

# How to complete Self-Enrollment

**TURN★KEY™**  
BENEFITS ADVANTAGE

**Do:**



- Review product options ahead of enrolling
- Ensure internet connection
- Gather dependent and beneficiary information
- Set aside 20-30 minutes to complete

**Don't:**



- Hesitate to call 866-674-0960 with any questions!

**TURN★KEY™**  
BENEFITS ADVANTAGE

Welcome to Your Benefits Enrollment!

#### EMPLOYEE LOGIN

To get started, please log in:

 USER ID

 Personal Identification Number (PIN)

By entering your user ID and Personal Identification Number, you are agreeing to the [Terms of Use](#) and [Privacy Notice](#).

[Forgot PIN?](#)

**LOG IN**

#### NEED HELP?

You must have your USER ID and confidential personal Identification Number (PIN) to log in. Your USER ID may be your Employee ID, Social Security Number, or a unique Username provided to you by your employer.

For help logging in, please contact the Enrollment Solutions Help Desk at (833) 918-1357.

# Log In

To make elections, please visit:

<http://amerilife.benselect.com/smsd>

Welcome to Your Benefits Enrollment!

**EMPLOYEE LOGIN**

To get started, please log in:

USER ID

Personal Identification Number (PIN)

By entering your user ID and Personal Identification Number, you are agreeing to the [Terms of Use and Privacy Notice](#).

[Forgot PIN?](#) **LOG IN**

**NEED HELP?**

You must have your USER ID and confidential personal Identification Number (PIN) to log in. Your USER ID may be your Employee ID, Social Security Number, or a unique Username provided to you by your employer.

For help logging in, please contact the Enrollment Solutions Help Desk at (833) 918-1357.

**USER ID** = first initial + last name + last 4 digits of SSN (case sensitive)

**PIN** = last four of SSN + last 2 digits of birth year (no dashes)

For example: John Smith with SSN of 123-45-6789 and DOB of 01/01/1980 would use the following credentials:

**USER ID** = jsmith6789 **PIN** = 678980

Once you have entered this information, click the “Log In” button to continue. Now you will arrive at the “Welcome” Page! This screen provides a listing of benefits offerings. Click the “Next” button to begin your enrollment.

**TURN KEY**  
BENEFITS ADVANTAGE

Status (10% Complete)

**TURN KEY**  
BENEFITS ADVANTAGE

**TURN KEY**  
BENEFITS ADVANTAGE

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

**Welcome to Your Benefit Enrollment for Plan Year 2021-2022**

At AML, 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.

- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click **Next** to begin.

**✓ Your Benefit Options**

- [Health](#)
- [Dental](#)
- [Vision](#)
- [Guardian Life Accident](#)
- [Guardian Life Hospital Indemnity](#)
- [Voluntary Life - Employee](#)
- [Voluntary Life - Spouse](#)
- [Voluntary Life - Child](#)
- [TEA Dues](#)
- [403b Inquiry](#)

Press **Next** to review personal information and begin enrollment. **Next**

# Personal & Contact Information

The next screen is your Personal Info screen. You are able to change your phone and email; however if you need to make other changes, please contact Human Resources.

Click "Next".

**TURN★KEY™**  
BENEFITS ADVANTAGE

Status (12% Complete)

Home You & Your Family - My Benefits - Sign & Submit [Back](#) [Next](#)

## Personal Information

Please review your personal information to ensure it is correct and complete. Please correct any errors and click the Next button when you are finished.  
Optional items are in *italics*.

### Personal Info

Name:      
First *Middle* Last *Suffix*

Date of Birth:

SSN:

Gender:  Male  Female  Other

### Contact Info

Mailing Address:  Same as home address

Country:

Street:

Street (cont.):

City:  State:  Zip:

Home Phone:

Work Phone:

Mobile Phone:

Email:

[Back](#) [Next](#)

# Dependent Information

The next screen is the Dependents screen. You may update your dependent information here.

