



SAN LUIS COASTAL
UNIFIED SCHOOL DISTRICT

Online Enrollment User Guide

Step-by-Step Instructions

Welcome

Welcome to San Luis Coastal Unified's Online Benefits Enrollment Portal

This user guide will help you:

- ✓ Access the enrollment website
- ✓ Log in successfully
- ✓ Navigate your benefits portal
- ✓ Complete your enrollment
- ✓ Find support if you need assistance

IMPORTANT: Before You Begin

Please review your **Benefit Guide** to better **understand** your coverage options **before** completing your **online enrollment**.

Portal Information

Enrollment Website

<https://metlife.benselect.com/SLCUSD>

Enrollment Period

- ✓ Annually during **Open Enrollment** *May-June*
- ✓ Within 30 days of **Hire Date**
- ✓ Within 30 days of a **Qualifying Life Event**

Enrollment Support

Enrollment Support

Ward Enrollment Services

(844) 533-2022



Benefit Guides

Classified

Certificated



NEED ASSISTANCE?

Support is available
in both *English* &
Spanish

Need Help With Enrollment?

If you experience any issues while completing your enrollment, **Ward Enrollment Services** is available to **assist** you.

Options for Support

1. Contact **Customer Service** at (800) 673-6472
2. Schedule an **appointment** by calling (844) 533-2022
3. Or scan the **QR** code to book an **appointment** online



