Trustmark Selerix Self-Enrollment Guide
for City of Lee's Summit
2025

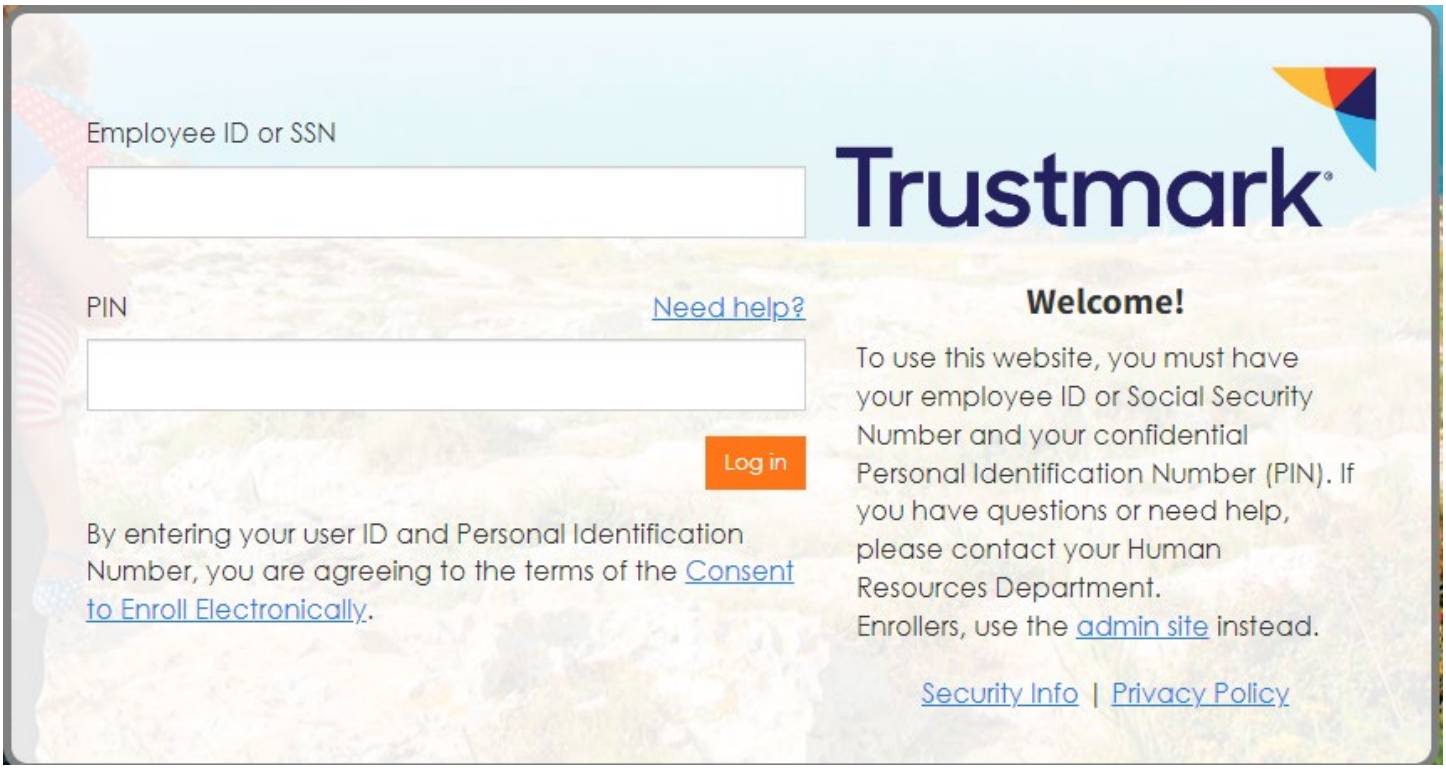
1. Go to www.cityoflsbenefits.com. Hover over the "Enrollment" tab, then choose "Open Enrollment" from the dropdown. Then click on "Enroll in 2025 Benefits."

   a. Enter your Employee ID or full SSN (no dashes).

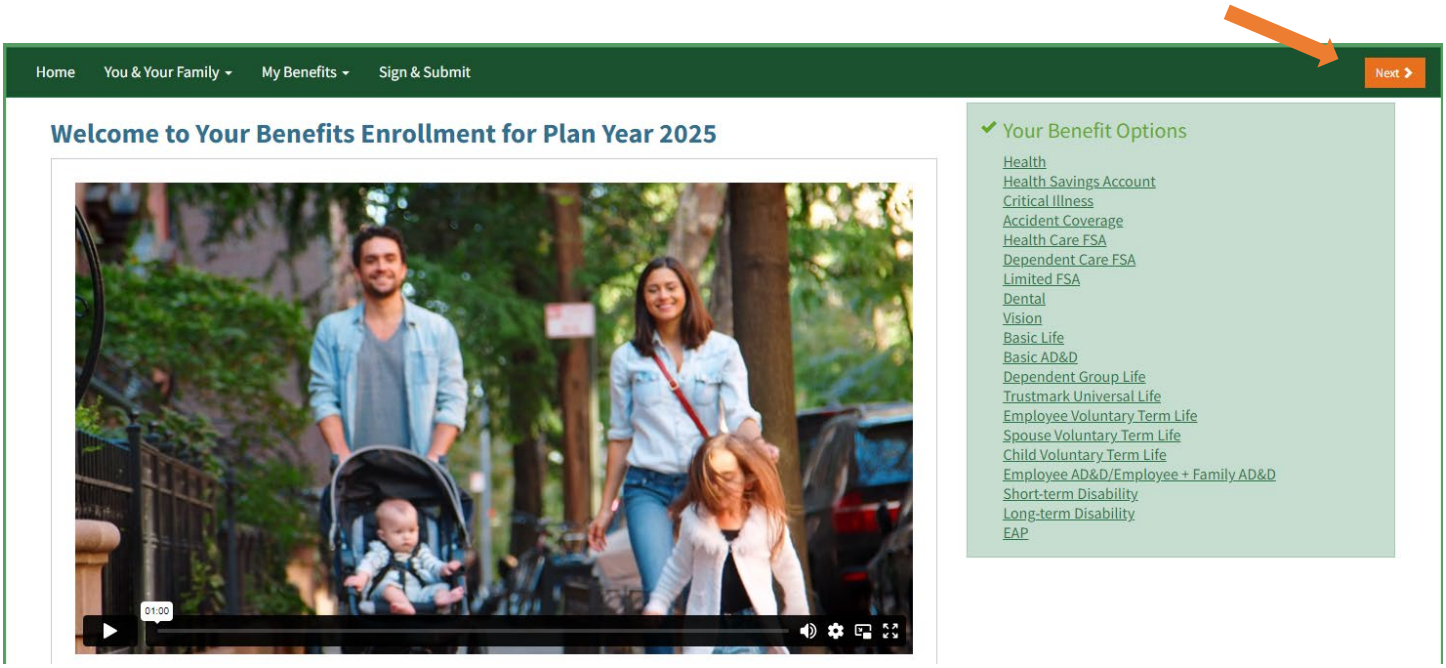
   b. PIN = Password and that will be the last four of your SSN + the last 2-digits of your birth year (EX: SSN with last four of 1234 and birth year of 1972 would result in a PIN of 123472)

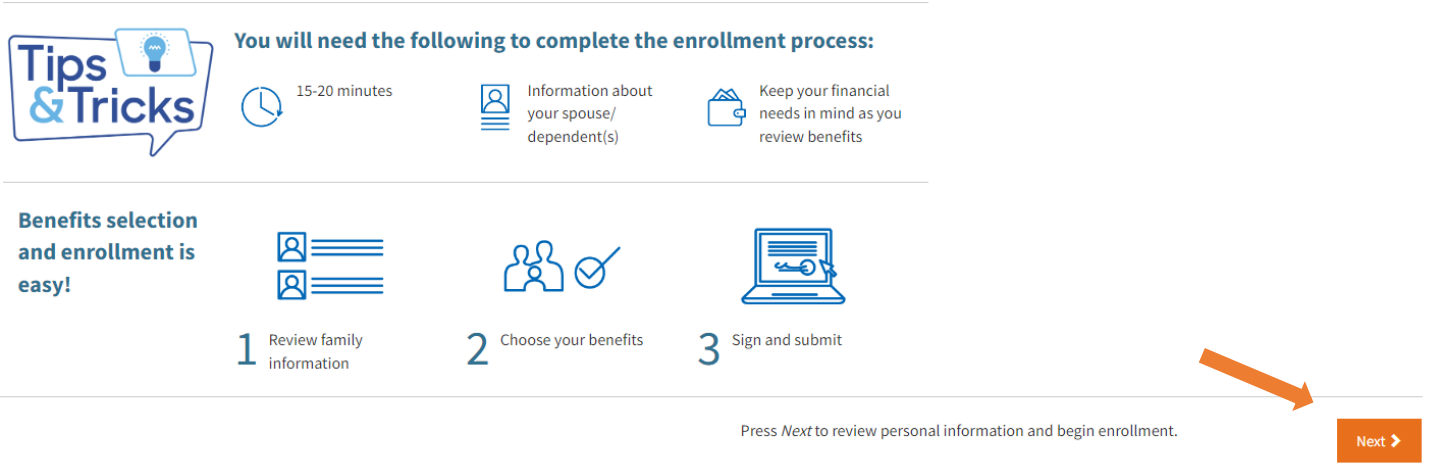
   c. If you have any issues or questions about the process, you may feel free to call the Enrollment Center at 1-844-350-4040.
      - Call Center Hours: 8:30 am–5:00 pm Monday-Friday, October 21 – November 8.
      - The Call Center will also be open until 6:00 pm on Tuesdays and Thursdays during the open enrollment period.

   d. If you get interrupted in the middle of your enrollment process, your work to that point will be saved. Just log in again later and pick up where you left off.

