



Step-by-Step Instructions to Self-Enroll Your Benefit Elections

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

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

User ID: Your Social Security Number (no dashes)

Password (PIN): The 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:

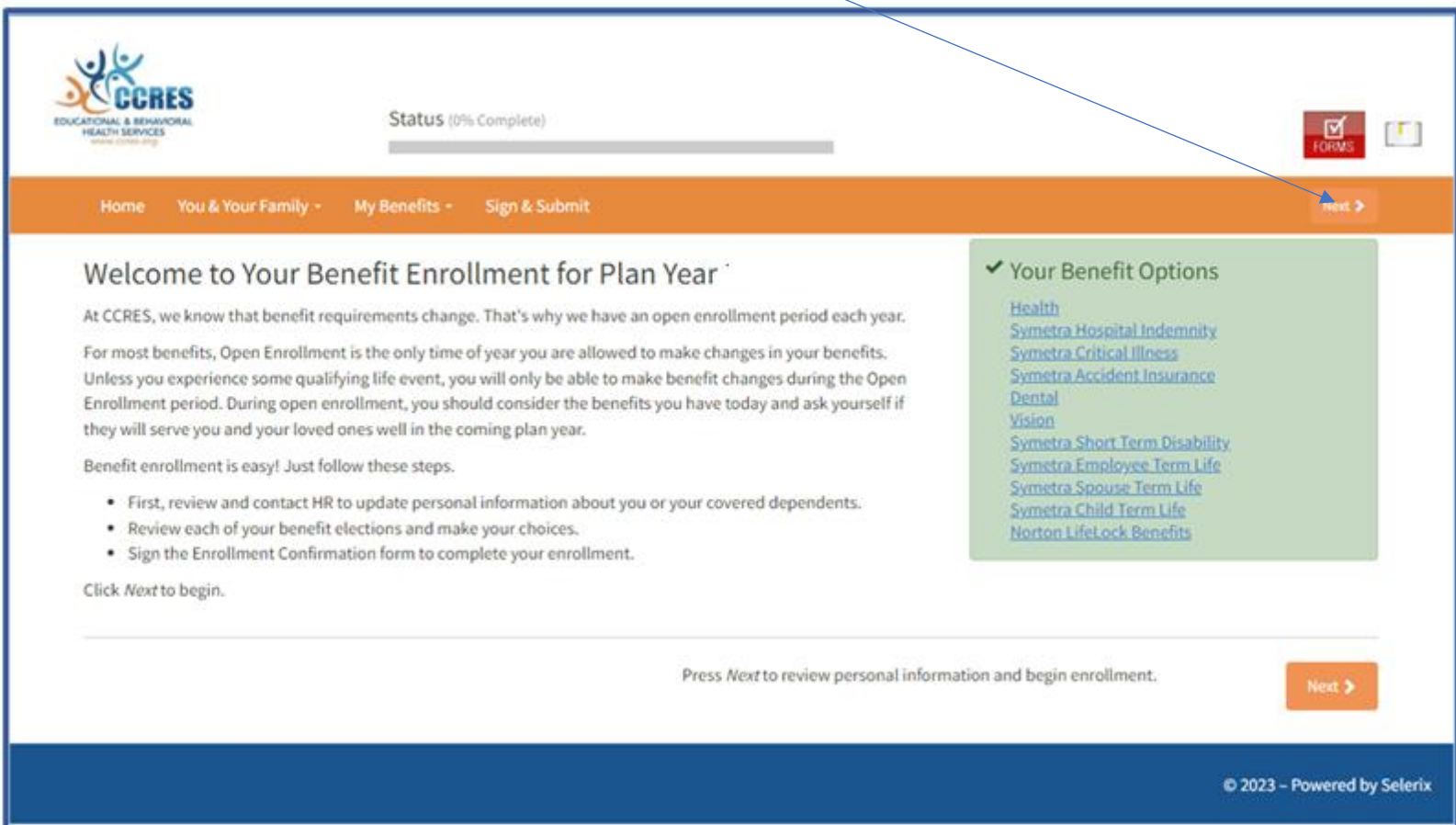
PIN:

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 **NEXT** and Review/ Update your personal information.



