


University of Vermont

Portal Instructions



Benefits Enrollment

Log in with your user name (your 7 digit employee ID) and your personal identification number (PIN) which is the last 4 digits of your EID + last 2 of your birth year. (no dashes or special characters) If you were provided with alternate instructions, use those to log in. If you need help, contact your human resources department.

Is this your first time here?

User name:

PIN:

Forgot your PIN?

Unauthorized access is prohibited. Please review the [Consent to Electronic Transactions & Enroll Electronically](#) before entering your user ID and Personal Identification Number. By entering your user ID and Personal Identification Number, you are agreeing to enroll electronically and the terms of the [Consent to Electronic Transactions & Enroll Electronically](#).

For Your Review: [Security Information](#) [Privacy Policy](#)

Administrators may log in to the [Administrative site](#).

The Standard is a marketing name for Standard Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, New York. Products not available in all states. Product features vary by state and company, and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.

Logging In

- Open the online portal site at:
<https://standard.benselect.com/uvm>
- Your user name is your 7 digit employee ID.
- When you first log in, your personal identification number (PIN) will be the last 4 digits of your EID + last 2 of your birth year. (no dashes or special characters)

Home Me & My Family - My Benefits - Sign & Submit

Change MY PIN

Your PIN (Personal Identification Number) is the secret code you use to access the system. Entering your PIN is the equivalent of your digital signature. Please change your PIN. You may choose any combination of letters and numbers.

New PIN:

Re-enter your new PIN to verify:

Security Questions

To complete your PIN change, select a security question, answer it and provide your email address. This will allow you to reset your PIN if you forget it.

Select Security Question:

Answer:

Email:

Email:

Change PIN

- You will be prompted to change your PIN the first time that you log in.
- You will enter in your new PIN of choice, answer a security question and enter in your email address.
- Once you have entered your information, press the Save New Pin button.



[Home](#) [Me & My Family](#) [My Benefits](#) [Payment Information](#) [Sign & Submit](#)



Act Now to Help Protect What Matters Most

The life you're building for yourself and your family is precious. Every financial decision, every first step, every milestone — these are the things that matter. Think of insurance as a financial safety net that can help protect you when life doesn't go as planned. Enrolling in coverage now is a small thing you can do to help make sure you and your loved ones keep moving forward.

Benefits enrollment is easy! Just follow these steps.

- Review and update information about you and your dependents.
- Learn about each of your benefit options and make your choices.
- Verify your benefit elections and agree to electronically sign to complete your enrollment.

✓ Your Benefit Options

[Short Term Disability](#)

Continue to review personal information and begin enrollment.

NEXT

Home Page

- You will be brought to an information screen.
- You may begin your enrollment process by clicking the Next button in the bottom right hand side of the screen.
- You will be able to logout and re-enter the portal at any time to continue the process or modify your enrollments. Any changes or elections you make will be saved each time you logout.



[Home](#) [Me & My Family](#) [My Benefits](#) [Payment Information](#) [Sign & Submit](#)

Personal Information

Please review your personal information to ensure it is correct and complete. Please correct any errors and click the Next button when you are finished.

Optional items are in *italics*.

Personal Info

Name:

First

Middle

Last

Suffix

Date of Birth:



Contact Info

Address:

Country

Street

Street (cont.)

City

State

Zip

Home Phone:

Work Phone:

Mobile Phone:

Email:

Personal Email:



[BACK](#)

[NEXT](#)

Personal Information

- Please verify that your personal information is correct. Your mailing address and email are required. If any information is not correct, please make the updates and click the Next button.

Short Term Disability

Protect your income and those who depend on it.

[Overview](#) [Pregnancy](#) [Back Surgery](#)



My Benefits	
Short Term Disability	\$0.00
Total Cost	\$0.00
Monthly	

This coverage replaces a portion of your income when you can't work because of a qualifying disability. Even if you're healthy now, it's important to protect yourself and the people who count on your income. This insurance can help you pay the bills when you're unable to work.

Below are the coverage choices available to you.

- The benefit amount shown is based upon estimated pre-disability earnings as of the date of your enrollment and is before any Deductible Income and subject to change.
- For more information and important details, read your [benefit summary](#).
- To enroll or continue coverage, choose the option that represents your election and continue.

Benefit Amount: **\$612.50 (70% x weekly salary)**

Monthly Cost: **\$25.91**

- ☒ I wish to apply for this coverage
- ☐ I wish to DECLINE this coverage



[BACK](#)

[NEXT](#)

Benefit Elections

- As you make your elections and click the Next button, you will have the opportunity to watch a short video about your benefit.
- Choose your benefit elections by selecting the enroll or decline radio button.
- You can view coverage highlights by clicking the name link: [benefit summary](#).

TheStandard

Home Me & My Family - **My Benefits** - Payment Information Sign & Submit

Benefit Summary Short Term Disability

✓ Your Benefit Options
Short Term Disability

Act Now to Help Protect What Matters Most

The life you're building for yourself and your family is precious. Every financial decision, every first step, every milestone — these are the things that matter. Think of insurance as a financial safety net that can help protect you when life doesn't go as planned. Enrolling in coverage now is a small thing you can do to help make sure you and your loved ones keep moving forward.

Benefits enrollment is easy! Just follow these steps.

- Review and update information about you and your dependents.
- Learn about each of your benefit options and make your choices.
- Verify your benefit elections and agree to electronically sign to complete your enrollment.

Continue to review personal information and begin enrollment. **NEXT**

Navigating the Site

- If at any point you would like to go back to a plan to make a change, you can use the My Benefits tab at the top to navigate back to that coverage.
- In order to make a change to the coverage, click the **UNLOCK** button and continue through the enrollment process again.

