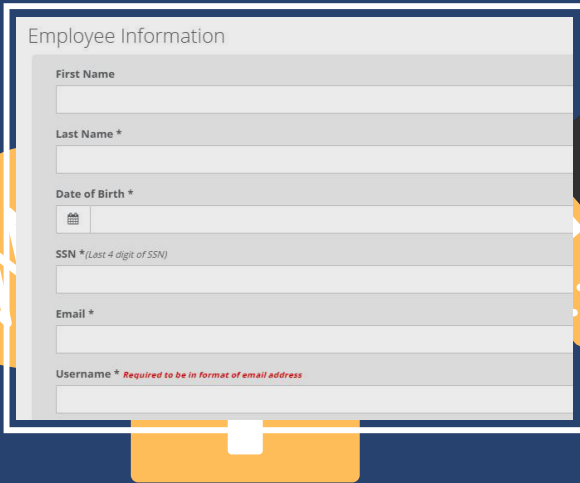


REGISTRATION/LOGIN

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

Date of Birth *

SSN *(Last 4 digit of SSN)

Email *

Username * Required to be in format of email address

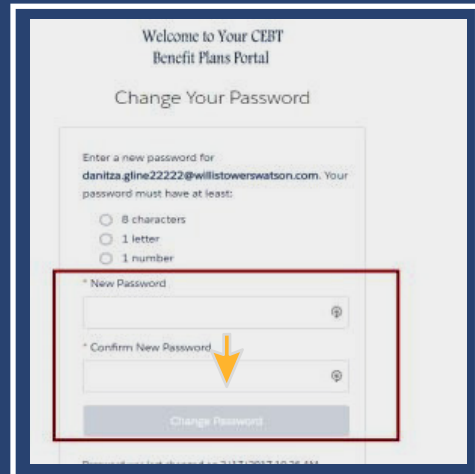
For Employees

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

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

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.gline22222@willstowerswatson.com**. Your password must have at least:

- 8 characters
- 1 letter
- 1 number

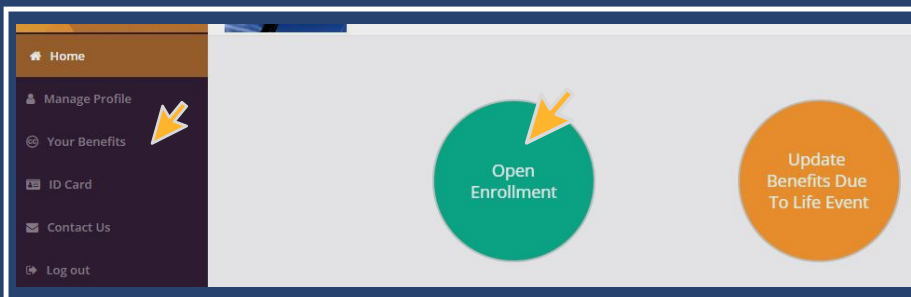
* New Password

* Confirm New Password

Change Password

VIEW YOUR CURRENT BENEFITS

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



Home

Manage Profile

Your Benefits

ID Card

Contact Us

Log out

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.



Add New Dependent

Gender: --None--

DOB (MM/DD/YYYY)

SSN: 000-00-0000

NEED TO ADD A DEPENDENT?

1. Scroll down on the benefits page and click on “Add New Dependent”
2. Fill in required information
3. Press “Save Dependent”



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.

• 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="radio"/>	PPO3	5/1/2019	
<input type="radio"/>	HRP	5/1/2019	
<input type="radio"/>	PPO4	5/1/2019	
<input type="radio"/>	KP-DHMO 1500	5/1/2019	
<input type="radio"/>	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 Dependents

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%.

• 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
<input checked="" type="checkbox"/>	Employee Life Volumes (Employer Paid Life) Required	5/1/2019
<input type="checkbox"/>	Dependent Life Volumes (Employer Paid Spouse Life)	5/1/2019

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

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.

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 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) No file chosen

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.

Test Benefits

Summarize Coverages

Coverage: 2019-05-01 (Pending Approval)

Medical

PP03 Starts on 5/1/2019 - Total Cost \$1,269.00 - Employer Contribution \$728.00 = Your monthly cost \$513.00

Covered Dependents

Employee Benefits (Child)
