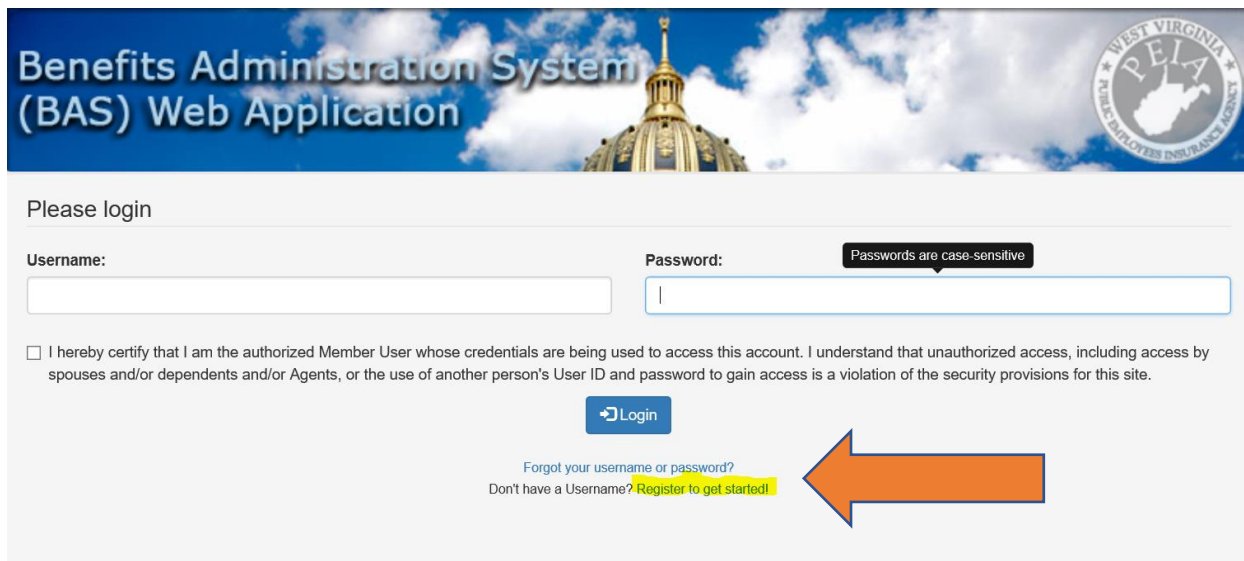


# How to Enroll on Manage My Benefits



Benefits Administration System (BAS) Web Application

Please login

Username:


Password:  Passwords are case-sensitive

I hereby certify that I am the authorized Member User whose credentials are being used to access this account. I understand that unauthorized access, including access by spouses and/or dependents and/or Agents, or the use of another person's User ID and password to gain access is a violation of the security provisions for this site.

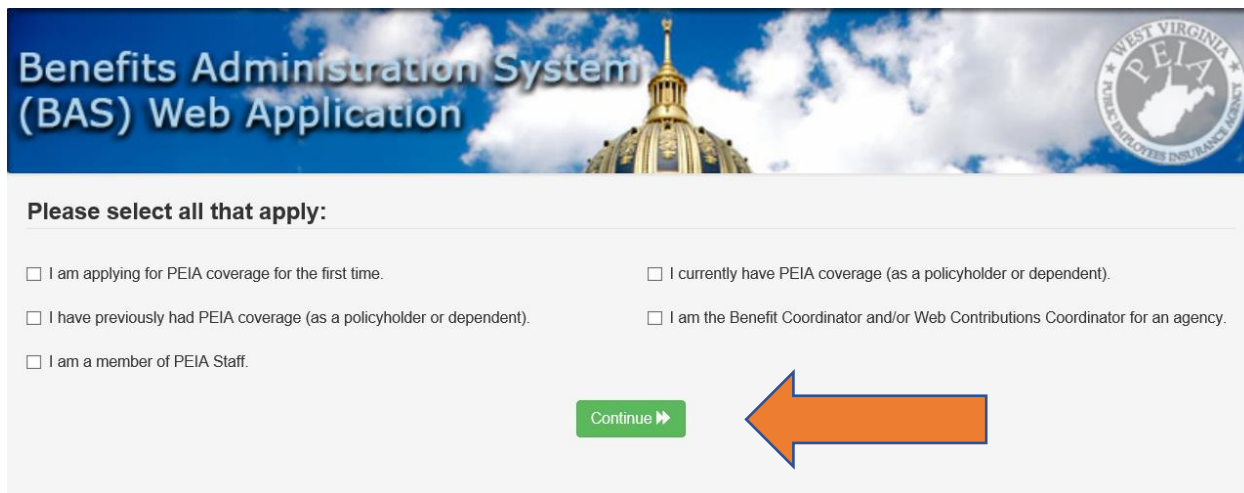
[Login](#)

[Forgot your username or password?](#)

[Don't have a Username? Register to get started!](#)



Click on Register to get started.



Benefits Administration System (BAS) Web Application

Please select all that apply:

I am applying for PEIA coverage for the first time.


I currently have PEIA coverage (as a policyholder or dependent).

I have previously had PEIA coverage (as a policyholder or dependent).

