



# ONLINE ENROLLMENT INSTRUCTIONS

[www.cisbenefits.org](http://www.cisbenefits.org)

If enrolling dependents you will need to have your dependents DOBs and SSNs with you. If enrolling a spouse or domestic partner, it is recommended that you scan your marriage certificate and/or domestic partnership documentation before going online. If you don't have the documentation with you, you can upload at a later date. To get to the home page, click on the home icon.



## SECTION 1: LOGON AND PERSONAL INFORMATION

1. Go to [www.cisbenefits.org](http://www.cisbenefits.org)
2. Click on **Self Registration**

Login ID:

Password:

[▶ Forgot your password?](#)  
[▶ Self registration](#)  
[▶ Forgot login id?](#)



## Self Registration - Step 1

Please answer the following questions to register the user.

Question 1:	SSN
Answer:	<input type="text" value="111111111"/>
Question 2:	Date of birth (mm/dd/yyyy)
Answer:	<input type="text" value="01/01/1957"/>
Question 3:	ZIP Code (99999 or 99999-9999)
Answer:	<input type="text" value="97306"/>



3. Enter SSN, DOB and mailing address zip code
4. Enter Captcha. Then click **Submit**.

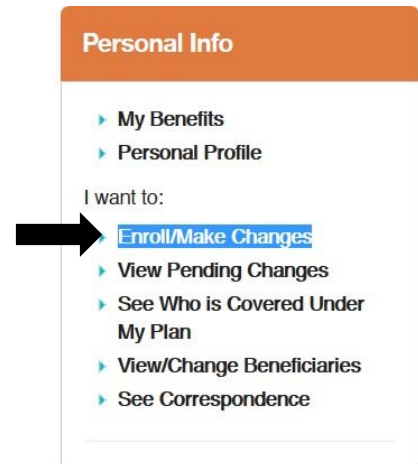
5. Click **View Login ID** and write Login here: \_\_\_\_\_
6. Create a password using password requirements. Click **Submit**
7. Select and answer three **Challenge Questions** then click **Save**. Choose questions that do not have multiple answers, or change over time.



[▶ View Login Id](#)

Login Id: DSMITH13

8. Confirm Challenge Questions and click **Save**.
9. You have successfully saved your challenge questions, click **Close**.
10. Read Disclaimer and click the box next to **I accept**. Click **Save**.



11. Click **Enroll/Make Changes** located in the “Personal Info” box.
12. Click **Select Your Benefits** in the “Benefits to do list” box.
13. Confirm Address Information. If address needs to be updated or changed, click on the Update link. Update/Change address and click **OK**.
14. Enter Email Information by clicking on **Add New**. Indicate Email Type, enter email address and Email Preference and click **OK**. Highly recommend that an email address is entered so the system can notify the employee if follow-up steps are still pending (ie: marriage cert).
15. Enter Telephone Information by clicking on **Add New**. Enter type, number and preference and click **OK**.
16. If Address, Email and Telephone Information is correct, click **Continue**

## **SECTION 2: DEPENDENTS**

If you want to add a dependent to your coverage, click on Add New Dependent. This does not enroll them in coverage; enrollment happens on the next page. **If adding a spouse or stepchild to the list, a copy of your marriage certificate must be uploaded. If adding a domestic partner or their child, a copy of the partnership document must be uploaded.**

If adding an adopted child or child for whom you have legal guardianship/custody, a copy of the legal documentation must be uploaded.

**Note: If not adding any dependents to your coverage, DO NOT add them or you will be required to upload documentation.**

Click **Add New Dependent**

1. Enter Dependent Information and click **OK**.
2. If adding spouse or domestic partner, documentation can be uploaded now or later. To upload documentation now, click the **Marriage Certificate** or **Domestic Partner Certificate** link. Click Browse to select file. When file is selected click **Upload**. *Enrollment will be pending and will not be reported to the carriers until documentation has been uploaded.*
3. Click on **Add New Dependents** to add additional dependents (court order required for legal guardianship)
4. When completed click **Continue**.

### **SECTION 3: ELECTING COVERAGE**

These instructions include how to enroll in all coverages offered by CIS. Your employer may or may not offer all of the coverages listed below.


#### **Medical/Dental Coverage**

If your employer offers Medical, Dental and/or vision coverage, you will need to click on the radio button next to the plan name. (Note: Vision will automatically be selected if offered by your employer). To view/print a description of the plan(s) click on [Summary Plan Description](#).


If you are enrolling a dependent(s), the box next to the dependent(s) name must be checked. Click **Continue** to proceed to each plan type offered by your employer.


#### **Life/Disability Coverage**

1. If offered, you are automatically enrolled in the employer paid basic life and AD&D coverage. This coverage will be displayed. Click **Continue**.
2. Assign a beneficiary to your Basic Life plan. If a beneficiary is not displayed, or you want to add additional beneficiaries, click on the [Add New Beneficiary](#) link. Enter the beneficiary information (only the relationship and first and last name is required) and click **Save Changes**.
3. If beneficiary is Primary, click Yes. If secondary, select No. Click **Continue**.
4. If electing supplemental employee/spouse life, **click the radio button next to Amount** and enter an amount in the Election Amount box. To elect Dependent Life click the radio button next to the \$5,000 dollar amount. Click **Continue**.