Step 1: Login Screen

1. Go To

<https://metlife.benselect.com/SLCUSD>

2. Enter your User ID

This is your **Social Security Number (SSN)** or **Employee ID**

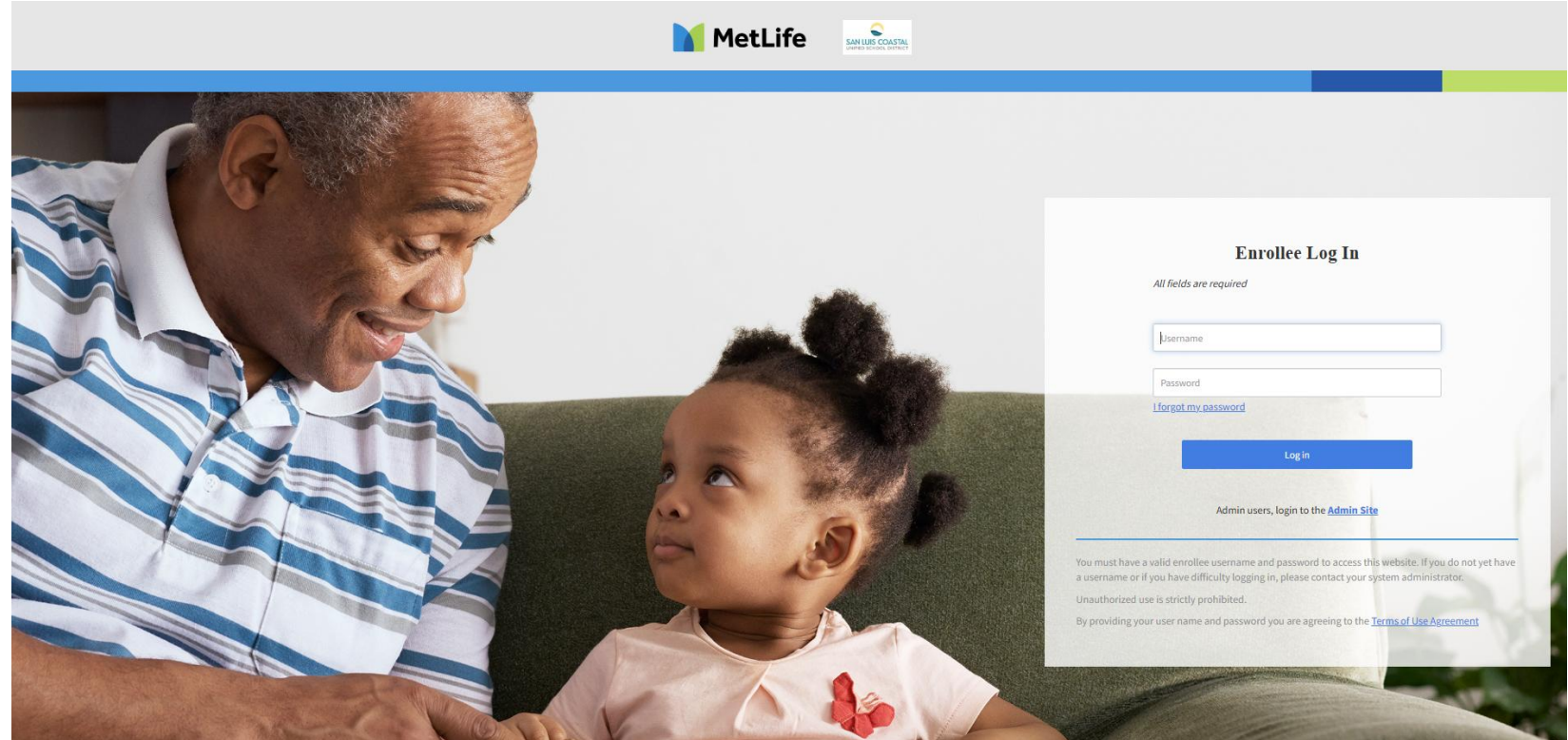
3. Enter Password

Last **4 digits of SSN** plus the last **2 digits of birth year**

4. Click **Log In** button

*You may be prompted to set up a **Two-Factor Authentication** before proceeding to the enrollment screens*

Login Screen



MetLife

SAN LUIS COASTAL
UNIFIED SCHOOL DISTRICT

Enrollee Log In

All fields are required

Username

Password

[I forgot my password](#)

Log In

Admin users, login to the [Admin Site](#)

You must have a valid enrollee username and password to access this website. If you do not yet have a username or if you have difficulty logging in, please contact your system administrator.
Unauthorized use is strictly prohibited.
By providing your user name and password you are agreeing to the [Terms of Use Agreement](#)

Go to: <https://metlife.benselect.com/SLCUSD>



Step 2:

Current Elections

1. Enrollment Summary Screen

After successfully logging in, you will be taken to the Enrollment Summary screen. This page displays a summary of their **current benefit elections** before beginning the enrollment process.

2. To Continue

Select the orange **Next** button to proceed to the following screen.

Your Current Elections

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

Welcome,

Here is a summary of your current benefit elections:

✓ Your Benefits Plan	Benefit	Cost per Paycheck	Coverage Termination Date
Dental Plans	PPO \$3,000 (With Ortho), Family	\$0.00 pre-tax	
Vision Plans	Family	\$0.00 pre-tax	
Bundled Medical Plans	100-A PPO, Family	\$1,052.85 pre-tax	
		\$1,052.85 total	

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

[Next](#)

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Step 3: Personal Information

1. Review your **Personal Information**
2. Verify your **address** and **contact** information
3. Fields marked with an **asterisk (*)** are required
4. If any information is incorrect, please **update**
5. Select **Next** when complete

Personal Information Screen

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

Personal Information

If any personal information needs to be updated, please contact the HR Department. Click the *Next* button to continue.

* marked fields are required.

Personal Info

* **Name:**
First MI Last Suffix

* **Date of Birth:**

* **SSN:**

* **Gender:** ☒ Male ☐ Female ☐ Other

Contact Info

* **Address:**
Country

Street



Step 4:

Spouse & Dependents

1. Review all **currently** listed **dependents**
2. To **add** a dependent, select the blue + Add Dependent button
3. Complete all required **information** for the dependent
4. Use the **edit icons** next to each dependent if **updates** are needed
5. Select **Next** to continue

If you add dependents:

*You must **upload dependent documentation**, as described in the appendix of this manual.*

Spouse & Dependents Screen

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Spouse & 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.

Dependents

Name	SSN	DOB	Sex	Relation	Uploads	+
Emily Washington	***-**-3456	6/6/2000	F	Spouse	0	/ x
Jack Washington	***-**-6544	6/5/2023	M	Child	0	/ x

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](#)

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Step 5: Coverage Set-up

1. Answer whether you want Medical, Dental, and Vision deductions taken **pre-tax**.
2. Select **Yes or No**.
3. **Additional questions:** Use the dropdown menu to indicate whether you want to enroll in either:
 - ✓ One of the Health Benefits **Packages (1-10)** that include Medical/Dental/Vision coverage for you and your family.
 - ✓ 2-Tier Bronze/WABE or
4. Select **Next** after answering all questions.

