Employee Currently Enrolled with TRS Benefits: Accessing the WellSystems Enrollment Portal

A) Go to: https://www.wellsystems-mesa.com/TRS
B) Click on the Sign up Now link

C) Select the Type of User:
1. Choose the radio button (round circle) for Employee.
2. Enter your Email address you would like to use for Enrollment. If you do not have an email address, please see instructions on setting up an email account at the end of this document.
3. Click Continue.

D) On the New User Registration Page:
  1. Enter your Social Security number. You do not have to enter the dashes between numbers.
  2. Enter your First Name.
  3. Enter your Last Name.
  4. Enter your Date of Birth (MM/DD/YYYY format, or click on the calendar which will assist you with entering your date of birth).
  5. Click Continue to move to the next step.

New User Registration
* Indicates Mandatory Fields

Credentials

1. Social Security Number * :
2. First Name :
3. Last Name * :
4. Date of Birth * :

5.   Continue   Cancel

E) On the Account Registration – Additional Information page:
  Note: Your Benefits Administrator ID and Code will be given to you by your Benefits Administrator.
  If you have not gotten this information, please contact your Benefits Administrator.
  1. Enter your Benefits Administrator ID (this will be the four-digit District Code of your District).
  2. Enter the Code (this will always be TRSAC + your four-digit District Code of your District).
  3. Click Continue

Account Registration - Additional Information
* Indicates Mandatory Fields

1 Benefits Administrator ID * : O526

2 Code * : TRSAC O526

Your record was not found in our system based on the search criteria you entered. Please provide the Client ID and Code that should have been provided to you in order to continue with your user account registration.

I do not know my Client ID or Code

3   Continue   Cancel

Try Searching Again

F) On the Security Page:
1. Enter your First Name.
2. Enter your Last Name.
3. Create a User name (you will identify yourself with this user name when logging into the system).
4. Enter a Password (Your password must be a minimum of 6 characters, with at least one number or special character. Example: Pa$$w0rd.)
5. Re-enter the Password to confirm. If your second entry doesn't match, the portal will ask you to try again.
6. Select a Security Question. (If you forget your password the portal will ask you this question and if your answer is correct, will allow you to set a new password.)
7. Enter the Security Answer. If you forget, your answer will have to match this one in order to receive the temporary password.
8. Click Continue to continue with the enrollment process.

New User Registration - Security
* Indicates Mandatory Fields

User name & Password

1 **First name** * :	
2 **Last name** * :	
3 **User name** * :	
4 **Password** * :	
5 **Confirm Password** * :	

Security Question *

6 **Security Question** * :	Select ▾
7 **Security Answer** * :	

8 | Continue | Cancel |

G) On the Summary page under Electronic Authorization Signature, verify your information. If any information is incorrect, use the Edit buttons to correct the information.
1. Enter your First and Last name.
2. Verify the Date of the Signature.
3. Click Continue.

New User Registration - Summary

* Indicates Mandatory Fields

Credentials

Benefits Administrator :	D0577
Social Security Number :	987456977
First Name :	Steve
Last Name :	Cook
Date of Birth :	07/08/1972

Edit

Security Question

Security Question :	In what city were you born? (Enter full name of city only)
Security Answer :	Tampa

Edit

Electronic Authorization Signature

1. First and Last Name * : |
2. Date * : 07/10/2014

3. Continue   Cancel

H) Final Confirmation, will direct you to the Login page to complete New Hire Enrollment.

Confirmation

Congratulations!
You have been successfully registered.

Go To Login Page

Now that you are registered in the WellSystems Enrollment Portal, you may log in to enroll in coverage

A) Log into the WellSystems Enrollment Portal:
   1. Enter your User ID (the user name you just created).
   2. Enter your Password.
   3. Click the Login button

B) On the New Hire Employee Information page:
   1. Select the Employee ID Type (Social Security Number).
   2. Enter your Employee ID (your Social Security Number without dashes).
   3. Enter your Date of Birth (MM/DD/YYYY format, or use the calendar look up icon).
   4. Enter your Actively At-Work Date (MM/DD/YYYY format, or use the calendar look up icon). If you do not know your Actively At-Work Date, please contact your Benefits Administrator.
   5. Click the Continue button to access the Employee Information page.

C) You will now see your information on the Employee screen – It is very important to enter the information carefully and make sure it is accurate. The fields with the red asterisks (*) are required fields, but it is useful to enter as much information as you can.

