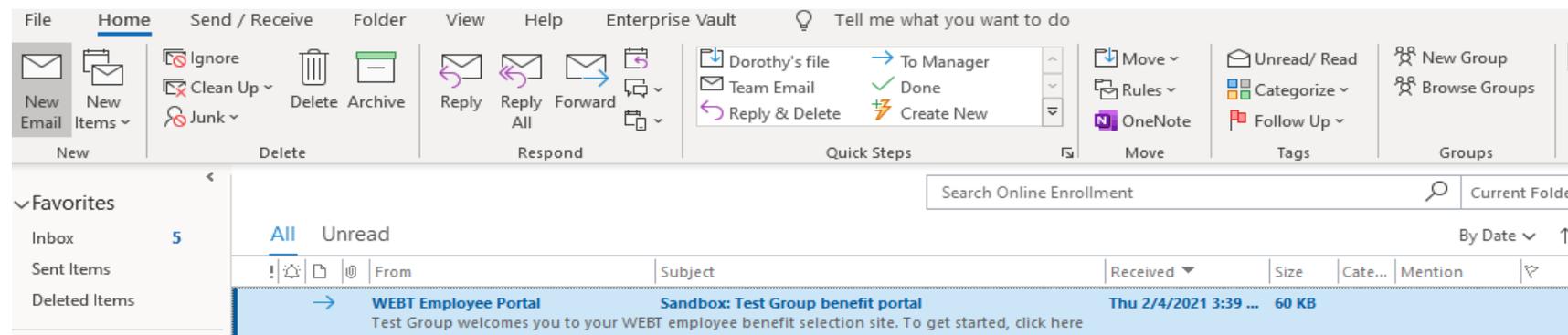


Employee Portal Self Enrollment Instructions

This guide will walk you through the necessary steps to enroll in benefits for you and your eligible dependents through the WEBT Online Portal.

As a new employee, you will receive an email from your Employer group through the WEBT Portal:



Please open the email and utilize the “click here” button to re-set your password and establish your account:

Sandbox: WEBT Employee Portal

From: WEBT Employee Portal <cheryl.hageman@willistowerswatson.com>
Sent: Thursday, February 04, 2021 3:38 PM
To: Cindy Stephenson <stephensoncindy@yahoo.com>
Subject: Sandbox: Test Group benefit portal

Test Group welcomes you to your WEBT employee benefit selection site. To get started, [click here](#).
Your username is stephensoncindy@yahoo.com

*****Please be sure to save your username for future reference as it must be used to access your account*****

Once you hit “click here”, you will be redirected to the screen below to establish your password. Your password should be at least 8 characters in length and include 1 letter and 1 number:



Change Your Password

Enter a new password for

stephensoncindy@yahoo.com. Make sure to include at least:

- 8 characters
- 1 letter
- 1 number

* New Password

* Confirm New Password

Change Password

Please follow the “Change Password” link to enter the WEBT Online Portal:



Change Your Password

Enter a new password for
stephensoncindy@yahoo.com. Make sure to include at
least:

- ✓ 8 characters
- ✓ 1 letter
- ✓ 1 number

* New Password

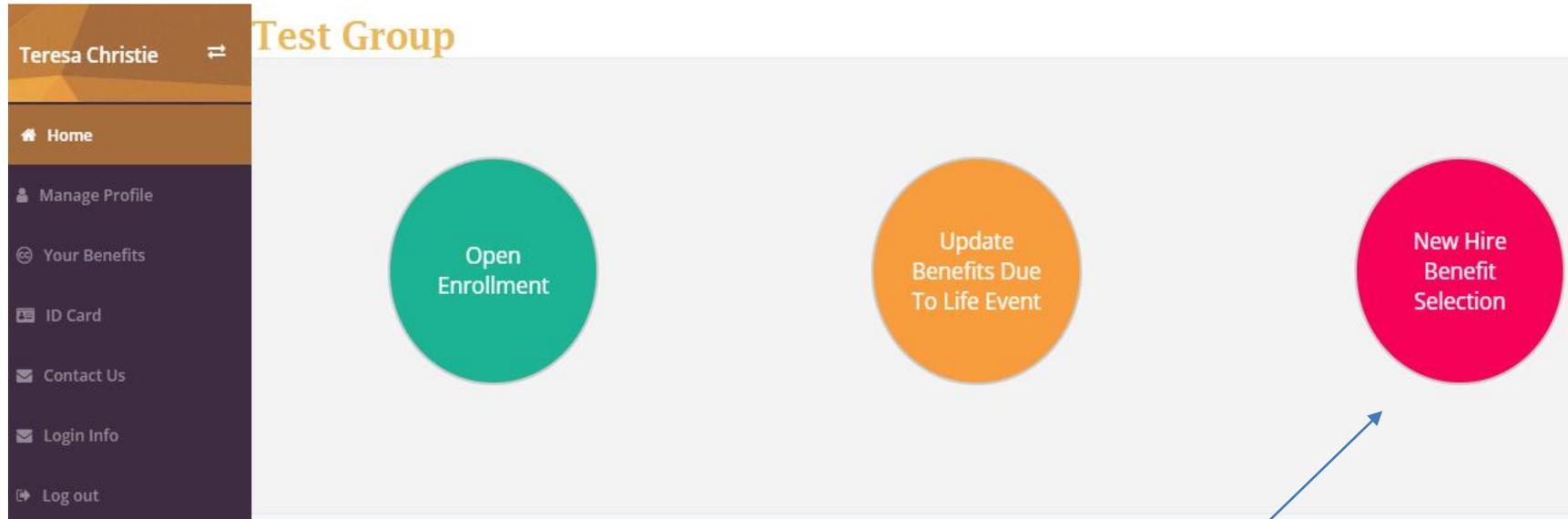
 Good

* Confirm New Password

 Match

Change Password

Once you have completed your log-in, you will be redirected to your Employee Home Page



Please click on the “New Hire Benefit Selection” button to be redirected to the Profile Details screen.