Coverage & Deduction Set-up Screens

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

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Coverage & Deduction Setup

Do you want your Medical, Dental and Vision plans to be pre-tax?

☒ Yes ☐ No

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

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Coverage & Deduction Setup

Which benefit package are you enrolling in?

Medical/Dental/Vision Health Plan Packages 1-10 ▾

Medical/Dental/Vision Health Plan Packages 1-10

2-Tier Anchor Bronze or WABE Option

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Step 6:

Dental Plans

1. Review the available **Dental plan options** displayed in the table
2. Select the **radio button** under the coverage tier you want.
3. Coverage tiers include **Employee Only, Employee +1, and Employee + Family**
4. Select **Next** after making your elections

Note:

Please keep making elections to see your total cost.

*The **My Benefits** box will update with your **total payroll deductions** once you complete the **Bundled Medical Plans** screen.*

Dental Plans Screen

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Dental Plans

ⓘ Your Medical, Dental and Vision plans are bundled. Please keep making elections to see your total cost.

🚩 Listed below are the options and coverage choices available to you.

- To enroll or continue your current coverage, click on the option next to the cost which represents your election.
- When you are finished, click on the **Next** button to continue.

	Employee Only	Employee + 1	Employee + Family
PPO \$1,500 (No Ortho)	☐ \$0.00	☐ \$0.00	☐ \$0.00
PPO \$3,000 (With Ortho)	☐ \$0.00	☐ \$0.00	☒ \$0.00

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My Benefits

✓ Medical Questions	\$0.00
⚙ Dental Plans	\$0.00
✗ Vision Plans	\$0.00
✗ Bundled Medical Plans	\$0.00
✗ MetLife Whole Life	\$0.00
✗ MetLife Group Accident	\$0.00
✗ MetLife Group Critical Illness - Attained Age	\$0.00
Employer Cost	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$0.00
Total Cost	\$0.00
Per Pay Period	

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Step 7: Vision Plan

1. **Select** the desired coverage tier
2. Select **Next** to continue

Note:

Please keep making elections to see your total cost.

*The **My Benefits** box will update with your **total payroll deductions** once you complete the **Bundled Medical Plans** screen.*

Vision Plan Screen

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[Sign & Submit](#)

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Vision Plans

! Your Medical, Dental and Vision plans are bundled. Please keep making elections to see your total cost.

Listed below are the options and coverage choices available to you.

- To enroll or continue your current coverage, click on the option next to the cost which represents your election.
- When you are finished, click on the **Next** button to continue.

	Employee Only	Employee + 1	Employee + Family
VSP Vision	☐ \$0.00	☐ \$0.00	☐ \$0.00

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My Benefits

- ☒ Medical Questions \$0.00
- ☒ Dental Plans \$0.00
- ☒ Vision Plans \$0.00
- ☐ Bundled Medical Plans \$0.00
- ☒ MetLife Whole Life \$0.00
- ☒ MetLife Group Accident \$0.00
- ☒ MetLife Group Critical Illness - Attained Age \$0.00

Employer Cost	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$0.00
Total Cost Per Pay Period	\$0.00

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Step 8: Bundled Medical Plans

- Review all available **medical plan packages**
 - ✓ **These include:
Medical/Dental/Vision**
- Compare payroll deductions shown in each row
- Select the **radio button** for your preferred package
- The **My Benefits** panel on the right summarizes your costs and employer contributions
- Select **Next** after completing your election

Bundled Medical Plans Screen

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Bundled Medical Plans

⚠ These rates shown represent the total cost of your Medical, Dental and Vision coverages.

🚩 Listed below are the options and coverage choices available to you.

- To enroll or continue your current coverage, click on the option next to the cost which represents your election.
- When you are finished, click on the **Next** button to continue.

