

**Login**

Welcome to eBenefits, your online benefits enrollment system.

OMB NO. 0702-  
OMB approval expires  
MMM DD, YYYY

**New Users of New Passwords**

If this is your first time visiting the site or you have forgotten your password, you should create or reset your password.

This eBenefits system has been tested with Internet Explorer 6.0 and higher and Mozilla Firefox 2.0 and higher with JavaScript and cookies enabled. Exchange eBenefits is a secure site.

**Returning Users**

If you already have a password and are ready to login, please read the Agency Disclosure Notice and the Privacy Act Statement. Then enter your User ID (TSSID or AF#) and your password and select [Login]

Your User ID:

Your Password:

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0702-XXXX). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.**

Responses should be sent to your local Exchange HR Representative or to the Treasury Benefit department at the Army and Air Force Exchange Service, 3911 South Walton Walker Blvd., Dallas, TX 75236-1598.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 U.S.C. 3013, "Secretary of the Army"; Title 10 U.S.C. 8013, "Secretary of the Air Force"; Title 42 U.S.C. 659, "Consent by United States to income withholding, garnishment, and similar proceeding for enforcement of child support and alimony obligations"; 31 CFR 285.11, "Administrative Wage Garnishment"; DoD Directive 7000.14-R, Volume 13 and 16, "DoD Financial Management Regulation"; Department of Defense Instruction (DoDI) 1400.25, Volume 1408, "DoD Civilian Personnel Management System: Insurances and Annuities for Nonappropriated Fund (NAF) Employees"; Army Regulation 215-8/AFI 34-211(I), "Army and Air Force Exchange Service Operations"; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** Information collected is to provide the basis for computing civilian/retiree/survivor pay deductions and for processing of insurance benefits chosen by active Exchange associates.

**ROUTINE USE(S):** Your records may be disclosed outside of DoD pursuant to Title 5 U.S.C. §552a(b)(3) regarding DoD "Blanket Routine Uses" published at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. Information may be disclosed to former spouses and/or survivors, to federal, state, or local child support agencies for purposes of assisting the agencies in the discharge of their responsibilities under federal and state law.

**DISCLOSURE:** Voluntary, however, failure to provide all the requested information may result in the denial of your application for benefits.

**SYSTEM OF RECORD NOTICE:** AAFES 0703.07 "Employee Pay System Records"; <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570129/aafes-070307.aspx>  
AAFES 0903.06 "Personnel Management Information System"; <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570130/aafes-090306.aspx>



This site provides eligible Exchange associates and their eligible family members the capability to manage their benefit enrollments. The information contained herein falls under the purview of the Privacy Act of 1974 and will be safeguarded in accordance with the applicable system of records notices listed above.

**PROVIDING INFORMATION FOR YOUR HEALTH CARE COVERAGE**

If you are changing your plan during the annual open enrollment period or for a family life change event, please be certain to read your Benefits summary before making any new changes. All newly hired or newly eligible individuals will be provided detailed information on benefit choices from their local Human Resource Manager.

Please be prepared to have all information available to complete each section of the enrollment. This may include dependents and beneficiaries names, dates-of-birth, Social Security Numbers, addresses, and Trust names. If you choose to set up pretax accounts for Health Care or Dependent Care you will be required to put an annual dollar amount to be deducted equally from each of your 24 pay checks.

Directions are enclosed with each area of the health enrollment process. You will also be provided a benefit calculator which will inform you of your total paycheck deductions after you make each choice. You will have the option of changing any choices prior to submitting the final enrollment plan.

Should you have any questions or issues completing this enrollment, please contact your local HRM or call the Exchange's Human Resource Support Center at 800-508-8466.

## my benefits today



### Personal Information

Name: [REDACTED]  
 Birth Date: [REDACTED]  
 Address: [REDACTED]

If any of the personal data listed is not correct, please contact the HR Service Center to update your information.

