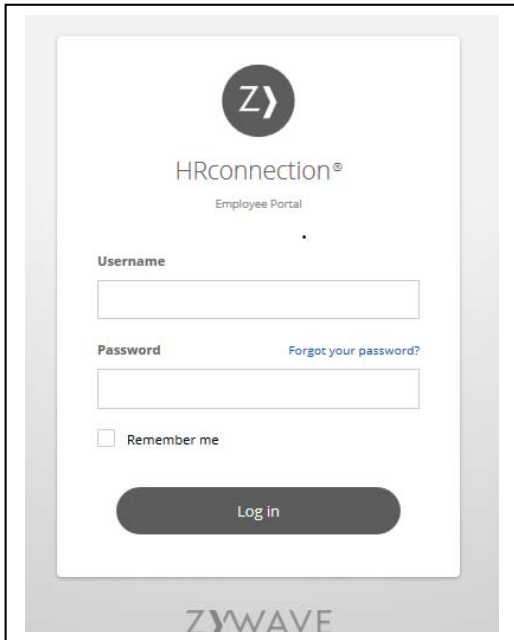


Open Enrollment: A Quick Start Guide

This guide is intended to help you easily navigate your way through the elections process for open enrollment. HRconnection makes the Open Enrollment process secure, private, accurate, and virtually paperless. You can enter your information from wherever you have an Internet connection.

1. Log in



Direct your browser to the HRconnection Web site set up by Helbling Benefits Consulting: <http://www.hrconnection.com>. The Login dialog will display. Enter your username and password. Click the “Log in” at the bottom.



You will then be asked to read the online agreement and click the “Agree” button.

INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES ARISING OUT OF THE USE OF OR INABILITY TO USE THE WEBSITE, EVEN IF SUCH PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

10.3 **STATE LAW.** SOME STATES DO NOT ALLOW EXCLUSION OF IMPLIED WARRANTIES OR LIMITATION OF LIABILITY FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES, SO THE ABOVE LIMITATIONS OR EXCLUSIONS MAY NOT APPLY TO YOU. IN SUCH STATES, THE LIABILITY OF ZYWAVE, THIRD PARTY CONTENT PROVIDERS AND THEIR RESPECTIVE AGENTS SHALL BE LIMITED TO THE GREATEST EXTENT PERMITTED BY LAW.

10.4 **EXTERNAL LINKS.** CERTAIN LINKS AVAILABLE ON THE WEBSITE WILL LET YOU LEAVE ZYWAVE'S SITE. THE LINKED SITES ARE NOT UNDER THE CONTROL OF ZYWAVE AND ZYWAVE IS NOT RESPONSIBLE FOR THE CONTENTS OF ANY LINKED SITE OR ANY LINK CONTAINED IN A LINKED SITE, OR ANY CHANGES OR UPDATES TO SUCH SITES. ZYWAVE IS PROVIDING THESE LINKS TO YOU ONLY AS A CONVENIENCE, AND THE INCLUSION OF ANY LINK DOES NOT IMPLY ENDORSEMENT BY ZYWAVE OF THE SITE.

11. Miscellaneous

This Agreement shall be construed in accordance with the laws of the State of Wisconsin, and the parties irrevocably consent to exclusively bring any action to enforce this Agreement in the federal or state courts governing Milwaukee County, Wisconsin. This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof, and supersedes all previous written or oral agreements between the parties with respect to such subject matter. If any inconsistency exists between the terms of this Agreement and any additional terms and conditions posted on the Website, such terms shall be interpreted as to eliminate any inconsistency, if possible, and otherwise, the additional terms and conditions shall control.

12. Suspension of Services

Zywave reserves the right to suspend or terminate this Agreement and your access if the account associated with payment for your access falls into arrears.

Agree

ZYWAVE

2. Time to Enroll

Your Elections

The next page you will see is the **Homepage**. Click the bar on the top of the page **>Time to Enroll** or the **“Click here to Begin Your Enrollment”** in the middle of the page.

Time to enroll

test

TROY SCHOOL DISTRICT 287

Home My Information ****Important Notices**** Admin

Troy School District employees are encouraged to contact their benefit specialists at Helbling Benefits Consulting for assistance:
Phone: (208) 765-2620
Kala Barnes, Account Specialist
kbarnes@helblingbenefits.com

Click here to Begin Your Enrollment

****Important****
The next open enrollment will be in August 2017
If you have a qualifying Life Event, you may notify Human Resources by completing the **Life Event** section located under the **My Information** tab.

Home My Information ****Important Notices****

My Information > [My Elections](#)

Elections

Print elections effective as of:

Time to Enroll **Current Elections**

Open Enrollment

Confirm Personal, Dependent, and Beneficiary Information + Add Contact

Status	Name	Relationship	Dependent	Beneficiary	Actions
Action Required	Test Test	Self	No	No	

Make open enrollment elections

Note: If you can't click the **Start now** button, ensure you've confirmed your personal and contact information.

For more details regarding your benefit elections, **Print elections effective as of** a selected date from the top screen.

Confirm Personal, Dependent, and Beneficiary Information?
Update your information by clicking the pencil. Add dependents and Beneficiaries by clicking the + Add Contact.

*****Be sure and list a Beneficiary for the Life Insurance.**

3. Fill out your application It is time to make your elections.

Home My Information ****Important Notices****

Medical/Dental/Vision/EAP

Check out the benefit options below. Select one to move on.

