Portal Instructions

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)

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 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.
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.

### Personal Info

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Testing</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>08-08-1963</td>
</tr>
</tbody>
</table>

### Contact Info

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>USA</td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td>60000-0000</td>
</tr>
<tr>
<td>Home Phone</td>
<td>(____) <strong><strong>-</strong></strong></td>
</tr>
<tr>
<td>Work Phone</td>
<td>(____) <strong><strong>-</strong></strong></td>
</tr>
<tr>
<td>Mobile Phone</td>
<td>(____) <strong><strong>-</strong></strong></td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:your@email.com">your@email.com</a></td>
</tr>
<tr>
<td>Personal Email</td>
<td><a href="mailto:your2@email.com">your2@email.com</a></td>
</tr>
</tbody>
</table>
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.

**Short Term Disability**

Protect your income and those who depend on it.

- **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

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 an estimated predictability 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 in optional coverage, choose the option that represents your election and continue.

**Benefit Amount:** $612.56 (70% x weekly salary)
**Monthly Cost:** $25.91

- [ ] I want to apply for this coverage
- [ ] I want to decline this coverage

BACK 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 button and continue through the enrollment process again.

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.
**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.

**Bank Authorization**

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

**Bank Account Information**

- You will be prompted with the following screen. Click ‘Continue’ to proceed.
Verify Your Benefit Elections

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

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**Enrollment Summary**

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Coverage Type</th>
<th>Effective Date</th>
<th>Total Approved Benefit Amount</th>
<th>Deduction Frequency</th>
<th>Total Pending Coverage Amount</th>
<th>Benefit Cost</th>
<th>Employee Cost per Benefit Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-Term Disability</td>
<td>HD</td>
<td>04/01/2023</td>
<td>$100.00</td>
<td>10%</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$1.17</td>
</tr>
</tbody>
</table>

Total:

- $0.00
- $1.17

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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
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.