

Trustmark Selerix Self-Enrollment Guide for City of Lee's Summit 2022

1. Click on "Enroll in 2022 Benefits" on the Open Enrollment Tab of the Benefits site.
 - a. www.cityoflsbenefits.com – Use your Chrome or Edge browser
 - b. Your **username = Your Employee ID number or full SSN (no dashes)**.
 - c. **PIN = Password** and that will be the **last four of your SSN + the last 2-digits of your birth year** (EX: SSN with last four of 1234 and birth year of 1972 would result in a PIN of 123472)
 - d. If you have any issues or questions about the process or any of the benefit plans, you may feel free to call the Avant Benefit Counselors at 1-844-350-4040.
 - Call Center Hours: 8:30 am–5:00 pm Monday-Friday, October 18 – November 5.
 - The Call Center will be open until 7:00 pm on Tuesdays and Thursdays during the open enrollment period.
 - e. If you get interrupted in the middle of your enrollment process, your work to that point will be saved. Just log in again later and pick up where you left off.

Employee ID or SSN

PIN

[Need help?](#)

[Log in](#)

Welcome!

You can enroll yourself in your employee benefits here.

Enrollers, use the [admin site](#) instead.

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

[Security Info](#) | [Privacy Policy](#)

2. You should now be at the “Welcome” screen. Here you can click on “Next” in the upper right or bottom right corner to review your personal info, review your dependents, add dependents if needed, and begin your enrollment.

Home You & Your Family My Benefits Sign & Submit [Next](#)

Welcome to Your Benefit Enrollment for Plan Year 2022

At City of Lee's Summit, 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 unless you experience a qualifying event. 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.

- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

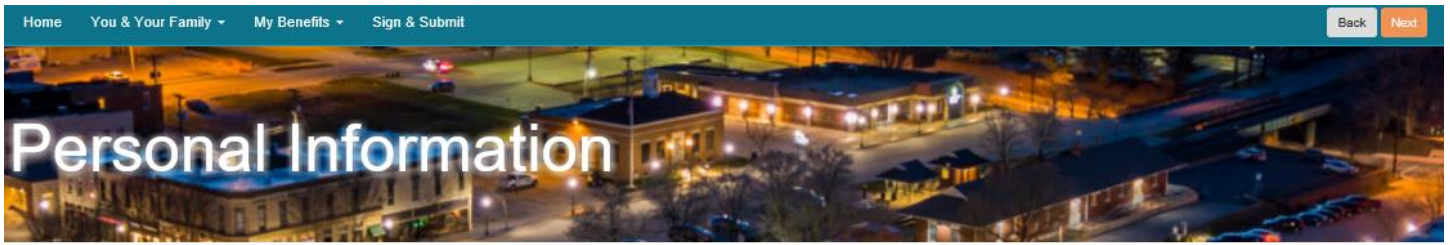
Click [Next](#) to begin.

✓ Your Benefit Options

- [Health](#)
- [Health Savings Account](#)
- [Critical Illness](#)
- [Accident Coverage](#)
- [Health Care FSA](#)
- [Dependent Care FSA](#)
- [Limited FSA](#)
- [Dental](#)
- [Vision](#)
- [Basic Life](#)
- [Basic AD&D](#)
- [Dependent Group Life](#)
- [Trustmark Universal Life](#)
- [Employee Voluntary Term Life](#)
- [Spouse Voluntary Term Life](#)
- [Child Voluntary Term Life](#)
- [Employee AD&D/Employee + Family AD&D](#)
- [Short-term Disability](#)
- [Long-term Disability](#)
- [EAP](#)

Press [Next](#) to review personal information and begin enrollment. [Next](#)

3. If all your personal info is correct, click “Next” in the upper or lower right-hand corners of the screen. Please note that optional fields are in italics while required fields are in a regular font.



i 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*.
Please contact HR if corrections are needed for Date of Birth, Gender, or Social Security Number values.

