

Self Service Enrollment Instructions

<https://transamerica.benselect.com/enroll/login>

Your Benefits Enrollment

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN)/Password. Your initial PIN is the last 4 digits of your Social Security Number, followed by the last 2 digits of your Year of Birth. You will be required to reset your password upon login.

If you have questions or need assistance, please contact your Human Resources Department.

Employee ID or SSN:

PIN:

By entering your user ID and Personal Identification Number, you are agreeing to the [Terms of Use](#) and [Privacy Notice](#).

[FORGOT PASSWORD](#)


Log in

To login, enter your Social Security Number.

The PIN will be the last four digits of your SSN and the last two digits of your birth year. For example, if your SSN is ***-**-1234 and your birth year is 1987, your PIN is 123487.

Change My Pin

Your PIN (Personal Identification Number) is the secret code you use to access the system. Entering your PIN is the equivalent of your digital signature. Please change your PIN. You may choose any combination of letters and numbers.

 Your PIN has expired. Please update your PIN.

Employee User ID:

New PIN:

Re-enter your new PIN to verify:

You'll be prompted to change your PIN and designate a security question. Be sure to jot down your PIN.

Security Questions

Before you can complete your PIN change, you must select a security question, answer it, and provide your email address. This will allow you to reset your PIN if you forget it.

Select Security Question:

Answer:

Email Address:

Confirm Email:

Save New PIN

Welcome to Your Benefit Enrollment for Plan Year 2022-2023

At Friendship Community Care, we know that benefit requirements change. That's why we have an open enrollment period each year.

For most benefits, Open Enrollment is the only time of year you are allowed to make changes in your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year.

Benefit enrollment is easy! Just follow these steps.

- First, review and contact HR to update personal information about you or your covered dependents.
- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click *Next* to begin.

✓ Your Benefit Options

- [Health](#)
- [Telemedicine](#)
- [Dental](#)
- [Vision](#)
- [Basic Life](#)
- [Basic AD&D](#)
- [Voluntary Short Term Disability](#)
- [Voluntary Long Term Disability](#)
- [Employee Voluntary Life](#)
- [Spouse Voluntary Life](#)
- [Child Voluntary Life](#)
- [Employee Voluntary AD&D](#)
- [Spouse Voluntary AD&D](#)
- [Child Voluntary AD&D](#)
- [Transamerica Accident 11](#)
- [Transamerica Critical Illness 12](#)
- [Transamerica Cancer](#)
- [USABLE HIP](#)
- [Flexible Spending Account](#)
- [Dependent Care Reimbursement](#)

Read the welcome message and Click Next.

Press *Next* to review personal information and begin enrollment.

Next >

Dependents

i Click *Add* ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the *Next* button when you are finished.

Dependents

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	Uploads	+
No items found.						

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the *Add Dependent* button below.

+ Add Dependent

< Back

Review and update your dependent information.

Next >

Benefit Summary

i Below is a list of your current benefit elections. For each of the benefit options below, your "Quick Enroll" option is shown. Click the Quick Enroll link to accept on each one, or click "Review" to review your other options.

Health

You have to complete enrollment in this plan.

Review

i Telemedicine

i You must be enrolled in Health: Health to participate in Telemedicine.

Review

My Benefits	
<input type="radio"/> Health	\$0.00
<input checked="" type="radio"/> Telemedicine	\$0.00
<input type="radio"/> Dental	\$0.00
<input type="radio"/> Vision	\$0.00
<input type="radio"/> Basic Life	\$0.00
<input checked="" type="radio"/> Basic AD&D	\$0.00
<input type="radio"/> Voluntary Short Term Disability	\$0.00
<input type="radio"/> Voluntary Long Term Disability	\$0.00
<input type="radio"/> Employee Voluntary Life	\$0.00
<input checked="" type="radio"/> Spouse Voluntary Life	\$0.00
<input checked="" type="radio"/> Child Voluntary Life	\$0.00
<input checked="" type="radio"/> Employee Voluntary AD&D	\$0.00
<input checked="" type="radio"/> Spouse Voluntary AD&D	\$0.00
<input checked="" type="radio"/> Child Voluntary AD&D	\$0.00
<input type="radio"/> Transamerica Accident 11	\$0.00
<input type="radio"/> Transamerica Critical Illness 12	\$0.00
<input type="radio"/> Transamerica Cancer	\$0.00
<input type="radio"/> USAbLe HIP	\$0.00

Review your current elections. If you'd like to review or make changes, this is the place!

