

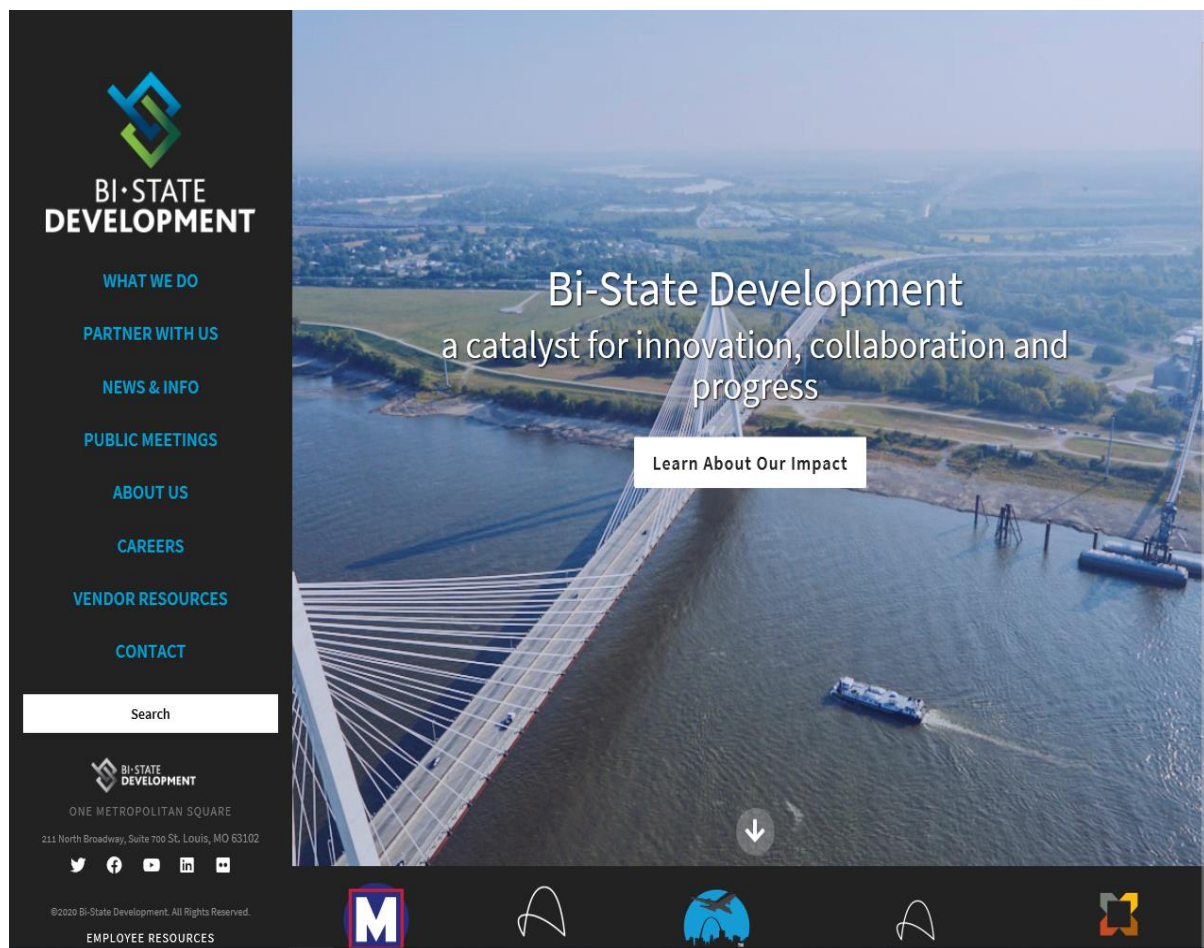
Union - Self Service Benefits (SSBEN) Login and Enrollment Guide

This guide is designed to help you navigate through the SSBEN benefits enrollment/change process step-by-step. Simply follow along with the text and pictures.