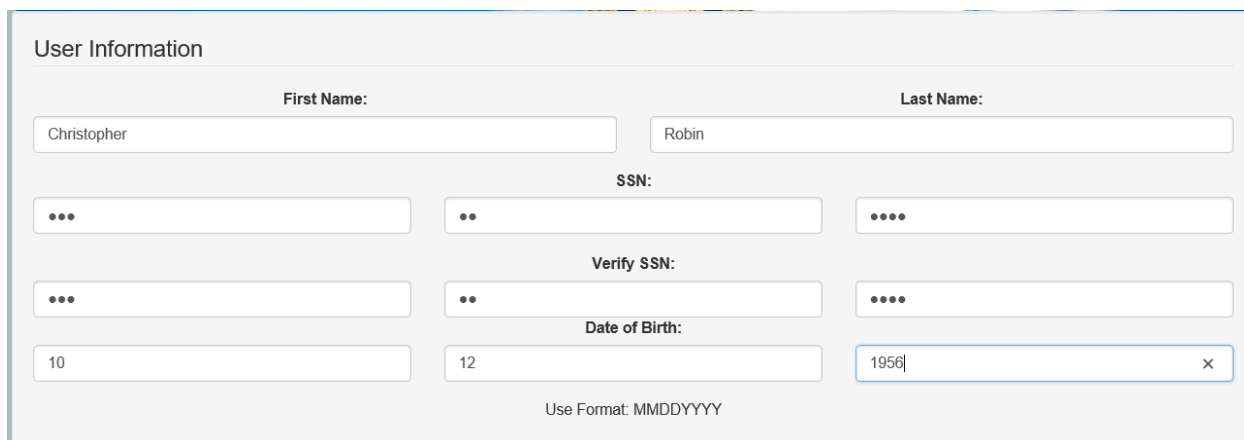
I am the Benefit Coordinator and/or Web Contributions Coordinator for an agency.

I am a member of PEIA Staff.

[Continue](#)



Chose the box that applies to you and click continue.



User Information

First Name:

Last Name:

SSN:

Verify SSN:

Date of Birth:

Use Format: MMDDYYYY

Type in your name, Social Security number and birthdate.

# How to Enroll on Manage My Benefits

Start in the first box to the far left for you birthdate and Social Security number and it will tab over automatically.

Use format MMDDYYYY for your birthdate.

Web Usage Terms of Agreement

[\[Printer Friendly\]](#)

Registration for PEIA Benefit Administration System Web Application  
Thank you for registering to use the PEIA Benefit Administration System Web Application. Your registration process is your agreement to the terms listed below.

Authorization to Conduct Electronic Transactions  
By completing the registration process, I agree to be bound by the choices I make on the PEIA Online Enrollment System.

I further agree that by completing this registration process I am agreeing to use a digital mark in lieu of a written signature to authorize any and/or all additions, deletions, corrections and/or changes made by me via this portal.

I understand that this portal allows access to and/or may collect personally identifiable information (pii) in an electronic format and that PEIA has put safeguards in place to ensure the privacy, security, and integrity of the information accessed and/or collected via this portal. If you have any questions, comments, and/or concerns about the privacy, security, and/or integrity of your pii, please feel free to contact the PEIA Privacy Officer at 304-558-7850.

To use this digital mark I agree:

1. That I will not share with any other person(s) the password, code or other security key required for use of the mark;
2. That the use of the mark represents confirmation of a record;
3. To notify the PEIA immediately once I become aware that the security key is compromised; and
4. That I understand that the provisions of W. Va. Code § 30-3C-10 prescribe the penalties for the unauthorized disclosure of a password, identifying code, personal information, or other confidential information.

I Agree  Disagree

Verification

I'm not a robot

I'm not a robot

Click on the I Agree circle and click on the box to confirm you are not a robot. The green check showed will appear and then click continue.

# How to Enroll on Manage My Benefits

**Information**

This is what you will use to log into the Benefits Administration Web Application.

**Username:**

[Check Availability](#)

- At least 4 characters in length, but not longer than 20 characters.
- We suggest not using your email address.

**Password Strength**

Weak

**Password:**

**Verify Password:**

- Must contain at least 1 letter & 1 number.
- Must be 6-15 characters in length.
- Case-sensitive.

**Contact Information**

- Email addresses can not be shared between accounts (e.g., between a husband and wife who are both PEIA policyholders).
- If you do not have an email address, check with your Internet Service Provider (ISP) as many provide free email accounts to their subscribers.

**Email Address:**

**Verify Email:**

Create a username and password for yourself. This account is for the policyholder only.

Enter an email address that you have access to. You will have to confirm your identity by a validation email at that address.

This account is for the policyholder only.

**Security Questions**

If you forget your password, we will ask for the answer to your security questions.

- Enter an answer that is memorable, but not easy to guess.
- Answers should be a minimum of 4 characters long but not more than 30 characters.
- Enter answers that are not likely to change over time.

What was your childhood nickname?

What was your favorite place to visit as a child?

What was the name of your first stuffed animal?

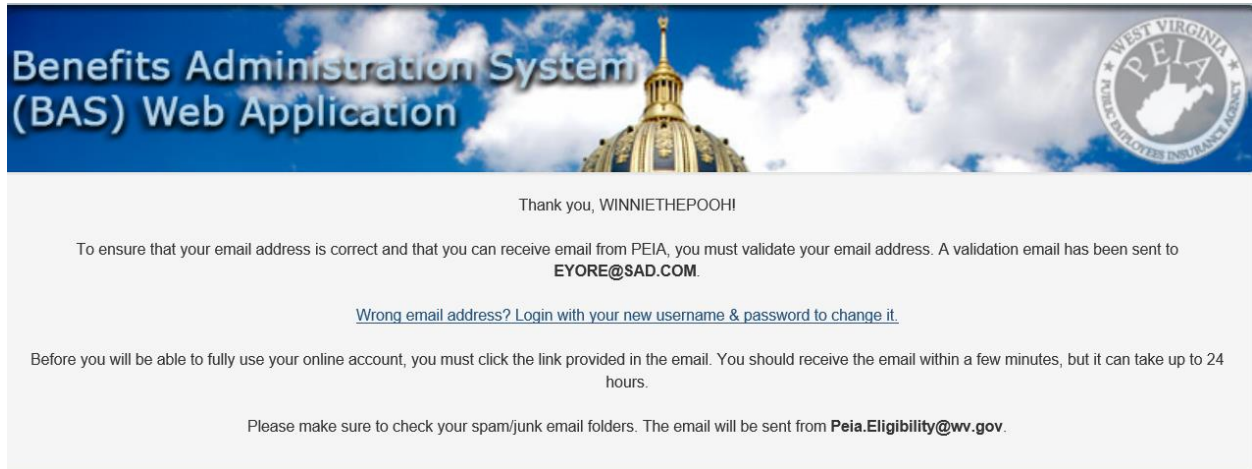
[Continue ▶](#)

# How to Enroll on Manage My Benefits

Answer the security questions. You can click on the drop-down arrows to change the questions.

