


Browser tabs: Inbox - mikajewski@plymouth, MyBenSite

Address bar: https://mybensite.com

WEB BENEFITS DESIGN



We encourage all of our employees and their families to become familiar with and use the resources offered on our customized Employee Benefits Website as often as possible. You will find that almost all of your questions and concerns can be addressed with a simple click of the mouse!

Inside, you will find detailed information about our current employee benefits program and all of the necessary benefit summaries, claim forms, enrollment forms, customer service numbers, frequently asked questions, and direct links to your on-line provider network directories. Just point and click on the subject of interest and "surf" to easy answers and access to your employee benefits!

Welcome! We look forward to helping you!

Log in to Your Benefits

mase

.....


☐ I have read and accept the Usage Agreement and Terms and Conditions

login

Handwritten red arrow points to the login button with the text "Plymouth".

Browser tabs: Inbox - mikajewski@plymouth, MASE Insurance Trust | WBDCom

Address bar: https://mybensite.com/mase/

**Midwest Area School Employees Insurance Trust**

Human Resources | Contacts | **Enroll Now**

Home | MASE Clinics | Wellness | Medical | Dental | Vision | Life & Disability | EAP

Welcome to Your Benefits Website

Welcome to the MASE Insurance Trust Employee Benefits Website.

We encourage all of our employees and their families to become familiar with and use the resources offered on our customized Employee Benefits Website as often as possible. You will find that almost all of your questions and concerns can be addressed with a simple click of the mouse!

Inside, you will find detailed information about our current employee benefits program and all of the necessary benefit summaries, claim forms, enrollment forms, customer service numbers, frequently asked questions, and direct links to your on-line provider network directories. Just point and click on the subject of interest and surf to easy answers and access to your employee benefits!

Welcome! We look forward to helping you!

Letter from the President

We are pleased and very excited to bring to you the new Midwest Area School Employees' (MASE) Insurance Trust Website. The MASE Insurance Trust Website will provide extensive information about the benefits provided by MASE. This website will offer you valuable health/wellness information and links to all of the various providers utilized by MASE. In addition, we believe this website will be an excellent way to keep members informed and up-to-date about new developments and the benefits provided. MASE has a long history of success and continues to provide covered members with the best possible benefits at the lowest possible cost. Please continue to help support MASE by being a good consumer of healthcare and by being informed. We hope this website will assist you in meeting this objective.

Company News

- 1st Quarter 2017 Newsletter
[1st Quarter Newsletter - MASE.pdf](#)
- 2nd Quarter 2017 Newsletter
[2nd Quarter Newsletter - MASE.pdf](#)
- 3rd Quarter 2017 Newsletter
[3rd Quarter Newsletter - MASE.pdf](#)
- 4th Quarter Newsletter - 2017
[4th-Quarter-Newsletter-MASE.pdf](#)
- 4th Quarter Clinic Newsletter
[4th Quarter Clinic Newsletter.pdf](#)

Welcome

Welcome To Your Benefits Website

- Your Benefits
- Benefit Videos
- Health and Wellness
- Your Employee Rights
- Health Resources
- COBRA
- Trust Documents
- Trustee Information
- Required HIPAA Training for New Trustees and Human Resources

Handwritten red "login" is written over the "Welcome to Your Benefits Website" section.

Windows Taskbar: Type here to search, 10:18 AM 11/15/2017

Midwest Area School Employees Insurance Trust

Human Resources | Contacts | **Enroll Now**

Home | MASE Clinics | Wellness | Medical | Dental | Vision | Life & Disability | EAP

Welcome to your benefit enrollment system!

MASE Insurance Trust is happy to introduce our new automated enrollment system. As you navigate through this easy-to-use enrollment process, you will have the ability to elect or change your benefit elections for yourself and your family members.

Before You Begin:

- Please note that you must complete the entire enrollment process for any of your selections to be saved. If you stop in the middle of this process, you will lose your information and have to start over again.
- If you are enrolling your spouse and/or children additional information may be required to enroll dependents or to elect voluntary life amounts. You will be notified during the online process of any of these requirements.

