Selerix/BenSelect Self-Enrollment Walkthrough

Welcome to your Trustmark Voluntary Benefits Open Enrollment!

This is your opportunity to review and take advantage of some of your special employee or member benefits.

Be sure to act now – this is usually the only time of year that you have the opportunity to select these benefits or make certain changes to them.

Before you start:

- 1. Think about your financial needs and those of your family. What type of protection will you need this year, and going forward?
- 2. Plan to spend about 15–20 minutes reviewing and selecting your benefits.
- 3. Make sure that you have information on hand about your spouse and dependents.





Voluntary Benefits

Login Page

You can visit www.trustmark.benselect.com/ADHA to log in.

When you are ready, log in with your Social Security Number (SSN), and PIN. Your PIN is the last 4 digits of your SSN, and your 2 digit birth year. (Example - born in 1972 your 2 digit birth year is 72. Your pin will be last 4 of SSN plus 72.)

You may also wish at this time to review the Security Info and Privacy Policy.

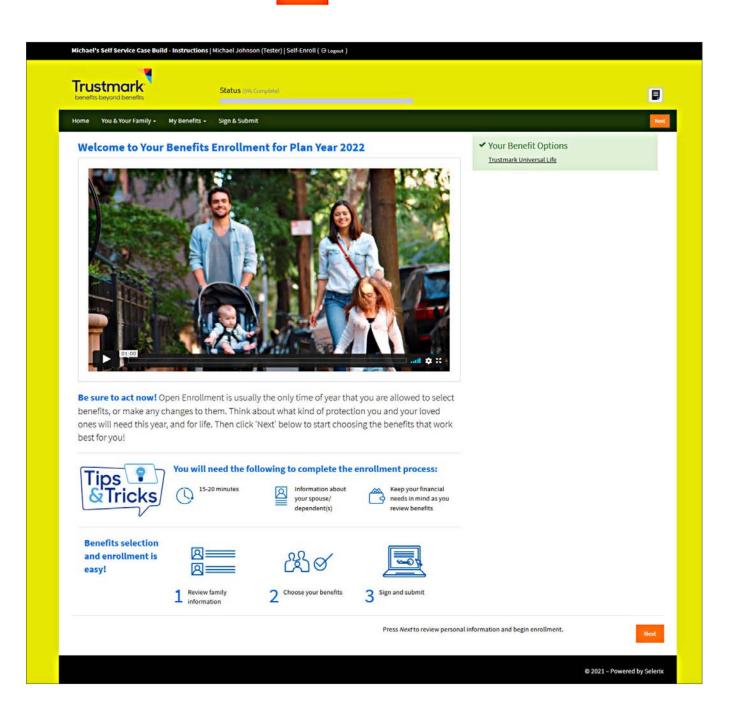


Welcome Message

This screen provides **a welcome message, as well as a video** that you can watch to learn more about benefits.

When you are ready to continue, click

Next at the below right.



On this screen, you will **review and enter all of your personal information**. Some of this information may have been pre-populated. All fields with names shown in **bold lettering** are required.

Be sure to look through all of the information, confirm that it is correct and fill in anything that is missing.

When you are done, click **Next** at the below right.

	Status (Wi Complete)		
Home You & Your Family • My Benefits •	Sign & Submit		Back
Personal Information			
• If any personal information needs to be update Optional items are in <i>italics</i> .	ed, please contact the HR Department. Click the Nextbutton to continue.		
Personal Info			
Name:	Kate	Beck	
	First MI	Last	Suffix
Marital Status:	Unknown		
Date of Birth:	01/01/1998		
SSN:			
_{cender:} Contact Info	🔵 Male 🌒 Female 🔵 Other		
Address:	USA		
Address:	USA ~]	
Address:	Country]	
Address:	Country test Street]	
Address:	Country]]	
Address:	Country test Street test Street (cont.) Test	fL v	45634-8114
Address:	Country test Street test Street (cont.)]	45634-8114 Zip
Address: Home Phone:	Country test Street test Street (cont.) Test	fL v	
	Country test Street test Street (cont.) Test	fL v	
Home Phone:	Country test Street test Street (cont.) Test City	fL v	
Home Phone: Work Phone:	Country test Street test Street (cont.) Test City	fL v	
Home Phone: Work Phone: Mobile Phone:	Country test Street test Street (cont.) Test City	fL v	

Dependent Information

On this screen, you can **add and/or review information about your dependents.** (Some information on your dependents may have been pre-populated.)