TheStandard

Home Me & My Family - **My Benefits** - Payment Information Sign & Submit

Short Term Disability

Here is a summary of your current Short Term Disability election.

1 If you wish to make a change, click the **Unlock** button.

Benefit Amount	Cost
\$612.50 (70% x weekly salary)	\$25.91

BACK Your Short Term Disability insurance elections are now locked. If you wish to make changes, use the **Unlock** button. **UNLOCK** **NEXT**

My Benefits

- Short Term Disability \$25.91

Total Cost Monthly \$25.91

TheStandard

Home Me & My Family - **Payment Information**

You may pay by credit/debit card or automatic bill payment. Please select the desired method of payment.

The payment information was filled. Would you like to proceed to the next step?

BACK **NEXT**

Payment Provider

EFT Authorization

NOTE: Before submitting any information to us please read, understand and agree to the following document: [Authorization and Disclaimer](#).

I agree **I disagree**

Payment Information

- Once you Enroll in your benefit, you will be prompted with this pop up. Click 'I agree' to proceed to enter your bank information and complete your enrollment.

Payment Provider

Bank Authorization

We will attempt to deduct the premiums for your benefits from your bank account. Please provide your banking information below.

YOUR NAME
ANYWHERE, U.S.A. 12345

PAY TO THE ORDER OF \$

MEMO

CHECK NUMBER 101

ROUTING AND TRANSIT NUMBER 23456789

ACCOUNT NUMBER 0000000000

Bank Name:

Account Type:

BACK **NEXT**

Bank Authorization

- Once you click 'I agree' you will be prompted to enter in either your Savings or Checking Account information. Please be sure to fill out the Bank Name, Routing Number and Account Number.

Payment Provider

ROUTING AND TRANSIT NUMBER **ACCOUNT NUMBER**

Bank Name:
US Bank

Account Type:
Savings

Transit Routing Number:
123456789

Account Number:
999999999999

Choose new payment method **Continue** **Cancel**

BACK **NEXT**

Bank Authorization

- Proceed to fill out the required bank account information and click 'Continue' once complete.

Payment Provider

Banking Account Payment Information

We will attempt to debit the premiums for your benefits from the bank account listed below

Bank Name:
US Bank

Transit Routing #:
12300220

Bank Account #:
*****9999

Enter new bank account

Choose new payment method **Continue**

BACK **NEXT**

Powered By Paylogix®

Bank Account Information

- You will be prompted with the following screen. Click 'Continue' to proceed.



[Home](#) [Me & My Family](#) - [My Benefits](#) - [Payment Information](#) [Sign & Submit](#)

Verify Your Benefit Elections

Signature I wish to make the choices indicated on this form, including, if applicable, consent to the terms and conditions set forth in the Consent to Electronic Transactions section. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. I represent that the statements contained herein, including, if applicable, those made in response to the Evidence Of Insurability questions, are true and complete to the best of my knowledge and belief, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I acknowledge that I have read the Fraud Notice. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement and my coverage will be subject to all terms and conditions of the Group Policy(ies).

Plan	Description	Pretax Cost	Posttax Cost
Short Term Disability	Group Short Term Disability Insurance; \$807.69	\$0.00	\$34.17
Total		\$0.00	\$34.17

Signatures Required

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

Form Name	Status	Date Signed/Reviewed
<input checked="" type="checkbox"/> Enrollment Summary	Unsigned	

NEXT

Verify Your Benefit Elections

- Once you are prompted to this screen, please click 'Next' to sign your Enrollment Summary.

[Submit Your Enrollment](#)

University of Vermont

Enrollment Summary

Name		Date of Birth	Home Phone	Work Phone	Address
Charlie Brown		10/12/1974		(502) 222-2222	
Employee ID	Hire/Elig Date	Gender	E-mail Address		
0	12/10/2018	M	blah@blah.com		12 Main Street Portland, OR 97229

Location	Department	Reason for Completing Form
UVM	N/A	
Job Class	Title	
Full Time		

[illegible]

* EO = Employee Only SO = Spouse Only CO = Child(ren) Only FA = Family ES = Employee/Spouse EC = Employee/Child(ren) SC = Spouse Child(ren)		Total:	\$ 0.00	\$ 34.17
---------------------------------------------------------------------------------------------------------------------------------------------------------	--	---------------	---------	----------

Please note: Benefit amounts listed above are based upon estimated predisability earnings as of the date of your enrollment and are before any deductible income and subject to change.

Page 1 of 2

rev. 09-26-2016

Page 1 Download Form

Electronic Signature: By clicking the button marked "I agree," I acknowledge that I am signing this document electronically. I understand that this electronic signature shall be enforceable under the applicable state or federal law and is equivalent to a manual signature.

I AGREE

Submit Enrollment

- Once you are prompted with this screen, please be sure to review your elections carefully then **click the green I Agree button** on the bottom of the screen.



[Home](#) [Me & My Family](#) [My Benefits](#) [Payment Information](#) [Sign & Submit](#)

[LOGOUT](#)

Sign/Submit Complete

Step 3 of 3

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.

Short Term Disability

Benefit Amount	Cost
\$807.69 (70% x weekly salary)	\$34.17

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 *Return* to exit the website.

Form Name	Date Signed/Reviewed
Enrollment Summary	09/08/2018

[BACK](#)

[LOGOUT](#)

Enrollment Complete

- Once you reach the Sign/Submit screen, you have successfully completed your enrollments.
- You may print copies of your enrollment summary by scrolling to the bottom of this page and clicking the link: [Enrollment Summary](#) at the bottom left hand side of the screen.