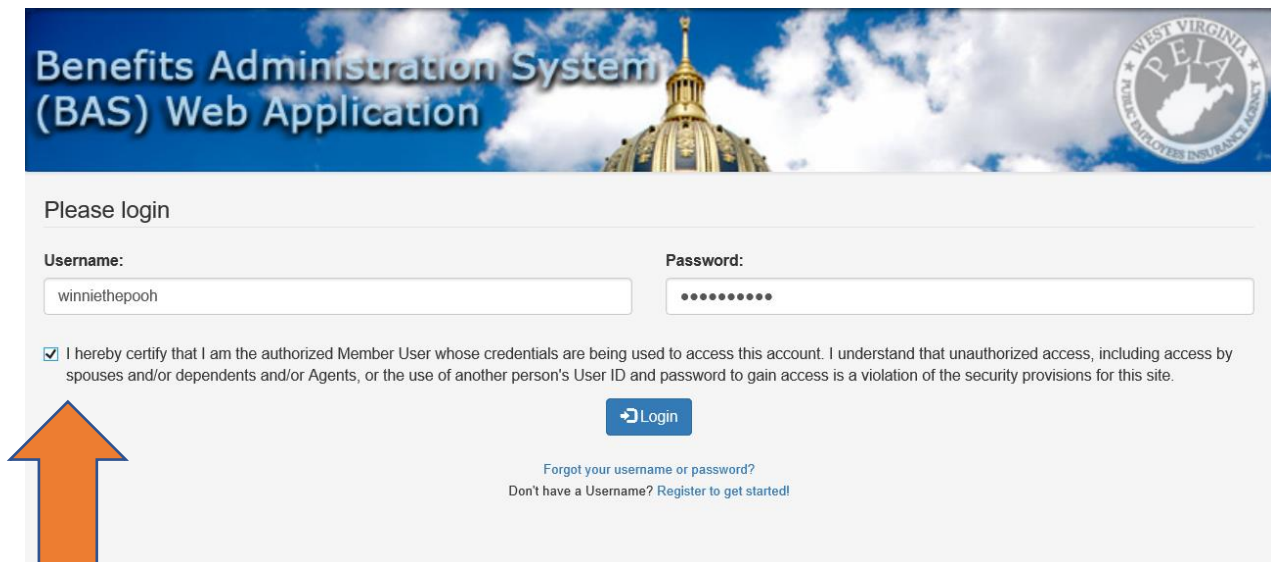
Be sure to choose questions you know the answers to and will remember the answers.

Click Continue.



The screenshot shows the top banner with the text "Benefits Administration System (BAS) Web Application" and the PEIA logo. Below the banner, the text reads: "Thank you, WINNIETHEPOOH!" followed by instructions to validate the email address. A link is provided to change the email address if needed. The page also mentions that a validation email has been sent to EYORE@SAD.COM and that the user should check their spam/junk email folders.

At this point, you will need to log into your email address and click on the link to verify your identity.



The screenshot shows the login page with the same banner as the previous page. Below the banner, the text says "Please login". There are two input fields: "Username:" with the value "winniethepooh" and "Password:" with a masked password. A checkbox is checked, certifying that the user is the authorized Member User. A blue "Login" button is present, along with links for "Forgot your username or password?" and "Don't have a Username? Register to get started!". A large orange arrow points upwards from the bottom left towards the checkbox.

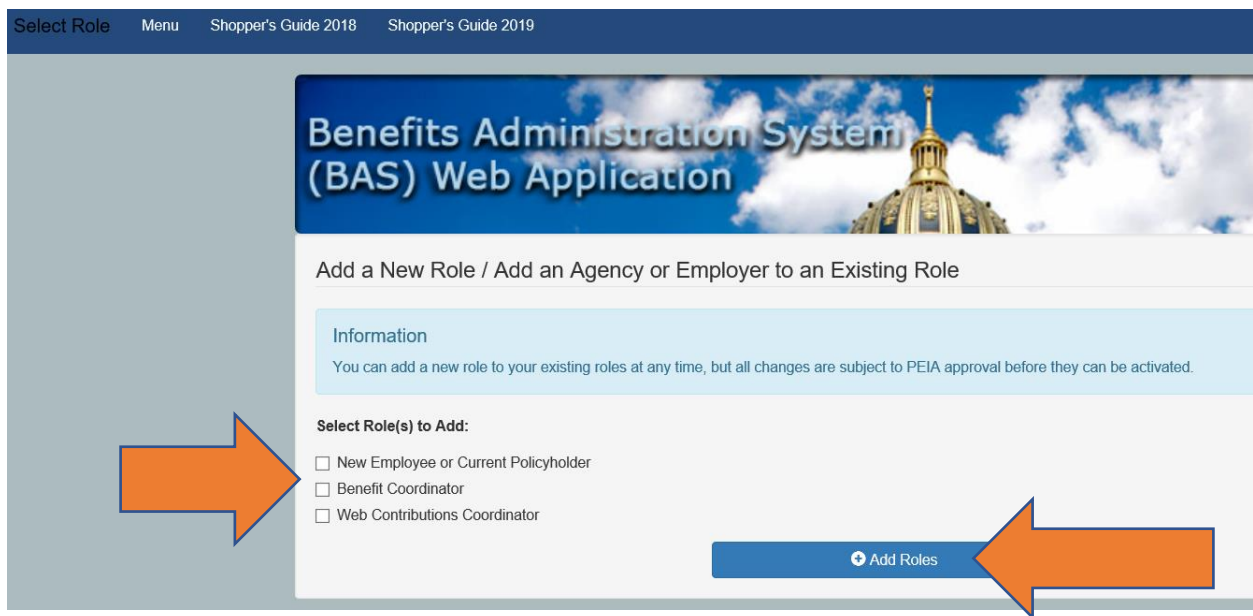
The system will then require you to log back into the Manage my Benefits system with the username and password you just created.