### 2015 Benefits Summary [hide detail](#)

Benefit	Option	Coverage
Medical	[REDACTED]	[REDACTED]
Dental	[REDACTED]	[REDACTED]
HCFSA	[REDACTED]	[REDACTED]
DCFSA	[REDACTED]	[REDACTED]
Basic Life and AD&D	[REDACTED]	[REDACTED]
Supp Life	[REDACTED]	[REDACTED]
SP Life	[REDACTED]	[REDACTED]
Child Life	[REDACTED]	[REDACTED]
Disability Insurance	[REDACTED]	[REDACTED]
Personal Accident Insurance	[REDACTED]	[REDACTED]

[2015 detailed summary](#)

[2016 detailed summary](#)

### Alerts & Quick Links

#### Alerts

#### [Make My 2016 Open Enrollment Elections Now!](#)

Make your Open Enrollment elections for the 2016 plan year by 11:59 PM Central Time on **November 30, 2015**.

#### Actions

#### [Make a Family Status Change](#)

Change your benefits when you have a Family Status Change within 31 days of the life event, such as when you get married or have a baby.

#### [Update My Dependent Data](#)

Add or correct your dependent's Social Security Number.

#### [Update My Beneficiaries](#)

Enroll or make changes to your beneficiaries.



### Charts, Tools & Estimators

The Summary of Benefits shows the benefits currently available to you and at what level they are covered. If more than one option is available in your area, you will be able to compare the benefits between the two options. Use these interactive tools to help you make good enrollment decisions:

[Medical Summary of Benefits & Comparison Chart](#)  
[Dental Summary of Benefits & Comparison Chart](#)  
[Aetna FSA Savings Calculator](#)  
[Life Insurance Needs Analysis Tool](#)

### Benefit Information Center

#### Brochures

[2015 Open Choice PPO Brochure](#)  
[2016 Open Choice POS II Brochure](#)  
[2015 Traditional Choice Brochure](#)  
[2016 Traditional Choice Brochure](#)  
[HIPAA Privacy Notice](#)  
[Health Care FSA Brochure](#)  
[Dependent Care FSA Brochure](#)  
[Personal Accident Insurance Brochure](#)  
[Preventive Services Brochure](#)  
[Women's Preventive Services Flyer](#)

#### Summary Plan Descriptions

[Review Medical and Dental Summary Plans](#)  
[Open Choice Medical](#)  
[Traditional Choice Medical](#)  
[DoD NAF Dental](#)  
[International Traditional Choice Medical](#)  
[Stand Alone Dental](#)

#### Summary of Benefits

[Aetna Open Choice POS II Medical & Dental](#)  
[Aetna Traditional Choice Medical & Dental](#)  
[Aetna International Medical & Dental](#)  
[Stand Alone Dental](#)

#### [Summary of Benefits and Coverage](#)

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## Begin Your Open Enrollment Elections Now!

Your current benefit elections will continue to the New Year except for the Flexible Spending Accounts (FSA). You must make new FSA elections each year. **All elections are saved as they are made.** If you would like to enroll in a benefit plan(s), or would like to make changes, begin by following the six step process identified below. **Your final benefit elections must be submitted by the end of the Open Enrollment period 11/30/2015.** You can return to this site to make changes any time before this date. At the close of the Open Enrollment period your elections will be final and cannot be changed until the next Open Enrollment period or if you experience a qualified life event during the year, such as a marriage or a birth.

### 6 Easy Steps

#### Welcome to eBenefits—your online benefits enrollment system!

eBenefits has been designed to help you:

- Learn about valuable benefit plans available to you as a member of the Exchange family
- Compare benefit options
- Make benefit elections for you and your dependents

Before you complete your enrollment, we suggest you discuss your benefits decisions with your spouse and/or other family members. And, on each eBenefits screen, you will find links to helpful information about the plans. Once you complete the following 5-step process, your benefits enrollment will be complete! It's that easy!