Before you begin the enrollment process please take note of the following:

- **You will either need to be connected to a printer or be prepared to print your confirmation statement to a file.**

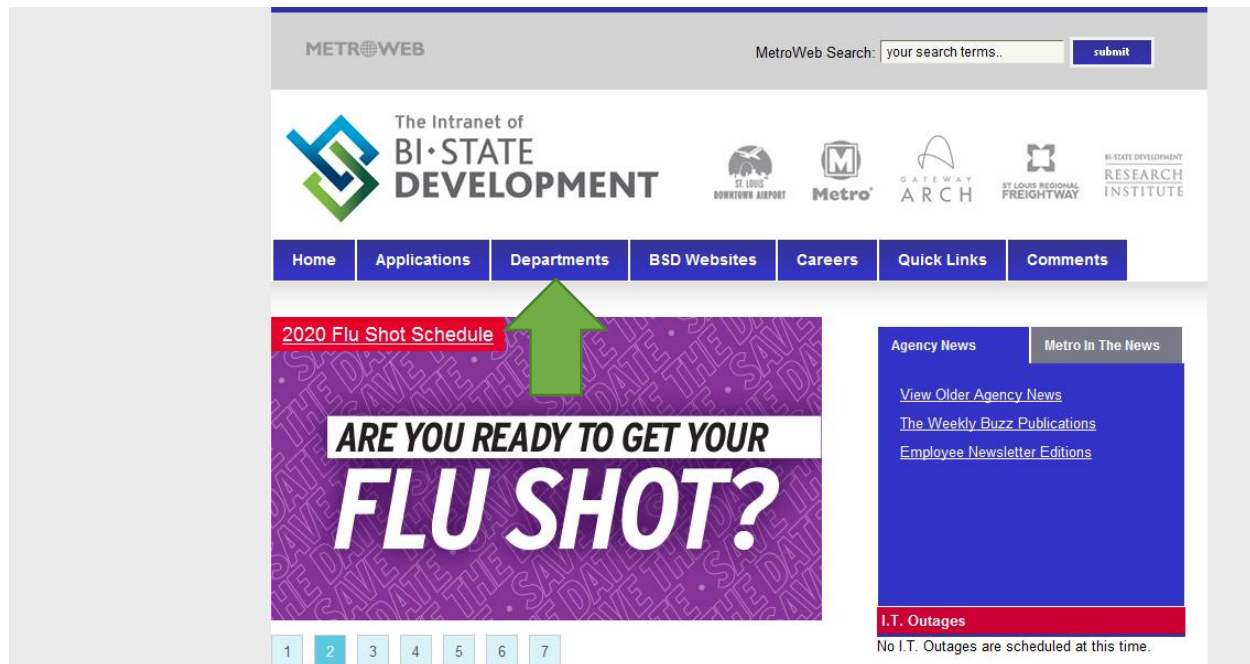
Step 1: To log in, go to www.bistatedev.org. At the bottom left corner of the page, select Employee Resources & go to step 2.



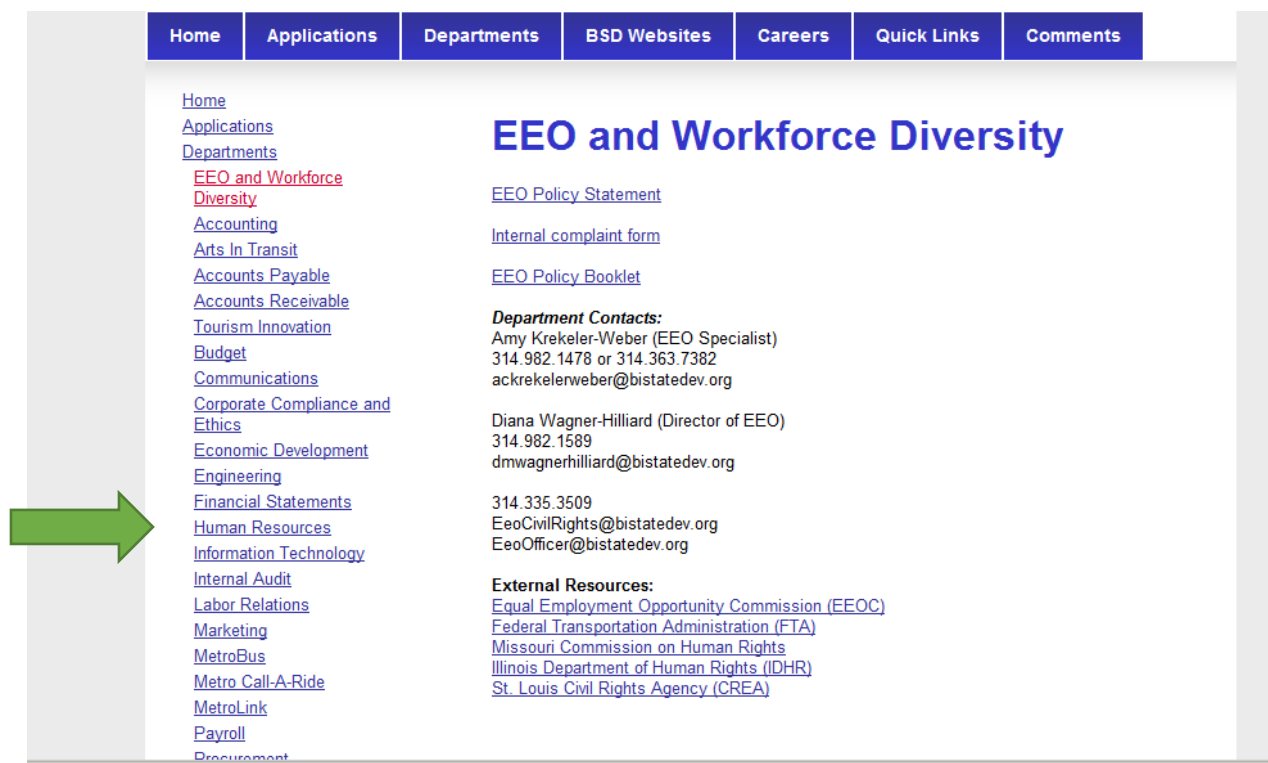
Step 1A. Citrix Users:

If you are logging into the Metro Web via Citrix:

- A. Go to the Metro Web & Select Departments.



- B. Select Human Resources



C. Select Benefits

Home	Applications	Departments	BSD Websites	Careers	Quick Links	Comments
------	--------------	-------------	--------------	---------	-------------	----------

[Home](#)
[Applications](#)
[Departments](#)
[EEO and Workforce](#)
[Diversity](#)
[Accounting](#)
[Arts In Transit](#)
[Accounts Payable](#)
[Accounts Receivable](#)
[Tourism Innovation](#)
[Budget](#)
[Communications](#)
[Corporate Compliance and Ethics](#)
[Economic Development](#)
[Engineering](#)
[Financial Statements](#)
[Human Resources](#)
[Information Technology](#)
[Internal Audit](#)

Human Resources

[Benefits](#)

[Compensation - Philosophy Statement](#)

- Fair Labor Standards Act (FLSA) Information Resources:
 - [FLSA Overview](#)
 - [FLSA Q&A](#)
 - [FLSA Safe Harbor Statement](#)
 - Minimum Wage:
 - [Federal Department of Labor](#)
 - [Illinois](#)
 - [Missouri](#)
 - [Overtime Fact Sheet](#)
- Job Evaluation Policies:
 - [New Position Evaluation](#)
 - [Salary Band Re-Assignment](#)
- Pay Policies:
 - [Exempt & Non-Exempt - Salaried](#)
 - [Merit Based - Salaried](#)
 - [Overtime - Salaried](#)

D. In the White Search Bar type “Employee Login” and hit enter



WHAT WE DO
PARTNER WITH US
NEWS & INFO
PUBLIC MEETINGS
ABOUT US
CAREERS
VENDOR RESOURCES
CONTACT

Employee Login

EMPLOYEE BENEFITS RESOURCE CENTER

Benefits Information
Manage Your Benefits
Key Benefits Contacts

The People Behind Progress

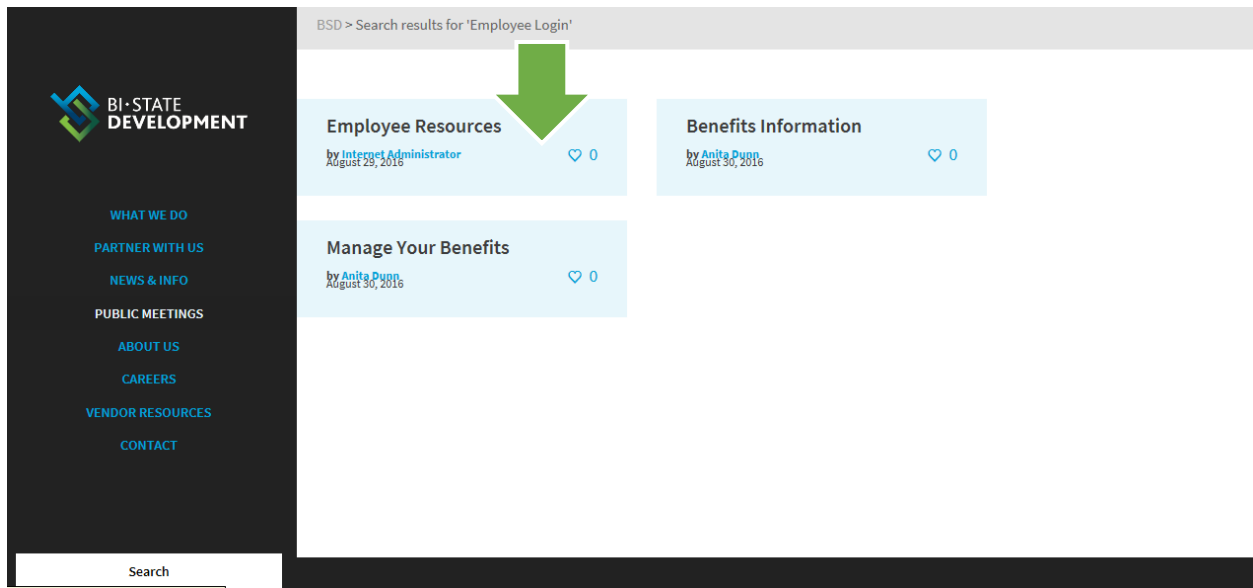
Welcome to the Employee Benefits Resource Center (EBRC). The Benefits Department within Human Resources supports the Pension, Health and Welfare needs of Bi-State Development's employees, retirees, and their eligible dependents.

