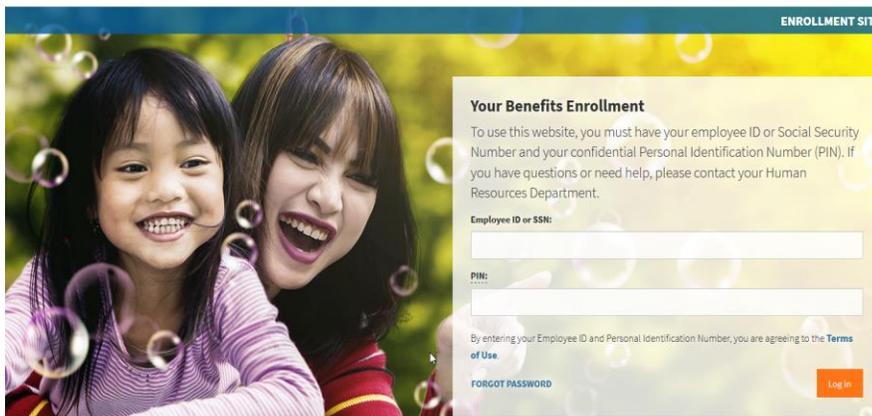
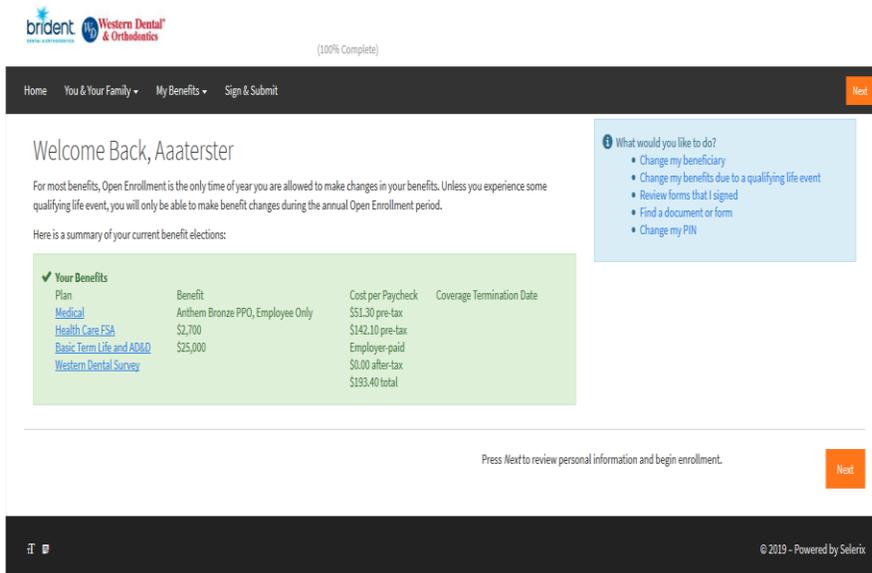


Your benefits enrollment is completed online. To begin your benefits enrollment follow the steps below to begin.

- Connect to the Website through your web browser at benselect.com/Western-Dental. You may use your desktop computer or any mobile device to complete your enrollment.
- At the “Employee Login” screen, enter your **Social Security Number** and your personal identification number (PIN). **Your PIN will be the last 4 digits of your Social Security Number and the last 2 digits of your birth year (1234YY)**. If you are having trouble logging on the system, contact the Benefits Department.



- When the Welcome Page appears on your screen that means you are in! Follow the onscreen instructions to enroll in your benefits, find answers to your questions, download forms and more. Click Next to move to the next page.



- Confirm your Personal Information by clicking **Next** to continue. If any of your Personal Information is incorrect, please make the corrections in UltiPro.

Personal Information

Please review your personal information to ensure it is correct and complete. If any of the information below is incorrect, please make changes in your UltiPro account. *Next* button when you are finished.

Personal Info

Name:

First MI Last Suffix

Prior Name:

Marital Status: Unknown

Date of Birth:

SSN:

Country of Citizenship:

Gender: Male Female Other

Contact Info

Address: USA

Country

Street

- The next screen shows your current dependents under **Dependents**. You may add a dependent at this time. To move to the next step, please click on the pencil (Edit button) for each of your benefits and choose the documentation you would like to submit for dependent verification. At this time, you may upload your dependent verification to the Selerix site or you may submit your proof of dependent verification to employeebenefits@westerndental.com. Click **Next** to continue.

