Instructions on how to complete Enrollment/Change for:

I recently got married or became a party to a civil union or domestic partnership.

1. Log into the enrollment site at: [https://trustmark.benselect.com/Enroll](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.
3. Under the heading: You & Your Family, choose Life Events.
4. Choose: I recently got married or became a party to a civil union or domestic partnership.

Click Next
5. Please add; actual date of marriage, spouse’s name, SSN and gender. If your name or address has changed, please update with your department human resource staff as soon as possible. If you have new dependent children as a result of marriage check that box.

Click Next to continue
6. If you do not have dependent child(ren) to add as a result of marriage proceed to #9 now.

Click the + plus sign to add dependent child(ren). If you have more than one dependent child, you will click the + sign to add each child separately.
7. Add Reason, Relationship, Event Date (Date of Marriage), Name, Date of Birth, SSN, and Gender.

Click Save to Continue
8. Once all new dependents have been added, click Next to continue.
9. Enter your PIN (Last 4 of SSN and last 2 of birth year) and click the orange check box to continue.

Life Event: Please Confirm.

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.

By entering my PIN below, I certify that my spouse or dependent died recently and that the information given above is correct to the best of my knowledge. Death of a spouse or dependent are qualifying events under Section 125 of the Internal Revenue Service code entitling me to re-enroll in certain benefit plans.
10. The system will bring up all benefit plans you are *eligible* to make changes to (if you would like) due to your life event. Please check all plans you wish to make changes to. If you do not wish to make any changes to any flexible benefit plans and/or voluntary plans do not select. **You must add new spouse (and dependent child(ren)) to your medical, dental and vision plans for benefit coverage.**

Click Next to continue
11. It will take you to the first benefit box you checked. You should verify your new spouse (and dependent child(ren)) is now listed under Covered People and enrolled under your current medical plan. *If you were previously: Employee Only, you will now need to select Employee + 1 or Employee + Family.* You and all dependents should be shown under Covered People. If correct, click the Enroll button.
12. OTHER PRIMARY INSURANCE: Spouse/Dependent Medical Insurance. If new dependent has other primary medical coverage please list here. If no other primary coverage, please write “n/a”.

Spouse/Dependent Medical Insurance
Enter name of other PRIMARY insurance for spouse and/or dependents, if any. Please use n/a if you are married to another City of Toledo employee who is also eligible for City of Toledo benefits or if you are covering a dependent child who has no other primary medical insurance.

Spouse Employee
If Spouse has other primary coverage write the company name here
Child Employee
n/a
Child 2 Employee
n/a
13. Review your Medical Plan and all covered dependents, including any dependents that were newly added. If correct, please click Confirm.
14. Next verify your new dependent is now listed under Covered People and enrolled under your current Dental plan. Once confirmed, click the Enroll button.
15. Review Dental Plan and all covered dependents. If correct, please click Confirm.
16. Verify your new dependent is now listed under Covered People and enrolled under your current Vision plan. Once confirmed, click the Enroll button.
16. Review Vision Plan and all covered dependents. If correct, please click Confirm.

18. Repeat this same process for any additional benefits you selected in step 10.
19. Once you have completed all changes, it will take you to the Sign and Submit Page. Please review all your elections and click Next.
20. Review your Benefit Confirmation Form and Sign. Your electronic signature is your PIN. (Last 4 of SSN and last 2 of birth year)

Click Download Form if you wish to save a PDF version of your Benefit Confirmation Form for your records.
21. 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