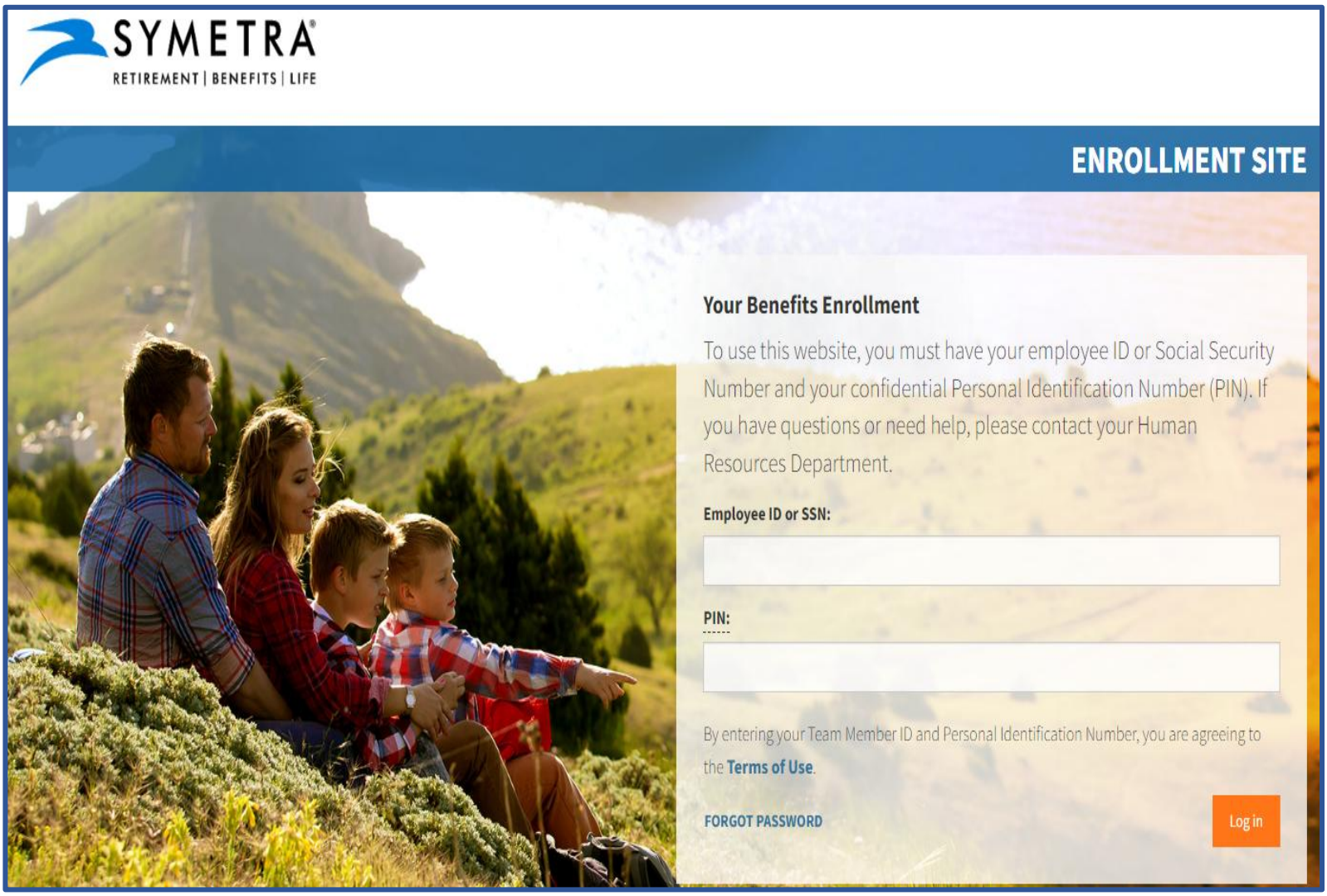
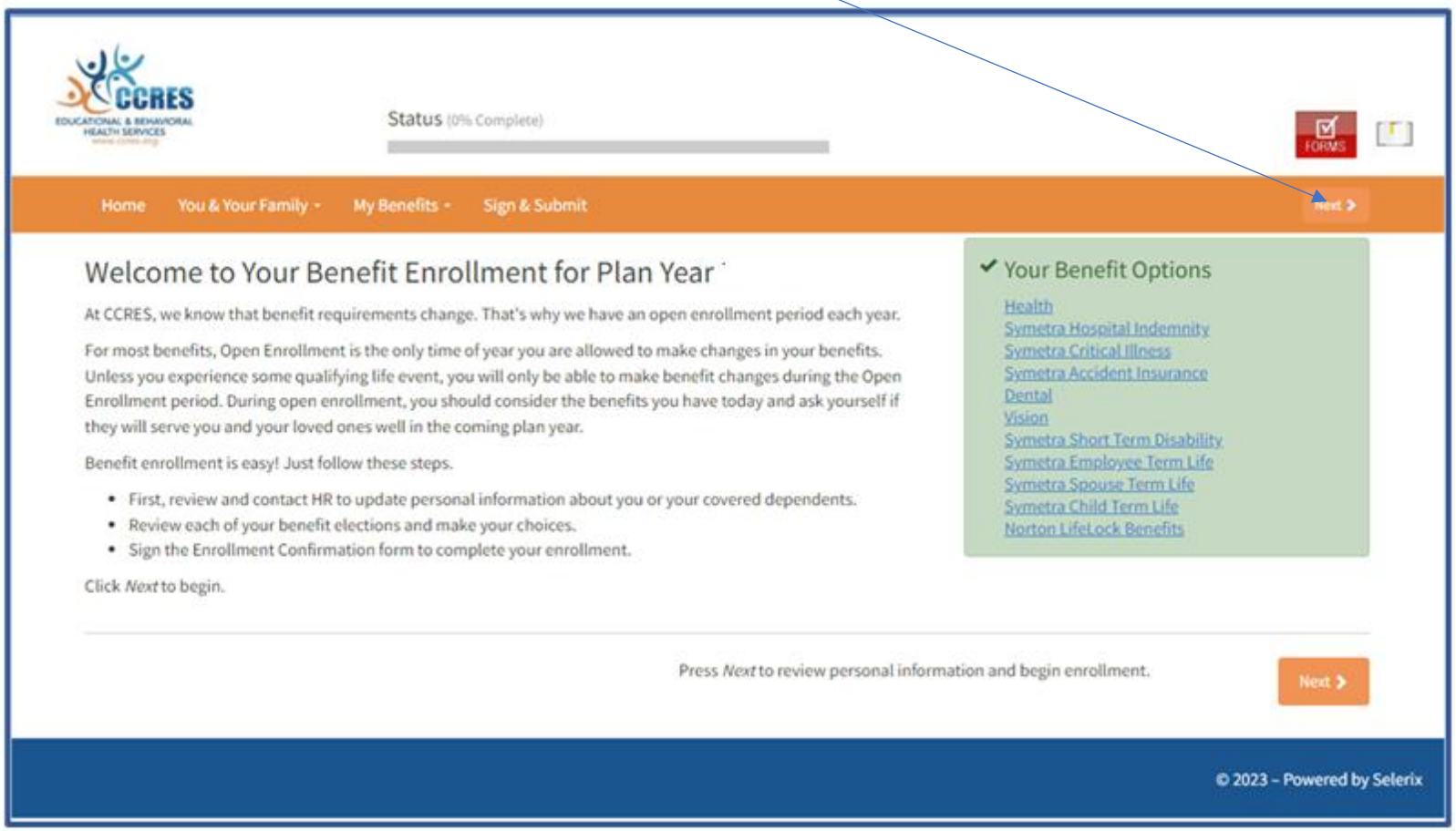
Step-by-Step Instructions to Self-Enroll Your Benefit Elections

