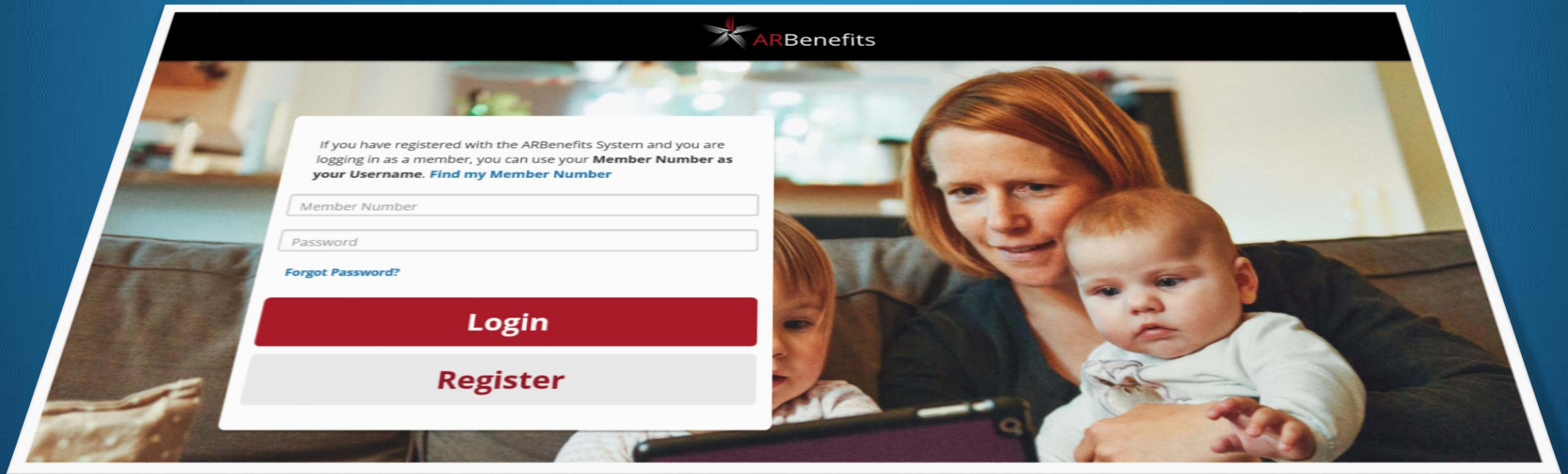




ARBenefits ONLINE ENROLLMENT



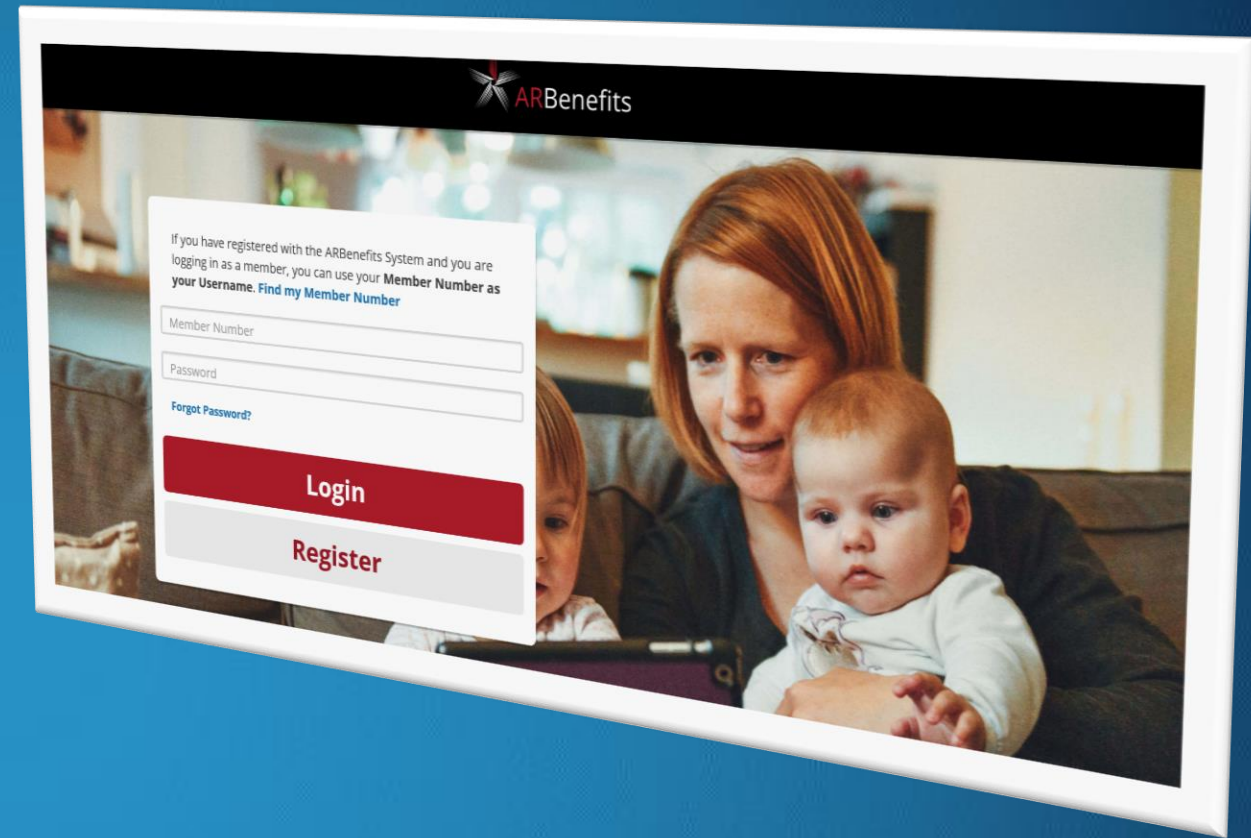
The easiest way to enroll, or to make changes to your plan during designated enrollment periods is through the ARBenefits member portal.

