Employee Enrollment Guide

Beech Grove Schools

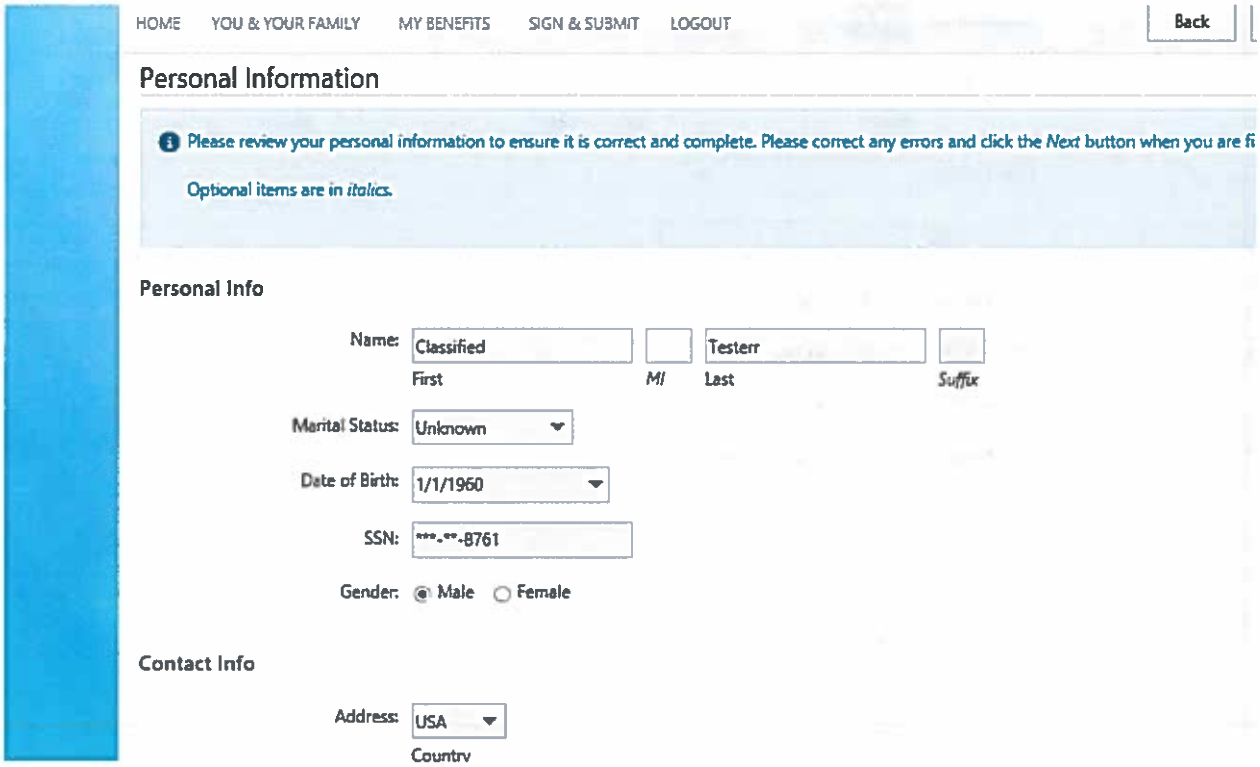
Website: www.aflacatwork.com

Login: Social Security Number (without dashes)

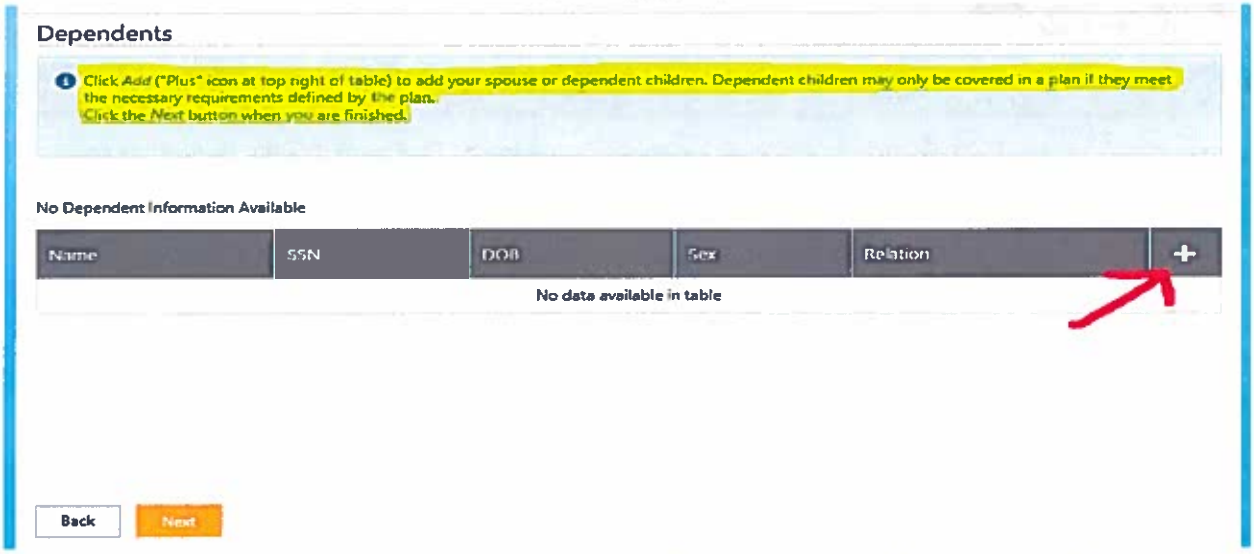
Pin: Last 4 digits of your SSN & the 2 Digit YEAR of your birth