The screenshot shows the CCRES Benefit Enrollment portal. At the top, there is a header with the CCRES logo on the left, a status bar in the center showing "Status (0% Complete)" with a progress indicator, and a "FORMS" icon on the right. Below the header is an orange navigation bar with links: "Home", "You & Your Family", "My Benefits", and "Sign & Submit". A blue arrow points from the instruction text above to the "next >" button in the navigation bar. The main content area has a heading "Welcome to Your Benefit Enrollment for Plan Year" followed by introductory text and a list of steps. To the right, a green box titled "Your Benefit Options" lists various insurance options with links. At the bottom, there is a footer with the text "Press Next to review personal information and begin enrollment." and a "Next >" button. The footer also includes the copyright notice "© 2023 - Powered by Selerix".

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Status (0% Complete)

FORMS

Home You & Your Family My Benefits Sign & Submit next >

Welcome to Your Benefit Enrollment for Plan Year

At CCRES, we know that benefit requirements change. That's why we have an open enrollment period each year. 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 Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year.

Benefit enrollment is easy! Just follow these steps.

- First, review and contact HR to update personal information about you or your covered dependents.
- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click *Next* to begin.

✓ Your Benefit Options

- [Health](#)
- [Symetra Hospital Indemnity](#)
- [Symetra Critical Illness](#)
- [Symetra Accident Insurance](#)
- [Dental](#)
- [Vision](#)
- [Symetra Short Term Disability](#)
- [Symetra Employee Term Life](#)
- [Symetra Spouse Term Life](#)
- [Symetra Child Term Life](#)
- [Norton LifeLock Benefits](#)

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

Next >

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3. After reviewing your Personal Information, click **NEXT.**

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Status (0% Complete)

Home You & Your Family My Benefits Sign & Submit

Back Next

Personal Information

i If any personal information needs to be updated, please contact the HR Department. Click the *Next* button to continue.
Optional items are in *italics*.

Personal Info

Name : Steph M Davis
First MI Last Suffix

Marital Status: Unknown

Date of Birth: 07/03/1991

SSN: ***-**-1234

Gender : ☐ Male ☒ Female ☐ Other

Contact Info

Address: USA

4. (If applicable) Add the **dependents'** information, including the SSN and date of Birth. Then, click **NEXT.**

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Status (0% Complete)

Home You & Your Family My Benefits Sign & Submit

Back Next

Dependents

i 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

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	Uploads	
No items found.						

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

5. Click under **Review** or the **Plan's name** to see your benefit options for enrolling or declining. Then, click **NEXT**.



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Status (100% Complete)

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

My Benefits

Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.

✖ Health

You have elected to WAIVE coverage under this plan.

Review

✖ Symetra Hospital Indemnity

You have elected to WAIVE coverage under this plan.

Review

Enrollment Details

Benefit Amount	Cost
\$40,000.00	\$6.83

Beneficiary Information

Name	Relationship	Address	Phone	Percent	Type
	Spouse	COATESVILLE, PA 19320		100.00	Primary

✔ You have completed enrollment in this plan. Your cost per pay period will be **\$6.83**

✖ Symetra Spouse Term Life

You have elected to WAIVE coverage under this plan.

Review

! Symetra Child Term Life

You are not eligible to enroll in Symetra Child Term Life because neither you nor any of your dependents are eligible for coverage under this plan.

Review

My Benefits

✖ Health \$0.00

✖ Symetra Hospital Indemnity \$0.00

✖ Symetra Critical Illness \$0.00

✖ Symetra Accident Insurance \$0.00

✖ Dental \$0.00

✖ Vision \$0.00

✔ Symetra Short Term Disability \$31.08

✔ Symetra Employee Term Life \$6.83

✖ Symetra Spouse Term Life \$0.00

✖ Symetra Child Term Life \$0.00

Employer Cost \$0.00

Pre-tax cost \$0.00

Post-tax cost \$37.91

Calculator

Total Cost \$37⁹¹

Per Pay Period

[Back](#) [Next](#)

6. Below is a recap of your elections, including information on dependents, named beneficiaries, and deductions. Then click **NEXT** to sign the benefit confirmation sheet utilizing your PIN (*The last 4 digits of your Social Security Number followed by the last 2 digits of your birth year.*)

[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	Pretax Cost	Posttax Cost
Health	Group Cancer Plan 1; EO	\$0.00	\$9.30
Symetra Hospital Indemnity	\$10,000	\$0.00	\$11.77
Symetra Critical Illness	Waived		
Symetra Accident Insurance	Waived		
Dental	Accident Option B; EO	\$0.00	\$4.34
Vision	Hospital Indemnity Option B; EO	\$0.00	\$6.60
Symetra Short Term Disability	Chubb Disability 14/14/3; EO	\$0.00	\$25.25
Symetra Employee Term Life	Waived		
Symetra Spouse Term Life			
Symetra Child Term Life			
Total		\$0.00	\$57.26

