

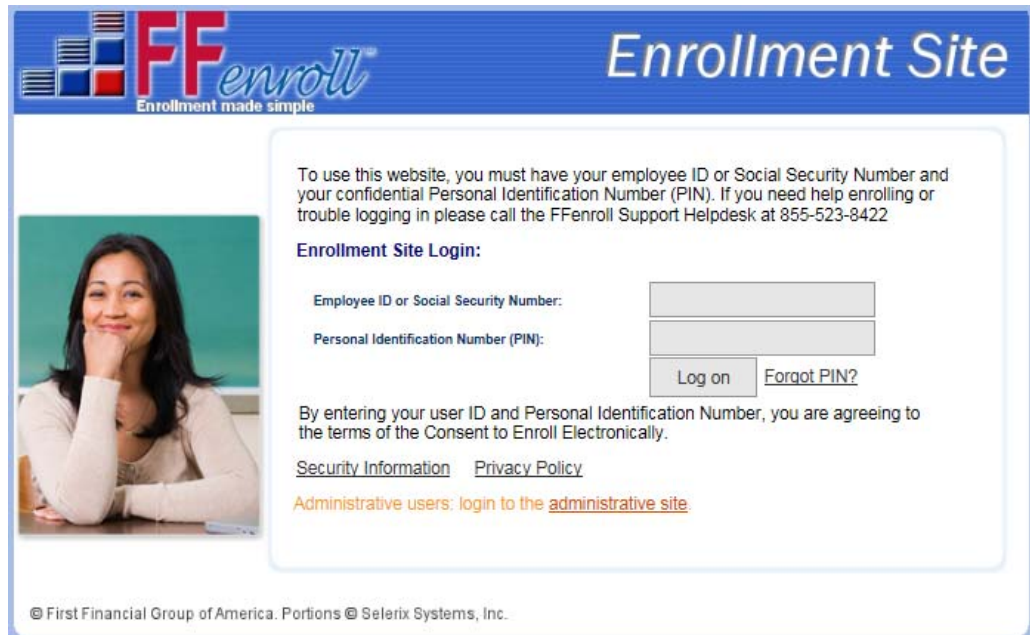
First Financial Group of America is happy to provide you with an on-line web based benefits communication system. Here you can add, change or drop your **TRS Major Medical Insurance**. Below you will find the easy steps to make your benefit selections. If, during your enrollment, you experience technical difficulty or have trouble maneuvering through the enrollment process, please call our IT help desk line at **1-855-523-8422**, 7:00AM-5:00PM Central Standard Time. If you have medical insurance questions please call your benefits office.

System Requirements:

Internet Explorer, 6.0 or above Acrobat Reader, 5.1 or above Adobe Flash player, 5 or above

Please note if you are using any Macintosh Device you may NOT be able to fully complete the enrollment process. Please call the IT help desk to finalize your selections if you need help. The site is best viewed at high resolution (at least 1024X768).

- Point your web browser to <https://ffga.benselect.com/enroll>
- Login ID:** your **SSN** or your **Employee ID**
- Personal Identification Number (**PIN**) is the **last 4 digits** of your **SSN** and the **last 2 digits** of the **year you were born** (this should be a 6 digit number)
- Please **DO NOT** type the web address in a search box (such as: Google or Bing) you will be directed to the wrong web-site



Use the drop down box to select the **2015-2016** plan year the correct selection will read:

San Angelo ISD 2015 - 2016 Enrollment ▼

Plan year in which you wish to enroll:

Employee ID or Social Security Number:

Personal Identification Number (PIN):

[Forgot PIN?](#)

Please select the group in which you would like to enroll.

By entering your user ID and Personal Identification Number, you are agreeing to the terms of the Consent to Enroll Electronically.

Welcome to Your Benefit Enrollment for Plan Year 2015-2016

At San Angelo ISD, 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 update any 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

- [TRS Medical 2015](#)
- [UCCI Dental](#)
- [Vision Plans](#)
- [FFGA Health Care FSA](#)
- [FFGA Dependent Care FSA](#)
- [AF Long Term Disability](#)
- [AF Accident](#)
- [Humana Critical Illness](#)
- [AF Cancer](#)
- [Allstate Benefits Group Cancer](#)
- [Allstate Benefits Heart & Stroke](#)
- [AF Term Life](#)
- [Texas Life Insurance](#)
- [MetLife Basic Group Life](#)
- [MetLife Employee Term Life](#)
- [MetLife Spouse Term Life](#)
- [MetLife Child Term Life](#)

click "next" to go to the next screen

Next

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



HOME YOU & YOUR FAMILY MY BENEFITS SIGN & SUBMIT LOGOUT

Back

Next

Personal Information

Please review your personal information to ensure it is correct and complete. Please correct any errors and click the *Next* button when you are finished.




Optional items are in *italics*.

If your name, date of birth or social security number are incorrect on this screen, please contact benefits at 325-947-3700.

