9020 CRAWFORDSVILLE RD INDIANAPOLIS, IN 46234 STEELEBENEFITS.COM



P 317.286.6121
F 317.286.6124
T 877.371.0555

Employee Enrollment Guide

Beech Grove City Schools



Website: www.aflacatwork.com

Login: Social Security Number (with or without dashes)

Pin. Last 4 digits of your SSN & the 2 Digit YEAR of your birth

fac.	AflacAtWork Login: Enrollme
Welcome to AflacAtWork. To use this website, employee ID or Social Security Number and you Identification Number (PIN). Returning applicants, log in: Employee ID or Social Security Number: Personal Identification Number (PIN):	
Security Information Privacy Policy Administrative users: login to the administrative	LOGIN Is this your first visit? Have you forgotten your PIN? ve site.
© 2007 American Family Life Assurance Con Portions © 2004-2014 Selerix Systems Inc. A	

Once you click Log in, you will be taken to Beech Grove's personal enrollment site where you will need to click the NEXT button to begin your

Beech Grove of Status	
HOME YOU & YOUR FAMILY MY BENEFITS SIGN & SUBMIT LOGOUT	Next
 Welcome to Your Benefit Enrollment for Plan Year 2016 At Beech Grove City Schools, 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 contact HR to update 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 Medical Dental Vision Basic Life and AD&D Employee: Voluntary: Term Life Spouse Voluntary: Term Life: Option 4 Child(ren): Voluntary: Term Life: Option 4 Aflac Group Accident Aflac Group Critical Illness - Employee Aflac Group Disability Aflac Individual Cancer Medical FSA Limited Medical FSA (Dental & Vision Only) Dependent Daycare
Press Next to review personal information and begin enrollment.	

PERSONAL INFORMATION: You will need to verify all of the Personal Information on this page and click

NEXT. (If any of the information is listed incorrectly, please contact Eileen McManus)

HOME YOU & YOUR FAMILY I	MY BENEFITS	SIGN & SUBMIT	LOGOUT			Back	Next
Personal Informati	on						
Please review your personal i	nformation to er	nsure it is correct a	ind comple	te. Please correct any err	ors and click the Next button	when you are	finished.
Optional items are in <i>italics</i> .							
Personal Info							
Name:	Test		Test	er			
	First	٨	1/ Last		Suffix		
Date of Birth:	12/26/1982	•					
SSN:	***-**-4444						
Gender:	● Male ○ F	emale					

DEPENDENTS: Please verify any dependents information or click the + sign to add dependents not

currently listed.



No Dependent Information Available



ADDING A DEPENDENT: Please enter ALL information on the dependent and click SAVE to proceed.

Continue the same process for each dependent that you need to cover. *(Please Note, Social Security Numbers ARE REQUIRED for each dependent. You will not be able to SAVE and proceed without entering all of the REQUIRED information first)*

Add information on your dep	endents below. Optional fields	are marked in <i>ital</i>	ics,		
Relationship:	Spouse				
Name:	First	MI Last		Su	ıffix
Date of Birth:	-				
SSN:		ļ			
	🔾 Male 💿 Female				
Full-time Student:					
Disabled:	🔾 Yes 💿 No				
Address:	Same as employee				
	USA	8	•		
	Country				
	123 CP				
	Street				
	Street (cont.)				
	Cp.		IN 💌	461至3-	
	City		State	Zip	
Save Cancel					

EMPLOYMENT: On this	page, you will need to verify your Employment information and click NEXT to
proceed.	(If any of the information is listed incorrectly, please contact Eileen McManus)
Please review and correct you	ar employment information shown here. Optional items are shown in <i>italics</i> .
Certain items require addition	nal information from you. These items are highlighted and underlined. Click on the item to correct it, if necessary.
Press Next to continue.	
Date of Hire:	5/15/2016
Eligibility Date:	5/15/2016
Location:	ADMIN
Department:	SECRETARY
Job Class:	CLASSIFIED 1
Title:	
Salary:	<u>\$25,000.00</u>
Pay group:	26 pay/24 deductions
Payroll Frequency:	BiWeekly
Hours per Week:	40.00
Back Next	

