

Welcome to Updating Membership and/or Benefits due to a Life Event, Drop Dependents or Change Employee Coverages!

This guide will walk you through the steps to utilize when updating an enrollees' membership or coverages due to a qualifying life, drop a depending, or change employee coverages.

To begin, please log into the WEBT Online Portal:

Welcome to Your WEBT Benefit Plans Portal

Username

Password

Login

[Forgot Your Password?](#)

Once you log into the portal, there are two ways you may enter a Life Event. One way you may access the Life Event screen is to utilize the Life Event link to begin.

Enter Name of an Employee ✕

[Search](#)

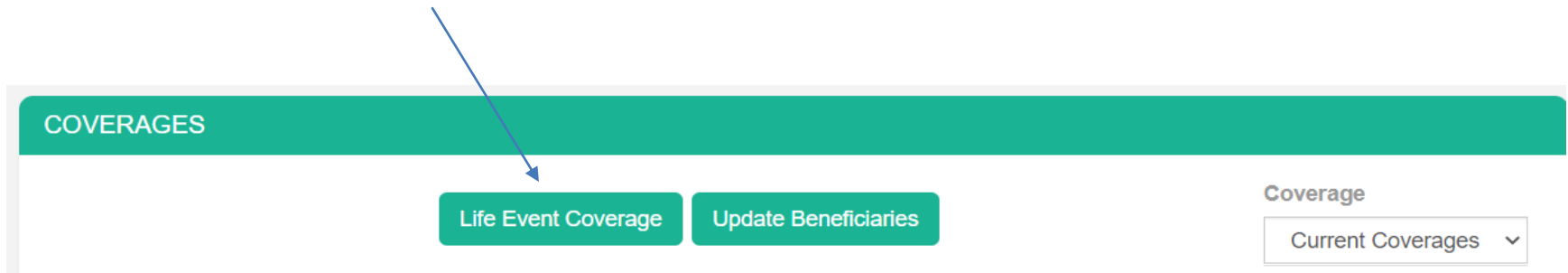
Member Name	Type	SSN	
Adam Zampa	Subscriber	xxx-xx-1312	Life Event
Annie Wright	Subscriber	xxx-xx-6989	Life Event
Betty May-Day	Subscriber	xxx-xx-3333	Life Event
Bob Marley	Subscriber	xxx-xx-7777	Life Event
Bob Smith	Subscriber	xxx-xx-8888	Life Event

Please enter the name of the employee you are wishing to update information pertaining to a Life Event on and follow the Life Event button to be redirected to the Life Event screen.

Another way you may access the Life Event screen is to utilize the Manage Employees link to begin.

