

Qualifying Life Event – Enrolling in Medicare Advantage Plan

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



selerix



2. Enter Username and PIN. Select Log in.

Username:

- First 3 digits of first name, first 3 digits of last name and last 4 digits of social security number.

PIN:

- **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:
[input field]

PIN:
[input field]

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](#) Log In

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. Select I (or my eligible dependent) recently lost or gained coverage (including Medicare).

Select Next

In general, you may only enroll for benefits at specific times of the year designated by your Human Resources department. However, certain changes in your life may require you to update your benefit elections or employee information on file.

LIFE EVENT

Please choose the applicable event.

- I changed my name or e-mail address.
- I changed job status, changed salary, or transferred to a new location.
- I recently got married or established a new domestic partnership.
- I have a new child (birth, adoption, or regained custody).
- I wish to change the beneficiary of one or more of my benefits.
- I am taking an approved Leave of Absence.
- I am retiring.
- I (or my eligible dependent) recently lost or gained coverage (including Medicare).
- I request a change to my benefits due to a court order.

[← BACK](#) [NEXT >](#)

5. Select Medicare Advantage Plan and Medical.

- **Enter** your Medicare effective date as the Event Date.
- **Select** the arrow icon to upload a copy of your Medicare ID card.

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Select which plans you would like to change.

- Medicare Advantage Plan
- Medical
- Vision

Event Date: 04/01/2024

UPLOAD DOCUMENTATION

If you have any documentation your employer has requested to see related to your personal information or dependent documentation, such as proof of address, citizenship, relationship documentation, you can upload images of that documentation here. All images will be stored with your record with your employer.

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.

← BACK NEXT →

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

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Home You & Your Family My Benefits Sign & Submit ← BACK NEXT →

Life Event: Please Confirm

By entering my PIN below, I certify that one of the following conditions applies:

- I have recently lost coverage in a similar benefit.
- The plan I selected recently underwent a material change in coverage or cost.

Such a material change is a qualifying event under Section 125 of the Internal Revenue Service code, which may entitle me to change certain benefits.

PIN: [REDACTED] ✓

Reason for change: Coverage change.

← BACK

7. Select Next

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Home You & Your Family My Benefits Sign & Submit ← BACK NEXT →

Life Event: Please Confirm

You are eligible to re-enroll in following benefit plans. Please make selections and press Next button

Dental
 Vision

8. Answer Yes and Select Next

← BACK NEXT →

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Medicare Advantage Plan

Please answer the following question(s) in order to determine the correct plans for you and your family.

Are you Medicare Eligible? Yes No

You are required to have Medicare Part A & B in order to select a Medicare Health plan with BCBS.
If not, BCBS may decline your election.

← BACK NEXT →

9. Enter your Medicare ID number and effective dates. Select Next.

Medicare ID:
Test Retiree 123456789

Part A Begin Date
Test Retiree 01/01/2000

Part B Begin Date
Test Retiree 01/01/2000

[← BACK](#) [NEXT →](#)

10. Answer Yes or No. Select Next.

Medicare Advantage Plan

Employees and spouses/domestic partners currently using tobacco products, including but not limited to cigarettes, chewing tobacco, snuff, pipes, snus, shisha and electronic cigarettes will be charged a tobacco premium.
Employees and spouses/domestic partners enrolled in a City medical plan who use tobacco will each pay \$25.00 per pay period.

Are you a tobacco user? Yes No

[← BACK](#) [NEXT →](#)

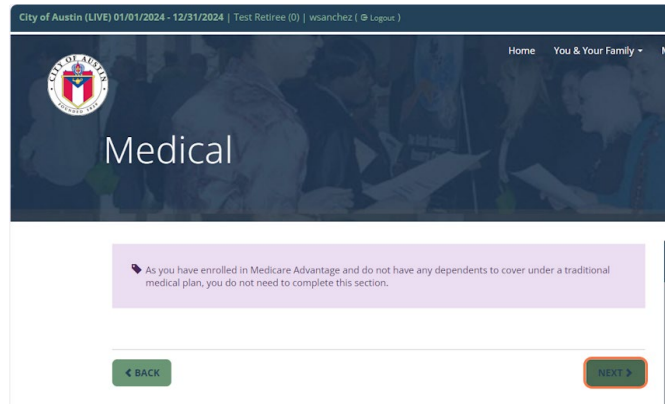
11. Select Enroll

▶ VIEW EXISTING COVERAGE

Current	
MEDICARE ADVANTAGE PPO	
Your Cost:	Per Pay Period
<input checked="" type="radio"/> Employee Only:	\$50.00
Covered People:	Test Retiree
ENROLL	