The Department is committed to providing an affordable high-quality benefits program while managing health care and plan vendor costs effectively. The Department manages a range of benefits including medical, dental, prescription drug, employee assistance plan/behaviorial health, vision, health and dependent care flexible spending accounts, life insurance, accidental death and dismemberment plans and disability plans in addition to the administration of retirement programs related to defined benefit pension plans and a 401K program.

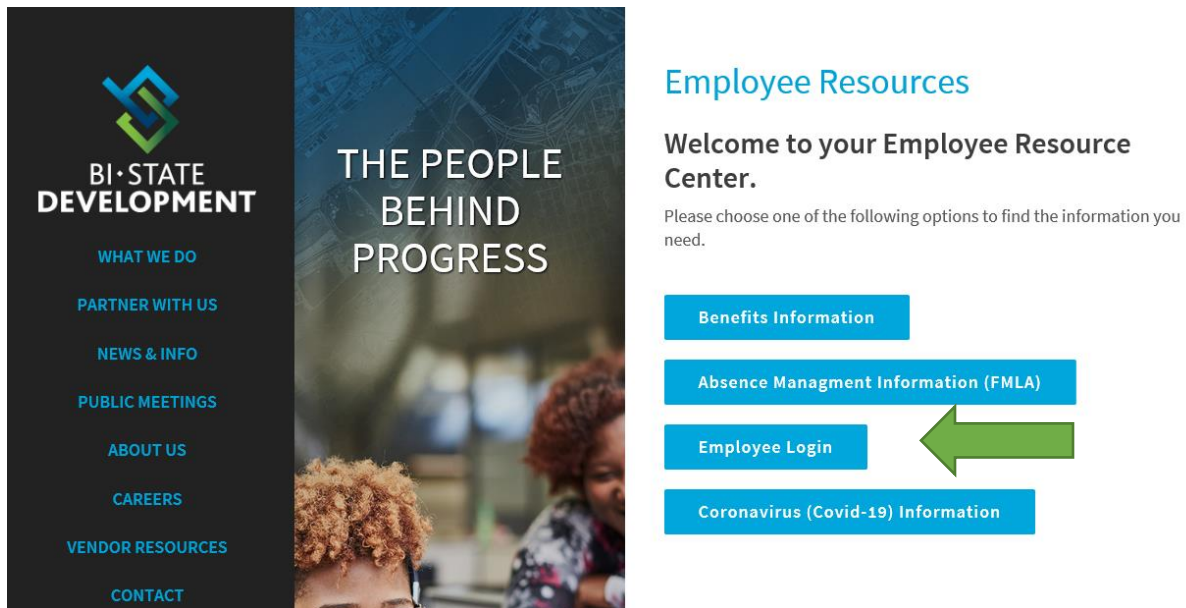
Feel free to contact us at **314/982-1400 ext. 3006** from 8 a.m. to 5 p.m. Monday through Friday or email the department at benefits@bistatedev.org. We are here to help you maximize the value of your benefit plan!

Our Benefits Partners:

E. Select the Blue Employee Resources Box




Step 2: Select the Blue Employee Login button.




Step 3: Enter your Oracle username and password



BI-STATE DEVELOPMENT Metro Oracle Advanced Benefits





*User Name
(example: michael.james.smith)


*Password
(example: 4u99v23)


Login Cancel

[Forgot your user ID or password?](#)

Privacy Statement Copyright (c) 2008, Oracle. All rights reserved.