Personal Info

Name:
First *MI* *Last* *Suffix*

Date of Birth:

SSN:

Gender: Male Female Other

Contact Info

Address:
Country

4. The next screen is where you would want to enter any dependents you wish to cover (spouse or children, etc.). (Have the dependent's DOB and SSN handy if you are adding them.)

You would do this by clicking the “+” sign on the right side of the page in the gray bar or clicking the blue “Add Dependent” button. If a dependent has already been added and you need to edit their information, select the pencil icon.

Home You & Your Family My Benefits Sign & Submit Back Next

Dependents

Click Add ("Plus" icon at top right of table) to add your spouse or dependent children. 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.

Name	SSN	DOB	Sex	Relation	Documentation	Uploads	+
Spouse One	***-**-6546	5/4/1970	F	Spouse	N/A	0	✎ ✕
Child One	***-**-8843	5/4/2006	M	Child	N/A	0	✎ ✕

Add a Dependent

If your dependent is not listed above, you would like to add an additional dependent, simply click the Add Dependent button below.

+ Add Dependent

Back Next

5. Input dependent information and click "Save" when complete.

Dependent Info

Relationship:

Name:
First MI Last Suffix

Date of Birth:

SSN:

Gender: Male Female Other

Full-time Student: Yes No

Disabled: Yes No

Address: Same as employee

Country

Street

Street (cont.)

City State Zip

Email Address:



6. Once you are finished adding any dependent information and you click next, you'll come to your Benefits Summary page where you can review each available plan. The plans that you are currently enrolled in will already be populated on this page. Please take a moment to review the coverage you currently have.
- a. A Quick Enroll option is available on some plans to waive the benefit. Otherwise, click "Review" to review your options.

The screenshot displays three plan categories in a list format:


- Critical Illness:** Includes a radio button, a blue 'Quick Enroll' button, and a grey 'Review' button. A message below states: "Based on your group's rules, choosing 'Quick Enroll' will waive this benefit."
- Accident Coverage:** Includes a radio button, a blue 'Quick Enroll' button, and a grey 'Review' button. A message below states: "Based on your group's rules, choosing 'Quick Enroll' will waive this benefit."
- Health Care FSA:** Includes a radio button and a grey 'Review' button. A message below states: "You have to complete enrollment in this plan."

An orange arrow points from the 'Review' button of the Accident Coverage section to the 'Review' button of the Health Care FSA section.

- b. If you would like to make changes to your current coverage (including changing your plan or adding/removing dependents), click the "Review" button.
- i. **Note: You are required to "Review" your Health Savings Account and Flexible Spending Account elections if you would like to continue them for 2022. These elections will NOT carry over from 2021 if you do not actively review and confirm your enrollment.**

7. On your Benefits Summary Page, down the right-hand side of the screen you will be able to view which benefits that you have enrolled in and monitor the total payroll costs as you are completing your enrollment process. Once you have completed your enrollment for that benefit, it will have a checkmark next to it.



My Benefits	
<input checked="" type="checkbox"/> Health	\$0.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Critical Illness	\$13.04
<input checked="" type="checkbox"/> Accident Coverage	\$4.69
<input type="checkbox"/> Health Care FSA	\$0.00
<input type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Limited FSA	\$0.00
<input checked="" type="checkbox"/> Dental	\$8.58
<input checked="" type="checkbox"/> Vision	\$1.43
<input type="checkbox"/> Basic Life	\$0.00
<input type="checkbox"/> Basic AD&D	\$0.00
<input checked="" type="checkbox"/> Dependent Group Life	\$0.00
<input checked="" type="checkbox"/> Trustmark Universal Life	\$11.38
<input checked="" type="checkbox"/> Employee Voluntary Term Life	\$13.50
<input type="checkbox"/> Spouse Voluntary Term Life	\$0.00
<input type="checkbox"/> Child Voluntary Term Life	\$0.00
<input checked="" type="checkbox"/> Employee AD&D/Employee + Family AD&D	\$0.58
<input checked="" type="checkbox"/> Short-term Disability	\$0.00
<input checked="" type="checkbox"/> Long-term Disability	\$0.00
<input checked="" type="checkbox"/> EAP	\$0.00
Employer Cost	\$47.39
Pre-tax cost	\$10.01
Post-tax cost	\$43.19
 Total Cost Total Per Pay Period	\$53²⁰