You will need to check the box that certifies that you are the Policyholder before you click Login.

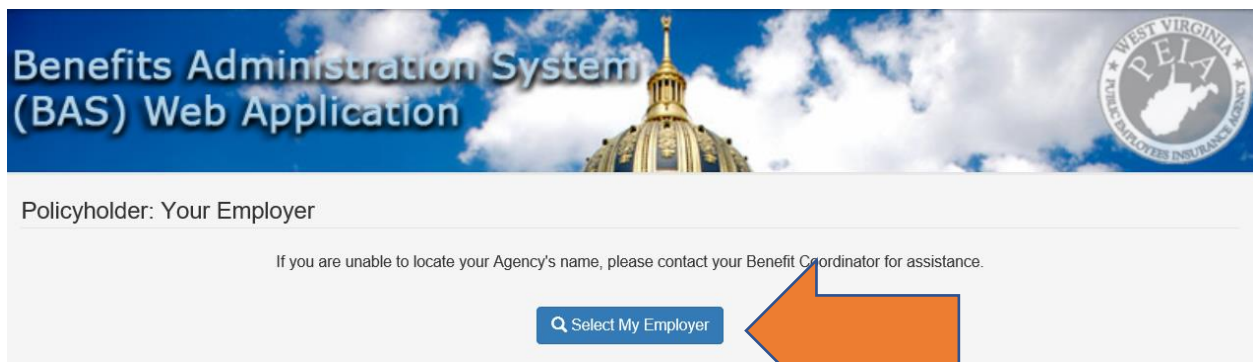
# How to Enroll on Manage My Benefits



You will need to click on Select Role in the top left-hand corner.



Select New Employee or Policyholder and click on Add Roles.



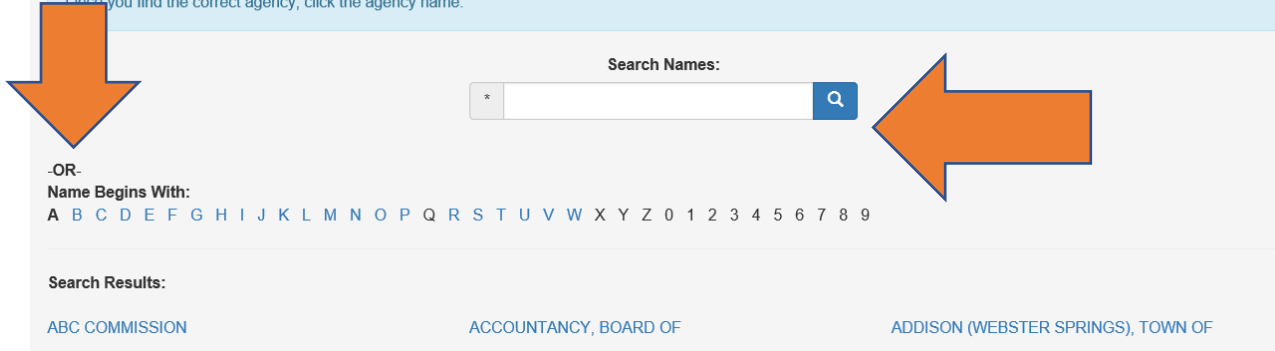
If your employer does not automatically show up, click on Select my Employer.

# How to Enroll on Manage My Benefits

All Agencies/Employers

## Instructions

You can search by Agency Name using the search box, or by clicking the starting letter to view the alphabetical list of Agencies. Once you find the correct agency, click the agency name.



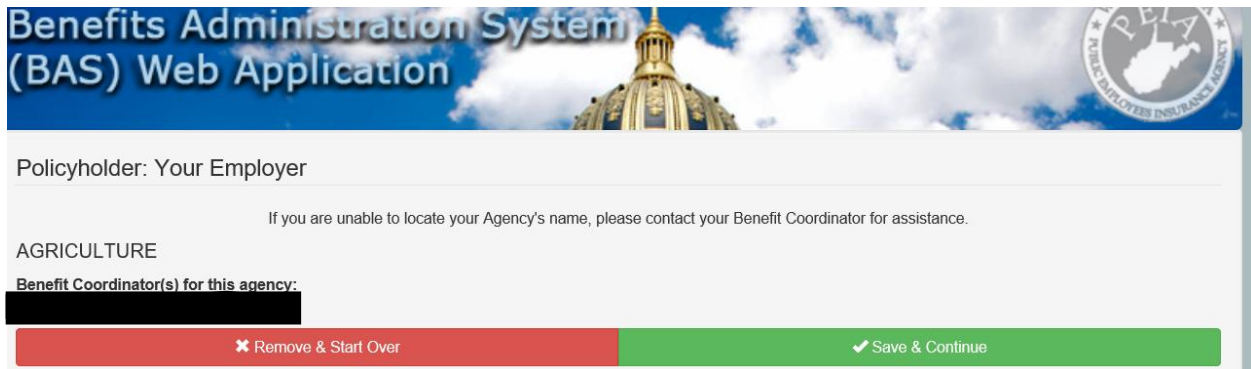
Search Names:

-OR-  
Name Begins With:  
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9

Search Results:

[ABC COMMISSION](#)      [ACCOUNTANCY, BOARD OF](#)      [ADDISON \(WEBSTER SPRINGS\), TOWN OF](#)

Search for the first word in your new employer's name or choose a letter. Be sure to choose the correct agency.