To add a new dependent, click the **"Add Dependent"** button.

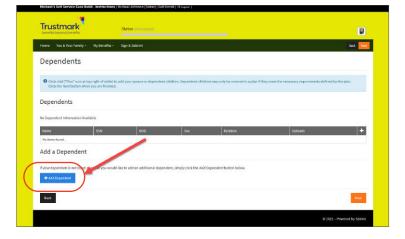
You will be taken to a separate screen where you can add your dependent's information. All fields with names shown in **bold lettering** are required.

When you are done adding the information, click Save

Your dependent will be added to the list.

To **review a dependent's information**, click their name. You will be taken to that same screen with all information about the dependent shown. Please review and update information and click **Save** when done.

When all your dependents appear in the list, click Next at the below right.



ld Dependent					
Add information on your dependents below. (Optional fields are marked in Italics.				
pendent Info					
Relationship:	Spours	•			
Namet					
	Pust	М	Last		sulliv
Date of Birth:					
55M/					
Gendert	🔿 Male 🔘 Female 🔘 Other				
Address	🛃 Same as employee				
	USA	-			
	Country				
	123 Main Stree				
	Street				
	Street (cont.)				
	RoundLake		H -	60073	
	RoundLake		H T	60073 Zip	
Email Address:					
Cancel					
Cancel					

Trustmark bevefit bevefite	Status (dis tarradata)				P
Home You & Your Family - My Be	eafta - Sign à Sabenit				Buck
Cilick Addr ("Plus" scan at top right o Cilick the Addr ("Plus" scan at top right o Cilick the Addr United when you are	To Review Dependent information - Click on their name	ent children may only be	covered in a plan if they meet	the nacessary requirements defined	by the plan.
Dependents Name Nature	5334 5008 12/2933	Sax M	Relation	Upisade D	+
Add a Dependent			CAR		
your dependent is not listed above ory Add Dependent Eack	ou would like to add an additional dependent, simply r	tick the Add Dependent but	on below.		See
				0 2021	- Powered by Selar

You will now be shown a list of all your available benefits.

Click "Review" on any of these to get started.

Trustmark benefits beyond benefits	Status (DisConstant)		B
Home You & Your Family + My Be	vefits + Sign & Submit		Back
My Benefits			
Below is a list of your current benefit e	ections. Click "Review" for benefit information and to elect or decime surgage.	My Benefits	
O Trustmark Universal L	fe	O Trustmark Universal Life	\$0.00
You have to complete enrollment in	this plan.	Total Cost Total Per Ray Period	\$0 ⁰⁰
Back		Ned	

(At this point, you may also be asked to provide a **personal email address**. This is so Trustmark can reach you with important information about your plans, even if you change jobs or retire.)

Home You & Your Family + My Benefits + Payme	ent Information Sign & Submit	Bock -
Trustmark Universal Life®		Trustmark
Contact Info		
Personal EMail:		
I wish to apply for this coverage I wish to DECLINE this coverage		
Back		Next

Enrolling in Trustmark Universal Life and/or Trustmark Universal LifeEvents is unique.

STEP 1

When you click **"Review"** for these products, you will be shown a list of names: yourself and/or any eligible dependents.

(Note: Eligibility may vary for these products.)

Click a person's name to begin enrolling for that person.

Home You & Your Family - My Bene	efits + Sign & Submit			Back
Trustmark Universa	l Life			Trustmar
• You may apply for coverage for any of	the individuals listed below. To view prices or apply, click	the name of the person in the list bel	ow.	
Name	Relationship	Sex	DOB	Riders
Michael Jahnson	Employee	м	1/1/1985	
Sam Test	Spouse	F	1/1/1993	
Michael Tester	Child	м	1/1/2015	
I do wish to CONFIRM changes I wish to CANCEL changes made in t Back	this enrollment session.			

