

Employee Portal Open Enrollment Instructions

This guide will walk you through the steps required to enroll in benefits and/or add eligible dependents to your existing coverage during Open Enrollment. Open enrollment is held annually during the month of November, with an effective date for benefits of January 1st.

You may access your WEBT Online Portal by visiting www.webt.org or you may utilize the following link:
<https://webt-production.force.com/employee/employeecommunitylogin>

Welcome to WEBT Online Portal Employee Login

Username

Password

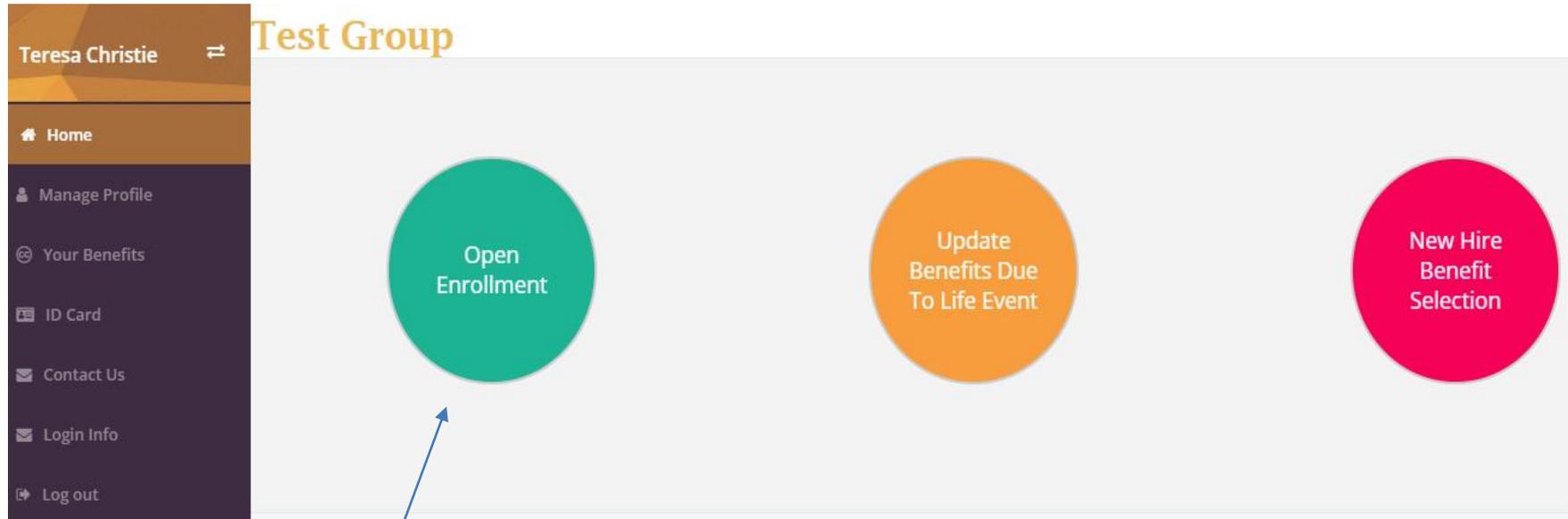
Login

[Forgot Your Password?](#) [Sign Up](#)

WEBT employee? [Log In](#)

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Once you have completed your log-in, you will be directed to your Employee Home Page



Please click on the “Open Enrollment” button to be directed to the Open Enrollment screen.

You will utilize this portion of the system to enroll in coverages and/or add eligible dependents that were not previously covered under your benefit plan.

Each tab represents the type of benefit for which the new enrollee is eligible. **Please note:** If you are a current enrollee, your current benefits are pre-populated, and cannot be changed. Plan selection changes are allowed annually during the month of May for a July 1 effective date.

Open Enrollment

- **Benefits**

When selecting benefits below, please make sure to click on each plan tab to complete your enrollment.

Medical

Dental

Life

Selected Benefits	Plan Name	Start Date	Benefit Description	Employee Contribution would be \$0.00 per month
<input type="radio"/>	\$1,000 Deductible - Active	7/1/2021		
<input type="radio"/>	\$1,500 Deductible - Active	7/1/2021		
<input checked="" type="radio"/>	\$2,500 Deductible - Active	7/1/2021		
<input type="radio"/>	Waive Coverage			

If you are utilizing the Open Enrollment period to add your eligible dependents, please click on the “Add Dependent” button to be redirected to the New Dependent screen.

• Please make sure to verify the dependents you wish to cover have a check mark next to their name

Dependents [Add Dependent](#)

	Name	Relationship	Gender	DOB	SSN
<input type="checkbox"/>	Matt Christie	Child	Male	7/23/2000	000-00-0000
<input type="checkbox"/>	Bob Christie	Spouse	Male	8/22/1965	000-00-0000
<input type="checkbox"/>	Jacob Christie	Child	Male	2/22/2021	000-00-0000

New Dependent

First Name	Last Name	Relationship	Gender	DOB (MM/DD/YYYY)	SSN
<input type="text" value="John"/>	<input type="text" value="Christie"/>	<input type="text" value="Child"/>	<input type="text" value="Male"/>	<input type="text" value="08/22/2019"/>	<input type="text" value="123485986"/>

[Save Dependent](#) [Cancel](#)

Once you populate the New Dependent screen, click on the “Save Dependent” button to be redirected to the benefits enrollment screen.

