### Updating Beneficiary Information Guide



#### Step 1:

Go to the City of San Jose's life insurance portal hosted through Standard Life Insurance:

https://standard.benselect.com/enroll/login.aspx?Path=sanjoseca

<u>Username</u> = 6-digit Employee ID # (found on the back of your City ID), or Social Security Number

**<u>PIN</u>** =  $1^{st}$  time logging in - last four digits of your SSN + last two digits of your birth year

Reset Password

#### Problems Logging In? If you are a first-time user

Your login ID is your 6 digit Employee ID or SSN. Your PIN is the last four digits of your SSN, followed by the last two digits of your birth year.

#### If you are returning to the site and need to reset your PIN

For security reasons, you will be required to answer a security question and respond to an e-mail sent to you by the server. Please enter your personal or work e-mail address, re-type the authentication code below. and click Continue to proceed.

#### E-mail Address:

2LQ84 Typing the verification code prevents computer programs from submitting fictitious information. Hat tooble seeing the coder Citch here.

#### ntinue Return to login page

If you can't remember your password, or your password is not working - click on "Forgot Your PIN?"

This will bring you to an additional **Reset Password** page. Provide your personal or work email associated with your account.

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# **Benefits Enrollment**

COMPANY OF

Log in with your user name (your employee identification number or Social Security Number) and your personal identification number (PIN). If you need help, please contact EnrollmentSystemsTeam@standard.com.

Home Me & My F	amily <del>-</del>	My Benefits +	Sign & Submit	Logout
Change MY PIN				
Your PIN (Personal Identifical equivalent of your digital sign Please change your PIN. Yo	tion Number ature. ou may cho	) is the secret code you bose any combination	uuse to access the syste of letters and numbers	em. Entering your PIN is the S.
New PIN:	•••••	•••		
Re-enter your new PIN to verify:	•••••	•••		
Security Questions	select a se	ecurity question, answe	r it and provide your em	ail address. This will allow you
to reset your PIN if you forget Select Security Question:	it. What c	ity were you born i	•	
Answer:	Dallas			
Email Address:	janesm	ith@test.com		
Confirm Email:	janesm	ith@test.com		
	SAVE	NEW PIN		

If you're unable to remember the email address associated with your account, email EnrollmentSystemsTeam@standard.com for login assistance.

### Step 2:

If it is your first time logging in, you will be asked to create a new PIN.

You will enter a PIN of your choice that meets the listed criteria, choose a security question, and enter your email address.

Once you have entered your information, click on the "Save New Pin" button.

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TisStandard	CATER OF SECON VALUE
Home Me & My Family - My Benefits - Sign & Submit Logout Welcome Back, Test	What would you like to do?     Concentration of Concentration     Concentration of Concentration
For most benefils, your open enrollment is the only time of year you can make changes in your benefits unless you have a qualifying life event. Summary of Benefit Elections:	Change my benefits due to a qualifying ifferevent event event event
Your Benefits         Cost per Deduction         Coverage Termination           Pain         Benefit         Cost per Deduction         Date           Additional Life Plan 3, Vaniage         \$10,000         \$0,00 (\$0.45 pending) after- tax         Sto 10 after-tax           Additional ADAD Plan 3, Vaniage         \$10,000         \$0,10 after-tax         \$0,10 bital + \$0.45 pending	Find a document or form     Change my PIN
Continue to	review personal information and begin enrollment.
<i>а и</i>	@ 2018 - StanCorp Financial Group, Inc.

eneficiary is a perso your death.	on, trust, or organization to who	om benefits will be pa	aid. A continge	ent beneficiary will receive benefits	if your primary benefici	ary is no longer living at t	he time
<ul> <li>Check the box ne</li> <li>To add a benefic</li> <li>You may adjust t</li> </ul>	ext to the name of each beneficiary to the list, click the Add but the percentages assigned to each the percentages assigned to be added to be adde	ciary you wish to ass itton. ach beneficiary, as lo	sign. ong as the per	centages add up to 100%			
E	Beneficiary	Relationship		Primary	Con	tingent	igodol
Irs Employee		Spouse		0.00%		0.00%	/ ×
lom Employee		Parent		100.00%		0.00%	/x
C							>

### Step 3:

You will then be brought to the Introduction and Information page.

To review/update your beneficiary information click on "Change my beneficiary."

#### Step 4:

On the Beneficiary page, you will be able to add new beneficiaries by clicking on the "+" symbol on the green header. If you need to update current beneficiaries already listed, you will need to click on the pencil icon  $\checkmark$  to the far right of their name.

A **primary beneficiary** refers to the first person you would like to receive the benefit.

A **contingent beneficiary** is the person second in line to receive the benefit if the primary beneficiary in not able to receive the benefit.