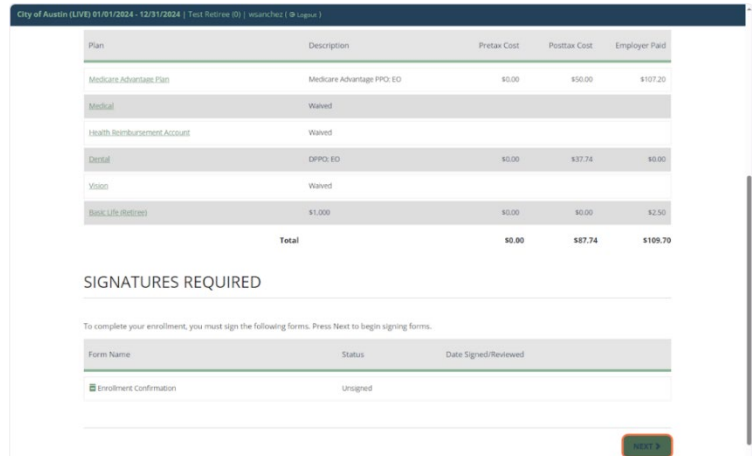
DECLINE COVERAGE	
Your Cost:	\$0.00
DECLINE	

12. Select NEXT.

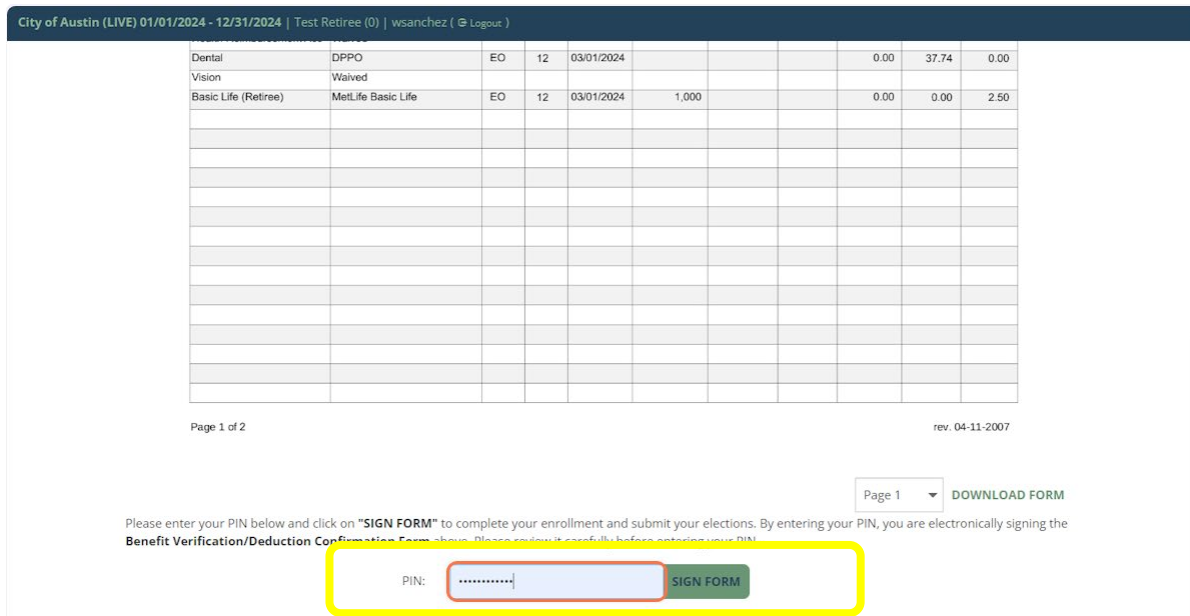


13. Confirm the changes to the benefits you modified. To save or print a copy of your Confirmation statement, select Enrollment Confirmation at the bottom of the screen.

Select Next.



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



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