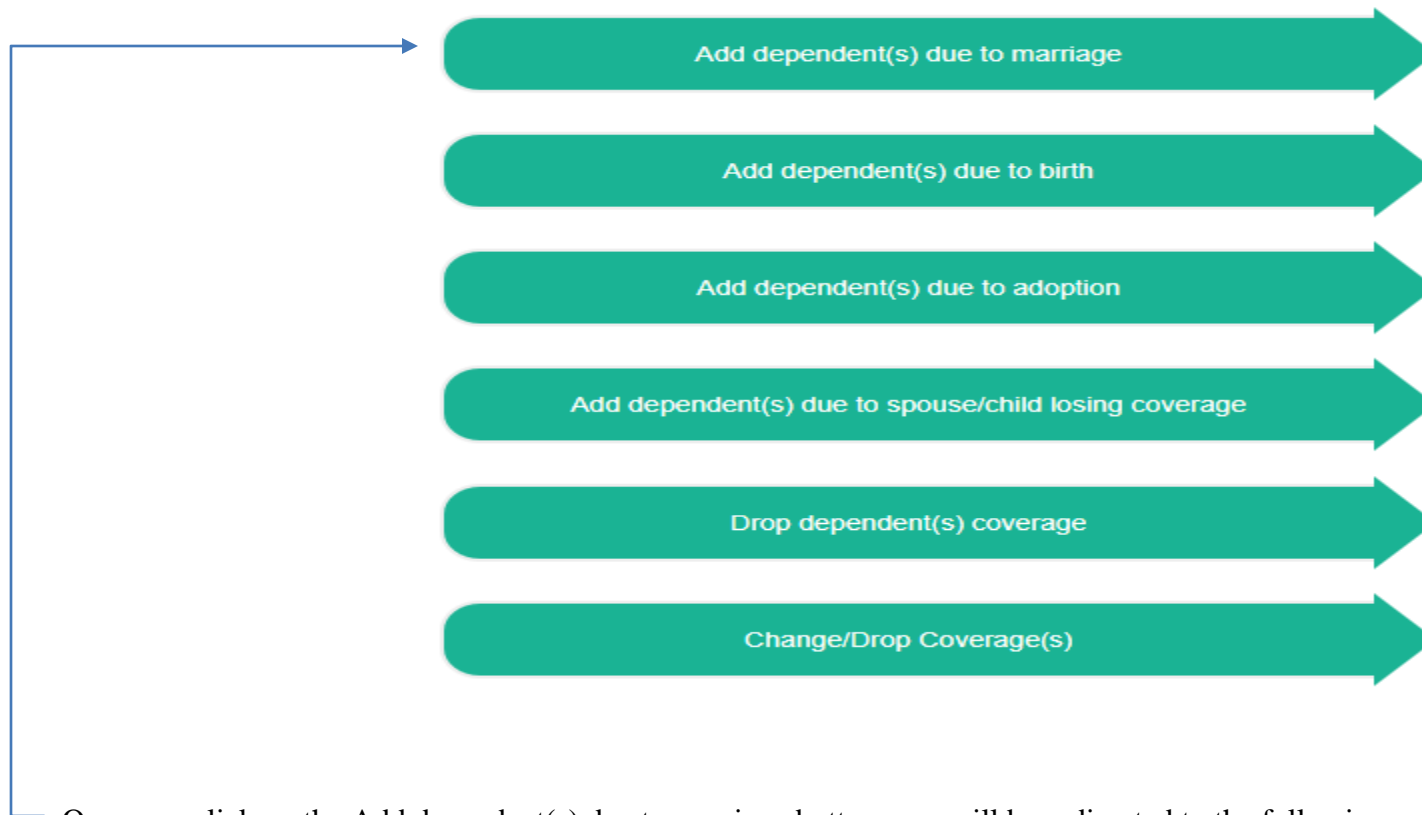


The Manage Employees link will direct you to the employee search screen where you may enter and search for the employee. Once you locate the employee, please utilize the View button to access the Employee Detail screen. Under the Coverages section of this screen, you may select the Life Event Coverage button to proceed.



Either method of accessing the Life Event Screen will allow you to enter life events pertaining to your employee.

Once you enter the Life Event portal, you will be asked to select the qualifying life event for your member. For this purpose the instructions are choosing add dependents due to marriage



Once you click on the Add dependent(s) due to marriage button, you will be redirected to the following screen in order to add a marriage date then click on Save Event Date

Add Dependents

[Back](#)

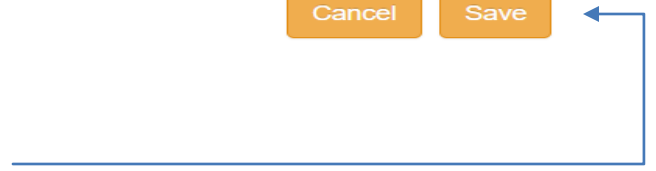
Marriage Event Date (MM/DD/YYYY)



Once you click on the Save Event Date button, you will have the option to add dependents

Add Dependent ×

First Name	Last Name	Relationship	Gender	DOB (MM/DD/YYYY)	SSN
<input type="text" value="Bob"/>	<input type="text" value="Smith"/>	<input type="text" value="Spouse"/> ▼	<input type="text" value="Male"/> ▼	<input type="text" value="07/31/197"/>	<input type="text" value="999889998"/>



Once you click the Save button, you will be redirected to the benefits enrollment screen.

Note: If you click cancel you will be taken to the previous screen.

You will utilize this portion of the system to enroll and/or waive coverages for the new eligible dependents.

Each tab represents the type of benefit for which the new enrollee is eligible.

Benefits
When selecting benefits below, please make sure to click on each plan tab to complete your enrollment.

Medical Dental Life

Employee Contribution would be \$500.00 per month

Selected Benefits	Plan Name	Start Date	End Date	Benefit Description
<input type="radio"/>	\$1,000 Deductible - Active	1/9/2021	6/30/2021	
<input checked="" type="radio"/>	\$1,500 Deductible - Active	1/9/2021	6/30/2021	
<input type="radio"/>	\$2,500 Deductible - Active	1/9/2021	6/30/2021	
<input type="radio"/>	Waive Coverage			

Dependents Add Dependent


Name	Relationship	Gender	DOB	SSN
<input type="checkbox"/> Az Bz	Child	Male	10/10/2012	123-45-6789
<input checked="" type="checkbox"/> Bob Smith	Spouse	Male	7/31/1970	999-88-9998

You must confirm enrollment for each eligible dependent and complete each benefit tab separately in order to complete the process. Utilize the Next button to continue to the next benefit election Tab. You can utilize the Add Dependent button if you wish to add additional dependents.

