



## Step by Step Instructions to View/Print your Benefit Confirmation

1. Click on the following link (or copy and paste it into your internet browser):

<https://symetra.benselect.com/ccres>

**User ID:** Your Social Security Number

**Password (PIN):** Last 4 digits of your Social Security Number followed by the last 2 digits of your birth year



### ENROLLMENT SITE

#### Your Benefits Enrollment

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department.

Employee ID or SSN:

PIN:

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

[FORGOT PASSWORD](#)

[Log in](#)

2. Click under **Sign & Submit** or **Review Forms that I signed**, and a new window should display with the benefit plans. Just scroll down the page.

CCRES-Production | (Logout)

**CCRES**  
EDUCATIONAL & BEHAVIORAL  
HEALTH SERVICES  
www.ccr.es.org

Status (100% Complete)

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

## Welcome Back,

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 annual Open Enrollment period.

Here is a summary of your current benefit elections:

Plan	Benefit	Cost per Paycheck	Coverage Termination Date
<a href="#">Health</a>	Basic + Limited Medical, Employee Only	\$21.09 pre-tax	
<a href="#">Symetra Hospital Indemnity</a>		\$6.40 after-tax	
<a href="#">Symetra Critical Illness</a>	\$10,000	\$3.36 pre-tax	
<a href="#">Symetra Accident Insurance</a>		\$4.84 after-tax	
<a href="#">Symetra Employee Term Life</a>	\$100,000	\$4.62 after-tax	
		\$40.31 total	

What would you like to do?

- Change my beneficiary
- Update my personal information (address, phone, e-mail, etc.)
- Change my benefits due to a qualifying life event
- Review forms that I signed
- Find a document or form
- Change my PIN

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

Next

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3. Below is a recap of your elections, including information about your dependents and named beneficiaries. Scroll down to the bottom of this screen to the completed forms and click under **Enrollment Confirmation**. You may save the form as a PDF or print it!

**CCRES-Production** | Vid (Logout)

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Status (100% Complete)

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

### 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.**

**Health**  
Enrollment Details

Product Name: Basic + Limited Medical  
Coverage Level: Employee Only

First Name	MI	Last Name	DOB	Sex	Relationship
	M			F	Employee

**Symetra Hospital Indemnity**  
Enrollment Details

Product Name: Symetra HI  
Coverage Level: Employee Only

First Name	MI	Last Name	DOB	Sex	Relationship
	M	L		F	Employee

**Symetra Critical Illness**  
Enrollment Details

You have elected to WAIVE coverage under this plan.

**Vision**  
You have elected to WAIVE coverage under this plan.

**Symetra Short Term Disability**  
You have elected to WAIVE coverage under this plan.

**Symetra Employee Term Life**  
Enrollment Details

Benefit Amount	Cost
\$100,000.00	\$4.62

**Beneficiary Information**

Name	Relationship	Address	Phone	Percent	Type
	Child		2	100.00	Primary

**Symetra Spouse Term Life**  
You have elected to WAIVE coverage under this plan.

**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
<a href="#">Enrollment Confirmation</a>	09/02/2022

Return



**Important:**

- You will not be able to make changes to your elections in this system.

**Additionally:**

- You can view/print the Benefits Confirmation sheet and email Kara Davidson in HR at [KaraDavidson@ccres.org](mailto:KaraDavidson@ccres.org) with any changes, questions, or discrepancies you see.
- You can request the Carriers' contact information from HR and contact them directly if you have additional questions about ID Cards or if the member ID # is needed to start making doctor appointments.