



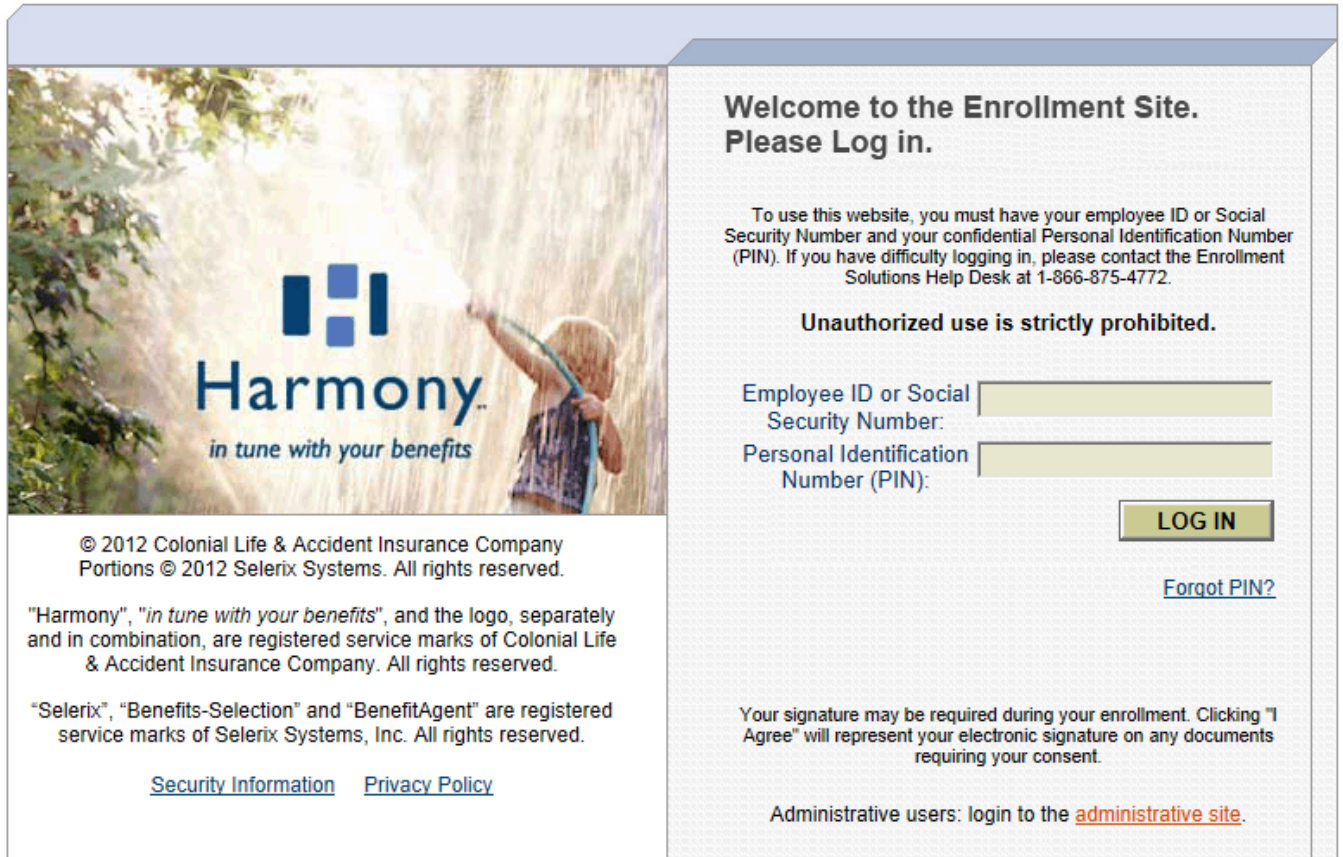
PIERCE GROUP BENEFITS

BenSelect Enrollment Guide

WILKES COUNTY SCHOOLS

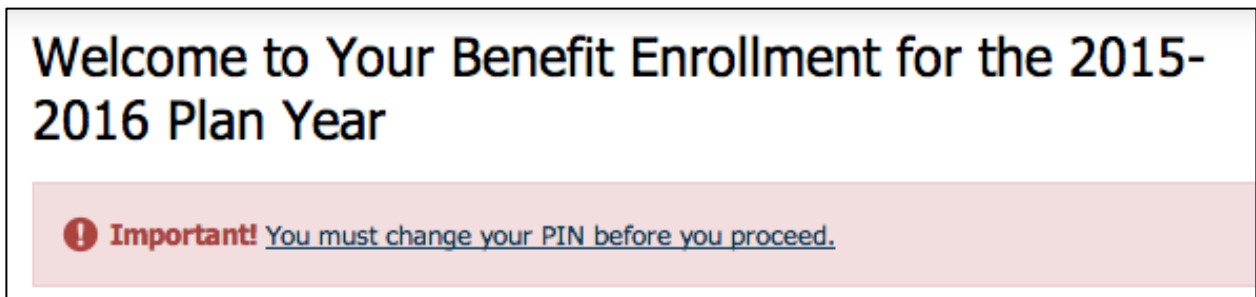
1. Login to the BenSelect enrollment system using: <https://harmony.benselect.com/Enroll>

- Your user name will be your Social Security Number, with dashes.
- Your password will be the **last 4 numbers of your Social Security Number** followed by the **last 2 numbers of your birth year**.
(If your SSN is 123-45-6789 and you were born in 1970, your PIN would be 678970.)



The screenshot shows the Harmony enrollment site. On the left, there is a banner image of a woman in a field with the Harmony logo and the tagline "in tune with your benefits". Below the banner is copyright information for Colonial Life & Accident Insurance Company and Selerix Systems, along with a disclaimer and links for Security Information and Privacy Policy. On the right, the main content area is titled "Welcome to the Enrollment Site. Please Log in." It includes instructions on required login information (Employee ID or Social Security Number and Personal Identification Number (PIN)), a warning that unauthorized use is strictly prohibited, and two input fields for these credentials. A "LOG IN" button is present, along with a "Forgot PIN?" link. At the bottom, there is a note about electronic signatures and a link for administrative users to login to the administrative site.

2. When you first login, you should change your PIN and set a security question so that you can regain access to your account in the event you forget your password. Click the **link in the red banner** to get started.



The banner features the text "Welcome to Your Benefit Enrollment for the 2015-2016 Plan Year" in a large, bold, black font. Below this, a red banner contains an exclamation mark icon and the text "Important! You must change your PIN before you proceed." in a smaller, black font.

3. You will be prompted to enter your old PIN (last 4 of SSN followed by the last 2 of your birth year), then select a new PIN.

