

HOW TO BEGIN YOUR INSURANCE ENROLLMENT

Upon your hire, your organization's insurance administrator will input your information into the system which will trigger an email to be sent to your inbox to complete your portion of the insurance enrollment process. If you do not receive this email, please reach out to your administrator.

OVERVIEW: MY BENEFITS TAB

The **My Benefits** tab in the ACCE Member Portal on the lefthand side of the page is now available to employees whose organization is participating in insurance plans.

You will be able to view your active plans in the **Active Plans** section. In this section you can also:

- Enroll in plans (**Employee Plan Enrollment**). See further instructions for how to do so in the [Enrolling in Plans](#) section of this guide.

| Active Plans | | |
|---|-------------------|------------|
| Plan | Coverage Type | Start Date |
| Life AD&D - Term Life AD&D Plan 1 (1.5 x earn...EMP | | 2025-03-01 |
| Dependent Life | FAMILY | 2025-03-01 |
| Vision Service Plan - Vision Service Plan | Employee plus one | 2025-03-01 |
| Dental Plan - Dental Plan | EMPSPOUSE | 2025-03-01 |

[Employee Plan Enrollment](#)

ENROLLING IN PLANS

1. Go to the **My Benefits** tab
2. Click the **Employee Plan Enrollment** button
3. Fill out the Employee Plan Enrollment Form. Below is guidance on the accepted responses for each field.

Enrollment Type Section

- **Enrollment Type:** Select the type of enrollment
 - New enrollee
 - Part-time to Full-Time change
 - Qualifying Event

- **Date of Qualifying Event** (if “Qualifying Event” selected): provide the date of the qualifying event
- **Type of Qualifying Event** (if “Qualifying Event” selected): select the type of qualifying event
 - Plan Change
 - Marriage
 - Add dependents
 - Divorce
 - Lost Coverage
 - Transfer

Employee Information Section

- First Name
- Middle Initial
- Last Name
- Date of Birth
- Social Security Number
- Gender
 - M
 - F
- Martial Status
 - Single
 - Married
- Home Address – Street
- Home Address – City
- Home Address – State
- Home Address – Zip Code
- **Date of Hire:** The date you were hired
- **Work Email:** your work email
- **Annual Salary:** your annual salary. Please do not enter hourly wages.
- **Number of Hours Worked:** number of hours worked in a week.

Plan Selection Section (You will only see plans applicable to your organization)

- **Choose Vision Plan:** Select “Vision Plan – Vision Plan” if you want to enroll in the Vision Plan. If not, leave as is.
- **Choose Dental Plan:** Select “Dental Plan – Dental Plan” if you want to enroll in the Dental Plan. If not, leave as is.
- **Choose Life Plan:** If you wish to enroll in a life plan, select one of the options from the list. If not, leave as is.
- **Choose Dependent Life Plan:** If you wish to enroll in a dependent life plan, select “Dependent Life Plan” form the dropdown. If not, leave as is.
- **Choose Long Term Disability Plan:** If you wish to enroll in a long-term disability plan, select one of the options from the list. If not, leave as is.

- **Choose Short Term Disability Plan:** If you wish to enroll in a short-term disability plan, select one of the options from the list. If not, leave as is.
- **Choose Special Accident Plan:** If you wish to enroll in a special accident plan, select “Special Accident Plan – Cigna Personal Accident Plan” from the dropdown. If not, leave as is.

Choose Vision Coverage (If vision plan selected)

- **Vision Plan Coverage Type:** Choose the coverage type for your dental plan
 - Employee
 - Employee plus one
 - Family

Choose Dental Coverage (If dental plan selected)

- **Dental Coverage Type:** Choose the coverage type for your dental plan.
 - Employee
 - Employee and Spouse
 - Employee and Child
 - Full Family

Choose Voluntary Accident Coverage (If special accident plan selected)

- Voluntary Accident Benefit Option
 - \$10,000
 - \$20,000
 - \$50,000
 - \$100,000
 - \$250,000
 - \$300,000
 - \$500,000
- Voluntary Accident Coverage Type
 - Employee
 - Family

Dependent Information (if selected coverage type for dental, vision, special accident, or life plans includes dependents)

Add the following information for the first dependent

- First Name
- Last Name
- Date of Birth
- Relation
 - Spouse
 - Domestic Partner
 - Child
- Add another dependent?

- Yes - if you need to add more dependents. If you select yes, another Dependent Information section will appear.
- No – if you don't need to add more dependents

Beneficiary Information (if life plan selected)

Add the following information for the first beneficiary:

- First Name
- Last Name
- Date of Birth
- Relation
- Beneficiary Type
 - Primary
 - Contingent
- Percentage
- Add another beneficiary?
 - Yes - if you need to add more beneficiaries. If you select yes, another Beneficiary Information section will appear.
 - No – if you don't need to add more beneficiaries.

4. Click **Submit**

Once you submit, your form will be sent to your insurance plan administrator for review and approval. Once approved by your plan administrator, your form will be sent to the ACCE Benefits team for final review and approval. You will receive an email notification when your enrollment form is received and another when your enrollment is approved by our team. Please reach out to your insurance administrator if you have any questions about the enrollment process.