Benefits Administration System  
(BAS) Web Application

Policyholder: Your Employer

If you are unable to locate your Agency's name, please contact your Benefit Coordinator for assistance.

AGRICULTURE

Benefit Coordinator(s) for this agency:  
[REDACTED]

Once you find the correct name, click the agency name and click Save & Continue.

# How to Enroll on Manage My Benefits

Please enter the required information below to continue establishing your New Employee/Policyholder account.

### Employee Information

**Hire Date:**  **Date of Birth:**   
Use format: MM/DD/YYYY (e.g. 04/20/2018)

**First Name:**  **Middle Initial:**  **Last Name:**

**Gender:**  Female  Male

---

### Contact Information

**Address:**  **Address Continued:**

**City:**  **State:**  **Zip/Postal Code:**


For addresses outside the United States, select "FN - Foreign Address"

**County:**  **Country:**

**Home Phone Number:**  **Work Phone Number:**  **Cell Phone Number:**

I would like to receive text messages.

Enter your hire date and demographic information and click Save.




### Basic Life

Our records indicate that you currently do not have Basic Life Insurance coverage. You must have Basic Life Insurance to enroll for Health Insurance or Optional/Dependent Life Insurance coverage.

**Would you like to enroll in Basic Life Insurance coverage?**  
Employee Age Coverage Amount Under 65 \$10,000.00

Yes  No



Click the Yes circle to enroll for your Basic Life Coverage and then click Save.

# How to Enroll on Manage My Benefits

To add a beneficiary, you will need to fill out a beneficiary form from the PEIA website or go to the MetLife website where you will create an account on their website to enter your beneficiaries.

Life Insurance beneficiary adds and changes must be done through MetLife. Please visit their website at [mybenefits.metlife.com](http://mybenefits.metlife.com) to update online or call (888)446-8640 to request a form for beneficiary changes.

Check with your HR representative for any questions you may have.

<b>Social Security Number:</b>		<b>Date of Birth: MM/DD/YYYY</b>	
777-77-7777		10/12/1956	
<b>First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>	
* CHRISTOPHER		* ROBIN	
<b>Generation:</b>		<b>Gender:</b>	
		* Male	
<b>Home Phone:</b>	<b>Work Phone (999)999-9999:</b>	<b>Cell Phone:</b>	
* (304)624-6246			
<input type="checkbox"/> I would like to receive text messages.			

<b>Policyholder Address</b>			
For addresses outside the United States, select "FOREIGN ADDRESS" as your state.			
<b>Address:</b>	<b>Address 2:</b>	<b>City:</b>	
* 624 STUFFED LANE		* POOH HOLLOW	
<b>County:</b>	<b>State:</b>	<b>Country:</b>	
* DODDRIDGE	* WEST VIRGINIA	* UNITED STATES	
<b>Zip/Postal Code:</b>	<b>Zip Plus 4:</b>	<b>Effective Date: MM/DD/YYYY</b>	
* 26246		* 05/01/2018	