MY BENEFITS. This page shows you all of the Benefits that you are eligible to enroll in for the current Enrollment Period. Click on Review under each Benefit to either Enroll in the plan or Waive the plan.

ly Benefits ow is a list of your o		elections. Click "Revie	w° for benefit informati	on and to e	lect or decline coverage.	
S Medical	al Coverage	Level: Employee Only	<i>,</i>		Review	My Benefits
First Name	мі	Last Name	DOB	Sex	Relationship	Vision Sasic Life and AD&D
Test		Tester	12/26/1982	м	Employee	Employee Voluntary Term Life
✓ You have completed enrollment in this plan. Your cost per pay period will be \$115.75						Spouse Voluntary Term Life Spouse Voluntary Term Life: Op Child(ren) Voluntary Term Life: Child(ren) Voluntary Term Life:
X Dental You have elected to	WAIVE cover:	age under this plan.			<u>Review</u>	Aflac Group Accident Aflac Group Critical Illness - Em Aflac Group Critical Illness - Spo Aflac Group Disability
🕑 Vision	Coverage L	evel: Employee Only			<u>Review</u>	Aflac Individual Cancer Medical FSA Limited Medical FSA (Dental & Dependent Daycare
Plan Name: Vision			DOB	Sex	Relationship	
Plan Name: Vision	м	Last Name	000			Employer Cost \$232.75

(Please Note. You will only be able to select the benefits for Employee Only if you have not yet entered your dependents) Medical

Listed below are the options and coverage choices available to you.

- To enroll or continue your current coverage, click on the option next to the cost which represents your election.
- When you are finished, click on the "NEXT" button to continue.

 Wher 	n you are finished, click	My Benefits			
	Employee Only	Employee + Spouse	Employee + Children	Employee + Family	Medical Medical
Plan 2	• \$115.75	\$371.25	\$333.25	\$478.42	Vision
Plan 3	○ \$49.25	○ \$229.25	○ \$183.16	\$312.42	Basic Life and AD&D Employee Voluntary Term Life
Plan 4	○ \$30.34	\$144.66	\$92.16	\$198.92	▲ Spouse Voluntary Term Life
Plan 5	○ \$19.92	○ \$439.00	\$414.50	○ \$515.50	▲ Spouse Voluntary Term Life: Opt ▲ Child(ren) Voluntary Term Life
					🛆 Child(ren) Voluntary Term Life: C
-	h to apply for this cove SH TO WAIVE THIS COV	2			Aflac Group Accident Aflac Group Critical Illness - Emp
0					C Anac Group Chucai Inness - t

If you need to go back to enter your Dependents information, click on the You & Your Family on the top of the page and scroll to Dependents. This will bring you back to the DEPENDENTS page. Once you have entered your Dependents information, you can click on the MY BENEFITS tab at the top and scroll to the benefit that you need to enroll in.

• To en	w are the option and o roll or continue your cu		ption next to the cost which r	represents your election.	_
 Wher 	When you are finished, click on the "NEXT" button to continue.				My Benefits
	Employee Only	Employee + Spouse	Employee + Children	Employee + Family	Medical Contal
Plan 2	\$115.75	\$371.25	\$333.25	\$478.42	C Vision
Plan 3	○ \$49.25	\$229.25	\$183.16	\$312.42	Basic Life and AD&D Employee Voluntary Term Life
Plan 4	○ \$30.34	\$144.66	\$92.16	\$198.92	A Spouse Voluntary Term Life
Plan 5	○ \$19.92	\$439.00	\$414.50	\$515.50	 ▲ Spouse Voluntary Term Life: Opt ▲ Child(ren) Voluntary Term Life
-	n to apply for this cover H TO WAIVE THIS COV				Child(ren) Voluntary Term Life: O Aflac Group Accident Aflac Group Critical Illness - Emp Aflac Group Critical Illness - Spot

By clicking NEXT after each benefit, you will be taken through the entire enrollment process. Please click APPLY or DECLINE for each benefit to proceed to the next benefit.

There will be notes in **RED** throughout the enrollment process for some of the benefit offerings, please pay close attention to those notes as there may be some additional paperwork that you will need to print off, sign and turn in to **Eileen McManus** to finalize your enrollment.



