

← → ↻ https://www.aflacatwork.com/Enroll

Apps Aflac Admin Login BCSC Delta Dental MSN KORN Frontline NIS OPTUM SIHO Insurance Ser... QMIX MidAmerica INPRS

Aflac

ENROLLMENT SITE

Welcome to Aflac at Work

Your benefits enrollment experience.



Log In

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN).

[Is this your first visit?](#)

By entering your employee ID and Personal Identification Number, you are agreeing to the [Terms of Use](#).

[FORGOT PIN](#) [LOG IN](#)

Log in to the Benefit portal at:
www.aflacatwork.com/Enroll

Employee ID = your SS#

PIN # is the last 4 of your SS# plus
the last 2 of the year you were
born – ex. 525279

Click Log In



[Home](#) [Enrollment ▾](#) [Reports ▾](#) [Data Management ▾](#) [Session ▾](#)



It is generally preferable to re-enroll by recording a life event on the enrollment site. In exceptional circumstances, you may enable re-enrollment in specific plans by selecting the desired plans and clicking Save.



Warning: Current records show that you are not appointed to conduct business in **IN** by the following payers:

- Trustmark

Ignore

Cancel



Please click
ignore on
this page

Welcome to Your Benefit Enrollment for Plan Year 2021

At Bartholomew Consolidated School Corp, we know that benefit requirements change. That's why we have an open enrollment period each year.

For most benefits, Open Enrollment is the only time of year you are allowed to make changes in your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year. If your spouse is offered benefits at their place of employment then they cannot be covered under our plan.

Benefit enrollment is easy! Just follow these steps.

- First, review and contact HR to update personal information about you or your covered dependents.
- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click *Next* to begin.

✓ Your Benefit Options

[Medical](#)[Dental](#)[Vision](#)[Basic Life and AD&D](#)[Dependent Basic Life](#)[Long Term Disability](#)[Supplemental Life Insurance](#)[Dependent Daycare](#)[Aflac Group Accident](#)[Aflac Group Critical Illness](#)[Aflac Group Hospital Indemnity](#)[Aflac Group Disability](#)[Trustmark Universal Life](#)

Click next

Press *Next* to review personal information and begin enrollment.

[Next](#)

Personal Information

i If any personal information needs to be updated, please contact the HR Department. Click the *Next* button to continue.

Optional items are in *italics*.

Personal Info

Name:	<input type="text" value="HEATHER"/>	<input type="text" value="M"/>	<input type="text" value="DOWNIN"/>	<input type="text"/>
	First	MI	Last	Suffix
<i>Marital Status:</i>	<input type="text" value="Married"/>			
Date of Birth:	<input type="text" value="__/__/____"/>			
SSN:	<input type="text" value="***-**-4467"/>			
Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Other			

Please check all personal information very closely. Enter a personal email to get notifications and information. Click Next at bottom of page when complete.

Contact Info

Dependents







i Click *Add* ("Plus" icon at top right of table) to add your spouse or dependent children.

Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan.

Click the *Next* button when you are finished.


Please enter all dependents even if they are not covered under the health/dental/vision. Click next when complete.

Dependents

Name	SSN	DOB	Sex	Relation	Uploads	+
<u>STEPHEN DOWNIN</u>			M	Spouse	0	 
<u>Logan Partenheimer</u>			M	Child	0	 
<u>ALEXANDER DOWNIN</u>			M	Child	0	 

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the *Add Dependent* button below.

 Add Dependent

My Benefits

Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.

☐ Medical

You were previously enrolled in **Wellness HDHP Plan**; FA at a cost per pay period of \$156.25

You have to complete enrollment in this plan.

[Review](#)

☐ Dental

You were previously enrolled in **Delta Dental**; FA at a cost per pay period of \$23.03

You have to complete enrollment in this plan.

[Review](#)

☐ Vision

You were previously enrolled in **VSP Vision**; FA at a cost per pay period of \$0.00

You have to complete enrollment in this plan.

