

Selerix/BenSelect Self-Enrollment Walkthrough

Welcome to your Trustmark Voluntary Benefits Open Enrollment!

This is your opportunity to review and take advantage of some of your special employee or member benefits.

Be sure to act now – this is usually the only time of year that you have the opportunity to select these benefits or make certain changes to them.

Before you start:

1. Think about your financial needs and those of your family. What type of protection will you need this year, and going forward?
2. Plan to spend about 15-20 minutes reviewing and selecting your benefits.
3. Make sure that you have information on hand about your spouse and dependents. (You may also need to have your banking information if your benefits are paid via bank draft.)



Voluntary Benefits

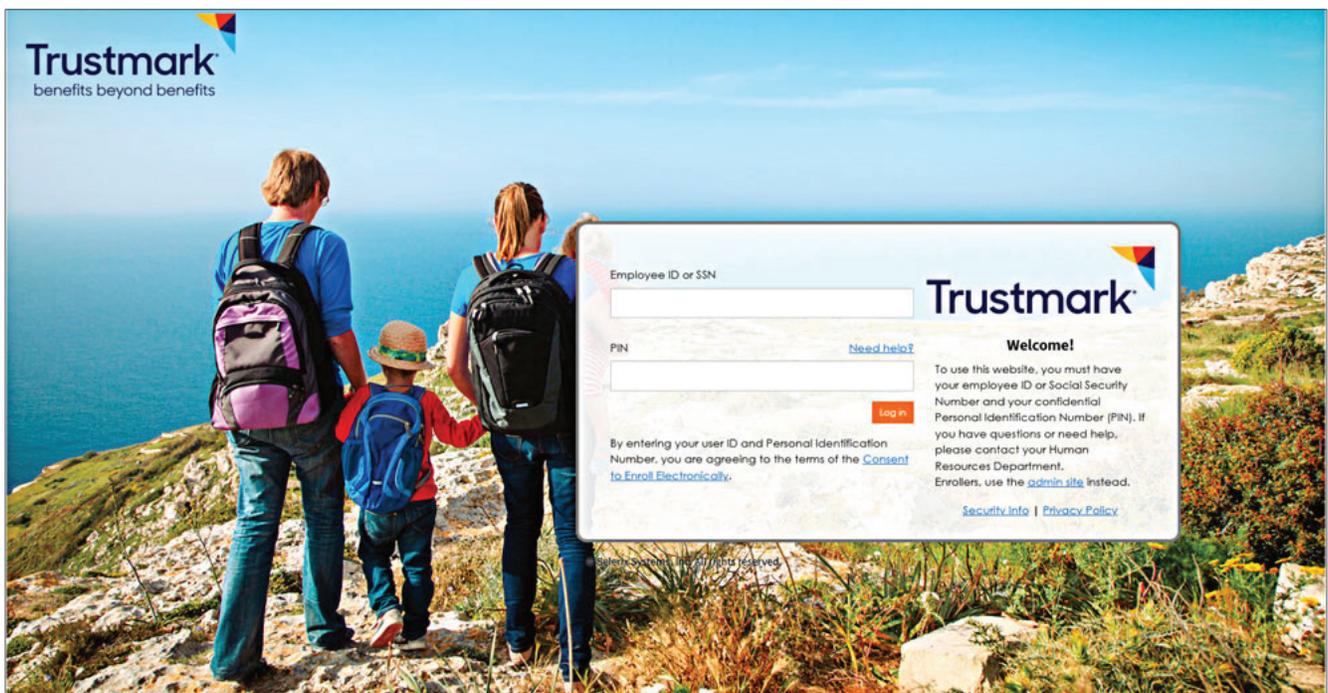
Login Page

In most cases, you can visit www.trustmark.benselect.com/enroll to log in; however, your organization may have provided a customized URL for your enrollment. If so, please visit the custom link.

When you are ready, log in with your **Employee ID or Social Security number, and PIN**. Your PIN is generally the last four digits of your SSN, followed by the last two digits of your birth year.

However, your organization may have provided different login instructions, defining the Login ID and PIN differently. If so, please refer to the instructions you received from your organization.

You may also wish at this time to review the **Security Info** and **Privacy Policy**.



