

# Selerix/BenSelect

## Self-Enrollment Walkthrough

*Presented by BenAware*

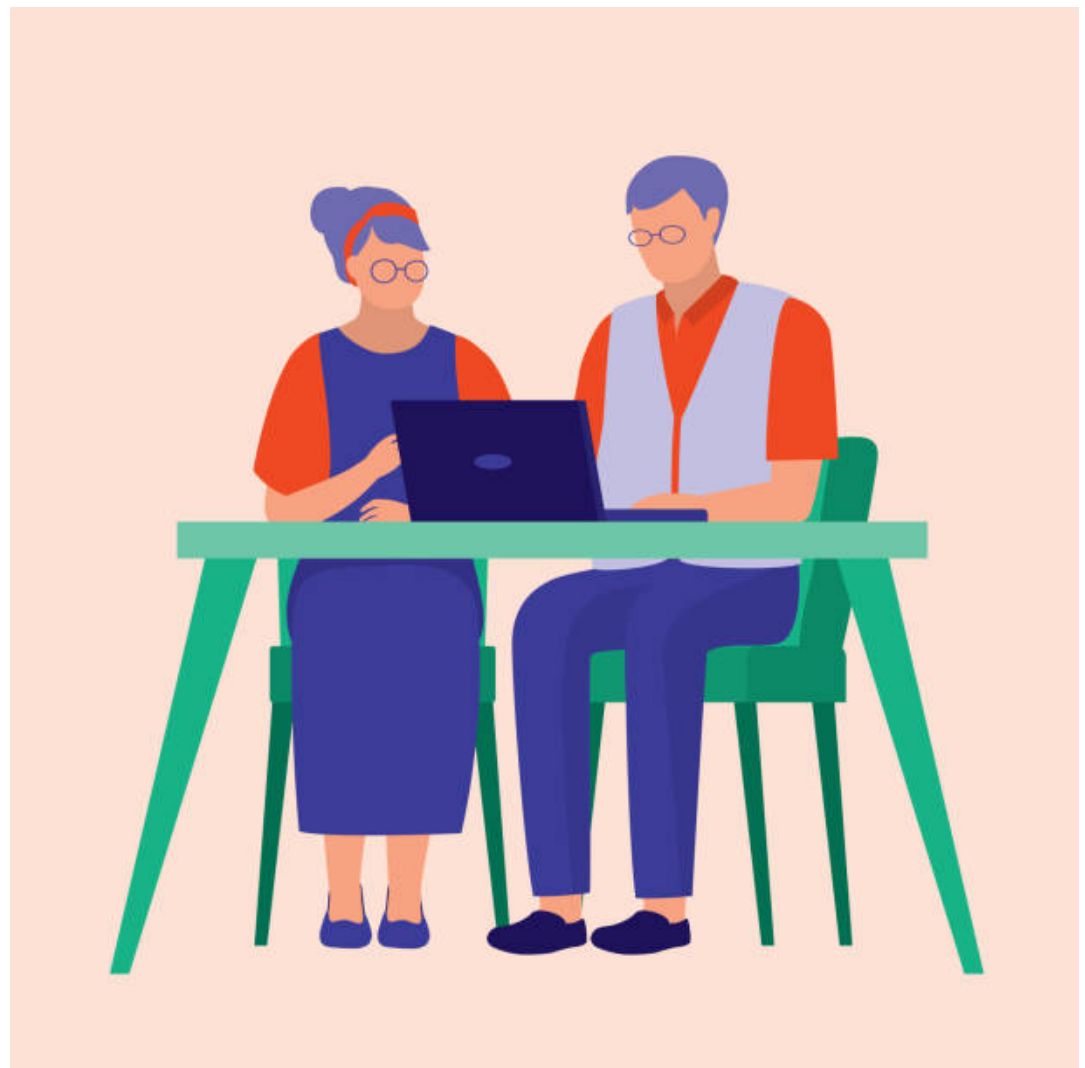
### Welcome to Your Voluntary Benefits Enrollment!

This is your opportunity to review and take advantage of some of your special employee or member benefits.

Be sure to act now – this is usually the only time of year that you have the opportunity to select these benefits or make certain changes to them.

### Before you start:

1. Think about your financial needs and those of your family. What type of protection will you need this year, and going forward?
2. Plan to spend about 15-20 minutes reviewing and selecting your benefits.
3. Make sure that you have information on hand about your spouse and dependents.