Your Benefits

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
Health	Health; EO	\$27.28	\$0.00	\$0.00
Telemedicine	Telemedicine; EO	\$0.00	\$0.00	\$3.23
Dental	Waived			
Vision	Waived			
Basic Life	\$20,000	\$0.00	\$0.00	\$1.60
Basic AD&D	\$20,000	\$0.00	\$0.00	\$0.16
Voluntary Short Term Disability	Waived			
Voluntary Long Term Disability	Waived			
Employee Voluntary Life	Waived			
Spouse Voluntary Life	N/A			
Child Voluntary Life	N/A			
Employee Voluntary AD&D	N/A			
Spouse Voluntary AD&D	N/A			
Child Voluntary AD&D	N/A			
Transamerica Accident 11	Waived			
Transamerica Critical Illness 12	Waived			
Transamerica Cancer	Waived			
USable HIP	Waived			
Flexible Spending Account	Waived			
Dependent Care Reimbursement	Waived			
Total		\$27.28	\$0.00	\$4.99

Review your deductions and make sure you're satisfied with your elections. Then click next.

Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
<input type="checkbox"/> Benefit Confirmation	Unsigned	

Next >

Enrollment Agreement / Payroll Deduction Authorization

- To the best of my knowledge and belief, all statements and answers made on this form and all associated application forms are true, complete, and correct.
- I understand that omissions or misrepresentations in the information I have provided may constitute fraud and may result in my coverage being void.
- Pursuant to IRC § 125, 'pre-tax' elections are irrevocable during the plan year. No changes to 'pre-tax' elections are allowed during the plan year unless you experience a qualified change in status event. Qualified change in status events include: change in marital status, change in dependent status, change in employment status. You have 30 days from the date of the change to contact human resources to change your benefit elections.
- Upon acceptance by the insurers, I hereby authorize my Group to deduct from my earnings the amounts indicated above.
- My authorization shall continue thereafter until the earlier of (a) termination of my employment, (b) written notice from me canceling this authorization, or (c) termination of the Payroll Deduction Plan.
- I understand that it is my responsibility to verify the deduction amounts from my paycheck and to notify my Employer immediately of any discrepancies.
- I understand any unused balance in a Dependent Care or Health Care Reimbursement account in which I am enrolled will be forfeited under the "Use it or Lose It" rule. Expenses must be incurred during

[Download Form](#)

Please enter your PIN below and click on "**SIGN FORM**" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN.

PIN:

To sign your benefits confirmation, you'll use the same PIN you created earlier and then click Sign Form.

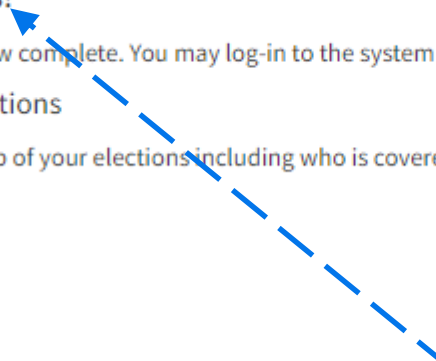
Sign/Submit Complete

Congratulations!

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

Recap of Your Elections

Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. **Scroll down to the bottom of this screen to view a list of your completed enrollment forms.**



Your enrollment is complete! Simply logout and be sure to check your payroll deductions to ensure they reflect your elections.