

How to Enroll Online

Your complete guide to enrolling in your benefits online

Selection and enrolling in your benefits has never been easier! Just a few clicks of your mouse and you're done – it's convenient, fast, efficient, and secure. Take advantage of this quick and easy way to sign up for your benefits. You will find the online enrollment system user-friendly and easy to navigate, with no long forms or confusing questionnaires. The system will walk you through the process from start to finish.

Go to <https://www.benselect.com/Enroll/Login>

Enter your Social Security Number without dashes and PIN to access the site.

- Your login is your Social Security Number without dashes (Ex: 123456789).
- PIN is the last 4 digits of your SSN plus the last two digits of your birth year. Ex. John Doe 123-45-6789, DOB 01/01/1975. PIN would be 678975
- Questions or Problems?
 - For login problems, benefit related questions, or to enroll via the telephone, please contact The Benefits Service Center at 866-209-2949.

Login - Benefits 

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department.

Enrollment Site Login:

Employee ID or Social Security Number:

Personal Identification Number (PIN):

[Forgot PIN?](#)

[Security Information](#) [Privacy Policy](#)

Administrative users: [log in to the administrative site.](#)

System requirements:

- Internet Explorer, 6.0 or above.
- Acrobat Reader, 5.1 or above.
- Adobe Flash player, 5 or above.

This site is best viewed at high resolution (at least 1024x768).

© Selerix Systems, Inc. All rights reserved.


CONFIRMED
Extended Validation Click to Confirm

Navigating the Enrollment System

- Throughout the enrollment you will be guided by directional arrows and buttons.
- Click the directional arrows on the bottom of your screen for more information about the individual benefits as you go.
- Click on the **Next** button to select or waive a benefit and to continue your enrollment.
- If you have to stop your enrollment at any point, use the **Logout** button at the top right. The system will store your selections and information until you return.
- If you enroll in a benefit and decide to make a change, you must click on the benefit name from the **My Benefits** dropdown and then click on the **Unlock** button to make the change.

Complete your Enrollment

- Review the **Sign and Submit** section to make sure you have successfully selected the benefits that you want.
- Click **Next** to review your **Confirmation Statement**.
- Last, you must **Sign your Confirmation Statement**. Enter your PIN number (last 4 digits of your SSN plus the last two digits of your birth year) and click on **Sign Form**.
- Congratulations! You have completed your enrollment!
- Print your **Confirmation Statement** by click on **Enrollment Confirmation** at the bottom of the page.
- Click **Logout** to exit the enrollment system.



Brenau University
 Name: John Doe [412544] By: Michael Kelley

HOME YOU & YOUR FAMILY MY BENEFITS SIGN & SUBMIT LOGOUT

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.

<input checked="" type="checkbox"/>	Medical	You have elected to WAIVE coverage under this plan.																												
<input checked="" type="checkbox"/>	Dental	You have elected to WAIVE coverage under this plan.																												
<input checked="" type="checkbox"/>	Basic Life & AD&D	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #0056b3; color: white;">Benefit Amount</th> <th style="background-color: #0056b3; color: white;">Cost</th> </tr> </thead> <tbody> <tr> <td>\$125,000.00</td> <td>\$0.00</td> </tr> </tbody> </table> <p>Beneficiary Information:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #0056b3; color: white;">Name</th> <th style="background-color: #0056b3; color: white;">Relationship</th> <th style="background-color: #0056b3; color: white;">Address</th> <th style="background-color: #0056b3; color: white;">Phone</th> <th style="background-color: #0056b3; color: white;">Percent</th> <th style="background-color: #0056b3; color: white;">Type</th> </tr> </thead> <tbody> <tr> <td>All Living Children</td> <td>Other</td> <td></td> <td></td> <td>100.00</td> <td>Primary</td> </tr> <tr> <td>American Cancer Society</td> <td>Charity</td> <td>1 Main, Atlanta, GA 30312</td> <td></td> <td>50.00</td> <td>Contingent</td> </tr> <tr> <td>Estate</td> <td>Other</td> <td></td> <td></td> <td>50.00</td> <td>Contingent</td> </tr> </tbody> </table>	Benefit Amount	Cost	\$125,000.00	\$0.00	Name	Relationship	Address	Phone	Percent	Type	All Living Children	Other			100.00	Primary	American Cancer Society	Charity	1 Main, Atlanta, GA 30312		50.00	Contingent	Estate	Other			50.00	Contingent
Benefit Amount	Cost																													
\$125,000.00	\$0.00																													
Name	Relationship	Address	Phone	Percent	Type																									
All Living Children	Other			100.00	Primary																									
American Cancer Society	Charity	1 Main, Atlanta, GA 30312		50.00	Contingent																									
Estate	Other			50.00	Contingent																									
<input checked="" type="checkbox"/>	Basic Life & AD&D for Dependents	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #0056b3; color: white;">Benefit Amount</th> <th style="background-color: #0056b3; color: white;">Cost</th> </tr> </thead> <tbody> <tr> <td>\$2,000.00</td> <td>\$0.00</td> </tr> </tbody> </table>	Benefit Amount	Cost	\$2,000.00	\$0.00																								
Benefit Amount	Cost																													
\$2,000.00	\$0.00																													
<input checked="" type="checkbox"/>	Supplemental Life - EE	You have elected to WAIVE coverage under this plan.																												
<input checked="" type="checkbox"/>	Supplemental Life - SP	You have elected to WAIVE coverage under this plan.																												
<input checked="" type="checkbox"/>	Supplemental Life - CH	You have elected to WAIVE coverage under this plan.																												
<input checked="" type="checkbox"/>	Supplemental AD&D - EE	You have elected to WAIVE coverage under this plan.																												
<input checked="" type="checkbox"/>	Supplemental AD&D - SP	You have elected to WAIVE coverage under this plan.																												
<input checked="" type="checkbox"/>	Supplemental AD&D - CH	You have elected to WAIVE coverage under this plan.																												
<input checked="" type="checkbox"/>	Long-term Disability	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #0056b3; color: white;">Benefit Amount</th> <th style="background-color: #0056b3; color: white;">Cost</th> </tr> </thead> <tbody> <tr> <td>\$2,500.00</td> <td>\$0.00</td> </tr> </tbody> </table>	Benefit Amount	Cost	\$2,500.00	\$0.00																								
Benefit Amount	Cost																													
\$2,500.00	\$0.00																													
<input checked="" type="checkbox"/>	Health Care FSA	You have elected not to participate under this plan.																												
<input checked="" type="checkbox"/>	Dependent Care FSA	You have elected not to participate under this plan.																												

Completed Forms
 Following is a list of forms reviewed and/or signed during the enrollment. Click on the form name to view or print.
 Press [Logout](#) to exit the website.

Form Name	Date Signed/Reviewed
Enrollment Confirmation	10/18/2011