Step 4: Select Metro Employee Self-Service

 **E-Business Suite**

 Favorites ▾ Logout Preferences Help


Enterprise Search Search Results Display Preference ▾


Logged In As **ALPOLK**

Oracle Applications Home Page

Main Menu



Personalize

 [Metro Employee Self-Service](#)

 [Metro Expense](#)

Worklist

Full List

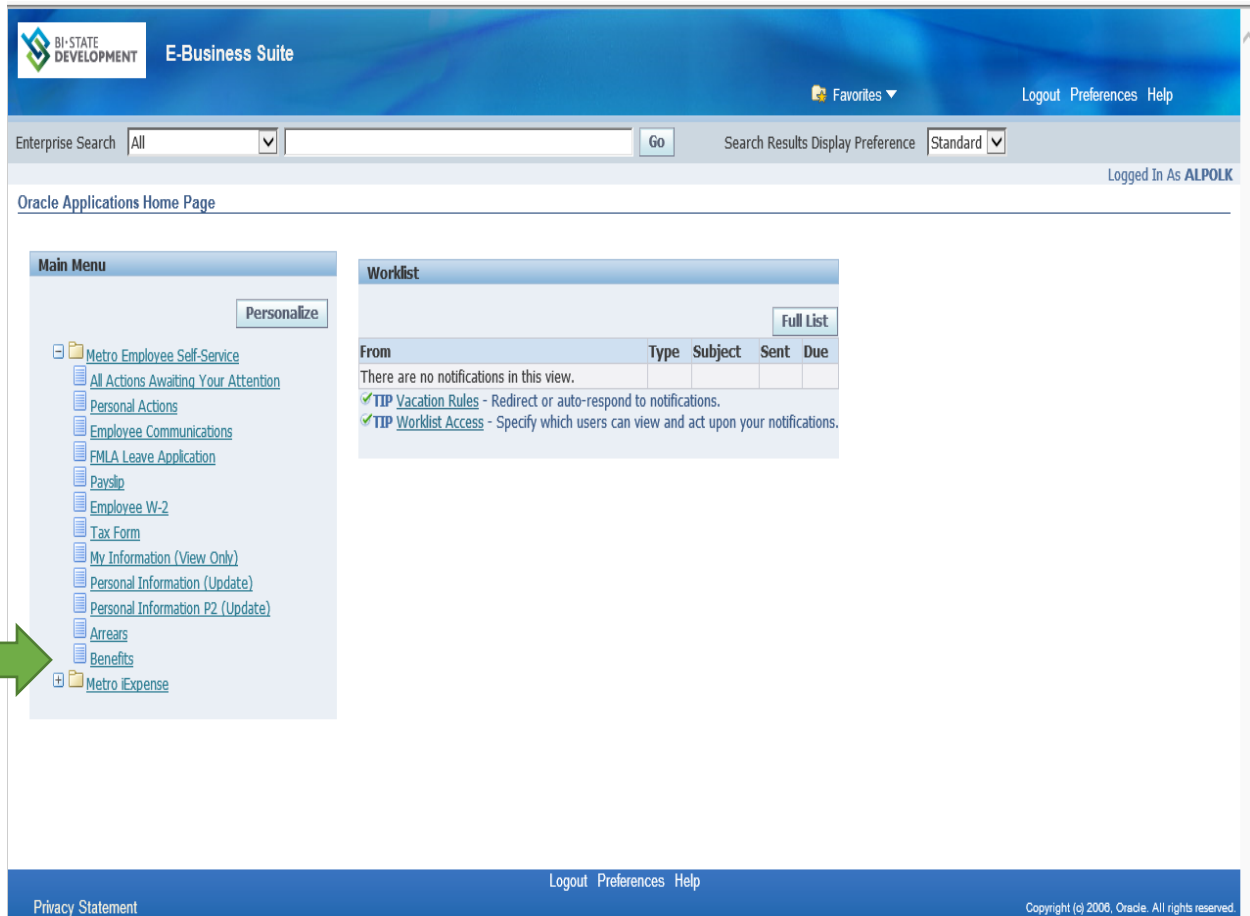
From	Type	Subject	Sent	Due
There are no notifications in this view.				
 TIP Vacation Rules - Redirect or auto-respond to notifications.				
 TIP Worklist Access - Specify which users can view and act upon your notifications.				

Logout Preferences Help

Privacy Statement

Copyright (c) 2008, Oracle. All rights reserved.

