

West Texas Public Schools Employee Benefits Cooperative

New Hire Enrollment Guide

EFFECTIVE 09/01/2014 - 08/31/2015

www.wtxebc.com





WTX EBC

Employee Benefits Portal



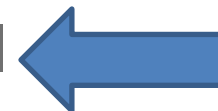
THEbenefitsHUB

Delivering Instant Access to Your Employee Benefits

Welcome to Your Employee Benefits Portal

We encourage you and your family to become familiar with this website. Inside, you will find detailed information about your employee benefits program including benefit summaries, claim forms, administrative forms, customer service numbers, provider directories and direct links to the insurance carriers. You will also find some helpful information regarding each employee benefit product so you can choose a benefit package that's right for you and your family.

Please select your employer from this list:





THEbenefitsHUB

Delivering Instant Access to Your Employee Benefits

Login

Home

Benefits Guide

THEbenefitsHUB

Check FSA

Contact Us

Plan Years

2013-2014

Benefits 2013-2014

- MEDICAL
- MEDICAL SUPPLEMENT
- TELEHEALTH
- DENTAL
- VISION
- DISABILITY
- CANCER
- ACCIDENT
- CRITICAL ILLNESS
- BASIC LIFE
- VOLUNTARY GROUP LIFE
- AD&D
- INDIVIDUAL LIFE
- IDENTITY THEFT
- REIMBURSEMENT PLANS
- FINANCIAL PLANNING

Click the plan year you would like information for.

Click the plan name to view specific information for a plan, claim forms, and rates.

Inside, you will find detailed information about your employee benefits program including benefit summaries, claim forms, administrative forms, customer service numbers, provider directories and direct links to regarding each employee you and your family.

Things to Remember

Welcome to your benefit site, the central source for all your benefit needs. Protecting your family and assets is an important and complicated task. The West Texas Co-op offers a comprehensive benefits package to achieve this goal. Please use the navigation tools provided to learn more about the different offerings available to...read more.

Quick Links

- Things To Remember
- Open Enrollment Video
- Beneficiary Video
- Enrollment Form
- Enrollment Instructions
- COBRA Initial Rights Notice
- Separation of Service Flyer
- HIPAA Privacy Notice

Separation of service and videos



Financial Benefit Services, LLC
2121 N Glenville Dr
Richardson, TX 75082
Toll Free: (866) 914-5202
Phone: (469) 385-4685
www.FBSBenefits.com

West Texas Public Schools EBC

Today is **March 11, 2014**
Server is **App1**
You are **not logged in**

LOGIN

If you need login assistance, click this link to watch a video of how to login.



Login Help Video
[Español]



Your Username Is:

The first Six (6) characters of your last name, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number.

Your Password Is:

Last Name (Excluding punctuation) followed by the last four (4) digits of your Social Security Number.


If you have previously logged in this year, you will use the password that you created, **NOT** the password format listed above.

[Enrollment Instructions](#)

Login

Username

Password



[Forgot Username or Password?](#)

Supported Browsers

- Google Chrome
- Microsoft Internet Explorer (7.0 or Later)
- Mozilla Firefox (3.5 or Later)

EMPLOYEE USAGE AGREEMENT

Please review and accept to proceed.

When electronic signatures are used, federal law requires that we inform you of the following:

By clicking I accept below, I consent to electronic processing of this application to include use of my electronic signature.

I acknowledge that Electronic Signature means that I am the person identified on this application as the applicant, that I voluntarily accept all the terms and conditions as stated in this application, and that I agree to the electronic processing of this record. I acknowledge that my electronic signature will have the same legal effect as a signature on paper.

I acknowledge that I have the right to print and keep this application on paper.

I acknowledge that I have the right to withdraw my consent to the electronic signature on this application. I understand I must notify my benefit providers in writing of my withdrawal of consent and that such withdrawal will not affect actions already taken by my benefit providers.

I acknowledge that my consent to the use of my electronic signature applies to this application only and not to any other transactions with my benefit providers.

