



WeCare Enrollment System



1. To access the WeCare system, open up your internet browser and go to:

www.mywecarebenefits.net/aflac

When you access the site, you will see a login box on the left side of the page.

For Case ID enter: A197

For Online ID enter your SKMES/SMS Employee ID

2. On the next page, you will see a place for your password and a security ID. For your **password, enter the last 5 digits of your Social Security Number**. The security ID is printed on the page. Just retype it in the Security ID box.

3. The next page you will see is the SKMES/SMS Enrollment System Service Agreement. Once you read over this document, click **“Agree”** at the bottom of the page to continue the enrollment process. You will then see a welcome page – Simply click **“Enter”** to continue.

4. The next page will be the start page for your personalized enrollment. This page includes information about the enrollment. Simply click **“Next”** to continue.

SKMES/SMS Benefit Enrollment System
Your Personal Profile for Ryan C Grose

This is your personal information that is currently on file.

Your Personal Data

Employee Name:	Ryan C Grose
Gender:	M
Birthdate:	11/01/1975
Street Address:	345 Main St
City, State, Zip:	Knoxville, TN 37909
Phone Number:	(865) 555-1212
E-Mail Address:	

Edit

If you make changes to your personal data, please notify Humana Resources so that your information can also be updated in payroll.

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5. The next page shows your Personal Profile. This includes your name, gender, date of birth, address, telephone number and email address. **If any of this information is incorrect, please contact Human Resources so that the information can be updated.**

Click **“Next”** to continue

SKMES/SMS Benefit Enrollment System

Your Job Information for Ryan C Grose

This is the information that is currently on file regarding your employment status. Review the data shown to make sure it is both complete and correct.

Your Job Information

Hire Date:	04/01/2011
Payroll Frequency	W
Pays Per Year:	52
Hours Per Week:	40

Edit 

If you have questions or this information is incorrect, contact Human Resources.

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6. Next you will see your job information, including hire date, Payroll Frequency (weekly or salaried), number of pay periods per year and hours worked per week. **If any of this information is incorrect, please contact Human Resources so that the information can be updated.**

Click “Next” to continue

Family Data for Ryan C Grose

If you are adding dependents, please enter the information as accurately as possible. Otherwise, please review and make any corrections as applicable.

NOTE: Adding or removing dependent information does not automatically change benefit coverage. You must enroll/remove each dependent from each benefit to confirm benefit participation.

Your Dependents


1. **Lisa Grose**
Spouse (444-44-4444)

Edit 

2. **Jerry Maguire**
Child (333-33-3333)

Edit 

Please verify the social security numbers of your dependents.

Add new Dependent 

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7. The next page will show your dependent information, if you current have dependents enrolled in any of your benefits. It is very important that you verify your dependent social security numbers. **If their social is not listed, or you need to correct the number shows, click “Edit” next to the dependents name. Likewise, if you need to add a dependent, please click the “Add new dependent” button, which will take you to a dependent screen.**

NOTE: Adding or removing dependent information does not automatically change benefit coverage. You must enroll/remove each dependent from each benefit to confirm benefit participation.

Your Dependents

First Name:	<input type="text"/>
Middle Initial:	<input type="text"/>
Last Name:	<input type="text"/>
Social Security Number:	<input type="text"/>
Relationship:	Child 
Birthdate:	<input type="text"/> 
	mm/dd/yyyy
Gender:	Female 

cancel OR add

Please verify the social security numbers of your dependents.

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8. On the Add Dependent page (shown at right) please enter the dependents full name, social security number, relationship, date of birth and gender. **Once you enter their information, CLICK “ADD”. You must click the “Add” button – if you just click next after entering the dependent information, the dependent will not be added.**

Medical Plans Election for Ryan C Grose

Below is your existing Medical coverage. This is what you are currently enrolled in.

NOTE: If you need to add coverage for your spouse or children, please make sure that you've added the dependent information into the system.

Your Current Election ending 12/31/2011

Waive Plan

Your Medical election for the new plan year is shown below.

Your Medical Plans Election for Plan Year: 1/1/2012 - 12/31/2012

Medical - Network S - Employee and Family
\$177.90

Plan Information ⓘ ▼

* Costs shown are **52** Pay/Deductions.

