SEBB Enrollment: How to Steps in Pictures

Part I: Register in SAW – Secure Access Washington – to create your SEBB My Account.

Part II: Log into your SEBB My Account, enroll dependents and dependent verification if any.

Preferred Browser:Google ChromeAcceptable Browsers:Edge, IE, Firefox, SafariCOBRA, Unpaid Leave:Subscribers **must use** SEBB Continuation Coverage Enrollment forms.

Part I: Register in SAW – Secure Access Washington – to create your SEBB My Account.

- 1. Go to <u>SEBB MyAccount</u> located on the SJISD <u>Benefits</u> page @ <u>https://www.sjisd.wednet.edu/Page/198</u>
- 2. Click on SIGN UP!

secureaccess.wa.gov/public/saw/pub/displayRevister.do	WELCOME ogin for Washington state.
BecureAccess Book Washington	SIGN UP! GIT HELP TIPS ON
Existing users LOGIN USERNAME PASSWORD SUBMIT Forgot your username? Forgot your password?	ON BEHALF OF WASHINGTON STATE AGENCIES

- 3. The window below will open. Enter,
 - a. Your name
 - b. Personal email address
 - c. A username of your choice
 - d. A password of your choice that follows the password requirements
 - e. Click I am not a robot at the bottom
 - f. Click SUBMIT

Last H	Not sure if you already have an account? CHECK N
	FIRST NAME
	LAST NAME
	EMAIL
	USERNAME
	PASSWORD REQUIREMENTS
	Add at least 10 more characters Add a special character or a lower case letter or a uppercase letter or a number PASSWORD
	CONFIRM PASSWORD
	Im not a robot
	Prinser Molice SHRMIT

4. The **CHECK YOUR EMAIL** screen below will appear. [You can check your email from your mobile phone then return to your computer to complete the steps.]



> You should see an email from **SecureAccess Washington** as in the screen shot below

secureaccess	Inbox	SecureAccess Washington : Welcome to SecureAccess Washington - You are al
-		

5. Click on the **confirmation link** within the **SecureAccess** email and **ACCOUNT ACTIVATED** screen will appear, as shown below. Click **LOGIN**.



6. Enter the user ID and password you created and click **SUBMIT**.

LOGIN	į,
USERNAME	
PASSWORD	
SUBMIT	
Forgot your username? Forgot your password?	

6. Once you login, you will arrive at the ADD A NEW SERVICE screen. Click ADD NEW SERVICE.

Af Linnin Bron					
ADD A NEW SERVICE	DESCRIPTION	MEMBERSHIP 👩	ACTION 👩	SHOWING YOUR SERVIC	ES FROM
Velcome to Secure Acces	s Washington! To start using servic	ces from agencies around Washir	ngton, click the 'Add	WASHIN	GTON
Then Service Batton abo				AGE	NCIES
				A REAL PROPERTY.	and the second

7. Click, 'I would like to browse a list of services'.

I have been given a code.	I would like to browse a list of services.

8. Select Health Care Authority

Department of Social and Health Service	25
Department of Transportation	
Employment Security Department	
Enterprise Services	
Health Care Authority	

9. Select SEBB MY ACCOUNT

ERVICES FROM HCA	
BEHAVIORAL HEALTH REPORTING SYSTEM	APPLY
Behavioral Health Reporting System	
PROVIDER ENTRY PORTAL	APPLY
Provider Entry Portal	
SEBB MY ACCOUNT	APPLY
SEBB My Account	

10. **CONGRATULATIONS!** Your **SEBB MyAccount** registration is now complete and you can now login to your account to enroll yourself and your dependents: <u>SEBB My Account https://myaccount.hca.wa.gov/</u>



Part II: Log into your SEBB My Account, enroll dependents and dependent verification if any.

- 1. Go to SJISD HR | Employee Benefits and click on **SEBB MyAccount** at the top.
- 2. In the window that opens, click on **SEBB MyAccount**.



