



Self Enroll Guide

Grandview School District
2026-2027



GRANDVIEW
C-4 SCHOOL DISTRICT

TURN★KEYSM
BENEFITS ADVANTAGE

Self Enrollment Do's and Don'ts

DO!

- Review product options ahead of enrolling
- Ensure internet connection
- **Google Chrome is the recommended browser**
- Gather dependent and beneficiary information
- Set aside 20-30 minutes to complete

DON'T!

- Hesitate to call **(833) 870-1502** with any questions!

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Welcome to Your Benefits Enrollment!

EMPLOYEE LOGIN

To get started, please log in:

By entering your Employee ID or Username and Personal Identification Number (PIN), you are agreeing to the [Terms of Use](#) and [Privacy Notice](#).

[Forgot Password](#)

You must have your USER ID and confidential personal Identification Number (PIN) to log in. Your USER ID may be your Employee ID, Social Security Number, or a unique Username provided to you by your employer.

For help logging in, please contact the Enrollment Solutions Help Desk at (833) 918-1357.

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GRANDVIEW
C-4 SCHOOL DISTRICT

Logging In

To make elections, please visit the Employee Benefits Portal:

<https://account.mybenefitsportal.com/grandviewschooldistrict/>

Click the "**Self-Enroll**" button to be taken to the login page. Use the login instructions below to start making your benefit elections.

USER ID = first initial + last name + last 4 digits of SSN (case sensitive)

PIN = last four of SSN + last 2 digits of birth year (no dashes)

For example: John Smith with SSN of 123-45-6789 and DOB of 01/01/1980 would use the following credentials:

USER ID = jsmith6789 PIN = 678980

Once you have entered this information, click the "Log In" button to continue.

Welcome Page

You will arrive at the “Welcome” Page! This screen provides an introductory video and an instructional video.

To the right you can see the benefits that are offered for the new plan year, and at the bottom you'll see your current benefit elections.

Please utilize the videos and review your current benefit elections. Then Click **“Next”** to begin your enrollment.

Plan year: 06/01/2026 - 05/31/2027 ⓘ

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BENEFITS ADVANTAGE

Status (0% Complete)

GRANDVIEW

Home | You & Your Family - | My Benefits - | Sign & Submit | NEXT ▶

Welcome to your Benefits Enrollment

Welcome to Your Benefits Journey
Introducing your benefits program.

01:27

Available Benefits

- BCBS of KC Medical
- UMB Health Savings Account
- FME Health Care Flexible Spending
- FME Limited Health Care Flex
- FME Dependent Care Expense
- Delta Dental of MO
- Superior Vision
- The Standard ER Paid Basic Life
- The Standard Employee Voluntary Life
- The Standard Voluntary AD&D
- The Standard Spouse Voluntary Life
- The Standard Child(ren) Voluntary Life
- One America Short Term Disability
- New York Life ER Paid LTD
- SunLife Cancer

Personal & Contact Information

The next screen is your Personal Info screen, you are unable to update this information. Please review for accuracy and if changes need to be made please reach out to your Human Resources. Click **“Next”**.

Personal Information

ⓘ If any personal information needs to be updated, please contact the HR Department. Click the Next button to continue.

* marked fields are required.

Personal Info

*** Name:** Employee Test

First MI Last Suffix

Preferred Name:

Date of Birth: 01/01/1990

SSN:

*** Gender:** Male Female Other

Contact Info

Address:

13015 10th Street

Street

Street (cont.)

Grandview MO

City State

Home Phone:

Work Phone: Ext.

Mobile Phone:

*** Email:**

Personal Email:

Dependent Information

The next screen is the Dependents screen. You may update your dependent information here.

You can add a dependent by clicking the “plus” sign on the right side of screen and a new screen will appear where you can add the new dependent. Once you have added the new dependent (if applicable) click “Save” and you will be brought back to the main dependent screen (shown below). You will see the dependent that was added. Click **“Next”** to move forward.

If you need to Edit a dependent’s information, select the pencil to the right side of that dependent.

If your changes include the deletion of a dependent then select the “X” on the right hand side of screen next to the pencil of the dependent you wish to delete.

Spouse & Dependents

Click Add (“Plus” icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the Next button when you are finished.

Dependents

Name	SSN	DOB	Sex	Relation	Uploads	+
Spouse Test	***-**-0238 *****	1/1/1992	M	Spouse	0	
Child Test	***-**-7879 *****	1/1/2010	F	Child	0	

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the *Add Dependent* button below.

[+ ADD DEPENDENT](#)

[← BACK](#) [NEXT →](#)

Employment Information






The next screen is a review of your Employment Information only. You are not able to edit this information.

