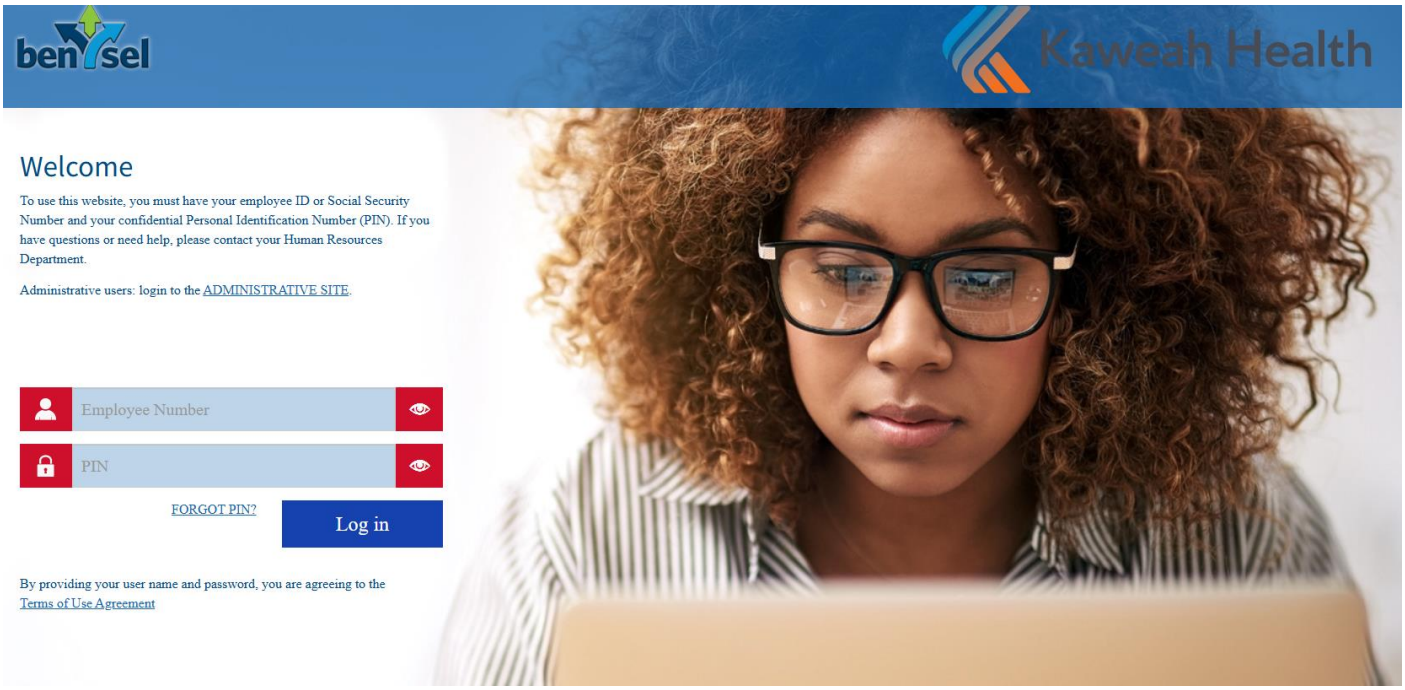
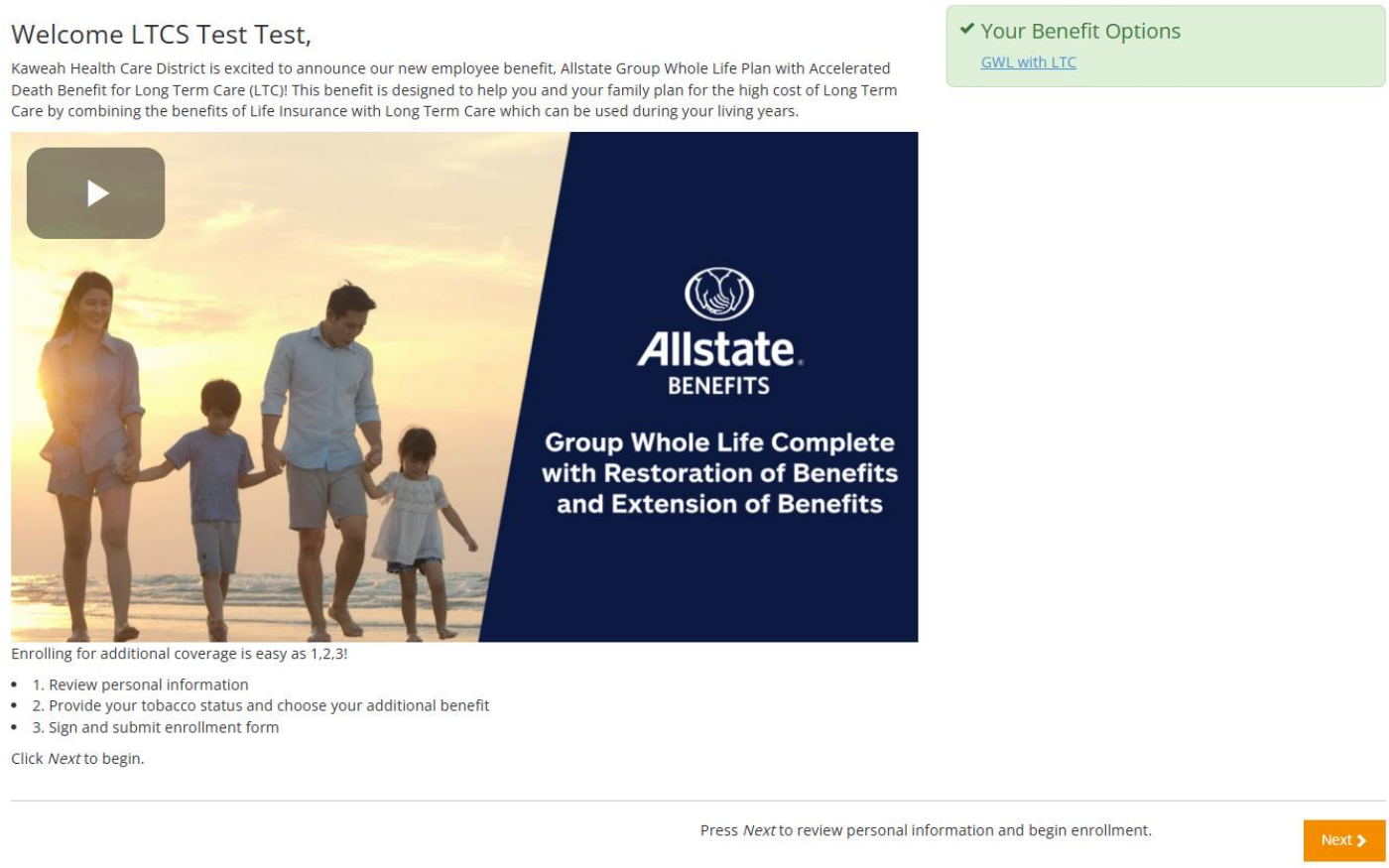
Step 1: Visit: [Login | BenSel]

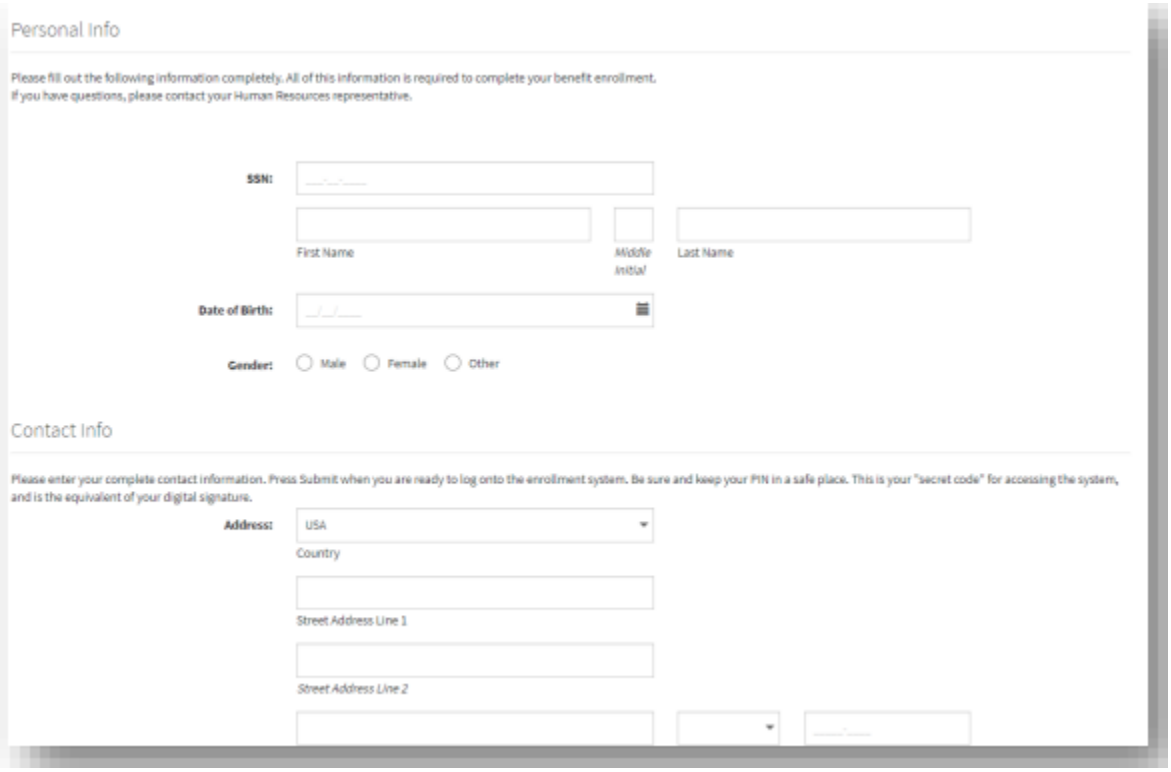
Enter EEID and PIN
PIN = Last 4 of your EEID + full birth year
Example: EEID 456789
Birth Year: 1958
PIN = 67891958