- Step 1: Review Your Personal Information**  
Review your current name and address on file.
- Step 2: Add or Change Dependent Information**  
Add, edit or review your dependent information.
- Step 3: Choose Your Benefit Plans**  
Make elections for your benefits. **Your changes will be saved as you enter them.**
- Step 4: Name or Change Your Beneficiaries**  
Enter or Update the information about your beneficiaries for each of the Plans you are enrolled.
- Step 5: Review Your Enrollment Confirmation**  
Review your new elections, dependents and beneficiary information on the Enrollment Confirmation page. If you want to make changes, use the links on the left menu and then return to the Enrollment Confirmation.
- Step 6: Print a copy for your records**

[Begin](#)

#### Enrollment Tips

Your latest enrollment decisions will be accepted as your final elections decision.

To review or change your dependent and/or beneficiary information, click on the links in the left menu.

You can view your enrollment summary at any time.

Print a copy of your enrollment summary for your records.

Remember, you can make changes at any time up until 11:59 PM Central Time on 11/30/2015.



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## Personal Information

Your personal information is listed below. If this information is not correct, please contact

- If you are an active employee living in the United States, you can contact the Human Resources Support Center at 1-800-508-8466.
- If you are an active employee living outside of the United States, contact your local Human Resources office or hrsc@aafes.com.

Your home zip code impacts the medical plans you can enroll in. If the zip code is not correct, you should log out of eBenefits and update your address immediately. You may return to eBenefits to make elections once your address is updated (usually within 24 hours after entering it into Employee Self Service).

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**Employee:**

**Social Security Number:**

**Mailing Address:**

**Birth Date:**

**Hire Date:**

**Employee Category:** Regular Full Time

**Gender:**

**Marital Status:**

**Annual Salary:**

**Permanent Email Address:**

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## Section 125 Selection

Deductions for elections you have made (other than No Coverage) for Medical, Dental and Basic Life Insurance may be taken as pre-tax or after-tax deductions.

The provisions of Section 125 of the Internal Revenue Code (IRC) permit you to have your premiums, and those for tax dependents, deducted from your paycheck on a pre-tax basis.

### What to consider when selecting your deduction type:

#### Pre-Tax (Participating in Section 125 provisions)

When premiums are paid with pre-tax dollars under Section 125, IRC, you may not cancel coverage except: During an Open Enrollment period or within 31 Days of a Family Status Change. A cancellation during Open Enrollment is effective on 1 January of the following plan year. Family Status Change elections are effective the date of the event.

Unless you qualify for a state or federal program (see the after-tax section below), you will likely want to participate in the Section 125 provisions that permit pre-tax deductions. By paying for your premiums with pre-tax dollars, you effectively pay less for your coverage. Here is an example:

Pre-Tax Deductions		After-Tax Deductions	
Monthly Pay	\$1000.00	Monthly Pay	\$1000.00
Insurance	- \$100.00	Taxes (25%)	- \$250.00
New W-2 Pay	\$900.00	Insurance	- \$100.00
Taxes (25%)	- \$225.00	Take Home Pay	\$650.00
Take Home Pay	\$675.00		

#### After-Tax

If you have been informed that you are eligible to receive reimbursement of your insurance premiums under a state or Federal program, you will need to have your premiums deducted on an after-tax basis before you can receive your reimbursement.

- I will participate in the Section 125 provisions and have my deductions taken pre-tax
- I will have my deductions taken after-tax

[Continue](#)



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## Dependents

Your dependents are listed below.

- **Important:** To elect or change medical or dental coverage for your dependents, click the check box below. Please remember to change Child Life to no coverage if you are removing all of your children as eligible dependents.
- To **change** a dependent's information, click [Edit].
- To **remove** a dependent completely, click [Remove].
- To **add** an eligible dependent, click [Add Dependent].
- If your dependent information is correct, click [Continue].

