

# MMB Enrollment Instructions



**Welcome to PEIA's Manage My Benefits website!**

[Register](#) or log in below to get started!

– Please Log In

[Need to Register?](#)  
[Forgot your username or password?](#)



Click Need to Register and then click Login

**Username:**   
Usernames are **not** case-sensitive

**Password:**   
Passwords are case-sensitive.

I hereby certify that I am the authorized User whose credentials are being used to access this account. I understand that unauthorized access or the use of another person's User ID and password to gain access is a violation of the security provisions for this site.

 [Login](#)



**Please select all that apply:**

- I am applying for PEIA coverage for the first time.
- I currently have PEIA coverage (as a policyholder or dependent).
- I have previously had PEIA coverage (as a policyholder or dependent).
- I am the Benefit Coordinator and/or Web Contributions Coordinator for an agency.
- I am a member of PEIA Staff.

 [Continue](#)

➤ Click on the box that applies to you and then click continue.

# MMB Enrollment Instructions

First Name:

Last Name:

SSN:

Verify SSN:

Date of Birth:

Use Format: MMDDYYYY.

Type in your name, Social Security Number and birthdate

## – Web Usage Terms of Agreement

[Printer Friendly]

**Authorization to Conduct Electronic Transactions**

By completing the registration process, I agree to be bound by the choices I make on the PEIA Online Enrollment System.

I further agree that by completing this registration process I am agreeing to use a digital mark in lieu of a written signature to authorize any and/or all additions, deletions, corrections and/or changes made by me via this portal.

I understand that this portal allows access to and/or may collect personally identifiable information (pii) in an electronic format and that PEIA has put safeguards in place to ensure the privacy, security, and integrity of the information accessed and/or collected via this portal. If you have any questions, comments, and/or concerns about the privacy, security, and/or integrity of your pii, please feel free to contact the PEIA Privacy Officer at 304-558-7850.

To use this digital mark I agree:

1. That I will not share with any other person(s) the password, code or other security key required for use of the mark;
2. That the use of the mark represents confirmation of a record;
3. To notify the PEIA immediately once I become aware that the security key is compromised;



**I have read and agree to the Terms of Agreement for Online Registration.**

I Agree    Disagree

## – Verification

ntos0807

Privacy & Terms



**Verification**

Please enter the words you see in the box, in order and separated by a space. Doing so helps prevent automated programs from abusing this service.

Visually impaired users can click the audio button to hear a set of words that can be entered instead of the visual challenge.

If you are not sure what the words are, either enter your best guess or [click here for a different set of words](#) or [click here for an audio-based captcha](#).

- Click on the I agree circle and type in the Captcha words and numbers that are shown on your screen. You do not have to insert any spaces. Then click continue.

## – Username & Password

**Username:**

- At least 4 characters in length, but not longer than 20 characters.
- We suggest not using your email address.

**Password Strength:** Medium

**Password:**

- Must contain at least 1 letter & 1 number.
- Must be 6-15 characters in length.
- Case-sensitive.

**Verify Password:**

**Information**

This is what you will use to log into the Benefits Administration Web Application.

Create a username and password for yourself. This account is for the policyholder only.

## – Contact Information

- Email addresses can not be shared between accounts (e.g., between a husband and wife who are both PEIA policyholders).
- If you do not have an email address, check with your Internet Service Provider (ISP) as many provide free email accounts to their subscribers.

**Email Address:**

**Verify Email:**

Enter an email address. This account is for the policyholder only.

## – Security Questions

If you forget your password, we will ask for the answer to your security questions.

- Enter an answer that is memorable, but not easy to guess.
- Answers should be a minimum of 4 characters long but not more than 30 characters.
- Enter answers that are not likely to change over time.

