

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

1

Please click ignore on this page

Have a Suggestion? We are Listening! Copyright © 2020 Aflac

Status (29% Complete)



Home

You & Your Family ▼

My Benefits ▼

Sign & Submit

Next

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 if 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

<u>Dependent Basic Life</u>

Long Term Disability

Supplemental Life Insurance

<u>Dependent Daycare</u>

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

1 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:	HEATHER	М	DC
	First	MI	Last
Marital Status:	Married	•	7
Date of Birth:	//		
SSN:	***-**-4467		
Gender:	Male Female Oth	er	

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

Suffix

DOWNIN

Contact Info

Dependents

1 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.

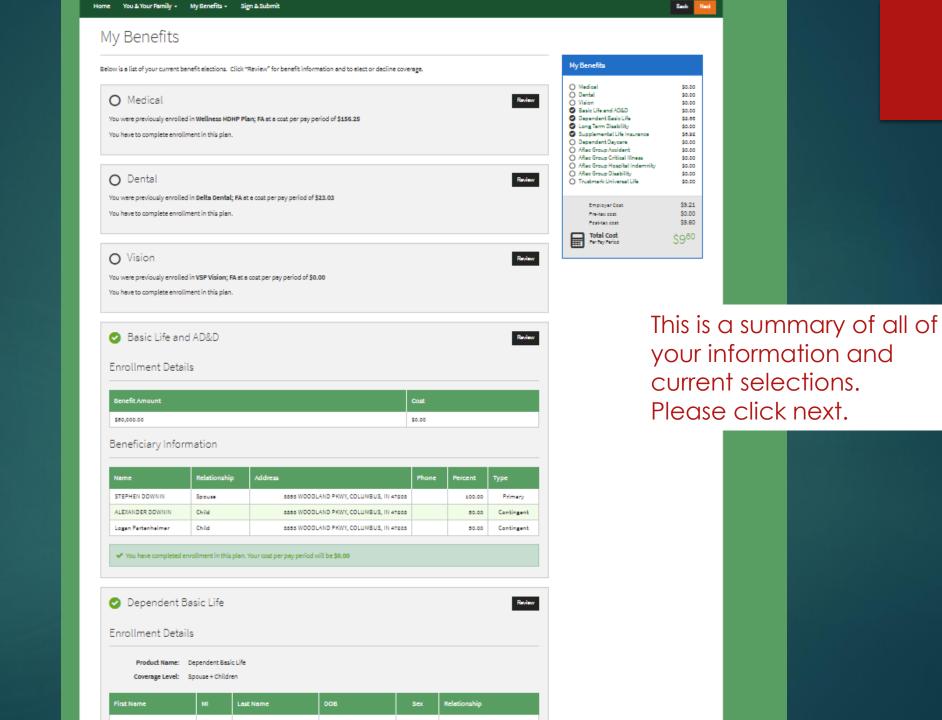
Dependents

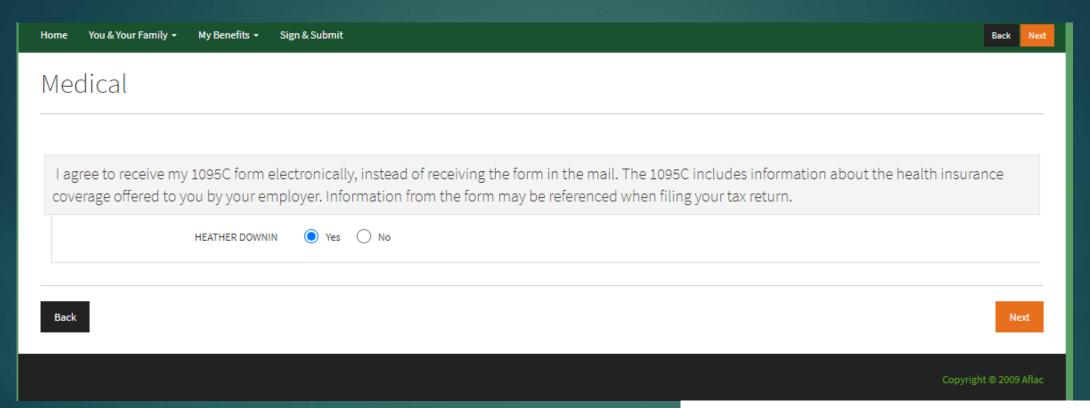
Please enter all dependents even if they are not covered under the health/dental/vision. Click next when complete.