1. Enter your First Name.
2. Enter your Last Name.
3. Enter your Email Address.
4. Select your gender (male or female).
5. Enter your Social Security Number.
6. Enter your Date of Birth.
7. Select your Race (please choose from the menu provided or pick "other").
8. Select your Language (please choose from the menu provided or pick "other").
9. Select your Status.
   a. Active Contributing: select this status if you are contributing to the TRS retirement plan.
   b. Active Working: select this status if you are employed by a participating District for 10 or more regularly scheduled hours each week.
   c. Billing Only - Split: if you and your spouse are both TRS employees working in different districts, and you are listed as a dependent on your spouse's enrollment, select "Billing Only – Split" as your status, and decline coverage in step N (Elections Page).
   d. Declined: Select this status if you are declining coverage. In step O (Summary Page) you'll be asked for a reason you're waiving coverage.
10. Enter the date you wish for your coverage to be effective.
11. Enter your Mailing Address.
12. Enter your Residence Address, or select the check box "Same as Above" if your Residence Address is the same as your Mailing Address.
13. Enter your Contact Information such as your home, work or mobile numbers. This will allow Aetna, Caremark or the HMOs to contact you if needed.
14. Select your Marital Status.
15. Select your Medicare Coverage Type.
    a. Select No Medicare if you do not have Medicare Coverage.
    b. Select Medicare A and D Primary if you have hospital and prescription coverage.
    c. Select Medicare A, B and D Primary if you have hospital, doctor and prescription coverage.
    d. Select Medicare B and D Primary if you have doctor and prescription coverage.
    e. Select Medicare D Primary if you have prescription coverage only.
    f. Select Medicare Part A Primary if you have hospital coverage only.
    g. Select Medicare Part A and B Primary if you have hospital and doctor coverage only.
    h. Select Medicare Part B Primary if you have doctor coverage only.
    i. Select Medicare Unknown if you do not know which Medicare Coverage you have.
    j. Select Other Coverage if you have other Medicare Coverage not listed above.
16. Bracket Code: this will be auto-populated with "TRSAC". If this box is empty, please contact your Benefits Administrator.
17. Do you have other Insurance: This will default to "no" automatically. If you have other insurance, select "yes", choose the type of insurance, and add the Carrier (Insurance company), Group Number and Policy Number from your ID card for that other insurance.
18. **Click Save and Continue** to access the Dependent page.

Employee Information

' Indicates Mandatory Fields / Sections

Employee Information for Plan Period : 03/01/2016

1. First Name * :	Steve	
Middle Name :	Thomas	
2. Last Name * :	Cook	
Suffix :		
3. Email :	email@yahoo.com	
4. Gender * :	Male	
5. Employee Social Security Number :	123456789	
6. Date of Birth * :	01/01/1980	
7. Race :	White (Non-Hispanic)	
8. Language :	English (American)	
9. Status * :	Active Contributing	
10. Effective Date * :	09-01-2016	

(handwritten note: Important!! with arrow pointing to Status / Effective Date)

Mailing Address

11. Mailing Address1 * :	123 Main Street
Mailing Address2 :	
Mailing Address3 :	
Postal Code * :	33607
City * :	Tampa
State * :	FLORIDA
County * :	Hillsborough
Country * :	UNITED STATES (Mandatory if Address is entered)

Residence Address   ☑ Same as above

12. Residence Address1 * :	123 Main Street
Residence Address2 :	
Residence Address3 :	
Postal Code * :	33607
City * :	Tampa
State * :	FLORIDA
County * :	Hillsborough
Country * :	UNITED STATES (Mandatory if Address is entered)

13. Home Phone :	555-555-5555 ⓘ	
Work Phone :	ⓘ	Work Ext :
Mobile Phone :	ⓘ	

Actively At-Work Date :	08/01/2015
14. Marital Status :	Married
15. Medicare Coverage Type * :	-- Select --
16. Bracket Code * :	TRSAC

(dropdown list shown at right:)
- Select 1
- No Medicare
- Medicare A and D Primary
- Medicare A, B and D Primary
- Medicare B and D Primary
- Medicare D Primary
- Medicare Part A Primary
- Medicare Part A and B Primary
- Medicare Part B Primary
- Medicare Unknown
- Other Coverage

Other Insurance

17. Do You Have Other Insurance? : ○ Yes ● No

18. **Save & Continue**   **Save & Exit**   **Reset**   **Back**

D) Dependent Tab

*It is very important to list **all** of your dependents, even those who you do not want coverage for. On the Elections page, you'll be able to choose who you would like covered, and who you'll be waiving coverage for.*

If you have no Dependents at home, click "I do not have any dependents", at the top or bottom of the page and "Save and Continue" to move to the Plan Elections page.

