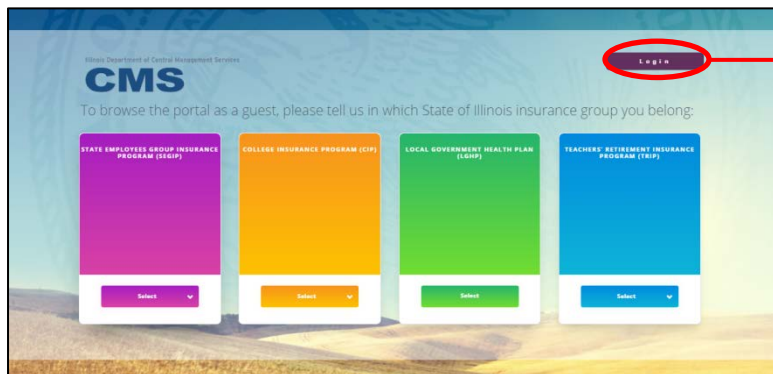




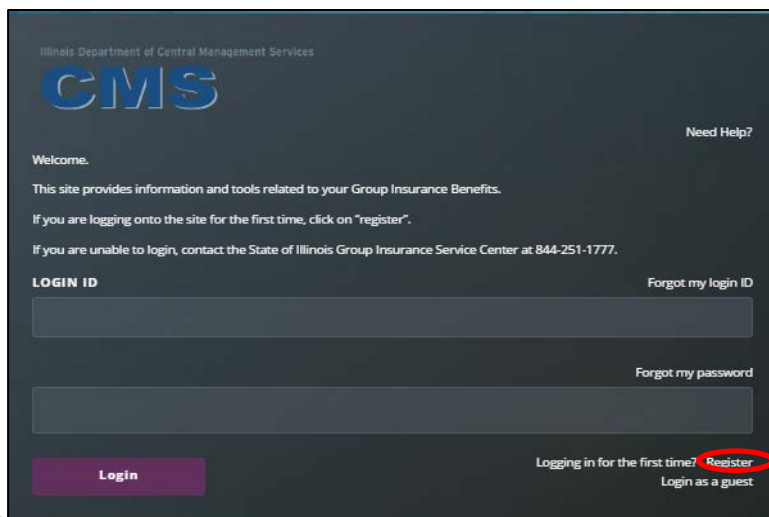
MyBenefits Marketplace – Selecting My Employee Benefits

Selecting My Employee Benefits – Current and New Hire Member

Register and set-up my account as a first time user



Click **Login** to begin.



On the Login page, click **Register** to begin.

Selecting My Employee Benefits – Current and New Hire Member

Register and set-up my account as a first time user

The screenshot shows the CMS registration page. At the top, it says 'Illinois Department of Central Management Services' and 'CMS'. Below that, it says 'Please answer the following questions to register the user.' There are five numbered callouts pointing to specific fields: 1 points to the 'LAST 4 DIGITS OF SSN (9999)' field; 2 points to the 'DATE OF BIRTH (MM/DD/YYYY)' field; 3 points to the 'LAST NAME (AS PRINTED ON POSTCARD)' field; 4 points to the 'FIRST TWO LETTERS OF FIRST NAME (AS PRINTED ON POSTCARD)' field; and 5 points to the 'MAILING ZIP CODE (999999)' field. To the right of these fields is a CAPTCHA image showing the word 'SHQUP' and a text input field for the CAPTCHA. Below the CAPTCHA are 'Cancel' and 'Continue' buttons. A red line points from the 'Continue' button to the 'Note' text on the right.

1
2
3
4
5

Enter the requested information.

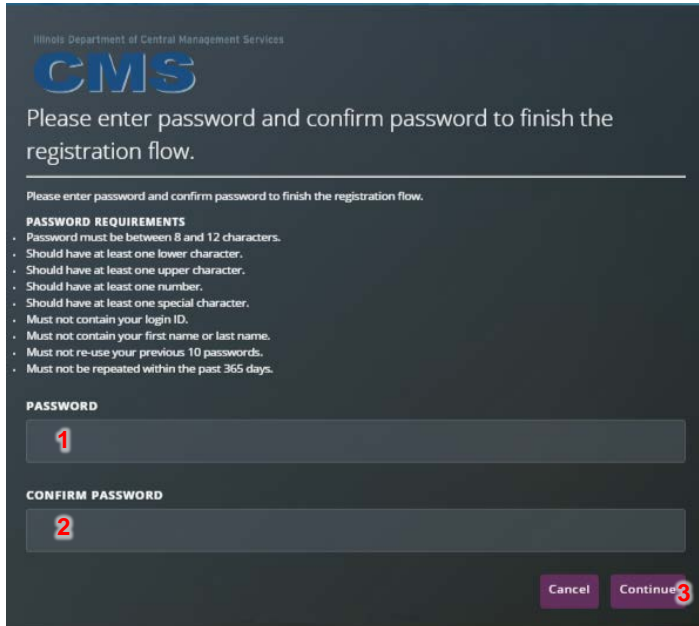
Note: Your name must be entered exactly as CMS has it documented, including any hyphens.

Enter CAPTCHA.

Click **Continue**.

Selecting My Employee Benefits – Current and New Hire Member

Register and set-up my account as a first time user



Illinois Department of Central Management Services
CMS

Please enter password and confirm password to finish the registration flow.

Please enter password and confirm password to finish the registration flow.

PASSWORD REQUIREMENTS

- Password must be between 8 and 12 characters.
- Should have at least one lower character.
- Should have at least one upper character.
- Should have at least one number.
- Should have at least one special character.
- Must not contain your login ID.
- Must not contain your first name or last name.
- Must not re-use your previous 10 passwords.
- Must not be repeated within the past 365 days.