Welcome Message

This screen provides **a welcome message, as well as a video** that you can watch to learn more about benefits.

When you are ready to continue, click **Next** at the below right.

Michael's Self Service Case Build - Instructions | Michael Johnson (Tester) | Self-Enroll (Logout)

Trustmark
benefits beyond benefits

Status (0% Complete)

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

Welcome to Your Benefits Enrollment for Plan Year 2022

✓ Your Benefit Options
Trustmark Universal Life

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!

Tips & Tricks

You will need the following to complete the enrollment process:

- 15-20 minutes
- Information about your spouse/dependent(s)
- Keep your financial needs in mind as you review benefits

Benefits selection and enrollment is easy!

- 1 Review family information
- 2 Choose your benefits
- 3 Sign and submit

Press Next to review personal information and begin enrollment.

Next

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Personal Information

On this screen, you will **review and enter all of your personal information**. Some of this information may have been pre-populated. All fields with names shown in **bold lettering** are required.

Be sure to look through all of the information, confirm that it is correct and fill in anything that is missing.

When you are done, click **Next** at the below right.

The screenshot shows a web form titled "Personal Information" within a "Michael's Self Service Case Build" interface. The form is set against a yellow background and includes a navigation bar with "Home", "You & Your Family", "My Benefits", and "Sign & Submit" options. A "Status" indicator shows "0% Complete". A blue informational banner states: "If any personal information needs to be updated, please contact the HR Department. Click the Next button to continue. Optional items are in *italics*." The form is divided into two main sections: "Personal Info" and "Contact Info".

Personal Info Section:

- Name:** Fields for First Name (Kate), Middle Initial (MI), Last Name (Beck), and Suffix.
- Marital Status:** A dropdown menu currently set to "Unknown".
- Date of Birth:** A date field containing "01/01/1998" with a calendar icon.
- SSN:** A field containing "***-**-5613".
- Gender:** Radio buttons for Male, Female (selected), and Other.

Contact Info Section:

- Address:** A dropdown menu for Country (USA).
- Street:** Fields for Street and Street (cont.) both containing "test".
- City/State/Zip:** Fields for City (Test), State (FL), and Zip (45634-8114).
- Home Phone:** A field with a placeholder "____-____-____".
- Work Phone:** A field with a placeholder "____-____ Ext. ____".
- Mobile Phone:** A field with a placeholder "____-____-____".
- E-MAIL:** A field for email address.
- Personal EMail:** A field for personal email address.

Navigation buttons "Back" and "Next" are located at the bottom of the form area.

Dependent Information

On this screen, you can **add and/or review information about your dependents**. (Some information on your dependents may have been pre-populated.)

To add a new dependent, click the **"Add Dependent"** button.