	Employee Only	Employee + 1	Employee + Family
80-M PPO	☐ \$708.71	☐ \$708.71	☐ \$708.71
HSA \$1,700	☐ \$815.07	☐ \$815.07	☐ \$815.07
80-G PPO	☐ \$950.89	☐ \$950.89	☐ \$950.89
90-C PPO	☐ \$1,111.80	☐ \$1,111.80	☐ \$1,111.80
100-A PPO	☐ \$1,213.80	☐ \$1,213.80	☒ \$1,213.80

My Benefits

- ✓ Medical Questions \$0.00
- ✓ Dental Plans \$0.00
- ✓ Vision Plans \$0.00
- ➡ Bundled Medical Plans \$0.00
- ✗ MetLife Whole Life \$0.00
- ✗ MetLife Group Accident \$0.00
- ✗ MetLife Group Critical Illness - Attained Age \$0.00

Employer Cost \$0.00

Pre-tax cost \$0.00

Post-tax cost \$0.00

Total Cost \$0⁰⁰

Per Pay Period

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Step 9: Voluntary Benefits

1. Optional benefits **Whole Life, Accident and Critical Illness** are offered
2. **Apply** for coverage or **decline** coverage using the buttons displayed
3. If applicable, select a **coverage amount** using the slider or dropdown
4. Select **Next** to continue

Voluntary Benefits Screens *Whole Life, Accident, Critical Illness*

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MetLife Whole Life



MetLife Whole Life

You may apply for coverage for any of the individuals listed below. To view prices or apply, click the name of the person in the list below.

Name	Relationship	Sex	DOB	Riders
George Washington - Test	Employee	M	2/22/1976	
Emily Washington	Spouse	F	6/6/2000	

☒ I wish to apply for this coverage
☐ I wish to DECLINE this coverage

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Step 10: Sign & Submit

1. Review the full summary of your **benefit elections**
2. **Open and review** all required forms listed under **Signatures Required**
3. Enter your **PIN** when prompted
4. Select **Sign Form** for each required document
5. After all forms are **signed**, select **Next** to **finalize** enrollment

Sign & Submit Elections Screen

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 on the left.

Your Benefits

Plan	Description	Deduction Frequency	Employee Pretax Cost	Employee Posttax Cost	Employer Paid
Please answer the questions	Medical Question	PerYear_11	\$0.00	\$0.00	\$0.00
Dental Plans	PPO \$3,000 (With Ortho); FA	PerYear_11	\$0.00	\$0.00	\$0.00
Vision Plans	VSP Vision; FA	PerYear_11	\$0.00	\$0.00	\$0.00
Bundled Medical Plans	100-A PPO; FA	PerYear_11	\$1,213.80	\$0.00	\$1,668.34
MetLife Whole Life	Waived				
MetLife Group Accident	Waived				
MetLife Group Critical Illness - Attained Age	\$20,000; EO	Monthly	\$0.00	\$32.80	\$0.00

Signatures Required

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

Form Name	Status	Date Signed/Reviewed
☒ Critical Illness Outline of Coverage - CA	Not Reviewed	N/A
☒ SISC Arbitration Agreement	Unsigned	
☒ Outline of Coverage	Not Reviewed	N/A
☒ Exclusions and Limitations	Not Reviewed	N/A
☒ MEC Guidance	Not Reviewed	N/A
☒ Benefit Verification	Unsigned	

Next >



1. Review the final **Benefit Confirmation / Deduction Authorization form**

- ## 2. **Verify** all elected plans and payroll deductions

3. Enter your **PIN** and select **Sign Form to complete enrollment**

**PIN = Last 4 digits of SSN
plus the last 2 digits of
birth year**

- 4. Save or print** a copy of your **confirmation** for your records

Benefit Confirmation / Deduction Authorization Screen

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Review / Sign Forms

BenefitVerification_SIGNFORMPAGE_PLANINSTRUCTIONS

San Luis Coastal Unified School District

San Luis Obispo High School

Benefit Confirmation / Deduction Authorization

Name	Date of Birth	Home Phone	Work Phone	Address
George Washington - Test	02/22/1976			1600 Pennsylvania Ave Washington, CA 95758
Employee SSN	Hire/Elig Date	Gender	E-mail Address	
***-**-1234	07/04/2000	M	DANIEL.RODRIGUEZ@BALDWIN.COM	

Location	Department	Reason for Completing Form
San Luis Obispo High School	Default	Open Enrollment
Job Class	Title	
FTCE	History Teacher	

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost		Employer Cost
						Benefit	Cost	Pre-tax	After-tax	
Medical Questions	Medical Question	EO	11	10/01/2026				0.00	0.00	0.00
Dental Plans	PPO \$3,000 (With Ortho)	FA	11	10/01/2026				0.00	0.00	0.00
Vision Plans	VSP Vision	FA	11	10/01/2026				0.00	0.00	0.00
Bundled Medical Plans	100-A PPO	FA	11	10/01/2026				1,213.80	0.00	1,668.34
MetLife Whole Life	Waived									
MetLife Group Accident	Waived									
MetLife Group Critical Ill	MetLife Group Critical Illness -	EO	12	10/01/2026	20,000			0.00	32.80	0.00
Total:								1,213.80	32.80	1,668.34

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Download Form

Please enter your PIN below and click on "**SIGN FORM**" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN.

