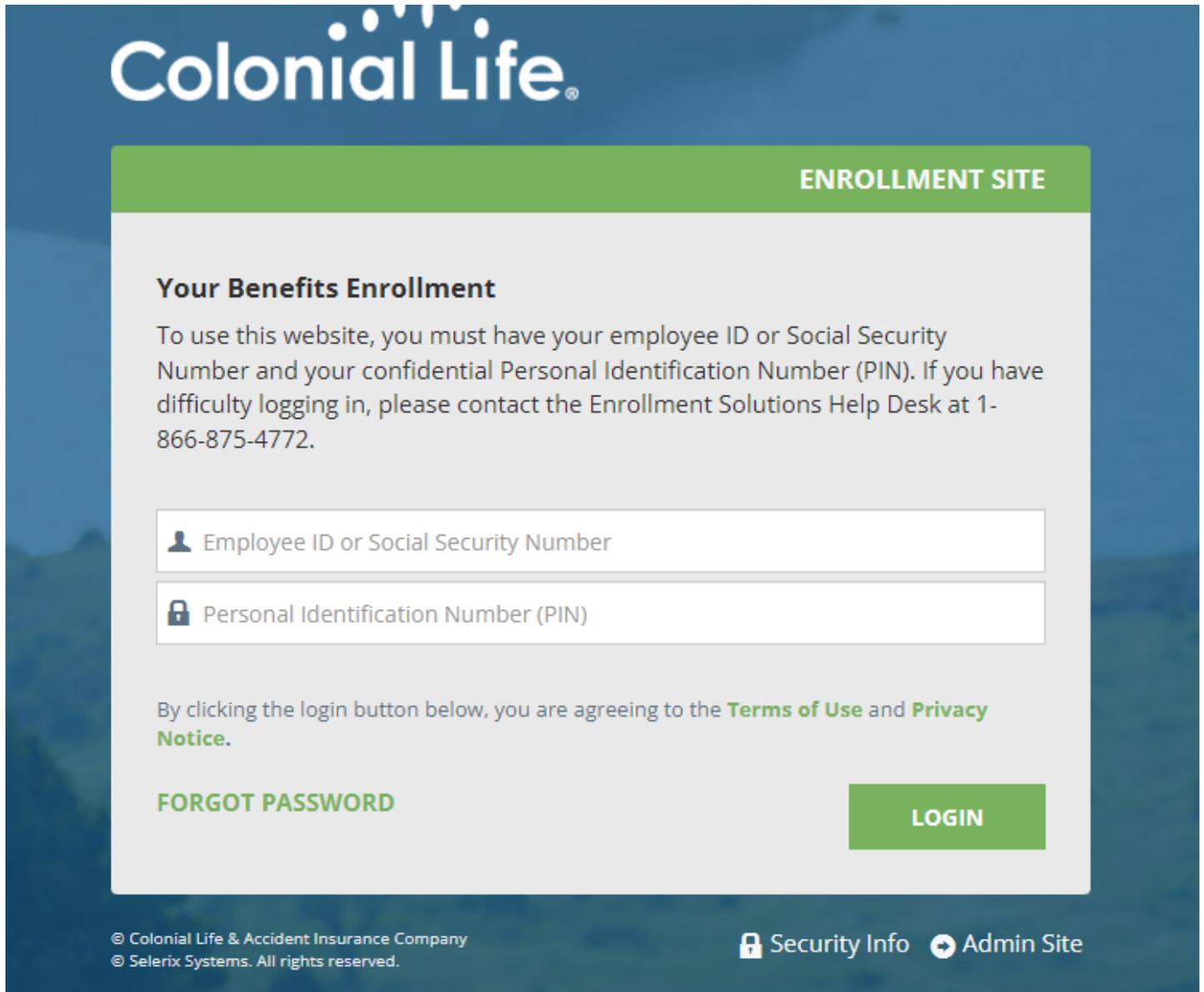




Avon Lake Schools
Self-Enroll Life Events User Guide

To begin the Life Event process, the Employee must go to <https://harmony.benselect.com/Enroll> and log in with their SS# and PIN.



The employee's PIN is the last 4 digits of their SS# and the last 2 digits of their birth year.

