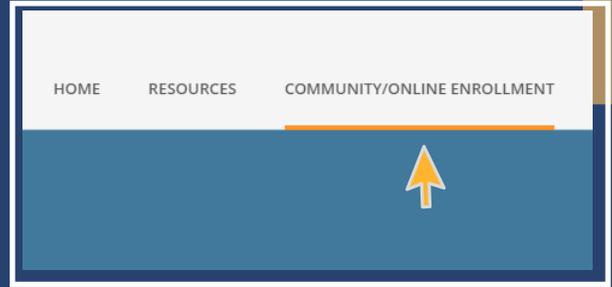


REGISTRATION/LOGIN

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

Under For Employees, Click the first "Click Here" option if you have never registered before, and complete the registration page.

Click the second "Click Here" option if you need to be directed to the Employee login page.



Input your username and password and select "Log In."

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

Welcome to CEBT Community
Employee Login

Username

Password

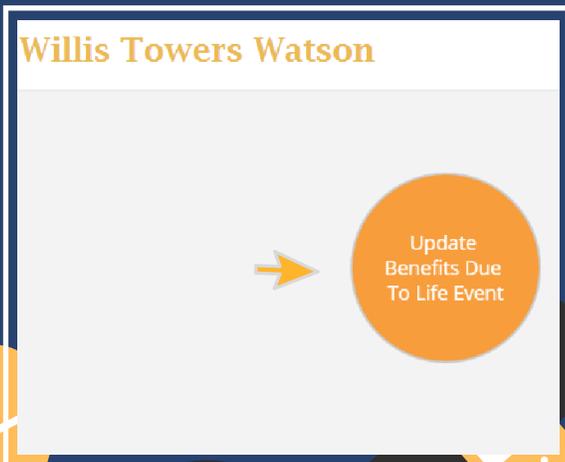
Login

[Forgot Your Password?](#) [Sign Up](#)

WANT TO MAKE A CHANGE MID-YEAR?

Click on the "Update Benefits due to Life Event" button to add or drop dependents mid-year.

Review your change options, and select the appropriate choice.



- Add dependent(s) due to marriage
- Add dependent(s) due to birth
- Add dependent(s) due to adoption
- Add dependent(s) due to spouse/child losing coverage
- Drop dependent(s) coverage
- Change/Drop EE Coverage(s)
you cannot make changes to dependents here

ADDING A DEPENDENT MID-YEAR

If you selected one of the options to add a dependent due to a qualifying event, Input the event date, and click the "Save Event Date" button.

Once you get to the Benefits page your current benefits will be selected. Scroll down to the Dependent Section and select "Add Dependent" if your dependent is not listed. Fill out the required information, and select save dependent.

Check mark the box next to the newly added dependent(s) name, and click next to proceed to the next benefit. You will need to check mark your dependent(s) name on each benefit you wish to add them to.

Add Dependents

Birth Event Date (MM/DD/YYYY)

Save Event Date

Benefits

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

Medical Dental Vision Life Voluntary Life

Selected Benefits	Plan Name	Start Date	Benefit Description
<input checked="" type="checkbox"/>	PPO3	5/1/2019	
<input type="checkbox"/>	HRP	5/1/2019	
<input type="checkbox"/>	PPO4	5/1/2019	
<input type="checkbox"/>	KP-DHMO 1500	5/1/2019	
<input type="checkbox"/>	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	DOB	SSN
<input checked="" type="checkbox"/> Employee Benefits	Child	Female	1/1/2000	333-22-1111

Add Dependent

ADD/UPDATE BENEFICIARY, PREVIEW BENEFITS, AND SAVE CHANGE

Add a new beneficiary by selecting the + sign inputting their name, relationship, and percent. The total percentage of all primary or contingent beneficiaries should equal 100%. Delete a current beneficiary by pressing the - sign.

Select Preview Benefits to view the change you made for accuracy. Select "Save and Finish" to complete the change.

Beneficiaries

Primary

Action	Name	Relationship	Percent
<input checked="" type="checkbox"/>	Employee Benefits	Child	50.00
<input checked="" type="checkbox"/>	Family Benefits	Child	50.00

Contingent

Action	Name	Relationship	Percent
<input checked="" type="checkbox"/>	Parent	Benefits	100.00

Preview Benefits Save & Finish

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. Upload Proof of Event documentation if applicable and you need to prove your dependent lost coverage in order to add them.

