

# WHIT Enrollment Instructions

1. Visit the website  
<https://trustmark.benselect.com/Enroll/Login.aspx?Path=WesternHealthcareInsuranceTrust>
2. You'll want to enter in your SSN and your Personal Identification Number (PIN).  
Your PIN is the last four digits of your SSN, followed by the last two digits of your birth year.
  - If you are unable to log in with your SSN, please select "New Employee? Click Here" and create your profile.



Employee SSN

PIN

[Need help?](#)

[New Employee? Click here](#)

[Log in](#)

By entering your user ID and Personal Identification Number, you are agreeing to the terms of the [Consent to Enroll Electronically](#).

**Welcome!**

To use this website, you must have your Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department. Enrollers, use the [admin site](#) instead.

[Security Info](#) | [Privacy Policy](#)

© Selerix Systems, Inc. All rights reserved.

3. Review the WA State Long-Term Care Payroll Tax information click "Next"



Home | You & Your Family | My Benefits | Payment Information | Sign & Submit

### Avoid Washington State's Long-Term Care Payroll Tax



Did you know? Beginning Jan. 1, 2022 the State of Washington will begin charging all employees a new payroll tax to fund state-provided long-term care (LTC) benefits.

Total annual income <sup>1</sup>	WHIT Trust Act Annual Tax Liability <sup>2</sup>
\$75,000	\$293
\$75,000	\$454
\$100,000	\$584
\$125,000	\$679
\$150,000	\$1,104

However, you have an alternative you can apply for an exemption from this tax when you get personal LTC protection, like Trustmark Universal Life/Events insurance with Long-Term Care Benefits.

Trustmark Universal Life/Events with Long-Term Care Benefits qualifies you to OPT OUT of the new Washington LTC tax!

-  **Yes in one protection** - LTC benefits + life insurance death benefit
-  **Double your coverage** - more than twice the maximum LTC benefits
-  **Get it today** - coverage is effective immediately
-  **Take your coverage with you** if you change jobs, retire or move

**Act fast!** - you need to purchase coverage soon to qualify for an exemption from the tax. Learn more about Trustmark Universal Life/Events and how you can become eligible.

<sup>1</sup>Use age for universal life/Events to 50-64. Higher income ages 65-70 may apply for standard universal life with long-term care benefits, which features a death benefit that does not reduce death age. <sup>2</sup>Employees ages 70-79 may apply for standard universal life without long-term care benefits.

<sup>3</sup>The values shown represent data currently known by the enrollment system about your base income and does not reflect any bonus or other income you may have which could increase your tax liability. Calculation is based off your salary as for withhold by the WA LTC Trust as the size of 2020. To calculate your actual exposure to WA LTC Trust Act taxes, multiply your total income by 2020.

Please click to review personal information and begin enrollment.

[Next](#)

# WHIT Enrollment Instructions

4. Confirm your personal information is correct and click “Next”

Personal Information

ⓘ If any personal information needs to be updated, please contact the HR Department. Click the Next button to continue.  
Optional items are in *italics*.

Personal Info

Name: TEST TEST  
First MI Last Suffix

Date of Birth: 12/27/1996

SSN: \*\*\*-\*\*-4321

Gender: ☐ Male ☒ Female ☐ Other

Contact Info

Address: USA  
Country

1234  
Street

Street (cont.)

Bothell WA 98021  
City State Zip

Home Phone: (425) 111-1111

Work Phone: ( ) - Ext.

Mobile Phone: ( ) -

E-MAIL:

Personal Email:

Back Next

5. Add Dependent (if applicable) or click “Next”. Only a spouse/DP can be added as a dependent.

Dependents

ⓘ Click Add/“Plus” icon at top right of table to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan.  
Click the Next button when you are finished.

Dependents

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	Uploads	+
No items found.						

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the Add Dependent button below.

+ Add Dependent

Back Next

# WHIT Enrollment Instructions

6. You will be brought to the Welcome Screen.

Trustmark Universal Life



## Trustmark Universal LifeEvents® with Long-Term Care Benefits



My Benefits	
Trustmark Universal Life	\$0.00
Employer Cost	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$0.00
<b>Total Monthly Cost</b> Per Month	<b>\$0<sup>00</sup></b>

Why choose Trustmark Universal LifeEvents with LTC instead of the state benefits?

	Washington State LTC Benefits	Trustmark Universal LifeEvents (minimum benefit amount to qualify for a tax exemption)
Monthly LTC Benefit	Average of \$3,040 a month <sup>1</sup>	\$3,120 a month <sup>2</sup>
Max LTC Benefit Period	Up to 12 months (365 days)	Up to 25 months
Benefit Eligibility	After paying anywhere from 3-10 years	Eligible immediately
Portability	If you move out of state, coverage would depend on whether you met minimum payment requirements	You own your coverage — take it with you wherever you go.
Max LTC Benefits	\$36,500	\$78,000
Max Death Benefit	\$0	\$78,000
Total Max Benefit	<b>\$36,500</b>	<b>\$156,000</b>



And what if you needed expensive long-term care services?