What was your childhood nickname?	▼	<input type="text" value="khal"/>
What is the middle name of your youngest child?	▼	<input type="text" value="bronn"/>
What was the last name of your third grade teacher?	▼	<input type="text" value="leak"/> <input type="button" value="x"/>


- Answer the security questions. There is a drop down to change the questions. Choose ones you will remember. Then click Continue.

Select Agency/Employer

### Policyholder's Employer

– All Agencies/Employers

Search Names:

 [Search](#)


-OR-

**Name Begins With:**

**A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2**  
**3 4 5 6 7 8 9**

---

**Search Results:**

 **Instructions**

You can search by Agency Name using the search box, or by clicking the starting letter to view the alphabetical list of Agencies.

Once you find the correct agency, click the agency name.


Search for the first word in your new employer's name or choose a letter. Be sure to choose the correct agency. Once you find the correct one, click the agency name and you will see the below screen.

Select Agencies

### Policyholder: Your Employer

If you are unable to locate your Agency's name, please contact your Benefit Coordinator for assistance.

**OHIO CO PUBLIC LIBRARY**

**Benefit Coordinator for this agency:**  


[✖ Remove & Start Over](#) [📄 Save & Continue](#)

If you cannot find your agency, or are unsure of how it may be listed, contact your HR department.

Benefits Administration System (BAS) Web Application

Menu My Account Shopper's Guide 2018

Select Agencies

### Policyholder: Your Employer

If you are unable to locate your Agency's name, please contact your Benefit Coordinator for assistance.

[🔍 Select My Employer](#)

Contact REIA | Site Feedback | DEVELOPMENT SITE



# MMB Enrollment Instructions

- Enter your hire date, Gender, address, and telephone numbers. Then click Save.

## Policyholder Details

Please enter the required information below to continue establishing your New Employee/Policyholder account. **Bold** fields are required.

### – Employee Information

**Hire Date:**

Use format: MM/DD/YYYY (e.g. 08/18/2017)

**First Name:** John

Middle Initial:

**Last Name:** Snow

**Date of Birth:** 08/02/1988

**Gender**

Female  Male

### – Contact Information

**Address:**

Address Continued:

**City:**

**State:**

For addresses outside the United States, select "FN - Foreign Address"

**County:**

**Country:**

**Zip/Postal Code:**  -

**Home Phone Number:**

Use format: (304)555-1212 or 3045551212

Work Phone Number:

If you do not have a work phone number, use your home phone number here.

Cell Phone Number:  x

Use format: (304)555-1212 or 3045551212

 **Save**

- At this point you will land on a screen that requires you to go to your email and confirm your email address to be able to log back into the MMB portal.

**Role Management**

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– Active Roles –

Log In **Policyholder**

**?** **Your Current Roles**

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Click the **Log In** button to log in as that role.

– Add a New Role / Add an Agency or Employer to an Existing Role –

**Select Role(s) to Add:**

Benefit Coordinator  
 Web Contributions Coordinator

➔ Add Roles

**?** **Information**

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You can add a new role to your existing roles at any time, but all changes are subject to PEIA approval before they can be activated.

- On the following screen, you will log onto Manage My Benefits.
- 

**Coverage Options**

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Our records indicate that you currently do not have Basic Life Insurance coverage. You must have Basic Life Insurance to enroll for Health Insurance or Optional/Dependent Life Insurance coverage.

Would you like to enroll in Basic Life Insurance coverage?

Employee Age	Coverage Amount
Under 65	\$10,000.00

Yes:  No:

Save

- Click the Yes circle and then click Save to enroll in our Guaranteed issue \$10,000 Basic Life Insurance.

**Basic Life - Choose Beneficiary Type**

---

You must designate at least one beneficiary when selecting Basic Life Insurance.

To designate a person, an estate, or organization as the beneficiary of your Basic Life Insurance click on the appropriate button below.

Person

My Estate

Other

➔ Go Back
Continue

# MMB Enrollment Instructions

- Choose the appropriate circle to tell PEIA who will receive your life insurance. Then click continue.