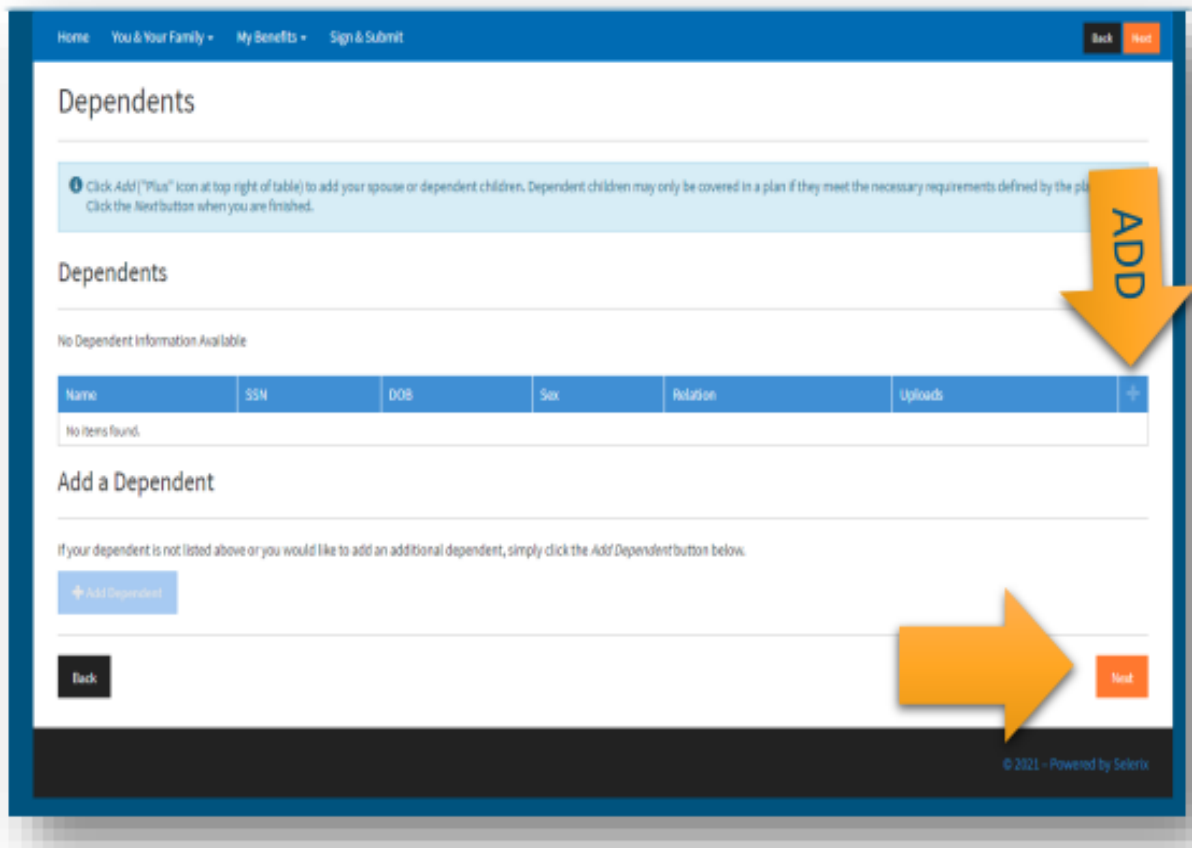
Step 2: You will see the 'Welcome Screen' - Click 'Next'



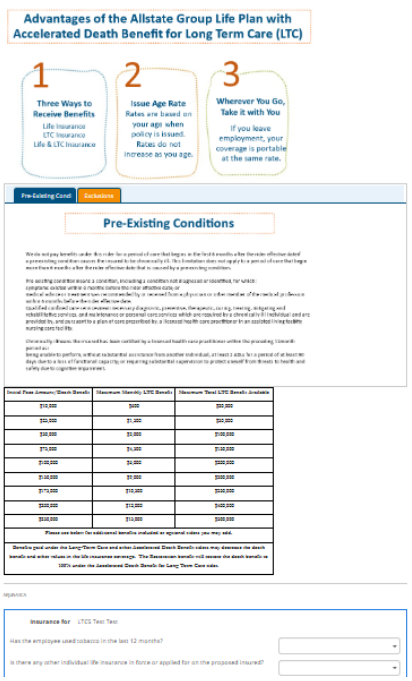
Step 3: Confirm Personal Information is Correct



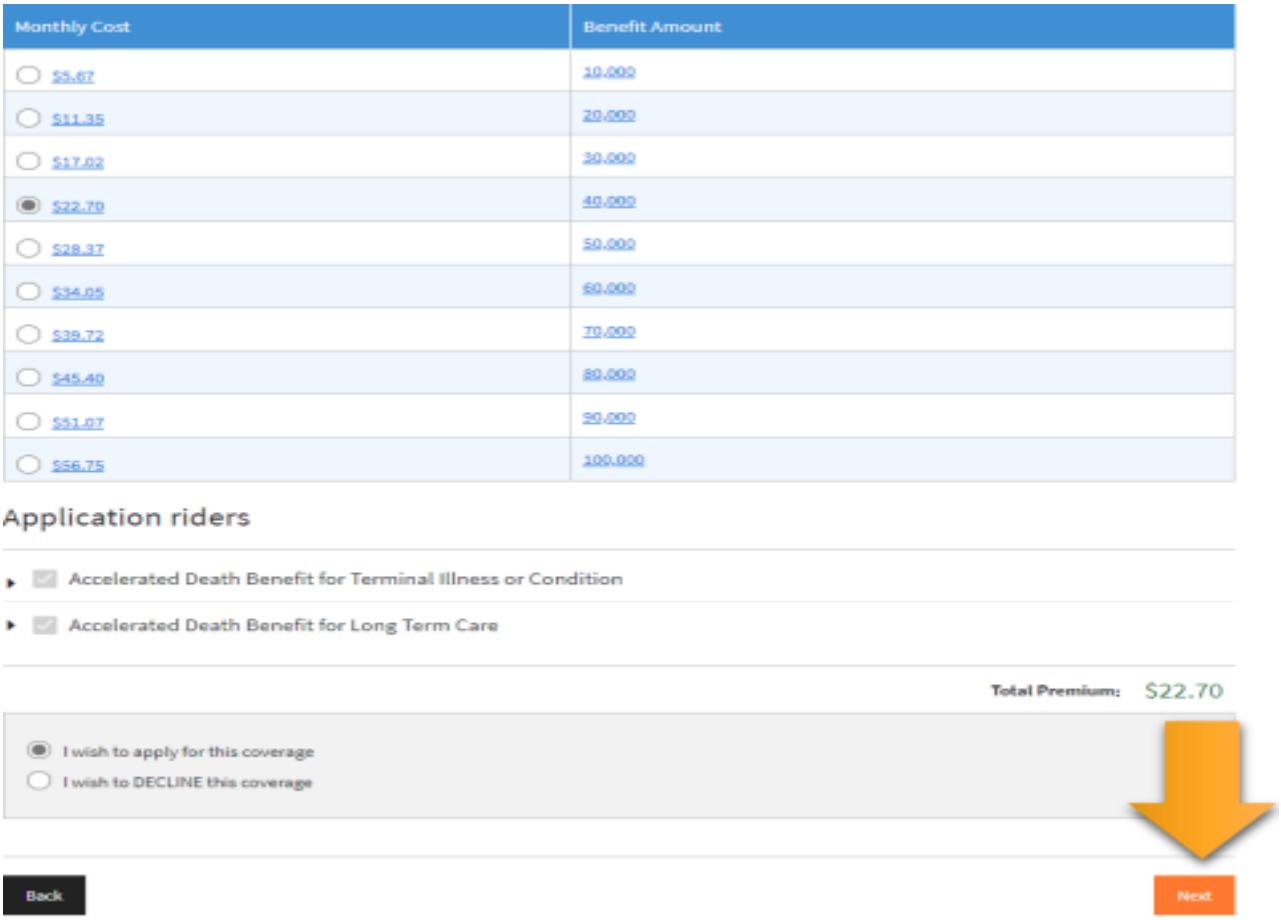
Step 4: Add your Spouse/Dependent – Click 'Next'



