



Good health. Good business. Great schools.

Online Benefits Website  
User Guide  
For  
Employees

# Table of Contents

<b>ACCESSING MESSA'S ONLINE BENEFITS WEBSITE .....</b>	<b>3</b>
First Time Users (New Employees and/or New messa.org Users) .....	3
Current MESSA Website Users (Existing Employees and Existing messa.org Users).....	6
<b>HOME PAGE .....</b>	<b>8</b>
<b>VIEWING / EDITING PERSONAL INFORMATION .....</b>	<b>9</b>
<b>VIEWING / EDITING DEPENDENT INFORMATION.....</b>	<b>9</b>
<b>BENEFICIARIES.....</b>	<b>10</b>
Adding a New Beneficiary.....	10
Changing / Updating a Beneficiary .....	12
<b>QUALIFYING EVENTS / ENROLLMENT CHANGES (within guideline of 31 days).....</b>	<b>14</b>
Birth.....	15
Marriage .....	17
Divorce.....	19
Legal Guardianship .....	21
Adding a Dependent.....	23
Deleting a Dependent.....	25
Adding a Spouse .....	27
Deleting a Spouse .....	29
Adding Medical.....	30
Deleting Medical.....	32
Spouse Death.....	33
Child Death .....	35
<b>ELECTING BENEFITS .....</b>	<b>37</b>
<b>CANCELLING MESSA BENEFITS.....</b>	<b>44</b>
<b>CONFIRMATION STATEMENTS.....</b>	<b>44</b>
<b>EMPLOYEE FILE DOCUMENTS .....</b>	<b>46</b>
UPLOADING DOCUMENTS .....	46
VIEWING UPLOADED DOCUMENTS .....	48
<b>QUESTIONS .....</b>	<b>50</b>

## Overview

MESSA has partnered with a leading industry enrollment vendor to provide an Online Enrollment Solution for your school business offices and you. MESSA's online enrollment solution is user-friendly and is designed to simplify updating benefits, enrollment, family statuses and job changes.

What this means for you:

- Information. You can see your specific benefit and enrollment options, review and update personal information, and find other important benefit details.
- Convenience. The site is accessible 24/7 wherever there is an Internet connection.

If you have any questions, please contact our benefits administrator or call the MESSA member service center at 800.336.0013.

## Employee Responsibilities

- Once your information has been added to MESSA's online enrollment website by your employer, you will receive an email notifying you that you can log into the online benefits website using the [www.messa.org](http://www.messa.org) employee portal.
- You will need to verify your demographic (personal) information, make any updates to your dependents and elect your benefits.
- All benefit elections that you make will be sent to your employer for approval.

## ACCESSING MESSA'S ONLINE BENEFITS WEBSITE

The online benefits website is available 24 hours a day, seven days a week for you to enter and review your contact information, benefit enrollment information, eligible dependents, beneficiaries and more.

### First Time Users (New Employees and/or New messa.org Users)

- Once your Benefits Administrator has added you to MESSA's online benefits website, the following email message is sent.
- Use the "Click here" link or go to [www.messa.org](http://www.messa.org) to create a username and password.

#### Register on MESSA.org

Welcome to MESSA.

Please do not reply to this email. This is an automated notification to let you know that you can select benefits with MESSA online.

[Click here](#) to register on messa.org and to create your MESSA web account, where you will select your MESSA benefits.

If you do not see the link above, you will need to visit [www.messa.org](http://www.messa.org) and follow these instructions:

1. On the home page, near the center right, click the [Register Now](#) link.
2. You will be prompted to enter some information about yourself.
3. Once that is complete, you will be taken to the MESSA Secure Member Portal, where there will be a "Select Your Benefits" button to select your benefits.
4. Click the button and you will be automatically redirected to our benefit enrollment portal where you can make your benefit selections.

If you have any questions or run into any problems, please contact our award-winning Member Service Center in East Lansing at (800)336-0013.

Thank You,

MESSA

- Click on "Register Now."

The screenshot displays the MESSA website homepage. At the top left is the MESSA logo with the tagline "Good health. Good business. Great schools." Below the logo is a navigation menu with links for Members, Business Offices, Plans & Services, Health Resources, About Us, and Contact Us. A banner titled "Just for you" features a photo of Rachelle Twichell, RN, BSN, CDE, and a "Read more" button. To the right is a "Login" form with fields for Username and Password, a "Login" button, and a "Forgot username or password?" link. Below the login form is a "Register now" button. On the left side, there are three circular icons representing different services. Below these are sections for "News" (with a link to "MESSA rolling out aggressive plan to help reduce health costs for school employees"), "MESSA Member Service Center (800) 336-0013", "Helpful Links" (including "Find a Doctor - Dentist - Vision", "Request an ID Card", and "Plan Comparison Tool"), "MESSA ABC Plan", and "MESSA Wellness".

- Enter the following information to create a messa.org account:
  - Social Security Number
  - Date of birth
  - Employer
  - ZIP code
- Click “Next.”



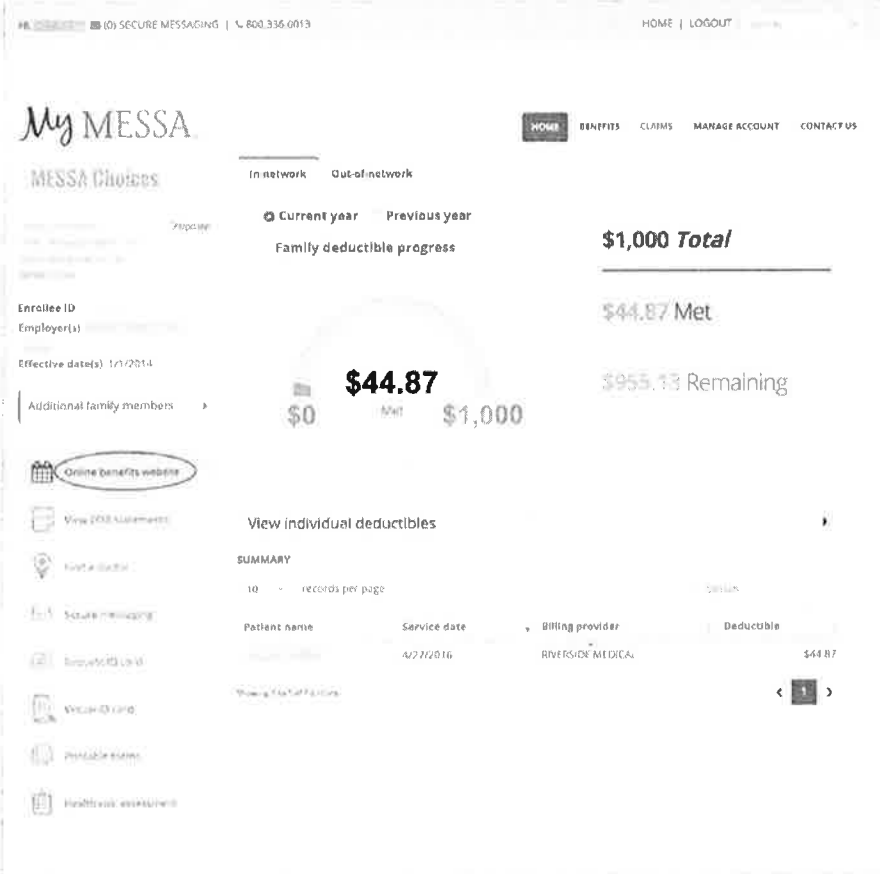
- Select your security questions.
- Click “Next.”



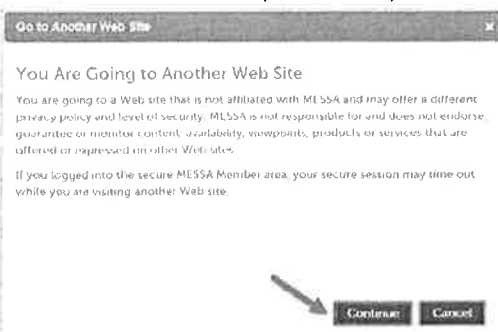
- A confirmation code will be sent to the email address you used when creating your account.
- Enter the Confirmation code.
- Click **“Confirm.”**



- Click on the **“Online benefits website”** link in the box on the left side of the screen.

