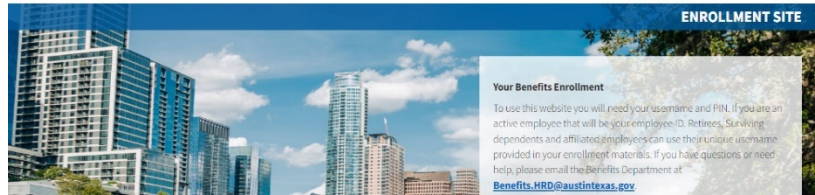


Qualifying Life Event – (Adding or Removing due to Loss or Gain of other coverage)

1. [Go to - www.benselect.com/coa](http://www.benselect.com/coa)



selerix



2. Enter Username and PIN. Select Log in.

Username:

- **Active employees** – Employee ID Number
- **Retirees** – First 3 digits of first name, first 3 digits of last name and last 4 digits of social security number.

Password:

- **First time user** - Last 4 digits of your Social Security Number and the 2-digit year of your birth. *Example:* Last 4 digits of your SSN are 3214 and you were born on September 21, 1968, your PIN would be “321468”
- **Returning User** – Your unique PIN.

Your Benefits Enrollment

To use this website you will need your username and PIN. If you are an active employee that will be your employee ID. Retirees, Surviving dependents and affiliated employees can use their unique username provided in your enrollment materials. If you have questions or need help, please email the Benefits Department at Benefits.HRD@austintexas.gov.

username:

PIN:

First time users, your PIN is a combination of the last 4 digits of your Social Security Number and the 2-digit year of your birth. *Example:* Last 4 digits of your SSN are 3214 and you were born on September 21, 1968, your PIN would be “321468”

By entering your username and PIN, you are agreeing to the [Terms of Use](#).

[Forgot Password](#)

3. Select Change my benefits due to a qualifying life event.

What would you like to do?

- Change my beneficiary
- **Change my benefits due to a qualifying life event**
- Review forms that I signed
- Find a document or form
- Change my PIN

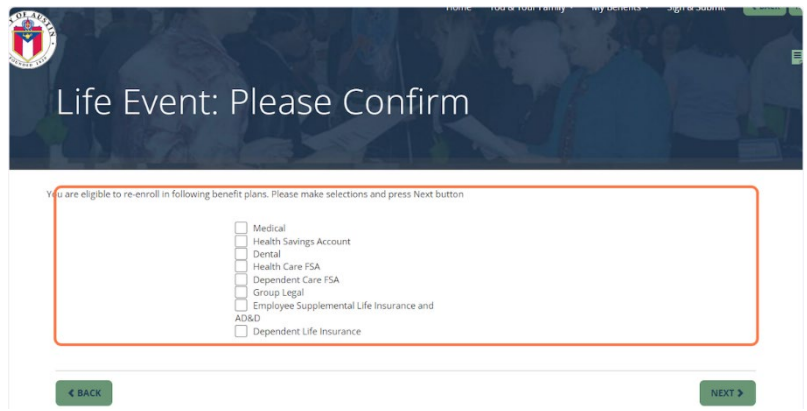
4. Choose your Life Event from the list. Select Next

5. Select the coverage(s) you are adding or removing your dependent from.

6. Enter the date of your event. i.e., Date your dependent is gaining or losing coverage.

7. Enter your PIN and select the checkmark icon to confirm your election.

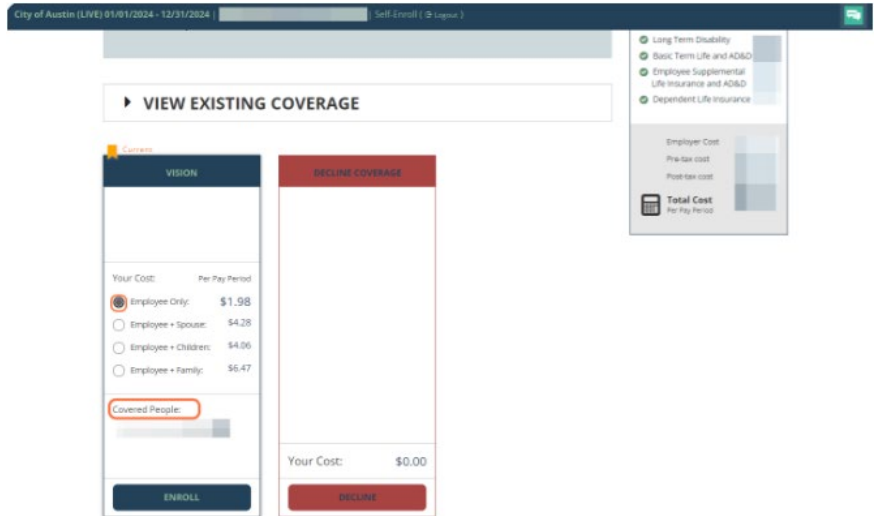
8. You have a second opportunity to select any coverage(s) you want to add your dependent to. You do not have to select any additional coverage. Select Next.