**Basic Life - Add Beneficiary**

You must specify at least one primary beneficiary.

Primary  Contingent [?]

**Funeral homes and/or funeral directors cannot be the designated beneficiaries of life insurance policies under West Virginia law (West Virginia Code Â§47-14-1 thru 14).**

**\* REQUIRED FIELDS**

SSN: 564 -98 -7123

\* **First Name:** Ygritte

Middle Initial:

\* **Last Name:** Wildwoman x

Generation: [v]

Address Outside US?: No [v]

\* **Street Address:** WINTER IS COMING WAY

Street Address 2:

\* **City:** COLDEST

\* **State:** WV [v]

\* **Zip Code:** 24245 - [ ] (Zip+4 not required)

[Go Back](#) [Save](#)

- Select the appropriate circle. Primary means that they receive the money first. Contingent means that if the primary is deceased, they will inherit the money. Then enter the information about the beneficiary and click save.

You may name both primary and contingent beneficiaries. For example, let's say you want your life insurance to go to your spouse, but, if your spouse is not living, then you want the money to go to your children with your daughter getting 50% and each of your two sons getting 25%. You would name your spouse as the primary beneficiary with 100% distribution percentage. Then name your children as contingent beneficiaries with their respective percentages.

SSN	Name	Distribution Percentage	Beneficiary Level [?]		
XXX-XX-7123	YGRITTE WILDWOMAN	100 %	Primary	<a href="#">Edit</a>	<a href="#">Delete</a>
[?] Total Primary Percentage:		100.00 %			
<a href="#">Calculate Total Percentages</a>					

You must click "Calculate Total Percentages" before you can "Finalize" below.

**You must Finalize your changes below!**

By clicking the "Finalize" button below, I certify that the information I have supplied or accepted here is true and correct and understand that providing false information on this website is illegal and that those who provide false information may be prosecuted.

[+ Add a Beneficiary](#) [Finalize](#)

# MMB Enrollment Instructions

- Enter the Social Security Number and name of the person you are designating. Then choose the amount they are to receive. You can have multiple recipients, but the total amount must equal 100%. Otherwise you will receive an error message. Then click Finalize.

## Edit Policyholder

### – Policyholder Information

Social Security Number: 888-22-8888 Date of Birth: 08/02/1988 MM/DD/YYYY  
First Name: JOHN Middle Initial: Last Name: SNOW  
Generation: Gender: Male  
Home Phone: (304)878-1234 Work Phone: (304)978-1234 phone example:(999)999-9999  
Cell Phone: 3047891234  I would like to receive text messages.

### – Policyholder Address

Address: WINTER IS COMING WAY  
City: COLDEST County: UPSHUR State: WEST VIRGINIA  
Country: UNITED STATES Zip/Postal Code: 24245 -  
Effective Date: 09/01/2017 MM/DD/YYYY  
For addresses outside the United States, select "FOREIGN ADDRESS" as your state.

### – Coverage Attributes - Other Insurance

No  Do you have health insurance other than your coverage through PEIA?  
No  Do you have prescription drug coverage other than what's provided through PEIA?  
No  Do you have health care provided by Medicare?

### – Physician Info

Currently not enrolled in a health plan.

By clicking the "Finalize" button below, I certify that the information I have supplied or accepted here is true and correct and understand that providing false information on this website is illegal and that those who provide false information may be prosecuted.

Finalize Cancel

- On the next screen, you confirm your demographic information. You can update anything you entered incorrectly except your SSN. You verify you have no other insurance for yourself by clicking the no or yes and then choosing Finalize.

## Update Successful

The information for JOHN SNOW has been updated.

Continue



➤ On this screen, you click Continue.

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[Home](#) ♦ [Premium Discounts](#) ♦ [Tobacco Affidavit](#)


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## Tobacco Affidavit

If none of the dependents enrolled on your PEIA coverage uses tobacco, you will receive the discount on your health coverage, if any, and on your Optional Life insurance premiums, if any. Tobacco use is defined as smoking cigarettes, cigars or pipes, or using electronic cigarettes (e-cigarettes) or any form of smokeless tobacco, including snuff and chewing tobacco.