PASSWORD

1

CONFIRM PASSWORD

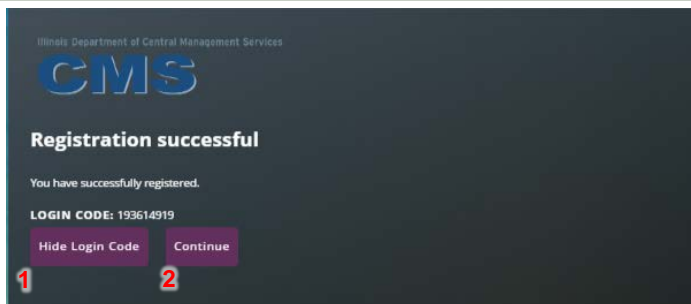
2

Cancel Continue 3

1. Enter a new password that meets the requirements shown on the screen.
2. Confirm the password.
3. Click **Continue**.

Selecting My Employee Benefits – Current and New Hire Member

Register and set-up my account as a first time user



Illinois Department of Central Management Services
CMS

Registration successful

You have successfully registered.

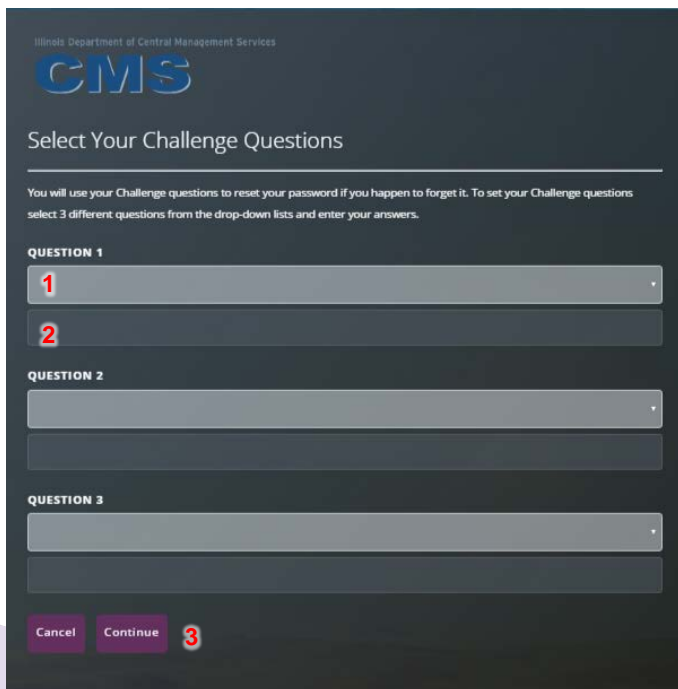
LOGIN CODE: 193614919

Hide Login Code Continue

1 2

IMPORTANT

1. Click **Show Login Code** and make note of the displayed code for validation purposes should you forget your login ID at a later date.
2. Click **Continue**.



Illinois Department of Central Management Services
CMS

Select Your Challenge Questions

You will use your Challenge questions to reset your password if you happen to forget it. To set your Challenge questions select 3 different questions from the drop-down lists and enter your answers.

QUESTION 1

1

2

QUESTION 2

QUESTION 3

Cancel Continue 3

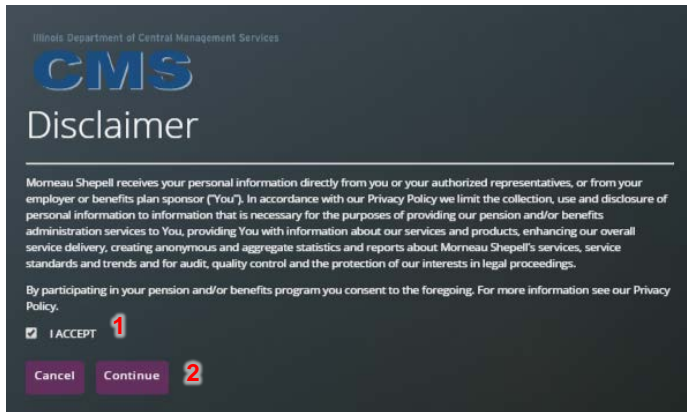
1. Select a Challenge Question from the list.
 2. Enter your answer to the question.
- Repeat Steps 1 and 2 for Questions 2 and 3.
3. Click **Continue**.

On the Confirmation page, review your questions and answers, and then click **Continue** again.

The portal displays a success page, telling you your challenge questions and answers have been saved. Click **Continue**.

Selecting My Employee Benefits – Current and New Hire Member

Register and set-up my account as a first time user



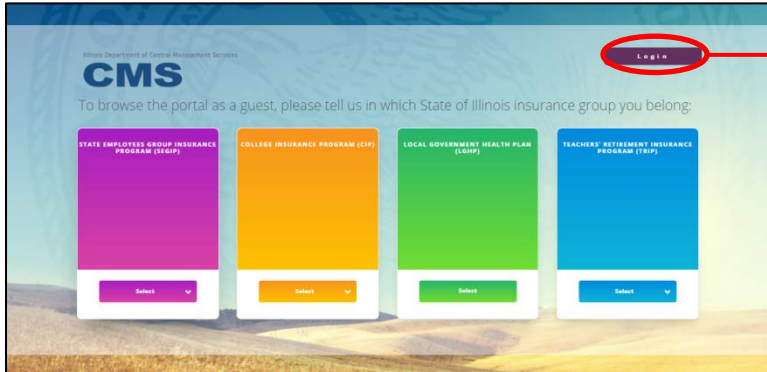
1. Review the disclaimer and click **I ACCEPT**.

2. Click **Continue**.

The portal displays a success page, telling you have successfully accepted the disclaimer. Click **Continue**. The home page of the portal is displayed

Selecting My Employee Benefits – Current and New Hire Member

Logging in as a returning user



Click **Login** to begin.



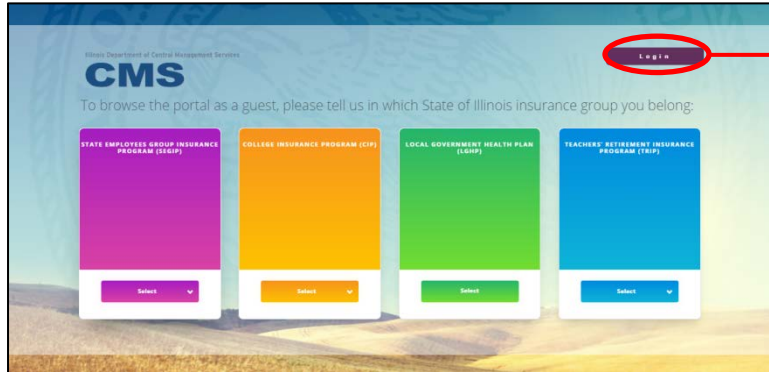
Type your login ID.

