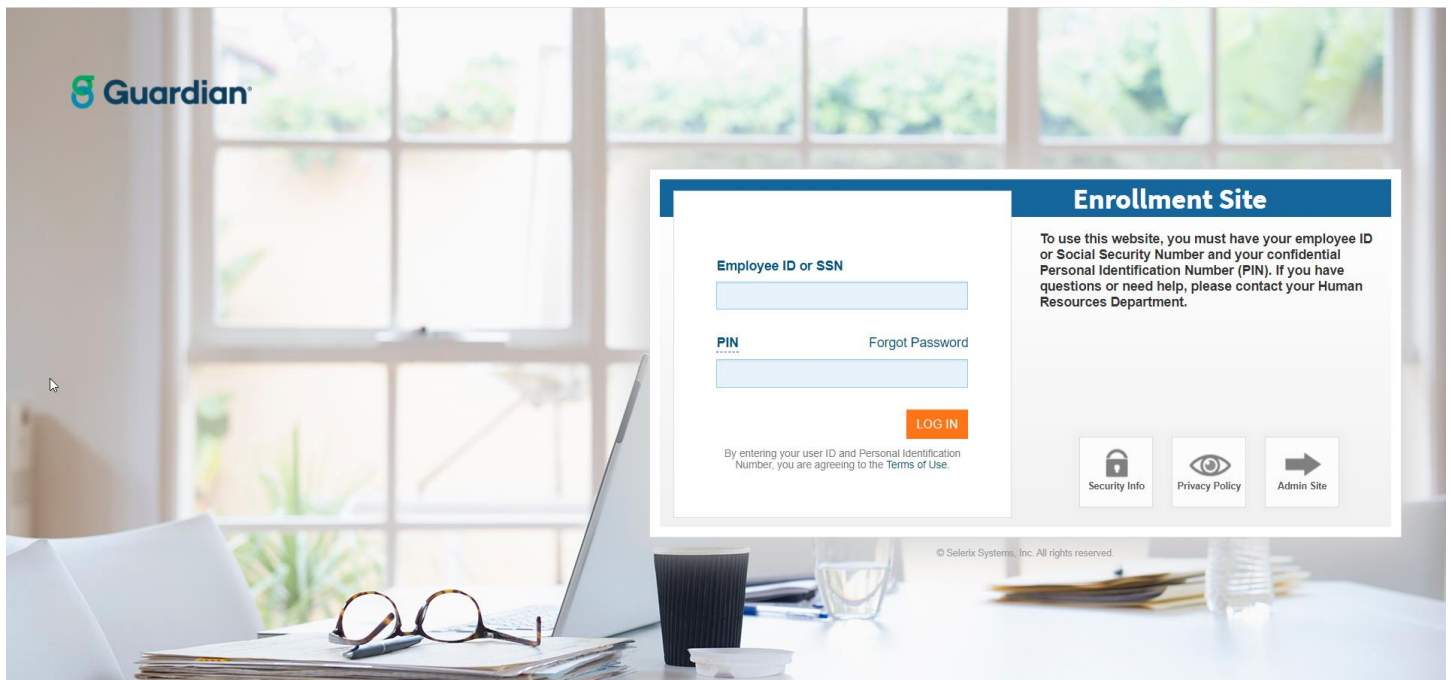


## 2025 Plan Year Benefit Enrollment Guide

For enrollment assistance, or questions about any of the benefits available for enrollment, please call the USD 231 Benefit Enrollment line at **866-434-0050**

Welcome! To begin your 2025 Annual Benefit Enrollment please click here → [guardian.benselect.com/enroll](https://guardian.benselect.com/enroll) to access the USD 231 Benefit Administration System.

You should now see the screen below.



To log-in follow these steps:

1. Enter your Social Security Number (no dashes).
2. PIN = The last four of your Social Security Number and the last two digits of your birth year (ex. 545466).
3. Click **LOGIN**.

*Rates displayed in this guide may differ from true plan rates.  
Please reference your USD 231 Benefit Guide for accurate 2025 plan year rates.  
Benefit summaries may be found at [usd231benefits.com](https://usd231benefits.com)*



## Welcome to Your Benefit Enrollment for Plan Year 2025



### ✓ Your Benefit Options

- [Health](#)
- [Health Savings Account](#)
- [Dental](#)
- [Vision](#)
- [Healthcare FSA](#)
- [Dependent Care FSA](#)
- [Short Term Disability](#)
- [Voluntary Life & AD&D - Employee](#)
- [Voluntary Life & AD&D - Spouse](#)
- [Voluntary Life & AD&D - Child](#)
- [Accident](#)
- [Critical Illness with Cancer](#)
- [Hospital Indemnity](#)
- [Combined LifeTime Benefit Term with LTC](#)
- [Allstate Identity Protection](#)
- [Metlaw Legal Services](#)
- [GE Schools Foundation](#)

At Gardner Edgerton School District, 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.

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.

Press *Next* to review personal information and begin enrollment

Next >

1. Please review the Welcome Page.
2. This is a list of 2025 employee benefits you will be reviewing.
3. Click **Next**.

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Please reference your USD 231 Benefit Guide for accurate 2025 plan year rates.  
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1



## Personal Information

Please review your personal information to ensure it is correct and complete. If you need to correct any information below, please email Amy Jackson at [jacksonal@usd231.com](mailto:jacksonal@usd231.com).

### Personal Info

<b>Name:</b>	Test	<b>Testerman</b>
	First MI Last	Suffix
<b>Date of Birth:</b>	05/05/1985	
<b>SSN:</b>	***-**-3333	
<b>Gender:</b>	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	

### Contact Info

<b>Address:</b>	USA
	Country
	1234 Main St.
	Street
	Street (cont.)
	Anywhere
	City
	IA
	State
	50323
	Zip
<b>Home Phone:</b>	(555) 555-5555
<b>Work Phone:</b>	(666) 666-6666
<b>Mobile Phone:</b>	(777) 777-7777
<b>E-Mail:</b>	fakeemail@fakeemail.com
<b>Personal E-Mail:</b>	personalemail@personal.com

Back

3

Next

1. Review contact information. Please contact HR for any items needing updated.
2. You may update your personal email address here.
3. Click **Next**.

Rates displayed in this guide may differ from true plan rates.  
Please reference your USD 231 Benefit Guide for accurate 2025 plan year rates.  
Benefit summaries may be found at [usd231benefits.com](http://usd231benefits.com)

USD 231  
Gardner Edgerton School District

Status (0% Complete)

Home You & Your Family My Benefits Sign & Submit Back Next

## Dependents

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

Name	SSN	DOB	Sex	Relation	Uploads	
Spouse Testerman	***-**-5555	6/6/1986	F	Spouse	0	+ ✎ ✕
Child Testerman	***-**-4444	7/7/2017	F	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

Back Next

1. If you have current dependents enrolled, they will show here. Review for accuracy. To make changes, click on the Pencil icon next on each dependent's line.
2. To add a dependent click the plus sign and enter the necessary data.
3. When complete, or if you have no dependents, click **Next**.