**Eligible Dependent Definitions**

- Spouse
- Same-Sex Domestic Partner
- Child
- Sponsored Child
- Same-Sex Domestic Partner Child

Name	Birth Date	SSN	Relationship	Medical/Dental	
[Redacted]	[Redacted]	[Redacted]	[Redacted]	<input checked="" type="checkbox"/>	[Edit] [Remove]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	<input checked="" type="checkbox"/>	[Edit] [Remove]

[Add Dependent](#) [Continue](#)

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### Edit Dependent

- Update your dependent's information below.
- When you are finished editing your dependent information, or if your dependent data is reflected correctly below, click [Save].
- Your dependent information must be error-free before you will be allowed to leave this page. If you change your mind and do not wish to edit this dependent, click [Cancel].

#### Eligible Dependent Definitions

- Spouse
- Same-Sex Domestic Partner
- Child
- Sponsored Child
- Same-Sex Domestic Partner Child

Name	Birth Date	SSN	Relationship	Medical/Dental
[Redacted]	[Redacted]	[Redacted]	[Redacted]	✓
[Redacted]	[Redacted]	[Redacted]	[Redacted]	✓

First Name: [Redacted]  
 Middle Initial: [Redacted]  
 Last Name: [Redacted]  
 SSN: [Redacted]  
 Relationship: Spouse  
 Gender: [Redacted]  
 Birth Date (Month, Day, Year): 5/24/1963

Note: A child of a domestic partner cannot be a tax dependent if the domestic partner is not a tax dependent.

[Cancel](#) [Save](#)

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## Add Dependent

Input your dependent information below.

- Note: Dual Coverage is not allowed. No one may be covered both as an employee and as a dependent, and no family member may be covered by more than one employee.
- Note: Same-Sex Domestic Partner and Same-Sex Domestic Partner children can be declared as taxable or non-taxable. [Click here](#) for further information.

If you will be adding a domestic partner to coverage, you may be subject to [imputed income](#).

Name	Birth Date	SSN	Relationship	Medical/Dental
[Redacted]	[Redacted]	[Redacted]	[Redacted]	✓
[Redacted]	[Redacted]	[Redacted]	[Redacted]	✓

**Eligible Dependent Definitions**

- Spouse
- Same-Sex Domestic Partner
- Child
- Sponsored Child
- Same-Sex Domestic Partner Child

First Name:

Middle Initial:

Last Name:

SSN:

Relationship:

Gender:

Birth Date (Month, Day, Year):

[Cancel](#) [Save](#)





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## Medical

Your medical plan options are listed below. After you have reviewed and/or changed your election, select [Continue] at the bottom of this page.

You can change your medical plan election by clicking the  radio button next to that plan.

To change coverage for your dependents, you must [check or uncheck](#) on the Dependent page.

If you will be adding a domestic partner to coverage, you may be subject to [imputed income](#).

If more than one medical plan is offered in your area and you would like help determining which medical plan might provide the best coverage for your needs, compare your choices using the Medical Plan Comparison Chart.

Benefit Choices	Single Coverage	Family Coverage
<input type="radio"/> No Coverage	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Aetna Choice POS Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/> 8

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### Benefit Calculator

Based on Your Current Elections, your per pay period costs are:

Pre-Tax Cost:

After-Tax Cost:

Total Cost:

### Dependents

You have elected to cover the following dependents for this benefit:

- 
-



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## Dental

Your dental plan options are listed below. After you have reviewed and/or changed your election, select [Continue] at the bottom of this page.

You can change your dental plan election by clicking the  radio button next to that plan.

As a reminder, if you want to cover your dependent(s) in dental coverage, you must elect to cover the same dependent(s) in medical coverage. To change coverage for your dependents, you must [check or uncheck coverage](#) on the Dependent page.

If you will be adding a domestic partner to coverage, you may be subject to [imputed income](#).

If more than one dental plan is offered in your area and you would like help determining which dental plan might provide the best coverage for your needs, [compare your choices](#) using the Dental Plan Comparison Chart.