Type your password.

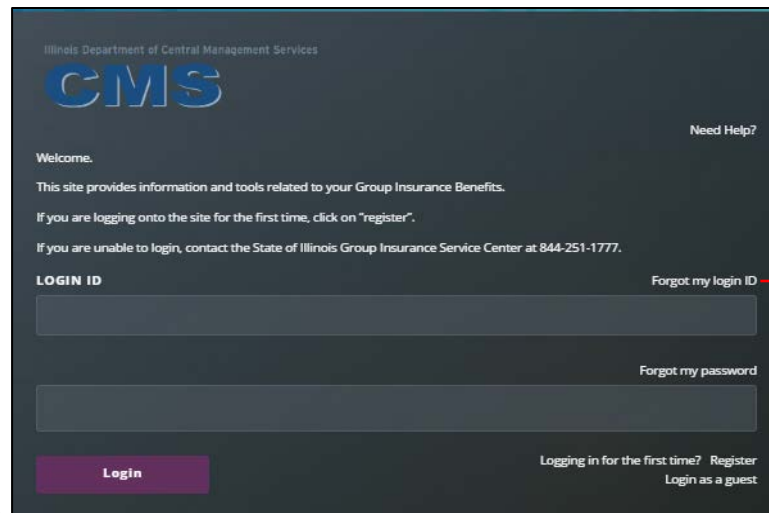
Click **Login**.

Selecting My Employee Benefits – Current and New Hire Member

Forgot Login ID



Click **Login** to begin.



Click **Forgot my login ID.**

Selecting My Employee Benefits – Current and New Hire Member

Forgot Login ID

Forgot Login Id - Step 1

Please answer the following questions to retrieve login id.

LAST 4 DIGITS OF SSN (999)

1

DATE OF BIRTH (MM/DD/YYYY)

2

LAST NAME (AS PRINTED ON POSTCARD)

3

FIRST TWO LETTERS OF FIRST NAME (AS PRINTED ON POSTCARD)

4

MAILING ZIP CODE (99999)

5

WJFGU

Get Another?

ENTER VALID CAPTCHA

Cancel Continue

- 1
- 2
- 3
- 4
- 5

Enter the requested information.

Note: The Login information you enter must be exactly the same as the information you used to register your account originally.

Enter CAPTCHA.

Click **Continue**.

Illinois Department of Central Management Services

CMS

Success

You have successfully retrieved your login id.

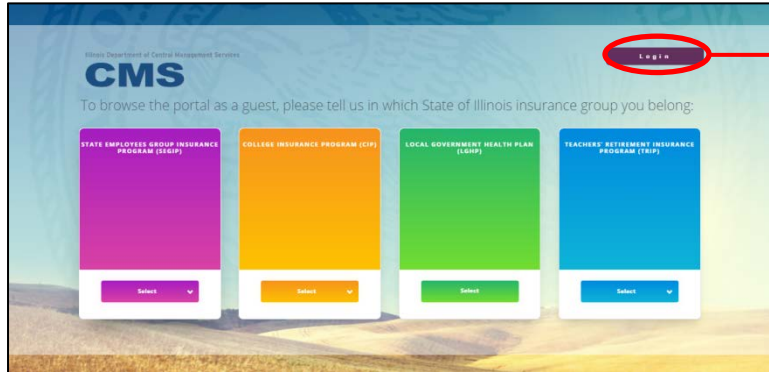
View Login Id Continue

Click **View Login Id**. Make note of the ID the system displays.

Click **Continue**. The system displays the login page where you can enter your recovered ID and password.

Selecting My Employee Benefits – Current and New Hire Member

Forgot Password



Click **Login** to begin.



Click **Forgot my password**.

Selecting My Employee Benefits – Current and New Hire Member

Forgot Password

Illinois Department of Central Management Services
CMS
Forgot Password

To change your password, start by entering your Login ID/Employee Number

Cancel Continue

Enter your Login ID.
Click **Continue**.

Illinois Department of Central Management Services
CMS
Forgot Password

To change your password, choose one of the options below: Please note that the use of the email password reset relies on the security of your email account and the primary responsibility for the security of your account password lies with you. If your email account has been compromised or the email is intercepted, this could put your benefits account at risk.

Login ID/Employee ID: 464005597

Question: What is your mother's maiden name?

Question: What was the name of your first pet?

Question: Who was your childhood hero?

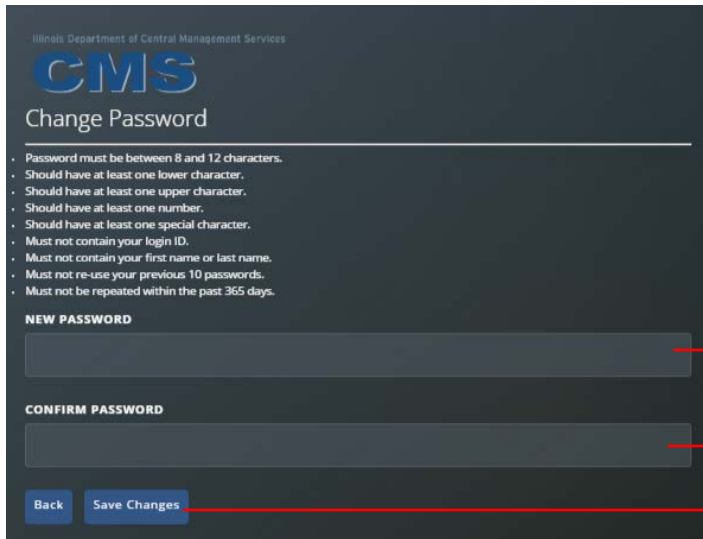
Cancel Submit

Enter the answers to your challenge questions.
Remember that the answers are case-sensitive.

Click **Submit**.

