

# BenXpress Online Enrollment Guide

## What do you need to enroll online?

- Your Benefit Choices
- Dependents Social Security Numbers and Dates of Birth
- Your Choice of Beneficiaries

### System Tips

- Turn off your Pop-up Blocker
- The system works best in Mozilla Firefox
- Use the Blue Navigation arrows at the top of each screen instead of the browser back arrows
- The enrollment process will take approximately 30 – 45 minutes. **Please keep in mind, you cannot save your progress and continue the enrollment process at a later time.**
- Print your confirmation statement for your records

### Start Enrolling

- Go to [www.benxpress.com/sjsdbenefits](http://www.benxpress.com/sjsdbenefits)
- Log in using the following criteria
  - **Username:** Employee ID
  - **Password:** Last 6 digits of your Social Security Number + Birth Year (XXXX)
- Follow the prompts through the enrollment process to make your benefit elections.



- Enter the following web address into your browser:

**www.benxpress.com/sjsdbenefits**

- Login using the following criteria
  - **Username:** Employee ID
  - **Password:** Last 6 digits of your Social Security Number + Birth Year (XXXX)
- Once you have successfully logged in, you will be asked to read and agree to the Legal Authorization and Terms and Conditions before entering the BenXpress System.
- Once you have read through the Legal Authorization and if you agree with the Terms and Conditions, click on “Yes, I Agree”. If you do not agree with the terms and choose “No, I disagree”, the session will end without selecting any benefits.

## Welcome

Welcome to your Employee Self Service system. To use this system, you will need to log in using a valid user id and password.

User ID:

Password:

Log In

[Trouble logging in?](#)

## Legal Authorization

I acknowledge that I am eligible for all benefits in which I enroll (as are any dependents that I enroll) and that the information I provide during this enrollment is correct and truthful to the best of my knowledge.

I understand that I am making a binding election for my benefits, and that I may not change my elections during the plan year unless I experience a permitted qualified change in status as explained in my enrollment materials and as allowed by the component benefit plan.

I hereby authorize my employer to take my required premium contributions from my earnings equal to the amount required for the benefit elections I will make. I further acknowledge that some contributions not denoted as Post-Tax on the Election Summary page will be made on a Pre-Tax basis to the extent permitted by IRS Section 125 regulations. I further understand that my deduction amounts may automatically change in subsequent plan years if the contribution amounts change, unless I change or revoke my election during the annual enrollment period. I authorize any health care professional, medical, dental or vision care institution, or other provider of health care services or supplies to furnish my health plan information concerning services or supplies provided to me or other covered dependent(s) as requested and required.

I agree to complete and submit to my health plan any consent, releases and other assignments as are reasonably necessary to collect benefits for services from other parties.

Consent to Receive Welfare Plan Notices Electronically

I also consent to receive benefit plan information electronically through the BenXpress system or other electronic form. This information includes but is not limited to the following:

- Summaries of Benefits and Coverage (SBCs) for the available medical plans
- Notice of Creditable Coverage
- Notice of Privacy Practices
- Federal Exchange Notice
- CHIPRA notice, and any other federal notifications
- Insurer booklets, certificates, policies, and riders
- Summary Plan Descriptions
- Summaries of Material Modifications

If I prefer, I may request to receive paper copies of benefit plan information free of charge from the Human Resources Department at any time.

I agree that by clicking **Yes, I agree** below, my electronic authorization will serve in the same capacity as my personal signature would on a traditional paper enrollment form.

Do you agree with the terms and conditions listed above?



Yes. I agree.

No. I disagree.

## Welcome Screen

- To start the enrollment process, click on “Get Started”.
- Please note - A status bar will appear in the center of each screen which will let you know how much of the enrollment process you have completed.
- The Welcome screen will display a “Hints” section which will provide you with instructions on how to navigate through the BenXpress system.
- The Welcome screen will also provide you with important notices for using the system. Please be sure to read through all sections on the page to ensure you do not overlook pertinent information.
- Once you have read through all sections on the page, click on the “Next” arrow in the bottom right corner to proceed to next page.



