



# Self Enroll Guide

Kline Electric  
2026

# 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 **(844) 623-1774** with any questions!

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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?](#)

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**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.

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## Logging In

To make elections, please visit the Employee Benefits Portal:

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

Click the "**Self-Enroll**" button at the bottom of the Home Page 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)

**PIN** = last four of SSN + last 2 digits of birth year (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.

# 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.

**TurnKey**  
BENEFITS ADVANTAGE

Status (0% Complete)

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**

- Wellmark Medical
- Flex Made Easy Health Savings Account
- Sun Life Dental
- Sun Life Vision
- Sun Life Short Term Disability
- Sun Life ER PD Long Term Disability
- Sun Life Voluntary EE Life & AD&D
- Sun Life Voluntary SP Life & AD&D
- Sun Life Voluntary CH Life & AD&D
- Sun Life Accident
- Sun Life EE Critical Illness/Cancer
- Sun Life SP Critical Illness/Cancer
- Sun Life CH Critical Illness/Cancer
- Sun Life Hospital Indemnity

**Contact Us:**

Phone: (833) 623-1774

Email: [customersupport@amerilifebenefits.com](mailto:customersupport@amerilifebenefits.com)

Take a moment to review this instructional video on how to complete your enrollment, then click Next to begin.

# Personal & Contact Information

The next screen is your Personal information screen; you are unable to update this information. Please review for accuracy and if changes need to be made contact 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: 01/01/1985

SSN:

**Gender:**  Male  Female  Other

#### Contact Info

**Address:**  Country  
6355 NE 14th St  
Street  
  
Street (cont.)  
Des Moines IA   
City State Zip

Home Phone:

Work Phone:  Ext:

Mobile Phone:

E-Mail:

# 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 from the system then you can select the **“X”** on the right hand side of screen next to the pencil of the dependent you wish to delete. However, if the dependent is currently enrolled in benefits, you will not be able to delete at this time.

### 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	+
<a href="#">Employee Test</a>	***-**-2840	1/1/1986	F	Spouse	0	
<a href="#">Child Test</a>	***-**-6456	1/1/2010	M	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:	1/1/2024
Eligibility Date:	1/1/2024
Location:	Des Moines 
Department:	Commercial 
Job Class:	IA Hourly 
Title:	Title
Salary:	\$40,000.00 
Pay group:	Weekly 
Payroll Frequency:	Weekly
Hours per Week:	40

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# Enrolling in Benefits

Next you will see all of your options for benefit elections. Any coverage that you are currently enrolled in will show under each benefit. These benefits are also currently enrolled for the new plan year except Medical 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 may 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 the top of screen and select Benefit Summary from the drop-down.

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

**TurnKey**  
BENEFITS ADVANTAGE

Status (93% Complete)

Home | You & Your Family | **My Benefits** | Sign & Submit

← BACK | NEXT →

## Benefit Summary

Listed below are your current benefit election options. For each benefit listed, a "Quick Enroll" link will appear if that option is available. Click the link to accept the benefit. If "Quick Enroll" is not shown, additional information or review is required to complete your enrollment. In that case, click "Review" to explore and select from your available options.

### Available Benefits

- Wellmark Medical \$123.24
- Flex Made Easy Health Savings Account \$163.46
- Sun Life Dental \$30.53
- Sun Life Vision \$6.11
- Sun Life Short Term Disability \$5.00
- Sun Life ER PD Long Term Disability \$0.00
- Sun Life Voluntary EE Life & AD&D \$0.79
- Sun Life Voluntary SP Life & AD&D \$2.36
- Sun Life Voluntary CH Life & AD&D \$1.10
- Sun Life Accident \$10.40
- Sun Life EE Critical Illness/Cancer \$0.00
- Sun Life SP Critical Illness/Cancer \$0.00
- Sun Life CH Critical Illness/Cancer \$0.00
- Sun Life Hospital Indemnity \$14.43

Pre-tax cost \$323.34  
Post-tax cost \$34.08

**Total Cost Per Pay Period \$357<sup>42</sup>**

### Wellmark Medical

**Enrollment Details**

Product Name: \$6000 QHDHP  
Coverage Level: Employee + Family

First Name	MI	Last Name	DOB	Sex	Relationship
Employee		Test	1/1/1985	M	Employee
Employee		Test	1/1/1986	F	Spouse
Child		Test	1/1/2010	M	Child

✓ You have completed enrollment in this plan. Your cost per pay period will be \$123.24