☐ I do not have any dependents 🛈

If you have dependents, you should enter all of the information for each of your dependents. There will be one screen for each dependent:

1. Enter your **dependent's First Name**.
2. Enter your **dependent's Last Name**.
3. Enter your **dependent's Email Address** (it can be different from your e-mail if the dependent is over age 18)
4. Select your **dependent's Gender**.
5. Select a Relationship Code by using the look up function (click on the looking glass icon).
6. Enter your **dependent's Social Security Number (required by TRS)**.
7. Enter each **dependent's Date of Birth (MM/DD/YYYY** format, or use the calendar icon).
8. Select Race (pick an option from the menu or choose "other").
9. Select Language (Pick and option from the menu or choose "other").
10. Confirm Status (this status will be the same as the employee's status).
    a. Active Contributing: select this status if you are contributing to the TRS retirement plan.
    b. Active Working: select this status if you are employed by a participating District for 10 or more regularly scheduled hours each week.
    c. Declined: Select this status if you are declining coverage. In step F (Summary Page) you'll be asked for a reason you're waiving coverage.
11. Mailing Address: this will auto-populate with the Employee's address. If your dependent does not live with you (for example if your child is away at college, or lives with another parent), change the address information.
12. Enter your **dependent's Residence Address**, or select the check box "Same as Above" if your dependent's Residence Address is the same as your dependent's Mailing Address.
13. Enter your **dependent's Contact Information** such as their home, work, and mobile numbers.
14. Enter your **dependent's Medicare Coverage** Type.
    a. Select No Medicare if your dependent does not have Medicare Coverage.
    b. Select Medicare A and D Primary if your dependent has hospital and prescription coverage.
    c. Select Medicare A, B and D Primary if your dependent has hospital, doctor and prescription coverage.
    d. Select Medicare B and D Primary if your dependent has doctor and prescription coverage.
    e. Select Medicare D Primary if your dependent has prescription coverage only.
    f. Select Medicare Part A Primary if your dependent has hospital coverage only.
    g. Select Medicare Part A and B Primary if your dependent has hospital and doctor coverage only.
    h. Select Medicare Part B Primary if your dependent has doctor coverage only.
    i. Select Medicare Unknown if you do not know which Medicare Coverage your dependent has.
    j. Select Other Coverage if your dependent has other Medicare Coverage not listed above.
15. Full Time Student: This will default to "no". If your dependent is a full-time student, select "yes" and enter the school name and their semester hours.
16. Does your dependent have other Insurance: This will default to "no". If your dependent has other insurance, select "yes", choose the type of insurance, and add the Carrier, Group Number and Policy Number.
17. Click Save and Continue.

Edit Dependent Information

| ✔ Employee Information | Dependent Information | Plan Elections | Supplemental | Review | Complete |

Indicates Mandatory Fields / Sections

New Dependent Information for Plan Period: 08/01/2016

☐ I do not have any dependents ⓘ

1. First Name * :	Anna
Middle Name :	
2. Last Name * :	Smith
Suffix :	
3. Email :	anna@yahoo.com
4. Gender * :	Female ▼
5. Relationship Code * :	Spouse ▼
6. Dependent Social Security Number :	987654321
7. Date of Birth * :	01/01/1980
8. Race :	White (Non-Hispanic) ▼
9. Language :	English (American) ▼
10. Status * :	Active Contributing ▼

→
```
-- Select --
Active Contributing
Active Working
Declined
```

Mailing Address

11. Mailing Address1 * :	123 Main St
Mailing Address2 :	
Mailing Address3 :	
Postal Code * :	33607
City * :	Tampa
State * :	FLORIDA ▼
County * :	Hillsborough 🔍
Country * :	UNITED STATES ▼ (Mandatory if Address is entered)