Signatures Required

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

Form Name	Status	Date Signed/Reviewed
Enrollment Confirmation		

No data available in table

Next >

[illegible]

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

8. After entering your **PIN**, save the benefit confirmation as PDF or print it!

Benefit Confirmation / Deduction Authorization

Name		Date of Birth	Home Phone	Work Phone	Address
Laurie		(1964	(784		
Employee ID	Hire/Elig Date	Gender	E-mail Address		
287319	03/07/2018	F			

Location	Department	Reason for Completing Form Open Enrollment
All Locations	55053	
Job Class	Title	
Class 1	Business Office Manager - Salaried	

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost		Employer Cost
						Benefit	Cost	Pre-tax	After-tax	
Prosperity Group Cancer	Group Cancer Plan 1	EO	26	10/01/2023				0.00	9.30	0.00
Critical Illness-Employ	Critical Illness-Employee	EO	26	10/01/2023	10,000			0.00	11.77	0.00
: Accident Protection Pl	Accident Option B	EO	26	10/01/2023				0.00	4.34	0.00
Hospital Indemnity	Hospital Indemnity Option B	EO	26	10/01/2023				0.00	6.60	0.00
Disability	Chubb Disability 14/14/3	EO	26	08/01/2019	2,500			0.00	25.25	0.00
b Lifetime Benefit Terr	Waived									
Total:								0.00	57.26	0.00

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DEPENDENT INFORMATION.

Dependent Name	Relationship	SSN	Birth Date	Gender	Enrollment

BENEFICIARY INFORMATION

Beneficiary Name	Relationship	Benefit Plan	Beneficiary Type	Percentage
Kendra	Daughter	Prosperity Group Cancer	Primary	100.00
Kendra	Daughter	Critical Illness-Employee	Primary	100.00
Kendra	Daughter	Accident Protection Plan	Primary	100.00
Kendra	Daughter	Group Hospital Indemnity	Primary	100.00

PAYROLL DEDUCTION AUTHORIZATION/CANCELLATION

By submitting my benefit choices, I acknowledge that I am authorizing my employer to take pre-tax and/or, to the extent relevant, after-tax deductions from my paychecks to pay for my benefit costs. I understand that pursuant to Internal Revenue Code Section 125, this election can only be made during the annual open enrollment period before the beginning of each plan year (unless I am a new hire), and is irrevocable for the entire calendar year unless I incur a Qualifying Family Status Change or other permissible mid-year change event, as determined by the Pre-Tax Payment Plan and the underlying benefit plan(s) I have chosen to participate in (collectively, the "Plans").

I understand that the maximum salary reductions I can make are set forth in the Plans, and that the Plans govern all issues concerning my elections, payroll deductions, eligibility, and benefits. I acknowledge that my elections (with the exception of contributions to Reimbursement Accounts) will automatically rollover from year to year unless I submit a change during the annual open enrollment period.

I agree that in the event of any change in the required benefit plan contributions prior to the next enrollment period, my payroll deduction election will automatically be revised to take such change into account. I also understand that my contributions to Reimbursement Accounts, if any, can only be used to reimburse qualified health and/or dependent care expenses incurred in the same year as the contributions are deducted from my paychecks. Any funds remaining in my Reimbursement Account(s) not used for current year expenses will be forfeited to the plan administrator. I understand and agree that I may be required to provide Human Resources with proof of dependent eligibility in order to receive coverage for my dependent(s).

Finally, I am also authorizing my employer to use and send necessary personal information, including Protected Health Information under HIPAA, to my selected benefit vendors and providers in order to initiate and support my coverage elections.

Your total deduction per pay period

Total Deduction	
\$	57.26

[*****] Electronic Signature on File

Employee Signature _____

Date _____



Important:

- You will not be able to make changes to your elections in this system after Open Enrollment ends.
- After completing your Enrollment process through Symetra-Benselect, you must email the new dependents' documentation to the Benefits Department within 30 days at Benefits@ccres.org!
- **[Click Here to complete and submit the Evidence of Insurability \(EOI\) Form!](#)**

Additionally:

- You can view/print the Benefits Confirmation sheet and contact Kara Davidson in HR via email at Benefits@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.
- **[Click here to return to your Benefits Portal!](#)**