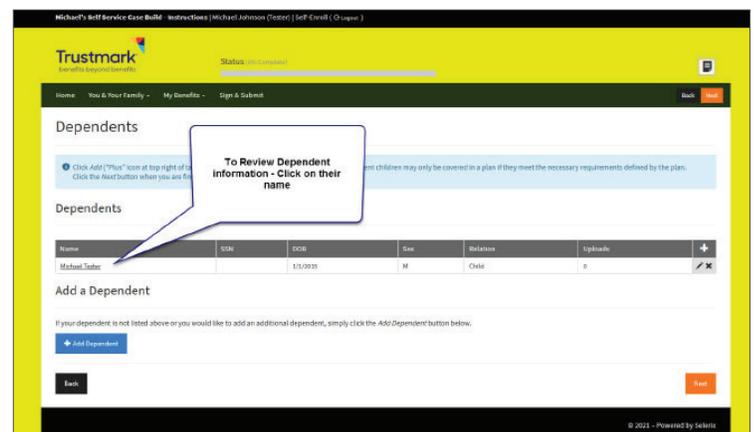
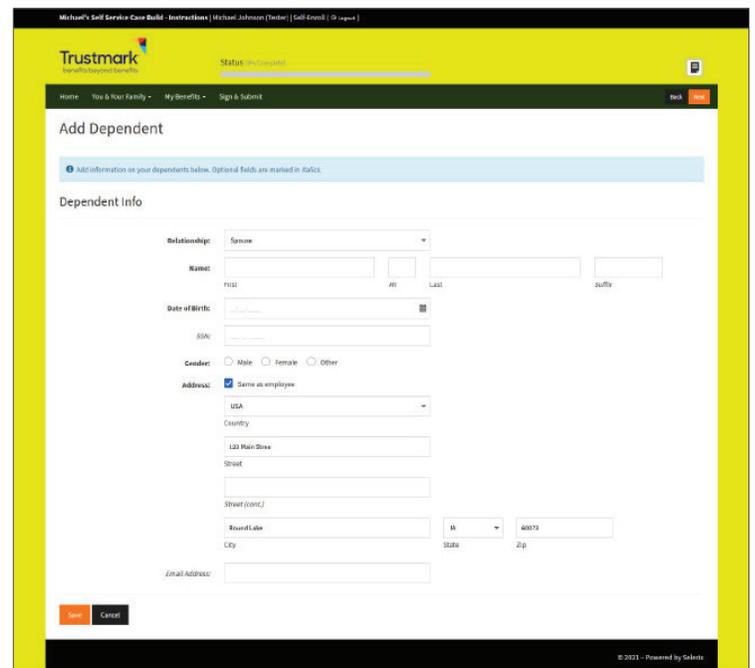
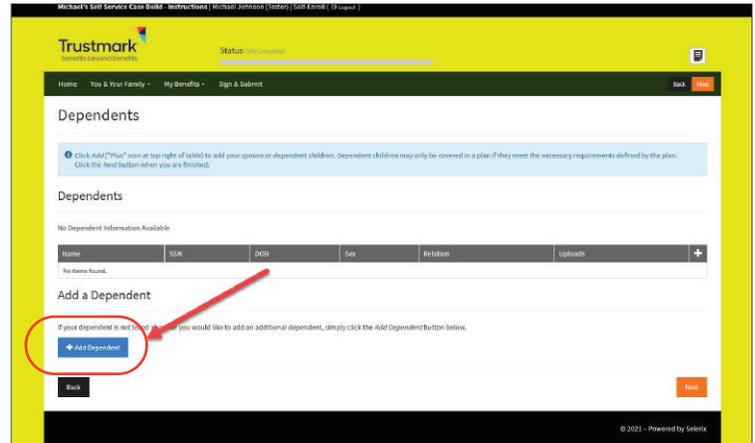
You will be taken to a separate screen where you can add your dependent's information. All fields with names shown in **bold lettering** are required.

When you are done adding the information, click **Save**

Your dependent will be added to the list.

To **review a dependent's information**, click their name. You will be taken to that same screen with all information about the dependent shown. Please review and update information and click **Save** when done.

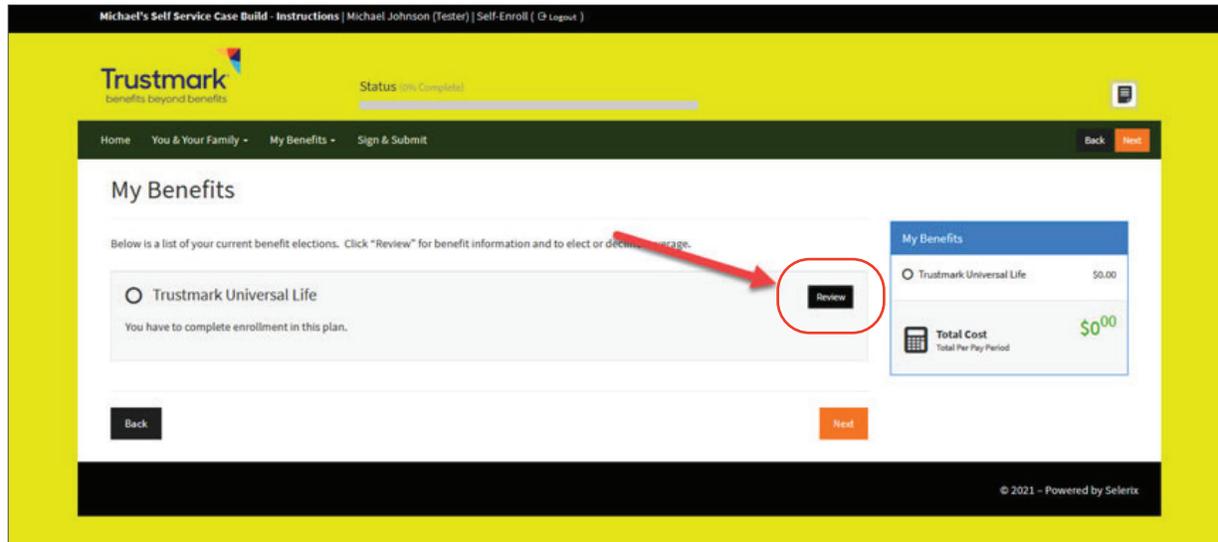
When all your dependents appear in the list, click **Next** at the below right.