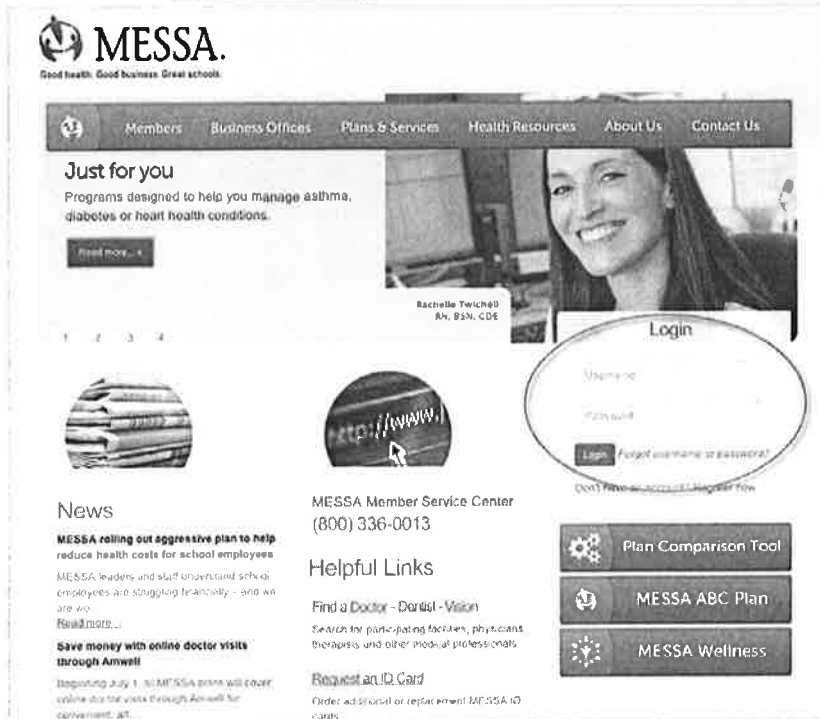


- You will receive a pop-up letting you know that you are going to another web site.
- Click **“Continue.”**
- This will take you directly to MESSA’s Online Benefits Website.



## Current MESSA Website Users (Existing Employees and Existing messa.org Users)

- Go to [www.messa.org](http://www.messa.org) and login using your current username and password.



- If you have forgotten your password or are having trouble logging in, please click on “**Forgot Username or Password**”?
- If you are still unable to log in, contact your Benefits Administrator.



- Once you are logged into MESSA's secure member portal, click on the "Online Benefits Website" link in the box on the left side of the screen.

The screenshot shows the MESSA member portal interface. At the top, there are navigation links for HOME, BENEFITS, CLAIMS, MANAGE ACCOUNT, and CONTACT US. The main content area displays a family deductible progress chart with a gauge showing \$44.87 met out of a \$1,000 total. A table below the chart shows a summary of the deductible with columns for Patient name, Service date, Billing provider, and Deductible. The sidebar on the left contains several links, with 'Online benefits website' circled in red.

My MESSA

MESSA Choices

Enrollee ID: [REDACTED]  
Employer(s): [REDACTED]

Effective date(s): 1/1/2014

Additional family members: [REDACTED]

Family deductible progress

Current year (selected) Previous year

\$1,000 Total

\$44.87 Met

\$955.13 Remaining

\$0 Met \$1,000 Total

Online benefits website

View individual deductibles

SUMMARY

10 records per page

Patient name	Service date	Billing provider	Deductible
[REDACTED]	4/2/2016	RIVERSIDE MEDICAL	\$44.87

Showing 1 of 1 records

- This will take you directly to MESSA's online benefits website.

The screenshot shows the MESSA Online Benefits Website landing page. The top navigation bar includes My Benefits, My Profile, News, and Library. The main content area features a large banner with the text 'Welcome to MESSA's Online Benefits Website' and a photograph of a family walking. On the left side, there is a sidebar with a 'Welcome' message, a notification that the user has 0 alerts, and a message that Open Enrollment ends on August 31, 2016, with a 'Change My Elections' button.

My Benefits My Profile News Library

Welcome

You have 0 alerts

Your Open Enrollment ends on:

AUG 31 2016

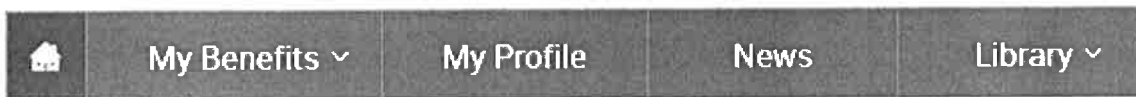
Change My Elections

Welcome to MESSA's Online Benefits Website



## HOME PAGE

This website has been created to provide you with detailed information about your enrollment information. You will have the ability to enroll online and update your personal and dependent information. The tabs at the top of the page have the following information:



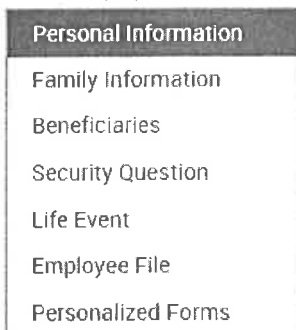
### My Benefits

- Current Benefits – shows the details of all current benefits.
- New Elections – this shows a confirmation statement and if you have an enrollment window open, you change your benefits from this screen.
- Life Events – used to create an enrollment window if you have a qualifying event (within MESSA’s eligibility guidelines for 31 days) that allows benefit changes.
- Benefit Calculator – shows the benefit plans that you are enrolled in and the cost of the plans (if your district has the costs set up).



### My Profile

- Personal Information – View/edit address information
- Family Information – View/edit dependent information
- Security Question – Change security questions
- Life Event – Create a “Life Event” (see page 14 for instructions).
- Employee File – Upload documents to your Employee File
- Personalized Forms – View a confirmation statement for any effective date.



### News

- Contains news from the online enrollment vendor.

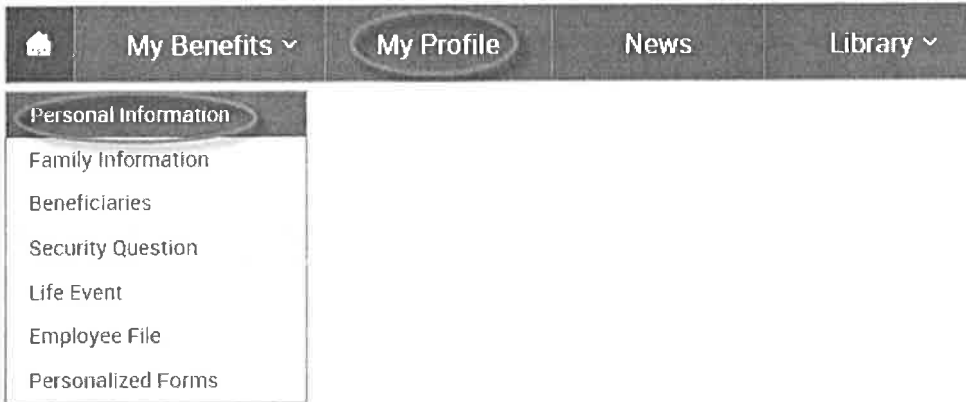
### Library

- Contains a glossary of terms and other documents available to you.

## VIEWING / EDITING PERSONAL INFORMATION

Always review your personal information when you log into the online benefits website.

- Click on **“My Profile”** to see your demographic (personal) information.
- Select **“Personal Information.”**



- If you need to make changes to your demographic information click on the Edit button.



- Click **“Save”** once changes are made.



## VIEWING / EDITING DEPENDENT INFORMATION

Always review your dependent information when you log into the online benefits website.

- Click on **“My Profile”** to see your demographic (personal) information.
- Select **“Family Information.”**



- If you need to make changes to your dependent information click on the “Edit>” button.

**Spouse Test**

Male Spouse

36 years old (1/1/1980)

SSN: 888-88-7728

[Edit >](#)

- Click “Save” once changes are made.

Save
Save & Add Another
Cancel

**NOTE:** If you need to add dependents to coverage see “Qualifying Events/Enrollment Changes” on page 14.

## BENEFICIARIES

When you have life insurance with MESSA, whether it be Negotiated Life Insurance or Optional Life Insurance, a Beneficiary Designation is required.

You are able to update beneficiary information without having to make changes to your benefits.

### Adding a New Beneficiary

- Click on “Beneficiaries.”

End Impersonation of Mcl Tester    Edit Text

Welcome to MESSA's Online Enrollment Website. This website has been created to provide you with detailed information about your enrollment information. You will have the ability to enter, delete and update your personal information within specified time periods.

Should you have any questions, you may contact your benefits administrator.

