

# How to make a qualifying mid-year benefit change

Welcome

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

User Name \*  
case sensitive

Register

Password \*  
case sensitive

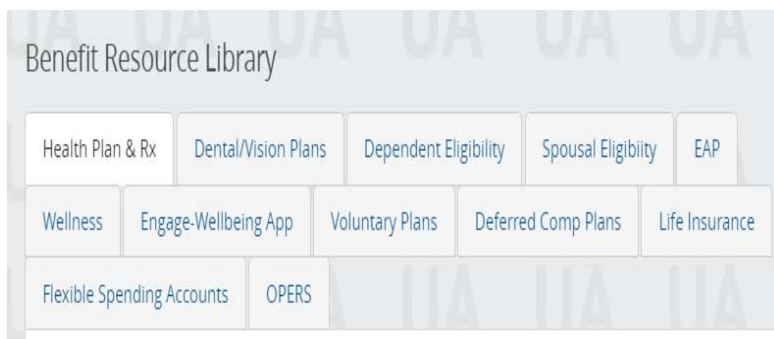
Login >

Forgot your user name or password?

## ▶ IF YOU DON'T HAVE AN ACCOUNT - REGISTER & LOGIN

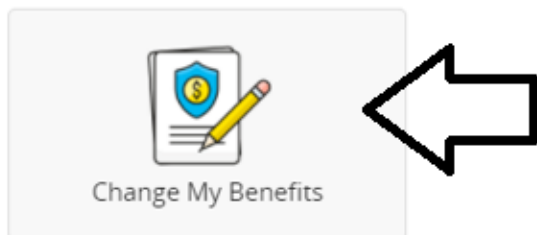
1. Visit [www.benefitsolver.com](http://www.benefitsolver.com) and click the **Register** button to get started. The case-sensitive company key is **cebco**.
2. Create your user name and password, verify your personal information, and answer a few security questions.
3. Log in using your new user name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

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



## ▶ IF YOU ALREADY HAVE AN ACCOUNT - LOGIN & EXPLORE YOUR OPTIONS

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



## ▶ CHANGE YOUR BENEFITS

Click on **Change My Benefits** to select *Basic Info* to change your Address or select *Life Event* if you have a birth/adoption, marriage/divorce, loss/gain of dependent eligibility status, or other qualifying life event. You have 31 days to make qualifying mid-year benefit changes.

Select the reason for change that applies and enter the date of the event.



### ▶ BASIC INFO

Examples:  
Change of Address  
Change of Beneficiary

### ▶ LIFE EVENT

Examples:  
Marriage/Divorce  
Birth/Death

Questions? 855-874-6795  
[www.benefitsolver.com](http://www.benefitsolver.com)  
Company Key: cebco

**Medical**

Who would you like to cover with Medical coverage?

Jane Doe

[+ Add a New Dependent](#)

[< Back](#) [Next >](#)

▶ **MAKE YOUR BENEFIT CHANGES**

Use the **Next** and **Back** buttons to review and elect options available to you. Choose or decline coverage for each option, edit your existing elections to reflect your desired changes in coverage.

You will need the social security number, date of birth, and supporting documentation for any dependents you wish to add.

You will need to submit supporting documentation to substantiate ALL LIFE EVENT changes to HR via:

Email - [HR@unioncountyohio.gov](mailto:HR@unioncountyohio.gov)

Fax - 937.645.3072

▶ **REVIEW AND FINALIZE YOUR CHANGES**

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

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.

**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 [\\$587.34 Monthly](#)  
Your employer will be paying \$252.91 for this benefit.

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

**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 Benefitsolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellations or reinstatement fees, or penalties, for a failure to pay a carrier/vendor 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 MyChoice<sup>SM</sup> 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