Review Available Benefits

You will now be shown **a list of all your available benefits**.

Click **"Review"** on any of these to get started.



SPECIAL INSTRUCTIONS

Enrolling in Universal Life and/or Universal LifeEvents®

Enrolling in Trustmark Universal Life and/or Trustmark Universal LifeEvents is unique.

STEP 1

When you click **"Review"** for these products, you will be shown a list of names: yourself and/or any eligible dependents.

(Note: Eligibility may vary for these products.)

Click a person's name to begin enrolling for that person.

Michael's Self Service Case Build - Instructions | Michael Johnson (Tester) | Self-Enroll (Logout)

Trustmark
benefits beyond benefits

Status (90% Complete)

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

Trustmark Universal Life

You may apply for coverage for any of the individuals listed below. To view prices or apply, click the name of the person in the list below.

Name	Relationship	Sex	DOB	Riders
Michael Johnson	Employee	M	1/1/1985	
Sam Test	Spouse	F	1/1/1993	
Michael Tester	Child	M	1/1/2015	

I do wish to CONFIRM changes

I wish to CANCEL changes made in this enrollment session.

Back Next

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SPECIAL INSTRUCTIONS - CONTINUED

Enrolling in Universal Life and/or Universal LifeEvents®

STEP 2

This page contains information and a video about this Trustmark product. **Review this information and watch the video.**

Trustmark Universal Life

Trustmark Universal LifeEvents®

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.

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

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.

Cost per Pay Period	Benefit Amount
<input checked="" type="radio"/> \$13.00	\$1,832
<input type="radio"/> \$13.77	\$3,000
<input type="radio"/> \$5.74	\$0,000
<input type="radio"/> \$5.71	\$1,000
<input type="radio"/> \$19.67	\$100,000
<input type="radio"/> \$18.60	\$150,000
<input type="radio"/> \$28.54	\$200,000

Cost per Pay Period:

Benefit Amount:

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

When you are done reviewing, you may choose a benefit amount and premium from the list shown, or enter your own premium or benefit amount.

Under "**Application riders,**" you may be able to check or uncheck certain optional features. (Features with a grayed-out checkbox are not optional.) Select whether you wish to apply for coverage or decline coverage for the person whose name you clicked to arrive at this screen. Your decision is only for that person.

When you have made your selections, click

Next

SPECIAL INSTRUCTIONS - CONTINUED

Enrolling in Universal Life and/or Universal LifeEvents®

STEP 3

Trustmark Universal Life and Universal LifeEvents pay a death benefit to a beneficiary or beneficiaries when the covered person passes away. You need to select those beneficiaries in order to enroll.

Instructions on the page will tell you how to select your beneficiaries and assign them benefit percentages.

If you do not see a beneficiary listed, **click the + button** in order to add them. You will be taken to a screen where you are able to add your beneficiary.

When you have added and assigned percentages to all your beneficiaries, click

Next

Trustmark
benefits beyond benefits

Status (0% Complete)

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

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.

Click this + to add additional beneficiaries

Beneficiary	Relationship	Primary	Contingent	
Sam Test	Spouse	<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	<input type="checkbox"/> <input type="checkbox"/>
Michael Tester	Child	<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	<input type="checkbox"/> <input type="checkbox"/>
All Living Children		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	<input type="checkbox"/> <input type="checkbox"/>
Estate		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	<input type="checkbox"/> <input type="checkbox"/>

Back Next

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SPECIAL INSTRUCTIONS - CONTINUED

Enrolling in Universal Life and/or Universal LifeEvents®

STEP 4

You will now be returned to the list of eligible persons for Trustmark Universal Life or Universal LifeEvents.

