



# Self Enroll Guide

Topeka Public Schools  
2025-2026



**TURN★KEY**<sup>SM</sup>  
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 **(877) 285-9712** with any questions!

## Contents

|                                     |    |
|-------------------------------------|----|
| Login.....                          | 3  |
| Personal & Contact Information..... | 4  |
| Dependent Information .....         | 5  |
| Enrolling in Benefits.....          | 7  |
| Sign & Submit.....                  | 8  |
| Review & Sign Forms.....            | 9  |
| Congratulations.....                | 10 |



Welcome to Your Benefits Enrollment!

**EMPLOYEE LOGIN**

To get started, please log in:

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

[Forgot PIN?](#)

**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:

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

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, no spaces or dashes)

**PIN** = last four of SSN + last 2 digits of birth year (case sensitive, no spaces or 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.

### Welcome To Topeka Public Schools 2025 Open Enrollment



At Topeka Public Schools USD 501, we know that benefit needs can change. Open Enrollment is your annual opportunity to review and update your benefits. It's the only time during the year you can make changes to your benefits unless you experience a qualifying life event such as divorce, losing other benefits, birth of child, death.

**Here's how to navigate the process:**

- 1. Update Personal Information:**
  1. Contact HR to ensure your personal details are current, including address, name changes, phone number, and email.
- 2. Review Benefits:**
  1. Evaluate your current benefit elections to determine if they meet your needs for the upcoming year.
  2. Make your benefit selections for the new plan year.
- 3. Complete Enrollment:**
  1. Sign the Enrollment Confirmation form to finalize your choices.

By following these steps, you'll ensure that your benefits are aligned with your needs and those of your loved ones for the coming year.

# 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 contact Human Resources to update your information in the payroll system.

**TURN★KEY**<sup>SM</sup>  
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). 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.

**TURN★KEY**  
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.

### Dependents

| Name                      | SSN         | DOB        | Sex | Relation | Uploads |       |
|---------------------------|-------------|------------|-----|----------|---------|-------|
| <a href="#">CAM BALL</a>  | ***-**-7014 | 10/10/1975 | M   | Spouse   | 0       | + / ✕ |
| <a href="#">BABY BALL</a> | ***-**-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 only. You are not able to edit this information.

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

**TURN★KEY**  
BENEFITS ADVANTAGE

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"/> <a href="#">/</a>        |
| Department:        | <input type="text" value="DEFAULT"/> <a href="#">/</a>        |
| Job Class:         | <input type="text" value="Administrative"/> <a href="#">/</a> |
| Title:             | <input type="text" value="Supervisor"/>                       |
| Salary:            | <input type="text" value="\$60,000.00"/> <a href="#">/</a>    |
| Pay group:         | <input type="text" value="Default"/> <a href="#">/</a>        |
| 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 currently enrolled for the new plan year.

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".

**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

- Medical \$0.00
- Dental \$0.00
- Vision \$0.00
- Basic Group Life \$0.00
- EMPLOYEE VOLUNTARY TERM LIFE and AD&D \$0.00
- DEPENDENT VOLUNTARY TERM LIFE and AD&D \$0.00
- MEDICAL REIMBURSEMENT \$0.00
- FLEXIBLE SPENDING ACCOUNT \$0.00
- DEPENDENT CARE REIMBURSEMENT ACCOUNT \$0.00
- SHORT TERM DISABILITY \$0.00
- LONG TERM DISABILITY \$0.00
- Guardian Life Cancer \$0.00
- MetLife Group Critical Illness - Attained Age \$0.00
- MetLife Group Accident \$0.00
- Chubb LifeTime Benefit Term \$0.00
- Compliance Notice \$0.00

|                                  |                         |
|----------------------------------|-------------------------|
| Employer Cost                    | \$0.00                  |
| Pre-tax cost                     | \$0.00                  |
| Post-tax cost                    | \$0.00                  |
| <b>Total Cost Per Pay Period</b> | <b>\$0<sup>00</sup></b> |

# Enrolling in Trustmark Universal Life

To waive the Trustmark Universal Life benefit, select the option **I wish to CANCEL changes made in this enrollment session** and click "Next."

To elect or change your Trustmark benefit, click on the name in blue you would like to change. You will be taken to the election screen where you will be able to select your benefit amount with your cost per month.

## Trustmark Universal Life



**Please Note: All Deduction Amounts Shown are Monthly.**

You may apply for coverage for any of the individuals listed below. To view prices or apply, click the name of the person in the list below.

| Name                          | Relationship | Sex | DOB        | Riders |
|-------------------------------|--------------|-----|------------|--------|
| <a href="#">Employee Test</a> | Employee     | F   | 1/1/1985   |        |
| <a href="#">Spouse Test</a>   | Spouse       | M   | 10/10/1988 |        |

- I wish to CONFIRM the changes made in this enrollment session.
- I wish to CANCEL changes made in this enrollment session.