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 or Benefit Coordinator.

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 (Bobby Kreuger)

Choose Files No file chosen

Upload

Summarize Coverages

Select "Summarize Coverages" in order to review your enrollment and for printing options.

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

DROPPING A DEPENDENT MID-YEAR

If you selected "Drop Dependent Coverage" from the life event options, you will then be prompted to select your reason for dropping dependents.

After you have selected your reason, input the last day you wish to have your dependent(s) covered.

*Event date should be within 30 days, and typically the last day of the month.

Drop Dependents

Why are you dropping dependents?

Event Date (MM/DD/YYYY)
Please enter the last day you wish to have your dependent covered

To drop a dependent(s) off your current plan check mark the box next to your dependent's name, and click next to move onto the next benefit.

Do not re-elect your current benefit(s) if you do not wish to change anything. Please just press next and move forward until you reach the "Save & Finish Button." Select "Save and Finish" to submit the change.

Drop Dependents

Medical Dental Vision

Start Date	8/2/2017	End Date	6/30/2018
Plan Name	PPO3	Coverage Tier	EE+Child
Office Co-pay	\$35		
Individual Deductible	1000	In-network Max out of Pocket	3750
<input type="checkbox"/>	PPO3		
<input type="checkbox"/>	HRP		
<input type="checkbox"/>	Waive Coverage		

Please select the dependent(s) you would like to drop

Name	Relationship	Gender	DOB	SSN
<input type="checkbox"/> One Watson	Child	Male	8/2/2017	111-55-2266

UPLOAD DEPENDENT VERIFICATION

Upload proof of event documentation to show your dependent gained other coverage. You do not need to Upload anything under "Proof of Dependent."

Please note this documentation is required in order to drop a dependent off your benefits outside of open enrollment. If you do not have documentation at the time of the change you can press "Skip and Continue", but the change will not be approved until you submit the paperwork to your HR or Benefit Coordinator.

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

[Skip and Continue](#)

Please upload Proof of Dependent(s) for each applicable dependent (Bobby Kreuger)

No file chosen

Select "Summarize Coverages" in order to review your enrollment and for printing options.

MAKE A PLAN CHANGE TO YOUR COVERAGE (Not eligible to make dependent changes here)

If you selected "Change/Drop EE Coverage(s)" from the life event options you will then be prompted to input the last day you wish to have the coverage you are wishing to drop or change.

After you input the date select "Drop/Change" plan.
(Event date should be within 30 days, and typically the last day of the month)

Change/Drop EE Coverage(s)

Please enter the last day you wish to have the coverage you want to drop/change. (MM/DD/YYYY)

Drop/Change Plan

To change your current benefit plan, select the new plan you wish to have.

To completely drop the plan select "waive coverage."

Please note that you can only waive medical under special circumstances. Please see your employer's benefit coordinator for any questions.

Continue through each benefit and move forward until you reach the "Save & Finish Button." Select "Preview Benefits" to review your change and "Save and Finish" to submit your change.

Change/Drop EE Coverage(s)

Please select waive coverage if your wish is to drop your current plan. If you wish to change your plan please select the new plan you wish to change your coverage to.

Medical Dental Vision Life

Selected Benefits	Plan Name	Start Date	End Date	Benefit Description
<input type="radio"/>	KP-DHMO 1500	6/1/2019	6/30/2019	
<input type="radio"/>	PPO4	6/1/2019	6/30/2019	
<input checked="" type="radio"/>	PPO3	6/1/2019	6/30/2019	
<input type="radio"/>	HRP	6/1/2019	6/30/2019	
<input type="radio"/>	Waive Coverage			

You can only waive medical under special circumstances, please see your employer's benefit coordinator for any questions.

UPLOAD DEPENDENT VERIFICATION

Upload verification documentation to show there is a qualifying event to make changes to your benefits outside of open enrollment. You do not need to upload anything under "Proof of Event."

Please note this documentation is required in order to make changes to your benefits outside of open enrollment. If you do not have documentation at the time of the change you can press "Skip and Continue", but the change will not be approved until you submit the paperwork to your HR or Benefits coordinator.

Select "Summarize Coverages" in order to review your enrollment and for printing options.

Upload Verification Document

Please upload a document that shows this is a qualifying event.

Choose Files No file chosen

Upload

Skip and Continue

Upload Proof of Event

Please upload Proof of Event document here if applicable

Choose Files No file chosen

Upload

Summarize Coverages