If you wish to enroll for another person, please click that person's name and repeat the above process.

When you have completed enrollment for all eligible persons, click

Next

The screenshot shows the Trustmark Universal Life enrollment interface. At the top, the status is "9% Complete". The main heading is "Trustmark Universal Life®". Below this, a message states: "Each person currently covered is listed below. If you wish to make a change to the coverage, click the person's name." A table lists the covered individuals:

Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options
Michael Johnson	Employee	1/1/1985		18,492	\$3.00	Withdraw

Below the table, a message says: "You may apply for coverage for any of the individuals listed below. To view prices or apply, click the name of the person in the list below." A second table lists individuals for selection:

Name	Relationship	Sex	DOB	Riders
Sam Test	Spouse	F	1/1/1993	
Michael Tester	Child	M	1/1/2015	

Below the selection table, there are two radio button options: "I do wish to CONFIRM changes" (selected) and "I wish to CANCEL changes made in this enrollment session." At the bottom, there are "Back" and "Next" buttons.

(At this point, you may also be asked to provide a **personal email address**. This is so Trustmark can reach you with important information about your plans, even if you change jobs or retire.)

The screenshot shows the "Contact Info" section of the Trustmark Universal Life enrollment interface. The status is "9% Complete". The main heading is "Trustmark Universal Life®". Below this, there is a "Contact Info" section with a "Personal Email:" label and an input field. Below the input field, there are two radio button options: "I wish to apply for this coverage" (selected) and "I wish to DECLINE this coverage". At the bottom, there are "Back" and "Next" buttons.

SPECIAL INSTRUCTIONS - CONTINUED

Enrolling in Universal Life and/or Universal LifeEvents®

STEP 5

At this point, you may be required to answer a few simple questions.

(NOTE: If you will be paying for benefits via bank draft, you may first need to provide your banking information.)

Please answer the questions, and click **Next**

The screenshot shows the Trustmark Universal Life enrollment interface. At the top, the Trustmark logo is on the left, and a progress bar indicates 'Status 10% Complete'. A navigation menu includes 'Home', 'You & Your Family', 'My Benefits', 'Payment Information', and 'Sign & Submit'. The main heading is 'Trustmark Universal Life'. Below this, the 'Employment:' field is set to 'Full-Time'. The primary question is 'Will this insurance replace, in whole or in part, any life, accident and sickness, long-term care insurance or annuity?'. This question is highlighted with a red border. Underneath, three names are listed: Michael Johnson, Sam Test, and Michael Tester. Each name has two radio button options: 'YES' and 'NO'. At the bottom of the form, there are 'Back' and 'Next' buttons. The footer contains the text '© 2021 - Powered by Selerix'.

You will now be returned to the screen that shows a list of all your available benefits.

