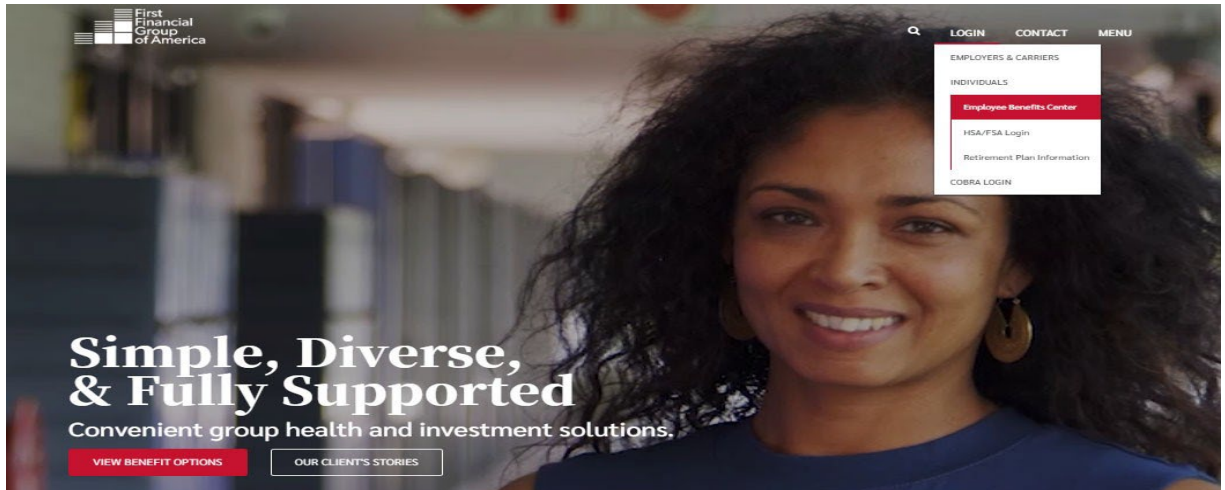


Your Guide for Online Enrollment

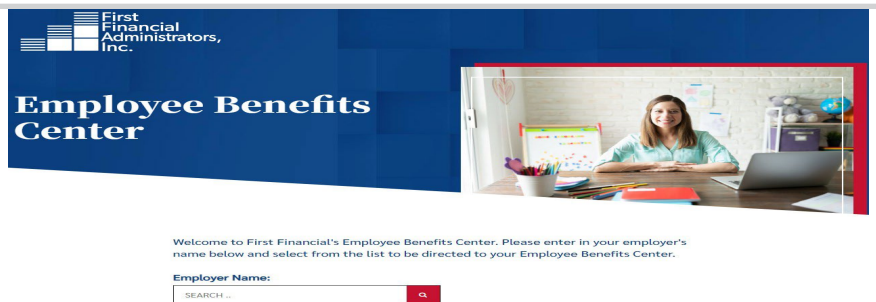
Below, you will find easy steps on how to make your benefit(s) selections. If, during your enrollment, you experience technical difficulty or have trouble, please call our Enrollment Solutions Help Desk at 855-523-8422, 7AM-5PM CST. If you have coverage eligibility questions, please contact your benefits office.

1. Go to www.ffga.com

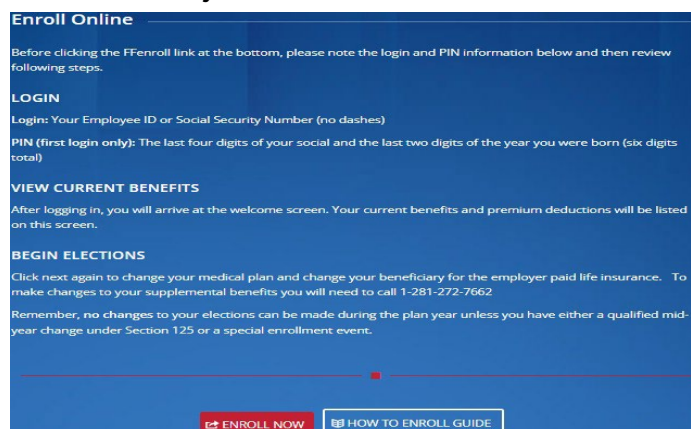


Click on "Login" and then "Employee Benefits Center"

2. Enter your Employer's name in the box: San Angelo ISD



3. Click on "How to Enroll" at the top of the page, then scroll down and click on the red "Enroll Now" button to take you to the enrollment website.



4. Login ID: Your **SSN (without dashes)** or your **Employee ID**

Your 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).

Your **PIN** may be required on some applications for your electronic signature.

You will arrive at the Welcome Screen. Use the Next and Back buttons to navigate through the website. Click Next to begin.

You may use the tab marked “You & Your Family” to review and update personal information. Please review the spelling of your name, address, social security number and contact number.

5.

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.

If you are adding a spouse or child to this screen and you intend to enroll them in major medical insurance; please note that **CLAIMS WILL NOT BE PAID** until the Social Security Number is provided for the spouse or child.

Dependents only need to be added as a full-time student if they are aged 18 or over.

Dependents

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	Uploads	+
No items found.						