Benefit Choices	Single Coverage	Family Coverage
<input type="radio"/> No Coverage	\$0.00	\$0.00
<input checked="" type="radio"/> DoD NAF Dental		

[Continue](#)

### Benefit Calculator

Based on Your Current Elections, your per pay period costs are:

Pre-Tax Cost:

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### Dependents

You have elected to cover the following dependents for this benefit:

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## Health Care Flexible Spending Account (HCFSA)

Reimburse yourself with pre-tax dollars for out of pocket health care expense for you and your eligible dependents. Same-Sex Domestic Partners and Same-Sex Domestic Partner Children are not considered eligible dependents as defined by the IRS.

You may elect to contribute a minimum amount of \$200 up to a maximum amount of \$2,550 to your HCFSA. This money must be used for qualifying out-of-pocket health care, dental and/or vision expenses for you or your eligible dependents. A full explanation of eligible and ineligible expenses for a health care spending account is in [IRS Publication 502](#).

It is important to carefully Estimate Your Expenses so you don't lose your funds. Qualifying medical, dental, or vision expenses incurred in 2016 must be claimed by February 15th of the following year. Remember that up to \$500 of your unused FSA funds can be rolled over to the following plan year. Any unused amount above the \$500 will be forfeited.

During any unpaid leave of absence: your FSA participation and contributions will stop and you may not request reimbursement for eligible expenses incurred during the absence.

If you return to work in the same calendar year: your participation will be reinstated back to the date you went on unpaid leave and at that time you may request reimbursement for eligible expenses incurred during your period of unpaid leave. Your contributions will be recalculated to ensure you meet your annual election amount by the end of the year.

Please enter your election in whole dollars below.

Annual Amount	Estimated YTD	Remaining Pay Periods	Estimated Per Pay Period Cost
<input type="text" value="\$0"/>	- \$0	÷ 26 periods =	<input type="text" value="\$0.00"/>

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### Benefit Calculator

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## Day Care Flexible Spending Account (DCFSA)

This plan reimburses for qualifying **DAY CARE** expenses for eligible children and adults.

**DAY CARE EXPENSE** - You may elect to contribute a minimum of \$200 and up to a maximum amount of \$5,000 to your DAY CARE FLEXIBLE SPENDING ACCOUNT. This money must be used for qualifying out-of-pocket DAY CARE expenses for your eligible child or adult. [IRS Publication 503](#) provides a full explanation of qualifying DAY CARE expenses and defines eligible children and adults. Same-Sex Domestic Partners and Same-Sex Domestic Partner Children are not considered eligible dependents as defined by the IRS.

If you are married and your spouse has a DAY CARE FLEXIBLE SPENDING ACCOUNT through their employer, you are limited to a combined contribution of \$5,000 in a calendar year. If you file a separate income tax return, the most you can contribute is \$2,500.

Use it or Lose it: [Estimate your DAY CARE expenses](#) carefully to get the greatest benefit from this plan. The contributions deducted from your pay are reserved for you, but can only be reimbursed when you send in a request to Aetna with proof that you had qualifying DAY CARE expenses. You will lose any funds that are not spent on qualifying DAY CARE expenses by the December 31<sup>st</sup> deadline, or not requested for reimbursement by the February 15<sup>th</sup> deadline. Estimate your expenses to avoid this loss.

During any unpaid leave of absence: your DAY CARE FLEXIBLE SPENDING ACCOUNT participation and contributions will stop and you may not request reimbursement for qualifying DAY CARE expenses incurred during the absence.

If you return to work in the same calendar year: your DAY CARE FLEXIBLE SPENDING ACCOUNT participation will be reinstated effective the date you returned to work. Your contributions will be recalculated to ensure you meet your annual election amount by the end of the year.

Please enter your election in whole dollars below.

Annual Amount	Estimated YTD	Remaining Pay Periods	Estimated Per Pay Period Cost
<input type="text" value="\$0"/>	- \$0	÷ 26 periods =	<input type="text" value="\$0.00"/>

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### Benefit Calculator

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## Employee Life Insurance

### Basic Life Insurance

The life insurance coverage options available to you are shown below. Your Basic Life coverage also includes Accidental Death & Dismemberment.

