

Your Guide for Online Enrollment

Below, you will find easy steps on how to make your benefit(s) selections. If, during your enrollment, you experience technical difficulty or have trouble, please call our Enrollment Solutions Help Desk at 855-523-8422, 7AM-5PM CST. If you have coverage eligibility questions, please contact your benefits office.

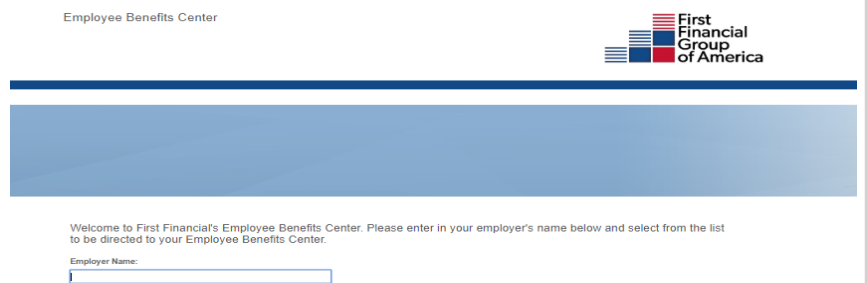
1. Go to www.ffga.com



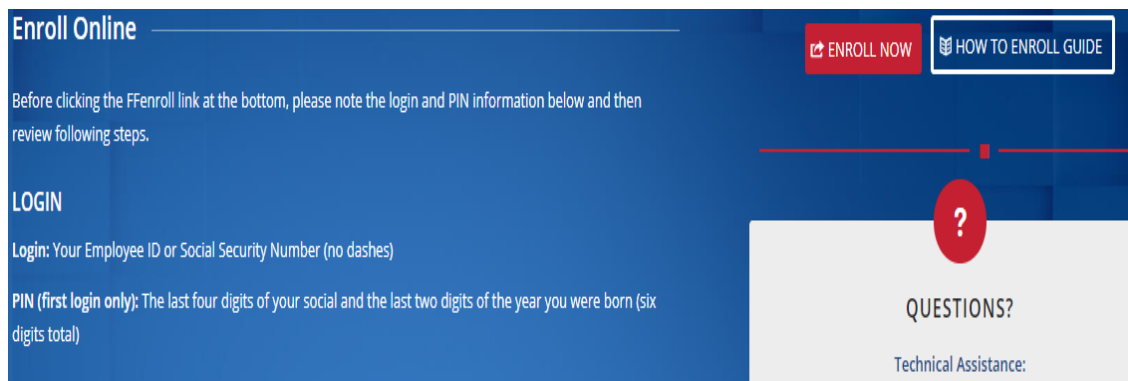
Click on “Login” and then “Employee Benefits Center”

2. Enter your Employer’s name in the box:

San Angelo ISD



3. Click on “How to Enroll” at the top of the page, then scroll down and click on the red “Enroll Now” button to take you to the enrollment website.



4. Login ID: Your SSN (without dashes) or your Employee ID

Your Personal Identification Number (PIN) is the **last 4 digits** of your SSN and the **last 2 digits** of the year you were born (this should be a 6 digit number).

Your PIN may be required on some applications for your electronic signature.

FFenroll
ENROLLMENT SITE

Employee ID or Social Security Number

Personal Identification Number (PIN)

By entering your user ID and Personal Identification Number, you are agreeing to the terms of the [Consent to Enroll Electronically](#).

Log in

[Forgot Pin?](#) | [Security Information](#) | [Privacy Policy](#)

If you need help enrolling or trouble logging in please call the FFenroll Support Helpdesk at 855-523-8422.

Administrative users: [login to the Administrative Site](#)

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You will arrive at the Welcome Screen. Use the Next and Back buttons to navigate through the website. Click Next to begin.

First Financial Group of America
Find in Service and Expertise

Status (0% Complete)

Important FORMS

Home You & Your Family My Benefits Sign & Submit

Next

Welcome to Your Benefit Enrollment for Plan Year 2020-2021

At First Financial-Demo, we know that benefit requirements change. That's why we have an open enrollment period each year.

For most benefits, Open Enrollment is the only time of year you are allowed to make changes in your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year.

Benefit enrollment is easy! Just follow these steps.

- First, review and contact HR to update personal information about you or your covered dependents.
- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click [Next](#) to begin.

Press [Next](#) to review personal information and begin enrollment.

Next

✓ Your Benefit Options

- Medical
- Dental
- Vision
- Medical Reimbursement
- Dependent Care Reimbursement
- Long Term Disability (DLI)
- Accident
- Cancer
- Critical Illness
- Group Hospital Indemnity Plan
- Permanent Life
- Basic Group Term
- Employee Group Term
- Spouse Group Term
- Child Group Term

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You may use the tab marked “You & Your Family” to review and update personal information. Please review the spelling of your name, address, social security number and contact number.