8. In each benefit section, you will have the option to enroll in your preferred plan and select your coverage tier.

	Employee Only	Employee + Spouse	Employee + Children	Employee+Family
CIGNA - Buy Up PPO Plan (\$0 Deductible)	<input type="radio"/> \$84.81	<input type="radio"/> \$309.14	<input type="radio"/> \$309.14	<input type="radio"/> \$358.83
CIGNA - Base PPO Plan (\$500 Deductible)	<input type="radio"/> \$38.98	<input type="radio"/> \$214.50	<input type="radio"/> \$214.50	<input checked="" type="radio"/> \$249.00
CIGNA - HDHP with HSA Plan	<input type="radio"/> \$9.81	<input type="radio"/> \$149.99	<input type="radio"/> \$149.99	<input type="radio"/> \$174.08
Waive Health	<input type="radio"/> \$0.00			

Back

Next


9. If on any of the plans you are trying to choose a tier for which you don't have dependents entered, you will see a yield sign indicating you need to first add your dependents before you can enroll.

CIGNA DENTAL


Your Cost: Per Pay Period

Employee Only: \$0.00

Employee+Family: \$8.58

Covered People: 

Sam Test



Enroll

Choose the "You & Your Family" drop down menu at the top of the screen then choose "Dependents" to go back and add additional family members.

LS LEE'S SUMMIT MISSOURI

Status (61% Complete)

Home You & Your Family My Benefits Sign & Submit

10. If you are reviewing one of your benefit plans but are not yet ready to decide and want to navigate back to your Benefits Summary page, choose the “My Benefits” drop down menu at the top of the screen and then choose “Benefit Summary” to go back to your Benefit Summary page.



The screenshot shows a web application interface with a teal header bar. The header contains four navigation items: "Home", "You & Your Family", "My Benefits", and "Sign & Submit". The "My Benefits" item is highlighted, and a dropdown menu is open, listing various benefit categories. An orange arrow points to the "My Benefits" dropdown menu.

Home You & Your Family **My Benefits** Sign & Submit

Benefit Summary

Health

Health Savings Account

Critical Illness

Accident Coverage

Health Care FSA

Dependent Care FSA

Limited FSA

Dental

Vision

Basic Life

Basic AD&D

Dependent Group Life

Trustmark Universal Life

Employee Voluntary Term Life

Spouse Voluntary Term Life

Child Voluntary Term Life

Employee AD&D/Employee + Family AD&D

Short-Term Disability

Long-Term Disability

EAP

Welcome to Your E

At City of Lee's Summit, we know

For most benefits, Open Enrollment

event. During open enrollment, y

ones well in the coming plan year

Benefit enrollment is easy! Just f

- Review each of your benefi
- Sign the Enrollment Confir

Click *Next* to begin.


Year 2022

we have an open enrollment period each year.

make changes unless you experience a qualifying

and ask yourself if they will serve you and your loved

11. For the Trustmark Universal Life coverage, the Quick Enroll button can be used to waive this benefit. The Quick Enroll button will be shown when viewing from the Benefit Summary. Or, if you are at this screen and wish to waive this benefit, choose “I wish to CANCEL changes made in this enrollment session” and click “Next.”



Trustmark Universal Life

Trustmark


i You may apply for coverage for any of the individuals listed below. To view prices or apply, click the name of the person in the list below.

Name	Relationship	Sex	DOB	Riders
Hartford Test	Employee	M	10/14/1980	
Test Hartford	Spouse	F	10/14/1982	
Tester Hartford	Child	F	10/14/2018	

I do wish to CONFIRM changes
 I wish to CANCEL changes made in this enrollment session.