Click **“Next”** to continue and move forward to the actual enrollment screens for your benefits.

Employment

Please review and correct your employment information shown here. Please contact your employer if this need to be changed.
Press Next to continue.

Employment Info

Date of Hire:	8/1/2020
Eligibility Date:	8/1/2020
Location:	DEFAULT 
Department:	Belvidere Elementary 
Job Class:	Certified 
Title:	Teacher
Salary:	\$60,000.00 
Pay group:	Monthly 
Payroll Frequency:	Monthly
Hours per Week:	40

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Enrolling in Benefits


You will now see all of your options for benefit elections. Any coverage that you are currently enrolled in will show under each benefit and are currently enrolled for the new plan year except Medical, Flexible Saving Account, and Health Savings Account. **Once you have reviewed the Benefit Summary page, Click "Next" on the top or bottom right hand side of the screen to be taken to the first benefit you are currently not enrolled in to either elect or waive. Once you have elected or waived all benefits, you can make changes to any other plan by clicking the plan name.**

Please only click on currently enrolled plans if you wish to make changes.



If you would like to return to the Benefit Summary page at anytime, click on My Benefits tab at top of screen and select Benefit Summary from the drop-down.

Once you are satisfied with your elections, click **"Next"**.

Plan year: 06/01/2026 - 05/31/2027



Status (95% Complete)

Home
You & Your Family -
My Benefits -
Sign & Submit

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My Benefits

Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.

✓ BCBS of KC Medical
REVIEW

Enrollment Details

Product Name: Base Spira Care QHDHP EPO I
Coverage Level: Employee + Family

First Name	MI	Last Name	DOB	Sex	Relationship
Employee		Test	1/1/1990	F	Employee
Spouse		Test	1/1/1992	M	Spouse
Child		Test	1/1/2010	F	Child

✓ You have completed enrollment in this plan. Your cost per pay period will be \$1,100.48

✓ UMB Health Savings Account
REVIEW

Enrollment Details

You have elected an annual contribution: **\$8,749.92**

Available Benefits

- ✓ BCBS of KC Medical \$1,100.48
- ✓ UMB Health Savings Account \$729.16
- ✗ FME Health Care Flexible Spending \$0.00
- ✗ FME Limited Health Care Flex \$0.00
- ✗ FME Dependent Care Expense \$0.00
- ✓ Delta Dental of MO \$129.64
- ✓ Superior Vision \$17.28
- ✗ The Standard ER Paid Basic Life \$0.00
- ✗ The Standard Employee Voluntary Life \$0.00
- ✓ The Standard Voluntary AD&D \$4.30
- ✗ The Standard Spouse Voluntary Life \$0.00
- ✗ The Standard Child(ren) Voluntary Life \$0.00
- ✓ One America Short Term Disability \$32.97
- ✓ New York Life ER Paid LTD \$0.00
- ✓ SunLife Cancer \$21.06
- ✓ Aflac Group Accident Insurance 70000 Series \$42.08
- ✓ Aflac Group Critical Illness 22000 Series \$0.00
- ✓ Aflac Group Hospital Indemnity 80000 Series \$19.58
- ✓ Trustmark Universal Life \$0.00
- ✗ Identity Force Identity Theft \$0.00
- ✗ MetLaw Legal Services \$0.00
- ✗ PetPartner's Pet Insurance \$0.00
- ✓ EAP Notice \$0.00

Pre-tax cost \$1,976.56

Post-tax cost \$119.99





Total Cost
Per Pay Period **\$2,096⁵⁵**

Sign & Submit

Once you have either enrolled in or waived each of the benefits on your enrollment screen you will need to Sign and Submit.

Please take time to review your elections to ensure accuracy and click **“Next”**.

If you need to make a product change, select the product you want to change. Click "Unlock" to select changes and confirm. You will automatically be taken back to the Sign and Submit screen.

Status (95% Complete)

Home You & Your Family - My Benefits - Sign & Submit

NEXT >

Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- **Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the **"NEXT"** button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- **Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

Your Benefits

Plan	Description	Employee Pretax Cost	Employee Posttax Cost
BCBS of KC Medical	Base Spira Care QHDHP EPO I, FA	\$1,100.48	\$0.00
UMR Health Savings Account	\$8,749.92	\$729.16	\$0.00
FME Health Care Flexible Spending	N/A		
FME Limited Health Care Flex	Waived		
FME Dependent Care Expense	Waived		
Delta Dental of MO	Dental Buy-Up; FA	\$129.64	\$0.00
Superior Vision	Vision Full Benefits; ES	\$17.28	\$0.00
The Standard ER Paid Basic Life	ER Paid Basic Life/AD&D; \$20,000	\$0.00	\$0.00
The Standard Employee Voluntary Life	Waived		
The Standard Voluntary AD&D	Standard Voluntary AD&D; FA	\$0.00	\$4.30
The Standard Spouse Voluntary Life	Waived		
The Standard Child(ren) Voluntary Life	Waived		
One America Short Term Disability	\$700	\$0.00	\$32.97

Review & Sign Forms

Please review your benefit elections one final time for accuracy.

