Instructions on how to complete Enrollment/Change for:

I (or my eligible dependent) recently lost of gained similar coverage

1. Log into the enrollment site at:  https://trustmark.benselect.com/Enroll

   Employee ID or SSN
   PIN: Last 4 of SSN and last 2 of birth year Ex- 415882
2. Please review all information to help with your Enrollment/Change.

<table>
<thead>
<tr>
<th>Your Benefits</th>
<th>Benefit</th>
<th>Cost per Paycheck Coverage Termination Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Family</td>
<td>$83.00 pre-tax</td>
<td></td>
</tr>
<tr>
<td>Dental Family</td>
<td>$0.00 pre-tax</td>
<td></td>
</tr>
<tr>
<td>Vision Family</td>
<td>$0.00 pre-tax</td>
<td></td>
</tr>
<tr>
<td>Basic Life</td>
<td>150% of annual salary - $150,000 Employer-paid</td>
<td></td>
</tr>
<tr>
<td>Medical FSA, No Re</td>
<td>$10.00 pre-tax</td>
<td></td>
</tr>
<tr>
<td>Parking Reimbursement</td>
<td>$20.00 pre-tax</td>
<td></td>
</tr>
<tr>
<td>Long Term Disability</td>
<td>60% of monthly salary - $5,000 $18.75 after-tax $121.75 total</td>
<td></td>
</tr>
</tbody>
</table>

Press Next to review personal information and begin enrollment.
3. Under the heading: You & Your Family, choose Life Events.
4. I (or my eligible dependent) recently lost or gained similar coverage.
5. Enter the Event Date: The exact date your eligible dependent lost or gained coverage. Check all boxes you wish to make a change to. You will need to select Medical and Vision, Dental and Prescription Drug if you would like to make insurance changes. Do not select those benefits you do not wish to open and make any change to.

*IMPORTANT*
You are responsible for timely application and submission of dependent verification. If you wish to add an eligible dependent at any time throughout the year, it is your responsibility to go online and make that change within 31 days of the qualifying event. If the enrollment/change is not made within 31 days of the qualifying event, the applicant will be determined a Late Enrollee, and will be required to wait until the next open enrollment period.
6. Enter your PIN (Last 4 of SSN and last 2 of birth year) and click the orange check box to continue.

Please note: Once you enter your PIN, you MUST then proceed to each benefit plan and make applicable changes. For example, add your new dependent to your medical plan, dental plan, etc. For assistance with life event changes for your voluntary benefits please call SES at 419-930-5978.
7. It will bring up those benefits you *did not* previously select. If you still wish to *not* make changes to these, click Next. If you wish to make a change, check the box of each benefit you would like to make a change to.
8. The system will take you to the first benefit box you checked. You should verify all dependents listed under Covered People. If a spouse/dependent is not currently covered and is now eligible, click the pencil icon next to Covered People and add them. If you need to remove a spouse or dependent that is no longer eligible, click the pencil icon and remove from your medical plan. Once correct, click the Enroll button.
9. OTHER PRIMARY INSURANCE: Spouse/Dependent Medical, Dental, and Vision Insurance. If new dependent has other primary medical coverage please list here. If no other primary coverage, please write “n/a”. Click next to continue
10. Review Medical and Vision Plan and all covered dependents. If correct, please click Confirm.
11. The system will take you to the next benefit you selected in step #5. In this example that is the Dental Plan. You should verify all dependents listed under Covered People. If you would like to make a change to Covered People, select the pencil icon next to Covered People to either add or remove a dependent from your dental plan. Once confirmed, click the Enroll button.
12. Review Dental Plan and all covered dependents. If correct, please click Confirm.

13. Repeat this same process for the remainder of the benefits you selected in step #5.
14. Once you have completed all changes, it will take you to the Sign and Submit Page. Please review all your elections and click Next.
15. Review your Benefit Confirmation Form and Sign. Your electronic signature is your PIN. (Last 4 of SSN and last 2 of birth year)
16. Once you have signed the form you will see Sign/Submit Complete and Congratulations letting you know your enrollment is finished. Again, you can review your elections.

If you have any questions or would like assistance with processing your Enrollment/Change please call Strategic Enrollment Services (SES) at 419-930-5978