9. Select the coverage tier based on your change.

Confirm the individuals listed under covered people.

Select Enroll.

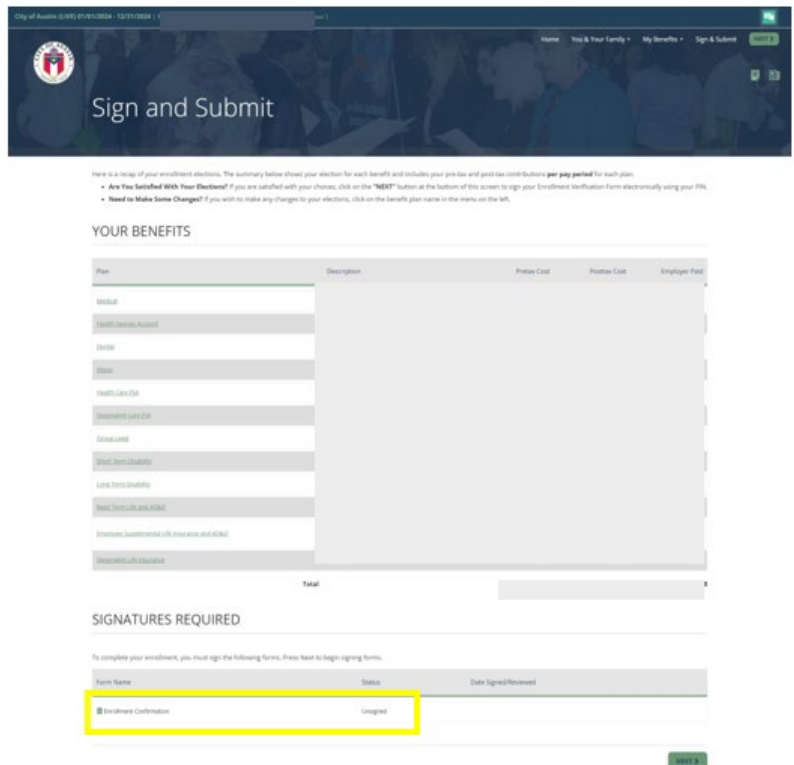


10. If adding or removing your dependent from multiple benefits, follow the same steps as in Step 9 for other benefits.

11. Confirm the changes to the benefits you modified.

To save or print a copy of your Confirmation statement, select Enrollment Confirmation at the bottom of the screen.

Select Next.



12. This is the last opportunity to review your changes. If correct, enter your PIN to confirm your changes and select Sign Form.

Benefit Plan	Option	Ego	Effective Date	Monthly Amount	Monthly Benefit	Monthly Cost	Employee Cost	Employer Cost
Medical	STDW w/FSA	PA	01/01/2024			201.00	0.00	637.28
Health Savings Account	Health Savings Account	03	01/01/2024	2,200			80.00	0.00
Dental	Standard	02	01/01/2024				0.00	0.00
Vision	Vision	PA	02/01/2024				0.47	0.00
Health Care FSA	Medical							
Dependent Care FSA	Medical							
Group Term Life	Medical							
Short Term Disability	STD	03	01/08/2024	1,400			0.00	0.00
Long Term Disability	LTD	03	01/08/2024	3,040			0.00	4.75
Basic Term Life and AD&D	Basic Life and AD&D	03	01/08/2024	104,000			0.00	0.00
Employee Supplemental Life	Employee Supplemental Life	02	01/08/2024	474,000			0.00	0.00
Dependent Life Insurance	Dependent Life	02	01/08/2024	20,000			0.00	0.00

13. You have completed your changes. A confirmation statement has been emailed to you from do-not-reply@benselect.com.

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.**

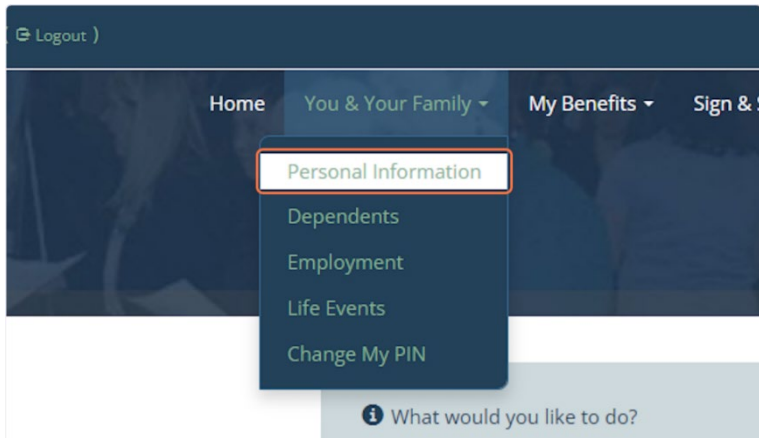
MEDICAL

ENROLLMENT DETAILS

Please Note: Your request is pending review and approval. Please ensure you have provided supporting documentation for each dependent you are adding. **Failure to provide the supporting documents timely will result in no coverage for your dependents for the remainder of the plan year.**