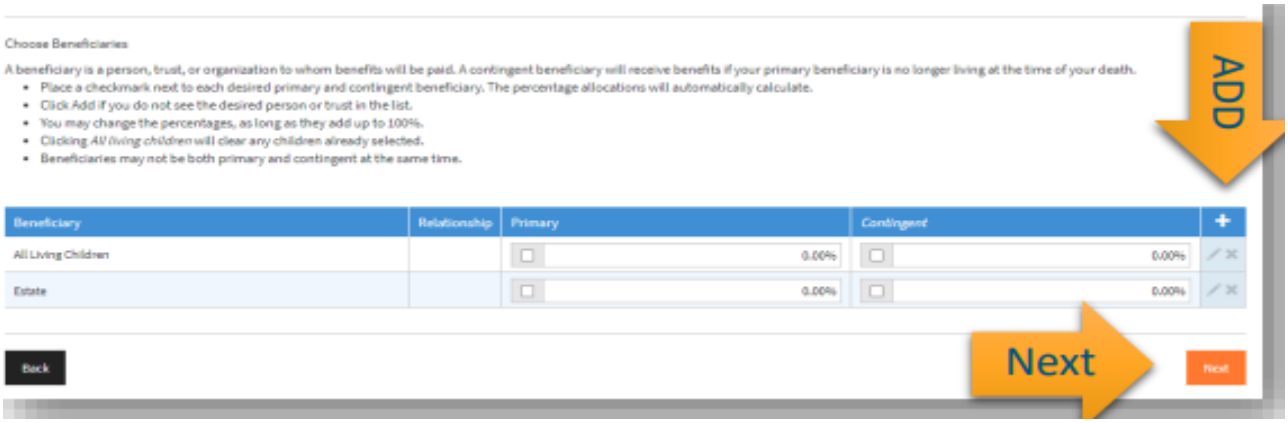
Step 5: Confirm Tobacco Status



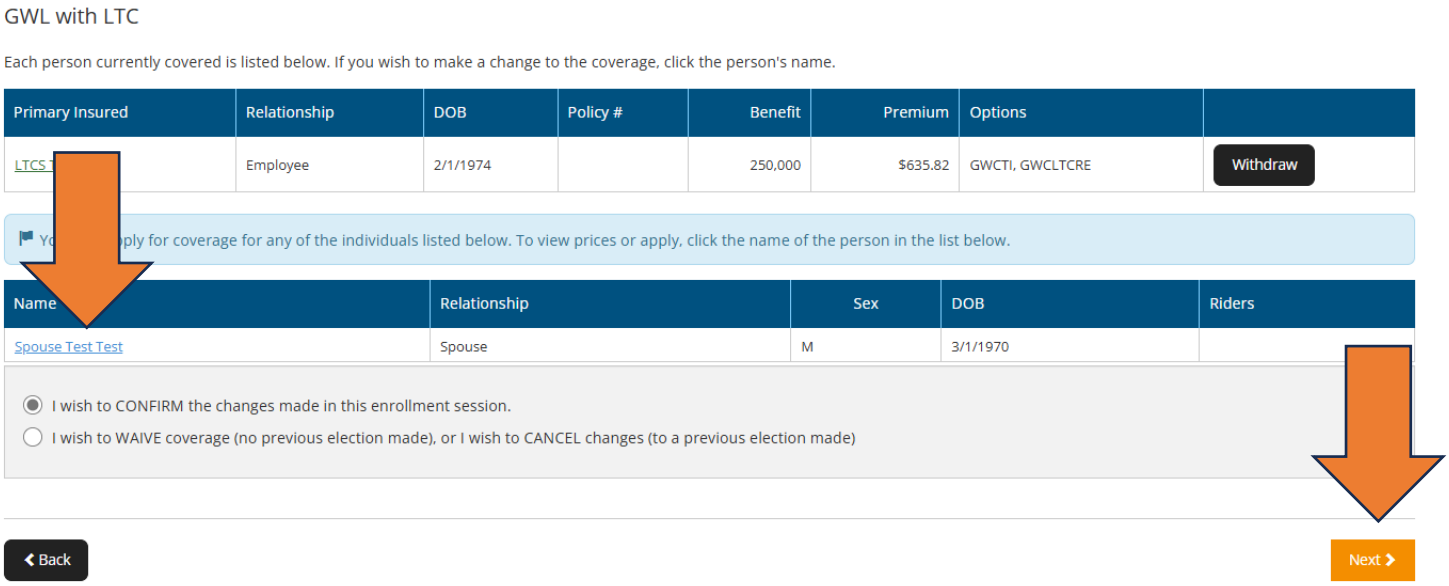
Step 6: Review Plan/Rates and select coverage amount



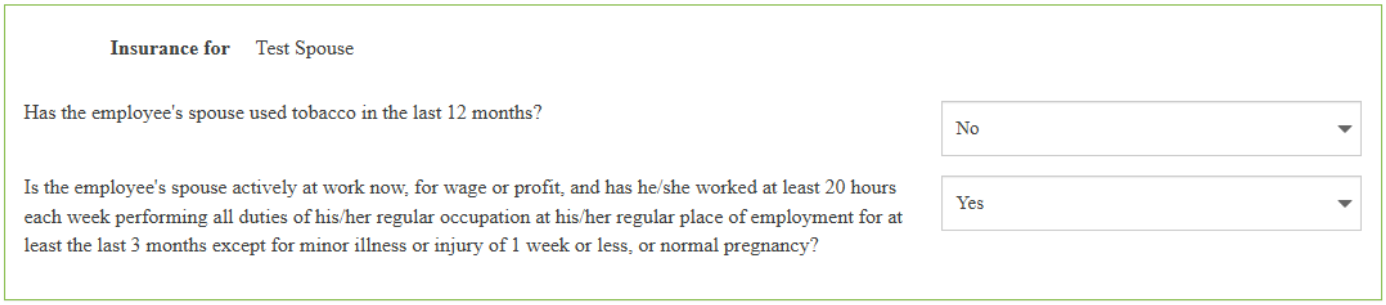
Step 7: Choose Beneficiaries



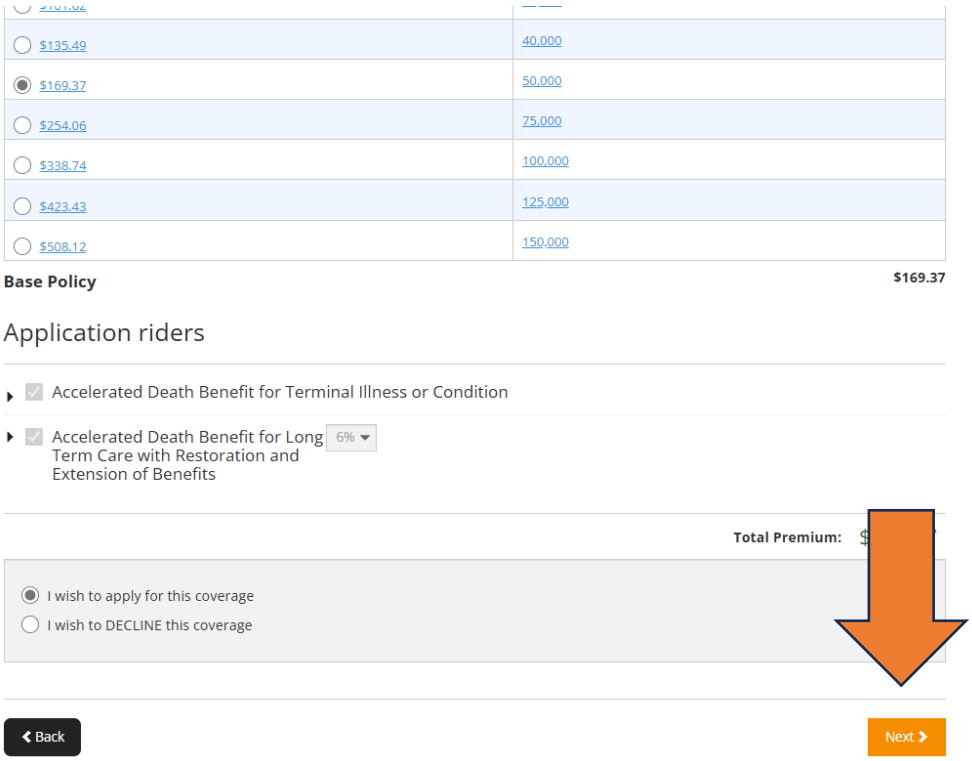
Step 8: Submit spouse application or click “Next” if not applying for spouse coverage.



