

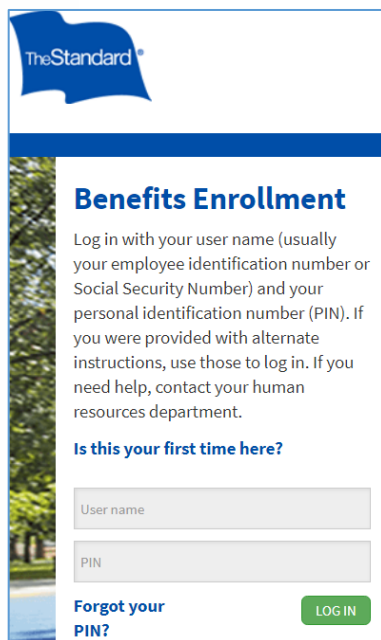
# The Standard Enrollment System

## Life Insurance Changes

### 2021-2022

Benefit Enrollment must be done online at MMSD/Standard Enrollment system at <http://www.standard.benselect.com>  
 For more information, please contact the Benefits Helpdesk at [benefits@madison.k12.wi.us](mailto:benefits@madison.k12.wi.us) or at (608) 663-1692

## LOG IN



To log in, you will need to enter your User name and PIN. Your User name is your employee “b” number without the b (7XXXXX). Your PIN is the last four digits of your social security number, followed by the last two digits of your birth year (SSSSYY). Click the green LOG IN box.

After you log in, you will see the welcome screen as in Figure 2, including a list of current benefits.

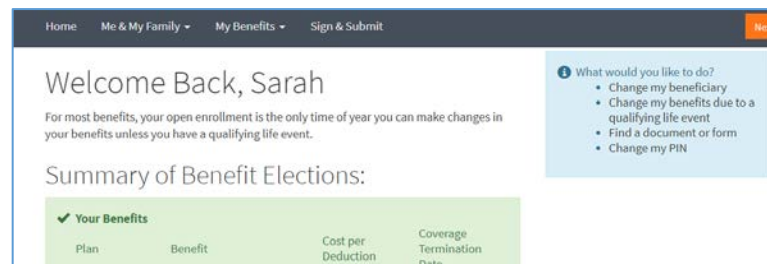


Figure 2

## MAKING A CHANGE TO YOUR LIFE INSURANCE COVERAGE

After logging in, you will need to navigate to the life insurance screens. To do this, either click on the links in your SUMMARY OF BENEFITS (Figure 3), or hover over the MY BENEFITS dropdown list and select the appropriate life insurance type (Figure 4). You can enroll in, cancel, or make changes to any voluntary life insurance plan for yourself, spouse and/or dependent children.



Figure 3

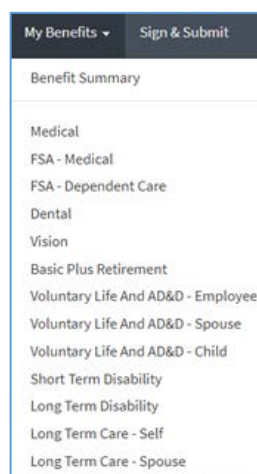


Figure 4

To begin making changes, click the UNLOCK button and then click NEXT.

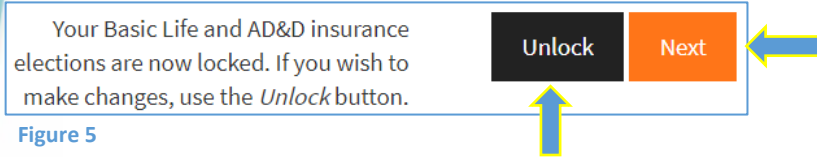


Figure 5

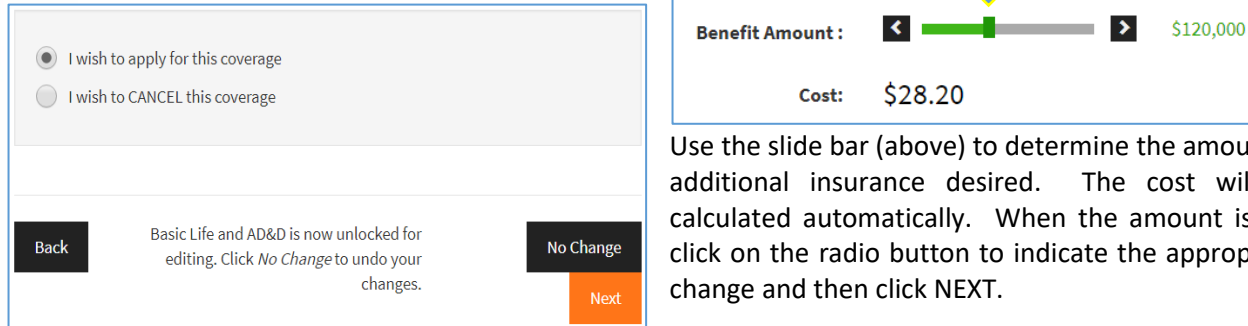


Figure 6

After you change or select your beneficiary (see below), if you would like to enroll in, cancel or make changes to additional types of life insurance, repeat these steps by clicking NEXT.

