

SelfEnroll

Employee User Guide



The PPI® Benefit Solutions Employee SelfEnroll Portal allows you to easily and securely enroll in your benefits online. Your SelfEnroll Portal may also provide access to benefit overviews, required HR forms and documents, and important contact information.

SelfEnroll Highlights:

- » Enroll and access your benefits information 24/7
- » Review and modify personal information
- » Review or print benefit overviews HR documents, and other company materials
- » View benefits costs and your payroll deduction
- » Easily access PPI claims advocates

In This User Guide:

1. First-Time User Registration
2. Navigating the SelfEnroll Home Page
 - Reference Center
 - Contact Information
3. Enrolling In or Changing Your Benefits

First-time User Registration:

Step 1. Go to www.ppienroll.com.

Step 2. Click “Register” under the “First Time User” message on the right side of the login screen.

Step 3. Type in your social security number, date of birth, and zip code.

Welcome

User Name *

First time user?

Register to create your username and password.

Need assistance? Contact PPI Benefit Solutions at (888) 674-0046 or email clientservices@ppibenefits.com.

case sensitive

Password *

case sensitive

Login >

Register

The company key is “PPI” and is pre-populated.
You do not need to change the value.

Info

Social Security Number *

123-45-6789

Date of Birth *

MM/DD/YYYY

ZIP

Enter a valid US zip, US zip+4, Canadian, or Foreign postal code. If you do not have a postal code on file, leave blank.

Company Key

PPI

The Company Key is always PPI.

Cancel Continue >

Step 4. Create your user name and password. Then, confirm your password (it must be at least 8 characters). **Please make a note of your login information for future reference.**

Step 5. Select three security phrases, and provide the answers in case you need to reset your password in the future.

Create Account

User Name *

iknops

case sensitive

Password *

Strong

Confirm Password *

Security Questions

Security Question 1 *

When is your anniversary?

Security Answer 1 *

02212013

Directions

You must create a User Name and Password. The User Name must not contain any spaces and be at least 6 characters long. If the User Name you have chosen is already in use, you will be instructed to choose a different one.

The Password must be at least 8 characters and contain no spaces. A combination of numbers and letters is required for your Password. In addition, please select a security phrase and complete the answer to this question in the space provided. This will be used if you forget your password and need assistance in recovering it.

Note: Your User Name, Password, and Answer to the Security Phrase are case sensitive. You must enter your information in the correct case when accessing the site in the future.

In order to help protect your data, we are adding security questions to your account. Please select your questions and provide answers. These will be used as extra validation, as well as if you should need to reset.

Step 6. Read through the electronic signature agreement, and select “Yes” to accept. Then click “Continue.”

Getting Started Details

Please read the following information. After you have read the information either accept or decline the agreement by clicking on the appropriate button below. If you agree, you will be directed to the next step. If you decline, you will be returned to the login page and will have to contact your benefits administrator to enter the system.

By clicking “I Agree” below, I hereby consent to the use of Electronic Signatures as my formal acceptance of all electronic records covered by the Electronic Signatures in Global and National Commerce Act of 2000 (ESIGN) which includes documents, forms, account applications, electronic trade confirmations, statements, agreements, and prospectuses. I also consent to receive certain employee benefit plan information through electronic media. I understand it may be necessary for me to inform the company if my email address changes or if I prefer to receive the communication at a different email address. I also understand that I may withdraw this consent at any time by completing a similar form stating I no longer consent to electronic communication. In addition, I understand that I may request a paper version of the electronically furnished documents free of charge if I am unsuccessful at printing the document.

Do you agree?

☒ Yes ☐ No

Select Yes to continue

Log Out Continue >

Step 7. If your employer requires you to read any documents before you enroll, you will see a popup with the documents listed. Once you have opened them, you will be able to move forward.

Required Documents

Please review the document below by clicking the hyperlink. Once you have reviewed the document, click “Continue” to proceed.

Guardian Enrollment Disclaimers and State Fraud Warnings: Please review the language in this notice applicable to your Employer's Guardian plan offerings. A copy of the document is also available to review in the Employee Benefits Library under the Reference Center.