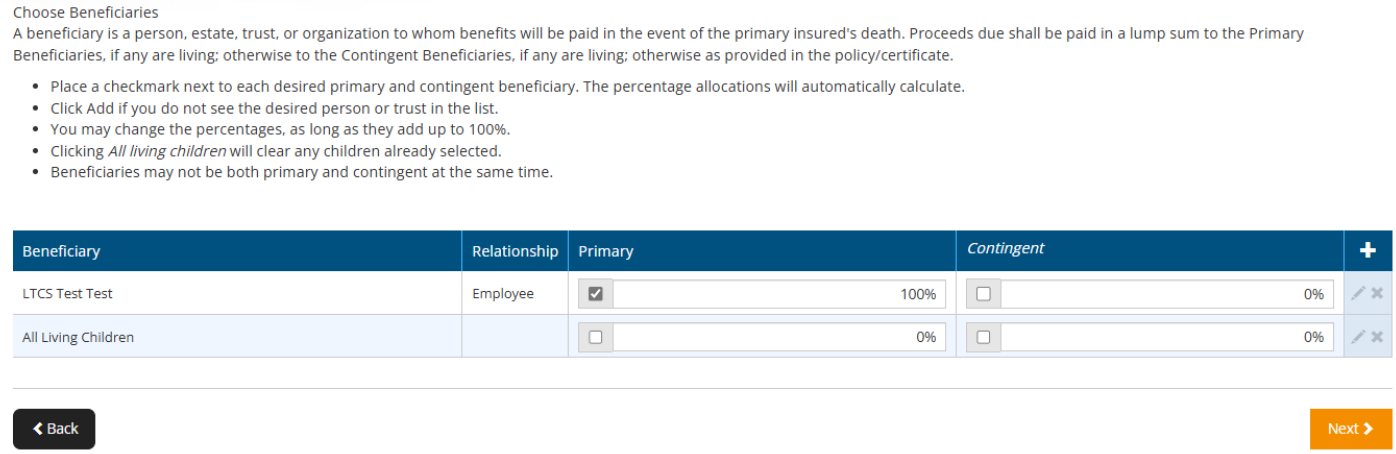
Step 9: If applying for spouse - answer Spouse Tobacco/Eligibility questions



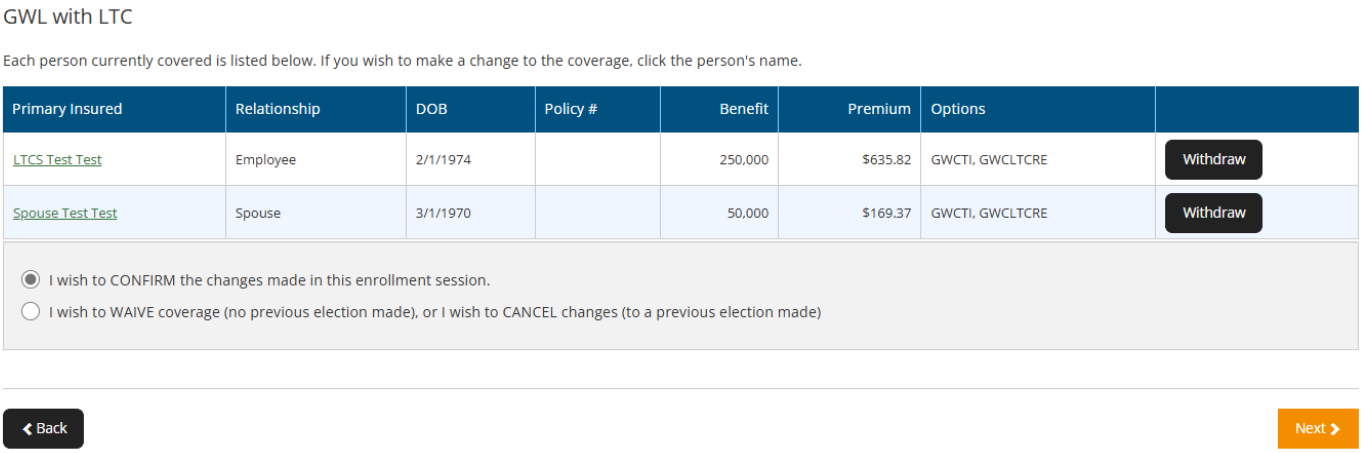
Step 10: Select coverage amount and choose “Next”



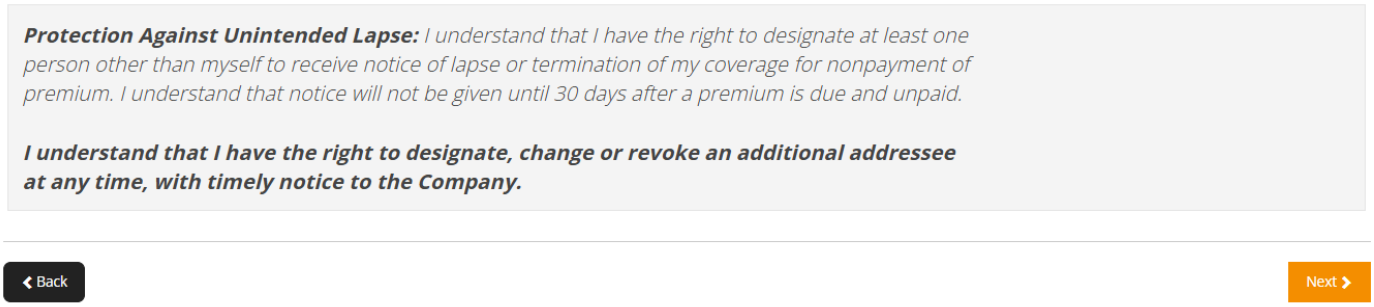
Step 11: If applying for spouse - choose beneficiaries for spouse policy



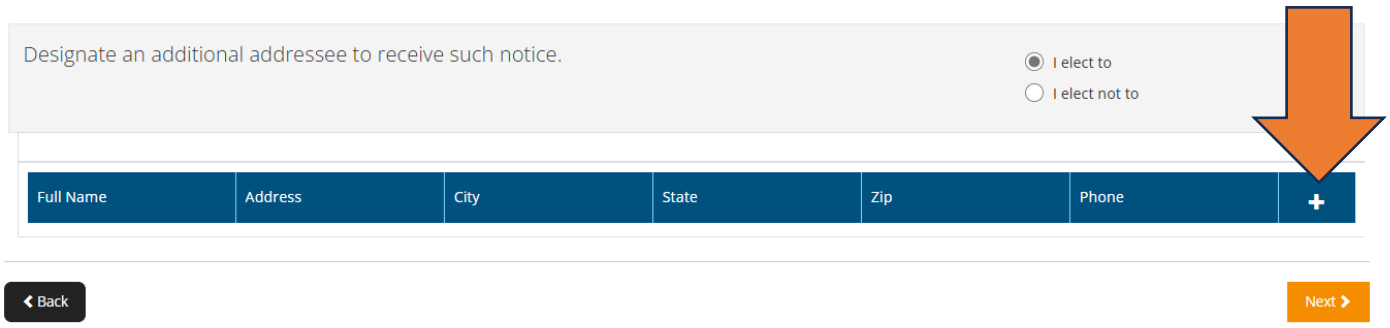
Step 12: Confirm selections or change by clicking on the applicants name