I hereby apply for coverage on the basis of the statements and answers to the questions herein. I hereby declare all answers to be true to the best of my knowledge and to accurately represent the health of those persons applying for coverage and waiving coverage. I understand that these statements, answers and subsequent information I provide are the basis for my coverage. Furthermore, I understand that this application must be updated by me to include any condition or disease which may occur between the date of my application and the Effective Date of Coverage. I understand that if my application for new or additional coverage is accepted, that applicable coverage will not be effective until after I am notified for the Effective Date.

[Click Here for COBRA Notification.](#)



Open Enrollment Video

By clicking the "Continue" button, I hereby agree to the terms of the Employee Usage Agreement above.

Do not show this page again

Continue



Cancel

Review usage agreement and click continue.

PERSONAL INFORMATION

Fields in bold are required.

General Information

First Name
Middle Initial
Last Name
Title 
Social Security No.
Gender 
Date of Birth date in format, mm/dd/yyyy

Contact Information

Street Address
Street Address 2
City
State
Zip Code
Home Phone
Work Phone **Ext.**
Email Address
Alternate Email

Please add a district or personal email address.

Other Information

Marital Status

- Single date in format, mm/dd/yyyy
- Married
- Separated
- Divorced
- Widowed

Tobacco User

No ▼

Additional Information

Answer Additional Information questions for health insurance eligibility and effective date.

Are you currently a TRS member?

- No
- Yes

Select an option that indicates which effective date your TRS Medical coverage will begin.

- Actively at Work Date
- First of the Month Following Actively at Work Date

Back

Save & Continue

DEPENDENT INFORMATION

Please complete the 5-section enrollment process.

To add a spouse or child to the system, click the Add Spouse/Child Link.

Please enter your dependent information.

Please verify all dependent information as benefit eligibility is based on this information. This is including: Gender Types, Dates of Birth, Social Security Number, and Student Status. If there is any information that is inaccurate, it may cause some dependents to show ineligible for some benefits.

Spouse

Test, Spouse 

Children

Test, Child 

 Add a child



Back

Save & Continue

DEPENDENT INFORMATION

Click the "Save" button at the bottom of the page after you've entered the child's information.

Fields in bold are required.

Name Information

First Name	<input type="text" value="Kid"/>
Initial	<input type="text" value=""/> .
Last Name	<input type="text" value="Test"/>
Title	<input type="text" value="No Title"/>
Social Security No.	<input type="text" value="000000018"/> <small>nine digits - no dashes or spaces</small>
Gender	<input type="text" value="Female"/>
Date of Birth	<input type="text" value="1/1/2010"/> <small>date in format, mmm/dd/yyyy</small>

Please add dependent SSN

Contact Information

Residing Address	<input type="text" value="6125 East Belknap"/>
	<input type="text"/>
City	<input type="text" value="Hale Center"/>
State	<input type="text" value="TX - Texas"/>
Postal Code	<input type="text" value="79041"/>
Child has resided here since	<input type="text" value="1/1/2010"/> <small>date in format, mmm/dd/yyyy</small>

Legal Information

Has there been a court decree issued regarding Financial Support?

Has there been a court decree issued regarding Insurance Coverage?

Qualified Medical Support Order

Support Information

What percentage of support do you provide this child?

As of what date?

Is child claimed on Federal Taxes?

School Information

Indicate whether **college aged** child is a student

School/University

School Address

City

State

Postal Code

Click to add another child

Indicate full time student status for dependents from age 18 to 26.

Current Basic Life Plan Election	Coverage	Your Cost
----------------------------------	----------	-----------

Basic Life ⓘ View Plan Outline of Benefits Provided by Unum Effective on 4/1/2014	\$10,000.00	\$0.00
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District paid benefit.

Available Basic Life Plan	Coverage	Your Cost
---------------------------	----------	-----------

<input checked="" type="radio"/> Basic Life ⓘ View Plan Outline of Benefits Provided by Unum Eligible on 4/1/2014 Elected coverage effective on 4/1/2014 Cost is deducted on a post-tax basis	\$10,000.00 - Cost: \$0.00 ▼	
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Amounts provided by district can vary

B. During Open Enrollment, to waive for the new plan year, click the radial button at the bottom of the plans "Employee waives enrollment in all available Medical plans" and click the Save button:

A Medical election is required or waive

Some districts have FirstCare and HMO not shown.