<p><b>Benefits Quicklook</b></p> <p><b>YOUR CURRENT BENEFITS</b></p> <ul style="list-style-type: none"> <li><span style="background-color: #ccc; padding: 2px 5px; margin-right: 5px;">+</span> Medical Blue Cross Blue Shield of Michigan</li> <li><span style="background-color: #ccc; padding: 2px 5px; margin-right: 5px;">+</span> Dental Delta Dental</li> <li><span style="background-color: #ccc; padding: 2px 5px; margin-right: 5px;">+</span> Vision Vision Service Plan</li> <li><span style="background-color: #ccc; padding: 2px 5px; margin-right: 5px;">+</span> Basic Term Life CIGNA/LINA</li> <li><span style="background-color: #ccc; padding: 2px 5px; margin-right: 5px;">+</span> Negotiated Life CIGNA/LINA</li> <li><span style="background-color: #ccc; padding: 2px 5px; margin-right: 5px;">+</span> View All</li> </ul>	<p><b>My Benefits</b></p> <ul style="list-style-type: none"> <li><span style="font-size: x-small;">▶</span> New Elections</li> <li><span style="font-size: x-small;">▶</span> Current Benefits</li> <li><span style="font-size: x-small;">▶</span> Provider Information</li> <li><span style="font-size: x-small;">▶</span> Sign EOI</li> </ul>	<p><b>My Profile</b></p> <ul style="list-style-type: none"> <li><span style="font-size: x-small;">▶</span> Address</li> <li><span style="font-size: x-small;">▶</span> <b>Beneficiaries</b></li> <li><span style="font-size: x-small;">▶</span> Family Info</li> <li><span style="font-size: x-small;">▶</span> Employee Life</li> <li><span style="font-size: x-small;">▶</span> Personalized Forms</li> </ul> <p><b>Life Events</b></p> <ul style="list-style-type: none"> <li><span style="font-size: x-small;">▶</span> Getting Married?</li> <li><span style="font-size: x-small;">▶</span> Having a Child?</li> <li><span style="font-size: x-small;">▶</span> View Other Events</li> </ul> <p><b>Library</b></p> <ul style="list-style-type: none"> <li><span style="font-size: x-small;">▶</span> View All Documents</li> <li><span style="font-size: x-small;">▶</span> Glossary</li> </ul>
--	---	--

- Enter at least one primary beneficiary for each life insurance policy.
  - Basic Term Life & Supplemental Term Life Insurance = Non-Negotiated
  - Negotiated/PAK & AD&D Life Insurance = Negotiated
- Click **“Save.”**

**Beneficiaries**

Mel Tester

A beneficiary is a person or entity that is designated as the recipient of funds under your eligible insurance policies. Please review your designated beneficiaries below. PRINT

Relationship	Name
(Employee)	My Estate
(Son)	Markese Tester

+ Add Beneficiary

Beneficiary Designation

**Basic Term Life**

Beneficiaries

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Markese Tester (Son)	<input type="text" value="100.0"/> %

**Total: 100%**

∨ Add Secondary Beneficiaries (optional)

**Negotiated Life**

Beneficiaries

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Markese Tester (Son)	<input type="text" value="100.0"/> %

**Total: 100%**

∨ Add Secondary Beneficiaries (optional)

**Save** Cancel

- You will receive the following message:

Beneficiary Designation information was saved successfully.

# Changing / Updating a Beneficiary

- Click on "Beneficiaries."

End Impersonation of Mel Tester | Edit Text

Welcome to MERSA's Online Benefits website. This website has been created to provide you with detailed information about your enrollment information. You will have the ability to enroll online and update your personal information within specified time periods.

Should you have any questions, you may contact your benefits administrator.

### Benefits Quicklook

YOUR CURRENT BENEFITS

- Medical  
Blue Cross Blue Shield of Michigan
- Dental  
Delta Dental
- Vision  
Vision Service Plan
- Basic Term Life  
CIGNA/LINA
- Negotiated Life  
CIGNA/LINA
- View All

### My Benefits

- New Elections
- Current Benefits
- Provider Information
- Cigna EOI

### My Profile

- Address
- Beneficiaries**
- Family Info
- Employee Life
- Personalized Forms

Life Events

- Getting Married?
- Having a Child?
- View Other Events

### Library

- View All Documents
- Glossary

- Make the necessary changes to your beneficiaries. Remember, you must enter at least one primary beneficiary for each life insurance policy.
  - Basic Term Life & Supplemental Term Life Insurance = Non-Negotiated
  - Negotiated/PAK & AD&D Life Insurance = Negotiated
- Click "Save."

## Beneficiaries

Mel Tester

A beneficiary is a person or entity that is designated as the recipient of funds under your eligible insurance policies. Please review your designated beneficiaries below. [PRINT](#)

Relationship	Name
(Employee)	My Estate
(Son)	Markese Tester

[Add Beneficiary](#)

### Beneficiary Designation

**Basic Term Life**

#### Beneficiaries

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Markese Tester (Son)	100.0 %

**Total: 100%**

[Add Secondary Beneficiaries \(optional\)](#)

**Negotiated Life**

**Beneficiaries**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Maikese Tester (Son)	<input type="text" value="100.0"/> %
<b>Total: 100%</b>	

▼ Add Secondary Beneficiaries (optional)

- You will receive the following message:

 Beneficiary Designation information was saved successfully.

## QUALIFYING EVENTS / ENROLLMENT CHANGES (within guideline of 31 days)

In order to make benefit changes *within* MESSA's eligibility guidelines of 31 days, a "Life Event" (qualifying event) will need to be created.

Listed below are the Life Events that are used in MESSA's Online Benefits Website, what MESSA's coordinating qualifying event is called and a brief description of what each event may be used for.

Description of Life / Qualifying Event	Online Benefits Life Event
Adding a newborn	Birth/Adoption
Adding a new spouse on the date of marriage	Marriage
Removing ex-spouse on the date of divorce	Divorce/Legal Separation
Dependent meets eligibility guidelines and is being added or re-added (this includes legal guardianship)	Child Regains Eligibility
Dependent no longer meets eligibility guidelines and is being removed	Child No Longer Eligible
Spouse is being added or re-added	Gain of Spouse's Benefit Eligibility
Spouse is being removed	Loss of Spouse's Benefit Eligibility
Changing coverage to add medical	Loss of Other Coverage (Associate or Dependent)
Deleting medical coverage	Associate/Dependent Gains Other Coverage
Spouse passes away	Spouse Death
Child passes away	Child Death

To create a Life Event enrollment:

- Hover your cursor over the “My Benefits” tab at the top of the screen and choose “Life Events.”



## Birth

- Select “Birth.”

A screenshot of a web application's "Life Events" selection screen. The page title is "Life Events" and the user is identified as "Johnny Test". Below the user name is a message: "If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage." The screen is labeled "STEP 1 Please select your life event". There are three options: "Birth", "Marriage", and "Other life events". The "Birth" option is circled in red.

- Enter newborn’s birthdate.

A screenshot of a web application's "STEP 2 Enter your life event information" screen. The page title is "STEP 2 Enter your life event information". The "Birth" option is selected, and there is a "Change life event" link. Below the selection is the question "When did your life event take place?". There is a date input field with the placeholder text "Enter a date (mm/dd/yyyy)". The "Enter a date" text is circled in red.

- Select “Add Dependent.”

A screenshot of a web application's "Enter your new dependent's information" screen. The page title is "Enter your new dependent's information:". Below the title is a table with columns: "Name", "Relationship", "Date of Birth", "Age", and "Gender". Below the table is the text "Add at least one dependent to continue". There is a button labeled "Add Dependent" with a plus sign icon, which is circled in red. At the bottom of the screen are two buttons: "Continue" and "Cancel".



- Enter newborn's demographic information.
- Click **"Save."**

**Add Family Member**

Dependent Demographic

\* First Name

Middle Initial

\* Last Name

Suffix

\* Date of Birth

Social Security Number

\* Gender  Male  Female

\* Relationship

\* Fields are required

- Click **"Continue."**

**Enter your new dependent's information:**

Name	Relationship	Date of Birth	Age	Gender
<input type="checkbox"/> Baby Test	Daughter	7/5/2016	0	F

- Check the **"I verify that all of the above Life Event information is correct."** box.
- Click **"Save and Start Life Event Enrollment."**

**STEP 3** Confirm your information

**Birth** Change life event

---

Life Event **Birth**

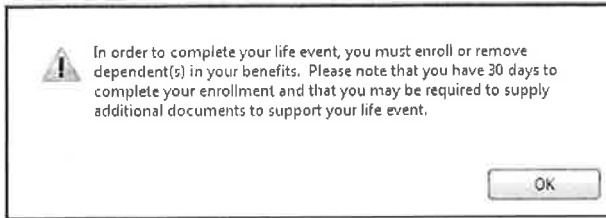
Date of Event: **07/05/2016**

Added to Family: **Baby Test**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click "OK."



Enrollment must be completed to enroll newborn in benefits *(See page 37 for instructions on how to elect benefits).*

In order to add a newborn to benefits, when electing benefits, be sure to check the newborn's name next to each benefit plan that they are to be enrolled in.

## Marriage

- Select "Marriage."

- Enter marriage effective date.

- Select "Add Dependent."

