

How to enroll in your benefits



Welcome

First time here?
Register to create your user name and password.

User Name *
[Input field] [Register](#)

case sensitive

Password *
[Input field]

case sensitive

[Login >](#)

[Forgot your user name or password?](#)

RETURNING USERS: Click on the **Forgot your username or password?** link to reset your login details.

 **New Hire Enrollment is Here!**
New Hire Enrollment Ends March 18th.

[Start Here >](#)

About You


Your Information

First Name: [Input field]
Middle Initial: [Input field]
Last Name: [Input field]
Social Security Number: [Input field]

Your Family


Do you have any dependents?
 Yes No

▶ REGISTER AND LOGIN

1. Visit www.benefitsolver.com and click the **Register** button to get started. The case-sensitive company key is **cebco**.
2. Create your user name and password, verify your personal information, and answer a few security questions.
3. Log in using your new user name and password.

▶ EXPLORE YOUR OPTIONS

Explore the site to learn about your benefits. You'll find lots of helpful information in the **Reference Center**.

The calendar at the top of the **Home** page lets you know how many days you have to enroll.

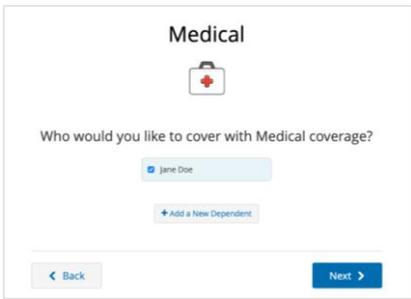
▶ START YOUR ENROLLMENT

Click the **Start Here** button to review your personal information and add or edit any dependents you wish to cover.

You will need to provide each dependent's legal name, Social Security Number, and birth date to add them to your coverage.*

*You may be required to provide documentation to prove your relationship to each dependent.

Questions? 855-874-6795
www.benefitsolver.com
Company Key: **cebco**



Medical

Who would you like to cover with Medical coverage?

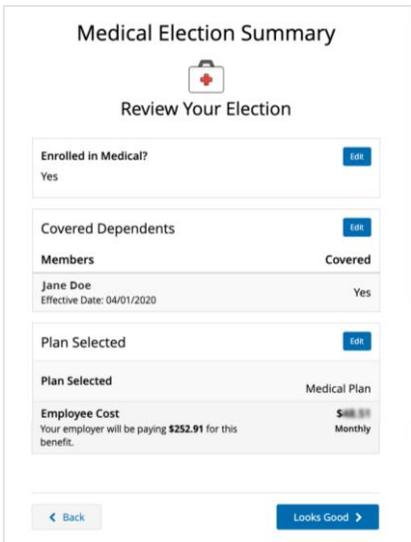
Jane Doe

[Add a New Dependent](#)

[Back](#) [Next](#)

► **ENROLL IN COVERAGE**

Use the **Next** and **Back** buttons to review and elect options available to you. Choose or decline coverage for each option, and select which family members you want to cover.



Medical Election Summary

Review Your Election

Enrolled in Medical? [Edit](#)
Yes

Covered Dependents [Edit](#)

Members	Covered
Jane Doe Effective Date: 04/01/2020	Yes

Plan Selected [Edit](#)

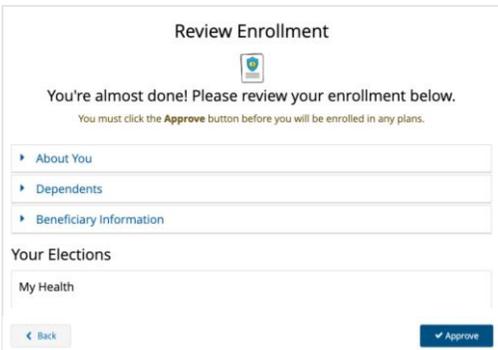
Plan Selected	Medical Plan
Employee Cost Your employer will be paying \$252.91 for this benefit.	Monthly

[Back](#) [Looks Good](#)

► **REVIEW AND FINALIZE YOUR ELECTIONS**

Make sure your personal information, elections, dependents, and beneficiaries are accurate, then approve your elections.

To finish, click **I Agree**. When your enrollment is complete, you will receive a confirmation number and can print your **Benefit Summary** for your records.



Review Enrollment

You're almost done! Please review your enrollment below.

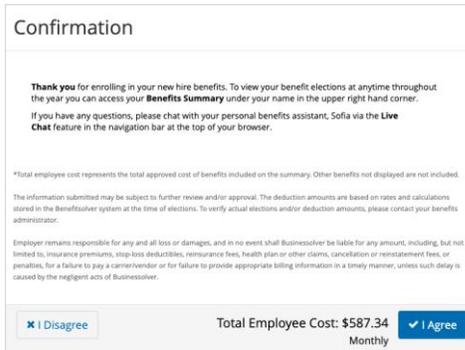
You must click the **Approve** button before you will be enrolled in any plans.

- About You
- Dependents
- Beneficiary Information

Your Elections

My Health

[Back](#) [Approve](#)



Confirmation

Thank you for enrolling in your new hire benefits. To view your benefit elections at anytime throughout the year you can access your **Benefits Summary** under your name in the upper right hand corner.

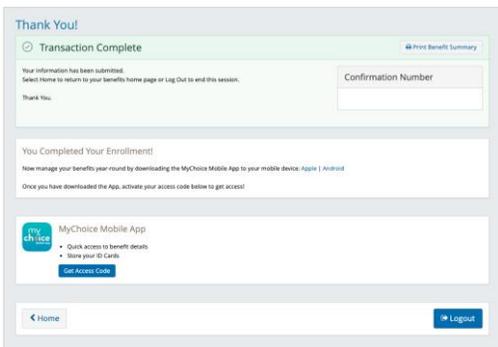
If you have any questions, please chat with your personal benefits assistant, Sofia via the **Live Chat** feature in the navigation bar at the top of your browser.

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a claim or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

I Disagree Total Employee Cost: \$587.34 Monthly I Agree



Thank You!

Transaction Complete [Print Benefits Summary](#)

Your information has been submitted. Select Home to return to your benefits home page or Log Out to end this session.

Thank You.

You Completed Your Enrollment!

Now manage your benefits year-round by downloading the MyChoice Mobile App to your mobile device. [Apple](#) | [Android](#)

Once you have downloaded the App, activate your access code below to get access!

MyChoice Mobile App

- Quick access to benefit details
- Store your ID Cards

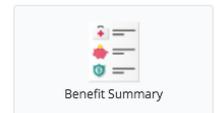
[Get Access Code](#)

[Home](#) [Logout](#)



To Do 1

New Hire Enrollment - Pending Dependent Verification [Upload Documents](#)



Benefit Summary

► **AFTER YOU ENROLL**

Return to the **Home** page to check for any additional tasks needed to complete your enrollment, view or download your **Benefit Summary**, and download the MyChoiceSM Mobile App.

Visit this site anytime you want to learn more about your benefits or make a change to your coverage (if you experience a qualifying life event).

Questions? 855-874-6795
www.benefitsolver.com
 Company Key: cebco