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USD231  
Gardner Edgerton School District

Status (0% Complete)

Home You & Your Family My Benefits Sign & Submit Back Next

## My Benefits

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

- Health  
You have to complete enrollment in this plan. **Review Current Election**
- Health Savings Account  
You must be enrolled in Health to participate in Health Savings Account. **Review Current Election**
- Dental  
You have to complete enrollment in this plan. **Review Current Election**
- Vision  
You have to complete enrollment in this plan. **Review Current Election**

**My Benefits**

- Health \$0.00
- Health Savings Account \$0.00
- Dental \$0.00
- Vision \$0.00
- Healthcare FSA \$0.00
- Dependent Care FSA \$0.00
- Short Term Disability \$0.00
- Voluntary Life & AD&D - Employee \$0.00
- Voluntary Life & AD&D - Spouse \$0.00
- Voluntary Life & AD&D - Child \$0.00
- Accident \$0.00
- Critical Illness with Cancer \$0.00
- Hospital Indemnity \$0.00
- Combined LifeTime Benefit Term with LTC \$0.00
- Allstate Identity Protection \$0.00
- Metlaw Legal Services \$0.00

Pre-tax cost \$0.00  
Post-tax cost \$0.00  
**Total Cost Per Month \$0.00**

Back Next

1. Above is the order that each of your benefit plans will appear.
2. This dashboard will appear on the righthand side throughout the enrollment process. Once you have completed the enrollment for each benefit you will see the circle next to the description change from a blank circle to a **red X** or a **green arrow**. You can click on any of these titles directly to maneuver throughout the enrollment OR;
3. You can click **Review** to see/enroll/waive each coverage line OR;
4. You can also click **Next** at the very bottom of this page and it will automatically take you through each coverage.

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## Health

Health insurance assists in paying costs of the insured individual's medical and surgical expenses. It generally protects you from paying the full costs of medical services when you are injured or sick.

For more information refer to <https://www.usd231benefits.com/health-insurance>.

**Employees enrolling in a medical plan will receive the district paid health benefit of \$800 per month.**

All four Health plans have access to the Spira Care centers.

- 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.

Employees who waive the GESD health plan and are enrolled in another eligible group health plan that meets ACA requirements are eligible for a \$20 per month cash payment.

PLAN A: BASE \$4000 PPO	PLAN B: \$3300 PPO HDHP	PLAN C: \$1000 PPO
This plan is HSA eligible!		
<p>Your Cost: Per Month</p> <p><input checked="" type="radio"/> Employee Only: <b>\$800.00</b></p> <p><input type="radio"/> Employee + Spouse: \$1,664.00</p> <p><input type="radio"/> Employee + Children: \$1,503.00</p> <p><input type="radio"/> Employee + Family: \$2,113.00</p>	<p>Your Cost: Per Month</p> <p><input type="radio"/> Employee Only: \$828.00</p> <p><input type="radio"/> Employee + Spouse: \$1,713.00</p> <p><input type="radio"/> Employee + Children: \$1,550.00</p> <p><input type="radio"/> Employee + Family: \$2,191.00</p>	<p>Your Cost: Per Month</p> <p><input type="radio"/> Employee Only: \$859.00</p> <p><input type="radio"/> Employee + Spouse: \$1,776.00</p> <p><input type="radio"/> Employee + Children: \$1,608.00</p> <p><input type="radio"/> Employee + Family: \$2,272.00</p>
Covered People: Test OE	Covered People: No Eligible Dependents	Covered People: No Eligible Dependents
<b>Enroll</b>	<b>Enroll</b>	<b>Enroll</b>
PLAN D: \$0 EPO	DECLINE COVERAGE	
<p>Your Cost: Per Month</p> <p><input type="radio"/> Employee Only: \$898.00</p> <p><input type="radio"/> Employee + Spouse: \$1,857.00</p> <p><input type="radio"/> Employee + Children: \$1,681.00</p> <p><input type="radio"/> Employee + Family: \$2,375.00</p>	<p>Your Cost: <b>\$0.00</b></p>	
Covered People: No Eligible Dependents		
<b>Enroll</b>	<b>Decline</b>	

My Benefits	
<input checked="" type="radio"/> Health	\$0.00
<input checked="" type="radio"/> Health Savings Account	\$0.00
<input type="radio"/> Dental	\$0.00
<input type="radio"/> Vision	\$0.00
<input type="radio"/> Healthcare FSA	\$0.00
<input type="radio"/> Dependent Care FSA	\$0.00
<input type="radio"/> Short Term Disability	\$0.00
<input type="radio"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="radio"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="radio"/> Voluntary Life & AD&D - Child	\$0.00
<input type="radio"/> Accident	\$0.00
<input type="radio"/> Critical Illness with Cancer	\$0.00
<input type="radio"/> Hospital Indemnity	\$0.00
<input checked="" type="radio"/> Combined Life/Time Benefit Term with LTC	\$0.00
<input type="radio"/> Allstate Identity Protection	\$0.00
<input type="radio"/> Metlaw Legal Services	\$0.00
<input type="radio"/> GE Schools Foundation	\$0.00
Pre-tax cost \$0.00	
Post-tax cost \$0.00	
<b>Total Cost</b> Per Month	<b>\$0.00</b>

- Plan information will be displayed here
- Select the applicable radial button for the plan and tier you would like to enroll in for 2025 (I.e. Employee Only, Employee + Spouse, etc.) then click Enroll under that plan.
- If you wish to decline this coverage, select Decline

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## IF YOU DECLINE HEALTH INSURANCE You may be eligible for a Cash In Lieu Benefit

The screenshot shows the USD 231 Gardner Edgerton School District online benefits portal. At the top, there is a green header with the USD 231 logo and a progress bar labeled 'Status (12% Complete)'. Below the header is a navigation menu with 'Home', 'You & Your Family', 'My Benefits', and 'Sign & Submit'. On the right side of the header, there are 'Back' and 'Next' buttons. The main content area is titled 'Health' and contains a waiver form. The waiver text states: 'WAIVER OF HEALTH INSURANCE: I understand that while I am being offered the opportunity to enroll in health insurance coverage under the GESD group benefit plan, I also have the option to waive enrollment in such coverage that has been offered. If I decline coverage under the GESD Plan and I instead enroll in coverage through another group health plan that is compliant with the Affordable Care Act of 2010 (ACA), I am eligible to receive a monthly cash payment of up to \$20 per month that will be paid on my regular paychecks. I understand these additional payments will cease as of the earlier of my date of termination or the end of the current calendar year (waiver elections must be made annually for the next year). **By selecting the “Eligible for Payment” option below, I am certifying that I am declining coverage under the GESD Plan because I am covered under another group health plan that is ACA compliant.**' Below the waiver text are two radio button options: 'Eligible for Payment' and 'NOT Eligible for Payment'. At the bottom of the form, there are 'Back' and 'Next' buttons. The footer of the page includes a copyright notice: '© 2023 – Powered by Selerix'.

1. After declining health insurance, you will see the page above
2. Please read through the criteria on the screen – if you waive and are enrolled elsewhere in a qualifying GROUP health plan, and in an eligible job class, select Eligible for Payment
3. If you do not meet the listed criteria, please select NOT Eligible for Payment

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## Cash-in-Lieu Benefit

 You have elected to decline coverage under the GESD health plan and indicated that you are covered through another group health plan that is compliant with the Affordable Care Act of 2010 (ACA). A monthly cash payment of up to \$20 per month will be applied to your paycheck in lieu of the employer paid portion of the health plan.

Click "Enroll" below to continue.

**\$20 CASH IN LIEU BENEFIT**

Your Cost: Per Month

Employee Only: \$0.00

Covered People:

Test OE

**Enroll**



1. If you selected "Eligible for Payment", you will be brought to this screen, acknowledging that you will receive the \$20 cash in lieu, and that there is no cost to you. One selecting enroll, you will be taken to the dental enrollment page.