[Review](#)

☒ Basic Life and AD&D

[Review](#)

Enrollment Details

Benefit Amount	Cost
\$50,000.00	\$0.00

Beneficiary Information

Name	Relationship	Address	Phone	Percent	Type
STEPHEN DOWNIN	Spouse	5555 WOODLAND PKWY, COLUMBUS, IN 47205		100.00	Primary
ALEXANDER DOWNIN	Child	5555 WOODLAND PKWY, COLUMBUS, IN 47205		50.00	Contingent
Logan Partenhaimer	Child	5555 WOODLAND PKWY, COLUMBUS, IN 47205		50.00	Contingent

✓ You have completed enrollment in this plan. Your cost per pay period will be \$0.00

☒ Dependent Basic Life

[Review](#)

Enrollment Details

Product Name: Dependent Basic Life

Coverage Level: Spouse + Children

First Name	MI	Last Name	DOB	Sex	Relationship

My Benefits

<input type="radio"/> Medical	\$0.00
<input type="radio"/> Dental	\$0.00
<input type="radio"/> Vision	\$0.00
<input checked="" type="radio"/> Basic Life and AD&D	\$0.00
<input checked="" type="radio"/> Dependent Basic Life	\$2.85
<input checked="" type="radio"/> Long Term Disability	\$0.00
<input checked="" type="radio"/> Supplemental Life Insurance	\$4.92
<input type="radio"/> Dependent Daycare	\$0.00
<input type="radio"/> Atlas Group Accident	\$0.00
<input type="radio"/> Atlas Group Critical Illness	\$0.00
<input type="radio"/> Atlas Group Hospital Indemnity	\$0.00
<input type="radio"/> Atlas Group Disability	\$0.00
<input type="radio"/> Trademark Universal Life	\$0.00

Employer Cost	\$9.21
Pre-tax cost	\$0.00
Post-tax cost	\$9.60

Total Cost Per Pay Period	\$9.60
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This is a summary of all of your information and current selections. Please click next.

Medical

I agree to receive my 1095C form electronically, instead of receiving the form in the mail. The 1095C includes information about the health insurance coverage offered to you by your employer. Information from the form may be referenced when filing your tax return.

HEATHER DOWNIN ☒ Yes ☐ No

Back

Next

1095C is for ACA reporting. You need this for your taxes. If you agree to receive your 1095C electronically please click yes, if not please click no. Click next when complete.

Medical

Is your spouse eligible for benefits through his/her employer? (If your spouse is employed with Bartholomew Consolidated School Corp., please answer 'No' to this question.)

HEATHER DOWNIN

☐ Yes

☒ No

Back

Next

BCSC has a spousal exclusion. If your spouse is offered benefits at their place of employment they cannot be on the BCSC plan. After answering yes or no please click next.

Medical

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

- To enroll or continue your current coverage, click the option that represents your election.
- You can edit which dependents will be covered by using the pencil icon next to the list of Covered People when available.
- When you are finished, click on the **Enroll** button to continue.

Current

WELLNESS HDHP PLAN

Your Cost:

Per Pay Period

☐ Employee Only: \$54.89
 ☐ Employee + Spouse: \$150.26
 ☐ Employee + Children: \$125.84
 ☒ Employee+Family: \$164.54

Covered People:

HEATHER M. DOWNIN
 STEPHEN DOWNIN
 ALEXANDER DOWNIN

Enroll

WELLNESS PPO PLAN

Your Cost:

Per Pay Period

☐ Employee Only: \$120.38
 ☐ Employee + Spouse: \$418.30
 ☐ Employee + Children: \$359.72
 ☒ Employee+Family: \$430.19

Covered People:

HEATHER M. DOWNIN
 STEPHEN DOWNIN
 ALEXANDER DOWNIN

Enroll

HDHP PLAN

Covered People:

No Eligible Dependents

Your Cost:

\$0.00

Enroll

PPO PLAN

Covered People:

No Eligible Dependents

Your Cost:

\$0.00

Enroll

DECLINE COVERAGE

You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.