Select **Blue Cross of Idaho for Medical/Dental/Vision/EAP**
Effective: 9/1/2016-8/31/2017
[View plan details](#)

Election Summary
Click the plan name to edit plan options.

Medical/Dental/Vision/EAP
School Paid Life Insurance

Total cost per month: \$0.00

You must check all dependents that you wish to have covered with you. Rates reflect deductions for Medical, Dental, Vision, and EAP combined.

Cost per month:	Rate
Employee Only	\$0.00
Employee + Spouse	\$883.48
Employee + 1 Child	\$411.24
Employee + Children	\$623.92
Family	\$1,187.44

Waive **Waive coverage**
Don't need this benefit? No problem! Click **Waive** and let's move on.

Select the coverage or select Waive.

Home My Information ****Important Notices****

Medical/Dental/Vision/EAP

Complete enrollment in this benefit by entering the information below.
Click **Elect** when finished or **Back to benefit options** to select a different plan.

Blue Cross of Idaho for Medical/Dental/Vision/EAP
Effective: 9/1/2016-8/31/2017
[View plan details](#)

Election Summary
Click the plan name to edit plan options.

Medical/Dental/Vision/EAP
School Paid Life Insurance

Total cost per month: \$0.00

You must check all dependents that you wish to have covered with you. Rates reflect deductions for Medical, Dental, Vision, and EAP combined.

Cost per month:	Rate
<input type="radio"/> Employee Only	\$0.00
<input checked="" type="radio"/> Employee + Spouse	\$883.48
<input type="radio"/> Employee + 1 Child	\$411.24
<input type="radio"/> Employee + Children	\$623.92
<input type="radio"/> Family	\$1,187.44

Hmm. Looks like there aren't any dependents. If you need them, add at least one before moving on.

[Edit dependents](#)

Elect [Back to benefit options](#)

Next is the District Paid Life & AD&D Coverage. Click the Select button to add your beneficiary.

Home My Information ****Important Notices****

District Paid Life Insurance

Check out the benefit options below. Select one to move on.

Select **District Paid Life Insurance**
Effective: 9/1/2016-8/31/2017
[View plan details](#)

We are proud to provide you with \$15,000 in Employee Life & AD&D insurance, \$2,000 in Spouse Life & AD&D insurance, and \$1,000 for children age 6 months & over. This benefit is paid 100% by Troy School District 287.

You will be prompted to enter your beneficiaries below. They must add up to 100% in order to proceed with your elections. All NEW employees must complete and turn in the USAbLe application. You will be prompted to download it at the end of your election process.

Election Summary
Click the plan name to edit plan options.

✓ Medical/Dental/Vision/EAP Blue Cross of Idaho for Medical/Dental/Vision/...	\$883.48
District Paid Life Insurance	

Total cost per month: \$883.48

Next you need to designate your beneficiary.

Home My Information ****Important Notices****

District Paid Life Insurance

Hooray! Your employer is providing this benefit at no cost to you. Complete enrollment in this benefit by entering the information below, if any. Click **Elect** to move on to the next item.

District Paid Life Insurance
Effective: 9/1/2016-8/31/2017
[View plan details](#)

We are proud to provide you with \$15,000 in Employee Life & AD&D insurance, \$2,000 in Spouse Life & AD&D insurance, and \$1,000 for children age 6 months & over. This benefit is paid 100% by Troy School District 287.

You will be prompted to enter your beneficiaries below. They must add up to 100% in order to proceed with your elections. All NEW employees must complete and turn in the USAbLe application. You will be prompted to download it at the end of your election process.

Beneficiaries
Beneficiaries need to equal 100% of total benefit.
Select a primary and/or secondary beneficiary.

Name/Trust	Relationship	Primary or Secondary	Percentage
Mr Test	Spouse	Primary	<input type="text"/> %

[Edit beneficiaries](#)

Elect [Back to benefit options](#)

Must add up to 100%.

Election Summary
Click the plan name to edit plan options.

✓ Medical/Dental/Vision/EAP Blue Cross of Idaho for Medical/Dental/Vision/...	\$883.48
District Paid Life Insurance	


Total cost per month: \$883.48

Looks like you're almost done!

To make changes, click on the benefit you want to change.
Click **Confirm elections** to download forms and an election summary.

Confirm elections

Elections must be confirmed by 9/15/2016

		Cost Per month
 Complete	Medical/Dental/Vision/EAP Blue Cross of Idaho for Medical/Dental/Vision/EAP Dependents: Mr Test	\$883.48
Employer sponsored		
 Complete	District Paid Life Insurance District Paid Life Insurance Beneficiaries: Mr Test (Primary: 100%)	\$0.00

Finish your application

Once you have selected your benefit options, it's time to lock them down until the next enrollment period. The deadline for enrollment appears under the Confirm Election button.

- ❖ Review the elections you have made and click **Confirm Elections** to stamp your elections with an electronic signature.
- ❖ **Please note that once you've made your benefit selections and clicked on > Confirm Elections, you cannot make changes to your elections. You must contact Human Resources (HR) or Helbling Benefits Consulting to make any changes.**

Be sure and print the required Life Insurance Enrollment form if you are a new hire or making any changes.

Last steps!

Download forms from the selected benefits below. Be sure to follow any instructions from your administrator.

Additional forms

District Paid Life Insurance

USable Life-Troy School District 287 New Hire Application-NEW EMPLOYEES ONLY

Download

Click **Finish** to download a summary of these elections.

Finish