ACA Reporting Requirement – all dependents including spouse must be added

- Add **ALL** spouse and dependent information including **ALL DEPENDENT'S SSNs**

If you have a spouse and (or) dependents you **MUST** add each of them by **clicking on the Add + button** and entering the **REQUIRED** information

Name	SSN	DOB	Sex	Relation	
SPOUSE TEST	***-**-4444	5/5/1977	F	Spouse	  

- After adding each new dependent click **Save**
- **Repeat the steps until all dependents are added**
- **Then click NEXT**

Relationship:

Name:

First MI Last Suffix

Date of Birth:

SSN:

Country of Citizenship

Gender: Male Female

Full-time Student: Yes No

Disabled: Yes No

YOU MUST CLICK ON "Add or Change"



even if you do not want coverage or you do not wish to change plans



My Benefits

Below is a list of your current benefit elections.

Plan	Benefit	Cost per Paycheck	Coverage Termination Date
TRIS Medical 2015	TRIS - ActiveCare 1-HD	Employer-paid	
UCCI Dental	UCCI Dental High Plan	\$28.83 pre-tax	
Vision Plans	Eyetopia Gold Vision, Employee Only	\$20.00 pre-tax	
AF Long Term Disability	\$3,400	\$80.24 after-tax	
Humana Critical Illness	Emp + Child(ren) - \$10,000	\$23.98 pre-tax	
Allstate Benefits Group Cancer	AB Group Voluntary Cancer - Medium	\$2.06 pre-tax	
MetLife Basic Group Life	\$15,000	Employer-paid	
MetLife Employee Term Life	\$100,000	\$17.00 after-tax	
		\$202.11 total	

For each of the benefit options below, your enrollment options are shown. Click the "Waive" link to waive or decline participation in the coverage or click "Add or Change" to review your other options.

TRIS Medical 2015 [Add or Change](#)

You were previously enrolled in **TRIS - ActiveCare 1-HD; EO** at a cost per pay period of **\$0.00**

You have to complete enrollment in this plan.



- Your current 2014-2015 coverage is shown below
- To get coverage for the **2015-2016** year **you MUST either Decline or choose coverage**
- **Click NEXT**

IMPORTANT INFORMATION REGARDING THE MEDICAL

- If your spouse currently works for this or another district that offers TRIS Medical and you are currently sharing the cost of the medical insurance and no longer wish or need to this, please contact the Benefits Department so your enrollment can be finalized.
- If you are considering ActiveCare Select and you have a child in college that is not in the covered network, this plan is not recommended. ActiveCare Select will only cover Out-Of-Network emergency services.

	Employee Only	Employee + Spouse	Employee + Children	Employee+Family
Decline Medical Insurance	<input type="radio"/> \$0.00			
TRIS - ActiveCare 1-HD	<input checked="" type="radio"/> \$0.00	<input type="radio"/> \$564.00	<input type="radio"/> \$265.00	<input type="radio"/> \$881.00
TRIS - ActiveCare 2	<input type="radio"/> \$264.00	<input type="radio"/> \$1,128.00	<input type="radio"/> \$642.00	<input type="radio"/> \$1,171.00
TRIS - ActiveCare Select	<input type="radio"/> \$123.00	<input type="radio"/> \$772.00	<input type="radio"/> \$412.00	<input type="radio"/> \$981.00
TRIS - Scott & White	<input type="radio"/> \$153.60	<input type="radio"/> \$785.62	<input type="radio"/> \$448.30	<input type="radio"/> \$909.76

Next



Make the following selections then click NEXT:

TRS Medical 2015

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

Back

Next

CONFIRMATION PAGE:

- Review your benefit selections on the **Enrollment Confirmation**
- **IF THE EFFECTIVE DATE IS NOT 9/1/2015 – YOU HAVE NOT ENROLLED IN A PLAN**
- Enter **your PIN** to Sign the Enrollment Confirmation

HOME YOU & YOUR FAMILY MY BENEFITS SIGN & SUBMIT LOG OUT Back

• **Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the **"SIGN FORM"** button at the bottom of this screen to sign your Enrollment Verification Form electronically.
• **Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name and select the plan name under the "My Benefits" drop down menu.
• Please note if any of the plans listed below indicate "Request for Information" you must contact Tally Yarbrough at 325-668-4530. **Please note you will not have coverage for these benefits until you contact her.**

Scroll down by using the **OUTSIDE** slide bar. Be sure to Sign any applicable forms in order to **COMPLETE YOUR ENROLLMENT.** If you declined Medical, be sure to print out the TRS Declination Form.