Eligible family members and their coverage status shown below:

- ✓ Ryan - Employee
- ✓ Lisa - Spouse
- ✓ Jerry - Child
- ✗ Steve - Child

change coverage

I HAVE NOT used any tobacco products in the last 90 days and will receive the non-tobacco use discount.

I understand if I decide to begin using tobacco products, I will notify my Human Resources Department and my premiums will change the first of the month following my notification.

I HAVE USED tobacco products in the last 90 days and I understand I will not receive the non-tobacco use discount.

I understand if I quit using tobacco products, my next opportunity to apply for the non-tobacco discount will be July 1, 2012. After that date, I will not be able to apply for the non-tobacco discount until January 1, 2013.

I HAVE USED tobacco products in the past 90 days, but agree to attend and complete a SKMES/SMS approved Tobacco Cessation Course in early 2012. By selecting this option I will receive the non-tobacco premium discount.

I understand if I do not attend and complete the Tobacco Cessation Course when offered, my premiums will automatically be changed to the higher tobacco rates.

SKMES/SMS reserves the right to test for nicotine use among employees receiving the non-tobacco discount.

SUBMIT

9. The next page will show your current Medical Plan Election. It also shows your new medical coverage effective 1/1/2012, if you do not make any changes to your election.

Dependents are shown below the medical election. Any dependent with a Green Check are covered, while those with a Red X are not enrolled.

Please note that the system defaults all users to tobacco status. If you wish receive the non-tobacco discount, you must click the "Change Coverage" button. Likewise, if you need to add or drop dependents from your plan, or change your coverage election, click the "Change Coverage" button.

10. When you click "change coverage, you will see the screen to your left. On this screen, you must indicate one of the 3 options:

- Non Tobacco User

- Tobacco User

- Tobacco User who agrees to attend an approved tobacco cessation course. Users who click this box will receive the non-tobacco discount

Once you have made your selection, click "Submit"

Your Medical Plans Election for Plan Year: 1/1/2012 - 12/31/2012

Medical - Network S - Employee and Family
\$142.35 Plan Information

* Costs shown are **52** Pay/Deductions.

Eligible family members and their coverage status shown below:

- Ryan - Employee
- Covered Lisa - Spouse
- Covered Jerry - Child
- Not Covered Steve - Child

Rates shown are non-tobacco rates.

Option	You Only	You + 1	You and Family
<input type="radio"/> Network P	\$44.19	\$123.95	\$203.90
<input checked="" type="radio"/> Network S	\$35.54	\$106.63	\$177.90
Opt Out	<input type="radio"/> I do not want coverage.		

* Costs shown are **52** Pay/Deductions.
If you want to waive coverage, check the Opt Out/I do not want coverage option and press the Submit button.
If you are waiving coverage, you must select the reason why you are waiving from the following drop down box.

OR

11. The next screen you see will allow you to make changes to your medical election. You will see your dependents listed. **If you wish to add or remove a dependent from this coverage, just change their coverage status.**

You may also choose your BCBS network from this page by clicking on either Network P or S. If you DO NOT wish to carry medical coverage for the new plan year, click "Opt Out" and select the reason from the drop-down list.

Once you have verified that the correct dependents are covered and have made your network selection, click "SUBMIT"

This will return you to the Medical election page. Click "Next" to continue.

12. The dental and vision enrollment screens work the same as Medical. Beneath your current coverage, you will see a list of your dependents indicating if they are covered under the benefit. To change your coverage, simply click the "Change Coverage" button. This will take you to the benefit election screen where you can add coverage for dependents, and enroll. **If you make any changes on the election screen, be sure to click "SUBMIT" to submit your changes.**

Below is your existing coverage. This is what you currently applied for.

Your Existing Coverage ending 12/31/2011

Waive Plan

Your election for the new plan year is shown below.

Your Group Accident Election for Plan Year: 1/1/2012 - 12/31/2012

Waive Plan
Cost: \$0.00 Plan Information
See Details

* Costs shown are **52** deductions per year.

IMPORTANT: Before selecting and applying for your benefits, be sure to update your personal information and add all eligible dependents.