14% COMPLETE

- To start your enrollment, click on the > arrow above.
- Use the navigational arrows < and > to go to the previous or next step respectively.
- The enrollment wizard will guide you through the enrollment process.
- In each step of the enrollment process, you may be asked to provide and/or review some information.
- To ensure that any changes you make get recorded correctly, please do not use your browser's navigational buttons (Back, Forward or Refresh).

Welcome to your employee benefits web site. This site provides you with the necessary tools to understand and manage your employer sponsored benefits.

At certain stages, pop-up boxes may appear with important messages regarding your elections and advise you of actions you may need to take in order to complete your benefit enrollment. At the end of the enrollment process, you will be asked to confirm your elections in order to finalize your 2014 benefits and receive a confirmation statement. Please review this statement carefully to ensure its accuracy. Your benefit elections will remain in effect until the end of the current plan year (12/31/2014) unless you experience a qualifying life event such as marriage, divorce, birth or adoption of a child.

By clicking the [My Resources](#) icon on your home screen, you will have access to your benefit enrollment guide, benefit plan documents and forms which will assist you in making your benefit elections. If you have any questions or concerns please contact Human Resources.

**Important!**

⚠ In the event of discrepancies between insurance company records and this enrollment system, the insurance company records will dictate benefits, eligibility dates and claim payments.

**Important!**

⚠ You must complete the enrollment process and click the Save button for your elections to be saved. If you logout without saving, your elections will not be finalized and you will not be enrolled.

# Personal Information Screen

- Review your personal information.
- Contact HR if any of your personal information is incorrect.
- If all of the information is correct, click on the “Next” arrow in the top right corner of the screen.

Previous Welcome

Next Dependents

## Personal Information

Please review the information below for accuracy.

Last Name	Doe
First Name	John
Middle Name	
Home Phone No. *	(999) 555-1212
Phone Format (999) 555-1212	
Email *	
Address 1 *	1234 Street
Address 2	
City *	Hometown
State *	Michigan
Zip Code *	48227

⚠ Required Fields are marked with an asterisk (\*).

## Dependent Information Screen

- Click on “Add New Dependents” to enter dependents into the system.

**PLEASE NOTE: You must add a Spouse and/or Dependent(s) on this screen in order to cover them under any benefits in future screens.**

- If you have a spouse/dependent(s) to be added, enter all of the fields marked with an asterisk (\*) as they are a required field.
- Continue clicking on “Add New Dependent” until your spouse/dependent(s) have been added and appear under the “My Dependents” section.
- Once spouse/dependent(s) have been successfully added, click on the “Next” Arrow.

Previous Personal Information

Next Enrollment Introduction

### Dependent Information

**i** If you have any dependents, please add them below.

My Dependents [Add New Dependent](#)

#### Add New Dependent

SSN *	<input type="text"/>
<small>SSN Format 999-99-9999</small>	
Last Name *	<input type="text"/>
First Name *	<input type="text"/>
Middle Name	<input type="text"/>
Date of Birth *	<input type="text"/>
<small>Date Format MM/DD/YYYY</small>	
Gender *	Please Select... ▾
Relationship *	Please Select... ▾
Fulltime Student	<input type="radio"/> Yes <input checked="" type="radio"/> No
Disabled	<input type="radio"/> Yes <input checked="" type="radio"/> No

[Add](#) [Cancel](#)

**⚠ Required Fields are marked with an asterisk (\*).**

## Enrollment Screen

- Review the information provided on the “20XX Enrollment” screen.
- Click on the “Next” arrow to continue to next page.

