

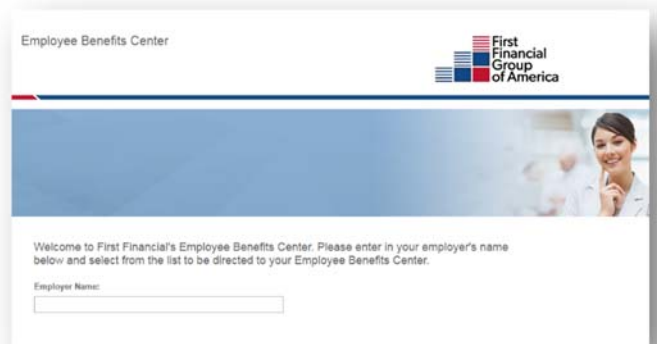
First Financial Group of America is happy to provide you with an online enrollment system. Below you will find easy steps on how to make your benefit selections. If during your enrollment you experience technical difficulty or have trouble maneuvering through the enrollment process, please call our Enrollment Solutions Help Desk line at 1-855-523-8422, 7am-5pm CST. If you have coverage eligibility questions please call your benefits office.

PLEASE NOTE:

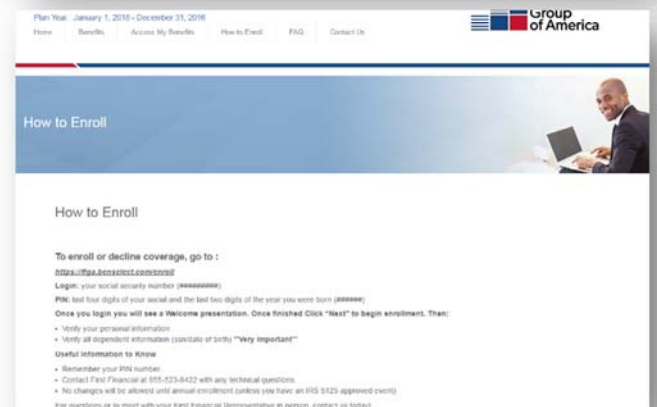
IF YOU ARE USING ANY MACINTOSH DEVICE YOU MAY NOT BE ABLE TO FULLY COMPLETE THE ENROLLMENT PROCESS. PLEASE CALL THE ENROLLMENT SOLUTIONS HELP DESK TO FINALIZE YOUR SELECTIONS IF YOU NEED HELP.

Visit your Employee Benefit Center

Go to <http://benefits.ffga.com/> and type in your employer's name.



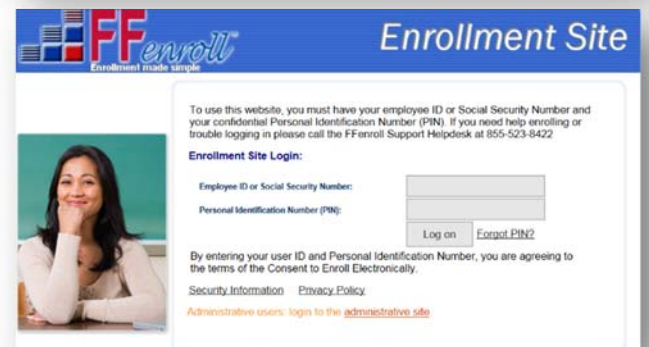
Click on the “How to Enroll” tab at the top of the page. Follow the instructions to go to the enrollment site and log in.



<https://ffga.benselect.com/enroll>

Login ID: SSN (no dashes)

PIN: Last 4 digits of your SSN and the last 2 digits of the year you were born (this should be a 6 digit number)



Welcome to FEnroll

Please review the welcome information for important messages regarding this year's enrollment. Click **Next** to go forward.