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## Health Savings Account

1



**IMPORTANT: Not everyone is eligible to establish an HSA. In order to be eligible/continue to be eligible, you MUST:**

- NOT be covered by any other plan unless it is also a Qualified High Deductible Health Plan
- NOT have a Health Care FSA or HRA (including access to one through your spouse's employer)
- NOT be claimed as a dependent or eligible to be claimed on another's tax return (Example: claimed on parent's tax return)
- NOT be enrolled in Medicare, because of age or disability
- NOT be in receipt of Veteran Administration (VA) benefits within the prior 3-month period

Test Testerman

I acknowledge these eligibility rules.

2



3



Back

Next

1. If you have selected an HSA eligible medical plan, you must acknowledge that the eligibility statements apply
2. Select your acknowledgement
3. Click NEXT to make your HSA election

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TEST OE 2022 - Gardner - Edgerton USD 231 - Live 01/01/2022 - 12/31/2022 | Test Testerman (0) | A\_Nizzi (Logout)

# USD231

Gardner Edgerton School District

Status (7% Complete)

Home You & Your Family My Benefits Sign & Submit Back Next

## Health Savings Account

**1** → **Your HSA Election**

Health Savings Account (HSA) is a tax-advantaged medical savings account available to those who are enrolled in a high deductible health plan (HDHP). Choose your requested options below to enroll.

For more information refer to <https://www.usd231benefits.com/health-savings-account> and benefit guide.

The IRS also has additional rules regarding eligibility, saving, spending, investing, and tax treatment for HSAs. As the account holder, you are responsible for following HSA regulations. For more information, call HSA Central at 833-232-4676.

**2** → **Maximum Annual Contribution:** \$3,650.00

**Amount Per Month:**  **3** →

**Number of Periods:** 12

**Total Amount:**  **3** →

**Calculate** **4** →

**5** →  I wish to apply for this coverage  
 I wish to DECLINE this coverage

**6** → **Back** **Next**

**My Benefits**

<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input type="checkbox"/> Dental	\$0.00
<input type="checkbox"/> Vision	\$0.00
<input type="checkbox"/> Healthcare FSA	\$0.00
<input type="checkbox"/> Dependent Care FSA	\$0.00
<input type="checkbox"/> Short Term Disability	\$0.00
<input type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input type="checkbox"/> Accident	\$0.00
<input type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00

Pre-tax cost \$596.00  
Post-tax cost \$0.00

**Total Cost** **\$596<sup>00</sup>**  
Per Month

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1. If you have selected an HSA eligible plan, read about your HSA options here
2. Be aware of the maximum contribution amounts
3. You can enter contribution amount in the “per month” field or in the “Total Amount” field
4. Clicking here will **Calculate** the amounts into both fields automatically
5. Select if you wish to apply for the HSA option or Waive the option
6. Click **Next** once complete

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Cancel

## Dental

For more information refer to <https://www.usd231benefits.com/dental-insurance> and your benefit guide which you can access by [CLICKING HERE](#).

1

**Employees enrolling in a dental plan will receive the district paid health benefit of \$18 per month. If the plan/tier chosen by the employee has a premium less than \$18, the employee will receive the remainder as a surplus. The employee will have the choice to determine how best to use any paid benefit surplus. The employee may use the surplus as an HSA deposit (if eligible), apply it toward the cost of other benefits, direct it to a 403(b) retirement account, direct it to a 457 deferred compensation account, or receive it as ordinary taxable income in their net pay.**

- 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

**DENTAL PLAN - BASE PLAN**

Your Cost:	Per Month
<input checked="" type="radio"/> Employee Only:	<b>\$17.28</b>
<input type="radio"/> Employee + Spouse:	\$33.73
<input type="radio"/> Employee + Children:	\$32.84
<input type="radio"/> Employee+Family:	\$55.40

Covered People:  
Test Testerman

**Enroll**

2

**DENTAL PLAN - BUY UP PLAN**

Your Cost:	Per Month
<input checked="" type="radio"/> Employee Only:	<b>\$35.48</b>
<input type="radio"/> Employee + Spouse:	\$69.28
<input type="radio"/> Employee + Children:	\$74.88
<input type="radio"/> Employee+Family:	\$124.04

Covered People:  
Test Testerman

**Enroll**

3

**DECLINE COVERAGE**

Your Cost: **\$0.00**

**Decline**

My Benefits	
<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$0.00
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input checked="" type="checkbox"/> Accident	\$0.00
<input checked="" type="checkbox"/> Critical Illness with Cancer	\$13.20
<input checked="" type="checkbox"/> Hospital Indemnity	\$0.00
<input checked="" type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$75.97
<input checked="" type="checkbox"/> Allstate Identity Protection	\$0.00
<input checked="" type="checkbox"/> Metlaw Legal Services	\$0.00
Pre-tax cost <span style="float: right;">\$606.00</span>	
Post-tax cost <span style="float: right;">\$153.52</span>	
<b>Total Cost</b> <span style="float: right;"><b>\$759<sup>52</sup></b></span>	
Per Month	

1. If you wish to enroll in Dental follow the prompts
2. Select the tier you would like to enroll in here
3. Click Enroll or Decline to move forward

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Please reference your USD 231 Benefit Guide for accurate 2025 plan year rates.  
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## Vision

For more information refer to <https://www.usd231benefits.com/vision-insurance> and your benefit guide which you can access by **CLICKING HERE**.

- 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.

**VSP VISION**

---

Your Cost: Per Month

Employee Only: **\$10.00**

Employee + Spouse: \$15.84

Employee + Children: \$16.17

Employee+Family: \$26.06

---

Covered People:

Test Testerman

---

**Enroll**

**DECLINE COVERAGE**

---

Your Cost: **\$0.00**

---

**Decline**

My Benefits	
<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$0.00
<input type="checkbox"/> Healthcare FSA	\$0.00
<input type="checkbox"/> Dependent Care FSA	\$0.00
<input type="checkbox"/> Short Term Disability	\$0.00
<input type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input type="checkbox"/> Accident	\$0.00
<input type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00
Pre-tax cost	\$613.28
Post-tax cost	\$0.00
<b>Total Cost</b>	<b>\$613<sup>28</sup></b>
Per Month	

1 →

2 →

3 →

- If you wish to enroll in Vision follow the prompts
- Select the tier you would like to enroll in here
- Click Enroll or Decline to move forward

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Please reference your USD 231 Benefit Guide for accurate 2025 plan year rates.  
Benefit summaries may be found at [usd231benefits.com](https://www.usd231benefits.com)

## Healthcare FSA

### Health Care FSA

A flexible spending account allows you to set aside pre-tax money to pay for expenses not covered by your insurance. The minimum and maximum contribution amounts for the next plan year are shown below.

This program lets USD 231 employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The Health Care FSA maximum in 2021 was \$2,750 (per IRS rules). The maximum for 2022 has not yet been released. If the IRS increases this limit for 2022 and you would like to increase your contribution beyond \$2,750 you may do so by contacting the Enrollment Call Center at 866-434-0050.

For more information refer to <https://www.usd231benefits.com/flexible-spending-account> and your benefit guide which you can access by CLICKING HERE.

**Note: If you are participating in the Health Savings Account (HSA), IRS regulations state you are not permitted to enroll in the traditional Health Spending Account (FSA) program. If you are enrolling in a Health Care FSA, you and your spouse (if married) are not permitted to contribute to a Health Savings Account (HSA)**

If you would like to enroll in the FSA plan, enter the amount you would like to contribute for plan year. 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 FSA, 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.