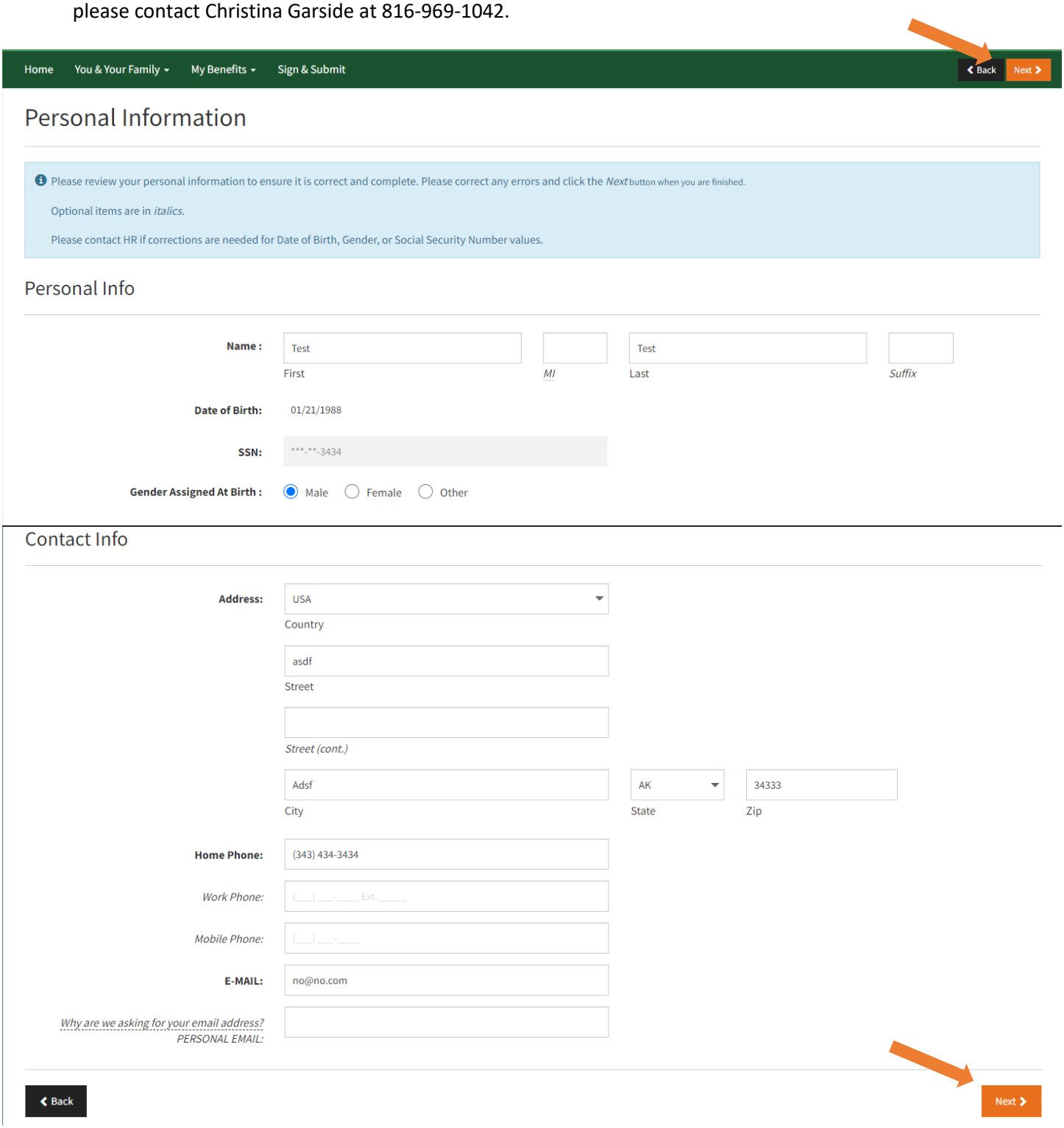


2. You should now be at the “Welcome” screen. Here you will click on “Next” in the upper right or bottom right corner to review your personal info, review your dependents, add dependents if needed, and begin your enrollment.



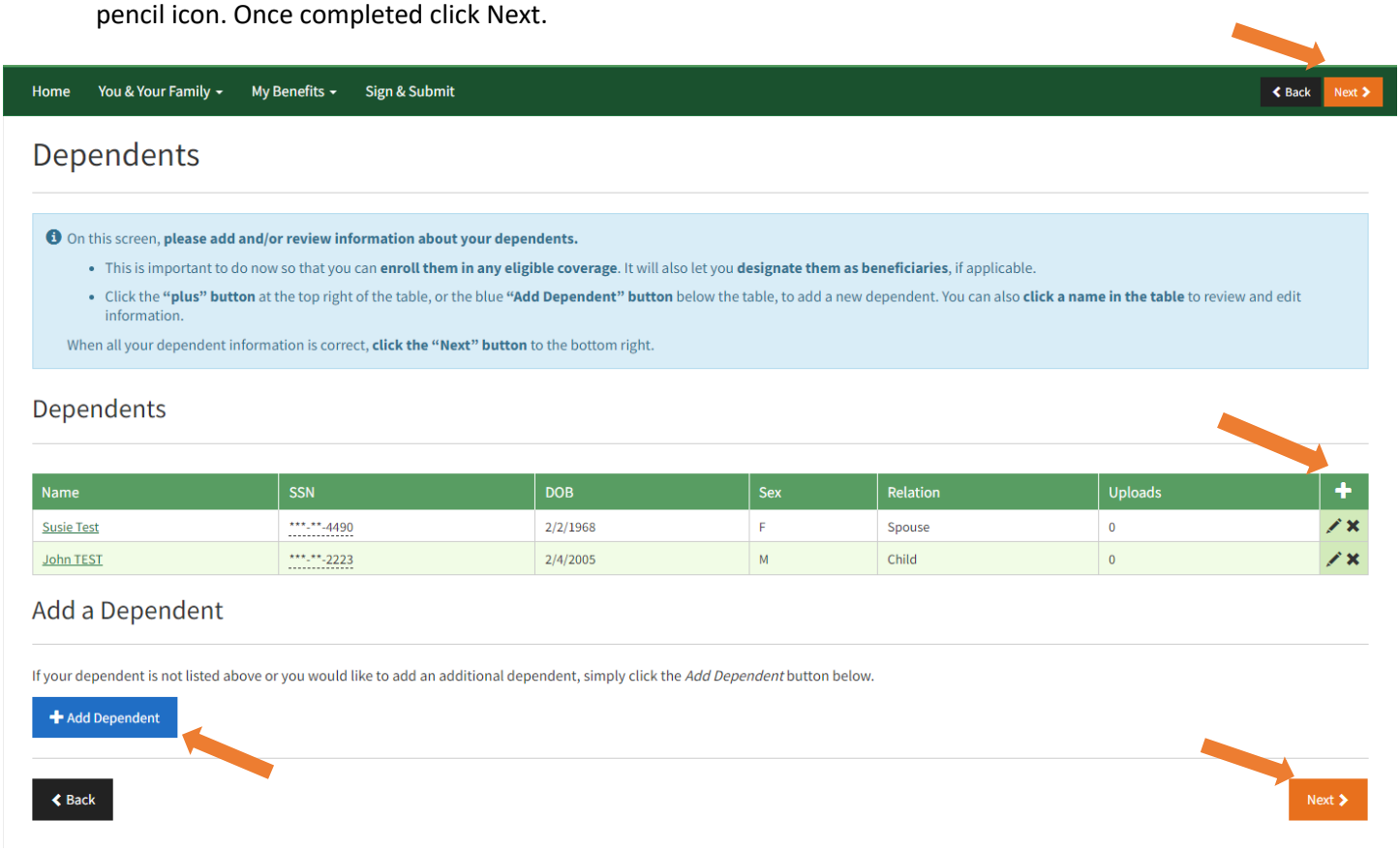


3. If all your personal info is correct, click “Next” in the upper or lower right-hand corners of the screen. Please note that optional fields are in italics while required fields are in a regular font.
   **Please note that you are unable to make changes to your name on this page. If you have a name change, please contact Christina Garside at 816-969-1042.

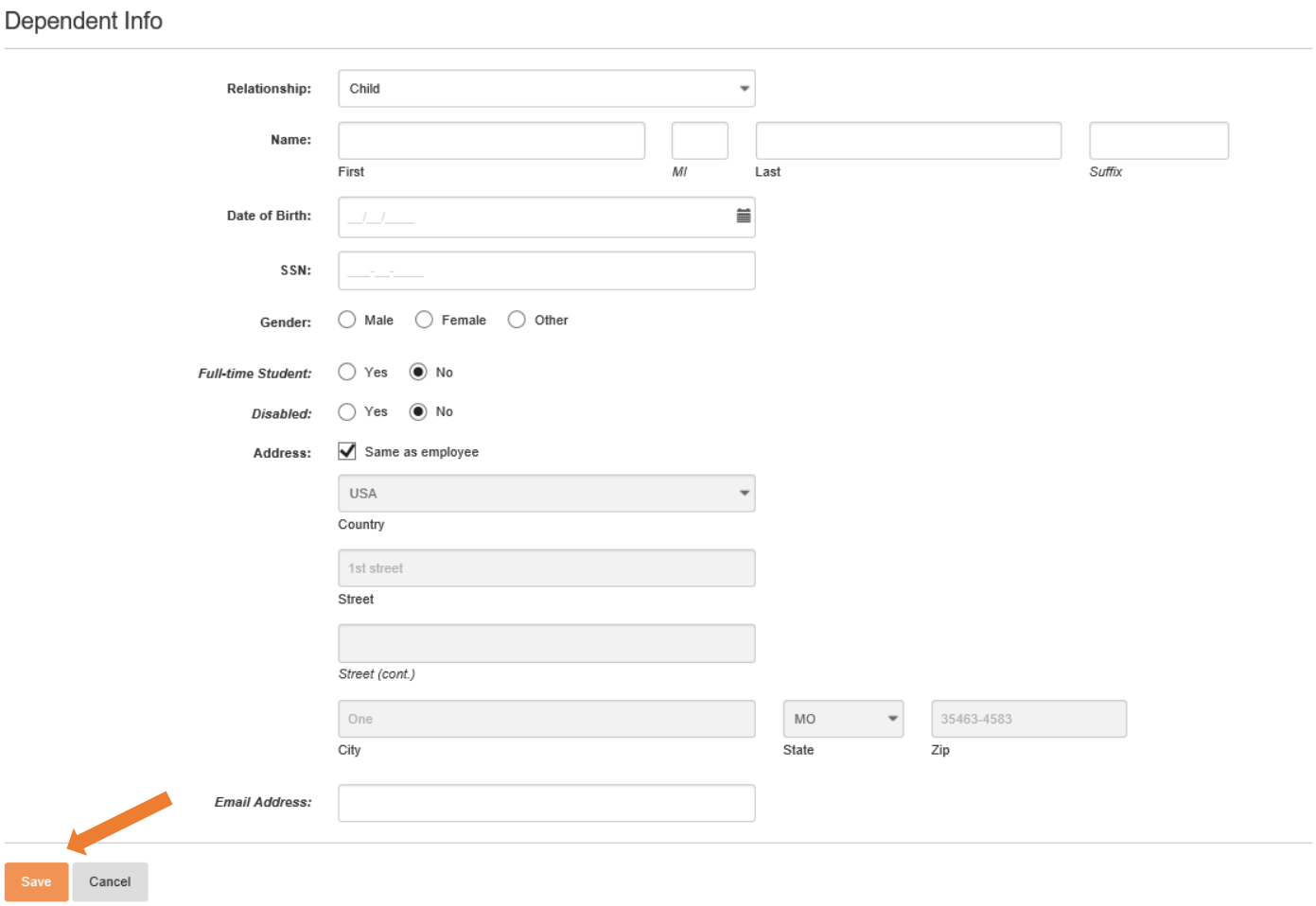


4. On the Dependents screen you will want to verify that the dependents you wish to cover for any coverages are listed. If you need to add a dependent, you will need to have the dependent's DOB and SSN.