Back Next

- a. When reviewing the Trustmark Universal Life benefit to determine whether to elect coverage or to make a change in your current coverage, click on the name of the individual you want to review.



Trustmark Universal Life

Trustmark

i You may apply for coverage for any of the individuals listed below. To view prices or apply, click the name of the person in the list below.

Name	Relationship	Sex	DOB	Riders
Hartford Test	Employee	M	10/14/1980	
Test Hartford	Spouse	F	10/14/1982	
Tester Hartford	Child	F	10/14/2018	

I do wish to CONFIRM changes
 I wish to CANCEL changes made in this enrollment session.


Back Next


- b. Select the appropriate smoker/non-smoker status from the drop down to ensure the accuracy of the rates displayed.
- c. Then, click the radio button that corresponds to the benefit level of your choosing. If you prefer an amount not listed, you can input a custom amount based on cost per pay period or benefit amount by entering these values below and clicking the calculator icon.

Insurance for Hartford Test

Does anyone proposed for coverage smoke cigarettes or during the past 12 months has anyone proposed for coverage smoked cigarettes? No

Cost per Pay Period	Benefit Amount
<input checked="" type="radio"/> \$6.00	<u>12,590</u>
<input type="radio"/> \$10.27	<u>25,000</u>
<input type="radio"/> \$18.88	<u>50,000</u>
<input type="radio"/> \$27.48	<u>75,000</u>
<input type="radio"/> \$36.09	<u>100,000</u>
<input type="radio"/> \$53.30	<u>150,000</u>
<input type="radio"/> \$70.51	<u>200,000</u>

Cost per Pay Period: 

Benefit Amount: 

- d. Complete your election by checking the radio button to apply for or decline the coverage and clicking “Next”.

Application riders

- ▶ Long Term Care (LTC) \$0.59
 Monthly Living Benefit (year 0) is \$504
- ▶ Benefit Restoration (BRR) \$0.09
- ▶ EZ Value (EZV) \$1 - 5 yrs ▾

Total Premium: \$6.00

- I wish to apply for this coverage
- I wish to DECLINE this coverage

Back

Next

- e. At the next screen, confirm your beneficiary choices and click “Next.”

Choose Beneficiaries

A beneficiary is a person, trust, or organization to whom benefits will be paid. A contingent beneficiary will receive benefits if your primary beneficiary is no longer living at the time of your death.

- Place a checkmark next to each desired primary and contingent beneficiary. The percentage allocations will automatically calculate.
- Click Add if you do not see the desired person or trust in the list.
- You may change the percentages, as long as they add up to 100%.
- Clicking *All living children* will clear any children already selected.
- Beneficiaries may not be both primary and contingent at the same time.

Beneficiary	Relationship	Primary	Contingent	+
Spouse Test	Spouse	<input checked="" type="checkbox"/> 100.00%	<input type="checkbox"/> 0.00%	✎ ✕
Child Test	Child	<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	✎ ✕
All Living Children		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	✎ ✕
Estate		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	✎ ✕

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Next

- f. Select “I do wish to CONFIRM changes” and click “Next” to complete the process and accept the changes made or select “I wish to CANCEL changes made in this enrollment session” to discard the changes and maintain your original level of coverage.

Each person currently covered is listed below. If you wish to make a change to the coverage, click the person's name.

Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options	
Hartford Test	Employee	10/14/1980		12,590	\$6.00	HHC BRR EZVFP	Withdraw

i You may apply for coverage for any of the individuals listed below. To view prices or apply, click the name of the person in the list below.

Name	Relationship	Sex	DOB	Riders
Test Hartford	Spouse	F	10/14/1982	
Tester Hartford	Child	F	10/14/2018	

- I do wish to CONFIRM changes
 I wish to CANCEL changes made in this enrollment session.

Back

Next

- g. If you are electing coverage for the first time, you will come to this screen. Enter a phone number and choose “I wish to apply for this coverage.” You will then be asked several health-related questions.