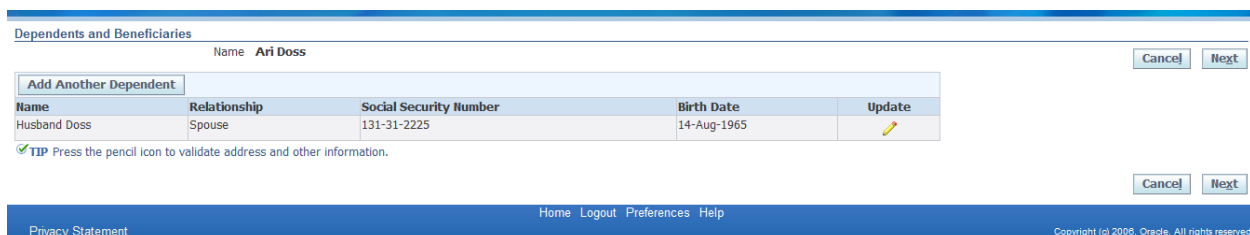
Step 5: From the drop down menu select **Benefits**



The screenshot shows the Oracle Applications Home Page. On the left is the 'Main Menu' with a 'Personalize' button. A green arrow points to the 'Benefits' link under the 'Metro Employee Self-Service' folder. The 'Worklist' section on the right shows no notifications. The footer includes 'Privacy Statement', 'Logout Preferences Help', and 'Copyright (c) 2006, Oracle. All rights reserved.'

**Note that the first screen in the Benefits enrollment/change process is the Dependents and Beneficiaries Screen. If you do not need to add a new dependent, select the next button to be directed to the Select Program Screen (and skip to step 8). If you do not currently insure dependents, this screen may not show as an option (the first screen may be the Select Program Screen)*

Step 6: To add a new dependent(s) select the **Add Another Dependent** button. If you do not need to add a new dependent, select the next button and skip to Step 8.



The screenshot shows the 'Dependents and Beneficiaries' screen for user 'Ari Doss'. It features an 'Add Another Dependent' button and a table with one entry: 'Husband Doss' (Spouse, Social Security Number 131-31-2225, Birth Date 14-Aug-1965). A green arrow points to the 'Add Another Dependent' button. Another green arrow points to the 'Next' button. The footer includes 'Privacy Statement', 'Home Logout Preferences Help', and 'Copyright (c) 2006, Oracle. All rights reserved.'

If you need to add a dependent(s), follow the instructions listed below in Steps 7 Part 1 & 2: Please note that these instructions are broken into two parts, but the actual **Add Dependents and Beneficiaries** screen is one screen. Once you have been directed to the **Add Dependents and Beneficiaries** screen each field listed in the instructions **must** be completed in order to successfully add a dependent.

Step 7 - Part 1: **All** of the fields listed below **must** be completed to successfully add a new dependent (*All information should be entered in standard upper & lower case format*)

- A) Relationship – select either spouse, child(ren), or legal dependent
- B) Relationship Start Date – use the current date must be formatted with dashes (*Format: dd-mmm-yyyy*) (dd=day, mmm=3 letter month, yr=4 digit year, i.e. October 15, 2021 =15-oct-2021)
- C) First Name
- D) Last Name
- E) Address Line 1 - if the dependent has the same address as the employee, select the Shared Residence Box the system will autofill in the address. If the dependent's address is different, complete the required fields
- F) City
- G) Zip Code

If **any** of the required fields are left blank you will be unable to successfully add your dependent and error messages may appear (See Step 7 – part 3 for an explanation of the possible errors and the action required to correct the error(s)). If any of these errors do appear, go back and review your entries and make the necessary correction(s).

Add Dependents and Beneficiaries

Name Ari Doss

Cancel Apply

* Indicates required field

Name and Relationship

* Relationship

Relationship Start Date (example: 18-Sep-2020)

Title

* First Name

Middle Name

* Last Name

Suffix (example: Jr.)

Address Information

☐ Shared Residence
If you check the box above you don't need to fill in the address below

Address Type

Address Style United States
US Address Style

* Address Line 1

Address Line 2

Address Line 3

* City

State

* Zip Code

Country

* Country United States

Telephone

Telephone2

Check this box if dependent has the same address

Step 7 - Part 2: All of the required fields listed below **must** be completed to successfully add a new dependent

- A) Date of Birth – Dependent’s date of birth must be formatted with dashes (Format: dd-mmm-yyyy) (dd=day, mmm=3 letter month, yr=4 digit year, i.e. October 15, 2021 =15-oct-2021)
- B) Gender
- C) Social Security Number – **must** include dashes

