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.

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.benefielict.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 (consulate 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 5126 approved event).

For questions or to meet with your First Financial Representative in person, contact us today!
4. **Login ID: Your SSN or your Employer ID**

Your Personal Identification Number (PIN) is the **last 4 digits** 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. Benefits you are currently enrolled will appear here. Click Next to begin.

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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**— Due to the Affordable Care Act, please enter dependent information even if you do not plan to cover them on your benefit options.

- 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 your current benefit elections and allows you to keep or edit benefits without the need to review each plan. **NOTE:** This option is not always available for all benefits, some will require review. A list of your current benefits (if applicable) will be displayed.

Scroll down the screen to quickly enroll your elections by clicking on “Keep Existing Election” or “Edit this Selection”.
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.

    ![AFA Accident](image)

**Changing/Dropping Plans**— to change a benefit that you are currently enrolled in, click on **Edit this Election**. This will take you to the application screen, here, you will click the unlock button. Continue through the application process until the desired changes are complete.

![Employee Group Term](image)

**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.

![Medical Reimbursement](image)
Carry-Over Elections
Some benefits will automatically carry-over from the previous year’s election—if you wish to make a change to one of these benefit plans, click on Edit this Election.

Non-Qualified Plans
Some plans require you to elect another benefit in order to become eligible for this benefit. If adding dependents, they must be listed on Demographics.

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

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**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 either: (1) Clicking the **Sign Form** Button or by (2) Entering your **PIN**, and then clicking **Sign Form**.

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**Sign Forms Page**

![Sample Sign Forms Page]

**Benefit Confirmation / Deduction Authorization**

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<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Address</th>
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<tr>
<td>John Jackson</td>
<td>02/02/1995</td>
<td>47-8811</td>
<td>47-8811</td>
<td>123 Main Ave, Anytown, TX 77777</td>
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</table>

<table>
<thead>
<tr>
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<th>Department</th>
<th>Title</th>
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<tr>
<td>High School</td>
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<td>TEACHER</td>
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<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Option</th>
<th>Org</th>
<th>Ded Date</th>
<th>Effective Date</th>
<th>Benefit Amount</th>
<th>Requested</th>
<th>Benefit Cost</th>
<th>Employee Cost</th>
<th>After Tax</th>
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<td>HSA</td>
<td>02/02/1995</td>
<td>02/02/1995</td>
<td>200.00</td>
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<td>Dental</td>
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<td>02/02/1995</td>
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**Total:**

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<th>Employee Group Term</th>
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<td>100.00</td>
<td>10,000</td>
<td>0.00</td>
</tr>
</tbody>
</table>

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**Download Form**

**Page 1 of 2**

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.

**PIN:**

[Sign Form Button]

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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

![Sign/Submit Complete](image)

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!

<table>
<thead>
<tr>
<th>Form Name</th>
<th>Date Signed/Reviewed</th>
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</thead>
<tbody>
<tr>
<td>Enrollment Confirmation</td>
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<tr>
<td>Ector County Change Form</td>
<td>11/28/2017</td>
</tr>
<tr>
<td>HSA application (A-1228-0512)</td>
<td>11/28/2017</td>
</tr>
<tr>
<td>Enrollment Confirmation</td>
<td>11/28/2017</td>
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