3. Click on Log into SEBB MyAccount



4, Enter the USERNAME and PASSWORD you created then click SUBMIT

SIGN UP! GET HELP TIPS ON LOGIN USERNAME PASSWORD SUBMIT Forgot your username? Forgot your password? ON BEHALF OF WASHINGTON STATE	Your login	n for Washington state.
LOGIN USERNAME PASSWORD SUBMIT Forgot your username? Forgot your password? ON BEHALF OF WASHINGTON STATE	SIGN UP!	GET HELP TIPS ON
USERNAME PASSWORD SUBMIT Forgot your username? Forgot your password? ON BEHALF OF WASHINGTON STATE		LOGIN
Eorgot your username? Forgot your password? ON BEHALF OF	USERNAME	
SUBMIT Forgot your username? Forgot your password? ON BEHALF OF WASHINGTON STATE	PASSWORD	
Forgot your username? Forgot your password? ON BEHALF OF		SUBMIT
ON BEHALF OF	Forgot your usern	ame? Forgot your password?
WASHINGTON STATE	ON	BEHALF OF
AGENCIES		WASHINGTON STATE AGENCIES

5. Enter your **verification** information then click **Verify my information**.

Thank you for logging in to SEBB My Account - Pleas	se provide the following information so we can first verify that we have you in our SEBB subscriber records.
Subscriber verification - Step 1 of 2	
Subscriber last name*	
Subscriber date of birth*	
mm/dd/yyyy	
Last 4 digits of subscriber SSN*	
XXXX	
	Verify my information

6. Provide security questions, the click Claim this account & go to dashboard.

Verification	
Thank you for logging in to SEBB My Account - Pleas	e provide the following information so we can first verify that we have you in our SEBB subscriber records.
Subscriber verification - Step 2 of 2	
We found the following record matching the informatic	n you provided:
Name: JILLIAN SANDWITH Employer: SAN JUAN ISLAND SCHOOL DISTRICT 149	
Please select three security questions and enter	your answers - these questions will be used if you need to recover your account in the future.
Security question 1*	Security question 1 answer*
	Enter an answer for this question
Security question 2*	Security question 2 answer*
	Enter an answer for this question
Security question 3*	Security question 3 answer*
	Enter an answer for this question
	Claim this account & go to dashboard
	Back

7. Review terms of service then click **Accept**.

contracted business partners' websites may transfer cookies to your computer, eve if you access their websites through a link posted on the HCA's or the SEBB Program's websites. Please check the privacy policies of the SEBB Program's contracted business partners to see what policies they have on cookies and simila programs. 8. Governing law The laws of the State of Washington govern the terms of this	n 🔺
9. Limit of liability and indemnification To the fullest extent permitted by law, by agreeing to this agreement, you also agree to indemnify and hold harmless the HCA, the SEBB Program, the State of Washington, its agencies, officials, agents, and employees, from and against all claims arising out of or resulting from this agreement. Claims means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable for bodily injury sickness, disease, death, injury, or destruction of tangible property including loss of use. You expressly agree to indemnify and hold harmless the HCA, the SEBB Program, the State of Washington, its agencies, officials, agents, and apployees, for any claim arising out of or incident to this agreement. Your	
Dallaged oncurrent negligence of MCA, the SEBB Program, the State of Washington, its agencies, officials, agents, and employees. 10. No waiver The failure of the HCA, the SEBB Program, the State of Washington its agencies, officials, agents, and employees to enforce their rights under this agreement will not be deemed a waiver by that party as to subsequent enforcement of rights.	
If an pertornation of this agreement is declared void by any court of appropriate jurisdiction, such declaration will have no effect on the remaining parts. 12. Termination and amendment of agreement This agreement is effective until amended or terminated by the MCA, the SEBB Program, the State of Washington, its officials, agents, and employees. The MCA, the SEBB Program, the State of Washington, its officials, agents, and employees may amend or terminate all or part of this agreement at any time without notice to you. The most current version of this agreement can be found on the My Medical/Dental Coverage page in the "My Account" system by selecting the Subscribe/Unsubscribe to Email Service link, and on the SEBB	l
Program's website. 13. Permission By selecting "Accept" below, you are granting the SEBB Program permission to use and share your email address under the terms of this agreement. You understand that if you feel you have received an email that violates the term of this agreement, you may contact the SEBB Program at 1-800-200-1004 to report it. If you select "Decline," you understand that the SEBB Program will not use or share your email address under the terms of this agreement. This agreement replaces any previous yersions of the SEBB	5