How Do I Log In?

USER ID: Your User ID is the first 4 letters of your last name, then your 4 digit year of birth.
For example: Joan Smith born on 9/30/1970 = Smit1970.
If your last name is only 3 letters, simply enter your 3 letter last name and 4 digit year of birth.

Password: Enter your 9 digit social security number (with no dashes or spaces) and hit "Continue".

Employee Login

User ID:

Password:

☒ I have read and accept the [Employee Usage Agreement and Website Use Terms and Conditions](#)

Continue

1st 4 letters of last name or last 4 year of Birth 19--

Your SS# - No dashes

Check this...

Online Enrollment

Log Out

brought to you by

RI Sutton

WEB BENEFITS DESIGN CORPORATION

Midwest Area School Employees Insurance Trust

Welcome | Log Out

Online Employee Benefits System

Welcome to your employee benefits management system.

To make (or change) benefit selections for next year's employee benefit offerings, select the "Next Year's Benefits" tab below. You have 19 days starting on October 30, 2017 and ending on November 17, 2017 to make your benefit selections for next year. This benefit selection period is commonly known as your "Open Enrollment Period." You can change your benefit selections at any time during this period by accessing this system. Next year's benefits will become active on January 1, 2018.

or

To make changes to your current benefit selections, select the "Current Benefits" tab below. (An approved, qualifying event may be required.)

☒ Next Year's Benefits | Or | ☐ Current Benefits

Continue to next section

File Edit View History Bookmarks Tools Help

Inbox (1) - mkgawski@ply... MASE Insurance Trust | WBD... Online Enrollment: MASE Insur... +

https://mybensite.com/wbd/oe/index.php?sid=9vd4k0i04a2gld13ov98cnn0djanamumokkh44lb042osvunia72utmmbl37f4fampboboF2uocbc04aben1sp0arcn... Search

MA SE Midwest Area School Employees Insurance Trust

Welcome Log Out

Online Employee Benefits System: Open Enrollment

Premium Total \$22¹⁷

Dental Plan \$16⁸¹

Vision Plan \$5³²

Basic Life \$0⁰⁴

Welcome to your benefits online enrollment system!

You will need the following information to complete your benefit selections:

1. Spouse and dependent personal data.
2. Social security number(s) for each.
3. Date(s) of birth for each.

☒ Don't Show Again

Continue

If you are adding a new family member...

If not...

Personal Information

* Indicates a required field

*First Name: [Redacted]

Middle Name: [Redacted]

*Last Name: [Redacted]

Suffix: [Redacted]

Gender: M

*Marital Status: Single

*Street Address 1: [Redacted]

Street Address 2: [Redacted]

*City: Plymouth

*State: Indiana

*Zip: 46563

*Home Phone: [Redacted]

Work Phone: (173) 456-7890

Type here to search

10:23 AM 11/15/2017

File Edit View History Bookmarks Tools Help

Inbox (1) - mkgawski@ply... MASE Insurance Trust | WBD... Online Enrollment: MASE Insur... +

https://mybensite.com/wbd/oe/index.php?sid=9vd4k0i04a2gld13ov98cnn0djanamumokkh44lb042osvunia72utmmbl37f4fampboboF2uocbc04aben1sp0arcn... Search

MA SE Midwest Area School Employees Insurance Trust

Welcome Log Out

Online Employee Benefits System: Open Enrollment

Premium Total \$22¹⁷

Dental Plan \$16⁸¹

Vision Plan \$5³²

Basic Life \$0⁰⁴

System Instructions!

This should take approximately 10 minutes to complete.

If you close your browser or lose your internet connection, your changes will not be saved. You must complete each step of the enrollment process and agree to the terms and conditions in order to be enrolled in your benefits.

