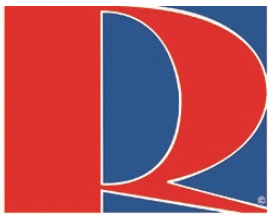




Self Enroll Guide

Raytown Quality Schools
2025 - 2026



RAYTOWN
QUALITY
SCHOOLS
Expect the Exceptional

TURN★KEYSM
BENEFITS ADVANTAGE

Self Enrollment Do's and Don'ts

DO!

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

DON'T!

- Hesitate to call **(833) 688-8656** with any questions!

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Welcome to Your Benefits Enrollment!

EMPLOYEE LOGIN

To get started, please log in:

USER ID

Personal Identification Number (PIN)

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

[Forgot PIN?](#) [LOG IN](#)

NEED HELP?

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.

© Selerix Systems. All rights reserved. [Security Info](#) [Admin User Site](#)

Logging In

To make elections, please visit the Employee Benefits Portal to Self-Enroll:

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

Click the "**Self Enroll**" button under the Self-Enroll option to be taken to the login page.

Use the login instructions below to start making your benefit elections.

USER ID = first initial of first name + 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. Now you will arrive at the "Welcome" Page! This screen provides a listing of benefits offerings. Click the "**Next**" button to begin your enrollment.

TURN★KEYSM BENEFITS ADVANTAGE

Status (10% Complete)

TURN★KEY BENEFITS ADVANTAGE TURN★KEY BENEFITS ADVANTAGE

Home You & Your Family - My Benefits - Sign & Submit [Next](#)

Welcome to Your Benefit Enrollment

At AML, we know that benefit requirements change. That's why we have an open enrollment period each year.

For most benefits, Open Enrollment is the only time of year you are allowed to make changes in your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year.

Benefit enrollment is easy! Just follow these steps.

- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click [Next](#) to begin.

✓ Your Benefit Options

- [Health](#)
- [Dental](#)
- [Vision](#)
- [Guardian Life Accident](#)
- [Guardian Life Hospital Indemnity](#)
- [Voluntary Life - Employee](#)
- [Voluntary Life - Spouse](#)
- [Voluntary Life - Child](#)
- [TEA Dues](#)
- [403b Inquiry](#)

Press [Next](#) to review personal information and begin enrollment. [Next](#)

Personal & Contact Information

The next screen is your Personal Info screen. You are able to change your phone and email; however if you need to make other changes, please login to **SisFin** to make corrections.

Click **“Next”**.

The screenshot shows the 'Personal Information' section of the TURN KEY BENEFITS ADVANTAGE portal. At the top, there is a navigation bar with 'Home', 'You & Your Family', 'My Benefits', and 'Sign & Submit'. A 'Status (12% Complete)' indicator is shown with a progress bar. A 'Back' and 'Next' button are in the top right. Below the navigation is a blue banner with a message: 'Please review your personal information to ensure it is correct and complete. Please correct any errors and click the Next button when you are finished. Optional items are in italics.' The main form is titled 'Personal Information' and is divided into 'Personal Info' and 'Contact Info' sections. The 'Personal Info' section includes fields for Name (First: KRYSTAL, MI, Last: BALL, Suffix), Date of Birth (10/10/1969), SSN (***--6619), and Gender (Male, Female, Other). The 'Contact Info' section includes a checkbox for 'Mailing Address: Same as home address', a dropdown for 'Country' (USA), and fields for 'Street', 'Street (cont.)', 'City', 'State', and 'Zip'. There are also fields for 'Home Phone' ((913) 800-5267), 'Work Phone' (() - - Ext.), 'Mobile Phone' (() - -), and 'Email' (you@gmail.com). 'Back' and 'Next' buttons are located at the bottom left and right of the form area, respectively.

TURN KEYSM
BENEFITS ADVANTAGE

Status (12% Complete)

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

Personal Information

Please review your personal information to ensure it is correct and complete. Please correct any errors and click the Next button when you are finished.
Optional items are in italics.

Personal Info

Name:

First MI Last Suffix

Date of Birth:

SSN:

Gender: Male Female Other

Contact Info

Mailing Address: Same as home address

Country

Street

Street (cont.)

City State Zip

Home Phone:

Work Phone:

Mobile Phone:

Email:

Back Next

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).

