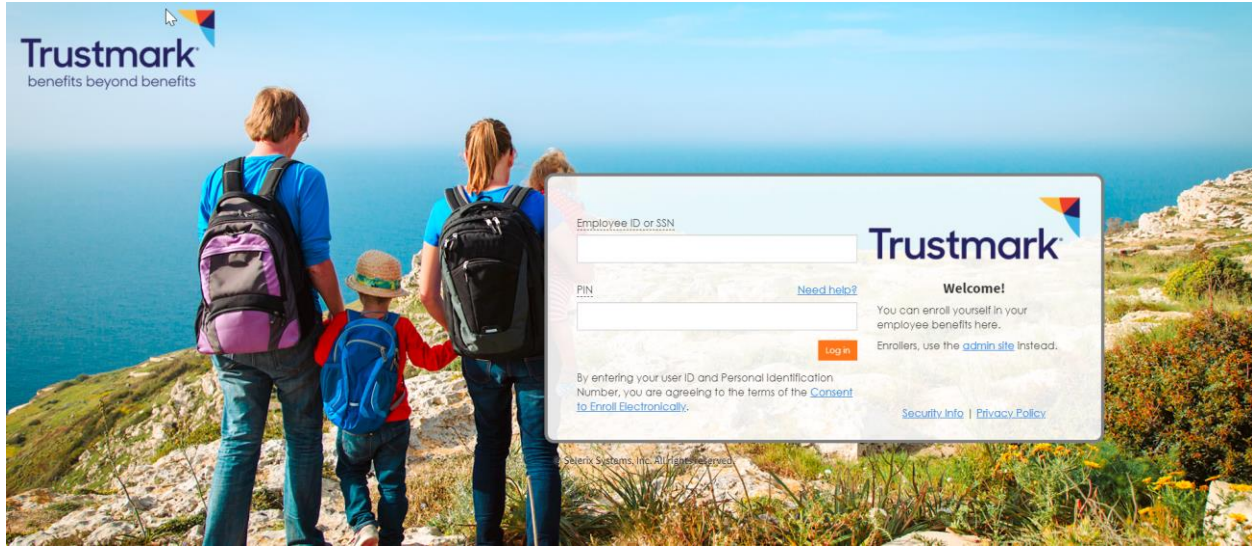


Login to your Trustmark enrollment site <https://trustmark.benselect.com/enroll>


Enter your Employee ID or SSN without dashes

Your PIN is the last 4 of your SSN and the last 2 of your birth year (6 digits) without dashes



Click on Review forms that I signed

North Kansas City School District - Live 07/01/2021 - 06/30/2022 | (Logout)

 **NORTH KANSAS CITY SCHOOLS**
EST. 1913

Status (100% Complete)

Home You & Your Family My Benefits Sign & Submit

Welcome Back, **MISTY**

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 annual Open Enrollment period.

Here is a summary of your current benefit elections:

✓ Your Benefits


Plan	Benefit	Cost per Paycheck	Coverage Termination Date
------	---------	-------------------	---------------------------

What would you like to do?

- Change my beneficiary
- Review forms that I signed
- Find a document or form
- Change my PIN

Scroll all the way to the bottom of the screen to the Benefit Confirmation Form and select

North Kansas City School District - Live 07/01/2021 - 06/30/2022



Status (100% Complete)


Home You & Your Family My Benefits Sign & Submit

Sign/Submit Complete

Congratulations!
Your enrollment is now complete.