Get Adobe® Reader®

IF YOU ARE ELIGIBLE FOR BENEFITS: Review the information on the home page (see next page).

IF YOU ARE NOT ELIGIBLE FOR BENEFITS: Click on the link to the Reference Center to access any required HR paperwork.

Navigating the Home Page:

Welcome to the Employee SelfEnroll Portal! You may use this portal to enroll in your benefits as a new hire, or to change/enroll in benefits if you experience a qualifying life event at some point throughout the year.

From the SelfEnroll homepage you can:

- Review your Employer's employee benefit message
- Visit the Reference Center for plan summaries, forms, provider directory links and other details regarding your benefit plan options
- Scan the Service and Insurance Contact tabs for assistance with enrollment, eligibility, and claim questions or for help navigating the site

Click on the blue **"Start Here"** button once you are ready to begin your benefit elections.

Visit the Reference Center for details on your benefit options

Click here to enroll in your benefits

Click this link for quick access to this guide at any time

Update your mailing address, email, phone, etc.

View your existing benefits.

Download the MyChoice Mobile app to access your benefits information from your mobile device.

After you enroll, come back to the home page and complete a short survey to tell us about your enrollment experience

The screenshot shows the PPI AutoEnroll homepage. At the top, there is a navigation bar with links for Home, Message Center, Help, Reference Center, and a user profile for Leslie Knope. Below the navigation bar is a search bar. The main content area features a large banner for 'Enroll Here' with a countdown timer showing '32 Days Left' and a blue 'Start Here' button. Below the banner, there are several sections: 'Welcome, Leslie Knope' with links to 'Profile' and 'Benefit Summary'; 'MyChoice Mobile App' with a 'Get Access Code' button; 'Discounts, Perks & Rewards' with a list of steps to register; 'Need Help?' with contact information for PPI's client service team; 'We Would Really Appreciate Your Feedback!' with a survey link; and an 'Enrollment Experience Survey' with a rating scale and a 'Submit' button. Orange arrows point from the text annotations on the left to specific elements on the page: from 'Visit the Reference Center...' to the 'Reference Center' link; from 'Click here to enroll...' to the 'Start Here' button; from 'Click this link for quick access...' to the 'Profile' link; from 'Update your mailing address...' to the 'Profile' link; from 'View your existing benefits...' to the 'Benefit Summary' link; from 'Download the MyChoice Mobile app...' to the 'Get Access Code' button; and from 'After you enroll...' to the 'Submit' button of the survey.

Enrolling in or Changing Your Benefits:

Click on the blue “Start Here” button to begin your new hire elections, or to make a change to your benefits.

If you are beginning your new hire elections, you can skip to the next page of this guide for further instructions.

If you are making a change to your benefits, click the Change My Benefits tile in the Welcome window.

Next select the appropriate “Reason for Change” option from the appropriate drop-down menu.

Selecting a life event will prompt you to enter the date of the event. The system will calculate the effective date of any additions or changes to coverage based on the date of the event.

You will have 30 days from the date of the event to complete your elections.

The first time you log into the system, you will be prompted to provide your email for Contact Preferences. Select the email you would like to be primary. This is the email that will be used by certain carriers to manage communications with you about your coverage.

Please make your personal preferences selection below and click the "Continue" button.

Contact Preferences

Email Address
leslie@parks.gov ☒ Primary All emails will be sent to this address


Personal Email Address
leslie@personal.com ☐ Primary

[Continue >](#)

One the next screen, review your personal information, and add or change it as necessary

Click "Continue" to move to the next screen.

About You

 Your Information

First Name: * Leslie

Middle Initial:

Last Name: * Knope

Suffix:
Jr., Sr., III, etc.

Social Security Number: * 124-12-4124
123-45-6789

Date of Birth: * 01/18/1975
MM/DD/YYYY

Gender: * Female

Marital Status: Married

Address 1: * 5 Park Lane

Address 2:


City: * Pawnee

State: * IN

The next screen asks about dependents. Click Yes to add dependents. Click on "Add a New Dependent" and fill in the information, including social security number before saving.

Continue to add dependents as needed. When you are finished, click "Looks Good" to move onto the next step.