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13. When you have finished your dental and vision elections, you will see the AFLAC Group Accident enrollment page. Because AFLAC Group is new for this enrollment, your current coverage will be shown as "Waive Plan." To review the brochure for this coverage, click on "Plan Information"

To elect this benefit, click on "Change Coverage."

You will then see additional information about the coverage, as well as a box on the right side of the page like the one below. Click "Apply for Coverage"

Election Summary

New Election

Plan:	n/a
Coverage:	n/a
Cost*:	n/a
Effective Date:	n/a

* Costs shown are **52** Pay/Deductions.

Group Accident Benefits for Ryan Grose

Employee/Dependents Eligible for Coverage

Name	Age	Relationship	Eligible
<input checked="" type="checkbox"/> Ryan Grose	36	Employee	<input checked="" type="checkbox"/>
<input type="checkbox"/> Lisa Grose	32	Spouse	<input checked="" type="checkbox"/>
<input type="checkbox"/> Steve Grose	3	Child	<input checked="" type="checkbox"/>
<input type="checkbox"/> Jerry Maguire	1	Child	<input checked="" type="checkbox"/>

Employee Elections

Plan	Emp. Only	Emp. & Spouse	Emp. & Child(ren)	Emp. & Family
<input type="radio"/> Personal Accident	\$3.74	\$5.35	\$7.13	\$8.74
<input checked="" type="radio"/> Waive Plan				

* Costs shown are 52 Pay/Deductions.

OR

Once you've selected "Apply for Coverage" you will see a page like the one at left listing each of your dependents. For each person you wish to cover, simply check the box next to their name.

Beneath that box, you will see the coverage premium based which dependents you have chosen to enroll in the Accident Benefit. Click "SUBMIT" to send your election.

Once you click Submit, you will see a list of six questions. Unless you are currently disabled and not working as a result, question 1 should be answered YES. Question 2 should be answered NO. Please DO NOT including any information in boxes 3 & 4. Because SKMES/SMS does not currently offer any type of GROUP Accident insurance, this coverage is not a replacement. If you would like to list a beneficiary for the Accidental Death Benefit, you may do so in boxes 5 and 6. Once you have finished, please click "Lock Election and Continue."

The next page will provide the coverage terms and conditions. Please click the "I AGREE" box at the bottom of the page, then input the last 5 digits of your social security number, as well as your 4 digit YEAR of birth. Then click "SUBMIT"

2. I Agree

I have read and agree to all the terms and conditions

3. Electronic Signature Authorization

Enter last 5 digits of your SSN

Enter the 4 digit year of your birth

OR

Employee Elections

Ryan Grose			
Tobacco use in last 12 months?	<input type="radio"/> No	<input type="radio"/> Yes	
<input type="radio"/> \$5,000.00	\$1.36	\$2.05	
<input checked="" type="radio"/> \$10,000.00	\$2.32	\$3.70	
<input type="radio"/> \$15,000.00	\$3.28	\$5.35	
<input type="radio"/> \$20,000.00	\$4.23	\$7.00	
<input type="radio"/> \$25,000.00	\$5.19	\$8.65	
<input type="radio"/> \$30,000.00	\$6.15	\$10.30	
<input type="radio"/> \$35,000.00	\$7.11	\$11.95	
<input type="radio"/> \$40,000.00	\$8.07	\$13.60	
<input type="radio"/> \$45,000.00	\$9.02	\$15.25	
<input type="radio"/> \$50,000.00	\$9.98	\$16.90	
<input type="radio"/> Waive Plan			

Spouse Elections

Lisa Grose			
Tobacco use in last 12 months?	<input type="radio"/> No	<input type="radio"/> Yes	
<input checked="" type="radio"/> \$5,000.00	\$1.36	\$2.05	
<input type="radio"/> \$7,500.00	\$1.84	\$2.88	
<input type="radio"/> \$10,000.00	\$2.32	\$3.70	
<input type="radio"/> \$12,500.00	\$2.80	\$4.53	
<input type="radio"/> \$15,000.00	\$3.28	\$5.35	
<input type="radio"/> \$17,500.00	\$3.76	\$6.18	
<input type="radio"/> \$20,000.00	\$4.23	\$7.00	
<input type="radio"/> \$22,500.00	\$4.71	\$7.83	
<input type="radio"/> \$25,000.00	\$5.19	\$8.65	
<input type="radio"/> Waive Plan			

14. The next page shows the Group Critical Illness benefit. To review the brochure for this benefit, click "Plan Information." If you would like to elect Group Critical Illness, click "change coverage." On the next page, click "Apply for Coverage."