Once you click Log in, you will be taken to Beech Grove's personal enrollment site where you will need to click the NEXT button to begin your enrollment.

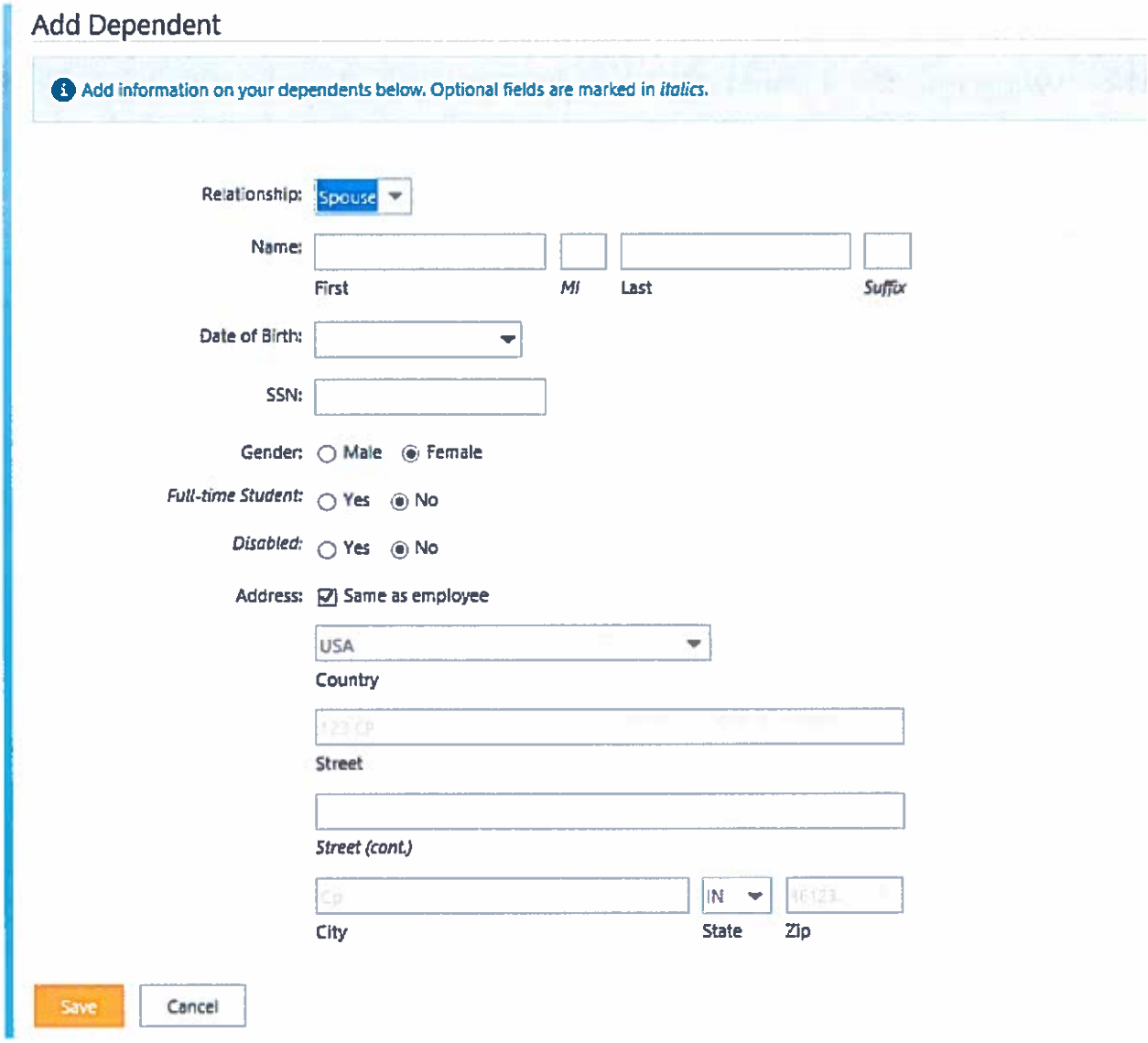
PERSONAL INFORMATION: You will need to verify all of the Personal Information on this page and click NEXT. *(If any of the information is listed incorrectly, please contact HR)*