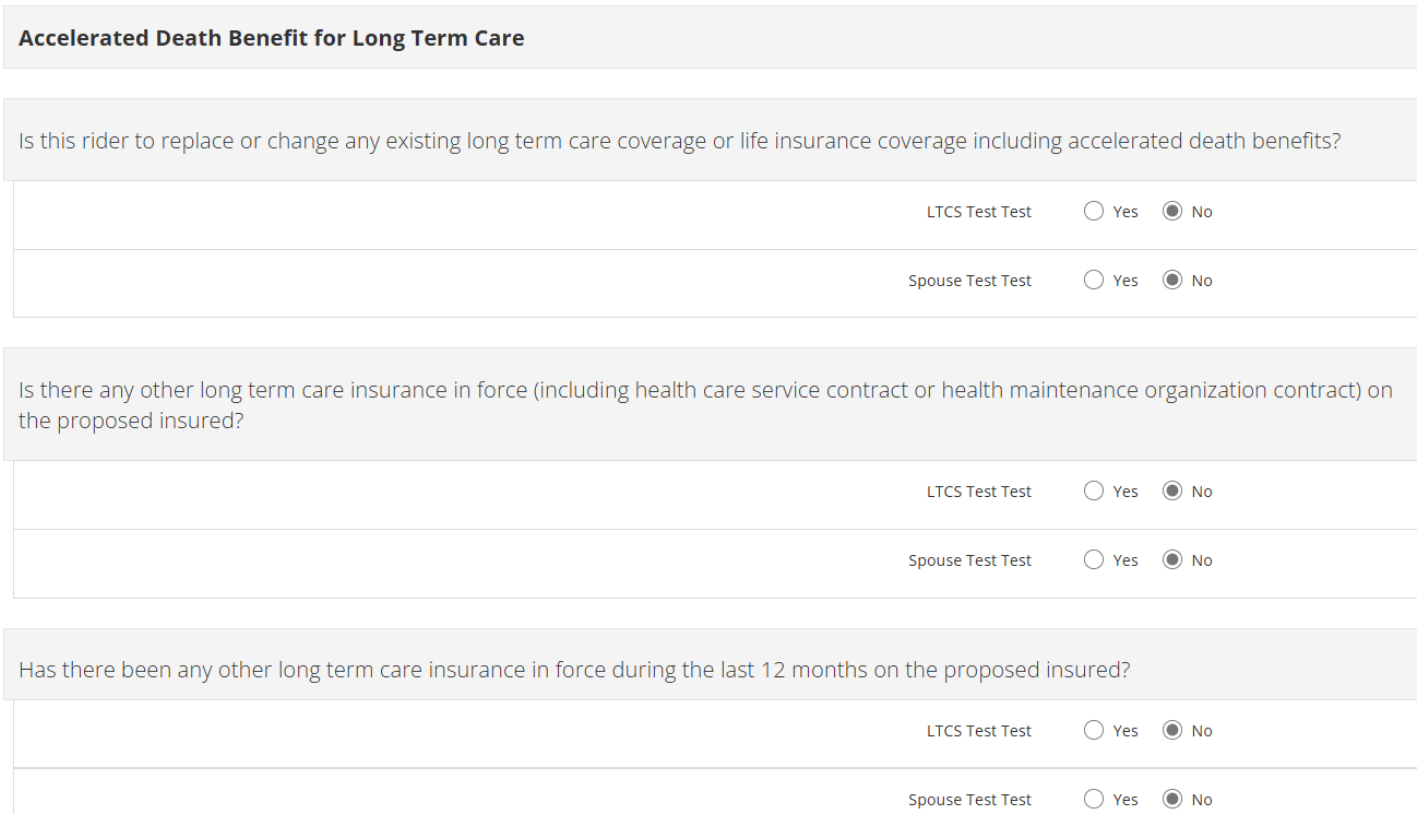
Step 13: Read statement and click “Next”



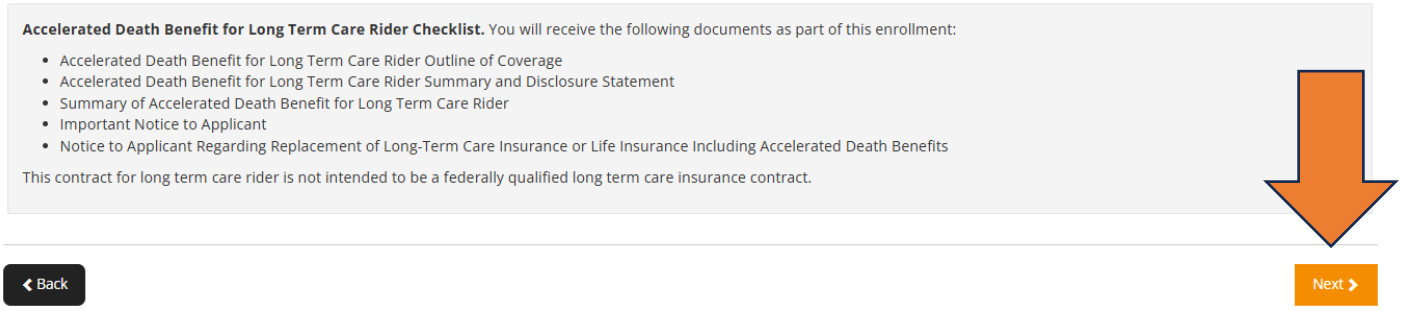
Step 14: Elect an additional addressee to receive unintentional lapse notice