8. Click Manage Dependents, even if you don't have any!

Follow the steps below to begin your m	edical, dental, and vision plan selections for 2020. Begin b adding depen	y selecting Step 1, when adding dependents. dents.	Proceed to Step 3, Make attestations, if not
0			0
dd or Remove Dependents	Submit dependent documentation	Make attestations	Make plan elections
SEBB Subscriber Das Welcome, JILLIAN SANDWIT	hboard ^{H!}		
SEBB Subscriber Das Welcome, JILLIAN SANDWIT	hboard H! pendents	Coverage elections	
SEBB Subscriber Das Welcome, JILLIAN SANDWIT Manage de Add/remove/edit	hboard H! pendents dependents	Coverage elections Your 2020 medical, dental, vision o	overage

9. Click on your name to verify your personal information and add your personal email address. (Screenshot not shown.) Then

- > if you have dependents, click Add Dependents.
- > If you don't have dependents, skip to step (3), Make Attestations

Dashboard	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverage Summary
Follow the s	steps below to begin yo	our medical, dental,	Open and vision plan selectio	Enro ns for 2020. I adding	IIment N Begin by selecting S dependents.	lotice tep 1, when adding dependents	. Proceed to Step 3, Make	attestations, if not
Add or Rei	1 move Dependents	s Submit	c dependent docur	nentation	Ma	(B)	Make plar	4 n elections
Your d	ependents		lf yo deper	u don'i ndents,	t have skip to		••	dd dependent
+ SAN	NDWITH, JILLIAN (S	elf)		step a	5			
Contact HCA		Access Copyrig SEBB N	bility Language Acce ht ©2019 Washington ly Account v.1.0.90929	ss Non-disc Health Care A	rimination Privacy Authority	practices		

10. Enter information for your first dependent then click **Submit Changes**.

Add or <mark>R</mark> emove [Dependents	Submit dependent documen	tation Make attest	ations Mak	e plan elections
Your deper	ndents				Add dependent
+ SANDWITH	l, JILLIAN (Self)				
New					20
	Qualified Depe	ndents.			
	Last name*		First name*		
	Middle name		SSN*		
	This person	currently has no social security number			
	Suffix	Birth date*	Birth sex*		
	JR, SR	mm/dd/yyyy	=	*	
	Residential a	address is the same as subscriber			
	Relation to sub	scriber*	Qualifying reason*		
		•		۲	
	Submit cha	nnes	Cancel changes	Remove dependent	

When you click Submit the first time, this reminder will appear. Click **Submit changes** again.

You must provide proof of this dependent's eligibility within the SEBB Program's enrollment timelines or your dependent will not be enrolled. See <u>qualified dependents</u>



Cancel

11. Once you've added all of your dependents, advance to step 2 to submit dependent documentation

Dashboard —	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile D	ocument P Upload	remium Surcharge Attestations	Supplemental Coverage	Coverage Summary
			Open	Enrolln	nent Noti	се		
Follow the	steps below to begin you	ur medical, dental, i	and vision plan selectio	ns for 2020. Begin adding depe	by selecting Step 1, w endents.	/hen adding dependen	s. Proceed to Step 3, Mak	e attestations, if not
		1	0			3		4
Add or Re	move Dependents	Submit	dependent docur	mentation	Make att	restations	Make pl	an elections
Vourd	opondonto							
Tour u	ependents						•	Add dependent

12. Click **Select files...**, browse to your file and upload, select document type from the pull down menu, check the box next to your dependent's name, and then click **Upload Document.**