Your enrollment is **NOT COMPLETE** until you signed **all documents**, entered your **PIN**, and clicked "**Sign Form**".

Your **PIN** is the last four of your social security number + the last 2 digits of your

Benefit Confirmation / Payroll Deduction Authorization

Name		Date of Birth	Home Phone	Work Phone	Group
Test, Employee		1/1/1990			Test 2 of Consolidated School District 4
Employee ID	Hire/Elig Date	SSN	Location		Date
0	8/1/2020	3809	Belvidere Elementary		

Benefit Plan	Coverage	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost		Employer Cost
					Benefit	Cost	Pre-tax	After-tax	
Base Spira Care QHDHP EPO	FA	12	6/1/2026				1100.48	0.00	963.86
Employee UMB H.S.A	EO	12	6/1/2026	8749.92			729.16	0.00	0.00
FME Limited Health Care Flex	Waived								
FME Dependent Care Expense	Waived								
Dental Buy-Up	FA	12	6/1/2026				129.64	0.00	29.64
Vision Full Benefits	ES	12	6/1/2026				17.28	0.00	0.00
ER Paid Basic Life/AD&D	EO	12	6/1/2026	20000.00			0.00	0.00	1.10
The Standard Employee Volun	Waived								
Standard Voluntary AD&D	FA	12	6/1/2026	100000.00			0.00	4.30	0.00
One America Voluntary STD	EO	12	6/1/2026	700.00			0.00	32.97	0.00
NY Life ER Paid Long Term Di	EO	12	6/1/2026	3000.00			0.00	0.00	10.50
SunLife Cancer Level 1 - Low	EO	12	6/1/2026				0.00	21.06	0.00
Aflac Group Accident Insuranc	EC	12	6/1/2026				0.00	42.08	0.00
Aflac Group Critical Illness 22C	Waived								
Aflac Group Hospital Indemnity	EC	12	6/1/2026				0.00	19.58	0.00
Trustmark Universal Life	Waived								
Identity Force Identity Theft	Waived								
MetLaw Legal Services	Waived								
PetPartners Pet Insurance	Waived								
EAP Empathia Life Matters	EO	12	6/1/2026				0.00	0.00	0.00

Please enter your PIN below and click on "**SIGN FORM**" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN.

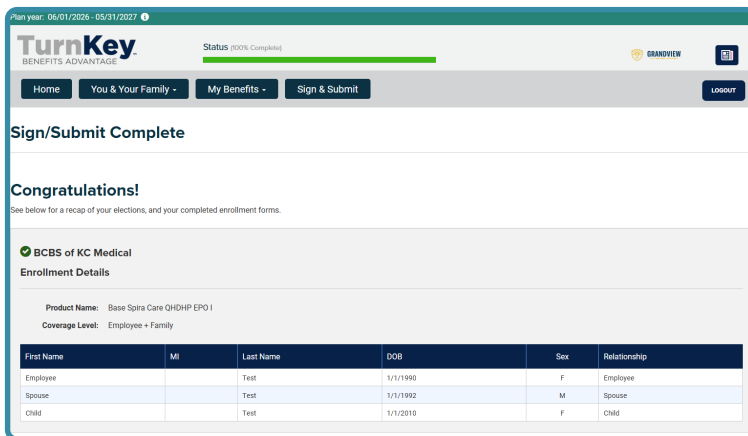
PIN:

SIGN FORM



CONGRATULATIONS

You have completed your enrollment once you see the **"Congratulations!"** screen below. Scroll to the bottom of the page to download your signed, **Benefit Confirmation Statement**.



Plan year: 06/01/2026 - 05/31/2027

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BENEFITS ADVANTAGE

Status: 100% Complete

Home You & Your Family - My Benefits - Sign & Submit Logout

Sign/Submit Complete

Congratulations!
See below for a recap of your elections, and your completed enrollment forms.

BCBS of KC Medical

Enrollment Details

Product Name: Base Spira Care QHDHP EPO I
Coverage Level: Employee + Family

First Name	MI	Last Name	DOB	Sex	Relationship
Employee		Test	1/1/1990	F	Employee
Spouse		Test	1/1/1992	M	Spouse
Child		Test	1/1/2010	F	Child

Once you have downloaded your **Benefit Confirmation Statement** you can now **"Logout"** of the system.