SIGN & SUBMIT. Once you have reviewed each benefit, you will be brought to the Sign & Submit page. Here, you will need to review each benefit, the cost per pay and the totals.

Beech Grove	92%			
HOME YOU & YOUR FAMILY MY BENEFI	ITS SIGN & SUBMIT LOGOUT			Next
Sign and Submit				
 pay period for each plan. Are You Satisfied With Your Elections Enrollment Verification Form electronica 	The summary below shows your election for each f If you are satisfied with your choices, click on the ally using your PIN. wish to make any changes to your elections, click	the "NEXT" button at the bottom of	this screen to sig	
Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
Medical	Plan 2; EO	\$115.75	\$0.00	\$231.25
Dental	Waived			
Vision	Vision; EO	\$3.12	\$0.00	\$0.00
Basic Life and AD&D	\$20,000	\$0.00	\$0.00	\$1.50
Employee Voluntary Term Life	Waived			
Spouse Voluntary Term Life	Waived			
Spouse Voluntary Term Life: Option 4	Waived			
Child(ren) Voluntary Term Life	Waived			
Child(ren) Voluntary Term Life: Option 4	Waived			
Aflac Group Accident	Waived			
Aflac Group Critical Illness - Employee	Waived			

You will have an option to change any and all benefits at this point by going to the top of the screen and click MY BENEFITS. Scroll to the benefit that you need to make changes to and click on it.

	w are the options and	coverage choices available to Irrent coverage, click on the (you. option next to the cost which	represents your election.	_			
When you are finished, click on the "NEXT" button to continue.					My Benefits			
	Employee Only	Employee + Spouse	Employee + Children	Employee + Family	Medical Dental			
Plan 2	\$115.75	\$371.25	\$333.25	\$478.42	C Vision			
	○ \$49.25	\$229.25	\$183.16	\$312.42	Basic Life and AD&D Employee Voluntary Term Life			
Plan 3	0.1							
Plan 3 Plan 4	○ \$30.34	\$144.66	\$92.16	\$198.92	▲ Spouse Voluntary Term Life ▲ Spouse Voluntary Term Life: Opt			
		\$144.65	02.16	\$109.02	A Spouse Voluntary Term Lif			

If you need to make changes, click UNLOCK and may desired changes to each plan. Make sure to click NEXT once you have made your changes.

a 1º 1								1
ledical								1
n Name: Medi	cal Coverage	Level: Employee Onl	у					
	8						My Benef	its
First Name	MI	Last Name	DOB	Sex	Relationship	E Mad		its
First Name Test	МІ	Last Name Tester	DOB 12/26/1982	Sex	Relationship Employee	✓ Med X Den	lical	its

You will be brought back to the SIGN AND SUBMIT page after each change is made. Once you are ready to complete your enrollment, click NEXT.

You will need to enter your PIN *(Last 4 Digits of your SSN & the 2 digit YEAR of your birth)* and click SIGN FORM to proceed to the next form that will need to be signed.

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 Form	

Back

REVIEW / SIGN FORMS: Once you have reviewed your Benefit Verification / Deduction Confirmation, you will need to enter your PIN and click SIGN FORM. This will finalize your enrollment choices and submit them to the Benefits Carriers as well as your Payroll Dept.