Dashboard	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverage Summa
An elig	gible dependent is defin	ed in WAC 182-31-14	40.					
Accep	ted dependent verificat	ion documents						
Certifi Exten	cation of dependent wit ded dependent certifica	<u>h a disability</u> (follow f tion	orm instructions, do not upl	oad to SE	BB My Account)			
All do notary	cuments must be submi public seal.	tted in English. Docur	ments written in a foreign lar	iguage n	oust be accompanied	by translated copy produced by a	professional translator and	certified with a
Spec	ial open enrollme	nt document gu	idelines					
Valid s	supporting documentati	on for life change eve	nts must be submitted befo	re the en	rollment closing date	as indicated on each submitted sp	ecial open enrollment requ	est.
Accep	ted special open enrolln	nent verification docu	ments					
) Sel	ect files							
D	Jill's 1040form fo	r SEBB.pdf	,	/	Select do che	cument type and ck the box!		×
Allow	ed file types: pdf, jpg, jp	eg, png	/					
As	sociate documen	ts			Verification	applicable to:		
J	ill's 1040form fo	or SEBB.pdf	Document type ' Tax Return		risto	opher Feliz - Pending		
		Clear				Upload doct	ument	
1 comments								

13. Click OK to the Confirmation of Proof of eligibility submission (no screenshot)

14. Now, advance to step **Make Attestations**...., provide **all** information requested. Don't forget the small checkbox at the bottom left of the page. Scroll all the way to the bottom....

	Open Enrolln	nent Notice		
ollow the steps below to begin your medic	el, dental, and vision plan selections for 2020. Begin adding dep	n by selecting Step 1, when av endents.	iding dependents. Proceed t	o Step 3, Make attestations, if not
0	Ø	0		4
ld or Remove Dependents	Submit dependent documentation	Make attestat	ons	Make plan elections
Premium surcharge atte stify that the surcharges below apply to yo ddisonal information on surcharges	stations u by checking the appropriate box(es) then click the	t Continue button at the bott	em to submit.	
Obacco use premium s sem about this surcharge before you chan entry that require a change. You must chan you check YES or leave the checkboxes bil one: Enrolled family members ages 12 and begins using, tobacco products. Has this person used tobacco products in information or resources in <u>Sincherher</u> Te	urcharge ge your attestation. ge your attestation when you or your enrolled fami ink for yourself or any family members listed below younger are automatically defaulted to NO. You do the last two months? If he or she is enrolled in our on (if ages 13-17), select NO.	ly members' (ages 13 and old , you will pay the monthly sur not need to reattest when th SEBB medical plan's tobacco	erf tobacco use status chang charge. e family member turns age 1 cessation program (if age 1)	es. 3 unless the family member uses, t or older) or has accessed
Member name	Response All YES7	All NO7	Date started tobacco use	
JILUAN SANDWITH	No	Ŧ	mm/dd/yyyy	-
Christopher Feliz	No	Ŧ	mm/dd/yyyy	
pouse or state-register	red domestic partner covera ge your attestation. e-registered domestic partner in a School Employe	ige premium su	charge	
Are you covering your spouse or state-registered Mill your spouse or state-registered mot be employed in 2020, enswer NO Will your spouse's or state-registered Has your spouse or state	No domestic partner be eligible for medical coverage ti No domestic partner's employer offer at least one me No domestic partner elected not to enroll in their employer No	es Benefits Board (SEBB) me hrough their employer in 202 dical plan that serves their os oyer's medical (including PEB	Sical plan under your account Yes 27 (If your spouse or state-re Yes unty of residence in 20207 Yes B coverage) in 20207 Yes	in 20207
Are you covering your spouse or state-registered Mol your spouse or state-registered mot be employed in 2020, enswer NO Will your spouse's or state-registered Has your spouse or state Will the coverage of the state mot your spouse or state will the coverage of the state age of T will be address	No Somessic partner be eligible for medical coverage t No Idomessic partner's employer offer at least one me No	es Benefits Board (SEBB) me hrough sheir employer in 202 dical plan that serves their co oyer's medical (including PEB yer in 2020 NOT be shrough or a TRICARE plan. Answer I shrough sheir sections in In-	Sical plan under yeur accoun Yes 27 (If your spouse or state-re Yes unty of residence in 20207 Yes B coverage] in 20207 Yes account of the state-re B coverage] in 20207 Yes account of the state-re State of the state-re State-	In 20207 gistered domestic partner will RE7 Answer VES if your egistered domestic partner's 20005
Are you covering your spouse or state-registered not be employed in 2020, answer NO Will your spouse's or state-registered Has your spouse's or state-registered Will the coverage of the definess employed or state-registered Will be coverage of the definess	No Somestic partner be eligible for medical coverage t Coverage to the set of the medical coverage t Coverage to the set of the s	es Benefits Board (SEBB) me hrough their employer in 202 dical plan that serves their co oyer's medical (including PEB yer in 2020 NOT be through or a TRICARE plan. Answer i through their employer be let 20. O an the 2020	Sical plan under your accoun Ves 27 (If your spouse or state-re Yes unty of residence in 20207 Yes B coverage) in 20207 Ves the SEBB Program or TRICA I/D If your spouse's or state-re Ves s than \$106.31 per month in Yes	in 20207 Jistered domestic partner will REP Anower YES if your Rgistered domestic partner's 20207
Are you covering your spouse or state-registered not be employed in 2020, enswer NO Will your spouse or state-registered Has your spouse or state-registered Will she coverant the outer sp spouse's of state-registered Will she she spouse or state-registered Will she she spouse or state-registered	No Somestic partner be eligible for medical coverage to h Somestic partner be eligible for medical coverage to h Somestic partner's employer offer at least one me No Somestic partner elected not to envoll in their emplo No No Somestic partner elected not to envoll in their emplo No No Somestic partner elected not to envoll in their emplo No No Somestic partner elected not to envoll in their emplo No Somestic partner elected not to envoll in their emplo No Somestic partner elected not to envoll in their emplo No Somestic partner elected not to envoll in their emplo No Somestic partner share of the medical premium to No Somestic partner coverage surcharge in 20 Ulator, did the calculator indicate the spouse or sta partner down and some share share in spouse or sta somestic partner of the elected partner elected on elected partner No	es Benefits Board (SEBB) me hrough their employer in 202 dical plan that serves their co over's medical (including PEB yer in 2020 NOT be shrough or a TRICARE plan. Answer i through their employer be les 20. <u>Go to the 2020 socusal</u> (te-registered domestic surch https:// account.com/ teregistered domestic surch https:// account.com/ 2020.	Sical plan under yeur accoun Yes 20? (If your spouse or state-re Yes unty of residence in 2020? Yes B coverage in 2020? Yes B coverage in 2020? Yes state SEBB Program or TRICA 10 if your Brogram or TRICA 10 if your Brogram or TRICA 10 if your B program or TRICA 10	In 20207 gistered domestic partner will NE7 Answer YES if your egistered domestic partner's 20207