The screenshot shows the FEnroll welcome page. At the top is a navigation bar with links: HOME, YOU & YOUR FAMILY, MY BENEFITS, SIGN & SUBMIT, LOGOUT, and a Next button. The main content area has a heading "Welcome to Your Benefit Enrollment for Plan Year 2016-2017". Below this, it states: "At Texas Medical, we know that benefit requirements change. That's why we have an open enrollment period each year." It then explains that for most benefits, Open Enrollment is the only time of year you are allowed to make changes. A list of steps follows: 1. First, review and contact HR to update personal information about you or your covered dependents. 2. Review each of your benefit elections and make your choices. 3. Sign the Enrollment Confirmation form to complete your enrollment. A "Click Next to begin." instruction is at the bottom left. On the right, a box titled "Your Benefit Options" lists various plans: TRS Medical, Ameritas Dental, Superior Vision, FFGA Health Care FSA, AF Long Term Disability, AF Accident, Allstate Benefits Group Cancer, Allstate Benefits Critical Illness, Texas Life Insurance, Dearborn National Basic Life, Dearborn National Emp Life, Dearborn National Spouse Life, and Dearborn National Child Life.

Add Dependents

If you have a spouse and/or dependents, you **MUST** add each of them by clicking the Add "+" button and entering the required information – **even if you are not insuring them.**

The screenshot shows the "Add Dependent" form. It includes fields for: Relationship (Spouse), Name (JANE, MI, EXAMPLE, Suffix), Date of Birth (05/05/1975), SSN, Country of Citizenship, Gender (Male/Female), Address (Same as employee), Country (USA), Street (123 ANY ST), Street (cont.), City (Houston), State (TX), and Zip (76802). There are Save and Cancel buttons at the bottom.

Enter required fields.

Click **Save**.

Once completed, click **NEXT**.

The screenshot shows the "Dependents" table with a list of dependents and their details. An important note at the top states: "IMPORTANT - Deleting a dependent from this screen will not remove them from any benefit they are currently enrolled in. To remove a dependent you will need to re-enroll in that benefit. If you are adding a new spouse or child and want them covered under a plan you are currently enrolled in, please be sure you re-enroll in that benefit. Adding a dependent to this screen does not automatically add them to coverage." The table has columns for Name, SSN, DOB, Sex, and Status, with a plus icon in the last column. The data rows are:

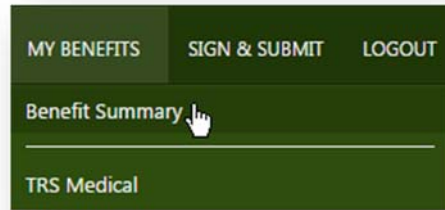
| Name | SSN | DOB | Sex | Status | |
|----------|-------------|-----------|-----|--------|---|
| JANE DOE | ***-**-1234 | 4/10/1973 | M | Spouse | + |
| JANE DOE | ***-**-4789 | 7/25/1994 | F | Child | ✕ |
| JANE DOE | ***-**-1111 | 1/24/1997 | F | Child | ✕ |
| JANE DOE | ***-**-4165 | 2/2/1999 | F | Child | ✕ |
| JANE DOE | ***-**-1896 | 8/24/2001 | M | Child | ✕ |

There are Back and Next buttons at the bottom of the table.

To View/Change TRS Medical Coverage

Hover over **My Benefits**.

Click **Benefit Summary**.



Your **Benefits** will be displayed in the box at the top of the page.

Your **TRS Medical Election** will be displayed; if you have dependents covered they will display under the benefit.

If you wish to change your TRS Medical for the 2016-17 plan year click **Edit this Election**.

Benefit Summary

Below is a list of your current benefit elections.

Your Benefits

| Plan | Benefit | Cost per Paycheck | Coverage Termination Date |
|--|---|-------------------|---------------------------|
| TRS Medical | TRS - ActiveCare 1-HD | \$116.00 pre-tax | |
| Ameritas Dental | Ameritas High Dental, Emp + Child(ren) | \$69.12 pre-tax | |
| Superior Vision | Family | \$24.14 pre-tax | |
| FFGA Health Care FSA | Family - \$1,500 | \$125.00 pre-tax | 8/31/2016 |
| AF Accident | Emp + Child(ren) - , pol #1 | \$31.50 pre-tax | |
| Allstate Benefits Critical Illness | AB Group Critical Illness - High, Emp + Child(ren) - \$20,000 | \$29.57 pre-tax | |
| Dearborn National Basic Life | \$10,000 | Employer-paid | |
| Dearborn National Emp Life | \$50,000 | \$9.00 after-tax | |
| | | \$404.33 total | |

For each of the benefit options below, your enrollment options are shown. Click the **"Keep Existing Election"** link to decline participation in the coverage or continue your current election or click **"Edit this Election"** to review your other options.

