

INSTRUCTIONS TO LOG-ON FOR ENROLLEES



EssentialClient.com Log-on Screen

STEP 1: Type your company's ID number in the "Company ID" field.

NOTE: The Company's ID number is your Essential Staffcare Group number.

STEP 2: Type your social security number without dashes in the "Social Security#" field (e.g., 999887777).

STEP 3: Type in "new" as your initial password in the "Password" field.

STEP 4: Click the "Login" button.



EssentialClient Self-Seed Instruction

B1-ESC-TAYLOR MADE TEMPS-DEMO
Self-Add New Employee

Personal Information Required fields have bold labels.

Re-enter SSN: (XXX-XX-XXXX)

First Name: M.I.: Last Name: Suffix:

Home Address:

Address Line2:

City: State: SC ZIP:

Registration Confirmation

⚠ Click **Ok** to confirm that you would like to register for B1-ESC-TAYLOR MADE TEMPS-DEMO or click **Cancel** to register with a different company.

Create Personal Password

Your password must be 6-20 letters, numbers, and/or symbols. Click [Help](#) for more information.

Your Personal Password:

Verify password:

IMPORTANT: Be sure to save your new password in a safe place!

STEP 5: Click ok to confirm that you would to register for your group or click **Cancel** to register with a different group.

EssentialClient Self-Seed Instruction

B1-ESC-TAYLOR MADE TEMPS-DEMO-200011

Self-Add New Employee

Personal Information Required fields have **bold** labels.

Re-enter SSN: (XXX-XX-XXXX)

First Name: M.I.: Last Name: Suffix:

Home Address:

Address Line2:

City: State: ZIP:

Home Phone: Work Phone: Ext:

eMail:

Gender: Marital Status: Birth Date:

Language: (Select your language preference for Welcome Materials only.)

Job Information

Location: Job Class:

Hire Date: Wait Period Ends:

Create Personal Password

Your password must be 6-20 letters, numbers, and/or symbols. Click [Help](#) for more information.

Your Personal Password:

Verify password:

IMPORTANT: Be sure to save your new password in a safe place!

If you are experiencing any problems,
please contact our Customer Service Department at 1-866-798-0803.

Required fields have **bold** labels.

STEP 6: Re-enter your Social Security number without the dashes.

STEP 7: Type your first name in the "First Name" field.

STEP 8: Type your last name in the "Last Name" field.

STEP 9: Type your Home address, City, State, and Zip Code in the appropriate fields.

STEP 10: Type your Sex, Marital Status, and Birth Date in the appropriate fields.

Step 11: Select "English" for Language.

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STEP 12: Type your Location, Job Class (Benefit Eligible), and Hire date. (This information can be obtained from your employer). If not known, please use today's date.

STEP 13: Type the new password in the "Your Personal Password" and "Verify new password" fields. Be sure to remember the new password. The password must be 6 to 20 letters, numbers, and/or symbols. You can click the "Help" for more information.

STEP 14: Click the "Submit" button.

Note: If you are experiencing any problems, please contact our Customer Service Department at 1-866-798-0803.



STEP 15: Click on "Choose or Change Your Benefit Selections".

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B1-ESC-TAYLOR MADE TEMPS-DEMO-200011

Benefits Enrollment Wizard

[Logout](#) [Home](#) [Search](#) [Current Benefits](#)

Employee Name: BIG BEN	SSN: ***-**-2348
Classification: Benefit Eligible	Emp Number: ***-**-2348 (EmpID: 1378389)
Location: 0001	Date of Birth: 5/6/1980 Gender: M

Select one of the following transactions:

- Add, change, or delete benefits as a **Newly Eligible Employee**.
- Add, change, or delete benefits due to a [Qualifying Life Event](#).
Type of event:
Event date:
- Update** personal information, dependents, and beneficiaries.
Use this option to change your address or other personal data; or to update dependents or beneficiaries. Do not use this option to add or delete a dependent, or to change coverages.
- Terminate** employment. *(Enter last day of employment as Effective Date)*
- Make **Administrative** changes to employment status. *(Change class, location, etc.)*
- Make **Corrections** to benefits.

Requested Effective Date*: (Latest Effective Date: 11/17/2018)

*NOTE: The Requested Effective Date is subject to review and approval. The actual effective date may be different.