STEP 2

This page contains information and a video about this Trustmark product. **Review this information and** watch the video.

e You & Your Family - My Innefits - Sign & Subm			fleck
rustmark Universal Life		Trustmark	
		My line	wffits
的 Trustmark Universal LifeEvent	9 ⁰	0 10	makUssenatule 50.00
	1	10.00	
	-		Rotal Cost 50 ⁰⁰
and have	7 m a		
and the second	100		
1		and the second second	
Trustmar	k Universa	Life	
Charles I		-	
100 100 100	2424	A	
- 28 L	and the second second		
100 100	and the second	and a series of the	
► ^{1 - 32}		ant 📾 💠 X	
ermanent, affordable life protection that fits your cl	anging needs.		
8 8	A		
Attordable permanent life Cash benefits to help	pay Policy builds cash value		
insurance with a higher death bills, funeral costs, tail benefit during warking years. mortgage or anything			
roll in Trustmark Universal LifeEvents [®] insurance and protect	your loved on as' future today.		
member: there will never be a better time than now to get pe- roll today and lock in your rate at your current age. Note: understitlen by Trustmerk theoreece Company and T notes, unautorities, exclusions and installations may very by siz-	undmark Life Insurance Company of New York, Benedit	may not be available in all states;	
	a no my or more anothing the poly of the		
incurance for Michael Johnson			
Does anyone proposed for coverage smoke organeties or dust proposed for coverage smoked organeties?	ng the past 12 months has anyone No	•	
Cost per Pay Period	Benefit Amount		
\$2.09	18-492)	
0 5527	25.000		
0 884 0 1010	15.000		
0 <u>825</u> 0 31267	150.000		
) 33267) 33267	150.000		
) 324.54)	200.000		
Cost per Pay Period:	3.00		
Benefit Amount:	58,495.00		
I wish to apply for this coverage I wish to DECLINE this enverage			

When you are done reviewing, you may choose a benefit amount and premium from the list shown, or enter your own premium or benefit amount.

Under **"Application riders,"** you may be able to check or uncheck certain optional features. (Features with a grayed-out checkbox are not optional.) Select whether you wish to apply for coverage or decline coverage <u>for the person whose name you clicked to arrive at this screen</u>. Your decision is <u>only</u> for that person.

When you have made your selections, click



STEP 3

Trustmark Universal Life and Universal LifeEvents pay a death benefit to a beneficiary or beneficiaries when the covered person passes away. You need to select those beneficiaries in order to enroll.

Instructions on the page will tell you how to select your beneficiaries and assign them benefit percentages.

If you do not see a beneficiary listed, **click the + button** in order to add them. You will be taken to a screen where you are able to add your beneficiary.

When you have added and assigned percentages to all your beneficiaries, click

Next	

	l Life®		Trustmo	ark
Choose Beneficiaries				
		tingent beneficiary will receive benefits if your primary benef The percentage allocations will automatically calculate.	liciary is no longer living at the time of your death.	
 Click Add if you do not see the desire You may change the percentages, as 	d person or trust in the list.			
Clicking All living children will clear a	ny children already selected.		Click this + to add additional beneficiaries	
 Beneficiaries may not be both primar 	ry and contingent at the same time.			
Beneficiary	Relationship		Contingent	+
Sam Test	Spouse	0.00%	0.00%	1
		0.00%	0.00%	1:
Michael Tester	Child			
Michael Tester All Living Children	Child	0.00%	0.00%	13
	Child	0.00%	0.00%	13

STEP 4

You will now be returned to the list of eligible persons for Trustmark Universal Life or Universal LifeEvents.

If you wish to enroll for another person, please click that person's name and repeat the above process.

