



EMPLOYEE OPEN ENROLLMENT RESOURCE

Employees will receive an email when open enrollment (OE) is open for them.

Hello Tiffany,

Pontiac School District is hosting your annual Open Enrollment. Open Enrollment is an annual event that allows you to make changes to existing benefits or elect new benefits for the first time.

If this is your first time enrolling, you can register by accessing this [Registration](#) link. During the registration process, you may be required to enter personal identifying data as well as the following company identifier: SETSEG63030

If you are already registered, start making changes to your insurance elections today through this [Login](#) link.

Thank you, Pontiac School District

After logging in to the online enrollment tool, they will be greeted by a screen letting them know how long they have before OE closes.

Hello,

It's time for open enrollment.
You have 2 days left to complete your elections.

Open Enrollment

Incomplete

Start



View Profile



Document Library



Enrollment Summary



Life Events

The following screen will instruct them of the steps involved in the enrollment process:

Let's Begin Your Open Enrollment

You will:

1. Verify and enter some personal information for you and your dependents
2. Enter Social Security Numbers and dates of birth for eligible family members
3. Select your benefits

Elections will be finalized only after you sign and authorize your elections.

[Get Started](#)

To complete OE, every screen of the enrollment flow needs to be reviewed.


We strongly recommend employees review their personal information (address, dates of birth, beneficiaries, etc.) as they go through the screens. Even if they do not want to make any changes, this will help confirm accuracy.

- Plans that allow dependents will give the option to add them.
- To elect the plan, just click **Select**.
- To waive a plan, click **Don't want this benefit?**

Who am I enrolling?

- Myself
- Child Demo (Child)

Which plan do I want?



2022 MetLife Dental

\$0.00
Cost per pay period

Effective on 09/01/22
Employee

[Compare](#) [Details](#) [Select](#)


[Save & Continue](#)

[Don't want this benefit?](#)

Plans that require an Evidence of Insurability form to be filled out for approval will have a button to download the form, which can be filled out and returned to HR.

Health Questions Needed for 2022 Group Life

Your requested benefit amount requires completing a set of Health Questions known as an EOI (Evidence of Insurability). Use the link below to complete your required form



Attention: Access Your Required Health Form

You have elected over the Guaranteed Issue amount for this plan.

Employee requested **\$280,000** but is only pre-approved for **\$135,000** pending approval amount is **\$145,000**

Your designated beneficiary cannot receive the pending amount until this form has been submitted to, and approved by, the carrier.

[Download EOI Form](#)

[Continue](#)

If configured, employees will also receive a reminder email with the specified number of days before the close of OE if they have yet to complete it.

Dear Tiffany,

Don't forget! Open Enrollment is almost over and will end in **[Days Remaining] days!** This is your opportunity to enroll in new benefits or make changes to your existing benefits.

Pontiac School District uses an online service for benefit enrollment through Employee Navigator. Please contact your HR department if you have any questions about this email or your benefits.

Thank you,

Your Pontiac School District Benefits Team

****This is an automatic email. Please do not reply.****

Enrollment is not considered complete until the enrollment summary is reviewed and signed.

Enrollment Summary

 Print

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.



Signature required

You've elected all your benefits, but we still require a signature before advancing.

Please review the acknowledgment below.

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.



Sign to complete enrollment

[Click to Sign](#)