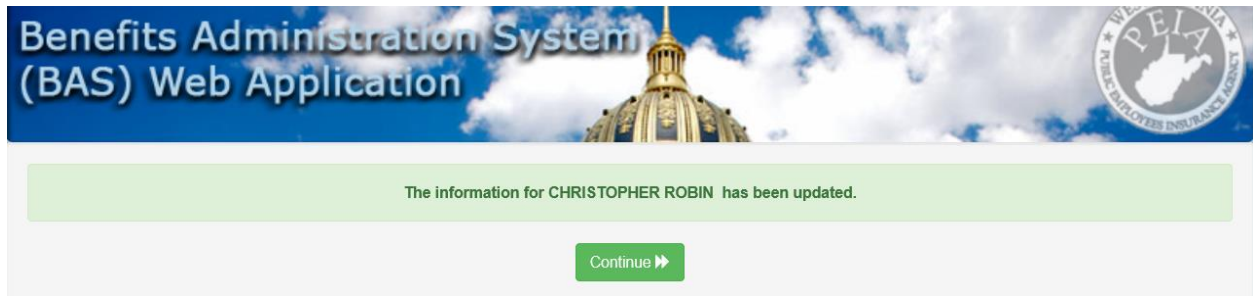
  

<b>Coverage Attributes - Other Insurance</b>
--

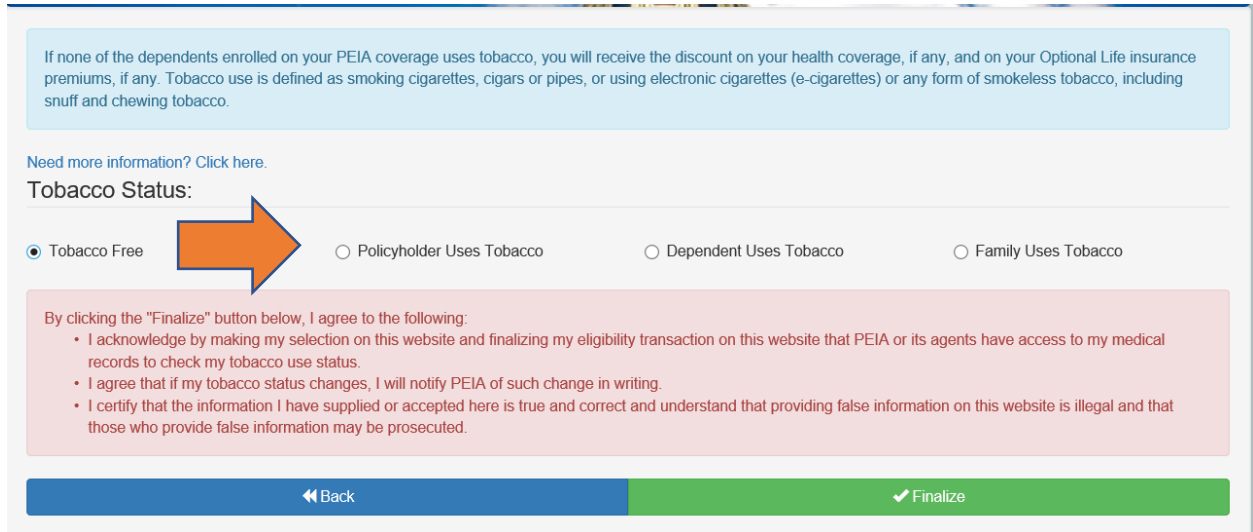
The next screen will confirm your demographic information.

You will then click Finalize.

# How to Enroll on Manage My Benefits



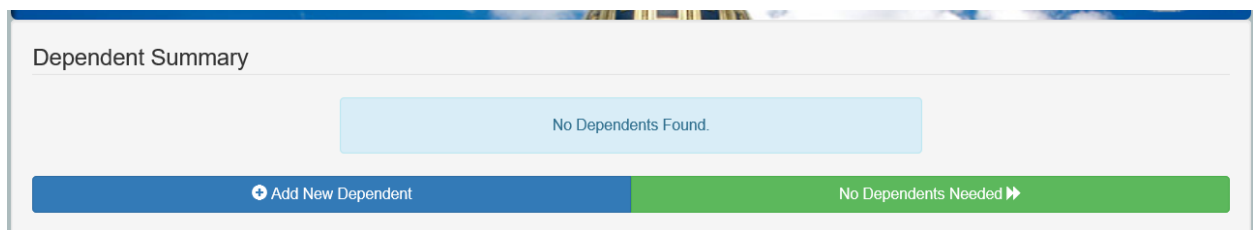
Then click continue.



Tobacco Free status gives the member a discount on their health and additional life insurance.

Tobacco-Free means you and your dependents (if covered) have not used tobacco products (Includes cigarettes, cigars, pipes, and chewing and/or smokeless tobacco; including e-cigarettes and/or vaping oils) in the last six months and will not use tobacco or related products for the next year.

Mark the appropriate circle and click Finalize.



If you wish to cover a legal dependent on life or health insurance, you will click add dependent.

# How to Enroll on Manage My Benefits

If you do not wish to cover any dependents at this time, click no dependent and move to page 15 to continue your instructions.

Qualifying Events

Please check all qualifying events that apply

<input type="checkbox"/> Divorce	<input type="checkbox"/> Marriage
<input type="checkbox"/> Birth of child	<input type="checkbox"/> Adoption
<input type="checkbox"/> Adding coverage for a dependent child	<input type="checkbox"/> Open enrollment under spouse's or dependent's employer's benefit
<input type="checkbox"/> Death of spouse or dependent	<input type="checkbox"/> Beginning of spouse's or dependent's employment
<input type="checkbox"/> End of spouse's or dependent's employment	<input type="checkbox"/> Unpaid leave of absence by employee, spouse or dependent
<input type="checkbox"/> Significant change in insurance for spouse, dependent or self	<input type="checkbox"/> Dependent child no longer eligible
<input type="checkbox"/> Change from full-time to part-time employment or vice versa for employee, s	<input type="checkbox"/> Newly hired
<input type="checkbox"/> Address change	<input type="checkbox"/> Court ordered dependent child
<input type="checkbox"/> Policyholder/spouse eligible for medicare	<input type="checkbox"/> New non-state agency
<input type="checkbox"/> Affordable care act	<input type="checkbox"/> Divorce audit
<input type="checkbox"/> Dependent audit	

Continue ►►

Click the box that applies to the qualifying event that allows you to add coverage.

Benefits Administration (BAS) Web App

Qualifying Events

Please check all qualifying events that apply

Divorce

Date of Event: \* MM/DD/YYYY

Marriage

Birth of child

Adoption

Open enrollment under spouse's or dependent's employer's benefit

Beginning of spouse's or dependent's employment

Unpaid leave of absence by employee, spouse or dependent

Required Documents

Copy of the divorce decree showing that the divorce is final. Coverage for the ex-spouse will be terminated at the end of the month in which the divorce became final.

Close

A box will pop up that tells you what documentation is needed to send to PEIA to prove the qualifying event.

# How to Enroll on Manage My Benefits

An Error Has Occurred

- Qualifying event date must be in the pattern "mm/dd/yyyy".

Click the "Continue" button below to return to your prior screen.

To get further help contact the PEIA Help Desk  
Phone: 1-888-680-7342

Continue ▶▶

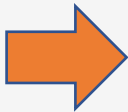
When you choose a qualifying event, a box will pop up. Use format MMDDYYYY for the date of the event.

Health Coverage

Divorce

Date of Event: \* 03/21/2018

You are CURRENTLY enrolled in PEIA PPB Plan A. Click here for additional information. Compare plans using the Summary of Benefits and Coverage (SBC) for PEIA PPB Plan A.



