City of San José

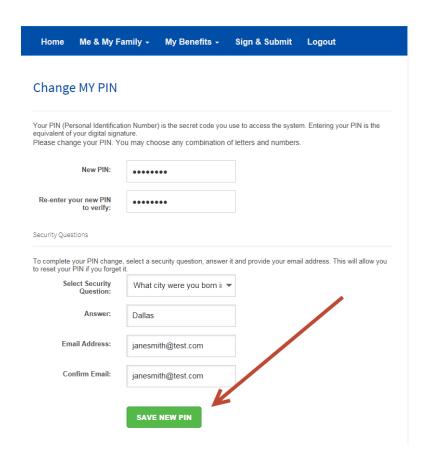
First Time Guide for Online Life Insurance Enrollment



Open the online portal site at:

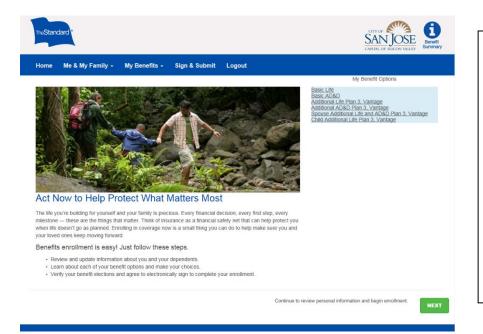
https://standard.benselect.com/sanjoseca

- Your User name is your employee ID number or your Social Security Number.
- Your personal identification number (PIN) when you first log in is the last four digits of your SSN followed by the last two digits of your birth year.



Change MY PIN

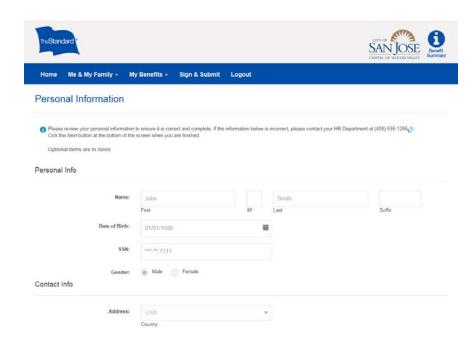
- Upon first login you will be prompted to change your PIN.
- You will enter in your new PIN of choice that meets the listed criteria, answer a security question and enter in your email address.
- Once you have entered your information, press the 'Save New Pin' button. You will then be brought to the Introduction and Information Screen.



Introduction & Information Screen

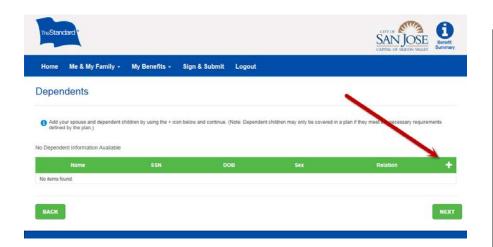
You will view an information screen about enrollment and use of the portal.

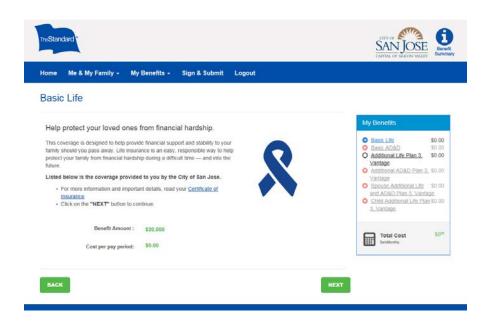
- Following this introductory screen, you will begin your enrollment process by viewing and entering your elections for each benefit option.
- You may logout and re-enter the portal at any time to continue the process or modify your enrollments. Any changes or elections you make will be saved each time you logout.



Personal Information Screen

 Please verify that your personal information is correct. If any information is not correct, please contact your HR Department at (408) 535-1285.





Dependents Screen

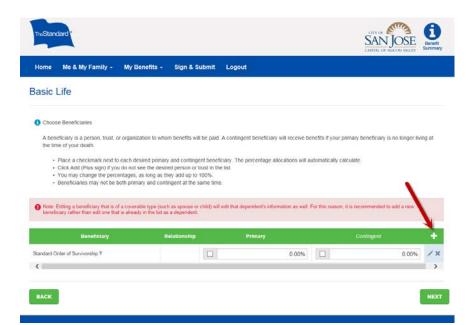
- Review and update your dependent information.
- Click the "+" icon to add your spouse/domestic partner and/or dependent children.
- You will have the opportunity to enroll dependents from this list into available benefit plans as you enroll for each plan.

