



# Online Benefits Website

## User Guide

for

## Employees

# Table of Contents

<b>ACCESSING MESSA'S ONLINE BENEFITS WEBSITE .....</b>	<b>3</b>
First Time Users .....	3
Current Users.....	7
<b>HOME PAGE .....</b>	<b>9</b>
<b>NEW HIRE .....</b>	<b>10</b>
<b>VIEWING/EDITING PERSONAL INFORMATION .....</b>	<b>17</b>
<b>VIEWING/EDITING DEPENDENT INFORMATION .....</b>	<b>18</b>
<b>BENEFICIARIES.....</b>	<b>19</b>
<b>QUALIFYING EVENTS / ENROLLMENT CHANGES .....</b>	<b>22</b>
Birth .....	22
Marriage .....	31
Divorce.....	40
Legal Guardianship .....	49
Adding a Dependent.....	58
Removing a Dependent from ALL Benefits.....	67
Removing a Dependent from PARTIAL Benefits .....	76
Adding a Spouse .....	85
Removing a Spouse.....	95
Adding Medical.....	104
Removing Medical .....	113
Spouse Death.....	120
Child Death .....	129
<b>ELECTING BENEFITS .....</b>	<b>138</b>
<b>CANCELLING MESSA BENEFITS.....</b>	<b>146</b>
<b>CONFIRMATION STATEMENTS.....</b>	<b>146</b>
<b>EMPLOYEE FILE DOCUMENTS .....</b>	<b>148</b>
UPLOADING DOCUMENTS.....	148
VIEWING UPLOADED DOCUMENTS.....	149
<b>QUESTIONS .....</b>	<b>150</b>

## OVERVIEW

MESSA has partnered with a leading industry enrollment vendor to provide an Online Enrollment Website for your school business offices and you. MESSA's online enrollment website is user-friendly and is designed to simplify updating benefits, enrollment, family statuses and job changes.

What this means for you:

- Information. You can see your specific benefit and enrollment options, review and update personal information, and find other important benefit details.
- Convenience. The site is accessible 24/7 wherever there is an internet connection.

If you have any questions, please contact your benefits administrator or call the MESSA Member Service Center at 800.336.0013.

### Employee Responsibilities

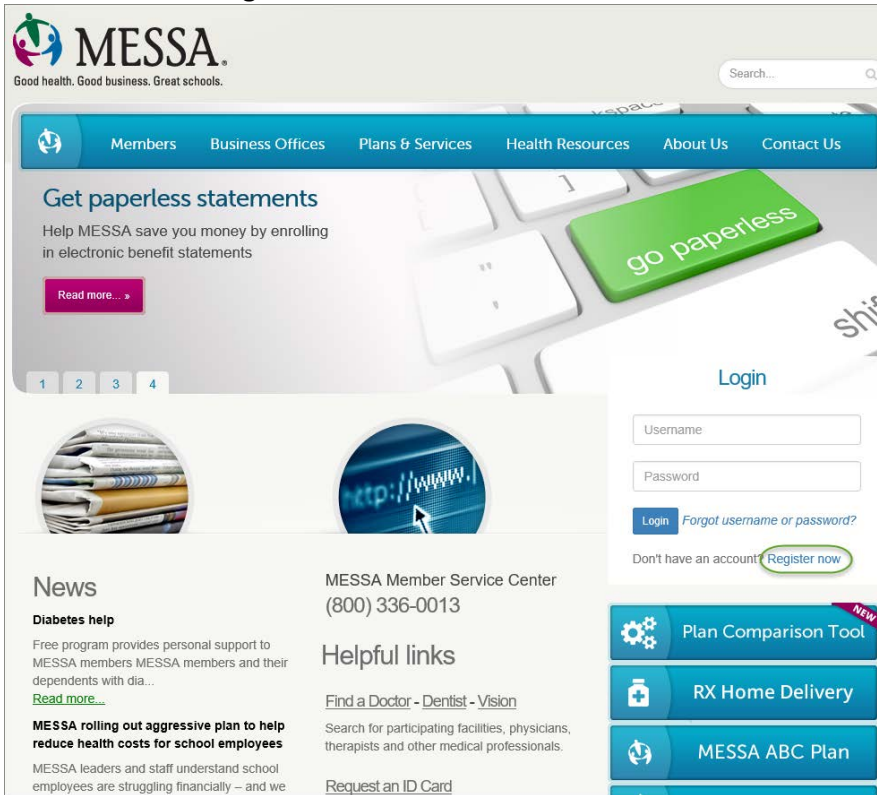
- Once your information has been added to MESSA's online enrollment website by your employer, you will receive an email notifying you that you can log into the online benefits website using the [www.messa.org](http://www.messa.org) employee portal.
- You will need to verify your demographic (personal) information, make any updates to your dependents and elect your benefits.
- All benefit elections that you make will be sent to your employer for approval.

## ACCESSING MESSA'S ONLINE BENEFITS WEBSITE

The online benefits website is available 24 hours a day, seven days a week for you to enter and review your contact information, benefit enrollment information, eligible dependents, beneficiaries and more.

### First Time Users

- Open the MESSA website by going to [www.messa.org](http://www.messa.org).
- Click on **“Register Now.”**



- Enter the following information to create a messa.org account:
  - Last four digits of your Social Security Number
  - Date of birth
  - Employer
  - Home zip code
- Click **“Next.”**

A screenshot of the "My MESSA" registration form. The page title is "Registration" and the current step is "Step 1: User information". The form contains four input fields: "Enrollee ID/SSN (last 4 digits)", "Employer" (a dropdown menu with "A01-Unknown Or Unassigned" selected), "Date of birth", and "Home zip code". Each of these four fields is circled in green. A blue "Next" button is located at the bottom right of the form.

- Select your security questions.
- Click **“Next.”**

**My MESSA.**

Registration

✔ User Validated

**Step 2: Security Questions**

Question 1  
Select a question... ▼

Answer 1

Question 2  
Select a question... ▼

Answer 2

Question 3  
Select a question... ▼

Answer 3

Question 4  
Select a question... ▼

Answer 4

Question 5  
Select a question... ▼

Answer 5

**Next**

**Why register?**

You can:

- View deductibles, claims and explanation of benefits statements
- Find doctors, hospitals and other providers
- Show your virtual ID card
- Securely contact MESSA's award-winning customer support
- Access your account anytime and anywhere

- A confirmation code will be sent to the email address you used when creating your account.
- Enter the Confirmation code.
- Click **“Confirm.”**

**My MESSA.**

Welcome to MESSA!

Please enter the confirmation code sent to [redacted] for registration confirmation in the box below and select "Confirm".

To resend the code select "Resend".

**Confirmation code**

Resend Confirm

1. Create a username.
2. Create a password.
3. Confirm your password.
4. Click the “I’m not a robot” box.
5. Enter your email address.
6. Confirm your email address
7. Check the “I agree to the MESSA Web Terms of Use” box and check the “Yes, send my EOB statements electronically” box if you’d like your Explanation of Benefits emailed to you.
- Click **“Register now”**.

800.336.0013

Login

## Registration

✔ User Validated

✔ Security Questions Accepted

Step 3: Username and Password

**1** Username

Suggestion: Ejohansson

Your password must be at least eight characters in length and MUST contain AT LEAST

- One uppercase letter
- One lowercase letter
- One number
- One special character (e.g., =!@#%&\*!.\_+)

**2** Password

**3** Confirm password

**4**  I'm not a robot

**5** Email

**6** Confirm email

Go paperless!

You can receive your Explanation of Benefits statements electronically and be notified by email, instead of by postal mail. You can change back to paper statements any time by changing your account preferences.

**7**  Yes, send my EOB statements electronically. [Learn more](#)

I agree to the [MESSA Web Terms of Use](#)

Register now

Why register?

You can:

- View deductibles, claims and explanation of benefits statements
- Find doctors, hospitals and other providers
- Show your virtual ID card
- Securely contact MESSA's award-winning customer support:
- Access your account anytime and anywhere

- You are now registered and can log in to your account.
- Once logged in to your account, click on the **“Online benefits website”** link in the box on the left side of the screen. (If you do not see this link, logout and log back in and it will appear.)
- The Employee User Guide link is located under the **“Online benefits website”** link. This user guide will give you step by step instructions.

The screenshot shows the My MESSA website interface. At the top, there are navigation links: HOME, BENEFITS, CLAIMS, MANAGE ACCOUNT, and CONTACT US. The main content area displays account information for 'messa ABC Plan 2', including enrollment ID, employer(s), and effective date (5/1/2017). A large gauge shows the family deductible progress: \$0 Met, \$321.48 Met, and \$4,000 Total. A summary table is also present, showing claim totals, amount billed, provider savings, MESSA payment, deductible, and copayment/coinsurance.

Claim totals	Amount billed	MESSA coverage		Member responsibility	
		Provider savings	MESSA payment	Deductible	Copayment/ coinsurance
Total Medical	\$630.11	\$339.48	\$0.00	\$290.63	\$0.00
Total Pharmacy	\$74.91	\$44.06	\$0.00	\$30.85	\$0.00
<b>Totals</b>	<b>\$705.02</b>	<b>\$383.54</b>	<b>\$0.00</b>	<b>\$321.48</b>	<b>\$0.00</b>

- You will receive a pop-up letting you know that you are going to another web site.
- Click **“Continue.”**
- This will take you directly to MESSA’s Online Benefits Website.

The screenshot shows a pop-up window with a blue header that says 'Go to Another Web Site' and a close button (X). The main text reads: 'You Are Going to Another Web Site. You are going to a Web site that is not affiliated with MESSA and may offer a different privacy policy and level of security. MESSA is not responsible for and does not endorse, guarantee or monitor content, availability, viewpoints, products or services that are offered or expressed on other Web sites. If you logged into the secure MESSA Member area, your secure session may time out while you are visiting another Web site.' At the bottom, there are two buttons: 'Continue' (highlighted with a green circle) and 'Cancel'.

- Once you have completed creating your MESSA.org account and are on the online benefits website, see the **“New Hire”** section in this guide for instructions on how to enroll in benefits.

## Current Users

- Go to [www.messa.org](http://www.messa.org) and log in using your current username and password.

The screenshot shows the MESSA website homepage. At the top left is the MESSA logo with the tagline "Good health. Good business. Great schools." and a search bar. A blue navigation bar contains links for "Members", "Business Offices", "Plans & Services", "Health Resources", "About Us", and "Contact Us". Below the navigation is a banner for "Get paperless statements" with a "Read more..." button. To the right is a "Login" form with fields for "Username" and "Password", a "Login" button, and a link for "Forgot username or password?". Below the login form are three buttons: "Plan Comparison Tool" (marked as NEW), "RX Home Delivery", and "MESSA ABC Plan". On the left side, there is a "News" section with a "Diabetes help" article and a "MESSA rolling out aggressive plan to help reduce health costs for school employees" article. In the center, there is a "Helpful links" section with links for "Find a Doctor - Dentist - Vision", "Request an ID Card", and "MESSA Member Service Center (800) 336-0013".

- If you have forgotten your password or are having trouble logging in, please click on “**Forgot Username or Password?**”
- If you are still unable to log in, contact MESSA’s Member Service Center at 800.336.0013.

This screenshot is identical to the one above, but with a red box highlighting the "Forgot username or password?" link in the login form. The rest of the page content, including the navigation bar, banners, and news sections, remains the same.

- Once you are logged into MESSA's secure member portal, click on the "Online benefits website" link in the box on the left side of the screen.

The screenshot displays the My MESSA member portal interface. At the top left is the My MESSA logo. A navigation bar includes links for HOME, BENEFITS, CLAIMS, MANAGE ACCOUNT, and CONTACT US. The main content area is divided into sections: a deductible progress gauge, an HSA balance section, and a summary table.

**Family deductible progress:** A gauge shows progress from \$0 to \$4,000. The current year shows \$321.48 met, leaving \$3,678.52 remaining. The total deductible is \$4,000.

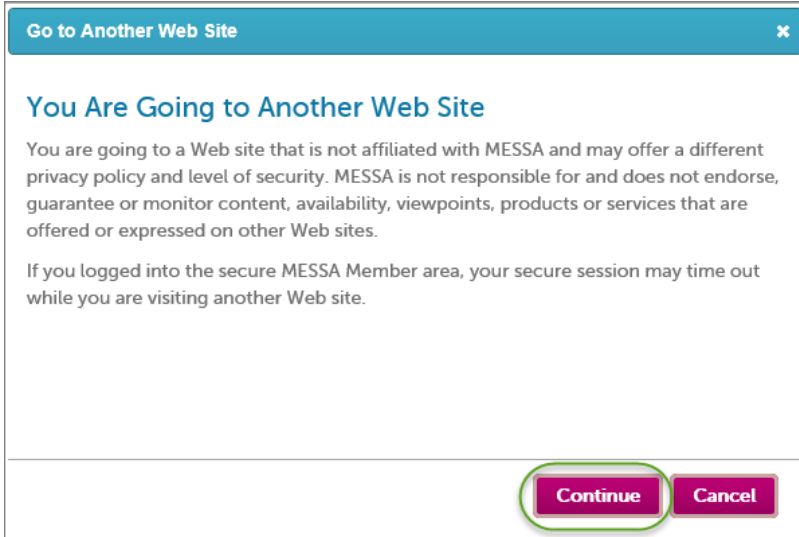
**HSA balance:** The balance is shown as \$0.00. A link to "View your account" is provided.

**SUMMARY:** A table titled "View all deductible claims" provides a breakdown of claim totals.

Claim totals	Amount billed	MESSA coverage		Member responsibility	
		Provider savings	MESSA payment	Deductible	Copayment/ coinsurance
Total Medical	\$630.11	\$339.48	\$0.00	\$290.63	\$0.00
Total Pharmacy	\$74.91	\$44.06	\$0.00	\$30.85	\$0.00
<b>Totals</b>	<b>\$705.02</b>	<b>\$383.54</b>	<b>\$0.00</b>	<b>\$321.48</b>	<b>\$0.00</b>

The left sidebar contains several utility links: Online benefits website, Employee user guide, View EOB statements, Find a doctor, Rx home delivery, Secure messaging, Request ID card, and Virtual ID card.

- You will receive a pop-up letting you know that you are going to another web site.
- Click **“Continue.”**
- This will take you directly to MESSA’s Online Benefits Website.



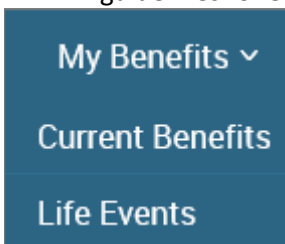
## HOME PAGE

This website has been created to provide you with detailed information about your enrollment information. You will have the ability to enroll online and update your personal and dependent information. The tabs at the top of the page have the following information:



### My Benefits

- Current Benefits – shows the details of all current benefits.
- Life Events – used to create an enrollment window if you have a qualifying event (within MESSA’s eligibility guidelines for 31 days) that allows benefit changes.



### My Profile

- Personal Information – View/edit address information
- Family Information – View/edit dependent information
- Beneficiaries – View/edit beneficiary information
- Security Question – Change security questions
- Life Event – Create a “Life Event” (see page 23 for instructions).
- Employee File – Upload documents to your Employee File
- Personalized Forms – View a confirmation statement for any effective date.

- Personal Information
- Family Information
- Beneficiaries
- Security Question
- Life Event
- Employee File
- Personalized Forms

**User Guide**

- The “Online Benefits Website User Guide for Employees” user guide will open in another web window. This provides instructions on how to use MESSA’s Online Benefits Website.

**NEW HIRE**

- Click on the “**Start Your Enrollment**” button to begin.

Welcome to your New Hire Enrollment!

Enrollment Deadline **7/2/2017**

Your Status **Not Started**

[Start Your Enrollment](#)

- Review your Employee (personal) Information and make any necessary updates.
- When finished with your Employee Information, click the “**I agree**” box.
- Click “**Continue**”.

**Employee Information**

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

**Demographics**

\* First Name

Middle Initial

\* Last Name

Suffix

Social Security Number

\* Date of Birth

\* Gender  Male  Female

\* Fields are required

1 Your Info

Employee Information

Family Info

Questions

---

2 Your Benefits

3 Enroll

4 Complete

Continue

**Address**

Address 1

Address 2

City

State

Zip

Home Phone

Cell Phone

Home Email

**WORK CONTACT INFORMATION**

Work Phone

Work Phone Ext.

\* Work Email

Preferred Email  Home Email  Work Email

\* Fields are required

By checking the box "I Agree" below, you agree that the information above is accurate to the best of your knowledge.

I agree

**1** Your Info

- Employee Information
- Family Info
- Questions

**2** Your Benefits

**3** Enroll

**4** Complete

**Continue**

- Review/add/edit your Family Information.
- When finished with your Family Information, click the "I agree" box.
- Click "Continue".

**Family Information**

To enter your dependents, click on the "+" Add Dependents" link. To verify or edit the information of a family member who has already been entered, click on the person's name.

**Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.**

<p><b>Mel Tester</b></p> <p>Female Employee</p> <p>35 years old (1/1/1989)</p> <p>SSN: 888-77-5286</p> <p><a href="#">Edit &gt;</a></p>	<p><b>Markese Tester</b></p> <p>Male Son</p> <p>27 years old (8/8/1989)</p> <p>SSN: 888-55-7700</p> <p><a href="#">Edit &gt;</a></p>	<p></p> <p><a href="#">Add Dependents</a></p>
---	--	---

**1** Your Info

- Employee Info
- Family Info**
- Questions

**2** Your Benefits

**3** Enroll

**4** Complete

**Continue**

**Dependent Information Notice**

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardians; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child's spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

I agree

**NOTE: You will only see this step if you have PAK or Bundled benefits. If you do not have these benefits, continue to the next step.**

- You will be presented with the question “What PAK/Bundle of Coverage do you want?”
- Review the benefits in each PAK/Bundle and scroll to the bottom and select the PAK/Bundle of coverage you wish to enroll in and click “Continue” on the right-hand side of the screen.

\*What PAK of Coverage do you want?

**PAK A**  
 Medical – MESSA ABC Plan 1 w/10% coinsurance, ABC Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK B**  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D

**PAK C**  
 Medical – MESSA ABC Plan 2  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK D**  
 Medical – MESSA Choices \$1000/\$2000 deductible w/20% coinsurance, Saver X  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision – VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

I want PAK A  
 I want PAK B  
 I want PAK C  
 I want PAK D

\* Fields are required

1 Your Info

Employee Information

Family Info

Questions

2 Your Benefits

3 Enroll

4 Complete

Continue

- Click on “View Plan Options” to the right of each plan name.

## Medical

**\$35.00** v

Your Cost per month

---

**PLAN** MESSA ABC Plan 1 w/10% coinsurance, ABC Rx / Blue Cross Blue Shield of Michigan / [View plan details](#)

**COVERAGE** Employee + Family

Gabriel Test	Employee	✔ Cover
Paige Test	Spouse	✔ Cover
Jason Test	Son	✔ Cover

✔ Completed

View Plan Options

- To cover a dependent, check the box next to their name.
- To remove a dependent, uncheck the box next to their name.
- Click **“Continue”**.

Who will be covered by this plan?

Gabriel Test Employee  
 Paige Test Spouse  
 Jason Test Son

[+ Add Dependents](#)

**Covered** (arrow pointing to Gabriel and Paige)  
**Not Covered** (arrow pointing to Jason)

[Back to Benefits](#) **Continue**

- Select the benefit plan by clicking **“Select”**.

MESSA ABC Plan 1 w/10% coinsurance, ABC Rx

Blue Cross Blue Shield of Michigan High Deductible

[View plan details](#)  
[Plan Brochure](#)

Your Cost per month:  
**\$15.00**   
 Tier: Employee

**Select**

- When finished going through every benefit plan, click **“Continue”** on the right-hand side.

- 1 Your Info
- 2 **Your Benefits**
- 3 Enroll
- 4 Complete

Your Cost per month **\$50.00**

Finished selecting benefits? Click the button below to continue.

**Continue**

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

- You will be required to designate at least one primary beneficiary information when you have life insurance.
- Dependents will automatically appear for you to designate, however you may also **“Add New Beneficiary”** if you’d like to designate someone other than a dependent.
- Primary beneficiaries are required, secondary (contingent) beneficiaries are not required.
- Percentage total must equal 100%.
- When finished click **“Continue.”**

**Please verify your beneficiary information is complete and accurate before proceeding.**  
 "Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any due benefits after the death of an employee/retiree. "Secondary beneficiary" represents the person or persons named to receive benefits if the primary beneficiary is deceased.

---

### Basic Term Life

Please choose your beneficiaries

**Primary Beneficiaries (required)**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Test (Spouse)	<input type="text" value="100"/> %
Johnny Test (Son)	<input type="text"/> %

**Total: 100%**

[+ Add New Beneficiary](#)

[v Add Secondary Beneficiaries \(optional\)](#)  
 Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

1 Your Info

2 Your Benefits

3 Enroll

4 Complete

Your Cost per month \$50.00

Continue

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click **“Yes”** next to **“Current or Prior Coverages”** and enter the following information.
- Once you have entered the information, click **“Save.”**

**Medical**

**John Test (Employee)**

Other Medical Insurance Coverage:

Current or Prior Coverages  Yes  No

Other Insurance  ▼

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone

Insurance Carrier's Name

Insurance Carrier's Phone

Coverage Start Date

Coverage End Date

State/Country of Coverage  ▼

Coverage Level  ▼

Additional Info

**Save**

- If you do not have other medical coverage, keep **“Current or Prior Coverages”** as **“No”** and click **“Continue”**.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month **\$50.00**

**Continue**

- Now that you have elected all your benefits, please review your elections and scroll to the bottom of the page.