My Benefits	
<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input type="checkbox"/> Dependent Care FSA	\$0.00
<input type="checkbox"/> Short Term Disability	\$0.00
<input type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input type="checkbox"/> Accident	\$0.00
<input type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00
Pre-tax cost \$623.28	
Post-tax cost \$0.00	
<b>Total Cost</b>	<b>\$623<sup>28</sup></b>
Per Month	

1 →

2 →

← 3

← 3

← 4

5 →

6 →

1. If you or your spouse are not enrolled in an HSA, you are eligible for Health FSA. If you wish to enroll in Health FSA follow the prompts
2. Be mindful of the annual limits
3. You can enter contribution amount in the "per month" field or in the "Total Amount" field
4. Clicking here will **Calculate** the amounts into both fields automatically
5. Select if you wish to apply or Waive this option
6. Click **Next** once complete

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Please reference your USD 231 Benefit Guide for accurate 2025 plan year rates.  
Benefit summaries may be found at [usd231benefits.com](https://www.usd231benefits.com)

## Dependent Care FSA

### Dependent Day Care FSA

The Dependent Day Care FSA lets USD 231 employees use pre-tax dollars towards qualified dependent day care expenses such as caring for children under the age of 13 or caring for disabled dependents over the age of 13 (as long as you and your spouse (if married) are working full-time).

The annual maximum amount you may contribute to the Dependent Care FSA is **\$5,000 per household (or \$2,500 each if married and filing separately)** per calendar year.

*Examples include: The cost of child(ren) or disabled-dependent care, the cost for an individual to provide care either in or outside of your home, nursery schools & preschools (excluding kindergarten and educational costs).*

Minimum Annual Contribution: \$120.00

Maximum Annual Contribution: \$5,000.00

Amount Per Month:

Number of Periods:

Total Amount:

Calculate

- I wish to apply for this coverage  
 I wish to DECLINE this coverage

Back

Next

My Benefits	
<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input type="checkbox"/> Short Term Disability	\$0.00
<input type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input type="checkbox"/> Accident	\$0.00
<input type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00
Pre-tax cost \$623.28	
Post-tax cost \$0.00	
<b>Total Cost Per Month</b>	<b>\$623<sup>28</sup></b>

1

2

3

3

4

5

6

1. If you wish to enroll in a Dependent Care FSA follow the prompts
2. Be mindful of the plan limits
3. You can enter an amount in the “per month” field or in the “Total Amount” field
4. Clicking here will **Calculate** the amounts into both fields automatically
5. Select if you wish to apply or Waive this option
6. Click **Next** once complete

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 Please reference your USD 231 Benefit Guide for accurate 2025 plan year rates.  
 Benefit summaries may be found at [usd231benefits.com](http://usd231benefits.com)

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Gardner Edgerton School District

Status: 40% Complete

Home You & Your Family My Benefits Sign & Submit Back Next

## Short Term Disability

**Guardian**

A serious illness or injury can strike anyone at any time, and at any age, taking away your ability to earn a paycheck. Disability insurance replaces a portion of your paycheck and provides you with a steady stream of income until you return to work.

For more information refer to <https://www.usd231benefits.com/short-term-disability> and your benefit guide which you can access by [CLICKING HERE](#).

**Short Term Disability pre-existing condition exclusion:** If a claim is made within the first 12 months that coverage is effective, Guardian will look back 3 months prior to the coverage effective date to determine if the disability was diagnosed or treated during that time. If so, the condition is considered pre-existing, and only two weeks of benefit will be paid

Overview Why Disability How it Works Common Terms Disclosure

**DISABILITY INSURANCE**

For more detailed plan information, please see the [Worksheet Short Term Disability Benefit Summary](#)

**Benefit Levels:**  STD Option 1: 8 day elimination  STD Option 2: 30 day elimination

Please select the desired amount of coverage.

**Weekly Benefit Amount:** \$650

**Cost per month:** \$64.35

I wish to apply for this coverage  
 I wish to DECLINE this coverage

Back Next

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1. Review the Short Term Disability Plan details here
2. Select the 8-day or 30-day elimination period
3. Your Voluntary Short-term Disability benefit amount options and cost are shown here. If the bar turns red, you have chosen an amount that will require Evidence of Insurability (EOI). EOI information will be sent out after Open Enrollment is complete, or can be completed by visiting [www.guardiananytime.com/eoi](http://www.guardiananytime.com/eoi)
4. Select if you wish to apply or Waive this option
5. Click **Next** once complete

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## Voluntary Life & AD&D - Employee



1



We all want to live a long and happy life. However, life can be unpredictable and few things in life are guaranteed. Having an appropriate amount of life insurance for yourself and those who depend on you, provides a guarantee they can count on.

Taking advantage of your benefits at work is a smart and affordable way to get the financial protection you want for you and your family. As your life changes, so should your life insurance coverage. You should review your options each year and consider increasing your coverage if you get married, have a child or purchase a home.

For more information refer to <https://www.usd231benefits.com/voluntary-life> and your benefit guide which you can access by [CLICKING HERE](#).

**Overview** Why Life How it Works Disclosure

LIFE INSURANCE

For more detailed plan information, please see the [Voluntary Term Life Benefit Summary](#) document.

Please select the desired amount of coverage.

2



**Benefit Amount:**  \$10,000  
**Cost per month:** \$1.10

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

3



I wish to apply for this coverage  
 I wish to DECLINE this coverage

Back

4



Next

My Benefits	
<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input type="checkbox"/> Accident	\$0.00
<input type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined Life/Time Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00
Pre-tax cost	\$623.28
Post-tax cost	\$64.35
<b>Total Cost</b> Per Month	<b>\$687<sup>63</sup></b>

1. You may read about the Voluntary Life and AD&D here, and follow the prompts
2. You can drag the bar here to adjust the life benefit amount and see the correlating monthly cost. If electing over the Guarantee Issue amount, or for the first time, amounts will turn **RED** and the above pop-up will appear.
  - a. Evidence of Insurability (EOI) will be required if the bar turns red. You will see the link to complete your EOI, as well as the amounts that will pend EOI, after you assign a beneficiary
3. Select if you wish to apply or Waive this option
4. Click **Next** once complete  
 (If you choose to enroll, follow the prompts to assign or add a Beneficiary, and move on to the EOI page)

Rates displayed in this guide may differ from true plan rates.  
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## Voluntary Life &amp; AD&amp;D - Employee

## Choose Beneficiaries

A beneficiary is a person, trust, or organization to whom benefits will be paid. A contingent beneficiary will receive benefits if your primary beneficiary is no longer living at the time of your death.

- Place a checkmark next to each desired primary and contingent beneficiary. The percentage allocations will automatically calculate.
- Click Add (Plus sign) if you do not see the desired person or trust in the list.
- You may change the percentages, as long as they add up to 100%.
- Clicking *All living children* will clear any children already selected.
- Beneficiaries may not be both primary and contingent at the same time.

Note: Editing a beneficiary that is of a coverable type (such as spouse or child) will edit that dependent's information as well. For this reason, it is recommended to add a new beneficiary rather than edit one that is already in the list as a dependent.