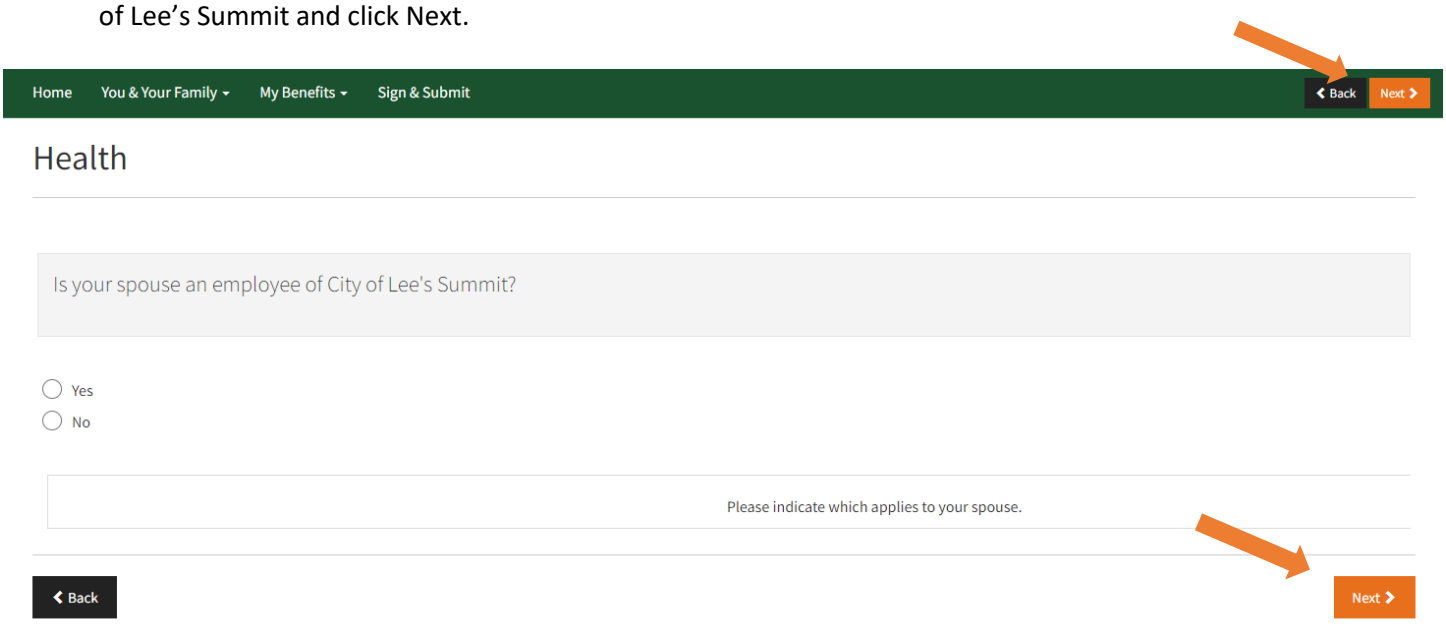
   To add a dependent click the "+" sign on the right side of the page in the blue bar or click the blue "Add Dependent" button. If a dependent has already been added and you need to edit their information, select the pencil icon. Once completed click Next.



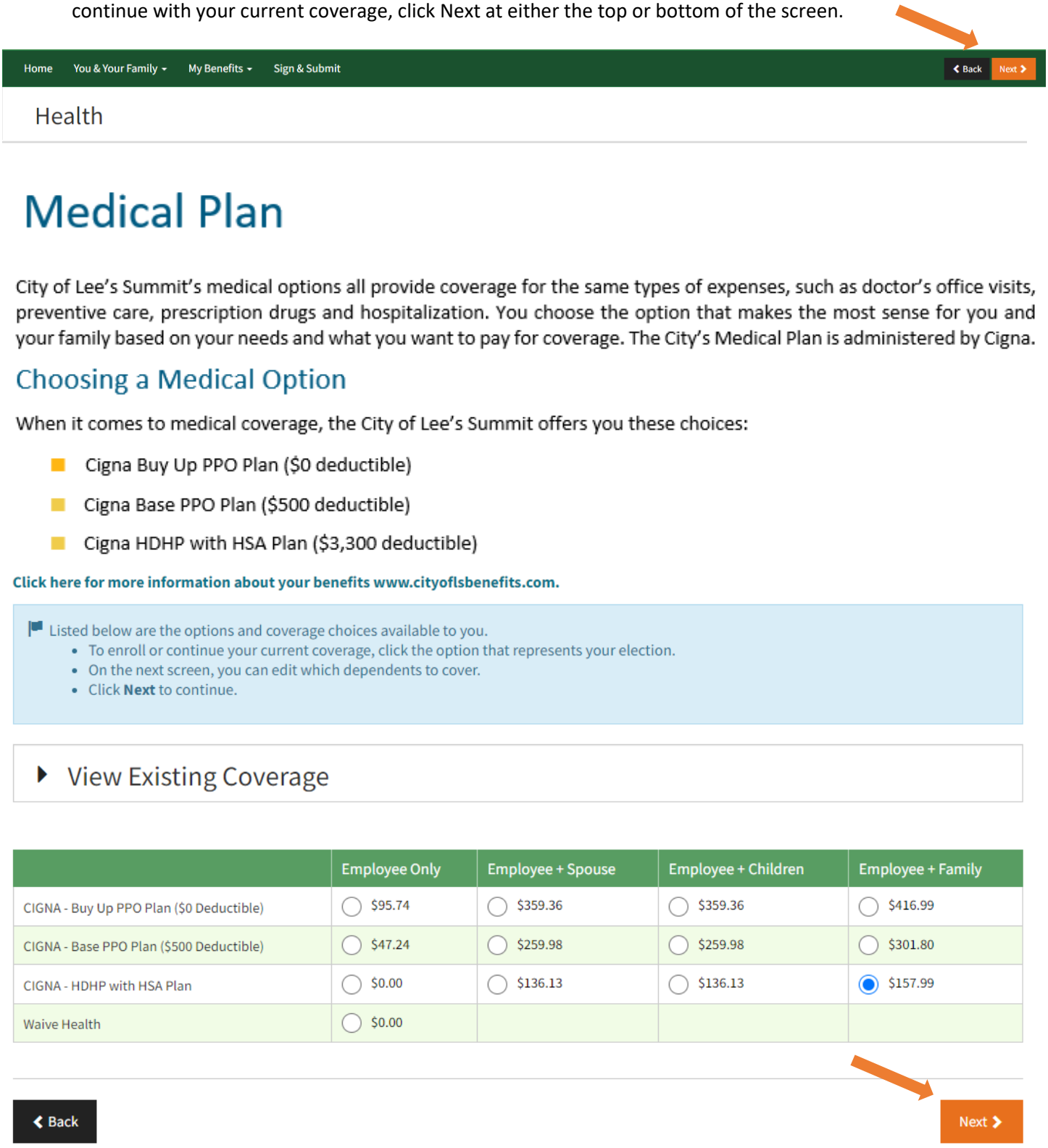
5. Input dependent information and click “Save” when complete. Once you are finished adding any dependent information it will take you back to the Dependent page and you will click Next.



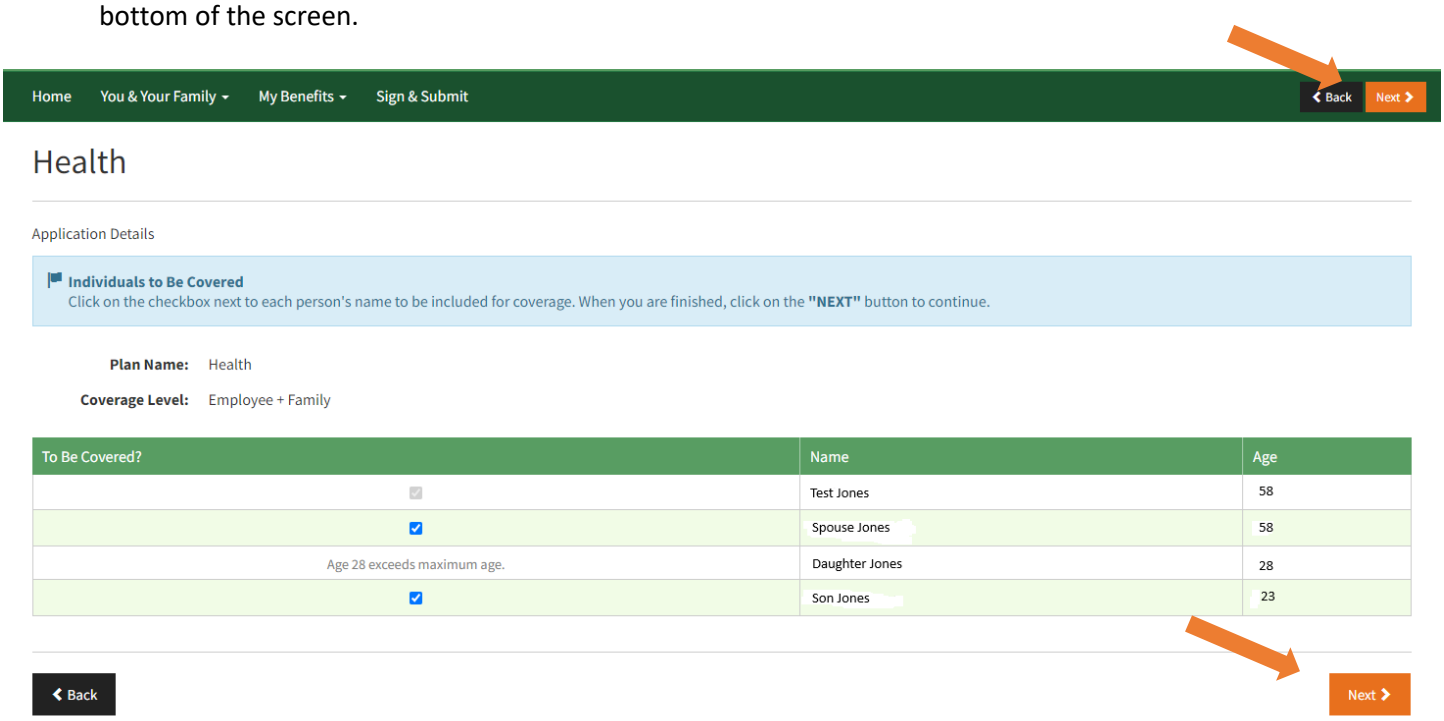
6. On the Health page you will answer the question regarding whether your spouse is also an employee of the City of Lee’s Summit and click Next.