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

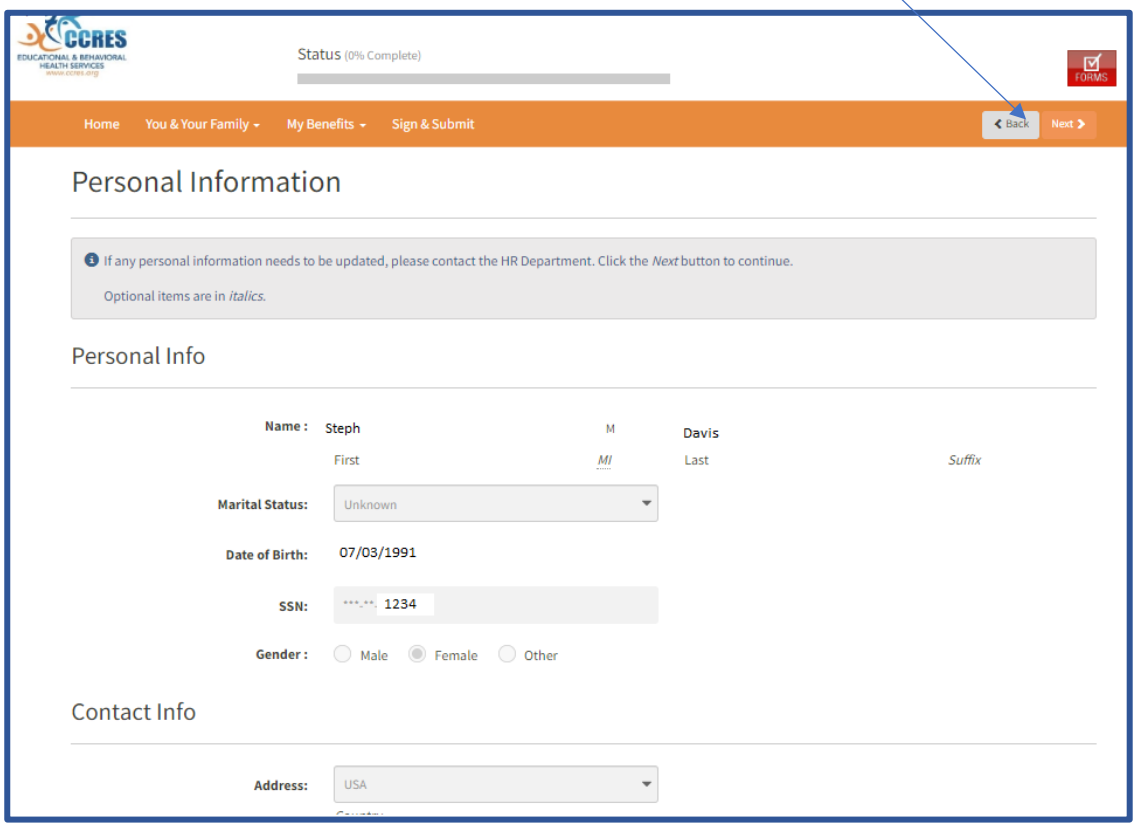
Visit: https://symetra.benselect.com/ccres
User ID: Your Social Security Number (no dashes)
Password (PIN): The Last 4 digits of your Social Security Number followed by the last 2 digits of your birth year.



