



CITY OF  
**WOODSTOCK**



GEORGIA

Online Enrollment  
Instructions



- **Online elections must be made (even if you are *waiving* coverage) or you risk loss of coverage.** Please carefully review your Benefits Guide and plan information.
- Once you feel comfortable with your decisions, go to the BeneTrac online enrollment site at <https://www.eenroller.net/login.asp?ST=CTWD0188> to begin the enrollment process.
  - Your User name is the first 6 letters of your last name and the last 4 digits of your SSN (no spaces or dashes). Example: Jane Doe would be “DOE9999”
  - Your password is the last 4 digits of your SSN.
- **Once you are logged into BeneTrac’s Benefits Enrollment System, review your personal and family information and complete the Tobacco question under the medical section.**
- Make sure to “*finalize*” your elections once you have made your decisions.

***Please see examples of the online enrollment screens in the following pages...***



Once you login, you will see the Welcome page....

Welcome Test Employee!

**LEGAL NOTICE: Please Read**



Your User Name & Password is considered as your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you click "I AGREE" below, you are certifying that:

1. You understand that your benefit elections are legal and binding transactions.
2. You understand that all benefits are contingent upon your enrollment and acceptance by your HR representative and by your insurance carrier or benefit provider.
3. You understand that during this process you will have the opportunity to view a summary illustrating the status of your benefit elections as represented by this system and that if you wish to obtain a copy of the statement in paper form, it is your responsibility to print the summary while using this system.

I DO NOT AGREE

I AGREE



On the *BENEFITS* screen, click "Continue to my Family" to review your personal information...

Group ? Proceed to Log Out

**BENEFITS** Election Summary Edit Family Resource Library News & Alerts

[Your Personal Information](#) >

News & Alerts

**Notice**

No news to report at this time.

**CONTINUE TO MY FAMILY**

[Privacy Policy](#) | Copyright © 1999-2019 BeneTrac®.





Then, click **PROCEED TO MY BENEFITS** to start the election process....

Group

[?](#) Proceed to Log Out

**BENEFITS**   Election Summary   Edit Family   Resource Library   News & Alerts

Your Personal Information: Test Employee

**i** Please review the information below. Add any family member you wish to enroll in your benefit offerings.

**Employee**

Name	SSN	Address	DOB	Gender	Contact	Approved
<a href="#">Test Employee</a>	999-99-9999	99 State Street, Rochester, NY 14444	1/1/1990	Male		Submitted

**Dependents**

[Add A Family Member](#)

Name	SSN	Address	Status	DOB	Gender	Approved	Tasks
<a href="#">Spouse Employee</a>	000-01-0011	99 State Street, Rochester, NY 14444	Spouse	1/1/1985	Female	Submitted	<a href="#">Delete</a>
<a href="#">Child Employee</a>	000-00-0001	99 State Street, Rochester, NY 14444	Dependent Child	1/1/2018	Male	Submitted	<a href="#">Delete</a>



**PROCEED TO MY BENEFITS »**



Click the **MANAGE BENEFITS** button for each benefit to **Elect, Change or Decline**....

[Proceed to Log Out](#)



**BENEFITS** Election Summary Edit Family Resource Library News & Alerts

[Your Personal Information](#) >

Benefits - Test Employee

Unfinalized

**Quick Links** (25 total)

- [Medical](#)
- [Dental](#)
- [Vision](#)
- [Health Care FSA](#)
- [Dependent Care FSA](#)
- [Basic Life](#)
- [Basic AD&D](#)
- [Voluntary Employee Life](#)
- [Voluntary AD&D](#)
- [Voluntary Spouse Life](#)

**Costs**

Total Cost of Elections: **\$165.03**


[Go to Review & Finalize](#)

The Benefit Blocks below show your current status in each benefit. Use 'Manage Benefit' on each block to see choices available to you. If you wish to enroll members other than yourself in any benefit, [click here](#) to make those changes now.

**IMPORTANT:** If you are adding a new dependent you must enroll them in each applicable benefit block. Your dependent will not be enrolled without explicitly adding them to each benefit.