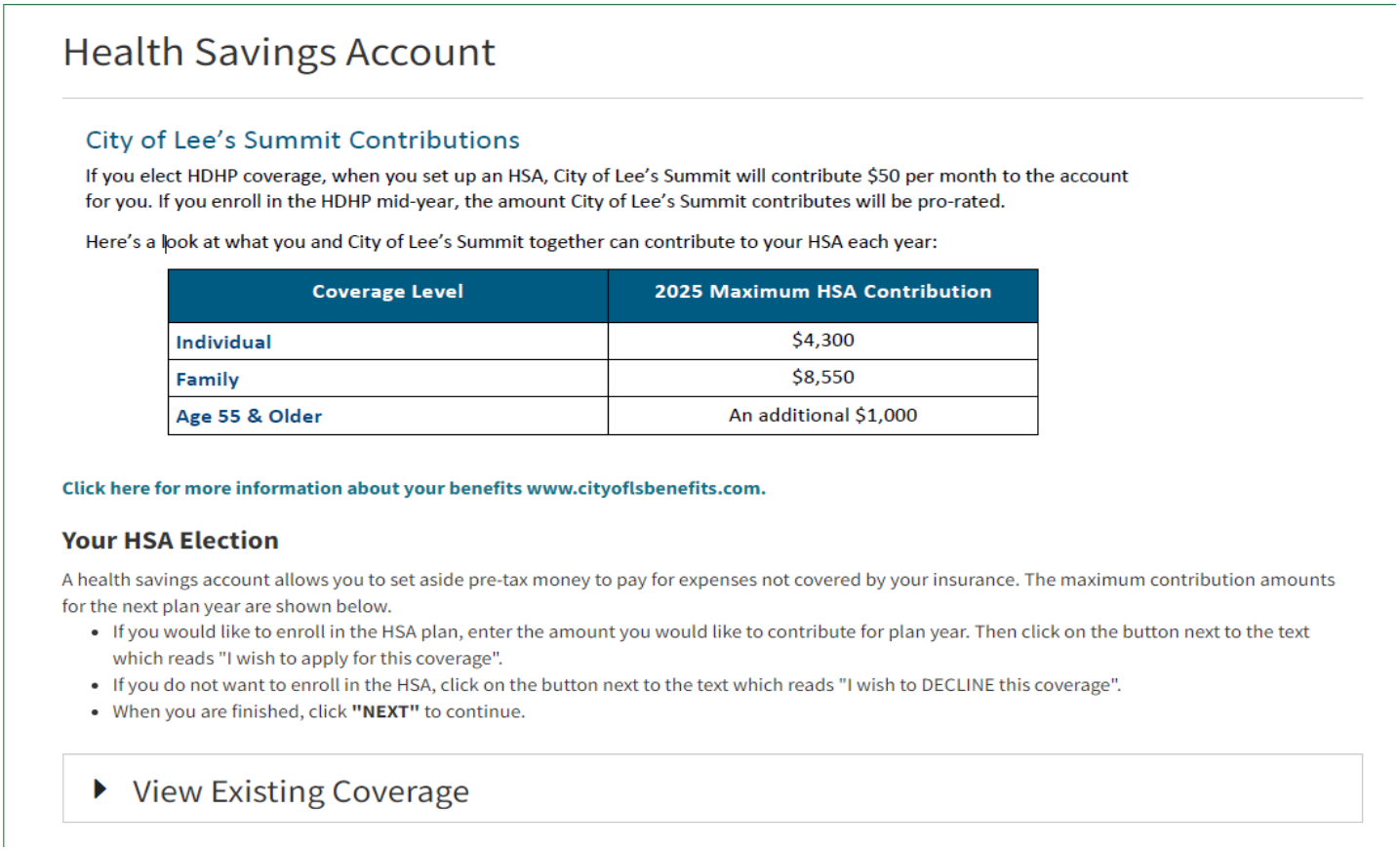
7. As this is an active enrollment you will be taken through all the benefits screens starting with **Health** for you to review/change your elections if you choose. Once you have made any necessary changes or if you are good to continue with your current coverage, click Next at either the top or bottom of the screen.

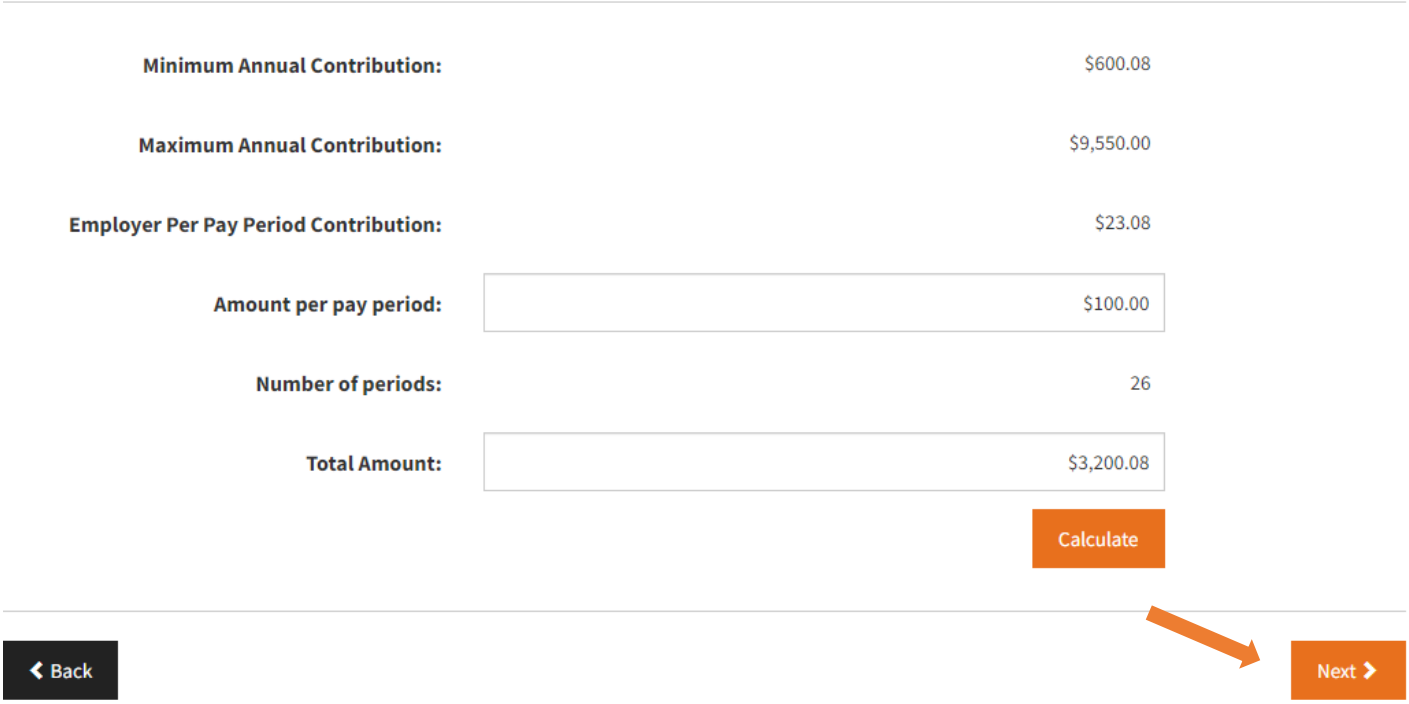


8. The next screen is going to verify who will be covered for your health benefit and you can make changes by selecting the check box next to the name of the dependent. Once complete, click Next at either the top or bottom of the screen.

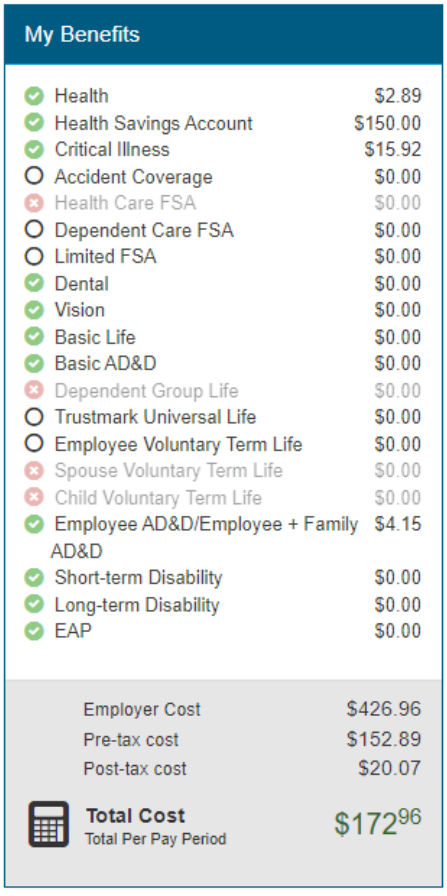


9. If you choose the HDHP health plan you are entitled to enroll in a Health Savings Account (HSA). You can enter in the amount you wish to contribute per paycheck and the calculator will show you the total amount of your contribution. If you go over the Maximum Allowable Contribution amount the system will automatically default to the max amount you can contribute. Once complete, click *Next* at the bottom of the screen.





10. In addition, on the right-hand side of the screen, you will see a box entitled *My Benefits*. When you have completed the enrollment for a benefit it will be marked with a **green** checkmark. Benefits that have a **red** x are unable to be modified. Any benefit with an empty circle still needs attention. You will also be able to monitor the total payroll costs as you are completing your enrollment process.



11. In each benefit section, you will have the option to enroll in your preferred plan and select your coverage tier or decline the coverage. Once complete, click *Next* at the bottom of the screen.

Critical Illness

Need Help? Call 1-855-396-7655 (855-EZ-NROLL)

Why Critical Illness?

Learn More

Customer Reviews

See what others are saying about The Hartford

With Critical Illness insurance, you'll receive a lump-sum payment when a covered illness is diagnosed. You can use the payment in any way you choose, including expenses not covered by your medical insurance and day-to-day living expenses (i.e. rent or mortgage payments, groceries, child care, utility bills, etc.).

Why It's Important

A major illness – such as cancer, a heart attack or stroke – can leave you emotionally, physically and financially overwhelmed. Critical Illness insurance can help relieve the financial impact of an illness so you can focus on recovery.