Selecting My Employee Benefits – Current and New Hire Member

Forgot Password



The screenshot shows the 'Change Password' page from the CMS system. At the top, it says 'Illinois Department of Central Management Services' and 'CMS'. Below that is the title 'Change Password'. A list of password requirements is provided: password length (8-12 characters), inclusion of lower and upper characters, a number, and a special character; exclusion of login ID, first/last name, and previous 10 passwords; and a 365-day rotation rule. There are two input fields: 'NEW PASSWORD' and 'CONFIRM PASSWORD'. At the bottom are 'Back' and 'Save Changes' buttons. Red lines point from the 'NEW PASSWORD' field to the first instruction, from the 'CONFIRM PASSWORD' field to the second instruction, and from the 'Save Changes' button to the third instruction.

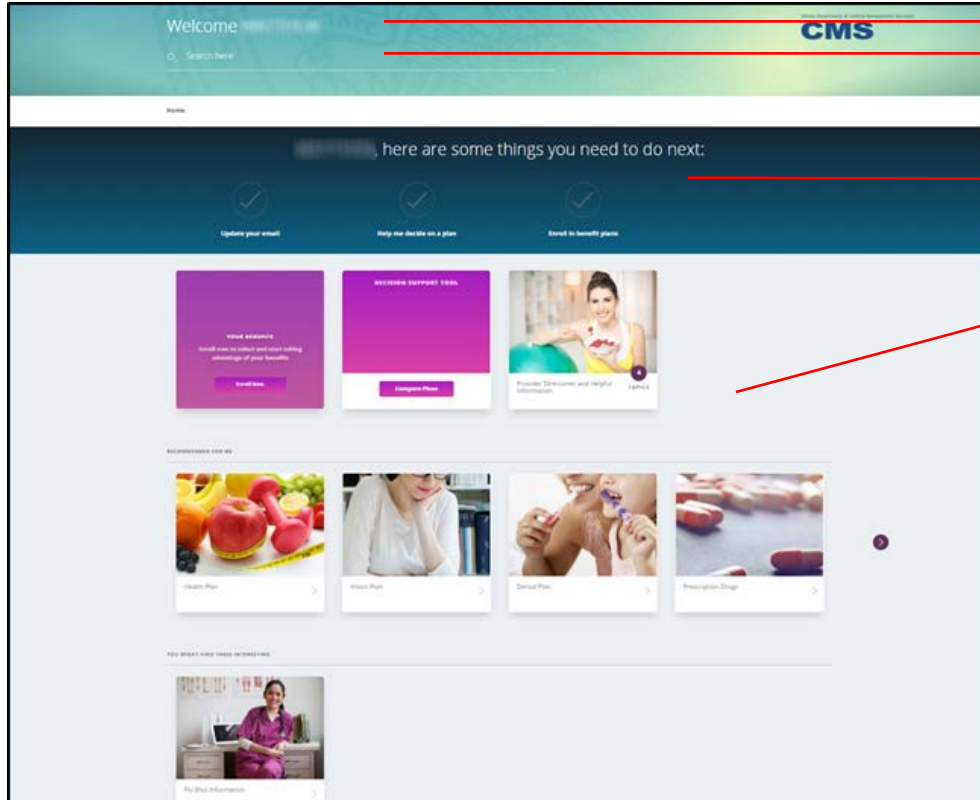
Enter a new password that meets the listed criteria.

Re-type the new password to confirm it.

Click **Save Changes**, and then, on the Success page, click **Continue**. The system displays the Member Home page.

Selecting My Employee Benefits – Current and New Hire Member

Navigating the Member Home Page



Welcome message

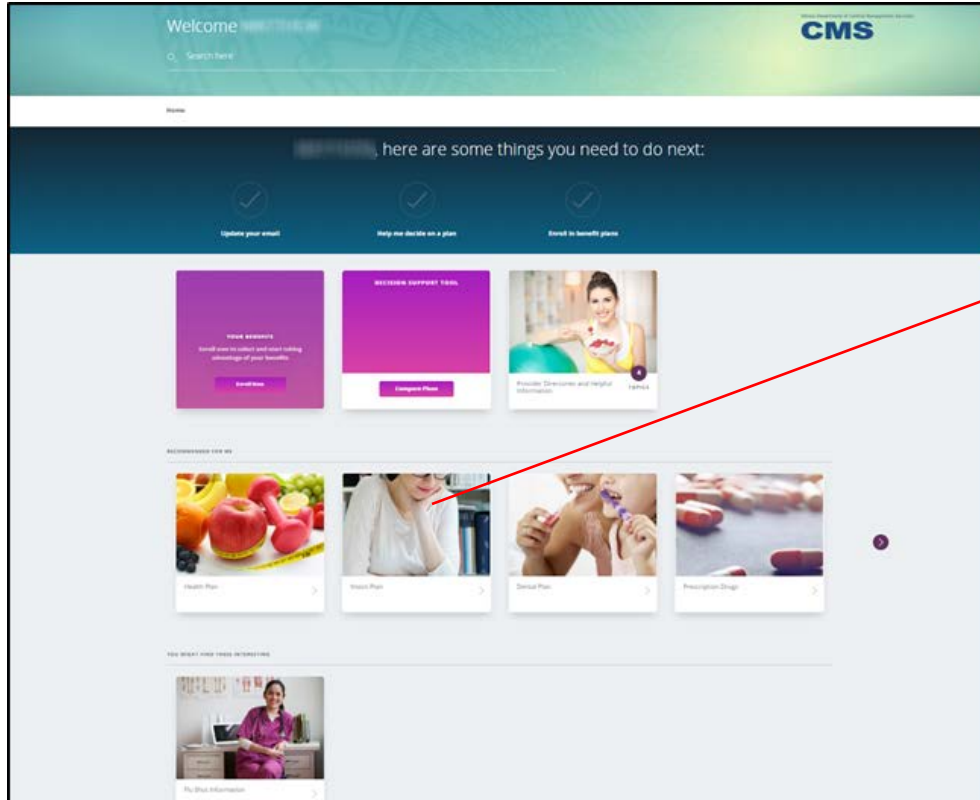
Search box

Pending actions shows any tasks you need to complete

Tiles launch functions that allow you to compare plans, enroll or make changes to your benefits, and review additional information related to your health and benefits.