You can add a dependent by clicking the “plus” sign on the right side of screen and a new screen will appear where you can add the new dependent. Once you have added the new dependent (if applicable) click “Save” and you will be brought back to the main dependent screen (shown below).

If your changes include the deletion of a dependent then select the “X” on the right hand side of screen next to the pencil of the dependent you wish to delete.

You will see the dependent that was added. Click “Next” to move forward.

If you need to Edit a dependent’s information, select the pencil to the right side of that dependent.

**TURN KEY**  
BENEFITS ADVANTAGE

Status (12% Complete)

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

## Dependents

Click Add ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the Next button when you are finished.

| Name                      | SSN         | DOB        | Sex | Relation | Uploads |          |
|---------------------------|-------------|------------|-----|----------|---------|----------|
| <a href="#">CAM BALL</a>  | ***-**-7014 | 10/10/1975 | M   | Spouse   | 0       | +<br>✎ ✕ |
| <a href="#">BABY BALL</a> | ***-**-7037 | 1/1/1999   | F   | Child    | 0       | ✎ ✕      |

### 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

# Employment Information

The next screen is a review of your Employment Information.

Click "Next" to continue and move forward to the actual enrollment screens for your benefits.

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

## Employment

**i** Please review and correct your employment information shown here. Optional items are shown in *italics*.  
Certain items require additional information from you. These items are highlighted and underlined. Click on the item to correct it, if necessary.  
Press *Next* to continue.

### Employment Info

|                    |   |
|--------------------|---|
| Date of Hire:      | <input type="text" value="2/8/2010"/>   |
| Eligibility Date:  | <input type="text" value="2/8/2010"/>   |
| Location:          | <input type="text" value="DEFAULT"/>         |
| Department:        | <input type="text" value="DEFAULT"/>         |
| Job Class:         | <input type="text" value="Administrative"/>  |
| Title:             | <input type="text" value="Supervisor"/>   |
| Salary:            | <input type="text" value="\$60,000.00"/>     |
| Pay group:         | <input type="text" value="Default"/>         |
| Payroll Frequency: | <input type="text" value="BiWeekly"/>   |
| Hours per Week:    | <input type="text" value="35.00"/>  |

[Back](#)

# Enrolling in Benefits

You will now see all of your options for benefit elections. **Any coverages that you are currently enrolled in will show under each benefit!**

Review each benefit by clicking “Review” to learn more and make elections or you can select the “Quick Enroll” options if you wish to keep the same coverage that you currently have.

Once you are satisfied with your elections, click “Next”.

**TURN★KEY™**  
BENEFITS ADVANTAGE

Status (12% Complete)

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

## Benefit Summary

**Below is a list of your current benefit elections.**  
For each of the benefit options below, your "Quick Enroll" option is shown. Click the Quick Enroll link to accept on each one, or click "Review" to review your other options.

- Medical** Review  
You were previously enrolled in at a cost per pay period of **\$825.00**  
You have to complete enrollment in this plan.
- Dental** Quick Enroll Review  
You were previously enrolled in at a cost per pay period of **\$51.73**  
**Based on your group's rules, choosing "Quick Enroll" will waive this benefit.**
- Vision** Quick Enroll Review  
You were previously enrolled in at a cost per pay period of **\$8.36**  
**Based on your group's rules, choosing "Quick Enroll" will waive this benefit.**
- Basic Group Life** Review  
You were previously enrolled in at a cost per pay period of **\$0.00**  
You have to complete enrollment in this plan.
- EMPLOYEE VOLUNTARY TERM LIFE and AD&D** Quick Enroll Review  
You were previously enrolled in at a cost per pay period of **\$8.00**  
**Based on your group's rules, choosing "Quick Enroll" will waive this benefit.**

