REQUEST BENEFIT CHANGES ONLINE FOLLOWING QUALIFYING LIFE EVENTS



If you or a dependent have experienced a Qualifying Life Event in the past 31 days, you may be eligible to change your current benefit elections. Follow the steps below to login, record the life event, request coverage changes and upload supporting documentation using online self-enrollment.

LOGIN

Go to the website:

https://steele.benselect.com/Carmel

Enter Employee ID/SSN:

Your full 9 digit SSN - no dashes

Enter PIN:

Your PIN is the last four digits of your SSN plus the last two digits of the year you were born. For example, if the last 4 digits of your SSN are 1122 and you were born in 1968, your PIN would be 112268.

PROCESS THE EVENT

Click "Change my benefits due to a qualifying life event."

Next, read the helpful processing tips below.

Dependents must be added to the system before coverage can be requested. If your life event isn't listed, you may need to update your dependent information before processing your recent event.

> Example: "I divorced my spouse" will not appear as an option, unless a spouse is listed in the system.

When needed, update your dependent information:

• You may need to process a separate dependent life event before you can process your recent life event.

Example: You recently divorced your spouse, but no spouse is listed in the system. First, process a life event to document the original marriage.

- Use correct event dates when entering a life event, even if the event occurred 10 years ago.
- Add/remove another dependent, if needed. Navigate to the "Home" tab, re-clicking "Change my benefits...," then select another life event & repeat processing steps.
- After updating dependents, follow steps below to process your qualified life event and request or decline coverage changes.

Select the appropriate life event from the list.

Click the orange "Next" button.

What	would	you	like	to do	?
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- Change my beneficiaryUpdate my personal information (address, phone, e-
- mail, etc.) • Change my benefits due to a qualifying life event
- Change my benefits due to a qualifying life even
 Review forms that I signed
- Find a document or form
 Change my PIN

Page 1	You & Your Family - My Banelits - Sign & Submit Box
Life	Events
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Life E	vent
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() the	w a new child (birth, adoption, or regained castody).
(i) My 1	pouse or one of my dependents died recently.
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(i) My 1	pose has charged employment status.
() I(m	ny vijgbie dependent) recently lost or geined similar coverage.
() Inq	uest a change to my benefits due to a court order.
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DOCUMENTING LIFE EVENT CHANGES



PROCESS THE EVENT

Enter required data fields for the life event.

- SSN is a required field for all dependents, except dependents that have recently been born or adopted.
- Employees have 6 months from their child's date of birth or adoption to provide the dependent's SSN.

Click the orange "Next" button.

Enter your 6 digit PIN to confirm electronically.

Last 4 of your SSN, then last 2 of your birth year.

Click the orange "check mark" button.

If you need to process additional life events, but are directed to the "Sign & Submit" page:

- Click the "Home" tab.
- Next, click "Change my benefits..."
- Then, select another life event.
- Repeat these steps to process another life event.

REQUEST OR DECLINE COVERAGE CHANGES

Select <u>only</u> the coverage(s) you want to change.

Click the orange "Next" button.

If changes are needed, follow enrollment instructions for each coverage option.

- If a dependent's name is not shown on your enrollment screen, you may need to process another life event before coverage may be requested.
- Review page 1 for more detail.
- **<u>NOTE</u>**: As a reminder, our Medical, Dental and Vision plans come as a package.

Click the "Enroll" or "Decline" button for each coverage, to confirm your updated election(s).

Click the orange "Next" button.

Life Event: Please Confirm		
You are eligible to re-erroll in following benefit plans. Plasse make selections and press Ned	setton	
Back		



Please enter the actual date of your marriage below, the below, Press Nextwhen you are finished.	en provide information about your spouse.	If your name or address h	as changed or if you need to add dep	endent children as a result, please check the appro	prist
Date of Marriage or Civil Union:	01/14/2019				
Enter spouse or domestic partner information below					
Name:					
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Date of Birth:			=		
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Gender:	🗍 Unknown 💌 Male 🏐 Fer	rale 🔘 Other			
	📗 Ny name or address has changed				
	I have new dependent child(ren) as	a result			

y entering my PIN below, I certify that ntitling me to re-enroll in certain bere		ntly and that the information given above is correct to the best of my knowledge. Marriage is a qualifying event under Section 125 of the Internal Revenue Service co
	PIN:	2
Rea	ison for change:	Employee marriage on 1/14/2019.

REVIEW ELECTIONS

Review coverage requests to confirm accuracy.

If elections need modified, click "Back" and "Unlock" to review and edit. To review updates, use "Next" to return to your coverage summary page.

UPLOAD OFFICIAL DOCUMENTS

Official documents supporting a life event **MUST** be submitted timely to prevent coverage disruption. Within **31** days of the event:

• Upload copies of official documents supporting the event into the system (birth or marriage certificate, divorce decree, proof of coverage loss, etc.)

To upload documents to the enrollment system:

- Hover over the "You & Your Family" tab, selecting "Dependents."
- Click the pencil of the dependent tied to the life event.
 - Divorce? Click the ex-spouse's pencil.
 - Spouse lost similar coverage? Click the spouse's pencil.
 - Birth? Click the new baby's pencil.
- Scroll down the page to "Dependent Documentation."
- Using the drop down box, select the form you will upload.
- Click the arrow icon to upload a verification document.
- Click "Save" to attach event documentation for the dependent.

FINALIZE ELECTIONS

Return to the "Sign and Submit" tab, click "Next." Re-enter your 6 digit PIN to confirm your benefit requests.

• Last 4 of your SSN, then last 2 of your birth year.

Coverage changes will **NOT** be submitted without a final PIN signature and life event documentation. All submitted changes are subject to Benefits review and approval. Once approved, you will receive a confirmation email.

Sign and Submit				
Are You Satisfied With Year Elections? If you are	may below those your election for each benefit and includes your pre-tox and re satisfied with your chaices, click on the "NET " butson at the bonson of the size any shanges to your elections, click on the benefit plan name in the menu	is screen to sign your Enrollment Verific		using your PIN.
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Plan Medical		Protax Cost	Posttax Cost	Employee Paid
Flan Medical Destal	Waived	Protax Cost	Posttax Cost	Employee Paid
Flan Medical Dental Vision	Walved Walved	Protax Cost	PosttacCost	Employer Paid
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QUESTIONS?

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