Please Note: Your employer has pre-populated the information listed on the Profile Details screen, including your demographic information as well as any known dependents. It is your responsibility to review the information for accuracy prior to electing your benefits.

Profile Details

Please review/correct your personal information and then click Save to move to the benefit selection page.

First Name

Teresa

Last Name

Christie

SSN Number

Please enter numbers only

520999888

Email

stephensoncindy@yahoo.com

Date Of Birth
(MM/DD/YYYY)

10/8/1965

Gender

Female

Mailing Street 1
(Street # and Street Name)

155 Apple Street

Mailing Street 2
(Apt#, Lot#, etc)

Enter Mailing Street

Mailing City

Cheyenne

Mailing State

WY

Mailing Zip

82001

Dependents

First Name	Last Name	Relationship	Gender	DOB	SSN
John	Christie	Child	Male	8/22/2019	123485986
Bob	Christie	Spouse	Male	8/22/1965	000000000
Matt	Christie	Child	Male	7/23/2000	000000000
		--None--	--None--		

[Add New Dependent](#)

[Save and Select Benefits](#) [Cancel](#)

You may utilize the “Add New Dependent” button to be redirected to the New Dependent section.

New Dependent

First Name	Last Name	Relationship	Gender	DOB (MM/DD/YYYY)	SSN
		--None--	--None--		000000000

[Save Dependent](#) [Cancel](#)

Please populate the required fields and utilize the “Save Dependent” button to add your eligible dependent to your profile. Please Note: You must add all eligible dependents within your profile whether you are enrolling them in benefits or not.

Once you have reviewed your profile, and accounted for your eligible dependents, please click the “Save and Select Benefits” button to be redirected to the benefits enrollment screen. You may utilize the “Cancel” button at any time to return to your initial Profile Details



You will utilize this portion of the system to enroll in your new benefits

Each tab represents the type of benefit for which you and your eligible dependents are 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	Benefit Description	Employee Contribution would be \$0.00 per month
<input type="radio"/>	\$1,000 Deductible - Active	7/1/2021		
<input type="radio"/>	\$1,500 Deductible - Active	7/1/2021		
<input checked="" type="radio"/>	\$2,500 Deductible - Active	7/1/2021		
<input type="radio"/>	Waive Coverage			

Dependents

Add Dependent

	Name	Relationship	Gender	DOB	SSN
<input type="checkbox"/>	Matt Christie	Child	Male	7/23/2000	000-00-0000
<input type="checkbox"/>	Bob Christie	Spouse	Male	8/22/1965	000-00-0000
<input checked="" type="checkbox"/>	Jacob Christie	Child	Male	2/22/2021	000-00-0000
<input checked="" type="checkbox"/>	John Christie	Child	Male	8/22/2019	123-48-5986

Next

You must confirm enrollment for each eligible dependent by marking the appropriate check box and complete each benefit tab separately in order to complete the process. You may utilize the “Next” button to continue to the next benefit election. You may also utilize the “Add Dependent” button if you wish to add additional eligible 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	Benefit Description	Employee Contribution would be \$0.00 per month
<input checked="" type="radio"/>	WEBT High Option Dental	7/1/2021		
<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
<input checked="" type="checkbox"/>	Life - Active Required	7/1/2021

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" value="Elton Christie"/>	<input type="text" value="Father"/>	<input type="text" value="100.00"/>

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
\$2,500 Deductible Starts on 07/01/2021 . Total Cost \$0.00 - Employer Contribution \$0.00 = Your monthly cost\$0.00
Covered Dependents
Jacob Christie <i>(Child)</i>
John Christie <i>(Child)</i>
Dental
WEBT High Option Dental Starts on 07/01/2021 . Total Cost \$0.00 - Employer Contribution \$0.00 = Your monthly cost\$0.00
Covered Dependents
Jacob Christie <i>(Child)</i>
John Christie <i>(Child)</i>

Life

- **Life** with Cost **\$0.25** and Amount **\$25,000.00** Starts on **07/01/2021**

Total Cost Per Month \$0

[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

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 (**Jacob Christie**)

No file chosen

Please upload Proof of Dependent(s) for each applicable dependent (**John Christie**)

No file chosen

Other Insurance Verifications

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

Once “Save & Finish” is selected, a request gets sent to your employer to review and approve your benefits. Once your employer approves your benefits, you will receive the following email:

Sandbox: WEBT Benefit Selection Reviewed by Admin

From: WEBT Online Portal <webtcommunity@gmail.com>
Sent: Wednesday, February 24, 2021 10:17 AM
To: Cindy Stephenson <stephensoncindy@yahoo.com>
Subject: Sandbox: WEBT Benefit Selection Reviewed by Admin

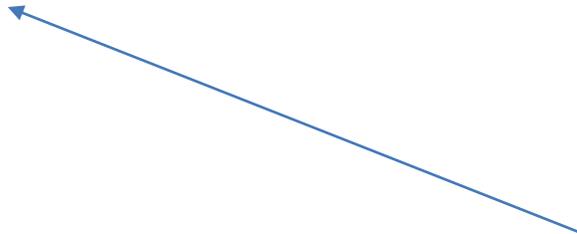
Hi Teresa Christie,

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 “here” link to review your record and make updates as needed.

Please Note: If changes are required to your submission, you will receive an email directing you to update your submission and resubmit.

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.