Selecting My Employee Benefits – Current and New Hire Member

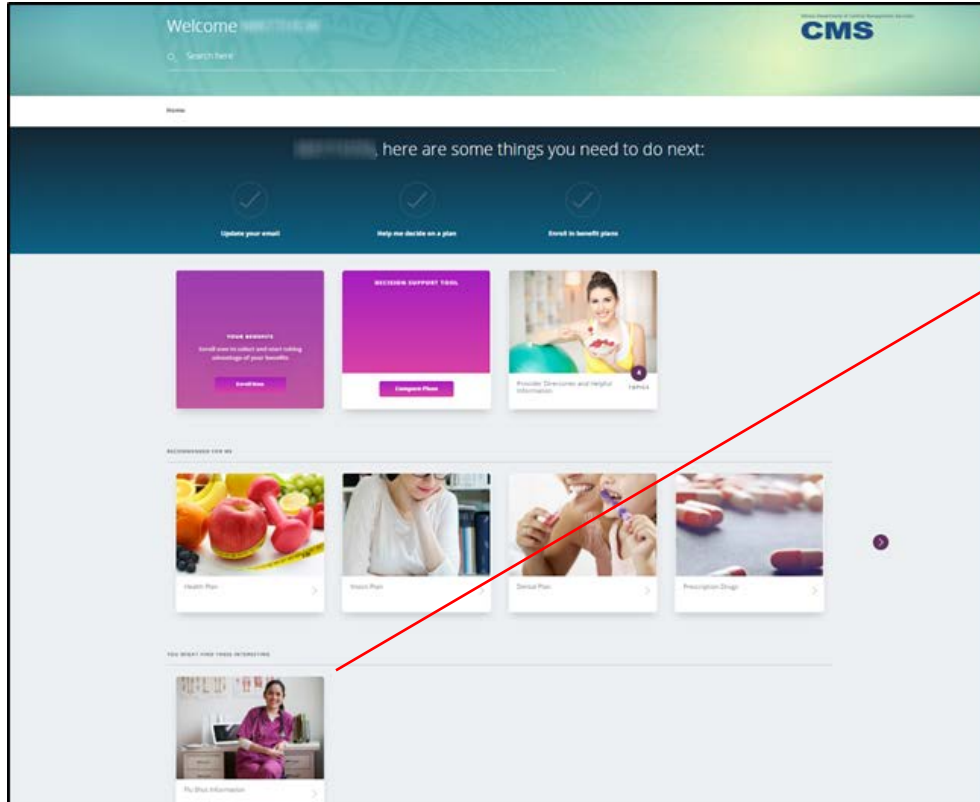
Tiles – Recommended For Me



The Recommended For Me tiles link to information related to your current benefits, eligibility and optional coverage choices. Each item is also available in a printer-friendly version.

Selecting My Employee Benefits – Current and New Hire Member

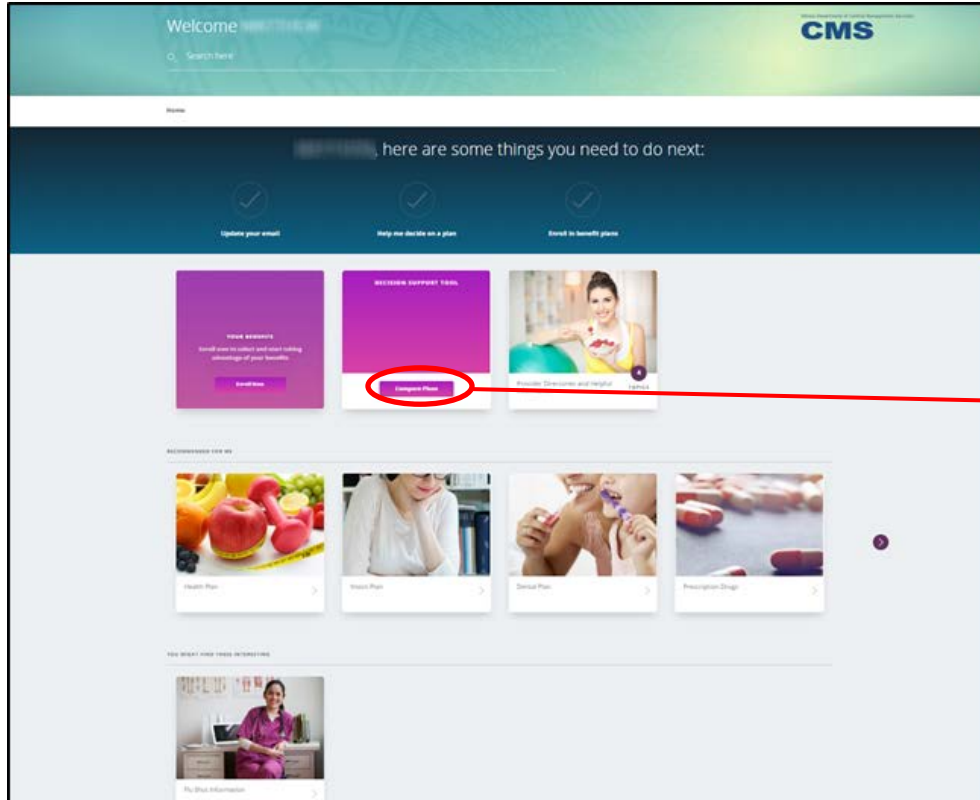
Tiles – You Might Find This Interesting



The tiles under You Might Find This Interesting link to general health and welfare information that might be of interest to you. Each item is also available in a printer-friendly version.

Selecting My Employee Benefits – Current and New Hire Member

Compare Plans – The Decision Support Tool



Before you enroll in benefits, the Decision Support tool is available to help you investigate your options and choose the best one for you.

On the MyBenefits home page, click **Compare Plans** to launch the Decision Support tool

Selecting My Employee Benefits – Current and New Hire Member

Compare Plans – The Decision Support Tool



1. Select your Coverage Tier.

2. Select a Plan Type to see available plans.

The screenshot shows a web interface for selecting employee benefits. At the top, it says "Select some plans to compare..." with a "Back to Home" button. Below this is the "Coverage Tiers" section, which has three radio button options: "Employee Only", "Employee + 1", and "Employee + 2 + Spouse". The "Employee + 2 + Spouse" option is selected. A red circle highlights this section. Below the tiers is the "Compare Plans" section, which says "Here are some other great plans that may interest you." and lists "HMO", "PPO", and "POS" options. A red circle highlights these options. Below this is a grid of four plan cards: "BlueAdvantage HMO" with a cost of \$269.00/mo, "Coventry HMO" with \$293.00/mo, "Health Alliance HMO" with \$296.00/mo, and "HMO Illinois" with \$276.00/mo. Each card includes a "Compare Plan" button at the bottom. A red circle highlights these buttons. A red line connects the "Compare Plan" button for the "HMO Illinois" plan to the text "3. Click to select a plan to compare."