**Review and Confirm**

**Please Review All of Your Selections**

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

Your Total Cost **\$0.00** Per Month

**Medical** Your cost per month **\$0.00**

**⚠ This benefit election is pending until approved by your Benefits Administrator**

MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan

COST DETAILS PER MONTH

Who will be covered on this plan:

Name	Relationship	Coverage
Test User	Employee	✓ Cover
Spouse User	Spouse	✓ Cover

Your Cost **\$0.00**

1 Your Info  
2 Your Benefits  
3 Enroll  
Beneficiaries  
Other Coverages  
Review and Confirm  
4 Complete

**Complete Enrollment**

- Review the "Participation" statement and check the "I agree, and I'm finished with my enrollment" box.
- In the upper right side of the screen click "Complete Enrollment."

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

I agree, and I'm finished with my enrollment

1 Your Info  
2 Your Benefits  
3 Enroll  
Beneficiaries  
Other Coverages  
Review and Confirm  
4 Complete

**Complete Enrollment**

- A Confirmation Statement is presented and you may view, email or print the statement for your records.

**✓ Your enrollment is complete!**

You may make changes to your elections until: **September 1, 2017**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

VIEW EMAIL PRINT

**REMINDER: All benefit elections must be accepted by your Benefits Administrator.**

## VIEWING/EDITING PERSONAL INFORMATION

- Click on **“My Profile”** to see your demographic (personal) information.




- If you need to make changes to any information, click on the **“Edit”** button next to the panel title that you need to make changes to.

### Personal Information

Demographics

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

 Gabriel Test

#### Demographic Information

[Edit](#)

First Name Gabriel  
Middle Initial  
Last Name Test  
Suffix  
Social Security Number 555-88-7777  
Date of Birth 1/1/1985  
Age 32  
Gender Male

#### Address Information

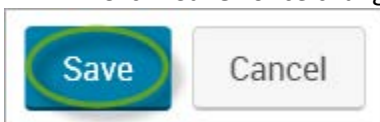
[Edit](#)

Address 1 1475 Kendale Blvd  
Address 2  
City East Lansing  
State MI  
Zip 48823  
Home Phone 517-332-2581  
Cell Phone  
Home Email

#### Work Contact Information

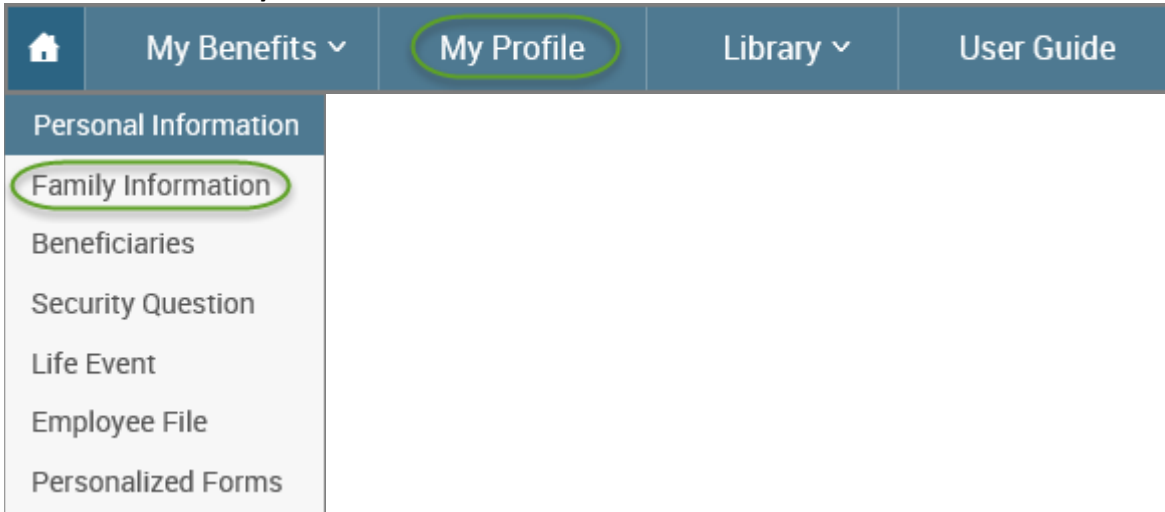
Work Phone  
Work Phone Ext.  
Work Email gabrielttest@work.com

- Click **“Save”** once changes are made.



## VIEWING/EDITING DEPENDENT INFORMATION

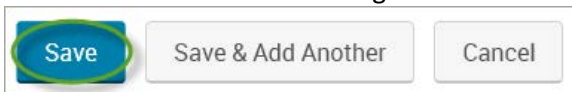
- Click on **“My Profile”** to see your demographic (personal) information.
- Select **“Family Information.”**



- If you need to make changes to your dependent information, click on the **“Edit>”** button.



- Click **“Save”** once changes are made.

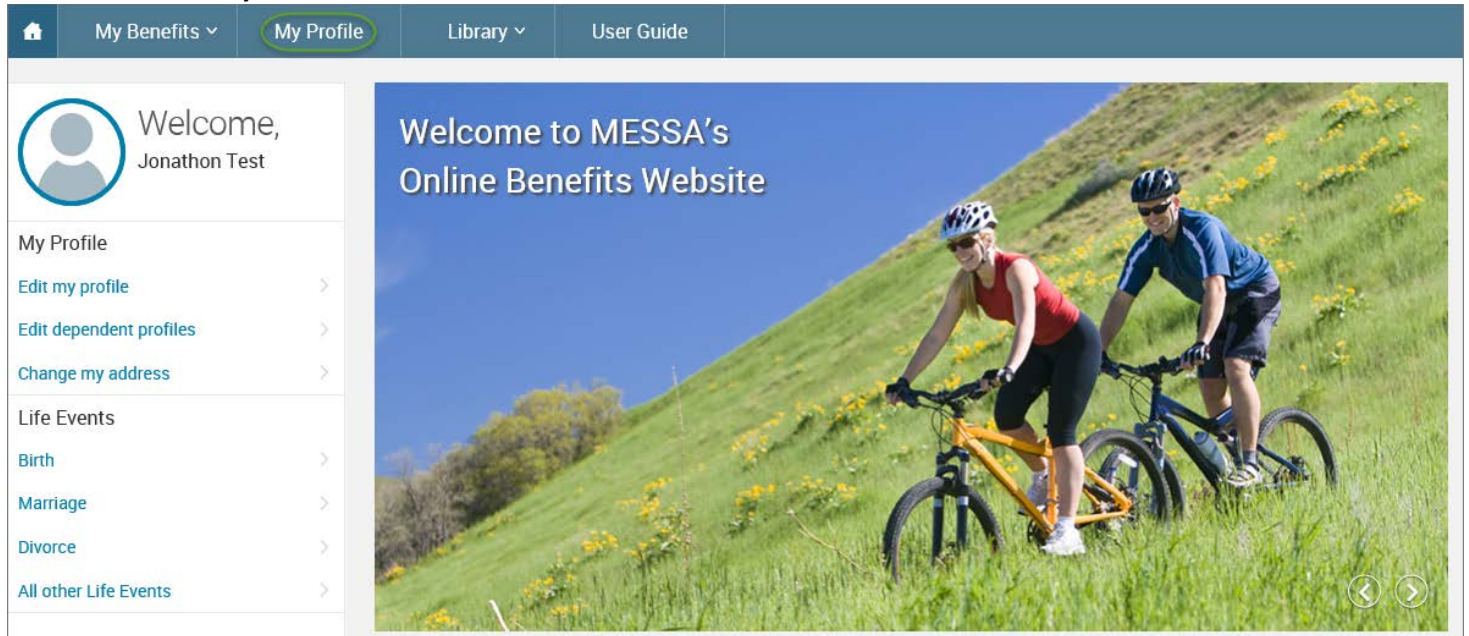


**NOTE:** If you need to add or delete dependents to coverage see *“Qualifying Events/Enrollment Changes”* on page 22.

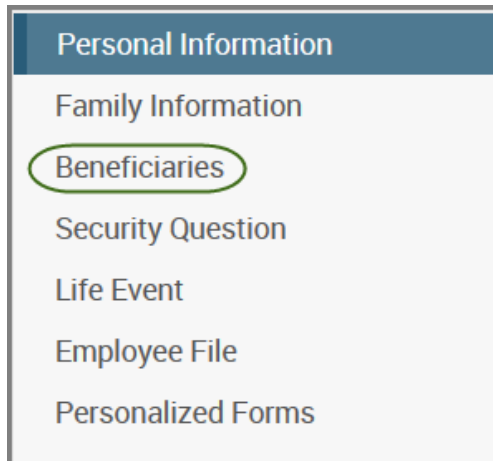
## BENEFICIARIES

When you have life insurance with MESSA, whether it be Negotiated Life Insurance or Optional Life Insurance, a Beneficiary Designation is required. You are able to update beneficiary information without having to make changes to your benefits.

- Click on **“My Profile.”**



- Click on **“Beneficiaries”**.



- At least one primary beneficiary for each life insurance policy must be designated.
  - Basic Term Life & Supplemental Term Life Insurance is entered under the “Basic Term Life” section.
  - Negotiated/PAK & AD&D Life Insurance is entered under the “Negotiated Life” section.
- The dependents that you have listed on your account will automatically be listed.
- Designation percentage must equal 100%.
- Make necessary changes and click **“Save”**.

## Beneficiaries

Gabriel Test

A beneficiary is a person or entity that is designated as the recipient of funds under your eligible insurance policies. Please review your designated beneficiaries below.

PRINT

Relationship	Name
(Employee)	My Estate
(Spouse)	Paige Test
(Son)	Jason Test

[+ Add Beneficiary](#)

### Beneficiary Designation

#### Basic Term Life

Beneficiaries

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Paige Test (Spouse)	<input type="text" value="100.0"/> %
Jason Test (Son)	<input type="text"/> %

**Total: 100%**

#### Negotiated Life

Beneficiaries

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Paige Test (Spouse)	<input type="text" value="100.0"/> %
Jason Test (Son)	<input type="text"/> %

**Total: 100%**

[v Add Secondary Beneficiaries \(optional\)](#)

**Save**

Cancel

- You will receive the following message:

 **Beneficiary Designation information was saved successfully.**

- You may add a beneficiary by clicking on the **“Add Beneficiary”** link.
- The only fields that are required are the **“Relationship”** and the **“Name/Trust Name”** fields.
- Once you add a beneficiary, click **“Save”**.
- Now you will be able to designate a percentage to the beneficiary that was added.

## Beneficiary Maintenance

\* Relationship

\* Name/Trust Name

Trust's Full Name

Text: no more than 1,000 characters

Trust Account Number

Social Security Number

Date of Birth

Home Address 1

Home Address 2

City

State

Zip

Phone

\* Fields are required

Save

Save & Add Another

Cancel

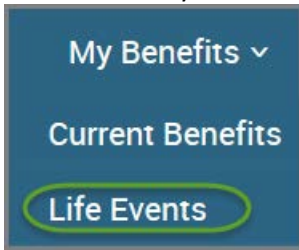
## QUALIFYING EVENTS / ENROLLMENT CHANGES

- When you have a qualifying event **within 31 days\***, a “Life Event” will need to be created to be able to make benefit and/or dependent changes to your policy.
- Directions on how to create a Life Event for each qualifying event are below.
- After creating the Life Event, enrollment **MUST** be completed in order to make the benefit/dependent changes.

***\*If the Life Event is outside of MESSA’s eligibility guidelines of 31 days, you will need to contact your Benefits Administrator for further assistance. See the “Electing Benefits” section on page 138 for more information.***

### Birth

- Hover your cursor over the “My Benefits” tab at the top of the screen and choose “Life Events.”



- Select “Birth.”

Life Events

Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... ▾

- Enter newborn’s birthdate.

STEP 2 Enter your life event information

Birth [Change life event](#)

When did your life event take place?

Enter a date: (mm/dd/yyyy)

- Select “Add Dependent.”

Enter your new dependent’s information:

Name	Relationship	Date of Birth	Age	Gender
Add at least one dependent to continue				
+ Add Dependent				
Continue		Cancel		

- Enter newborn’s demographic information.
- Click **“Save.”**

**Add Family Member**

Dependent Demographic

\* First Name

Middle Initial

\* Last Name

Suffix

\* Date of Birth

Social Security Number

\* Gender  Male  Female

\* Relationship

\* Fields are required

**Save**

- Click **“Continue.”**

Enter your new dependent’s information:

Name	Relationship	Date of Birth	Age	Gender
<span style="color: red;">✖</span> Baby Test	Daughter	7/5/2016	0	F

[+ Add Dependent](#)

**Continue** Cancel

- Check the **“I verify that all of the above Life Event information is correct.”** box.
- Click **“Save and Start Life Event Enrollment.”**

**STEP 3** Confirm your information

**Birth** [Change life event](#)

Life Event: **Birth**

Date of Event: **07/05/2016**


Added to Family: **Baby Test**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

**Save and Start Life Event Enrollment** Cancel

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **“OK.”**



In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

- Review your Employee (personal) Information and make any necessary updates.
- When finished with your Employee Information, click the **“I agree”** box.
- Click **“Continue”**.

**Employee Information**

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

**Demographics**

\* First Name

Middle Initial

\* Last Name

Suffix

Social Security Number

\* Date of Birth

\* Gender  Male  Female

\* Fields are required

**Address**

Address 1

Address 2

City

State

Zip

Home Phone

Cell Phone

Home Email

**WORK CONTACT INFORMATION**

Work Phone

Work Phone Ext.

\* Work Email

Preferred Email  Home Email  Work Email

\* Fields are required

1 Your Info

Employee Information

Family Info

Questions

2 Your Benefits

3 Enroll

4 Complete

Continue

By checking the box "I Agree" below, you agree that the information above is accurate to the best of your knowledge.

I agree

- Review/add/edit your Family Information.
- When finished with your Family Information, click the “I agree” box.
- Click “Continue”.

**Family Information**

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person’s name.

**Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.**

**John Test**

Male Employee  
37 years old (1/1/1980)  
SSN: 895-08-0989

[Edit >](#)

**Sally Test**

Female Spouse  
37 years old (1/1/1980)  
SSN: 089-08-9079

[Edit >](#)

**Baby Test**


Female Daughter  
0 years old (5/15/2017)

[Edit >](#)

**Johnny Test**

Male Son  
2 years old (1/1/2015)  
SSN: 598-08-0808

[Edit >](#)



Add Dependents

**Dependent Information Notice**

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child’s spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

I agree

Continue

1

Your Info

Employee Information

**Family Info**

Questions

2

Your Benefits

3

Enroll

4

Complete

**NOTE: You will only see this step if you have PAK or Bundled benefits. If you do not have these benefits, continue to the next step.**

- You will be presented with the question “What PAK/Bundle of Coverage do you want?”
- Review the benefits in each PAK/Bundle and scroll to the bottom and select the PAK/Bundle of coverage you wish to enroll in and click “Continue” on the right-hand side of the screen.

\*What PAK of Coverage do you want?

**PAK A**  
 Medical – MESSA ABC Plan 1 w/10% coinsurance, ABC Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK B**  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D

**PAK C**  
 Medical – MESSA ABC Plan 2  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK D**  
 Medical – MESSA Choices \$1000/\$2000 deductible w/20% coinsurance, Saver Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision – VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

I want PAK A  
 I want PAK B  
 I want PAK C  
 I want PAK D

\* Fields are required

1 Your Info  
 Employee Information  
 Family Info  
**Questions**

2 Your Benefits

3 Enroll

4 Complete

Continue

- Click on “View Plan Options” to the right of each plan name.

## Medical

**\$35.00** ▼

Your Cost per month

---

PLAN

MESSA ABC Plan 1 w/10% coinsurance, ABC Rx / Blue Cross Blue Shield of Michigan / [View plan details](#)

COVERAGE

Employee + Family

Gabriel Test	Employee	✔ Cover
Paige Test	Spouse	✔ Cover
Jason Test	Son	✔ Cover

✔ Completed

View Plan Options

- Check the newborn’s name and click **“Continue”**.

Who will be covered by this plan?

John Test  
Employee

Sally Test  
Spouse

Baby Test  
Daughter

Johnny Test  
Son

[+ Add Dependents](#)

[← Back to Benefits](#) [Continue](#)

- Select the benefit plan by clicking **“Select”** or **“Keep Selection”**.

**CURRENT PLAN**

MESSA ABC Plan 1 w/10% coinsurance, ABC Rx

Blue Cross Blue Shield of Michigan  High Deductible

Selected

[View plan details](#)

[Plan Brochure](#)

Your Cost per month:  
**\$25.00**

Tier: Employee + Dependent

[Keep Selection](#)

- When finished going through every benefit plan, click **“Continue”** on the right-hand side.

1 Your Info

2 **Your Benefits**

3 Enroll

4 Complete

Your Cost per month **\$50.00**

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

- You will be required to designate at least one primary beneficiary information when you have life insurance.
- Dependents will automatically appear for you to designate, however you may also **“Add New Beneficiary”** if you’d like to designate someone other than a dependent.
- Primary beneficiaries are required, secondary (contingent) beneficiaries are not required.
- Percentage total must equal 100%.
- When finished click **“Continue.”**

**Please verify your beneficiary information is complete and accurate before proceeding.**  
 "Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any due benefits after the death of an employee/retiree. "Secondary beneficiary" represents the person or persons named to receive benefits if the primary beneficiary is deceased.

### Basic Term Life

Please choose your beneficiaries

**Primary Beneficiaries (required)**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Test (Spouse)	<input type="text" value="100"/> %
Johnny Test (Son)	<input type="text"/> %

**Total: 100%**

[+ Add New Beneficiary](#)

[v Add Secondary Beneficiaries \(optional\)](#)  
 Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Your Cost per month \$50.00

[Continue](#)

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click **“Yes”** next to **“Current or Prior Coverages”** and enter the following information.
- Once you have entered the information, click **“Save.”**

**Medical**

**John Test (Employee)**

Other Medical Insurance Coverage:

Current or Prior Coverages  Yes  No

Other Insurance

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone

Insurance Carrier's Name

Insurance Carrier's Phone

Coverage Start Date

Coverage End Date

State/Country of Coverage

Coverage Level

Additional Info

**Save**

- If you do not have other medical coverage, keep **“Current or Prior Coverages”** as **“No”** and click **“Continue”**.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month **\$50.00**

**Continue**

- Now that you have elected all your benefits, please review your elections and scroll to the bottom of the page.

**Review and Confirm**

**Please Review All of Your Selections**

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

**Your Total Cost** **\$0.00**  
Per Month

- 1 Your Info
- 2 Your Benefits
- 3 **Enroll**
  - Beneficiaries
  - Other Coverages
  - Review and Confirm**
- 4 Complete

**Complete Enrollment**

**Medical**

Your cost per month **\$0.00**

**This benefit election is pending until approved by your Benefits Administrator**

**MESSA ABC Plan 1** Blue Cross Blue Shield of Michigan

COST DETAILS PER MONTH

Your Cost **\$0.00**

Who will be covered on this plan:

Name	Relationship	Coverage
Test User	Employee	Cover
Spouse User	Spouse	Cover

- Review the "Participation" statement and check the **"I agree, and I'm finished with my enrollment"** box.
- In the upper right side of the screen click **"Complete Enrollment."**

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

**I agree, and I'm finished with my enrollment**

- 1 Your Info
- 2 Your Benefits
- 3 **Enroll**
  - Beneficiaries
  - Other Coverages
  - Review and Confirm**
- 4 Complete

**Complete Enrollment**

- A Confirmation Statement is presented and you may view, email or print the statement for your records.

## Your enrollment is complete!

You may make changes to your elections until: **September 1, 2017**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

**Your Confirmation Statement is ready**

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

**VIEW**

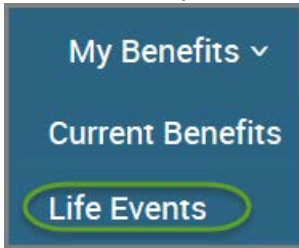
**EMAIL**

**PRINT**

**REMINDER: All benefit elections must be accepted by your Benefits Administrator.**


## Marriage

- Hover your cursor over the **“My Benefits”** tab at the top of the screen and choose **“Life Events.”**



- Select **“Marriage.”**

Life Events


 Suzy Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> **Marriage**

Other life events... 

- Enter the date of marriage.

STEP 2 Enter your life event information

**Marriage** [Change life event](#)

When did your life event take place?