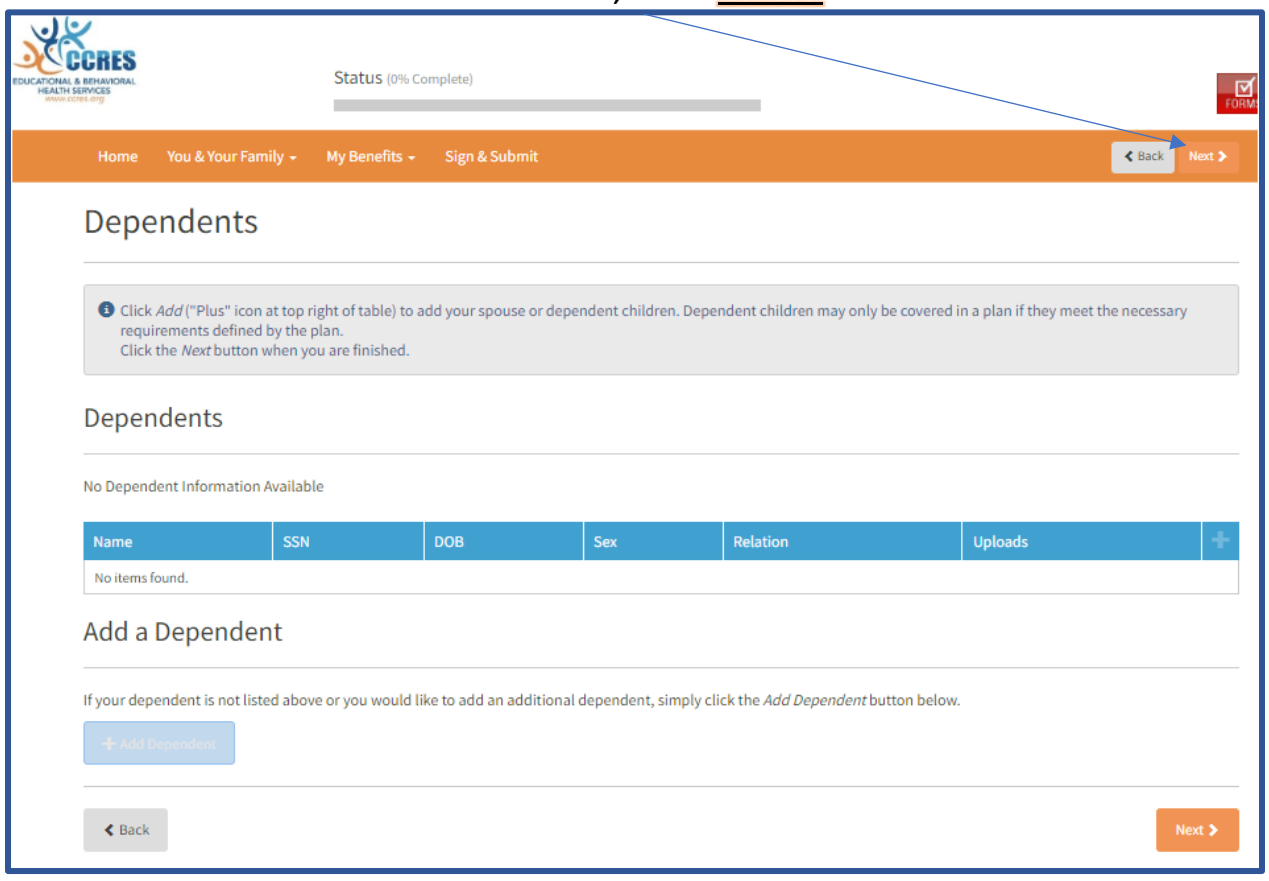
2. Click under **NEXT** and Review/ Update your personal information.