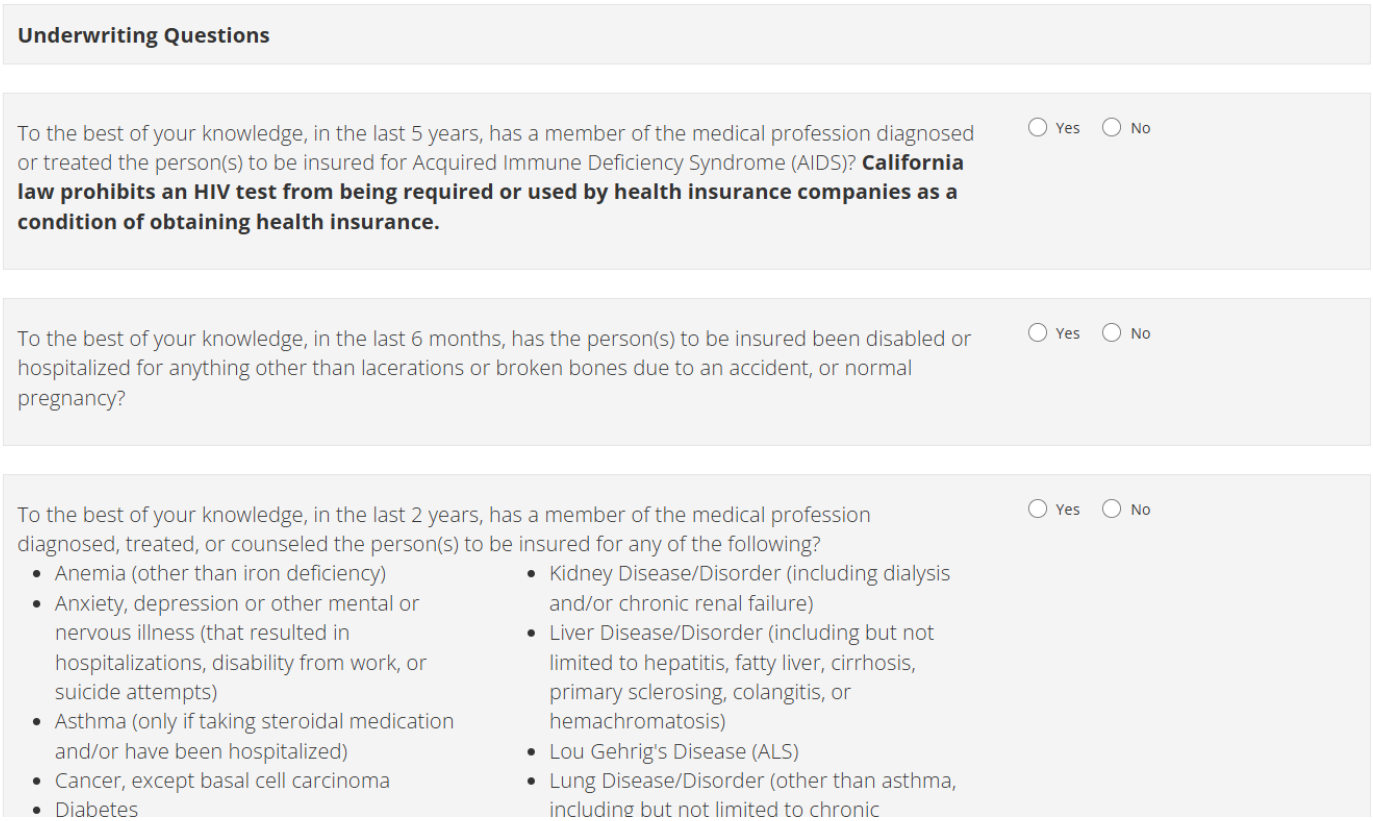
Step 15: Answer Questionnaire



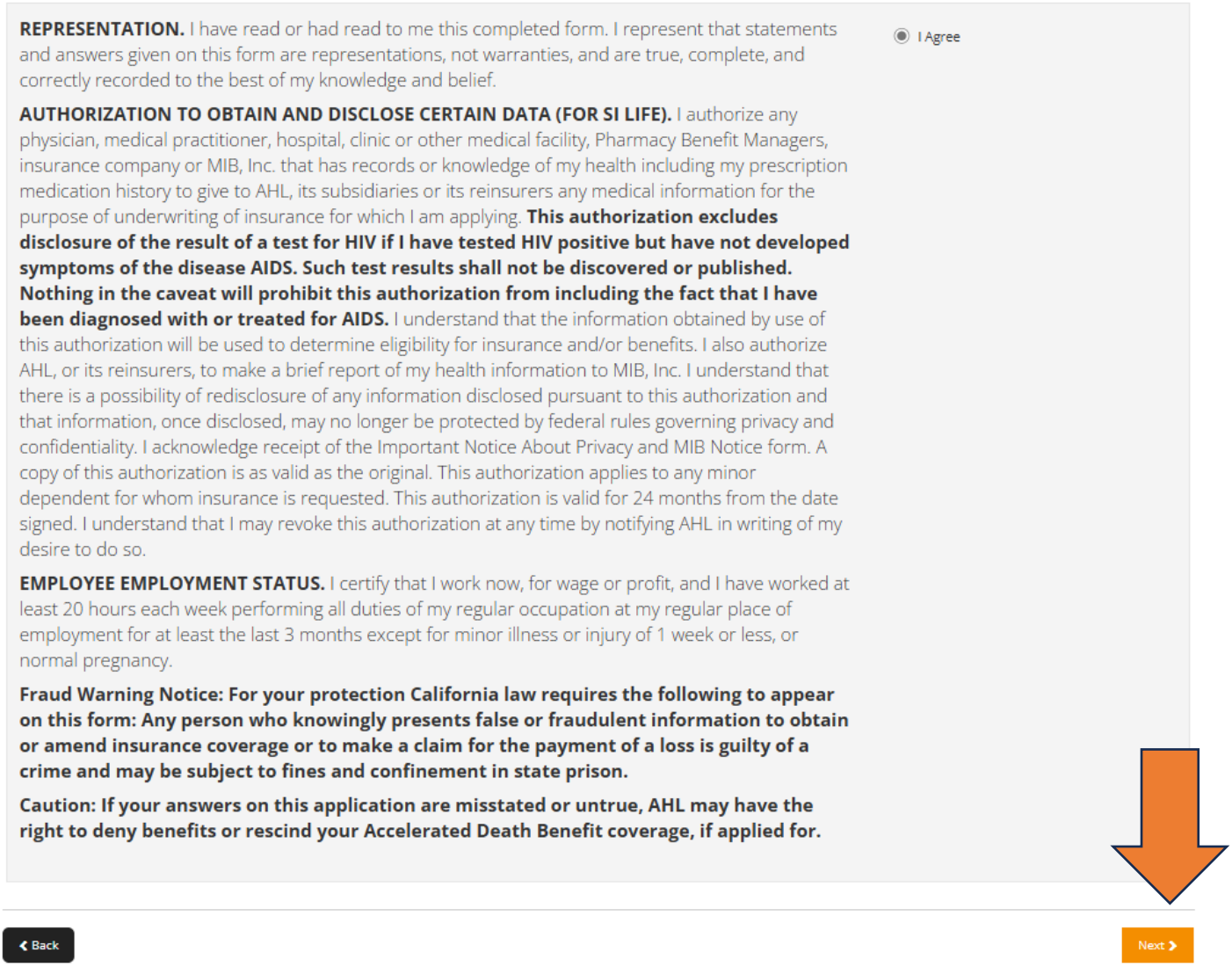
Step 16: Document List



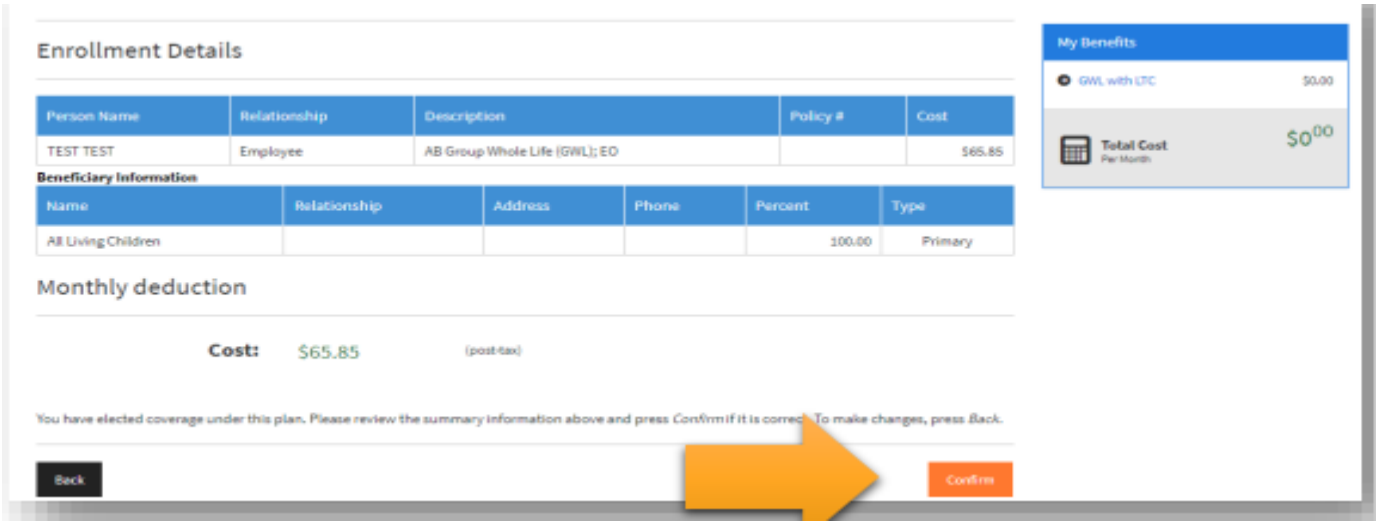
Step 17: Answer underwriting questions if applying above Guarantee Issue limits



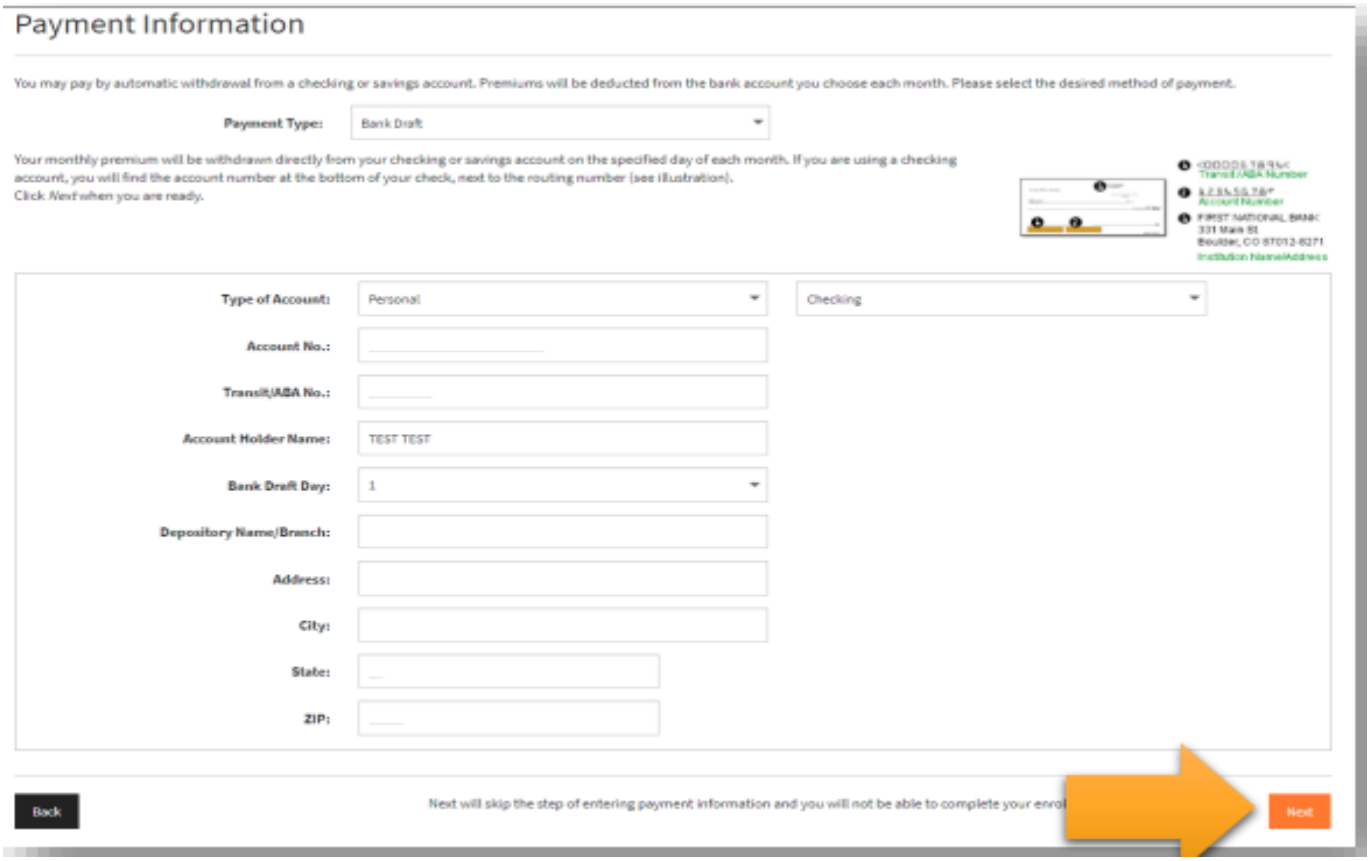
Step 18: Authorization – if applying above GI limits