My Benefits	
<input checked="" type="radio"/> Medical	\$0.00
<input type="radio"/> Dental	\$0.00
<input type="radio"/> Vision	\$0.00
<input checked="" type="radio"/> Basic Life and AD&D	\$0.00
<input checked="" type="radio"/> Dependent Basic Life	\$2.68
<input checked="" type="radio"/> Long Term Disability	\$0.00
<input checked="" type="radio"/> Supplemental Life Insurance	\$8.92
<input type="radio"/> Dependent Daycare	\$0.00
<input type="radio"/> Aflac Group Accident	\$0.00
<input type="radio"/> Aflac Group Critical Illness	\$0.00
<input type="radio"/> Aflac Group Hospital Indemnity	\$0.00
<input type="radio"/> Aflac Group Disability	\$0.00
<input type="radio"/> Trustmark Universal Life	\$0.00
Employer Cost	\$9.21
Pre-tax cost	\$0.00
Post-tax cost	\$9.80
Total Cost	\$9.60
Per Pay Period	

Your current plan will have a little gold banner and say current. If you choose to switch between plans please click the plan you would like. You must hit enroll. If you need to remove a covered person please click the pencil next to the names and x out that person. If you need to add a person they will need to be entered on the dependent screen and will show up here. If you did not complete the wellness steps then you cannot enroll in the wellness plan. If you feel there is an error please contact Heather Downin, Benefits Specialist.

Health Savings Account

Your HSA Election

A health savings account (HSA) is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a high deductible health plan (HDHP). The funds contributed to an account are not subjected to federal income tax at the time of the deposit. There is a \$5 minimum contribution per payroll for BCSC. Please contact your Benefit Specialist, Heather Downin at downinh@bcsc.k12.in.us to set up your HSA.

Benefit Levels: ☒ Employee Only ☐ Employee + Dependents

Minimum Annual Contribution: \$130.00

Maximum Annual Contribution: \$3,600.00

Amount per pay period:

Number of periods:

Total Amount:

Calculate

- ☐ I wish to participate in this coverage
☐ I do not wish to participate in this coverage

Back

Next

My Benefits

<input checked="" type="checkbox"/> Medical	\$164.54
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input type="checkbox"/> Dental	\$0.00
<input type="checkbox"/> Vision	\$0.00
<input checked="" type="checkbox"/> Basic Life and AD&D	\$0.00
<input checked="" type="checkbox"/> Dependent Basic Life	\$2.68
<input checked="" type="checkbox"/> Long Term Disability	\$0.00
<input checked="" type="checkbox"/> Supplemental Life Insurance	\$6.92
<input type="checkbox"/> Dependent Daycare	\$0.00
<input type="checkbox"/> Aflac Group Accident	\$0.00
<input type="checkbox"/> Aflac Group Critical Illness	\$0.00
<input type="checkbox"/> Aflac Group Hospital Indemnity	\$0.00
<input type="checkbox"/> Aflac Group Disability	\$0.00
<input type="checkbox"/> Trustmark Universal Life	\$0.00

Employer Cost \$830.23
Pre-tax cost \$164.54
Post-tax cost \$9.60



Total Cost
Per Pay Period **\$174¹⁴**

To set up or make changes to a HSA you MUST contact Heather Downin, Benefits Specialist. Changes made in this portal do not change your HSA in payroll.

Dental

Dental insurance is designed to pay a portion of costs associated with dental care. Choose your requested options below to enroll.

Current

DELTA DENTAL

Your Cost:

Per Pay Period

☐ Employee Only:

\$8.12

☐ Employee + Spouse:

\$23.03

☐ Employee + Children:

\$23.03

☒ Employee+Family:

\$23.03

Covered People:

HEATHER M. DOWNIN

STEPHEN DOWNIN

ALEXANDER DOWNIN

Enroll

DECLINE COVERAGE

You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.

Your Cost:

\$0.00

Decline

Your current Dental coverage will have a gold banner and say current. If you do not currently have Dental Insurance then you will not see this screen. We do not have open enrollment for dental. Please click enroll.

My Benefits	
<input checked="" type="checkbox"/> Medical	\$164.54
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$0.00
<input type="checkbox"/> Vision	\$0.00
<input checked="" type="checkbox"/> Basic Life and AD&D	\$0.00
<input checked="" type="checkbox"/> Dependent Basic Life	\$2.68
<input checked="" type="checkbox"/> Long Term Disability	\$0.00
<input checked="" type="checkbox"/> Supplemental Life Insurance	\$6.92
<input type="checkbox"/> Dependent Daycare	\$0.00
<input type="checkbox"/> Aflac Group Accident	\$0.00
<input type="checkbox"/> Aflac Group Critical Illness	\$0.00
<input type="checkbox"/> Aflac Group Hospital Indemnity	\$0.00
<input type="checkbox"/> Aflac Group Disability	\$0.00
<input type="checkbox"/> Trustmark Universal Life	\$0.00
Employer Cost	\$830.23
Pre-tax cost	\$164.54
Post-tax cost	\$9.60
<div><div></div><div>Total Cost</div><div>Per Pay Period</div></div>	\$174 ¹⁴

Vision

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

- To enroll or continue your current coverage, click on the option next to the cost which represents your election.
- When you are finished, click on the "NEXT" button to continue.