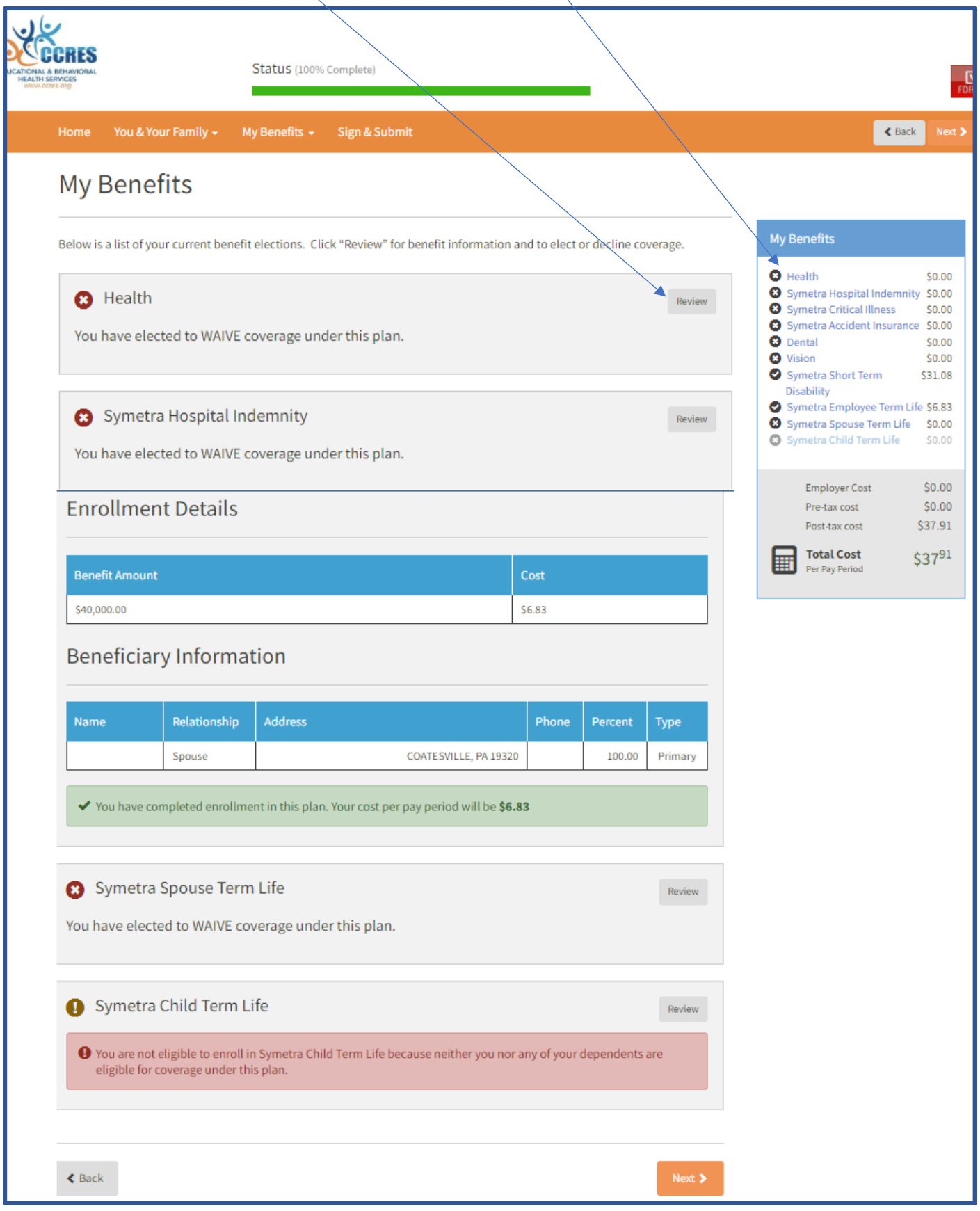
3. After reviewing your Personal Information, click **NEXT.**