*I have read and understand my description of benefits.
Click [here](#) for a full description of your benefits.*

TIP: When you click on the 'Continue' button, the Enrollment Wizard should open a new browser window. If your computer has a "pop-up blocker" program installed, the new window may be blocked. If the 'Continue' button does not work as expected, try disabling or overriding your pop-up blocker software. Also, some browser versions may not work properly. Be sure you are using Internet Explorer 7.0 or higher.

STEP 16: Select the appropriate transaction type and click continue which would be "Add, change, or delete benefits as a Newly Eligible Employee".

NOTE: The enrollee must read the full description of benefits that are available before they can continue. Once completed they must check the box acknowledging the fact, then click the "Continue" button.

EssentialClient Self-Seed Instruction

B1-ESC-TAYLOR MADE TEMPS-DEMO-200011

Benefits Enrollment Wizard

Employee Name: BIG BEN Employee#: ***-**-2348
 Classification: Benefit Eligible SSN: ***-**-2348
 Location: 0001 Date of Birth: 5/6/1980 Gender: M
 Request Type: New Requested Eff Date: 12/17/2018

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Personal Information

Make any necessary changes to your personal information, then click the **Next** button to continue. Your changes will be applied to a temporary form when you click **Next** or **Apply**. The temporary form will not be processed until you have completed all steps. Click the **Help** button for more information. Fields labeled with **bold letters** are required.

First Name: M.I.: Last Name: Suffix:

Home Address:

Address Line2:

City: State: ZIP:

Home Phone: Work Phone: Ext:

eMail:

Gender: Marital Status:

Language: (Select your language preference for Welcome Materials only.)

STEP 17: Click next to add dependents if needed.

B1-ESC-TAYLOR MADE TEMPS-DEMO-200011

Benefits Enrollment Wizard

Employee Name: BIG BEN Employee#: ***-**-2348
 Classification: Benefit Eligible SSN: ***-**-2348
 Location: 0001 Date of Birth: 5/6/1980 Gender: M
 Request Type: New Requested Eff Date: 12/17/2018

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Dependents

You must complete this section in its entirety for all of your dependents, if any, to be covered by one or more benefits. You will be asked later to select which dependent is to be covered for each benefit. Enter the names of your dependents exactly as they will appear on any future claims. Restrictions apply to child and student dependents.

	First Name	Mid Init	Last Name	Suffix	Gender	Date of Birth	SSN	Relationship	Active
1	TAWONDA		BEN		F	08/30/1982	456789654	Spouse	<input checked="" type="checkbox"/>
2									<input checked="" type="checkbox"/>
3									<input checked="" type="checkbox"/>

To add more than 3 dependents, enter the first 3 then click on the Save button to get more blank lines.

STEP 18: If the employee has dependents, type in or select the appropriate information.

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B1-ESC-TAYLOR MADE TEMPS-DEMO-200011

Benefits Enrollment Wizard

Employee Name: BIG BEN	Employee#: ***-**-2348
Classification: Benefit Eligible	SSN: ***-**-2348
Location: 0001	Date of Birth: 5/6/1980 Gender: M
Request Type: New	Requested Eff Date: 12/17/2018

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Medical & Accidental Loss of Life, Limb, Sight

The fixed medical indemnity plan is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined by the Affordable Care Act (ACA). Choosing the Indemnity plan will allow you to receive a subsidy from the Government Exchange (if you qualify). This plan does not satisfy the Individual Mandate.

- Select the level of coverage desired:
- Select a Medical & Accidental Loss of Life, Limb, Sight plan:

Plan	Employee Premium*	Employer Premium*
<input type="radio"/> I decline Medical & Accidental Loss of Life, Limb, Sight coverage.		
<input checked="" type="radio"/> Med ESC S/A EnhRx - Indemn PL4	\$40.54	\$0.00

*Premiums shown are per-pay-period and based on rates in effect as of 12/17/2018. Premiums are subject to change. Employee premiums for this benefit are deducted before taxes (pre-tax).

- Select dependent(s) to be covered:

Covered	Name	Relationship
<input checked="" type="checkbox"/>	TAWONDA BEN	Spouse

- Enter beneficiaries: [Help](#)

The beneficiaries named below will apply to all of the following benefits, if applicable:

Medical & Accidental Loss of Life, Limb, Sight
Term Life

Beneficiary Type	Full Name of Beneficiary	Relationship	Date of Birth or Trust	SSN or Tax ID
Primary <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address or Other Instructions: <input type="text"/> Max length: 255				
Primary <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address or Other Instructions: <input type="text"/> Max length: 255				

STEP 19: Click the drop-down arrow and select the appropriate level of coverage (e.g., "None," "Employee Only," "Employee + Spouse," "Employee + Child (ren)," "Family").