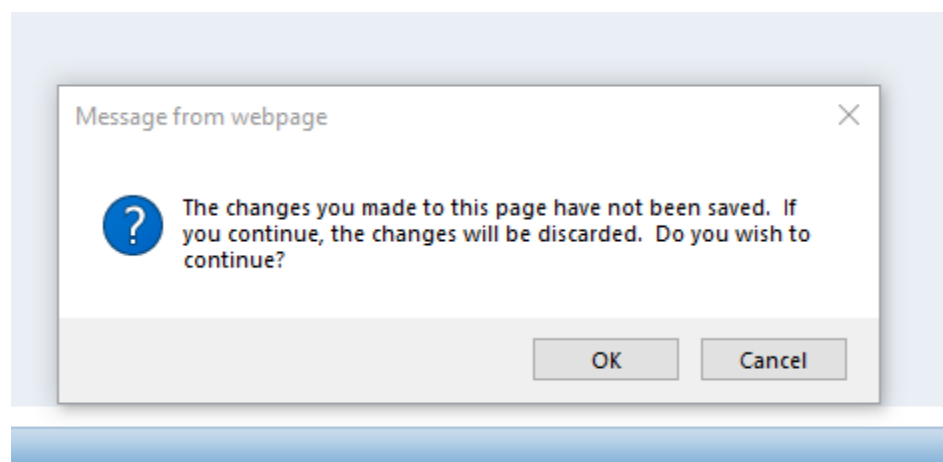
The **Student Status**, **Marital Status**, **Is This Person Disabled**, and the **Secondary Medical Coverage** fields should all be skipped. Once you have completed this page in its entirety, select the Apply button.

The screenshot shows the 'Miscellaneous Information' form. Green callout boxes with brackets indicate the following fields should be skipped:

- Skip Student Status:** Points to the 'Student Status' dropdown menu.
- Skip marital status & Is this person disabled?:** Points to the 'Marital Status' and 'Is this Person Disabled?' dropdown menus.
- Skip Second Medical Coverage:** Points to the 'Second Medical Coverage' section, which includes a checkbox for 'Covered by Other Medical Plan' and a text field for 'Name of Plan'.

Cancel Apply

If you select the Cancel button, you will see the message below:



If you wish to cancel the dependent election, select **Cancel** to be taken back to the Dependents and Beneficiary Screen.

Before you continue to Step 7 – Part 3:, please read this carefully. Dependents added to Self-Service Benefits are provisionally added, to complete the enrollment process, it is **your** responsibility to provide required dependent documentation to the benefits department by the Open Enrollment deadline. *Examples of dependent documentation are: marriage license, birth certificate, adoption certificate, legal guardianship documents.*

Step 7 - Part 3: Possible Error Messages from the Add Dependents and Beneficiaries Screen:

- a. **Error** - A Value must be entered for relationship/**Solution** - relationship chosen must be a spouse, child, or legal dependent
- b. **Error** - A Value must be entered for first name/ **Solution** - the dependents first name must be added
- c. **Error** - A Value must be entered for last name/ **Solution** - the dependents last name must be added
- d. **Error**- A Value must be entered for Address Line 1/ **Solution** - the dependents Address must be entered (if the dependent's address is same as employee, check the Shared Residence box, if the dependent's address is different manually complete the address fields items using the instructions from items e-g below:
 - e. **Error** - A Value must be entered for city/ **Solution** - dependent's city must be entered
 - f. **Error** - A Value must be entered for Zip Code/ **Solution** - dependent's zip code must be entered
 - g. **Error** - A Value must be entered for Date of Birth/ **Solution** - the dependents date of birth must be entered
 - h. **Error** - Form validation failures: A Value must be entered for date of birth/ **Solution** – a date of birth must be entered in the “dd-MMM-yyyy” format
 - i. **Error** - Relationship start date is not a date formatted as “dd-MMM-yyyy”/ **Solution** – the date of birth is formatted incorrectly, must be entered in the “dd-MMM-yyyy” format

Once you are back on the Dependents and Beneficiaries Screen, Select **Next**

Dependents and Beneficiaries

Name Ari Doss

Cancel Next

Add Another Dependent

Name	Relationship	Social Security Number	Birth Date	Update
Husband Doss	Spouse	131-31-2225	14-Aug-1965	

TIP Press the pencil icon to validate address and other information.