Current

VSP VISION

Your Cost:

Per Pay Period

☐ Employee Only:

\$0.00

☐ Employee + Spouse:

\$0.00

☐ Employee + Children:

\$0.00

☒ Employee+Family:

\$0.00

Covered People:

HEATHER M. DOWNIN

STEPHEN DOWNIN

ALEXANDER DOWNIN

Enroll

DECLINE COVERAGE

You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.

Your Cost:

\$0.00

Decline

Your current Vision coverage will have gold banner and say current. Please click enroll.

My Benefits	
<input checked="" type="checkbox"/> Medical	\$164.54
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$23.03
<input checked="" type="checkbox"/> Vision	\$0.00
<input checked="" type="checkbox"/> Basic Life and AD&D	\$0.00
<input checked="" type="checkbox"/> Dependent Basic Life	\$2.68
<input checked="" type="checkbox"/> Long Term Disability	\$0.00
<input checked="" type="checkbox"/> Supplemental Life Insurance	\$6.92
<input type="checkbox"/> Dependent Daycare	\$0.00
<input type="checkbox"/> Aflac Group Accident	\$0.00
<input type="checkbox"/> Aflac Group Critical Illness	\$0.00
<input type="checkbox"/> Aflac Group Hospital Indemnity	\$0.00
<input type="checkbox"/> Aflac Group Disability	\$0.00
<input type="checkbox"/> Trustmark Universal Life	\$0.00
Employer Cost \$853.26	
Pre-tax cost \$187.57	
Post-tax cost \$9.60	
<div><div><div></div></div><div>Total Cost</div><div>Per Pay Period</div></div>	\$197 ¹⁷

Dependent Daycare

Your Dependent Daycare Election

A Dependent Daycare benefit allows you to set aside pre-tax money to pay for daycare expenses. The minimum and maximum contribution amounts for the next plan year are shown below.

- If you would like to enroll in the Dependent Daycare plan, enter the amount you would like to contribute per pay period or total amount annually and click "Calculate." Then click on the button next to the text which reads "I wish to apply for this coverage."
- If you do not want to enroll in the Dependent Daycare plan, click on the button next to the text which reads "I wish to DECLINE this coverage."
- When you are finished, click on the "Next" button to continue.

Maximum Annual Contribution: \$5,000.00

Amount per pay period:

Number of periods:

Total Amount:

Calculate

☒ I wish to participate in this coverage

☐ I do not wish to participate in this coverage

Back

Next

My Benefits

<input checked="" type="checkbox"/> Medical	\$164.54
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$23.03
<input checked="" type="checkbox"/> Vision	\$0.00
<input checked="" type="checkbox"/> Basic Life and AD&D	\$0.00
<input checked="" type="checkbox"/> Dependent Basic Life	\$2.68
<input checked="" type="checkbox"/> Long Term Disability	\$0.00
<input checked="" type="checkbox"/> Supplemental Life Insurance	\$6.92
<input checked="" type="checkbox"/> Dependent Daycare	\$0.00
<input type="checkbox"/> Aflac Group Accident	\$0.00
<input type="checkbox"/> Aflac Group Critical Illness	\$0.00
<input type="checkbox"/> Aflac Group Hospital Indemnity	\$0.00
<input type="checkbox"/> Aflac Group Disability	\$0.00
<input type="checkbox"/> Trustmark Universal Life	\$0.00

Employer Cost	\$860.92
Pre-tax cost	\$187.57
Post-tax cost	\$9.60



Total Cost
Per Pay Period

\$197¹⁷

FSA – please select I wish or do not wish to participate and click next.



4 AFLAC products will come up. You will have to step through each one and either choose I wish to participate or I do not wish to participate. Please click next.



After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you through the many stages of care. Group Accident Insurance from Aflac helps with out-of-pocket costs that arise when you have a covered accident.

Benefits:

- Guaranteed-issue coverage (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid directly to you, unless otherwise assigned.