☒ Don't Show Again

Continue

Personal Information

* Indicates a required field

*First Name: [Redacted]

Middle Name: [Redacted]

*Last Name: [Redacted]

Suffix: [Redacted]

Gender: M

*Marital Status: Single

*Street Address 1: [Redacted]

Street Address 2: [Redacted]

*City: Plymouth

*State: Indiana

*Zip: 46563

*Home Phone: [Redacted]

Work Phone: (173) 456-7890

Type here to search

10:26 AM 11/15/2017

Midwest Area School Employees Insurance Trust

Welcome

Log Out

Welcome to your online enrollment system. Please review your personal information for accuracy and make any changes if necessary.

Premium Total \$22¹⁷

Dental Plan	\$16 ⁸¹
Vision Plan	\$5 ³²
Basic Life	\$0 ⁰⁴

*First Name: [Redacted]

Middle Name: [Redacted]

*Last Name: [Redacted]

Suffix: [Redacted]

Gender: M

*Marital Status: Single

*Street Address 1: [Redacted]

Street Address 2: [Redacted]

*City: Plymouth

*State: Indiana

*Zip: 46563

*Home Phone: [Redacted]

Work Phone: (123) 456-7890 Ext. [Redacted]

Mobile Phone: (123) 456-7890

*Email: [Redacted]@plymouth.k12.in.us

Date of Birth: 10/30/1995

Medicare Eligible ☐ Yes ☒ No

Does Employee Have Other Medical Insurance? ☐ Yes ☒ No

*Make sure data is in the * items*

You can mark No for each.

Midwest Area School Employees Insurance Trust

Welcome

Log Out

Premium Total \$22¹⁷

Dental Plan	\$16 ⁸¹
Vision Plan	\$5 ³²
Basic Life	\$0 ⁰⁴

*State: Indiana

*Zip: 46563

*Home Phone: (574) [Redacted]

Work Phone: (123) 456-7890 Ext. [Redacted]

Mobile Phone: (123) 456-7890

*Email: [Redacted]@plymouth.k12.in.us

Date of Birth: 10/30/1995

Medicare Eligible ☐ Yes ☒ No

Does Employee Have Other Medical Insurance? ☐ Yes ☒ No

Employment Information

* Indicates a required field

Date Of Hire: 05/26/2017

Eligibility Information

* Indicates a required field

School: Plymouth Community School Corporation

Continue to next section

Bottom of last page.

File Edit View History Bookmarks Tools Help

Inbox (1) - mkgaweski@ply... MASE Insurance Trust | WBD... Online Enrollment: MASE Insurance Trust

https://mybensite.com/wbd/oe/index.php?sid=9vd4k004a2qld13ov98cnn0djanamumokkh4lb042osvunia72utmmbl3f74fampbobo2uocbc04aben1sp0arcn3

Search

Welcome [Redacted] Log Out

Premium Total \$22¹⁷

Dental Plan	\$16 ⁸¹
Vision Plan	\$5 ³²
Basic Life	\$0 ⁰⁴

Online Employee Benefits System: Open Enrollment

Dependents Page

Please only include your eligible dependents that you will be covering under your employee benefit plans.

Definition of Eligible Dependents

Your Eligible SPOUSE:

- ✓ Your spouse must be recognized under the laws of the State of Indiana

Your Eligible CHILD(REN):

- ✓ Your dependent child* is eligible for coverage up to the end of the calendar year in which your child(ren) attains age 26.
- ✓ Your eligible disabled dependent child* who cannot work to support him/herself due to mental or physical handicap is eligible to continue coverage past the age limit if the child is already enrolled and is allowed as a federal tax exemption by you or your spouse

A child* is defined as your own child, stepchild, legally adopted child (or placed for adoption), child for whom you or your spouse has court-ordered legal guardianship, or a child for whom you are required to provide health insurance by a Qualified Medical Child Support Order.