# Login Page

Your employer will provide you a custom link to log in.

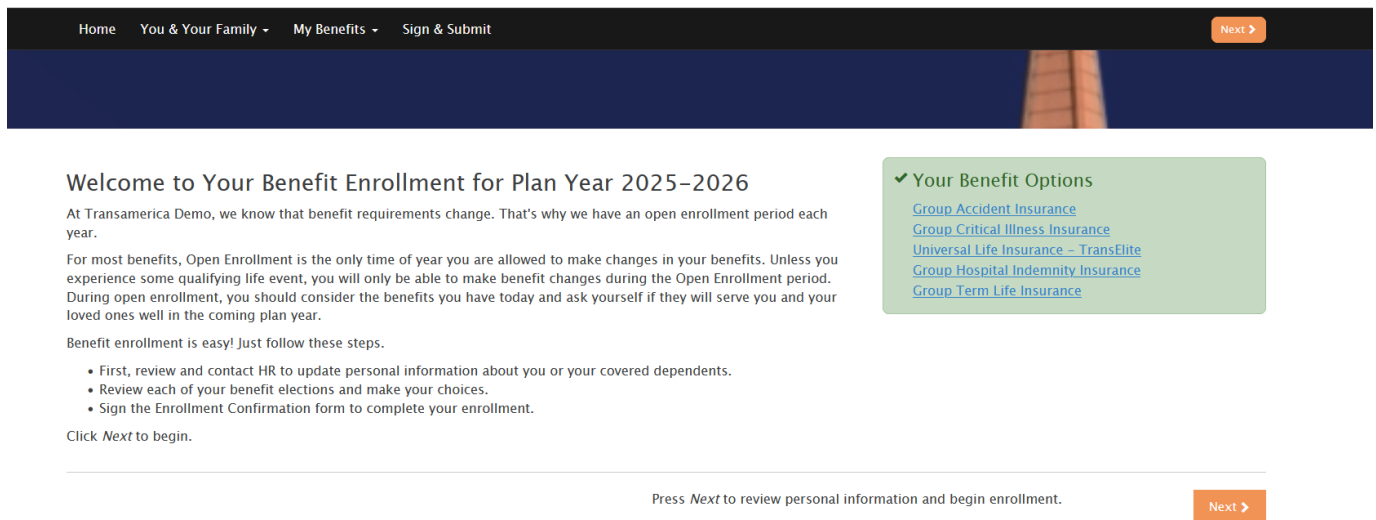
When you are ready, log in with your Social Security number, and PIN. *Your PIN is the last four digits of your SSN, followed by the last two digits of your birth year.* If your group has a custom login, you will have separate instructions provided.

The screenshot shows a web interface for an "Enrollment Site". On the left, there is a login form with two input fields: "Employee ID or SSN" and "PIN". A "Forgot Password" link is positioned to the right of the PIN field. Below the fields is a "Log in" button. A disclaimer at the bottom of the form states: "By entering your user ID and Personal Identification Number, you are agreeing to the terms of the [Consent to Enroll Electronically](#)." On the right side of the page, under the "Enrollment Site" header, there is a notice: "To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department." Below this notice are three buttons: "Security Info" (with a lock icon), "Privacy Policy" (with an eye icon), and "Admin Site" (with a right-pointing arrow icon). At the very bottom of the page, there is a copyright notice: "© Selerix Systems, Inc. All rights reserved."

# Welcome Message

This screen provides a welcome message regarding your open enrollment.

When you are ready to continue, click  at the below right.



The screenshot shows a web interface for benefit enrollment. At the top is a dark navigation bar with links for Home, You & Your Family, My Benefits, and Sign & Submit, along with a Next button. The main content area has a dark blue header with a brick wall image. Below this is the main heading 'Welcome to Your Benefit Enrollment for Plan Year 2025-2026'. The text explains that at Transamerica Demo, benefit requirements change annually, and this is the only time to make changes. It lists three steps: 1. Review and contact HR to update personal information. 2. Review each of your benefit elections and make your choices. 3. Sign the Enrollment Confirmation form. A 'Your Benefit Options' box lists links for Group Accident Insurance, Group Critical Illness Insurance, Universal Life Insurance - TransElite, Group Hospital Indemnity Insurance, and Group Term Life Insurance. At the bottom, there is a 'Next' button and a prompt to 'Press Next to review personal information and begin enrollment.'