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

- To enroll or continue your current coverage, click on the option next to the coverage type which represents your election.
- When you are finished, click on the "NEXT" button to continue.

This is a brief product overview only. The plan(s) has limitations and exclusions that may affect benefits payable. Refer to the plan(s) for complete details, limitations, and exclusions.

Continental American Insurance Company (CAIC), a group member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac. Incorporated and underwrites group coverage. CAIC is not licensed to sell life business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups located in California, group coverage is underwritten by Continental American Life Insurance Company. For groups located in New York, coverage is underwritten by American Family Life Insurance Company of New York.

Continental American Insurance Company • Columbia, South Carolina • 1-800-405-0008 toll-free • 1-803-648-0870 fax

AUGUST 2002 / LIU ET AL.

Coverage

☐ Employee Only ☐ Employee + Spouse ☐ Employee + Children ☒ Employee+Family


Cost per Pay Period: \$22.51

- ☐ I wish to participate in this coverage
- ☐ I do not wish to participate in this coverage

My Benefits

<input checked="" type="checkbox"/> Medicare	\$124.24
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$25.00
<input checked="" type="checkbox"/> Vision	\$0.00
<input checked="" type="checkbox"/> Basic Life and AD&D	\$0.00
<input checked="" type="checkbox"/> Dependent Basic Life	\$2.88
<input checked="" type="checkbox"/> Long Term Disability	\$0.00
<input checked="" type="checkbox"/> Supplemental Life Insurance	\$2.82
<input checked="" type="checkbox"/> Dependent Daycare	\$0.00
<input checked="" type="checkbox"/> Atlas Group Accident	\$0.00
<input type="checkbox"/> Atlas Group Critical Illness	\$0.00
<input type="checkbox"/> Atlas Group Hospital Indemnity	\$0.00
<input type="checkbox"/> Atlas Group Disability	\$0.00
<input type="checkbox"/> Trademark Universal Life	\$0.00

Employer Cost	\$860.92
Pre-tax cost	\$187.57
Post-tax cost	\$9.60

 Total Cost
Per Pay Period **\$197¹⁷**

Aflac Group Critical Illness Advantage

INSURANCE – PLAN INCLUDES BENEFITS
FOR CANCER AND HEALTH SCREENING

We help take care of your
expenses while you take
care of yourself.



Home You & Your Family My Benefits Sign & Submit

Back Next

Aflac



The Aflac Group Critical Illness Insurance plan can help with the treatment costs of covered critical illnesses. More importantly, the plan helps you focus on recuperation instead of the distraction over the costs of medical and personal bills.

With Group Critical Illness Insurance, you receive cash benefits directly (unless otherwise assigned) — giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Benefits:

- Lump-sum benefit for a covered critical illness.
- Benefits are paid directly to you, unless otherwise assigned.

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

- To enroll or continue your current coverage, click on the option next to the coverage type which represents your election.
- When you are finished, click on the "NEXT" button to continue.

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This is a brief product description only. The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions.

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My Benefits

<input checked="" type="checkbox"/> Medical	\$104.94
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$23.05
<input checked="" type="checkbox"/> Vision	\$0.00
<input checked="" type="checkbox"/> Basic Life and AD&D	\$0.00
<input checked="" type="checkbox"/> Dependent Basic Life	\$2.85
<input checked="" type="checkbox"/> Long Term Disability	\$0.00
<input checked="" type="checkbox"/> Supplemental Life Insurance	\$5.62
<input checked="" type="checkbox"/> Dependent Daycare	\$0.00
<input checked="" type="checkbox"/> Aflac Group Accident	\$0.00
<input checked="" type="checkbox"/> Aflac Group Critical Illness	\$0.00
<input type="radio"/> Aflac Group Hospital Indemnity	\$0.00
<input type="radio"/> Aflac Group Disability	\$0.00
<input type="radio"/> Trustmark Universal Life	\$0.00

Employer Cost	\$860.92
Pre-tax cost	\$187.37
Post-tax cost	\$9.60

Total Cost Per Pay Period	\$197 ¹⁷
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Insurance for HEATHER M. DOWNIN

Have you used tobacco products in the last 12 months?

No

Type

With Cancer Benefit

You have elected an amount that will be subject to underwriting.