Beneficiary	Relationship	Primary	Contingent	
Spouse Testerman	Spouse	<input checked="" type="checkbox"/> 100.00%	<input type="checkbox"/> 0.00%	
Child Testerman	Child	<input type="checkbox"/> 0.00%	<input checked="" type="checkbox"/> 100.00%	
All Living Children		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	
Estate		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	

Back

3

Next

- Click the plus sign to add a new beneficiary
- Once you have added your beneficiaries, enter the percentage you would like each to receive. You may also assign a contingent beneficiary.
- Once complete, select NEXT

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Gardner Edgerton School District

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Home You & Your Family My Benefits Sign & Submit Back Next

## Voluntary Life & AD&D - Employee

This election requires completion of an Evidence of Insurability (EOI), please take note of the information below as it is needed to complete your EOI. New or increased coverage will not take effect until the EOI is completed and approved. **Your group number is 00576382, you will need to enter this number to complete your Evidence of Insurability Form**

Your request for additional coverage is subject to submission of the required Evidence of Insurability Form.

You can complete the form online by [CLICKING HERE \(ONLINE EOI\)](#) or download a PDF form to complete by [CLICKING HERE \(PDF EOI\)](#) [CLICKING HERE](#)

Proposed benefit amount	\$130,000
Current benefit allowed	\$0

Back Next

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1. If you have elected an amount that requires Evidence of Insurability (EOI), this screen will appear. Please review the instructions for completing your EOI. You may follow the link and complete now, or save the website and complete the EOI at a later time. However EOI MUST be completed before the requested coverage will take effect
2. Review your current and proposed elections
3. When you are ready, click NEXT

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## Voluntary Life & AD&D - Spouse



We all want to live a long and happy life. However, life can be unpredictable and few things in life are guaranteed. Having an appropriate amount of life insurance for yourself and those who depend on you, provides a guarantee they can count on.

Taking advantage of your benefits at work is a smart and affordable way to get the financial protection you want for you and your family. As your life changes, so should your life insurance coverage. You should review your options each year and consider increasing your coverage if you get married, have a child or purchase a home.

For more information refer to <https://www.usd231benefits.com/voluntary-life> and your benefit guide which you can access by [CLICKING HERE](#).

Overview Why Life How it Works Disclosure



For more detailed plan information, please see the [Voluntary Term Life Benefit Summary](#) document.

Please select the desired amount of coverage.

Benefit Amount : < > \$10,000  
 Cost per month: \$1.10

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

- I wish to apply for this coverage  
 I wish to DECLINE this coverage

Back

4

Next

### My Benefits

<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input type="checkbox"/> Accident	\$0.00
<input type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00

Pre-tax cost \$623.28  
 Post-tax cost \$64.35

**Total Cost** \$687<sup>63</sup>  
 Per Month

1

2

3

- To elect Spouse Supplemental Life, you must elect Supplemental Life coverage for yourself. Review the spouse life details here.
- You can drag the bar here to adjust the life benefit amount and see the correlating per month cost. If electing over the Guarantee Issue amount, amounts will turn **RED** and the above pop-up will appear.
  - Evidence of Insurability (EOI) will be required if the bar turns red. You will see the link to complete EOI for your spouse, as well as the amounts that will pend EOI, after you assign a beneficiary
- Select if you wish to apply or Waive this option
- Click **Next** once complete

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*Benefit summaries may be found at [usd231benefits.com](https://www.usd231benefits.com)*

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Gardner Edgerton School District

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Home You & Your Family My Benefits Sign & Submit Back Next

## Voluntary Life & AD&D - Spouse

A separate Evidence of Insurability (EOI) is required to be completed for your Spouse's newly elected, or increased coverage, with your spouse's health information. Please take note of the information below as it is needed to complete your EOI. New or increased coverage will not take effect until the EOI is completed and approved. **Your group number is 00576382, you will need to enter this number to complete your Evidence of Insurability Form**

Your request for additional coverage is subject to submission of the required Evidence of Insurability Form.

You can complete the form online by [CLICKING HERE \(ONLINE EOI\)](#) or download a PDF form to complete by [CLICKING HERE \(PDF EOI\)](#); [CLICKING HERE](#)

Proposed benefit amount	\$30,000
Current benefit allowed	\$0

Back Next

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1. If you have elected an amount for your spouse that requires Evidence of Insurability (EOI), this screen will appear. Please review the instructions for completing your EOI. You may follow the link and complete now, or save the website and complete the EOI at a later time. However EOI MUST be completed before the requested coverage will take effect
2. Review your current and proposed elections
3. When you are ready, click NEXT

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## Voluntary Life & AD&D - Child

**Guardian**

We all want to live a long and happy life. However, life can be unpredictable and few things in life are guaranteed. Having an appropriate amount of life insurance for yourself and those who depend on you, provides a guarantee they can count on.

Taking advantage of your benefits at work is a smart and affordable way to get the financial protection you want for you and your family. As your life changes, so should your life insurance coverage. You should review your options each year and consider increasing your coverage if you get married, have a child or purchase a home.

For more information refer to <https://www.usd231benefits.com/voluntary-life> and your benefit guide which you can access by [CLICKING HERE](#).

Overview Why Life How it Works Disclosure

**LIFE INSURANCE**

For more detailed plan information, please see the [Voluntary Term Life Benefit Summary](#) document.

Please select the desired amount of coverage.

**Benefit Amount:** \$10,000  
**Cost per month:** \$2.12

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

I wish to apply for this coverage  
 I wish to DECLINE this coverage

Back Next

**My Benefits**

<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input type="checkbox"/> Accident	\$0.00
<input type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00

Pre-tax cost \$623.28  
Post-tax cost \$64.35  
**Total Cost Per Month \$687<sup>63</sup>**

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1. To elect Child Supplemental Life, you must elect Supplemental Life coverage for yourself. Review the child life details here.
2. Select if you wish to apply or Waive this option
  - a. Evidence of Insurability (EOI) will **NOT** be required for Child Life, but coverage will pend until any pending employee coverage is approved.
3. Click **Next** once complete

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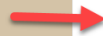
## Accident



Accidents happen, and now you and your family can offset the cost of the care and treatment of those injuries with Accident insurance. For just a few dollars a month, voluntary accident insurance purchased at work helps you avoid devastating expenses. Learn why.

For more information refer to <https://www.usd231benefits.com/accident-insurance> and your benefit guide which you can access by [CLICKING HERE](#).

1



Overview

Why Accident

How it Works

Disclosure

For more detailed plan information, please see the [Accident Benefit Summary](#) document

Please make a selection below.

GUARDIAN LIFE ACCIDENT - G

Your Cost: Per Month

Employee Only: **\$16.15**

Employee + Spouse: \$24.02

Employee + Children: \$32.03

Employee+Family: \$39.90

Covered People:

Test Testerman

Enroll

DECLINE COVERAGE

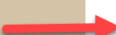
Your Cost: **\$0.00**

Decline

2



3



My Benefits	
<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input checked="" type="checkbox"/> Accident	\$0.00
<input type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00
Pre-tax cost	\$623.28
Post-tax cost	\$64.35
<b>Total Cost</b>	<b>\$687<sup>63</sup></b>
Per Month	

1. If you wish to enroll in the Group Accident plan, follow the prompts
2. Select the coverage tier you wish to apply for
3. Click Enroll or Decline

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Gardner Edgerton School District

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Home You & Your Family My Benefits Sign & Submit

## Critical Illness with Cancer

**Guardian**

A serious illness can have serious financial consequences, even if you have health insurance. Learn how you can reduce financial burdens with Critical Illness Insurance.

For more information refer to <https://www.usd231benefits.com/critical-illness-cancerr> and your benefit guide which you can access by [CLICKING HERE](#).