You may choose to add multiple **Primary** and **Contingent** beneficiaries. The totals for primary and contingent beneficiaries must **each equal 100%** before proceeding to the next page.

Once your beneficiary updates are complete, click on the green "Next" button.

Last Updated 2/7/2024

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Me & My Family • My Benefits • Sign & Sub Event: Please Confirm my PIN below, I am formally changing the benefice for an even Click to finalize char (2)	omit he specified life and/or disability plans	© 2016 StaniCorp Finance	Step 5: Confirm your beneficiary designations by clicking on the green check box.
Interesting         My Parently •         My Parently •         Sign •           Verify Your Benefit Elections         Sign •         Sign •           Signature I with to make the choices indicated on this form, including, if your parently in the instance of coverage may be instance. Understance in the instance of coverage may be instance of coverage may be instance in the instance of coverage may be instance of coverage may b	Submit      Isopicable, consert to the terms and conditions set forth in the Consert to Electron     are that my electron amount will change if my coming are conits change. I myse     a basis for received on the miserance and conditions are than the first one and the mean intervent of a claim     if my application is approved by The Standard, the effective date of any comenge     a form and conditions of the Group Policy(es).      Description     Status     Viewed     Viewed     Total	Press Cost         Postas Cost           1 apres holds         50.00         50.00	Step 6: You will then be brought to a "Verify You Benefits Elections," page. If everything looks in order, click the gree "Next" button on the bottom right corner
to compate your enrotment, you must sign the following forms     Form Name     Errolment Summary	s, irreso react to begin signing forms. Status Date Sign Unsigned	nedReviewed	

# Updating Beneficiary Information Guide

it Your Enrollment									
nuStandard							Cit	y of San Jose	
						Enro	ollment S	Summary	
Name	Date of Birth	Home Ph	hone	Work Phone		Address			
Employee ID Hire/Elig Date	Gender	E-mail Ad	ddress						
Location	Dep	artment				Reason for	Completing Fo	rm	
MEF	Unit	5&7				Beneficiary ch	ange.		
Job Class	Title	) K Canadaliat							Chan 7
Non-management	Star	Specialist			Total	Pending	Employ	ee Cost per	Step 7:
Benefit Plan	Coverage Effe Tier*	ctive Date B	Fotal Approved Benefit Amount	Deduction	Coverage	ge Amount Cost	Benefit	Deduction After-tax	
Basic Life and AD&D	EO 0	1/01/2023 \$ 2	20,000.00	24			\$ 0.00	\$ 0.00	Review your Enrollment Summary with
Additional Life and AD&D Plan 3, Vantage	Waived								Standard Insurance and then click on the gre
									Standard insurance and then ellek on the gre
									"I Agree," button.
* ro - rl 0-1-1 ro - r 0-1-1 ro - r			-/		Children		<u> </u>	60.00	
Please note: Benefit amounts listed abuse are	based upon estimated	iy   ES = Employee, d predisability ea	e/spouse I EC = Emplo arnings as of the da	te of your enrollm	ent and are be	<sup>1</sup> Total: fore any deductil	\$ 0.00 le income and su	bject to change.	
Page 1 of 2		,	0	,		,		rev. 09-26-2010	
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Signature: By clicking the button marked "I agree,"	I acknowledge that I an	n sig <b>e</b> this doc	cument electronically	v. I understand that	this electronic s	ignature shall be	enforceable under	the applicable sta	al law
rarent to a mattual signature.									
		(	I AGREE						

# Updating Beneficiary Information Guide

TheStandard		
Home Me & My Family - My Benefits - Sign & Submit	LOGOUT	
Sign/Submit Complete		
step 3 of 3		
ongratulations! uur enrolliment is now complete. You may log-in to the system at any time during the year to review your benefit elections.		
cap of Your Elections ted below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. Scroll down to the bottom of	of this screen to view a list of your completed enrollment forms.	Stop 8:
Basic Life and AD&D		Step 6:
Enrollment Details		You are all done!
Benefit Amount	Cost	
\$20,000 69	\$0.00	Your updated beneficiary information should
Beneficiary Information		be displayed on the Sign/Submit Complete
Name Relationship Address Pho	one Percent Type	page.
		You may then click on the green " <b>I ogout</b> "
		button
S Additional Life and AD&D Plan 3, Vantage		button.
You have elected to WAIVE coverage under this plan.		
Spouse Additional Life and AD&D Plan 3, Vantage		
You have elected to WAIVE coverage under this plan.		
Child Additional Life Plan 3, Vantage		
You have elected to WAIVE coverage under this plan.		
ompleted Forms allowing is a list of forms reviewed and/or signed during the enrollment. Click on the form name to view or print.		
ress <i>result</i> to exit the website. Form Name Date Separd/Reviewed		
Enrolment Summary		
Enrollment Summary 02/07/2024		
	LOGOUT	