Change My Pin

Your PIN (Personal Identification Number) is the secret code you use to access the system. Entering your PIN is the equivalent of your digital signature. Please change your PIN. You may choose any combination of letters and numbers.

Old PIN:

New PIN:

Please re-enter your new PIN to verify:

4. Below this, you will also need to select a security question and double-check your email address. This allows us to reset your password for you in case you need it.

Security Questions

Before you can complete your PIN change, you must select a security question, answer it, and provide your email address. This will allow you to reset your PIN if you forget it.

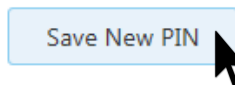
Select Security Question:

Answer:

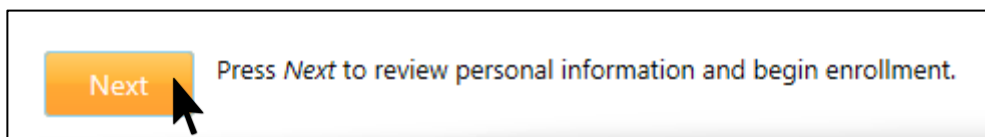
Email Address:

Confirm Email:

5. When you're done, click **Save New PIN**



6. You will be returned to the Welcome page. Please take a minute to review the information presented to you and click **Next** when you're ready to proceed.



7. The first thing you will do is verify the personal information that Wilkes County Schools has on file for you. Please make sure everything is accurate and make any corrections that are needed. Optional items are noted in *italics*. When you're done, click **Next**.



Personal & Contact Information

Please review your personal information to ensure it is accurate and complete. Please correct any errors and click the *Next* button to save your information.

Optional items are in *italics*.

Personal Info

Name:
First *MI* Last *Suffix*

Marital Status: ▼

Date of Birth: ▼

SSN:

Gender: Male Female

Contact Info

8. Next, you'll be able to add dependents that you wish to cover on your benefits. We recommend that you add everyone you might need to cover now by clicking the **plus sign**.

Dependents

Click the plus sign to add your spouse or dependent children. You can review or update your existing dependents' information by clicking the person's underlined name in the table below.