Who can enroll or make changes online?

- All employees during open enrollment.
- Newly hired employees during their initial 60-day eligibility window.
- Non-Medicare retirees during open enrollment.
(Can only change plan level)

Advantages of using the portal

- Instant confirmation that your enrollment elections have been received by EBD.
- Can upload any required supporting documentation through the portal.
- Will receive an alert when your forms have been approved, or if there is an issue that requires action.



Register User Access

Fill in the form below to receive your User ID and password for the ARBenefits system.

User Information

Social Security Number

XXX-XX-XXXX

Last Name

Last Name

First Name

First Name

Date of Birth

MM/DD/YYYY

Email Address

Email addresses are required in order to access the ARBenefits system.

Email Address

Password and Security Question

The new password must be at least 8 characters long and meet at least 3 of the following criteria:

- Contains at least one lowercase letter
- Contains at least one uppercase letter
- Contains at least one numeric digit (0,1,2,3,4,5,6,7,8,9)
- Contains at least one special character (-,!,@,#,\$,%,&,* etc.)

Password

Password

Confirm Password

Confirm Password

Password Reset Question

Choose One

Answer to Question

Security Question Answer

Terms and Conditions

By clicking the Submit button below, I acknowledge that receipt of my sign-on code(s) will allow access to the EBD Network and Systems and understand the following:

My sign on code and password(s) will be used as personal identification for purposes of data access in the same manner as my signature is used for identification.

I have read and accept the terms and conditions above.

Click the box below and answer questions to proceed

I'm not a robot



Register

Cancel

Physical Address

501 Woodlane St., Suite 500
Little Rock, AR 72201

[Get Driving Directions](#)

Mailing Address

P.O. Box 15610
Little Rock, AR 72231

(877) 815-1017 Toll Free
(501) 682-9656 Local



Registering for Portal

New employees, or current employees who have not registered their access to the ARBenefits portal, can click the link to register on the portal login page.

Once you fill in the required information and click the “Register” button, your member number will be displayed. This number is your user ID for the ARBenefits portal.

Your member number is also listed on your ARBenefits card.

Trouble logging in?

Contact EBD for assistance. Contact information is listed on the last page of this guide.

TEST NOHEALTH

Address
100 MAIN
CABOT AR 72023

Phone

Email

Social Security
416-77-7777

Date of Birth
01/31/1972

[Update Info](#)

[Change Password](#)

Covered Dependents

None

[Enroll](#)

Enrolling

After you login to your ARBenefits.org account, click the “Enroll” tab or the blue “Enroll” button on the home screen of your account.

The “Enroll” tab and button will only appear during open enrollment, or during your 60-day new hire eligibility window.