Example: Jane's ss# is 111-11-1111 and birth year is 1974. Jane's PIN is 111174.

Once successfully logged in, you will see a Welcome screen like the one below.

Status (100% Complete)

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

- Personal Information
- Dependents
- Employment
- Life Events**
- Change My PIN

Welcome Back, TEST

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 annual Open Enrollment period.

Here is a summary of your current benefit elections:

✓ Your Benefits	Plan	Benefit	Cost per Paycheck	Coverage Termination Date
Medical	Medical Mutual PPO, Family		\$875.46 pre-tax	
Prescription	Express Scripts PPO		\$80.19 pre-tax	
Dental	Employee Only		\$20.62 pre-tax	
Vision	Employee Only		\$0.37 pre-tax	
Group Life 1x Salary	1x annual salary - \$80,000		Employer-paid \$976.64 total	

What would you like to do?

- Change my beneficiary
- Review forms that I signed
- Find a document or form
- Change my PIN

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

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To prompt a Life Event, click on *You & Your Family* and select *Life Events* from the dropdown options in the toolbar at the top.

*****Life Event: I recently got married or became a party to a civil union or domestic partnership*****

Life Events

In general, you may only enroll for benefits at specific times of the year designated by your Human Resources department. However, certain changes in your life may require you to update your benefit elections or employee information on file.
Please choose any of the following that apply.

Life Event

Please choose any of the following that apply.

- I changed my name, address, phone number, or e-mail address.
- I changed job status, changed salary, or transferred to a new location.
- I recently got married or became a party to a civil union or domestic partnership
- I have a new child (birth, adoption, or regained custody).
- I wish to change the beneficiary of one or more of my benefits.
- I am taking an approved Leave of Absence.
- I am retiring.
- I (or my eligible dependent) recently lost or gained similar coverage.
- I request a change to my benefits due to a court order.

Back

Next

On the Life Events screen, select the Life Event that applies and click *Next*.

In this case, the employee's life event was a marriage, so the employee will need to complete information regarding their new spouse. See below.

Life Event: Marriage

Please enter the actual date of your marriage below, then provide information about your spouse. If your name or address has changed or if you need to add dependent children as a result, please check the appropriate box below. Press *Next* when you are finished.

Date of Marriage or Civil Union:

Enter spouse or domestic partner information below:

Name:
First MI Last Suffix

Date of Birth:

SSN:

Gender: Male Female Other

Full-time Student: Yes No

My name or address has changed

I have new dependent child(ren) as a result

Back

Next

Be sure to enter the correct date of the marriage—this will be the date the benefit changes are effective.

Also, pay attention to the checkboxes at the bottom of the page. These will allow the employee to update their information and add any new dependents.

Since we checked the box to add new dependent child(ren), and to change the address, click *Next* to add any new dependent children and update the address.

Life Event: Birth / Adoption

Please indicate below whether the addition of your dependent child(ren) is a result of birth or adoption. Then enter the requested information below. If you do not have a Social Security number for your child, you may leave this line blank. Press Save when the information is complete. Press Next when you are finished.

Reason	First Name	Last Name	SSN	
Marriage	Test	Child	***-**-4444	  



Back

Next

This screen will show any current dependents, but to add any new dependents, click the + in the top right of the box.

Life Event: Birth / Adoption

Please enter information on the birth or adoption.

Reason:

Relationship:

Event Date:

Name:

First MI Last Suffix

Date of Birth:

SSN:

Gender: Male Female Other

Save Cancel

Complete the new dependent information and Save.

The new dependent(s) should be visible once the information is saved. Press *Next*.

Next, the employee will update their own information.

Life Event: Address Change

Please update your contact information below. Press *Next* when you are finished.

Name:	<input type="text" value="TEST"/>	<input type="text"/>	<input type="text" value="Employee"/>	<input type="text"/>
	First	MI	Last	Suffix
Address:	<input type="text" value="USA"/>			
	Country			
	<input type="text" value="1234"/>			
	Street			
	<input type="text"/>			
	Street (cont.)			
	<input type="text" value="Anytown"/>	<input type="text" value="GA"/>	<input type="text" value="31999"/>	
	City	State	Zip	
Home Phone:	<input type="text" value="(444) 555-1212"/>			
Work Phone:	<input type="text" value="() - - Ext. - -"/>			
Mobile Phone:	<input type="text" value="() - -"/>			
E-Mail:	<input type="text" value="nonya@gmail.com"/>			
Personal E-Mail:	<input type="text"/>			

Press *Next* to continue.