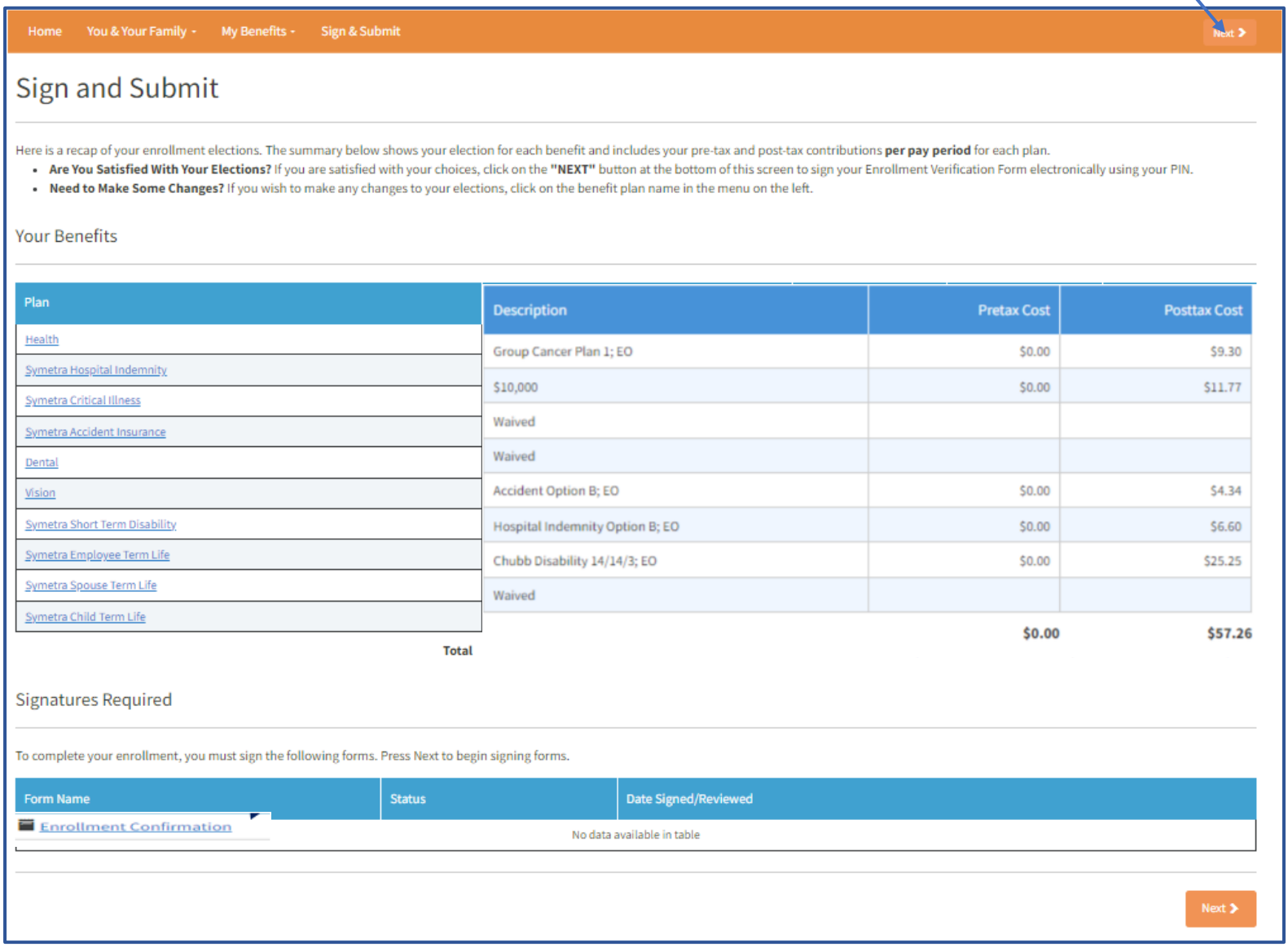
4. (If applicable) Add the **dependents' information**, including the SSN and date of Birth. Then, click **NEXT.**