**Need more information? [Click here.](#)**

Tobacco Status:


<input checked="" type="radio"/> Tobacco Free	
<input type="radio"/> Policyholder Uses Tobacco	
<input type="radio"/> Dependent Uses Tobacco	
<input type="radio"/> Family Uses Tobacco	

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By clicking the "Finalize" button below, I agree to the following:

- I acknowledge by making my selection on this website and finalizing my eligibility transaction on this website that PEIA or its agents have access to my medical records to check my tobacco use status.
- I agree that if my tobacco status changes, I will notify PEIA of such change in writing.
- I certify that the information I have supplied or accepted here is true and correct and understand that providing false information on this website is illegal and that those who provide false information may be prosecuted.

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<a href="#">← Back to Menu</a>	 <a href="#">Finalize</a>
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➤

## Living Will

This discount is \$4 per month off of the standard health insurance premium for health policyholders in the PEIA PPB Plans, the Health Plan, PEIA's Special Medicare Plan or the Humana Medicare Advantage plan who have completed a living will or an advance directive for healthcare. This discount is available to active and retired employees.

You may claim the discount if you've completed one of these forms:

1. WV Living Will Form
2. WV Medical Power of Attorney form
3. WV Combined Living Will and Medical Power of Attorney form
4. Five Wishes form (Aging with Dignity for \$5 per copy call 1-888-594-7437)

Do you certify that you have executed a valid Living Will and/or advance directive, and that you have discussed its contents with the appropriate parties, including your family and your health care provider?

**I have a Living Will:**

By clicking the "Finalize" button below, I certify that the information I have supplied or accepted here is true and correct and understand that providing false information on this website is illegal and that those who provide false information may be prosecuted.

[← Back to Menu](#)



### Dependent Summary

No Dependents Found.

[Contact PEIA](#) | [Site Feedback](#) | [DEVELOPMENT SITE](#)

The Manage My Benefits (MMB) website is designed to function with versions of Internet Explorer from IE7 to IE9. You may experience problems and/or incompatibility with other browsers such as Mozilla Firefox, newer versions of Google Chrome, Opera, or Apple Safari. We apologize for any inconvenience.

## Add Dependent

### – Dependent Information

Check if no Social Security Number

Social Security Number:  -  -  Date of Birth:  MM/DD/YYYY

First Name:  Middle Initial:  Last Name:

Generation:  Gender:  Relationship:

Court Ordered Dependent:

### – Dependent Address

Address:

City:  County:  State:

Country:  Zip Code:  -

Effective Date:  MM/DD/YYYY

For addresses outside the United States, select "FOREIGN ADDRESS" as the state.

### – Other Insurance

Does this dependent have any other health insurance (not including PEIA)?

Does this dependent have any other prescription drug coverage (not including PEIA)?

Does this dependent have health care provided by Medicare?

