



Benefits Enrollment

REGISTRATION

Begin by going to www.cebt.org, and clicking on the Community/Online Enrollment Tab.

Employees will click on the first "click here" option to register. Fill in the required fields on the registration page. Please use your work email address, or the email address you have on file with your employer. Press "create" and you will receive an email shortly after with a link to login.

For Employees

Click Here if you have not registered for the online enrollment community and you need to create your username and password.

Click Here to access the login page for the CEBT online enrollment community portal for employees

Create a password, confirm and select change password

Create a new employee community user

Employee Information

First Name *

Last Name *

Date of Birth *

Email *

Password *

Create

Welcome to Your CEBT Benefit Plans Portal

Change Your Password

Enter a new password for charlie.gil@abc.com. Your password must have at least:

☐ 6 characters

☐ 8 characters

☐ 10 characters

New Password *

Confirm New Password *

Change Password

VERIFY INFORMATION

Review Profile Details and add in or correct any information that was not completed by your employer. Next, press Save and Select Benefits.

Profile Details

Please review/correct your personal information and then click Save and Select Benefits.

Save and Select Benefits

First Name: Test

Last Name: Benefits

Email: charlie.gil@abc.com

Date of Birth: 6/1/1985

Address: 2625 Denver Drive

City: Denver

State: CO

Zip: 80223

BEGIN ENROLLMENT

Select the New Hire Enrollment button in order to choose your benefits.

ABC School District

Update Benefits Due To Life Event

New Hire Benefit Selection

NEED TO ADD A DEPENDENT?

1. Click on "Add New Dependent"
2. Fill in required information
3. Press "Save Dependent"

Add New Dependent

First Name *

Last Name *

Date of Birth *

SSN *

Add New Dependent

Please contact your HR Administrator or Benefits Specialist for any questions.

MAKE YOUR ELECTIONS

Review the benefit options available, and choose a plan. ***Include dependents on coverage by checking the box next to the dependent you wish to add. You will need to do this as you move through each benefit tab.

WONDERING WHAT PLAN TO CHOOSE?

Refer to the benefit descriptions for a comparison of the different plan designs.

ADD A BENEFICIARY

Add multiple beneficiaries by selecting the + sign, inputting their name, relationship, and percent. The total percentage of all primary or contingent beneficiaries should equal 100%.

PREVIEW AND SUBMIT ENROLLMENT

Select Preview Benefits to review your benefits before submitting.

Select Save & Finish to submit enrollment.

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

Selected Benefits	Plan Name	Start Date	Benefit Description	Employee Contribution would be \$518.00 per
<input checked="" type="checkbox"/>	PPO	5/1/2019		
<input checked="" type="checkbox"/>	HMO	5/1/2019		
<input checked="" type="checkbox"/>	PPO	5/1/2019		
<input checked="" type="checkbox"/>	GR-DEDU 1500	5/1/2019		

Would you like to contribute to this plan each pre or post the dollar?
Select The Type:
☒ Pre-Tax ☐ Post-Tax

Dependents

Name	Relationship	Gender	DOB	SSN
Employee Benefits	Child	Female	1/1/2000	388-23 1111

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

Selected Benefits	Plan Name	Start Date
<input checked="" type="checkbox"/>	Employee (for immediate/dependent/primary/secondary)	5/1/2019
<input checked="" type="checkbox"/>	Dependent Life Insurance (Employer Paid Benefit)	5/1/2019

Beneficiaries

Primary	Contingent																				
<table border="1"> <thead> <tr> <th>Action</th> <th>Name</th> <th>Relationship</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Employee Benefits</td> <td>Child</td> <td>50.00</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Family Benefits</td> <td>Child</td> <td>50.00</td> </tr> </tbody> </table>	Action	Name	Relationship	Percent	<input checked="" type="checkbox"/>	Employee Benefits	Child	50.00	<input checked="" type="checkbox"/>	Family Benefits	Child	50.00	<table border="1"> <thead> <tr> <th>Action</th> <th>Name</th> <th>Relationship</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Parent</td> <td>Parent</td> <td>100.00</td> </tr> </tbody> </table>	Action	Name	Relationship	Percent	<input checked="" type="checkbox"/>	Parent	Parent	100.00
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UPLOAD DEPENDENT VERIFICATION

Upload proof of dependent documentation for any new dependent being added to your benefits (ie. Birth certificate, marriage certificate, adoption papers, common law certificate, civil union certificate), and press upload.

Dependent Verification is required within 30 days. If you do not have it at the time of enrollment press "Skip and Continue", and submit to your HR administrator.

REVIEW AND PRINT ELECTIONS

Select "Summarize Coverages" in order to review your enrollment.

Print your election summary for your records or future reference.

Add Attachment
Upload Proof of Dependent

Please upload Proof of dependent documentation here if applicable.
 to the device

Common Coverage

Test Benefits

Summarize Coverages

Coverage: 2019-05-01 (Pending Approval)

Medical

PPO Starts on 5/1/2019 - Total Cost \$1,261.00 - Employer Contribution \$728.00 = Your monthly cost \$518.00

Covered Dependents

Employee Benefits (Child)