❖ To upload your supporting documentation:


1. From the top of your screen, select **You and Your Family, Personal Information.**




2. Scroll to the bottom of the page and choose either **Upload from my computer** *or* **Take a picture and Upload.**

UPLOAD DOCUMENTATION

Here you may upload additional documentation. Please choose whether you would like to upload files from this computer, or if you'd like to scan the QR code and photograph documents from within the Selerix Engage application. You may use either option or a combination of both to upload documentation.


 **Upload from my computer**
Using this option you may upload files directly from this computer. Click the upload icon and follow the instructions on the dialog pop-up.

 **Take a picture and upload**
The Selerix Engage website will allow you to use the camera on your mobile device to take a picture of supporting documentation and upload it to your record. Click the icon to the left to display a QR code to start this process.

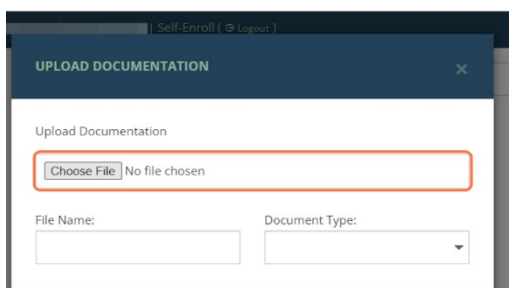
To upload from Upload from my computer:

- **Select the arrow icon.**

Here you may upload additional documentation. Please choose whether you would like to upload files from this computer, or if you'd like to scan the QR code and photograph documents from within the Selerix Engage application. You may use either option or a combination of both to upload documentation.


 **Upload from my computer**
Using this option you may upload files directly from this computer. Click the upload icon and follow the instructions on the dialog pop-up.

- **Select Choose File, a new window will open. Select the Documentation you are uploading from your device.**

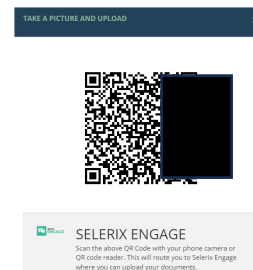


To upload from Take a Picture and Upload:

- **Select the QR generator.**

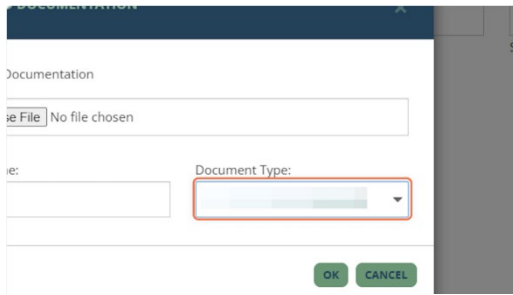
 **Take a picture and upload**
The Selerix Engage website will allow you to use the camera on your mobile device to take a picture of supporting documentation and upload it to your record. Click the icon to the left to display a QR code to start this process.

- **Scan the QR code with your phone.**



- **Select to Upload or Capture your document. Follow the prompts on your phone.**

- **Select the type of document you are uploading. i.e., Marriage Certificate, Birth Certificate. Select Ok.**



SELECT A METHOD

If your document has already been saved to this device, select the **UPLOAD** button and navigate to your file.

To take a picture of your document to upload, select the **CAPTURE** button.



- **Confirm you added the correct document.**

REVIEW DOCUMENT

Make sure the document is legible. Select **+ PAGE** to include additional pages for this document. Additional pages should be in the proper order.



- **Name the document, select the document type from the drop down and select Save.**

FINALIZE DOCUMENT

To finalize your document upload, provide a document name and a document type, then select the **SAVE** button.

Document Name:

Document Type:

< BACK **SAVE >**

3. Confirm the information on the screen. Select Next.

UPLOAD DOCUMENTATION

Here you may upload additional documentation. Please choose whether you would like to upload files from this computer, or if you'd like to scan the QR code and photograph documents from within the Selerix Engage application. You may use either option or a combination of both to upload documentation.



Upload from my computer
 Using this option you may upload files directly from this computer. Click the upload icon and follow the instructions on the dialog pop-up.



Take a picture and upload
 The Selerix Engage website will allow you to use the camera on your mobile device to take a picture of supporting documentation and upload it to your record. Click the icon to the left to display a QR code to start this process.

File Name	Document Type	Size	Uploaded By	Date
.Your File Name	Adoption Papers	372.23 KB		



4. Your dependent information will be listed, Select Next. You have completed your change.