- The average cost of a room in an assisted living facility is \$3,628/month.\*
- Benefits can also help pay for qualifying home health care and adult day care.

\*National averages in 2016, U.S. Department of Health and Human Services, longtermcare.acl.gov.

**Act fast** - you need to purchase coverage soon to qualify for an exemption from the tax.

WA LTC Trust Act is mandatory for all W-2 employees who reside in the state of Washington. Employees in other states may still apply for Universal LifeEvents. Universal LifeEvents® death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary; issue age is 10-64. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.

<sup>1</sup>Based off of initial unadjusted WA State LTC benefit of \$100/day for 365 days. <sup>2</sup>Based off of Universal LifeEvents benefit amount of \$78,000.

This content is based on Trustmark's interpretation of the new legislation and is subject to the State's application of the rule and approval of each application for exemption. The information provided here should not be construed as legal, tax, investment, financial or other advice. Please consult with specialized experts for detailed advice for your situation.

## WHIT Enrollment Instructions

7. From the Welcome Page, scroll down to view rates and plan design information.
  - a. Select your Tobacco Status
  - b. You may select a benefit amount option OR you may type in the benefit amount you wish from \$25,000 - \$300,000 in \$1,000 increments.
  - c. Select *"I wish to APPLY for this coverage"* OR *"I wish to DECLINE for this coverage"*

Does anyone proposed for coverage smoke cigarettes or during the past 12 months has anyone proposed for coverage smoked cigarettes?

No

Cost Per Month	Benefit Amount
<input checked="" type="radio"/> \$15.76	<a href="#">25,000</a>
<input type="radio"/> \$27.25	<a href="#">50,000</a>
<input type="radio"/> \$38.74	<a href="#">75,000</a>
<input type="radio"/> \$50.24	<a href="#">100,000</a>
<input type="radio"/> \$61.73	<a href="#">125,000</a>
<input type="radio"/> \$73.22	<a href="#">150,000</a>
<input type="radio"/> \$96.20	<a href="#">200,000</a>

Cost Per Month:

15.76



Benefit Amount:

25,000.00



### Application riders

- ▶ ☒ UL Long Term Care Accelerated Death Benefit \$1.10

Monthly Living Benefit  
(year 0) is \$1,000

- ▶ ☒ Additional Term Life Insurance Rider \$0.06

Total Premium: **\$15.76**

- ☒ I wish to apply for this coverage  
☐ I wish to DECLINE this coverage

Back

Next

## WHIT Enrollment Instructions

### 8. Choose a beneficiary and “Click Next”

- it will default with Estate and All Living Children, you are able to add with the + Button to add the Beneficiary of your choosing.

Trustmark Universal Life®



#### Choose Beneficiaries

A beneficiary is a person, trust, or organization to whom benefits will be paid. A contingent beneficiary will receive benefits if your primary beneficiary is no longer living at the time of your death.

- Place a checkmark next to each desired primary and contingent beneficiary. The percentage allocations will automatically calculate.
- Click Add if you do not see the desired person or trust in the list.
- You may change the percentages, as long as they add up to 100%.
- Clicking *All living children* will clear any children already selected.
- Beneficiaries may not be both primary and contingent at the same time.

Beneficiary	Relationship	Primary	Contingent	
All Living Children		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	
Estate		<input checked="" type="checkbox"/> 100.00%	<input type="checkbox"/> 0.00%	

Back

Next

### 9. Enter in contact information and select “I wish to APPLY for this coverage” OR “I wish to DECLINE this coverage”. Then “Click Next”

Trustmark Universal Life®



#### Contact Info

Mobile Phone:

Personal Email:

- ☒ I wish to apply for this coverage  
☐ I wish to DECLINE this coverage

Back

Next

### 10. Confirm employment status and check “Yes/No” if replacing any other coverage or LTC insurance. Then “Click Next”

Trustmark Universal Life



Employment:

Full-Time

Will this insurance replace, in whole or in part, any life, accident and sickness, long-term care insurance or annuity?

☐ YES ☒ NO

Back

Next

## WHIT Enrollment Instructions

11. For a plan design with Guarantee Issue you will need to answer these questions and they will not be reviewed by Trustmark. Then *“Click Next”*.

Trustmark Universal Life



Is any person to be insured now disabled, been seen by a physician or treated in a medical facility, including a doctor's office, within the last 6 months for illness or disease (other than flu and colds)?

☐ YES ☒ NO

Has any person to be insured been treated for, or diagnosed by a member of the medical profession as having, Acquired Immune Deficiency Syndrome (AIDS) or tested positive on an AIDS or HIV test?