PIN:

Sign Form

Appendix



My Benefits

- ✓ As you build your **benefits bundle**, there is a **My Benefits summary** that will calculate your total costs for your benefits bundle.
- ✓ On your **paycheck**, benefits are **bundled** into **one** total, which is reflected within the platform under **Bundled Medical Plans** cost.
- ✓ **Deductions** reflected are based on **FTE/Hours worked** at time of enrollment, should your FTE or Hours change, your rates will be adjusted in **payroll accordingly**.
- ✓ **New voluntary** coverages through **MetLife**, such as **Whole Life, Group Accident, and Group Critical Illness** are available to you and will be **deducted via bank draft NOT payroll deductions**. Deductions would occur the 1st of the month starting in October.

My Benefits	
➡ Medical Questions	\$0.00
✓ Dental Plans	\$0.00
✓ Vision Plans	\$0.00
✓ Bundled Medical Plans	\$1,213.80
✗ MetLife Whole Life	\$0.00
✗ MetLife Group Accident	\$0.00
✓ MetLife Group Critical Illness - Attained Age	\$32.80
Employer Cost	\$1,668.34
Pre-tax cost	\$1,213.80
Post-tax cost	\$32.80
 Total Cost Per Pay Period	\$1,246⁶⁰



Uploading Dependent Documents

1. To **add** a dependent, select the blue + Add Dependent button
2. Complete all required **information** for the dependent
3. Select **Next** to continue

If you add dependents:

*You must **upload dependent documentation.***

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Spouse & 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.

Dependents

Name	SSN	DOB	Sex	Relation	Uploads	+
Emily Washington	***-**-3456	6/6/2000	F	Spouse	0	
Jack Washington	***-**-6544	6/5/2023	M	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 ▶

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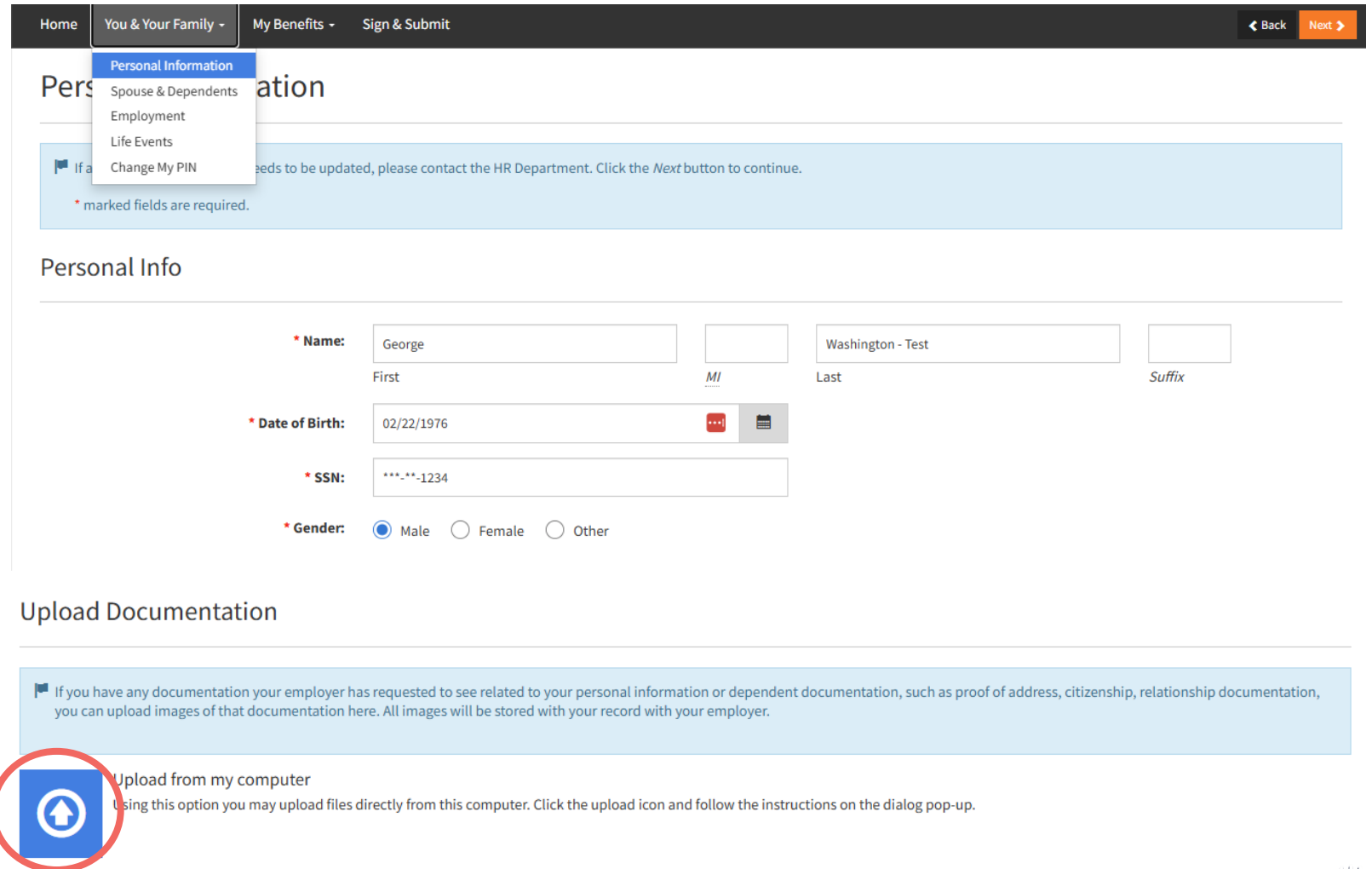