Enter a date:

- Select **“Add Dependent.”**

Enter your new dependent's information:

Name	Relationship	Date of Birth	Age	Gender
Add at least one dependent to continue				
<b>+ Add Dependent</b>				
<b>Continue</b>		Cancel		

- Enter spouse’s demographic information.
- Click **“Save.”**

**Add Family Member**

**Dependent Demographic**

\* First Name

Middle Initial

\* Last Name

Suffix

\* Date of Birth

\* Social Security Number

\* Gender  Male  Female

\* Relationship

\* Fields are required

**Save**

- Click **“Continue.”**

Enter your new dependent’s information:

Name	Relationship	Date of Birth	Age	Gender
<span style="color: red;">x</span> Spouse Test	Spouse	1/1/1980	36	M

[+ Add Dependent](#)

**Continue**

- Check the **“I verify that all of the above Life Event information is correct.”** box.
- Click **“Save and Start Life Event Enrollment.”**

**STEP 3** Confirm your information

**Marriage** [Change life event](#)

Life Event: **Marriage**

Date of Event: **08/06/2016**


Added to Family: **Spouse Test**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

**Save and Start Life Event Enrollment**

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **“OK.”**

 In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

- Review your Employee (personal) Information and make any necessary updates.
- When finished with your Employee Information, click the “I agree” box.
- Click “Continue”.

## Employee Information

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

### Demographics

\* First Name

Middle Initial

\* Last Name

Suffix

Social Security Number **444-77-4444**

\* Date of Birth

\* Gender  Male  Female

\* Fields are required

### Address

Address 1

Address 2

City

State  ▼

Zip  ✓

Home Phone

Cell Phone

Home Email

### WORK CONTACT INFORMATION

Work Phone

Work Phone Ext.

\* Work Email

Preferred Email  Home Email  Work Email

\* Fields are required

1

Your Info

Employee Information

Family Info

Questions

2

Your Benefits

3

Enroll

4

Complete

Continue

By checking the box "I Agree" below, you agree that the information above is accurate to the best of your knowledge.

I agree


- Review/add/edit your Family Information.
- When finished with your Family Information, click the “I agree” box.
- Click “Continue”.

**Family Information**

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person’s name.

**Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.**

<p><b>John Test</b></p> <p>Male Employee 37 years old (1/1/1980) SSN: 895-08-0989</p> <p><a href="#">Edit &gt;</a></p>	<p><b>Sally Test</b></p> <p>Female Spouse 37 years old (1/1/1980) SSN: 089-08-9079</p> <p><a href="#">Edit &gt;</a></p>	<p><b>Baby Test</b></p> <p>Female Daughter 0 years old (5/15/2017)</p> <p><a href="#">Edit &gt;</a></p>	<p><b>Johnny Test</b></p> <p>Male Son 2 years old (1/1/2015) SSN: 598-08-0808</p> <p><a href="#">Edit &gt;</a></p>
--	---	---	--



[Add Dependents](#)

**Dependent Information Notice**

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child’s spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

I agree

1 Your Info

Employee Information

**Family Info**

Questions

2 Your Benefits

3 Enroll

4 Complete

[Continue](#)

**NOTE: You will only see this step if you have PAK or Bundled benefits. If you do not have these benefits, continue to the next step.**

- You will be presented with the question “What PAK/Bundle of Coverage do you want?”
- Review the benefits in each PAK/Bundle and scroll to the bottom and select the PAK/Bundle of coverage you wish to enroll in and click “Continue” on the right-hand side of the screen.

\*What PAK of Coverage do you want?

**PAK A**  
 Medical – MESSA ABC Plan 1 w/10% coinsurance, ABC Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK B**  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D

**PAK C**  
 Medical – MESSA ABC Plan 2  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK D**  
 Medical – MESSA Choices \$1000/\$2000 deductible w/20% coinsurance, Saver Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision – VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

I want PAK A  
 I want PAK B  
 I want PAK C  
 I want PAK D

\* Fields are required

1 Your Info  
 Employee Information  
 Family Info  
**Questions**

2 Your Benefits

3 Enroll

4 Complete

Continue

- Click on “View Plan Options” to the right of each plan name.

## Medical

**\$35.00** ▼

Your Cost per month

**PLAN** MESSA ABC Plan 1 w/10% coinsurance, ABC Rx / Blue Cross Blue Shield of Michigan / [View plan details](#)

**COVERAGE** Employee + Family

Gabriel Test	Employee	✔ Cover
Paige Test	Spouse	✔ Cover
Jason Test	Son	✔ Cover

✔ Completed

View Plan Options

- Check the spouse’s name and click **“Continue”**.

Who will be covered by this plan?

Susan Test  
Employee

Spouse Test  
Spouse

Child Test  
Daughter

[+ Add Dependents](#)

[← Back to Benefits](#)

[Continue](#)

- Select the benefit plan by clicking **“Select”** or **“Keep Selection”**.

**CURRENT PLAN**

MESSA ABC Plan 1 w/10% coinsurance, ABC Rx

Blue Cross Blue Shield of Michigan  High Deductible

Selected

[View plan details](#)

[Plan Brochure](#)

Your Cost per month:  
**\$25.00**

Tier: Employee + Dependent

[Keep Selection](#)

- When finished going through every benefit plan, click **“Continue”** on the right-hand side.

1 Your Info

2 **Your Benefits**

3 Enroll

4 Complete

Your Cost per month **\$50.00**

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

- You will be required to designate at least one primary beneficiary information when you have life insurance.
- Dependents will automatically appear for you to designate, however you may also **“Add New Beneficiary”** if you’d like to designate someone other than a dependent.
- Primary beneficiaries are required, secondary (contingent) beneficiaries are not required.
- Percentage total must equal 100%.
- When finished click **“Continue.”**

**Please verify your beneficiary information is complete and accurate before proceeding.**  
 "Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any due benefits after the death of an employee/retiree. "Secondary beneficiary" represents the person or persons named to receive benefits if the primary beneficiary is deceased.

---

### Basic Term Life

Please choose your beneficiaries

**Primary Beneficiaries (required)**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Test (Spouse)	<input type="text" value="100"/> %
Johnny Test (Son)	<input type="text"/> %

**Total: 100%**

[+ Add New Beneficiary](#)

[v Add Secondary Beneficiaries](#) (optional)  
 Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

**Beneficiaries**

Other Coverages

Review and Confirm

Your Cost per month \$50.00

[Continue](#)

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click **“Yes”** next to **“Current or Prior Coverages”** and enter the following information.
- Once you have entered the information, click **“Save.”**

## Medical

### John Test (Employee)

Other Medical Insurance Coverage:

Current or Prior Coverages  Yes  No

Other Insurance  ▼

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone

Insurance Carrier's Name

Insurance Carrier's Phone

Coverage Start Date

Coverage End Date

State/Country of Coverage  ▼

Coverage Level  ▼

Additional Info

**Save**

- If you do not have other medical coverage, keep **“Current or Prior Coverages”** as **“No”** and click **“Continue”**.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month **\$50.00**

**Continue**

- Now that you have elected all your benefits, please review your elections and scroll to the bottom of the page.

**Review and Confirm**

**Please Review All of Your Selections**

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

Your Total Cost **\$0.00** Per Month

**Medical** Your cost per month **\$0.00**

**⚠ This benefit election is pending until approved by your Benefits Administrator**

MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan

COST DETAILS PER MONTH

Who will be covered on this plan:

Name	Relationship	Coverage
Test User	Employee	✓ Cover
Spouse User	Spouse	✓ Cover

Your Cost **\$0.00**

1 Your Info  
2 Your Benefits  
3 Enroll  
Beneficiaries  
Other Coverages  
Review and Confirm  
4 Complete

**Complete Enrollment**

- Review the "Participation" statement and check the "I agree, and I'm finished with my enrollment" box.
- In the upper right side of the screen click "Complete Enrollment."

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

I agree, and I'm finished with my enrollment

1 Your Info  
2 Your Benefits  
3 Enroll  
Beneficiaries  
Other Coverages  
Review and Confirm  
4 Complete

**Complete Enrollment**

- A Confirmation Statement is presented and you may view, email or print the statement for your records.

**✓ Your enrollment is complete!**

You may make changes to your elections until: **September 1, 2017**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

Your Confirmation Statement is ready

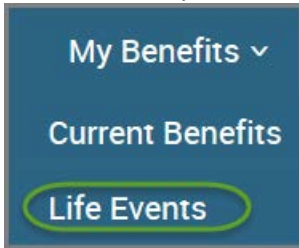
Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

VIEW EMAIL PRINT

**REMINDER: All benefit elections must be accepted by your Benefits Administrator.**


## Divorce

- Hover your cursor over the “My Benefits” tab at the top of the screen and choose “Life Events.”



- Select “Other life events...”

Life Events


 Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... 

- Select “Divorce.”


Life Event

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... 

- Divorce
- Legal Guardianship
- Child Becomes Eligible
- Child No Longer Eligible
- Spouse Death
- Family Status Change - Other

- Enter the date of divorce.

STEP 2 Enter your life event information

Divorce [Change life event](#)

When did your life event take place?

Enter a date:

- Check the box next to the spouse's name.
- Click **"Continue."**

Update	Name	SSN	Relationship	Date of Birth	Age	Gender	Additional Information
	Joe Test	444-55-6666	Employee	1/1/1980	36	M	
<input checked="" type="checkbox"/>	Spouse Test	877-08-0889	Spouse	1/1/1980	36	F	
	Michael Test	888-77-8822	Son	1/1/1989	27	M	

- Check the **"I verify that all of the above Life Event information is correct."** box.
- Click **"Save and Start Life Event Enrollment."**

**STEP 3** Confirm your information

## Divorce

[Change life event](#)

Life Event: **Divorce**


Date of Event: **08/05/2016**

Removed from Family: **Spouse Test**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **"OK."**



In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

- Review your Employee (personal) Information and make any necessary updates.
- When finished with your Employee Information, click the “**I agree**” box.
- Click “**Continue**”.

## Employee Information

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

### Demographics

\* First Name

Middle Initial

\* Last Name

Suffix

Social Security Number **444-77-4444**

\* Date of Birth

\* Gender  Male  Female

\* Fields are required

### Address

Address 1

Address 2

City

State

Zip

Home Phone

Cell Phone

Home Email

### WORK CONTACT INFORMATION

Work Phone

Work Phone Ext.

\* Work Email

Preferred Email  Home Email  Work Email

\* Fields are required

By checking the box “I Agree” below, you agree that the information above is accurate to the best of your knowledge.

I agree

1 Your Info

Employee Information

Family Info

Questions

2 Your Benefits

3 Enroll

4 Complete

Continue


- Review/add/edit your Family Information.
- When finished with your Family Information, click the “I agree” box.
- Click “Continue”.

## Family Information

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person’s name.

**Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.**

<p><b>John Test</b></p> <p>Male Employee 37 years old (1/1/1980) SSN: 895-08-0989</p> <p><a href="#">Edit &gt;</a></p>	<p><b>Sally Test</b></p> <p>Female Spouse 37 years old (1/1/1980) SSN: 089-08-9079</p> <p><a href="#">Edit &gt;</a></p>	<p><b>Baby Test</b></p> <p>Female Daughter 0 years old (5/15/2017)</p> <p><a href="#">Edit &gt;</a></p>	<p><b>Johnny Test</b></p> <p>Male Son 2 years old (1/1/2015) SSN: 598-08-0808</p> <p><a href="#">Edit &gt;</a></p>
--	---	---	--



Add Dependents

**Dependent Information Notice**

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child’s spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

I agree

1 Your Info

Employee Information

Family Info

Questions

2 Your Benefits

3 Enroll

4 Complete

[Continue](#)

**NOTE: You will only see this step if you have PAK or Bundled benefits. If you do not have these benefits, continue to the next step.**

- You will be presented with the question “What PAK/Bundle of Coverage do you want?”
- Review the benefits in each PAK/Bundle and scroll to the bottom and select the PAK/Bundle of coverage you wish to enroll in and click “Continue” on the right-hand side of the screen.

\*What PAK of Coverage do you want?

**PAK A**  
 Medical – MESSA ABC Plan 1 w/10% coinsurance, ABC Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK B**  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D

**PAK C**  
 Medical – MESSA ABC Plan 2  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK D**  
 Medical – MESSA Choices \$1000/\$2000 deductible w/20% coinsurance, Saver Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision – VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

I want PAK A  
 I want PAK B  
 I want PAK C  
 I want PAK D

\* Fields are required

1 Your Info

Employee Information

Family Info

Questions

2 Your Benefits

3 Enroll

4 Complete

Continue

- Click on “View Plan Options” to the right of each plan name.

## Medical

**\$35.00** ▼

Your Cost per month

---

PLAN

MESSA ABC Plan 1 w/10% coinsurance, ABC Rx / Blue Cross Blue Shield of Michigan / [View plan details](#)

COVERAGE

Employee + Family

Gabriel Test	Employee	✔ Cover
Paige Test	Spouse	✔ Cover
Jason Test	Son	✔ Cover

✔ Completed

View Plan Options

- Uncheck the spouse's name and click **"Continue"**.

Who will be covered by this plan?

Susan Test  
Employee
  Spouse Test  
Spouse
  Child Test  
Daughter
 [+ Add Dependents](#)

[← Back to Benefits](#)
[Continue](#)

- Select the benefit plan by clicking **"Select"** or **"Keep Selection"**.

**CURRENT PLAN**

MESSA ABC Plan 1 w/10% coinsurance, ABC Rx

Blue Cross Blue Shield of Michigan High Deductible

Selected

[View plan details](#)  
[Plan Brochure](#)

Your Cost per month:  
\$25.00

Tier: Employee + Dependent

[Keep Selection](#)

- When finished going through every benefit plan, click **"Continue"** on the right-hand side.

- 1 Your Info
- 2 **Your Benefits**
- 3 Enroll
- 4 Complete

Your Cost per month **\$50.00**

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

- You will be required to designate at least one primary beneficiary information when you have life insurance.
- Dependents will automatically appear for you to designate, however you may also **“Add New Beneficiary”** if you’d like to designate someone other than a dependent.
- Primary beneficiaries are required, secondary (contingent) beneficiaries are not required.
- Percentage total must equal 100%.
- When finished click **“Continue.”**

**Please verify your beneficiary information is complete and accurate before proceeding.**  
 "Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any due benefits after the death of an employee/retiree. "Secondary beneficiary" represents the person or persons named to receive benefits if the primary beneficiary is deceased.

### Basic Term Life

Please choose your beneficiaries

**Primary Beneficiaries (required)**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Test (Spouse)	<input type="text" value="100"/> %
Johnny Test (Son)	<input type="text"/> %

**Total: 100%**

[+ Add New Beneficiary](#)

[v Add Secondary Beneficiaries \(optional\)](#)  
 Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month \$50.00

Continue

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click **“Yes”** next to **“Current or Prior Coverages”** and enter the following information.
- Once you have entered the information, click **“Save.”**

**Medical**

**John Test (Employee)**

Other Medical Insurance Coverage:

Current or Prior Coverages  Yes  No

Other Insurance

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone

Insurance Carrier's Name

Insurance Carrier's Phone

Coverage Start Date

Coverage End Date

State/Country of Coverage

Coverage Level

Additional Info

**Save**

- If you do not have other medical coverage, keep **“Current or Prior Coverages”** as **“No”** and click **“Continue”**.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

**Other Coverages**

Review and Confirm

4 Complete

Your Cost per month **\$50.00**

**Continue**

- Now that you have elected all your benefits, please review your elections and scroll to the bottom of the page.

## Review and Confirm

**Please Review All of Your Selections**

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

Your Total Cost **\$0.00**  
Per Month

**Medical**

Your cost per month **\$0.00**

This benefit election is pending until approved by your Benefits Administrator

**MESSA ABC Plan 1** Blue Cross Blue Shield of Michigan

COST DETAILS PER MONTH

Your Cost **\$0.00**

Who will be covered on this plan:		
Name	Relationship	Coverage
Test User	Employee	✔ Cover
Spouse User	Spouse	✔ Cover

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
  - Beneficiaries
  - Other Coverages
  - Review and Confirm
- 4 Complete

**Complete Enrollment**

- Review the "Participation" statement and check the "I agree, and I'm finished with my enrollment" box.
- In the upper right side of the screen click "Complete Enrollment."

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

I agree, and I'm finished with my enrollment

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
  - Beneficiaries
  - Other Coverages
  - Review and Confirm
- 4 Complete

**Complete Enrollment**

- A Confirmation Statement is presented and you may view, email or print the statement for your records.

## Your enrollment is complete!

You may make changes to your elections until: **September 1, 2017**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

**Your Confirmation Statement is ready**

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

**VIEW**

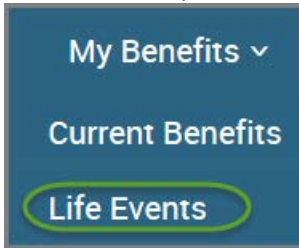
**EMAIL**

**PRINT**

**REMINDER: All benefit elections must be accepted by your Benefits Administrator.**


## Legal Guardianship

- Hover your cursor over the “My Benefits” tab at the top of the screen and choose “Life Events.”



- Select “Other life events...”

Life Events


 Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... 

- Select “Legal Guardianship.”


Life Event

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... 

Divorce

Legal Guardianship

Child Becomes Eligible

Child No Longer Eligible

Spouse Death

Child Death

Family Status Change - Other

- Enter legal guardianship effective date.

STEP 2 Enter your life event information

Legal Guardianship [Change life event](#)

When did your life event take place?

Enter a date:

- Select **“Add Dependent.”**

Enter your new dependent’s information:

Name	Relationship	Date of Birth	Age	Gender
Add at least one dependent to continue				
<input type="button" value="+ Add Dependent"/>				
<input type="button" value="Continue"/>		<input type="button" value="Cancel"/>		

- Enter legal guardian’s demographic information
- Click **“Save.”**

### Add Family Member

Dependent Demographic

\* First Name

Middle Initial

\* Last Name

Suffix

\* Date of Birth

\* Social Security Number

\* Gender  Male  Female

\* Relationship

\* Fields are required

- Click **“Continue.”**

Name	Relationship	Date of Birth	Age	Gender
<input type="button" value="x"/> Legal Guardian	Legal Guardianship	1/1/1999	17	M
<input type="button" value="+ Add Dependent"/>				
<input type="button" value="Continue"/>		<input type="button" value="Cancel"/>		

- Check the **“I verify that all of the above Life Event information is correct.”** box.
- Click **“Save and Start Life Event Enrollment.”**

STEP 3 Confirm your information

### Legal Guardianship [Change life event](#)

Life Event: Legal Guardianship

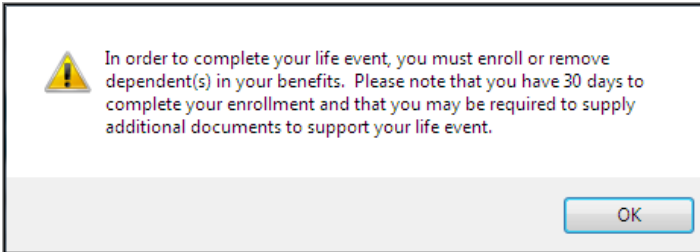
Date of Event: 08/01/2016

Added to Family: Legal Guardian

I verify that all of the above Life Event information is correct.

Hide Event from Employee

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **“OK.”**



- Review your Employee (personal) Information and make any necessary updates.
- When finished with your Employee Information, click the **“I agree”** box.
- Click **“Continue”**.

### Employee Information

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

#### Demographics

\* First Name

Middle Initial

\* Last Name

Suffix

Social Security Number

\* Date of Birth

\* Gender  Male  Female

\* Fields are required

#### Address

Address 1

Address 2

City

State

Zip

Home Phone

Cell Phone

Home Email

#### WORK CONTACT INFORMATION

Work Phone

Work Phone Ext.

\* Work Email

Preferred Email  Home Email  Work Email

\* Fields are required

1 Your Info

Employee Information

Family Info

Questions

2 Your Benefits

3 Enroll

4 Complete

**Continue**

By checking the box "I Agree" below, you agree that the information above is accurate to the best of your knowledge.

I agree

- Review/add/edit your Family Information.
- When finished with your Family Information, click the “I agree” box.
- Click “Continue”.

**Family Information**

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person’s name.

**Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.**

**John Test**

Male Employee  
37 years old (1/1/1980)  
SSN: 895-08-0989

[Edit >](#)

**Sally Test**

Female Spouse  
37 years old (1/1/1980)  
SSN: 089-08-9079

[Edit >](#)

**Baby Test**


Female Daughter  
0 years old (5/15/2017)

[Edit >](#)

**Johnny Test**

Male Son  
2 years old (1/1/2015)  
SSN: 598-08-0808

[Edit >](#)



[Add Dependents](#)

1 Your Info

Employee Information

Family Info

Questions

2 Your Benefits

3 Enroll

4 Complete

Continue

**Dependent Information Notice**

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child’s spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

I agree

**NOTE: You will only see this step if you have PAK or Bundled benefits. If you do not have these benefits, continue to the next step.**

- You will be presented with the question “What PAK/Bundle of Coverage do you want?”
- Review the benefits in each PAK/Bundle and scroll to the bottom and select the PAK/Bundle of coverage you wish to enroll in and click “Continue” on the right-hand side of the screen.

\*What PAK of Coverage do you want?