## Primary Care Physician(PCP)/Medical Home(MHP)/ Comprehensive Care Partnership(CCP) Program Designation

Your current plan type: **PPB**

### PEIA offers Primary Care in three ways:

1. Primary Care Physicians are doctors who provide general care. They have not signed a special agreement with PEIA, and they do not serve as gatekeepers. If you name a primary care physician, PEIA would like for you to use that doctor, but there is no requirement for you to do so. Naming a PCP does not restrict your access to any other providers. You do not have to name a PCP for dependents.
2. The Medical Home Program (MHP) allows you to name a provider who has joined our Medical Home Program, and receive a discounted \$10 copay for each office visit to that MHP provider. Medical Home providers have agreed to work with you to coordinate your care, so that you get the best health care possible, but they do not serve as gatekeepers. You may still see any other providers you choose without a referral. You'll see them designated as MHP in the provider directory below. You may name an MHP for the policyholder and any dependents. Each person with an MHP named with receive the copay discounts.
3. The Comprehensive Care Partnership is a more intensive program that requires you to use your CCP provider for all services they are able to provide. CCP providers may offer a full range of health care services, including lab and pharmacy. You need to sign an agreement to join a CCP. If you name a CCP on this website, you'll be mailed an agreement that you must sign and return before your plan is effective. Your CCP provider may act as a gatekeeper, providing referrals to other providers as needed. You pay discounted or no co-payments to use CCP providers. You'll see them designated as CCP in the provider directory below. You may name a CCP for the policyholder and any dependents. Each person with a CCP named with receive the copay discounts.

Choosing any one of these types of providers for the policyholder before May 15, 2015. will meet the Healthy Tomorrows requirement and protect you from the \$500 medical deductible penalty.

Use the directory to locate your provider's 7-digit ID number in this format: 0001001. Enter the provider's ID number in the space below. If your provider is not listed in the directory, click the box beside "Can't find my provider in the list." And you may enter your provider's information.

You must name a provider for the policyholder, but do not have to name a provider for any covered dependents. Click "Finalize" button to complete the process.

### [Searchable online directory of PCPs, MHPs and CCPs](#) [Provider Directory in .PDF format](#)

Can't find my doctor.

Enter Physician's ID Number:

**Changes in providers will be effective on the first of the following month.**

**If you name a Primary Care Provider (PCP, MHP or CCP) after May 15, 2015, it will NOT protect you from the \$500 medical deductible penalty for Plan Year 2016. New hires after May 1, 2015, are not required to name a PCP until Open Enrollment in 2016.**

By clicking the "Finalize" button below, I certify that the information I have supplied or accepted here is true and correct and understand that providing false information on this website is illegal and that those who provide false information may be prosecuted.

## Update Successful

The information for **BRAN STARK** has been updated.

[Continue](#)

## Dependent Summary

Click on the dependent's name (below) to make changes to that dependent.

[Add New Dependent](#)

**BRAN STARK** [\[Edit\]](#)

FROZEN TUNDRA FORREST  
WESTEROS, AK 78401

**Health Coverage:** None

**Dependent Life Coverage:** None

[Continue](#)

## Dependent Summary

Click on the dependent's name (below) to make changes to that dependent.

Add New Dependent

**BRAN STARK [Edit]**  
FROZEN TUNDRA FOR  
WESTEROS, AK 78401  
**Health Coverage:** No  
**Dependent Life Cove**

Message from webpage



You have a dependent listed for whom you have no Health Coverage selected. Please click the Manage My Health Benefits button below to select the desired coverage for your dependent(s).

Click "Ok" to continue if you do not want your dependent to have Health Coverage.

Click "Cancel" to stay on this page to add Health Coverage for your dependent.

OK

Cancel

The Manage My Benefits (MMB) w  
with other browses

problems and/or incompatibility  
/ inconvenience.

## Qualifying Events

Please check all qualifying events that apply

- Divorce
- Marriage
- Birth of child
- Adoption
- Adding coverage for a dependent child
- Open enrollment under spouse's or dependent's employer's benefit plan
- Death of spouse or dependent
- Beginning of spouse's or dependent's employment
- End of spouse's or dependent's employment
- Unpaid leave of absence by employee, spouse or dependent
- Significant change in spouse's or dependent's health coverage
- Dependent child no longer eligible
- Change from full-time to part-time employment or vice versa for employee, s

- Newly hired
- Address change
- Court ordered dependent child
- Policyholder/spouse eligible for medicare
- New non-state agency
- Affordable care act
- Divorce audit
- Dependent audit

Date of Event:

08/01/2017

Continue

## Health Coverage

You are CURRENTLY enrolled in: **NO HEALTH COVERAGE**

For details of a coverage plan, click the "View Plan" button beside the plan name.

