


Verify My Elections

The final step of enrollment, Verify My Elections, provides a summary of all elections, deductions and dependent coverage.

 Enrollment is not complete until you review and select Submit on this page.

Review

Review your elections and deductions. Scroll down the page to review covered dependents.

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My Information

My Dependents

Benefit Highlights

My Benefit Elections

My Beneficiaries

Verify My Elections

Submit >

My Elections

Status	Coverage Type	Coverage Elected	Pre-Tax Per Pay	Post-Tax Per Pay	Employer Contribution Per Pay
Active	Health	Choice POS: Employee + Family	\$382.70	\$0.00	\$323.08
Active	Dental	Dental PPO: Employee + Family	\$62.48	\$0.00	\$0.00
Active	Vision	Waived	\$0.00	\$0.00	\$0.00
Active	Short Term Disability	Waived	\$0.00	\$0.00	\$0.00
Active	Basic Life/AD&D	\$20,000.00	\$0.00	\$0.00	\$2.22
Active	Supplemental EE Life/AD&D	Waived	\$0.00	\$0.00	\$0.00
Active	Supplemental Dep Life	Waived	\$0.00	\$0.00	\$0.00

Totals

Summary of Deductions

Total Pre-Tax Deductions	\$445.18
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Dependents Information

▼ Mary Smith | Spouse | 51 yrs old

Status	Coverage Type	Coverage Elected
Active	Dental	Dental PPO: Employee + Family
Active	Health	Choice POS: Employee + Family

▼ James Smith | Dependent Child | 21 yrs old

Status	Coverage Type	Coverage Elected
Active	Dental	Dental PPO: Employee + Family
Active	Health	Choice POS: Employee + Family

Beneficiary Acknowledgment & Disclaimer

Towards the bottom of page, find two check boxes confirming, "I Agree."

- Read acknowledgment and disclaimer
- Check, I Agree

Submit

When ready, select Submit button to officially complete and submit your enrollment.

Once submitted, a confirmation statement automatically generates, and can be printed for your records.

If any enrollment choices require a form, you may be redirected to the Documents Center, where you can submit documents to the administrator.



Members can complete enrollment in Bentek as many times as needed during the enrollment window. If you Submit a new enrollment, the prior enrollment is replaced.

Beneficiary Acknowledgement

I acknowledge that I have reviewed my beneficiary record

maintaining the accuracy of my beneficiary designations.



Congratulations!

Your confirmation statement will generate automatically.

Your employer requires you to upload supporting documentation. If you have questions please contact your Benefits Administrator.

OK

Disclaimer

I certify that the information shown on my Summary of Benefits to dependents that meet the eligibility requirements determined

have selected to cover on the City's insurance program are my legal dependent(s). The City's health, dental, vision, flexible spending accounts and some supplemental insurance plans are deducted from gross income before income is taxed as governed by IRS regulations.

I Agree ☒