

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.

The screenshot shows the initial login screen. It has fields for 'User Name' and 'Password'. To the right, there is a 'First time user?' section with instructions: 'Register to create your username and password.' It also includes contact information for PPI Benefit Solutions: 'Need assistance? Contact PPI Benefit Solutions at (888) 674-0046 or email clientservices@ppibenefits.com.' Below these are 'Login' and 'Register' buttons.

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.

The screenshot shows a registration form with fields for 'Social Security Number', 'Date of Birth', and 'ZIP'. Below these is a 'Company Key' field containing 'PPI'. A red box highlights this field with the text 'The Company Key is always PPI.' To the right, there are 'Directions' and a note about company keys. At the bottom are 'Cancel' and 'Continue' buttons.

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

The screenshot shows the 'Create Account' screen. It has fields for 'User Name' (containing 'lknope'), 'Password' (containing 'Strong'), and 'Confirm Password'. Below these are 'Security Questions' fields for 'Security Question 1' (containing 'When is your anniversary?') and 'Security Answer 1' (containing '02212013'). To the right, there is a 'Directions' section with instructions for creating a user name and password, and a note about security questions.

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.

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

The screenshot shows the 'Getting Started Details' screen. It contains a block of text about the electronic signature agreement. Below it is a 'Do you agree?' section with 'Yes' and 'No' buttons. A red box highlights the 'Yes' button with the text 'Select Yes to continue'. At the bottom are 'Log Out' and 'Continue' buttons.

The screenshot shows the 'Required Documents' screen. It lists 'Guardian Enrollment Disclaimers and State Fraud Warnings' and 'Please review the language in this notice applicable to your Employer's Guardian plan offerings.' A note says the document is also available in the Employee Benefits Library under the Reference Center. At the bottom is a link to 'Get Adobe® Reader®'.

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.

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

Enroll Here
SelfEnroll (Sample Client) - New Hire Enrollment through November 30th.

Start Here >

Welcome, Leslie Knope

Profile **Benefit Summary**

MyChoice Mobile App

- Quick access to benefit details
- Store your ID Cards

Get Access Code

MyChoice Mobile App - Getting Started **MyChoice Mobile App - Features**

Discounts, Perks & Rewards

Register for discounts, perks and rewards and save on purchases from hundreds of merchants and national brands.

1. Go to www.pplibenefits.benefithub.com
2. In "Create an Account" enter the Referral Code: **MD39K1**
3. Continue through the registration process as prompted

Need Help?
If you have any questions about the site, please call PPI's client service team at (888) 674-0046 M-F 8am - 5pm EST, or email clientservices@ppibenefits.com.

[Click to review a walk-through of the enrollment process.](#)

We Would Really Appreciate Your Feedback!
After you have completed your online enrollment, please return to this homepage to complete the brief survey below regarding your online enrollment experience.

Enrollment Experience Survey

How would you rate your enrollment experience?

Excellent
 Good
 Neutral
 Fair
 Poor

Was the enrollment portal easy to use?

Yes
 Neutral
 No

Submit

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.

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 is a search bar. The main content area features a large image of a person. On the left, a red calendar icon displays "32 Days Left". To the right of the calendar is a button labeled "Start Here". Below this, a welcome message for Leslie Knope is shown, along with links for Profile, Benefit Summary, and Personal Documents. A "MyChoice Mobile App" section is also present, with a "Get Access Code" button. To the right, there are sections for "Need Help?", "We Would Really Appreciate Your Feedback!", and an "Enrollment Experience Survey".

This screenshot is similar to the one above, but the "Change My Benefits" tile is highlighted. The "Profile" and "Benefit Summary" tiles are also visible in the welcome section. The "MyChoice Mobile App" section and feedback survey are present as in the first screenshot.

This screenshot shows a modal window titled "SelfEnroll - Birth". It asks for the date of birth or adoption, with a field containing "10/30/2021" and a note about the date format. It also displays a note about effective dates and coverage changes. At the bottom, there are "Cancel" and "Continue" buttons, and navigation links for "BASIC INFO" and "LIFE EVENT".