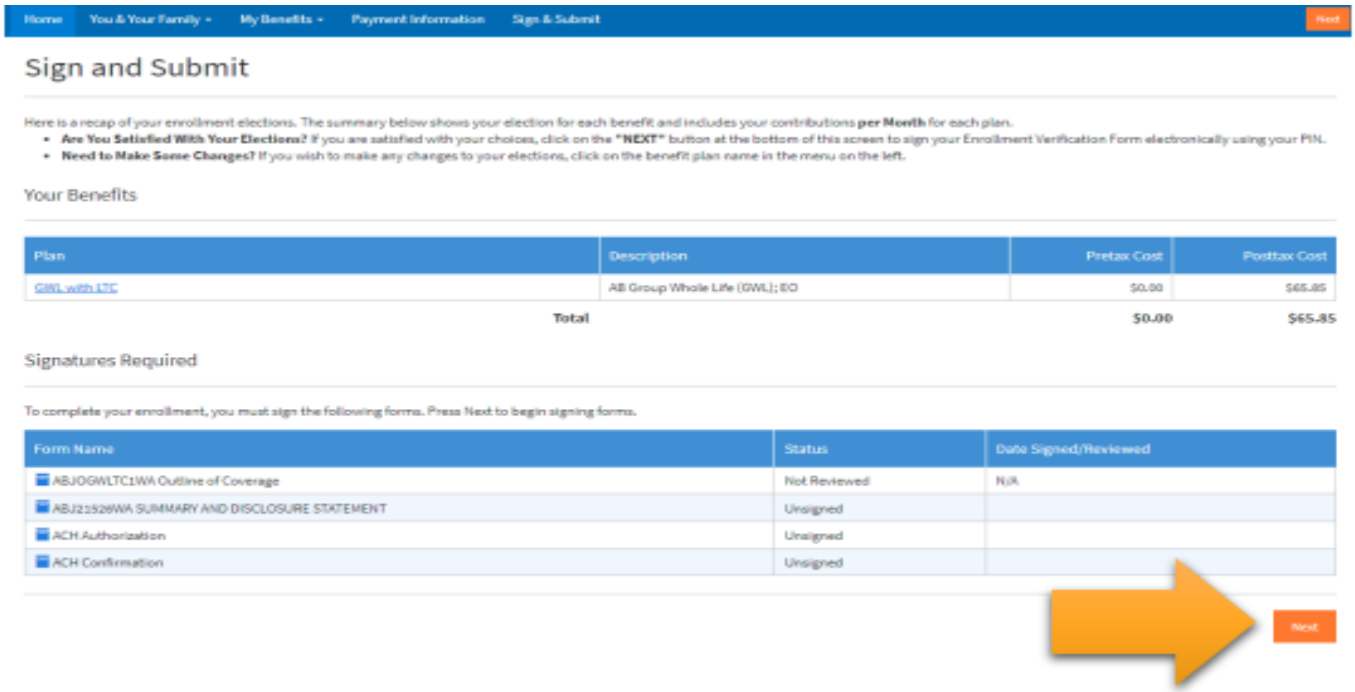
Step 19: Review your Benefits Section – To make changes, click Back. Click 'Confirm' when finished.



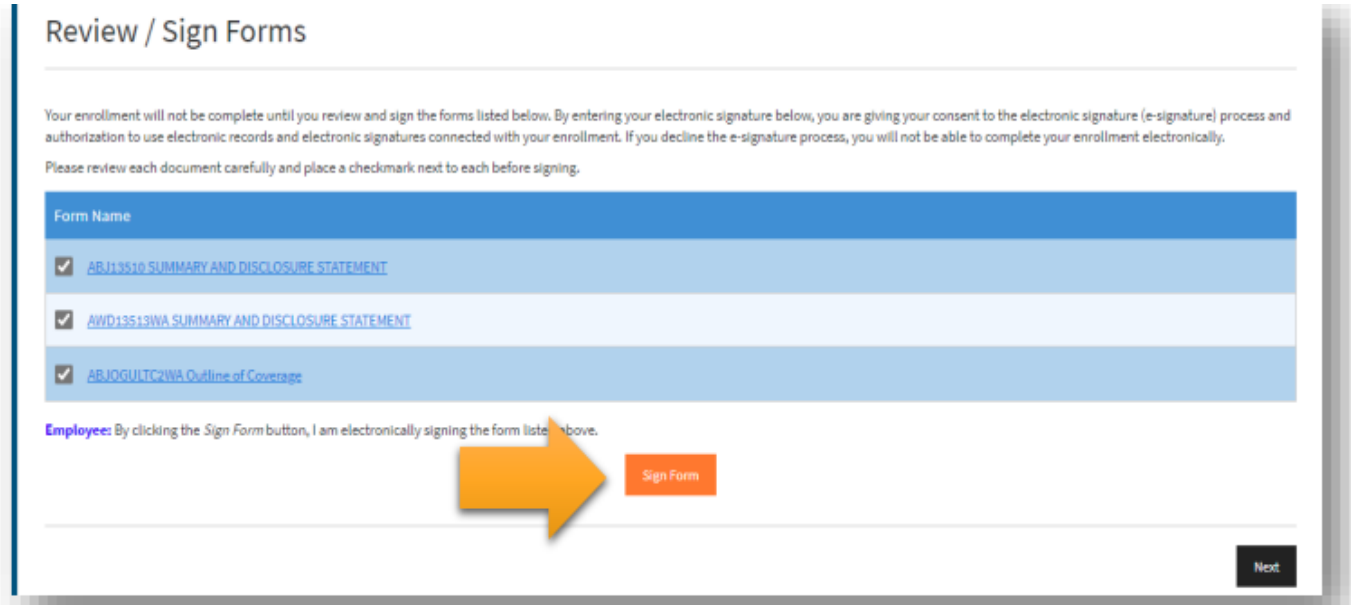
Step 20: Enter your Bank Account Information