San Angelo ISD
ADMINISTRATION

Benefit Confirmation / Deduction Authorization

Name	Date of Birth	Home Phone	Work Phone	Address					
test test	05/05/1975			213 test Test, TX 77777					
Employee ID	Hire/Elig Date	Gender	E-mail Address						
034054	05/05/2000	M	test@tjgs.com						
Location	Department	Reason for Completing Form							
ADMINISTRATION	Start	Open Enrollment							
Job Class	Title								
Full Time	Inf								
Benefit Plan	Option	Cvg	Eff. Date	Benefit Amount	Requested Benefit	Requested Cost	Employee Cost Pre-tax	Employee Cost After-tax	Employer Cost
TRS Medical (New)	TRS - ActiveCare Select	EO	09/01/2015				412.00	.00	350.00
UCCI Dental	Request for Information								
MetLife Basic Group Life	MetLife Basic Group Life	EO	09/01/2015	15,000					1.85
Total:							412.00	.00	351.85

Page 1 of 2 rev. 04-11-2007

[Download Form](#) Page 1

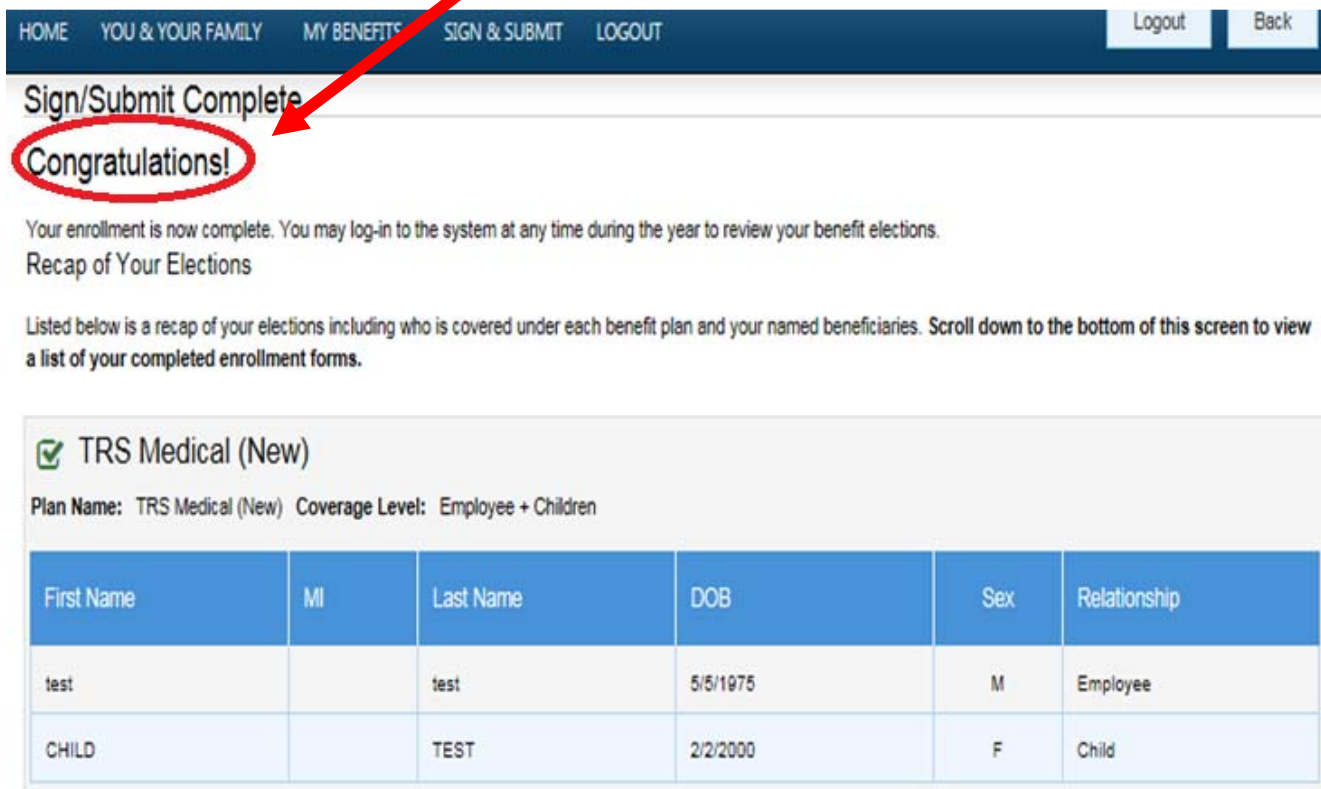
Please enter your PIN below and click on **"SIGN FORM"** to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the Benefit Verification/Deduction Confirmation Form above. Please review it carefully before entering your PIN.

PIN:

Sign/Submit Complete

Congratulations!

- 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**
- You can login and make changes anytime during open enrollment by going to <https://ffga.benselect.com/enroll>
- **Technical Assistance:**
1-855-523-8422 7:00am – 5:00pm Monday –Friday Central Standard Time



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.
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.

TRS Medical (New)
Plan Name: TRS Medical (New) Coverage Level: Employee + Children

First Name	MI	Last Name	DOB	Sex	Relationship
test		test	5/5/1975	M	Employee
CHILD		TEST	2/2/2000	F	Child