Employee Portal Life Event Instructions

This guide will walk you through the steps required to update your benefits and enrollment due to a life event (marriage, birth, adoption, divorce, etc.)

You may access your WEBT Online Portal Employee Login by visiting www.webt.org, or you may use the following link: https://webt-production.force.com/employee/employeecommunitylogin

Welcome to WEBT Online Portal Employee Login

Username

[   ]

Password

[   ]

[Login]

Forgot Your Password?   Sign Up
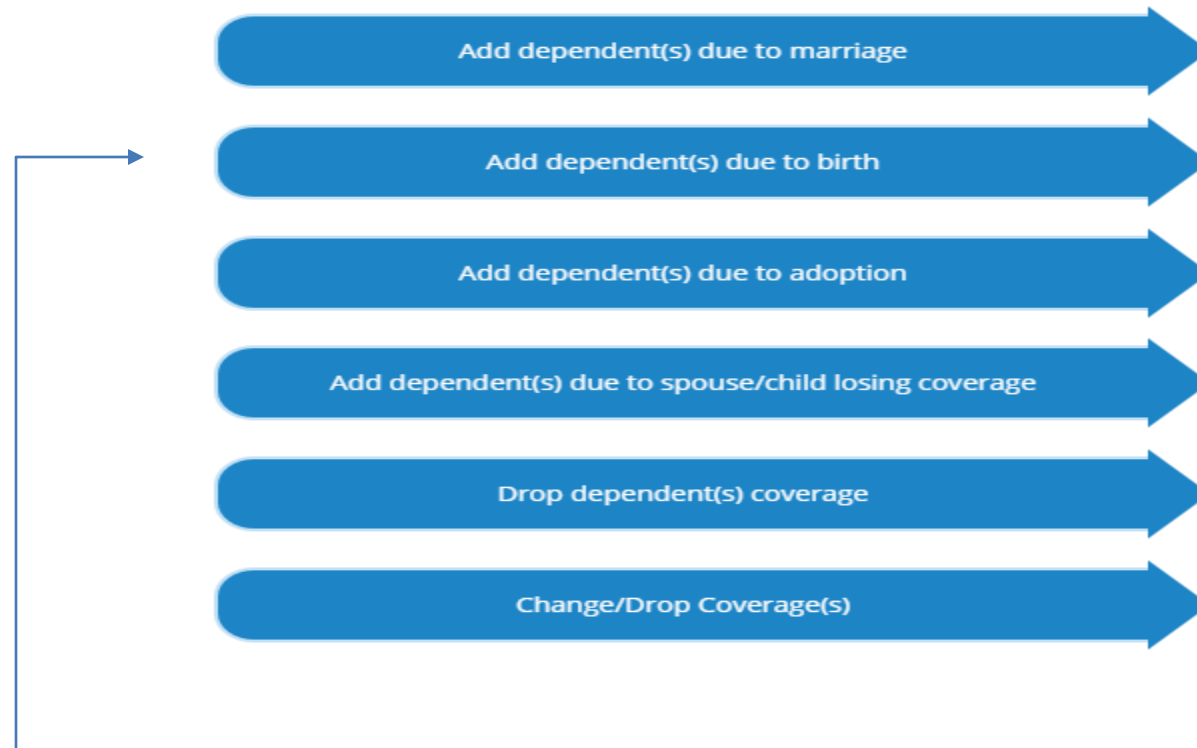
WEBT employee? Log In