Below are the specific documents that will be required to verify your dependent:

Enrolling a Spouse - Provide copies of 2 forms of documentation listed below:

- ✓ A copy of marriage certificate AND
- ✓ A copy of the front page of the most recent filed federal tax return confirming the dependent as your spouse, OR a document dated within the last 60 days showing current relationship status; i.e., a joint household bill, joint bank/credit account, joint mortgage/lease, or insurance policies. The document must list your name and your spouse's name, the date, and mailing address

Enrolling Child(ren) under age 19 - Provide copy of 1 form of documentation listed below:

- ✓ A copy of the child's birth certificate naming you or your spouse as the child's parent, or appropriate court order/adoption decree naming you or spouse as the child's legal guardian

o cannot work to support him/herself due to mental or physical handicap is eligible to continue coverage past the age limit if the child is already enrolled and is allowed as a federal tax exemption by you or your spouse

A child* is defined as your own child, stepchild, legally adopted child (or placed for adoption), child for whom you or your spouse has court-ordered legal guardianship, or a child for whom you are required to provide health insurance by a Qualified Medical Child Support Order.

Below are the specific documents that will be required to verify your dependent:

Enrolling a Spouse - Provide copies of 2 forms of documentation listed below:

- ✓ A copy of marriage certificate AND
- ✓ A copy of the front page of the most recent filed federal tax return confirming the dependent as your spouse, OR a document dated within the last 60 days showing current relationship status; i.e., a joint household bill, joint bank/credit account, joint mortgage/lease, or insurance policies. The document must list your name and your spouse's name, the date, and mailing address

Enrolling Child(ren) under age 19 - Provide copy of 1 form of documentation listed below:

- ✓ A copy of the child's birth certificate naming you or your spouse as the child's parent, or appropriate court order/adoption decree naming you or spouse as the child's legal guardian

Enrolling Child(ren) age 19 to 26 - Provide copy of 1 form of documentation:

- ✓ A copy of the child's birth certificate naming you or your spouse as the child's parent, or appropriate court order/adoption decree naming you or your spouse as the child's legal guardian

Important Note: Please do not add beneficiary dependents in this page. You can add this information directly in the beneficiary step.

Spouse Info:

Add Spouse

Children Info:

Add Child

Continue to next section

Only if you need to add a new family member to your insurance.

If you have family members on your insurance they are listed here.

Type here to search

File Edit View History Bookmarks Tools Help

Inbox (2) - mkgaweski@ply... MASE Insurance Trust | WBD... Online Enrollment: MASE Insurance Trust

https://mybensite.com/wbd/oe/index.php?sid=9vd4k004a2qld13ov98cnn0djanamumokkh4lb042osvunia72utmmbl3f74fampbobo2uocbc04aben1sp0arcn3

Search

Welcome [Redacted] Log Out

Premium Total \$22¹⁷

Dental Plan	\$16 ⁸¹
Vision Plan	\$5 ³²
Basic Life	\$0 ⁰⁴

Type here to search

File Edit View History Bookmarks Tools Help

10:30 AM 11/15/2017

File Edit View History Bookmarks Tools Help

Inbox (3) - mkujawski@ply... MASE Insurance Trust | WBD... Online Enrollment: MASE Insur... +

https://mybensite.com/wbd/oe/index.php?sid=9vd4k004a2gld13ov98cnn0djanamumokkh4lb042osvluia72utmmbl3f74fampbobof2uocbc04aben1sp0e...

Search

Welcome [Redacted] Log Out

MASE Insurance Trust

Online Employee Benefits System: Open Enrollment

Medical Plan

You have selected to Waive Medical Coverage benefit.

Please select members to be covered. (Covered Under Plan if Checked)

☐ [Redacted] EE

☒ Waive Medical Coverage

Reason For Waiving

☐ I have other coverage through a spouse/domestic partner

☐ I have other coverage through a parent

☐ I am enrolled in individual coverage

☐ I am enrolled in Medicare/Medicaid

☐ I have other coverage through the Exchange

☐ Other Coverage

MASE Insurance Trust offers 3 medical and prescription plans through Anthem Blue Cross / Blue Shield.

- ✓ PPO Option 1
- ✓ PPO Option 2 - HDHP
- ✓ PPO Option 3 - HDHP

For additional plan information including benefit summaries, provider directories and more, please click the MASE website link www.mybensite.com/mase then click on "Medical" at the top of this screen page to Select your different options to view the Medical benefits.

You have a choice of either TCU or American Fidelity for your HSA provider. Please contact Melanie Kujawski at (574) 936-3115 or mkujawski@plymouth.k12.in.us for more information.