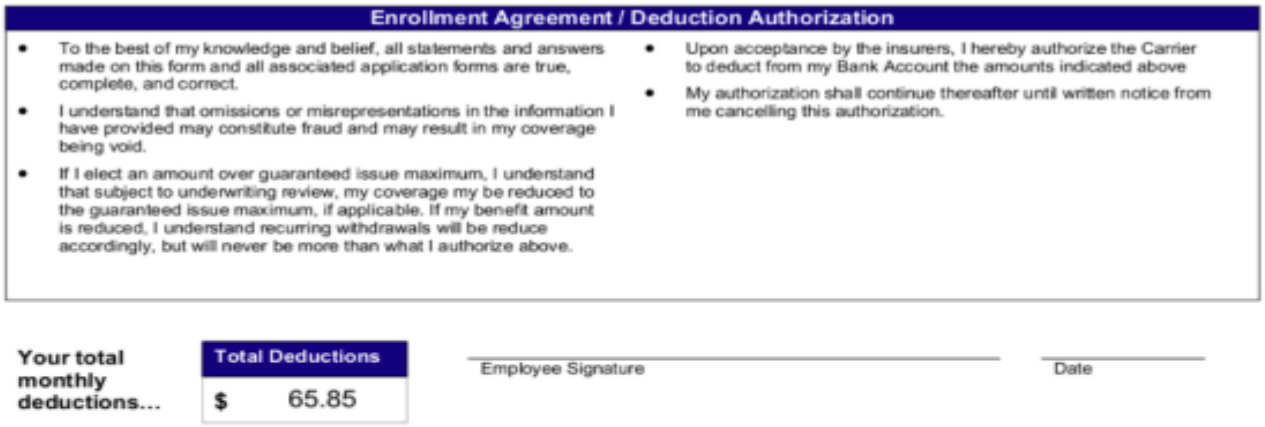
Step 21: Review your Enrollment Forms

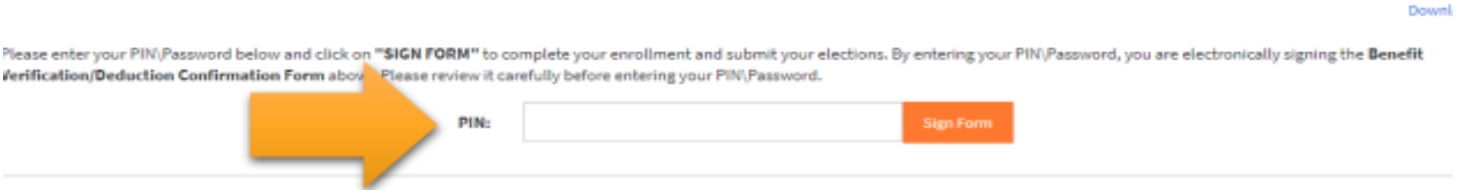


Step 22: Place a check mark next to the forms to sign

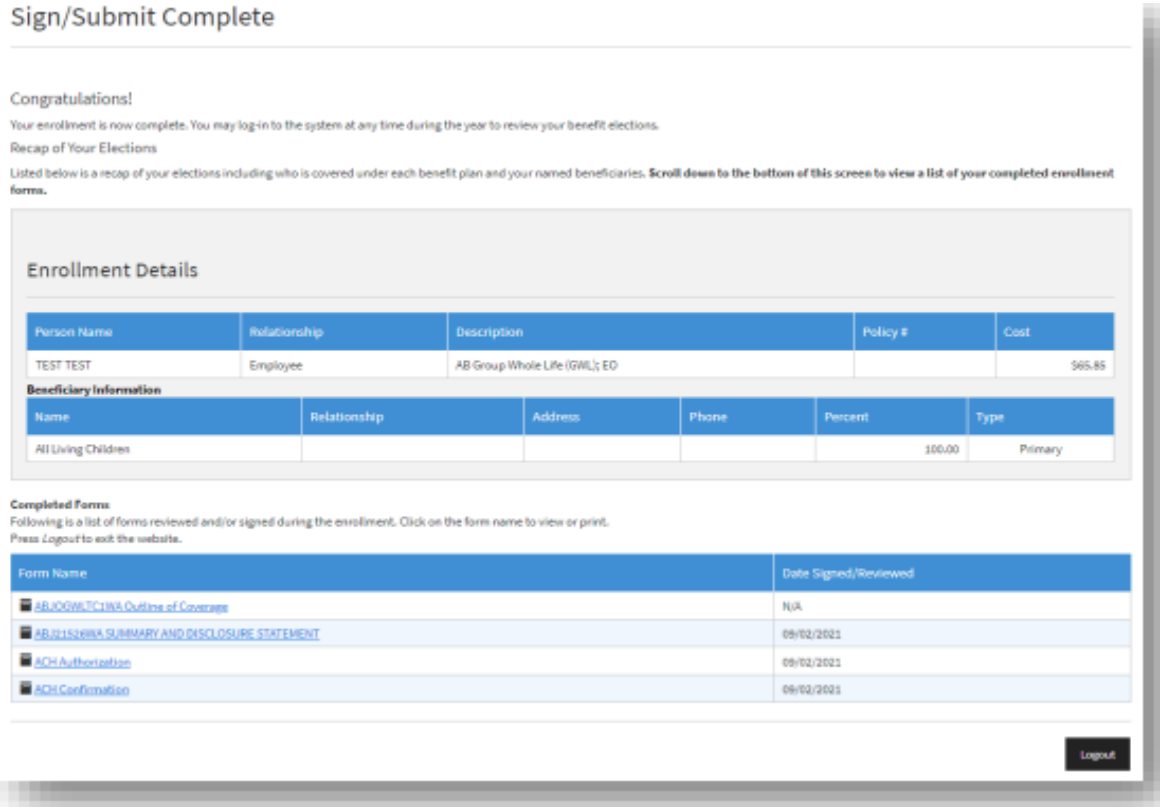


Step 23: Click 'Sign Form' – Enter PIN to Sign





Step 24: Verify Signing Complete



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.**

Enrollment Details

Person Name	Relationship	Description	Policy #	Cost
TEST TEST	Employee	AB Group Whole Life (GWL); EO		$65.85

Beneficiary Information

Name	Relationship	Address	Phone	Percent	Type
All Living Children				100.00	Primary

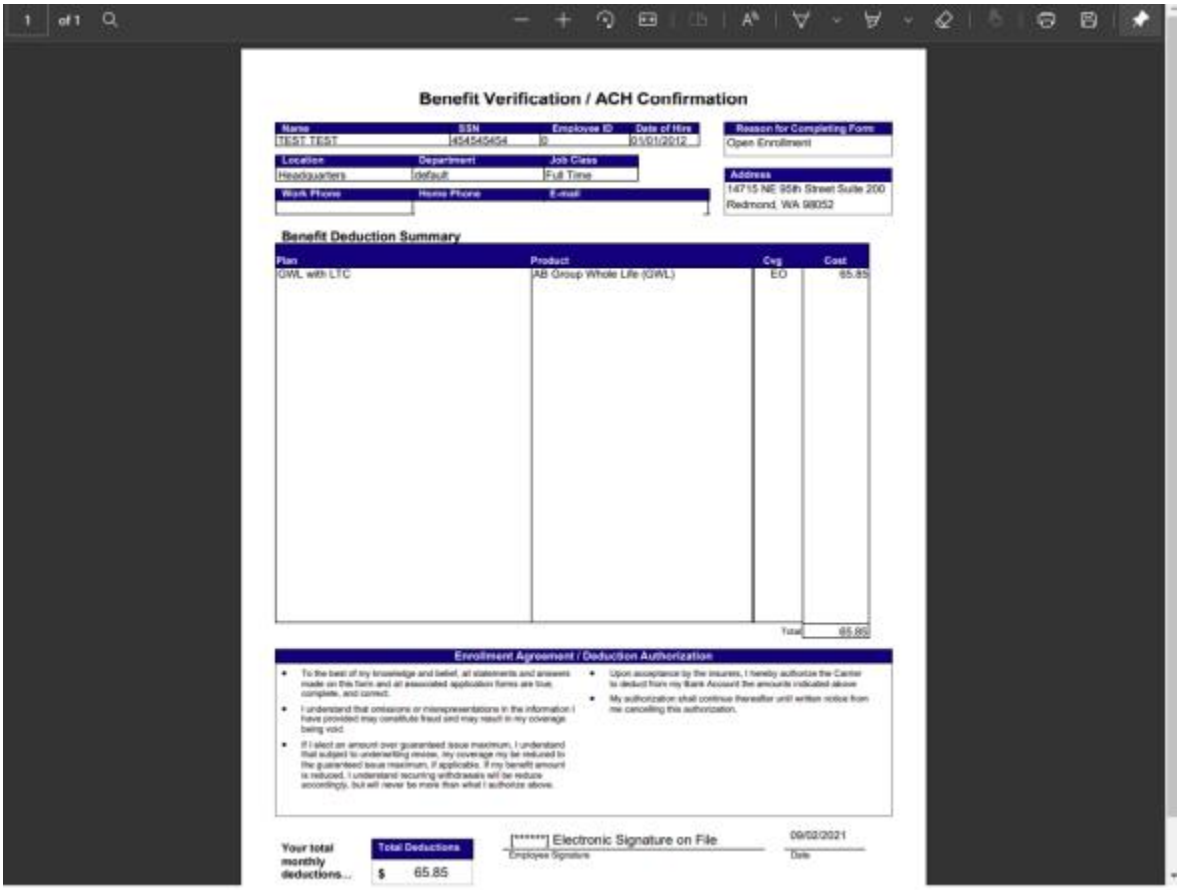
Completed Forms

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
AB-IOGWLTC1WA Outline of Coverage	N/A
AB-I21524WA SUMMARY AND DISCLOSURE STATEMENT	09/02/2021
ACH Authorization	09/02/2021
ACH Confirmation	09/02/2021

Logout

Step 25: Print ACH Confirmation for your Record



1 of 1

Benefit Verification / ACH Confirmation

Name	SSN	Employee ID	Date of Hire	Reason for Completing Form
TEST TEST	454545454	0	01/01/2012	Open Enrollment

Location	Department	Job Class
Headquarters	default	Full Time

Work Phone	Home Phone	E-mail

Address
14715 NE 95th Street Suite 200
Redmond, WA 98052

Benefit Deduction Summary

Plan	Product	Cvg	Cost
GWL with LTC	AB Group Whole Life (GWL)	EO	65.85
		Total	65.85

Enrollment Agreement / 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.
- If I elect an amount over guaranteed issue maximum, I understand that subject to underwriting review, my coverage my be reduced to the guaranteed issue maximum, if applicable. If my benefit amount is reduced, I understand recurring withdrawals will be reduce accordingly, but will never be more than what I authorize above.
- Upon acceptance by the insurers, I hereby authorize the Carrier to deduct from my Bank Account the amounts indicated above.
- My authorization shall continue thereafter until written notice from me cancelling this authorization.

Your total monthly deductions...

Total Deductions
$ 65.85

[******] Electronic Signature on File
Employee Signature

09/02/2021
Date