**PAK A**  
 Medical – MESSA ABC Plan 1 w/10% coinsurance, ABC Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK B**  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D

**PAK C**  
 Medical – MESSA ABC Plan 2  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK D**  
 Medical – MESSA Choices \$1000/\$2000 deductible w/20% coinsurance, Saver Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision – VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

I want PAK A  
 I want PAK B  
 I want PAK C  
 I want PAK D

\* Fields are required

1 Your Info

Employee Information

Family Info

**Questions**

2 Your Benefits

3 Enroll

4 Complete

Continue

- Click on “View Plan Options” to the right of each plan name.

## Medical

**\$35.00** ▼

Your Cost per month

**PLAN** MESSA ABC Plan 1 w/10% coinsurance, ABC Rx / Blue Cross Blue Shield of Michigan / [View plan details](#)

**COVERAGE** Employee + Family

Gabriel Test	Employee	✔ Cover
Paige Test	Spouse	✔ Cover
Jason Test	Son	✔ Cover

✔ Completed

View Plan Options

- Check the legal guardian’s name and click **“Continue”**.

Who will be covered by this plan?

Susan Test Employee
  Spouse Test Spouse
  Child Test Daughter
  Mark Tester Legal Guardianship
 [+ Add Dependents](#)

[← Back to Benefits](#)
[Continue](#)

- Select the benefit plan by clicking **“Select”** or **“Keep Selection”**.

**CURRENT PLAN**

MESSA ABC Plan 1 w/10% coinsurance, ABC Rx

Blue Cross Blue Shield of Michigan  High Deductible

Selected

[View plan details](#)  
[Plan Brochure](#)

Your Cost per month: \$25.00

Tier: Employee + Dependent

[Keep Selection](#)

- When finished going through every benefit plan, click **“Continue”** on the right-hand side.

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Your Cost per month \$50.00

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

- You will be required to designate at least one primary beneficiary information when you have life insurance.
- Dependents will automatically appear for you to designate, however you may also **“Add New Beneficiary”** if you’d like to designate someone other than a dependent.
- Primary beneficiaries are required, secondary (contingent) beneficiaries are not required.
- Percentage total must equal 100%.
- When finished click **“Continue.”**

**Please verify your beneficiary information is complete and accurate before proceeding.**  
 "Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any due benefits after the death of an employee/retiree. "Secondary beneficiary" represents the person or persons named to receive benefits if the primary beneficiary is deceased.

### Basic Term Life

Please choose your beneficiaries

**Primary Beneficiaries (required)**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Test (Spouse)	<input type="text" value="100"/> %
Johnny Test (Son)	<input type="text"/> %

**Total: 100%**

[+ Add New Beneficiary](#)

[v Add Secondary Beneficiaries \(optional\)](#)  
 Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month **\$50.00**

[Continue](#)

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click **“Yes”** next to **“Current or Prior Coverages”** and enter the following information.
- Once you have entered the information, click **“Save.”**

**Medical**

**John Test (Employee)**

Other Medical Insurance Coverage:

Current or Prior Coverages  Yes  No

Other Insurance  ▼

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone

Insurance Carrier's Name

Insurance Carrier's Phone

Coverage Start Date

Coverage End Date

State/Country of Coverage  ▼

Coverage Level  ▼

Additional Info

**Save**

- If you do not have other medical coverage, keep **“Current or Prior Coverages”** as **“No”** and click **“Continue”**.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month **\$50.00**

**Continue**

- Now that you have elected all your benefits, please review your elections and scroll to the bottom of the page.

## Review and Confirm

### Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

Your Total Cost
\$0.00

Medical

Your cost per month **\$0.00**

This benefit election is pending until approved by your Benefits Administrator

MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan

COST DETAILS PER MONTH

Your Cost
\$0.00

Who will be covered on this plan:		
Name	Relationship	Coverage <span style="font-size: 0.7em;"> ⓘ</span>
Test User	Employee	✔ Cover
Spouse User	Spouse	✔ Cover

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
  - Beneficiaries
  - Other Coverages
  - Review and Confirm
- 4 Complete

Complete Enrollment

- Review the "Participation" statement and check the "I agree, and I'm finished with my enrollment" box.
- In the upper right side of the screen click "Complete Enrollment."

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

I agree, and I'm finished with my enrollment

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
  - Beneficiaries
  - Other Coverages
  - Review and Confirm
- 4 Complete

Complete Enrollment

- A Confirmation Statement is presented and you may view, email or print the statement for your records.

## Your enrollment is complete!

You may make changes to your elections until: **September 1, 2017**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

VIEW

EMAIL

PRINT

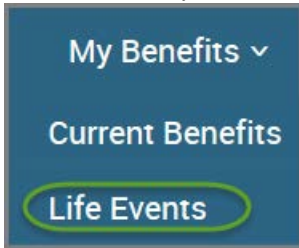
**REMINDER: All benefit elections must be accepted by your Benefits Administrator.**

57

Revised 08/25/2017


## Adding a Dependent

- Hover your cursor over the “My Benefits” tab at the top of the screen and choose “Life Events.”



- Select “Other life events...”

Life Events


 Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... 

- Select “Child Becomes Eligible.”


Life Event

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... 

- Divorce
- Legal Guardianship
- Child Becomes Eligible
- Child No Longer Eligible
- Spouse Death
- Child Death
- Family Status Change - Other

- Enter the effective date (first of the month).

STEP 2 Enter your life event information

Child Becomes Eligible [Change life event](#)

When did your life event take place?

Enter a date:

- Check the “I verify that all of the above Life Event information is correct.” box.
- Click “Save and Start Life Event Enrollment.”

**STEP 3** Confirm your information

---

## Child Becomes Eligible Change life event


Life Event: **Child Becomes Eligible**  
Date of Event: **08/01/2016**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

**Save and Start Life Event Enrollment**

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click “OK.”

 In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

- Review your Employee (personal) Information and make any necessary updates.
- When finished with your Employee Information, click the “I agree” box.
- Click “Continue”.

## Employee Information

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

### Demographics

\* First Name

Middle Initial

\* Last Name

Suffix

Social Security Number **444-77-4444**

\* Date of Birth

\* Gender  Male  Female

\* Fields are required

### Address

Address 1

Address 2

City

State

Zip

Home Phone

Cell Phone

Home Email

### WORK CONTACT INFORMATION

Work Phone

Work Phone Ext.

\* Work Email

Preferred Email  Home Email  Work Email

\* Fields are required

- 1 Your Info
  - Employee Information
  - Family Info
  - Questions
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Continue

By checking the box “I Agree” below, you agree that the information above is accurate to the best of your knowledge.

I agree


- Review/add/edit your Family Information.
- When finished with your Family Information, click the “I agree” box.
- Click “Continue”.

## Family Information

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person’s name.

Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.

<p><b>John Test</b></p> <p>Male Employee 37 years old (1/1/1980) SSN: 895-08-0989</p> <p style="text-align: right; color: blue; font-weight: bold;">Edit &gt;</p>	<p><b>Sally Test</b></p> <p>Female Spouse 37 years old (1/1/1980) SSN: 089-08-9079</p> <p style="text-align: right; color: blue; font-weight: bold;">Edit &gt;</p>	<p><b>Baby Test</b></p> <p>Female Daughter 0 years old (5/15/2017)</p> <p style="text-align: right; color: blue; font-weight: bold;">Edit &gt;</p>	<p><b>Johnny Test</b></p> <p>Male Son 2 years old (1/1/2015) SSN: 598-08-0808</p> <p style="text-align: right; color: blue; font-weight: bold;">Edit &gt;</p>
---	--	--	---



Add Dependents

**Dependent Information Notice**

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child’s spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

I agree

1 Your Info

Employee Information

Family Info

Questions

2 Your Benefits

3 Enroll

4 Complete

Continue

**NOTE: You will only see this step if you have PAK or Bundled benefits. If you do not have these benefits, continue to the next step.**

- You will be presented with the question “What PAK/Bundle of Coverage do you want?”
- Review the benefits in each PAK/Bundle and scroll to the bottom and select the PAK/Bundle of coverage you wish to enroll in and click “Continue” on the right-hand side of the screen.

\*What PAK of Coverage do you want?

**PAK A**  
 Medical – MESSA ABC Plan 1 w/10% coinsurance, ABC Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK B**  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D

**PAK C**  
 Medical – MESSA ABC Plan 2  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK D**  
 Medical – MESSA Choices \$1000/\$2000 deductible w/20% coinsurance, Saver Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision – VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

I want PAK A  
 I want PAK B  
 I want PAK C  
 I want PAK D

\* Fields are required

1 Your Info

Employee Information

Family Info

Questions

2 Your Benefits

3 Enroll

4 Complete

Continue

- Click on “View Plan Options” to the right of each plan name.

## Medical

**\$35.00** ▼

Your Cost per month

---

PLAN

MESSA ABC Plan 1 w/10% coinsurance, ABC Rx / Blue Cross Blue Shield of Michigan / [View plan details](#)

COVERAGE

Employee + Family

Gabriel Test	Employee	✓ Cover
Paige Test	Spouse	✓ Cover
Jason Test	Son	✓ Cover

✓ Completed

View Plan Options

- Check the dependent’s name and click **“Continue”**.

Who will be covered by this plan?

Susan Test  
Employee

Spouse Test  
Spouse

Child Test  
Daughter

Mark Tester  
Legal Guardianship

[+ Add Dependents](#)

[← Back to Benefits](#) [Continue](#)

- Select the benefit plan by clicking **“Select”** or **“Keep Selection”**.

**CURRENT PLAN**

MESSA ABC Plan 1 w/10% coinsurance, ABC Rx

Blue Cross Blue Shield of Michigan  High Deductible

Selected

[View plan details](#)

[Plan Brochure](#)

Your Cost per month:  
**\$25.00**

Tier: Employee + Dependent

[Keep Selection](#)

- When finished going through every benefit plan, click **“Continue”** on the right-hand side.

1 Your Info

2 **Your Benefits**

3 Enroll

4 Complete

Your Cost per month **\$50.00**

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

- You will be required to designate at least one primary beneficiary information when you have life insurance.
- Dependents will automatically appear for you to designate, however you may also **“Add New Beneficiary”** if you’d like to designate someone other than a dependent.
- Primary beneficiaries are required, secondary (contingent) beneficiaries are not required.
- Percentage total must equal 100%.
- When finished click **“Continue.”**

**Please verify your beneficiary information is complete and accurate before proceeding.**  
 "Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any due benefits after the death of an employee/retiree. "Secondary beneficiary" represents the person or persons named to receive benefits if the primary beneficiary is deceased.

### Basic Term Life

Please choose your beneficiaries

**Primary Beneficiaries (required)**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Test (Spouse)	<input type="text" value="100"/> %
Johnny Test (Son)	<input type="text"/> %

**Total: 100%**

[➕ Add New Beneficiary](#)

[▼ Add Secondary Beneficiaries \(optional\)](#)  
 Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month \$50.00

[Continue](#)

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click **“Yes”** next to **“Current or Prior Coverages”** and enter the following information.
- Once you have entered the information, click **“Save.”**

**Medical**

**John Test (Employee)**

Other Medical Insurance Coverage:

Current or Prior Coverages  Yes  No

Other Insurance  ▼

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone

Insurance Carrier's Name

Insurance Carrier's Phone

Coverage Start Date

Coverage End Date

State/Country of Coverage  ▼

Coverage Level  ▼

Additional Info

**Save**

- If you do not have other medical coverage, keep **“Current or Prior Coverages”** as **“No”** and click **“Continue”**.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month **\$50.00**

**Continue**

- Now that you have elected all your benefits, please review your elections and scroll to the bottom of the page.

**Review and Confirm**

**Please Review All of Your Selections**

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

Your Total Cost **\$0.00** Per Month

**Medical** Your cost per month **\$0.00**

**⚠ This benefit election is pending until approved by your Benefits Administrator**

MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan COST DETAILS PER MONTH

Who will be covered on this plan:

Name	Relationship	Coverage
Test User	Employee	✓ Cover
Spouse User	Spouse	✓ Cover

Your Cost \$0.00

1 Your Info  
2 Your Benefits  
3 Enroll  
Beneficiaries  
Other Coverages  
Review and Confirm  
4 Complete

**Complete Enrollment**

- Review the "Participation" statement and check the "I agree, and I'm finished with my enrollment" box.
- In the upper right side of the screen click "Complete Enrollment."

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

I agree, and I'm finished with my enrollment

1 Your Info  
2 Your Benefits  
3 Enroll  
Beneficiaries  
Other Coverages  
Review and Confirm  
4 Complete

**Complete Enrollment**

- A Confirmation Statement is presented and you may view, email or print the statement for your records.

**✓ Your enrollment is complete!**

You may make changes to your elections until: **September 1, 2017**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

Your Confirmation Statement is ready

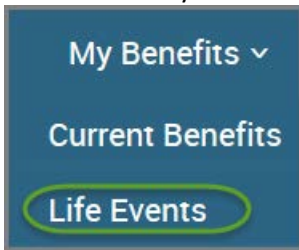
Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

VIEW EMAIL PRINT

**REMINDER: All benefit elections must be accepted by your Benefits Administrator.**


## Removing a Dependent from ALL Benefits

- Hover your cursor over the **“My Benefits”** tab at the top of the screen and choose **“Life Events.”**



- Select **“Other life events...”**

**Life Events**


 Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

**STEP 1** Please select your life event

> Birth

> Marriage

Other life events... 

- Select **“Child No Longer Eligible.”**


**Life Event**

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

**STEP 1** Please select your life event

> Birth

> Marriage

Other life events... 

- Divorce
- Legal Guardianship
- Child Becomes Eligible
- Child No Longer Eligible
- Spouse Death
- Child Death
- Family Status Change - Other

- Enter the effective date (last day of the month in which coverage is ending).

**STEP 2** Enter your life event information

**Child No Longer Eligible** [Change life event](#)

When did your life event take place?

Enter a date:

- Check the box next to the dependent's name.
- Click **"Continue."**

Update	Name	SSN	Relationship	Date of Birth	Age	Gender	Additional Information
	Joe Test	444-55-6666	Employee	1/1/1980	36	M	
	Spouse Test	877-08-0889	Spouse	1/1/1980	36	F	Divorced
<input checked="" type="checkbox"/>	Michael Test	888-77-8822	Son	1/1/1989	27	M	

- Check the **"I verify that all of the above Life Event information is correct."** box.
- Click **"Save and Start Life Event Enrollment."**

**STEP 3** Confirm your information


**Child No Longer Eligible** [Change life event](#)

Life Event: **Child No Longer Eligible**  
 Date of Event: **08/31/2016**  
 Removed from Family: **Michael Test**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **"OK."**

 In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

- Review your Employee (personal) Information and make any necessary updates.
- When finished with your Employee Information, click the “I agree” box.
- Click “Continue”.

## Employee Information

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

### Demographics

\* First Name

Middle Initial

\* Last Name

Suffix

Social Security Number

\* Date of Birth

\* Gender  Male  Female

\* Fields are required

### Address

Address 1

Address 2

City

State

Zip

Home Phone

Cell Phone

Home Email

### WORK CONTACT INFORMATION

Work Phone

Work Phone Ext.

\* Work Email

Preferred Email  Home Email  Work Email

\* Fields are required

By checking the box “I Agree” below, you agree that the information above is accurate to the best of your knowledge.

I agree

1 Your Info

Employee Information

Family Info

Questions

2 Your Benefits

3 Enroll

4 Complete

Continue


- Review/add/edit your Family Information.
- When finished with your Family Information, click the “I agree” box.
- Click “Continue”.

## Family Information

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person’s name.

Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.

<p><b>John Test</b></p> <p>Male Employee 37 years old (1/1/1980) SSN: 895-08-0989</p> <p style="text-align: right; color: blue; font-weight: bold;">Edit &gt;</p>	<p><b>Sally Test</b></p> <p>Female Spouse 37 years old (1/1/1980) SSN: 089-08-9079</p> <p style="text-align: right; color: blue; font-weight: bold;">Edit &gt;</p>	<p><b>Baby Test</b></p> <p>Female Daughter 0 years old (5/15/2017)</p> <p style="text-align: right; color: blue; font-weight: bold;">Edit &gt;</p>	<p><b>Johnny Test</b></p> <p>Male Son 2 years old (1/1/2015) SSN: 598-08-0808</p> <p style="text-align: right; color: blue; font-weight: bold;">Edit &gt;</p>
---	--	--	---



Add Dependents

**Dependent Information Notice**

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child’s spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

I agree

Continue

- 1 Your Info
  - Employee Information
  - Family Info
  - Questions
- 2 Your Benefits
- 3 Enroll
- 4 Complete

**NOTE: You will only see this step if you have PAK or Bundled benefits. If you do not have these benefits, continue to the next step.**

- You will be presented with the question “What PAK/Bundle of Coverage do you want?”
- Review the benefits in each PAK/Bundle and scroll to the bottom and select the PAK/Bundle of coverage you wish to enroll in and click “Continue” on the right-hand side of the screen.

\*What PAK of Coverage do you want?

**PAK A**  
 Medical – MESSA ABC Plan 1 w/10% coinsurance, ABC Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK B**  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D

**PAK C**  
 Medical – MESSA ABC Plan 2  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK D**  
 Medical – MESSA Choices \$1000/\$2000 deductible w/20% coinsurance, Saver Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision – VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

I want PAK A  
 I want PAK B  
 I want PAK C  
 I want PAK D

\* Fields are required

1 Your Info  
 Employee Information  
 Family Info  
**Questions**

2 Your Benefits

3 Enroll

4 Complete

Continue

- Click on “View Plan Options” to the right of each plan name.

## Medical

**\$35.00** ▼

Your Cost per month

---

**PLAN** MESSA ABC Plan 1 w/10% coinsurance, ABC Rx / Blue Cross Blue Shield of Michigan / [View plan details](#)

**COVERAGE** Employee + Family

Gabriel Test	Employee	✔ Cover
Paige Test	Spouse	✔ Cover
Jason Test	Son	✔ Cover

✔ Completed

View Plan Options

- Uncheck the dependent's name and click **“Continue”**.

Who will be covered by this plan?

Susan Test Employee    
  Spouse Test Spouse    
  Child Test Daughter    
  Mark Tester Legal Guardianship    
 [+ Add Dependents](#)

[← Back to Benefits](#)
[Continue](#)

- Select the benefit plan by clicking **“Select”** or **“Keep Selection”**.

**CURRENT PLAN**

MESSA ABC Plan 1 w/10% coinsurance, ABC Rx

Blue Cross Blue Shield of Michigan  High Deductible

Selected

[View plan details](#)  
[Plan Brochure](#)

Your Cost per month:  
**\$25.00**   
 Tier: Employee + Dependent

[Keep Selection](#)

- When finished going through every benefit plan, click **“Continue”** on the right-hand side.

- 1 Your Info
- 2 **Your Benefits**
- 3 Enroll
- 4 Complete

Your Cost per month **\$50.00**

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

- You will be required to designate at least one primary beneficiary information when you have life insurance.
- Dependents will automatically appear for you to designate, however you may also **“Add New Beneficiary”** if you’d like to designate someone other than a dependent.
- Primary beneficiaries are required, secondary (contingent) beneficiaries are not required.
- Percentage total must equal 100%.
- When finished click **“Continue.”**

**Please verify your beneficiary information is complete and accurate before proceeding.**  
 "Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any due benefits after the death of an employee/retiree. "Secondary beneficiary" represents the person or persons named to receive benefits if the primary beneficiary is deceased.

### Basic Term Life

Please choose your beneficiaries

**Primary Beneficiaries (required)**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Test (Spouse)	<input type="text" value="100"/> %
Johnny Test (Son)	<input type="text"/> %

**Total: 100%**

[+ Add New Beneficiary](#)

[v Add Secondary Beneficiaries \(optional\)](#)  
 Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- Beneficiaries
- Other Coverages
- Review and Confirm
- 4 Complete

Your Cost per month **\$50.00**

[Continue](#)

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click **“Yes”** next to **“Current or Prior Coverages”** and enter the following information.
- Once you have entered the information, click **“Save.”**

**Medical**

**John Test (Employee)**

Other Medical Insurance Coverage:

Current or Prior Coverages  Yes  No

Other Insurance

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone

Insurance Carrier's Name

Insurance Carrier's Phone

Coverage Start Date

Coverage End Date

State/Country of Coverage

Coverage Level

Additional Info

**Save**

- If you do not have other medical coverage, keep **“Current or Prior Coverages”** as **“No”** and click **“Continue”**.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month **\$50.00**

**Continue**

- Now that you have elected all your benefits, please review your elections and scroll to the bottom of the page.

## Review and Confirm

### Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

Your Total Cost \$0.00  
Per Month

### Medical

Your cost per month \$0.00

This benefit election is pending until approved by your Benefits Administrator

**MESSA ABC Plan 1** Blue Cross Blue Shield of Michigan

COST DETAILS PER MONTH

Your Cost \$0.00

Who will be covered on this plan:		
Name	Relationship	Coverage <span style="font-size: 0.7em;">i</span>
Test User	Employee	✓ Cover
Spouse User	Spouse	✓ Cover

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Beneficiaries

Other Coverages

Review and Confirm

Complete Enrollment

- Review the "Participation" statement and check the "I agree, and I'm finished with my enrollment" box.
- In the upper right side of the screen click "Complete Enrollment."