If you elect Basic Life coverage, the Basic Life insurance coverage and AD&D coverage will be deducted from your paycheck on a pre-tax basis unless you've change your Section 125 election to deduct on a post-tax basis.

**Remember:** In order for you to elect life insurance coverage for your spouse/domestic partner, you must first elect Basic Life Insurance for yourself.

The [Life Insurance Needs Analysis Tool](#) will guide you in determining how much life insurance you need.

After you have made your election, select [Continue] at the bottom of this page.

Coverage Amount	Bi-Weekly Cost
No Coverage	<input type="text"/>
2x Salary/ 2x Salary	<input type="text"/>

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### Benefit Calculator

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## Employee Life Insurance

### Supplemental Employee Life Insurance

You may elect Supplemental Employee Life Insurance based on your **annual salary** in the amounts shown below. Your Supplemental Employee Life Insurance election will be deducted directly from your paycheck on a after-tax basis. Your current choices and the per pay period costs are listed below.

The [Life Insurance Needs Analysis Tool](#) will guide you in determining how much life insurance you need.

Supplemental Coverage	Coverage Amount	Bi-Weekly Cost
<input type="radio"/> No Coverage	\$0	\$0.00
<input checked="" type="radio"/> 1x Salary		
<input type="radio"/> 2x Salary		
<input type="radio"/> 3x Salary		
<input type="radio"/> 4x Salary		
<input type="radio"/> 5x Salary		

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Based on Your Current Elections, your per pay period costs are:

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## Spouse/Domestic Partner Life Insurance

You may elect Spouse/Domestic Partner Life Insurance coverage below.

After you have made your election, select [Continue] at the bottom of this page.

Coverage Amount	Bi-Weekly Cost
<input type="radio"/> No Coverage	\$0.00
<input type="radio"/> \$5,000	
<input type="radio"/> \$10,000	
<input type="radio"/> \$20,000	
<input type="radio"/> \$30,000	
<input type="radio"/> \$40,000	
<input type="radio"/> \$50,000	

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### Benefit Calculator

Based on Your Current Elections, your per pay period costs are:

Pre-Tax Cost:

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## Child (including Domestic Partner Children) Life Insurance

To choose Child Life, you must have a dependent child on file who is either less than age 19, or a full-time student up to age 25. Coverage may continue for a child who is disabled and has been approved by Aetna to continue coverage as a handicapped child before reaching the maximum age under the plan.

You may elect Child Life Insurance coverage below.

After you have made your election, select [Continue] at the bottom of this page.

Benefit Choices	Bi-Weekly Cost
<input checked="" type="radio"/> No Coverage	\$0.00
<input type="radio"/> \$5,000	
<input type="radio"/> \$10,000	
<input type="radio"/> \$15,000	
<input type="radio"/> \$20,000	

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### Benefit Calculator

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## Disability Insurance

This program provides both Short Term and Long Term Disability income benefits. Long Term Disability income benefits end when you reach 61.5 years old. If you enroll in Disability Insurance and are older than 61.5 years of age, you will only be enrolled in and charged for Short Term Disability.

After missing work for 5 calendar days, contact Managed Disability to initiate a claim. After thirty days (or exhaustion of your sick leave, whichever is later), Short Term Disability will pay a weekly benefit of 66 2/3% of your annual pay. After 26 weeks, Long Term Disability will pay a monthly benefit of 66 2/3% of your annual pay. See the Summary Plan Description for more details.

After you have made your election, select [Continue] at the bottom of this page.

Disability	Bi-Weekly Cost
<input type="radio"/> No Coverage	\$0.00
<input checked="" type="radio"/> Enrolled	

[Continue](#)

### Benefit Calculator

Based on Your Current Elections, your per pay period costs are:

Pre-Tax Cost:

After-Tax Cost:

Total Cost:

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- Day Care Flexible Spending Account
- Basic Life Insurance
- Supplemental Employee Life Insurance
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- Child Life Insurance
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## Personal Accident Insurance

You may elect your Personal Accident Insurance (PAI) coverage below. Personal Accident Insurance covers you, your spouse and children in the case of loss of life or limb as a result of an accident.