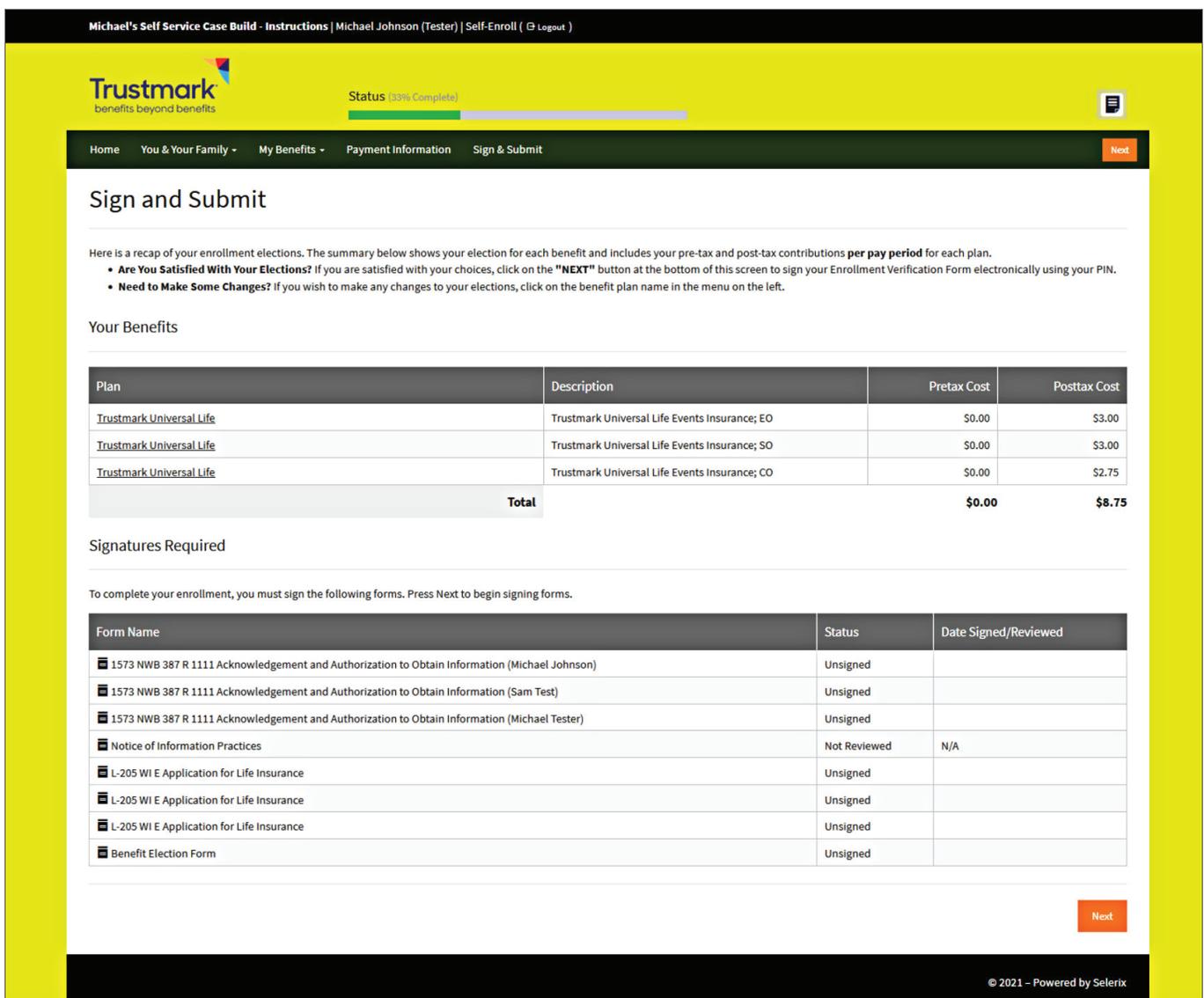
Sign and Submit

When you have finished reviewing and enrolling in all products, click  at the bottom of the screen showing your available benefits.

You will be taken to a screen called **"Sign and Submit,"** showing your benefit elections and costs.

If you need to make any changes, click the plan on which you wish to change your elections.

If you are satisfied with your elections, click 



Michael's Self Service Case Build - Instructions | Michael Johnson (Tester) | Self-Enroll ([Logout](#))

Trustmark
benefits beyond benefits

Status 100% Complete

Home You & Your Family - My Benefits - Payment Information **Sign & Submit** 

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	\$3.00
Trustmark Universal Life	Trustmark Universal Life Events Insurance; SO	\$0.00	\$3.00
Trustmark Universal Life	Trustmark Universal Life Events Insurance; CO	\$0.00	\$2.75
Total		\$0.00	\$8.75

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"/> 1573 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (Michael Johnson)	Unsigned	
<input type="checkbox"/> 1573 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (Sam Test)	Unsigned	
<input type="checkbox"/> 1573 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (Michael Tester)	Unsigned	
<input type="checkbox"/> Notice of Information Practices	Not Reviewed	N/A
<input type="checkbox"/> L-205 WI E Application for Life Insurance	Unsigned	
<input type="checkbox"/> L-205 WI E Application for Life Insurance	Unsigned	
<input type="checkbox"/> L-205 WI E Application for Life Insurance	Unsigned	
<input type="checkbox"/> Benefit Election Form	Unsigned	



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Review and Sign

On this page, "**Review / Sign Forms,**" click each link under "**Form Name**" to review the relevant informational document.