Name Costre Tear	SSN	Employe	e ID Date o		Reason 1	or Completin	g Form	
Location	Department	Job Class						
046	Central	CLASSIFIED 196 19			Address 123 CP			
Work Phone	Home Phone	E-mail	2021200			Cp. IN 45123		
	(317) 385-613	IndusySee	apanel a con		1.000.000	2012	-	
Benefit Deduction St	ummary		Bene/it	Ded.	Employer	Employe	Cost	
Plan	Product	Cvg	Amount	Cycle	Cost		Post-tax	
Owned	Categoryphic Dents	FO EO		24	13-00	8.50	.00 .00	
vielon Health Chrw FSA	Webs Wolved	E0		1	198.00	1.00	50	
Jim Red Care FSA (Dents: Vision Chig)	Veitres							
Departoint Care FBA Desic Life and ADBO	Websic Designation ADSD	50	550000.00	1		.00	1.00	
Long Term Disability	Dong Term Disability (Diricityer Pace	a 100	\$2777,02	1		.00	6.00	
Shori, Farin Disabiliyi Optiora, Terri Lile	stich Term Disability Employee VoluntaryTerm Life	60 60	62700.00 5200000.00	24 24		.00 .00	23.43 51.00	
iros o Critical linera.	Weikved					(302)	0.021	
				Total:	294-50	58.00	62/0	
	Enrollment Agreeme	nt / Payro	Deduction Au	thoriza	tion			
		rswo's .	Upon acceptance	o by the l	isurers. Thereby	authorizo my G	roup to	
	e and policit, al statements and a	00	2012200 COL 6 SA	2.11.22	the amounts ind			
made on this form and all as	e and policit, all statements and a socialed application forms are to			statioon	unde the parter s		16.1	
 made on this form and all as complete, and conect. Funderstand that on issions 	exclated application forms are th or misroprosontations in the info		My authorization term ination of m	y omployr	nent, (b) witters	notice from the e	grécotex	
 made on this form and all as complete, and correct. Funderstand that omissions have provided may constitut 	sociated application forms are tr	orage	to in ination of m this authorization	y omploys n. or jot is	nont, (b) witter (mination of the	notice from the e Paymil Deductio	anceling a Plan	
 made on this form and all as complete, and correct. Lundersland that on issiens have provided may constitute being with 	exclated application forms are th or misroprosontations in the info	orage .	to mination of m this sufforization	y omploy: n. or (c) is c k is my r	nent, (b) wither (mination of the espects b lifty to y sk and to notify m	notice from the e Paymit Deduction only the docluction	kanooling In Flan Ion	
made on the form and all as complete, and comparison I understand that on testers have provided may constau being vold. Pursuent to IPC § 125, jone plan year. No changes to jo	sociated application forms and th or misroprosontations in the info refraud and may result in my cov- tax ¹ elections are inevocation dur- totax ² elections are plowed out	crage Ingitte Igitte Igitte	to mination of m this authorization i understand the amounts hore m any discretends	w omployn n, or (c) iw n kis my (ny payoher ee.	nent, (b) witter (mination of the espensibility to v sk and to notify m	notice from the e Paymit Deduction or ity the docluction by Employer into	iancoling in Flat. an neclately of	
 maple on this form and old as complexe, and correct. Landerstand that on taskers there provided may constant being as d Revealent to IRO § 185, ben- phrayean. No changes to propher year, which shares that years unless you expense that years unless you expense that years unless you expense 	esclated application forms and tr or misroprosontations in the info e fraud and may result in my cov- text stactions are inevolution duri- totax' elections are allowed duri- totax' elections are allowed duri- totax applified change in status.	crage ing the is the sector status,	to mination of m this authorization i understand that amounts hore m any discretends i understand any	y omployn n, or (c) iw c k is my r ty payoher ee. y unused i	nont, (b) witter : mination of the osponsibility to v	notice from the d Paymit Deduction of ity the docluction of Employer into ondont Caro of it	iancoling in Flan ian nediately of Health	
 maple on this form and all as complete, and context. Lindelstand that cmissions take provided may constain takes provided may constain takes provided may constain plan year. No charges to 'piphon year' hier charges to 'piphon year's hier charges to 'piphon' piphon' piphon's hier charges to 'piphon's hier	esclated application forms and the or misreprosontations in the info- te fraud and may result in my cov- tex' elections are intervected of the star decisions are intervected with these a qualities change in status entry of company manifesting entry of company manifesting entry of company terms as as a the elections of company terms of the elections of company terms of the elections of company terms of the entry of company terms as an as	crage ing the is the sector status,	to minister of m this sufficient of Lunderstand the amounts here in any discretends Lunderstand any Carle Fleinburge under the "Use 1	y omployn n or (c) is c kis my r ty paycher es. y unused h iment acc it or Lose	nont, (b) without mination of the espansibility to vick and to notify in calance in a Dep sunt in which Lan thinke, Expense	notice from the e Paymit Deduction by Employee Imm endent Care of I metholiset without gimust be incurre	varicoling on Flan redistraty of Hostith a torietted red during	