Your Employer's Plan Details

A claim for benefits may not be approved for a pre-existing condition, as stated in the applicable policy.

Listed below are the options and coverage choices available to you.

- To enroll or make changes, click on the button next to the cost which represents your election.
- When you are finished, click on the **"NEXT"** button to continue.
- Rates and/or benefits may be changed on a class basis.

Click here for more information about your benefits www.cityoflsbenefits.com.

Please select the desired benefit level

Benefit Levels: (•) Non-Smoking ( ) Smoking

Employee Only	Employee + Spouse	Employee + Children	Employee + Family
( ) $11.26	( ) $17.55	( ) $12.20	(•) $18.65

Benefit Amount: $10,000

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY. This limited health benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent.

* Information regarding dependent benefit amounts (if applicable) is available through the "Your Employer's Plan Details" link, above.

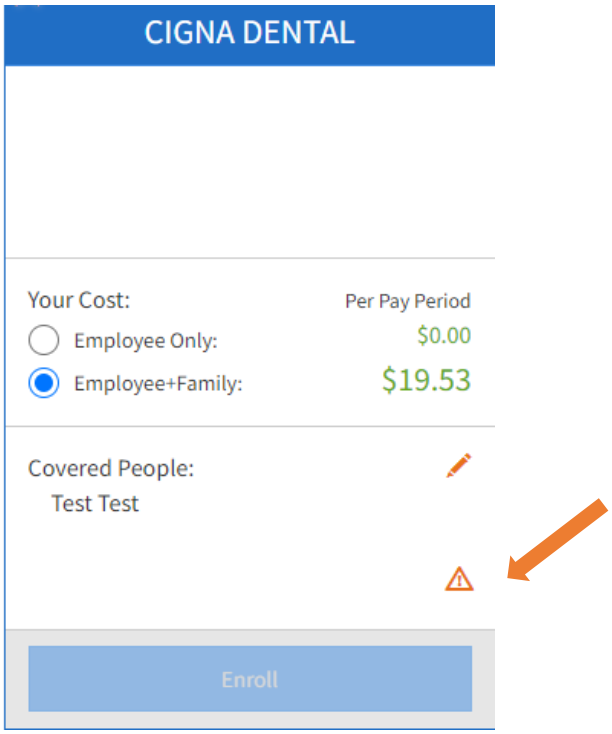
( ) I wish to apply for this coverage
( ) I wish to DECLINE this coverage

To **add** the coverage select **I wish to apply for this coverage**.

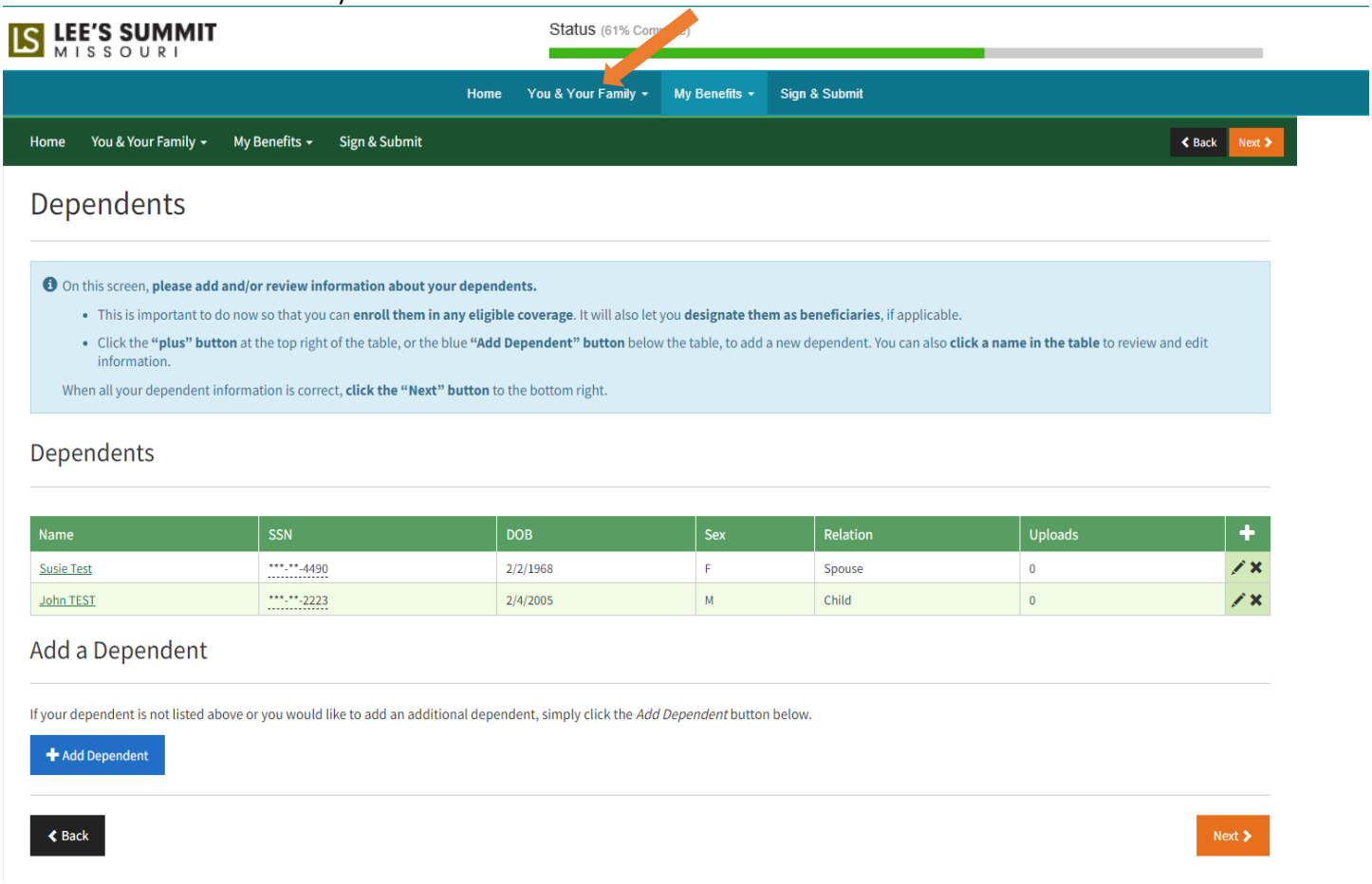
To **decline** coverage select **I wish to DECLINE this coverage**

Back Next

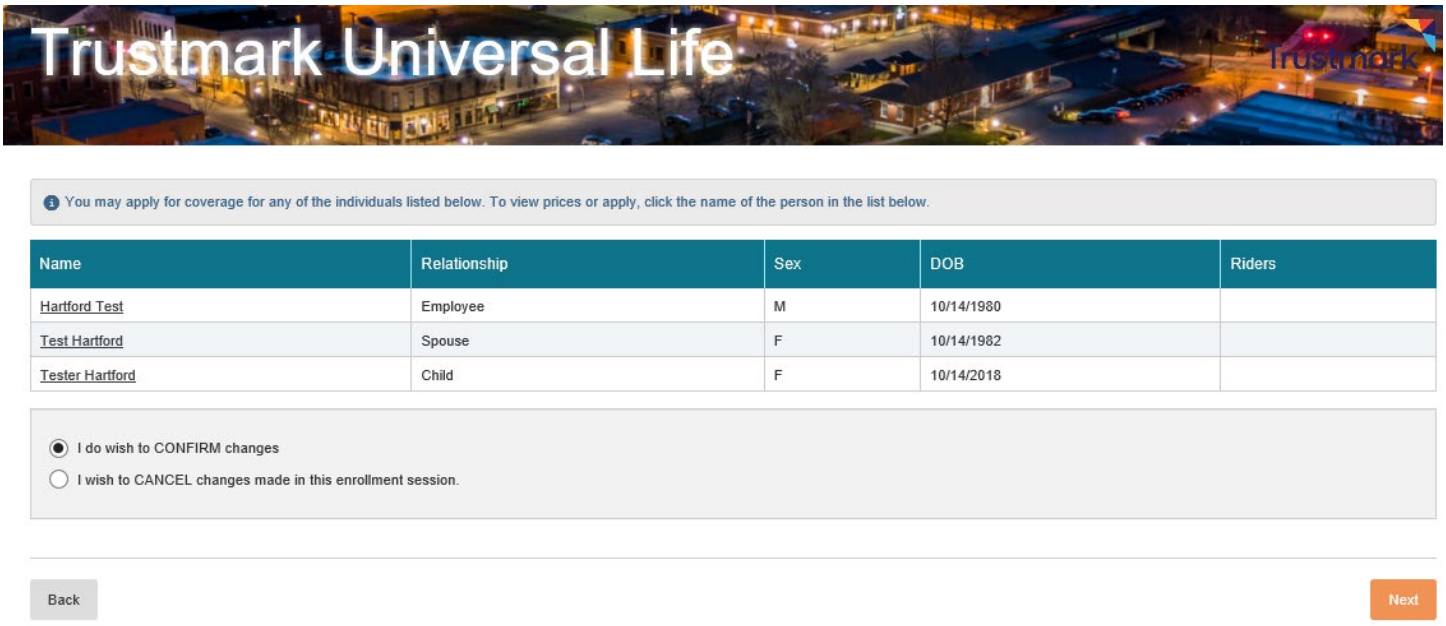
12. If on any of the plans you are trying to choose a tier for which you don't have dependents entered, you will see a yield sign indicating you need to first add your dependents before you can enroll.