Uploading Dependent Documents

If you add dependents:

*You must **upload dependent documentation.***

1. Navigate to the **Personal Information** tab
2. Scroll to the bottom and click the **blue box** with the arrow
3. Follow the **instructions** to **upload** the required dependent documents



The screenshot shows the San Luis Coastal Unified School District employee portal. The top navigation bar includes links for Home, You & Your Family (selected), My Benefits, and Sign & Submit. A dropdown menu for 'You & Your Family' is open, showing options: Personal Information (highlighted), Spouse & Dependents, Employment, Life Events, and Change My PIN. The main content area is titled 'Personal Information' and contains a message: 'If a dependent needs to be updated, please contact the HR Department. Click the Next button to continue.' Below this is a section for 'Personal Info' with fields for Name (First, Middle, Last, Suffix), Date of Birth, SSN, and Gender. The 'Upload Documentation' section below contains a message: 'If you have any documentation your employer has requested to see related to your personal information or dependent documentation, such as proof of address, citizenship, relationship documentation, you can upload images of that documentation here. All images will be stored with your record with your employer.' At the bottom of the 'Upload Documentation' section is a blue button with a white upload icon, circled in red, labeled 'Upload from my computer'. Below the button is a note: 'Using this option you may upload files directly from this computer. Click the upload icon and follow the instructions on the dialog pop-up.'



Uploading Dependent Documents

If you add dependents:

*You must **upload dependent documentation.***

Required Enrollment Documentation

To enroll your spouse, domestic partner or dependents, you will need to upload completed the following supporting documents:

To Add Spouse:

- ✓ 1040 Tax Form (most recent year), showing joint filing with spouse. Otherwise, an Affidavit of Marriage is required
- ✓ Marriage Certificate (only for new marriages within one year when tax return isn't available)

To Add Child:

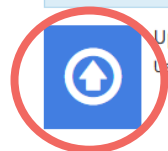
- ✓ Birth Certificate (for children)

To Add Domestic Partner:

- ✓ Declaration of Domestic Partnership issued by the State of California

Upload Documentation

🚩 If you have any documentation your employer has requested to see related to your personal information or dependent documentation, such as proof of address, citizenship, relationship documentation, you can upload images of that documentation here. All images will be stored with your record with your employer.



Upload from my computer

Using this option you may upload files directly from this computer. Click the upload icon and follow the instructions on the dialog pop-up.





Thank You!

