

GET STARTED WITH OPEN ENROLLMENT

Register/Login

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

First time users 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.

Employee Information

First Name *

Last Name *

Required

Date of Birth *

Required

SSN *(Last 4 digits of SSN)

Required

Email *

Email Address should be in proper Format Required

Username *

Username should be in proper Format Required

For Employees

[Click Here](#) if you have not registered for the community and you need to create your username and password.

[Click Here](#) to access the login page for the CEBT community portal for employees

**Returning Employees click on the second “click here” option from the website to access the Community login page. You will not need to create a password or go through the registration process. If you forgot your password, click on “Forgot Your Password” link underneath the Login button.

Create a password, confirm, and select change password.

Welcome to Your CEBT Benefit Plans Portal

Change Your Password

Enter a new password for danitza.gline2222@willistowerswatson.com. Your password must have at least:

- 8 characters
- 1 letter
- 1 number

* New Password

* Confirm New Password

Change Password

Password was last changed on 3/17/2017 10:26 AM

View Your Current Benefits

Once logged in you can view current benefits by selecting the “Your Benefits” tab.

Willis Towers Watson

Home

Manage Profile

Your Benefits

Contact Us

Log out

Enrollment Message

Please choose your benefits!!

Open Enrollment

Update Benefits Due To Life Event

Begin Enrollment

Select the Open Enrollment button in order to choose plan elections for the upcoming plan year.



Please contact your HR or Benefit Administrator for any questions.

Make your elections

Review the benefit options available, and choose a plan.

Open Enrollment

Please choose your benefits!!

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

Medical Dental Vision Life

Selected Benefits	Plan Name	Start Date	Benefit Description
<input type="radio"/>	PPO4	7/1/2017	
<input type="radio"/>	EPO4	7/1/2017	
<input type="radio"/>	HRP	7/1/2017	
<input type="radio"/>	Waive Coverage		

You can only waive medical under special circumstances, please see your HR for any questions.

Need to add a dependent?

1. Click on “Add New Dependent”
2. Fill in required information
3. Press “Save Dependent”
4. Add dependent by check marking the box next to the dependent you wish to add.

Wondering what plan to choose?

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

Add New Dependent

Edit

New Dependent

First Name	Last Name	Relationship	Gender	DOB (MM/DD/YYYY)	SSN
<input type="text"/>	<input type="text"/>	--None--	--None--	<input type="text"/>	<input type="text"/>

Save Dependent Cancel

Approve your changes

Continue through each benefit tab, and press “Save & Finish” to complete.

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

Medical Dental Vision Life

Selected Benefits	Plan Name	Start Date
<input checked="" type="checkbox"/>	Employee Life Volumes(Employer Paid Life) Required	7/1/2017

Save & Finish



Please contact your HR or Benefit Administrator for any questions.

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.

Add Attachment

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 a document that proves this person is your dependent (**Watson Towers**)

Choose Files No file chosen Upload

Skip and Continue

Your request to add dependents is awaiting approval. We will notify you after review of your documentation. This notification will be sent to danitza.gline@willistowerswatson.com.

Summarize Coverages

Review your elections

Select “Summarize Coverages” in order to review your enrollment.

Print

To view open enrollment elections press the drop down menu, and select the new plan year coverages.

Print your election summary for your records or future reference.

Summarize Coverages

Coverage
2017-07-01 (Pending Approv) Print

Medical
PPO4 with cost \$357.00 Starts on 7/1/2017
Covered Dependents
Watson Towers (Child)

Dental
Dental A with cost \$41.00 Starts on 7/1/2017
Covered Dependents
Watson Towers (Child)

Vision
Vision A with cost \$26.00 Starts on 7/1/2017
Covered Dependents
Watson Towers (Child)

Please contact your HR or Benefit Administrator for any questions.