You will utilize this portion of the system to enroll in your new benefits if you are enrolling in specific benefit plans for the first time and/or adding dependents to your current plan. **Please note:** If you are a current enrollee, your current benefits are pre-populated, and cannot be changed. Plan selection changes are allowed annually during the month of May for a July 1 effective date.

Each tab represents the type of benefit for which the new enrollee (employee and/or dependent) is eligible.

• Benefits
When selecting benefits below, please make sure to click on each plan tab to complete your enrollment.

Medical Dental Life

Selected Benefits	Plan Name	Start Date	Benefit Description	Employee Contribution would be \$0.00 per month
<input type="radio"/>	\$1,000 Deductible - Active	7/1/2021		
<input type="radio"/>	\$1,500 Deductible - Active	7/1/2021		
<input checked="" type="radio"/>	\$2,500 Deductible - Active	7/1/2021		
<input type="radio"/>	Waive Coverage			

Dependents

Add Dependent

	Name	Relationship	Gender	DOB	SSN
<input type="checkbox"/>	Matt Christie	Child	Male	7/23/2000	000-00-0000
<input type="checkbox"/>	Bob Christie	Spouse	Male	8/22/1965	000-00-0000
<input checked="" type="checkbox"/>	Jacob Christie	Child	Male	2/22/2021	000-00-0000
<input checked="" type="checkbox"/>	John Christie	Child	Male	8/22/2019	123-48-5986

Next

You must confirm enrollment for each eligible dependent by marking the appropriate check box and complete each benefit tab separately in order to complete the process. You may utilize the “Next” button to continue to the next benefit election. You may also utilize the “Add Dependent” button if you wish to add additional eligible dependents.

• **Benefits**

When selecting benefits below, please make sure to click on each plan tab to complete your enrollment.

Medical

Dental

Life

Selected Benefits

Plan Name

Start Date

Benefit Description

Employee Contribution would be \$0.00 per month



WEBT High Option Dental

7/1/2021



Waive Coverage

• **Benefits**

When selecting benefits below, please make sure to click on each plan tab to complete your enrollment.