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

✓ I agree, and I'm finished with my enrollment

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Beneficiaries

Other Coverages

Review and Confirm

Complete Enrollment

- A Confirmation Statement is presented and you may view, email or print the statement for your records.

✓

## Your enrollment is complete!

You may make changes to your elections until: **September 1, 2017**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

VIEW

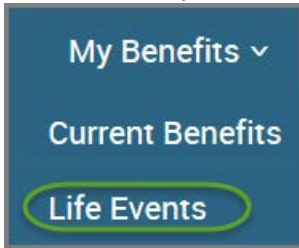
EMAIL

PRINT

**REMINDER: All benefit elections must be accepted by your Benefits Administrator.**

## Removing a Dependent from PARTIAL Benefits

- Hover your cursor over the “My Benefits” tab at the top of the screen and choose “Life Events.”



- Select “Other life events...”

Life Events

Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events...

- Select “Family Status Change - Other.”

Life Event

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events...

Divorce

Legal Guardianship

Child Becomes Eligible

Child No Longer Eligible

Spouse Death

Child Death

Family Status Change - Other

- Enter the effective date (enter the last day of the month in which coverage is ending).

STEP 2 Enter your life event information

Family Status Change - Other [Change life event](#)

When did your life event take place?

Enter a date: (mm/dd/yyyy)

- Check the **“I verify that all of the above Life Event information is correct.”** box.
- Click **“Save and Start Life Event Enrollment.”**

STEP 3 Confirm your information

Family Status Change - Other [Change life event](#)


Life Event: **Family Status Change - Other**  
Date of Event: **11/01/2016**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

**Save and Start Life Event Enrollment**

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **“OK.”**

 In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

- Review your Employee (personal) Information and make any necessary updates.
- When finished with your Employee Information, click the “**I agree**” box.
- Click “**Continue**”.

**Employee Information**

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

**Demographics**

\* First Name

Middle Initial

\* Last Name

Suffix

Social Security Number **444-77-4444**

\* Date of Birth

\* Gender  Male  Female

\* Fields are required

**Address**

Address 1

Address 2

City

State

Zip

Home Phone

Cell Phone

Home Email

**WORK CONTACT INFORMATION**

Work Phone

Work Phone Ext.

\* Work Email

Preferred Email  Home Email  Work Email

\* Fields are required

By checking the box “I Agree” below, you agree that the information above is accurate to the best of your knowledge.

I agree

1 Your Info

Employee Information

Family Info

Questions

2 Your Benefits

3 Enroll

4 Complete

Continue


- Review/add/edit your Family Information.
- When finished with your Family Information, click the “I agree” box.
- Click “Continue”.

## Family Information

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person’s name.

Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.

<p><b>John Test</b></p> <p>Male Employee 37 years old (1/1/1980) SSN: 895-08-0989</p> <p style="text-align: right;"><a href="#">Edit &gt;</a></p>	<p><b>Sally Test</b></p> <p>Female Spouse 37 years old (1/1/1980) SSN: 089-08-9079</p> <p style="text-align: right;"><a href="#">Edit &gt;</a></p>	<p><b>Baby Test</b></p> <p>Female Daughter 0 years old (5/15/2017)</p> <p style="text-align: right;"><a href="#">Edit &gt;</a></p>	<p><b>Johnny Test</b></p> <p>Male Son 2 years old (1/1/2015) SSN: 598-08-0808</p> <p style="text-align: right;"><a href="#">Edit &gt;</a></p>
---	--	--	---



Add Dependents

**Dependent Information Notice**

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child’s spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

I agree

Continue

- 1 Your Info
  - Employee Information
  - Family Info
  - Questions
- 2 Your Benefits
- 3 Enroll
- 4 Complete

**NOTE: You will only see this step if you have PAK or Bundled benefits. If you do not have these benefits, continue to the next step.**

- You will be presented with the question “What PAK/Bundle of Coverage do you want?”
- Review the benefits in each PAK/Bundle and scroll to the bottom and select the PAK/Bundle of coverage you wish to enroll in and click “Continue” on the right-hand side of the screen.

\*What PAK of Coverage do you want?

**PAK A**  
 Medical – MESSA ABC Plan 1 w/10% coinsurance, ABC Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK B**  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D

**PAK C**  
 Medical – MESSA ABC Plan 2  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK D**  
 Medical – MESSA Choices \$1000/\$2000 deductible w/20% coinsurance, Saver Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision – VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

I want PAK A  
 I want PAK B  
 I want PAK C  
 I want PAK D

\* Fields are required

1 Your Info  
 Employee Information  
 Family Info  
**Questions**

2 Your Benefits

3 Enroll

4 Complete

**Continue**

- Click on “View Plan Options” to the right of each plan name.

## Medical

**\$35.00** v

Your Cost per month

---

**PLAN** MESSA ABC Plan 1 w/10% coinsurance, ABC Rx / Blue Cross Blue Shield of Michigan / [View plan details](#)

**COVERAGE** Employee + Family

Gabriel Test	Employee	✔ Cover
Paige Test	Spouse	✔ Cover
Jason Test	Son	✔ Cover

✔ Completed

View Plan Options

- Uncheck the dependent's name and click **"Continue"**.

Who will be covered by this plan?

Susan Test  
Employee
  Spouse Test  
Spouse
  Child Test  
Daughter
  Mark Tester  
Legal Guardianship
 [+ Add Dependents](#)

[← Back to Benefits](#)
[Continue](#)

- Select the benefit plan by clicking **"Select"** or **"Keep Selection"**.

**CURRENT PLAN**

MESSA ABC Plan 1 w/10% coinsurance, ABC Rx

Blue Cross Blue Shield of Michigan High Deductible

Selected

[View plan details](#)  
[Plan Brochure](#)

Your Cost per month:  
\$25.00

Tier: Employee + Dependent

[Keep Selection](#)

- When finished going through every benefit plan, click **"Continue"** on the right-hand side.

- 1 Your Info
- 2 **Your Benefits**
- 3 Enroll
- 4 Complete

Your Cost per month **\$50.00**

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

- You will be required to designate at least one primary beneficiary information when you have life insurance.
- Dependents will automatically appear for you to designate, however you may also **“Add New Beneficiary”** if you’d like to designate someone other than a dependent.
- Primary beneficiaries are required, secondary (contingent) beneficiaries are not required.
- Percentage total must equal 100%.
- When finished click **“Continue.”**

**Please verify your beneficiary information is complete and accurate before proceeding.**  
 "Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any due benefits after the death of an employee/retiree. "Secondary beneficiary" represents the person or persons named to receive benefits if the primary beneficiary is deceased.

---

### Basic Term Life

Please choose your beneficiaries

**Primary Beneficiaries (required)**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Test (Spouse)	<input type="text" value="100"/> %
Johnny Test (Son)	<input type="text"/> %

**Total: 100%**

[+ Add New Beneficiary](#)

[v Add Secondary Beneficiaries \(optional\)](#)  
 Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Your Cost per month \$50.00

**Continue**

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click **“Yes”** next to **“Current or Prior Coverages”** and enter the following information.
- Once you have entered the information, click **“Save.”**

**Medical**

**John Test (Employee)**

Other Medical Insurance Coverage:

Current or Prior Coverages  Yes  No

Other Insurance

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone

Insurance Carrier's Name

Insurance Carrier's Phone

Coverage Start Date

Coverage End Date

State/Country of Coverage

Coverage Level

Additional Info

**Save**

- If you do not have other medical coverage, keep **“Current or Prior Coverages”** as **“No”** and click **“Continue”**.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month **\$50.00**

**Continue**

- Now that you have elected all your benefits, please review your elections and scroll to the bottom of the page.

**Review and Confirm**

**Please Review All of Your Selections**

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

Your Total Cost **\$0.00** Per Month

**Medical** Your cost per month **\$0.00**

**⚠ This benefit election is pending until approved by your Benefits Administrator**

MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan

COST DETAILS PER MONTH

Who will be covered on this plan:

Name	Relationship	Coverage
Test User	Employee	✓ Cover
Spouse User	Spouse	✓ Cover

Your Cost \$0.00

1 Your Info  
2 Your Benefits  
3 Enroll  
Beneficiaries  
Other Coverages  
Review and Confirm  
4 Complete

**Complete Enrollment**

- Review the "Participation" statement and check the "I agree, and I'm finished with my enrollment" box.
- In the upper right side of the screen click "Complete Enrollment."

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

I agree, and I'm finished with my enrollment

1 Your Info  
2 Your Benefits  
3 Enroll  
Beneficiaries  
Other Coverages  
Review and Confirm  
4 Complete

**Complete Enrollment**

- A Confirmation Statement is presented and you may view, email or print the statement for your records.

**✓ Your enrollment is complete!**

You may make changes to your elections until: **September 1, 2017**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

**Your Confirmation Statement is ready**

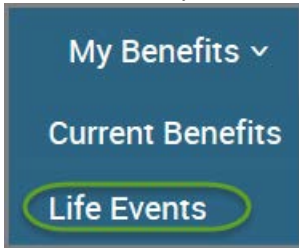
Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

VIEW EMAIL PRINT

**REMINDER: All benefit elections must be accepted by your Benefits Administrator.**


## Adding a Spouse

- Hover your cursor over the **“My Benefits”** tab at the top of the screen and choose **“Life Events.”**



- Select **“Other life events...”**

Life Events


 Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... 

- Select **“Family Status Change - Other.”**


Life Event

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... 

Divorce

Legal Guardianship

Child Becomes Eligible

Child No Longer Eligible

Spouse Death

Child Death

Family Status Change - Other

- Enter the effective date (first day of the month).

STEP 2 Enter your life event information

Family Status Change - Other [Change life event](#)

When did your life event take place?

Enter a date:

- Check the **“I verify that all of the above Life Event information is correct.”** box.
- Click **“Save and Start Life Event Enrollment.”**

STEP 3 Confirm your information

---

Family Status Change - Other [Change life event](#)

---


Life Event: **Family Status Change - Other**  
Date of Event: **11/01/2016**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

**Save and Start Life Event Enrollment**

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **“OK.”**

 In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

- Review your Employee (personal) Information and make any necessary updates.
- When finished with your Employee Information, click the “**I agree**” box.
- Click “**Continue**”.

## Employee Information

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

### Demographics

\* First Name

Middle Initial

\* Last Name

Suffix

Social Security Number

\* Date of Birth

\* Gender  Male  Female

\* Fields are required

### Address

Address 1

Address 2

City

State

Zip

Home Phone

Cell Phone

Home Email

### WORK CONTACT INFORMATION

Work Phone

Work Phone Ext.

\* Work Email

Preferred Email  Home Email  Work Email

\* Fields are required

- 1 Your Info
  - Employee Information
  - Family Info
  - Questions
- 2 Your Benefits
- 3 Enroll
- 4 Complete

**Continue**

By checking the box "I Agree" below, you agree that the information above is accurate to the best of your knowledge.

I agree

- Review/add/edit your Family Information.
- To add your spouse, click **“Add Dependents”** and complete the spouse’s demographic information and click **“Save & Continue”**.



Dependent Demographic

\* First Name

Middle Initial

\* Last Name

Suffix

\* Date of Birth

\* Social Security Number

\* Gender  Male  Female

\* Relationship

\* Fields are required


- When finished with your Family Information, click the “I agree” box.
- Click “Continue”.

## Family Information

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person’s name.

**Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.**

<p><b>John Test</b></p> <p>Male Employee</p> <p>37 years old (1/1/1980)</p> <p>SSN: 895-08-0989</p> <p><a href="#">Edit &gt;</a></p>	<p><b>Sally Test</b></p> <p>Female Spouse</p> <p>37 years old (1/1/1980)</p> <p>SSN: 089-08-9079</p> <p><a href="#">Edit &gt;</a></p>	<p><b>Baby Test</b></p> <p>Female Daughter</p> <p>0 years old (5/15/2017)</p> <p><a href="#">Edit &gt;</a></p>	<p><b>Johnny Test</b></p> <p>Male Son</p> <p>2 years old (1/1/2015)</p> <p>SSN: 598-08-0808</p> <p><a href="#">Edit &gt;</a></p>
--	---	--	--



Add Dependents

**Dependent Information Notice**

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child’s spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate forms to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

I agree

1 Your Info

- Employee Information
- Family Info
- Questions

2 Your Benefits

3 Enroll

4 Complete

[Continue](#)

**NOTE: You will only see this step if you have PAK or Bundled benefits. If you do not have these benefits, continue to the next step.**

- You will be presented with the question “What PAK/Bundle of Coverage do you want?”
- Review the benefits in each PAK/Bundle and scroll to the bottom and select the PAK/Bundle of coverage you wish to enroll in and click “Continue” on the right-hand side of the screen.

\*What PAK of Coverage do you want?

**PAK A**  
 Medical – MESSA ABC Plan 1 w/10% coinsurance, ABC Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK B**  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D

**PAK C**  
 Medical – MESSA ABC Plan 2  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK D**  
 Medical – MESSA Choices \$1000/\$2000 deductible w/20% coinsurance, Saver Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision – VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

I want PAK A  
 I want PAK B  
 I want PAK C  
 I want PAK D

\* Fields are required

1 Your Info  
 Employee Information  
 Family Info  
**Questions**

2 Your Benefits

3 Enroll

4 Complete

Continue

- Click on “View Plan Options” to the right of each plan name.

## Medical

**\$35.00** ▼

Your Cost per month

---

**PLAN** MESSA ABC Plan 1 w/10% coinsurance, ABC Rx / Blue Cross Blue Shield of Michigan / [View plan details](#)

**COVERAGE** Employee + Family

Gabriel Test	Employee	✔ Cover
Paige Test	Spouse	✔ Cover
Jason Test	Son	✔ Cover

✔ Completed

View Plan Options

- Check the spouse’s name and click **“Continue”**.

Who will be covered by this plan?

Susan Test  
Employee
  Spouse Test  
Spouse
  Child Test  
Daughter
  Mark Tester  
Legal Guardianship
 [+ Add Dependents](#)

[← Back to Benefits](#)
[Continue](#)

- Select the benefit plan by clicking **“Select”** or **“Keep Selection”**.

**CURRENT PLAN**

MESSA ABC Plan 1 w/10% coinsurance, ABC Rx

Blue Cross Blue Shield of Michigan  High Deductible

Selected

[View plan details](#)  
[Plan Brochure](#)

Your Cost per month:  
\$25.00

Tier: Employee + Dependent

[Keep Selection](#)

- When finished going through every benefit plan, click **“Continue”** on the right-hand side.

- 1 Your Info
- 2 **Your Benefits**
- 3 Enroll
- 4 Complete

Your Cost per month **\$50.00**

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

- You will be required to designate at least one primary beneficiary information when you have life insurance.
- Dependents will automatically appear for you to designate, however you may also **“Add New Beneficiary”** if you’d like to designate someone other than a dependent.
- Primary beneficiaries are required, secondary (contingent) beneficiaries are not required.
- Percentage total must equal 100%.
- When finished click **“Continue.”**

**Please verify your beneficiary information is complete and accurate before proceeding.**  
 "Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any due benefits after the death of an employee/retiree. "Secondary beneficiary" represents the person or persons named to receive benefits if the primary beneficiary is deceased.

---

### Basic Term Life

Please choose your beneficiaries

**Primary Beneficiaries (required)**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Test (Spouse)	<input type="text" value="100"/> %
Johnny Test (Son)	<input type="text"/> %

**Total: 100%**

[+ Add New Beneficiary](#)

[v Add Secondary Beneficiaries \(optional\)](#)  
 Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

1 Your Info

2 Your Benefits

3 Enroll

4 Complete

Your Cost per month \$50.00

[Continue](#)

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click **“Yes”** next to **“Current or Prior Coverages”** and enter the following information.
- Once you have entered the information, click **“Save.”**

**Medical**

**John Test (Employee)**

Other Medical Insurance Coverage:

Current or Prior Coverages  Yes  No

Other Insurance  ▼

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone

Insurance Carrier's Name

Insurance Carrier's Phone

Coverage Start Date

Coverage End Date

State/Country of Coverage  ▼

Coverage Level  ▼

Additional Info

**Save**

- If you do not have other medical coverage, keep **“Current or Prior Coverages”** as **“No”** and click **“Continue”**.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month **\$50.00**

**Continue**

- Now that you have elected all your benefits, please review your elections and scroll to the bottom of the page.

## Review and Confirm

**! Please Review All of Your Selections**

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

Your Total Cost \$0.00  
Per Month

**Medical** Your cost per month **\$0.00**

**! This benefit election is pending until approved by your Benefits Administrator**

MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan COST DETAILS PER MONTH

Who will be covered on this plan:

Name	Relationship	Coverage <span style="font-size: 0.8em;"> ⓘ</span>
Test User	Employee	<span style="color: green;">✔</span> Cover
Spouse User	Spouse	<span style="color: green;">✔</span> Cover

Your Cost \$0.00

- 1 Your Info
- 2 Your Benefits
- 3 **Enroll**
- Beneficiaries
- Other Coverages
- Review and Confirm
- 4 Complete

Complete Enrollment

- Review the "Participation" statement and check the **"I agree, and I'm finished with my enrollment"** box.
- In the upper right side of the screen click **"Complete Enrollment."**

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

**I agree, and I'm finished with my enrollment**

- 1 Your Info
- 2 Your Benefits
- 3 **Enroll**
- Beneficiaries
- Other Coverages
- Review and Confirm
- 4 Complete

Complete Enrollment

- A Confirmation Statement is presented and you may view, email or print the statement for your records.

**✔ Your enrollment is complete!**

You may make changes to your elections until: **September 1, 2017**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

**Your Confirmation Statement is ready**

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

**VIEW**

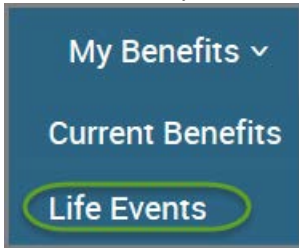
**EMAIL**

**PRINT**

**REMINDER: All benefit elections must be accepted by your Benefits Administrator.**


## Removing a Spouse

- Hover your cursor over the **“My Benefits”** tab at the top of the screen and choose **“Life Events.”**



- Select **“Other life events...”**

Life Events


 Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... 

- Select **“Family Status Change - Other.”**


Life Event

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... 

Divorce

Legal Guardianship

Child Becomes Eligible

Child No Longer Eligible

Spouse Death

Child Death

Family Status Change - Other

- Enter the effective date (enter the last day of the month in which coverage is ending).

STEP 2 Enter your life event information

Family Status Change - Other [Change life event](#)

When did your life event take place?

Enter a date:

- Check the **“I verify that all of the above Life Event information is correct.”** box.
- Click **“Save and Start Life Event Enrollment.”**

STEP 3 Confirm your information

Family Status Change - Other [Change life event](#)


Life Event: **Family Status Change - Other**  
Date of Event: **11/01/2016**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

[Save and Start Life Event Enrollment](#)

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **“OK.”**

 In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

- Review your Employee (personal) Information and make any necessary updates.
- When finished with your Employee Information, click the “I agree” box.
- Click “Continue”.

## Employee Information

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

### Demographics

\* First Name

Middle Initial

\* Last Name

Suffix

Social Security Number

\* Date of Birth

\* Gender  Male  Female

\* Fields are required

### Address

Address 1

Address 2

City

State

Zip

Home Phone

Cell Phone

Home Email

### WORK CONTACT INFORMATION

Work Phone

Work Phone Ext.

\* Work Email

Preferred Email  Home Email  Work Email

\* Fields are required

By checking the box “I Agree” below, you agree that the information above is accurate to the best of your knowledge.

I agree

1 Your Info

Employee Information

Family Info

Questions

2 Your Benefits

3 Enroll

4 Complete

[Continue](#)


- Review/add/edit your Family Information.
- When finished with your Family Information, click the “I agree” box.
- Click “Continue”.

**Family Information**

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person’s name.

**Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.**

<p><b>John Test</b></p> <p>Male Employee</p> <p>37 years old (1/1/1980)</p> <p>SSN: 895-08-0989</p> <p style="text-align: right;"><a href="#">Edit &gt;</a></p>	<p><b>Sally Test</b></p> <p>Female Spouse</p> <p>37 years old (1/1/1980)</p> <p>SSN: 089-08-9079</p> <p style="text-align: right;"><a href="#">Edit &gt;</a></p>	<p><b>Baby Test</b></p> <p>Female Daughter</p> <p>0 years old (6/15/2017)</p> <p style="text-align: right;"><a href="#">Edit &gt;</a></p>	<p><b>Johnny Test</b></p> <p>Male Son</p> <p>2 years old (1/1/2015)</p> <p>SSN: 598-08-0808</p> <p style="text-align: right;"><a href="#">Edit &gt;</a></p>
---	--	---	---



[Add Dependents](#)

**Dependent Information Notice**

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child’s spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

I agree

- 1 Your Info
  - Employee Information
  - Family Info**
  - Questions
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Continue

**NOTE: You will only see this step if you have PAK or Bundled benefits. If you do not have these benefits, continue to the next step.**

- You will be presented with the question “What PAK/Bundle of Coverage do you want?”
- Review the benefits in each PAK/Bundle and scroll to the bottom and select the PAK/Bundle of coverage you wish to enroll in and click “Continue” on the right-hand side of the screen.