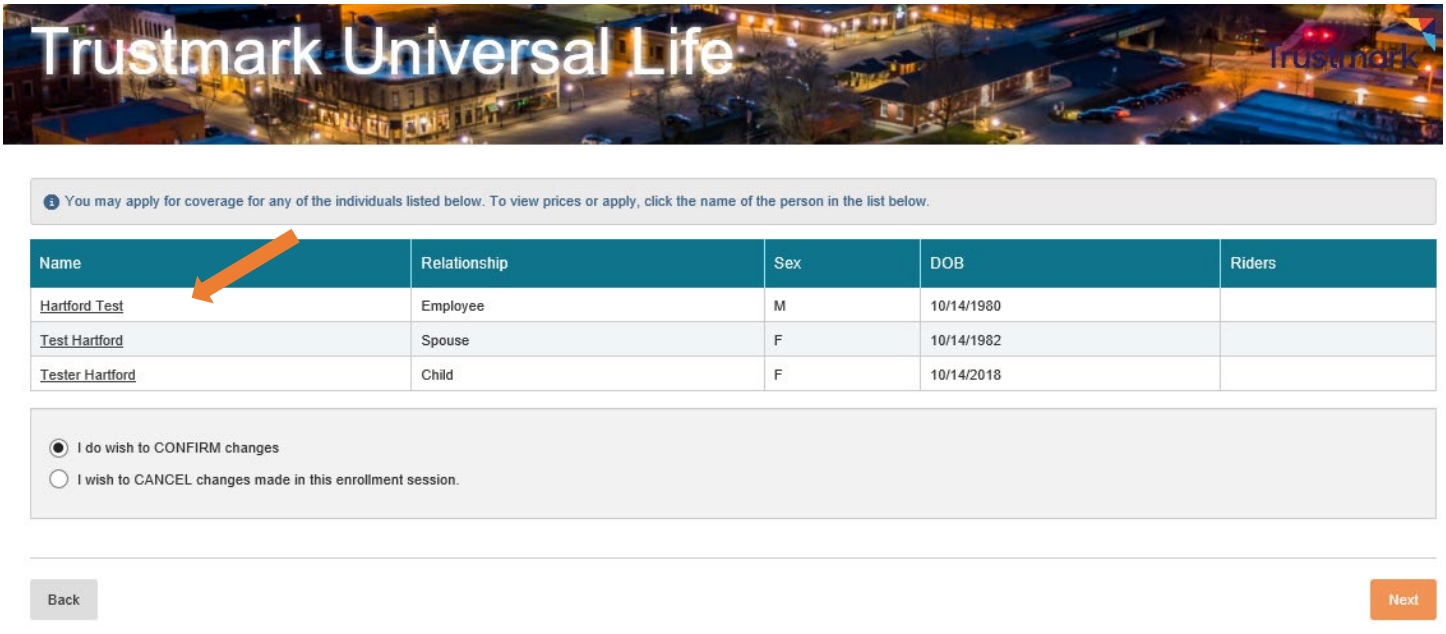
Choose the "You & Your Family" drop down menu at the top of the screen then choose "Spouse & Dependents" to go back and add additional family members.



13. For the Trustmark Universal Life coverage, the Quick Enroll button can be used to waive this benefit. The Quick Enroll button will be shown when viewing from the Benefit Summary. Or, if you are at this screen and wish to waive this benefit, choose "*I wish to CANCEL changes made in this enrollment session*" and click "Next."

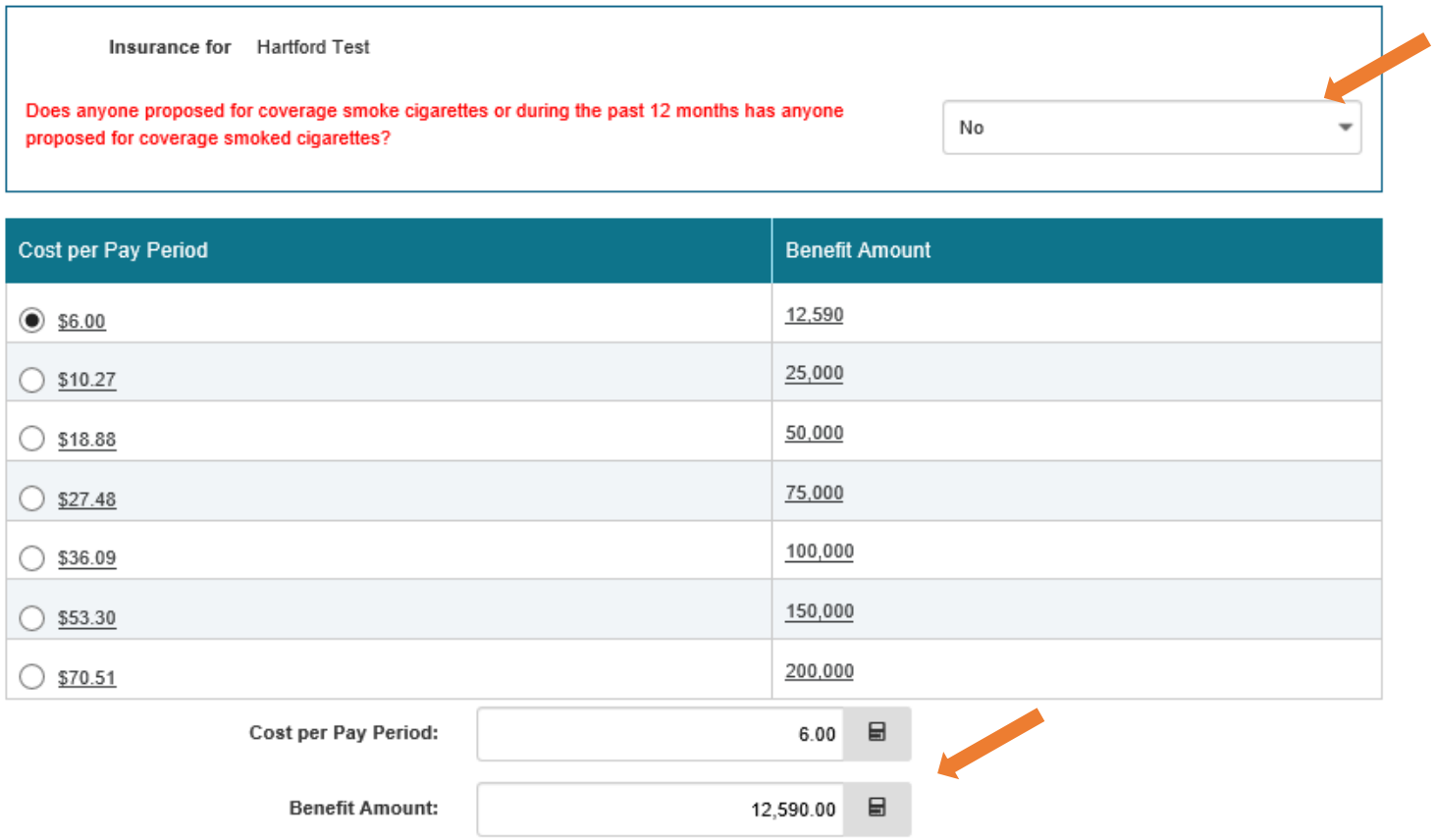


a. When reviewing the Trustmark Universal Life benefit to determine whether to elect coverage or to make a change in your current coverage, click on the name of the individual you want to review.

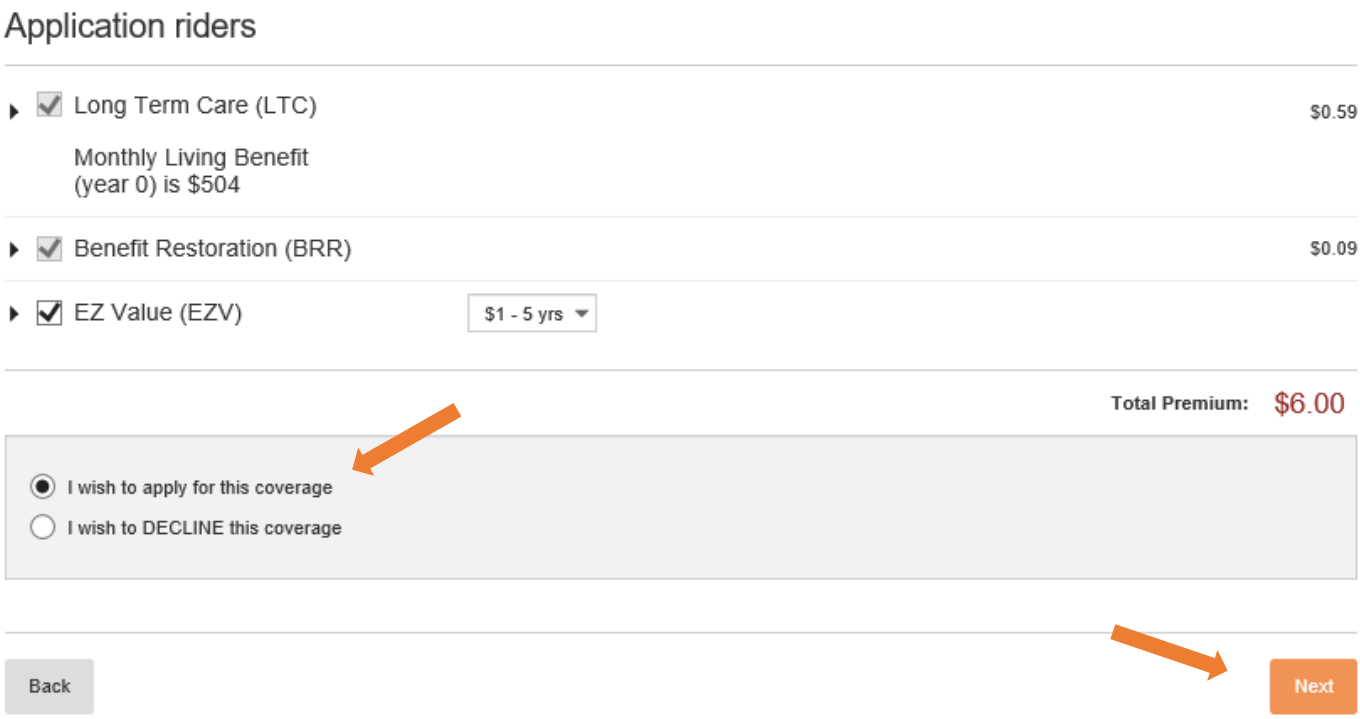


b. Select the appropriate smoker/non-smoker status from the drop down to ensure the accuracy of the rates displayed.

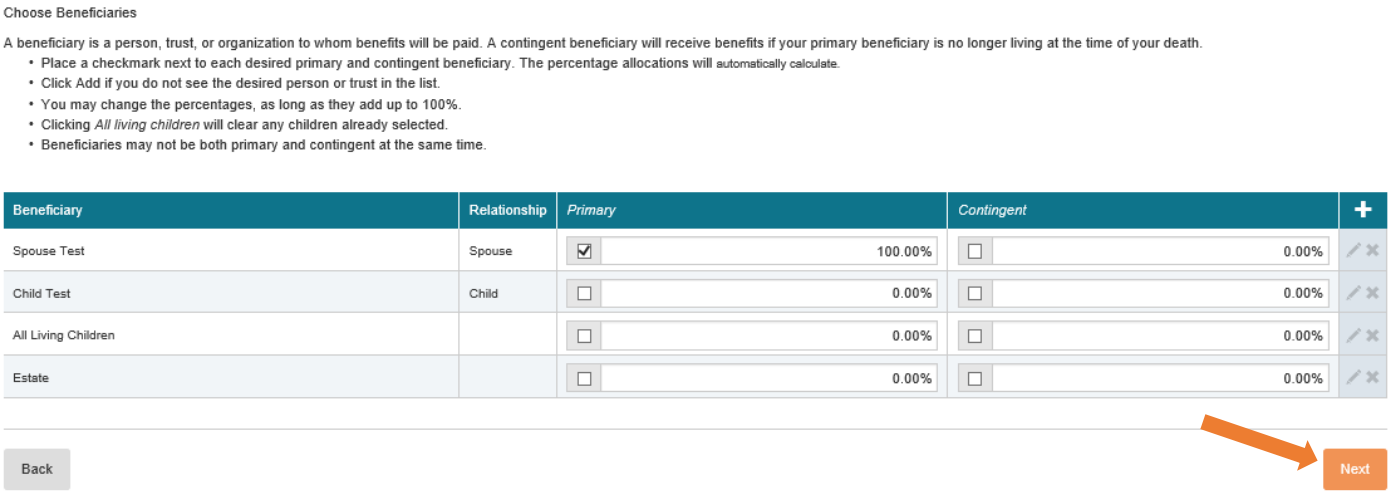
c. Then, click the radio button that corresponds to the benefit level of your choosing. If you prefer an amount not listed, you can input a custom amount based on cost per pay period or benefit amount by entering these values below and clicking the calculator icon.