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.**

✔ Health
Enrollment Details





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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
ERISA Consent Form	03/01/2018	N/A
ABR DISCLOSURE - ACCELERATED DEATH BENEFIT INFORMATION FORM (MISTY MILLER)	N/A	N/A
QC-HH/LTC,205 II Outline of Coverage	N/A	N/A
1573-NWB-387 R 1111 Acknowledgement and Authorization to Obtain Information (MISTY MILLER)	04/02/2018	N/A
1573-NWB-151/R10/99 Notice of Insurance Information Practices	N/A	N/A
L-205 II Application for Life Insurance	04/02/2018	04/02/2018
L-205 Addendum to Application for Life Insurance	04/02/2018	04/02/2018
ABR DISCLOSURE - ACCELERATED DEATH BENEFIT INFORMATION FORM (MISTY MILLER)	N/A	N/A
QC-HH/LTC,205 II Outline of Coverage	N/A	N/A
1573-NWB-387 R 1111 Acknowledgement and Authorization to Obtain Information (MISTY MILLER)	03/25/2019	N/A
1573-NWB-151 R10-17 Notice of Insurance Information Practices	N/A	N/A
L-205 II Application for Life Insurance	03/25/2019	
Guardian EQI Form	N/A	N/A
Deduction Acknowledgment Form	03/23/2020	N/A
Deduction Acknowledgment Form	03/23/2021	N/A
Benefits Confirmation Form		N/A

Return



1. Download to your computer
2. Print from your computer

PDF viewer interface showing document navigation and a 'Benefit Confirmation / Deduction Authorization' form for NKC School.

1 (Thumbnail of the form)

2 (Thumbnail of the form)

3 (Thumbnail of the form)

Benefit Confirmation / Deduction Authorization

Name: [Redacted] **Date of Birth:** [Redacted] **Home Phone:** [Redacted] **Work Phone:** [Redacted]

Employee ID: [Redacted] **Hire/Elig Date:** [Redacted] **Gender:** [Redacted] **E-mail Address:** [Redacted]

Location: [Redacted] **Payroll Code:** [Redacted]

Job Class: [Redacted] **Pay Begin:** [Redacted] **Title:** [Redacted]

Address: [Redacted]

Reason for Completing Form: Open Enrollment

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested Benefit	Requested Cost	Employee Cost Pre-tax	Employee Cost After-tax	Employer Cost
Health	A3 EPO Primary Care 100	EO	12	07/01/2021				7.22	0.00	705.00
Accident	MetLife Accident High	EC	12	07/01/2021				0.00	22.76	0.00
Critical Illness and Cancer	MetLife Group Critical Illness	EC	12	07/01/2021	10,000			0.00	21.20	0.00
Hospital Indemnity	MetLife Hospital Indemnity	EC	12	07/01/2021				0.00	32.02	0.00
Health Care FSA	Surency Health Care FSA	EO	12	07/01/2021	2,750			229.16	0.00	0.00
Dependent Care FSA	Waived									
Dental	Delta Dental of MO PPO	EO	12	07/01/2021				0.00	0.00	27.14
Vision	EyeMed Vision	EO	12	07/01/2021				9.66	0.00	0.00
Employer Paid Life & AD&D	MetLife Basic Life and AD&D	EO	12	07/01/2021	40,000			0.00	0.00	2.20
Trustmark Universal Life	Trustmark Universal Life Even	EO	12	07/01/2020	38,445			0.00	54.29	0.00
Voluntary Term Life	MetLife Voluntary Term Life	EO	12	07/01/2021	100,000			0.00	22.00	0.00
Child Voluntary Term Life	MetLife Child Voluntary Term	EO	12	07/01/2021		10,000	0.90	0.00	0.00	0.00
Voluntary Term AD&D	MetLife Voluntary Term AD&D	EO	12	07/01/2021	500,000			0.00	10.00	0.00
Child Voluntary Term AD&D	MetLife Child Voluntary Term	EO	12	07/01/2021	10,000			0.00	0.20	0.00
Voluntary Short-term Disabil	MetLife Short Term Disability	EO	12	07/01/2021	570			0.00	34.20	0.00
Voluntary Long-term Disabil	MetLife Long Term Disability	EO	12	07/01/2021	2,472			0.00	21.75	0.00
Identity Protection	Waived									
Deduction Acknowledgment	Deduction Acknowledgment	EO	12	07/01/2021				0.00	0.00	0.00
ERISA Consent	ERISA Consent	EO	12	07/01/2020				0.00	0.00	0.00

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