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the *Add Dependent* button below.



[+ Add Dependent](#)

[< Back](#)

[Next >](#)

Dependents

Due to the Affordable Care Act, please enter dependent information even if you do not plan to cover them on your benefit options

- To add dependents **not** listed, click on the Plus sign button
- Enter requested data for the dependent including **Legal**  **Name** and **Middle Initial as it appears on the Social Security Card**
- If any information appears incorrect for dependents already listed, click on the pencil to edit the dependent information.
- Click **Save**
- Continue the process until all dependents  are entered

6.

Benefit Summary This screen provides a list of your current benefit elections. To make a change to your medical or if you need to make a change to your medical plan or to update your beneficiary; click on "Edit this Selection" or click "Keep Existing" if you do not wish to change.

Benefit Summary

Below is a list of your current benefit elections.

Your Benefits

Plan	Benefit	Cost per Paycheck	Coverage Termination Date
TRS Medical	TRS - ActiveCare HD	\$12.00 pre-tax	
Ameritas Dental	Ameritas Low Dental, Employee Only	\$22.56 pre-tax	
Basic Group Life	BCBS (Dearborn) Basic Life - \$15,000 Employer-paid	\$34.56 total	

For each of the benefit options below, your enrollment options are shown. Click the "Waive" link to waive or decline participation in the coverage or click "Add or Change" to review your other options.

- Please note if any of the plans listed below indicate "N/A" you must contact Ty Stovall at 432-770-5645.
- Please note you will not have coverage for those benefits until you contact Ty Stovall.

7.

Adding or Changing Medical: To add or change medical, click on **Edit this Election** and then proceed with the application process.

✓ TRS Medical

Edit this Election

Enrollment Details

Product Name: ActiveCare HD

Coverage Level: Employee Only

Beneficiary Updates

If the plan indicates **No beneficiary on file** click on the **Edit this Election** to update

✓ Basic Group Life

Edit this Election

Enrollment Details

Benefit Amount	Cost
\$15,000.00	\$0.00

Beneficiary Information

No beneficiary on file.

✓ You have completed enrollment in this plan. Your cost per pay period will be **\$0.00**

To view detailed information on different plans:



You can access different product brochures to learn more about each plan by clicking on the **Important Forms** icon.

Sign and Submit

8.

Once you have selected your benefits, the **Sign Forms Page** will display. The Benefit Confirmation/Deduction Authorization Form will appear. Please review it for accuracy and ensure your benefits elections are correct. Follow the on screen instructions by clicking **Sign Form**.

Sign Forms Page

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.
- **Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name by selecting the plan name under the "My Benefits" drop down menu..

Please note if any of the plans listed below indicate "Request for Information" you must contact Ty Stovall at 432-770-5645.

Please note you will not have coverage for those benefits until you contact Ty Stovall

Scroll down by using the OUTSIDE slide bar.

YOUR COVERAGE WILL NOT TAKE EFFECT AND DEDUCTIONS WILL NOT START UNTIL YOU SIGN YOUR CONFIRMATION FORM.

San Angelo ISD
ADMINISTRATION

Benefit Confirmation / Deduction Authorization

Name TEACHER TESTER		Date of Birth 08/08/1978	Home Phone	Work Phone	Address 123 MAIN ST SAN ANGELO, TX 77777			
Employee ID 0	Hire/Elig Date 06/08/2022	Gender F	E-mail Address					
Location ADMINISTRATION		Department Staff			Reason for Completing Form Open Enrollment			
Job Class FT		Title TESTER						

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested Benefit	Cost	Employee Cost Pre-tax	Employee Cost After-tax	Employer Cost
TRS Medical	TRS - ActiveCare HD	EO	12	09/01/2022				13.00	0.00	380.00
Ameritas Dental	Low Plan	EO	12	09/01/2022				22.56	0.00	0.00
Vision Plans	Waived									
Flexible Spending Account -	Waived									
Health Savings Account - HS	Waived									
AF Accident	Waived									
AF Group Cancer	Waived									
AF Term Life	Waived									
AF Long Term Disability	Waived									
Aflac Group Critical Illness	Waived									
Aetna HI Low Plan	Waived									
Aetna HI High Plan	Waived									
Texas Life Insurance	Waived									
Basic Group Life	BCBS (Dearborn) Basic Life	EO	12	09/01/2022	15,000			0.00	0.00	1.56
Employee Group Life	Waived									
MASA Medical Transport	Waived									
Total:								35.56	0.00	381.56

Page 1 Download Form

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

Sign Form

9. Sign/Submit Complete

Your enrollment is complete. Please note that you are not finished until you see:

CONGRATULATIONS!

- Review your benefits selections
- You can log in and make changes to your medical plan anytime during open enrollment by going to <https://ffga.beneselect.com/enroll>
- To change supplemental plans, call the Enrollment Assistance line: 1-855-523-8422

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.**

You can print or save a copy of your enrollment confirmation by clicking on **Enrollment Confirmation** at the bottom of the page.

Click **Logout**. Congratulations your enrollment is complete!

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
 Enrollment Confirmation	06/10/2022
 Enrollment Confirmation	06/10/2022