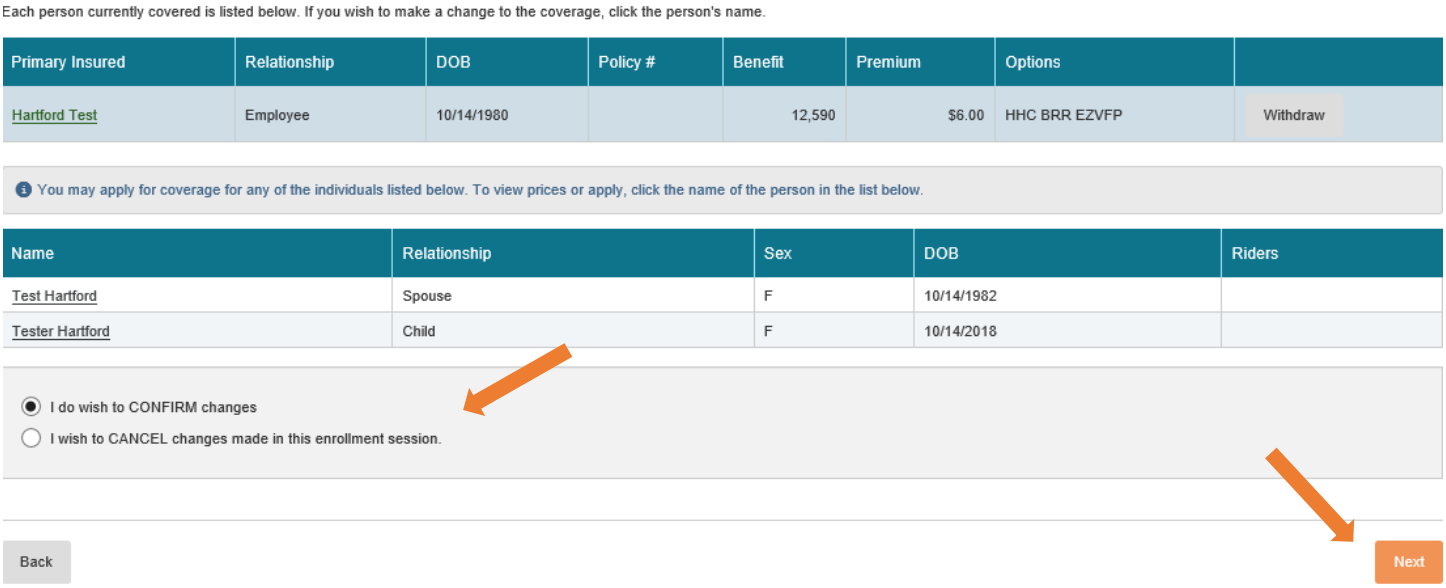
d. Complete your election by checking the radio button to apply for or decline the coverage and clicking "Next".



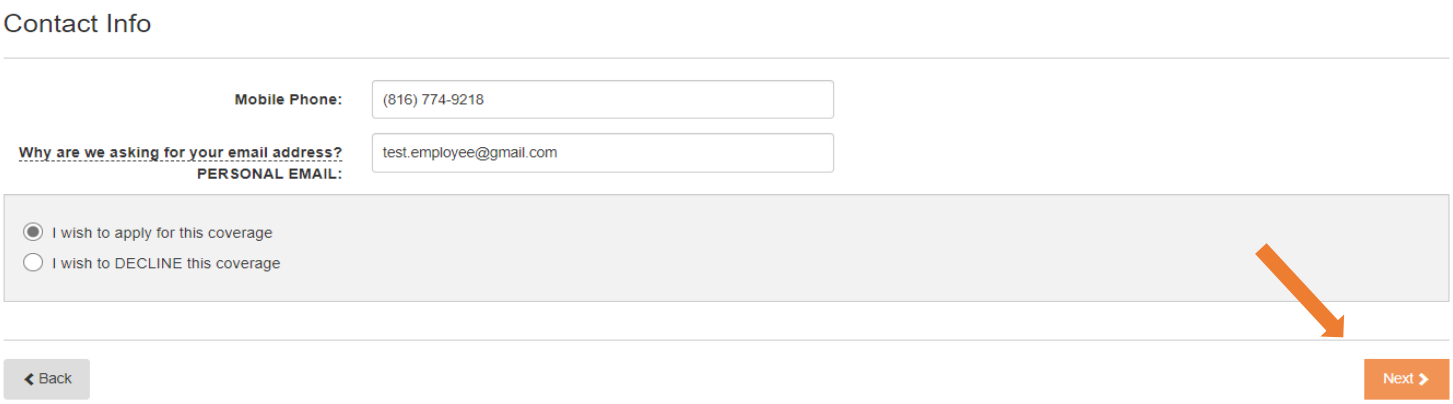
e. At the next screen, confirm your beneficiary choices and click "Next."



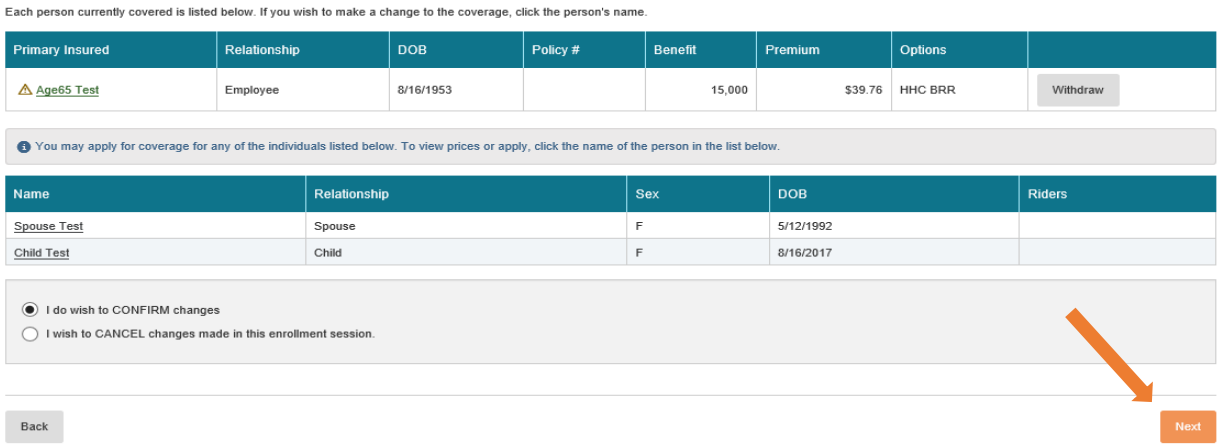
f. Select “I do wish to CONFIRM changes” and click “Next” to complete the process and accept the changes made or select “I wish to CANCEL changes made in this enrollment session” to discard the changes and maintain your original level of coverage.



g. If you are electing coverage for the first time, you will come to this screen. Enter a phone number and choose “I wish to apply for this coverage.” You will then be asked several health-related questions.



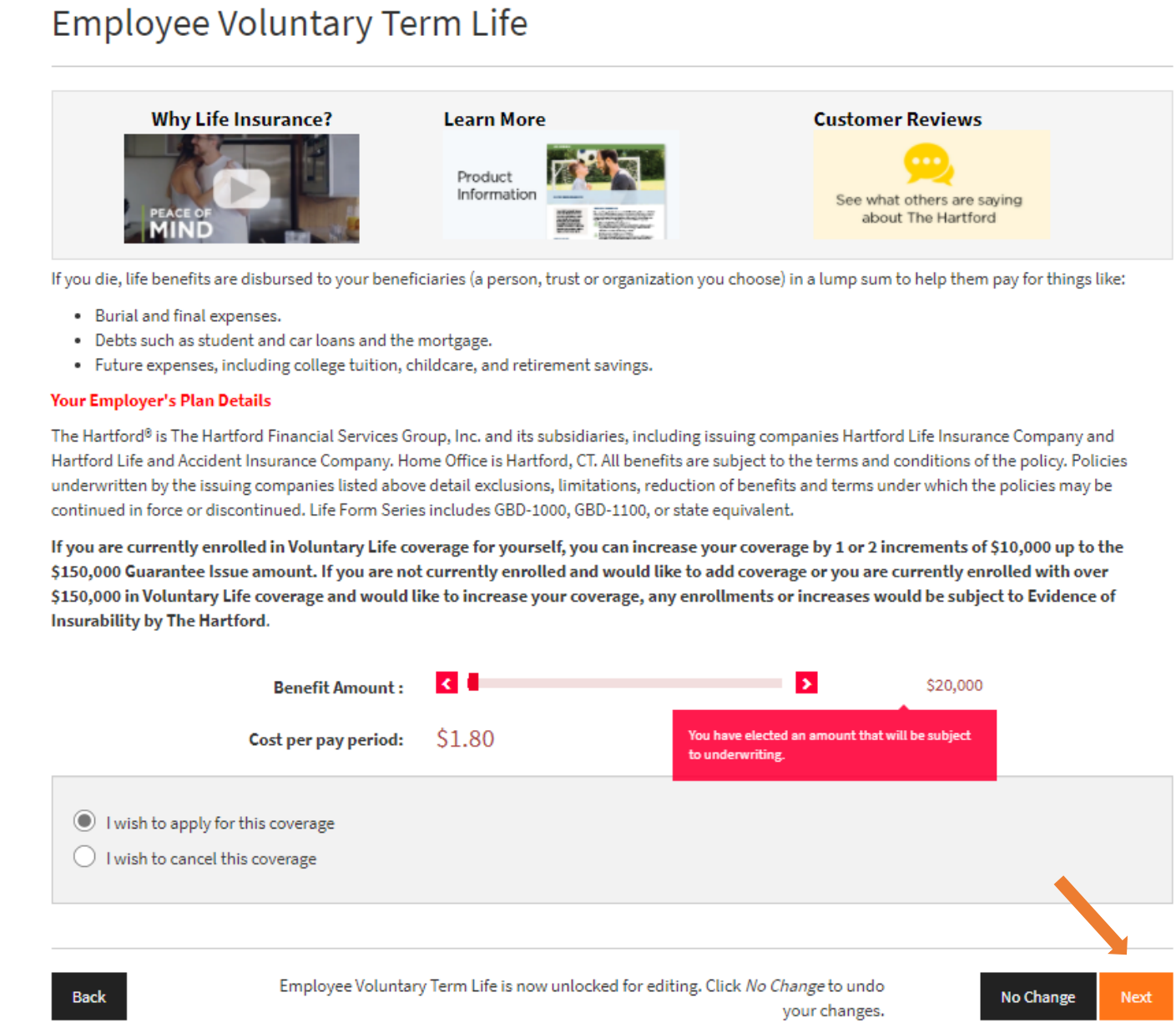
h. If you have reviewed the information, but have decided to decline the coverage, choose the option “I wish to CANCEL changes made in this enrollment session” and then click Next to have your declination of the coverage saved.