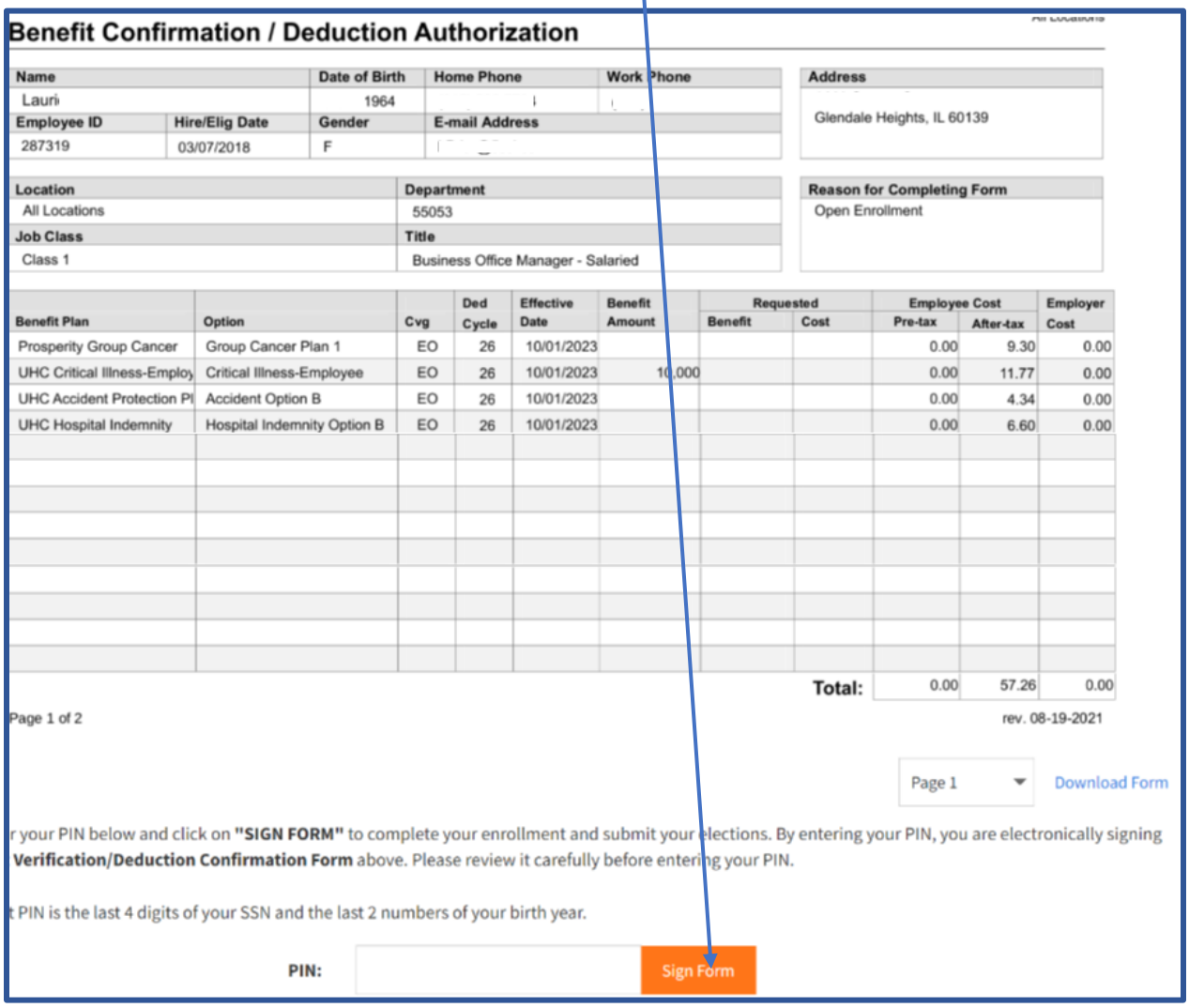
5. Click under **Review** or the **Plan's name** to see your benefit options for enrolling or declining. Then, click **NEXT.**



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.)*



7. Enter your **PIN** and click under Sign Form to complete the enrollment elections and receive the final benefit confirmation



Benefit Confirmation / Deduction Authorization

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

Address
Glendale Heights, IL 60139

Location	Department
All Locations	55053
Job Class	**Title**
Class 1	Business Office Manager - Salaried

Reason for Completing Form
Open Enrollment

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested Benefit	Requested Cost	Employee Cost Pre-tax	Employee Cost After-tax	Employer Cost
Prosperity Group Cancer	Group Cancer Plan 1	EO	26	10/01/2023				0.00	9.30	0.00
UHC Critical Illness-Employ	Critical Illness-Employee	EO	26	10/01/2023	10,000			0.00	11.77	0.00
UHC Accident Protection Pl	Accident Option B	EO	26	10/01/2023				0.00	4.34	0.00
UHC Hospital Indemnity	Hospital Indemnity Option B	EO	26	10/01/2023				0.00	6.60	0.00
							Total:	0.00	57.26	0.00

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

t PIN is the last 4 digits of your SSN and the last 2 numbers of your birth year.

PIN: Sign Form

***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
Laurie		(1964	(784	
Employee ID	**Hire/Elig Date**	**Gender**	**E-mail Address**	
287319	03/07/2018	F		

Address
Glendale Heights, IL 60139

Location	Department
All Locations	55053
Job Class	**Title**
Class 1	Business Office Manager - Salaried

Reason for Completing Form
Open Enrollment

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested Benefit	Requested Cost	Employee Cost Pre-tax	Employee Cost After-tax	Employer Cost
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
ib 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	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 after all current year reimbursements are processed. I understand 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

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CCRES
EDUCATIONAL & BEHAVIORAL HEALTH SERVICES
www.ccres.org

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!**