This screenshot shows a dropdown menu titled "Reason for Change". It includes a search bar, a note to enter the date of the event, and three main categories: "ENROLLMENT" (examples: New Hire Enrollment, Open Enrollment), "BASIC INFO" (examples: Change of Address, Change of Beneficiary), and "LIFE EVENT" (examples: Marriage/Divorce, Birth/Death). Under each category, there is a list of specific event types.

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 Primary All emails will be sent to this address

Personal Email Address 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: *

Middle Initial:

Last Name: *

Suffix:

Social Security Number: * 123-45-6789

Date of Birth: * MM/DD/YYYY

Gender: *

Marital Status:

Address 1: *

Address 2:

City: *

State: *

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

+ 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	edit
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-Whyyatt

[Deselect All](#)

[Add a New Dependent](#)

[Back](#) [Next >](#)

1. About You • 2. Election Information • 3. Review

Leslie Knope

- Home
- Help
- Reference Center
- Glossary

[Log Out](#)

Medical

When most people think of benefits, they think about their medical insurance. It's by far the most popular benefit provided by employers, and it's not hard to understand why. Medical benefits are an important part of protecting you and your loved ones. By thoughtfully reviewing your options and selecting the best fit plan, you will not only have greater peace of mind, but could also reduce medical costs long term.

Would you like to enroll in Medical coverage?

I Want Coverage Waive Coverage

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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](#)

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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

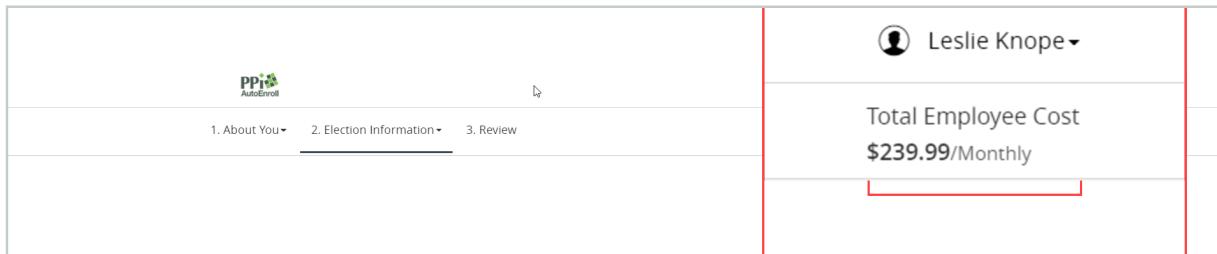
Covered Members
Members: Leslie Knope, Ben Wyatt, Stephen Knope-Whyyatt

Effective Date: 12/01/2021
Plan Selected: CIGNA Open Access Plus
Employee Cost: \$278.07 Bi-Weekly

[Edit](#)

[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.

Basic Life



100% Company Paid!

Although it's not easy to think about, if you die, your family will lose your income and have to pay your final expenses. Life insurance is designed to help by paying an amount of money equal to your coverage amount to whomever you name as a beneficiary.

Basic Life and ADD

Coverage Level * \$50,000.00	Employee Cost * \$0.00, Bi-Weekly
--	---

Election maximum is \$50,000. Subject to a guarantee issue amount up to \$50,000.

You will be automatically enrolled in coverage at no cost to you.

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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%.

Basic Life



Basic Life Beneficiaries

Please select the beneficiaries for the plans below. Click 'Add' to apply. Please make sure both primary and contingent beneficiaries equal 100%.

Name	Designation	Primary Allocation	Contingent Allocation
Ben Wyatt Spouse	Primary	100 %	<input checked="" type="checkbox"/>
Mariene Griggs-Knope Mother	Contingent	<input checked="" type="checkbox"/>	100 %
Allocation Totals Each allocation type must sum to 100%	Primary	100%	Contingent

[+ Add New Beneficiary](#)

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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.

Voluntary Life



Employee Voluntary Life

Coverage Level *	Employee Cost
\$200,000.00 - 445.80	\$45.80 Monthly
Plus Elect 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	
\$190,000.00 - \$43.51	

Guaranteed Issue 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.