- Enter spouse's demographic information.
- Click **"Save."**

**Add Family Member**

Dependent Demographic

\* First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

\* Last Name \_\_\_\_\_

Suffix \_\_\_\_\_

\* Date of Birth (mm/dd/yyyy) \_\_\_\_\_

\* Social Security Number xxx-xx-xxxx \_\_\_\_\_

\* Gender  Male  Female

\* Relationship \_\_\_\_\_

\* Fields are required

**Save**

- Click **"Continue."**

Enter your new dependent's information:

Name	Relationship	Date of Birth	Age	Gender
<input checked="" type="checkbox"/> Spouse Test	Spouse	1/1/1980	36	M

Add Dependent

**Continue** Cancel

- Check the **"I verify that all of the above Life Event information is correct."** box.
- Click **"Save and Start Life Event Enrollment."**

**STEP 3** Confirm your information

**Marriage** [Change life event](#)

Life Event **Marriage**

Date of Event **08/06/2016**


Added to Family **Spouse Test**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

**Save and Start Life Event Enrollment** Cancel

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **"OK."**

 In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

**OK**

Enrollment must be completed to enroll spouse in benefits *(See page 37 for instructions on how to elect benefits).*

In order to add a spouse to benefits, when electing benefits, be sure to check the spouse's name next to each benefit plan that they are to be enrolled in.

## Divorce

- Select "Other life events..."

Life Events

Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

**Other life events**

- Select "Divorce."

Life Events

Joe Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events...

**Divorce**

Legal Guardianship

Child Becomes Eligible

Child No Longer Eligible

Gain of Spouse's Benefit Eligibility

Loss of Spouse's Benefit Eligibility

Gain of Employee's Benefit Eligibility

Loss of Employee's Benefit Eligibility

Spouse Death

Child Death

- Enter divorce effective date.

STEP 2 Enter your life event information

Divorce Change life event

When did your life event take place?

**Enter a date** (mm/dd/yyyy)

- Check the box next to the spouse's name.
- Click "Continue."

Update	Name	SSN	Relationship	Date of Birth	Age	Gender	Additional Information
<input type="checkbox"/>	Joe Test	444-55-6666	Employee	1/1/1980	36	M	
<input checked="" type="checkbox"/>	Spouse Test	877-08-0889	Spouse	1/1/1980	36	F	
<input type="checkbox"/>	Michael Test	888-77-8822	Son	1/1/1989	27	M	

**Continue**

- Check the “I verify that all of the above Life Event information is correct.” box.
- Click “Save and Start Life Event Enrollment.”

STEP 3 Confirm your information

Divorce Change life event

---

Life Event: **Divorce**

Date of Event: **08/05/2016**


Removed from Family: **Spouse Test**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

**Save and Start Life Event Enrollment** Cancel

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click “OK.”

 In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

OK

Enrollment must be completed to remove spouse from benefits *(See page 37 for instructions on how to elect benefits).*

In order to remove a spouse from benefits, when electing benefits, be sure to uncheck the spouse’s name next to each benefit plan that they are enrolled in.

## Legal Guardianship

- Select "Other life events..."

Life Events

Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

**Other life events...**

- Select "Legal Guardianship."

Life Events

Joe Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events...

- Divorce
- Legal Guardianship**
- Child Becomes Eligible
- Child No Longer Eligible
- Gain of Spouse's Benefit Eligibility
- Loss of Spouse's Benefit Eligibility
- Gain of Employee's Benefit Eligibility
- Loss of Employee's Benefit Eligibility
- Spouse Death
- Child Death

- Enter legal guardianship effective date.

STEP 2 Enter your life event information

**Legal Guardianship** Change life event

---

When did your life event take place?

**Enter a date:** (mm/dd/yyyy)

- Select **“Add Dependent.”**

Enter your new dependent's information:

Name	Relationship	Date of Birth	Age	Gender
Add at least one dependent to continue				
<input type="button" value="+ Add Dependent"/>				
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

- Enter legal guardian's demographic information
- Click **“Save.”**

Add Family Member

Dependent Demographic

\* First Name

Middle Initial

\* Last Name

Suffix

\* Date of Birth

\* Social Security Number

\* Gender  Male  Female

\* Relationship

\* Fields are required

- Click **“Continue.”**

Name	Relationship	Date of Birth	Age	Gender
<input type="button" value="+"/> Legal Guardian	Legal Guardianship	1/1/1999	17	M
<input type="button" value="+ Add Dependent"/>				
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

- Check the **“I verify that all of the above Life Event information is correct.”** box.
- Click **“Save and Start Life Event Enrollment.”**

STEP 3 Confirm your information

Legal Guardianship Change life event

---

Life Event: **Legal Guardianship**

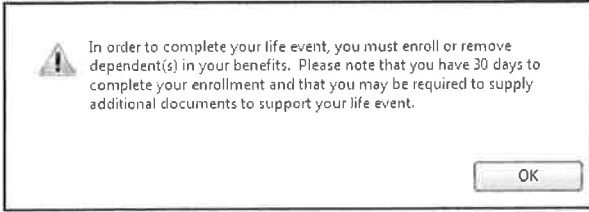
Date of Event: **08/01/2016**

Added to Family: **Legal Guardian**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **“OK.”**

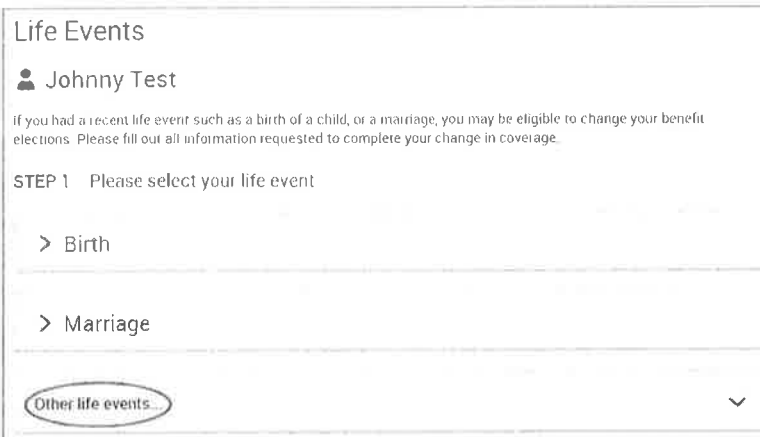


Enrollment must be completed to add dependent to benefits (*See page 37 for instructions on how to elect benefits*).

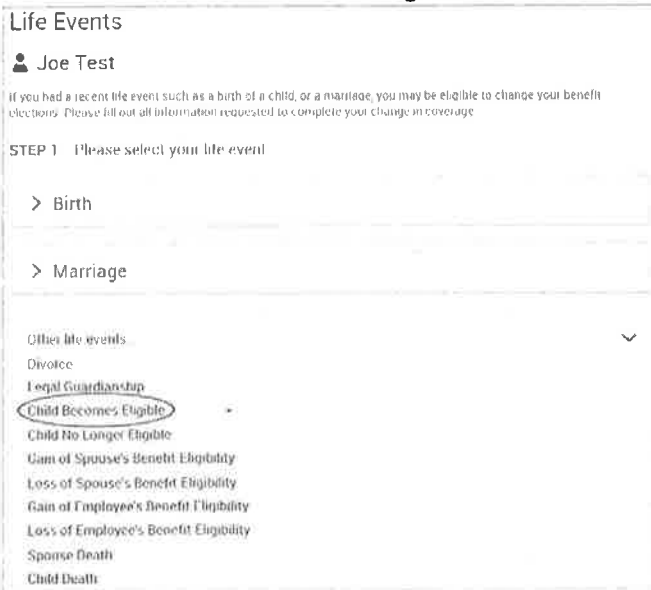
In order to add a dependent to benefits, when electing benefits, be sure to check the dependent’s name next to each benefit plan that they are to be enrolled in.

### Adding a Dependent

- Select **“Other life events...”**



- Select **“Child Becomes Eligible.”**



- Enter the effective date (first of the month).



STEP 2 Enter your life event information

Child Becomes Eligible Change life event

---

When did your life event take place?

- Check the **“I verify that all of the above Life Event information is correct.”** box.
- Click **“Save and Start Life Event Enrollment.”**

STEP 3 Confirm your information

Child Becomes Eligible Change life event

---

Life Event: **Child Becomes Eligible**


Date of Event: **08/01/2016**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

**Save and Start Life Event Enrollment** Cancel

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **“OK.”**

 In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

Enrollment must be completed to add dependent to benefits *(See page 37 for instructions on how to elect benefits).*

In order to add a dependent to benefits, when electing benefits, be sure to check the dependent’s name next to each benefit plan that they are to be enrolled in.

## Deleting a Dependent

- Select "Other life events..."

Life Events

Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events...

- Select "Child No Longer Eligible."

Life Events

Joe Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events...

Divorce

Legal Guardianship

Child Becomes Eligible

Child No Longer Eligible

Gain of Spouse's Benefit Eligibility

Loss of Spouse's Benefit Eligibility

Gain of Employee's Benefit Eligibility

Loss of Employee's Benefit Eligibility

Spouse Death

Child Death

- Enter the effective date (last day of the month in which coverage is ending).