Once you have completed your log-in, you will be directed to your Employee Home Page
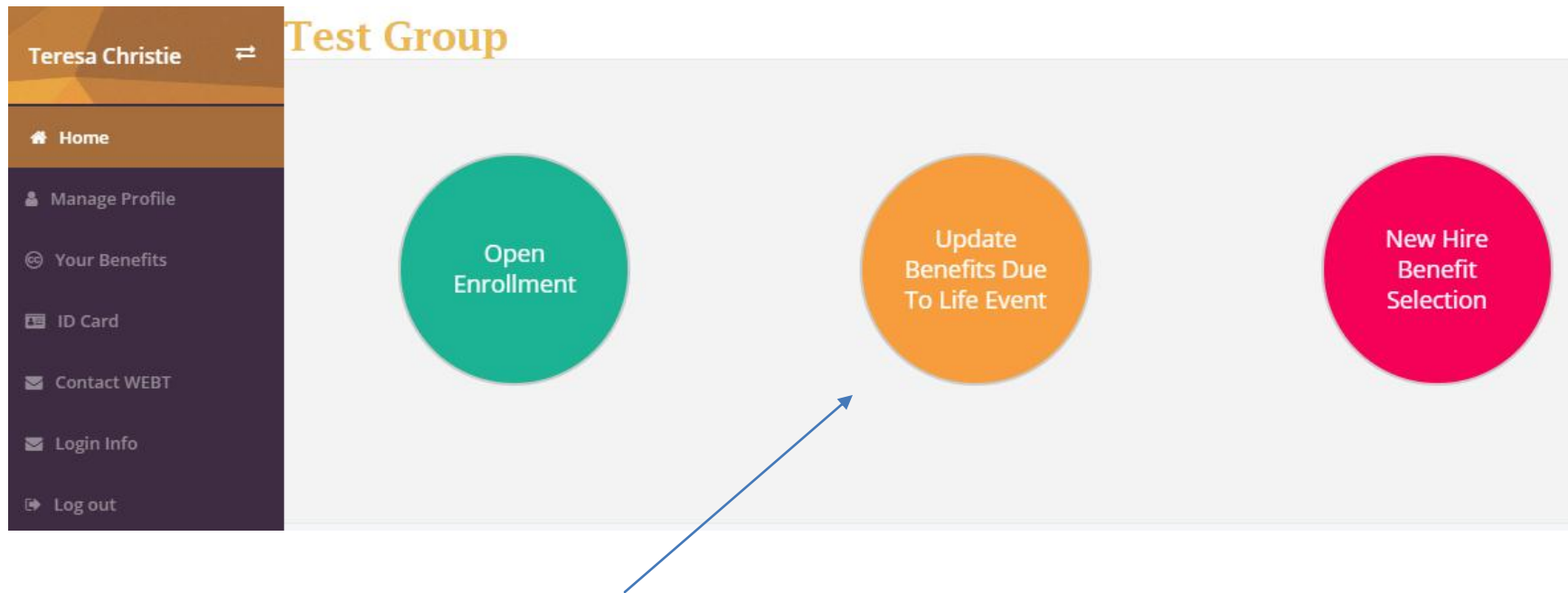
Please click on the "Update Benefits Due to Life Event" button to be directed to the Life Event Screen.

Once you enter the Life Event portal, you will be asked to select the qualifying life event which applies to you. For this purpose, the instructions are choosing add dependent(s) due to birth.

Update Benefits Due To Life Event

Add dependent(s) due to marriage

Add dependent(s) due to birth

Add dependent(s) due to adoption

Add dependent(s) due to spouse/child losing coverage

Drop dependent(s) coverage

Change/Drop Coverage(s)

Once you click on the Add dependent(s) due to birth button, you will be redirected to the following screen in order to add a birth date and save the event,

Add Dependents

Birth Event Date (MM/DD/YYYY)

📅 | 02/22/2021 | **Save Event Date**

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
Jacob	Christie	Child	Male	02/22/20:	000000000

Cancel **Save**

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

Selected Benefits	Plan Name	Start Date	End Date	Benefit Description	Employee Contribution would be $400.00 per month
○	$1,000 Deductible - Active	2/22/2021	6/30/2021	⬇	
○	$1,500 Deductible - Active	2/22/2021	6/30/2021	⬇	
◉	$2,500 Deductible - Active	2/22/2021	6/30/2021	⬇	
○	Waive Coverage				

Dependents   `Add Dependent`

	Name	Relationship	Gender	DOB	SSN
☐	Matt Christie	Child	Male	7/23/2000	000-00-0000
☐	Bob Christie	Spouse	Male	8/22/1965	000-00-0000
☑	Jacob Christie	Child	Male	2/22/2021	000-00-0000