15. At the bottom of the page, click **Continue** (No screenshot)

16. Click **OK** to the attestation reconfirmations that appear.

shboard Manage Dependents	Coverage Elections	Special Open Enrollment	Profile Documen	t Upload Premium Surcharge /	Attestations Supplemental Coverage	Coverage Summary
~		2				
Add or Remove Depender	nts Subr	nit dependent docume	entation	Make attestations	Make plan	elections
Your premium su	rcharge att	estation chang	es			
		A1	ttestation chan	ige alert		
	E	Based on your current attest	tations, you will NOT	pay the \$25 tobacco use surcha	arge	
		A1	ttestation chan	ige alert		
		Based on your current atte	estations, you will N	OT pay the \$50 spousal surcharg	e.	

17. Reconfirm again!

		Thank you!		
i correct, select <i>Conf</i> senerally, changes wh e effective that mon • You will NOT p • You will NOT p	irm. To adjust your answer, select <i>Cancel</i> nich result in adding or removing a surch th. Changes made during annual open er way the \$25 tobacco use premium surcha way the \$50 spouse or state-registered do	I. arge will take effect the month following nrollment will be effective January 1 of t arge in addition to your monthly medical omestic partner coverage premium surc	g the status change. Changes received on the first he following plan year. I premium. harge in addition to your monthly medical premiu	day of the month will m.