STEP 2 Enter your life event information

Child No Longer Eligible Change life event

---

When did your life event take place?

Enter a date: (mm/dd/yyyy)

- Check the box next to the dependent's name.
- Click **"Continue."**

Update	Name	SSN	Relationship	Date of Birth	Age	Gender	Additional Information
	Joe Test	444-55-6666	Employee	1/1/1980	36	M	
	Spouse Test	877-08-0889	Spouse	1/1/1980	36	F	Divorced
<input checked="" type="checkbox"/>	Michael Test	888-77-8822	Son	1/1/1989	27	M	

- Check the **"I verify that all of the above Life Event information is correct."** box.
- Click **"Save and Start Life Event Enrollment."**

STEP 3 Confirm your information

**Child No Longer Eligible** Change life event


---

Life Event: **Child No Longer Eligible**  
 Date of Event: **08/31/2016**  
 Removed from Family: **Michael Test**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **"OK."**

 In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

Enrollment must be completed to add dependent to benefits *(See page 37 for instructions on how to elect benefits).*

In order to remove a dependent from benefits, when electing benefits, be sure to uncheck the dependent's name next to each benefit plan that they are enrolled in.

## Adding a Spouse

- Select "Other life events..."

Life Events

Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

**Other life events** ▾

- Select "Gain of Spouse's Benefit Eligibility."

Life Events

Joe Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events ▾

- Divorce
- Legal Guardianship
- Child Becomes Eligible
- Child ~~No Longer Eligible~~
- Gain of Spouse's Benefit Eligibility**
- Loss of Spouse's Benefit Eligibility
- Gain of Employee's Benefit Eligibility
- Loss of Employee's Benefit Eligibility
- Spouse Death
- Child Death

- Enter the effective date (first day of the month).

STEP 2 Enter your life event information

Gain of Spouse's Benefit Eligibility Change life event

When did your life event take place?

**Enter a date** (mm/dd/yyyy)

- Check the **“I verify that all of the above Life Event information is correct.”** box.
- Click **“Save and Start Life Event Enrollment.”**

STEP 3 Confirm your information

Gain of Spouse's Benefit Eligibility Change life event

---


Life Event: Gain of Spouse's Benefit Eligibility  
 Date of Event: 08/01/2016

I verify that all of the above Life Event information is correct.

Hide Event from Employee

**Save and Start Life Event Enrollment** Cancel

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **“OK.”**

 In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

Enrollment must be completed to add spouse to benefits *(See page 37 for instructions on how to elect benefits).*

If the spouse is being enrolled for the first time, you must add the spouse's demographic information to "Family Information" before adding benefits.

In order to add a spouse to benefits, when electing benefits, be sure to check the spouse's name next to each benefit plan that they are to be enrolled in.

## Deleting a Spouse

- Select "Other life events..."

Life Events

Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events

- Select "Loss of Spouse's Benefit Eligibility."

Life Events

Joe Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events

- Divorce
- Legal Guardianship
- Child Becomes Eligible
- Child No Longer Eligible
- Gain of Spouse's Benefit Eligibility
- Loss of Spouse's Benefit Eligibility
- Gain of Employee's Benefit Eligibility
- Loss of Employee's Benefit Eligibility
- Spouse Death
- Child Death

- Enter the effective date (last day of the month in which coverage is ending).

STEP 2 Enter your life event information

Loss of Spouse's Benefit Eligibility [Change life event](#)

When did your life event take place?

Enter a date (mm/dd/yyyy)

- Check the **“I verify that all of the above Life Event information is correct.”** box.
- Click **“Save and Start Life Event Enrollment.”**

STEP 3 Confirm your information

Loss of Spouse's Benefit Eligibility Change life event

---


Life Event: Loss of Spouse's Benefit Eligibility  
Date of Event: 08/31/2016

I verify that all of the above Life Event information is correct.

Hide Event from Employee

**Save and Start Life Event Enrollment** Cancel

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **“OK.”**

 In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.


Enrollment must be completed to remove spouse from benefits *(See page 37 for instructions on how to elect benefits)*.

In order to remove a spouse from benefits, when electing benefits, be sure to uncheck the spouse's name next to each benefit plan that they are enrolled in.

### Adding Medical

- Select **“Other life events...”**

Life Events

 Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

---

> Marriage

---

**Other life events...** ▼

- Select **“Gain of Employee’s Benefit Eligibility.”**

**Life Events**


**Joe Test**

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

**STEP 1** Please select your life event

> Birth

> Marriage

Other life events 

- Divorce
- Legal Guardianship
- Child Becomes Eligible
- Child No Longer Eligible
- Gain of Spouse's Benefit Eligibility
- Loss of Spouse's Benefit Eligibility
- Gain of Employee's Benefit Eligibility**
- Loss of Employee's Benefit Eligibility
- Spouse Death
- Child Death

- Enter the effective date (first of the month).

**STEP 2** Enter your life event information

**Gain of Employee's Benefit Eligibility** Change life event

---

When did your life event take place?

**Enter a date:** (mm/dd/yyyy)

- Check the **“I verify that all of the above Life Event information is correct.”** box.
- Click **“Save and Start Life Event Enrollment.”**

**STEP 3** Confirm your information

**Gain of Employee's Benefit Eligibility** Change life event

---

Life Event: **Gain of Employee's Benefit Eligibility**

Date of Event: **08/31/2016**

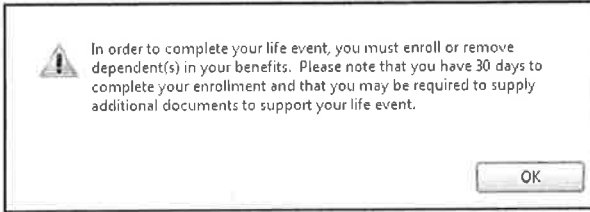
I verify that all of the above Life Event information is correct.

Hide Event from Employee

**Save and Start Life Event Enrollment** Cancel



- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **“OK.”**



Enrollment must be completed to add medical (See page 37 for instructions on how to elect benefits).

## Deleting Medical

- Select **“Other life events...”**

Life Events

👤 Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... ▾

- Select **“Loss of Employee’s Benefit Eligibility.”**

Life Events

👤 Joe Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... ▾

- Divorce
- Legal Guardianship
- Child Becomes Eligible
- Child No Longer Eligible
- Gain of Spouse's Benefit Eligibility
- Loss of Spouse's Benefit Eligibility
- Gain of Employee's Benefit Eligibility
- Loss of Employee's Benefit Eligibility
- Spouse Death
- Child Death

- Enter the effective date (first of the month following termination of medical coverage).

STEP 2 Enter your life event information

Loss of Employee's Benefit Eligibility

Change life event

When did your life event take place?

Enter a date (mm/dd/yyyy)

- Check the "I verify that all of the above Life Event information is correct." box.
- Click "Save and Start Life Event Enrollment."

STEP 3 Confirm your information

Loss of Employee's Benefit Eligibility

Change life event

Life Event: Loss of Employee's Benefit Eligibility

Date of Event: 08/31/2016

I verify that all of the above Life Event information is correct.

Hide Event from Employee

Save and Start Life Event Enrollment

Cancel

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click "OK."



In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

OK

Enrollment must be completed to delete medical (See page 37 for instructions on how to elect benefits).

## Spouse Death

- Select "Other life events..."

Life Events

Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events...

- Select "Spouse Death."

**Life Events**

Joe Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events

- Divorce
- Legal Guardianship
- Child Becomes Eligible
- Child No Longer Eligible
- Gain of Spouse's Benefit Eligibility
- Loss of Spouse's Benefit Eligibility
- Gain of Employee's Benefit Eligibility
- Loss of Employee's Benefit Eligibility
- Spouse Death**
- Child Death

- Enter the date of death (last day of month in which spouse died).

STEP 2 Enter your life event information

**Spouse Death** Change life event

When did your life event take place?

**Enter a date:** (mm/dd/yyyy)

- Check the box next to the spouse's name.
- Click **"Continue."**

Update	Name	SSN	Relationship	Date of Birth	Age	Gender	Additional Information
	Joe Test	444-55-6666	Employee	1/1/1980	36	M	
	Spouse Test	877-08-0889	Spouse	1/1/1980	36	F	Divorced
<input checked="" type="checkbox"/>	Michael Test	888-77-8822	Son	1/1/1989	27	M	

**Continue**

- Check the **"I verify that all of the above Life Event information is correct."** box.
- Click **"Save and Start Life Event Enrollment."**

STEP 3 Confirm your information

**Spouse Death** Change life event

Life Event: **Spouse Death**

Date of Event: **08/05/2016**

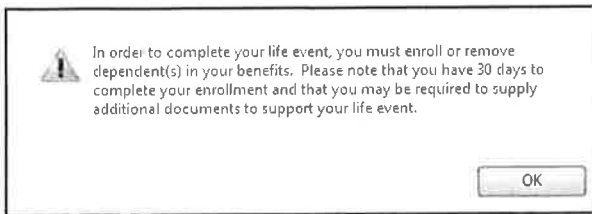
Removed from Family: **Spouse Test**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

**Save and Start Life Event Enrollment** Cancel

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **"OK."**



Enrollment must be completed to remove spouse from benefits (*See page 37 for instructions on how to elect benefits*).