Next

When you have completed enrollment for all eligible persons, click

			22023-1		Trustmark
Relationship	DOB	Policy #	Benefit	Premium Options	
Employee	1/1/1985		18,492	\$3.00	Withdraw
age for any of the individuals list	ed below. To view prices	or apply, click the name	of the person in the list be	elow.	
R	elationship	_	Sex	DOB	Riders
s	pouse		F	1/1/1993	
c	hild		м	1/1/2015	
	(7% Complete)		_		l
My Benefits Paymer		and the second se	_		E Reck
		and the second se	_		eex Trustmark
• My Benefits • Paymer hiversal Life® d is listed below. If you wish to r	t Information Sign &	Submit erage, click the person's	name.	Premium Octions	Back
• My Benefits • Paymer	t Information Sign &	Submit		Premium Options	Back
• My Benefits • Paymer Niversal Life® d is listed below. If you wish to a Relationship	t Information Sign & nake a change to the cov	Submit erage, click the person's	nzme. Benefit	Contraction of the second	Trustmark
• My Benefits • Paymer hiversal Life® d is listed below. If you wish to a Relationship Employee	t information Sign & nake a change to the cov DOB 1/1/1985	Submit erage, click the person's	name. Benefit 18,492	\$3.00	Buck Trustmark
	Relationship Employee age for any of the individuals list R S c c changes	Relationship DOB Employee 1/1/1985 age for any of the individuals listed below. To view prices Relationship Spouse Child	Retationship DOB Policy # Employee 1/1/1985 age for any of the individuals listed below. To view prices or apply, click the name Relationship Relationship Spouse Child	Employee 1/1/1985 18,492 age for any of the individuals listed below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the list below. To view prices or apply, click the name of the person in the name of the person	Retationship DOB Policy # Benefit Premium Options Employee 1/1/1985 18,492 \$3.00 \$ age for any of the individuals listed below. To view prices or apply, click the name of the person in the list below. Soc DOB Relationship Soc DOB Spouse F 1/1/1993 chid M 1/1/293

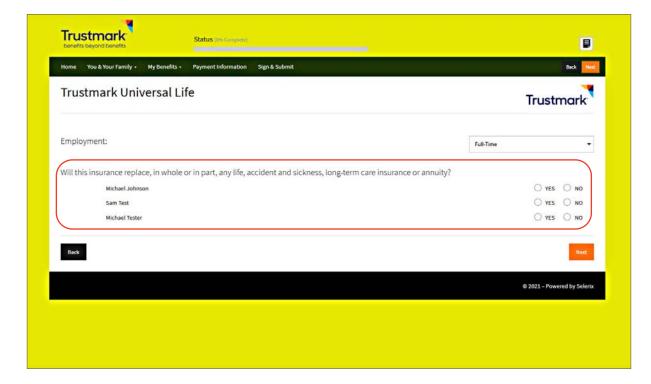
STEP 5

At this point, you may be required to answer a few simple questions.

(NOTE: If you will be paying for benefits via bank draft, you may first need to provide your banking information.)

Next

Please answer the questions, and click



You will now be returned to the screen that shows a list of all your available benefits.

When you click **"Review"** on a Trustmark plan other than Universal Life or Universal LifeEvents, you will be guided through the steps to review your benefits and enroll.

For these products, the process of enrolling is simple:

- You will not need to provide separate applications for each eligible person.
- You will not need to select any beneficiaries (unless you are enrolling in Trustmark Accident with an accidental death benefit.)
- You may or may not have to answer a few simple questions.

(NOTE: If you will be paying for benefits via bank draft, you may first also need to provide your banking information.)

When you are done with each page, click



When you are finished with each product, you will be returned to the list of available benefits, and you may select the next product to review.

	• My Benefits • I	Payment Information Sign & Submit				Back
My Benefits						
Below is a list of your curre	ent benefit elections. Clic	k "Review" for benefit information and to elect or decline cove	age.		My Benefits	
C Trustmark U	niversal Life		(Review	Trustmark Universal Life	\$8.75
Enrollment D			(Total Cost Total Per Pay Period	\$8 ⁷⁵
Person Name	Relationship	Description	Policy #	Cost		
Michael Johnson	Employee	Trustmark Universal Life Events Insurance; EO		\$3.00		
Sam Test	Spouse	Trustmark Universal Life Events Insurance; SO		\$3.00		
Michael Tester	Child	Trustmark Universal Life Events Insurance; CO		\$2.75		
Beneficiary Information No beneficiary on file.	on					
✔ You have complet	ted enrollment in this pla	n. Your cost per pay period will be \$8.75				

Sign and Submit

When you have finished reviewing and enrolling in all products, click Next at the bottom of the screen showing your available benefits.

