metlaw Legal Services	\$0.00

Pre-tax cost \$623.28
Post-tax cost \$77.55

Total Cost \$700⁸³
Per Month

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

Home You & Your Family My Benefits Sign & Submit Back Next

Combined LifeTime Benefit Term with LTC

Combined LifeTime Benefit Term with LTC

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

Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options	
Test Testerman	Employee	5/5/1985		100,000	\$75.97	LTC, EOB	Withdraw

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

Name	Relationship	Sex	DOB	Riders
Spouse Testerman	Spouse	F	6/6/1986	
Child Testerman	Child	F	7/7/2017	

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

Back 11 → Next

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

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USD231
Gardner Edgerton School District

Status: (76% Complete)

Home You & Your Family My Benefits Sign & Submit Back Next

Combined LifeTime Benefit Term with LTC

Conditional Issue Questions: Complete as required for any person proposed for Coverage. If any question is answered "Yes", please answer all of the Simplified Issue Eligibility questions for that person.

1 → A. Has the Employee missed more than 5 consecutive days of active work due to an illness or injury in the past 3 months? ☐ YES ☐ NO

Has any proposed Insured been treated in a medical facility, hospitalized or disabled in the past 6 months, excluding flu or cold? Hospitalized means in-patient or outpatient, whether or not confined. Treated in a medical facility does NOT include a regular physician's office visit. ☐ YES ☐ NO

Has any Proposed Insured, within the last 10 years, been diagnosed as having or been treated by a physician for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)? ☐ YES ☐ NO

Has any person proposed for coverage been seen or treated by a licensed physician or other medical practitioner within the past 6 months, excluding flu, cold or routine physical? ☐ YES ☐ NO

Back 2 → Next

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

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Allstate Identity Protection

For more information please refer to <https://www.usd231benefits.com/identity-theft> and the benefit guide which you can access by [CLICKING HERE](#)

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

IDENTITY PROTECTION

Your Cost:

Per Month

☒ Employee Only: **\$7.95**

☐ Employee+Family: \$13.95

Covered People:

Test Testerman

Enroll

DECLINE COVERAGE

Your Cost:

\$0.00

Decline

My Benefits	
<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input checked="" type="checkbox"/> Accident	\$0.00
<input checked="" type="checkbox"/> Critical Illness with Cancer	\$13.20
<input checked="" type="checkbox"/> Hospital Indemnity	\$0.00
<input checked="" type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$75.97
<input checked="" type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00
Pre-tax cost	\$623.28
Post-tax cost	\$153.52
Total Cost Per Month	\$776⁸⁰

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

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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> and your benefit guide which you can access by CLICKING HERE.

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, Warville, Rhode Island. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employee, 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	\$596.00
Health Savings 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
Voluntary Life & AD&D - Child	\$0.00
Accident	\$0.00
Critical Illness with Cancer	\$13.20
Hospital Indemnity	\$0.00
Combined LifeTime Benefit Term with LTC	\$75.97
Allstate Identity Protection	\$0.00
Metlaw Legal Services	\$0.00

Pre-tax cost \$623.28
Post-tax cost \$153.52

Total Cost \$776⁸⁰
Per Month

METLAW LEGAL SERVICES

Your Cost:	Per Month
<input checked="" type="radio"/> Employee Only:	\$18.75
<input type="radio"/> Employee + Spouse:	\$18.75
<input type="radio"/> Employee + Children:	\$18.75
<input type="radio"/> Employee+Family:	\$18.75

Covered People:
Test Testerman

Enroll

DECLINE COVERAGE

Your Cost: \$0.00

Decline

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

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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

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: 05 / 05 / 1985 Soc. Sec. No. (last 4 digits): 3333

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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. Your PIN is the password used to log in.
- **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.

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Gardner Edgerton USD #231

Benefit Confirmation / Deduction Authorization

Name		Date of Birth	Home Phone	Work Phone	Address	
Test Testerman		05/05/1985	(555) 555-5555	(666) 666-6666	1234 Main St. Anywhere, IA 50323	
Employee ID	Hire/Elig Date	Gender	E-mail Address			
0	07/01/2020	M	fakeemail@fakeemail.com			
Location			Department		Reason for Completing Form	
TRAIL RIDGE			Default		Open Enrollment	
Job Class			Title			
Classified						

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost	
						Benefit	Cost	Pre-tax	After-tax
Health	HDHP PPO - Preferred Care Blu	EO	12	01/01/2022				596.00	0.00
Health Savings Account	Waived								
Dental	Dental Plan - Base Plan	EO	12	01/01/2022				17.28	0.00
Vision	VSP Vision	EO	12	01/01/2022				10.00	0.00
Healthcare FSA	Waived								
Dependent Care FSA	Waived								
Short Term Disability	Guardian Life Worksite Short Ter	EO	12	01/01/2022	650			0.00	64.35
Voluntary Life & AD&D - Emp	Guardian Vol Life EE	EO	12	01/01/2022		130,000	14.30	0.00	0.00
Voluntary Life & AD&D - Spc	Guardian Vol Life SP	SO	12	01/01/2022		30,000	3.30	0.00	0.00
Voluntary Life & AD&D - Chil	Guardian Vol Life CH	CO	12	01/01/2022		10,000	2.12	0.00	0.00
Accident	Waived								
Critical Illness with Cancer	Guardian Life Critical Illness	EO	12	01/01/2022	10,000			0.00	8.80
Critical Illness with Cancer	Guardian Life Critical Illness	SO	12	01/01/2022	5,000			0.00	4.40
Hospital Indemnity	Waived								
Combined LifeTime Benefit	Chubb Lifetime Benefit Term	EO	12	01/01/2022	100,000			0.00	75.97
Allstate Identity Protection	Waived								
Total:								623.28	153.52

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Page 1

Download Form

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN. Your PIN is the password used to log in.

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).


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Status (100% Complete)




Home
You & Your Family
My Benefits
Sign & Submit
Logout


Sign/Submit Complete

Congratulations! 

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

Recap of Your Elections





Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. **Scroll down to the bottom of this screen to view a list of your completed enrollment forms.**


 Health

Enrollment Details

Completed Forms

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

Form Name	Date Signed/Reviewed
 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


Return

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.

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