\*What PAK of Coverage do you want?

**PAK A**  
 Medical – MESSA ABC Plan 1 w/10% coinsurance, ABC Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK B**  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D

**PAK C**  
 Medical – MESSA ABC Plan 2  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK D**  
 Medical – MESSA Choices \$1000/\$2000 deductible w/20% coinsurance, Saver Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision – VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

I want PAK A  
 I want PAK B  
 I want PAK C  
 I want PAK D

\* Fields are required

1 Your Info

Employee Information

Family Info

**Questions**

2 Your Benefits

3 Enroll

4 Complete

Continue

- Click on “View Plan Options” to the right of each plan name.

## Medical

**\$35.00** ▼

Your Cost per month

---

**PLAN** MESSA ABC Plan 1 w/10% coinsurance, ABC Rx / Blue Cross Blue Shield of Michigan / [View plan details](#)

**COVERAGE** Employee + Family

Gabriel Test	Employee	✔ Cover
Paige Test	Spouse	✔ Cover
Jason Test	Son	✔ Cover

✔ Completed

View Plan Options

- Uncheck the spouse's name and click **"Continue"**.

Who will be covered by this plan?

Susan Test Employee     Spouse Test Spouse     Child Test Daughter    [+ Add Dependents](#)

[← Back to Benefits](#)    [Continue](#)

- Select the benefit plan by clicking **"Select"** or **"Keep Selection"**.

**CURRENT PLAN**

MESSA ABC Plan 1 w/10% coinsurance, ABC Rx

Blue Cross Blue Shield of Michigan High Deductible

Selected

[View plan details](#)  
[Plan Brochure](#)

Your Cost per month: \$25.00   
Tier: Employee + Dependent

[Keep Selection](#)

- When finished going through every benefit plan, click **"Continue"** on the right-hand side.

1 Your Info  
2 **Your Benefits**  
3 Enroll  
4 Complete

Your Cost per month: **\$50.00**

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

- You will be required to designate at least one primary beneficiary information when you have life insurance.
- Dependents will automatically appear for you to designate, however you may also **“Add New Beneficiary”** if you’d like to designate someone other than a dependent.
- Primary beneficiaries are required, secondary (contingent) beneficiaries are not required.
- Percentage total must equal 100%.
- When finished click **“Continue.”**

**Please verify your beneficiary information is complete and accurate before proceeding.**  
 "Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any due benefits after the death of an employee/retiree. "Secondary beneficiary" represents the person or persons named to receive benefits if the primary beneficiary is deceased.

---

### Basic Term Life

Please choose your beneficiaries

**Primary Beneficiaries (required)**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Test (Spouse)	<input type="text" value="100"/> %
Johnny Test (Son)	<input type="text"/> %

**Total: 100%**

[+ Add New Beneficiary](#)

[v Add Secondary Beneficiaries \(optional\)](#)  
 Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- Beneficiaries
- Other Coverages
- Review and Confirm
- 4 Complete

Your Cost per month **\$50.00**

[Continue](#)

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click **“Yes”** next to **“Current or Prior Coverages”** and enter the following information.
- Once you have entered the information, click **“Save.”**

## Medical

### John Test (Employee)

Other Medical Insurance Coverage:

Current or Prior Coverages  Yes  No

Other Insurance

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone

Insurance Carrier's Name

Insurance Carrier's Phone

Coverage Start Date

Coverage End Date

State/Country of Coverage

Coverage Level

Additional Info

**Save**

- If you do not have other medical coverage, keep **“Current or Prior Coverages”** as **“No”** and click **“Continue”**.

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
  - Beneficiaries
  - Other Coverages**
  - Review and Confirm
- 4 Complete

Your Cost per month **\$50.00**

**Continue**

- Now that you have elected all your benefits, please review your elections and scroll to the bottom of the page.

## Review and Confirm

### Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

Your Total Cost \$0.00  
Per Month

### Medical

Your cost per month \$0.00

⚠ This benefit election is pending until approved by your Benefits Administrator

MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan

COST DETAILS PER MONTH

Your Cost \$0.00

Who will be covered on this plan:		
Name	Relationship	Coverage <span style="font-size: 0.7em;">ⓘ</span>
Test User	Employee	✔ Cover
Spouse User	Spouse	✔ Cover

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
  - Beneficiaries
  - Other Coverages
  - Review and Confirm
- 4 Complete

Complete Enrollment

- Review the "Participation" statement and check the "I agree, and I'm finished with my enrollment" box.
- In the upper right side of the screen click "Complete Enrollment."

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

I agree, and I'm finished with my enrollment

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
  - Beneficiaries
  - Other Coverages
  - Review and Confirm
- 4 Complete

Complete Enrollment

- A Confirmation Statement is presented and you may view, email or print the statement for your records.

✔

## Your enrollment is complete!

You may make changes to your elections until: **September 1, 2017**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

**Your Confirmation Statement is ready**

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

VIEW

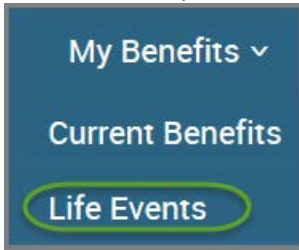
EMAIL

PRINT

**REMINDER: All benefit elections must be accepted by your Benefits Administrator.**


## Adding Medical

- Hover your cursor over the **“My Benefits”** tab at the top of the screen and choose **“Life Events.”**



- Select **“Other life events...”**

Life Events


 Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... 

- Select **“Family Status Change - Other.”**


Life Event

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... 

Divorce

Legal Guardianship

Child Becomes Eligible

Child No Longer Eligible

Spouse Death

Child Death

Family Status Change - Other

- Enter the effective date (first of the month).

STEP 2 Enter your life event information

Family Status Change - Other [Change life event](#)

When did your life event take place?

Enter a date:

- Check the **“I verify that all of the above Life Event information is correct.”** box.
- Click **“Save and Start Life Event Enrollment.”**

STEP 3 Confirm your information

---

Family Status Change - Other [Change life event](#)

---


Life Event: **Family Status Change - Other**  
Date of Event: **11/01/2016**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

**Save and Start Life Event Enrollment**

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **“OK.”**

 In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

- Review your Employee (personal) Information and make any necessary updates.
- When finished with your Employee Information, click the “I agree” box.
- Click “Continue”.

## Employee Information

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

### Demographics

\* First Name

Middle Initial

\* Last Name

Suffix

Social Security Number **444-77-4444**

\* Date of Birth

\* Gender  Male  Female

\* Fields are required

### Address

Address 1

Address 2

City

State  ▼

Zip  ✓

Home Phone

Cell Phone

Home Email

### WORK CONTACT INFORMATION

Work Phone

Work Phone Ext.

\* Work Email

Preferred Email  Home Email  Work Email

\* Fields are required

By checking the box "I Agree" below, you agree that the information above is accurate to the best of your knowledge.

I agree

1 Your Info

Employee Information

Family Info

Questions

2 Your Benefits

3 Enroll

4 Complete

Continue

- Review/add/edit your Family Information.
- When finished with your Family Information, click the “I agree” box.
- Click “Continue”.

**Family Information**

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person’s name.

**Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.**

**John Test**

Male Employee  
37 years old (1/1/1980)  
SSN: 895-08-0989

[Edit >](#)

**Sally Test**

Female Spouse  
37 years old (1/1/1980)  
SSN: 089-08-9079

[Edit >](#)

**Baby Test**

Female Daughter  
0 years old (5/15/2017)

[Edit >](#)

**Johnny Test**

Male Son  
2 years old (1/1/2015)  
SSN: 598-08-0808

[Edit >](#)

1 Your Info


- Employee Information
- Family Info
- Questions

2 Your Benefits

3 Enroll

4 Complete

Continue



[Add Dependents](#)

**Dependent Information Notice**

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child’s spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

I agree

**NOTE: You will only see this step if you have PAK or Bundled benefits. If you do not have these benefits, continue to the next step.**

- You will be presented with the question “What PAK/Bundle of Coverage do you want?”
- Review the benefits in each PAK/Bundle that have medical and scroll to the bottom and select the PAK/Bundle of coverage you wish to enroll in and click “Continue” on the right-hand side of the screen.

\*What PAK of Coverage do you want?

**PAK A**  
 Medical – MESSA ABC Plan 1 w/10% coinsurance, ABC Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK B**  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D

**PAK C**  
 Medical – MESSA ABC Plan 2  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK D**  
 Medical – MESSA Choices \$1000/\$2000 deductible w/20% coinsurance, Saver Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision – VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

I want PAK A  
 I want PAK B  
 I want PAK C  
 I want PAK D

\* Fields are required

1 Your Info  
 Employee Information  
 Family Info  
**Questions**

2 Your Benefits

3 Enroll

4 Complete

**Continue**

- Click on “View Plan Options” to the right of the medical plan name.

## Medical

\$0.00 ▼

Your Cost per month

---

PLAN **Waive Medical Coverage / WAIVE MEDICAL**

COVERAGE

Daniel Test	Employee	✔ Cover
Susan Test	Spouse	✘ No Coverage
John Test	Son	✘ No Coverage

\* Selection Required

Keep My Selection

**View Plan Options**

- To cover a dependent, check the box next to their name.
- To remove a dependent, uncheck the box next to their name.
- Click **“Continue”**.

Who will be covered by this plan?

Gabriel Test Employee
  Paige Test Spouse
  Jason Test Son
 [+ Add Dependents](#)

[← Back to Benefits](#)
[Continue](#)

- Select the medical plan by clicking **“Select”**.

MESSA ABC Plan 1  
Blue Cross Blue Shield of Michigan

[View plan details](#)  
[Plan Brochure](#)

Your Cost per month: **\$50.00**

Tier: Employee + Family

[Select](#)

- When finished going through every benefit plan, click **“Continue”** on the right-hand side.

1 Your Info  
 2 **Your Benefits**  
 3 Enroll  
 4 Complete

Your Cost per month **\$50.00**

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

- You will be required to designate at least one primary beneficiary information when you have life insurance.
- Dependents will automatically appear for you to designate, however you may also **“Add New Beneficiary”** if you’d like to designate someone other than a dependent.
- Primary beneficiaries are required, secondary (contingent) beneficiaries are not required.
- Percentage total must equal 100%.
- When finished click **“Continue.”**

**Please verify your beneficiary information is complete and accurate before proceeding.**  
 "Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any due benefits after the death of an employee/retiree. "Secondary beneficiary" represents the person or persons named to receive benefits if the primary beneficiary is deceased.

---

### Basic Term Life

Please choose your beneficiaries

**Primary Beneficiaries (required)**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Test (Spouse)	<input type="text" value="100"/> %
Johnny Test (Son)	<input type="text"/> %

**Total: 100%**

[+ Add New Beneficiary](#)

[v Add Secondary Beneficiaries](#) (optional)  
 Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

1 Your Info

2 Your Benefits

3 Enroll

4 Complete

Your Cost per month \$50.00

**Continue**

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click **“Yes”** next to “Current or Prior Coverages” and enter the following information.
- Once you have entered the information, click **“Save.”**

**Medical**

**John Test (Employee)**

Other Medical Insurance Coverage:

Current or Prior Coverages  Yes  No

Other Insurance  ▾

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone

Insurance Carrier's Name

Insurance Carrier's Phone

Coverage Start Date

Coverage End Date

State/Country of Coverage  ▾

Coverage Level  ▾

Additional Info

**Save**

- If you do not have other medical coverage, keep “Current or Prior Coverages” as **“No”** and click **“Continue”**.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

**Other Coverages**

Review and Confirm

4 Complete

Your Cost per month **\$50.00**

**Continue**

- Now that you have elected all your benefits, please review your elections and scroll to the bottom of the page.

**Review and Confirm**

**Please Review All of Your Selections**

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

**Your Total Cost** **\$0.00**  
Per Month

♥
**Medical**
Your cost per month **\$0.00**

**This benefit election is pending until approved by your Benefits Administrator**

**MESSA ABC Plan 1** Blue Cross Blue Shield of Michigan

COST DETAILS PER MONTH

Who will be covered on this plan:			Your Cost
Name	Relationship	Coverage <span style="font-size: 8px;">?</span>	\$0.00
Test User	Employee	✔ Cover	
Spouse User	Spouse	✔ Cover	

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
  - Beneficiaries
  - Other Coverages
  - Review and Confirm
- 4 Complete

Complete Enrollment

- Review the "Participation" statement and check the "I agree, and I'm finished with my enrollment" box.
- In the upper right side of the screen click "Complete Enrollment."

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

**I agree, and I'm finished with my enrollment**

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
  - Beneficiaries
  - Other Coverages
  - Review and Confirm
- 4 Complete

Complete Enrollment

- A Confirmation Statement is presented and you may view, email or print the statement for your records.

✔

## Your enrollment is complete!

You may make changes to your elections until: **September 1, 2017**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

**VIEW**

**EMAIL**

**PRINT**

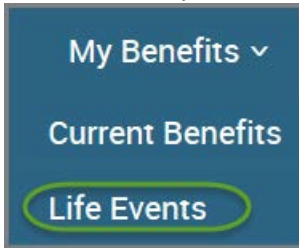
**REMINDER: All benefit elections must be accepted by your Benefits Administrator.**

112

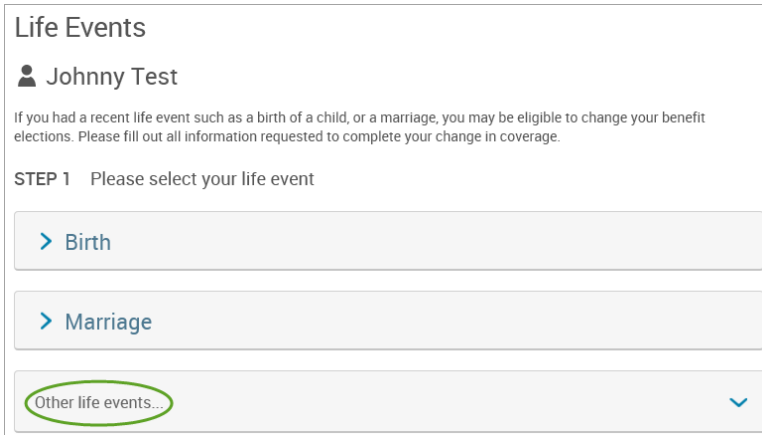
Revised 08/25/2017

## Removing Medical

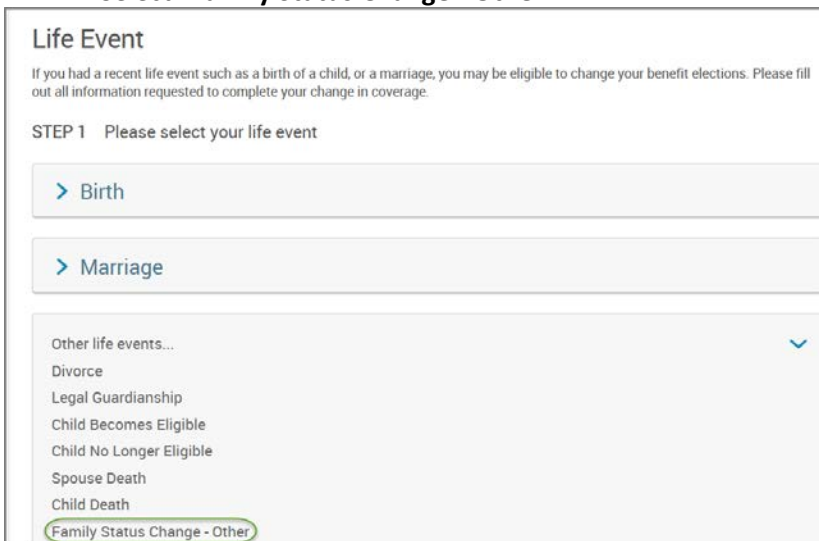
- Hover your cursor over the **“My Benefits”** tab at the top of the screen and choose **“Life Events.”**



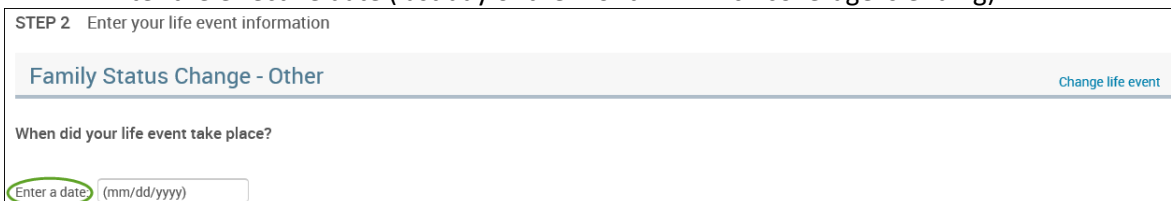
- Select **“Other life events...”**

A white rectangular form titled "Life Events" for "Johnny Test". It contains instructions about life events and a "STEP 1" section with three buttons: "> Birth", "> Marriage", and "Other life events..." (circled in green). A small blue downward arrow is on the right of the "Other life events..." button.

- Select **“Family Status Change - Other.”**

A white rectangular form titled "Life Event" for "Johnny Test". It contains instructions and a "STEP 1" section with three buttons: "> Birth", "> Marriage", and "Other life events..." (circled in green). A dropdown menu is open below the "Other life events..." button, listing: "Divorce", "Legal Guardianship", "Child Becomes Eligible", "Child No Longer Eligible", "Spouse Death", "Child Death", and "Family Status Change - Other" (circled in green). A small blue downward arrow is on the right of the dropdown.

- Enter the effective date (last day of the month in which coverage is ending).

A white rectangular form titled "STEP 2 Enter your life event information". It shows "Family Status Change - Other" selected, with a "Change life event" link on the right. Below is the question "When did your life event take place?" and a date input field with a green circle around the "Enter a date" placeholder and "(mm/dd/yyyy)" text.

- Check the **“I verify that all of the above Life Event information is correct.”** box.
- Click **“Save and Start Life Event Enrollment.”**

STEP 3 Confirm your information


Family Status Change - Other [Change life event](#)

Life Event: **Family Status Change - Other**  
Date of Event: 11/01/2016

I verify that all of the above Life Event information is correct.

Hide Event from Employee

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **“OK.”**

 In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

- Review your Employee (personal) Information and make any necessary updates.
- When finished with your Employee Information, click the “**I agree**” box.
- Click “**Continue**”.

## Employee Information

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

### Demographics

\* First Name

Middle Initial

\* Last Name

Suffix

Social Security Number **444-77-4444**

\* Date of Birth

\* Gender  Male  Female

\* Fields are required

### Address

Address 1

Address 2

City

State

Zip

Home Phone

Cell Phone

Home Email

### WORK CONTACT INFORMATION

Work Phone

Work Phone Ext.

\* Work Email

Preferred Email  Home Email  Work Email

\* Fields are required

By checking the box “I Agree” below, you agree that the information above is accurate to the best of your knowledge.

I agree

1 Your Info

Employee Information

Family Info

Questions

2 Your Benefits

3 Enroll

4 Complete

**Continue**


- Review/add/edit your Family Information.
- When finished with your Family Information, click the “I agree” box.
- Click “Continue”.

## Family Information

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person’s name.

**Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.**

<p><b>John Test</b></p> <p>Male Employee</p> <p>37 years old (1/1/1980)</p> <p>SSN: 895-08-0989</p> <p><a href="#">Edit &gt;</a></p>	<p><b>Sally Test</b></p> <p>Female Spouse</p> <p>37 years old (1/1/1980)</p> <p>SSN: 089-08-9079</p> <p><a href="#">Edit &gt;</a></p>	<p><b>Baby Test</b></p> <p>Female Daughter</p> <p>0 years old (6/15/2017)</p> <p><a href="#">Edit &gt;</a></p>	<p><b>Johnny Test</b></p> <p>Male Son</p> <p>2 years old (1/1/2015)</p> <p>SSN: 598-08-0808</p> <p><a href="#">Edit &gt;</a></p>
--	---	--	--



[Add Dependents](#)

**Dependent Information Notice**

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child’s spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

I agree

- 1 Your info
  - Employee Information
  - Family Info**
  - Questions
- 2 Your Benefits
- 3 Enroll
- 4 Complete

**Continue**

**NOTE: You will only see this step if you have PAK or Bundled benefits. If you do not have these benefits, continue to the next step.**

- You will be presented with the question “What PAK/Bundle of Coverage do you want?”
- Select the PAK/Bundle that does not have medical and click **“Continue”** on the right-hand side of the screen.

\*What PAK of Coverage do you want?

**PAK A**  
 Medical – MESSA ABC Plan 1 w/10% coinsurance, ABC Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK B**  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D

**PAK C**  
 Medical – MESSA ABC Plan 2  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK D**  
 Medical – MESSA Choices \$1000/\$2000 deductible w/20% coinsurance, Saver Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision – VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

I want PAK A  
 I want PAK B  
 I want PAK C  
 I want PAK D

\* Fields are required

1 Your Info

Employee Information

Family Info

**Questions**

2 Your Benefits

3 Enroll

4 Complete

**Continue**

- Click on **“I don’t want this benefit (waive)”** under the medical plan name.