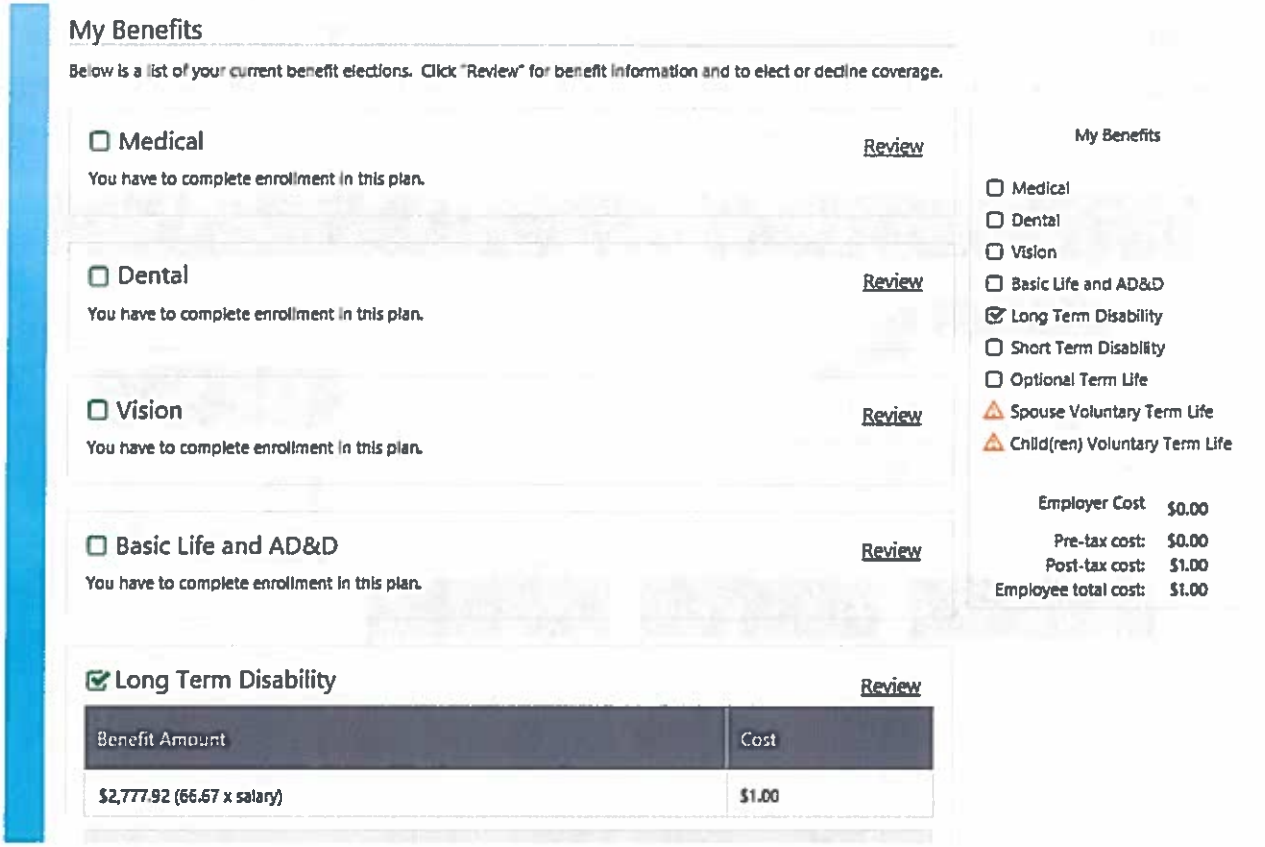
DEPENDENTS. Please verify any dependents information or click the + sign to add dependents not currently listed.