### Flex Made Easy Health Savings Account

# 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.

### 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
<a href="#">Wellmark Medical</a>	\$6000 QHDHP; FA	\$123.24	\$0.00
<a href="#">Flex Made Easy Health Savings Account</a>	\$8,750.04	\$163.46	\$0.00
<a href="#">Sun Life Dental</a>	Sun Life Dental Enhanced; FA	\$30.53	\$0.00
<a href="#">Sun Life Vision</a>	Sun Life Vision; FA	\$6.11	\$0.00
<a href="#">Sun Life Short Term Disability</a>	Sun Life Short Term Disability; \$481.54	\$0.00	\$5.00
<a href="#">Sun Life ER PD Long Term Disability</a>	Sun Life ER PD Long Term Disability; \$3,333.33	\$0.00	\$0.00
<a href="#">Sun Life Voluntary EE Life &amp; AD&amp;D</a>	\$10,000 (\$100,000 requested)	\$0.00	\$0.79
<a href="#">Sun Life Voluntary SP Life &amp; AD&amp;D</a>	\$30,000 SO	\$0.00	\$2.36
<a href="#">Sun Life Voluntary CH Life &amp; AD&amp;D</a>	\$10,000 CO	\$0.00	\$1.10
<a href="#">Sun Life Accident</a>	Sun Life Accident; FA	\$0.00	\$10.40
<a href="#">Sun Life EE Critical Illness/Cancer</a>	Waived		
<a href="#">Sun Life SP Critical Illness/Cancer</a>	Waived		
<a href="#">Sun Life CH Critical Illness/Cancer</a>	Waived		
<a href="#">Sun Life Hospital Indemnity</a>	Sun Life Hospital Indemnity; FA	\$0.00	\$14.43
<b>Total</b>		<b>\$323.34</b>	<b>\$34.08</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	Enroller Date Signed/Reviewed
<input checked="" type="checkbox"/> Generic Enrollment	Signed	11/26/2025 4:50:14	11/26/2025 4:50:24
<input checked="" type="checkbox"/> Enrollment Confirmation	Unsigned		N/A

NEXT ▶

# Review & Sign Forms

Please review your benefit elections one final time for accuracy.

Your enrollment is **NOT COMPLETE** until you have 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 / Payroll Deduction Authorization

Name		Date of Birth	Home Phone	Work Phone	Group
Test, Employee		1/1/1985			Test Copy 1 of Kline Electric
Employee ID	Hire/Elig Date	SSN	Location		Date
9535205	1/1/2024	0384	Commercial		

Benefit Plan	Coverage	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost		Employer Cost
					Benefit	Cost	Pre-tax	After-tax	
\$6000 QHDHP	FA	52	1/1/2026				123.24	0.00	123.24
Health Savings Account	EO	52	1/1/2026	8750.04			163.46	0.00	4.81
Sun Life Dental Enhanced	FA	52	1/1/2026				30.53	0.00	0.00
Sun Life Vision	FA	52	1/1/2026				6.11	0.00	0.00
Sun Life Short Term Disability	EO	52	1/1/2026	461.54			0.00	5.00	0.00
Sun Life ER PD Long Term Disability	EO	52	1/1/2026	3333.33			0.00	0.00	1.36
Employee Voluntary Life Insurance	EO	52	1/1/2026	10000.00	100000.00	7.87	0.00	0.79	0.00
Spouse Voluntary Life Insurance	SO	52	1/1/2026	30000.00			0.00	2.36	0.00
Child Voluntary Life Insurance	CO	52	1/1/2026	10000.00			0.00	1.10	0.00
Sun Life Accident	FA	52	1/1/2026				0.00	10.40	0.00
Sun Life EE Critical Illness/Cancer	Waived								
Sun Life CH Critical Illness/Cancer	Waived								
Sun Life Hospital Indemnity	FA	52	1/1/2026				0.00	14.43	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.

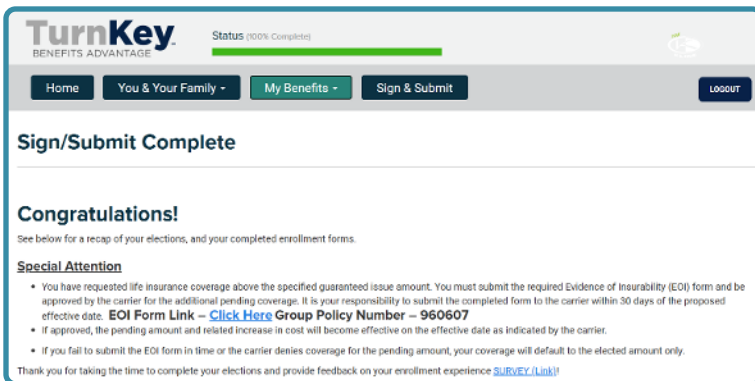
PIN:

**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**.



**TurnKey**  
BENEFITS ADVANTAGE

Status: 100% Completed

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.

**Special Attention**

- You have requested life insurance coverage above the specified guaranteed issue amount. You must submit the required Evidence of Insurability (EOI) form and be approved by the carrier for the additional pending coverage. It is your responsibility to submit the completed form to the carrier within 30 days of the proposed effective date. **EOI Form Link – [Click Here](#) Group Policy Number – 960607**
- If approved, the pending amount and related increase in cost will become effective on the effective date as indicated by the carrier.
- If you fail to submit the EOI form in time or the carrier denies coverage for the pending amount, your coverage will default to the elected amount only.

Thank you for taking the time to complete your elections and provide feedback on your enrollment experience [SURVEY \(Link\)](#)

Once you have downloaded your **Benefit Confirmation Statement** you can now **“Logout”** of the system. **Keep your benefit confirmation statement for your reference and records.**

