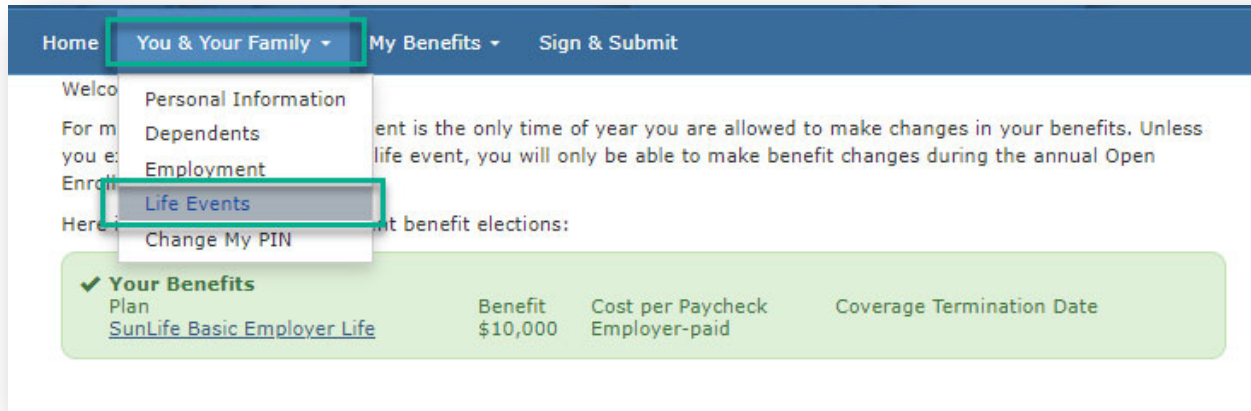


Processing Life Events

(Employee Self Service)

- Access FEnroll
- Login using your credentials
 - Note: If you have changed your PIN at any time, you must use new PIN



- Select You & Your Family
- Click on Life Events

Life Event

Please choose any of the following that apply.

- I changed my name, address, phone number, or e-mail address.
- I changed job status, changed salary, or transferred to a new location.
- I divorced my spouse or ended my domestic partnership.
- I have a new child (birth, adoption, or regained custody).
- My spouse or one of my dependents died recently.
- One of my dependents has reached his or her age limit for benefits
- I wish to change the beneficiary of one or more of my benefits.
- My spouse has changed employment status.
- I am taking an approved Leave of Absence.
- I am retiring.
- I (or my eligible dependent) recently lost or gained similar coverage.
- I recently lost Medicaid or CHIP.
- I request a change to my benefits due to a court order.

- Select the Life Event that's applicable to your current situation.

- Select the Coverage(s) you wish to add, drop or change.

Coverage Change

Select which plans you would like to change. **Event Date** refers to date the change took place. **Do not** use Effective Date of when the coverage is to start or end.

- TRS Medical
- Regular Purpose Health Care FSA
- Health Care Savings Account
- Limited Purpose Health Care FSA
- Aetna Hospital Indemnity
- Dependent Care Spending Account
- Dental
- Vision
- AF Long Term Disability
- Employer Paid Life
- Employee Group Life (Voluntary)
- Spouse Group Life (Voluntary)
- Child(ren) Group Life
- Medical Transportation
- Texas Life Insurance
- Aetna Accident
- Aetna Critical Illness
- Existing Allstate Cancer
- Cancer
- Pet Benefit Solutions - Discount
- Pet Benefit Solutions - Wishbone
- Identity Theft & Legal
- Next Level Prime

Event Date: 

- Make the changes to the benefit plan you selected above.

TRS Medical

Please review your TRS ActiveCare options carefully and select the desired plan option below.

 **Resources**

[ActiveCare Highlights](#)

[▶ View Existing Coverage](#)

	Employee Only	Employee + Children	Employee + Spouse	Employee + Family
ActiveCare Primary	<input type="radio"/> \$80.50	<input type="radio"/> \$258.00	<input type="radio"/> \$511.50	<input type="radio"/> \$689.00
ActiveCare HD	<input type="radio"/> \$87.50	<input type="radio"/> \$270.00	<input type="radio"/> \$530.50	<input type="radio"/> \$713.00
ActiveCare Primary+	<input checked="" type="radio"/> \$125.00	<input type="radio"/> \$334.00	<input type="radio"/> \$602.00	<input type="radio"/> \$810.50
TRS Decline Medical	<input type="radio"/> \$0.00			

[◀ Back](#)

[Next ▶](#)

- Once all changes have been made, you will arrive on the Sign and Submit Page. Verify your changes.
- Click 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.
- **Spouse Test: A social security number is required.**

Your Benefits

Plan	Description	Employee Pretax Cost	Employee Posttax Cost	Employer Paid
TRIS Medical	TRS - ActiveCare HD; EO	\$87.50	\$0.00	\$173.00
Regular Purpose Health Care FSA	Waived			
Health Care Savings Account	Waived			
Limited Purpose Health Care FSA	Waived			
Aetna Hospital Indemnity	Waived			
Dependent Care Spending Account	Waived			
Dental	Lincoln Financial Low PPO Dental Plan; EO	\$9.63	\$0.00	\$0.00
Vision	Vision Service Plan Enhanced; EO	\$4.08	\$0.00	\$0.00
AF Long Term Disability	Waived			
Employer Paid Life	LFG Basic Life; \$50,000	\$0.00	\$0.00	\$1.13

- Review **Verify Enrollment/Change/Cancellation Form** and once satisfied click Next.

Sign Forms Page

BenefitsVerification_SIGNFORMPAGE_PLANINSTRUCTIONS

Tomball ISD
ANCILLARY SERVICES

Benefit Confirmation / Deduction Authorization

Name	Date of Birth	Home Phone	Work Phone	Address
Kristina Test	01/01/1970	(281) 333-3333		123 abc st Spring, TX 77379
Employee ID	Hire/Elig Date	Gender	E-mail Address	
0	05/25/2023	F	info@beoftexas.com	
Location	Department	Reason for Completing Form		
ANCILLARY SERVICES	NA	[12/16/2025 - TRS Medical, Dental, Vision]		
Job Class	Title			
FT	Teacher			

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost		Employer Cost
						Benefit	Cost	Pre-tax	After-tax	
TRIS Medical	TRS - ActiveCare HD	EE	24	01/01/2026				87.50	0.00	173.00
Dental	Lincoln Financial Low PPO De	EO	24	01/01/2026				9.63	0.00	0.00
Vision	Vision Service Plan Enhanced	EO	24	01/01/2026				4.08	0.00	0.00
Employer Paid Life	LFG Basic Life	EO	24	09/01/2025	50,000			0.00	0.00	1.13

Sign Form

Review your changes and once satisfied, scroll to the bottom of the page and click submit changes.

to

- Your requested changes are submitted once you arrive to this page.

Sign/Submit Complete

CONGRATULATIONS! YOU HAVE COMPLETED YOUR ENROLLMENT.

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.

- You can download your signed forms for your records. To exit click Return button.

Completed Forms

Following is a list of forms reviewed and/or signed during the enrollment. Click on the form name to view or print.
Press *Logout* to exit the website.

Form Name	Date Signed/Reviewed
 Enrollment Confirmation	12/12/2025

Return

By signing this form, I confirm that the Life Event change I am submitting is accurate and complies with all applicable IRS rules and regulations.

If you need any assistance, please contact your Benefits Department.