 maple on this form and olive complexe, and correct. Linderstand that can solve its takes provided may constitute being word. Pursuant to IPO § 155, jon- phra year. No changes to ju phra year unless you appear Class first changes to juice. 	esclated application forms and the or misreprosontations in the info- te fraud and may result in my cov- tex' elections are intervected of the star decisions are intervected with these a qualities change in status entry of company manifesting entry of company manifesting entry of company terms as as a the elections of company terms of the elections of company terms of the elections of company terms of the entry of company terms as an as	crage ing the is the sector status,	to minister of m this sufficient of Lunderstand the amounts here in any discretends Lunderstand any Carle Fleinburge under the "Use 1	y omployn n or (c) is c kis my r ty paycher es. y unused h iment acc it or Lose	nont, (b) without mination of the esponsibility to vick and to notify in salance in a Dep sunt in which Lar	notice from the e Paymit Deduction by Employee Imm endent Care of I metholiset without gimust be incurre	varicoling on Flan redistraty of Hostith a torietted red during	
 Tractic on this form and olival complete, and correct. Landerstand that cmissions may constant being void. Pression to IRC § 125, preparative of the second complete on the second complete on	esclated application forms and the or misreprosontations in the info- te fraud and may result in my cov- tex' elections are intervected of the star decisions are intervected with these a qualities change in status entry of company manifesting entry of company manifesting entry of company terms as as a the elections of company terms of the elections of company terms of the elections of company terms of the entry of company terms as an as	crage ing the is the sector status,	to minister of m this sufficient of Lunderstand the amounts here in any discretends Lunderstand any Carle Fleinburge under the "Use 1	y omployn n or (c) is c kis my r ty paycher es. y unused h iment acc it or Lose	nont, (b) without mination of the espansibility to vick and to notify in calance in a Dep sunt in which Lan thinke, Expense	notice from the e Paymit Deduction by Employee Imm endent Care of I metholiset without gimust be incurre	varicoling on Flan redistraty of Hostith a torietted red during	
 Topic on this form and old at complete, and correct. Linderstand that on taskers takes provided may constant takes provided may constant plan year. No changes to by plan year. No changes to by plan year unless you depend Char the stranger in debund char the stranger in debund char the stranger in the cate messarias to change your be Your total deductions per 	esclated application forms and tr or misroprosontations in the info e thand and may result in my co- tax' elections are intervacible dur- topse' elections are intervacible dur- inter a qualitied change in matrix i controp in employment sense. If the distance to bortact human well in wallance.	crage ing the is the sector status,	to minister of m this sufficient of Lunderstand the amounts here in any discretends Lunderstand any Carle Fleinburge under the "Use 1	y omployn n or (c) is c kis my r ty paycher es. y unused h iment acc it or Lose	nont, (b) without mination of the espansibility to vick and to notify in calance in a Dep sunt in which Lan thinke, Expense	notice from the e Paymit Deduction by Employee Imm endent Care of I metholiset without gimust be incurre	varicoling on Flan redistraty of Hostith a torietted red during	
regio on this torin and all as complete, and correct. Ludgetand that on issions make provided may constan- being word. Pursuant to IPO § 125, pre- phin year unless you depend Char files deraption all black char files deraption all black days from the cate- missions to change your be Your total Seductions per	esclated application forms and tr or misroprosontations in the info e thraud and may result in my co- tax' elections are allowed duri- thraw a qualified change in status entry of the distance change in matrixit entry on employment ataxa, of the distance to portact human and the distance educations 140-43	crage ing the is the sector status,	to initiation of m this sufficient of Lunderstand the amounts hort in any discretends Lunderstand any Carls Fleinburgs under the "Use 1	y omployn n or (c) is c kis my r ty paycher es. y unused h iment acc it or Lose	nont, (b) without mination of the espansibility to vick and to notify in calance in a Dep sunt in which Lan thinke, Expense	notice from the e Paymit Deduction of the deduction by Employee Imp ondont, Cano or I in entrolled will be a must be incurn invest adirected	varicoling on Flan redistraty of Hostith a torietted red during	