IMPORTANT: Due to ongoing teacher negotiations, the employer/employee costs disclosed may not be accurate. Once negotiations have been finalized, we will work with our support team to update the site. We thank you for your patience. NOTE: This does not apply to school corporations that have already ratified their collective bargaining agreement with their staff.

Premium Total \$22¹⁷

Dental Plan \$16⁸¹

Vision Plan \$5³²

Basic Life \$0⁰⁴

PPO Option 1 Semi-Monthly Cost

What you currently have is already selected

File Edit View History Bookmarks Tools Help

Inbox (3) - mkujawski@ply... MASE Insurance Trust | WBD... Online Enrollment: MASE Insur... +

https://mybensite.com/wbd/oe/index.php?sid=9vd4k004a2gld13ov98cnn0djanamumokkh4lb042osvluia72utmmbl3f74fampbobof2uocbc04aben1sp0e...

Search

Welcome [Redacted] Log Out

MASE Insurance Trust

PPO Option 2 - HDHP Anthem Semi-Monthly Cost

Employee Only	\$28 ¹⁰
Employee + Spouse	\$375 ⁴⁶
Employee + Children	\$375 ⁴⁶
Employee + Family	\$375 ⁴⁶

☒ Selected Plan

Learn More

PPO Option 3 - HDHP Anthem Semi-Monthly Cost

Employee Only	\$0 ⁰⁰
Employee + Spouse	\$263 ⁹⁶
Employee + Children	\$263 ⁹⁶
Employee + Family	\$263 ⁹⁶

☐ Select Plan

Learn More

Continue to next section

Premium Total \$22¹⁷

Dental Plan \$16⁸¹

Vision Plan \$5³²

Basic Life \$0⁰⁴

What you have elected is marked in green.

If you want to change Plans you need to select it.

When your done

File Edit View History Bookmarks Tools Help

Inbox (3) - mkgawski@ply... MASE Insurance Trust | WBD... Online Enrollment: MASE Insur... +

https://mybensite.com/wbd/oe/index.php?sid=9vd4k004a2gld13ov98cnn0djanamumokkh4lb042osvunia72utmmbl1374fampbobo72uocbc04aben1sp0ercn3

Search

Welcome Log Out

MASE Midwest Area School Employees Insurance Trust

Beneficiary Information

Please complete the beneficiary information below.

- ✓ In the event of your death, your Primary Beneficiary(ies) will receive the life insurance proceeds.
- ✓ If your Primary Beneficiary(ies) are no longer living, then life insurance proceeds will go to the Contingent Beneficiary(ies).

If you elect coverage on your spouse and/or child, the employee is automatically the beneficiary.

Primary Beneficiary(ies) Info:

* Primary beneficiary is required.

Name:	Relation:	City:	State:	Percent:	- Make Equal	Actions
Add Beneficiary						

Contingent Beneficiary(ies) Info:

Name:	Relation:	City:	State:	Percent:	- Make Equal	Actions
Add Beneficiary						

[Continue to next section](#)

You have to have 1.

Premium Total \$22¹⁷

Dental Plan	\$16 ⁸¹
Vision Plan	\$5 ³²
Basic Life	\$0 ⁰⁴

Type here to search

File Edit View History Bookmarks Tools Help

Inbox (3) - mkgawski@ply... MASE Insurance Trust | WBD... Online Enrollment: MASE Insur... +

https://mybensite.com/wbd/oe/index.php?sid=9vd4k004a2gld13ov98cnn0djanamumokkh4lb042osvunia72utmmbl1374fampbobo72uocbc04aben1sp0ercn3

Search

Welcome Log Out

MASE Midwest Area School Employees Insurance Trust

Beneficiary Information

Please complete the beneficiary information below.

- ✓ In the event of your death, your Primary Beneficiary(ies) will receive the life insurance proceeds.
- ✓ If your Primary Beneficiary(ies) are no longer living, then life insurance proceeds will go to the Contingent Beneficiary(ies).