Benefit Amount: \$5,000

Cost per Pay Period: \$0.00

- ☐ I wish to participate in this coverage
- ☒ I do not wish to participate in this coverage

Aflac Group Hospital Indemnity

INSURANCE

Even a small trip to the hospital can have a major impact on your finances.

Here's a way to help make your visit a little more affordable.



Group Hospital Insurance



The Aflac Group Hospital Indemnity Insurance plan helps with the out-of-pocket costs associated with a covered hospital stay. It provides financial assistance to enhance your current coverage if you are hospitalized due to a covered accident or covered sickness.

Benefits:

- Benefits for hospital stays and expenses.
- Benefits for a covered hospital stay.

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

- To enroll or continue your current coverage, click on the option next to the coverage type which represents your election.
- When you are finished, click on the "NEXT" button to continue.

This is a brief presentation only. The plan(s) has limitations and exclusions that may affect benefit payable. Refer to the plan(s) for complete details, limitations, and exclusions.

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Continental American Insurance Company - Columbus, South Carolina - 1-800-455-0226 toll-free - 1-800-948-0870 fax

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☐ Employee Only ☐ Employee + Spouse ☐ Employee + Children ☒ Employee+Family

Plan

Hospital Indemnity

Type.....

HSA

Cost per Pay Period: **\$23.36**

- ☐ I wish to participate in this coverage
- ☐ I do not wish to participate in this coverage

Back

Next

My Benefits

<input checked="" type="checkbox"/> Medical	\$124.54
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$25.05
<input checked="" type="checkbox"/> Vision	\$0.00
<input checked="" type="checkbox"/> Basic Life and AD&D	\$0.00
<input checked="" type="checkbox"/> Dependent Basic Life	\$2.55
<input checked="" type="checkbox"/> Long Term Disability	\$0.00
<input checked="" type="checkbox"/> Supplemental Life Insurance	\$5.92
<input checked="" type="checkbox"/> Dependent Daycare	\$0.00
<input checked="" type="checkbox"/> Aflac Group Accident	\$0.00
<input checked="" type="checkbox"/> Aflac Group Critical Illness	\$0.00
<input checked="" type="checkbox"/> Aflac Group Hospital Indemnity	\$0.00
<input checked="" type="checkbox"/> Aflac Group Disability	\$0.00
<input type="checkbox"/> Trustmark Universal Life	\$0.00

Employer Cost \$860.92
Pre-tax cost \$187.37
Post-tax cost \$9.60

Total Cost Per Pay Period **\$197¹⁷**

Aflac Group Disability Advantage

INSURANCE PLAN — NONOCCUPATIONAL

A disabling illness or injury may be unpredictable.

We'll help make sure they don't affect your financial plans, too.



Our Aflac group disability plan can help protect your income by offering disability benefits to help you make ends meet when you are out of work.

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you will have added financial resources to help with medical costs or ongoing living expenses. Aflac group disability insurance plans can help with everyday living expenses, like your rent or mortgage, utility bills, groceries, and more by providing benefits, such as the following:

- Total disability
- Partial disability

Our plan was created with you in mind and includes:

- Benefits that help you maintain your standard of living.

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

- To enroll or continue your current coverage, click on the option next to the coverage type which represents your election.
- When you are finished, click on the "NEXT" button to continue.

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Coverage

☒ Employee Only

Accident/Sickness Periods

14/14

Benefit Duration

3 Mth

Benefit Amount:

<

1

>

\$400

Cost per Pay Period:

\$0.00

☐ I wish to participate in this coverage

☒ I do not wish to participate in this coverage

You have elected an amount that will be subject to underwriting.

My Benefits	
<input checked="" type="checkbox"/> Medical	\$204.94
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$20.00
<input checked="" type="checkbox"/> Vision	\$0.00
<input checked="" type="checkbox"/> Basic Life and AD&D	\$0.00
<input checked="" type="checkbox"/> Dependent Basic Life	\$2.88
<input checked="" type="checkbox"/> Long Term Disability	\$0.00
<input checked="" type="checkbox"/> Supplemental Life Insurance	\$8.92
<input checked="" type="checkbox"/> Dependent Daycare	\$0.00
<input checked="" type="checkbox"/> Aflac Group Accident	\$0.00
<input checked="" type="checkbox"/> Aflac Group Critical Illness	\$0.00
<input checked="" type="checkbox"/> Aflac Group Hospital Indemnity	\$0.00
<input checked="" type="checkbox"/> Aflac Group Disability	\$0.00
<input type="checkbox"/> Trustmark Universal Life	\$0.00
Employer Cost	\$860.92
Pre-tax cost	\$187.37
Post-tax cost	\$9.60
<div><div></div>Total Cost Per Pay Period</div>	\$197 ¹⁷