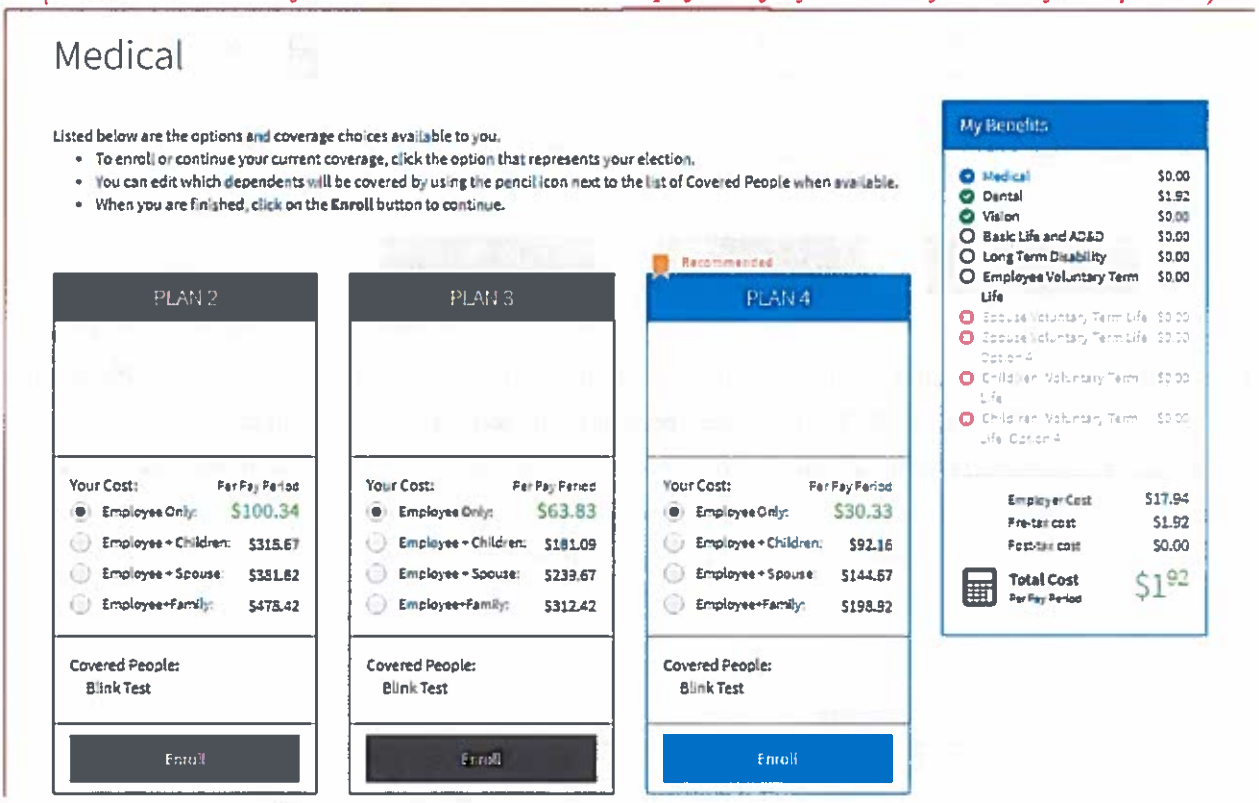
ADDING A DEPENDENT. Please enter ALL information on the dependent and click SAVE to proceed. Continue the same process for each dependent that you need to cover.