To view information about all plans side by side, click [here](#).

[Click here for additional information about choosing your Health Coverage](#)

[Compare plans using the Summary of Benefits & Coverages](#) *(opens in a new window)*

- |  |                           |
|--|---------------------------|
| <input type="radio"/> NO HEALTH COVERAGE         |                           |
| <input type="radio"/> PEIA PPB PLAN A            | <a href="#">View Plan</a> |
| <input type="radio"/> PEIA PPB PLAN B            | <a href="#">View Plan</a> |
| <input checked="" type="radio"/> PEIA PPB PLAN C | <a href="#">View Plan</a> |
| <input type="radio"/> PEIA PPB PLAN D            | <a href="#">View Plan</a> |
| <input type="radio"/> THE HEALTH PLAN HMO PLAN A | <a href="#">View Plan</a> |
| <input type="radio"/> THE HEALTH PLAN HMO PLAN B | <a href="#">View Plan</a> |
| <input type="radio"/> THE HEALTH PLAN PPO        | <a href="#">View Plan</a> |

Remember, the choices you make here are binding until June 30, 2018, unless you move outside the plan's service area. Since the PEIA PPB Plan is available nationwide, changes based on a change in residence are not allowed.

Continue

Cancel



## Finalize Health Coverage

**Policyholder:** JOHN SNOW  
**Address:** WINTER IS COMING WAY  
COLDEST, WV 24245

HEALTH COVERAGE	CURRENT	PROPOSED
COVERAGE	No Coverage	PEIA PPB PLAN C
JOHN SNOW	No Coverage	Covered

By clicking the "Finalize" button below, I agree to the following:

- I accept the health plan enrollment choices indicated above effective through June 30, 2018, and authorize payroll deduction for my contribution.
- I understand that PEIA may change the number of plans offered or the types, levels or costs of benefits.
- I hereby authorize, for myself and my covered dependents, release to PEIA and to the plan I have selected all medical and prescription drug information needed to process claims, determine coverage, review utilization, investigate complaints, assess quality of care, evaluate plan performance or any other process involved in my treatment, payment of claims or health care operations.
- I understand that this change is binding through June 30, 2018, unless there is a qualifying event.
- I acknowledge by making my selection on this website and finalizing my eligibility transaction on this website that PEIA or its agents have access to my medical records to check my tobacco use status.
- I agree that if my tobacco status changes before July 2018, I will notify PEIA of such change in writing.
- I certify that the information I have supplied or accepted here is true and correct and understand that providing false information on this website is illegal and that those who provide false information may be prosecuted.

Edit My Changes

Finalize Changes

## Confirmation

**The request to change your Health Benefits has been submitted.**

Continue

# MMB Enrollment Instructions

Do you wish to enroll for optional life insurance coverage?

Yes:  No:

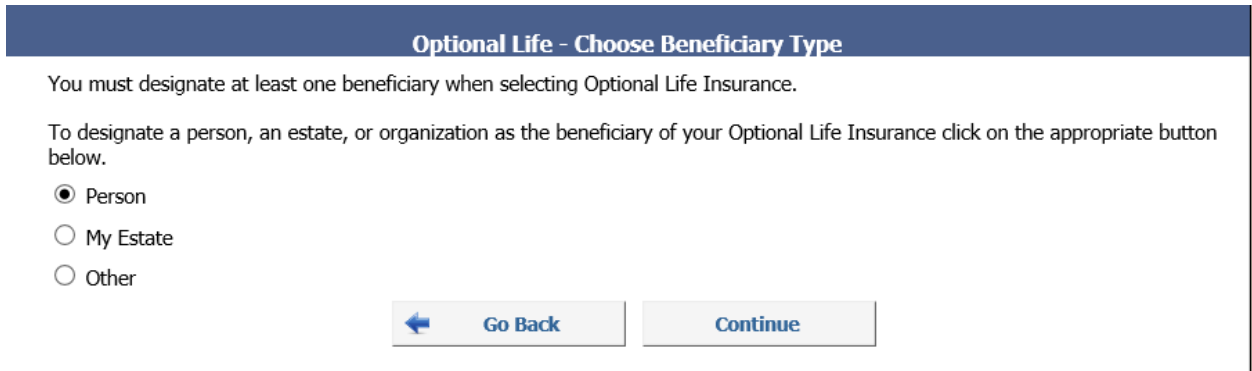
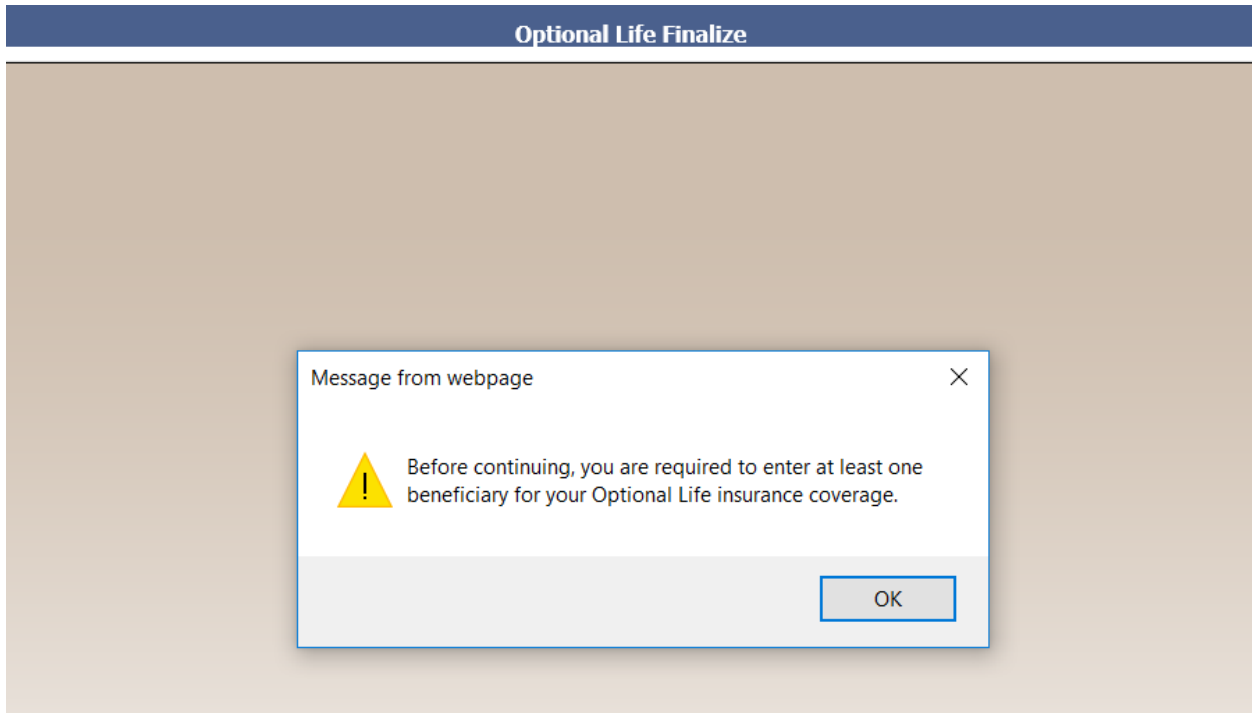
PEIA offers up to \$500,000 of optional term life insurance coverage for active employees. New employees may choose up to \$100,000 of coverage (the guaranteed issue, or GI, amount) without providing any medical information. Amounts greater than the GI amount require Evidence of Insurability and approval by the life insurance carrier.

If you select an amount greater than the GI amount, the GI amount will be issued until a decision has been made on the additional coverage. In this case, you will receive a written decision from the life insurance carrier.