If you need to Edit a dependent’s information, select the pencil to the right side of that dependent. Please do not add duplicate dependents.

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. Please note dependents cannot not be removed from system if currently enrolled.

Click “Next” to move forward.

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BENEFITS ADVANTAGE

Status (12% Complete)

Home You & Your Family My Benefits Sign & Submit Back Next

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.

Name	SSN	DOB	Sex	Relation	Uploads	
CAM BALL	***-**-7014	10/10/1975	M	Spouse	0	
BABY BALL	***-**-7037	1/1/1999	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. You are not able to edit this information.

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

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Status (12% Complete)

Home You & Your Family - My Benefits - Sign & Submit [Back](#) [Next](#)

Employment

i Please review and correct your employment information shown here. Optional items are shown in *italics*.
Certain items require additional information from you. These items are highlighted and underlined. Click on the item to correct it, if necessary.
Press *Next* to continue.

Employment Info

Date of Hire:	<input type="text" value="2/8/2010"/>
Eligibility Date:	<input type="text" value="2/8/2010"/>
Location:	<input type="text" value="DEFAULT"/> /
Department:	<input type="text" value="DEFAULT"/> /
Job Class:	<input type="text" value="Administrative"/> /
Title:	<input type="text" value="Supervisor"/>
Salary:	<input type="text" value="\$60,000.00"/> /
Pay group:	<input type="text" value="Default"/> /
Payroll Frequency:	<input type="text" value="BiWeekly"/>
Hours per Week:	<input type="text" value="35.00"/>

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

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 enrolled for the new plan year except for Medical, Health Savings, and Flexible Spending.

Changes to the HSA this year. The EMPLOYER HSA Contribution (**Employer PD H.S.A**) and the EMPLOYEE HSA Contribution (**H.S.A - Employee PD**) have been separated into two plans to avoid accidental decline of the Employer Contribution if you do not want to contribute yourself as the Employee. All benefit eligible employees as of 7/1/25 are eligible to receive a one-time lump sum Employer HSA Contribution, if eligible to have a Health Savings Account by being able to answer NO to all questions. Contribution amount is based on the QHDHP Medical Plan and Coverage Tier Elected.

Once you have reviewed the Benefit Summary page, Click **"Next"** on the top or bottom right hand side of the screen to start electing or declining all benefit offerings. Once you have elected or declined all benefits, you can make changes to any other plan by clicking the plan name.

If you would like to return to the Benefit Summary page at anytime, click on My Benefits tab at

TURN KEY
BENEFITS ADVANTAGE

Status (12% Complete)

Home You & Your Family - My Benefits - Sign & Submit [Back](#) [Next](#)

Benefit Summary

Below is a list of your current benefit elections.
For each of the benefit options below, your "Quick Enroll" option is shown. Click the Quick Enroll link to accept on each one, or click "Review" to review your other options.

- Medical** [Review](#)
You were previously enrolled in at a cost per pay period of \$825.00
You have to complete enrollment in this plan.
- Dental** [Quick Enroll](#) [Review](#)
You were previously enrolled in at a cost per pay period of \$51.73
Based on your group's rules, choosing "Quick Enroll" will waive this benefit.
- Vision** [Quick Enroll](#) [Review](#)
You were previously enrolled in at a cost per pay period of \$8.36
Based on your group's rules, choosing "Quick Enroll" will waive this benefit.
- Basic Group Life** [Review](#)
You were previously enrolled in at a cost per pay period of \$0.00
You have to complete enrollment in this plan.
- EMPLOYEE VOLUNTARY TERM LIFE and AD&D** [Quick Enroll](#) [Review](#)
You were previously enrolled in at a cost per pay period of \$8.00
Based on your group's rules, choosing "Quick Enroll" will waive this benefit.