Your Family




Do you have any dependents?

☒ Yes ☐ No

[Back](#) [Add a New Dependent](#)

Your Family



Review Your Dependents

Please add/edit your dependent information. Please include the Social Security Number for all dependents on file.

Name	Relationship	Gender	Date of Birth	
Ben Wyatt	Spouse	Male	11/14/1974	Edit
Stephen Knope-Whyatt	Child	Male	12/20/2014	Edit

[Add a New Dependent](#)

[Back](#) [Looks Good >](#)

Making Your Benefit Elections

At any time during your enrollment, you can click the “Reference Center” drop-down to view plan documents that will help make your benefit selection easier. You can also return to the Reference Center from any screen as you make your benefit elections.

Please note that your specific benefit options will be determined by your employer; the coverages presented in this guide are examples.

With each coverage, you will first be presented with information about the benefit and asked if you want to elect it or waive it. To waive a plan, select the waive option and choose a reason from the drop down menu.

Next, indicate who you would like to cover.

Medical



Who would you like to cover with Medical coverage?

Leslie Knope (Required)

Ben Wyatt

☒ Stephen Knope-Whyatt

De-select All


+ Add a New Dependent

Back

Next

Now use the “Select” button to highlight your plan choice, and click “Next” to view the Election Summary screen.

Medical



Covered Members

Leslie, Ben, Stephen

Edit

Cigna Medical OAP with HSA 2700 - SINGLE

Bi-Weekly Premium

\$92.31

Employee Only

Plan Details

Select

Cigna Medical OAP with HSA 2700 - FAMILY

Bi-Weekly Premium

\$230.77

Family

Plan Details

Select

CIGNA Open Access Plus

Bi-Weekly Premium

\$278.07

Family

Plan Details

Selected


Waive Medical Coverage

Back

Next

When you are satisfied with your choice, click “Looks Good” to move onto the next benefit.

Medical Election Summary



Review Your Election

Enrolled in Medical?

Yes

Edit

Covered Members

Members

Covered

Leslie Knope

Effective Date: 12/01/2021

Yes

Ben Wyatt

Effective Date: 12/01/2021

Yes

Stephen Knope-Whyatt

Effective Date: 12/01/2021

Yes

Plan Selected

Plan Selected

CIGNA Open Access Plus

Employee Cost

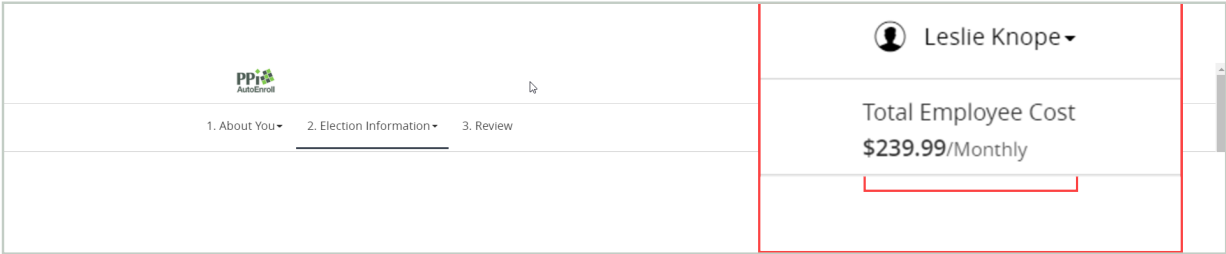
\$278.07 Bi-weekly

Back

Looks Good

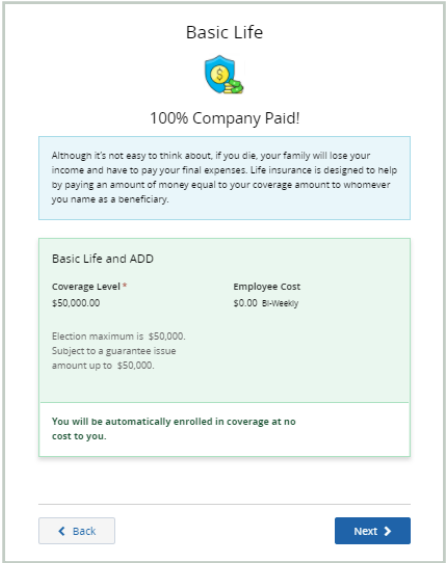
● ● ●

As you move through the election process, your total pay-per-period cost based upon the elections you’ve made so far will appear in the upper right of the screen.