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Voluntary Life Election Summary



Review Your Election

Enrolled in Voluntary Life?	Edit	
Yes		
Effective Date	12/01/2021	
Coverage Amount		
Elected Coverage Amount ▲ Pending Proof of Insurability	\$250,000.00 Pending Approval	
Employee Cost if Approved if EOI is Approved	\$57.25 Monthly	
Approved Coverage Amount Pre-approved Amount Without EOI	\$100,000.00	
Approved Employee Cost Until EOI is Approved	\$22.90 Monthly	
Beneficiaries		
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

Plan	Coverage	Employee Cost Monthly	
Medical CIGNA Open Access Plus <small>View Details</small>	Leslie, Ben	\$434.14	Edit
Dental Ameri-Dental PPO <small>View Details</small>	Leslie, Ben	\$39.40	Edit
Vision <small>✖ Coverage Waived</small>		\$0.00	Edit

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

Plan	Coverage	Employee Cost Semi-Monthly	
Voluntary Spouse Life <small>✖ Coverage Waived</small>		\$0.00	Edit
Voluntary Child Life <small>✖ Coverage Waived</small>		\$0.00	Edit
STD Short Term Disability <small>View Details</small>		\$0.00	Edit
LTD Long Term Disability <small>View Details</small>		\$0.00	Edit

Plan	Coverage	Employee Cost Semi-Monthly	
Parking <small>✖ Coverage Waived</small>		\$0.00	Edit
Transit ABC Transit <small>View Details</small>		\$150.00	Edit

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

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

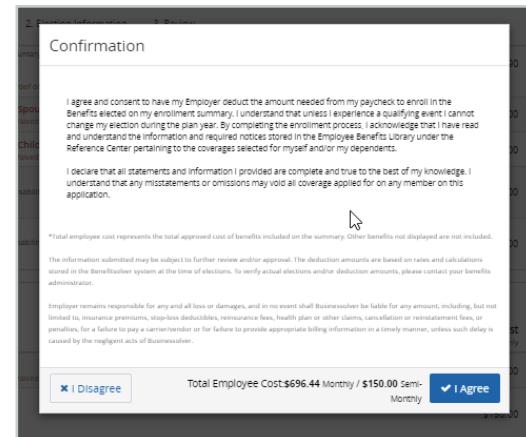
The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the BenefitsCover system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall BusinessCover 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/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of BusinessCover.

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.

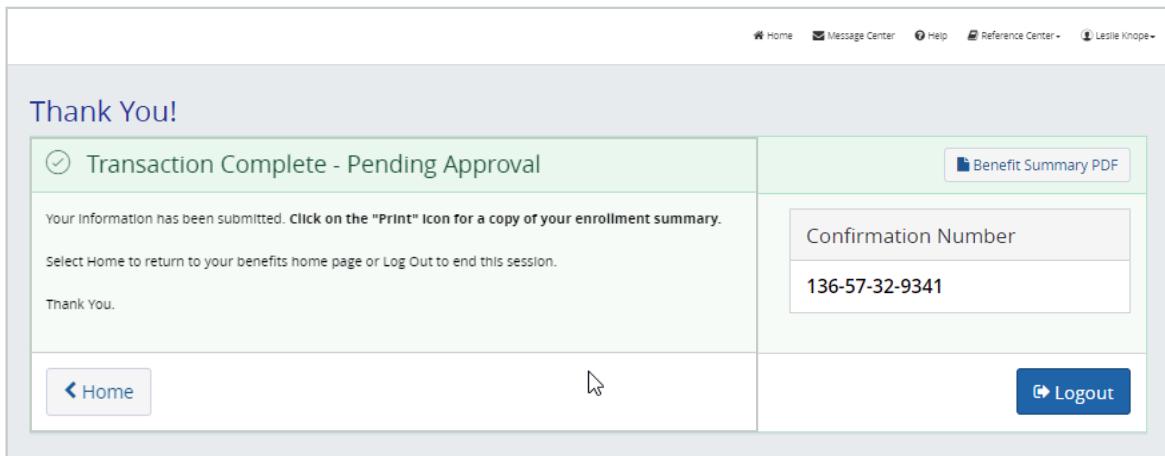
◀ Back
Approve

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



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.



benefits. technology. heart.

www.pplibenefits.com