regis on this form and old a complete and correct. Lunderstand that on taskers tasks provided may constant tasks provided may constant tasks provided may constant tasks provided may constant and provided may constant Pursuant to IRC § 125, pre- plant year upless you depend Char their damption tablese charafter damption tablese damption tablese Your total deductions per	esclated application forms and tr or misroprosontations in the info e thraud and may result in my co- tax' elections are allowed duri- thraw a qualified change in status entry of the distance change in matrixit entry on employment ataxa, of the distance to portact human and the distance educations 140-43	orage ing the to the servic status, You	to initiation of m this sufficient of Lunderstand the amounts hort in any discretends Lunderstand any Carls Fleinburgs under the "Use 1	y omployn n or (c) is c kis my r ty paycher es. y unused h iment acc it or Lose	nont, (b) without mination of the espansibility to vick and to notify in calance in a Dep sunt in which Lan thinke, Expense	notice from the e Paymit Deduction by Employee Imm endent Care of I metholiset without gimust be incurre	varicoling on Flan redistraty of Hostith a torietted red during	
regis on this form and old a complete and correct. Lunderstand that on taskers tasks provided may constant tasks provided may constant tasks provided may constant tasks provided may constant and provided may constant Pursuant to IRC § 125, pre- plant year upless you depend Char their damption tablese charafter damption tablese damption tablese Your total deductions per	esclated application forms and tr or misroprosontations in the info e thraud and may result in my co- tax' elections are allowed duri- thraw a qualified change in status entry of the distance change in matrixit entry on employment ataxa, of the distance to portact human and the distance educations 140-43	orage ing the to the servic status, You	to initiation of m this sufficient of Lunderstand the amounts hort in any discretends Lunderstand any Carls Fleinburgs under the "Use 1	y omployn n or (c) is c kis my r ty paycher es. y unused h iment acc it or Lose	nont, (b) without mination of the espansibility to vick and to notify in calance in a Dep sunt in which Lan thinke, Expense	notice from the e Paymit Deduction of the deduction by Employee Imp ondont, Cano or I in entrolled will be a must be incurn invest adirected	varicoling on Flan redistraty of Hostith a torietted red during	
 Topic on this form and old at complete, and correct. Linderstand that on taskers takes provided may constant takes provided may constant plan year. No changes to by plan year. No changes to by plan year unless you depend Char the stranger in debund char the stranger in debund char the stranger in the cate messarias to change your be Your total deductions per 	esclated application forms and tr or misroprosontations in the info e thraud and may result in my co- tax' elections are allowed duri- thraw a qualified change in status entry of the distance change in matrixit entry on employment ataxa, of the distance to portact human and the distance educations 140-43	orage ing the to the servic status, You	to initiation of m this sufficient of Lunderstand the amounts hort in any discretends Lunderstand any Carls Fleinburgs under the "Use 1	y omployn n or (c) is c kis my r ty paycher es. y unused h iment acc it or Lose	nont, (b) without mination of the espansibility to vick and to notify in calance in a Dep sunt in which Lan thinke, Expense	notice from the e Paymit Deduction of the deduction by Employee Imp ondont, Cano or I in entrolled will be a must be incurn invest adirected	varicoling on Flan redistraty of Hostith a torietted red during	
regis on this form and old a complete and correct. Lunderstand that on taskers tasks provided may constant tasks provided may constant tasks provided may constant tasks provided may constant and provided may constant Pursuant to IRC § 125, pre- plant year upless you depend Char their damption tablese charafter damption tablese damption tablese Your total deductions per	esclated application forms and tr or misroprosontations in the info e thraud and may result in my co- tax' elections are allowed duri- thraw a qualified change in status entry of the distance change in matrixit entry on employment ataxa, of the distance to portact human and the distance educations 140-43	orage ing the to the servic status, You	to initiation of m this sufficient of Lunderstand the amounts hort in any discretends Lunderstand any Carls Fleinburgs under the "Use 1	y omployn n or (c) is c kis my r ty paycher es. y unused h iment acc it or Lose	nont, (b) without mination of the espansibility to vick and to notify in calance in a Dep sunt in which Lan thinke, Expense	notice from the e Paymit Deduction of the deduction by Employee Imp ondont, Cano or I in entrolled will be a must be included a wate adjuncted	varicoling on Flan redistraty of Hostith a torietted red during	
