# Anderson County Texas

## Enroll Online Step-by-Step

Selecting your benefits is fast, easy and convenient with the BP online enrollment system. You can make decisions and changes online and get immediate confirmation of your selections for the 2019-2020 plan year.



Step 1 – Login with your employer-provided e-mail:

Go to Anderson County's enrollment platform at: <u>https://www.bernieportal.com/en/login</u>

Use the following credentials to login:

**Username:** your e-mail address provided by Anderson County **Password:** last 4 digits of your SSN + 2 digits of your birth month

E-Mail / Username: *	
mick.jagger@bernieportal.com	
Password: *	
Remember Me Login	
Forgot your password? Login with employer code	

Step 1 – Login without an e-mail address:

Go to Anderson County's enrollment portal at: https://www.bernieportal.com/en/employercode/login

Employee code logins:

2 digit code: 2 digit birth month 4 digit code: last 4 of your ssn Employer code: 730301

# Navigating Your Benefits Enrollment

Once you're registered, you will be able to complete your enrollment in 5 easy steps. Start your enrollment from your BerniePortal Homepage by clicking either the blue "Make Elections" or "Begin Enrollment" button. (Options differ depending on enrollment status)



Once you're in the enrollment area, you'll notice an enrollment progress tracker at the top of your page. Once you have completed a step, the tracker will move onto the next section. You may always return the previous step with the **"back to previous step"** button.



#### Getting Started

To begin, Anderson County may require you to answer some basic questions. Use the blank space below the question(s) to fill in your answer. If this isn't your first time making elections with BerniePortal, you can download previously made elections for reference, then "Save and Continue."



## Navigating Your Benefits Enrollment Continued



#### Step 2 - Dependents

Next, you will need to provide some spouse/dependent information. Start by toggling the on switch for dependents that you wish to cover. Make sure to provide legal names, correct birthdates, and social security numbers, and answer any dependent questions. TIP: Add more dependents by clicking "Add Another" in the dependents section.

First Name: Niikki	Last Name: Jagger	Gender: Female V	Birthdate: 07/30/1976	SSN: 222	22	.2222	Has your spouse used tobac in any form in the last 12 months?: • Yes No
	- to all the loss of the second se		Yes 💿 No				
oes your spouse have grou	p health insurance coverage availa	ible through his or her job?:					
-							
DEPENDENTS							
0 ADD ANOTHER							
© ADD ANOTHER	Last Name:	Gender:	Birthdate:	SSN:			Товыссо:



#### **Step 3 - Elections**

You will notice a benefits menu on the left, which tracks your plan election progress. Once you have made your election for that benefit type, a check mark will appear. You may return to that benefit and make changes to your election just by clicking on the benefit type in the menu. **TIP: Use the shopping cart on the right to keep track of your coverage costs.** 

			Health	\$125.81
Health	× 1		Dental	\$0.00
			Vision	\$0.00
Dental			Life	\$0.00
D C T C C T			Voluntary Life	\$0.00
Vision			Short term disability	\$0.00
Short term disability			Long term disability	\$0.00
			Critical Illness	\$0.00
Critical Illness			Required Critical Illness Wellness	\$0.00
HSA			Accident	\$0.00
401(4)			Medical Bridge	\$0.00
401(k)			Cancer	\$0.00
		<pre>c</pre>	Total cost	\$125.81

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# Navigating Your Benefits Enrollment Continued

#### Select a Plan

Scroll through benefit types and explore each plan option by using the "select a plan" dropdown. It's important to understand all that a plan has to offer, so make sure to review any accompanying material such as carrier videos or plan documents.

Health	×		
Dental	*	Select a plan	
Vision		Bernie's Music Shop Vision Plan High	
Short term disability			
Critical Illness		Message from your employer	
HSA		Largest network of doctors for metro Nashville area.	Lenses
401(k)		Helpful website Superior Vision Plan Features	
			Anna di Anna
		Plan documents	
		Bernie-s-Vision-Plan-1.pdf	

#### **Coverage Tiers**

Cost and coverage tiers will generate below based on the plan you have selected. If you choose to cover employee + spouse/dependent(s), you may select participating family members by selecting or deselecting the checkmark box next to each member.

	Plan cost:			
C Employee Only	\$137.51			Pre Elec
Employee + Spouse	\$159.18			
Employee + Family	\$225.23			lf yo prev
Vikki Jagger				elect
Nick Jagger				they
Previous Election:				appe
BENEFIT TYPE PLAN NAM	4E	COVERAGE TIER	PLAN COST (PER PAY PERIOD)	type

### Navigating Your Benefits Enrollment Continued

# 4

#### **Step 4 - Beneficiaries**

**TIP:** If you did not elect any benefits that require the naming of beneficiaries, you'll be taken straight to <u>Step 5 – Confirm</u>.

If you have chosen to participate in a plan that requires the naming of beneficiaries, you'll be prompted to designate both primary and contingents. Choose yes/no if you'd like beneficiaries to be the same for all policies.

Provide the necessary beneficiary info. Select "Add another beneficiary" if necessary. Adjust the percentage that each beneficiary should receive by sliding the distribution bar below to the desired percentage.

#### Perform the same for any contingent beneficiaries.

Do you want beneficiaries to be the same for all policies?						<u>No</u> • W
Beneficiaries for cash benefits paid on you					c	Add another beneficiary
First name:		Last name:		Relationship to yo	DUE	
NEREI	03	Jagger		Spouse	:	
First name:		Last name:		Relationship to yo	pu:	
Rick		Jagger		Brother		Remare
Nikii Jagor		<u> </u>	Rick Jagger Sold%		Distribute	equally)
50.0%						



#### Step 5 - Confirm

Review your election sheet and complete any outstanding fields. Once you are certain you have made all of your elections as you want them, use your mouse to sign the signature box and click "I Agree" to complete your enrollment.

BENEFIT TYPE	PLAN NAME	COVERAGE THER	EFFECTIVE DATE	TOTAL COST (PER PAY PERIOD)
Health	Bernie's Music Shop HSA Health Plan Option	Employee + Family	03/31/2017	\$225.23
Dental	Bernie's Music Shop Dental High	Employee + Family	03/31/2017	\$44.05
Vhilan	Bernie's Music Shap Vision Plan High	Employee + Family	03/31/2017	\$42.06
Voluntary Life(myself)	Bernie's Music Shap Vol Life 1	\$1	03/31/2017	\$1.45
Voluntary Life(spouse)	Bernie's Music Shop Vol Life 1	Walve	N(0)	\$0.00
Voluntary Life(children)	Bernie's Music Shop Vol Life 1	Waive	N/A	\$0.00
Short term disability	Unum Short Term Disability Example	Employee Only	03/31/2017	\$35.15
Critical Illness	Bernie's Music Shap Critical Biness	Employee + Family	03/31/2017	\$15.69
HSA	Bernie's Music Shop HSA	Employee + Family	03/31/2017	\$18.46
40100	Bernie's Music Shop 401K Option	Lunderstand	03/31/2017	\$0.00
			Total cost	\$382.30
			Employer contribution (health)	\$0.00
Employer contribution (ancillary bucket #1)				
		Emplo	ver contribution (ancillary bucket #2)	\$20.00
		Employ	ver contribution (ancillary bucket #3)	\$20.00 (\$1.54 unused)
			Employee cost	\$303.84
our question responses:				
Have you used tobacco in any form	n in the last 12 months?			No
Do you currently have health ineu	rance?			No.

**Congratulations!** You have successfully elected your benefits! You may review your elections and costs whenever you want in the Homepage, or in more detail within your Benefits tab.