If you elect coverage on your spouse and/or child, the employee is automatically the beneficiary.

Primary Beneficiary(ies) Info:

* Primary beneficiary is required.

Name:	Relation:	City:	State:	Percent:	- Make Equal	Actions
Add Beneficiary						

Contingent Beneficiary(ies) Info:

Name:	Relation:	City:	State:	Percent:	- Make Equal	Actions
Add Beneficiary						

[Continue to next section](#)

Add Primary Beneficiary

Indicates a required field.

Name:	<input type="text"/>
Relationship:	- Select -
Date of Birth:	mm/dd/yyyy
Social Security Number:	XXX-XX-XXXX
Country:	
Street Address:	
City:	
State:	-
Postal Code:	
Cancel Save	

If they are on your insurance you just have to pick them from a drop down.

Then Save

Premium Total \$22¹⁷

Dental Plan	\$16 ⁸¹
Vision Plan	\$5 ³²
Basic Life	\$0 ⁰⁴

File Edit View History Bookmarks Tools Help

Inbox (3) - mkgaweski@ply... MASE Insurance Trust | WBD... Online Enrollment: MASE Insur... +

https://mybensite.com/wbd/oe/index.php?sid=9vd4k004a2gld13cv98cnn0djanamumokkh4lb042osvunia72utmmbl3f74fampbobo2uocbc04aben1sp0arcn3... Search

Welcome Log Out

MASE Midwest Area School Employees Insurance Trust

Premium Total \$22¹⁷

Dental Plan \$16⁸¹

Vision Plan \$5³²

Basic Life \$0⁰⁴

Beneficiary Information

Please complete the beneficiary information below.

- ✓ In the event of your death, your Primary Beneficiary(ies) will receive the life insurance proceeds.
- ✓ If your Primary Beneficiary(ies) are no longer living, then life insurance proceeds will go to the Contingent Beneficiary(ies).

If you elect coverage on your spouse and/or child, the employee is automatically the beneficiary.

Primary Beneficiary(ies) Info:

* Primary beneficiary is required.

Name:	Relation:	City:	State:	Percent:	= Make Equal	Actions
Jane Doe	Spouse	Plymouth	IN	0 %		Edit Remove

[Add Beneficiary](#)

Contingent Beneficiary(ies) Info:

Name:	Relation:	City:	State:	Percent:	= Make Equal	Actions
-------	-----------	-------	--------	----------	--------------	---------

[Add Beneficiary](#)

[Continue to next section](#)

100% or Add up to 100% if you have more than 1.

Type here to search

File Edit View History Bookmarks Tools Help

Inbox (3) - mkgaweski@ply... MASE Insurance Trust | WBD... Online Enrollment: MASE Insur... +

https://mybensite.com/wbd/oe/index.php?sid=9vd4k004a2gld13cv98cnn0djanamumokkh4lb042osvunia72utmmbl3f74fampbobo2uocbc04aben1sp0arcn3... Search

Welcome Log Out

MASE Midwest Area School Employees Insurance Trust

Online Employee Benefits System: Open Enrollment

COBRA Initial Notification

Please review the [COBRA Initial Notification](#) by clicking the link provided.

[Learn More](#)

1. This information is **important** should you decide to enroll in a COBRA eligible benefit. This notice is intended to summarize your rights and obligations under the group health continuation coverage provision of COBRA.
2. If you are enrolling your spouse in benefits, you are required to provide this [COBRA Initial Notification](#) to your spouse as well.
3. You and your spouse (if enrolled) should take the time to read this notice carefully.
4. By submitting your online enrollment elections, you acknowledge receiving your [COBRA Initial Notification](#) and that you are responsible for proving this information to your enrolled spouse (where applicable).
5. A paper copy is available upon request. Please contact (888) 600-3440.

This notification is only applicable to all employees and dependents who elected a COBRA eligible benefit.