 Total on this form and oll as conclose, and correct. Understand matchine sciences, these provided may constatute the IRO § 135, complex year. No changes to the plan year. No changes to the plan year unless you access the state of the plan year unless you access the state of the plan year unless you access to a state of the plan year unless you access to a state of the plan year unless you access to a state of the plan year unless you access to a state of the plan year to the plan year to the plan year to the plan year to a state of the plan year to be state of the plan year to be state of the plan year of the plan year	esclaied application forms and in or mishoprosontations in the info e fittual and may result in my co- tax' elections are intervolation dur- texas is qualified composition data result decisions are intervolation dur- result decisions are intervolation dur- entities of qualified compositions and a of the drampic to contact human arealite resultance. educations 1400-43	enge ring tra rg tra rever shifus yes se Signature	er minadet of m the autoriation i understand the arrounts here in any discussed i understand ary Cone like mburse under the fuse the plan year for	y employin, or jojin n. or jojin i kis my i y prystre ee. y urusod i y urusod i i critose i critose i critose i which the	non, jis wittori mittalian di segari 50 iliyi ta v ik and to notify n parti in witki la fin la Expansa e election erroun	billio from the e Paymill Deduction on dont Carlo of I n encolled will be a must be incurn I was redirected	parcelerg in Plan and brady of Hooth a totished ind during Downik	
 Total on the form and only a complex, and correct. Linderstand that cmissions there provided may constrain being weld. Busican's to IRC § 135, preparing well. Busican's to IRC § 135, preparing well. Busican's to IRC § 135, preparing well. Total deductions per page period 	esclaied application forms and in or mishoprosontations in the info e fittual and may result in my co- tax' elections are intervolation dur- texas is qualified composition data result decisions are intervolation dur- result decisions are intervolation dur- entities of qualified compositions and a of the drampic to contact human arealite resultance. educations 1400-43	enge ing tra 15 to the ser ser ser ser se Synsture se Synsture	or minated of m the autorstand the amounts here in any destrained any Com Demokration understand any Com Demokration of the Use the plan year or the plan year or	y omployn n, or igt in t bis my ty payotre ee. tront acc h or Lose r which the which the	non, bi wittor : mitation of toports if ty to v ik and to notify in over salance in a Dap surf in which i an in the Excense election error	nolice from the e Paymel Ged with entry Engloyer into ondone Caro of in a straight with a must be into me into the into me basis technologic Date	parceling in Plan. (a) health a totished a totished ind during <u>Downik</u> ou are electron	
 Total of the form and off a complete, and correct. Landerstand that cmissions there provided mary constraint to IRC § 135, particular to IRC § 135, particular values of the complete system. No charges to by part year. No charges to the complete system was a complete system to be used to be a system to be used to be a system to be used to be a system. To be a system to be a system. To be a system to be a system. To be a system to be a system. To be a system to be a system. Support to be a system to be a sys	contained application forms and the or mishoprospherications in the info- ential and may result in my co- tax' elections are intervalation dur- tors a qualification of the data when induces change in status when induces change in markets of the datage to contact human and it elections takes in unduces. eductions takes a contact human field as the status field of the datage to contact human and it elections takes in the datage to contact human field as the datage to contact human and it elections takes in the datage to contact human field as the datage to con	enge ing tra 15 to the ser ser ser ser se Synsture se Synsture	or minated of m the autorstand the amounts here in any destrained any Com Demokration understand any Com Demokration of the Use the plan year or the plan year or	y omployn n, or igt in t bis my ty payotre ee. tront acc h or Lose r which the which the	non, bi wittor : mitation of toports if ty to v ik and to notify in over salance in a Dap surf in which i an in the Excense election error	nolice from the e Paymel Ged with entry Engloyer into ondone Caro of in a straight with a must be into me into the into me basis technologic Date	parceling in Plan. (a) health a totished a totished ind during <u>Downik</u> ou are electron	

CONGRATULATIONS! You have now completed your enrollment!

You may now click LOGOUT or Scroll to the bottom of the screen to view all of your chosen benefits.

Should you have any questions, please contact: Eileen McManus – Beech Grove City Schools Michael Blink – Steele Benefits



Steele Benefit Services 9020 Crawfordsville Road Indianapolis, IN 46234 317-286-6121