Your employer may offer some benefits that are 100% paid by the company and cannot be waived. Company-paid benefits are clearly labeled “100% Company Paid!”

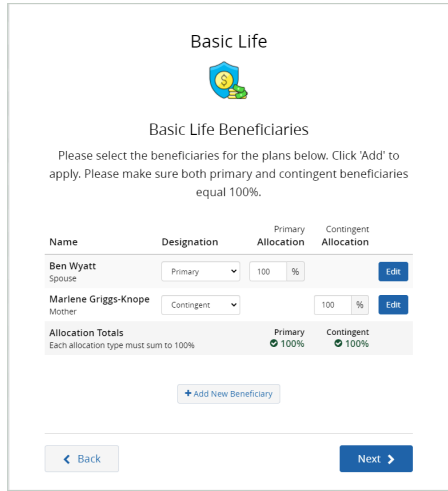
If your employer opted to include life insurance and beneficiary designation through SelfEnroll, you will be asked to make a beneficiary designation on the next screen.



Any dependents that you added earlier, such as a spouse or children, will appear on the Beneficiaries screen. You can also add beneficiaries using the +Add New Beneficiary button.

Using the drop-down, designate each beneficiary as Primary, Contingent, or None then enter the desired percentage for each.

Individuals listed as a contingent beneficiary receive the benefit amount of the policy if the primary beneficiary is no longer living. Both primary and contingent beneficiaries must separately equal 100%.



Voluntary benefits may also be available for an additional premium cost.

In this example, the employee is offered a separate, Voluntary Life plan, in addition to the employer-paid basic Life plan. If the plan is selected, choose a coverage level from the drop down menu.

The Guaranteed Issue amount will be listed with the plan details. Any election over the Guaranteed Issue amount will require Evidence of Insurability.

The next screen displayed will remind you that Evidence of Insurability is needed prior to approval of the amount above the guaranteed issue.

The required Evidence of Insurability form is located in the Reference Center, with specific instructions about where to submit the form.

Click Next to review the Election Summary, and if you are satisfied with your choice, click "Looks Good" to move onto the next step.

Voluntary Life

Employee Voluntary Life

Coverage Level *
 \$200,000.00 - \$45.80
 Please Select One
 \$10,000.00 - \$2.29
 \$20,000.00 - \$4.58
 \$30,000.00 - \$6.87
 \$40,000.00 - \$9.16
 \$50,000.00 - \$11.45
 \$60,000.00 - \$13.74
 \$70,000.00 - \$16.03
 \$80,000.00 - \$18.32
 \$90,000.00 - \$20.61
 \$100,000.00 - \$22.90
 \$110,000.00 - \$25.19
 \$120,000.00 - \$27.48
 \$130,000.00 - \$29.77
 \$140,000.00 - \$32.06
 \$150,000.00 - \$34.35
 \$160,000.00 - \$36.64
 \$170,000.00 - \$38.93
 \$180,000.00 - \$41.22
 \$150,000.00 - \$43.53

Employee Cost
 \$45.80 Monthly

Primary Life Coverage

Next >

Voluntary Life

Evidence of Insurability

You have made an election requiring Evidence of Insurability (EOI). The coverage above the guarantee issue amount or the increased coverage you have requested **will not be effective until an EOI form is completed, reviewed and approval is received from the insurance company.**

If you are an **Employee** electing coverage, please refer to the Employee Benefits Library in the Reference Center for EOI form information.

If you are an **Administrator**, please contact PPI's Client Service Team at (888) 674-0046 or email clientservices@ppibenefits.com should you need EOI form assistance.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your evidence of insurability (EOI) by the carrier.

