HOW TO ENROLL IN YOUR BENEFITS:

Visit the enrollment website WWW.BENEFITSOLVER.COM

to get started

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| Welcome | |
|------------------------------------|--|
| User Name | First time here? |
| | Register to create your user name and password. |
| case sensitive | T I |
| Password | Register |
| • | 1 |
| case sensitive | _ |
| Login > | You will be prompted for SSI |
| Eorgot your user name or nassword? | company key, and DOB (MM |

If it's your first time to visit the site click REGISTER and proceed. After you have registered, you will go to USER NAME and PASSWORD. If your password is forgotten, click FORGOT YOUR PASSWORD, and proceed with prompts. Your company key is lpisd (case sensitive) For additional assistance logging in including locked accounts, contact the FFenroll Help Desk: Monday-Friday from 7 a.m. to 5 p.m. Phone: (855) 523-8422

log benefitsolver



Confirmation page, click I AGREE to complete your enrollment.

 Reference Center

 Wekome

 Healthcare

 Dental

 Vision

 Disability

 Basic Life and ADD

 Supplemental Life and ADD

 Legal and Identity Theft

 FSA and DCA

 Weliness Program

 AFLAC Supplemental Benefits

| regard | ne to the City of McKinney Benefits Enrollment site. You are eligible to enroll in or make changes to any benefits you choose. Please refer to the special nones below ng addisional steps needed for changes you may choose to make. |
|--------------------|---|
| This y | or the City will be offering a new High Deductible Health Plan, the City HSA Plan, as well as the opportunity to contribute to an Health Sawings Account. |
| All of y "appro | sur 2017 benefits will be populated for you. However, you must review and centim all benefit electors by cicking "nert" at the bottom of each screen and clicking of conyour benefits summary. Findlin Specific generizing (Source Source) is the screen screen and scre |
| Specie | / Notes: |
| AFLAC | Affaic benefits will not be reflected on DenefitSolver. Please visit an Affaic representative to make changes and for information on your policies. |
| ADDM birth c | G DIPENDENTS If you are adding a dependent to the plan, you must submit dependent documentation to the HR department. Marriage certificate for spouse, and rtificates for children. |
| NOTE . a State | SEGADING SUPERMIXED LIFE INSURANCE If you choose to entoll in or increase supplemental the insurance (for yourself and/or your spouse), you must complete ment of Health form located in the reference center on the home page or on the intranet. |
| NOTE . | SEG400VG LONG-TERM DISABUTY BUY-UP. If you choose to enroll in long term disability buy-up, you must complete an Evidence of insurability form located in the on center on the home page or on the lettanee. |
| All doc | amentation should be submitted to HR via email or drop off at HR office. |
| Priday, docum | October 27th, 2017 is the deadhes to complete and approve your open e ettation must be submitted to HRUY 500 p.m. on November 4, 2017. |

| Employer Cost | Employee Cost | |
|---------------|---------------|---------------|
| \$913.00 | \$130.00 | ₽ Edit |
| \$53.25 | \$18.75 | / Edit |
| | | ₽ Esk |
| | | |



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