Same-Sex Domestic partners and children are also eligible for this benefit.

To be eligible for Family coverage, you must first add your [dependent\(s\)](#).

After you have made your election, select [Continue] at the bottom of this page.

Coverage	Single Coverage	Family Coverage
No Coverage	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>
\$50,000	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>
\$75,000	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>
\$100,000	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>
\$125,000	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>
\$150,000	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>
\$175,000	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>
\$200,000	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>
\$225,000	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>
\$250,000	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>
\$300,000	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>
\$350,000	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>
\$400,000	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>
\$450,000	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>
\$500,000	<input checked="" type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>

[Continue](#)

### Benefit Calculator

Based on Your Current Elections, your per pay period costs are:

Pre-Tax Cost:

After-Tax Cost:

Total Cost:



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## Beneficiary Summary

[Print](#)

Your beneficiaries and allocations are listed below.

- o You can **add, edit** (change) or **remove** beneficiaries at any time.
- o To edit the information for a beneficiary, click [Edit] next to the beneficiary.
- o You can make beneficiary elections for the following benefits: Basic Life, Supplemental Life, EMP Life, Personal Accident Insurance (PAI), Unpaid Compensation, 401(k), and Retirement.
- o To remove a beneficiary, you must first click [Edit Allocations] to set the allocations to 0%. Then click [Remove] next to the beneficiary.
- o **Review and print your Beneficiary Summary.**

**Legend**

P = Primary

S = Secondary

Name	Date of Birth	Basic Life		Supp Life		Personal Acc Ins		Unpaid Comp		401(k)		Retirement		Edit	Remove
		P	S	P	S	P	S	P	S	P	S	P	S		
[Redacted]	[Redacted]	0%	50%	0%	50%	0%	50%	0%	50%	0%	50%	0%	50%	[Edit]	[Remove]
[Redacted]	[Redacted]	0%	50%	0%	50%	0%	50%	0%	50%	0%	50%	0%	50%	[Edit]	[Remove]
[Redacted]	[Redacted]	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	[Edit]	[Remove]
<b>TOTAL</b>		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

[Add Beneficiary](#)
[Edit Allocations](#)
[Continue](#)

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## Add Beneficiary

**Select Beneficiary Type** and enter your beneficiary's information.

If you decide you do not wish to add a beneficiary, click [Cancel]. When you are finished, click [Save].

The form must be error-free before you will be allowed to leave this page.

<input type="radio"/> Individual	<input type="radio"/> Trust/Charity	<input type="radio"/> Estate
----------------------------------	-------------------------------------	------------------------------

[Cancel](#) [Save](#)

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## Add Beneficiary

Select **Beneficiary Type** and enter your beneficiary's information.

If you decide you do not wish to add a beneficiary, click [Cancel]. When you are finished, click [Save].

The form must be error-free before you will be allowed to leave this page.

Individual	Trust/Charity	Estate
------------	---------------	--------

Enter your beneficiary's information in the form below.

- **Note: Adding beneficiaries to a plan does not mean you are enrolled in that plan.**

If you would like to list a dependent you have on file as your beneficiary, select that dependent's name from the dropdown list below. Your dependent's information will be pre-filled. Complete the entry by filling in the missing information.

**Select "New Person" or a dependent on file**

New Person

---

First Name:

Last Name:

SSN:

Date of Birth:

Relationship:

---

Country:

Use my home address for this beneficiary

Address 1:

Address 2:

City:

State:

ZIP:

Phone Number:

[Cancel](#) [Save](#)

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### Add Beneficiary

**Select Beneficiary Type** and enter your beneficiary's information.

If you decide you do not wish to add a beneficiary, click [Cancel]. When you are finished, click [Save].