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

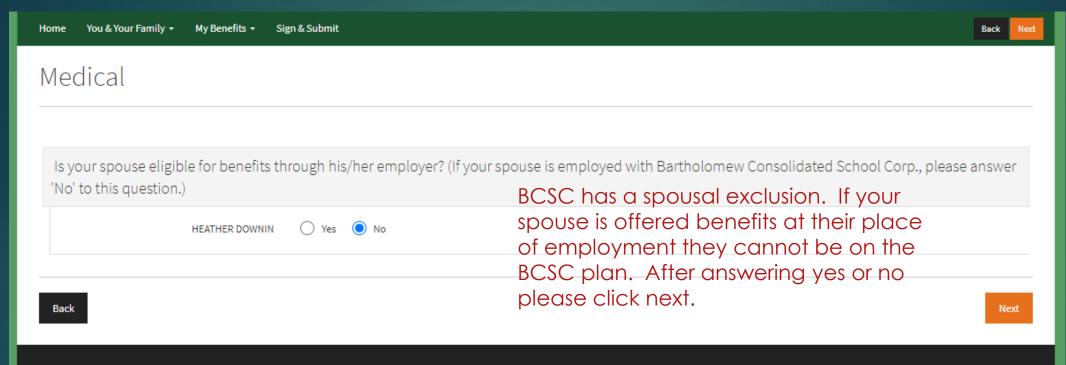
Add a Dependent

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





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.

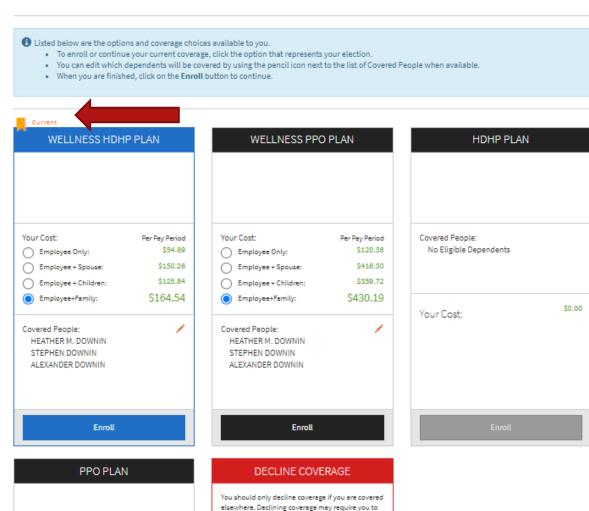


Copyright @ 2009 Aflac



Medical

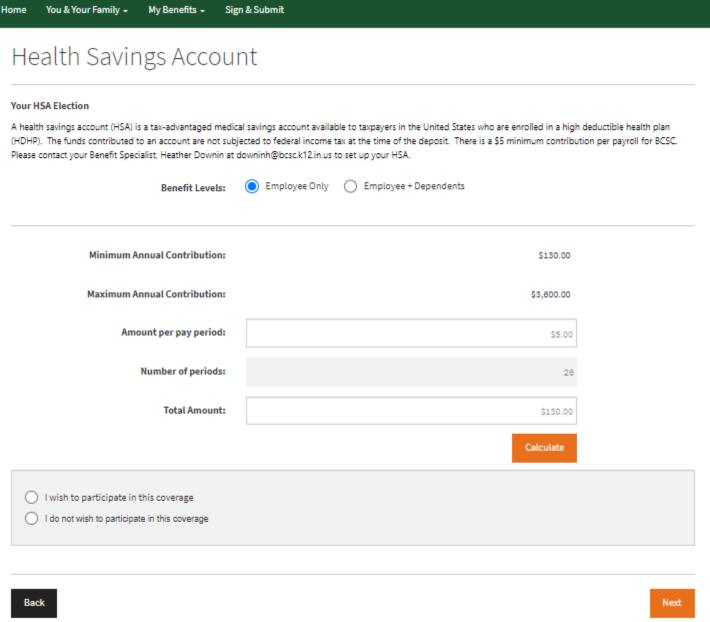
Covered People: No Eligible Dependents

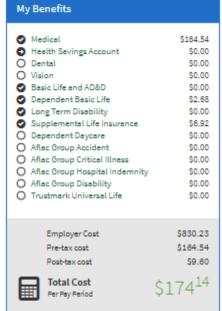


answer questions about your reasons for declining.