Home You & Your Family ▾ My Benefits ▾ Sign & Submit
Back **Next**

Trustmark Universal Life®

Contact Info

Mobile Phone:

Personal Email:

I wish to apply for this coverage
 I wish to DECLINE this coverage

Back
Next

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- h. If you have reviewed the information, but have decided to decline the coverage, choose the option “I wish to CANCEL changes made in this enrollment session” and then click Next to have your declination of the coverage saved.

Each person currently covered is listed below. If you wish to make a change to the coverage, click the person's name.

Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options	
Age65 Test	Employee	8/16/1953		15,000	\$39.76	HHC BRR	Withdraw

 You may apply for coverage for any of the individuals listed below. To view prices or apply, click the name of the person in the list below.

Name	Relationship	Sex	DOB	Riders
Spouse Test	Spouse	F	5/12/1992	
Child Test	Child	F	8/16/2017	

- I do wish to CONFIRM changes
- I wish to CANCEL changes made in this enrollment session.


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12. When you are reviewing your Voluntary Term Life, you will be able to use the slider bar to review different amounts of coverage and the cost per pay period. Amounts that are subject to underwriting will be shown in red.
- If you are currently enrolled in Voluntary Life coverage for yourself, you can increase your coverage by 1 or 2 increments of \$10,000 up to the \$150,000 Guarantee Issue amount. If you are not currently enrolled and would like to add coverage or you are currently enrolled with over \$150,000 in Voluntary Life coverage and would like to increase your coverage, any enrollments or increases would be subject to Evidence of Insurability by The Hartford.
 - If you are currently enrolled in Voluntary Spouse Life coverage, you can increase coverage by 1 or 2 increments of \$5,000 up to the \$30,000 Guarantee Issue amount. If you are not currently enrolled and would like to add coverage for your spouse, or if your spouse is currently enrolled with over \$30,000 in Voluntary Spouse Life coverage, any enrollments or increases would be subject to Evidence of Insurability by The Hartford.


Employee Voluntary Term Life

Why Life Insurance?

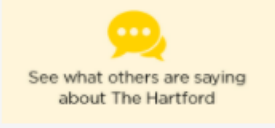


Learn More

Product Information



Customer Reviews



See what others are saying about The Hartford

If you die, life benefits are disbursed to your beneficiaries (a person, trust or organization you choose) in a lump sum to help them pay for things like:

- Burial and final expenses.
- Debts such as student and car loans and the mortgage.
- Future expenses, including college tuition, childcare, and retirement savings.

Your Employer's Plan Details

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

If you are currently enrolled in Voluntary Life coverage for yourself, you can increase your coverage by 1 or 2 increments of \$10,000 up to the \$150,000 Guarantee Issue amount. If you are not currently enrolled and would like to add coverage or you are currently enrolled with over \$150,000 in Voluntary Life coverage and would like to increase your coverage, any enrollments or increases would be subject to Evidence of Insurability by The Hartford.

Benefit Amount :

◀

▶

\$20,000

Cost per pay period:

\$1.80

You have elected an amount that will be subject to underwriting.

I wish to apply for this coverage

I wish to cancel this coverage

13. When you reach the end of the plans available to review, you will be asked to sign and submit to confirm your elections. After reviewing what's on the screen and the total pre-tax and post-tax costs, if everything looks correct, click "next" in the upper or lower right-hand corner of the screen.

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 on the left.