Residence Address ☑ Same as above

12. Residence Address1 * :	123 Main St
Residence Address2 :	
Residence Address3 :	
Postal Code * :	33607
City * :	Tampa
State * :	FLORIDA ▼
County * :	Hillsborough 🔍
Country * :	UNITED STATES ▼ (Mandatory if Address is entered)

13. Home Phone :	555-555-5555 ⓘ
Work Phone :	ⓘ Work Ext :
Mobile Phone :	ⓘ

14. Medicare Coverage Type * :	No Medicare ▼
15. Full Time Student :	○ Yes ● No

→
```
-- Select --
No Medicare
Medicare A and D Primary
Medicare A, B and D Primary
Medicare B and D Primary
Medicare D Primary
Medicare Part A Primary
Medicare Part A and B Primary
Medicare Part B Primary
Medicare Unknown
Other Coverage
```

Other Insurance

16. Do You Have Other Insurance? : ○ Yes ● No

☐ I do not have any dependents ⓘ

17. [Save & Continue] [Save & Exit] [Reset] [Cancel]

18. Verify the Confirmation page for the Dependent.
19. Click Add Dependent to add another Dependent.
20. If you've accidently added the same Dependent twice, use the Delete Dependent button to delete one.
21. After you have added all of your dependents, click Save and Continue to access the Elections page.

Dependent(s) Information

18   **✓ Confirmation!**
Record saved successfully

| ✔ Employee Information | Dependent Information | Plan Elections | Supplemental | Review | Complete |

Dependent(s) Information

☐	Dependent Name	Relationship	Date of Birth
☐	Anna Smith	Spouse	01/01/1980

19 **Add Dependent**   **Delete Dependent** 20

21 **Save & Continue**   **Save & Exit**   **Reset**   **Back**

E) On the Elections Tab:
1. Check the Plan of coverage you would like to have. If the coverage is being waived for you and all your dependents, check the "I do not wish to elect any of the plans in the below section (Waive coverage)".
2. Select the Coverage Options.
3. Check what individuals are covered under the plan selected. If you list and do not check all of the members of the family, it will be assumed that you are waiving coverage for those not checked.
4. Click Save and Continue to access the Summary page.

F) On the Summary Tab:
1. Review all information on the Summary.
2. If any correction is needed in a section, click the Edit button to make changes for a specific section.
3. Enter your first and last name in the Electronic Signature box.
4. Enter a brief summary of the intent of the transaction in the Comments box.
5. Click Submit Request.

This document is proprietary and confidential. No part of this document may be disclosed in any manner to a third party.

13 | P a g e

G) On the Confirmation Tab:
1. To print the confirmation page, click Print in the upper right corner of the page.

Confirmation

| ✔ Employee Information | ✔ Dependent Information | ✔ Plan Elections | ✔ Supplemental | ✔ Review | Complete |

Enrollment Process Complete for Plan Period : 07/02/2014

Print

Employee Information

First Name : Amy	Date of Birth : 05/15/1987	Employee Social Security Number : ---51551	
Middle Name :	Age : 27		
Last Name : Smith	Gender : Female	Race : C	
	Language : EN		
Suffix :	Status : Active Contributing		
Email : email@yahoo.com			

	Residence Address		Mailing Address
Address 1 :	3000 Bayport Dr	Address 1 :	3000 Bayport Dr
Address 2 :	745	Address 2 :	745
Address 3 :		Address 3 :	
City :	Tampa	City :	Tampa
State :	FL	State :	FL
Zip :	33607	Zip :	33607
County :	HILLSBOROUGH	County :	HILLSBOROUGH
Country :	USA	Country :	USA

Home Phone : (555) 555-5555		
Work Phone : (555) 111-2222	Work Ext 1 :	
Mobile Phone : (555) 555-1111		

Marital Status : Married	Employment Begin : 05/01/2010
Location :	Medicare Coverage Type : No Medicare
	Enrollment Bracket Code : TRSAC

Other Insurance

Do You Have Other Insurance? : No

Dependent(s) Information

Dependent Name	Relationship	Date of Birth
Steve Smith	Spouse	04/05/1972

Plan Elections for Plan Period : 07/02/2014

Medical Plans

	Plan Name	Network Choice	Coverage Options	Individuals To Be Covered
✔	ActiveCare 1-HD		Employee and Spouse	Steve Smith Amy Smith

Electronic Authorization Signature

First and Last Name : Amy Smith	Date : 07/14/2014	Date of Change : 07/02/2014