STEP 20: Click the button beside the medical plan in which you wish to enroll.

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STEP 21: Click the "Next" button.

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Benefits Enrollment Wizard

Employee Name: BIG BEN Classification: Benefit Eligible Location: 0001 Request Type: New	Employee#: ***-**-2348 SSN: ***-**-2348 Date of Birth: 5/6/1980 Gender: M Requested Eff Date: 12/17/2018
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PERSONAL INFO
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DENTAL

1. Select the level of coverage desired: Employee + Spouse ▼

2. Select a DENTAL plan:

Plan	Employee Premium*	Employer Premium*
<input type="radio"/> I decline DENTAL coverage.		
<input checked="" type="radio"/> Dental	\$10.80	\$0.00

*Premiums shown are per-pay-period and based on rates in effect as of 12/17/2018. Premiums are subject to change. Employee premiums for this benefit are deducted before taxes (pre-tax).

3. Select dependent(s) to be covered:

Covered	Name	Relationship
<input checked="" type="checkbox"/>	TAWONDA BEN	Spouse

STEP 22: Click the drop-down arrow and select the appropriate level of coverage (e.g., "None," "Employee Only," "Employee + Spouse," "Employee + Child (ren)," "Family").

STEP 23: Click the "Dental" if you wish to enroll in dental benefits. Otherwise, click the button "I decline Dental coverage." You must choose the same level of coverage that you selected for the other insurance products.

STEP 24: Click the "Next" button.

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Benefits Enrollment Wizard

Employee Name: BIG BEN	Employee#: ***-**-2348
Classification: Benefit Eligible	SSN: ***-**-2348
Location: 0001	Date of Birth: 5/6/1980 Gender: M
Request Type: New	Requested Eff Date: 12/17/2018

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VISION

1. Select the level of coverage desired:

2. Select a VISION plan:

Plan	Employee Premium*	Employer Premium*
<input type="radio"/> I decline VISION coverage.		
<input checked="" type="radio"/> Vision	\$4.84	\$0.00

*Premiums shown are per-pay-period and based on rates in effect as of 12/17/2018. Premiums are subject to change. Employee premiums for this benefit are deducted before taxes (pre-tax).

3. Select dependent(s) to be covered:

Covered	Name	Relationship
<input checked="" type="checkbox"/>	TAWONDA BEN	Spouse

STEP 25: Click the drop-down arrow and select the appropriate level of coverage for Vision (e.g., "None," "Employee Only," "Employee + Spouse," "Employee + Child (ren)," "Family").

STEP 26: Click the "Vision" if you wish to enroll in dental benefits. Otherwise, click the button "I decline Vision coverage." You must choose the same level of coverage that you selected for the other insurance products.

STEP 27: Click the "Next" button.

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Benefits Enrollment Wizard

Employee Name: BIG BEN Employee#: ***-**-2348
Classification: Benefit Eligible SSN: ***-**-2348
Location: 0001 Date of Birth: 5/6/1980 Gender: M
Request Type: New Requested Eff Date: 12/17/2018

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SHORT TERM DISABILITY

1. Select the level of coverage desired: Employee Only ▾

2. Select a SHORT TERM DISABILITY plan:

Plan	Employee Premium*	Employer Premium*
<input type="radio"/> I decline SHORT TERM DISABILITY coverage.		
<input checked="" type="radio"/> Short Term Disability	\$4.20	\$0.00

*Premiums shown are per-pay-period and based on rates in effect as of 12/17/2018. Premiums are subject to change. Employee premiums for this benefit are deducted before taxes (pre-tax).

STEP 28: Click the drop-down arrow and select the appropriate level of coverage for Short Term Disability (e.g., "None," or "Employee Only").

STEP 29: Click the "Next" button.

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B1-ESC-TAYLOR MADE TEMPS-DEMO-200011

Benefits Enrollment Wizard

Employee Name: BIG BEN Employee#: ***-**-2348
 Classification: Benefit Eligible SSN: ***-**-2348
 Location: 0001 Date of Birth: 5/6/1980 Gender: M
 Request Type: New Requested Eff Date: 12/17/2018

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Term Life

1. Select the level of coverage desired: Employee + Spouse

2. Select a Term Life plan:

Plan	Employee Premium*	Employer Premium*
<input type="radio"/> I decline Term Life coverage.		
<input checked="" type="radio"/> Optional Term Life	\$0.90	\$0.00

*Premiums shown are per-pay-period and based on rates in effect as of 12/17/2018. Premiums are subject to change. Employee premiums for this benefit are deducted before taxes (pre-tax).