In order to remove a spouse from benefits, when electing benefits, be sure to uncheck the spouse's name next to each benefit plan that they are enrolled in.

## Child Death

- Select **"Other life events..."**

Life Events

Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

**Other life events...**

- Select **"Child Death."**

Life Events

Joe Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events...

Divorce

Legal Guardianship

Child Becomes Eligible

Child No Longer Eligible

Gain of Spouse's Benefit Eligibility

Loss of Spouse's Benefit Eligibility

Gain of Employee's Benefit Eligibility

Loss of Employee's Benefit Eligibility

Spouse Death

**Child Death**

- Enter the date of death (last day of month in which child died).

STEP 2 Enter your life event information

Child Death Change life event

---

When did your life event take place?

- Check the box next to the dependent's name.
- Click **"Continue."**

Update	Name	SSN	Relationship	Date of Birth	Age	Gender	Additional Information
	Joe Test	444-55-6666	Employee	1/1/1980	36	M	
	Spouse Test	877-08-0889	Spouse	1/1/1980	36	F	
<input checked="" type="checkbox"/>	Michael Test	888-77-8822	Son	1/1/1989	27	M	

- Check the **"I verify that all of the above Life Event information is correct."** box.
- Click **"Save and Start Life Event Enrollment."**

STEP 3 Confirm your information

Child Death Change life event

---

Life Event: **Child Death**


Date of Event: **08/06/2016**

Removed from Family: **Michael Test**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **"OK."**

 In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

Enrollment must be completed to remove dependent from benefits (See page 37 for instructions on how to elect benefits).

In order to remove a dependent from benefits, when electing benefits, be sure to uncheck the dependent's name next to each benefit plan that they are enrolled in.

# ELECTING BENEFITS

If you need to make changes to your benefits due to a qualifying event, follow the steps below:

- An enrollment window will display on the home page with the date the enrollment ends.
- Click **“Change My Elections.”**



- Review your demographic information and make any necessary changes.
- Click **“I agree”** and **“Continue.”**

### Employee Information

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

**Demographics**

\* First Name    
Middle Initial    
\* Last Name    
Suffix    
Social Security Number    
\* Date of Birth    
\* Gender  Male  Female

\* Fields are required

**Address**

\* Gender  Male  Female

\* Fields are required

Address 1    
Address 2    
City    
State    
Zip    
\* Home Phone    
Cell Phone    
Home Email

**WORK CONTACT INFORMATION**

Work Phone    
Work Phone Ext    
\* Work Email    
Preferred Email  Home Email  Work Email

\* Fields are required

By checking the box "I agree" below, you agree that the information above is accurate to the best of your knowledge.

I agree

**Progress Indicator:**

- 1 Your Info  
Employee Info  
Family Info  
Questions
- 2 Your Benefits
- 3 Enroll
- 4 Complete

**Continue**


- Review your family information – make any necessary changes.
- Read the “**Dependent Information Notice**” and click “**I agree.**”
- Click “**Continue.**”

**Family Information**

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person's name.

**Note:** If you or any of your family members have a foreign (non-USA issued) SSN, please contact your **Benefits Administrator** or **MESSA Group Services** at 888-888-4167.

<p><b>Mel Tester</b></p> <p><b>Female Employee</b></p> <p>35 years old (1/1/1992)</p> <p>SSN: 888-77-5236</p> <p><a href="#">Edit &gt;</a></p>	<p><b>Markese Tester</b></p> <p><b>Male Son</b></p> <p>27 years old (11/21/1992)</p> <p>SSN: 888-55-7700</p> <p><a href="#">Edit &gt;</a></p>
--	---



Add Dependents


**Dependent Information Notice**


If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian), however, foster children are not included until a maximum of the end of the calendar year of their 26th birthday.

**NOTE:** Your child's spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)





1 Your Info

- Employee Info
- Family Info
- Questions

2 Your Benefits

3 Enroll

4 Complete

- If you have PAK or Bundled benefits, you will be asked the question “What PAK/Bundle of Coverage do you want?”
- Select the PAK or Bundle of coverage.
- Click “Continue.”

**Questions**

\*What PAK of Coverage do you want?

**PAK A**  
 Medical – MESSA Choices \$200/\$400  
 Dental - Dent 80/60/60/60A:1300/1000:2  
 Vision - VSP 2  
 Negotiated LTD  
 PAK Life - \$20,000 PAK Life  
 PAK AD&D - \$20,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK B**  
 Dental - Dent 80/80/80/80:1300/1000:2  
 Vision - VSP 3  
 Negotiated LTD  
 PAK Life - \$30,000 PAK Life  
 PAK AD&D - \$30,000 PAK AD&D

**PAK C**  
 Medical – MESSA ABC Plan 1  
 Dental - Dent 80/80/80/80:1300/1000:2  
 Vision - VSP 2  
 Negotiated LTD  
 PAK Life - \$20,000 PAK Life  
 PAK AD&D - \$20,000 PAK AD&D  
 Basic Term Life - \$5,000

I want Pak A.  
 I want Pak B.  
 I want Pak C.

\* Fields are required

**1** Your Info

Employee Info

Family Info

Questions

**2** Your Benefits

**3** Enroll

**4** Complete

Continue



- If you have Non-PAK benefits, you will be brought to the enrollment screen after reviewing your family information.
1. Under each benefit plan, you can **“View plan details”** for more information.
  2. To change a benefit plan or add/remove dependents to/from a benefit plan, select **“View Plan Options.”**
  3. When you are finished making benefit elections, click **“Continue.”**
  4. If you need to come back to benefit elections, you can click **“Save and Finish Later.”**
  5. Once elections are made for each benefit plan, a green check will be placed next to that benefit plan.

**Open Enrollment**

You are now eligible to make changes to your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

5

### Medical

PLAN MESSA Choices \$200/\$400 / Blue Cross Blue Shield of Michigan 1 View plan details

COVERAGE Employee + Dependent

Mel Tester	Employee	<input checked="" type="checkbox"/> Cover
Markese Tester	Son	<input checked="" type="checkbox"/> Cover

Completed

**\$0.00** ▼

Your Cost per month

2 View Plan Options

5

### Dental

PLAN Dent 80/80/80/80:1300/1000:2 / Delta Dental View plan details

COVERAGE Employee

Mel Tester	Employee	<input checked="" type="checkbox"/> Cover
Markese Tester	Son	<input checked="" type="checkbox"/> Waive

Completed

**\$0.00** ▼

Your Cost per month

View Plan Options

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Your Cost per month **\$0.00**

Finished selecting benefits? Click the button below to continue.

3 Continue

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

4 Save and Finish Later

- Once you click "Continue" you will need to designate your beneficiaries for Negotiated and Non-Negotiated Life Insurance (if applicable).
- Your dependents will already be listed.
  1. If the beneficiary is not a covered dependent, you can "Add New Beneficiary."
  2. The percentage designated between all beneficiaries must total 100%.
  3. If you wish to designate a secondary/contingent beneficiary click "Add Secondary Beneficiary."
  4. When finished with beneficiaries, click "Continue."

**Open Enrollment**

Please verify your beneficiary information is complete and accurate before proceeding.  
 "Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any due benefits after the death of an employee/retiree. "Secondary beneficiary" represents the person or persons named to receive benefits if the primary beneficiary is deceased.