Available Medical Plans	Coverage	Cost
<input type="radio"/> ActiveCare 1 HD View Plan Outline of Benefits Provided by TRS Eligible on 9/1/2014 Select Tax Election Pre-tax	<input type="checkbox"/> Broker Review [employee] <input type="checkbox"/> Spouse [spouse] <input type="checkbox"/> Child [child]	<input type="text"/>
<input type="radio"/> ActiveCare Select View Plan Outline of Benefits Provided by TRS Eligible on 9/1/2014 Select Tax Election Pre-tax	<input type="checkbox"/> Broker Review [employee] <input type="checkbox"/> Spouse [spouse] <input type="checkbox"/> Child [child]	<input type="text"/>
<input checked="" type="radio"/> ActiveCare 2 View Plan Outline of Benefits Provided by TRS Eligible on 9/1/2014 Select coverage effective on 9/1/2014 Select Tax Election Pre-tax	<input checked="" type="checkbox"/> Broker Review [employee] <input type="checkbox"/> Spouse [spouse] <input type="checkbox"/> Child [child]	310.00

Click the box next to the name of every person you want to cover.

To decline a benefit, click the "I waive enrollment" radial button (located at the bottom of each available plan screen).

Employee waives enrollment in all available Medical plans

Please enter the Effective Date for this new enrollment:

Please enter the Termination Date for past enrollment:

TRS Declarations in the HUB

When either a benefit administrator or employee elects or waives medical in the HUB, the user must complete and/or accept the TRS declaration page. This step allows you to report to employee and/or dependent declarations of coverage TRS.

Employees who enroll in TRS medical coverage will still see the declaration page as they may have a dependent who is eligible to be covered who was not listed as a dependent on the "Dependent Information" screen. The HUB shows this screen to give the user the ability to add a dependent here without having to go back and add them on the "Dependent Information" screen.

If all family members listed in the HUB are enrolled on the TRS medical screen, the Declaration Page will show list them as a covered member and Reason for Declining as "None" since they are not declining.

Example of Declaration Page with all family members enrolled:

TRS - ActiveCare DECLARATION PAGE

By clicking the "Accept" button I, the employee, certify that the available medical coverage has been explained and offered to me. I have been given the opportunity to apply for the medical coverage offered to me and my eligible dependents. The voluntary election, as indicated below, reflects either enrollment or waiver in the medical coverage by myself, the employee. If I have waived the medical coverage and decide to apply for the coverage at a later date, I understand there may be a delay in the effective date of the medical coverage as well as a pre-existing condition exclusion period that applies to TRS coverage.

*Effective September 1, 2011, a pre-existing condition waiting period is not applicable for any individual under the age of 18.

† If you have any questions regarding the medical declaration, please contact your Benefits Administrator.

View Declared Declinations as of: 9/1/2014

You are currently: Covering everyone in your family

Covered Member	The Person Is...	Name	Reason for Declining
Covered Member	You	John Robert Test	None
Covered Member	Spouse	Spouse Test	None
Covered Member	Child	Child Test	None

FBS will be sending declinations to Wells System.



If you elected medical for you and dependents, declination will look like this.

If all family members listed in the HUB are NOT enrolled on the TRS medical screen, the Declination Page will show list them as a declining member and a Reason for Declining must be selected before the employee can click the Accept button to Save.

Example of Declination Page with NOT all family members enrolled:

TRS - ActiveCare DECLINATION PAGE

You will see this declination page after you elected or waived medical

By clicking the "Accept" button I, the employee, certify that the available medical coverage has been explained and offered to me. I have been given the opportunity to apply for the medical coverage offered to me and my eligible dependents. The voluntary election, as indicated below, reflects either enrollment or waiver of the medical coverage by myself. The employee, FIC have waived the medical coverage and decide to apply for the coverage at a later date. I understand there may be a delay in the effective date of the medical coverage as well as a pre-existing condition waiting period (not applicable to TRS coverage).

*Effective September 1, 2021, a pre-existing condition waiting period is not applicable for any individual under the age of 23.