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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
HEATHER M. DOWNIN	Employee	F	11/17/1971	
STEPHEN DOWNIN	Spouse	M	7/26/1966	
ALEXANDER DOWNIN	Child	M	7/2/1998	

- ☒ I wish to participate
- ☐ I do not wish to participate

Trustmark is additional Life Insurance. Please click I wish to participate or I do not wish to participate and then click next.

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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	Employer Paid
Medical	Wellness HDHP Plan; FA	\$164.54	\$0.00	\$821.02
Health Savings Account	Waived			
Dental	Delta Dental; FA	\$23.03	\$0.00	\$23.03
Vision	VSP Vision; FA	\$0.00	\$0.00	\$7.66
Basic Life and AD&D	\$50,000	\$0.00	\$0.00	\$3.23
Dependent Basic Life	Dependent Basic Life; SC	\$0.00	\$2.68	\$0.00
Long Term Disability	Long Term Disability; \$2,273.09	\$0.00	\$0.00	\$5.98
Supplemental Life Insurance	\$100,000	\$0.00	\$6.92	\$0.00
Dependent Daycare	Waived			
Aflac Group Accident	Waived			
Aflac Group Critical Illness	Waived			
Aflac Group Hospital Indemnity	Waived			
Aflac Group Disability	Waived			
Trustmark Universal Life	Waived			
Total		\$187.57	\$9.60	\$860.92

Signatures Required

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

Form Name	Status	Date Signed/Reviewed
 Benefit Summary	Unsigned	

Next

This is a summary page of all your selections. If you want to go back and look at one just click on the name. To continue click next.

Bartholomew Consolidated School Corp

Benefit Summary

Name	Birth Date	Gender	Home Phone	Address	Reason for Completing Form
HEATHER M. DOWNIN	11/17/1971	F	(812) 371-7360	3353 WOODLAND PKWY COLUMBUS, IN 47203	Open Enrollment
Location	Employee ID	Hire Date	Job Class	Title	
Central Office	DOWNIHEA00	04/19/2017	12-month Supp	Support Staff 2018-	

Benefit Plan	Product	Opt	Cvg	Ded	Effective Date	Benefit Amount	Requested		Employee Cost		Employer Cost
							Benefit Amount	Cost	Pre-tax	After-tax	
Medical	Wellness HDHP Plan		FA	26	01/01/2021				164.54	0.00	821.02
Health Savings Account	Waived										
Dental	Delta Dental		FA	26	01/01/2021				23.03	0.00	23.03
Vision	VSP Vision		FA	26	01/01/2021				0.00	0.00	7.66
Basic Life and AD&D	Basic Life & AD&D	1	EO	26	01/01/2021	50,000			0.00	0.00	3.23
Dependent Basic Life	Dependent Basic Life		SC	26	01/01/2021				0.00	2.68	0.00
Long Term Disability	Long Term Disability	6.670	EO	26	01/01/2021	2,273			0.00	0.00	5.98
Supplemental Life Insurance	Employee Voluntary Term Life	1	EO	26	01/01/2021	100,000			0.00	6.92	0.00
Dependent Daycare	Waived										
Aflac Group Accident	Waived										
Aflac Group Critical Illness	Waived										
Aflac Group Hospital Indemnity	Waived										
Aflac Group Disability	Waived										
Trustmark Universal Life	Waived										
Total:									187.57	9.60	860.92

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN.

PIN:

Sign Form



This is your benefit summary and where you sign off to submit your enrollment. Your PIN is the last 4 of your SS# and the last 2 of the year you were born. EX. 555279 Click Sign Form when 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.**

You will want to be sure you see Congratulations and Your enrollment is now complete.
This will end your enrollment session and you can log-off.

Thanks for enrolling!!!



Any questions please contact:

Heather Downin
Benefit Specialist

812-376-4203

downinh@bcsc.k12.in.us