

FFenroll Online Enrollment Guide



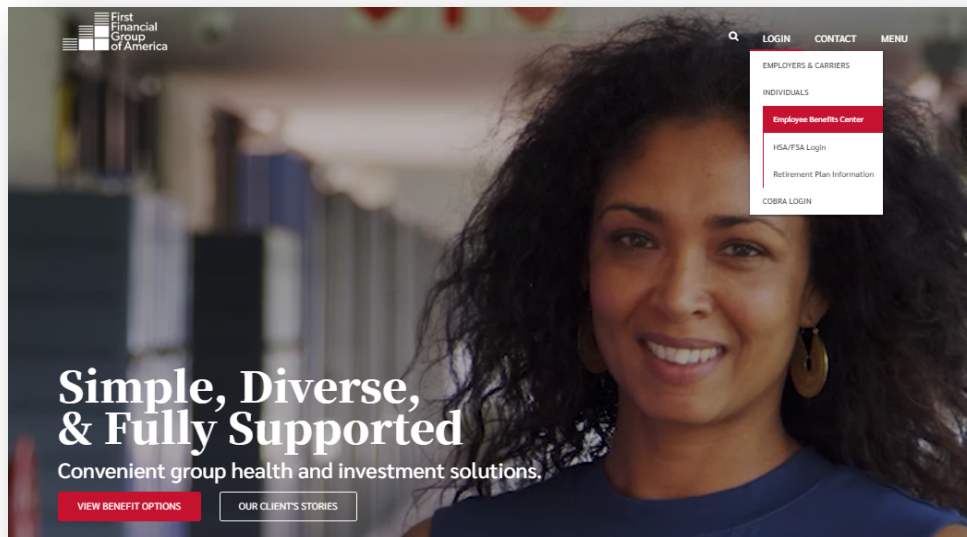
Welcome to FFenroll! Follow the easy steps below to make your benefit(s) selections online.

If you experience technical difficulty or have trouble during your enrollment, please call our Enrollment Solutions Help Desk at (855) 523-8422 Monday through Friday, 7 a.m. to 5 p.m. Central time.

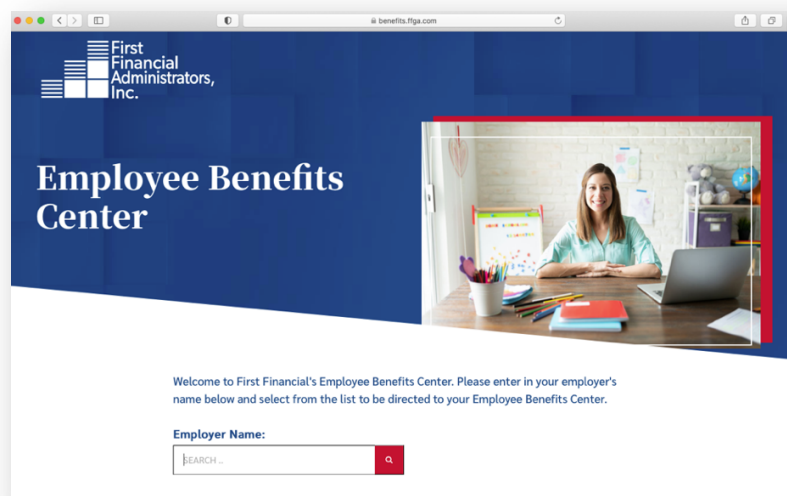
For coverage eligibility questions, contact your benefits office.

Navigating to FFenroll:

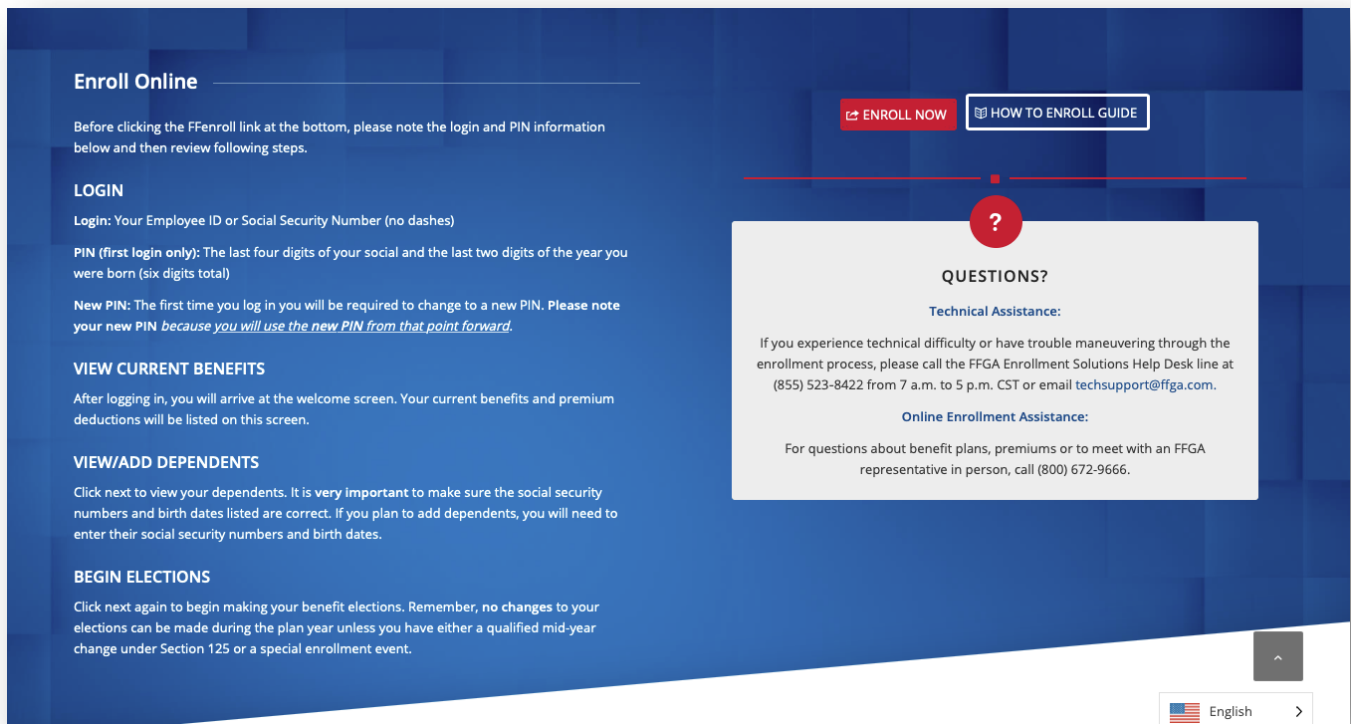
1. Go to www.ffga.com. (If you are already on the How To Enroll page on your Employee Benefit Center website, click [here](#) to skip to step 5.)



2. Click on Login on the top menu and then select Employee Benefits Center.
3. Once you are on <https://benefits.ffga.com>, enter your Employer's name in the box. This will take you to your Employee Benefits Center.



4. On your Employee Benefits Center website, click on How to Enroll from the menu at the top of the page.
5. Scroll down and select the red Enroll Now button to go to the enrollment website.



FFenroll Enrollment Site

6. Login:

- Employee ID
 - The Employee ID is either your social security number or your Employee ID.
- PIN
 - Your Personal Identification Number (PIN) is the last 4 digits of your SSN and the last 2 digits of the year you were born (this should be a 6-digit number).
 - Please note: Your PIN may be required on some applications as your electronic signature.

A screenshot of the Ffenroll Enrollment Site login form. The page has a light gray background. At the top, there's the Ffenroll logo and the text 'ENROLLMENT SITE'. Below this, there are two input fields: 'Employee ID or Social Security Number' and 'Personal Identification Number (PIN)'. Below the input fields, there's a blue 'Log in' button. At the bottom, there are links for 'Forgot Pin?', 'Security Information', and 'Privacy Policy'. There's also a note about agreeing to the terms of the 'Consent to Enroll Electronically'. At the very bottom, there's a link for 'Administrative users: login to the Administrative Site' and a copyright notice for First Financial Group of America.

7. Begin Enrollment

- You will arrive at the Welcome Screen. Use the Next and Back buttons to navigate through the website.
- View plan information: Click on the Important Forms/Forms icon at the top right-hand side of the page to access various product brochures and learn more about each plan.
- Click Next to begin enrollment.

Welcome to Your Benefit Enrollment for Plan Year 2020-2021

At First Financial-Demo, we know that benefit requirements change. That's why we have an open enrollment period each year.

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 Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year.

Benefit enrollment is easy! Just follow these steps.

- First, review and contact HR to update personal information about you or your covered dependents.
- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click **Next** to begin.

Press **Next** to review personal information and begin enrollment.