The form must be error-free before you will be allowed to leave this page.

Individual	Trust/Charity	Estate
------------	---------------	--------

**When entering a trust**, show the exact name of the trust, date of the trust agreement, the name of the trustee, and the Tax Id Number of the trust in the boxes provided.

Trust Information:
Tax ID:

[Cancel](#) [Save](#)

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### Add Beneficiary

Select **Beneficiary Type** and enter your beneficiary's information.

If you decide you do not wish to add a beneficiary, click [Cancel]. When you are finished, click [Save].

The form must be error-free before you will be allowed to leave this page.

Individual	Trust/Charity	Estate
------------	---------------	--------

Enter your estate information in the form below.

Estate Name:

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## Allocate Benefit Percentages

Your beneficiaries and allocations are listed below.

- To assign allocations to your beneficiaries, enter percentages in the boxes below.
- Allocations for Primary and Secondary MUST total 0% or 100%.
  - **Primary beneficiaries** will share the proceeds for a given benefit according to the percentages designated.
  - **Secondary beneficiaries** will only receive proceeds if all primary beneficiaries have predeceased the Insured.
  - **Note: A beneficiary CANNOT be both a Primary and Secondary beneficiary.**
- To assign equal allocations for all your beneficiaries in one plan, click the Divide Equally checkbox under that plan. Percentages and input boxes will be removed and allocations will be equally assigned.
- To redistribute allocations, uncheck the Divide Equally checkbox. Input boxes will reappear and you can assign percentages.
- Retirement contributions are first payable to a surviving spouse before other designated beneficiaries.
- No retirement contributions are payable to a designated beneficiary as long as benefits are actually or potentially payable to a surviving spouse.
- When you are finished, click [Save].

Legend

P = Primary

S = Secondary

Name	Date of Birth	Basic Life		Supp Life		Personal Acc Ins		Unpaid Comp		401(k)		Retirement	
		P	S	P	S	P	S	P	S	P	S	P	S
		<input type="checkbox"/> DIVIDE EQUALLY		<input type="checkbox"/> DIVIDE EQUALLY		<input checked="" type="checkbox"/> DIVIDE EQUALLY		<input type="checkbox"/> DIVIDE EQUALLY		<input type="checkbox"/> DIVIDE EQUALLY		<input type="checkbox"/> DIVIDE EQUALLY	
		0%	50%	0%	50%	0%	50%	0%	50%	0%	50%	0%	50%
		0%	50%	0%	50%	0%	50%	0%	50%	0%	50%	0%	50%
		100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%
TOTAL		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[Cancel](#) [Save](#)





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## Your 2016 Benefit Election Summary

This Enrollment Confirmation is based on the elections you made during this enrollment session. Please review this summary carefully and print a copy for your records. **A separate confirmation will NOT be mailed to your home.**

To change your elections, click on any underlined link below.

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Benefit/Option	Coverage	Your Pre-Tax Bi-Weekly Cost	Your After-Tax Bi-Weekly Cost	Exchange Bi-Weekly Cost
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care FSA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Care FSA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Life and AD&D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Accident Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your dependents are listed below.

Name	Birth Date	SSN	Relationship	Medical/Dental
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPOUSE	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHILD	<input checked="" type="checkbox"/>

Your beneficiaries and allocations are listed below.

Name	Date of Birth	Basic Life		Supp Life		Personal Acc Ins		Unpaid Comp		401(k)		Retirement	
		P	S	P	S	P	S	P	S	P	S	P	S
<input type="checkbox"/>	<input type="checkbox"/>	0%	50%	0%	50%	0%	50%	0%	50%	0%	50%	0%	50%
<input type="checkbox"/>	<input type="checkbox"/>	0%	50%	0%	50%	0%	50%	0%	50%	0%	50%	0%	50%
<input type="checkbox"/>	<input type="checkbox"/>	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%
<b>TOTAL</b>		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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