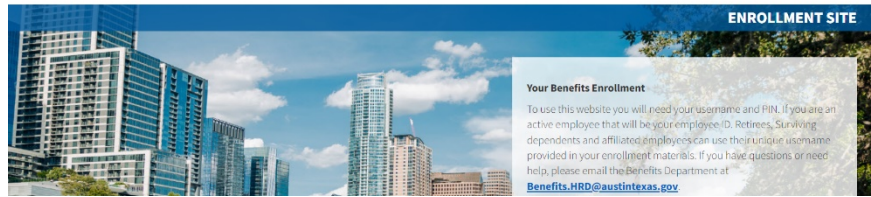


Qualifying Life Event – (Adding a dependent)

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



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.

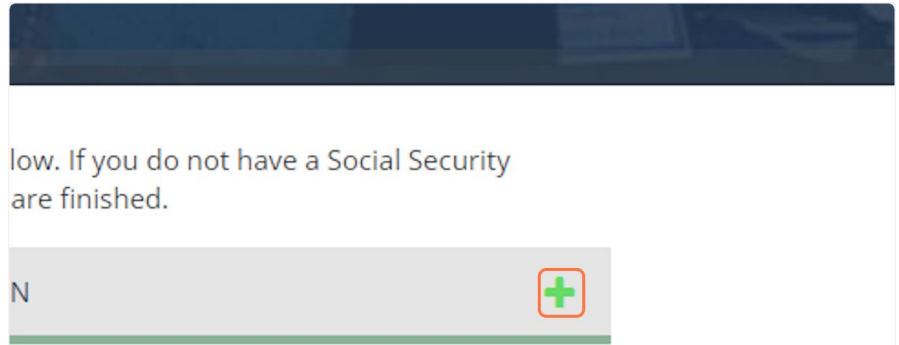
PIN:

- **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.

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

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

5. To add a dependent, select the plus sign icon.



6. Select the reason you are adding your dependent. (i.e., Marriage, Birth). Select the Relationship to your dependent.



Please enter information on the birth or adoption. If you do not have a Social Security number for your child, you may leave this line blank. Press Save when the information is complete.

Reason:

Relationship:

7. Enter your dependent's Full Name, Date of Birth, Social Security Number and Gender.

Name:

First MI Last Suffix

Date of Birth:

SSN:

Gender: Male Female

8. Select the type of document you are uploading. i.e., Marriage Certificate, Birth Certificate. Please include your supporting documentation for loss of other coverage.

Name:

First MI Last

Date of Birth:

SSN:

Gender: Male Female

Verification Document:

9. To upload the document(s), 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.



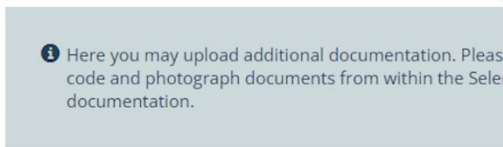
Upload from my computer
Using this option you may upload files directly from this computer. Click the upload icon and follow the instructions on the dialog pop-up.



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.

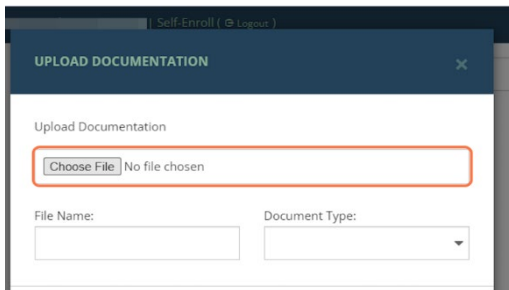
To upload from Upload from my computer:

- Select the arrow icon.

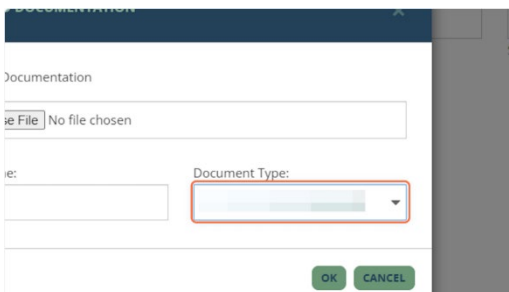


Upload from my computer
Using this option you may upload files directly from your device. Click the upload icon and follow the instructions on the dialog pop-up.

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



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



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 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.



Special Right Triangles Work.pdf



- 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:



10. Confirm the information on the screen. Select Save.

Name: First MI Last Suffix

Date of Birth: [calendar icon]

SSN: [input field]

Gender: Male Female

Verification Document: [dropdown menu]

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 Select 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 Select 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.