18. After Confirming, you will land on the step 3 page, again. Advance to step 4, Plan Selections

	C	Open Enrollm	ent Notice	
ow the steps below to begin your me	edical, dental, and vision	olan selections for 2020. Begin b adding depen	ay selecting Step 1, when ac idents.	lding dependents. Proceed to Step 3, Make attestations, if not
		2	3	4
or Remove Dependents	Submit depend	ent documentation	Make attestat	ions Make plan elections
emium surcharge at fy that the surcharges below apply s itional information on surcharges.	ttestations to you by checking the ap	propriete box(es) then click the ℓ	Continue button at the bott	om to submit.
bacco use premium mabout this surcharge before you o nts that require a change: You must u check YES or leave the checkboxe ex Enrolled family members ages 12 egins using, tobacco products. Has this person used tobacco produ formation or resources in <u>Smokefr</u>	n surcharge change your attestation. change your attestation v es blank for yourself or an and younger are automa cts in the last two months ee Teen (if ages 13-17), st	when you or your enrolled family y family members listed below, y iscally defaulted to NO. You do n ? If he or she is enrolled in our Si dect NO.	members' (ages 13 and old you will pay the monthly sur ot need to reattest when th EBB medical plan's tobacco	er) tobacco use status changes. charge. e family member turns age 13 unless the family member uses, cessation program (if age 18 or older) or has accessed
ember name	5	All YES?	All NO?	Date started tobacco use
LIAN SANDWITH		No	•	mm/dd/yyyy
iristopher Feliz		No	•	mm/dd/yyyy
ouse or state-regis	tered domest	ic partner coverag	ge premium su	rcharge
A source or state-regis n about this surcharge before you of a shout this surcharge before you of A re you covering your spouse or not be employed in 2020, answe may have to pay the spouse or state r completing the 2020 spousal plan es, I will pay the \$30-per-month spo io, the spouse or state-registered do	tered domesti change your attestation. r state-registered domesti No ered domestic partner be er NO.) No e-registered domestic part n calculator, clid the calcul ouse or state-registered do mestic partner coverage	ic partner coverage c partner in a School Employees eligible for medical coverage the ther coverage surcharge in 2020 ator indicate the spouse or state omestic partner coverage surch surcharge does not apply in 202	ge premium sur Benefits Board (SEBB) mer ough their employer in 202 A. <u>Go to the 2020 spousal o</u> -registered domestic surch arge in 2020 20.	dical plan under your account in 2020? Ves (if your spouse or state-registered domestic partner will Ves Ves Ves Ves Ves Ves Ves Ves
DOUSE OF State-regis m about this surcharge before you of 1. Are you covering your spouse or 2. Will your spouse or state-register not be employed in 2020, answe may have to pay the spouse or state r completing the 2020 spousal plan be, I will pay the \$30-per-month spo lo, the spouse or state-registered do	tered domest change your attestation. r state-registered domest No ered domestic partner ber er NO.) No e-registered domestic part n calculator, did the calcul ouse or state-registered omestic partner coverage	ic partner coverag c partner in a School Employees eligible for medical coverage thr ther coverage surcharge in 2020 esor indicate the spouse or tate omestic partner coverage surch surcharge does not apply in 203 LEGAL NOT	Ge premium sur Benefits Board (SEBB) mer ough their employer in 202 a. <u>Go to the 2020 spousal p</u> -registered domestic surch arge in 2020 IO.	Incharge dical plan under your account in 2020?
DOUSE OF STATE-FEGIS m about this surcharge before you o an about this surcharge before you o Are you covering your spouse or Are you covering your spouse or will your spouse or state-register may have to pay the spouse or state reompleting the 2020 spouse plan may have to pay the spouse or state reducting the 2020 spouse plan reducting reducting the 2020 spouse plan reducting the 2020 spouse plan	tered domesti change your attestation. r stase-registered domesti No erred domestic partner be err NO.] No e-registered domestic part n calculator, did the calcul ouse or state-registered domestic part e event(c) above occurred reporting it within the SEI arge Attestation forms, Pr m surcharge Will begin th the change to the surchar g the premium surcharge (this following receipt of the pension deduction or Elec- tours.	ic partner coverage c partner in a School Employees eligible for medical coverage the ther coverage surcharge in 2020 ator indicate the spouse or state omestic partner coverage surch surcharge does not apply in 202 LEGAL NOT LEGAL NOT etc., and correct if it isn't, or if i c that requires me to change my a BB Program's deadlines. ensum Surcharge Change forms e first day of the month followin ge begins on that day (but no ei family member(s) stopped using e family member(s) stopped using tatestation. If that day is the fir stronic Debit Service. I authorize word by law. See Our <u>privacy no</u>	Ge premium sur Benefits Board (SEBB) mer ough their employer in 202 D. Go to the 2020 spousal g registered domestic surch arge in 2020 100. INCE do not provide timely, updat titestation to the tobacco us and electronic surcharge (the da srifer than Jan 1, 2020). Tobacco products or enroll at of the month, the change the Department Of Retirem close.	Alcal plan under your account in 2020? Yes 27 (if your spouse or state-registered domestic partner will Yes lan calculator to determine. arge coverage applies to you in 2020? ed information, I will owe surcharges to the SEBB Program. as and/or spouse or state-registered domestic partner attestations previously submitted. It the family member(s) started using tobacco products). If ed in your SEBB medical plan's tobacco cessation program) to the surcharge begins on that day.

