

Group Benefits Enrollment INSTRUCTIONS



Clango is now conducting benefit enrollment online at
<https://www.benefitsconnect.net/clango>

For Online Enrollment Technical Assistance – Please call GIS Benefits – Mid Atlantic at (443) 637-4433 ext. 1. Our office is open Monday through Friday from 8:30 am to 4:30 pm EST. If you are prompted to leave a message, someone will return your call within one business day.

Online enrollment with Benefits Connect is simple, secure and can be done in a few minutes from any computer with internet access. After enrolling online, you will have access to your benefit information 24 hours a day, from any computer. For your security Benefits Connect is 128-bit encrypted and password protected. Follow the steps below to learn how to access the system and enroll.

1 TO GET STARTED, YOU WILL NEED

During the enrollment process you will be asked to provide some basic information that you should have available.

- ▲ Your social security number
- ▲ Your dependent's social security numbers and birth dates



EXAMPLE

Employee Name: Matt Sample
Social Security Number: 949-12-1234
User Name: samplem1234
Password: 94912134

2 USER NAME AND PASSWORD

Initially your user name and password are defaulted to a standard format. Upon completing your first login you will be prompted to change your password. Let's walk through a sample login.

Your **user name** is made up of the **first six letters of your last name**, followed by your **first initial** and the **last four numbers of your social security number**. The **initial password** for the system is your **social security number** (without dashes). **Note:** If your last name is not six letters please use your entire last name, first initial and last four of our social security number as your username.

benefitsCONNECT
Your complete benefits enrollment solution

SYSTEM ADMINISTRATION LOGIN

Please login below to enter the *benefitsCONNECT*® system.

Username

Password

Keep me logged in all day.

3

PERSONAL PROFILE

After your initial login, the system will take you to the PERSONAL INFORMATION section. Please complete all fields. **Bolded** fields are required, and must be completed. When you have completed all of the fields, click [save & continue](#) to proceed to the next screen.

PERSONAL INFORMATION

Please complete the 6-section enrollment process.

Please edit/view your profile information.

Click the "save" button at the bottom of the page after you've entered the profile information. Fields in bold are required.

General Information

First Name	<input type="text" value="Matt"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text" value="Sample"/>
Title	<input type="text" value="No Title"/>
Social Security No.	949121234
Government Visa No.	Not specified
EEO Ethnic Code	<input type="text" value="Select EEO Ethnic Code"/>
EEO Job Category	<input type="text" value="Select EEO Job Category"/>
Gender	<input type="text" value="Male"/>
Date of Birth	<input type="text" value="1/1/1980"/> date in format, mm/dd/yyyy

Contact Information

Street Address	<input type="text"/>
Street Address 2	<input type="text"/>

4

DEPENDENT PROFILE

The system will now take you to the DEPENDENT INFORMATION section:

- ▲ To enter a spouse, click the icon under Spouse, enter information, and click [Save](#).
- ▲ To enter a child, click the icon under Children, enter information, and click [Save](#).
- ▲ To edit a dependent, click the pencil icon next to the dependent you want to edit, make changes, and click [Save](#).

Note: You only need to add dependents that you would like to enroll for coverage. You will choose which dependents to enroll for each plan when you reach the election screens.

DEPENDENT INFORMATION

Please complete the 6-section enrollment process.

Please enter your dependent information.

Spouse

To add spouse information, [click here](#).

Children

To add a child dependent, [click here](#).

BACK
SAVE & CONTINUE

5

BENEFIT PLAN ELECTIONS

Next, the system will take you to the BENEFIT PLAN ENROLLMENT Section. Each benefit and your options will be displayed one by one.

- ▲ To enroll in a plan, check next to the plan, and check any dependents you want to cover. If applicable, indicate the amount for which you would **like** to enroll.
- ▲ To waive coverage, check next to *I waive enrollment*.
- ▲ For information about a plan, click *View Plan Outline of Benefits*.
- ▲ For plans provided by your company at no cost to you, enrollment is already checked.

Click *Save & Continue* after each benefit selection.

BENEFITS PLAN ENROLLMENT

Please complete the 6-section enrollment process.

To view the outline of benefits of a specific plan design, click on the corresponding icon. All costs shown below are per pay period, unless otherwise noted.

Current Voluntary Life Plan Election
You are not currently enrolled in any Voluntary Life plans.

Available Voluntary Life Plan	Coverage	Your Cost
<input type="radio"/> Voluntary Life/AD&D ⓘ View Plan Outline of Benefits Provided by Guardian Eligible on 11/1/2017 Cost is deducted on a post-tax basis	<input checked="" type="checkbox"/> \$10,000.00 - Cost: \$0.52 Employee Guarantee Issue: \$150,000.00	<input type="text" value="\$0.00"/>
<input type="radio"/> I waive enrollment in the available Voluntary Life plan		

Election Summary
Costs shown are as of 11/1/2017

Basic Life/AD&D [ENROLLED] \$0.00

Voluntary Life

Short-term Disability

Long-term Disability

Dental

Vision

Medical

Bi-weekly Payroll Deduction

6

COMPLETING YOUR ENROLLMENT

Once you have gone through enrollment for each plan available, the system will take you to the CONSOLIDATED ENROLLMENT FORM page. This screen will show you a summary of the information you entered and the benefit elections you made.

- ▲ **To complete the enrollment process: Please Click "Finished."**
- ▲ If you need to log off before completing enrollment, any data you entered will be saved. The next time you log on, you will be taken directly to the last saved screen.
- ▲ **Always make sure to log out upon completing any action on the system.**

Acceptance

I ACKNOWLEDGE THAT I HAVE ACCESS TO AN INDIVIDUAL AT MY EMPLOYER THAT I CAN DIRECT ANY QUESTIONS OR CONCERNS TO REGARDING THE INFORMATION I HAVE COMPLETED.

I UNDERSTAND THAT PROVIDING FALSE INFORMATION OR OMISSION OF RELEVANT INFORMATION IN THIS APPLICATION MAY RESULT IN THE DENIAL OF CLAIMS OR CANCELLATION OR RESCISSION OF COVERAGE.

I CONSENT TO THE ELECTRONIC PROCESSING OF THIS APPLICATION AS DEFINED IN THE SYSTEM USAGE AGREEMENT, AND HEREBY AUTHORIZE MY EMPLOYER TO MAKE THE EMPLOYEE PAYROLL DEDUCTIONS, IF ANY, INDICATED FOR THE PLANS THAT I HAVE CHOSEN.

I UNDERSTAND THAT MY ELECTIONS GENERALLY CANNOT BE CHANGED WITHOUT A QUALIFYING EVENT.

I UNDERSTAND THAT THIS FORM DOES NOT COMPLETE MY PLAN ENROLLMENT. THIS INFORMATION WILL BE SUBMITTED TO EACH APPLICABLE PLAN PROVIDER AND MY COVERAGE IS EFFECTIVE ON THE DATE SPECIFIED BY THE PLAN PROVIDER. IF I DO NOT RECEIVE CONFIRMATION OF SELECTED COVERAGE WITHIN 30 DAYS IT IS MY RESPONSIBILITY TO NOTIFY MY EMPLOYER.

October 27, 2017 _____

Date _____ Signature of Sample, Matt [Applicant]

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GIS LOCATIONS

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Baltimore, MD
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