The next page will show your coverage options. To enroll, answer the question in the brown section about your tobacco status. Then click on the amount of benefit that you wish to purchase. This is the lump sum amount that will be paid if you are diagnosed with an eligible illness. As long as at least

20% of SKMES/SMS employees enroll in this benefit (which we expect) coverage up to \$10,000 on the employee, and \$5,000 on your spouse is Guaranteed Issue, meaning you cannot be turned down. Should you decline the coverage at this time and wish to enroll at a later time, coverage will no longer be Guaranteed Issue and you may be declined. Many employees elect the GI amounts (\$10,000 for employee, \$5,000 for spouse). Children are covered automatically at no additional cost, and will receive 25% of the employees elected benefit. Once you have selected your level of coverage, please click "SUBMIT"

On the next page, please answer yes to question 1, unless you are currently disabled and not working as a result. Then please answer questions 2-5. Question 6 should be answered NO, since we are NOT replacing Group Critical Illness coverage. **Once you have answered each question, please click “Lock Election and Continue.” You will then need to agree to the terms and conditions and enter your social and year of birth as noted in the above Accident section. Then click “Submit”**

Your Existing Coverage ending 12/31/2011

Waive Plan

Your Short Term Disability election for the new plan year is shown below.

Your Short Term Disability Election for Plan Year: 1/1/2012 - 12/31/2012

Waive Plan Plan Information

Your STD Pending Application Request:
Cov: \$396.00 per week benefit - \$4.57
 Complete the EOI form and submit to Human Resources:

[Click here to print form](#) »

This coverage requires the completion of an Evidence Of Insurability (EOI) form, which can be downloaded below. Once completed, please submit the form to Human Resources, who will forward it to Lincoln Financial for underwriting. Once underwriting is completed, you will be notified as to whether or not your coverage is approved. Coverage will be effective on the date of approval, at which time premium deductions will begin. Please note that if you do not complete and submit the EOI form, you will not receive this coverage.

15. Once you’ve completed the AFLAC Accident and Critical Illness sections, you will be at the Short-Term Disability Election Page, as shown at left. If you currently have STD coverage, you will see your benefit information listed. If you would like to add disability coverage, click the “Change Coverage” button. This next screen will show your weekly disability benefit for the coverage, as well as the premium. Click the box under “cost” if you wish to enroll, then click “SUBMIT”. **If you do not click Submit, your changes will not be saved.**

The Long-Term Disability page works exactly the same way. **Please note that if you were previously offered Short-Term Disability, Long-Term Disability or Life Insurance and did not elect it at that time, you will be required to complete and submit an Evidence of Insurability (EOI) form. This form should be printed, completed and submitted to Human Resources so that underwriting can be performed. Coverage will not be effective and deductions will not begin until the EOI form has been submitted, underwriting has been completed and coverage is approved by the insurance carrier.**

Once you have submitted your coverage changes, click “Next” to continue.

Your STD Pending Application Request:
Cov: \$396.00 per week benefit - \$4.57
 Complete the EOI form and submit to Human Resources:

[Click here to print form](#) »

This coverage requires the completion of an Evidence Of Insurability (EOI) form, which can be downloaded below. Once completed, please submit the form to Human Resources, who will forward it to Lincoln Financial for underwriting. Once underwriting is completed, you will be notified as to whether or not your coverage is approved. Coverage will be effective on the date of approval, at which time premium deductions will begin. Please note that if you do not complete and submit the EOI form, you will not receive this coverage.

Option	Cost
\$396/week benefit	<input type="radio"/> \$4.57
No Coverage	<input checked="" type="radio"/> I do not want coverage.

Your Limits and Eligibility - 60% of Weekly Income - \$396 Maximum Benefit - \$396

OR

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Below is your existing Supplemental Insurance coverage. This is what you are currently enrolled in.


Your Current Election ending 12/31/2011

Employee: Waive Plan

Your Supplemental Insurance election for the new plan year is shown below.