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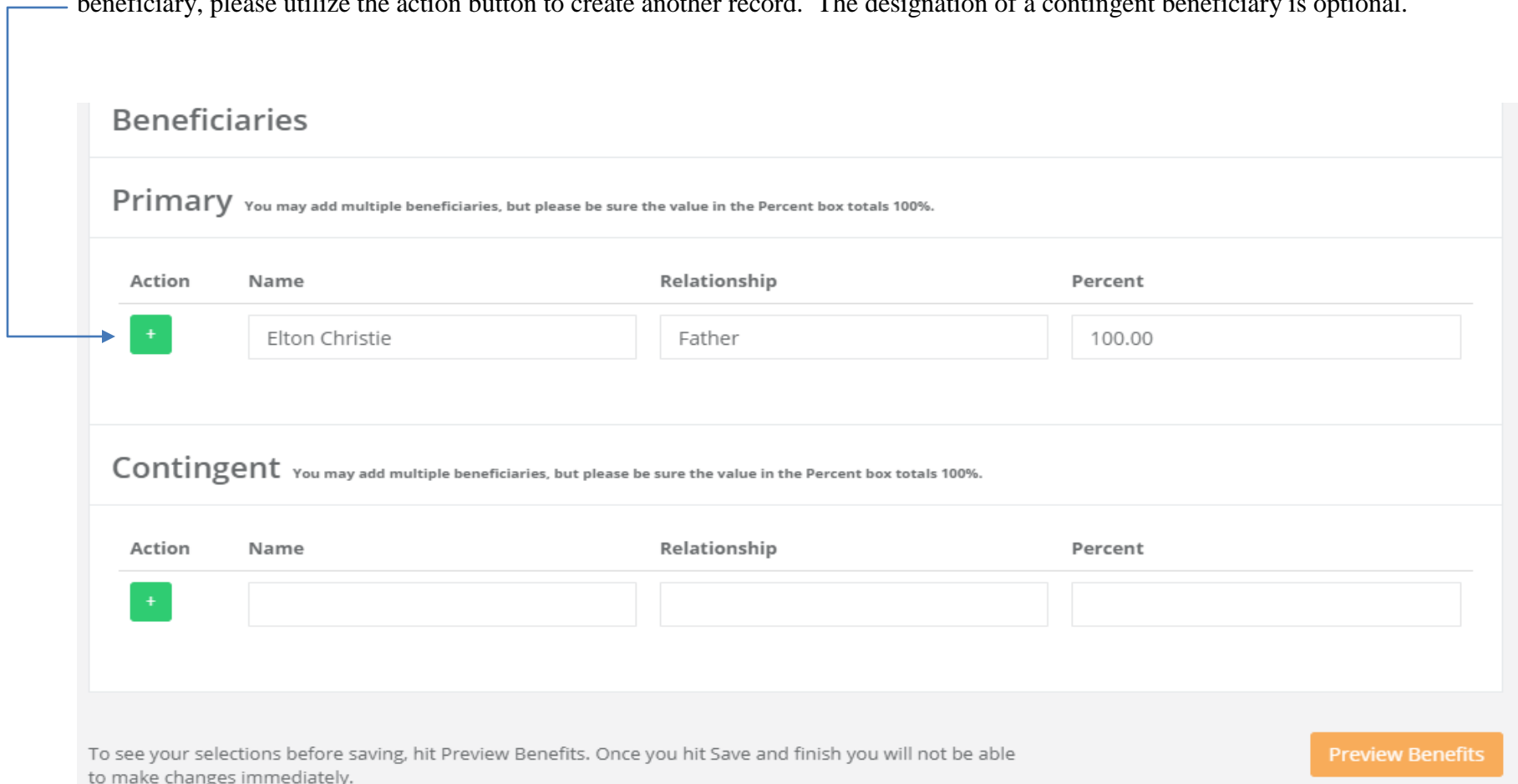
• Benefits
When selecting benefits below, please make sure to click on each plan tab to complete your enrollment.

Medical   **Dental**   Life

Selected Benefits	Plan Name	Start Date	End Date	Benefit Description	
⦿	WEBT High Option Dental	2/22/2021	6/30/2021	⬇️	Employee Contribution would be $50.00 per month
◯	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
☑	Life - Active Required	2/22/2021	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
+	Elton Christie	Father	100.00

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

Action	Name	Relationship	Percent
+			

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

$2,500 Deductible Starts on **02/22/2021** . Total Cost **$600.00** - Employer Contribution **$0.00** = Your monthly cost$600.00

Covered Dependents

Jacob Christie *(Child)*

Dental

WEBT High Option Dental Starts on **02/22/2021** . Total Cost **$90.00** - Employer Contribution **$0.00** = Your monthly cost$90.00

Covered Dependents

Jacob Christie *(Child)*

Life

- **Life** with Cost **$0.25** and Amount **$25,000.00** Starts on **02/22/2021**

Total Cost Per Month $690

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 Employer 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

Choose Files | No file chosen

Upload

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 **(Jacob Christie)**   Choose Files | No file chosen   Upload

Summarize Coverages

Other Insurance Verifications

Please confirm whether you or your dependents have other insurance by clicking here.

Once you have completed the submission process, your employer 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.

Sandbox: WEBT Benefit Selection Reviewed by Admin

WEBT Online Portal <webtcommunity@gmail.com

To ● Kouba, Dorothy

↩ Reply   ↩ Reply All   → Forward   •••

Wed 2/24/2021 10:17 AM

Hi Teresa Christie,

Your employer has reviewed your recent benefit elections and has sent them off for final approval by WEBT. You will be contacted if there are any questions or concerns. Please click here to view the status of your elections.

Comments :

Thank you

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

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