

## Step 1:

[Click Here to Apply](#)

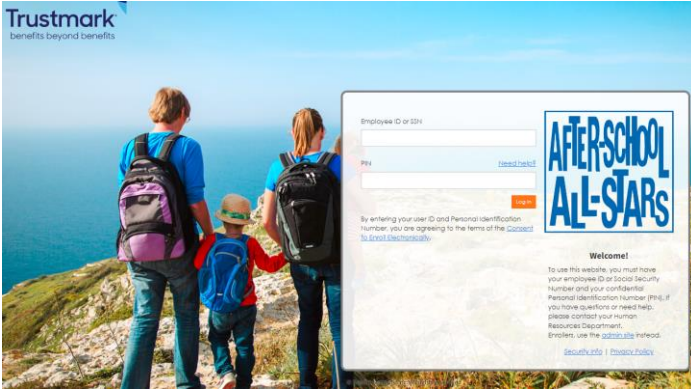
Enter SSN and PIN

PIN = Last 4 of your SSN + last 2 of your birth year

Example: SSN 123-45-6789

Birth Year: 1958

PIN = 678958



## Step 2: Click 'Next'

The screenshot shows the "After-School All-Stars" website interface. At the top, there is a navigation bar with "Home", "You &amp; Your Family", "My Benefits", and "Sign &amp; Submit" (with a "Next" button). A "Status (0% Complete)" progress bar is visible. The main heading reads "Welcome to Your Benefits Enrollment for Plan Year 2022-2023". Below this is a video player showing a family walking in a park. A text block below the video states: "Be sure to act now! Open Enrollment is usually the only time of year that you are allowed to select benefits, or make any changes to them. Think about what kind of protection you and your loved ones will need this year, and for life. Then click 'Next' below to start choosing the benefits that work best for you!". A "Tips &amp; Tricks" section follows, with the heading "You will need the following to complete the enrollment process:". It lists three items: "15-20 minutes", "Information about your spouse/dependent(s)", and "Keep your financial needs in mind as you review benefits". Below this is a "Benefits selection and enrollment is easy!" section with a three-step process: "1 Review family information", "2 Choose your benefits", and "3 Sign and submit". At the bottom, there is a "Next" button and a note: "Press: Next to review personal information and begin enrollment.".

### Step 3: Verify Employment Information and Verify Hours Worked

**Employees**

The Employment tab gives information on date of hire and fields related to employment status. For users with access to edit employee data, editable fields can be changed by clicking "Update" after making changes.

Use the Help link to the right for detailed help on each field.

Test Test, EID: 0, SSN: \*\*\*-\*\*-4567

Employee Search: [Employee] Search for employee

Recent Applications Beneficiaries Contact Coverage  
Custom Reports Deliveries Communication Demographics Forms **Employment** EDI Events History Life Events Sessions Work History

#### Employment Information

<b>Name:</b> Test Test	<b>Date of Hire:</b> 01/01/2015
<b>SSN:</b> ***-**-4567	<b>Eligibility Date:</b> 01/01/2015
<b>Employee ID:</b> 0	<b>Termination Date:</b> [Empty]
<b>Employee User ID:</b> Not set <a href="#">Change Credentials</a>	<b>Current Status:</b> Active
<input type="checkbox"/> Logon locked on Never	<b>Location:</b> All Locations
<input type="checkbox"/> Require PIN change	<b>Job Class:</b> All Applicants(All Applicants)
<b>Enrollment Status:</b> Incomplete <a href="#">Reset</a>	<b>Department:</b> 1
<b>Pay group:</b> Bi Weekly	<b>Title:</b> [Empty]
<b>Payroll Frequency:</b> BiWeekly	<b>Salary:</b> \$0.00
<b>Deduction Frequency:</b> BiWeekly	<b>Hourly Wage:</b> \$0.00
<b>FTE:</b> 100.00%	<b>Hours per Week:</b> 40.00
<b>As Of Date:</b> 09/13/2022	<b>Reason:</b> [Empty]
<b>Last change:</b> 09/12/2022 22:59:34 UTC	<b>Last employee login:</b> Never

[Enroll](#) [Save](#) [Delete](#) [Cancel](#)

Have a Suggestion? We are Listening! © 2008-2022 Selent Systems, Inc.

**Step 4:** Add a dependent if your spouse/domestic partner/child/grandchild are also applying for coverage, then click 'Next'. You can complete your application and re-enter to add Dependents at any time during the enrollment period.

**Dependents**

Status (0% Complete)

Home You & Your Family My Benefits Sign & Submit

On this screen, please add and/or review information about your dependents.