Next

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8. Review Dependents and Personal Information

- Personal Information
 - Before you begin, click on the tab "You and Your Family" to review your personal information. If any personal information needs to be updated, please contact your HR Department. NOTE: The email address entered here will be used for all electronic correspondence.
- Dependent Information - ***Due to the Affordable Care Act, you will need to enter dependent information even if you do not plan to cover them on your benefit options.***
 - To add dependents not listed, click on the (+) sign button.
 - Enter requested data for the dependent including Legal Name and Middle Initial as it appears on the Social Security Card.
 - If any information appears incorrect for dependents already listed, click on the pencil to edit the dependent information.
 - Click Save.
 - Continue the process until all dependents are entered.
 - When finished, click Next.

Dependents

***** IMPORTANT - PLEASE READ *****

- Click Add (+) icon at top right of table below to add your spouse or dependent children to your list of dependents. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan.
- If you need to update information for any dependents currently listed in the system **DO NOT** delete and re-add them. Click on their name, update the information and click Save.
- **Deleting a dependent from this screen will not remove them from any benefit they are currently enrolled in.** To remove a dependent you will need to re-enroll in that benefit and drop the dependent from coverage. If you are adding a new spouse or child and want them covered under a plan you are currently enrolled in, please be sure you re-enroll in that benefit. Adding a dependent to this screen does not automatically add them to coverage.

Click the **Next** button when you are finished.

Dependents

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	Sign/Initials	
No items found.						

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the **Add Dependent** button below.

Add Dependent

Back **Next**

9. Benefit Summary

- The My Benefits screen provides a list of your current benefit elections and allows you to keep or edit benefits without the need to review each plan.
NOTE: You may not need to review all benefits, however certain benefits will require your review.
- Scroll down the screen to quickly enroll in your elections by clicking either Keep Existing Election or Edit this Selection.

The screenshot shows the 'My Benefits' page with a navigation bar at the top containing 'Home', 'You & Your Family', 'My Benefits', and 'Sign & Submit'. The main heading is 'My Benefits'. Below it, a message states: 'Below is a list of your current benefit elections.' A green box contains a table of current elections. The table has four columns: Plan, Benefit, Cost per Paycheck, and Coverage Termination Date. The 'Plan' column lists links for Medical, Dental, Vision, Medical Reimbursement, Accident, Cancer, Critical Illness, and Basic Group Term. The 'Benefit' column lists details for each plan, such as 'TRS - ActiveCare 1-HD Houston' for Medical and 'PPO Dental High Plan, Employee Only' for Dental. The 'Cost per Paycheck' column shows costs like '\$142.00 pre-tax' for Medical and '\$15.60 after-tax' for Critical Illness. The 'Coverage Termination Date' column is currently empty. Below the table, a note states: 'For each of the benefit options below, your enrollment options are shown. Click the "Keep Existing" link to keep current coverage participation or click "Edit this Election" to review your other options.'

Plan	Benefit	Cost per Paycheck	Coverage Termination Date
Medical	TRS - ActiveCare 1-HD Houston	\$142.00 pre-tax	
Dental	PPO Dental High Plan, Employee Only	\$30.00 pre-tax	
Vision	Employee Only	\$6.00 pre-tax	
Medical Reimbursement	Family - \$1,000	\$100.00 pre-tax	
Accident	Group Accident Low Plan	\$15.00 pre-tax	
Cancer	Group Cancer High Plan	\$11.00 pre-tax	
Critical Illness	\$15,000	\$15.60 after-tax	
Basic Group Term	\$10,000	Employer-paid	

10. Adding Plans

- To enroll in a benefit that you do not currently have, click on Edit this Election and then proceed with the application process.

The screenshot shows the 'Accident' benefit election screen. At the top, there is a radio button next to the word 'Accident'. To the right of the radio button are two buttons: 'Keep Existing Election' and 'Edit this Election'. Below these buttons is a light blue box with a message: 'Keep Existing Election: will waive this benefit.'

11.Changing/Dropping Plans

- To change a benefit that you are currently enrolled in, click on Edit this Election. This will take you to the application screen. Click the unlock button to either enroll in or drop a benefit plan. Continue through the application process until the desired changes are complete.

Dental

Edit this Election

Enrollment Details

Product Name:

PPO High Plan

Coverage Level:

Employee + Spouse

First Name	MI	Last Name	DOB	Sex	Relationship
Minnie	A	Mouse	7/5/1954	F	Employee
Mickey		Mouse	3/10/1977	M	Spouse

You have completed enrollment in this plan. Your cost per pay period will be **\$50.00**

12.No Change to Your Current Enrollment

- Click on Keep Existing Election for a plan you do not want to change, and your election will remain the same.