Previous Dependents

Next Medical

26% COMPLETE

\* EZ Enroll (Off)

### 2019 Open Enrollment


Your Resources

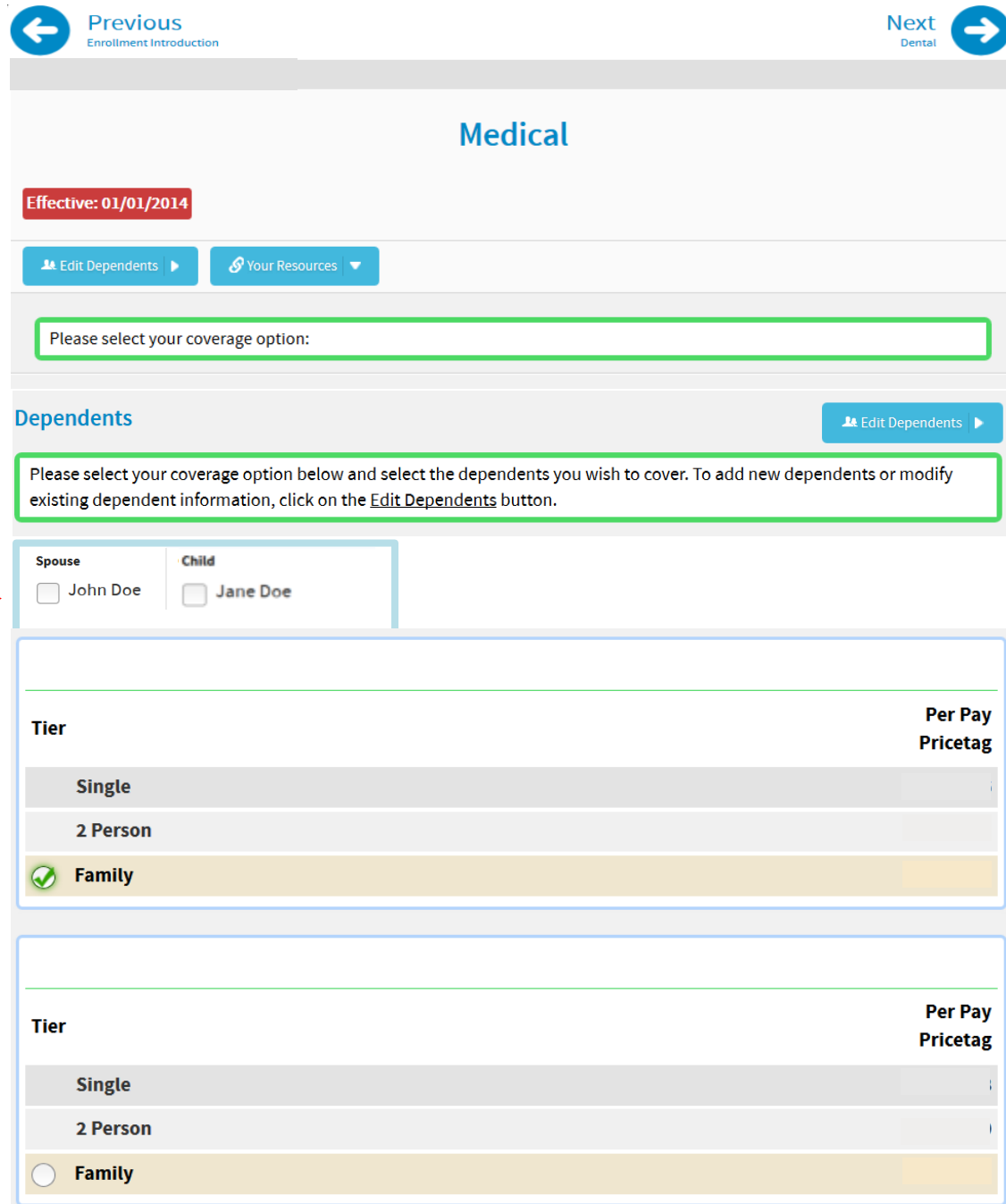
This is a special **OPEN ENROLLMENT** message...