Home You & Your Family - My Benefits - Sign & Submit Next >

## Welcome to Your Benefit Enrollment for Plan Year 2025-2026

At Transamerica Demo, we know that benefit requirements change. That's why we have an open enrollment period each year.

For most benefits, Open Enrollment is the only time of year you are allowed to make changes in your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year.

Benefit enrollment is easy! Just follow these steps.

- First, review and contact HR to update personal information about you or your covered dependents.
- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click *Next* to begin.

✓ Your Benefit Options

- [Group Accident Insurance](#)
- [Group Critical Illness Insurance](#)
- [Universal Life Insurance - TransElite](#)
- [Group Hospital Indemnity Insurance](#)
- [Group Term Life Insurance](#)

Press *Next* to review personal information and begin enrollment. Next >

# Personal Information

On this screen, you will review and enter all of your personal information. Some of this information may have been pre-populated. All fields with names shown in bold lettering are required.

Be sure to look through all of the information, confirm that it is correct and fill in anything that is missing.

When you are done, click **Next** at the below right.

If any personal information needs to be updated, please contact the HR Department. Click the **Next** button to continue.

\* marked fields are required.

### Personal Info

\* **Name:**      
First MI Last Suffix

\* **Date of Birth:**

SSN:

\* **Gender:**  Male  Female  Other

### Contact Info

\* **Address:**    
Country

Street

Street (cont.)

City State Zip

\* **Mailing Address:**  Same as home address

Country

Street

Street (cont.)

City State Zip

\* **Home Phone:**

**Work Phone:**

**Mobile Phone:**

**E-Mail:**

**Personal E-Mail:**

# Dependent Information

On this screen, you can add and/or review information about your dependents. (Some information on your dependents may have been pre-populated.)

To add a new dependent, click the "Add Dependent" button.

You will be taken to a separate screen where you can add your dependent's information. All fields with names shown in bold lettering are required.

When you are done adding the information, click **Save**

Your dependent will be added to the list.

To review a dependent's information, click their name. You will be taken to that same screen with all information about the dependent shown. Please review and update information and click Save when done.

When all your dependents appear in the list, click **Next** at the below right.

**Spouse & Dependents**

Click Add ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the Next button when you are finished.

Dependents

Name	SSN	DOB	Sex	Relation	Uploads	
Child 12 Test	***-**-0012	6/2/1989	F	Child	0	<a href="#">/</a> <a href="#">X</a>
Child 35 Test	***-**-0035	1/10/2000	F	Child	0	<a href="#">/</a> <a href="#">X</a>

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the Add Dependent button below.

**+ Add Dependent**

[Back](#) [Next >](#)

**Add Dependent**

Add information on your dependents below. Optional fields are marked in *italics*.

Dependent Info

**\* Relationship:** Spouse

**\* Name:** First  MI  Last  Suffix

**\* Date of Birth:**

SSN:

**\* Gender:**  Male  Female  Other

Full-time Student:  Yes  No

Disabled:  Yes  No

**\* Address:**  Same as employee

USA

Country

1245 Test Rd

Street

Street (cont.)

Test City  VA  55566

City State Zip

Home Phone:

Work Phone:

Email Address:

**Save** **Cancel**

**Spouse & Dependents**

Click Add ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the Next button when you are finished.

Dependents

Name	SSN	DOB	Sex	Relation	Uploads	
Child 12 Test	***-**-0012	6/2/1989	F	Child	0	<a href="#">/</a> <a href="#">X</a>
Child 35 Test	***-**-0035	1/10/2000	F	Child	0	<a href="#">/</a> <a href="#">X</a>

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the Add Dependent button below.

**+ Add Dependent**

# Review Available Benefits

You will now be shown a list of all your available benefits.

Click "Review" on any of these to get started.

## My Benefits

Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.