### My Benefits

|  |        |
|--|--------|
| <input type="radio"/> Medical  | \$0.00 |
| <input type="radio"/> Dental   | \$0.00 |
| <input type="radio"/> Vision   | \$0.00 |
| <input type="radio"/> Basic Group Life   | \$0.00 |
| <input type="radio"/> EMPLOYEE VOLUNTARY TERM LIFE and AD&D                      | \$0.00 |
| <input type="radio"/> DEPENDENT VOLUNTARY TERM LIFE and AD&D                     | \$0.00 |
| <input checked="" type="radio"/> MEDICAL REIMBURSEMENT FLEXIBLE SPENDING ACCOUNT | \$0.00 |
| <input checked="" type="radio"/> DEPENDENT CARE REIMBURSEMENT ACCOUNT            | \$0.00 |
| <input type="radio"/> SHORT TERM DISABILITY                                      | \$0.00 |
| <input type="radio"/> LONG TERM DISABILITY                                       | \$0.00 |
| <input type="radio"/> Guardian Life Cancer                                       | \$0.00 |
| <input type="radio"/> MetLife Group Critical Illness - Attained Age              | \$0.00 |
| <input type="radio"/> MetLife Group Accident                                     | \$0.00 |
| <input type="radio"/> Chubb LifeTime Benefit Term                                | \$0.00 |
| <input type="radio"/> Compliance Notice  | \$0.00 |

|                                  |                         |
|----------------------------------|-------------------------|
| Employer Cost                    | \$0.00                  |
| Pre-tax cost                     | \$0.00                  |
| Post-tax cost                    | \$0.00                  |
| <b>Total Cost Per Pay Period</b> | <b>\$0<sup>00</sup></b> |

# Sample Product Pages

## Election Page

1. Link to benefit portal page showing plan details, SBCs, brochures
2. Previous coverage
3. Recommendation

## Health

[Disclaimer](#) [Start Over](#)

---

**Health Insurance Helper**

To view your **Benefits Page** [Click Here](#) **1**

If you need enrollment assistance or have product questions, please call 1-855-815-3880 8 AM to 5 PM CST to speak with a Benefits Representative or [send us an email](#)

---

You were previously enrolled in tier **Employee Only** with a cost of **\$0.00** **2**

Please select desired amount of coverage:

**3** ★ Recommended

| HDHP  |                |
|---|----------------|
| <a href="#">Learn More</a>                      |                |
| Your Cost:                                      | Per Pay Period |
| <input checked="" type="radio"/> Employee Only: | \$0.00         |
| <input type="radio"/> Employee + Spouse:        | \$872.49       |
| <input type="radio"/> Employee + Children:      | \$333.46       |
| <input type="radio"/> Employee+Family:          | \$889.24       |
| <input type="radio"/> Family (dual):            | \$333.46       |
| Covered People:<br>TURN KEY                     |                |
| <a href="#">Projected Annual:</a>               | \$1,215.60     |
| <b>Enroll</b>                                   |                |

| BASE PLAN PPO                                   |                |
|---|----------------|
| <a href="#">Learn More</a>                      |                |
| Your Cost:                                      | Per Pay Period |
| <input checked="" type="radio"/> Employee Only: | \$71.04        |
| <input type="radio"/> Employee + Spouse:        | \$870.46       |
| <input type="radio"/> Employee + Children:      | \$467.44       |
| <input type="radio"/> Employee+Family:          | \$1,128.12     |
| <input type="radio"/> Family (dual):            | \$538.48       |
| Covered People:<br>TURN KEY                     |                |
| <a href="#">Projected Annual:</a>               | \$1,860.14     |
| <b>Enroll</b>                                   |                |

| DECLINE COVERAGE  |        |
|---|--------|
| You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining. |        |
| Your Cost:  | \$0.00 |
| <b>Decline</b>  |        |

---

[Back](#) [Compare Plans](#)

# Sample Product Pages

## Built in education

Accidents happen, and now you and your family can offset the cost of the care and treatment of those injuries with Accident insurance. For just a few dollars a month, voluntary accident insurance purchased at work helps you avoid devastating expenses. Learn why.

