

First Financial Group of America is happy to provide you with an on-line web based benefits communication system. Here you can add, change or drop your TRS Major Medical Insurance. Below you will find the easy steps to make your benefit selections. If, during your enrollment, you experience technical difficulty or have trouble maneuvering through the enrollment process, please call our IT help desk line at **1-855-523-8422**, 7:00AM-5:00PM Central Standard Time. If you have medical insurance questions please call your benefits office.

## System Requirements:

Internet Explorer, 6.0 or above

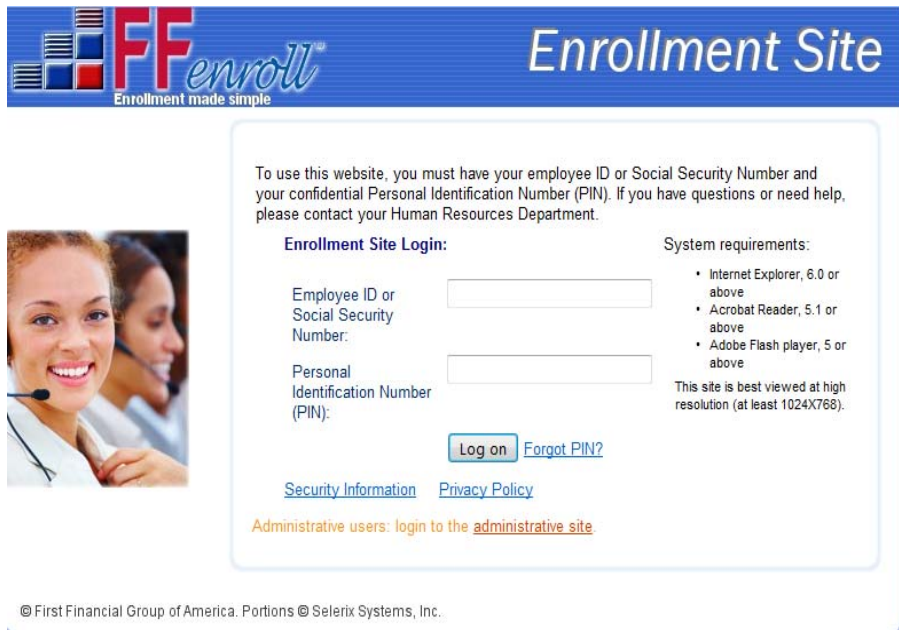
Acrobat Reader, 5.1 or above

Adobe Flash player, 5 or above

The site is best viewed at high resolution (at least 1024X768).

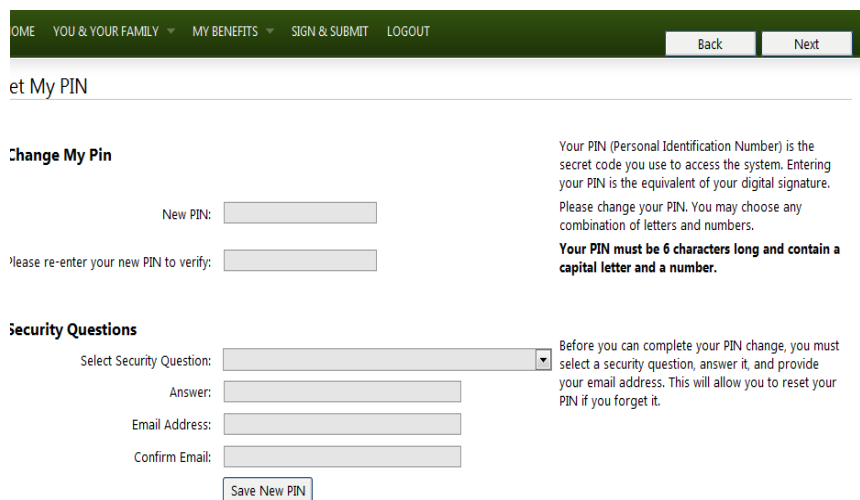
**Please note that the rates and benefits reflected in these instructions may not be reflective of your benefit plans and premiums.**

- Point your web browser to <https://ffga.benselect.com/enroll>
- **Login ID:** your **SSN** or your **Employee ID**
- Personal Identification Number (**PIN**) is the **last 4 digits** of your **SSN** and the **last 2 digits** of the **year you were born** (this should be a 6 digit number)
- Please **DO NOT** type the web address in a search box (such as: Google or Bing) you will be directed to the wrong web-site



On your first login you will be prompted to change your PIN

- Enter a new PIN (it must consist of 6 characters; at least 1 capital letter and at least 1 number)
- Select a Security Question from the Drop Down box
- Provide an answer to the security question
- Enter your email address
- Click on Save New PIN button
- **Remember your new PIN – you will need this to sign in again if you need to come back later and finish your benefit enrollment or make changes**



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### ACA Reporting Requirement

- Add **ALL** spouse and dependent information
- Under **You & Your Family**
- Select **Dependents**

YOU & YOUR FAMILY


Personal Information

Dependents

Employment

Life Events

Change My PIN

If you have a spouse and (or) dependents you **MUST** add each of them by clicking on the Add  button and entering the **REQUIRED** information

### Dependents

Click *Add* 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. Optional items are in *italics*.

**IMPORTANT** - Deleting a dependent from this screen will not remove them from any benefit they are currently enrolled in. To remove a dependent you will need to re-enroll in that benefit.

If you are adding a new spouse or child and want them covered under a plan you are currently enrolled in, please be sure you re-enroll in that benefit. Adding a dependent to this screen does not automatically add them to coverage.