**Medical** UMR Premium Medical Plan \$500 Deductible

[Benefit Description](#) | [History](#) | [Enrollment Recap](#) |



Status:	Active
Activity:	10/1/2019
Coverage:	Employee Only
Employer Cost:	\$238.94 (Bi-Weekly)
Employee Cost:	\$55.38 (Bi-Weekly)

**MANAGE BENEFIT** ▾

[Change or View Plan/Options](#)

[Decline Benefit](#)


[Undo Last Action](#)

Name	Type	Group Number	Provider	Action	Effective
Test	EMP	76411860 PPO Premium		Add	10/1/2019

[To Top](#)

**Dental** Guardian Dental PPO Network Access Plan

[Benefit Description](#) | [History](#) | [Enrollment Recap](#) |



Status:	Active
Activity:	10/1/2019
Coverage:	Employee Only
Employer Cost:	\$16.79 (Bi-Weekly)
Employee Cost:	\$0.00 (Bi-Weekly)

**MANAGE BENEFIT** ▾

Name	Type	Group Number	Provider	Action	Effective	Approved	Sent
Test	EMP	00447241 Dental PPO NAP		Add	10/1/2019	Submitted	

[To Top](#)



*Please note that you will have to attest to your Tobacco status with your Medical enrollment.....*



**BENEFITS**

Election Summary

Edit Family

Resource Library

News & Alerts

[Your Personal Information](#) > [Benefits](#) >

Manage Medical: Add or View Plan/Options

**Choose Family Members** [Edit Family](#)

Name	Type	Include
Test Employee	Employee	<input checked="" type="checkbox"/>
Spouse Employee	Spouse	<input type="checkbox"/>
Child Employee	Dependent	<input type="checkbox"/>

**Answer pre-enrollment question(s)**

Have you used any tobacco related products in the last 90 days?



Yes  No

CANCEL << GO BACK CONTINUE >>



Make your election and click **CONTINUE** to go through each Benefit screen....

Group

**BENEFITS** Election Summary Edit Family Resource Library News & Alerts


[Your Personal Information](#) > [Benefits](#) >

Manage Medical: Add or View Plan/Options

Select one of the plans listed below. Click the 'Continue' button at the bottom of the page when you are done.

**Plan 1:** Select plan:

**UMR Base Medical Plan \$1500 Deductible**




[Benefit Description](#) [Provider Directory](#)

<https://www.umar.com/tpa-ap-web/>

Employer Cost: \$219.24 (Bi-Weekly)  
Employee Cost: \$46.15 (Bi-Weekly)

**Plan 2:** Select plan:

**UMR Premium Medical Plan \$500 Deductible**



[Benefit Description](#) [Provider Directory](#)

Employer Cost: \$238.94 (Bi-Weekly)  
Employee Cost: \$55.38 (Bi-Weekly)

**CANCEL** << GO BACK **CONTINUE** >>



You must click the “I AGREE” button to submit your election....

**BENEFITS** Election Summary Edit Family Resource Library News & Alerts

[Your Personal Information](#) > [Benefits](#) >


Manage Medical: Add or View Plan/Options

\* Required


**Carefully review the information below before finalizing**

Transaction Type:	Add Coverage
* Event Date:	10/1/2019
Comment:	Add or View Plan/Options
Transaction Date:	10/1/2019
Included:	Test Employee (Employee)
Product:	UMR Premium Medical Plan \$500 Deductible
Group Number:	76411860 PPO Premium
Coverage Level:	Employee Only
Employer Cost:	\$238.94 (Bi-Weekly)
Employee Cost:	\$55.38 (Bi-Weekly)

This Benefit may be part of your company's Section 125 plan. Part or all of your portion of the premium may be paid on a pre-tax basis. If you would like additional information, please contact your Benefits Administrator.

 I understand that I may be required by the employer to pay for these benefits. I agree to continue membership in this program during employment and while the program is in force and I agree to comply with the terms of the group contract.

Click “OK” to proceed to your other benefit elections

 **Your changes have been successfully submitted.**





You can easily access each benefit via the **Quick Links** on the left side of the screen....

**Quick Links** (25 total)

- [Medical](#)
- [Dental](#)
- [Vision](#)
- [Health Care FSA](#)
- [Dependent Care FSA](#)
- [Basic Life](#)
- [Basic AD&D](#)
- [Voluntary Employee Life](#)
- [Voluntary AD&D](#)
- [Voluntary Spouse Life](#)

---

**Costs**

Total Cost of Elections: **\$165.03**

---

[Go to Review & Finalize](#)

**Quick Links** (25 total)

- [Medical](#)
- [Dental](#)
- [Vision](#)
- [Health Care FSA](#)
- [Dependent Care FSA](#)
- [Basic Life](#)
- [Basic AD&D](#)
- [Voluntary Employee Life](#)
- [Voluntary AD&D](#)
- [Voluntary Spouse Life](#)
- [Voluntary Spouse AD&D](#)
- [Voluntary Child Life](#)
- [Voluntary Child AD&D](#)
- [Voluntary STD](#)
- [Long Term Disability](#)
- [457 Retirement Plan](#)
- [401\(a\) Retirement Plan](#)
- [AFLAC Post Tax](#)
- [AFLAC Pre Tax](#)
- [AFLAC Plans](#)
- [Supplemental Insurance Post-Tax](#)
- [Supplemental Insurance Pre-Tax](#)
- [Legal](#)
- [Pet Insurance](#)
- [Identity Theft](#)



Please note! Your Voluntary Life/AD&D elections may be in “pending” status for Evidence of Insurability. You will see the message highlighted below if action is required. Click the Evidence of Insurability link for online instructions....

