

City of San José

First Time Guide for Online Life Insurance Enrollment



Benefits Enrollment

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.

Is this your first time here?

User name

PIN

[Forgot your PIN?](#)

Unauthorized access is prohibited. Please review the Consent to Electronic Transactions & Enroll Electronically before entering your user ID and Personal Identification Number. By entering your user ID and Personal Identification Number, you are agreeing to enroll electronically and the terms of the [Consent to Electronic Transactions & Enroll Electronically](#).

For Your Review: [Security Information](#) | [Privacy Policy](#)

Administrators may log in to the [Administrative](#) site.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, New York. Products not available in all states. Product features vary by state and company, and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.

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.

Home Me & My Family My Benefits Sign & Submit Logout

Change MY PIN

Your PIN (Personal Identification Number) is the secret code you use to access the system. Entering your PIN is the equivalent of your digital signature. Please change your PIN. You may choose any combination of letters and numbers.

New PIN:

Re-enter your new PIN to verify:

Security Questions

To complete your PIN change, select a security question, answer it and provide your email address. This will allow you to reset your PIN if you forget it.

Select Security Question:

Answer:

Email Address:

Confirm Email:

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.

My Benefit Options



Act Now to Help Protect What Matters Most

The life you're building for yourself and your family is precious. Every financial decision, every first step, every milestone — these are the things that matter. Think of insurance as a financial safety net that can help protect you when life doesn't go as planned. Enrolling in coverage now is a small thing you can do to help make sure you and your loved ones keep moving forward.

Benefits enrollment is easy! Just follow these steps.

- Review and update information about you and your dependents.
- Learn about each of your benefit options and make your choices.
- Verify your benefit elections and agree to electronically sign to complete your enrollment.

- Basic Life
- Basic AD&D
- Additional Life Plan 3_Vantage
- Additional AD&D Plan 3_Vantage
- Spouse Additional Life and AD&D Plan 3_Vantage
- Child Additional Life Plan 3_Vantage

Continue to review personal information and begin enrollment.

NEXT

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

Please review your personal information to ensure it is correct and complete. If the information below is incorrect, please contact your HR Department at (408) 535-1285. Click the **Next** button at the bottom of the screen when you are finished.

Optional items are in *italics*.

Personal Info

Name:

First MI Last Suffix

Date of Birth:

SSN:

Gender: Male Female

Contact Info

Address:

Country

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

Add your spouse and dependent children by using the + icon below and continue. (Note: Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan.)

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	
No items found.					

BACK NEXT

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.

Basic Life

Help protect your loved ones from financial hardship.

This coverage is designed to help provide financial support and stability to your family should you pass away. Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time — and into the future.

Listed below is the coverage provided to you by the City of San Jose.

- For more information and important details, read your [Certificate of Insurance](#).
- Click on the "NEXT" button to continue.

Benefit Amount : \$20,000

Cost per pay period: \$0.00

My Benefits	
<input checked="" type="radio"/> Basic Life	\$0.00
<input checked="" type="radio"/> Basic AD&D	\$0.00
<input checked="" type="radio"/> Additional Life Plan 3, Vantage	\$0.00
<input type="radio"/> Additional AD&D Plan 3, Vantage	\$0.00
<input type="radio"/> Spouse Additional Life and AD&D Plan 3, Vantage	\$0.00
<input type="radio"/> Child Additional Life Plan 3, Vantage	\$0.00
Total Cost	\$0.00

BACK NEXT

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.



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).

Plan	Description	Pretax Cost	Posttax Cost
Basic Life	\$20,000	\$0.00	\$0.00
Basic AD&D	\$20,000	\$0.00	\$0.00
Additional Life Plan 3, Vantage	\$200,000	\$0.00	\$9.00
Additional AD&D Plan 3, Vantage	\$200,000	\$0.00	\$2.00
Spouse Additional Life and AD&D Plan 3, Vantage	\$20,000	\$0.00	\$1.10
Child Additional Life Plan 3, Vantage	N/A		
Total		\$0.00	\$12.10

! 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	

NEXT

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.



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.



City of San Jose

Enrollment Summary

Name John Smith	Date of Birth 01/01/1980	Home Phone (555) 555-5555	Work Phone (555) 555-5555	Address 123 5th ave P.O. OR 97224
Employee ID 0	Hire/Elig Date 06/01/2017	Gender M	E-mail Address ecastro@standard.com	

Location BLDG, MECH, ELEC, INSP	Department Unit 3	Reason for Completing Form
Job Class Non-Management	Title Electrician	

Benefit Plan	Coverage Tier*	Effective Date	Total Approved Benefit Amount	Deduction Frequency	Total Pending Coverage Amount	Employee Cost per Benefit Deduction	Pre-tax	After-tax
Basic Life	EO	06/01/2017	\$ 20,000.00	24			\$ 0.00	\$ 0.00
Basic AD&D	EO	06/01/2017	\$ 20,000.00	24			\$ 0.00	\$ 0.00
Additional Life Plan 3, Variable	EO	06/15/2017	\$ 200,000.00	24			\$ 0.00	\$ 0.00
Additional AD&D Plan 3, Variable	EO	06/15/2017	\$ 200,000.00	24			\$ 0.00	\$ 2.00
Spouse Additional Life and AD&D Plan 3, Variable	SD	06/15/2017	\$ 20,000.00	24			\$ 0.00	\$ 1.10
Total:							\$ 0.00	\$ 12.10

* EO - Employee Only | SO - Spouse Only | CO - Children Only | FA - Family | ES - Employee/Spouse | EC - Employee/Child(ren) | SC - Spouse Child(ren)
 Please note: Benefit amounts listed above are based upon estimated predictability earnings as of the date of your enrollment and are before any deductible income and subject to change.
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[Download Form](#)

Electronic Signature: By clicking the button marked "I agree," I acknowledge that I am signing this document electronically. I understand that this electronic signature shall be enforceable under the applicable state or federal law and is equivalent to a manual signature.

I AGREE



Sign/Submit Complete

Step 3 of 3

Congratulations!

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

Recap of Your Elections

Listed 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 this screen to view a list of your completed enrollment forms.**

Basic Life

Benefit Amount	Cost
\$20,000.00	\$0.00

Beneficiary Information

You have elected to **WAWVE** coverage under this plan.

Completed Forms

Following is a list of forms reviewed and/or signed during the enrollment. Click on the form name to view or print. Press *Return* to exit the website.

Form Name	Date Signed/Reviewed
Enrollment Summary	6/12/2017

BACK

RETURN

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.