TEST NOHEALTH

Member Number
92685101

Group Name
CABOT SCHOOL DISTRICT

Benefit Plan
PSENOHLTH

Email

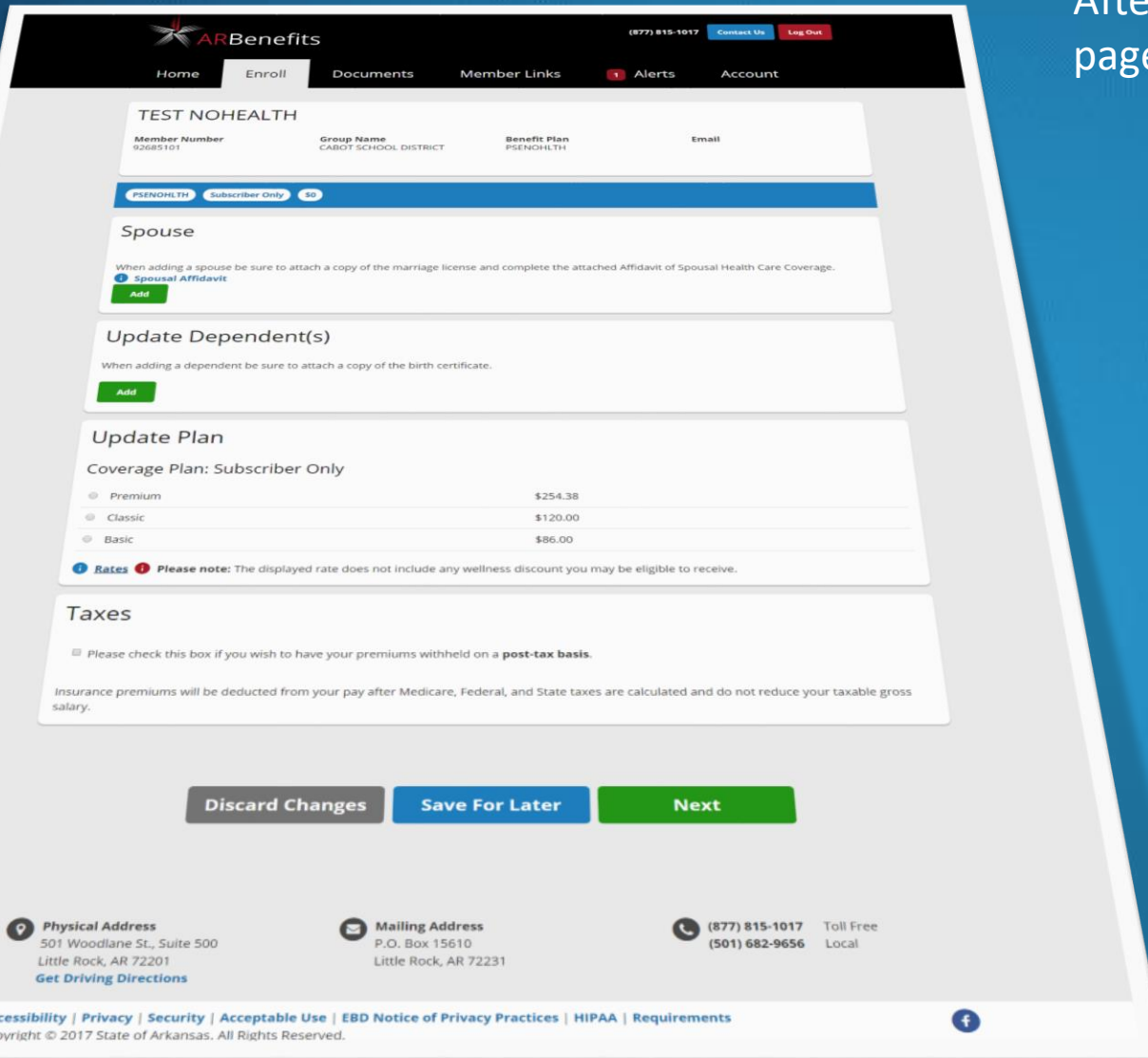
[Enroll Now](#)

[Decline Coverage](#)

Your Dependent(s)

None

Once at the “Enroll” tab, you can click to decline or cancel coverage, or to enroll. For new hires, the button will say “Enroll Now,” during open enrollment, the button will have “Enroll for 2018”



After you click to enroll, you advance to the enrollment page. You can make any changes to your plan on this page.