1 Your Info

2 **Your Benefits**

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

---

Your Cost per month \$0.00

4 Continue

### Basic Term Life

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Markese Tester (Son)	100.0 %

2 Total: 100%

1 + Add New Beneficiary

3 v Add Secondary Beneficiaries (optional)  
 Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

- If you elected medical coverage, you will be asked if you and/or your dependents have other medical coverage.
- If no, click **“Continue.”**

**Open Enrollment**

**Medical**

Mei Tester (Employee)  
 Other Medical Insurance Coverage:  
 Current or Prior Coverages  Yes  No

Markese Tester (Son)  
 Other Medical Insurance Coverage:  
 Current or Prior Coverages  Yes  No

**1 Your Info**  
**2 Your Benefits**  
**3 Enroll**  
 Beneficiaries  
 Other Coverages  
 Review and Confirm  
**4 Complete**

Your Cost per month **\$0.00**

**Continue**

- If yes, click **“Yes”** and enter the information from the other medical coverage.
- Click **“Save”** and **“Continue.”**

**Open Enrollment**

**Medical**

Mei Tester (Employee)  
 Other Medical Insurance Coverage:  
 Current or Prior Coverages  Yes  No

Other Insurance: New

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone: 555-555-5555

Insurance Carrier's Name

Insurance Carrier's Phone: 555-555-5555

Coverage Start Date: mm/dd/yyyy

Coverage End Date: mm/dd/yyyy

State/Country of Coverage

Coverage Level: Employee

Additional Info

**1 Your Info**  
**2 Your Benefits**  
**3 Enroll**  
 Beneficiaries  
 Other Coverages  
 Review and Confirm  
**4 Complete**

Your Cost per month **\$0.00**

**Save**

**Continue**

- Review the benefit elections.
- Read the Participation agreement and click **“I agree and I’m finished with my enrollment.”**
- Click **“Complete Enrollment.”**

End Impersonation of Joe Test
Edit Text

## Vision\*

⚠ This benefit election is pending until approved by your Benefits Administrator

VSP 2 Vision Service Plan

Coverage: Employee

Your cost per month **\$0.00**

COST DETAILS PER MONTH

Your Cost \$0.00

1 Your Info

2 Your Benefits

3 Enroll

Other Coverages

Review and Confirm

4 Complete

Who will be covered on this plan:

Name	Relationship	Coverage
Joe Test	Employee	<input checked="" type="radio"/> Cover
Spouse Test	Spouse	<input checked="" type="radio"/> Waive
Michael Test	Son	<input checked="" type="radio"/> Waive

[Edit Selection](#)

Complete Enrollment

Once You've Reviewed All Your Selections:  
Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

**I agree, and I'm finished with my enrollment**

- You now can either **“View,” “Email” or “Print”** your confirmation statement.

My Benefits ▾
My Profile
News
Library ▾

## Your enrollment is complete!

📅 You may make changes to your elections until **September 1, 2016**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the “Print” button to print a copy of your enrollment confirmation statement for your records, click “Email” to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the “Edit Selection” button located under each plan.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

VIEW

EMAIL

PRINT

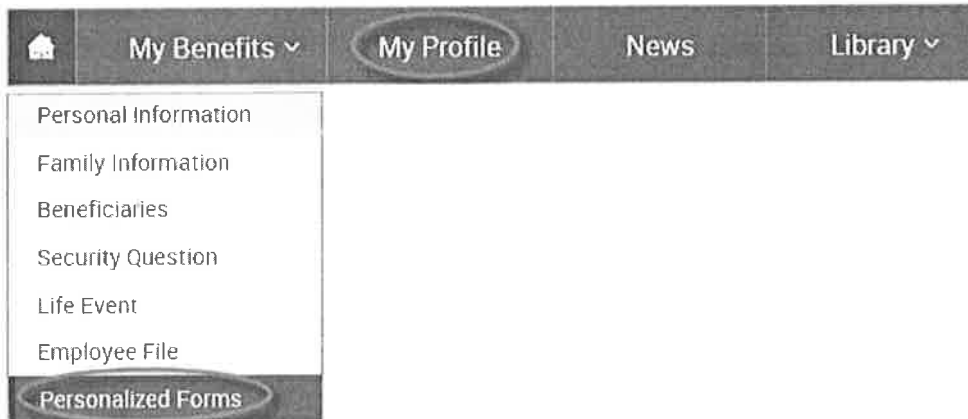
## CANCELLING MESSA BENEFITS

If you would like to cancel all MESSA benefits, please see your benefits administrator.

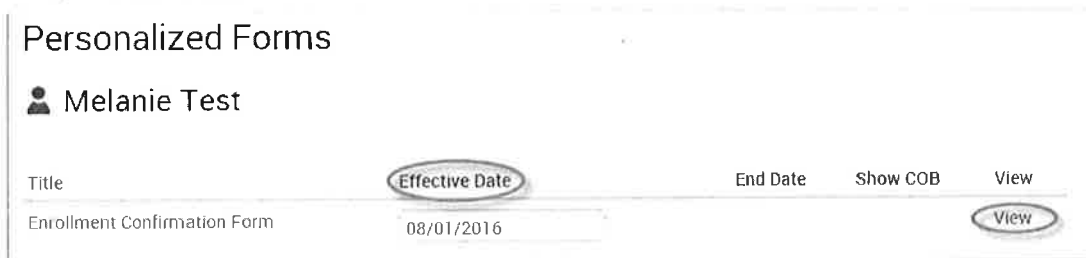
## CONFIRMATION STATEMENTS

You have the ability to view/print a confirmation statement for any given effective date at any time.

- Click on **“My Profile”** to see your demographic (personal) information.
- Select **“Personalized Forms.”**



- Enter the effective date of the confirmation statement you are requesting.
- Click **“View.”**



- You will get a pop-up that asks you if you want to open or save the confirmation statement.
- Click **“Open.”**



- Your confirmation statement will open for you to view and/or print.



## New Elections, Confirmation Statement for Melanie Test

We are pleased to provide you with this personalized summary of your benefit enrollment elections and payroll deductions. For more information about your benefits, please log into [www.messa.org](http://www.messa.org) and click on My Benefits. If you have any questions, call MESSA at 800.338.0013.

### Your Benefits as of 8/1/2016

#### TOTAL COSTS PER MONTH

Your Cost **\$0.00**

#### Medical

Your cost per month **\$0.00**

MESSA Choices \$200/\$400

Coverage: **Employee + Family**

[Cost Details Per Month](#)

#### Who will be covered on this plan:

Your Cost **\$0.00**

Name	Relationship	Coverage
Melanie Test	Employee	<input checked="" type="checkbox"/> Covered
Spouse Test	Spouse	<input checked="" type="checkbox"/> Waived
Baby Test	Daughter	<input checked="" type="checkbox"/> NOT COVERED

#### Vision

Your cost per month **\$0.00**

VSP 2

Coverage: **Employee + Dependent**

[Cost Details Per Month](#)

#### Who will be covered on this plan:

Your Cost **\$0.00**

Name	Relationship	Coverage
Melanie Test	Employee	<input checked="" type="checkbox"/> Covered
Spouse Test	Spouse	<input checked="" type="checkbox"/> Covered
Baby Test	Daughter	<input checked="" type="checkbox"/> NOT COVERED

#### Basic Term Life

Your cost per month **\$0.00**

Basic Term Life with Medical

Coverage: **\$5,000.00**

[Cost Details Per Month](#)

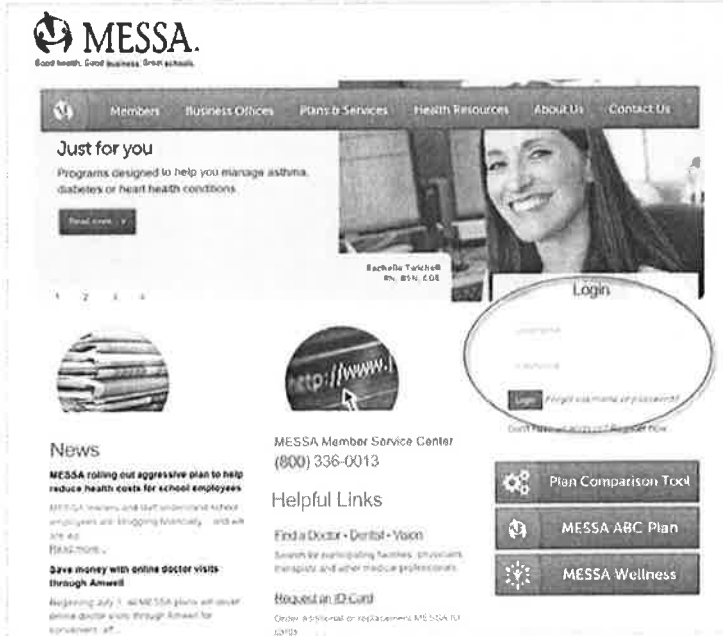
Your Cost **\$0.00**

# EMPLOYEE FILE DOCUMENTS

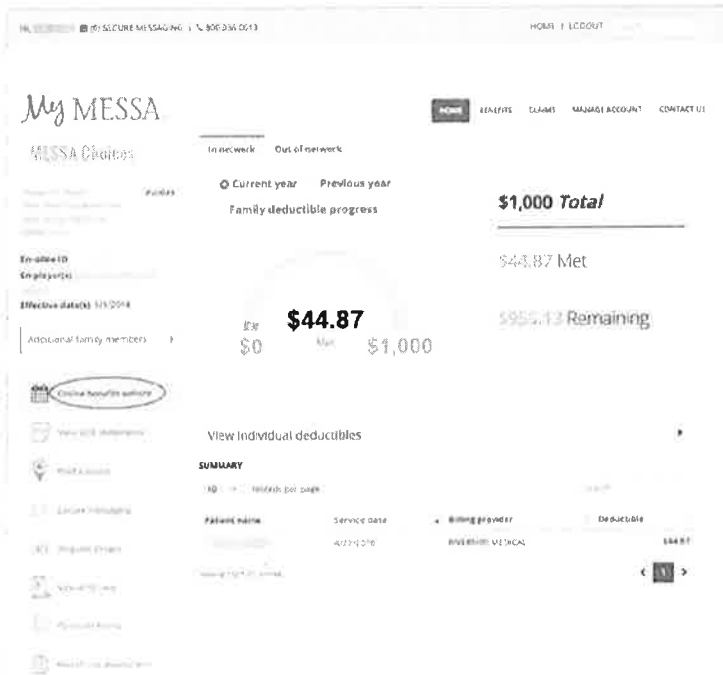
You have the ability to upload documents to MESSA's online benefits website (birth certificate, marriage license, etc.). These documents will be viewable to you and your employer.