SAVE **CANCEL**

11. Select the coverage(s) you are adding your dependent to. Enter the date of your event. i.e., Date of Marriage, Date of Birth (for newborn). Select Next.

Justin (LIVE) 01/01/2024 - 12/31/2024 | Self Enroll (Logout)

Home You & Your Family My Benefits Sign & Submit < BACK

Coverage Change

Select which plans you would like to change.

- Medical
- Health Savings Account
- Dental
- Vision
- Health Care FSA
- Dependent Care FSA
- Group Legal
- Employee Supplemental Life Insurance and AD&D
- Dependent Life Insurance

Event Date: [calendar icon]

< BACK NEXT >

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

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

- Recently lost coverage in a similar benefit.
- Recently selected coverage that underwent a material change in cost.

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

PIN: [input field] [checkmark icon]

13. 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.

Life Event: Please Confirm

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

- Medical
- Health Savings Account
- Dental
- Health Care FSA
- Dependent Care FSA
- Group Legal
- Employee Supplemental Life Insurance and AD&D
- Dependent Life Insurance

< BACK NEXT >

14. Select the coverage tier based on your change. Confirm you and your dependents are listed as covered people. Select Enroll.

City of Austin (LWE) 01/01/2024 - 12/31/2024 | Self-Enroll (Sign Out)

VIEW EXISTING COVERAGE

- Long Term Disability
- Basic Term Life and AD&D
- Employee Supplemental Life Insurance and AD&D
- Dependent Life Insurance

Employer Cost
Pre-tax cost
Post-tax cost
Total Cost
Per Pay Period

VISION

Your Cost: Per Pay Period

- Employee Only: \$1.98
- Employee + Spouse: \$4.28
- Employee + Children: \$4.06
- Employee + Family: \$6.47

Covered People:

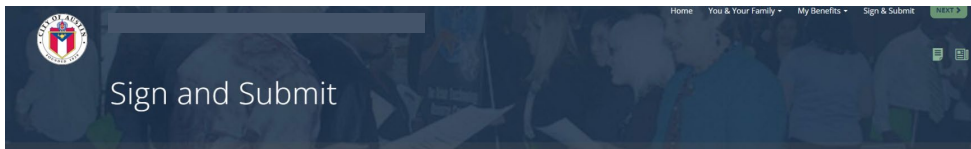
ENROLL

DECLINE COVERAGE

Your Cost: \$0.00
DECLINE

15. If adding your dependent to multiple benefits, follow the same steps as in Step 14.

16. 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.



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 on the left.

YOUR BENEFITS

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
Medical				
Health Savings Account				
Dental				
Vision				
Health Care FSA				
Dependent Care FSA				
Group Legal				
Short Term Disability				
Long Term Disability				
Basic Term Life and AD&D				
Employee Supplemental Life Insurance and AD&D				
Dependent Life Insurance				
Total				

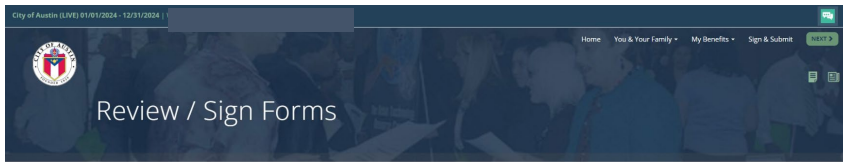
SIGNATURES REQUIRED

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 >

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



Benefit Confirmation / Deduction Authorization

Employee ID	Hire/Elig Date	Gender	E-mail Address	Home Phone	Work Phone	Address
	09/12/2022	F				
Location	Department		Reason for Completing Form			
			[1/1/2024 - VISOR]			
Job Class	Title					
BCAT 01						

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested Benefit	Cost	Employee Cost Pre-tax	Employee Cost After-tax	Employer Cost
Medical	CDHP w/HSA	FA								
Health Savings Account	Health Savings Account	EO								
Dental	Waive Dental	EO								
Vision	Vision	FA								
Health Care FSA	Waived									
Dependent Care FSA	Waived									
Group Legal	Waived									
Short Term Disability	STD	EO								
Long Term Disability	LTD	EO								
Basic Term Life and AD&D	Basic Life and AD&D	EO								
Employee Supplemental LI	Employee Supplemental Life I	EO								
Dependent Life Insurance	Dependent Life	SC								

Page 1 of 2 rev. 04-11-2007

Page 1 DOWNLOAD FORM

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the Benefit Verification/Deduction Confirmation Form above. Please review it carefully.

PIN:

18. Congratulations, you have completed your changes. A confirmation statement has been emailed to you.

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.**