*If you have any questions regarding the medical declination, please contact your Benefits Administrator.

View Declination Estimates as of: 7/26/24

You are currently: Covering no one in your family

Covered (Declining)	Relationship	Name	Reason for Declining
Declining Member	Yes	Elaine Marie Toy	Other Group Coverage
Declining Member	Spouse	Spouse Test	Please Select
Declining Member	Child	Child Test	Please Select

If you decline medical for your self and your all your dependents, choose why you are declining coverage for all dependents from the pull down menu.

If everything is correct on this screen:

Plan Information

Current Dental Plan Election

You are not currently enrolled in any Dental plans.

Click the box next to the name of every person you want to cover.

Available Dental Plans	Coverage	Your
<input checked="" type="radio"/> High Option View Plan Outline of Benefits Provided by Cigna Eligible on 4/1/2014 Select Tax Election Pre-tax	<input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse [spouse] <input checked="" type="checkbox"/> Kid [child]	\$94.80
<input type="radio"/> Low Option View Plan Outline of Benefits Provided by Cigna Eligible on 4/1/2014 Select Tax Election Pre-tax	<input type="checkbox"/> You <input type="checkbox"/> Spouse [spouse] <input type="checkbox"/> Kid [child]	
<input type="radio"/> I waive enrollment in all available Dental plans		

Back

Sign & Continue

Election Summary

Enrollment Date: 4/1/2014

Medical - Premium Only

MEDLink

[WAIVED]

Telehealth

[ENROLLED] \$0.00

Dental

\$94.80

Vision

Long Term Disability

Cancer

Accident

Employee Critical Illness

Employee Life

AD&D

Individual Life

Identity Theft Protection

Medical Premium Reimbursement

HealthCare Reimbursement

Dependent Care Reimbursement

Monthly Payroll Deduction

\$94.80

Current Long Term Disability Plan Election

The employee is not currently enrolled in any Long Term Disability plans.

Available Long Term Disability Plans

Monthly Benefit

Cost

Plan A - Injury 0 / Sickness 7 

[View Plan Outline of Benefits](#)

Provided by Unum
Eligible on 10/1/2012

Cost is deducted on a post-tax basis



Click the Radial Button next to the plan option you wish to elect.



[View Plan Outline of Benefits](#)

Provided by Unum
Eligible on 10/1/2012


Cost is deducted on a post-tax basis

Plan A - Injury 60 / Sickness 60 

[View Plan Outline of Benefits](#)

Provided by Unum
Eligible on 10/1/2012


Cost is deducted on a post-tax basis

Plan A - Injury 90 / Sickness 90 

[View Plan Outline of Benefits](#)

Provided by Unum
Eligible on 10/1/2012

Cost is deducted on a post-tax basis

Plan A - Injury 180 / Sickness 180 

[View Plan Outline of Benefits](#)

Provided by Unum
Eligible on 10/1/2012


Cost is deducted on a post-tax basis

Plan B - Injury 0 / Sickness 7 

[View Plan Outline of Benefits](#)

Provided by Unum
Eligible on 10/1/2012

Cost is deducted on a post-tax basis

Plan B - Injury 14 / Sickness 14 

[View Plan Outline of Benefits](#)

Provided by Unum
Eligible on 10/1/2012

Cost is deducted on a post-tax basis

Select Coverage...
Select Coverage...
\$3,300.00 - Cost: \$156.09
\$3,200.00 - Cost: \$151.36
\$3,100.00 - Cost: \$146.63
\$3,000.00 - Cost: \$141.90
\$2,900.00 - Cost: \$137.17
\$2,800.00 - Cost: \$132.44
\$2,700.00 - Cost: \$127.71
\$2,600.00 - Cost: \$122.98
\$2,500.00 - Cost: \$118.25
\$2,400.00 - Cost: \$113.52
\$2,300.00 - Cost: \$108.79
\$2,200.00 - Cost: \$104.06
\$2,100.00 - Cost: \$99.33
\$2,000.00 - Cost: \$94.60
\$1,900.00 - Cost: \$89.87
\$1,800.00 - Cost: \$85.14
\$1,700.00 - Cost: \$80.41
\$1,600.00 - Cost: \$75.68
\$1,500.00 - Cost: \$70.95



When you have multiple coverage options to choose from, click the drop down arrow to select your desired coverage.