<input checked="" type="checkbox"/> Supplemental Employee Life				
	Option	Employee Pay Period Cost	Amount Inforce	Election Amount
	<input checked="" type="radio"/> Amount	\$27.20	\$200,000.00	<input type="text" value="\$200,000.00"/>
	<input type="radio"/> Waive	\$0.00		

<input checked="" type="checkbox"/> Supplemental Spouse Life				
	Option	Employee Pay Period Cost	Amount Inforce	Election Amount
	<input checked="" type="radio"/> Amount	\$42.60	\$200,000.00	<input type="text" value="\$200,000.00"/>
	<input type="radio"/> Waive	\$0.00		

 points to the Election Amount input field in the Supplemental Employee Life table.

5. If supplemental employee life is elected, assign your beneficiaries and click **Continue**.
6. If offered, you are automatically enrolled in the employer paid Long Term Disability (LTD). This coverage will be displayed. Click **Continue**.

#### **Flexible Spending Account (FSA) – Subject to change**

Flexible Spending Account elections will be displayed if offered by your employer. To enroll in the healthcare or dependent care FSA, **please obtain an enrollment form from your HR department. Outside of Open Enrollment, these elections are required on a paper form that is then sent to CIS for processing.** FSA

enrollment will not be retroactive so the effective date may not match the effective date of your other coverage). If you are only enrolling in the premium only plan (POP), CIS does not need this form.

#### **SECTION 4: COMPLETE YOUR ENROLLMENT**

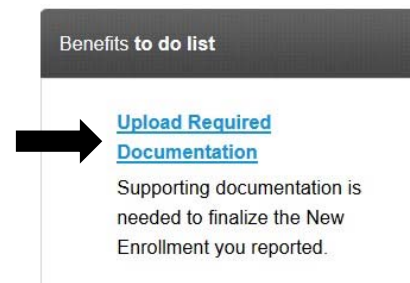
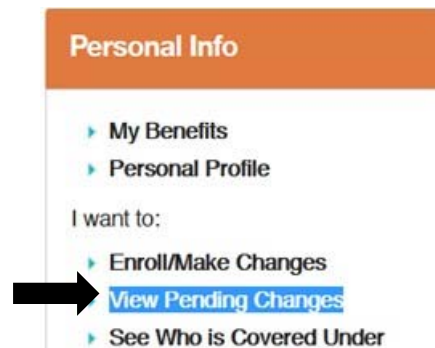
1. Review your elected benefits. If changes need to be made click [Make Changes](#).
2. Read attestations at the bottom of the page and click each box. Click **Complete**.
3. Under “For Your Records”, click **Save a Copy**. A box will display to open the confirmation statement in Adobe Acrobat. Click **OK**. Then click Print. ***If you do not print the statement now you will not be able to view/print your statement until your coverage is effective.***
4. Review your confirmation statement. If a change needs to be made contact your HR/Benefits representative. [Click Return to Home](#).
5. If documentation is required (marriage/DP certificate) the “Benefits to do list” box will display. See instructions in Section 3 to upload documentation after enrollment has been submitted. ***Enrollment will not be reported to the carriers until required documentation is uploaded and approved. You have 31 days to submit supporting documentation.***



#### **SECTION 5: UPLOAD DOCUMENTATION**

Before logging on be sure documentation has been scanned and in a Word or pdf format.

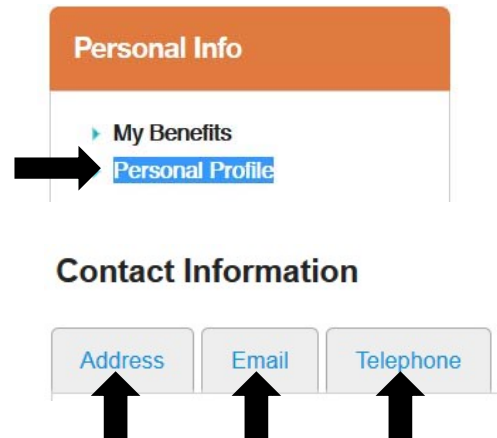
1. Click on **View Pending Changes** in “Personal Info box”.
2. Click on the [Upload Required Documentation](#) link in the “Benefits to do list” box.
3. Click **Continue** on Personal Information Page.
4. Click on the link in the Required Documentation column on the Dependent Information page.



5. Click **Browse** and select document. Click **Open**. Then click **Upload**.
6. You will be required to view all benefits elections again. Click **Continue** through all pages until the end.
7. Click attestation boxes on last page and click **Complete**.

## SECTION 6: CHANGE ADDRESS, EMAIL & PHONE NUMBER

1. Click on **Personal Profile** under “Personal Info” box.
2. Under Contact Information click on appropriate tab.
3. Click **Update**. Enter information and click **Save**.



## SECTION 7: MAKE AN ENROLLMENT CHANGE

1. Click on **Enroll/Make Changes** in the “Personal Info” Box.



2. Select the type of change. The system will walk you through each enrollment page. Click **Continue** until you come to the **Review and Change Your Benefits** page.

To add a dependent(s) to your coverage, you need to check the box next to the name of the dependent(s). To remove a dependent(s) from your coverage, uncheck the box next to the name of the dependent(s). In the event of a death or divorce the system will automatically make the enrollment change.

[Birth, Adoption or Legal Guardianship](#)  
[Death of a Child](#)  
[Death of a Spouse/Domestic Partner](#)  
[Divorce/Legal Separation](#)  
[Domestic Partnership](#)  
[Gain of Other Coverage](#)  
[Loss of Other Coverage](#)  
[Marriage](#)  
[Terminate Domestic Partnership](#)

**You must click the attestation boxes and click Complete to submit a change.**

**NOTE:** All changes to enrollment, except birth or death, require supporting documentation. Have documentation scanned prior to going online. If you did not scan the supporting documentation, see Section 5 for instructions on how to upload documentation. You have 31 days from the date of the event to upload required documentation.