No Dependent Information Available

Add

### Add Dependent

Add Dependent Instructions

Relationship:

Name:

Date of Birth:

SSN:

Gender:  Male  Female

Disabled:  Yes  No

Save

Cancel

To select **NEW** Medical Coverage:

- Put mouse over **My Benefits**
- You will see a drop down menu
- Select **TRS Medical 2015**

MY BENEFITS

SIGN & SUBMIT

RETURN

Benefit Summary

TRS Medical 2015

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- Choose the new level of coverage by clicking on the **radio button** next to the plan you wish to be enrolled effective **9/1/2015**
- **If you do not wish to carry group major medical coverage you MUST select the option “TRS – Decline Insurance”**
- Click **Next** button

	Employee Only	Employee + Spouse	Employee + Children	Employee+Family
TRS - Decline Insurance	<input type="radio"/> \$0.00			
TRS - ActiveCare 1-HD	<input type="radio"/> \$116.00	<input type="radio"/> \$689.00	<input type="radio"/> \$390.00	<input type="radio"/> \$1,006.00
TRS - FirstCare	<input type="radio"/> \$193.80	<input type="radio"/> \$825.44	<input type="radio"/> \$439.74	<input type="radio"/> \$835.84
TRS - ActiveCare Select	<input type="radio"/> \$248.00	<input type="radio"/> \$897.00	<input type="radio"/> \$537.00	<input type="radio"/> \$1,106.00
TRS - Scott & White	<input type="radio"/> \$278.60	<input type="radio"/> \$910.62	<input type="radio"/> \$573.30	<input type="radio"/> \$1,034.76
TRS - ActiveCare 2	<input type="radio"/> \$389.00	<input type="radio"/> \$1,253.00	<input type="radio"/> \$767.00	<input type="radio"/> \$1,296.00

Back Next

- Verify dependents who are to be covered
- Click **Next** button

TRS Medical 2015

Application Details

**Individuals to Be Covered**  
Click on the checkbox next to each person's name to be included for coverage. When you are finished, click on the "NEXT" button to continue.

Plan Name: TRS Medical 2015 Coverage Level: Employee+Family

To Be Covered?	Name	Age
<input checked="" type="checkbox"/>	EMPLOYEE TESTER	30
<input checked="" type="checkbox"/>	SPOUSE TEST	32
<input checked="" type="checkbox"/>	CHILD TEST	3
<input checked="" type="checkbox"/>	BABY TEST	0

Back Next

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- To change the election on an HSA or FSA, click on that plan name to access the enrollment for that benefit – You will need to unlock page by clicking on the unlock button to make changes
- Review your benefit selections and click **Next** to **Sign the Enrollment Confirmation**

HOME YOU & YOUR FAMILY MY BENEFITS SIGN & SUBMIT RETURN Next

### Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu at the left.

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
TRS Medical 2015	TRS - FirstCare; FA	\$835.84	\$0.00	\$225.00
<b>Total</b>		<b>\$835.84</b>	<b>\$0.00</b>	<b>\$225.00</b>

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

Form Name	Status	Date Signed/Reviewed
Enrollment Confirmation	Unsigned	

Next

- Click on the **Sign Form** button at the bottom of the screen

HOME YOU & YOUR FAMILY MY BENEFITS SIGN & SUBMIT RETURN Back

### Sign Forms Page

First Financial Administration

#### Benefit Confirmation / Deduction Authorization

Name	Date of Birth	Home Phone	Work Phone	Address
EMPLOYEE TESTER	05/05/1985	(281) 444-7777		123 Test Test, TX 77777
Employee ID	Hire/Elig Date	Gender	E-mail Address	
897987	05/20/2015	F	test@fjs.com	

Location	Department	Reason for Completing Form
Administration	Staff	Open Enrollment
Job Class	Title	
Full-Time	tester	

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested Benefit	Requested Cost	Employee Cost Pre-tax	Employee Cost After-tax	Employer Cost
TRS Medical 2015	TRS - FirstCare	FA	12	09/01/2015				835.84	.00	225.00
<b>Total:</b>								835.84	.00	225.00

rev. 04-11-2007

[Download Form](#) Page 1

Employee: By clicking the **Sign Form** button, I am electronically signing the form listed above.

Sign Form

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## Sign/Submit Complete Congratulations!

- Your enrollment is complete. Please note that you are not finished until you see **CONGRATULATIONS!** You can print or save a copy of your enrollment confirmation by clicking on **Enrollment Confirmation** at the bottom of the page.
- Click **Logout**
- Review your benefit selections
- You can login and make changes anytime during open enrollment by going to <https://ffga.benselect.com/enroll>
- **Technical Assistance:**  
1-855-523-8422  
7:00am – 5:00pm  
Monday –Friday  
Central Standard Time

HOME YOU & YOUR FAMILY MY BENEFITS SIGN & SUBMIT LOGOUT Logout Back

### 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.**

TRS Medical 2015  
**Plan Name:** TRS Medical 2015 **Coverage Level:** Employee+Family

First Name	MI	Last Name	DOB	Sex	Relationship
EMPLOYEE		TESTER	5/5/1985	F	Employee
SPOUSE		TEST	9/9/1982	M	Spouse
CHILD		TEST	2/2/2012	F	Child
BABY		TEST	9/2/2014	M	Child

**Completed Forms**  
Following is a list of forms reviewed and/or signed during the enrollment. Click on the form name to view or print. Press Logout to exit the website.

Form Name	Date Signed/Reviewed
<a href="#">Enrollment Confirmation</a> 	6/23/2015

Logout Back

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