Voluntary Life Insurance Election for Plan Year: 1/1/2012 - 12/31/2012

Employee: 0
Cost: \$0.00

Plan Information  ▼

* Costs shown are per 52 Pay/Deductions. Age used:

[change coverage](#)

IMPORTANT: Any changes made on the employee election affects the dependent elections. Please review each election to make sure that the right coverage is selected.

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16. The next screen will show your current voluntary life insurance election. If you are not currently enrolled and wish to enroll, click the “Change Coverage” button.

The next page will show the premium associated with each amount of coverage. To enroll, simply click the box next to the amount of coverage you wish to purchase.

Note that like the disability coverage, if you were previously offered voluntary life, you must print, complete and submit an Evidence Of Insurability to Human Resources. **Coverage will not be effective and deductions will not begin until the EOI form has been submitted, underwriting has been completed and coverage is approved by the insurance carrier.**

Once you have submitted your coverage changes, click “Next” to continue.

16. The next two pages pertain to Spouse and Child life coverage. The enrollment in these benefits works the same as the employee life shown above. Likewise, an EOI form must be completed if you did not elect this benefit when it was initially offered to you.

BENEFICIARY DESIGNATION: If you designate a trust or a trustee, you must have a written trust agreement. If you designate a minor (a person not of legal age) it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid. Please consider this when naming your beneficiary. If you do not name a beneficiary and a claim becomes payable, payment of benefits will be governed by the group life certificate of insurance.

It is important that we maintain an accurate record of your desired beneficiaries. Please click in the button below to update your Primary and Contingent Beneficiaries (these will apply to both the Basic and Voluntary Life Insurance Benefits).

[view/change beneficiaries](#)

[Print Beneficiary Statement >>>>](#)



You may have to adjust your printer setup to print the entire form properly.

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17. Once you complete the life section, you will see the Beneficiary section. **If you are currently enrolled in life insurance and would like to change your beneficiary, or if you enrolled in life insurance during this enrollment, please click the “View/Change beneficiaries.”** **If you make changes to your beneficiaries, be sure to click “Submit” to submit your changes.** Then click “Next” to continue.

18. The next page you will see if your coverage summary, showing your personal information, and your elections for the coming plan year. If you elected disability or life insurance requiring Evidence of Insurability, that information will also be shown. Once you have verified that all of the elections shown are correct, you may close your browser to exit the system.

Your Personal Information

Ryan C Grose
 345 Main St
 Knoxville, TN 37909
 Direct: (865) 555-1212

Birth Date: 11/01/1975
Tobacco Use: N

SSN: ***-**-2222
EmpID: 12345
Hire Date: 04/01/2011

Your Locked-In Elections Summary for 1/1/2012 - 12/31/2012

Benefit	Election	Cost*
Dental	BCBS - Employee Only	\$4.26
Medical	Network S - Employee and Family	\$177.90
Vision	Waive Plan	\$0.00
Group Accident	Waive Plan	\$0.00
Group Critical Illness	Waive Plan	\$0.00
Short Term Disability	Pending EOI	\$0.00
Long Term Disability	Waive Plan	\$0.00
Voluntary Life Insurance	Pending EOI	\$0.00
Dependent Life Insurance	Waive Plan	\$0.00
Supplemental Life Dependent	Waive Plan	\$0.00
Total Per Pay Amount		\$182.16

* Costs shown are 52 Pay/Deductions.

Your Pending EOI Request(s)

Short Term Disability - \$396.00 per week benefit - \$4.57
 Voluntary Life Insurance - \$120,000 - \$4.82

Coverage is pending a required Evidence of Insurability form, which must be completed and submitted by the employee to Human Resources.

Your Dependent Information

ID	Name of Dependents	Birth Date	Gender	Relationship	Medical Plan	Dental Plan	Vision Plan
00	Lisa Grose	03/02/1979	Female	Spouse	Yes	No	No
01	Jerry Maguire	01/01/2010	Male	Child	Yes	No	No
02	Steve Grose	06/15/2008	Male	Child	No	No	No

Your Beneficiary Information

No Beneficiary Information on File

If you experience problems during the enrollment process, please contact Rhonda Bailey in Human Resources at 865-549-5828 or Sara Bush at PMG Benefits Consulting at 865-392-4020.