- Group Accident Insurance**  
You have to complete enrollment in this plan. [Review](#)
- Group Critical Illness Insurance**  
You have to complete enrollment in this plan. [Review](#)
- Universal Life Insurance – TransElite**  
You have to complete enrollment in this plan. [Review](#)
- Group Hospital Indemnity Insurance**  
You have to complete enrollment in this plan. [Review](#)

My Benefits	
<input type="radio"/> Group Accident Insurance	\$0.00
<input type="radio"/> Group Critical Illness Insurance	\$0.00
<input type="radio"/> Universal Life Insurance – TransElite	\$0.00
<input type="radio"/> Group Hospital Indemnity Insurance	\$0.00
<input type="radio"/> Group Term Life Insurance	\$0.00
Employer Cost	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$0.00
<b>Total Cost</b> Per Pay Period	<b>\$0<sup>00</sup></b>

## SPECIAL INSTRUCTIONS

# Enrolling in Universal Life (UL10) and/or TransElite

Enrolling in Transamerica Universal Life is unique.

### STEP 1

When you click “Review” for these products, you will be shown a list of names: yourself and/or any eligible dependents.

(Note: Eligibility may vary for these products.)

Click a person’s name to begin enrolling for that person.

Home You & Your Family ▾ My Benefits ▾ Sign & Submit ◀ Back Next ▶

## Universal Life Insurance – TransElite

TransElite insurance product from Transamerica is a flexible premium, adjustable policy that combines protection with the ability to grow cash value. To help to protect a secure financial future, this policy has a specified death benefit, plus the opportunity to tailor coverage to fit personal situations and family needs.

If you have questions related to this product, contact the licensed agent (John Smith, 800-123-1234).

You may apply for coverage for any of the individuals listed below. To view prices or apply, click the name of the person in the list below.

Name	Relationship	Sex	DOB	Riders
<a href="#">Test 12 Employee</a>	Employee	M	6/13/1961	
<a href="#">Child 35 Test</a>	Child	F	1/10/2000	

I wish to CONFIRM the changes made in this enrollment session.  
 I wish to CANCEL changes made in this enrollment session.

◀ Back Next ▶

# SPECIAL INSTRUCTIONS (continued)

## Enrolling in Universal Life (UL10) and/or TransElite

**STEP 2** This page contains information and a video about this Trustmark product. **Review this information and watch the video.**

Click [here](#) to watch a short video about TransElite's various benefits.

Select the desired benefit amount or cost from the list below. If you wish you may enter a specific coverage amount or benefit amount. You may select any optional coverages (if offered) from the list below.

To apply, select *I wish to apply for this coverage*. If you do not wish to purchase this coverage, choose *I wish to DECLINE this coverage*. Press Next when you are finished.

Not available for use in Guam, Montana, New York, Puerto Rico, Virgin Islands and Wyoming.

Option A - the death benefit is equal to the face amount of the life insurance coverage.

**Insurance for** Test 12 Employee

Tobacco user in the last year?

Death Benefit Option

Are you actively at work on a full-time basis and able to perform the duties of your occupation?

Cost per Pay Period	Benefit Amount
<input checked="" type="radio"/> \$20.92	<a href="#">10,000</a>
<input type="radio"/> \$31.38	<a href="#">15,000</a>
<input type="radio"/> \$41.84	<a href="#">20,000</a>
<input type="radio"/> \$52.30	<a href="#">25,000</a>
<input type="radio"/> \$62.76	<a href="#">30,000</a>
<input type="radio"/> \$73.22	<a href="#">35,000</a>
<input type="radio"/> \$83.68	<a href="#">40,000</a>
<input type="radio"/> \$94.14	<a href="#">45,000</a>
<input type="radio"/> \$104.59	<a href="#">50,000</a>
<input type="radio"/> \$543.90	<a href="#">250,000</a>
<input type="radio"/> \$554.36	<a href="#">265,000</a>
<input type="radio"/> \$564.82	<a href="#">270,000</a>

**Base Policy** \$20.92

**Application riders**

- Child Level Term Insurance Rider
- Chronic Condition Rider
- Accelerated Death Benefit for Terminal Illness

**Total Premium: \$20.92**

I wish to apply for this coverage  
 I wish to DECLINE this coverage

When you are done reviewing, you may choose a benefit amount and premium from the list shown, or enter your own premium or benefit amount.

Under “Application riders,” you may be able to check or uncheck certain optional features. (Features with a grayed-out checkbox are not optional.) Select whether you wish to apply for coverage or decline coverage for the person whose name you clicked to arrive at this screen. Your decision is only for that person.