TRS Medical [Edit this Election](#)

Plan Name: TRS Medical **Coverage Level:** Employee Only

| First Name | MI | Last Name | DOB | Sex | Relationship |
|------------|----|-----------|------------|-----|--------------|
| JANIS | | DOE | 11/23/1974 | F | Employee |

You have completed enrollment in this plan. Your cost per pay period will be **\$250.00**

Making Changes to your Medical Plan

By choosing **Edit this Election** you will arrive on the application screen.

Click **Unlock** to view and/or modify the current medical option.

Choose/Decline Coverage

Choose the new level of coverage by clicking on the radio button next to the plan you wish to be enrolled in effective **9/1/2016**.

If you do not wish to carry group major medical coverage you MUST select the option “Decline Medical Insurance”.

Click **Next** button.

| | Employee Only | Employee + Spouse | Employee + Children | Employee+Family |
|---------------------------|--------------------------------|----------------------------------|---|----------------------------------|
| Decline Medical Insurance | <input type="radio"/> \$0.00 | | | |
| TRS - ActiveCare 1-HD | <input type="radio"/> \$250.00 | <input type="radio"/> \$450.00 | <input checked="" type="radio"/> \$350.00 | <input type="radio"/> \$1,050.00 |
| TRS - ActiveCare Select | <input type="radio"/> \$300.00 | <input type="radio"/> \$950.00 | <input type="radio"/> \$600.00 | <input type="radio"/> \$1,300.00 |
| TRS - ActiveCare 2 | <input type="radio"/> \$450.00 | <input type="radio"/> \$1,350.00 | <input type="radio"/> \$850.00 | <input type="radio"/> \$1,450.00 |

Verify Covered Dependents

Once all covered dependents are verified, click **Next**.

TRS Medical

Application Details

Individuals to Be Covered
Click on the checkbox next to each person's name to be included for coverage. When you are finished, click on the **"NEXT"** button to continue.

Plan Name: TRS Medical **Coverage Level:** Employee + Children

| To Be Covered? | Name | Age |
|-------------------------------------|-----------|-----|
| <input checked="" type="checkbox"/> | JANIS DOE | 41 |
| <input checked="" type="checkbox"/> | JULIE DOE | 22 |
| <input checked="" type="checkbox"/> | JOY DOE | 19 |
| <input checked="" type="checkbox"/> | JESSA DOE | 17 |
| <input checked="" type="checkbox"/> | JOEY DOE | 15 |

TRS Medical Questions

Answer the following questions as they pertain to you.

Click **Next**.

TRS Medical

Are you actively employed and making monthly contributions to TRS? YES NO

Are you or any of your dependents enrolling for any TRS-ActiveCare plan covered by any other health care coverage? YES NO

Review Your Election

If your election is correct, click **Confirm**.

If you need to make a change, click **Back**.

TRS Medical

Plan Name: TRS Medical **Coverage Level:** Employee + Children

| First Name | MI | Last Name | DOB | Sex | Relationship |
|------------|----|-----------|------------|-----|--------------|
| JANIS | | DOE | 11/23/1974 | F | Employee |
| JULIE | | DOE | 7/25/1994 | F | Child |
| JOY | | DOE | 1/24/1997 | F | Child |
| JESSA | | DOE | 2/2/1999 | F | Child |
| JOEY | | DOE | 8/24/2001 | M | Child |

Monthly deduction for this plan: \$150.00 (pre-tax)

You have elected coverage under this plan. Please review the summary information above and press **Confirm** if it is correct. To make changes, press **Back**.

Benefit Summary

Check the **Benefit Summary** screen for accuracy.

If correct; click **Next**.

If other benefits are eligible for enrollment follow the same steps for each benefit.