**Additional items needed!**



Due to specific circumstances of your enrollment, additional documents are required to support your application. These are listed below. Please follow the instructions for each item listed. When finished, click the 'Continue' button at the bottom of the page.

**Evidence of Insurability**

You have selected coverage in excess of the 'Guaranteed Issue Amount'. Some of the coverage may have been successfully enrolled. However, in order to complete your enrollment into this product you must complete an 'Evidence of Insurability' form. You can access this form by clicking the link below. If the form does not contain delivery instructions, contact your Benefits Administrator.

[Evidence of Insurability Form](#)

CONTINUE



**BENEFITS**

Election Summary

Edit Family

Resource Library

News & Alerts

[Your Personal Information](#) )

Benefits - Test Employee

Unfinalized

[to top](#)

**Quick Links** (25 total)

- [Medical](#)
- [Dental](#)
- [Vision](#)
- [Health Care FSA](#)
- [Dependent Care FSA](#)
- [Basic Life](#)
- [Basic AD&D](#)
- [Voluntary Employee Life](#)
- [Voluntary AD&D](#)
- [Voluntary Spouse Life](#)

**Voluntary Employee Life**

One America Voluntary Life Plan

[History](#) | [Change Beneficiaries](#) | [View Beneficiaries](#) |



Status:	Active
Activity:	10/1/2019
Coverage:	\$0.00 Plus \$120,000.00 pending
Employee Cost:	\$0.00 (Bi-Weekly)

MANAGE BENEFIT

Name	Type	Group Number	Provider	Action	Effective	Approved	Sent
Test	EMP	Voluntary Life		Add	10/1/2019	Submitted	

[To Top](#)



When you click the Evidence of Insurability link, you will see the registration screen below. The Client ID is 617488WR97....

ONEAMERICA REGISTRATION

## Enter your Client ID

Enter the Client ID provided by your employer. If you do not have your Client ID, please contact your employer's benefit administrator.

Client ID



I'm not a robot



reCAPTCHA  
Privacy - Terms

Cancel

Validate

---

Already have an account with OneAmerica? You may log in with your existing credentials to register for Evidence of Insurability.

Log into your account



Once you have submitted all of your elections, you must **REVIEW & FINALIZE** your elections....

**BENEFITS** Election Summary Edit Family Resource Library News & Alerts

Your Personal Information )  
Benefits - Test Employee Unfinalized [To Top](#)

**Supplemental Insurance PostTax**  
Please contact Human Resources for information regarding Supplemental Health, Accident, & Life Insurance benefit details and enrollment. [To Top](#)

**Supplemental Insurance Pre-Tax**  
Please contact Human Resources for information regarding Supplemental Health, Accident, & Life Insurance benefit details and enrollment. [To Top](#)

**Legal**  
Please contact Human Resources for information regarding LegalShield benefit details and enrollment. [To Top](#)

**Pet Insurance**  
Please visit the [Pet Insurance](#) website for more information on this benefit. [To Top](#)

**Identity Theft**  
Please visit the [Identity Theft](#) website for more information on this benefit. [To Top](#)

**SUMMATION** - Amounts per (Bi-Weekly) pay period  
Total Cost of Elections: \$163.11

**REVIEW & FINALIZE**

**Quick Links** (25 total)  
[Medical](#)  
[Dental](#)  
[Vision](#)  
[Health Care FSA](#)  
[Dependent Care FSA](#)  
[Basic Life](#)  
[Basic AD&D](#)  
[Voluntary Employee Life](#)  
[Voluntary AD&D](#)  
[Voluntary Spouse Life](#)

**Costs**  
Total Cost of Elections: \$163.11

[Go to Review & Finalize](#)



Carefully review your Election Summary....

Review Your Benefit Elections

All of your changes during this visit have been saved. Choose one of the three options found at the bottom of the page after reviewing the Election Summary shown below.

Your Options are:

- Return to your Benefits - Make additional changes before finalizing.
- Log Out - Leave without finalizing your elections and return later to make additional changes.
- Agree and Finalize - Finalize your elections as stated below. You will have an option to print the Election Summary.