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.

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	+
No data available in table					

9. You can add your spouse or child(ren) as dependents. Select the relationship of the person you would like to add, then fill out the form. Items in *italics* are optional (**you do not need to provide your dependents' Social Security Numbers unless you choose to**).

Add Dependent

 Enter your dependent's information using the form below. When you are finished, click the *Save* button.
Optional items are in *italics*.

Relationship:

Name:
First MI Last Suffix

Date of Birth:

SSN:

Gender: Male Female

Address: Same as employee

Country

10. When you add a child dependent, you will also be able to select whether he/she is a student or disabled, which may affect their qualifications for coverage. You will also be able to select from several different child relationship types, including foster or adopted. Please select the relationship that most closely matches your situation.

Relationship:

Name:
First MI Last Suffix

Date of Birth:

SSN:

Gender: Male Female



Full-time Student: Yes No

Disabled: Yes No

When you're finished, click **Save**.



If you need to edit one of the dependents that you entered, click on their underlined name or the pencil icon to edit their information.

Name	SSN	DOB	Sex	Relation	
<u>Husband Employee</u>		1/1/1970	M	Spouse	 


When you have finished adding your dependents, click **Next**.



11. You will now be able to review the employment information on file for you with Wilkes County Schools. Please make sure to update your job title if needed and enter your hours worked per week, if it is blank. ***If you have any concerns about the information presented, please contact your HR representative.***

Employment

Please review your employment information shown here. Press **Next** to confirm your information.

 If you are a 10-month employee who would like to update your installment preferences, please return the appropriate [12-Month Installment Form](#) to the Payroll department no later than July 1, 2015.

You may only make changes to your installment preferences between July 1, 2015 and June 30, 2016.

Date of Hire: 5/22/2015

Eligibility Date: 5/22/2015

Location: [Central Office](#)

Department: [Central Office](#)

Job Class: [12 Deductions](#)

Title:

Annual Salary: [\\$35,000.00](#)

Pay group: [12 Month](#)

Payroll Frequency: Monthly

Hours per Week:

When finished with your review, please click **Next** to proceed and select your benefits.



**As a new hire, you will be eligible to enroll in Dental and Vision benefits.
When Annual Enrollment begins, you will be able to participate in the
Flexible Spending Accounts and Colonial benefits.**

Benefit Summary

Below is a list of your current benefit elections.

Dental

You were previously enrolled in **Dental; EO** at a cost per pay period of
You must review this benefit in order to complete your enrollment.

[Enroll](#)

\$25.53

Vision

Plan Name: Vision **Coverage Level:** Employee Only

[Enroll](#)

First Name	MI	Last Name	DOB	Sex	Relationship
NewHire		Employee	1/1/1970	M	Employee

✓ You have completed enrollment in this plan. Your cost per pay period will be **\$6.90**

My Benefits

- Dental
- Vision

Employer Cost: **\$0.00**

Pre-tax cost: **\$6.90**

Post-tax cost: **\$0.00**

Employee total cost: **\$6.90**

*You can enroll in your benefits by clicking the **Enroll** link for the benefit you wish to enroll in.*

Back

Next

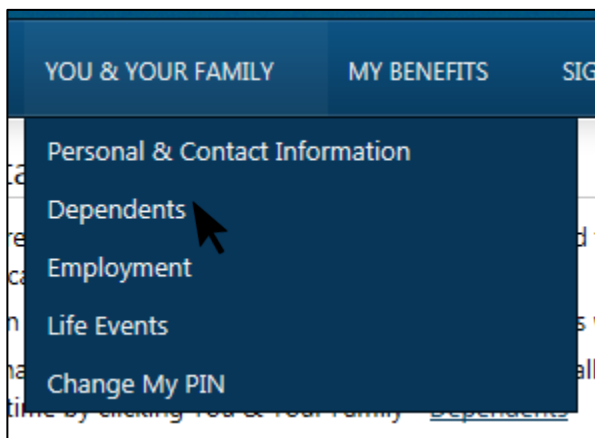
You will have the opportunity to select who to cover. If you have not added your dependents, you may not qualify for all coverage levels and any you do not qualify for will be grayed out.