Medical

Dental

Life

Selected Benefits

Plan Name

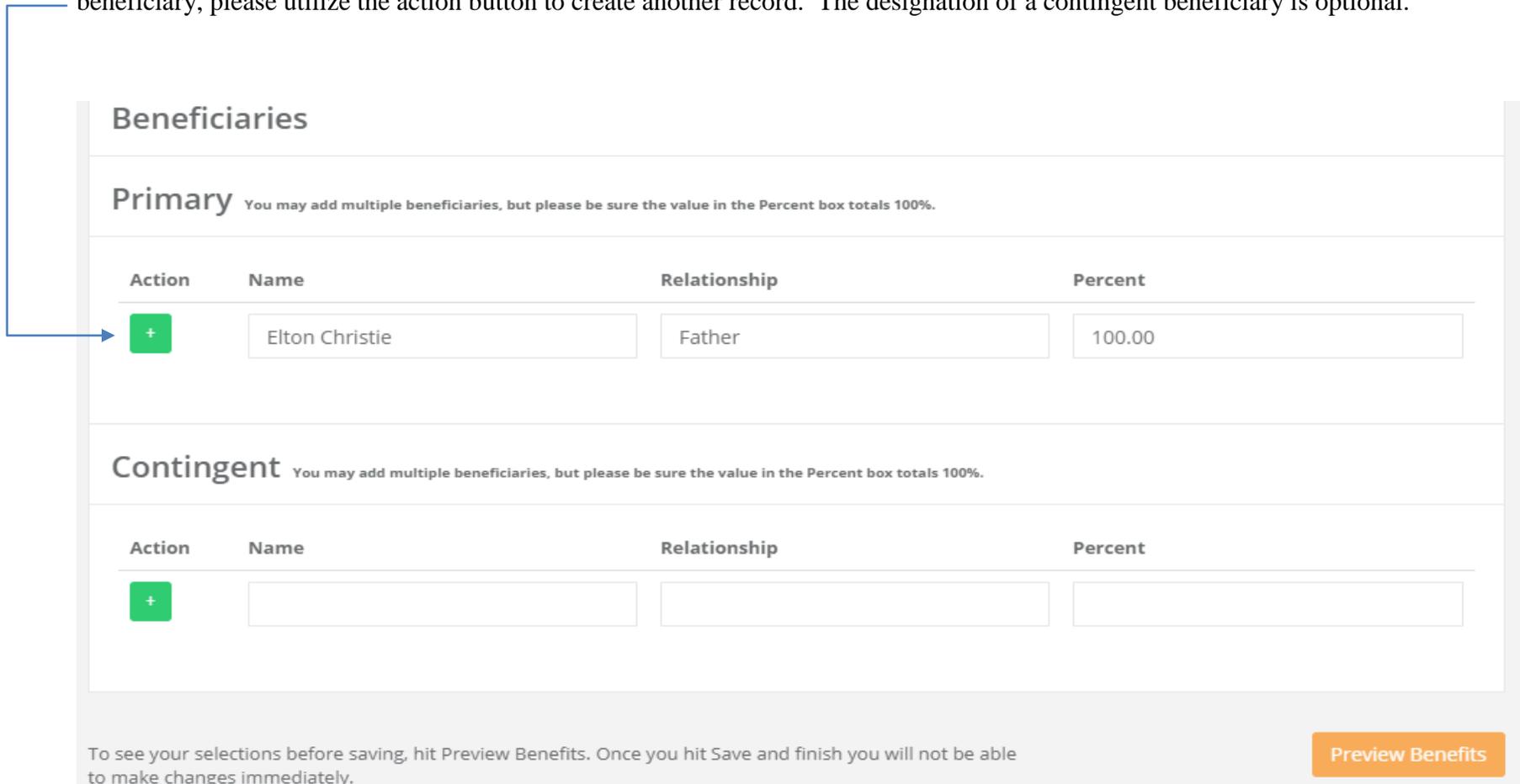
Start Date



Life - Active **Required**

7/1/2021

All enrollees are required to designate a primary beneficiary for life insurance purposes. If an enrollee has more than one primary beneficiary, please utilize the action button to create another record. The designation of a contingent beneficiary is optional.



The screenshot shows a web form titled "Beneficiaries" with two sections: "Primary" and "Contingent". Each section has a table with columns for "Action", "Name", "Relationship", and "Percent". In the "Primary" section, one record is filled out for "Elton Christie" as the "Father" with "100.00" percent. A blue arrow points to the green "+" action button in the "Primary" section. In the "Contingent" section, all fields are empty, and another blue arrow points to the "Preview Benefits" button at the bottom right. A note at the bottom left explains that after saving, changes cannot be made immediately.

Action	Name	Relationship	Percent
	<input type="text" value="Elton Christie"/>	<input type="text" value="Father"/>	<input type="text" value="100.00"/>

Action	Name	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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](#)

Once you have entered all the required information for benefit elections, please click the “Preview Benefits” button to review elections and confirm enrollment.

Please review the "Preview Coverages" page for accuracy of plan elections and dependent enrollment.

Preview Coverages

Medical
\$2,500 Deductible Starts on 07/01/2021 . Total Cost \$0.00 - Employer Contribution \$0.00 = Your monthly cost\$0.00
Covered Dependents
Jacob Christie <i>(Child)</i>
John Christie <i>(Child)</i>
Dental
WEBT High Option Dental Starts on 07/01/2021 . Total Cost \$0.00 - Employer Contribution \$0.00 = Your monthly cost\$0.00
Covered Dependents
Jacob Christie <i>(Child)</i>
John Christie <i>(Child)</i>

Life

- **Life** with Cost **\$0.25** and Amount **\$25,000.00** Starts on **07/01/2021**

Total Cost Per Month \$0

Make a Change

Save & Finish

You may click the “Make a Change” button and be redirected to the beginning of the benefit selection site in order to allow you the opportunity to make changes, or you may click the Save & Finish button to submit your enrollment for Employer approval.

Once you click the Save & Finish button, you will be redirected to a page that confirms submission. This page will allow you to add any additional information pertaining to proof of coverage (if required), to electronically submit other coverage information, and to print a summary of elected benefits if desired.

Your elections have been submitted for review.

Add Attachment *(Accepted File Types are .pdf,.txt, .ods, .odt, .xlsx, .doc and please no larger than 6 MB)*

Upload Proof of Event

Please upload Proof of Event document here if applicable

No file chosen

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 (**Jacob Christie**)

No file chosen

Please upload Proof of Dependent(s) for each applicable dependent (**John Christie**)

No file chosen

Other Insurance Verifications

Please confirm whether you or your dependents have other insurance by clicking [here](#).

Once “Save & Finish” is selected, a request gets sent to your employer to review and approve your benefits. Once your employer approves your benefits, you will receive the following email:

Sandbox: WEBT Benefit Selection Reviewed by Admin



WEBT Online Portal <webtcommunity@gmail.com>

To  Kouba, Dorothy



10:23 AM

Hi Teresa Christie,

Your employer has reviewed your recent benefit elections and has sent them off for final approval by WEBT. You will be contacted if there are any questions or concerns. Please click [here](#) to view the status of your elections.

Comments :

Thank you



You may review your employer’s comments and follow the “here” link to review your record and make updates as needed.

Please Note: If changes are required to your submission, you will receive an email directing you to update your submission and resubmit.

Please feel free to contact your WEBT Account Manager via email or contact the WEBT/Willis Towers Watson office at (307) 634-5566 should you need assistance with your employee portal site.