3. Click to select a plan to compare.

Selecting My Employee Benefits – Current and New Hire Member

Compare Plans – The Decision Support Tool

1. Select additional plans to compare

Plan Name	Annual Out-of-Pocket Maximum	Family	Annual Deductible	Prescription
BlueAdvantage HMO	\$3,000	\$6,000	\$0	Not Covered

Click **Return Home** when you're finished.

2. Review and compare selected plans.

Selecting My Employee Benefits

Benefit Choice Enrollment

Home

WELCOME, here are some things you need to do next:

- Update your email
- Enroll Now**

YOUR BENEFITS
\$430.66
TOTAL MONTHLY COST

\$5,167.92
ANNUAL VALUE OF YOUR BENEFITS

Employee Only

Benefits	Plan	Your Monthly Cost
Medical	Health Alliance HMO	\$137.00
Dental	Quality Care Dental Plan	\$11.00
Basic Life	1 x Annual Base Salary	\$0.00
Optional Member Life	4 x Annual Base Salary	\$60.68
Voluntary AD&D	Match Total Life Amount	\$9.48

View All

Self-Service Tools

DECISION SUPPORT TOOL

Compare Plans

Provider Directories and Helpful Information

TOPICS

Once you know which plan is best for you, you can begin the enrollment process.

On the MyBenefits home page, click **Enroll Now** to launch the Enrollment tool.

Selecting My Employee Benefits – Current and New Hire Member

Benefit Choice Enrollment

myElections

Below is a timeline of your elections. You can also [start a new event](#).

View Elections History Transactions: View All Options: Legend

Timeline: Today's Coverage, **Benefit Choice** (July 1, 2017)

Personal Information | **Your Coverage** | Dependents

Cost Summary

Your Pre-Tax Costs

Your Costs	\$360.50 / per month
------------	----------------------

Your Post-Tax Costs

Your Costs	\$70.16 / per month
------------	---------------------

Benefits

Benefit name	Coverage options	Coverage details	Employer Cost	Your cost
Health & Group Benefits				
Medical	Health Alliance HMO	Employee Only	\$697.46	\$137.00
Dental	Quality Care Dental Plan	Employee Only	\$24.32	\$11.00
Life Insurance				
Basic Life	1 x Annual Base Salary	\$94,800.00	\$31.29	-
Optional Member Life	4 x Annual Base Salary	\$379,200.00	-	\$60.68
Voluntary AD&D	Match Total Life Amount	\$474,000.00	-	\$9.48

Flexible Spending Accounts

Medical Care Assistance Plan (MCAP)	2550
Dependent Care Assistance Plan (DCAP)	Waive

On the MyElections page, click **Benefit Choice**, and then click **Restart**.

Benefit Choice
This transaction is: In progress

Restart

Transaction Details
The last date to complete this event is May 31, 2017
Event that has not been completed.

Timeline: Today's Coverage, **Benefit Choice** (July 1, 2017)

Selecting My Employee Benefits – Current and New Hire Member

Enroll In Benefits

Personalize your benefits plan
Benefit Choice - July 1, 2017

1 Family 2 Benefits 3 Finalize

Change Photo
You currently have no dependents on file. You may add a dependent or navigate to a different page.
2 Add a Dependent
1 View Profile
3 Next

1. Click **View Profile** under your name tile to review your information and make necessary changes.

2. Click **Add Dependent** if necessary, and enter the required information.

3. Once you have reviewed all information and made any necessary changes, click **Next** to continue.

Add a Dependent

1. Add the dependent information. Required fields are marked with an asterisk (*). If the dependent does not yet have a SSN, use a state-approved dummy number.

Make sure the **Additional Coverage** question is answered correctly for the dependent. This only applies if the dependent you are enrolling in health/dental coverage has other health/dental coverage.

2. To add another dependent, click **Save and Add Another**. To return to the Family page, click **Save and Close**.

Note: You may be required to submit supporting documentation for covered dependents. This process is reviewed in the Upload Required Documents section.

Add a Dependent

Personal Information

*Required Fields

1 SSN*
First Name*
Initials
Last Name*
Relationship* Spouse
Gender* Male Female
Date of Birth* MM/DD/YYYY
2 Save and Add Another Save and Close Cancel

Selecting My Employee Benefits – Current and New Hire Member



Enroll In Benefits

Personalize your benefits plan

Benefit Choice - July 1, 2017

① Family ② Benefits ③ Finalize

Health & Group Benefits

Benefit	Selection	Coverage Level	Your Monthly Cost
1 Medical	Health Alliance H	Who is covered?	\$137.00
		 You Change who is covered	
3 Dental	Quality Care Den	Who is covered?	-
		 You Change who is covered	

Your Pre-Tax Costs
Your Costs \$137.00 / per month

YOUR POST-TAX COSTS
Your Costs \$70.16 / per month

Next 5

Choosing Medical and Dental Coverages

1. Click the **Medical Selection** list and choose your medical plan. Note that some medical plans require you to select a Primary Care Provider.
2. If necessary, click **Change who is covered** to add dependents from the benefit.
3. Click the **Dental Selection** list and choose your dental plan.
4. If necessary, click **Change who is covered** to add dependents from the benefit.
5. Click **Next** to move to Life Insurance. If there is any missing information, a message will be displayed to alert you.

Selecting My Employee Benefits – Current and New Hire Member

Enroll In Benefits

The screenshot shows a window titled "My Plan Covers:". It contains a list of participants with checkboxes. The first participant is "You" with a checked checkbox and a green checkmark. Below it, there is a section for "Family: Select All - Select None". Under this section, there are three entries: "Spouse" with a red "1" pointing to its unchecked checkbox, and "Child" with an unchecked checkbox. At the bottom of the window, there is a red "2" pointing to the "Save and Close" button, and a "Cancel" button to its right.