[Continue to next section](#)

File Edit View History Bookmarks Tools Help

Inbox (3) - mkgawski@ply... MASE Insurance Trust | WBD... Online Enrollment: MASE Insurance Trust

https://mybensite.com/wbd/oe/index.php?sid=9vd4k0d04a2gld13cv98cnn0djanamumokkh4lb042osvunia72utmmbl3f74fampbobo72uocbc04aben1sp0arcn3

Search

Welcome [Name] Log Out

Premium Total \$22¹⁷

Dental Plan \$16⁸¹

Vision Plan \$5³²

Basic Life \$0⁰⁴

[Review Your Information](#)

Congratulations! You are almost finished. Please review your benefit selections below. If any corrections need to be made, simply click the edit button in the section that you would like to change.

Once your information is correct, please scroll to the bottom of the page to confirm your selections. After confirming your selections you will have an option to print a copy of your benefits.

Please note that your elections are FINAL and once submitted cannot be changed.

[Final Review](#)

Personal Information

Name: [Redacted]

Birth Date: 10/30/1995

Gender: M

Marital Status: Single

Address: [Redacted]
Plymouth IN 46563

Home Phone: (574) 780-1644

Work Phone:

Mobile Phone:

Email: [Redacted]@plymouth.k12.in.us

No

Does Employee Have Other Medical Insurance?

Other Insurance: No

Dependents Page

[Quick Edit](#)

Medical Plan

Plan: Waive Medical Coverage

[Quick Edit](#)

Dental Plan

Plan: Dental Plan - Plymouth

Total Costs

Employee Cost Semi-Monthly \$22¹⁷

Employer Contribution Semi-Monthly \$7¹⁴

Please Read

- ✓ I hereby authorize my employer to enroll me in the benefit elections as represented above.
- ✓ I authorize deductions from my earnings of the required contributions toward the cost of benefits I elected.
- ✓ I understand that the elections I made will remain in effect until open enrollment next year unless there is a "qualifying event" (marriage, divorce, birth of a child, legal adoption of a child, dependent losing coverage, change in employment status).
- ✓ I understand that in the case of a "qualifying event", I have only 30 days to add / change my insurance coverages and submit the appropriate documentation to Human Resources.
- ✓ I understand that after I enroll, my employer and/or the insurance providers may need to obtain confidential information.
- ✓ I understand that my employer may request additional documentation substantiating proof of dependent eligibility.
- ✓ I represent that all the information supplied in this application is true and complete.
- ✓ I understand that all insurance benefits certificates of coverage and Summary Plan Descriptions (SPDs) are available online on this website.

☒ I have read and agree to these terms

☒ I Have Completed My Benefit Selections

☐ Discard My Benefit Selections Made During this Session

[Continue to next section](#)

✓ if you want to start over - only...

File Edit View History Bookmarks Tools Help

Inbox (3) - mkujaedk@ply... MASE Insurance Trust | WBD... Online Enrollment: MASE Insurance Trust

https://mybensite.com/vbld/oe/index.php?oePage=Print&sid=9yd4k0i04a2qld13oy98cnn0djanamumokkh4lb042osylunia72utmmbl3f74fampgbobof2uocbc04

Search

Welcome
Log Out

Online Employee Benefits System: Open Enrollment

You are done.

You can Save a summary to your computer.

Print / Download Summary Email Summary Close Window

Thank you for completing your benefits enrollment. Please keep a copy of this benefit confirmation statement for your records. Remember, if you have questions, please contact Human Resources.

Personal Information

Name: [REDACTED]
Birth Date: 10/30/1995
Gender: M
Marital Status: Single
Address: [REDACTED]
Plymouth IN 46563
Home Phone: [REDACTED]
Work Phone:
Mobile Phone:
Email: [REDACTED]@plymouth.k12.in.us
No
Does Employee Have Other Medical Insurance?
Other Insurance No

Employment Information

Date Of Hire: 05/26/2017

Eligibility Information

Dependents Page

Medical Plan

Plan: Waive Medical Coverage

Dental Plan

Plan: Dental Plan - Plymouth
Anthem Blue Cross Blue Shield
Option: Employee Only

Individuals Covered:

Colton Weir

Costs:

Your Cost	Employer Cost

Type here to search

10:46 AM 11/15/2017