When you have made your selections, click



# SPECIAL INSTRUCTIONS (continued)

## Enrolling in Universal Life (UL10) and/or TransElite

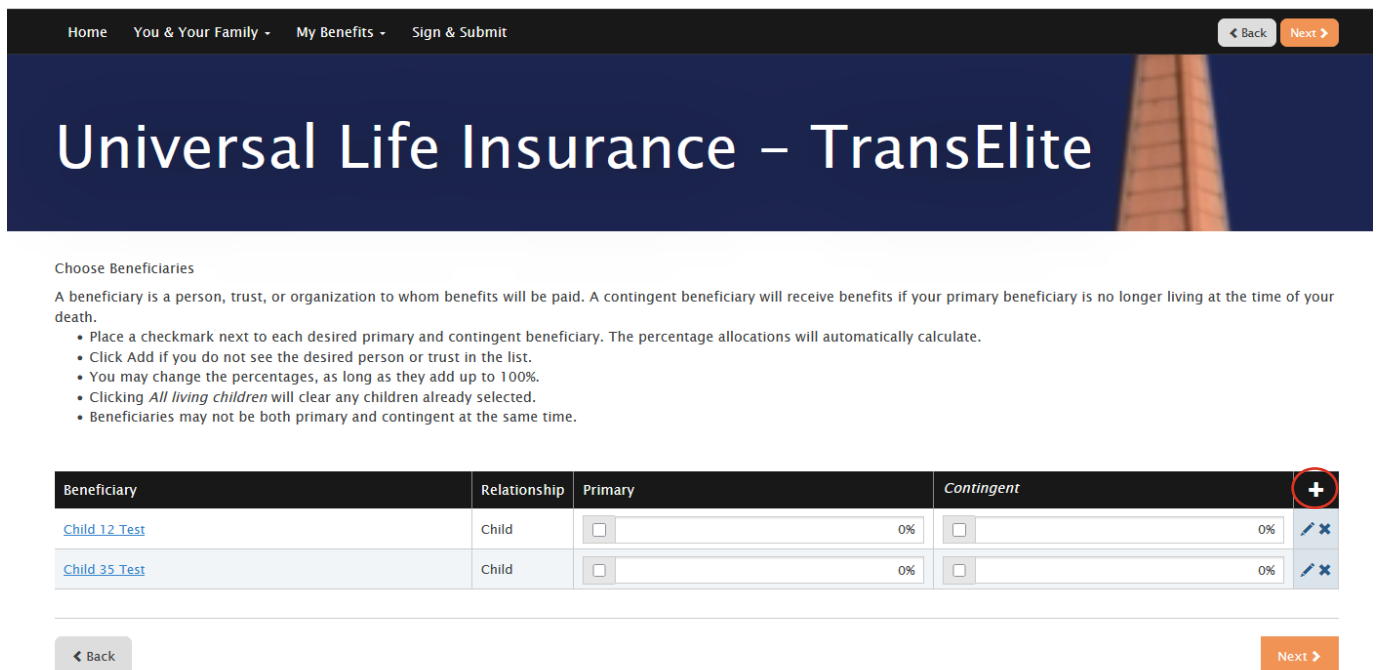
### STEP 3

You now need to select your beneficiaries.

Instructions on the page will tell you how to select your beneficiaries and assign them benefit percentages.

If you do not see a beneficiary listed, click the + button in order to add them. You will be taken to a screen where you are able to add your beneficiary.

When you have added and assigned percentages to all your beneficiaries, click 



The screenshot shows a web interface for selecting beneficiaries. At the top, there is a navigation bar with links for Home, You & Your Family, My Benefits, and Sign & Submit. On the right side of the navigation bar are buttons for Back and Next. The main heading is "Universal Life Insurance – TransElite". Below the heading, the section is titled "Choose Beneficiaries". A paragraph explains that a beneficiary is a person, trust, or organization to whom benefits will be paid, and that a contingent beneficiary will receive benefits if the primary beneficiary is no longer living at the time of death. A list of instructions follows: place a checkmark next to each desired primary and contingent beneficiary; click Add if the desired person or trust is not in the list; change percentages as long as they add up to 100%; clicking "All living children" will clear any children already selected; and beneficiaries may not be both primary and contingent at the same time. Below the text is a table with columns for Beneficiary, Relationship, Primary, and Contingent. Two rows are shown, both for "Child" relationships. Each row has a checkbox for Primary and a checkbox for Contingent, both currently unchecked, and a percentage field set to 0%. There are edit and delete icons for each row. A red circle highlights a plus sign icon in the top right corner of the table area. At the bottom of the screen are Back and Next navigation buttons.