- Enroll in the plan
- Change your plan level
- Add or Remove a spouse and/or dependents
- Choose to have your deduction on a post-tax basis

The blue bar will display your current plan and monthly cost. The cost will not reflect any wellness discount you may be receiving.

Any spouse or dependents currently covered will be displayed. You have the option to edit their information, or to remove them from your plan.

** Please note, if you select to have your health insurance deduction taken post-tax, you will not be able to switch back to pre-tax until the next open enrollment period. **

Adding a Spouse or Dependent

When you click to add a spouse or dependent, these boxes will pop up so you can add the individual's information. Once their information is entered, click save to add them to your plan.

If you want the spouse or dependent to have the same address as you, you can check to use subscriber's address. Checking this box will automatically fill in your address.

Remember!

Supporting documentation is required to add a spouse and/or dependent children to your plan.

Prior to submitting your online enrollment, you will have the chance to upload and attach supporting documentation.

Page 10 lists required documentation.

Add Spouse Information

First Name **Middle Initial** **Last Name**

SSN **Date Of Birth** **Gender**

Use Subscriber's Address

Address Line 1

Address Line 2

City **State** **Zip Code**

Phone Number

Add Dependent Information

First Name **Middle Initial** **Last Name**

SSN **Date Of Birth** **Gender**

Use Subscriber's Address

Address Line 1

Address Line 2

City **State** **Zip Code**

Phone Number

Selecting Your Plan Level

Update Plan

Coverage Plan: Subscriber & Family

<input type="radio"/> Premium	\$889.92
<input type="radio"/> Classic	\$425.36
<input type="radio"/> Basic	\$344.50

[i Rates](#) **i Please note:** The displayed rate does not include any wellness discount you may be eligible to receive.

In addition to adding a spouse, or dependent to your plan, you have the option to enroll into or change your plan level. The monthly cost of each plan will be displayed. Please note, the costs do not include any wellness discount you may be eligible to receive, and the costs on this slide are for information purposes.

This will be the only option to available for non-Medicare retirees during open enrollment.

Want to see a full rate sheet for the ARBenefits plan? Click the blue “Rates” link at the bottom of the section.

ARBenefits (877) 815-1017 Contact Us Log Out

Home **Enroll** Documents Member Links Alerts Account

'Benefit Plan' is required.

You Have Alerts

TEST NOHEALTH

Member Number	Group Name	Benefit Plan	Email
92685101	CABOT SCHOOL DISTRICT	PSENOHALTH	

PSENOHALTH Subscriber Only \$0

Spouse

Name	Status	DOB	Address	Actions
MRS. NOHEALTH	ADDED	Spouse	01/12/1970 100 MAIN	Edit Remove

When adding a spouse be sure to attach a copy of the marriage license and complete the attached Affidavit of Spousal Health Care Coverage. [Spousal Affidavit](#)

Update Dependent(s)

When adding a dependent be sure to attach a copy of the birth certificate.

Name	Status	DOB	Address	Actions
JO NOHEALTH	ADDED	Child	05/15/2003 100 MAIN	Edit Remove

Update Plan

Coverage Plan: Subscriber & Family

<input type="radio"/> Premium	\$889.92
<input type="radio"/> Classic	\$425.36
<input type="radio"/> Basic	\$344.50

Rates **Please note:** The displayed rate does not include any wellness discount you may be eligible to receive.

Taxes

Please check this box if you wish to have your premiums withheld on a **post-tax basis**.

Insurance premiums will be deducted from your pay after Medicare, Federal, and State taxes are calculated and do not reduce your taxable gross salary.

Once you have your spouse/dependents added or removed, and your plan selected, you can click to advance.

If you would like to cancel your election, you can click:

Or you can click to come back and finish later. If you choose this option, please remember to come back and finish within the enrollment period; or else your elections will not be processed.

Once you click , if you have any errors in your application, you will see the red alert box at the top.