Election Summary

Costs shown are as of 10/1/2012

Basic Life

[ENROLLED] \$0.00

Medical

[ENROLLED] \$732.00

MEDLink

[ENROLLED] \$69.00

Dental

[ENROLLED] \$108.20

Vision

[ENROLLED] \$26.32

Long Term Disability

\$ 0.00

Cancer

[WAIVED]

Employee Life

[WAIVED]

AD&D

[WAIVED]

Identity Theft





[WAIVED]

HealthCare Reimbursement

[WAIVED]

Current Cancer Plan Election

You are not currently enrolled in any Cancer plans.

Available Cancer Plans	Coverage	Your Cost
<input type="radio"/> Low Option  View Plan Outline of Benefits Provided by American Public Life Eligible on 10/1/2012 Select Tax Election Pre-tax ▾	<input type="checkbox"/> You <input type="checkbox"/> Dirk [spouse] <input type="checkbox"/> Child [child]	<input type="text"/>
<input type="radio"/> Low Option w / ICU  View Plan Outline of Benefits Provided by American Public Life Eligible on 10/1/2012 Select Tax Election Pre-tax ▾	<input type="checkbox"/> You <input type="checkbox"/> Dirk [spouse] <input type="checkbox"/> Child [child]	<input type="text"/>
<input type="radio"/> High Option  View Plan Outline of Benefits Provided by American Public Life Eligible on 10/1/2012 Select Tax Election Pre-tax ▾	<input type="checkbox"/> You <input type="checkbox"/> Dirk [spouse] <input type="checkbox"/> Child [child]	<input type="text"/>
<input type="radio"/> High Option w / ICU  View Plan Outline of Benefits Provided by American Public Life Eligible on 10/1/2012 Select Tax Election Pre-tax ▾	<input type="checkbox"/> You <input type="checkbox"/> Dirk [spouse] <input type="checkbox"/> Child [child]	<input type="text"/>
<input checked="" type="radio"/> I waive enrollment in all available Cancer plans		

Election Summary

Costs shown are as of 10/1/2012

Basic Life

[ENROLLED] \$0.00

Medical

[WAIVED]

Dental

[WAIVED]

Vision

[WAIVED]

Long Term Disability

[WAIVED]

Cancer

\$ 0.00

Employee Life

[ENROLLED] \$16.20

Spouse Life

[ENROLLED] \$0.90

Child(ren) Life

[ENROLLED] \$1.20

AD&D

[ENROLLED] \$6.96

Identity Theft

[WAIVED]

HealthCare Reimbursement

Dependent Care Reimbursement

Monthly Payroll Deduction

\$ 25.26

To decline a benefit, click the “I waive enrollment” radial button (located at the bottom of each available plan screen).



Back

Sign & Continue



Current HealthCare Reimbursement Plan Election

The employee is not currently enrolled in any HealthCare Reimbursement

Enter your monthly contribution amount.

Available HealthCare Reimbursement Plan

HealthCare Reimbursement with Flex Card **Monthly Contribution**

[View Plan Outline of Benefits](#)

Provided by National Benefit Services

Allowed range of contributions is \$25.00 min to \$208.33 max.

Effective period

Click this link to view plan information.

Cost is deducted

Employee waives enrollment in the available HealthCare Reimbursement plan

Please enter the Effective Date for this new enrollment: mm/dd/yyyy



New Flex/H.S.A cards will look like this example and be a MasterCard.