Home You & Your Family - My Benefits - Sign & Submit Back Next

## Universal Life Insurance – TransElite

Choose Beneficiaries

A beneficiary is a person, trust, or organization to whom benefits will be paid. A contingent beneficiary will receive benefits if your primary beneficiary is no longer living at the time of your death.

- Place a checkmark next to each desired primary and contingent beneficiary. The percentage allocations will automatically calculate.
- Click Add if you do not see the desired person or trust in the list.
- You may change the percentages, as long as they add up to 100%.
- Clicking *All living children* will clear any children already selected.
- Beneficiaries may not be both primary and contingent at the same time.

Beneficiary	Relationship	Primary	Contingent	
<a href="#">Child 12 Test</a>	Child	<input type="checkbox"/> 0%	<input type="checkbox"/> 0%	 
<a href="#">Child 35 Test</a>	Child	<input type="checkbox"/> 0%	<input type="checkbox"/> 0%	 

Back Next

# SPECIAL INSTRUCTIONS (continued)

## Enrolling in Universal Life (UL10) and/or TransElite

### STEP 4

You will now be returned to the list of eligible person. If you wish to enroll for another person, please click that person's name and repeat the above process. When you have completed enrollment for all eligible persons, click [Next](#)

## Universal Life Insurance – TransElite

TransElite insurance product from Transamerica is a flexible premium, adjustable policy that combines protection with the ability to grow cash value. To help to protect a secure financial future, this policy has a specified death benefit, plus the opportunity to tailor coverage to fit personal situations and family needs.

If you have questions related to this product, contact the licensed agent (John Smith, 800-123-1234).

Each person currently covered is listed below. If you wish to make a change to the coverage, click the person's name.

Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options	
<a href="#">Test 12 Employee</a>	Employee	6/13/1961		10,000	\$20.92	LBR, TIR	<a href="#">Withdraw</a>

You may apply for coverage for any of the individuals listed below. To view prices or apply, click the name of the person in the list below.

Name	Relationship	Sex	DOB	Riders
<a href="#">Child 35 Test</a>	Child	F	1/10/2000	

- I wish to CONFIRM the changes made in this enrollment session.
- I wish to CANCEL changes made in this enrollment session.

[← Back](#)

[Next →](#)

# SPECIAL INSTRUCTIONS (continued)

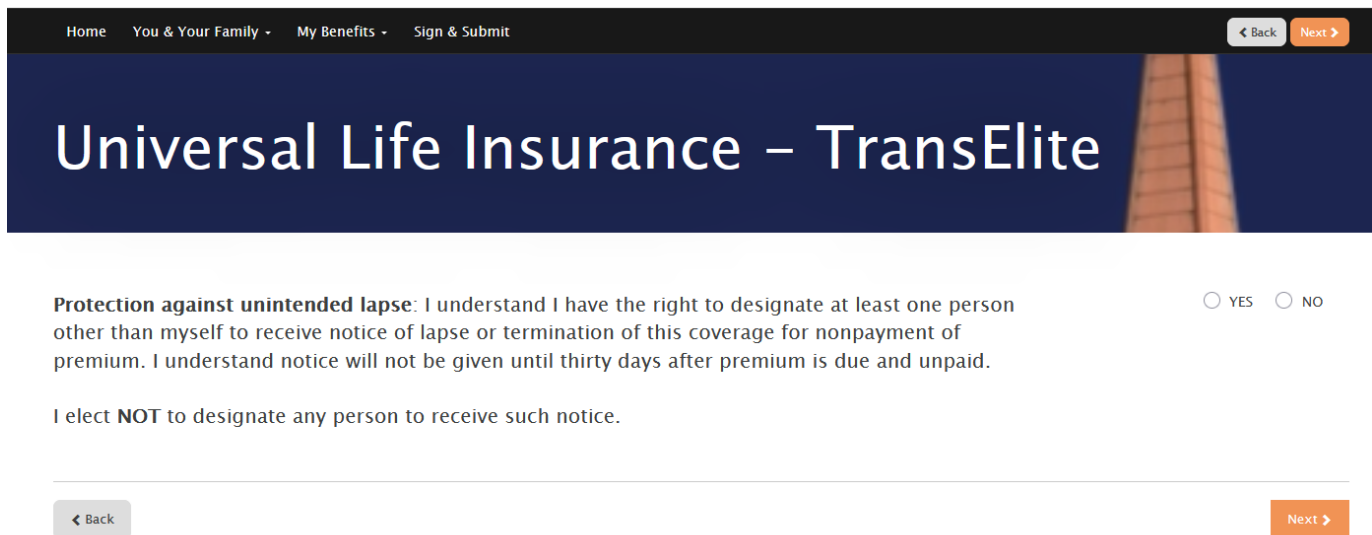
## Enrolling in Universal Life (UL10) and/or TransElite

### STEP 5

At this point, you may be required to answer a few simple questions.