TEST NOHEALTH

Member Number: 926R5101 Group Name: CABOT SCHOOL DISTRICT Benefit Plan: PSENHCLTH Email: [redacted]

Please review the following information and complete at the bottom of the page. [Bottom](#)

My Plan

Plan Name	Plan Tier	Status
PSEPREMIUMACT	Subscriber & Family	Active

Spouse

Name	Relation	Status	Address	DOB	Coverage Start	Coverage End
MRS. NOHEALTH	Spouse	ADDED	100 MAIN CABOT, AR 72023	01/12/1970	09/01/2017	

Dependent(s)

Name	Relation	Status	Address	DOB	Coverage Start	Coverage End
JO NOHEALTH	Child	ADDED	100 MAIN CABOT, AR 72023	05/15/2003	09/01/2017	

❑ Premiums withheld on a post-tax basis. Insurance premiums will be deducted from your pay after Medicare, Federal, and State taxes are calculated and do not reduce your taxable gross salary.

Upload New Document

Select a file and click Attach to add to upload list.

ASEone page.pdf [Choose file](#)

[Attach](#)

Select a file and click the **Attach** button to add to upload list:

Upload Document

Review the file list and click upload All to complete the file upload.

[REMOVE](#) ASEone page.pdf (216 KBs)

[Upload All](#)

Uploaded Documents

Terms & Conditions

I authorize deductions of the required contributions (if applicable). I understand that my elections can only be changed during the next open enrollment period unless I have a qualifying status change event as defined by the Federal Internal Revenue Code and/or the ARBenefits Summary Plan Description. I understand I must request such changes within 60 days of the qualifying event for active employees, and within 30 days for retirees. On behalf of myself and anyone enrolled on or added to this form, I authorize any health care professional or entity to give the health plan/insurer or any of their designees, any and all record information pertaining to medical history or service rendered to the health plan/insurer, for any administrative purpose, including evaluation of any application or a claim. I also authorize on behalf of health plan/insurer, the use of a Social Security Number for the purpose of identification. A photocopy of this authorization will be as valid as the original. By checking the appropriate option for electronic signature, you certify that you are acting on your personal coverage and/or on behalf of another individual as their duly authorized representative. You are also directing EBD, the administrator of the ARBenefits Health Plan, to manage this form and take all necessary actions as if you had physically signed the document and presented it to EBD for processing. This transaction is processed in accordance with the Arkansas Electronic Records and Signature Act pursuant to A.C.A 25-31-101 et. seq.

❑ **IMPORTANT** Check here for electronic signature and agreement to terms and conditions

[Discard](#) [Edit](#) [Complete](#)

Once you advance, the second page will give you the chance to review your selections.

If you have added a spouse/dependents, you can upload copies of required supporting documentation on this page.

Document Uploading Process

1. Click [Choose file](#) to locate the document on your PC.
2. Click [Attach](#) (you can attach multiple documents)
3. Click [Upload All](#) (Documents will appear in the Uploaded Documents box)

In order to complete your online enrollment, you will need to click the box to accept the terms & conditions. Once you accept, the “Complete” button at the bottom will turn green.



Documentation Warning

Once you click “Complete”, this warning regarding supporting documentation will appear.

You do not have to submit your supporting documentation with the online form, but the documentation must be received by EBD by the end of the enrollment period.

If documentation is not received by EBD, the election to add the spouse and/or dependent will be denied.

The document upload feature is available anytime in the member portal.

Required Supporting Documentation

Adding a Spouse	Adding a Dependent
Copy of Marriage License	Copy of Birth Certificate
Completed Spousal Affidavit	If adding a stepchild – copy of Marriage License If legal guardian – proof of legal guardianship

Submitting Supporting Documentation

Fax	Mail	Online
501-683-0983	Employee Benefits Division P.O. Box 15610 Little Rock, AR 72231	ARBenefits Member Portal

SUCCESS!

Once you submit your application, you will see a confirmation page that your enrollment application has been successfully submitted and received by EBD.

You can also print out a PDF version of your enrollment form to keep for your records.

Once your elections have been approved, you will see your new coverage band on your home screen with the effective date.

Coverage Effective Dates:

New Hires: First of the month following the date of submission.

Open Enrollment: January 1 of the following year.
Coincides with the start of a new plan year.

The screenshot shows the ARBenefits website interface. At the top, there is a navigation bar with links for Home, Enroll, Documents, Member Links, Alerts, and Account. A 'Success' banner is displayed, followed by a congratulatory message for TEST NOHEALTH. Below this, there is a 'My Plan' section with a table showing plan details. A 'Spouse' section follows with a table listing MRS. NOHEALTH. A 'Dependent(s)' section lists JO NOHEALTH. A 'Print Enrollment Form' button is located at the bottom of the main content area. The footer contains contact information for physical and mailing addresses, a toll-free number, and various legal notices.