## Medical

\$50.00 ▼

Your Cost per month

---

PLAN **MESSA ABC Plan 1** / Blue Cross Blue Shield of Michigan / [View plan details](#)

COVERAGE **Employee + Family**

Daniel Test	Employee	✔ Cover
Susan Test	Spouse	✔ Cover
John Test	Son	✔ Cover

✔ Completed

I don't want this benefit (waive)

View Plan Options

- When finished going through every benefit plan, click **“Continue”** on the right-hand side.

1 Your Info

2 **Your Benefits**

3 Enroll

4 Complete

Your Cost per month **\$50.00**

Finished selecting benefits? Click the button below to continue.

**Continue**

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

Save and Finish Later

- You will be required to designate at least one primary beneficiary information when you have life insurance.
- Dependents will automatically appear for you to designate, however you may also **“Add New Beneficiary”** if you’d like to designate someone other than a dependent.
- Primary beneficiaries are required, secondary (contingent) beneficiaries are not required.
- Percentage total must equal 100%.
- When finished click **“Continue.”**

Please verify your beneficiary information is complete and accurate before proceeding.  
 "Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any due benefits after the death of an employee/retiree. "Secondary beneficiary" represents the person or persons named to receive benefits if the primary beneficiary is deceased.

### Basic Term Life

Please choose your beneficiaries

**Primary Beneficiaries (required)**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Test (Spouse)	<input type="text" value="100"/> %
Johnny Test (Son)	<input type="text"/> %

**Total: 100%**

**+ Add New Beneficiary**

**∨ Add Secondary Beneficiaries (optional)**  
 Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

1 Your Info

2 **Your Benefits**

3 Enroll

**Beneficiaries**

Other Coverages

Review and Confirm

4 Complete

Your Cost per month **\$50.00**

**Continue**

- Now that you have elected all your benefits, please review your elections and scroll to the bottom of the page.

**Review and Confirm**

**Please Review All of Your Selections**

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

**Your Total Cost** \$0.00  
Per Month

**Medical**
Your cost per month **\$0.00**

This benefit election is pending until approved by your Benefits Administrator

**MESSA ABC Plan 1** Blue Cross Blue Shield of Michigan

COST DETAILS PER MONTH

Who will be covered on this plan:			Your Cost
Name	Relationship	Coverage	\$0.00
Test User	Employee	Cover	
Spouse User	Spouse	Cover	

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
  - Beneficiaries
  - Other Coverages
  - Review and Confirm
- 4 Complete

**Complete Enrollment**

- Review the "Participation" statement and check the "I agree, and I'm finished with my enrollment" box.
- In the upper right side of the screen click "Complete Enrollment."

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

**I agree, and I'm finished with my enrollment**

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
  - Beneficiaries
  - Other Coverages
  - Review and Confirm
- 4 Complete

**Complete Enrollment**

- A Confirmation Statement is presented and you may view, email or print the statement for your records.

## Your enrollment is complete!

You may make changes to your elections until: **September 1, 2017**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

VIEW

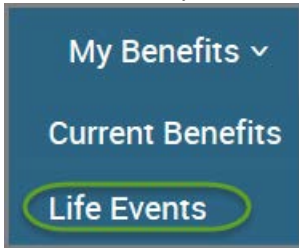
EMAIL

PRINT

**REMINDER: All benefit elections must be accepted by your Benefits Administrator.**


## Spouse Death

- Hover your cursor over the “My Benefits” tab at the top of the screen and choose “Life Events.”



- Select “Other life events...”

Life Events


 Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... 

- Select “Spouse Death.”

Life Event

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... 

- Divorce
- Legal Guardianship
- Child Becomes Eligible
- Child No Longer Eligible
- Spouse Death
- Child Death
- Family Status Change - Other

- Enter the last day of the month in which spouse died.

STEP 2 Enter your life event information

Spouse Death [Change life event](#)

When did your life event take place?

Enter a date:

- Check the box next to the spouse’s name.
- Click **“Continue.”**

Update	Name	SSN	Relationship	Date of Birth	Age	Gender	Additional Information
	Joe Test	444-55-6666	Employee	1/1/1980	36	M	
	Spouse Test	877-08-0889	Spouse	1/1/1980	36	F	Divorced
<input checked="" type="checkbox"/>	Michael Test	888-77-8822	Son	1/1/1989	27	M	

- Check the **“I verify that all of the above Life Event information is correct.”** box.
- Click **“Save and Start Life Event Enrollment.”**

STEP 3 Confirm your information


### Spouse Death [Change life event](#)

Life Event: **Spouse Death**  
 Date of Event: **08/05/2016**  
 Removed from Family: **Spouse Test**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **“OK.”**

 In order to complete your life event, you must enroll or remove dependent(s) in your benefits. Please note that you have 30 days to complete your enrollment and that you may be required to supply additional documents to support your life event.

- Review your Employee (personal) Information and make any necessary updates.
- When finished with your Employee Information, click the “I agree” box.
- Click “Continue”.

## Employee Information

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

### Demographics

\* First Name

Middle Initial

\* Last Name

Suffix

Social Security Number **444-77-4444**

\* Date of Birth

\* Gender  Male  Female

\* Fields are required

### Address

Address 1

Address 2

City

State

Zip

Home Phone

Cell Phone

Home Email

### WORK CONTACT INFORMATION

Work Phone

Work Phone Ext.

\* Work Email

Preferred Email  Home Email  Work Email

\* Fields are required

By checking the box “I Agree” below, you agree that the information above is accurate to the best of your knowledge.

I agree

- 1 Your Info
  - Employee Information
  - Family Info
  - Questions
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Continue

- Review/add/edit your Family Information.
- When finished with your Family Information, click the “I agree” box.
- Click “Continue”.

## Family Information

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person’s name.

**Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.**

**John Test**

Male Employee

37 years old (1/1/1980)

SSN: 895-08-0989

[Edit >](#)

**Sally Test**

Female Spouse

37 years old (1/1/1980)

SSN: 089-08-9079

[Edit >](#)

**Baby Test**

Female Daughter

0 years old (5/15/2017)

[Edit >](#)

**Johnny Test**

Male Son

2 years old (1/1/2015)

SSN: 598-08-0808

[Edit >](#)

+

Add Dependents

**Dependent Information Notice**

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child’s spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

I agree

- 1 **Your Info**
  - Employee Information
  - Family Info
  - Questions
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Continue

**NOTE: You will only see this step if you have PAK or Bundled benefits. If you do not have these benefits, continue to the next step.**

- You will be presented with the question “What PAK/Bundle of Coverage do you want?”
- Review the benefits in each PAK/Bundle and scroll to the bottom and select the PAK/Bundle of coverage you wish to enroll in and click “Continue” on the right-hand side of the screen.

\*What PAK of Coverage do you want?

**PAK A**  
 Medical – MESSA ABC Plan 1 w/10% coinsurance, ABC Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK B**  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D

**PAK C**  
 Medical – MESSA ABC Plan 2  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK D**  
 Medical – MESSA Choices \$1000/\$2000 deductible w/20% coinsurance, Saver Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision – VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

I want PAK A  
 I want PAK B  
 I want PAK C  
 I want PAK D

\* Fields are required

1 Your Info  
 Employee Information  
 Family Info  
**Questions**

2 Your Benefits

3 Enroll

4 Complete

Continue

- Click on “View Plan Options” to the right of each plan name.

♥

## Medical

\$35.00 ▼  
Your Cost per month

**PLAN** MESSA ABC Plan 1 w/10% coinsurance, ABC Rx / Blue Cross Blue Shield of Michigan / [View plan details](#)

**COVERAGE** Employee + Family

Gabriel Test	Employee	✔ Cover
Paige Test	Spouse	✔ Cover
Jason Test	Son	✔ Cover

✔ Completed

View Plan Options

- Uncheck the spouse's name and click **"Continue"**.

Who will be covered by this plan?

Susan Test  
Employee

Spouse Test  
Spouse

Child Test  
Daughter

[+ Add Dependents](#)

[← Back to Benefits](#) [Continue](#)

- Select the benefit plan by clicking **"Select"** or **"Keep Selection"**.

**CURRENT PLAN**

MESSA ABC Plan 1 w/10% coinsurance, ABC Rx

Blue Cross Blue Shield of Michigan  High Deductible

**Selected**

[View plan details](#)

[Plan Brochure](#)

Your Cost per month:  
**\$25.00**

Tier: Employee + Dependent

[Keep Selection](#)

- When finished going through every benefit plan, click **"Continue"** on the right-hand side.

1 Your Info

2 **Your Benefits**

3 Enroll

4 Complete

Your Cost per month **\$50.00**

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

- You will be required to designate at least one primary beneficiary information when you have life insurance.
- Dependents will automatically appear for you to designate, however you may also **“Add New Beneficiary”** if you’d like to designate someone other than a dependent.
- Primary beneficiaries are required, secondary (contingent) beneficiaries are not required.
- Percentage total must equal 100%.
- When finished click **“Continue.”**

**Please verify your beneficiary information is complete and accurate before proceeding.**  
 "Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any due benefits after the death of an employee/retiree. "Secondary beneficiary" represents the person or persons named to receive benefits if the primary beneficiary is deceased.

---

### Basic Term Life

Please choose your beneficiaries

**Primary Beneficiaries (required)**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Test (Spouse)	<input type="text" value="100"/> %
Johnny Test (Son)	<input type="text"/> %

**Total: 100%**

[+ Add New Beneficiary](#)

[v Add Secondary Beneficiaries](#) (optional)  
 Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Your Cost per month **\$50.00**

[Continue](#)

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click **“Yes”** next to **“Current or Prior Coverages”** and enter the following information.
- Once you have entered the information, click **“Save.”**

**Medical**

**John Test (Employee)**

Other Medical Insurance Coverage:

Current or Prior Coverages  Yes  No

Other Insurance

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone

Insurance Carrier's Name

Insurance Carrier's Phone

Coverage Start Date

Coverage End Date

State/Country of Coverage

Coverage Level

Additional Info

**Save**

- If you do not have other medical coverage, keep **“Current or Prior Coverages”** as **“No”** and click **“Continue”**.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month **\$50.00**

**Continue**

- Now that you have elected all your benefits, please review your elections and scroll to the bottom of the page.

## Review and Confirm

**Please Review All of Your Selections**

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

Your Total Cost **\$0.00**  
Per Month

### Medical

Your cost per month **\$0.00**

⚠ This benefit election is pending until approved by your Benefits Administrator

MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan

COST DETAILS PER MONTH

Who will be covered on this plan:

Name	Relationship	Coverage <span style="font-size: x-small;"> ⓘ</span>
Test User	Employee	<span style="color: green;">✔</span> Cover
Spouse User	Spouse	<span style="color: green;">✔</span> Cover

Your Cost **\$0.00**

1

Your Info

2

Your Benefits

3

Enroll

Beneficiaries

Other Coverages

Review and Confirm

4

Complete

Complete Enrollment

- Review the "Participation" statement and check the "I agree, and I'm finished with my enrollment" box.
- In the upper right side of the screen click "Complete Enrollment."

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

I agree, and I'm finished with my enrollment

1

Your Info

2

Your Benefits

3

Enroll

Beneficiaries

Other Coverages

Review and Confirm

4

Complete

Complete Enrollment

- A Confirmation Statement is presented and you may view, email or print the statement for your records.

✔

## Your enrollment is complete!

You may make changes to your elections until: **September 1, 2017**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

VIEW

EMAIL

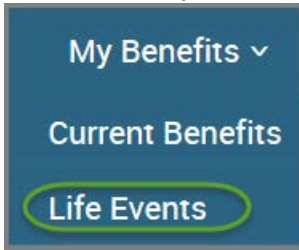
PRINT

**REMINDER: All benefit elections must be accepted by your Benefits Administrator.**

**Please contact your Benefits Administrator with the actual date of death so it can be entered into the system.**


## Child Death

- Hover your cursor over the “My Benefits” tab at the top of the screen and choose “Life Events.”



- Select “Other life events...”

Life Events


 Johnny Test

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... 

- Select “Child Death.”


Life Event

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... 

Divorce

Legal Guardianship

Child Becomes Eligible

Child No Longer Eligible

Spouse Death

Child Death

Family Status Change - Other

- Enter the last day of the month in which the child died.

STEP 2 Enter your life event information

Child Death [Change life event](#)

When did your life event take place?

Enter a date

- Check the box next to the dependent’s name.
- Click **“Continue.”**

Update	Name	SSN	Relationship	Date of Birth	Age	Gender	Additional Information
	Joe Test	444-55-6666	Employee	1/1/1980	36	M	
	Spouse Test	877-08-0889	Spouse	1/1/1980	36	F	
<input checked="" type="checkbox"/>	Michael Test	888-77-8822	Son	1/1/1989	27	M	

- Check the **“I verify that all of the above Life Event information is correct.”** box.
- Click **“Save and Start Life Event Enrollment.”**

STEP 3 Confirm your information

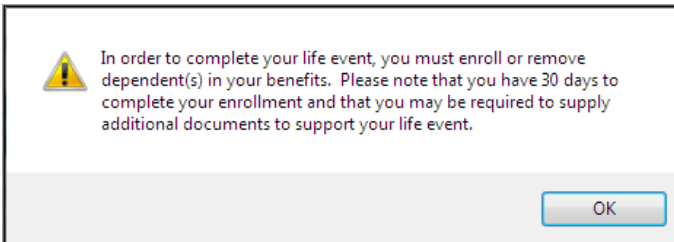
### Child Death [Change life event](#)

Life Event: **Child Death**  
 Date of Event: **08/06/2016**  
 Removed from Family: **Michael Test**

I verify that all of the above Life Event information is correct.

Hide Event from Employee

- You will receive a pop-up that informs you that in order to complete this life event, you must enroll/remove the dependent in benefits.
- Click **“OK.”**



- Review your Employee (personal) Information and make any necessary updates.
- When finished with your Employee Information, click the “I agree” box.
- Click “Continue”.

## Employee Information

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

### Demographics

\* First Name

Middle Initial

\* Last Name

Suffix

Social Security Number

\* Date of Birth

\* Gender  Male  Female

\* Fields are required

### Address

Address 1

Address 2

City

State

Zip

Home Phone

Cell Phone

Home Email

### WORK CONTACT INFORMATION

Work Phone

Work Phone Ext.

\* Work Email

Preferred Email  Home Email  Work Email

\* Fields are required

By checking the box “I Agree” below, you agree that the information above is accurate to the best of your knowledge.

I agree

1 Your Info

Employee Information

Family Info

Questions

2 Your Benefits

3 Enroll

4 Complete

Continue

- Review/add/edit your Family Information.
- When finished with your Family Information, click the “I agree” box.
- Click “Continue”.

**Family Information**

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person’s name.

**Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.**

**John Test**

Male Employee  
37 years old (1/1/1980)  
SSN: 895-08-0989

[Edit >](#)

**Sally Test**

Female Spouse  
37 years old (1/1/1980)  
SSN: 089-08-9079

[Edit >](#)

**Baby Test**

Female Daughter  
0 years old (5/15/2017)

[Edit >](#)

**Johnny Test**

Male Son  
2 years old (1/1/2015)  
SSN: 598-08-0808

[Edit >](#)

- 1 Your Info
  - Employee Information
  - Family Info
  - Questions
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Continue

+

Add Dependents

**Dependent Information Notice**

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child’s spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

I agree

**NOTE: You will only see this step if you have PAK or Bundled benefits. If you do not have these benefits, continue to the next step.**

- You will be presented with the question “What PAK/Bundle of Coverage do you want?”
- Review the benefits in each PAK/Bundle and scroll to the bottom and select the PAK/Bundle of coverage you wish to enroll in and click “Continue” on the right-hand side of the screen.

\*What PAK of Coverage do you want?

**PAK A**  
 Medical – MESSA ABC Plan 1 w/10% coinsurance, ABC Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK B**  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D

**PAK C**  
 Medical – MESSA ABC Plan 2  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision - VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

**PAK D**  
 Medical – MESSA Choices \$1000/\$2000 deductible w/20% coinsurance, Saver Rx  
 Dental - Dent 80/80/80/80:1300(1500)  
 Vision – VSP 2S  
 Negotiated LTD  
 PAK Life - \$50,000 PAK Life  
 PAK AD&D - \$50,000 PAK AD&D  
 Basic Term Life - \$5,000

I want PAK A  
 I want PAK B  
 I want PAK C  
 I want PAK D

\* Fields are required

1 Your Info  
 Employee Information  
 Family Info  
**Questions**

2 Your Benefits

3 Enroll

4 Complete

Continue

- Click on “View Plan Options” to the right of each plan name.

## Medical

**\$35.00** ▼

Your Cost per month

---

PLAN MESSA ABC Plan 1 w/10% coinsurance, ABC Rx / Blue Cross Blue Shield of Michigan / [View plan details](#)

COVERAGE Employee + Family

Gabriel Test	Employee	✓ Cover
Paige Test	Spouse	✓ Cover
Jason Test	Son	✓ Cover

✓ Completed

View Plan Options

- Uncheck the dependent's name and click **"Continue"**.

Who will be covered by this plan?

Susan Test Employee    
  Spouse Test Spouse    
  Child Test Daughter    
  Mark Tester Legal Guardianship    
 [+ Add Dependents](#)

[← Back to Benefits](#)
**Continue**

- Select the benefit plan by clicking **"Select"** or **"Keep Selection"**.

**CURRENT PLAN**

MESSA ABC Plan 1 w/10% coinsurance, ABC Rx

Blue Cross Blue Shield of Michigan  High Deductible

**Selected**

[View plan details](#)  
[Plan Brochure](#)

Your Cost per month:  
**\$25.00**   
 Tier: Employee + Dependent

**Keep Selection**

- When finished going through every benefit plan, click **"Continue"** on the right-hand side.

- 1 Your Info
- 2 **Your Benefits**
- 3 Enroll
- 4 Complete

Your Cost per month **\$50.00**

Finished selecting benefits? Click the button below to continue.

**Continue**

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

- You will be required to designate at least one primary beneficiary information when you have life insurance.
- Dependents will automatically appear for you to designate, however you may also **“Add New Beneficiary”** if you’d like to designate someone other than a dependent.
- Primary beneficiaries are required, secondary (contingent) beneficiaries are not required.
- Percentage total must equal 100%.
- When finished click **“Continue.”**

**Please verify your beneficiary information is complete and accurate before proceeding.**  
 "Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any due benefits after the death of an employee/retiree. "Secondary beneficiary" represents the person or persons named to receive benefits if the primary beneficiary is deceased.

### Basic Term Life

Please choose your beneficiaries

**Primary Beneficiaries (required)**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Test (Spouse)	<input type="text" value="100"/> %
Johnny Test (Son)	<input type="text"/> %

**Total: 100%**

[+ Add New Beneficiary](#)

[v Add Secondary Beneficiaries](#) (optional)  
 Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

1 Your Info

2 Your Benefits

3 Enroll

4 Complete

Your Cost per month \$50.00

[Continue](#)

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click **“Yes”** next to **“Current or Prior Coverages”** and enter the following information.
- Once you have entered the information, click **“Save.”**

**Medical**

**John Test (Employee)**

Other Medical Insurance Coverage:

Current or Prior Coverages  Yes  No

Other Insurance

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone

Insurance Carrier's Name

Insurance Carrier's Phone

Coverage Start Date

Coverage End Date

State/Country of Coverage

Coverage Level

Additional Info

**Save**

- If you do not have other medical coverage, keep **“Current or Prior Coverages”** as **“No”** and click **“Continue”**.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month **\$50.00**

**Continue**

- Now that you have elected all your benefits, please review your elections and scroll to the bottom of the page.

**Review and Confirm**

## Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

**Your Total Cost** **\$0.00**  
Per Month

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
  - Beneficiaries
  - Other Coverages
  - Review and Confirm
- 4 Complete

**Complete Enrollment**

♥

### Medical

Your cost per month **\$0.00**

⚠

This benefit election is pending until approved by your Benefits Administrator

**MESSA ABC Plan 1** Blue Cross Blue Shield of Michigan

COST DETAILS PER MONTH

Who will be covered on this plan:

Name	Relationship	Coverage	
Test User	Employee	✔ Cover	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> <b>Your Cost</b> <span style="float: right;"><b>\$0.00</b></span> </div>
Spouse User	Spouse	✔ Cover	

- Review the "Participation" statement and check the "I agree, and I'm finished with my enrollment" box.
- In the upper right side of the screen click "Complete Enrollment."

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

✔ I agree, and I'm finished with my enrollment

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
  - Beneficiaries
  - Other Coverages
  - Review and Confirm
- 4 Complete

**Complete Enrollment**

- A Confirmation Statement is presented and you may view, email or print the statement for your records.

✔

## Your enrollment is complete!

You may make changes to your elections until: **September 1, 2017**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

**Your Confirmation Statement is ready**

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

📄
VIEW

✉
EMAIL

🖨
PRINT

**REMINDER: All benefit elections must be accepted by your Benefits Administrator.**

**Please contact your Benefits Administrator with the actual date of death so it can be entered into the system.**

## ELECTING BENEFITS

If you need to make changes to your benefits due to a qualifying event that is past the eligibility period of 31 days, contact your Benefits Administrator. If your Benefits Administrator approves the qualifying event, they will create a Special Enrollment Event for you.