3. Select dependent(s) to be covered:

Covered	Name	Relationship
<input checked="" type="checkbox"/>	TAWONDA KNAPPER	Spouse

4. Enter beneficiaries: [Help](#)

The beneficiaries named below will apply to all of the following benefits, if applicable:

**Medical & Accidental Loss of Life, Limb, Sight
Term Life**

Beneficiary Type	Full Name of Beneficiary	Relationship	Date of Birth or Trust	SSN or Tax ID
Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address or Other Instructions: <input type="text"/>				
<small>Max length: 255</small>				
Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address or Other Instructions: <input type="text"/>				
<small>Max length: 255</small>				

STEP 30: Click the drop-down arrow and select the appropriate level of coverage for Optional Term Life (e.g., "None," "Employee Only," "Employee + Spouse," "Employee + Child (ren)," "Family"). You must choose the same level of coverage that you selected for the other insurance products.

STEP 31: Type in name (s) and information of your beneficiary (ies) if you choose to enroll in Option Term Life benefits.

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Note: Click on "Help" for information about Beneficiary selection.

STEP 32: Click the "Next" button.

B1-ESC-TAYLOR MADE TEMPS-DEMO-200011 Benefits Enrollment Wizard

Employee Name: BIG BEN Employee#: ***-**-2348
 Classification: Benefit Eligible SSN: ***-**-2348
 Location: 0001 Date of Birth: 5/6/1980 Gender: M
 Request Type: New Requested Eff Date: 12/17/2018

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MEC

Changes/Additions to this benefit will be effective on or after 1/1/2019, subject to approval.

The MEC plan is an employer-sponsored plan that has been deemed to be in compliance with ACA rules and regulations. Choosing the MEC Wellness/Preventative plan will disqualify you from receiving a subsidy from the Government Exchange. This plan only covers wellness and preventive services. This plan satisfies the Individual Mandate.

- Select the level of coverage desired:
- Select a MEC plan:

Plan	Employee Premium*	Employer Premium*
<input type="radio"/> I decline MEC coverage.		
<input checked="" type="radio"/> Medical Essential Coverage	\$0.00	\$0.00

*Premiums shown are per-pay-period and based on rates in effect as of 1/1/2019. Premiums are subject to change. Employee premiums for this benefit are deducted before taxes (pre-tax).

- Select dependent(s) to be covered:

Covered	Name	Relationship
<input checked="" type="checkbox"/>	TAWONDA BEN	Spouse

STEP 33: Click the drop-down arrow and select the appropriate level of coverage for MEC (e.g., "None," "Employee Only," "Employee + Spouse," "Employee + Child (ren)," "Family").

NOTE: You do not have to choose the same level of coverage that you selected for the other insurance products for the MEC policy.

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B1-ESC-TAYLOR MADE TEMPS-DEMO-200011 Benefits Enrollment Wizard

Employee Name: BIG BEN	Employee#: ***-**-2348
Classification: Benefit Eligible	SSN: ***-**-2348
Location: 0001	Date of Birth: 5/6/1980 Gender: M
Request Type: New	Requested Eff Date: 12/17/2018

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Final Review

1. Click here for [Final Review](#) of your Benefits Election Form.

If you need to make any changes, click on the 'Back' button.

2. Certify your Benefits Election Form:

Please enroll me for the Benefit Options indicated on this form. I understand the benefits and limitations by the various plans/coverages and I authorize my employer to make the necessary adjustments in my pay, based on the choices I have made. I am an eligible employee working the required hours per week for my employer. I understand that according to IRS regulations, I cannot change my benefit plan choices during the year unless I have a family status change. I hereby authorize any licensed physician, dentist, medical practitioner, hospital, clinic, or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me or my health, or that of my dependents, to give any provider of benefits elected above such information necessary for processing of claims under the elected plan. I further authorize any provider of benefits elected above to release to my employer, any health care provider, insurance company, and any other person or organization, any such information as it deems necessary for purposes of its provision of benefits under my employer's benefit plan.