- NO HEALTH COVERAGE
- PEIA PPB PLAN B
- PEIA PPB PLAN D
- THE HEALTH PLAN HMO PLAN B
- PEIA PPB PLAN A
- PEIA PPB PLAN C
- THE HEALTH PLAN HMO PLAN A
- THE HEALTH PLAN PPO

Remember, the choices you make here are binding until June 30, 2018, unless you move outside the plan's service area. Since the PEIA PPB Plan is available nationwide, changes based on a change in residence are not allowed.

✕ Cancel Continue ▶▶

Click on the circle that identifies the Health Plan you wish.

Then click Continue.

If you choose The Health Plan HMO plan A or B, you will be directed to a screen to choose a Primary Care Physician.

# How to Enroll on Manage My Benefits

Required Documentation

Some documentation may be required before your proposed coverage changes can be fully processed.

Event Required Documentation	Marriage Copy of valid marriage license or certificate
------------------------------	---

Documentation Previously Uploaded to PEIA

None Found. Only files uploaded with the Manage My Benefits Uploader can be listed.

If you have access to a scanner, you can upload your documentation to your Benefit Coordinator & PEIA securely through our site. Otherwise, you may need to supply a hard copy of your documentation directly to your Benefit Coordinator.

Would you like to upload documentation from your computer now?

Skip for Now & Continue with my Coverage Changes      Yes, take me to the Manage My Benefits Uploader

The screen will advise you what documentation PEIA will need to add coverage for the qualifying event you have chosen.

What type of document do I need to upload?  
Generally, your selected Qualifying Events determines what documentation is required for you. [Click here](#) to view a list of required documentation for all Qualifying Events.  
For additional help in determining what documents you need, please contact your Benefit Coordinator or PEIA.

My Recent Qualifying Events

Event	Marriage
Event Date	02/21/2018
Documents	Copy of valid marriage license or certificate

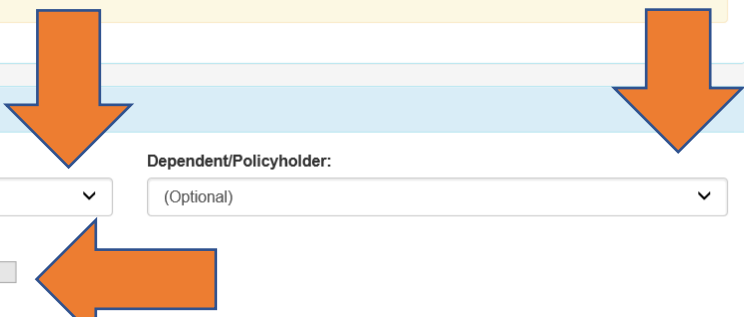
**File Restrictions:**

- Only files with the following extensions are allowed: **jpg, jpeg, gif, pdf, bmp**.
- Please make sure that each file you are trying to upload is **less than 4MB** in size.

File 1

Type of File: (Required)   
Dependent/Policyholder: (Optional)

File:



You will need to scan the file into your computer and then browse to choose it and upload it. The dropdowns allow you to choose what type of file and for whom the documentation is needed.

# How to Enroll on Manage My Benefits

Policyholder: CHRISTOPHER ROBIN  
Address: 624 STUFFED LANE POOH HOLLOW, WV 26246

Health Coverage	
Current: No Coverage	Proposed: PEIA PPB PLAN B

CHRISTOPHER ROBIN	
Current: No Coverage	Proposed: Covered

By clicking the "Finalize" button below, I agree to the following:

I accept the health plan enrollment choices indicated above effective through June 30, 2018, and authorize payroll deduction for my contribution.

I understand that PEIA may change the number of plans offered or the types, levels or costs of benefits.

I hereby authorize, for myself and my covered dependents, release to PEIA and to the plan I have selected all medical and prescription drug information needed to process claims, determine coverage, review utilization, investigate complaints, assess quality of care, evaluate plan performance or any other process involved in my treatment, payment of claims or health care operations.

I understand that this change is binding through June 30, 2018, unless there is a qualifying event.

I acknowledge by making my selection on this website and finalizing my eligibility transaction on this website that PEIA or its agents have access to my medical records to check my tobacco use status.

I agree that if my tobacco status changes before July 2018, I will notify PEIA of such change in writing.

I certify that the information I have supplied or accepted here is true and correct and understand that providing false information on this website is illegal and that those who provide false information may be prosecuted.

[Edit](#) [Finalize](#)

You will then click Finalize to add health coverage.  
As you can see, the screen shows what coverage you have selected and who will be covered.



Benefits Administration System (BAS) Web Application

The request to change your Health Benefits has been submitted.

[Continue](#)

Click Continue.

# How to Enroll on Manage My Benefits

**Benefits Administration System (BAS) Web Application**

**Optional Life**

PEIA offers up to \$500,000 of optional term life insurance coverage for active employees. New employees may choose up to \$100,000 of coverage (the guaranteed issue, or GI, amount) without providing any medical information. Amounts greater than the GI amount require Evidence of Insurability and approval by the life insurance carrier. If you select an amount greater than the GI amount, the GI amount will be issued until a decision has been made on the additional coverage. In this case, you will receive a written decision from the life insurance carrier.

Do you wish to enroll for optional life insurance coverage?

Yes  No

[Continue ▶](#)

If you select No to Optional Life Insurance and click Continue, you will be taken to the below screen.

**Benefits Administration System (BAS) Web Application**

**Enrollment Menu**

Premium Discounts	i	View/Print My Current Coverage	i
Policyholder Summary	i	Dependent Summary	i
Manage My Health Benefits	i	Manage My Optional Life Insurance	i
Manage Dependent Life Insurance	i	Beneficiary Summary	i
My Documentation	i		

From here, you can choose any of the above options to add another dependent, add or change beneficiary information, look at your proposed coverage, discounts or upload documentation.