Election Summary
Costs shown are as of 10/1/2012
Basic Life [ENROLLED] \$0.00
Medical [WAIVED]
Dental [WAIVED]
Vision [WAIVED]
Long Term Disability [WAIVED]
Cancer [WAIVED]
Employee Life [WAIVED]
AD&D [WAIVED]
Identity Theft [WAIVED]
HealthCare Reimbursement \$ <input type="text" value="25.00"/>
Dependent Care Reimbursement [WAIVED]
Monthly Payroll Deduction \$ <input type="text" value="25.00"/>

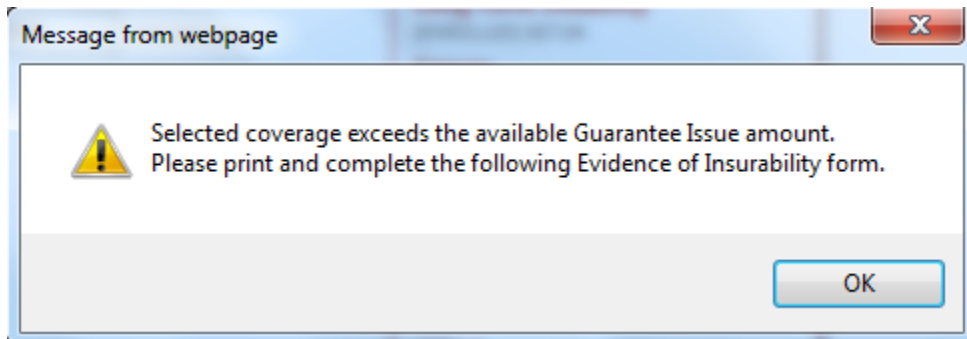
Plan Information

Current Employee Life Plan Election

You are not currently enrolled in any Employee Life plans.

Available Employee Life Plan	Coverage	Your Cost
<input checked="" type="radio"/> Employee  View Plan Outline of Benefits Provided by Unum Eligible on 4/1/2014 <small>Cost is deducted on a post-tax basis</small>	\$200,000.00 - Cost \$16.20  Employee Guarantee Issue: \$200,000.00	
<input type="radio"/> I waive enrollment in the available Employee Life plan		

Choose your amount from different options



Can increase GI 10,000 every year

Plan Information

Current Individual Life Plan Election

You are not currently enrolled in any Individual Life plans.

Available Individual Life Plan

Texas Life  **Monthly Contribution**

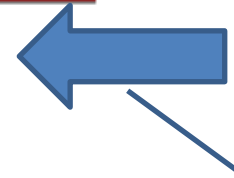
[View Plan Outline of Benefits](#)

Provided by Texas Life

Effective period is 4/1/2014 to 8/31/2014

Cost is deducted on a post-tax basis

Allowed range of contributions is
\$1.00 min to \$1,000.00 max.



Required
Application.
See an
enroller.

I waive enrollment in the available Individual Life plan

Message from webpage



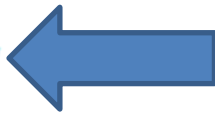
To enroll in or change the Texas Life coverage, please see an enrollment representative on campus or contact FBS at 469.385.4640 | Toll Free 800.583.6908.

OK

BENEFICIARY INFORMATION

Please add beneficiaries in step 1. Once all beneficiaries have been added, proceed to step 2 to create beneficiary allocations.

Step 1 - Create Beneficiary



+ Add a Beneficiary

Step 1: Click Add a Beneficiary for each beneficiary you wish to add to the system.

Step 2 - Beneficiary Allocations

Apply Allocations to all coverages equally ▾

The Following allocation applies to all applicable coverages.

Cancel

Finished

Add A Beneficiary



Select Dependent to add as a Beneficiary

Select Dependent

Or enter beneficiary info below

Select a name from dependents in the system or enter beneficiary information below and save.

Relation:

Select Relation

First Name:

Last Name:

Address:

City:

State:

AK - Alaska

Postal Code:

Phone:

Gender:

Male

Date of Birth:

Social Security No:

nine digits - no dashes or spaces



Save




Cancel



BENEFICIARY INFORMATION


Please add beneficiaries in step 1. Once all beneficiaries have been added, proceed to step 2 to create beneficiary allocations.

Step 1 - Create Beneficiary

Test, Spouse [Spouse] 
Test, Child [Child] 
 Add a Beneficiary

The red x removed the beneficiary

Step 2 - Beneficiary Allocations

Apply Allocations to all coverages equally 

You can choose to apply the same beneficiaries to all benefits or choose to allocate differently for each benefit.

The Following allocation applies to all applicable coverages.