Please answer the questions, and click

Next



The screenshot shows a web interface for "Universal Life Insurance – TransElite". At the top, there is a navigation bar with links for "Home", "You & Your Family", "My Benefits", and "Sign & Submit". On the right side of the navigation bar are "Back" and "Next" buttons. The main heading is "Universal Life Insurance – TransElite". Below the heading, there is a question about "Protection against unintended lapse" with two radio button options: "YES" and "NO". The "NO" option is selected. Below the question, there is a statement: "I elect NOT to designate any person to receive such notice." At the bottom of the form, there are "Back" and "Next" buttons.

Home You & Your Family - My Benefits - Sign & Submit

Back Next

## Universal Life Insurance – TransElite

**Protection against unintended lapse:** I understand I have the right to designate at least one person other than myself to receive notice of lapse or termination of this coverage for nonpayment of premium. I understand notice will not be given until thirty days after premium is due and unpaid.

YES  NO

I elect **NOT** to designate any person to receive such notice.

Back Next

You will now be returned to the screen that shows a list of all your available benefits.

# Enrolling in Other Plans

When you click "Review" on the next benefit, you will be guided through the steps to review your benefits and enroll.

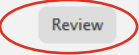

For these products, the process of enrolling is simple:

- You will not need to provide separate applications for each eligible person.
- You may not need to select any beneficiaries (depending on the product).
- You may or may not have to answer a few simple questions.


When you are done with each page, click 

When you are finished with each product, you will be returned to the list of available benefits, and you may select the next product to review.

Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.

<input type="radio"/> <b>Group Accident Insurance</b> You have to complete enrollment in this plan.	
<input type="radio"/> <b>Group Critical Illness Insurance</b> You have to complete enrollment in this plan.	

# Sign and Submit

When you have finished reviewing and enrolling in all products, click  at the bottom of the screen showing your available benefits.

You will be taken to a screen called “Sign and Submit,” showing your benefit elections and costs. If you need to make any changes, click the plan on which you wish to change your elections.

If you are satisfied with your elections, click 

## Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- **Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the “NEXT” button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- **Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu at the left.

### Your Benefits

Plan	Description	Employee Pretax Cost	Employee Posttax Cost	Employer Paid
<a href="#">Group Accident Insurance</a>	Waived			
<a href="#">Group Critical Illness Insurance</a>	Waived			
<a href="#">Universal Life Insurance – TransElite</a>	Transamerica TransElite; EO	\$0.00	\$41.84	\$0.00
<a href="#">Group Hospital Indemnity Insurance</a>	Waived			
<a href="#">Group Term Life Insurance</a>	Waived			
<b>Total</b>		<b>\$0.00</b>	<b>\$41.84</b>	<b>\$0.00</b>

### Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed /Reviewed	Enroller Date Signed /Reviewed
<input type="checkbox"/> CUL-AP-04-00 Trans Elite Application	Unsigned		
<input type="checkbox"/> Benefit Confirmation Form	Unsigned		N/A

 Next >

# Review and Sign

On this page, “Review / Sign Forms,” click each link under “Form Name” to review the relevant informational document.

You may review and sign each form individually, or select the checkboxes next to each form on the “Review / Sign Forms” page and sign them all at once.

Home You & Your Family - My Benefits - Sign & Submit Next >

## Review / Sign Forms

Your enrollment will not be complete until you review and sign the forms listed below. By entering your electronic signature below, you are giving your consent to the electronic signature (e-signature) process and authorization to use electronic records and electronic signatures connected with your enrollment. If you decline the e-signature process, you will not be able to complete your enrollment electronically.

Please review each document carefully and place a checkmark next to each before signing.

Form Name
<input checked="" type="checkbox"/> <a href="#">CUI-AP-04-00 Trans Elite Application</a>

**Employee:** By clicking the *Sign Form* button, I am electronically signing the form listed above.

Sign Form

Next >

Your legal signature is applied by clicking the orange  button.