Change Who Is Covered

1. Click the checkbox next to each participant's name to change whether or not they are covered by the selected benefit.
2. Click **Save and Close** to return to the Benefit page.

Selecting My Employee Benefits – Current and New Hire Member

Enroll In Benefits

1

There are errors present.

Health & Group Benefits

Medical

Please click the "Select your Primary Care Provider" button and enter PCP ID information for yourself and any dependents you have elected to cover.

Select your Primary Care Provider

Benefit	Selection	Coverage Level	Your Monthly Cost
Medical	Health Alliance	Who is covered? You Change info & covered	\$276.00
Dental	Quality Care Dent	Who is covered? You Change info & covered	\$19.50

Next

2

Primary Care Provider

Please enter PCP ID information for yourself and any dependents you have elected to cover. Click the search icon to access a link to the provider directory.

Name	Relationship	PCP ID	PCP Name	Facility Code
	You			
	Child			
	Spouse			

3

4

Save and Close Cancel

If you have chosen an HMO:

1. Click **Select your Primary Care Provider**.
2. Enter the missing information. Required fields are marked with an asterisk (*).
3. If you don't know the 10-digit NPI/PCP number or three-digit Facility Code, click the search button to open the Provider Directory in a separate tab or window and look it up. Make note of the NPI/PCP number or Facility Code, and then enter the information in the appropriate field.
4. Click **Save and Close** to return to the Benefit page

Selecting My Employee Benefits – Current and New Hire Member

Enroll In Benefits

Personalize your benefits plan

Benefit Choice - July 1, 2017

1 Family 2 Benefits 3 Finalize

Health & Group Benefits

Life Insurance

Benefit	Selection	Coverage Level	Your Monthly Cost
Basic Life	1 x Annual Base	\$94,800.00	-
Optional Member Life	4 x Annual Base	\$379,200.00	\$60.68
Voluntary AD&D	Match Total Life	\$474,000.00	\$9.48

Your Pre-Tax Costs
Your Costs \$137.00 / per month

YOUR POST-TAX COSTS
Your Costs \$70.16 / per month

Previous Next 2

Flexible Spending Accounts

Previous Next

Life Insurance

1. Click each insurance selection list and choose your coverage amount. If you do not want to elect optional coverage, select **Waive**.
2. Click **Next** to move to Flexible Spending Accounts.

Selecting My Employee Benefits – Current and New Hire Member

Enroll In Benefits

Benefit	Selection	Coverage Level	Your Monthly Cost
Medical Care Assistance Plan (MCAP)	\$ 0 1	-	-
Dependent Care Assistance Plan (DCAP)	\$ 0 2	-	-

Previous

« Previous **3** Next »

Flexible Spending Accounts

1. Click in the Medical Care Assistance Plan and enter the total annual amount you want to contribute.
2. Click in the Dependent Care Assistance Plan and enter the total annual amount you want to contribute.
3. Click **Next** to move to the final review. If you want to review Medical/Dental or Life Insurance selections, click **Previous**.

Selecting My Employee Benefits – Current and New Hire Member

Enroll In Benefits

Personalize your benefits plan

Benefit Choice - July 1, 2017

1 Family 2 Benefits 3 Finalize

This screen lists your personal information and your entries during this session. Review this information carefully. If you are not satisfied with your entries, go to the appropriate step. If you are satisfied with your entries, click NEXT to proceed.

Event Details

Type: Benefit Choice effective July 1, 2017

Personal Information

Full Name:
Employee / Member Identification:
Example:
Date of Birth:
Sex:
Full Address:
Preferred Email Address:
Group Insurance Rep / Health Plan Rep:

Cost Summary

Items that have been changed

Your Pre-Tax Costs	
Your Costs	\$137.00 / per month
Your Post-Tax Costs	
Your Costs	\$70.16 / per month

Benefits

Benefit name	Coverage options	Coverage details	Employer Cost	Your Costs
Health & Group Benefits				
Medical	Health Alliance HMO	Employee Only	\$728.96	\$137.00
Dental	Quality Care Dental Plan	Employee Only	\$36.26	-
Life Insurance				
Basic Life	1 x Annual Base Salary	\$84,800.00	\$31.29	-
Optional Member Life	4 x Annual Base Salary	\$378,200.00	-	\$60.88
Voluntary ACAD	Match Total Life Amount	\$474,000.00	-	\$8.48
Flexible Spending Accounts				
Medical Care Assistance Plan (MCAP)	0		-	-
Dependent Care Assistance Plan (DCAP)	0		-	-
Totals:			\$799.61	\$207.16

Dependents

Dependent	Birth Date	Coverage
-----------	------------	----------

Do you agree to the following terms and conditions?

- I hereby declare that I have completed my enrollment or modified my coverage, my contribution rate, or other information because of Benefit Choice. I understand that the modifications made during this session are effective 7/1/2017, subject to the approval of any required evidence of insurability. I declare that the information contained on this form, if any, is complete and true (any false or incomplete declaration may nullify coverage).
- I consent to the collection, use, and exchange of my personal information by and between:
- My Employer;
 - The administrators of my Employee benefits program;
 - The agents retained by my Employer or the Benefits Administrator;
 - A company who requires information for the purpose of retirement, savings, or other Employee benefits plan administration.
- I authorize these entities to obtain, and exchange between them, any information about me, my spouse, or my dependent children that they require for the purpose of determining my benefit entitlements, and for record-keeping, file identification, reporting, procurement of health information, claims resolution, and other services provided to me and my Employer from time to time.
- I authorize the company to deduct from my salary amounts required to pay the cost of coverage and/or contributions plus applicable taxes, if any.

Previous

Next

Finalizing Your Benefits Choices

1. Review your Benefits Plan. Any changes you have made from your previous choices are highlighted in blue.
2. Review the Terms and Conditions. Click the checkbox to agree.
3. If you need to make changes, click **Previous**.
4. Click **Next** to finish. You'll see the confirmation page and the option to print your confirmation statement. Click **Done** to leave enrollment and complete this step. You'll be notified if there are any required documents you'll need to upload.