## Optional Life Insurance Coverage

Choose the amount of coverage.

Plan Option	Coverage	Select
956	\$500,000.00	<input checked="" type="radio"/>
955	\$450,000.00	<input type="radio"/>
954	\$400,000.00	<input type="radio"/>
953	\$350,000.00	<input type="radio"/>
952	\$300,000.00	<input type="radio"/>
951	\$250,000.00	<input type="radio"/>
950	\$200,000.00	<input type="radio"/>
900	\$150,000.00	<input type="radio"/>
800	\$100,000.00	<input type="radio"/>
750	\$80,000.00	<input type="radio"/>
700	\$75,000.00	<input type="radio"/>
650	\$60,000.00	<input type="radio"/>
600	\$50,000.00	<input type="radio"/>
500	\$40,000.00	<input type="radio"/>
400	\$30,000.00	<input type="radio"/>
300	\$20,000.00	<input type="radio"/>
200	\$10,000.00	<input type="radio"/>
100	\$5,000.00	<input type="radio"/>



## Optional Life - Add Beneficiary

You must specify at least one primary beneficiary.

Primary  Contingent [\[?\]](#)

**Funeral homes and/or funeral directors cannot be the designated beneficiaries of life insurance policies under West Virginia law (West Virginia Code §47-14-1 thru 14).**

\* REQUIRED FIELDS

SSN:  -  -

\* **First Name:**

Middle Initial:

\* **Last Name:**

Generation:

Address Outside US?:

\* **Street Address:**

Street Address 2:

\* **City:**

\* **State:**

\* **Zip Code:**  -  (Zip+4 not required)

## Optional Life - Set Distributions

You may name both primary and contingent beneficiaries. For example, let's say you want your life insurance to go to your spouse, but, if your spouse is not living, then you want the money to go to your children with your daughter getting 50% and each of your two sons getting 25%. You would name your spouse as the primary beneficiary with 100% distribution percentage. Then name your children as contingent beneficiaries with their respective percentages.

SSN	Name	Distribution Percentage	Beneficiary Level <a href="#">[?]</a>		
XXX-XX-5678	GILLY NIGHTWATCH	<input type="text" value="100"/> %	Primary	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<a href="#">[?]</a> Total Primary Percentage:		<input type="text" value="100.00"/> %			
<input type="button" value="Calculate Total Percentages"/>					

**You must click "Calculate Total Percentages" before you can "Finalize" below.**

**You must Finalize your changes below!**

By clicking the "Finalize" button below, I certify that the information I have supplied or accepted here is true and correct and understand that providing false information on this website is illegal and that those who provide false information may be prosecuted.

## Confirmation

The request to update your Optional Life Insurance has been submitted.

Continue

## Optional Life Insurance Change

Do you wish to enroll for optional life insurance coverage?

Yes:  No:

Continue

PEIA offers up to \$500,000 of optional term life insurance coverage for active employees. New employees may choose up to \$100,000 of coverage (the guaranteed issue, or GI, amount) without providing any medical information. Amounts greater than the GI amount require Evidence of Insurability and approval by the life insurance carrier.

If you select an amount greater than the GI amount, the GI amount will be issued until a decision has been made on the additional coverage. In this case, you will receive a written decision from the life insurance carrier.

## Home

Manage your Tobacco Affidavit, Advanced Directives/Living Will, & Improve Your Score Statuses	Premium Discounts
View or print choices made previously but are not yet in effect.	View/Print My Pending Coverage
Verify your address and coverage attributes.	Policyholder Summary
Add new or edit existing dependents.	Dependent Summary
Choose your health benefits.	Manage My Health Benefits
Choose your optional life insurance.	Manage My Optional Life Insurance
Choose your dependent life insurance.	Manage My Dependent Life Insurance
View or change beneficiary information.	Beneficiary Summary
Submit scanned copies of required documentation.	My Documentation