# Benefit Verification and Deduction Confirmation

The final form will be your Benefit Verification / Deduction Confirmation. You must review and sign this form individually. In the PIN box, enter the PIN you used to sign into the enrollment platform.

Home You & Your Family - My Benefits - Sign & Submit Next >

## Review / Sign Forms

Benefit\_Form\_SIGNFORMPAGE\_PLAININSTRUCTIONS

### Benefit Verification / Deduction Confirmation

Name	SSN	Employee ID	Date of Hire	Reason for Completing Form
Test 12 Employee	***-**-1300	2399	06/03/2013	Open Enrollment

Location	Department	Job Class	Pay Mode
Location 1	default	FT	26

Work Phone	Home Phone	E-mail
	(458) 159-8484	

Address	
1245 Test Rd Test City, WA 56506	

### Benefit Deduction Summary

Plan	Product	Cvg	Benefit Amount	Def. Cycle	Employer Cost	Employee Cost Pre-tax	Employee Cost Post-tax	
Group Accident Insurance	Waived							
Group Critical Illness Insur	Waived							
Universal Life Insurance - T	Transamerica TransElite	EO	20,000	26	0.00	0.00	41.84	
Group Hospital Indemnity I	Waived							
Group Term Life Insurance	Waived							
<b>Total:</b>						<b>0.00</b>	<b>0.00</b>	<b>41.84</b>

### Enrollment Agreement / Payroll Deduction Authorization

- To the best of my knowledge and belief, all statements and answers made on this form and all associated application forms are true, complete, and correct.
- I understand that omissions or misrepresentations in the information I have provided may constitute fraud and may result in my coverage being void.
- Pursuant to IRC § 125, "pre-tax" elections are irrevocable during the plan year unless you experience a qualified change in status event. Qualified change in status event includes: change in marital status, change in dependent status, change in employment status. You have 30 days from the date of the change to contact human resources to change your benefit elections.
- Upon acceptance by the insurers, I hereby authorize my Group to deduct from my earnings the amounts indicated above.
- My authorization shall continue thereafter until the earlier of (a) termination of my employment, (b) written notice from me cancelling this authorization, or (c) termination of the Payroll Deduction Plan.
- I understand that it is my responsibility to verify the deduction amounts from my paycheck and to notify my Employer in immediately of any discrepancies.
- I understand any unused balance in a Dependent Care or Health Care Reimbursement account in which I am enrolled will be forfeited under the "Use it or Lose it" rule. Expenses must be incurred during the plan year for which the election amount was deducted.

Your total deductions per pay period... **Total Deductions** \$ 41.84

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

[Download Form](#)

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification / Deduction Confirmation Form** above. Please review it carefully before entering your PIN.

PIN:

When you have signed this form, your enrollment is complete!

# Enrollment Complete

Your enrollment is now complete and no more action is required for you to get your benefits. You will now be taken to a page showing a recap of all your benefits elections.

On this page, you can also access all of your completed and filled out enrollment forms.

Active / Complete (100% Complete)

[Home](#) [You & Your Family](#) - [My Benefits](#) - [Sign & Submit](#)

[Logout](#)

## Sign/Submit Complete

### 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.**

#### ✖ Group Accident Insurance

You have elected to WAIVE coverage under this plan.

#### ✖ Group Critical Illness Insurance

You have elected to WAIVE coverage under this plan.

#### ✔ Universal Life Insurance – TransElite

##### Enrollment Details

Person Name	Relationship	Description	Policy #	Cost
Test 12 Employee	Employee	Transamerica TransElite; EO		\$41.84

Beneficiary Information					
Name	Relationship	Address	Phone	Percent	Type
Child 12 Test	Child	1245 Test Rd, Test City, VA 55566		100.00	Primary

#### ✖ Group Hospital Indemnity Insurance

You have elected to WAIVE coverage under this plan.

#### ✖ Group Term Life Insurance

You have elected to WAIVE 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 [Logout](#) to exit the website.

Form Name	Date Signed / Reviewed	Enroller Date Signed / Reviewed
<a href="#">CUL-AP-04-00 Trans Elite Application</a>	05/02/2025	05/02/2025
<a href="#">Benefit Confirmation Form</a>	05/02/2025	N/A

[Return](#)