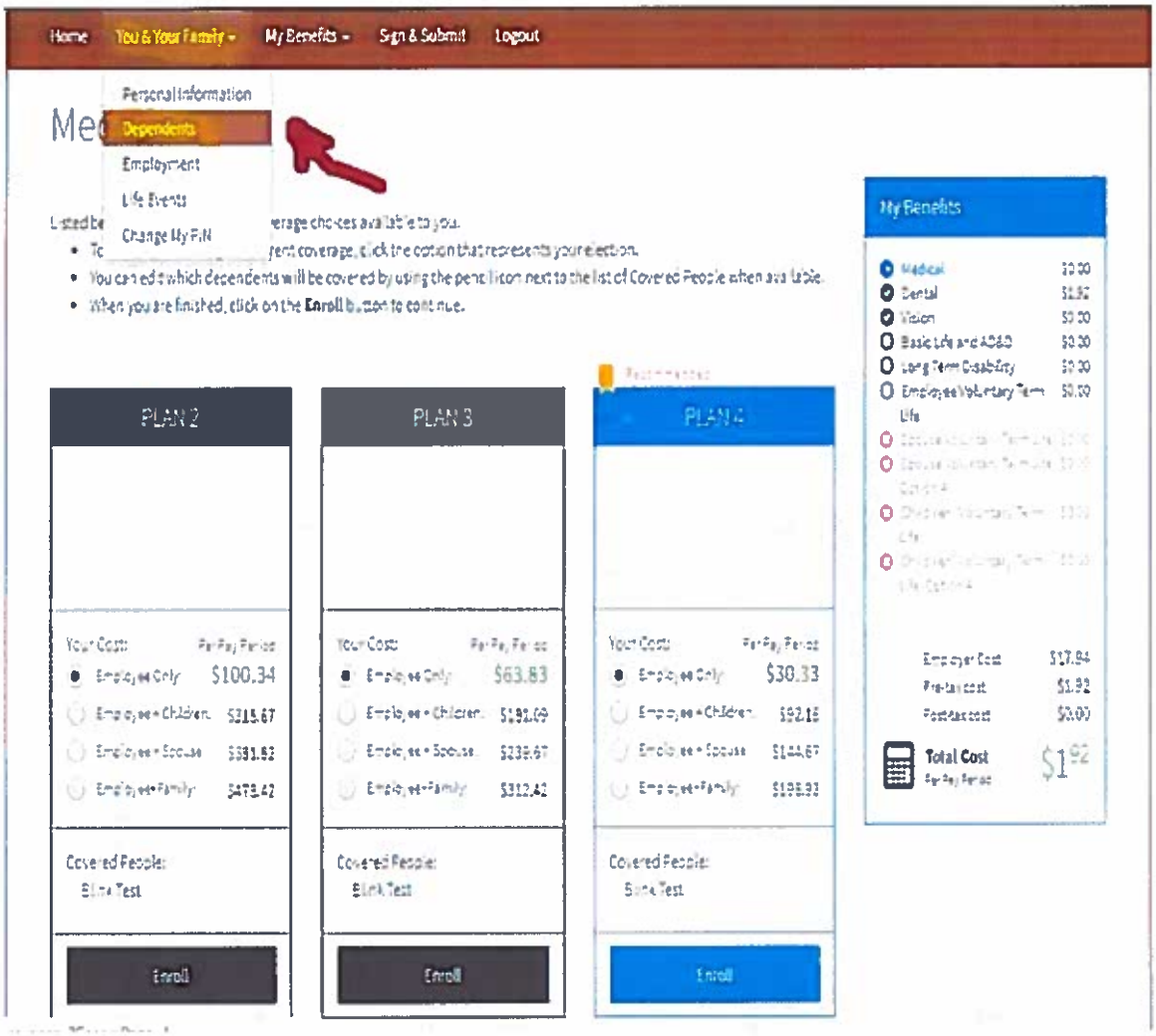
MY BENEFITS. This page shows you all of the Benefits that you are eligible to enroll in for the current Enrollment Period. Click on Review under each Benefit to either Enroll in the plan or Waive the plan.



*(Please Note: You will only be able to select the benefits for **Employee Only** if you have not yet entered your dependents)*

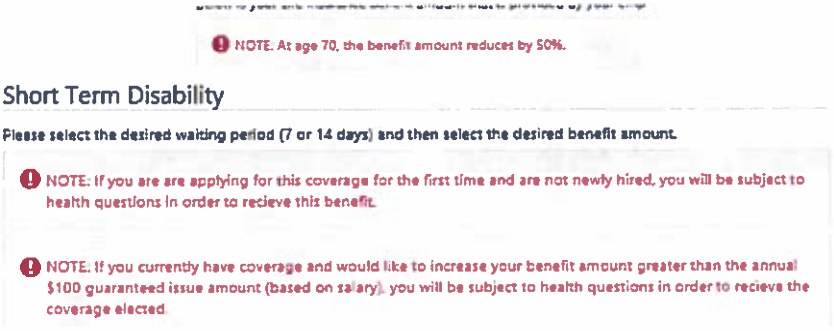


If you need to go back to enter your Dependents information, click on the You & Your Family on the top of the page and scroll to Dependents. This will bring you back to the DEPENDENTS page. Once you have entered your Dependents information, you can click on the MY BENEFITS tab at the top and scroll to the benefit that you need to enroll in.



By clicking NEXT after each benefit, you will be taken through the entire enrollment process. **Please click APPLY or DECLINE for each benefit to proceed to the next benefit.**

There will be notes in RED throughout the enrollment process for some of the benefit offerings, please pay close attention to those notes as there may be some additional paperwork that you will need to print off, sign and turn in to HR to finalize your enrollment.



SIGN & SUBMIT: Once you have reviewed each benefit, you will be brought to the Sign & Submit page. Here, you will need to review each benefit, the cost per pay and the totals.

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 at the left.

