CEBT
Benefit by Trust

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 f
you need to create your username an

Click Here to access the login page fo
portal for employees

Create a password, confirm and select change password

Employee Information

First Name

Last Name *

Date of Birth *

SSN *(Last 4 digit of SSN)

Email *

Username * Required to be in format of email address

Change Your Password

Enter a new password for danitza.gline585@willistowerswatson.com. Your password must have at least:

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

* New Password

[••••••••••] Go

* Confirm New Password

[••••••••••] Mat

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 to save to the benefit selection

Save and Select Benefits   **Cancel**

First Name   [Test]   Last Name

SSN Number   [111223333]   Email

Date Of Birth

BEGIN ENROLLMENT

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

New Hire/ New Group Enrollment

Add New Dependent

SSN

[000-00-0000]

NEED TO ADD A DEPENDENT?

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

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

CEBT
Benefit by Trust

WONDERING WHAT PLAN TO CHOOSE?

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

MAKE YOUR ELECTIONS

Review the benefit options available, and choose a plan.

ADD A DEPENDENT TO YOUR 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.

Medical	Dental	Vision	Life	Voluntary Life

Selected Benefits	Plan Name	Start Date	Benefit Descr
●	PPO3	5/1/2019	↓
○	HRP	5/1/2019	↓
○	PPO4	5/1/2019	↓
○	KP-DHMO 1500	5/1/2019	↓
○	Waive Coverage		

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

Would you like to contribute to this plan with pre or post tax dollars?

Select Tax Type:
○ **Pre-tax**   ○ **Post-tax**

Dependents

	Name	Relationship	Gender
☑	Employee Benefits	Child	Female

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%.

Beneficiaries

Primary

Action	Name	Relationship	Percent
+			

Contingent

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]   [Save & Finish]

PREVIEW AND SUBMIT ENROLLMENT

Select "Preview Benefits" to review your benefits before submitting.

Select "Save & Finish" to submit enrollment.

Please contact your HR Administrator or Benefits Specialist 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) by selecting "Choose Files" 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 *(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 (**Employee Benefits**)   [Choose Files] No file chosen

[Summarize Coverages]

REVIEW AND PRINT ELECTIONS

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

Print your election summary for your records or future reference.

Test Benefits
Bran

Summarize Coverages

Coverage
2019-05-01 (Pending Approval) ▼   [🖨 Print]

Medical

PPO3 Starts on **5/1/2019** . Total Cost **$1,269.00** - Employer Contribution **$728.00** = Your monthly cost **$513.00**

Covered Dependents

Employee Benefits *(Child)*

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