My Benefits	
Medical Dental Vision Basic Life and AD&D Dependent Basic Life Long Term Disability Supplemental Life Insurance Dependent Daycare Aflac Group Accident Aflac Group Accident Aflac Group Hospital Indemnity Aflac Group Disability Trustmark Universal Life	\$0.00 \$0.00 \$0.00 \$2.68 \$0.00 \$6.92 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Emplayer Cost Pre-tax cost Post-tax cost Total Cost Per Pay Period	\$9.21 \$0.00 \$9.60 \$9 ⁶⁰

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.

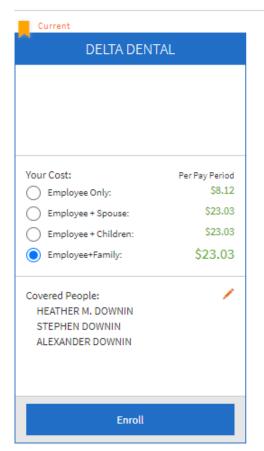




To set up or make changes to a HSA you MUST contact Heather Downin, Benefits Specialist. Changes made in this portal do not change your HSA in payroll.

Dental

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





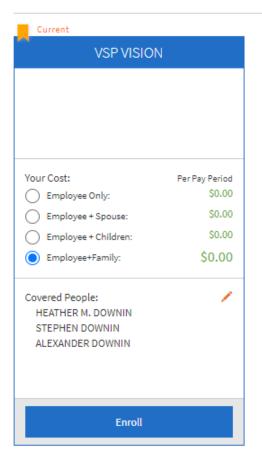
Your current Dental coverage will have a gold banner and say current. If you do not currently have Dental Insurance then you will not see this screen. We do not have open enrollment for dental. Please click enroll.

My Benefits
✓ Medical \$164.54 ❖ Health Savings Account \$0.00 ❖ Dental \$0.00 ் Vision \$0.00 ❖ Basic Life and AD&D \$0.00 ❖ Dependent Basic Life \$2.68 ❖ Long Term Disability \$0.00 ❖ Supplemental Life Insurance \$6.92 ○ Dependent Daycare \$0.00 ♠ Aflac Group Accident \$0.00 ○ Aflac Group Critical Illness \$0.00 ○ Aflac Group Hospital Indemnity \$0.00 ○ Aflac Group Disability \$0.00 ○ Trustmark Universal Life \$0.00
Employer Cost \$830.23 Pre-tax cost \$164.54 Post-tax cost \$9.60 Total Cost \$17414

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.



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	
Medical Health Savings Account 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	\$164.54 \$0.00 \$23.03 \$0.00 \$0.00 \$2.68 \$0.00 \$6.92 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Employer Cost Pre-tax cost Post-tax cost Total Cost Per Pay Period	\$853.26 \$187.57 \$9.60 \$197 ¹⁷

\$5,000.00

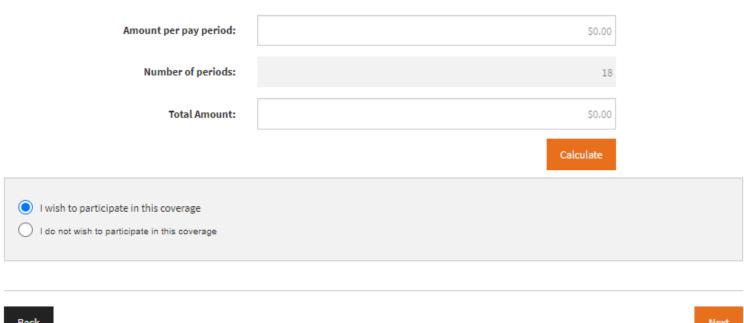
Dependent Daycare

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:



My Benefits	
	\$164.54
Health Savings Account	\$0.00
Dental	\$23.03
✓ Vision	\$0.00
Basic Life and AD&D	\$0.00
 Dependent Basic Life 	\$2.68
 Long Term Disability 	\$0.00
 Supplemental Life Insurance 	\$6.92
 Dependent Daycare 	\$0.00
O Aflac Group Accident	\$0.00
O Aflac Group Critical Illness	\$0.00
O Aflac Group Hospital Indemnity	\$0.00
O Aflac Group Disability	\$0.00
O 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
Per Pay Period	ÁTO I

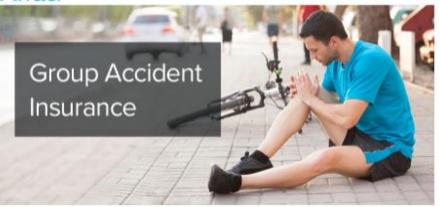
FSA – please select I wish or do not wish to participate and click next.