My Benefits

<input type="radio"/> Medical	\$0.00
<input type="radio"/> Dental	\$0.00
<input type="radio"/> Vision	\$0.00
<input type="radio"/> Basic Group Life	\$0.00
<input type="radio"/> EMPLOYEE VOLUNTARY TERM LIFE and AD&D	\$0.00
<input type="radio"/> DEPENDENT VOLUNTARY TERM LIFE and AD&D	\$0.00
<input checked="" type="radio"/> MEDICAL REIMBURSEMENT FLEXIBLE SPENDING ACCOUNT	\$0.00
<input checked="" type="radio"/> DEPENDENT CARE REIMBURSEMENT ACCOUNT	\$0.00
<input type="radio"/> SHORT TERM DISABILITY	\$0.00
<input type="radio"/> LONG TERM DISABILITY	\$0.00
<input type="radio"/> Guardian Life Cancer	\$0.00
<input type="radio"/> MetLife Group Critical Illness - Attained Age	\$0.00
<input type="radio"/> MetLife Group Accident	\$0.00
<input type="radio"/> Chubb LifeTime Benefit Term	\$0.00
<input type="radio"/> Compliance Notice	\$0.00
Employer Cost	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$0.00
Total Cost Per Pay Period	\$0⁰⁰

Sign and 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.

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 BENEFITS ADVANTAGE

Status (93% 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 at the left.

Your Benefits

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
Medical	Waived			
Dental	Waived			
Vision	Waived			
Basic Group Life	\$10,000	\$0.00	\$0.00	\$2.25
EMPLOYEE VOLUNTARY TERM LIFE and AD&D	Waived			
DEPENDENT VOLUNTARY TERM LIFE and AD&D	N/A			
MEDICAL REIMBURSEMENT FLEXIBLE SPENDING ACCOUNT	Waived			
DEPENDENT CARE REIMBURSEMENT ACCOUNT	Waived			
SHORT TERM DISABILITY	Waived			
LONG TERM DISABILITY	Waived			
Guardian Life Cancer	Waived			
MetLife Group Critical Illness - Attained Age	Waived			
MetLife Group Accident	Waived			
Chubb LifeTime Benefit Term	Waived			
Compliance Notice	Compliance Notice; EO	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$2.25

Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
<input checked="" type="checkbox"/> Enrollment Confirmation	Unsigned	

Next

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 birth year.

Benefit Confirmation / Deduction Authorization

Name TURN KEY		Date of Birth 1/6/1953	Home Phone (913) 800-5265	Work Phone	Address 123 Test Rd Test City, MS 39204
Employee ID 0	Hire/Elig Date 1/20/2020	Gender M	Location District Administration		

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost		Employer Cost	
						Benefit	Cost	Pre-tax	After-tax		
Health	Waived										
Dental	Dental Buy-Up Plan	EC	12	4/1/2021				0.00	0.00	56.46	
Vision	Waived										
Guardian Life Accident	Guardian Life Accident - Value	EO	12	4/1/2021				0.00	12.53	0.00	
Guardian Life Hospital Indemnity	Waived										
Voluntary Life - Employee	Waived										
Voluntary Life - Child	Waived										
TEA Dues	Waived										
403b Inquiry	403B Retirement Plan	EO	12	4/1/2021				0.00	0.00	0.01	
								Total:	0.00	12.53	56.47

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rev. 11-08-2018

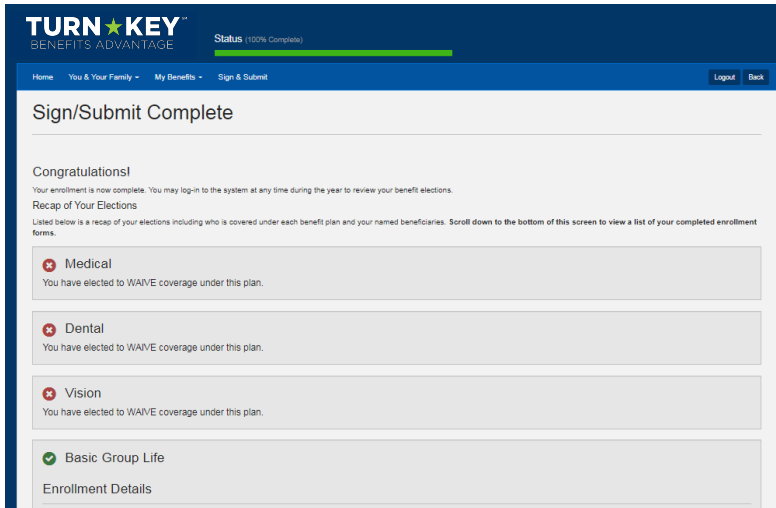
Enter your PIN below and click on **"SIGN FORM"** to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Authorization Form** above. Please review it carefully before entering your PIN.

PIN:



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**.



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