14. When you are reviewing your Voluntary Term Life, you will be able to use the slider bar to review different amounts of coverage and the cost per pay period. Amounts that are subject to underwriting will be shown in red.

i. If you are currently enrolled in Voluntary Life coverage for yourself, you can increase your coverage by 1 or 2 increments of $10,000 up to the $150,000 Guarantee Issue amount. If you are not currently enrolled and would like to add coverage or you are currently enrolled with over $150,000 in Voluntary Life coverage and would like to increase your coverage, any enrollments or increases would be subject to Evidence of Insurability by The Hartford.

j. If you are currently enrolled in Voluntary Spouse Life coverage, you can increase coverage by 1 or 2 increments of $5,000 up to the $30,000 Guarantee Issue amount. If you are not currently enrolled and would like to add coverage for your spouse, or if your spouse is currently enrolled with over $30,000 in Voluntary Spouse Life coverage, any enrollments or increases would be subject to Evidence of Insurability by The Hartford.



15. When you reach the end of the plans available to review, you will be asked to sign and submit to confirm your elections. After reviewing what's on the screen and the total pre-tax and post-tax costs, if everything looks correct, click "next" in the upper or lower right-hand corner of the screen.

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
Health	CIGNA - Buy Up PPO Plan ($0 Deductible); EO	$89.90	$0.00	$371.84
Health Savings Account	N/A			
Critical Illness	Waived			
Accident Coverage	Plan 1; Family	$0.00	$12.21	$0.00
Health Care FSA	Waived			
Dependent Care FSA	Waived			
Limited FSA	N/A			
Dental	CIGNA Dental; FA	$9.01	$0.00	$36.08
Vision	MetLife Vision; FA	$1.43	$0.00	$5.70
Basic Life	Basic Life - Hartford; $40,000	$0.00	$0.00	$1.59
Basic AD&D	Basic AD&D - Hartford; $40,000	$0.00	$0.00	$0.37
Dependent Group Life	$3,000	$0.00	$0.00	$0.56
Trustmark Universal Life	Waived			
Employee Voluntary Term Life	Waived			
Spouse Voluntary Term Life	Waived			
Child Voluntary Term Life	Waived			
Employee AD&D/Employee + Family AD&D	25,000; EO	$0.00	$0.35	$0.00
Short-term Disability	Self-Funded; $461.54	$0.00	$0.00	$0.00
Long-term Disability	Long Term Disability - Hartford; $2,000	$0.00	$0.00	$3.69
EAP	EAP; EO	$0.00	$0.00	$1.92
	Total	**$100.34**	**$12.56**	**$421.73**

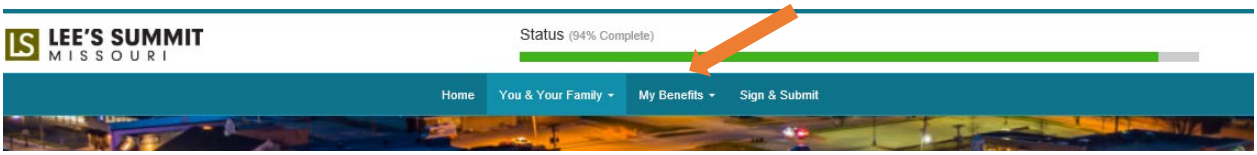
Signatures Required

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

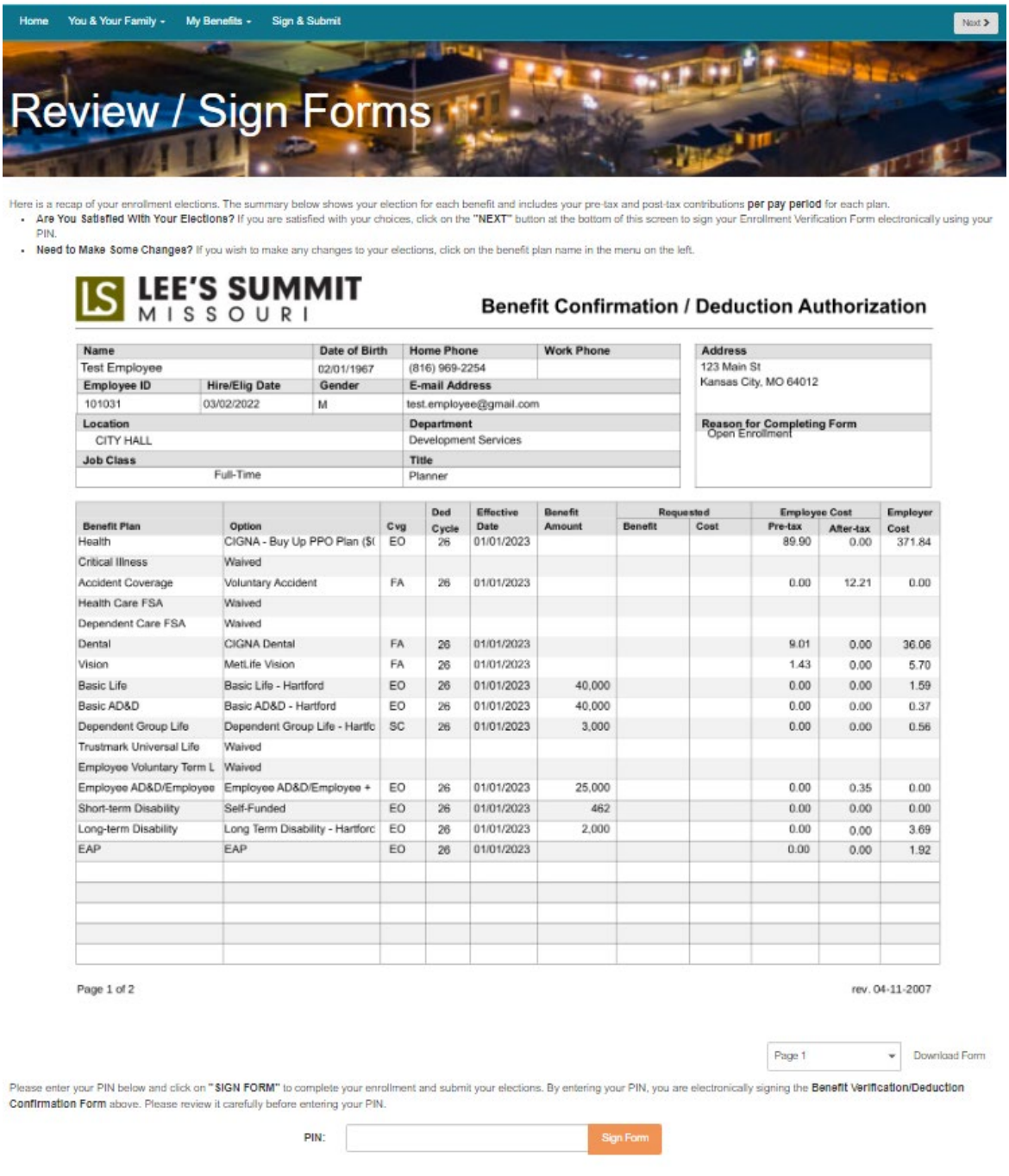
Form Name	Status	Date Signed/Reviewed
City of LS - Benefit Confirmation	Unsigned	

Next

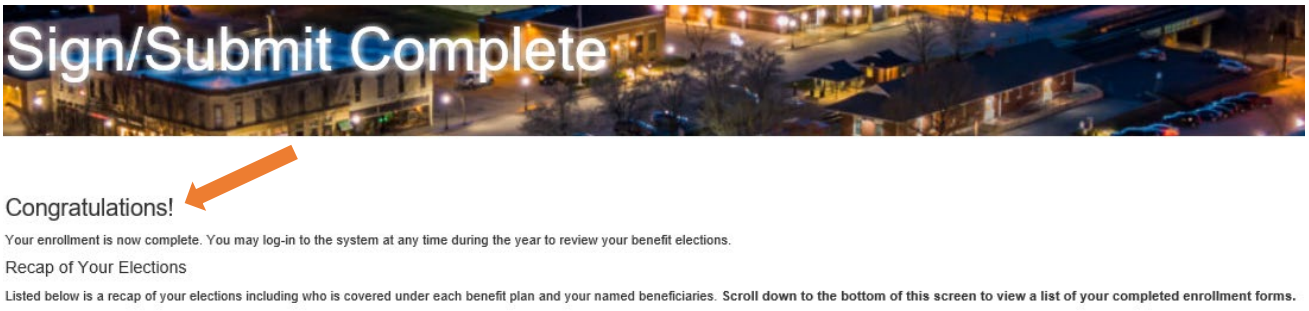
16. If you change your mind on an election, or something doesn't look correct, the quickest way to go back is to use the drop-down menu under "My Benefits" to go directly to the section you want to unlock and change.



17. When you are finished reviewing your coverages and are ready to complete your enrollment, click next and go to the review/sign forms page. Fill in the PIN and click "Sign Form." Your PIN will be the same that you used to log in – last 4 digits of your SSN plus the last 2 digits of your birth year. You will receive an email confirmation of your enrollment.



18. Once you have submitted your enrollment and see the “Sign & Submit” screen, you will see “Congratulations! Your enrollment is now complete.”



19. You may download the form to your computer or print by scrolling to the bottom of this page and clicking the hyperlink “City of LS Benefit Confirmation” and then downloading the form that opens.