Overview

Why Accident

How it Works

Disclosure

## FINANCIAL SUPPORT TO GET YOU BACK ON YOUR FEET

- No matter what kind of medical coverage you have, you will have out-of-pocket costs that could really set you back financially.
- Guardian® pays you cash benefits based on covered injuries, treatments and services.
- Payments go directly to you, and can help you pay for expenses, like traveling to the hospital, childcare and lost income from missed work.
- Child Organized Sport benefit pays you an extra 20% cash benefit for each accident when the dependent child is injured while playing an organized sport\*.

\*The child must be insured by the plan on the date the accident occurred and must be age 18 years or younger. Proof of registration required at time of claim.

For more detailed plan information, please see the [Accident Benefit Summary](#) document

## Suggestions based on elections

### Other Suggestions

Your employer is also offering these coverages, which other people have found useful. Click each recommendation to learn more.



Want help deciding on a plan? Try: [ALEX](#)



## Embedded videos

# Sign & Submit

Once you have either enrolled in or waived each of the benefits on your enrollment screen you will need to Sign and Submit.

Please take time to review your elections to ensure accuracy and click "Next".

If you need to make a product change, select the product you want to change and you will be able to do so.

**TURN★KEY™**  
BENEFITS ADVANTAGE

Status (93% Complete)

Home You & Your Family - My Benefits - Sign & Submit [Next](#)

## Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions per pay period for each plan.

- **Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- **Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu at the left.

### Your Benefits

| Plan  | Description           | Pretax Cost   | Posttax Cost  | Employer Paid |
|---|-----------------------|---------------|---------------|---------------|
| <a href="#">Medical</a>   | Waived                |               |               |               |
| <a href="#">Dental</a>  | Waived                |               |               |               |
| <a href="#">Vision</a>  | Waived                |               |               |               |
| <a href="#">Basic Group Life</a>                                | \$10,000              | \$0.00        | \$0.00        | \$2.25        |
| <a href="#">EMPLOYEE VOLUNTARY TERM LIFE and AD&amp;D</a>       | Waived                |               |               |               |
| <a href="#">DEPENDENT VOLUNTARY TERM LIFE and AD&amp;D</a>      | N/A                   |               |               |               |
| <a href="#">MEDICAL REIMBURSEMENT FLEXIBLE SPENDING ACCOUNT</a> | Waived                |               |               |               |
| <a href="#">DEPENDENT CARE REIMBURSEMENT ACCOUNT</a>            | Waived                |               |               |               |
| <a href="#">SHORT TERM DISABILITY</a>                           | Waived                |               |               |               |
| <a href="#">LONG TERM DISABILITY</a>                            | Waived                |               |               |               |
| <a href="#">Guardian Life Cancer</a>                            | Waived                |               |               |               |
| <a href="#">MetLife Group Critical Illness - Attained Age</a>   | Waived                |               |               |               |
| <a href="#">MetLife Group Accident</a>                          | Waived                |               |               |               |
| <a href="#">Chubb LifeTime Benefit Term</a>                     | Waived                |               |               |               |
| <a href="#">Compliance Notice</a>                               | Compliance Notice; EO | \$0.00        | \$0.00        | \$0.00        |
| <b>Total</b>  |                       | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$2.25</b> |

### Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

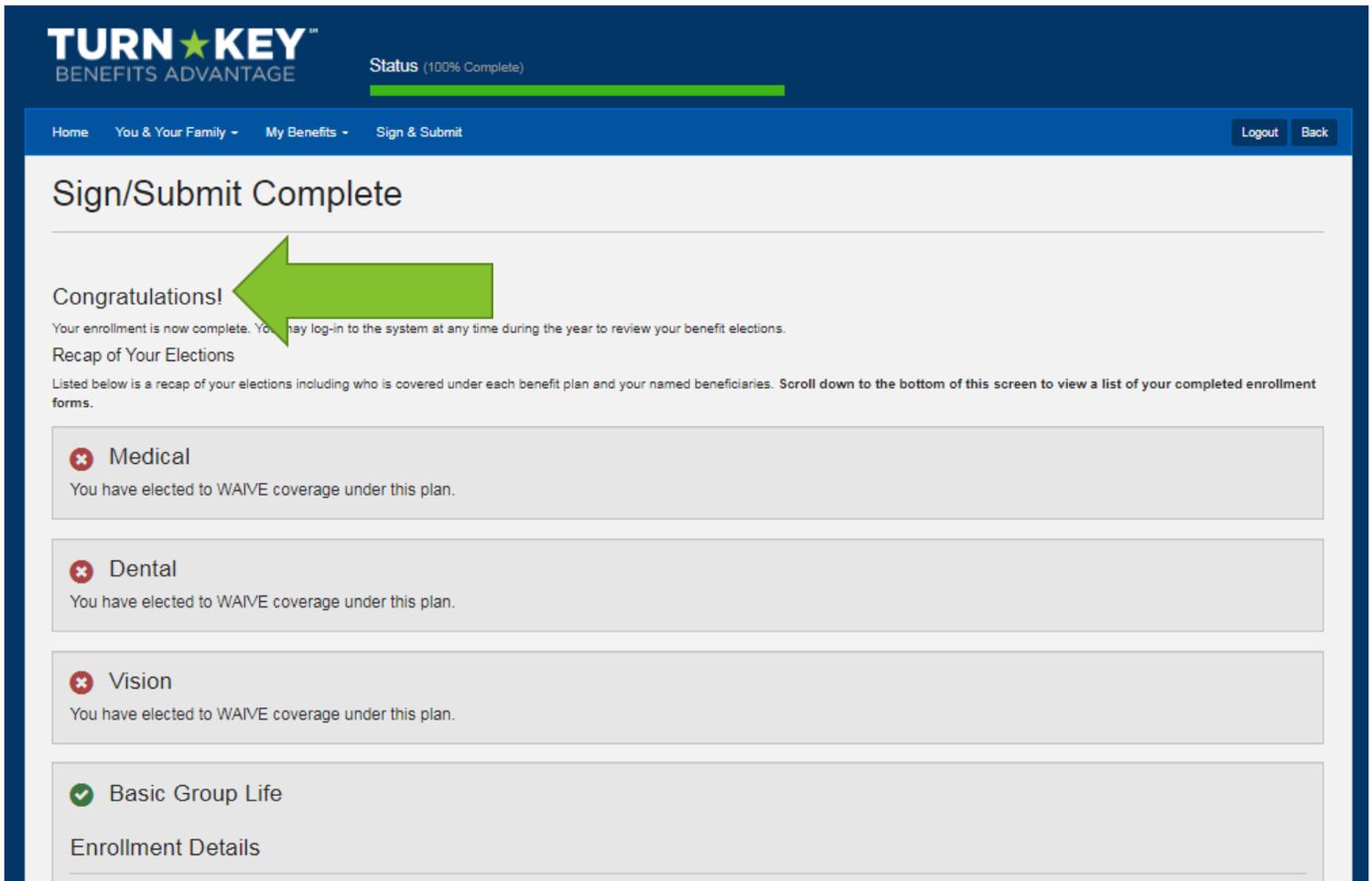
| Form Name   | Status   | Date Signed/Reviewed |
|---|----------|----------------------|
| <input checked="" type="checkbox"/> Enrollment Confirmation | Unsigned |                      |

[Next](#)



# CONGRATULATIONS! YOU DID IT!

You have completed your enrollment once you see the following screen and you can now “Logout” of the system.



**TURN KEY**  
BENEFITS ADVANTAGE

Status (100% Complete)

Home You & Your Family My Benefits Sign & Submit Logout Back

## Sign/Submit Complete

**Congratulations!**

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

### Recap of Your Elections

Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. Scroll down to the bottom of this screen to view a list of your completed enrollment forms.

- Medical  
You have elected to WAIVE coverage under this plan.
- Dental  
You have elected to WAIVE coverage under this plan.
- Vision  
You have elected to WAIVE coverage under this plan.
- Basic Group Life

Enrollment Details