You will be taken to a screen called "Sign and Submit," showing your benefit elections and costs.

If you need to make any changes, click the plan on which you wish to change your elections.

Next

If you are satisfied with your elections, click

benefits beyond benefits	Status (33% Complete)				۵
Home You & Your Family + My Benefits + P	ayment Information Sign & Subm	n.			No
Sign and Submit					
Are You Satisfied With Your Elections? If you a	re satisfied with your choices, click on	ach benefit and includes your pre-tax and post-tax con the "NEXT " button at the bottom of this screen to sig ck on the benefit plan name in the menu on the left.			ly using your PIN.
Plan		Description		Pretax Cost	Posttax Cost
Trustmark Universal Life		Trustmark Universal Life Events Insurance; EO		S0.00	S3.00
Trustmark Universal Life		Trustmark Universal Life Events Insurance; SO		\$0.00	\$3.00
Trustmark Universal Life		Trustmark Universal Life Events Insurance; CO		\$0.00	\$2.75
	Total			\$0.00	\$8.75
Signatures Required	ving forms. Press Next to begin signin	g forms.			
Form Name			Status	Date Signed/Revi	ewed
1573 NWB 387 R 1111 Acknowledgement and Auth 			Unsigned		
1573 NWB 387 R 1111 Acknowledgement and Auth			Unsigned		
1573 NWB 387 R 1111 Acknowledgement and Auth	orization to Obtain Information (Mich.	ael Tester)	Unsigned		
Notice of Information Practices			Not Reviewed	N/A	
L-205 WI E Application for Life Insurance			Unsigned		
			Unsigned		
L-205 WI E Application for Life Insurance			Unsigned		

On this page, "**Review / Sign Forms**," click each link under "**Form Name**" to review the relevant informational document.

You may review and sign each form individually, or select the checkboxes next to each form on the **"Review / Sign Forms"** page and sign them all at once.

benefits beyond benefits	
	enefits - Payment Information Sign & Submit
Review / Sign Forn	ns
Are You Satisfied With Your Elect	ions. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions per pay period for each plan. Lions? If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrolliment Verification Form electronically using your PIN you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.
authorization to use electronic records a	til you review and sign the forms listed below. By entering your electronic signature below, you are giving your consent to the electronic signature (e-signature) process an and electronic signatures connected with your enrollment. If you decline the e-signature process, you will not be able to complete your enrollment electronically. and place a checkmark next to each before signing.
Form Name	
1573 NWB 387 R 1111 Acknowled	gement and Authorization to Obtain Information (Michael Johnson)
1573 NWB 387 R 1111 Acknowled	gement and Authorization to Obtain Information (Sam Test)
1573 NWB 387 R 1111 Acknowled	gement and Authorization to Obtain Information (Michael Tester)
L-205 WI E Application for Life Inst	urance
L-205 WI E Application for Life Inst	urance
L-205 WI E Application for Life Inst	urance
Notice of Information Practices	
Employee: By clicking the Sign Form bu	itton, I am electronically signing the form listed above.

Your legal signature is applied by clicking the orange

Sign Form

button.

The final form will be your **Benefit Verification / Deduction Confirmation**.

You must review and sign this form individually.