You may review and sign each form individually, or select the checkboxes next to each form on the "**Review / Sign Forms**" page and sign them all at once.

Michael's Self Service Case Build - Instructions | Michael Johnson (Tester) | Self-Enroll (Logout)

Trustmark
benefits beyond benefits

Status (33% Complete)

Home You & Your Family - My Benefits - Payment Information Sign & Submit Next

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.

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 type="checkbox"/> 1573 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (Michael Johnson)
<input type="checkbox"/> 1573 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (Sam Test)
<input type="checkbox"/> 1573 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (Michael Tester)
<input type="checkbox"/> L-205 WI E Application for Life Insurance
<input type="checkbox"/> L-205 WI E Application for Life Insurance
<input type="checkbox"/> L-205 WI E Application for Life Insurance
<input checked="" type="checkbox"/> Notice of Information Practices

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

Sign Form

Next

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Your legal signature is applied by clicking the orange **Sign Form** button.

Benefit Verification and Deduction Confirmation

The final form will be your **Benefit Verification / Deduction Confirmation**.
You must review and sign this form individually.

Michael's Self Service Case Build - Instructions | Michael Johnson (Tester) | Self-Enroll (Logout)

Trustmark
benefits beyond benefits

Status **100% Complete**

Home You & Your Family My Benefits Payment Information Sign & Submit **Next**

Review / Sign Forms

ebi_confirmation_form_rodders_2022_SIGNFORMPAGE_PLANINSTRUCTIONS

Benefit Verification / Deduction Confirmation

Name	SSN	Employee ID	Date of Hire	Reason for Completing Form
Michael Johnson	XXX-XX-4141	Tester	01/01/2021	Open Enrollment
Location	Department	Job Class	Pay Mode	Address
Test Location	NA	All Applicants	52	123 Main Stree Round Lake, IA 60073
Work Phone	Home Phone	E-mail		
		Mjohnson1@trustmarkbenefits.c		

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	18,492	52	0.00	0.00	3.00
Trustmark Universal Life	Trustmark Universal Life Ever	SO	25,583	52	0.00	0.00	3.00
Trustmark Universal Life	Trustmark Universal Life Ever	CO	16,300	52	0.00	0.00	2.75
Total:					0.00	0.00	8.75

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 thereafter until the earlier of (a) termination of my employment, (b) written notice from me cancelling 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 unused 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** \$ **8.75**

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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When you have signed this form, your enrollment is complete!

Enrollment Complete

Your enrollment is now complete and no more action is required for you to get your benefits. You will now be taken to a page showing a recap of all your benefits elections. On this page, you can also access all of your completed and filled out enrollment forms.

The screenshot displays the 'Sign/Submit Complete' page in the Trustmark self-service portal. The page header includes the Trustmark logo, a status bar indicating '100% Complete', and a navigation menu with options like Home, My Benefits, and Sign & Submit. The main content area features a congratulatory message, a recap of elections, and a table of enrollment details for Trustmark Universal Life. Below this is a table of completed forms with columns for Form Name and Date Signed/Reviewed. A 'Logout' button is located at the bottom right of the page.

Trustmark Universal Life Enrollment Details

Person Name	Relationship	Description	Policy #	Cost
Michael Johnson	Employee	Trustmark Universal Life Events Insurance; EO		\$3.00
Sam Test	Spouse	Trustmark Universal Life Events Insurance; SO		\$3.00
Michael Tester	Child	Trustmark Universal Life Events Insurance; CO		\$2.75

Beneficiary Information
No beneficiary on file.

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
1573 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (Michael Johnson)	10/27/2021
Notice of Information Practices	N/A
L-205 WI E Application for Life Insurance	10/27/2021
1573 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (Sam Test)	10/27/2021
L-205 WI E Application for Life Insurance	10/27/2021
1573 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (Michael Tester)	10/27/2021
L-205 WI E Application for Life Insurance	10/27/2021
Benefit Election Form	10/27/2021

You care.
We listen.

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Products underwritten by Trustmark Insurance Company. In New York, products underwritten by Trustmark Life Insurance Company of New York. Rated A- (Excellent) A.M. Best.

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