< Back

Next >

Voluntary Life Election Summary

Review Your Election

Enrolled in Voluntary Life?
 Yes Edit

Effective Date 12/01/2021

Coverage Amount Edit

Elected Coverage Amount	\$250,000.00
▲ Pending Proof of Insurability	Pending Approval
Employee Cost if Approved if EOI is approved	\$57.25 Monthly
Approved Coverage Amount	\$100,000.00
Pre-approved Amount Without EOI	
Approved Employee Cost	\$22.90 Monthly
Until EOI is Approved	

Beneficiaries Edit

Name	Beneficiary Type	Allocation
Ben Wyatt	Primary	100.00%
Marlene Griggs-Knope	Contingent	100.00%

< Back

Looks Good >


Continue to make elections for all the plans offered by your employer.

After you have gone through all the benefits offered, you will come to the Review Enrollment screen. Here you can view all of your information, waived and selected benefits, and all per pay period costs. Click the small arrows next to each section title to view its content

You can make changes to your elections from this screen by clicking on the “Edit” button next to the item you would like to change.

Once you are satisfied with all the information, click on the “Approve” button at the very bottom of the screen to proceed, and then click “I Agree” to OK the payroll deduction.

Review Enrollment



You're almost done! Please review your enrollment below.
You must click the **Approve** button before you will be enrolled in any plans.

About You

Dependents - 1

Beneficiary Information

Your Elections

My Health

Plan	Coverage	Employee Cost Monthly	
Medical CIGNA Open Access Plus View Details	Leslie, Ben	\$434.14	Edit
Dental Delta Dental PPO View Details	Leslie, Ben	\$39.40	Edit
Vision View Details		\$0.00	Edit
Coverage Waived			

My Savings

Plan	Annual Contribution	Employee Contributions Monthly	
Flex Spending Health Care Account FSA Healthcare - Plan year: 1/1/20-12/31/20 View Details	\$200.00 Employee Contribution	\$200.00	Edit
Flex Spending Dependent Care View Details		\$0.00	Edit
Coverage Waived			

My Security

Voluntary Spouse Life View Details	\$0.00	Edit
Coverage Waived		
Voluntary Child Life View Details	\$0.00	Edit
Coverage Waived		
STD Short Term Disability View Details	\$0.00	Edit
LTD Long Term Disability View Details	\$0.00	Edit

Other

Plan	Coverage	Employee Cost Semi-Monthly	
Parking View Details		\$0.00	Edit
Coverage Waived			
Transit ABC Transit View Details		\$150.00	Edit

Your Cost

Total Premium Total cost of all plan premiums	\$496.44 Monthly
Total Savings Contributions Total amount contributed to savings plans	\$200.00 Monthly
Total Cost	\$696.44 Monthly
Other Total	\$150.00 Semi-Monthly

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reimbursement fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

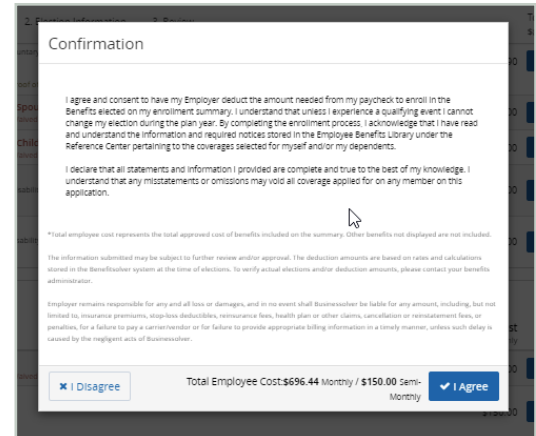
Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your evidence of insurability (EOI) by the carrier.

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Approve

• • •

A Confirmation popup window will appear next. Click the blue "I Agree" to OK the payroll deduction.

A confirmation popup window titled "Confirmation". It contains two paragraphs of text: "I agree and consent to have my Employer deduct the amount needed from my paycheck to enroll in the Benefits elected on my enrollment summary. I understand that unless I experience a qualifying event I cannot change my election during the plan year. By completing the enrollment process, I acknowledge that I have read and understand the information and required notices stored in the Employee Benefits Library under the Reference Center pertaining to the coverages selected for myself and/or my dependents." and "I declare that all statements and information I provided are complete and true to the best of my knowledge. I understand that any misstatements or omissions may void all coverage applied for on any member on this application." Below the text is a small asterisked note: "*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included. The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the BenefitHub system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator." At the bottom, there are two buttons: "I Disagree" (with a red X icon) and "I Agree" (with a blue checkmark icon). To the right of the "I Agree" button, the text "Total Employee Cost: \$696.44 Monthly / \$150.00 Semi-Monthly" is displayed.

