

# Select Benefits Enrollment Worksheet

## How to Enroll — IMPORTANT: Web Only!

**Step 1** Review the information in the Enrollment Guide and the Personal Fact Sheet on the next two pages — this will help you decide what benefits will meet your needs and budget. To enroll you will need your Retirement and Benefits PIN (PIN).

- **If you know your PIN, go to Step 2 below.**
- **If you do not have a PIN or cannot remember it**, from our website ([doa.alaska.gov/drb](http://doa.alaska.gov/drb)), click on “My Account Info” and log in to myRnB to access your Member Services account. To use myRnB, you will need a myAlaska username and password, the same ones you use to apply for a Permanent Fund Dividend (PFD). If you don’t have a myAlaska account or cannot remember it, follow the instructions on the myRnB page under “Help Links.”  
*Note: The first time you log in to myRnB you will be asked to provide your Retirement Identification Number (RIN) and your Social Security Number in order to verify your identity. Your RIN is located in the Personal Information Section on page 2 of this Personal Fact Sheet.*
- **Once logged in to myRnB**, click on “Member Services.” At your Member Services account, click on “Create/Change your PIN.” If you already have a PIN, you will see it on this page. Now that you have your PIN, go to Step 2 below.

**Step 2** Enroll through our Internet enrollment system. This system is available any time of the day or night. This enrollment system shows your current elections, calculates premiums for your new selections, and allows you to change your selections until you are satisfied with your choices and premiums.

From [doa.alaska.gov/drb](http://doa.alaska.gov/drb), click on any “Insurance Enrollment” link. Follow the on-line instructions to complete your enrollment (**remember to click on the “Submit Elections” button**). You may access the system as often as you wish during the open enrollment period to change any of the choices you have made.

**Step 3** Your dependent(s) must be enrolled in your plan to receive health benefits.

Enrolling for benefits online will allow you to add, remove, or change your covered dependents. Please click on the “Add or Change Dependents” bar after you have completed your enrollment and before you log out of the enrollment system.

If you are not sure what dependents are listed as covered under your plan currently, please use the “Add or Change Dependent” link or view the Dependent Health Enrollment Status website (<https://concord.retben.state.ak.us/DependentEnrollment/servlet/DependentInformation>). Additional documentation is not required for those dependents already listed at this site as “verified.”

## Enroll Early!

If you enroll early, you will have a chance to change your mind. After you enroll, you will receive a confirmation statement showing your elections, the cost of each benefit, and the impact on your take-home pay. You are also able to check your new elections by logging into the enrollment system at any time and selecting Review Future Elections. By enrolling early, you are able to check the enrollment system or your confirmation statement and, if you change your mind, simply use the Internet enrollment system to re-enroll by 5 p.m. Alaska Time on June 11. You will receive another confirmation statement showing your new choices. Up to the end of the open enrollment period, you may change your mind and re-enroll as often as you like. **Reminder—each time that you re-enroll a new enrollment is processed. The previous enrollment will no longer exist. Make sure to re-select each of your elections.**

## If You Don’t Enroll

If you do not enroll, your current coverage will remain in effect for the next benefit year. However, if you would like to participate in the Health Flexible Spending Account (HFSA) or Dependent Care Assistance Plan (DCAP), you **must** re-enroll for these benefits. Your contributions to these accounts will NOT automatically continue for the next benefit year.

# ENROLLMENT WORKSHEET

## Select Benefits

**PLEASE KEEP FOR YOUR RECORDS** - (This form is not used to process your enrollment)

Use this Personal Fact Sheet to record your elections before enrolling for your *Select Benefits*. The price tags shown are your cost for coverage. You may enroll any time, day or night, between **May 24 - June 11, 2010** (5 p.m.) by accessing our Internet site at [doa.alaska.gov/drb](http://doa.alaska.gov/drb). When you are ready to enroll (and you have your PIN), click on "Insurance Enrollment" in the gold bar at the top of the web page or under "Quick Links" on the right hand side of the page. If you do not remember your PIN, follow the instructions on Page 1, Step 1.

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### BENEFIT CREDIT

Monthly Credit: \_\_\_\_\_

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### MEDICAL

<u>Code</u>	<u>Option</u>	<u>Monthly Price*</u>	<u>Option Code:</u> _____
1	Premium Employee/Standard Family	\$ 1,310	
2	Premium Plan Employee and Family	\$ 1,546	Price: _____
3	Standard Plan Employee and Family	\$ 1,201	
4	Economy Plan Employee and Family	\$ 1,036	

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### DENTAL (You cannot change your Dental coverage.)