Previous Dependents

Next Medical

# Election Screens

- Plan options and pricing are broken down by:
  - Options available
  - Tier of coverage
- Check the box(es) of the spouse and/or dependents that you wish to cover under the plan.
  - Once the dependents to cover are selected, the appropriate tier radio dial will be available for each plan option. 
- Select the tier of coverage option in which you wish to enroll in, or select "Waive Coverage" if you do not wish to enroll in this benefit.
- Once you have made your selection, click on the "Next" arrow in the top right corner of the screen.
- Continue this process for each benefit that is presented to you through the enrollment system. Some benefits may have additional pop-ups with instructions along the way.



Previous Enrollment Introduction Next Dental

## Medical

Effective: 01/01/2014

[Edit Dependents](#) [Your Resources](#)

Please select your coverage option:

### Dependents [Edit Dependents](#)

Please select your coverage option below and select the dependents you wish to cover. To add new dependents or modify existing dependent information, click on the [Edit Dependents](#) button.

Spouse	Child
<input type="checkbox"/> John Doe	<input type="checkbox"/> Jane Doe

Tier	Per Pay Pricetag
Single	
2 Person	
<input checked="" type="radio"/> Family	

Tier	Per Pay Pricetag
Single	
2 Person	
<input type="radio"/> Family	

## Enrollment Preview Screens

- At the Summary screen, you will need to review all of the elections you made and confirm their accuracy.
- The dependent(s) you entered and the core benefits that they are enrolled/not enrolled in are shown by:
  - Green check mark indicating that they are enrolled in that benefit
  - Red no symbol indicating that they are not enrolled in that benefit
- If you need to change the election you made for a benefit, click on the benefit name (medical, dental vision, etc.) and you will be taken back to the corresponding benefit screen. From there you will make your new election and click on the “Save” button in the top right corner. You will then be brought back to this preview screen.
- Once you have reviewed this screen and have confirmed that all of the benefit elections are accurate, click on the “SAVE Elections” icon in the top right corner.

**\*\*\* PLEASE NOTE \*\*\***

**If you do not click on the SAVE Elections Icon, your elections will not be saved and you will not be enrolled in the benefits that you elected.**

Previous  
Employee Assistance Program (EAP)

SAVE Elections

93% COMPLETE

### 2019 Open Enrollment Preview

Hints

**Important!**

- ⓘ Please review your elections below for accuracy.
- ✍ You may change your election by clicking on the name of the benefit below.
- ⚠ To finalize your changes and view a new confirmation statement, you must click on the **SAVE Elections** icon.

Dependent Coverages	Medical
Spouse Test (Spouse)	✓
Child Test (Child)**	✗

**\*\* Dependent is not covered under any listed benefit!**

- ⓘ To add/change dependent coverage, click on the name of the benefit below.
- ⓘ To change dependent information (Birth Date, Relationship, etc.), click on Edit Dependent Information below.

Edit Dependent Information

### New Elections Summary

Medical

Effective	01/01/2019	Per Pay	\$76.12
Option	Premium Plan (Non-Tobacco User)	Annual	\$1,979.04
Tier	EE + 1		



## Summary Screen

- Once you have reached the Summary screen, you will have two types of documents to print out:
  - Any follow up documents that must be completed and returned to Human Resources. (Evidence of Insurability Forms, Waiver Forms, Affidavits, etc.)
  - Your Confirmation Statement with a breakdown of all of the benefits that you enrolled in
- Click on “Logout” to end your enrollment session.

The screenshot displays the 'Summary' screen with the following sections:

- Important!** (highlighted with a red border): A warning message stating "You have completed your enrollment process." with a triangle icon.
- Outstanding Action Items For 2019** (highlighted with a blue border):
  - Dependent Verification Audit:** A message stating "You are required to provide a marriage and/or birth certificate to Human Resources for any covered dependent (spouse and/or child) listed as a covered dependent with a different last name than the employee." with a document icon.
  - A button: [Click Here to get your form.](#)
- Confirmation Statements** (highlighted with a blue border):
  - 2019 Confirmation Statement:
  - A button: [Click Here to download and save or print a copy of your confirmation statement.](#)