☐ YES ☒ NO

Back

Next

12. Continuing answering *“Yes/No”* to the following questions. Then *“Click Next”*.

Trustmark Universal Life



Do you have another long-term care insurance policy or certificate in force (including health care service contract or health maintenance organization contract)?

☐ YES ☐ NO

Did you have another long-term care insurance policy or certificate in force during the last twelve (12) months?

☐ YES ☐ NO

Are you covered by Medicaid?

☐ YES ☐ NO

Do you intend to replace any of your medical or health insurance coverage with this Certificate?

☐ YES ☐ NO

Back

Next

13. Choose if you wish to designate an additional contact to receive notification regarding lapse or termination due to nonpayment. Then *“Click Next”*.

Trustmark Universal Life



You have the option to designate an additional contact to receive notification that coverage applied for herein is in jeopardy of lapse or termination because of nonpayment of premium. We will notify You of your right to change the designation every two years.

☐ I elect the option  
☐ I elect NOT to designate a contact

Back

Next

# WHIT Enrollment Instructions

14. Enter in your payment information for automatic withdrawals from your checking or savings account for your premiums each month. Then *“Click Next”*.

## Payment Information

You may pay by automatic withdrawal from a checking or savings account. Premiums will be deducted from the bank account you choose each month. Please select the desired method of payment.

Payment Type: Bank Draft

Your monthly premium will be withdrawn directly from your checking or savings account on the specified day of each month. If you are using a checking account, you will find the account number at the bottom of your check, next to the routing number (see illustration). Click *Next* when you are ready.



① 00000578940  
Transit/ABA Number  
② 1234567890  
Account Number  
③ FIRST NATIONAL BANK  
331 Main St  
Boulder, CO 87012-8271  
Institution Name/Address

Type of Account:	Personal	Checking
Account No.:	123456	
Transit/ABA No.:	789700123	
Account Holder Name:	TEST TEST	
Depository Name/Branch:	Bank	

Back

Next

15. Review Your Benefits section to ensure election. Review all forms in the Signatures required section and select next to begin signing. Then *“Click Next”*.

## Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the **"NEXT"** button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

### Your Benefits

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
<a href="#">Trustmark Universal Life</a>	Trustmark Universal Life Events Insurance; EO	\$0.00	\$41.29	\$0.00
Total		\$0.00	\$41.29	\$0.00

### Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
OC/HH-LTC.205V3(I) WA Outline of Coverage	Not Reviewed	N/A
1573 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (TEST TEST)	Unsigned	
Notice of Information Practices	Not Reviewed	N/A
LTC RATE DISC WA Long Term Care Rate Disclosure Form	Not Reviewed	N/A
ABR DISCLOSURE/I WA R6-10 UL NS Disclosure Statement for Accelerated Benefits	Not Reviewed	N/A
L-205 (I) WA R5-09 Application for Life Insurance	Unsigned	
Enrollment Confirmation	Unsigned	

Next

# WHIT Enrollment Instructions

16. Review all forms in the Signatures required section begin signing by checking the box next to the form. Once complete hit “sign form”

## Review / Sign Forms

Your enrollment will not be complete until you review and sign the forms listed below. By entering your electronic signature below, you are giving your consent to the electronic signature (e-signature) process and authorization to use electronic records and electronic signatures connected with your enrollment. If you decline the e-signature process, you will not be able to complete your enrollment electronically.

Please review each document carefully and place a checkmark next to each before signing.

Form Name	
<input checked="" type="checkbox"/>	<a href="#">1573 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (TEST TEST)</a>
<input checked="" type="checkbox"/>	<a href="#">I-205 (I) WA R5-09 Application for Life Insurance</a>
<input checked="" type="checkbox"/>	<a href="#">QC/HH-LTC-205V3(I) WA Outline of Coverage</a>
<input checked="" type="checkbox"/>	<a href="#">Notice of Information Practices</a>
<input checked="" type="checkbox"/>	<a href="#">LTC RATE DISC WA Long Term Care Rate Disclosure Form</a>
<input checked="" type="checkbox"/>	<a href="#">ABR DISCLOSURE/I WA R6-10 UL NS Disclosure Statement for Accelerated Benefits</a>

**Employee:** By clicking the *Sign Form* button, I am electronically signing the form listed above.

Sign Form

Next

17. A prompt will appear you have signed and completed your application and you may logout.

## Sign/Submit Complete

### Congratulations!

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

#### Recap of Your Elections

Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. **Scroll down to the bottom of this screen to view a list of your completed enrollment forms.**

Trustmark Universal Life

## Enrollment Details

Person Name	Relationship	Description	Policy #	Cost
TEST TEST	Employee	Trustmark Universal Life Events Insurance; EO		\$41.29

**Beneficiary Information**

Name	Relationship	Address	Phone	Percent	Type
Estate				100.00	Primary

#### Completed Forms

Following is a list of forms reviewed and/or signed during the enrollment. Click on the form name to view or print.

Press Logout to exit the website.

Form Name	Date Signed/Reviewed