[Back](#)

[Next](#)

Click on the circle next to the cost and benefit amount you would like to enroll in. If you would like to elect another benefit amount other than the ones provided on the chart, enter your benefit amount in the box below and click on the calculator. Your screen will refresh and provide you with the monthly premium in the Cost per month box.

Insurance for Employee Test

Does anyone proposed for coverage smoke cigarettes or during the past 12 months has anyone proposed for coverage smoked cigarettes?

| Cost per month                 | Benefit Amount          |
|--------------------------------|-------------------------|
| <input type="radio"/> \$13.00  | <a href="#">12,987</a>  |
| <input type="radio"/> \$21.62  | <a href="#">25,000</a>  |
| <input type="radio"/> \$39.55  | <a href="#">50,000</a>  |
| <input type="radio"/> \$57.48  | <a href="#">75,000</a>  |
| <input type="radio"/> \$75.41  | <a href="#">100,000</a> |
| <input type="radio"/> \$93.35  | <a href="#">125,000</a> |
| <input type="radio"/> \$111.28 | <a href="#">150,000</a> |
| <input type="radio"/> \$147.14 | <a href="#">200,000</a> |
| <input type="radio"/> \$218.87 | <a href="#">300,000</a> |

Cost per month:

Benefit Amount:

# 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.

TURN★KEY<sup>SM</sup>
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 |
|---|-----------------------|---------------|---------------|---------------|
| <a href="#">Medical</a>   | Waived                |               |               |               |
| <a href="#">Dental</a>  | Waived                |               |               |               |
| <a href="#">Vision</a>  | Waived                |               |               |               |
| <a href="#">Basic Group Life</a>                                | \$10,000              | \$0.00        | \$0.00        | \$2.25        |
| <a href="#">EMPLOYEE VOLUNTARY TERM LIFE and AD&amp;D</a>       | Waived                |               |               |               |
| <a href="#">DEPENDENT VOLUNTARY TERM LIFE and AD&amp;D</a>      | N/A                   |               |               |               |
| <a href="#">MEDICAL REIMBURSEMENT FLEXIBLE SPENDING ACCOUNT</a> | Waived                |               |               |               |
| <a href="#">DEPENDENT CARE REIMBURSEMENT ACCOUNT</a>            | Waived                |               |               |               |
| <a href="#">SHORT TERM DISABILITY</a>                           | Waived                |               |               |               |
| <a href="#">LONG TERM DISABILITY</a>                            | Waived                |               |               |               |
| <a href="#">Guardian Life Cancer</a>                            | Waived                |               |               |               |
| <a href="#">MetLife Group Critical Illness - Attained Age</a>   | Waived                |               |               |               |
| <a href="#">MetLife Group Accident</a>                          | Waived                |               |               |               |
| <a href="#">Chubb LifeTime Benefit Term</a>                     | Waived                |               |               |               |
| <a href="#">Compliance Notice</a>                               | Compliance Notice; EO | \$0.00        | \$0.00        | \$0.00        |
| <b>Total</b>  |                       | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$2.25</b> |

### Signatures Required

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

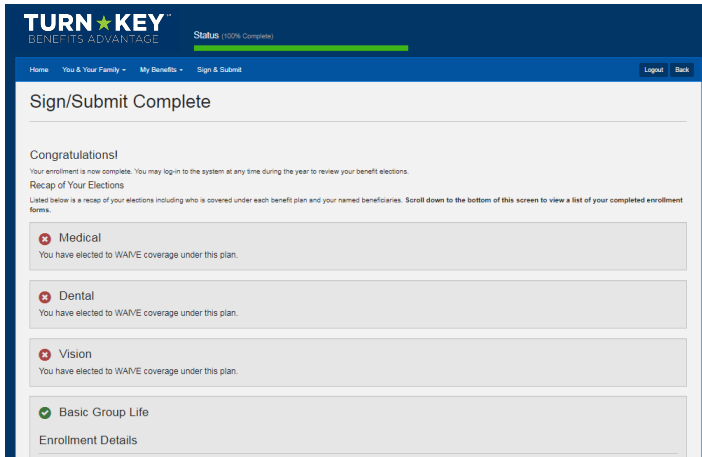
| Form Name   | Status   | Date Signed/Reviewed |
|---|----------|----------------------|
| <input checked="" type="checkbox"/> Enrollment Confirmation | Unsigned |                      |

Next



# 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.