- This is important to do now so that you can enroll them in any eligible coverage. It will also let you designate them as beneficiaries, if applicable.
- Click the "plus" button at the top right of the table, or the blue "Add Dependent" button below the table, to add a new dependent. You can also click a name in the table to review and edit information.

When all your dependent information is correct, click the "Next" button to the bottom right.

#### 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](#)

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**Step 5:** Click 'Review' to see rates and plan designs

Aflac All-Stars Status (0% Complete)

Home You & Your Family My Benefits Sign & Submit

### My Benefits

Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.

- Trustmark Universal Life Review  
You have to complete enrollment in this plan.

My Benefits

- Trustmark Universal Life \$0.00

Total Cost Total Per Pay Period \$0<sup>00</sup>

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**Step 6:** Confirm Tobacco Status

## Trustmark Universal LifeEvents®

Trustmark Universal Life

Permanent, affordable life protection that fits your changing needs.

- Affordable permanent life insurance with a higher death benefit during working years.
- Cash benefits to help pay bills, funeral costs, tuition, mortgage or anything else.
- Policy builds cash value over time that you can access.

Enroll in Trustmark Universal LifeEvents® insurance and protect your loved ones' future today.

### Tips & Tricks

Think of the people who count on you. How much would they need to get by if you weren't around?

- Rent/mortgage payments
- Loans
- Medical & credit card bills

Remember: there will never be a better time than now to get permanent life insurance! As you get older, life insurance gets more expensive. Enroll today and lock in your rate at your current age.

Products underwritten by Trustmark Insurance Company and Trustmark Life Insurance Company of New York. Benefits may not be available in all states; benefits, a availability, exclusions and limitations may vary by state and may be named differently. Your policy/certificate will contain complete information.

Insurance for Sample Employee

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

**Step 7:** Review Plan and Rates. The Long Term Care Rider (LTR) and Benefit Restoration Rider (BRR) are built in to the plan offering and cannot be changed. The EZ Value (EZV) is an optional rider that you can choose to remove from your policy. Confirm Benefit Amount/Cost per Pay Period by selecting one of the pre-set options, or type either your desired Cost or Benefit Amount into the fields below the table and click the calculator icon to set your policy amounts.

Cost per Pay Period	Benefit Amount
<input type="radio"/> \$6.00	5,913
<input type="radio"/> \$18.80	25,000
<input type="radio"/> \$35.56	50,000
<input checked="" type="radio"/> \$52.32	75,000
<input type="radio"/> \$69.07	100,000
<input type="radio"/> \$102.59	150,000
<input type="radio"/> \$136.11	200,000

Cost per Pay Period:

Benefit Amount:

Application riders

- Long Term Care (LTC) \$8.05  
Monthly Living Benefit (year 0) is \$3,000
- Benefit Restoration (BRR) \$2.37
- EZ Value (EZV) \$1 - 5 yrs ▼

Total Premium: \$52.32

I wish to apply for this coverage  
 I wish to DECLINE this coverage

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[Next](#)

**Step 8:** Select 'I wish to apply for this coverage' and click 'Next'

I wish to apply for this coverage  
 I wish to DECLINE this coverage

[Back](#)

[Next](#)

**Step 9:** Choose Beneficiaries, then click 'Next'. You can complete your application and re-enter to add or change Beneficiaries at any time during the enrollment period.

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**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"/> <input type="text" value="0.00%"/>	<input type="checkbox"/> <input type="text" value="0.00%"/>	
Estate		<input type="checkbox"/> <input type="text" value="0.00%"/>	<input type="checkbox"/> <input type="text" value="0.00%"/>	

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**Step 10:** Enter Mobile Phone/Email and that ‘I wish to apply for this coverage’ and click ‘Next’

Home You & Your Family - My Benefits - Sign & Submit

Trustmark Universal Life® Trustmark

Contact Info

Mobile Phone:

Why are we asking for your email address?  
PERSONAL EMAIL:

I wish to apply for this coverage  
 I wish to DECLINE this coverage

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**Step 11:** Select Employment Status and answer Replacement Questions

Home You & Your Family - My Benefits - Sign & Submit

Trustmark Universal Life Trustmark

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

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**Step 12:** Answer the 2 Modified Guarantee Issue (MGI) underwriting questions, then click ‘Next’. All applicants must answer the MGI questions even if you are applying for a Guarantee Issue (GI) policy. If the GI participation requirement is met, Trustmark will disregard your answers to these questions. If you answer “Yes” to either of these MGI questions, you will be prompted to complete Simplified Issue (SI) questions as well.