Benefit Summary
Below is a list of your current benefit elections.

| Plan | Benefit | Cost per Paycheck | Coverage Termination Date |
|---|--------------------------------------|-------------------|---------------------------|
| TRS Medical | TRS - Auto-Care 1 HD | \$10.00 pre-tax | |
| Americas Dental | Americas High Dental, Emp + Children | \$69.12 pre-tax | |
| Supervisor Vision | Family | \$24.14 pre-tax | |
| FFGA Health Care FSA | Family - \$1,500 | \$125.00 pre-tax | 8/31/2018 |
| AF Accidents | Emp + Children - pol #1 | \$31.50 pre-tax | |
| Adverse Benefits Critical Ill Group Critical Illness - High, Emp + Children | - \$20,000 | \$29.57 pre-tax | |
| Disability | | | |
| Death Benefit National Basic Life | \$10,000 | Employer-paid | |
| Death Benefit National Basic Life | \$10,000 | \$9.00 after-tax | |
| Emp. Life | | \$404.33 total | |

For each of the benefit options below, your enrollment options are shown. Click the "Keep Existing Election" link to decline participation in the coverage or continue your current election or click "Edit this Election" to review your other options.

TRS Medical Edit this Election

Plan Name: TRS Medical Coverage Level: Employee + Children

| First Name | MI | Last Name | DOB | Sex | Relationship |
|------------|----|-----------|------------|-----|--------------|
| JANIS | | DOE | 11/23/1974 | F | Employee |
| JULIE | | DOE | 7/25/1994 | F | Child |
| JOY | | DOE | 1/24/1997 | F | Child |
| JESSA | | DOE | 2/2/1999 | F | Child |
| JOEY | | DOE | 8/24/2001 | M | Child |

You have completed enrollment in this plan. Your cost per pay period will be **\$350.00**

Sign Form

Enter **PIN** in the box and click on the **Sign Form** button at the bottom of the screen.

Sign/Submit Complete

Congratulations! Your enrollment is complete.

Please note that you are not finished until you see CONGRATULATIONS! You can print or save a copy of your enrollment confirmation by clicking on **Enrollment Confirmation** at the bottom of the page.

Click **Logout**.

Review your benefit selections

You can login and make changes anytime during open enrollment by going to <http://benefits.ffga.com>.

Sign Forms Page

Benefit Confirmation / Deduction Authorization High School **First Financial**

Name: Morgan Simpson Date of Birth: 06/21/1989 Home Phone: Work Phone: Address: 123 Elm St, Houston, TX 77000

Employee ID: 001123456 Gender: F E-mail Address: c.s

Location: High School Department: STAFF Reason for Completing Form: New employee

Job Class: TSW

Full-Time: Yes

| Benefit Plan | Option | Cost | Effective Date | Benefit Amount | Required Cost | Employee Cost | Employer Cost | | |
|-----------------------------------|-----------------------------------|------|----------------|----------------|---------------|---------------|---------------|------|------|
| TRS Medical | TRS - Auto-Care 1 | 6.0 | 10/01/2018 | | | 1,200.00 | 0.00 | | |
| Death Benefit National Basic Life | Death Benefit National Basic Life | 6.0 | 10/01/2018 | 20,000 | | 0.00 | 0.00 | | |
| Total: | | | | | | | 1,200.00 | 0.00 | 0.00 |

Page 1 of 2 Download Form Page 1

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:

HOME YOU & YOUR FAMILY MY BENEFITS SIGN & SUBMIT LOGOUT Logout Back

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.

TRS Medical Edit this Election

Plan Name: TRS Medical Coverage Level: Employee + Children

| First Name | MI | Last Name | DOB | Sex | Relationship |
|------------|----|-----------|------------|-----|--------------|
| JANIS | | DOE | 11/23/1974 | F | Employee |
| JULIE | | DOE | 7/25/1994 | F | Child |
| JOY | | DOE | 1/24/1997 | F | Child |
| JESSA | | DOE | 2/2/1999 | F | Child |
| JOEY | | DOE | 8/24/2001 | M | Child |