Next

C701000K to 0) C70100TK (r) Vr

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. : You & Your Family - My Benefits - Sign & S

Afrac.



After an accident, you may have expenses you've never thought about. Can your finances handle them? Its's reassuring to know that an accident insurance plan can be there for you though 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.

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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

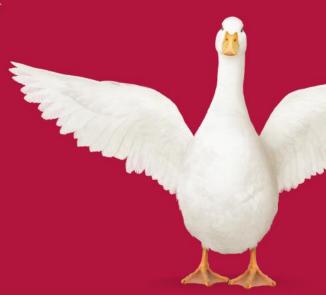
My Benefits O Nedical \$184.54 @ Health Savings Account \$0.00 O Dental \$25.05 O Vision \$0.00 @ Basic Life and AD&D \$0.00 O Dependent Besic Life \$2.65 O Long Term Disability \$0.00 Supplemental Life Insurance \$6.92 @ Dependent Daycare \$0.00 Aflac Group Applicant \$0.00 O Aflec Group Critical Illness \$0.00 O Afleo Group Hospital Indemnity \$0.00 O Aflac Group Disability \$0.00 O Trushmark Universal Life Employer Cost \$860.92 Pre-tax cost \$187.57 Total Cost \$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 Bad





The Afiac 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 onto help with everyday living expenses.

Benefits:

- Lump-sum benefit for a covered critical illnesses.
- . 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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Addresses to Judicely





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.















\$184.54

\$0.00

\$25.05

\$0.00

\$0.00

\$2.65

\$6.92

\$0.00

\$0.00

\$0.00

\$0.00

\$860.92

\$187.57

\$19717

\$9.60

My Benefits

3 Health Savings Account

Basic Life and AD&D

Dependent Basic Life

Long Term Disability Supplemental Life Insurance

3 Dependent Daycare

Affac Group Accident

Aflac Group Critical Illness

O Trustmark Universal Life

Employer Cost

Pre-tex cost Post-tax cost

Total Cost
Per Pay Period

Aflac Group Hospital Indomnity O Aflac Group Disability

Medical

Dental

Vision









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 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.

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Cardinarial American Incomes Company - Calumbia, South Cardina - 0400-450-6001 (all-free - 0460-440-0470 fee

Addesocosom (sc/ss)

	○ Employee Only	○ Employee+Spouse	Employee + Children	Employee+Family
Plan			Hospital II	ndemnity
Туре			HSA	

Cost per Pay Period: \$23.36

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

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.



Affac.



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

Affac 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. Affac 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
- Pertial disability

Our plan was created with you in mind and includes:

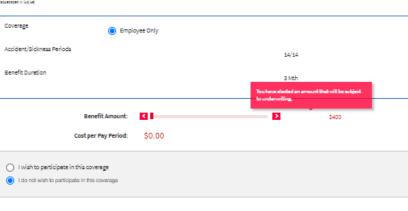
Benefits that help you maintain your standard of living.

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.

Series del Amelian Instrument Sempory (2013), a presi menha all'ha Alaskoniky di mananja a shalipun mel adaldany di Alaskoniky adalah manganish mel andamelian yang manang 1000 km di lamasi in adalah adalah adalah Sempory.

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My Benefits

Trustmark Universal Life



1 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	М	7/26/1966	
ALEXANDER DOWNIN	Child	М	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.

Back

Next

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	\$184.54	\$0.00	\$821.02
Health Savings Account	Waived			
<u>Dental</u>	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
<u>Supplemental Life Insurance</u>	\$100,000	\$0.00	\$6.92	\$0.00
<u>Dependent Daycare</u>	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	

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 (81		(812) 371-7360	3353 WOODLAND PKWY COLUMBUS, IN 47203	Open Enrollment
Location	ocation Employee ID		Job Class	Title	COLUMBOS, IN 47203	
Central Office	DOWNIHEA00	04/19/2017	12-month Supp	Support Staff 2018		

							Requested		Employee Cost		
Benefit Plan	Product	Opt	Cvg	Ded	Effective Date	Benefit Amount	Benefit Amount	Cost	Pre-tax	After-tax	Employer Cost
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

Page 1 of 2 rev. 02.29.2016

Page 1	¥	Download Forn
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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.

|--|

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



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