Life Event: Please Confirm

Please enter your PIN below to confirm that your name or contact information has changed

PIN:

Reason for change:

Now, the employee needs to select the benefits that will change. Press *Next*.

Life Event: Please Confirm

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

- Medical
- Prescription
- Dental
- Vision

The system will then show you the first benefit that needs to be updated.

Medical

- i** 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.

Current

A. MEDICAL MUTUAL PPO

Your Cost: Per Pay Period

Employee Only: \$411.99

Employee+Family: \$875.46

Covered People: ✎

TEST Employee
 Test Spouse
 Test Child
 Test Child

Enroll

B. MEDICAL MUTUAL MVP

Your Cost: Per Pay Period

Employee Only: \$231.36

Employee+Family: \$491.63

Covered People: ✎

TEST Employee
 Test Spouse
 Test Child
 Test Child

Enroll

DECLINE COVERAGE

You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.

Your Cost: \$0.00

Decline

My Benefits	
<input checked="" type="radio"/> Medical	\$0.00
<input type="radio"/> Prescription	\$0.00
<input type="radio"/> Dental	\$0.00
<input checked="" type="radio"/> Vision	\$0.37
Employer Cost \$2.11	
Pre-tax cost \$0.37	
Post-tax cost \$0.00	
Total Cost	\$0 ³⁷
Per Pay Period	

The plan that the employee was previously enrolled in will be blue, but the employee can choose which benefit they want and if they want Employee Only or Family coverage.

Everyone who is covered will show up under *Covered People*. By clicking the **pencil icon** on the chosen benefit, the employee can choose whom they want to be covered by the benefit. Just unchecked the dependents that shouldn't be covered and Save.

Press *Enroll* or *Decline* to move to the next benefit.

The employee will use the same process to complete the enrollment in the rest of the benefits.

You may also need to answer any questions that appear during enrollment.

Once the last benefit has been enrolled, the system will direct the employee to the *Sign & Submit* page.

Sign and Submit

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.

Your Benefits

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
Medical	Medical Mutual PPO; FA	\$875.46	\$0.00	\$0.00
Prescription	Express Scripts PPO; EO	\$80.19	\$0.00	\$170.40
Dental	Medical Mutual Dental; EO	\$20.62	\$0.00	\$0.00
Vision	EyeMed Vision; EO	\$0.37	\$0.00	\$2.11
Group Life 1x Salary	One America Basic Life 1x Salary; \$80,000	\$0.00	\$0.00	\$8.00
Total		\$976.64	\$0.00	\$180.51

Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
<input type="checkbox"/> Spouse Eligibility Form and COB form	Not Reviewed	N/A
<input type="checkbox"/> Benefit Confirmation Form	Unsigned	

Next

Press *Next*.

There is also a box on the form that shows the Reason for Completing.

Use the same PIN used to log in and click *Sign Form* at the bottom of the confirmation.

The Life Event is complete--

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.**

But this must be approved by an administrative user in order for the changes to take effect.

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
Change in Status/Qualifying Events	N/A
Benefit Confirmation Form	01/17/2019

Back
Logout

The employee may save a copy of the election form for their records, and *Logout*.

Life Event: I divorced my spouse

The employee will log in and navigate to the Life Events screen using the same procedures on pages 1 and 2.

Employees

i The Life Events tab allows for administrative processing of qualifying life events (QLE) that may open enrollment in certain plans, based on case settings.

The option "Enable Enrollment Manually" allows for complete override of any QLE rules. This option should only be used in cases where true administrative override is needed.

Use the Help link to the right for detailed help on this tab.