Home You & Your Family - My Benefits - Sign & Submit

Trustmark Universal Life Trustmark

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)?  YES  NO

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### Step 13: Complete the Insurance and Replacement 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 anyone proposed for coverage have another long-term care insurance policy, certificate or rider in force during the last 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

Navigation: < Back, Next >

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### Step 14: Review the documents underneath 'Signatures Required' and once reviewed 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
Trustmark Universal Life	Trustmark Universal Life Events Insurance; EO	\$0.00	\$52.32
<b>Total</b>		<b>\$0.00</b>	<b>\$52.32</b>

#### Signatures Required

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

Form Name	Status	Date Signed/Reviewed
<input type="checkbox"/> Disclosure of Risk of Lapse and Offer of Protection Against Lapse	Unsigned	
<input type="checkbox"/> CA HICAP Notice	Not Reviewed	N/A
<input type="checkbox"/> LTC Shoppers Guide - Taking Care of Tomorrow	Not Reviewed	N/A
<input type="checkbox"/> 1573 NHB 387 R 1111 Acknowledgement and Authorization to Obtain Information (Sample Employee)	Unsigned	
<input type="checkbox"/> Notice of Information Practices	Not Reviewed	N/A
<input type="checkbox"/> L-205 (G) CA R5-09 Application for Life Insurance	Unsigned	
<input type="checkbox"/> Enrollment Confirmation	Unsigned	

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### Step 15: Place a check mark next to the forms to sign, then click '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"/> Disclosure of Risk of Lapse and Offer of Protection Against Lapse
<input checked="" type="checkbox"/> 1573 NHB 387 R 1111 Acknowledgement and Authorization to Obtain Information (Sample Employee)
<input checked="" type="checkbox"/> L-205 (G) CA R5-09 Application for Life Insurance
<input checked="" type="checkbox"/> CA HICAP Notice
<input checked="" type="checkbox"/> LTC Shoppers Guide - Taking Care of Tomorrow
<input checked="" type="checkbox"/> Notice of Information Practices

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

Sign Form

Navigation: Next >

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# Step 16: Click 'Sign Form'

Home | You & Your Family | My Benefits | Sign & Submit
Next >

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## Review / Sign Forms

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.

### Benefit Verification / Deduction Confirmation

<b>Name</b>	SSN	Employee ID	Date of Hire	<b>Reason for Completing Form</b>
Sample Employee	***-**-3123	0	01/01/2018	Open Enrollment
<b>Location</b>	<b>Department</b>	<b>Job Class</b>	<b>Pay Mode</b>	<b>Address:</b>
All Locations	1	All Applicants	26	123 1st St Redmond, WA 98053
<b>Work Phone</b>	<b>Home Phone</b>	<b>E-mail</b>		

### Benefit Deduction Summary

Plan	Product	Cvg	Benefit Amount	Ded. Cycle	Employer Cost	Employee Cost Pre-tax	Employee Cost Post-tax
Trustmark Universal Life	Trustmark Universal Life Ever	EO	75,000	26	0.00	0.00	52.32
<b>Total:</b>					0.00	0.00	52.32

### Enrollment Agreement / Payroll Deduction Authorization

- To the best of my knowledge and belief, all statements and answers made on this form and all associated application forms are true, complete, and correct.
- I understand that omissions or misrepresentations in the information I have provided may constitute fraud and may result in my coverage being void.
- Pursuant to IRC § 125, "pre-tax" elections are irrevocable during the plan year. No changes to "pre-tax" elections are allowed during the plan year unless you experience a qualified change in status event. Qualified change in status events include: change in marital status, change in dependent status, change in employment status. You have 30 days from the date of the change to contact human resources to change your benefit elections.
- Upon acceptance by the Insurers, I hereby authorize my Group to deduct from my earnings the amounts indicated above.
- My authorization shall continue (hereafter until the earlier of (a) termination of my employment, (b) written notice from me canceling this authorization, or (c) termination of the Payroll Deduction Plan.
- I understand that it is my responsibility to verify the deduction amounts from my paycheck and to notify my Employer immediately of any discrepancies.
- I understand any unroled balance in a Dependent Care or Health Care Reimbursement account in which I am enrolled will be forfeited under the "Use It or Lose It" rule. Expenses must be incurred during the plan year for which the election amount was redirected.

Your total deductions per pay period... Total Deductions

**\$ 52.32**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

[Download Form](#)

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

Sign Form

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