



Benefits Enrollment

Employee Access

Welcome to Employee Access!

Employee Access (previously iVisions), our new employee self service application, provides a more user-friendly interface and increased security to protect our employees—that's you.

To access, please log in to <https://bozemanschooldistrict7mt.tylerportico.com/tesp/employee-selfservice/>. The username is your District email address and the password is the same as your Microsoft password (i.e. Canvas, Microsoft Office365, and Adobe Suite).

On the first log in to the new site, users must accept the terms of use of the website, enter the last 4 digits of their social security number, date of birth, and zip code to confirm their identity.

For assistance with login information, please contact one of the following individuals:

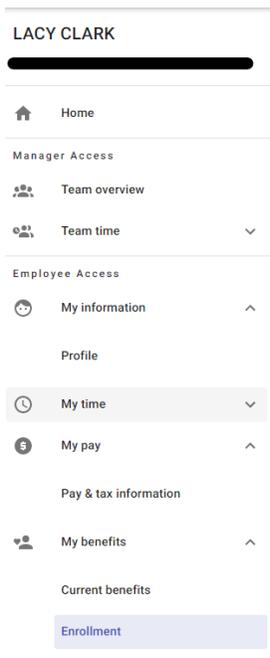
Ryan Dejarlais
Ryan.Dejarlais@bsd7.org
406.522.6035

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406.522.6046

Employee Access Benefits Enrollment Steps

My Benefits | Enrollment

Review your current year benefit elections, and complete the annual mandatory open enrollment through the benefits screen.



My Benefits | Enrollment

Review the enrollment instructions at the top of the screen, and scroll down to Benefit Selection to make your elections.

Benefit selection

Make selection	SUMMARY OF BENEFITS	No selections made	\$0.00
Make selection	MEDICAL INSURANCE	No selections made	\$0.00
Make selection	HSA ACKNOWLEDGEMENT	No selections made	\$0.00
Make selection	FSA HEALTH CARE 12	No selections made	\$0.00
Make selection	DEPENDENT CARE FSA 12	No selections made	\$0.00

Click “Make Selection” for each individual option. When you click “Make Selection” it will take you to the election page. Please take the time to review the instructions, and make your election for each Benefit Selection. Once you have made an election (or waived coverage), the main page will show that the task has been completed. If necessary, select “Update” to review your election or to make changes.

Benefit selection

Update	✓	SUMMARY OF BENEFITS Election	SUMMARY OF BENEFITS	SUMMARY OF BENEFITS-I ACKNOWLEDGE	\$0.00 / \$0.00	▼
Update	✓	MEDICAL INSURANCE Election	WAIVE MEDICAL	WAIVE MEDICAL-WAIVE MEDICAL COVERAGE	\$0.00 / \$0.00	▼
Make selection		HSA ACKNOWLEDGEMENT		No selections made	\$0.00	
Make selection		FSA HEALTH CARE 12		No selections made	\$0.00	

Once you have completed each Benefit Selection, you will select “Review and Submit” at the bottom of the screen. This will then give you the opportunity to review your elections prior to your final submission.

Update	✓	PAYROLL DED ACKNOWLEDGE Election	PAYROLL DED ACKNOWLEDGE	PAYROLL DED ACKNOWLEDGE-I ACKNOWLEDGE	\$0.00 / \$0.00	▼	
Estimated cost per pay period					\$50.84	Estimated monthly cost	\$50.84
Review & submit							