# How to Enroll on Manage My Benefits

Benefits Administration System  
(BAS) Web Application

Optional Life

Choose the amount of coverage.  
\* Example: Plan Option: Coverage Amount

<input type="radio"/> 956: \$500,000.00	<input type="radio"/> 955: \$450,000.00	<input type="radio"/> 954: \$400,000.00
<input type="radio"/> 953: \$350,000.00	<input type="radio"/> 952: \$300,000.00	<input type="radio"/> 951: \$250,000.00
<input type="radio"/> 950: \$200,000.00	<input type="radio"/> 900: \$150,000.00	<input type="radio"/> 800: \$100,000.00
<input type="radio"/> 750: \$80,000.00	<input type="radio"/> 700: \$75,000.00	<input type="radio"/> 650: \$60,000.00
<input type="radio"/> 600: \$50,000.00	<input type="radio"/> 500: \$40,000.00	<input type="radio"/> 400: \$30,000.00
<input type="radio"/> 300: \$20,000.00	<input type="radio"/> 200: \$10,000.00	<input type="radio"/> 100: \$5,000.00

✕ Cancel Save ✓

If you select Yes to adding Optional Life Insurance, you will click the circle directly in front of the amount you wish to apply for. As a new employee, members may choose up to \$100,000 of Optional Life Insurance without answering any health questions.

Then select Save.

To add a beneficiary, it will send you to the MetLife website where you will create an account on their website to enter your beneficiaries or you can use the MetLife Beneficiary form found at [PEIA.wv.gov](http://PEIA.wv.gov).

Life Insurance beneficiary adds and changes must be done through MetLife. Please visit their website at [mybenefits.metlife.com](http://mybenefits.metlife.com) to update online or call (888)446-8640 to request a form for beneficiary changes.

# How to Enroll on Manage My Benefits

Social Security Number:  Date of Birth: MM/DD/YYYY

First Name:  Middle Initial:  Last Name:

Generation:  Gender:

Home Phone:  Work Phone (999)999-9999:  Cell Phone:

I would like to receive text messages.

---

**Policyholder Address**

For addresses outside the United States, select "FOREIGN ADDRESS" as your state.


Address:  Address 2:  City:

County:  State:  Country:

Zip/Postal Code:  Zip Plus 4:  Effective Date: MM/DD/YYYY

---

**Coverage Attributes - Other Insurance**

 Do you have health insurance other than your coverage through PEIA?

Do you have prescription drug coverage other than what's provided through PEIA?

Do you have health care provided by Medicare?

---

**Physician Info**

Currently not enrolled in a health plan.

The next screen will confirm your demographic information.

You will need to click the appropriate drop-down box to confirm you do not have other insurance that PEIA will coordinate claims with.

You will then click Finalize.

# How to Enroll on Manage My Benefits

**Benefits Administration System (BAS) Web Application**

WEST VIRGINIA PEIA PUBLIC EMPLOYEES INSURANCE FUND

Optional Life Proposed Changes

Name: CHRISTOPHER ROBIN  
SSN: XXX-XX-7777

Coverage	Enrolled
Current: No Coverage Proposed: \$100,000.00	Current: No Coverage Proposed: Covered

By clicking the "Finalize" button below, I agree to the following:

- I accept the Optional Life Insurance enrollment choices indicated above and authorize payroll deduction for my contribution.
- I understand that PEIA may change the number of plans offered or the types, levels or costs of benefits.
- I hereby authorize release to PEIA and to the life insurer all information needed to process claims, determine coverage, investigate complaints, evaluate plan performance or any other process involved in payment of claims.
- I acknowledge by making my selection on this website and finalizing my enrollment on this website that PEIA or its agents have access to my medical records to check my tobacco use status.
- I agree that if my tobacco status changes, I will notify PEIA of such change in writing.
- I certify that the information I have supplied or accepted here is true and correct and understand that providing false information on this website is illegal and that those who provide false information may be prosecuted.

[✎ Edit My Changes](#) [✔ Finalize Changes](#)

You will then see what your proposed Optional life is. You will need to click Finalize.

**Benefits Administration System (BAS) Web Application**

WEST VIRGINIA PEIA PUBLIC EMPLOYEES INSURANCE FUND

The request to update your Optional Life Insurance has been submitted.

[Continue ▶▶](#)

If you click the continue button, it will return you to the screen that allows you to add another dependent, add or change beneficiary information, look at your proposed coverage, discounts or upload documentation.

# How to Enroll on Manage My Benefits

Enrollment Menu

Premium Discounts	?	View/Print My Current Coverage	?
Policyholder Summary	?	Dependent Summary	?
Manage My Health Benefits	?	Manage My Optional Life Insurance	?
Manage Dependent Life Insurance	?	Beneficiary Summary	?
My Documentation	?		

You may then print out a copy of all changes made.

[Click to Print This Page](#)

[Click to Close Window](#)

PENDING COVERAGE			
POLICYHOLDER:	CHRISTOPHER ROBIN	SSN:	XXX-XX-7777
ADDRESS:	624 STUFFED LANE	DOB:	10/12/1956
CITY, STATE, ZIP:	POOH HOLLOW, WV 26246	PHYSICIAN:	
HOME PHONE:	304-624-6246	WORK PHONE:	
HEALTH PLAN:	PEIA PPB PLAN B	STATUS:	SUBMITTED
BASIC LIFE COVERAGE:	\$10,000.00	STATUS:	SUBMITTED
OPTIONAL LIFE COVERAGE:	\$100,000.00	STATUS:	SUBMITTED
DEPENDENT LIFE COVERAGE:	NO COVERAGE	STATUS:	NO PENDING CHANGES