Employee, TEST, EID: 0, SSN: ***-**-3143

Search for employee



- Recent
- Applications
- Beneficiaries
- Contact
- Coverage
- Custom
- Reports
- Deliveries
- Communication
- Demographics
- Forms
- Employment
- EDI
- Events History
- Life Events
- Sessions
- Work History
- Pay History

- I changed my name, address, phone number, or e-mail address.
- I changed job status, changed salary, or transferred to a new location.
- I divorced my spouse.
- I have a new child (birth, adoption, or regained custody).
- My spouse or one of my dependents died recently.
- One of my dependents has reached his or her age limit for benefits
- I wish to change the beneficiary of one or more of my benefits.
- My spouse has changed employment status.
- One of my dependents has regained his/her dependent status.
- I am taking an approved Leave of Absence.
- I am retiring.
- I (or my eligible dependent) recently lost or gained similar coverage.
- I request a change to my benefits due to a court order.
- Enable enrollment manually.

Next

Press *Next*.

Next, the employee will enter the date of the divorce and select any children that will no longer be dependents as a result.

Life Event: Divorce

Please enter the effective date of your divorce.

Divorce date:

As a result of a divorce or legal separation, you may need to eliminate one or more people from your list of dependents. If so, please select in the list below anyone who will no longer be considered your dependent.

Name	Relationship	DOB
<input checked="" type="checkbox"/> Test Child	Child	11/15/2004
<input type="checkbox"/> Test Child	Child	11/15/2004

My name or address has changed

I need to add additional dependent children as a result

Be sure to check either of the **boxes** at the bottom if necessary.

Press *Next*.

Life Event: Address Change

Please update your contact information below. Press *Next* when you are finished.

Name:

First MI Last Suffix

Address:

Country Street

Street (cont.)

City State Zip

Home Phone:

Work Phone:

Mobile Phone:

Email:

Personal Email:

Back

Next

In this case, the employee needs to change their personal information.

Once everything is updated, press *Next*.

When you see this page, enter your PIN, then click the orange Check box.

Life Event: Please Confirm

Please enter your PIN below to confirm that your name or contact information has changed

PIN:

Reason for change:

Back

Life Event: Please Confirm

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

- Medical
- Prescription
- Dental
- Vision

Back

Next

Select each benefit that needs updated due to the divorce to, for example, remove dependents from coverage, change coverage tier, or assign new beneficiaries.

Use the same process for the medical, dental and vision as described on page 7.

The employee may choose to decline any of the coverages, as well.

In the instance of a marriage or divorce, the employee may want to adjust their beneficiary information for their Employer Paid Term Life Insurance. Please click on the appropriate Term Life plan to begin this process, click *Unlock*. (See Below)

Group Life 1x Salary

Here is a summary of your current Group Life 1x Salary election.

*If you wish to make a change, click the **Unlock** button.*

Enrollment Details

Benefit Amount	Cost
\$80,000.00 (1.00 x Salary)	\$0.00

Beneficiary Information

Name	Relationship	Address	Phone	Percent	Type
Jessica Doe	Spouse	123, Anytown, GA 31999		50.00	Primary
All Living Children				50.00	Primary

My Benefits

- Medical \$875.46
- Prescription \$80.19
- Dental \$20.62
- Vision \$0.37
- Group Life 1x Salary \$0.00

Employer Cost \$180.51

Pre-tax cost \$976.64

Post-tax cost \$0.00

Total Cost \$976⁶⁴

Per Pay Period

Back

Group Life 1x Salary is now locked. If you wish to make changes, press the *Unlock* button.

Unlock

Next

Basic Term Life-Employer Paid

1 Please select the desired benefit amount and then press Next

Please select the desired amount of coverage.

Benefit Amount: \$50,000

Cost per pay period: \$0.00

Back **Next**

Click *Next*.

Basic Term Life-Employer Paid

1 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	
Stan Lee	Child	<input checked="" type="checkbox"/> 33.33%	<input type="checkbox"/> 0.00%	  
Bill Lee	Child	<input checked="" type="checkbox"/> 33.33%	<input type="checkbox"/> 0.00%	 
Anna Lee	Child	<input checked="" type="checkbox"/> 33.34%	<input type="checkbox"/> 0.00%	 
All Living Children		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	 
Estate		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	 
Succession of Heirs		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	 

Back **Next**

The employee can add and assign new beneficiaries by checking the names that are already listed, or by clicking the + sign.

Once the benefits have been updated, use the same process of Sign & Submit as outlined in pages 8-10.