	Employee Only	Employee + Children	Employee + Spouse	Employee+Family
Dental	<input checked="" type="radio"/> \$27.27	<input type="radio"/> \$61.83	<input type="radio"/> \$61.83	<input type="radio"/> \$104.80

12. You can quickly add dependents by either clicking the **link** in the text:

If you have not yet added your eligible dependents, not all coverage levels will be available at any time by clicking You & Your Family - [Dependents](#)

Or by clicking **You & Your Family > Dependents**



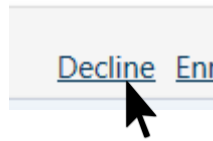
13. After you add your dependent, click **My Benefits** then the benefit you were working on to jump back quickly. You will see your eligibility change if you have added eligible dependents. If you have elected to cover your family, you will be prompted to confirm which family members to cover after you click **Next**.

If one of your dependents does not qualify for coverage due to age, it will be noted so that you are aware of this.

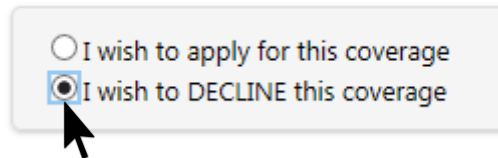
Once you are satisfied with your decision, click **Next**.



14. If you choose not to participate in a benefit, click the **Decline** link to waive your participation.



You can also select “**I wish to DECLINE this coverage**” while reviewing the benefit.



15. Continue this process until you have made decisions on all of the benefits available. You can either click Next to review every benefit offered or use the Benefit Summary to click Enroll/Decline for each, then click Next when all of the benefits have decisions. You can also quickly tell if there’s any decisions left by looking at the checkmarks on the sidebar.

- Enrolled
- Declined
- No decision has been made

When you have finished, you will be taken to the **Sign & Submit page** to finish your enrollment.


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 at the left.

Plan	Description	Pre-Tax Cost	Post-Tax Cost	Employer Paid
Dental	Dental; EO	\$27.27	\$0.00	\$6.02
Vision	Low Plan; EO	\$6.90	\$0.00	\$0.00
Total		\$34.17	\$0.00	\$6.02

STOP!!! To complete your enrollment, you must sign the following forms. Press **NEXT** to begin signing forms.

Form Name	Status	Date Signed/Reviewed
Benefit Confirmation 	Unsigned	

*This page will show you a recap of all of your decisions. You can change them by clicking **the benefit name** or **My Benefits** at the top.*

16. If you wish to review a benefit you've enrolled in, you can review the current election by **clicking the benefit.**

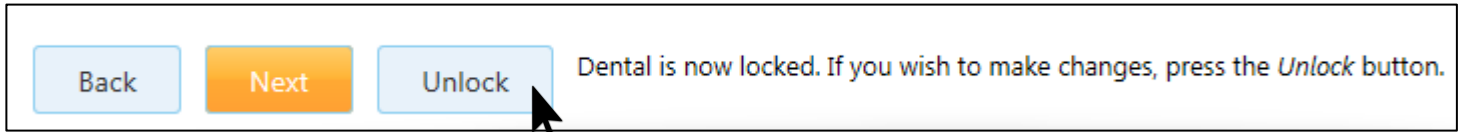
Dental

Here is a summary of your current Dental election. If you wish to make a change, click the *Unlock* button.

Plan Name: Dental **Coverage Level:** Employee Only

First Name	MI	Last Name	DOB	Sex	Relationship
NewHire		Employee	1/1/1970	M	Employee

- If you would like to make a change to it, click **Unlock** to get started. This button appears in the upper right and lower left portions of the page.



Once you click *Unlock*, you will be able to make changes.

- Once you are satisfied with your benefit elections, click **Next** to proceed from the Sign & Submit recap summary to the signature page. You will be shown a copy of your Benefit Confirmation Statement with your deductions for review.

Review / Sign Forms

Benefit Confirmation & Deduction Authorizati

Name		Date of Birth	Home Phone
NewHire Employee		****/****	
Title	Date of Hire	Gender	Email Address
	5/22/2015	M	demo.employee
Location	Department	Job C	

- You will be prompted to sign your applications with the PIN you established at the beginning of the enrollment. If you did not change your PIN, it is the last 4 digits of your SSN followed by the last 2 digits of your birth year.

Click **Sign Form** to complete your enrollment.

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:

You will be presented with a summary of your elections and your signed form will appear at the bottom

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
Recap of Your Elections

Listed below is a recap of your elections including who is covered under each benefit plan and your name.
Scroll down to the bottom of this screen to view a list of your completed enrollment forms.