Primary and/or Contingent percentages must equal 100%

Beneficiary Name	Percentage	
	Primary	Contingent
Test, Spouse	<input type="text" value="50"/>	<input type="text" value="0"/>
Test, Child	<input type="text" value="50"/>	<input type="text" value="0"/>
Test, Child 2	<input type="text" value="0"/>	<input type="text" value="100"/>

At the top of the Consolidated Enrollment Form page, we have added information to help clarify the status of an employee's benefit enrollment walk through. The addition of graphics and updated wording will explain what steps, if any, are needed to complete the enrollment process.

When an employee is completing both their new hire and open enrollment events, they will see the following message after finishing their new hire walkthrough:

CONSOLIDATED ENROLLMENT FORM



ALMOST DONE!

You have completed new hire enrollment for the current plan year. Please click the green continue button below to complete your open enrollment.

CONSOLIDATED ENROLLMENT FORM



CONGRATULATIONS!

You have successfully completed your online enrollment!

Review personal information and benefit elections for accuracy.

Personal Information

[Click here to edit](#)

Test, Nick

6125 East Belknap
Hale Center, TX 79041

817-547-5700 [home]

817-547-5700 [work]

newhire@hcsidowls.net

Social Security No.

###-##-0089

Date of Employment

3/11/2014

Date of Birth

8/26/1974

Gender

Male

Marital Status

Married





Tobacco User

No

Election Information

Below is the list of the elections effective as of greatest new hire eligibility date 4/1/2014.

To edit an existing benefit plan election, click the corresponding name of the benefit plan type. To view the outline of benefits of any existing election, click the corresponding icon next to the plan type.

Effective 4/1/2014		
Benefit Plan	Coverage	Your Cost
Basic Life - Basic Life  Effective on 4/1/2014 Provided by Unum Policy Number: - Cost is deducted on a post-tax basis	\$10,000.00	\$0.00
Telehealth - Waive  Effective on 4/1/2014 Provided by AmeriDoc Policy Number: -	Test, Nick	\$0.00
Long Term Disability - Plan B - Injury 30 / Sickness 30  Effective on 4/1/2014 Provided by Unum Policy Number: ADEAEI-5,30-30 Cost is deducted on a post-tax basis	\$3,100.00	\$57.04
Cancer - Plan B  Effective on 4/1/2014 Provided by Loyal American Policy Number: B Cost is deducted on a pre-tax basis	Test, Nick Test, Spouse [Spouse]	\$41.85

Acceptance

AUTHORIZATION:

I agree any elections made for Section 125 cannot be revoked or changed during the plan year, unless there is a change in my family status. (eg. marriage, divorce, death of spouse or child, birth or adoption of child, and termination of spouse's employment) which justifies the revocation or change as authorized by the Internal Revenue Code and Regulations. I understand that my Social Security benefits may be affected by my participation in this plan. I understand that any moneys that I allocate in these accounts and do not spend by the end of the Plan Year cannot be returned to me as TAX FREE compensation.

I UNDERSTAND THAT PROVIDING FALSE INFORMATION OR OMISSION OF RELEVANT INFORMATION IN THIS STATEMENT IN THE DENIAL OF CLAIMS OR CANCELLATION OR RESCISSION OF COVERAGE. I UNDERSTAND THAT THE PREMIUMS FOR DEDUCTION DOES NOT CONSTITUTE COVERAGE. COVERAGE THAT REQUIRE HEALTH QUESTIONS ARE NOT THE INSURING CARRIER.

Print a copy for your records or email to yourself and click the Main Menu button.

[Back](#)

[Main Menu](#)

[Print This Page](#)

To have a link of this page emailed to you, please select an email address:

newhire@hcsidowls.net

[Email This Page](#)

West Texas Public Schools EBC

Today is March 11, 2014
Server is App1
Logged in: West Texas Public Schools EBC
employee Nick Test

EMPLOYEE MENU

HELP LOGOUT

Enrollment complete.

Click this icon to change address or password



Personal Information

Click this icon to view dependents



Dependent Information

Click this icon to view benefit elections



Benefit Plan Information

Please click on the menu below:



Company Communication

Click Logout when you are finished.



Where Your Benefits Meet Technology