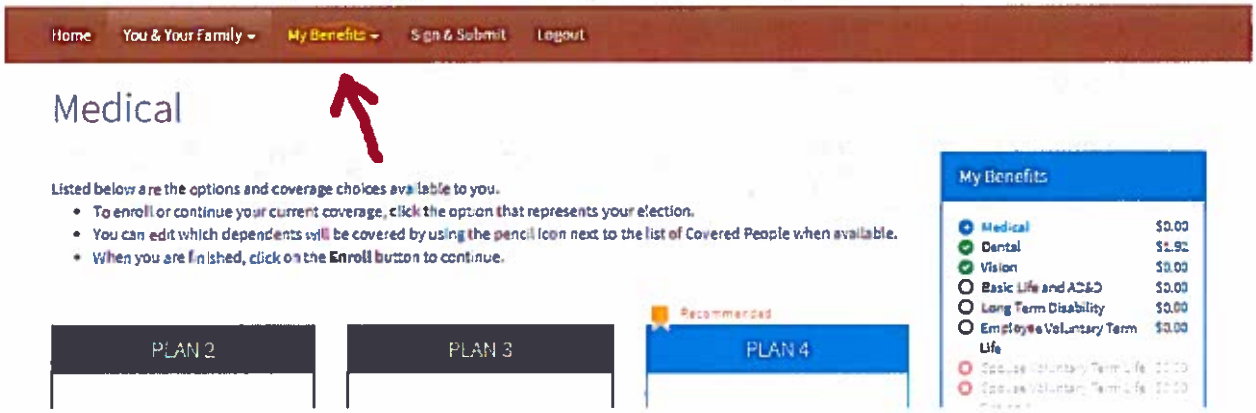
Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
Medical	Catastrophic EO	$47.50	$0.00	$113.00
Dental	Dental; EO	$9.50	$0.00	$13.50
Vision	Vision; EO	$1.00	$0.00	$168.00
Basic Life and AD&D	50,000; EO	$0.00	$1.00	$0.00
Long Term Disability	Long Term Disability (Employer Paid); $2,777.92	$0.00	$1.00	$0.00
Short Term Disability	$2,700	$0.00	$29.43	$0.00
Optional Term Life	$200,000	$0.00	$51.00	$0.00
Spouse Voluntary Term Life	N/A			
Child(ren) Voluntary Term Life	N/A			
	Total	**$58.00**	**$82.43**	**$294.50**

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

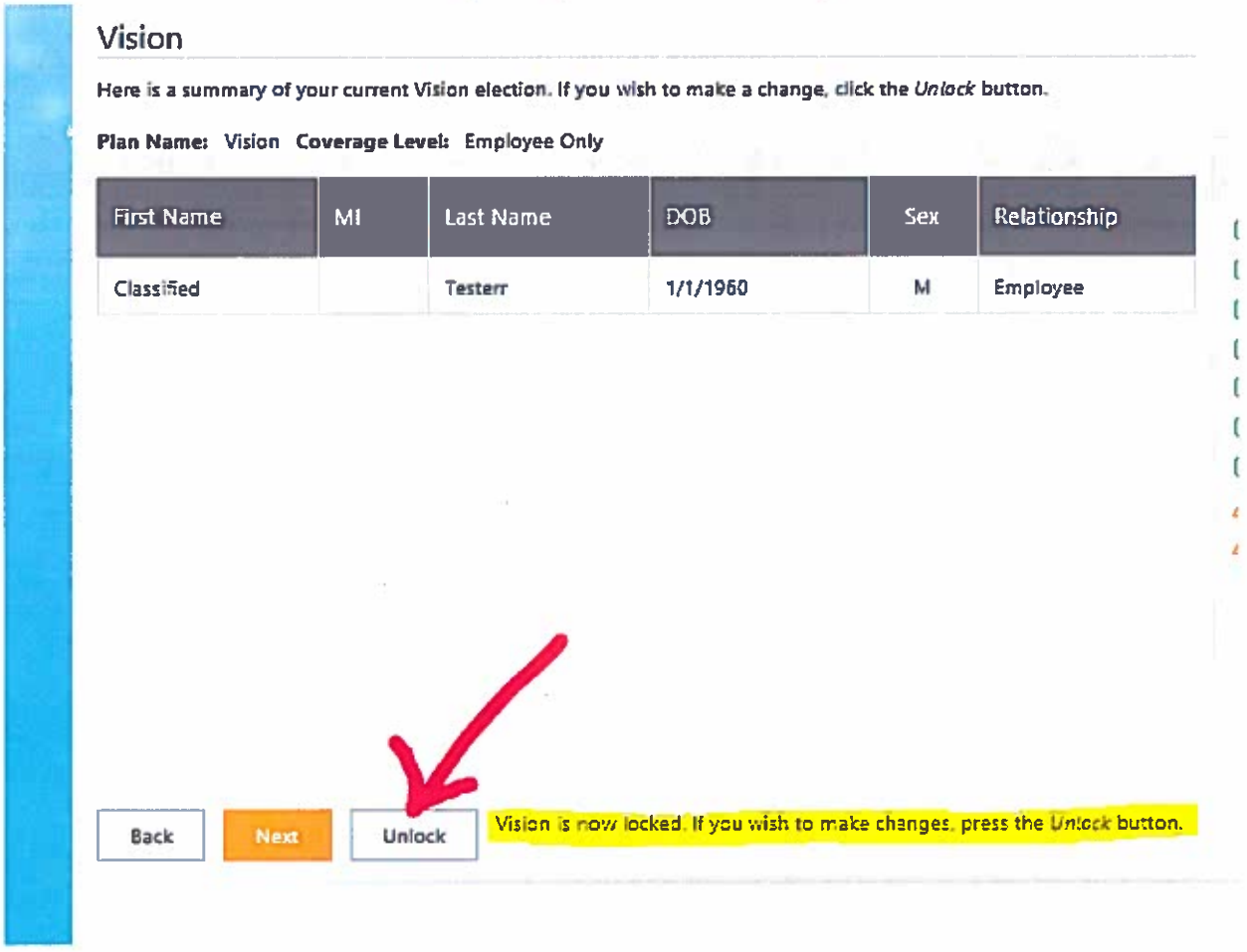
Form Name	Status	Date Signed/Reviewed
Short Term Disability App	Unsigned	
Voluntary Life Application	Unsigned	
Voluntary Life EOI	Not Reviewed	
Benefit Verification	Unsigned	