19. **PLEASE READ IF YOU HAVE DEPENDENTS**: The plan UMP \$ rates listed default to <u>employee only</u> rates. If you have dependents, <u>you must first scroll all the way down to the last box on the page and answer **Yes** to each coverage to be <u>enrolled</u>, as shown below. This will update plan rates at the top of the page. Do not hit 'Continue'!</u>

oll dependents for the upcoming year. same plans as you.	Select Yes from the drop-down next to th	ne depe	ndent you wish to enroll for each f	orm of cov	erage. Your dependents will be e
Member Name	Enroll in MEDICAL coverage		Enroll in VISION coverage		Enroll in DENTAL coverage
Paul Newman	Yes	•	Yes	•	Yes
	Vez	- 1	Vac	-	Vez

20. Once you've subscribed your dependents (if any), scroll back to the top of the page to start making selections...be sure to select <u>Medical</u>, <u>Dental and Vision</u>, then click **Continue**.

te any changes below allu	use the continue button at the	bottom to submit		
Coverage effectiv	ve Jan 1, 2020	bottom to submit.		
County of residence: 2020 Medical plan: 2020 Dental plan: 2020 Vision plan: 2020 Life plan:	Default not enrolled with a Default not enrolled with a Default not enrolled with a	NCVEIGH San Juan a valid plan a valid plan MetLife	Need more help deciding on plans	
2020 AD&D plan:	Linple	JYEE ADAD		
Select your media	cal plan	iyee AD&D		
Select your medical plans:	cal plan Medical plan	Premium	✓ <u>Compare medical plans.</u> <u>Medical plans available by county.</u>	Scroll down to
Select your medical plans:	cal plan Medical plan UMP Achieve 1 UMP Achieve 2	Premium \$66	✓ <u>Compare medical plans.</u> <u>Medical plans available by county.</u> Ensure that your provider of choice is av <u>provider.</u>	Scroll down to complete all plan

- 22. Click Accept if you accept the confirmations. (No screenshot)
- 23. Click **Confirm** if you accept the information to review. (No screenshot)
- 24. On the final screen, you have the choice to download a copy of your selections, or go back to review.

Dashboard	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverage Summary
			Open	Enro	llment N	lotice		
Follow the s	steps below to begin y	our medical, dental,	and vision plan selectic	ons for 2020. E adding	Begin by selecting 9 dependents.	Step 1, when adding dependents	Proceed to Step 3, Make	attestations, if not
	0		0			0		9
Add or Rei	move Dependent	s Submit	dependent docu	mentation	м	ake attestations	Make plan	elections
Downl	oad a summ	B Download	erage electio	ns		* Return to coverage of	fections	

Congratulations! Your enrollment is complete. You have until the end of SEBB Open Enrollment to make any changes to your selections, complete dependent verification uploads, or make any other changes.