Once the Event is created by the Benefits Administrator, follow the steps below:

- An enrollment window will display on the home page with the date the enrollment ends.
- Click **“Start Your Enrollment.”**

# Welcome to your Special Enrollment!

Enrollment Deadline **7/29/2017**

Your Status **Not Started**

**Start Your Enrollment**

- Review your demographic information and make any necessary changes.
- Click **“I agree”** and **“Continue.”**

## Employee Information

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

### Demographics

\* First Name

Middle Initial

\* Last Name

Suffix

Social Security Number

\* Date of Birth

\* Gender  Male  Female

\* Fields are required

1 Your Info

- Employee Info
- Family Info
- Questions

2 Your Benefits

3 Enroll

4 Complete

**Continue**

\* Gender  Male  Female

\* Fields are required

### Address

Address 1

Address 2

City

State

Zip

\* Home Phone

Cell Phone

Home Email

### WORK CONTACT INFORMATION

Work Phone

Work Phone Ext.

\* Work Email

Preferred Email  Home Email  Work Email

\* Fields are required

By checking the box "I Agree" below, you agree that the information above is accurate to the best of your knowledge.

I agree

1 Your Info

Employee Info

Family Info

Questions

2 Your Benefits

3 Enroll

4 Complete

**Continue**

- Review your family information – make any necessary changes.
  - If the qualifying event includes adding a spouse and/or dependent, click **"Add Dependents"**.
  - Enter the required information for the spouse/dependent.
  - Click **"Save & Continue"**.

### Dependent Demographic

\* First Name

Middle Initial

\* Last Name

Suffix

\* Date of Birth

\* Social Security Number

\* Gender  Male  Female

\* Relationship

\* Fields are required

- Read the “**Dependent Information Notice**” and click “**I agree.**”
- Click “**Continue.**”

**Family Information**

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person’s name.

**Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4157.**

**Mel Tester**

Female Employee

36 years old (1/11/1980)

SSN: 888-77-5286

[Edit >](#)


**Markese Tester**

Male Son

27 years old (6/6/1989)

SSN: 888-55-7700

[Edit >](#)



[Add Dependents](#)

**Dependent Information Notice**

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child’s spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

I agree

1

Your Info

- Employee Info
- Family Info**
- Questions

2

Your Benefits

3

Enroll

4

Complete

Continue

**Note: You will only see this step if you have PAK or Bundled benefits. If you do not have these benefits, continue to the next step.**

- You will be presented with the question “What PAK/Bundle of Coverage do you want?”
- Review the benefits in each PAK/Bundle and scroll to the bottom and select the PAK/Bundle of coverage you wish to enroll in and click “Continue” on the right-hand side of the screen.

**Questions**

\*What PAK of Coverage do you want?

**PAK A**  
Medical – MESSA Choices \$200/\$400  
Dental - Dent 80/60/60/60A:1300/1000:2  
Vision - VSP 2  
Negotiated LTD  
PAK Life - \$20,000 PAK Life  
PAK AD&D - \$20,000 PAK AD&D  
Basic Term Life - \$5,000

**PAK B**  
Dental - Dent 80/80/80/80:1300/1000:2  
Vision - VSP 3  
Negotiated LTD  
PAK Life - \$30,000 PAK Life  
PAK AD&D - \$30,000 PAK AD&D

**PAK C**  
Medical – MESSA ABC Plan 1  
Dental - Dent 80/80/80/80:1300/1000:2  
Vision - VSP 2  
Negotiated LTD  
PAK Life - \$20,000 PAK Life  
PAK AD&D - \$20,000 PAK AD&D  
Basic Term Life - \$5,000

I want Pak A.  
 I want Pak B.  
 I want Pak C.

\* Fields are required

1 Your Info  
Employee Info  
Family Info  
**Questions**  
2 Your Benefits  
3 Enroll  
4 Complete

**Continue**

- Click on “View Plan Options” to the right of each plan name.

 **Medical** NO PLAN SELECTED

**View Plan Options**

- To cover a dependent, check the box next to their name.
- To remove a dependent, uncheck the box next to their name.
- Click **“Continue”**.

Who will be covered by this plan?

Gabriel Test Employee
  Paige Test Spouse
  Jason Test Son
 [+ Add Dependents](#)

[Back to Benefits](#)
[Continue](#)

- Select the benefit plan by clicking **“Select”** or **“Keep Selection”**.

**CURRENT PLAN**

MESSA ABC Plan 1 w/10% coinsurance, ABC Rx

Blue Cross Blue Shield of Michigan High Deductible

Selected

[View plan details](#)  
[Plan Brochure](#)

Your Cost per month: \$25.00

Tier: Employee + Dependent

[Keep Selection](#)

- If you wish to waive (remove) a benefit plan, click **“I don’t want this benefit (waive).”**

**Medical** \$50.00   
Your Cost per month

PLAN MESSA ABC Plan 1 / Blue Cross Blue Shield of Michigan / [View plan details](#)

COVERAGE Employee + Family

Daniel Test	Employee	<input checked="" type="checkbox"/> Cover
Susan Test	Spouse	<input checked="" type="checkbox"/> Cover
John Test	Son	<input checked="" type="checkbox"/> Cover

Completed

[I don't want this benefit \(waive\)](#)
[View Plan Options](#)

- When finished going through every benefit plan, click **“Continue”** on the right-hand side.

- 1 Your Info
- 2 **Your Benefits**
- 3 Enroll
- 4 Complete

Your Cost per month **\$50.00**

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

- You will be required to designate at least one primary beneficiary information when you have life insurance.
- Dependents will automatically appear for you to designate, however you may also **“Add New Beneficiary”** if you’d like to designate someone other than a dependent.
- Primary beneficiaries are required, secondary (contingent) beneficiaries are not required.
- Percentage total must equal 100%.
- When finished click **“Continue.”**

**Please verify your beneficiary information is complete and accurate before proceeding.**  
 "Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any due benefits after the death of an employee/retiree. "Secondary beneficiary" represents the person or persons named to receive benefits if the primary beneficiary is deceased.

### Basic Term Life

Please choose your beneficiaries

**Primary Beneficiaries (required)**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Test (Spouse)	<input type="text" value="100"/> %
Johnny Test (Son)	<input type="text"/> %

**Total: 100%**

[➕ Add New Beneficiary](#)

[▼ Add Secondary Beneficiaries \(optional\)](#)  
 Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month \$50.00

Continue

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click **“Yes”** next to **“Current or Prior Coverages”** and enter the following information.
- Once you have entered the information, click **“Save.”**

**Medical**

**John Test (Employee)**

Other Medical Insurance Coverage:

Current or Prior Coverages  Yes  No

Other Insurance

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone

Insurance Carrier's Name

Insurance Carrier's Phone

Coverage Start Date

Coverage End Date

State/Country of Coverage

Coverage Level

Additional Info

**Save**

- If you do not have other medical coverage, keep **“Current or Prior Coverages”** as **“No”** and click **“Continue”**.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month **\$50.00**

**Continue**

- Now that you have elected all your benefits, please review your elections and scroll to the bottom of the page.

**Review and Confirm**

**Please Review All of Your Selections**

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

Your Total Cost
**\$0.00**  
Per Month

**Medical**
Your cost per month **\$0.00**

This benefit election is pending until approved by your Benefits Administrator

MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan

COST DETAILS PER MONTH

Who will be covered on this plan:			Your Cost
Name	Relationship	Coverage	\$0.00
Test User	Employee	✔ Cover	
Spouse User	Spouse	✔ Cover	

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
  - Beneficiaries
  - Other Coverages
  - Review and Confirm
- 4 Complete

**Complete Enrollment**

- Review the "Participation" statement and check the "I agree, and I'm finished with my enrollment" box.
- In the upper right side of the screen click "Complete Enrollment."

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

I agree, and I'm finished with my enrollment

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
  - Beneficiaries
  - Other Coverages
  - Review and Confirm
- 4 Complete

**Complete Enrollment**

- A Confirmation Statement is presented and you may view, email or print the statement for your records.

**Your enrollment is complete!**

You may make changes to your elections until: **September 1, 2017**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

**Your Confirmation Statement is ready**

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

VIEW

EMAIL

PRINT

**REMINDER: All benefit elections must be accepted by your Benefits Administrator.**

145

Revised 08/25/2017

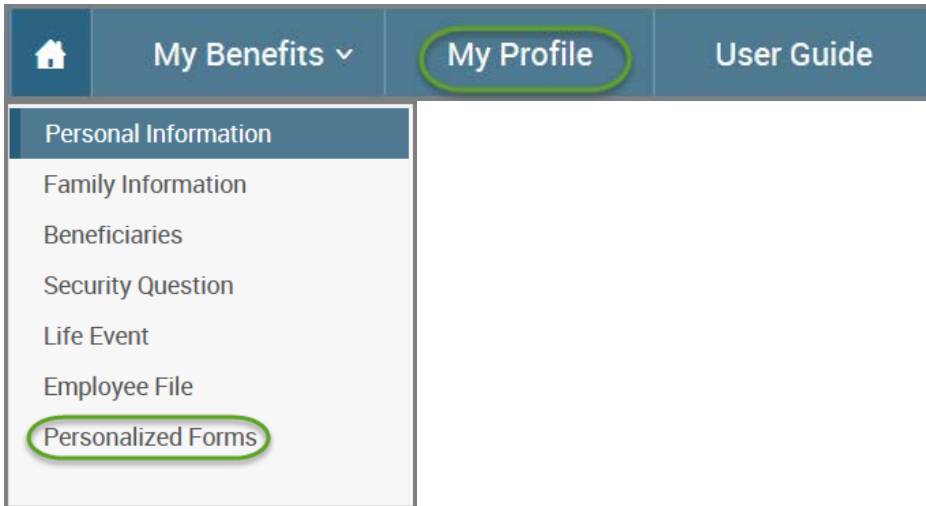
## CANCELLING MESSA BENEFITS

If you would like to cancel all MESSA benefits, please see your benefits administrator.

## CONFIRMATION STATEMENTS

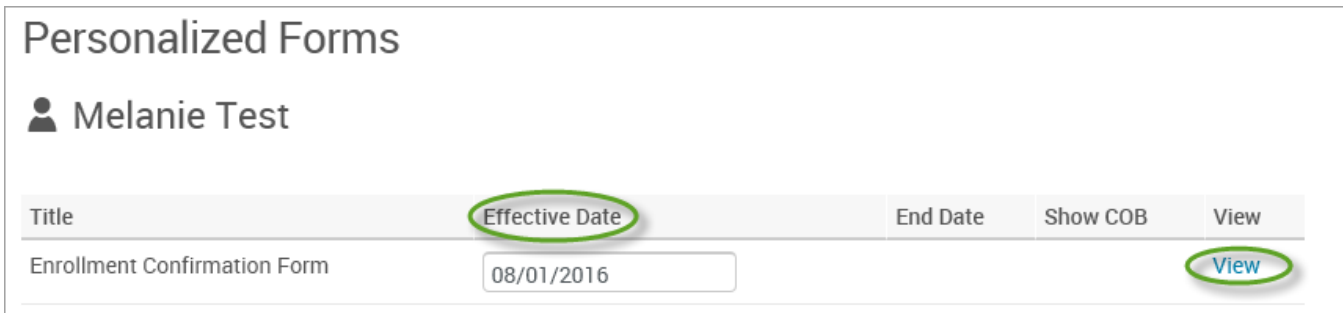
You have the ability to view/print a confirmation statement for any given effective date at any time.

- Click on **“My Profile”** to see your demographic (personal) information.
- Select **“Personalized Forms.”**



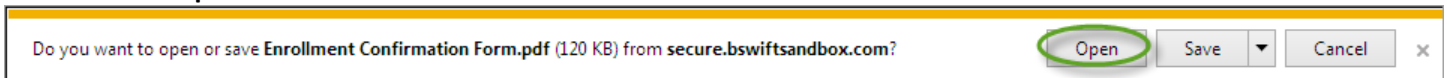
The screenshot shows a navigation bar with four items: a home icon, "My Benefits" with a dropdown arrow, "My Profile" (circled in green), and "User Guide". Below the navigation bar is a dropdown menu with the following items: "Personal Information", "Family Information", "Beneficiaries", "Security Question", "Life Event", "Employee File", and "Personalized Forms" (circled in green).

- Enter the effective date of the confirmation statement you are requesting.
- Click **“View.”**



The screenshot shows the "Personalized Forms" page for user "Melanie Test". It features a table with the following columns: "Title", "Effective Date" (circled in green), "End Date", "Show COB", and "View". The table contains one row: "Enrollment Confirmation Form" with an "Effective Date" of "08/01/2016" and a "View" button (circled in green).

- You will get a pop-up that asks you if you want to open or save the confirmation statement.
- Click **“Open.”**



The screenshot shows a file download pop-up dialog with the text: "Do you want to open or save Enrollment Confirmation Form.pdf (120 KB) from secure.bswiftsandbox.com?". The "Open" button is circled in green.

- Your confirmation statement will open for you to view and/or print.



## New Elections, Confirmation Statement for Melanie Test

We are pleased to provide you with this personalized summary of your benefit enrollment elections and payroll deductions. For more information about your benefits, please log into [www.messa.org](http://www.messa.org) and click on My Benefits. If you have any questions, call MESSA at 800.336.0013.

### Your Benefits as of 8/1/2016

#### TOTAL COSTS PER MONTH

Your Cost **\$0.00**

#### Medical

Your cost per month **\$0.00**

##### MESSA Choices \$200/\$400

Coverage: **Employee + Family**

#### Cost Details Per Month

Your Cost **\$0.00**

#### Who will be covered on this plan:

Name	Relationship	Coverage ⓘ
Melanie Test	Employee	✔ Covered
Spouse Test	Spouse	✘ Waived
Baby Test	Daughter	✘ NOT COVERED

#### Vision

Your cost per month **\$0.00**

##### VSP 2

Coverage: **Employee + Dependent**

#### Cost Details Per Month

Your Cost **\$0.00**

#### Who will be covered on this plan:

Name	Relationship	Coverage ⓘ
Melanie Test	Employee	✔ Covered
Spouse Test	Spouse	✔ Covered
Baby Test	Daughter	✘ NOT COVERED

#### Basic Term Life

Your cost per month **\$0.00**

##### Basic Term Life with Medical

Coverage: **\$5,000.00**

#### Cost Details Per Month

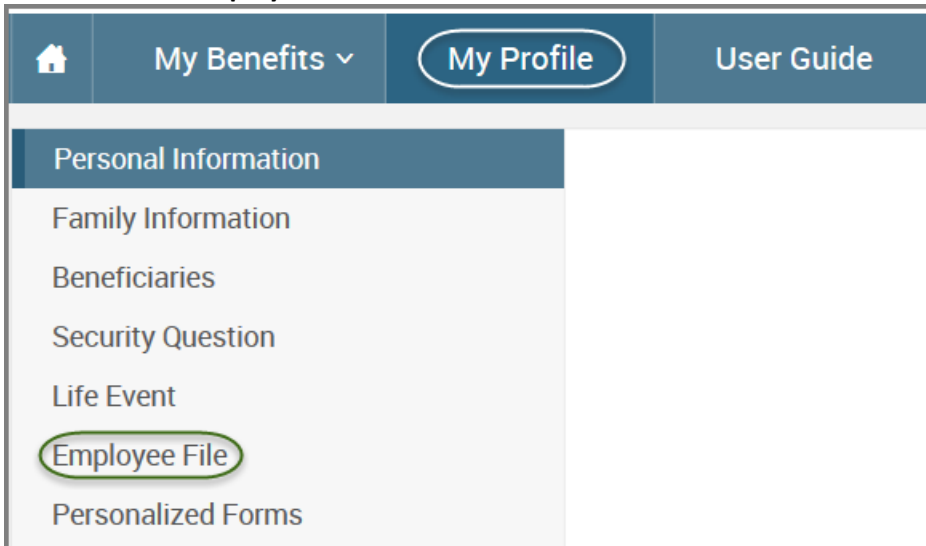
Your Cost **\$0.00**

## EMPLOYEE FILE DOCUMENTS

You have the ability to upload documents to MESSA's online benefits website (birth certificate, marriage license, etc.). These documents will be viewable to you and your employer.

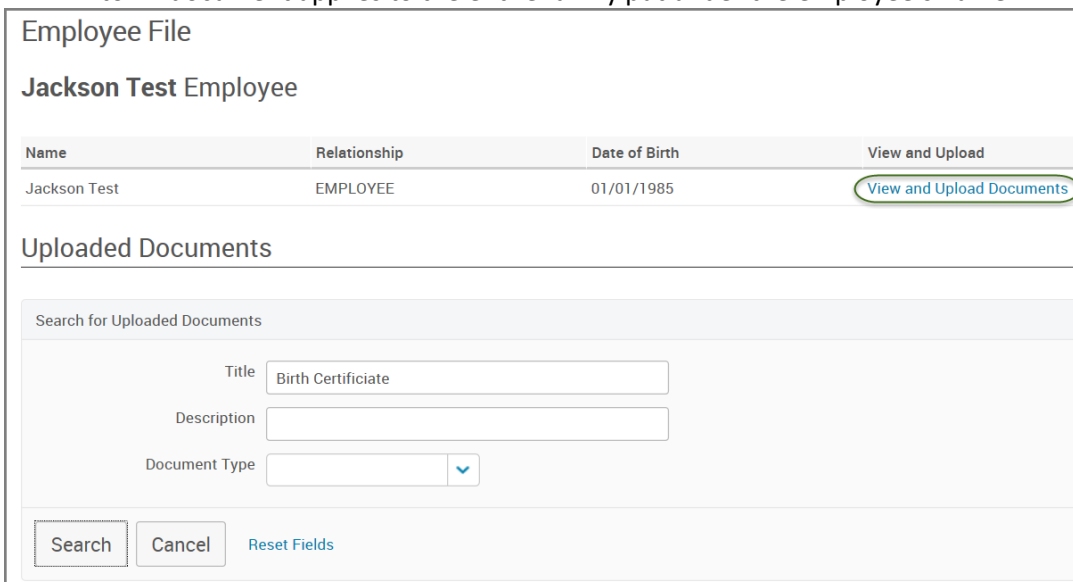
### UPLOADING DOCUMENTS

- From your home page, click on **"My Profile"** to see your demographic (personal) information.
- Select **"Employee File."**



The screenshot shows a navigation menu with a dark blue header. The header contains a home icon, 'My Benefits' with a dropdown arrow, 'My Profile' (highlighted with a white oval), and 'User Guide'. Below the header is a list of menu items: 'Personal Information', 'Family Information', 'Beneficiaries', 'Security Question', 'Life Event', 'Employee File' (highlighted with a green oval), and 'Personalized Forms'.

- Click on **"View and Upload Documents"** next to the name of the person that the uploaded documents pertain to. If document applies to the entire family put under the employee's name.



The screenshot shows the 'Employee File' page for 'Jackson Test Employee'. It features a table with columns for Name, Relationship, Date of Birth, and View and Upload. The 'View and Upload' column for 'Jackson Test' contains a 'View and Upload Documents' link (highlighted with a green oval). Below the table is a section titled 'Uploaded Documents' with a search form. The search form includes fields for Title (containing 'Birth Certificate'), Description, and Document Type (a dropdown menu). At the bottom of the search form are buttons for 'Search', 'Cancel', and 'Reset Fields'.

Name	Relationship	Date of Birth	View and Upload
Jackson Test	EMPLOYEE	01/01/1985	<a href="#">View and Upload Documents</a>

Uploaded Documents

Search for Uploaded Documents

Title:

Description:

Document Type:  ▼

[Reset Fields](#)

- Enter the title of your document.
- Enter the Document Type.
- Click **“Browse”** and search for your document on your computer.
- Click **“Save”**.

### File Upload

#### Wife Test Spouse

\* Title

Description

\* Document Type Unspecified ▾

\* File  Browse...

\* Fields are required

Save Cancel

## VIEWING UPLOADED DOCUMENTS

- From your home page, click on **“My Profile”** to see your demographic (personal) information.
- Select **“Employee File.”**

The screenshot shows a navigation bar with the following items: Home, My Benefits ▾, My Profile (circled in green), Library ▾, and User Guide. Below the navigation bar, a dropdown menu is open, listing the following options: Personal Information, Family Information, Beneficiaries, Security Question, Life Event, Employee File (circled in green), and Personalized Forms.

- Documents that have been uploaded will show at the bottom of the screen. To view them click on the link on the right side of the document.

### File Upload

#### Wife Test Spouse

\* Title

Description

\* Document Type Unspecified ▾

\* File  Browse...

\* Fields are required

Save Cancel

10 items per page ▾ ◀◀ 1 to 1 of 1 rows 1 ▾ ▶▶

☐	Title	Description	Document Type	Saved On	Saved By	View
<input type="checkbox"/>	Birth Certificate		Unspecified	8/15/2017 7:46:08 AM	MESSA Trainers	<a href="#">View</a>

## QUESTIONS

If you have any questions, are having trouble logging into the website or you cannot reset your password, please contact your Benefits Administrator or call the MESSA Member Services at 800.336.0013.