Confirmation

I agree and consent to have my Employer deduct the amount needed from my paycheck to enroll in the Benefits elected on my enrollment summary. I understand that unless I experience a qualifying event I cannot change my election during the plan year. By completing the enrollment process, I acknowledge that I have read and understand the information and required notices stored in the Employee Benefits Library under the Reference Center pertaining to the coverages selected for myself and/or my dependents.

I declare that all statements and information I provided are complete and true to the best of my knowledge. I understand that any misstatements or omissions may void all coverage applied for on any member on this application.

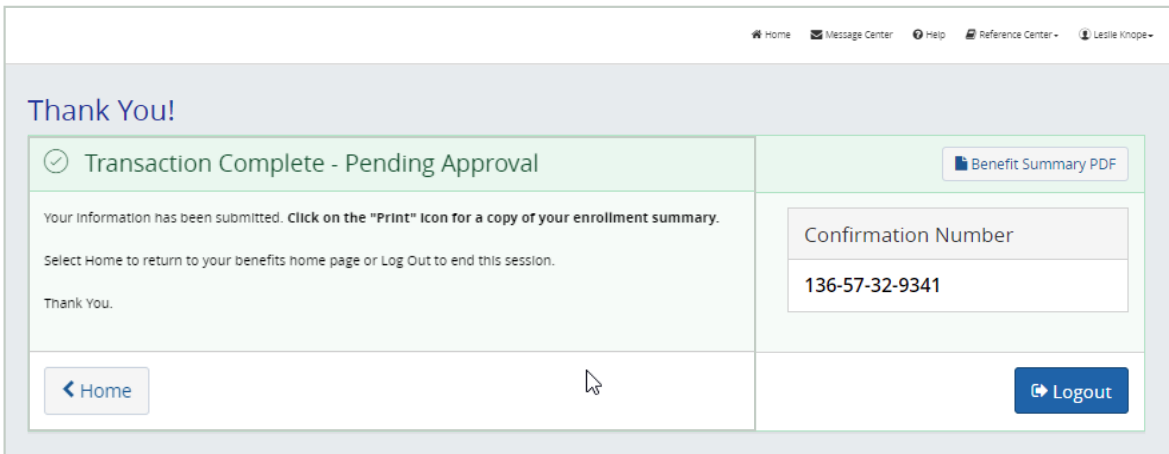
*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included. The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the BenefitHub system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/reinsurer or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

Total Employee Cost: \$696.44 Monthly / \$150.00 Semi-Monthly

You will know your enrollment has been submitted when you receive a confirmation number.

Coverage will continue to pend until all of your company's follow up processes and requirements have been completed.

A screenshot of a web application showing a "Thank You!" message. The page has a navigation bar at the top with links for Home, Message Center, Help, Reference Center, and a user profile for Leslie Knope. The main content area has a green header with a checkmark icon and the text "Transaction Complete - Pending Approval". Below this, it says "Your information has been submitted. Click on the 'Print' icon for a copy of your enrollment summary." and "Select Home to return to your benefits home page or Log Out to end this session." There is a "Thank You." message and a "Home" button. On the right side, there is a "Benefit Summary PDF" button and a "Confirmation Number" box displaying "136-57-32-9341". At the bottom right, there is a "Logout" button.

Home Message Center Help Reference Center Leslie Knope

Thank You!

✓ Transaction Complete - Pending Approval

Benefit Summary PDF

Your information has been submitted. Click on the "Print" icon for a copy of your enrollment summary.

Select Home to return to your benefits home page or Log Out to end this session.

Thank You.

Home

Confirmation Number

136-57-32-9341

Logout



benefits. technology. heart.

www.ppibenefits.com