## UPLOADING DOCUMENTS

- Go to [www.messa.org](http://www.messa.org) and login using your current username and password.



- Once you are logged into MESSA's secure member portal, click on the "Online Benefits Website" link in the box on the left side of the screen.



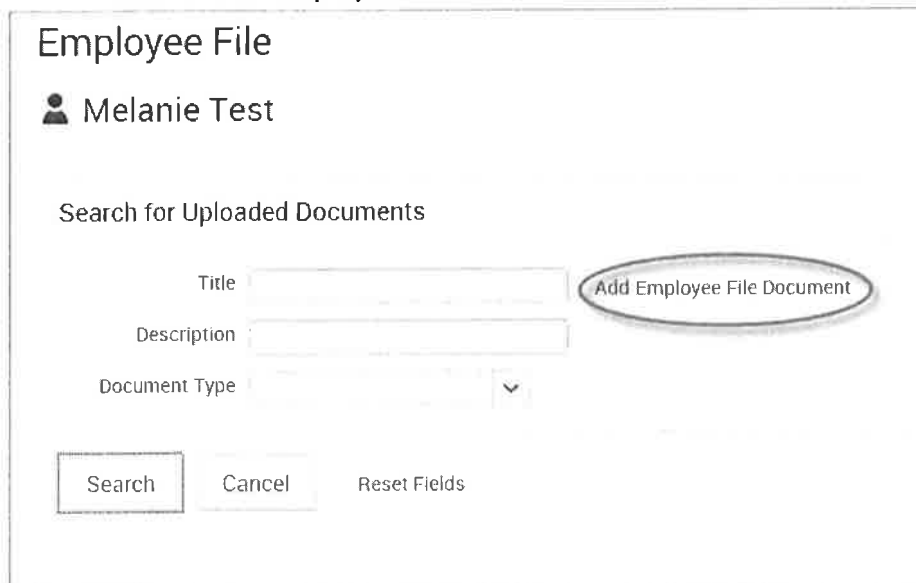
- This will take you directly to MESSA's online benefits website.



- Click on "My Profile" to see your demographic (personal) information.
- Select "Employee File."



- Click on "Add Employee File Document."





- Enter the title of your document.
- Click **“Browse”** and search for your document.
- Click **“Save.”**

**Employee File**

**Melanie Test**

\* Title

Description

\* Document Type Unspecified

\* File

\* Fields are required

## VIEWING UPLOADED DOCUMENTS

- Go to [www.messa.org](http://www.messa.org) and login using your current username and password.

**MESSA.**  
Good health. Good business. Great schools.

Members Business Offices Plans & Services Health Resources About Us Contact Us

**Just for you**  
Programs designed to help you manage asthma, diabetes or heart health conditions.  
[Read more...](#)

Rachelle Twichell  
RN, BSN, CDE

**Login**

Username

Password

[Forgot username or password?](#)

[Don't have an account? Register now](#)

**News**

**MESSA rolling out aggressive plan to help reduce health costs for school employees**  
MESSA leaders and staff understand school employees are struggling financially -- and we are wo...  
[Read more...](#)

**Save money with online doctor visits through Amwell**  
Beginning July 1, all MESSA plans will cover online doctor visits through Amwell for convenience of...

**MESSA Member Service Center**  
(800) 336-0013

**Helpful Links**

[Find a Doctor - Dentist - Vision](#)  
Search for participating facilities, physicians, therapists and other medical professionals.

[Request an ID Card](#)  
Order additional or replacement MESSA ID cards.

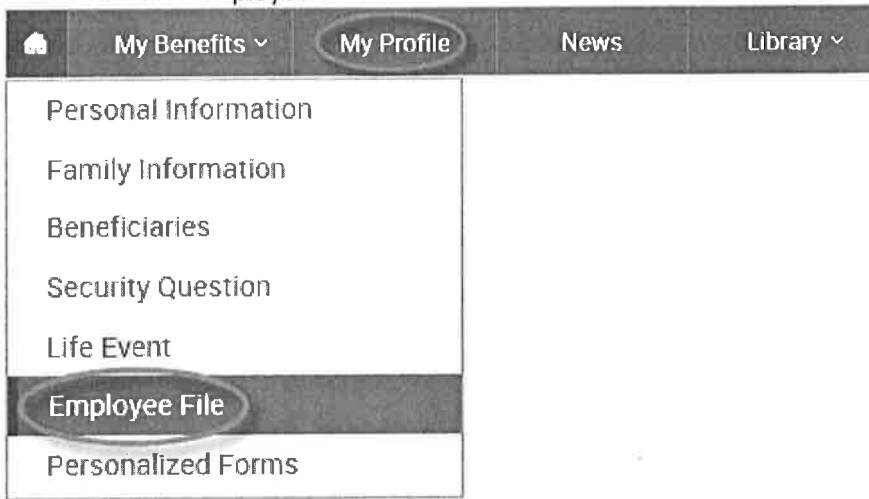
- Once you are logged into MESSA's secure member portal, click on the "Online Benefits Website" link in the box on the left side of the screen.

The screenshot shows the 'My MESSA' member portal. At the top, there are navigation links for HOME, BENEFITS, CLAIMS, MANAGE ACCOUNT, and CONTACT US. The main content area is titled 'MESSA Choices' and displays 'Family deductible progress' for the 'Current year'. A large gauge shows a progress of \$44.87 out of a \$1,000 total deductible. To the right, it states '\$1,000 Total' and '\$44.87 Met', with '\$955.13 Remaining'. A sidebar on the left contains various utility links, with 'Online benefits website' circled in red. Below the gauge, there is a 'SUMMARY' table with columns for Patient name, Service date, Billing provider, and Deductible. The table shows a service date of 4/27/2016 at RIVERSIDE MEDICAL with a deductible of \$44.87.

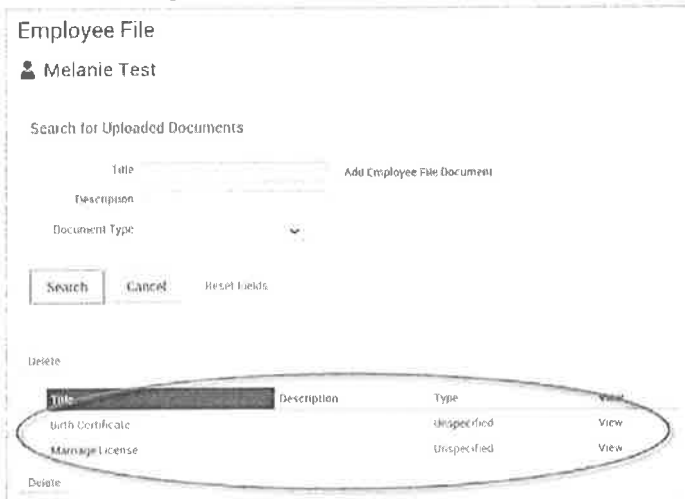
- This will take you directly to MESSA's online benefits website.

The screenshot shows the homepage of 'Welcome to MESSA's Online Benefits Website'. The top navigation bar includes 'My Benefits', 'My Profile', 'News', and 'Library'. On the left side, there is a 'Welcome' message, a notification that 'You have 0 alerts', and a reminder that 'Your Open Enrollment ends on: AUG 31 2016', with a 'Change My Elections' button. The main content area features a large banner image of a family walking in a park, with the text 'Welcome to MESSA's Online Benefits Website' overlaid on the image.

- Click on **“My Profile”** to see your demographic (personal) information.
- Select **“Employee File.”**



- Documents that have been uploaded will show at the bottom of the screen. To view them click on the link on the right side of the document.



## QUESTIONS

If you have any questions, are having trouble logging into the website or you cannot reset your password, please contact your Benefits Administrator or call the MESSA member service center at 800.336.0013.