IMPORTANT HIPAA NOTICE: If you are declining enrollment for yourself or your dependents (including your spouse) because you have other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan if that coverage is lost, provided that you request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. Other situations that may entitle you to Special Enrollment include reaching a lifetime maximum on your current policy, a plan no longer offers any benefit to a class of similarly situated individuals, and moving out of an HMO service area if other coverage under the plan is not available. Refer to your Summary Plan Description and discuss with the Plan Administrator if you think you may meet any of these qualifications.

I understand that my employer reserves the right to adjust my premiums as a result of plan changes, or changes in my employment such a classification, annual pay, or location.

I certify that all information provided is complete and accurate to the best of my knowledge and belief.

Please enter your password as your electronic signature:

I certify that I read the benefit package and understand its limitations. I understand that open enrollment is only available for a limited time. This serves as my electronic signature for the above elections.

For questions or assistance, call Essential StaffCARE customer service at 1-866-798-0803.

3. Click here to [Submit](#)

Please allow up to 3 business days for processing. You will not be able to make any additional changes until this request has been processed. To check the status of this request at any time, return to the **Benefits Home Page** and select **Benefits Enrollment Wizard** from the main menu.

STEP 36: Click Final Review.

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B1-ESC-TAYLOR MADE TEMPS-DEMO-200011

Benefits Election Form

INCOMPLETE

YOU MUST ENTER YOUR PASSWORD ON THE FINAL REVIEW PAGE TO FINALIZE THIS TRANSACTION.

BIG BEN 6 STEELER LN PITTSBURGH, PA 15410		Requested Effective Date: 12/17/2018 Request type: New
Home Phone:		SSN: ***-**-2348
Work Phone:		Gender: M
Email:		Marital Status: M
Employee#: ***-**-2348		Date of Birth: 5/6/1980
Location: 0001		Hire Date: 11/17/2018
		Benefit Elig. Date: 11/17/2018
Classification: Benefit Eligible		Waiting Period Ends: 11/17/2018
		Pay Periods: 52

<u>EMPLOYEE BENEFITS</u>						
	Benefit	Plan Description	Coverage Level	Pre-Tax	Employee Premium	Employer Premium
Add 12/17/18	FI MEDICAL	Med ESC S/A EnhRx - Indemn PL4	Employee + Spouse	<input checked="" type="checkbox"/>	\$40.54	\$0.00
Add 12/17/18	DENTAL	Dental	Employee + Spouse	<input checked="" type="checkbox"/>	\$10.80	\$0.00
Add 12/17/18	VISION	Vision	Employee + Spouse	<input checked="" type="checkbox"/>	\$4.84	\$0.00
Add 12/17/18	SHORT TERM DISABILITY	Short Term Disability	Employee Only	<input checked="" type="checkbox"/>	\$4.20	\$0.00
Add 12/17/18	TERM LIFE	Optional Term Life	Employee + Spouse	<input checked="" type="checkbox"/>	\$0.90	\$0.00
Add 1/1/19	MEC	Medical Essential Coverage	Employee + Spouse	<input checked="" type="checkbox"/>	\$0.00	\$0.00
Del 12/17/18	DECLINE COVERAGE			<input checked="" type="checkbox"/>	\$0.00	\$0.00
Total Premiums*					\$61.28	\$0.00

*NOTE: Indemnity plan coverage will become effective the Monday following your first payroll deduction of premiums. MEC plan coverage begins on the 1st of the month (after any waiting period selected by your employer) following the first payment of the premium.

<u>DEPENDENTS</u>					
Name	Relationship	Birth Date	Gender	SSN	Benefits
TAWONDA BEN	Spouse	08/30/1982	F	456-78-9654	FI MEDICAL DENTAL VISION TERM LIFE MEC

<u>BENEFICIARIES</u>				
Type	Beneficiary Name	Relationship	Date of Birth or Trust	SSN or Tax ID

STEP 37: Enter your password as the electronic signature and click submit.

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NOTE: The Tracking ID is available and can be used for future reference. The enrollee can also print a copy of the completed Benefits Election Form.

Your Benefits Election Form has been submitted for processing.

Your Tracking ID is **1244130**. Please save this number for future reference.

Click here to [REVIEW / PRINT](#) your completed Benefits Election Form.

Click here to [CLOSE](#) the Benefit Enrollment Wizard and return to the Benefits Home Page.

If you have any questions or concerns, please contact your representative in the Benefits Department.

When you close this window you should return to the BenefitFirst home page.
If the home page is not visible, check your computer's task bar to see if it was minimized.