Note: Once you agree to this summary, further changes to your benefits will not be allowed until the next annual open enrollment period except for specified qualified family status changes.

(NOT FINALIZED)

<b>Election Summary</b>		Employee: Employee, Test Address: 99 State Street Rochester, NY 14444		Hire Date: 1/1/2019 Birth Date: 1/1/1990 Status: Full Time Employee		City of Woodstock	
Benefits as of: 10/1/2019							
<b>Plan Elections</b> Amounts shown are per (Bi-Weekly) pay period							
<b>Benefit Category</b>	<b>Plan Description</b>	<b>Coverage</b>	<b>Pre-Tax</b>	<b>Post-Tax</b>			
Medical	UMR Premium Medical Plan \$500 Deductible	Employee Only	\$55.38	\$0.00			
Dental	Guardian Dental PPO Network Access Plan	Employee Only	\$0.00	\$0.00			
Vision	Declined	Declined	\$0.00	\$0.00			
Health Care FSA	UMR Health Care FSA	\$2,849.92 deferral (Annually)	\$101.92	\$0.00			
Dependent Care FSA	Declined	Declined	\$0.00	\$0.00			
Basic Life	One America Basic Life Plan	\$50,000.00	\$0.00	\$0.00			
Basic AD&D	One America Basic AD&D Plan	\$100,000.00	\$0.00	\$0.00			
Voluntary Employee Life	One America Voluntary Life Plan	\$0.00 plus \$120,000.00 pending	\$0.00	\$0.00			
Voluntary AD&D	One America Voluntary AD&D Plan	\$0.00 plus \$120,000.00 pending	\$0.00	\$0.00			
Voluntary Spouse Life	One America Voluntary Life Spouse Plan	\$0.00 plus \$60,000.00 pending	\$0.00	\$0.00			
Voluntary Spouse AD&D	Declined	Declined	\$0.00	\$0.00			
Voluntary Child Life	One America Voluntary Child Life Plan	\$10,000.00	\$0.00	\$0.92			
Voluntary Child AD&D	<b>Will be declined if finalized</b>	Declined	\$0.00	\$0.00			
Voluntary STD	One America Voluntary Short Term Disability	\$346.15 (Weekly)	\$0.00	\$4.89			
			\$157.30	\$5.81			
<b>Summation</b> Amounts shown are per (Bi-Weekly) pay period							
		Total out of pocket expense:	\$163.11				
Your Employer is contributing \$258.84 to your Benefit Package.							
<b>Family Members</b>							
Name	Relation	Birth Date					
There are no covered dependents							
<b>Primary Beneficiaries</b>							
Benefit	Name	Relationship	%	Address			
Basic Life	Spouse Employee	Spouse	100				
Basic AD&D	Spouse Employee	Spouse	100				
Voluntary Employee Life	The Estate of Test Employee	Estate	100				
Voluntary AD&D	Estate of Test Employee	Estate	100				
<b>Contingent Beneficiaries</b>							
Benefit	Name	Relationship	%	Address			
Basic Life	Spouse Employee	Spouse	100				

The above reflects benefits that I have elected and grants authorization to my employer to make the necessary payroll deductions. I understand that I cannot make changes to my elected benefits, or enroll in any currently declined or terminated benefits until the next open enrollment period, except for specified "Qualified Family Status Changes". Pursuant to IRS Section 125 rules, I must notify City of Woodstock in writing of a "Qualified Family Status Change" within 31 days from the date of occurrence.

8/20/2019 9:20:25 AM



**Once you have reviewed and confirmed that your information is correct, you must click the “AGREE” button at the bottom of the page to FINALIZE your elections.....**

The above reflects benefits that I have elected and grants authorization to my employer to make the necessary payroll deductions. I understand that I cannot make changes to my elected benefits, or enroll in any currently declined or terminated benefits until the next open enrollment period, except for specified "Qualified Family Status Changes". Pursuant to IRS Section 125 rules, I must notify City of Woodstock in writing of a "Qualified Family Status Change" within 31 days from the date of occurrence.

8/20/2019 9:20:25 AM

[RETURN TO MY BENEFITS](#)

[LOG OUT](#)

[AGREE TO ABOVE AND FINALIZE MY SELECTIONS](#)





**Everyone must FINALIZE their elections in BeneTrac  
by Thursday, August 29th, 5pm!**

If you have any questions about your benefits or require assistance with your enrollment, please contact your City of Woodstock Benefits Team at:

**[Woodstock@a2benefits.com](mailto:Woodstock@a2benefits.com) or (678) 540-1428**

You can also visit the benefits portal for information on all of your City of Woodstock benefits!!

**<https://cwoodstock.a2portal.com/>**