Overview Why Critical Illness How it Works Disclosure

0:00

For more detailed plan information, please see the [Critical Illness Benefit Summary](#) document

Please make a selection below.

⚠ Any eligible children who are added to the system as dependents will be covered with a benefit amount of 25% of the employee benefit amount. Child CI cost is included in the cost of employee CI coverage.

Insurance for Test Testerman

Benefit Amount: \$5,000

Cost per month: \$4.40

I wish to apply for this coverage  
 I wish to DECLINE this coverage

Back Next

**My Benefits**

<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input checked="" type="checkbox"/> Accident	\$0.00
<input checked="" type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00
Pre-tax cost \$623.28	
Post-tax cost \$64.35	
<b>Total Cost</b>	<b>\$687<sup>63</sup></b>
Per Month	

1. If you wish to enroll in the Group Critical Illness follow the prompts
2. Please note, any eligible children who are added to the system as dependents will be covered with a benefit amount of 25% of the employee benefit amount. There is no additional cost for this child coverage. This section will show each eligible child and their coverage amount.
3. You can drag the green bar here to adjust the benefit amount and see the correlating cost
4. Select if you wish to apply or waive this option
5. Click **Next** once complete

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Gardner Edgerton School District

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Home You & Your Family My Benefits Sign & Submit Back Next

## Critical Illness with Cancer

Critical Illness with Cancer

Each person currently covered is listed below. If you wish to make a change to the coverage, click the person's name.

Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options
<a href="#">Test Testerman</a>	Employee	5/5/1985		10,000	\$8.80	<a href="#">Withdraw</a>

*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
<a href="#">Spouse Testerman</a>	Spouse	F	6/6/1986	

I wish to CONFIRM the changes made in this enrollment session.  
 I wish to CANCEL changes made in this enrollment session.

Back 3 [Next](#)

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If you were enrolled in CI in past years, you will be brought to this screen after you have selected the enrollment amount for yourself

1. If you wish to elect for your spouse, or change the current CI election for your spouse, select their name
2. If you do not wish to elect or change amounts for your spouse, select that you would like to CONFIRM or CANCEL the changes you made to your own coverage
3. Then click NEXT

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Benefit summaries may be found at [usd231benefits.com](http://usd231benefits.com)*



## Critical Illness with Cancer



A serious illness can have serious financial consequences, even if you have health insurance. Learn how you can reduce financial burdens with Critical Illness Insurance.

For more information refer to <https://www.usd231benefits.com/critical-illness-cancer> and your benefit guide which you can access by [CLICKING HERE](#).

Overview Why Critical Illness How it Works Disclosure



For more detailed plan information, please see the [Critical Illness Benefit Summary](#) document

Please make a selection below.

⚠ Any eligible children who are added to the system as dependents will be covered with a benefit amount of 25% of the employee benefit amount. Child CI cost is included in the cost of employee CI coverage.

Insurance for Spouse Testerman

Spouse Critical Illness Benefit Amount:  \$5,000

Cost per month: \$4.40

- I wish to apply for this coverage
- I wish to DECLINE this coverage

Back

Next

### My Benefits

<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input checked="" type="checkbox"/> Accident	\$0.00
<input checked="" type="checkbox"/> Critical Illness with Cancer	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00

Pre-tax cost \$623.28  
Post-tax cost \$64.35

**Total Cost** \$687<sup>63</sup>  
Per Month

1. If you select your spouse's name to enroll them, or adjust their enrollment in Spouse Critical Illness, follow the prompts
2. You can drag the green bar here to adjust the benefit amount and see the correlating cost
3. Select if you wish to apply or waive this option
4. Click **Next** once complete

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Status (65% Complete)

Home You & Your Family My Benefits Sign & Submit Back Next

### Critical Illness with Cancer

Critical Illness with Cancer

Each person currently covered is listed below. If you wish to make a change to the coverage, click the person's name.

Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options
<a href="#">Test Testerman</a>	Employee	5/5/1985		10,000	\$8.80	Withdraw
<a href="#">Spouse Testerman</a>	Spouse	6/6/1986		5,000	\$4.40	Withdraw

I wish to CONFIRM the changes made in this enrollment session.  
 I wish to CANCEL changes made in this enrollment session.

Back 3 Next

1. Once you have enrolled or updated the elections for yourself or your spouse, please review the selections you made
2. Select whether you would like to CONFIRM or CANCEL the changes and elections you made
3. Then click NEXT

REMINDER: any eligible children who are added to the system as dependents will be covered with a benefit amount of 25% of the employee benefit amount. Child CI cost is included in the cost of employee CI coverage.

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## Hospital Indemnity



No matter what kind of medical insurance you have, being admitted to the hospital is expensive. Learn how hospital insurance can help provide you with financial support when you need it most.

For more information please refer to <https://www.usd231benefits.com/hospital-indemnity> and your benefit guide which you can access by CLICKING HERE.

Please make a selection below.

### GUARDIAN HOSPITAL INDEMN

Your Cost:	Per Month
<input checked="" type="radio"/> Employee Only:	<b>\$10.62</b>
<input type="radio"/> Employee + Spouse:	\$19.10
<input type="radio"/> Employee + Children:	\$16.87
<input type="radio"/> Employee+Family:	\$25.35

Covered People:  
Test Testerman

Enroll

### DECLINE COVERAGE

Your Cost: \$0.00

Decline

#### My Benefits

<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input checked="" type="checkbox"/> Accident	\$0.00
<input checked="" type="checkbox"/> Critical Illness with Cancer	\$13.20
<input checked="" type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00

Pre-tax cost \$623.28

Post-tax cost \$77.55

**Total Cost** \$700<sup>83</sup>  
Per Month

1. If you wish to enroll in the Group Hospital Indemnity follow the prompts
2. Select the tier you would like to enroll in here
3. Click Enroll or Decline

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## Combined LifeTime Benefit Term with LTC

**Basics** Benefits Additional Benefits Features

No one likes to think about needing life insurance. But if someone depends on you financially, you need life insurance. In the event of a tragedy, life insurance can help pay for:

- Funeral costs
- Bills and ongoing living expenses
- Outstanding debt, including credit cards and the mortgage
- Childcare or future education costs



Please select the desired amount of LifeTime Benefit Term coverage from the list below. You may also choose from the available options listed below. To continue through the LifeTime Benefit Term enrollment process, please select *I wish to apply for this coverage*. If not, please select *I wish to DECLINE this coverage*. Press Next when you are finished.

**Insurance for** Test Testerman

Has the Proposed Insured used tobacco or Nicotine Products in Last 12 Months?

Is the employee actively at work performing the regular duties of the job in the usual manner and at the usual place of employment?