Selecting My Employee Benefits – Current and New Hire Member

Self-Service Tools – View My Elections

Benefits	Plan	Your Monthly Cost
Medicare Advantage Prescription Drug (MAPD)	UnitedHealthcare PPO	\$0.00
Dental	Quality Care Dental Plan	\$11.00
Basic Life	\$5,000 Basic Life	\$0.00
Optional Member Life	Waive	\$0.00
Voluntary AD&D	Match Basic Life Amount	\$0.10

View All

Self-Service Tools

- View my elections
- Enroll/make changes
- Compare plans
- Update my email
- View Required Documents
- Upload required documents

Click **Self-Service Tools** and then click **View my elections**.

Selecting My Employee Benefits – Current and New Hire Member

Self-Service Tools – View My Elections

YOUR BENEFITS
\$11.10
TOTAL MONTHLY COST

\$135.20
ANNUAL VALUE OF YOUR BENEFITS

MEDICARE ELIGIBLE RETIREE ONLY

Benefits	Plan	Your Monthly Cost
Medicare Advantage Prescription Drug (MAPD)	UnitedHealthcare PPO	\$0.00
Dental	Quality Care Dental Plan	\$11.00
Basic Life	\$5,000 Basic Life	\$0.00
Optional Member Life	Waive	\$0.00
Voluntary AD&D	Match Basic Life Amount	\$0.10

View All

Self-Service Tools

- View my elections
- Enroll/make changes
- Compare plans
- Update my email
- View Required Documents
- Upload required documents

Click **Self-Service Tools** and then click **View my elections**.

The system displays the myElections page, as shown below.

myElections

Below is a timeline of your elections. You can also [print a cover sheet](#).

View Elections History Transactions: [Hide cancelled](#) Options: [Legend](#)

Today's Coverage: **Result Choice**
September 1, 2015

Personal Information | **Your Coverage** | Dependents [Exit](#) [Close](#)

Cost Summary

Category	Cost
Year Pre-Tax Costs	
Employee Costs	\$0.00 / per month
Year Post-Tax Costs	
Employee Costs	\$0.00 / per month

Benefits

Benefit name	Coverage options	Coverage details	Employer Cost	Your cost
Health & Group Benefits				
Medical	Health Alliance HMO	Employee + 2 or more	-	-
Dental	Quality Care Dental Plan		-	-
Life Insurance				
Basic Life	1x Annual Base Salary	\$0.00	-	-
Spouse Life	\$10,000 Spouse Life	\$0.00	-	-
Totals:			\$0.00	\$0.00

Selecting My Employee Benefits – Current and New Hire Member

Self-Service Tools – Update My Email

YOUR BENEFITS
\$11.10
TOTAL MONTHLY COST

\$135.20
ANNUAL VALUE OF YOUR BENEFITS

MEDICARE ELIGIBLE RETIREE ONLY

Benefits	Plan	Your Monthly Cost
Medicare Advantage Prescription Drug (MAPD)	UnitedHealthcare PPO	\$0.00
Dental	Quality Care Dental Plan	\$11.00
Basic Life	\$5,000 Basic Life	\$0.00
Optional Member Life	Waive	\$0.00
Voluntary AD&D	Match Basic Life Amount	\$0.10

View All

Self-Service Tools

- View my elections
- Enroll/make changes
- Compare plans
- Update my email
- View Required Documents
- Upload required documents

Click **Self-Service Tools** and then click **Update my email**.

The system displays the Email Address Review/Update page, as shown below. Review or enter new email addresses. If you enter more than one address, select your preferred address. Click **Save** to finish.

Email Address Review/Update

You may update your personal email address and/ or you may select your preference for email communications below.

Email Type	Email Address	Preferred Email Address
Other	<input type="text"/>	<input type="radio"/>
Personal	<input type="text"/>	<input type="radio"/>
Work	<input type="text"/>	<input type="radio"/>

[Save](#)

Selecting My Employee Benefits – Current and New Hire Member

Self-Service Tools – View and Upload Required Documents



Some benefit choices will require you to provide supporting documentation before they can be applied.

YOUR BENEFITS
\$11.10
TOTAL MONTHLY COST

\$133.20
ANNUAL VALUE OF YOUR BENEFITS

MEDICARE ELIGIBLE RETIREE ONLY

Benefits	Plan	Your Monthly Cost
Medicare Advantage Prescription Drug (MAPD)	UnitedHealthcare PPO	\$0.00
Dental	Quality Care Dental Plan	\$11.00
Basic Life	\$5,000 Basic Life	\$0.00
Optional Member Life	Waive	\$0.00
Voluntary AD&D	Match Basic Life Amount	\$0.10

View All

Self-Service Tools

- View my elections
- Enroll/make changes
- Compare plans
- Update my email
- View Required Documents
- Upload required documents

Click either location to begin uploading documents.

Selecting My Employee Benefits – Current and New Hire Member

Upload Required Documents

Upload documents

This page lists the documents that you are required to submit related to enrolment changes that you recently submitted.

If a document is required more than once, it will appear in the list as many times as it is required. You must upload it as many times as it is required.

For each required document, you can upload a file a maximum of five times.

- Click **Upload** to attach a document.
- Click **View** or a document name to view the document.
- Click **Replace** to attach a new version of a document you have already submitted.
- Click **Remove** to remove a document submitted in error and re-set it to "Not received". Note: If there is more than one version of a document, clicking Remove will remove all of them.
- Click **Reject** to indicate that a document is not satisfactory and re-set its status to "Not received" so that the participant can submit.

Marriage Certificate Required Form - Not Received

Required for Mary Spouse

Upload

Click to show details about the Required Form and to access the upload function.

Click **Upload** to begin the process.

Upload a document

Marriage Certificate Required Form for Mary Spouse

- Click **Browse** and select the file to upload.
- Confirm that the file is a true copy of the original document by checking the box below.
- Click **Upload** to submit your file.
- A confirmation screen will appear when your file has been uploaded successfully.

About your file

- It must be less than 10 MB in size.
- It must be one of the following types: JPEG, GIF, PNG, BMP, TIFF or PDF.

I attest that the file I am submitting, which contains an image of an original document, has not been falsified in any way and is a true document.

C:\fakepath\SOI Upload Cancel

Click **Browse** and select the document to be uploaded.

Note the file requirements.

Click to accept the statement attesting that the document is true and valid.

Click **Upload**. A confirmation screen will be displayed when the file has uploaded successfully

Benefit Choice Timeline