. Benefits

When selecting benefits below, please make sure to click on each plan tab to complete your enrollment.

Medical **Dental** Life

Selected Benefits	Plan Name	Start Date	End Date	Benefit Description	Employee Contribution would be \$50.00 per month
<input checked="" type="radio"/>	WEBT High Option Dental	1/9/2021	6/30/2021		
<input type="radio"/>	Waive Coverage				

. Benefits

When selecting benefits below, please make sure to click on each plan tab to complete your enrollment.


Medical Dental **Life**

Selected Benefits	Plan Name	Start Date	End Date
<input checked="" type="checkbox"/>	Life - Active Required	1/9/2021	6/30/2021


All enrollees are required to designate a primary beneficiary for life insurance purposes. If an enrollee has more than one primary beneficiary, please utilize the action button to create another record. The designation of a contingent beneficiary is optional.

Beneficiaries

Primary You may add multiple beneficiaries, but please be sure the value in the Percent box totals 100%.

Action	Name	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contingent You may add multiple beneficiaries, but please be sure the value in the Percent box totals 100%.

Action	Name	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>

To see your selections before saving, hit Preview Benefits. Once you hit Save and finish you will not be able to make changes immediately.

[Preview Benefits](#)

Once you have entered all the required information for benefit elections, please click the “Preview Benefits” button to review elections and confirm enrollment.

Please review the “Preview Coverages” page for accuracy of plan elections and dependent enrollment.

Preview Coverages

Medical

\$1,500 Deductible Starts on **01/09/2021** . Total Cost **\$550.00** - Employer Contribution **\$0.00** =
Your monthly cost\$550.00

Covered Dependents

Bob Smith (*Spouse*)

Dental

WEBT High Option Dental Starts on **01/09/2021** . Total Cost **\$70.00** - Employer Contribution
\$0.00 = Your monthly cost\$70.00

Covered Dependents

Bob Smith (*Spouse*)

Life

- **Life with Cost \$0.25 and Amount \$25,000.00 Starts on 01/09/2021**

Total Cost Per Month \$620

Make a Change

Save & Finish

You may click the Make a Change button and be redirected to the beginning of the benefit selection site in order to allow you the opportunity to make changes, or you may click the Save & Finish button to submit your enrollment for WEBT approval.

Once you click the Save & Finish button, you will be redirected to a page that confirms submission. This page will allow you to add any additional information pertaining to proof of coverage (if required), to electronically submit other coverage information, and to print a summary of elected benefits if desired.

Your elections have been submitted for review.

Add Attachment (Accepted File Types are .pdf, .txt, .ods, .odt, .xlsx, .doc and please no larger than 6 MB)

Upload Proof of Event

Please upload Proof of Event document here if applicable

No file chosen

Upload Proof of Dependent

If your proof-of-event document doesn't also serve as a proof-of-dependent document, then please upload the proof-of-dependent document here

Please upload Proof of Dependent(s) for each applicable dependent (**Streak Anderson**)

No file chosen

Other Insurance Verifications

Please confirm whether you or your dependents have other insurance by clicking [here](#).

Betty May-Day

Branch : Test Group



Summarize Coverages

Coverage

Current Coverages ▾

Print

Medical

\$1,500 Deductible Starts on **1/9/2021** . Total Cost **\$550.00** - Employer Contribution **\$0.00** = Your monthly cost **\$550.00**

Covered Dependents

Bob Smith (*Spouse*) 01/09/2021

Dental

WEBT High Option Dental Starts on **1/9/2021** . Total Cost **\$70.00** - Employer Contribution **\$0.00** = Your monthly cost **\$70.00**

Covered Dependents

Bob Smith (*Spouse*) 01/09/2021

Life

- **Life - Active** with Cost **\$0.25** and Amount **\$25,000.00** Starts on **10/30/2020**

Total Cost Per Month **\$620.25**

Once you have completed the submission process, WEBT will review the submission for approval or rejection. You will be notified via email from the WEBT Online Portal of the status of your submission.

You may review the associate's comments and follow the link to review the employee record and make updates as needed.

At any time during the process, you may view the status of a Change Request by logging into your Employer Group and accessing the Change Requests section.

Please feel free to contact your Account Manager via email or contact the WEBT/Willis Towers Watson office at (307) 634-5566 should you need assistance with your employer portal site.