5.

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

Dependents

*** IMPORTANT - PLEASE READ ***

- Click *Add* ("Plus" icon at top right of table below) to add your spouse or dependent children to your list of dependents. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan.
- If you need to update information for any dependents currently listed in the system **DO NOT** delete and re-add them. Click on their name, update the information and click *Save*.
- Deleting a dependent from this screen will not remove them from any benefit they are currently enrolled in.** To remove a dependent you will need to re-enroll in that benefit and drop the dependent from coverage. If you are adding a new spouse or child and want them covered under a plan you are currently enrolled in, please be sure you re-enroll in that benefit. Adding a dependent to this screen does not automatically add them to coverage.

Click the *Next* button when you are finished.

Dependents

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	Uploads	
No items found.						

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

Dependents

Due to the Affordable Care Act, please enter dependent information even if you do not plan to cover them on your benefit options

- To add dependents **not** listed, click on the Plus sign button +
- Enter requested data for the dependent including **Legal Name** and **Middle Initial as it appears on the Social Security Card**
- If any information appears incorrect for dependents already listed, click on the pencil to edit the dependent information.

6.

Benefit Summary This screen provides a list of your current benefit elections. To make a change to your medical or if you need to make a change to your medical plan or to update your beneficiary; click on "Edit this Selection" or click "Keep Existing" if you do not wish to change.

Benefit Summary

Below is a list of your current benefit elections.

Your Benefits

Plan	Benefit	Cost per Paycheck	Coverage Termination Date
TRS Medical	TRS - Decline Medical	\$0.00 pre-tax	
Basic Group Life	BCBS (Dearborn) Basic Life - \$15,000	Employer-paid	

For each of the benefit options below, your enrollment options are shown. Click the "Waive" link to waive or decline participation in the coverage or click "Add or Change" to review your other options.

- Please note if any of the plans listed below indicate "N/A" you must contact Ty Stovall at 432-770-5645.
- Please note you will not have coverage for those benefits until you contact him.

7.

Adding or Changing Medical: To add or change medical, click on **Add or Change** and then proceed with the application process.

TRS Medical [Add or Change](#)
 Enrollment Details

Beneficiary Updates

If the plan indicates **No beneficiary on file** click on the **Edit this Election** to update your

Employee Group Term [Edit this Election](#)
 Enrollment Details

Benefit Amount	Cost
\$50,000.00	\$72.50

Beneficiary Information

No beneficiary on file.

You have completed enrollment in this plan. Your cost per pay period will be **\$72.50**

To view detailed information on different plans:



You can access different product brochures to learn more about each plan by clicking on the **Forms** icon.

8. Sign and Submit

Once you have selected all of your benefits, the **Sign Forms Page** will display. The Benefit Confirmation/Deduction Authorization Form will appear. Please review it for accuracy and ensure your benefits elections are correct. Follow the on screen instructions by entering your **PIN**, and then clicking **Sign Form**.

Sign Forms Page

First Financial

Benefit Confirmation / Deduction Authorization High School

Name		Date of Birth	Home Phone	Work Phone	Address	
JOHN JACKSON		05/05/1985	(281) 447-8111		123 MAIN ANYTOWN, TX 77777	
Employee ID	Hire/Elig Date	Gender	E-mail Address			
98435	06/30/2016	M	test@ffga.com			
Location			Department			Reason for Completing Form
High School			Staff			
Job Class			Title			
Full-Time			TEACHER			

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested Benefit	Requested Cost	Employee Cost Pre-tax	Employee Cost After-tax	Employer Cost
Medical	Medical HMO	ES	12	06/01/2016				200.00	0.00	225.00
Dental	Dental Low Plan	ES	12	08/01/2016				0.00	46.00	0.00
Medical Reimbursement	FPGA Health Flex Account	FA	12	07/18/2016	595			102.00	0.00	0.00
Basic Group Term	Basic Life with ADD	EO	12	08/01/2016	10,000			0.00	0.00	1.50
Employee Group Term	Dropped									

Total: 302.00 46.00 226.50

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[Download Form](#) Page 1

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.

PIN: Sign Form

9. Sign/Submit Complete

Your enrollment is complete. Please note that you are not finished until you see:

CONGRATULATIONS!

- Review your benefits selections
- You can log in and make changes to your medical plan anytime during open enrollment by going to <https://ffga.beneselect.com/enroll>
- To change supplemental plans, call the Enrollment Assistance line: 1-281-272-7662

You can print or save a copy of your enrollment confirmation by clicking on **Enrollment Confirmation** at the bottom of the page.

Click **Logout**. Congratulations your enrollment is complete!

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
Enrollment Confirmation	03/12/2020