	Benefit Verificat	ion / Ded	uction Co	nfirma	tion			
Name Michael Johnson	SSN XXX-XX-4141		ID Date of H 01/01/202	tire		r Completin ment	g Form	
Location Test Location	Department NA	Job Class All Applican	Pay Mode Its 52	A	ddress			
Work Phone	Home Phone	E-mail Mjohnson1(@trustmarkbenef		3 Main St ound Lake	ree , IA 60073		
Benefit Deduction				ed. Emp	ployer	Employe	e Cost	
Plan Trustmark Universal Life Trustmark Universal Life Trustmark Universal Life	Trustmark Universal Li	fe Ever EO fe Ever SO	18,492 25,583	ycle Cos 52 52 52 52 52	0.00 0.00 0.00	0.00 0.00 0.00 0.00	3.00 3.00 2.75	
			т	otal:	0.00	0.00	8.75	
 made on this form and a complete, and correct. I understand that omissi have provided may consibeing vold. Pursuant to IRC § 125, 1 plan year. No changes to plan year unless you ex Qualified change in statuchange in dependent statuchange in dependent statuchange in dependent statuchange. 	Enrollment Agree edge and belief, all statements ar ill associated application forms ar ons or misrepresentiations in the tätule fraud and may result in my pre-tax' elections are allowed o pre-tax' elections are allowed o perience a qualified change in st tas, change in employment stat, ale of the change to contact hum to benefit electors.	nd answers • e true, • information I coverage • during the truing the truing the trus event, • tal status, s. You	Deduction Auth Upon acceptance by deduct from my ean My authorization sh termination of my et this authorization, o I understand that it amounts from my pu any discrepancies. I understand any un Care Reimburseme under the 'Use It or the plan year for wh	y the insuren nings the am all continue t mployment, (r (c) terminat is my respon aycheck and hused balance nused balance to se it rule	ounts indica hereafter un b) written no ion of the Pa sibility to ver to notify my e in a Deper which I am Expenses	ted above. til the earlier o tice from me o syroll Deductio ify the deduction Employer immediate the operation indent Care or 1 enrolled will be must be incur	f (a) anceing n Plan. on rediately of Health s forfeited red during	
Your total deductions per pay period	8.75	loyee Signature			20 K	Date		

When you have signed this form, your enrollment is complete!

Your enrollment is now complete and no more action is required for you to get your benefits. You will now be taken to a page showing a recap of all your benefits elections.

On this page, you can also access all of your completed and filled out enrollment forms.

Home You & Your Family -	My Benefits - Payment Info	rmation Sign & Submit		RETU	
Sign/Submit C	omplete				
Recap of Your Elections		any time during the year to review your benefit elections. Inder each benefit plan and your named beneficiaries. Scroll down to the botto	om of this screen to view a list of your comple	ted enrollment	
Trustmark Unive Enrollment Deta					
Person Name	Relationship	Description	Policy#	Cost	
Michael Johnson	Employee	Trustmark Universal Life Events Insurance; EO		\$3.00	
Sam Test	Spouse	Trustmark Universal Life Events Insurance; SO		\$3.00	
Michael Tester	Child	Trustmark Universal Life Events Insurance; CO		\$2.75	
Press Logout to exit the website		llment. Click on the form name to view or print.		w	
Form Name			Date Signed/Reviewed	i	
		Obtain Information (Michael Johnson)	10/27/2021		
1573 NWB 387 R 1111 ACKn	Notice of Information Practices			N/A 10/27/2021	
Notice of Information Pract	L-205 WI E Application for Life Insurance				
 Notice of Information Pract L-205 WI E Application for L 	IS73 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (Sam Test)				
Notice of Information Pract L205 WI E Application for L 1573 NWB 387 R 1111 Ackne		L-205 WI E Application for Life Insurance			
Notice of Information Pract L-205 WI E Application for L 1573 NWB 387 R 1111 Ackno L-205 WI E Application for L	ife Insurance		10/27/2021		
Notice of Information Pract L=205 WI E Application for L 1573 NWB 387 R 1111 Ackm L=205 WI E Application for L 1573 NWB 387 R 1111 Ackm	ife Insurance owledgement and Authorization to (Obtain Information (Michael Tester)			
Notice of Information Pract L-205 WI E Application for L 1573 NWB 387 R 1111 Ackno L-205 WI E Application for L	ife Insurance owledgement and Authorization to (Dbtain Information (Michael Tester)	10/27/2021		

You care.	
We listen.	/

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Underwritten by

Trustmark Life Insurance Company of New York. Rated A- (Excellent) A.M. Best. 400 Field Drive - Lake Forest, IL 60045 TrustmarkVB.com



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