Cost per month	Benefit Amount
<input type="radio"/> \$18.99	25,000
<input type="radio"/> \$37.98	50,000
<input type="radio"/> \$56.97	75,000
<input checked="" type="radio"/> \$75.97	100,000
<input type="text" value="\$94.96"/>	125,000
<input type="radio"/> \$113.95	150,000



**Cost per month:**

**Benefit Amount:**



### Application riders

- Dependent Child Rider
- Premium Waiver, Payer Waiver of Premium
- Accelerated Death Benefit for Long Term Care
- Extension of Long Term Care Benefits



**Total Premium: \$18.99**

I wish to apply for this coverage

I wish to DECLINE this coverage



Back



Next

**My Benefits**

- Health \$596.00
- Health Savings Account \$0.00
- Dental \$17.28
- Vision \$10.00
- Healthcare FSA \$0.00
- Dependent Care FSA \$0.00
- Short Term Disability \$64.35
- Voluntary Life & AD&D - Employee \$0.00
- Voluntary Life & AD&D - Spouse \$0.00
- Voluntary Life & AD&D - Child \$0.00
- Accident \$0.00
- Critical Illness with Cancer \$13.20
- Hospital Indemnity \$0.00
- Combined LifeTime Benefit Term with LTC \$0.00
- Allstate Identity Protection \$0.00
- Metlaw Legal Services \$0.00

Pre-tax cost \$623.28  
Post-tax cost \$77.55

**Total Cost Per Month \$700<sup>83</sup>**

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1. Follow the prompts
2. Answer tobacco use question, and the actively at work question
3. Select benefit amount
4. Cost per month and benefit amount will be calculated here
5. Choose additional Child Term or Waiver of Premium riders
6. Select whether you wish to apply or decline coverage
7. Select Next
8. Select beneficiary information on the following page
9. The system will return you to the first Universal Life page to go through the remaining names listed

Home You & Your Family My Benefits Sign & Submit Back Next

## Combined LifeTime Benefit Term with LTC

Combined LifeTime Benefit Term with LTC

Each person currently covered is listed below. If you wish to make a change to the coverage, click the person's name.

Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options	
<a href="#">Test Testerman</a>	Employee	5/5/1985		100,000	\$75.97	LTC, EOB	Withdraw

*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
<a href="#">Spouse Testerman</a>	Spouse	F	6/6/1986	
<a href="#">Child Testerman</a>	Child	F	7/7/2017	

I wish to CONFIRM the changes made in this enrollment session.  
 I wish to CANCEL changes made in this enrollment session.

Back 11 → Next

10. Once all changes are made, select if you wish to CONFIRM or CANCEL
11. Click Next

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## Combined LifeTime Benefit Term with LTC

**Conditional Issue Questions:** Complete as required for any person proposed for Coverage. If any question is answered "Yes", please answer all of the Simplified Issue Eligibility questions for that person.

A. Has the Employee missed more than 5 consecutive days of active work due to an illness or injury in the past 3 months?  YES  NO

Has any proposed Insured been treated in a medical facility, hospitalized or disabled in the past 6 months, excluding flu or cold? Hospitalized means in-patient or outpatient, whether or not confined. Treated in a medical facility does NOT include a regular physician's office visit.  YES  NO

Has any Proposed Insured, within the last 10 years, been diagnosed as having or been treated by a physician for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)?  YES  NO

Has any person proposed for coverage been seen or treated by a licensed physician or other medical practitioner within the past 6 months, excluding flu, cold or routine physical?  YES  NO

Back

2

Next

1. Answer the prompted health questions
2. Hit next until all questions have been answered

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## Allstate Identity Protection

For more information please refer to <https://www.usd231benefits.com/identity-theft> and the benefit guide which you can access by [CLICKING HERE](#)

1

- 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.

2

IDENTITY PROTECTION	DECLINE COVERAGE
<p>Your Cost: <span style="float: right;">Per Month</span></p> <p><input checked="" type="radio"/> Employee Only: <span style="float: right;"><b>\$7.95</b></span></p> <p><input type="radio"/> Employee+Family: <span style="float: right;">\$13.95</span></p> <p>Covered People: Test Testerman</p> <p style="text-align: center;"><b>Enroll</b></p>	<p>Your Cost: <span style="float: right;"><b>\$0.00</b></span></p> <p style="text-align: center;"><b>Decline</b></p>

3

My Benefits	
<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input checked="" type="checkbox"/> Accident	\$0.00
<input checked="" type="checkbox"/> Critical Illness with Cancer	\$13.20
<input checked="" type="checkbox"/> Hospital Indemnity	\$0.00
<input checked="" type="checkbox"/> Combined LifeTime Benefit Term with LTC	\$75.97
<input checked="" type="checkbox"/> Allstate Identity Protection	\$0.00
<input type="checkbox"/> Metlaw Legal Services	\$0.00
Pre-tax cost <span style="float: right;">\$623.28</span>	
Post-tax cost <span style="float: right;">\$153.52</span>	
<b>Total Cost</b> <span style="float: right;"><b>\$776<sup>80</sup></b></span>	
Per Month	

- Review the options for Identity Theft Protection
- Select your coverage tier
- Choose to Enroll or Decline

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Metlaw Legal Services



1

With MetLaw, the group legal plan available through Hyatt Legal Plans, you get a lawyer in your corner for common legal needs. We all know Legal matters can be expensive. Suppose you need to contest a traffic ticket, update a will, buy or sell a home or get assistance with small claims court issues— your plan is there to help, all at an affordable group rate.

For more information please refer to <https://www.usd231benefits.com/legal-assistance> and your benefit guide which you can access by [CLICKING HERE](#).

**Overview Resources**

**Access to quality, affordable legal representation is more important than you may think.**

There are many times in life when you may need the services of a qualified, licensed attorney: purchasing a home, estate planning and will preparation, financial matters, family law or adoption issues. MetLaw®, the group legal plan available through Hyatt Legal Plans, makes things simple for you. You get the attorney you need at a cost that's very affordable. You get access to the attorney in person or by telephone for advice on an unlimited number of personal legal matters, and representation for a wide variety of legal services.

**MetLaw could save you hundreds of dollars in attorney fees for common legal services like these:**

- Estate Planning Documents, Including Wills and Trusts
- Real Estate Matters
- Identity Theft Defense
- Financial Matters, such as Debt-Collection Defense
- Traffic Offenses
- Document Review
- Family Law, including Adoption, Guardianship and Name Change
- Advice and Consultation on an unlimited number of Personal Legal Matters
- And More

MetLaw is offered by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Company and Affiliates, Warwick, Rhode Island. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife, and affiliates, and Plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse/civil union partner or dependent; in which case services are excluded for the spouse/civil union partner and dependent; 4) appeals and class actions; 5) farm matters, business or investment matters, matters involving property held for investment or rental, or issues when the Participant is the landlord; 6) patent, trademark, and copyright matters; 7) costs or fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the Participant becoming eligible for MetLaw. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. MetLaw and MetLife® are registered trademarks of Metropolitan Life Insurance Company, New York, NY.

My Benefits	
<input checked="" type="checkbox"/> Health	\$596.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$17.28
<input checked="" type="checkbox"/> Vision	\$10.00
<input checked="" type="checkbox"/> Healthcare FSA	\$0.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$0.00
<input checked="" type="checkbox"/> Short Term Disability	\$64.35
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Employee	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Life & AD&D - Child	\$0.00
<input checked="" type="checkbox"/> Accident	\$0.00
<input checked="" type="checkbox"/> Critical Illness with Cancer	\$13.20
<input checked="" type="checkbox"/> Hospital Indemnity	\$0.00
<input checked="" type="checkbox"/> Combined Life/Time Benefit Term with LTC	\$75.97
<input checked="" type="checkbox"/> Allstate Identity Protection	\$0.00
<input checked="" type="checkbox"/> Metlaw Legal Services	\$0.00
<hr/>	
Pre-tax cost	\$623.28
Post-tax cost	\$153.52
<b>Total Cost</b>	<b>\$776<sup>80</sup></b>
Per Month	

2

**METLAW LEGAL SERVICES**

---

Your Cost: Per Month

Employee Only: **\$18.75**

Employee + Spouse: \$18.75

Employee + Children: \$18.75

Employee+Family: \$18.75

---

Covered People:  
Test Testerman

---

**Enroll**

**DECLINE COVERAGE**

---

Your Cost: **\$0.00**

---

**Decline**

3

1. Review the details for the prepaid Legal plan
2. Select your coverage tier
3. Choose to Enroll or Decline

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## GE Schools Foundation

The Gardner Edgerton Schools Foundation wants to partner with you in an effort to support students and staff of USD 231. Any amount that you are willing to contribute from your paycheck goes a long way in fulfilling the mission of the GESF - to promote and financially enrich our schools so they achieve excellence in and out of the classroom. Charitable contributions are tax deductible.