## SELECTING OR CHANGING BENEFICIARIES

Both the Basic and Voluntary - Self life insurance screens will prompt you to select or confirm your beneficiaries.

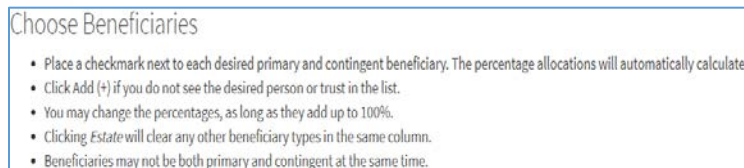


Figure 7

Relationship	Primary	Contingent	+
Spouse	<input checked="" type="checkbox"/> 100.00%	<input type="checkbox"/> 0.00%	
Child	<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	
Child	<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	

Any dependents that are listed or covered by any of your other insurance plans will be automatically populated as options for beneficiaries. You can also add beneficiaries by clicking the “+” sign and entering the requested information.

Figure 8

## EVIDENCE OF INSURABILITY (EOI) & Life Insurance Maximums

When purchasing life insurance, some circumstances will require Evidence of Insurability (EOI) to determine whether the coverage applied for will be approved. The system will recognize these circumstances and provide an on screen notice (Figure 9). EOI is required for employees and spouses wishing to purchase or increase the amount of voluntary (or additional) life insurance outside the employee's initial 30 day eligibility window.

The maximum amount of voluntary life insurance for your self is \$300,000 or five times your annual salary, whichever is smaller. Voluntary life insurance for yourself can be purchased in increments of \$10,000. Use your mouse on the slide bar to see what your cost will be (Figure 9). The maximum amount of voluntary life insurance available to your spouse is up to 50% of the value of your own voluntary life insurance. Voluntary life insurance for spouses can be purchased in increments of \$5,000. Children can be insured at one of two levels, \$5,000 each or \$10,000 each.