Next

You will have an option to change any and all benefits at this point by going to the top of the screen and click MY BENEFITS. Scroll to the benefit that you need to make changes to and click on it.

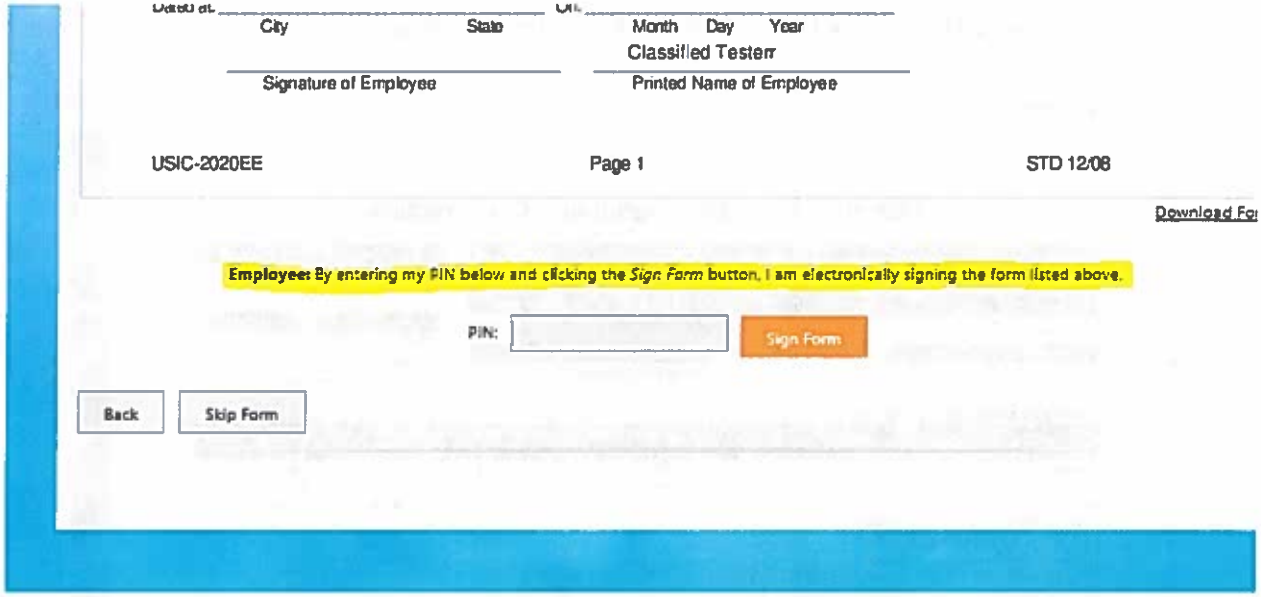


If you need to make changes, click UNLOCK and make desired changes to each plan. Make sure to click NEXT once you have made your changes.