Vision

Keep Existing Election

Edit this Election

You were previously enrolled in **Vision Plan; EC** at a cost per pay period of **\$6.00**

Keep Existing Election: will enroll you into **Vision Plan** with level of coverage **EC**
You will pay **\$13.00**

13.Carry-Over Elections

- Some benefits will automatically carry over from the previous year's election. If you wish to make a change to one of these benefit plans, click on Edit this Election.

Accident

Edit this Election

Enrollment Details

Product Name:

High Plan

Coverage Level:

Employee+Family

First Name	MI	Last Name	DOB	Sex	Relationship
Marge		Simpson	5/31/1987	F	Employee
spouse		tester	3/10/1977	M	Spouse
CHILD		TESTER	3/10/2014	M	Child


Beneficiary Information

Name	Relationship	Physical Address (No P.O. Boxes)	Phone	Percent	Type
spouse tester	Spouse			100.00	Primary


You have completed enrollment in this plan. Your cost per pay period will be **\$50.00**


14. Non-Qualified Plans

- Some plans require you to elect another benefit in order to become eligible for that plan. If adding dependents, they must be listed on Demographics.


 **Spouse Group Term**

Edit this Election

 You must be enrolled in Employee Group Term to participate in Spouse Group Term.


 **Child Group Term**

Edit this Election

 You must be enrolled in Employee Group Term: Voluntary Employee Life to participate in Child Group Term.

15. Beneficiary Updates

- If the plan indicates No beneficiary on file, click on Edit this Election to update your beneficiary. You will need to update the beneficiary.

 **Employee Group Term**


Edit this Election

Enrollment Details

Benefit Amount	Cost
\$50,000.00	\$72.50

Beneficiary Information

No beneficiary on file.

 You have completed enrollment in this plan. Your cost per pay period will be **\$72.50**

16. Sign Forms Page

- Review the Benefit Confirmation / Deduction Authorization Form for plan enrollment and premium confirmation. Upon verifying accuracy of the form, sign and submit the benefit selections at the bottom of the page.

Sign Forms Page

First Financial

Benefit Confirmation / Deduction Authorization High School

Name		Date of Birth	Home Phone	Work Phone	Address
JOHN JACKSON		05/05/1985	(281) 447-8111		123 MAIN ANYTOWN, TX 77777
Employee ID	Hire/Elig Date	Gender	E-mail Address		
98435	06/30/2016	M	test@ffga.com		

Location	Department	Reason for Completing Form
High School	Staff	
Job Class	Title	
Full-Time	TEACHER	

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost		Employer Cost
						Benefit	Cost	Pre-tax	After-tax	
Medical	Medical HMO	ES	12	06/01/2016				200.00	0.00	225.00
Dental	Dental Low Plan	ES	12	08/01/2016				0.00	46.00	0.00
Medical Reimbursement	FFGA Health Flex Account	FA	12	07/18/2016	595			102.00	0.00	0.00
Basic Group Term	Basic Life with ADD	EO	12	08/01/2016	10,000			0.00	0.00	1.50
Employee Group Term	Dropped									

Your screen will either have the "Sign Form" button
or a field to enter your PIN.

Employee: By clicking the *Sign Form* button, I am electronically signing the form listed above.

[Sign Form](#)

OR

Page 1 of 2 Total: 302.00 46.00 226.50
rev. 04-11-2007

[Download Form](#) Page 1

Please enter your PIN below and click on "**SIGN FORM**" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN.


PIN: [Sign Form](#)

17. Sign/Submit Complete

- Your enrollment is complete. Please note that you are not finished until you see “CONGRATULATIONS!”
- Review your benefits selections.
- You can log in and make changes anytime during open enrollment by going to <https://ffga.beneselect.com/enroll>.

18. Print/Save and Logout

- You can print or save a copy of your enrollment confirmation and other applications by clicking on Enrollment Confirmation at the bottom of the page.
- Click Logout.

Form Name	Date Signed/Reviewed
 Enrollment Confirmation	03/12/2020

Congratulations your enrollment is complete!

QUESTIONS?

- **Technical Assistance:**
 - If you experience technical difficulty or have trouble maneuvering through the enrollment process, please call the FFGA Enrollment Solutions Help Desk line at (855) 523-8422 Monday through Friday from 7 a.m. to 5 p.m. Central time or email ffenroll@ffga.com.
- **Online Enrollment Assistance:**
 - For questions about benefit plans, premiums, contact your dedicated First Financial Account Representative.