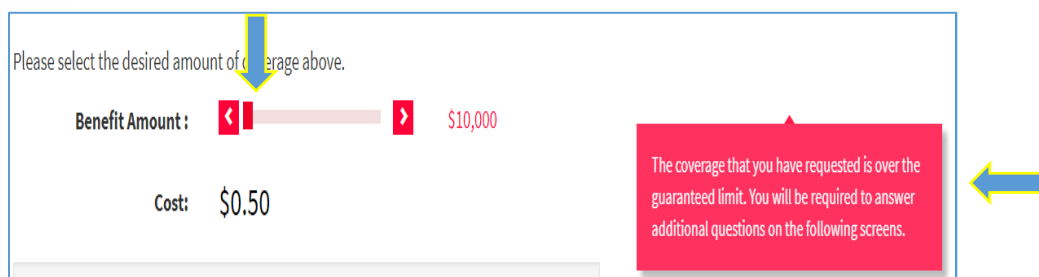


Figure 9

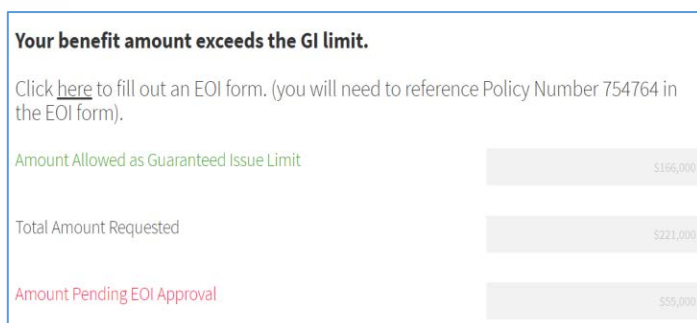
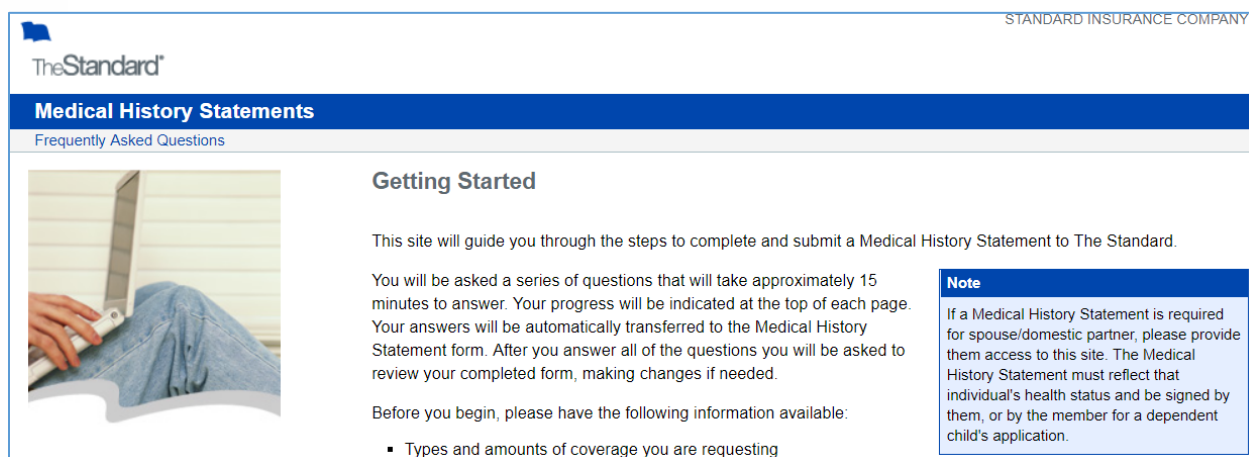


Figure 10 shows the screen that will appear if/when EOI is required. Click on the underlined word “here” to continue. You will be taken to the website of the insurance company (The Standard Insurance Company) where you will be guided through completing the EOI process (below). You will need the Policy number which is 745764 as in Figure 10.

Figure 10

If additional information is needed, The Standard Insurance Company will contact you directly. They will also notify you regarding the approval or denial of the coverage sought.



## VERIFY YOUR ELECTIONS

**Verify Your Benefit Elections**

**Signature** I wish to make the choices indicated on this form, including, to Electronic Transactions section. If electing coverage, I authorize deduction of cost of insurance. I understand that my deduction amount will change

**Signatures Required**

To complete your enrollment, you must review all of the above plans. Press Next to begin Reviewing plans.

Form Name	Status	Date Signed/Reviewed
Enrollment Summary	Unsigned	

Next

Figure 12

After completing the EOI (if necessary), you need to return to the MMSD Enrollment website to complete the enrollment process. After your changes have been made, you will be asked to “Verify Your Benefit Elections.” If the benefits elections are correct, click NEXT. If you’d like or need to make a change, simply click on the benefit.

## SUBMIT YOUR ENROLLMENT (Changes)

**Authorization**

By submitting my benefit choices, I acknowledge that I am authorizing my employer to make deductions from my paychecks to pay for my benefit costs. I understand that any changes made during the annual open enrollment period before the beginning of each calendar year unless I incur a Qualifying Life Event Change or other permitted collectively, the "Plans".

I understand that the maximum salary reductions I can make are set forth in the Enrollment Summary. I acknowledge that my elections, payroll deductions, eligibility, and benefits. I acknowledge that my elections (including Rollover Accounts) will automatically rollover from year to year unless I submit a request for a change. I agree that in the event of any change in the required benefit plan contributions, my election will automatically be revised to take such change into account. I also understand that any funds remaining in my Flexible Spending Account, if any, can only be used to reimburse qualified health and/or dependent care expenses. Contributions are deducted from my paychecks. Any funds remaining in my Flexible Spending Account are forfeited after all current plan year reimbursements are processed. I understand that I may be required to provide Human Resources with proof of dependent(s). I authorize my employer to use and send necessary personal information, including my Social Security Number, to benefit vendors and providers in order to initiate and support my coverage election. To the best of my knowledge, all statements and answers in this application are correct.

I Agree

**PLEASE NOTE: YOUR CHANGES/ENROLLMENT WILL NOT BE EFFECTIVE UNTIL/UNLESS YOU SUBMIT YOUR ELECTIONS.** To do this, scroll down the page entitled “Authorization” and click the orange I AGREE box (Figure 13). You should then see a page congratulating you on your enrollment/changes and recapping your benefits. We strongly recommend that you print and retain a copy of the Enrollment Summary (Figure 14) for your records. You should also receive a confirmation email at your district address after the changes have been made. If you have any questions, please contact the Benefits Helpdesk.

**Completed Forms**

Following is a list of forms reviewed. Press Return to exit the website.

Form Name
Enrollment Summary

Figure 14

For more information, please contact the Benefits Helpdesk at [benefits@madison.k12.wi.us](mailto:benefits@madison.k12.wi.us) or at (608) 663-1692