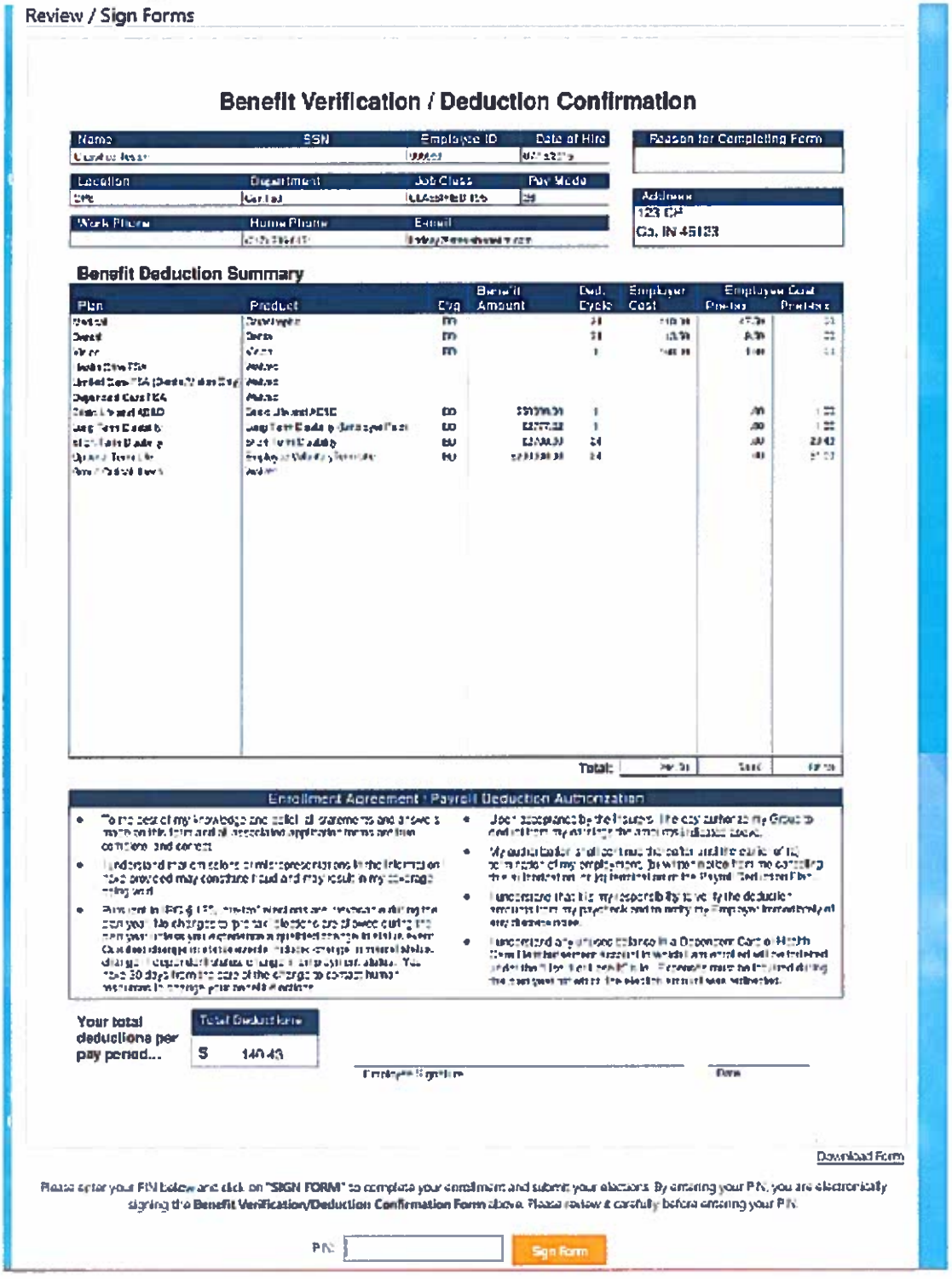


You will be brought back to the SIGN AND SUBMIT page after each change is made. Once you are ready to complete your enrollment, click NEXT.

You will need to enter your PIN *(Last 4 Digits of your SSN & the 2 digit YEAR of your birth)* and click SIGN FORM to proceed to the next form that will need to be signed.



REVIEW / SIGN FORMS. Once you have reviewed your Benefit Verification / Deduction Confirmation, you will need to enter your PIN and click SIGN FORM. This will finalize your enrollment choices and submit them. You will receive an email with a copy of this confirmation.



CONGRATULATIONS! You have now completed your enrollment!

You may now click LOGOUT or Scroll to the bottom of the screen to view all of your chosen benefits.

Should you have any questions, please contact:

Eileen McManus – Beech Grove

Michael Blink – Steele Benefits

Steele Benefit Services

9020 Crawfordsville Road

Indianapolis, IN 46234

317-286-6121