



ELECTRONIC BENEFIT ELECTION FORM

WHAT YOU WILL NEED TO COMPLETE THE FORM

- **User Name = Employee #**
- **Password = Last 5 digits of your Social Security #**
- **Dates of birth and SSN for each of your dependents covered on your plan. THEY ARE REQUIRED. The forms will populate with the information you provided during last year's open enrollment. If you have made any changes throughout the year, these changes will not appear on the form. You will need to make the necessary adjustments by either dropping or adding dependents, etc. CONFIRM THAT ALL OF THE INFORMATION ON THE FORM IS CORRECT.**
- **Benefit Plan Summaries available on the City Benefits website.**

INSTRUCTIONS FOR COMPLETING YOUR ELECTION FORM

- Go to the Benefits website: www.cityoffortwayne.org/citybenefits
- Click on the Link at the top of the page: **2017 Online Open Enrollment Forms**

Page #1 - General Information

- Enter your User Name (Employee #) and Password (Last five digits of SSN)
- Review all of the pre-populated information. Make any necessary corrections. Hit Next Page.

Page #2 - Health/Dental Election Form

- At the top of the page indicate whether you are electing medical/dental or declining.
- You must choose a deductible option with the correct type of coverage, ex. Single, Emp + 1, etc. If your spouse has other coverage through their own employer and they are also covered under the City's plan, they are secondary on our plan.
- You must choose a PPO Network, Lutheran Preferred or Signature Care
- If you are choosing Dental Only, mark that box. DO NOT mark that box if you are electing medical coverage. Dental is included with all medical plans.
- Review all pre-populated questions to confirm that the answers are still correct.
- Type your name in the signature box and hit next page.

Pages #3 - #5 - Dependent Information

- Dependent information will pre-populate from last year's form (if completed). You must choose Yes or No as to whether they are to be covered under the City's plan.
- Verify all information is correct. If any changes, additions, deletions have occurred since last year, make sure those are listed on the form.
- You must type your name at the bottom of each dependent page even if you do not have dependents listed and hit Next Page.





Page # 6 - United Healthcare Vision Plan

- Mark at the top of the page whether you want to enroll in the vision plan.
- If yes, mark the type of coverage that you are electing, ex. Single, Emp + Spouse, etc.
- Make sure all dependent information is correct.
- Type your name at the bottom of the page and hit Next Page.

Page #7 - Flexible Spending Accounts

- Mark at the top of the page whether you want to enroll in the Flexible Spending Accounts.
- If you are choosing a Medical FSA, indicate the annual amount in the first box.
- If you have the high deductible plan with a HSA, and also want a Limited Purpose Medical FSA (used for dental and vision expenses only), indicate your annual amount in the second box.
- If you are choosing a Childcare FSA, indicate your annual amount in the 3rd box.
- Mark whether you need a new card for yourself or a dependent.
- Type your name at the bottom of the page and hit Next Page.

Page # 8 - Health Savings Account

- Mark the top of the page whether you are on the \$3400 deductible plan and eligible for the Health Savings Account.
- If not eligible, sign the bottom and hit Next Page
- If you are on the \$3400 deductible plan, please indicate the amount you would like to put into your HSA each pay period. If you elect to not put any of your own money into the account and opt to only receive the \$250 that the City puts in, put a zero in the box.
- Type your name at the bottom of the page and hit Next Page.

Page #9 - Coordination of Benefits

- Mark whether you are single or married.
- If you are single, go to the bottom of the page and type your name and hit Next Page.
- If you are married, complete the information on your spouse and answer the questions listed.
- Type your name at the bottom of the page and hit Next Page.

Page #10 - Additional Elections/Submission Page

- Mark whether you wish to decline, keep the same as 2016 or apply new for supplemental life insurance. If you wish to apply, the forms are available on the Benefits website.
- Mark whether you wish to decline, keep the same as 2016 or apply new for voluntary insurance products - Colonial Life & AFLAC.
- Mark whether you want your parking fees (if applicable) to be deducted on a pre-tax basis.
- Mark whether you want to update your life insurance beneficiary. Forms are available on the Benefits website to update.
- Enter your email address for a confirmation that your open enrollments were accepted.
- Hit the submission button.
- Enter your User name (Employee #) and Password (Last 5 digits of SSN) and click submit.
- A time stamped signature will appear and a confirmation email will be emailed to you.
- Print or Save your submitted forms.