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	Documentation	Uploads	
					N/A	0	 
					N/A	0	 

Add a Dependent

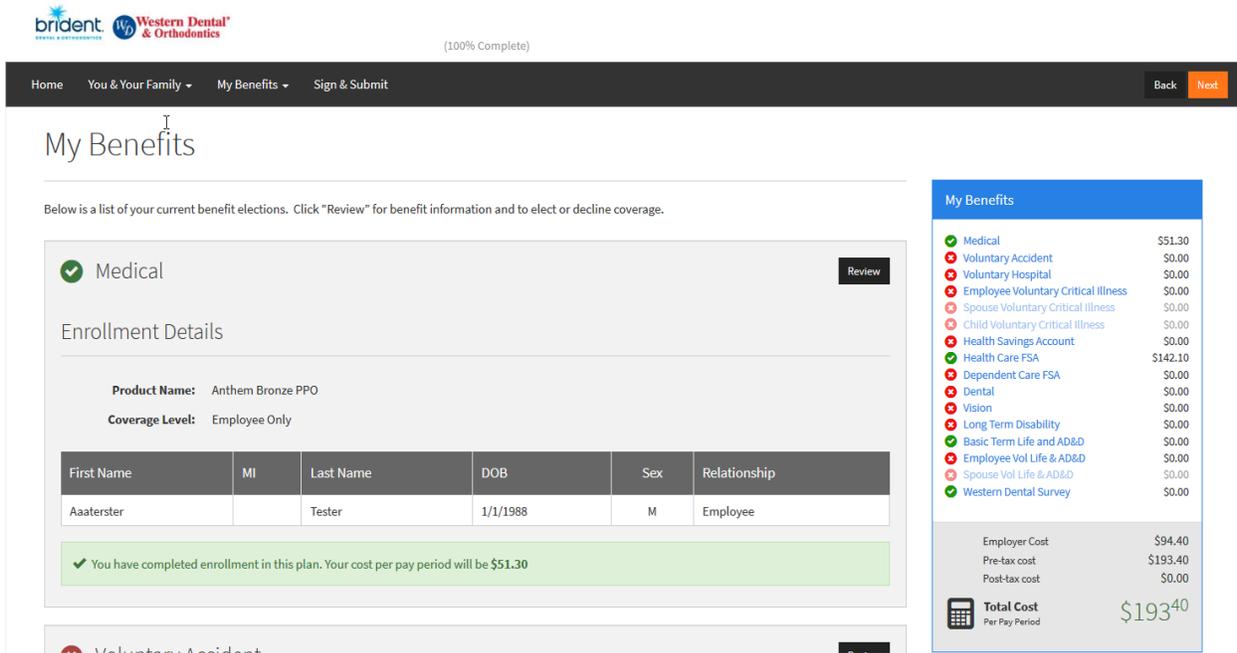
If your dependent is not listed above or you would like to add an additional dependent, simply click the *Add Dependent* button below.

[+ Add Dependent](#)

[Back](#)

[Next](#)

- Now is your opportunity to make changes to your current benefits. Click on each benefit to make changes. Click Next to go to the next benefit.



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

Medical Review

Enrollment Details

Product Name: Anthem Bronze PPO
Coverage Level: Employee Only

First Name	MI	Last Name	DOB	Sex	Relationship
Aaaterster		Tester	1/1/1988	M	Employee

✓ You have completed enrollment in this plan. Your cost per pay period will be \$51.30

My Benefits

✓ Medical	\$51.30
✗ Voluntary Accident	\$0.00
✗ Voluntary Hospital	\$0.00
✗ Employee Voluntary Critical Illness	\$0.00
✗ Spouse Voluntary Critical Illness	\$0.00
✗ Child Voluntary Critical Illness	\$0.00
✗ Health Savings Account	\$0.00
✓ Health Care FSA	\$142.10
✗ Dependent Care FSA	\$0.00
✗ Dental	\$0.00
✗ Vision	\$0.00
✗ Long Term Disability	\$0.00
✓ Basic Term Life and AD&D	\$0.00
✗ Employee Vol Life & AD&D	\$0.00
✗ Spouse Vol Life & AD&D	\$0.00
✓ Western Dental Survey	\$0.00

Employer Cost	\$94.40
Pre-tax cost	\$193.40
Post-tax cost	\$0.00
Total Cost Per Pay Period	\$193.40

- Once you have completed your enrollment, you will be directed to sign and submit your enrollment form. Please review your elections before you electronically sign your enrollment form. In order to do complete your enrollment, you will need to enter your PIN (Password) and click Sign Form.

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:

- You're done! You will receive an email confirmation with your new benefits and cost per pay check.
- If you have any questions, please feel free to contact the Benefits Department at 866-523-4359 or employeebenefits@westerndental.com.