GARDNER EDGERTON SCHOOLS FOUNDATION IS A NON-PROFIT 501 (c)(3) ORGANIZATION. CONTRIBUTIONS TO THIS ORGANIZATION ARE TAX-DEDUCTIBLE. STAFF MEMBERS WILL RECEIVE A WRITTEN ACKNOWLEDGMENT OF THEIR DONATIONS NO LATER THAN JANUARY 31 OF THE FOLLOWING YEAR FOR TAX DONATION PURPOSES.

The monthly amount selected below will be deducted from your paychecks. If you would rather make a one-time donation instead of a payroll contribution, please reach out to the foundation at: [bradyt@usd231.com](mailto:bradyt@usd231.com)

Please select the desired benefit amount and then click Next.

Click Next to continue.

Benefit Amount :  \$10

Cost per month: \$10.00

I wish to PLEDGE this amount to support the students and staff of USD 231.
   
 I wish to DECLINE

[Back](#)   [Next](#)

My Benefits	
<input type="radio"/> Health	\$0.00
<input checked="" type="radio"/> Health Savings Account	\$0.00
<input type="radio"/> Dental	\$0.00
<input type="radio"/> Vision	\$0.00
<input type="radio"/> Healthcare FSA	\$0.00
<input type="radio"/> Dependent Care FSA	\$0.00
<input checked="" type="radio"/> Short Term Disability	\$27.50
<input type="radio"/> Voluntary Life & AD&D - Employee	\$0.00
<input type="radio"/> Voluntary Life & AD&D - Spouse	\$0.00
<input type="radio"/> Voluntary Life & AD&D - Child	\$0.00
<input type="radio"/> Accident	\$0.00
<input checked="" type="radio"/> Critical Illness with Cancer	\$33.40
<input type="radio"/> Hospital Indemnity	\$0.00
<input type="radio"/> Combined LifeTime Benefit Term with LTC	\$0.00
<input type="radio"/> Allstate Identity Protection	\$0.00
<input type="radio"/> Metlaw Legal Services	\$0.00
<input checked="" type="radio"/> GE Schools Foundation	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$60.90
<b>Total Cost</b>	<b>\$60<sup>90</sup></b>
Per Month	

The final enrollment pages are for the GE Schools Foundation. If you wish to donate read through the information at the top of the page, then:

1. Use the sliding bar to elect the amount you wish to donate per paycheck
2. Select Pledge or Decline
3. Hit Next

On the following screen, you will be able to select your Tshirt size, to receive your Tshirt for your donation. Once you have selected your size, hit next.

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If you have elected any Guardian products, review and acknowledge the Guardian Fraud Warning and Electronic Consent Forms by clicking SIGN FORM at the bottom of the pages

Review / Sign Forms

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## Signature and Fraud Warning

- I understand that my dependent(s) cannot be enrolled for a coverage, if I am not enrolled for that coverage.

Review / Sign Forms

---



## VOLUNTARY CONSENT TO RECEIVE THE ELECTRONIC TRANSMISSION OF DOCUMENTS

If you have elected Chubb coverage, review and acknowledge the Release of Information form by clicking SIGN FORM at the bottom of the page

Review / Sign Forms

---

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.

### Authorization for Release of Information

Release information from the record(s) of: Testerman Test  
(Last Name) (First Name) (Middle)

Date of Birth: 05 / 05 / 1985 Soc. Sec. No. (last 4 digits): 3333

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## Review / Sign Forms

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 month** 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. Your PIN is the password used to log in.
- **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.



## Gardner Edgerton USD #231 Benefit Confirmation / Deduction Authorization

<b>Name</b>	<b>Date of Birth</b>	<b>Home Phone</b>	<b>Work Phone</b>	<b>Address</b>
Test Testerman	05/05/1985	(555) 555-5555	(666) 666-6666	1234 Main St. Anywhere, IA 50323
<b>Employee ID</b>	<b>Hire/Elig Date</b>	<b>Gender</b>	<b>E-mail Address</b>	
0	07/01/2020	M	fakeemail@fakeemail.com	
<b>Location</b>	<b>Department</b>			<b>Reason for Completing Form</b>
TRAIL RIDGE	Default			Open Enrollment
<b>Job Class</b>	<b>Title</b>			
Classified				

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost	
						Benefit	Cost	Pre-tax	After-tax
Health	HDHP PPO - Preferred Care Blu	EO	12	01/01/2022				596.00	0.00
Health Savings Account	Waived								
Dental	Dental Plan - Base Plan	EO	12	01/01/2022				17.28	0.00
Vision	VSP Vision	EO	12	01/01/2022				10.00	0.00
Healthcare FSA	Waived								
Dependent Care FSA	Waived								
Short Term Disability	Guardian Life Worksite Short Ter	EO	12	01/01/2022	650			0.00	64.35
Voluntary Life & AD&D - Emp	Guardian Vol Life EE	EO	12	01/01/2022		130,000	14.30	0.00	0.00
Voluntary Life & AD&D - Spc	Guardian Vol Life SP	SO	12	01/01/2022		30,000	3.30	0.00	0.00
Voluntary Life & AD&D - Chi	Guardian Vol Life CH	CO	12	01/01/2022		10,000	2.12	0.00	0.00
Accident	Waived								
Critical Illness with Cancer	Guardian Life Critical Illness	EO	12	01/01/2022	10,000			0.00	8.80
Critical Illness with Cancer	Guardian Life Critical Illness	SO	12	01/01/2022	5,000			0.00	4.40
Hospital Indemnity	Waived								
Combined LifeTime Benefit T	Chubb Lifetime Benefit Term	EO	12	01/01/2022	100,000			0.00	75.97
Allstate Identity Protection	Waived								
<b>Total:</b>								623.28	153.52



Page 1

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. Your PIN is the password used to log in.

PIN:

1. Review all your elections for Open Enrollment here
2. Toggle to the 2<sup>nd</sup> page of the Benefit Confirmation here
3. Sign your PIN (the password you used to log in to the enrollment site = the last four digits of your Social Security Number and the last two digits of your birth year).

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## 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.**

Health

### Enrollment Details

#### 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
<a href="#">Guardian Coverage Attestations</a>	10/15/2021
<a href="#">Guardian E-Consent 2019</a>	10/15/2021
<a href="#">HIPAA Notice (Test Testerman)</a>	10/15/2021
<a href="#">Enrollment Confirmation</a>	10/15/2021

Return

1. Congratulations! You have completed your 2025 benefit enrollment. Scroll through to see the plans you elected
2. At the bottom of the page you will see copies of any forms you signed. You can print these off at any time.
3. Click Return to back to the Welcome Page. You will receive a benefit confirmation email shortly after your enrollment is complete.

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Benefit summaries may be found at [usd231benefits.com](http://usd231benefits.com)*