Your Guide for Online Enrollment

Below, you will find easy steps on how to make your benefit(s) selections. If, during your enrollment, you experience technical difficulty or have trouble, please call our Enrollment Solutions Help Desk at 855-523-8422, 7AM-5PM CST. If you have coverage eligibility questions, please contact your benefits office at 432-456-9789.

1. Go to https://benefits.ffga.com/ectorcountyisd

2. Click on the How to Enroll Tab

3. How to Enroll

   To enroll or decline coverage, go to:

   Enrollment Site
   https://ffga.benselect.com/enroll

   Login: your social security number (**********)
   PIN: last four digits of your social and the last two digits of the year you were born (******)
   Once you login you will arrive at the Welcome Screen. Once finished Click “Next” to begin enrollment. Then:
   • Verify your personal information
   • Verify all dependent information (ssn/date of birth) “Very Important”
   Useful Information to Know
   • Remember your PIN number.
   • Contact First Financial at 855-523-8422 with any technical questions.
   • No changes will be allowed until annual enrollment (unless you have an IRS S125 approved event)
   For questions or to meet with your First Financial Representative in person, contact us today!
4. **Login ID: Your SSN**

Your Personal Identification Number (PIN) is the **last 4 digits of your SSN** and the **last 2 digits** of the year you were born (this should be a 6 digit number). Your **PIN** may be required on some applications for your electronic signature.

You will arrive at the **Welcome Screen**. Use the **Next** and **Back** buttons to navigate through the website. **Click Next** to begin.

**Online Enrollment Instructions**

**Questions? Need Assistance?**
If you need technical support or have questions please contact the FFenroll Support Center at (805) 829-8422 or email FFenrollSupportCenter@gmail.com.

**You can use the tab marked “You & Your Family” To review and update any Personal Information.**

**NOTE:** The email address entered here will be used for all electronic correspondence.
5. **Dependents**– add dependents - please enter dependent information

- To add dependents **not** listed, click on the Plus sign button.
- Enter requested data for the dependent including **Legal Name** and **Middle Initial as it appears on the Social Security Card**.
- If any information appears incorrect for dependents already listed, click on the pencil to edit the dependent information.
- Click **Save**.
- Continue the process until all dependents are entered.
- Click **Next**.

6. **Benefit Summary**– This screen provides a list of benefits you are eligible to enroll.

Below is a list of your current benefit elections.

- You are not currently enrolled in benefits.
- For each of the benefit options below, your enrollment options are shown. Click the **Keep Existing Election** link to decline participation in the coverage or continue your current election, or click **Edit this Election** to review your other options.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Enrollment Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBS Medical</td>
<td>Keep Existing Election, Edit this Election</td>
</tr>
<tr>
<td>Keep Existing Election: will waive this benefit.</td>
<td></td>
</tr>
</tbody>
</table>
7. **Adding Plans**— to enroll in a benefit that you do not currently have, click on **Edit this Election** and then proceed with the application process.

![BCBS Medical](decision)

**No Change to your current Enrollment**— Click on Keep Existing Election for a plan you do not want to change and your election will remain the same.

![Metlife Dental](decision)

**Beneficiary Information**
If the plan indicates **No beneficiary on file** click on the **Edit this Election** to update your beneficiary. **You will need to confirm your beneficiary.**

![SunLife Basic Employer Life](decision)

**Enrollment Details**

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Beneficiary Information**

No beneficiary on file.

- You have completed enrollment in this plan. Your cost per pay period will be **$0.00**
To view detailed information on different plans:

You can access different product brochures to learn more about each plan by clicking on the **Forms** icon.

**Benefit Summary Screen**

The Benefit Summary Screen will prompt you to review each benefit screen and make your selections for each benefit plan.

Click on the **Next** button to **Sign & Submit** benefits elections.

### 8. Sign and Submit

Once you have selected all of your benefits, the **Sign Forms Page** will display. All applications will be displayed that require an electronic signature. Your applications will appear as you click **Next**. Review each form carefully and please read the instructions at the bottom of each application. Depending on the available option, follow the on screen instructions by entering your **PIN**, and then clicking **Sign Form**.
9. **Sign/Submit Complete**

Your enrollment is complete. Please note that you are not finished until you see **CONGRATULATIONS!**

- Review your benefits selections
- You can log in and make changes anytime during open enrollment by going to https://ffga.beneselect.com/enroll

You can print or save a copy of your enrollment confirmation and other applications by clicking on **Enrollment Confirmation** at the bottom of the page.

Click **Logout** - Congratulations your enrollment is complete!

**Completed Forms**

Following is a list of forms reviewed and/or signed during the enrollment. Click on the form name to view or print.

<table>
<thead>
<tr>
<th>Form Name</th>
<th>Date Signed/Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Confirmation</td>
<td></td>
</tr>
</tbody>
</table>