Benefit Election Screens

- Choose your benefit elections by selecting what level of coverage you want for you and your dependents.
- For more information on your benefits, you can click on the

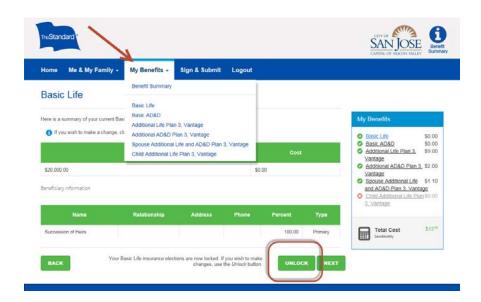


"Benefit Summary" icon located in the upper right hand corner.



Choosing your Beneficiary

 Adding a beneficiary is required. To add a beneficiary, select the '+' icon to add a new line and enter the beneficiaries information.



Navigating the enrollment screens

- If at any point you click the 'Back'
 Button and it does not take you back to the prior screen, you can use the 'My

 Benefits' drop down menu to return to the product you are interested in.
- If you elect or decline a benefit at any time and decide you want to make a

change, click the 'Unlock' button to make a change.

UNLOCK







Home Me & My Family -

My Benefits -

Sign & Submit

Logout

Verify Your Benefit Elections

Signature I wish to make the choices indicated on this form, including, if applicable, consent to the terms and conditions set forth in the Consent to Electronic Transactions section. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. I represent that the statements contained herein, including, if applicable, those made in response to the Evidence Of Insurability questions, are true and complete to the best of my knowledge and belief, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I acknowledge that I have read the Fraud Notice. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement and my coverage will be subject to all terms and conditions of the Group Policy(ies).

Description	Pretax Cost	Posttax Cost
\$20,000	\$0.00	\$0.00
\$20,000	\$0.00	\$0.00
\$200,000	\$0.00	\$9.00
\$200,000	\$0.00	\$2.00
\$20,000	\$0.00	\$1.10
N/A		
Total		\$12.10
	\$20,000 \$20,000 \$200,000 \$200,000 \$20,000 N/A	\$20,000 \$0.00 \$20,000 \$0.00 \$200,000 \$0.00 \$200,000 \$0.00 \$200,000 \$0.00 \$20,000 \$0.00

1 To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
Enrollment Summary	Unsigned	

Verify Your Benefit Election Screen

- Please review the elections and premiums on this screen and verify that they are correct.
- Once you have verified your benefits, you must click "Next" to complete your enrollment.





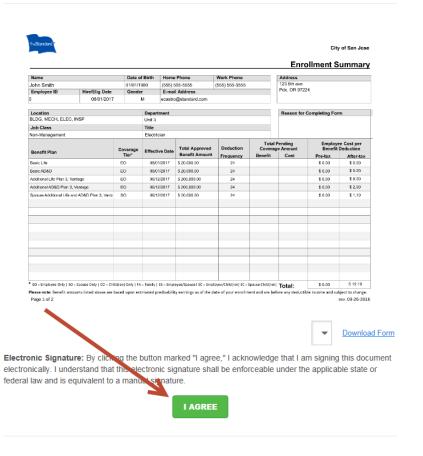


Home

Me & My Family -

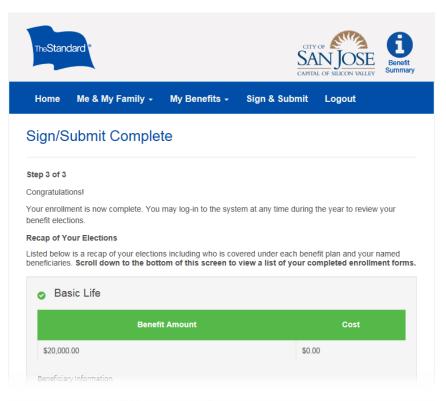
My Benefits -Sign & Submit Logout

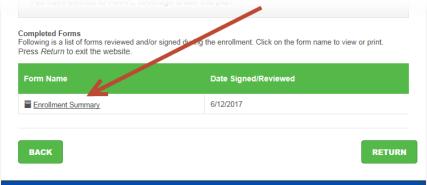
Submit Your Enrollment



Submit Your Enrollment

Once you are prompted to this screen, be sure to click the green 'I Agree' button on the bottom of the screen.





Sign/Submit Complete

- Once you reach this screen, you have successfully completed your enrollments.
- You may print copies of your enrollment summary from this screen by clicking the form name at the bottom of the screen.