<u>Code</u>	<u>Option</u>	<u>Monthly Price</u>	<u>Option Code:</u> _____
1	Premium Plan	\$ 202.00	
2	Standard Plan	\$ 121.00	Price: _____
3	Preventive Plan	\$ 52.00	

(You may only change your Dental coverage if your last election has been in place for a minimum of 18 months.)

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### VISION (You cannot change your Vision coverage.)

<u>Code</u>	<u>Option</u>	<u>Monthly Price</u>	<u>Option Code:</u> _____
0	No Coverage	\$ 0.00	
1	Standard Plan	\$ 39.00	Price: _____
2	Managed Care Plan	\$ 25.00	

(You may only change your Vision coverage if your last election has been in place for a minimum of 18 months.)

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### LIFE INSURANCE

<u>Code</u>	<u>Option</u>	<u>Monthly Price</u>	<u>Option Code:</u> _____
0	No Coverage	<b>SEE PREMIUM CARD</b>	
1	\$10,000		Price: _____
2	\$20,000		
3	\$30,000		
4	\$40,000		
5	\$48,000		

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### ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

<u>Code</u>	<u>Option</u>	<u>Monthly Price</u>	<u>Option Code:</u> _____
0	No Coverage	<b>SEE PREMIUM CARD</b>	
1	Employee Only		Price: _____
2	Employee and Family		

AD&D is only available if you have elected at least \$10,000 in life insurance.

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**SURVIVOR BENEFITS**

<u>Code</u>	<u>Option</u>	<u>Monthly Price</u>	<u>Option Code:</u> _____
0	No Coverage	<b>SEE PREMIUM CARD</b>	
1	5 Years at \$765/month		Price: _____
2	10 Years at \$455/month		
3	15 Years at \$360/month		
4	20 Years at \$315/month		
5	25 Years at \$290/month		
6	30 Years at \$275/month		

*Survivor Benefits are not available if you have elected more than \$10,000 in life insurance coverage.*

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**SHORT-TERM DISABILITY INSURANCE**

<u>Code</u>	<u>Option</u>	<u>Monthly Price</u>	<u>Option Code:</u> _____
0	No Coverage		
1	Plan A		Price: _____

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**LONG-TERM DISABILITY INSURANCE**

<u>Code</u>	<u>Option</u>	<u>Monthly Price</u>	<u>Option Code:</u> _____
0	No Coverage	<b>SEE PREMIUM CARD</b>	
1	Plan B - 50%		Price: _____
2	Plan C - 70%		

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**DEPENDENT CARE ASSISTANCE PLAN (DCAP)**

<u>Code</u>	<u>Option</u>	<u>Monthly Price</u>	<u>Option Code:</u> _____
0	No Participation		
1	Participation		Price: _____

*Minimum: \$25/month, maximum: \$5,000/benefit year—must be a whole dollar amount.*

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**HEALTH FLEXIBLE SPENDING ACCOUNT (HFSA)**

<u>Code</u>	<u>Option</u>	<u>Option Code:</u> _____
0	No Participation	
1	Participation	Price: _____
	<u>HFSA Streamlined</u>	
1	No streamlined claim submission	<u>Option Code:</u> _____
2	Streamlined claim submission (only if you and your dependents have no other health coverage)	

*Minimum: \$20/month, maximum: \$5,000/benefit year—must be a whole dollar amount.*

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**SELECT BENEFITS' EFFECT ON YOUR PAY**

- (1) Enter the total monthly prices (excluding your DCAP contribution): \$ \_\_\_\_\_
- (2) Enter your monthly Benefit Credit: \$( \_\_\_\_\_ )
- (3) Enter the difference between (1) and (2): \$ \_\_\_\_\_
- (4) Enter the amount of your DCAP contribution: \$ \_\_\_\_\_

**If (1) is greater than (2):** The difference will be deducted from your pay on a pre-tax basis, in addition to your DCAP contribution (if any).

**If (2) is greater than (1):** The difference will be placed in your Health Flexible Spending Account (HFSA).

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By using our Internet enrollment system and your PIN to enroll, you certify that you have received and read the information explaining your benefits, you understand you cannot change your elections, except as allowed by plan provisions, and your elections authorize the State of Alaska to make any required adjustments to your pay.