Your Benefits

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
Health	CIGNA - Base PPO Plan (\$500 Deductible); EO	\$38.98	\$0.00	\$350.80
Health Savings Account	N/A			
Critical Illness	\$10,000; Employee Only	\$0.00	\$3.14	\$0.00
Accident Coverage	Plan 1; Employee Only	\$0.00	\$4.63	\$0.00
Health Care FSA	\$1,300	\$50.00	\$0.00	\$0.00
Dependent Care FSA	Waived			
Limited FSA	N/A			
Dental	CIGNA Dental; EO	\$0.00	\$0.00	\$17.05
Vision	MetLife Vision; EO	\$0.00	\$0.00	\$3.00
Basic Life	Basic Life - Hartford; \$35,000	\$0.00	\$0.00	\$1.39
Basic AD&D	Basic AD&D - Hartford; \$35,000	\$0.00	\$0.00	\$0.32
Dependent Group Life	N/A			
Trustmark Universal Life	Waived			
Employee Voluntary Term Life	Waived			
Spouse Voluntary Term Life	Waived			
Child Voluntary Term Life	Waived			
Employee AD&D/Employee + Family AD&D	25,000; EO	\$0.00	\$0.35	\$0.00
Short-term Disability	Self-Funded; \$403.85	\$0.00	\$0.00	\$0.00
Long-term Disability	Long Term Disability - Hartford; \$1,750	\$0.00	\$0.00	\$3.23
EAP	EAP; EO	\$0.00	\$0.00	\$1.25
Total		\$88.98	\$8.18	\$377.04

Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
City of LS - Benefit Confirmation	Unsigned	

Next

14. If you change your mind on an election, or something doesn't look correct, the quickest way to go back is to use the drop-down menu under "My Benefits" to go directly to the section you want to unlock and change.



15. When you are finished reviewing your coverages and are ready to complete your enrollment, click next and go to the review/sign forms page. Fill in the PIN and click "Sign Form." Your PIN will be the same that you used to log in – last 4 digits of your SSN plus the last 2 digits of your birth year. You will receive an email confirmation of your enrollment.

LEE'S SUMMIT MISSOURI **Benefit Confirmation / Deduction Authorization**

Name Sam Test	Date of Birth 11/12/1985	Home Phone (816) 556-4545	Work Phone	Address 444 Second Ave Lee's Summit, MO 64063
Employee ID 223456	Hire/Elig Date 01/01/2021	Gender M	E-mail Address samtest@gmail.com	
Location CITY HALL	Department Human Resources			Reason for Completing Form Open Enrollment
Job Class Full-Time	Title HR Assistant			

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost		Employer Cost
						Benefit	Cost	Pre-tax	After-tax	
Health	CIGNA - Base PPO Plan (\$50)	EO	26	01/01/2022				38.98	0.00	350.80
Critical Illness	Critical Illness 2.0	EO	26	01/01/2022	10,000			0.00	3.14	0.00
Accident Coverage	Voluntary Accident	EO	26	01/01/2022				0.00	4.69	0.00
Health Care FSA	Medical Reimbursement - TAE	EO	26	01/01/2022	1,300			50.00	0.00	0.00
Dependent Care FSA	Waived									
Dental	CIGNA Dental	EO	26	01/01/2022				0.00	0.00	17.05
Vision	MetLife Vision	EO	26	01/01/2022				0.00	0.00	3.00
Basic Life	Basic Life - Hartford	EO	26	01/01/2022	35,000			0.00	0.00	1.39
Basic AD&D	Basic AD&D - Hartford	EO	26	01/01/2022	35,000			0.00	0.00	0.32
Trustmark Universal Life	Waived									
Employee Voluntary Term L	Waived									
Employee AD&D/Employee	Employee AD&D/Employee +	EO	26	01/01/2022	25,000			0.00	0.35	0.00
Short-term Disability	Self-Funded	EO	26	01/01/2022	404			0.00	0.00	0.00
Long-term Disability	Long Term Disability - Hartford	EO	26	01/01/2022	1,750			0.00	0.00	3.23
EAP	EAP	EO	26	01/01/2022				0.00	0.00	1.25

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:

16. Once you have submitted your enrollment and see the “Sign & Submit” screen, you will see “Congratulations! Your enrollment is now 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.

17. You may download the form to your computer or print by scrolling to the bottom of this page and clicking the hyperlink “City of LS Benefit Confirmation” and then downloading the form that opens.

Completed Forms

Following is a list of forms reviewed and/or signed during the enrollment. Click on the form name to view or print. Press *Logout* to exit the website.

Form Name	Date Signed/Reviewed
City of LS - Benefit Confirmation	10/11/2019

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Return