My Plan

Plan Name	Plan Tier	Status
PSEPREMIUMACT	Subscriber & Family	ACTIVE

Spouse

Name	Relation	Status	Address	DOB	Coverage Start	Coverage End
MRS. NOHEALTH	Spouse	Active	100 MAIN CABOT, AR 72023	01/12/1970	09/01/2017	

Dependent(s)

Name	Relation	Status	Address	DOB	Coverage Start	Coverage End
JO NOHEALTH	Child	Active	100 MAIN CABOT, AR 72023	05/15/2003	09/01/2017	

ⓘ Premiums withheld on a **post-tax basis**. Insurance premiums will be deducted from your pay after Medicare, Federal, and State taxes are calculated and do not reduce your taxable gross salary.

[Print Enrollment Form](#)

Physical Address
501 Woodlane St., Suite 500
Little Rock, AR 72201
[Get Driving Directions](#)

Mailing Address
P.O. Box 15610
Little Rock, AR 72231

(877) 815-1017 Toll Free
(501) 682-9656 Local

[Accessibility](#) | [Privacy](#) | [Security](#) | [Acceptable Use](#) | [EBD Notice of Privacy Practices](#) | [HIPAA](#) | [Requirements](#)
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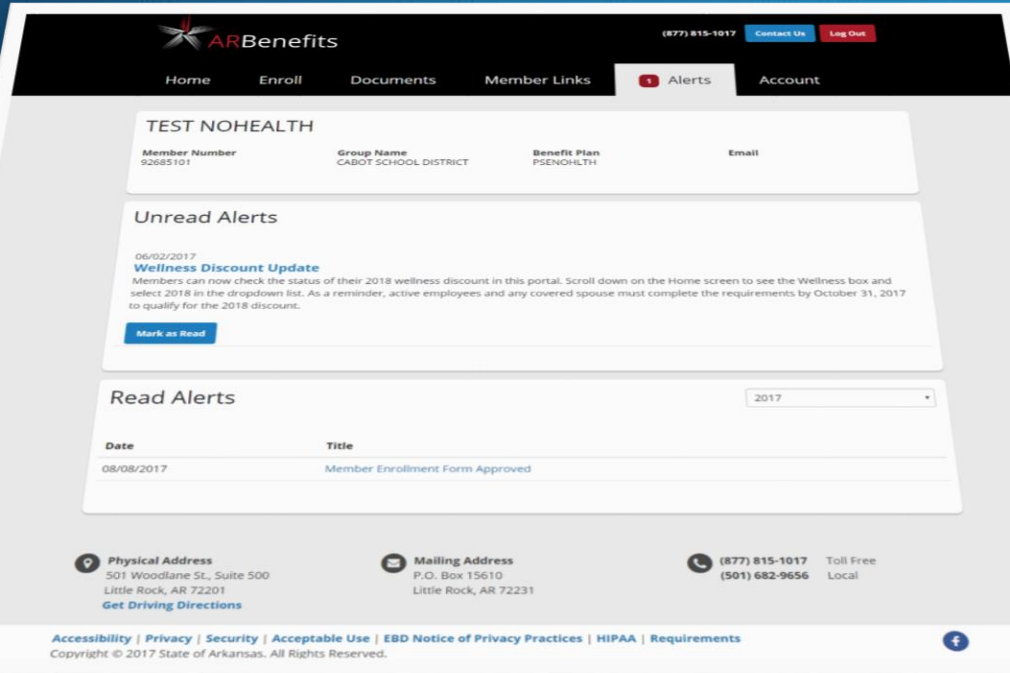
Progress Alerts

After you submit your online application, you will receive an alert when your enrollment is processing, when it has been approved, or if there is an action that you need to take.

You will be notified by email when you receive a new alert.

If the only change you make during open enrollment is to change your plan level between Premium Classic or Basic or; if you enroll into an employee only plan, your form will automatically be approved.

The approval is automatic since there is no required supporting documentation to verify.



Questions?

Contact EBD Member Services

Phone:

1-877-815-1017 x1

Email

AskEBD@dfa.arkansas.gov

The EBD office is open Monday – Friday 8:00 a.m. – 4:30 p.m.