Cancel Next

Step 8: By Selecting Next, you are taken to the Select Program Screen. There may be two selection buttons – **Metro Active Employee Program** and **Metro Optional Life**. *(Please note, that if you are not eligible for optional life you will not see the Metro optional life program button below. For those that are eligible, the Metro Optional Life Screen will be blank if chosen – this does not mean that you are not enrolled in Optional Life. Changes to Optional life insurance are not part of the open enrollment process).*

By Selecting the **Metro Active Employee Program** Radio Button, and selecting next, you will be taken to the Benefits Enrollment/Current Benefits Screen – There are two tabs on this screen – Benefits Enrollment and Current Benefits.

Metro Employee Self-Service

Navigator Favorites Home Logout Preferences Help

Select Program

Name Jasmine Ruptesting

Cancel Back Next

Please select a Program to update.

Select Program Name

☒ Metro Active Employee Program

☐ Metro Optional Life

Cancel Back Next

The **Current Benefits** tab will show your benefit elections for the current plan year (not the open enrollment plan year).

Metro Employee Self-Service

Navigator Favorites Home Logout Preferences Help

Benefits Enrollment Current Benefits

Name Ari Olanna Doss

Program Metro Active Employee Program

Please show me the benefits as of 01-Nov-2020 to 31-Dec-2020 Go

Benefit Selections and Rate Details

Details	Plan	Option	Coverage Start Date	Coverage Pre-Tax	Coverage After-Tax
Show	Medical - Medical Economy Hourly	Employee + Spouse	01-Nov-2020	0.00	0.00
Show	Dental - Dental Low Option Hourly	Employee + Family	01-Nov-2020	0.00	0.00
Show	Vision - Vision Hourly	Employee + Spouse	01-Nov-2020	0.00	0.00
Show	EAP - Employee Assistance Program		03-Aug-2020	0.00	0.00
Show	Pension - Pension Union 788		03-Aug-2020	58.51	0.00
Total				58.51	0.00

Covered Dependents

Plan	Option	Coverage Start Date	Dependent	Relationship	Social Security Number
Medical - Medical Economy Hourly	Employee + Spouse	01-Nov-2020	Husband Doss	Spouse	131-31-2225
Dental - Dental Low Option Hourly	Employee + Family	01-Nov-2020	Husband Doss	Spouse	131-31-2225
Vision - Vision Hourly	Employee + Spouse	01-Nov-2020	Husband Doss	Spouse	131-31-2225

Current Benefits

Name: Ari Olanna Doss
Program: Metro Active Employee Program

Please show me the benefits as of: 01-Nov-2020 to 31-Dec-2020

Benefit Selections and Rate Details

Details	Plan	Option	Coverage Start Date	Coverage	Pre-Tax	After-Tax
Show	Medical - Medical Economy Hourly	Employee + Spouse	01-Nov-2020		0.00	0.00
Show	Dental - Dental Low Option Hourly	Employee + Family	01-Nov-2020		0.00	0.00
Show	Vision - Vision Hourly	Employee + Spouse	01-Nov-2020		0.00	0.00
Show	EAP - Employee Assistance Program		03-Aug-2020		0.00	0.00
Show	Pension - Pension Union 788		03-Aug-2020		58.51	0.00
Total					58.51	0.00

Covered Dependents

Plan	Option	Coverage Start Date	Dependent	Relationship	Social Security Number
Medical - Medical Economy Hourly	Employee + Spouse	01-Nov-2020	Husband Doss	Spouse	131-31-2225
Dental - Dental Low Option Hourly	Employee + Family	01-Nov-2020	Husband Doss	Spouse	131-31-2225
Vision - Vision Hourly	Employee + Spouse	01-Nov-2020	Husband Doss	Spouse	131-31-2225

If you wish to make changes for the upcoming plan year, select the **Benefits Enrollment** tab and follow the instructions in Step 9. If you do not want to make any changes, from the **Benefits Enrollment** tab select Logout at the top of the screen to exit Self Service Benefits (SSBEN).

Benefit Enrollments

Name: Ari Olanna Doss
Event Name: Open
Program: Metro Active Employee Program
Enrollment Period: 02-OCT-2020 - 31-DEC-2020

Benefit Selections

Plan	Option	Coverage Start Date	Coverage	Pre-Tax	After-Tax
Medical - Waive Medical Hourly		01-Jan-2021		0.00	0.00
Dental - Waive Dental Hourly		01-Jan-2021		0.00	0.00
Vision - Waive Vision Hourly		01-Jan-2021		0.00	0.00
EAP - Employee Assistance Program		03-Aug-2020		0.00	0.00
Pension - Pension Union 788		03-Aug-2020		58.51	0.00
Total				58.51	0.00

Step 9: Select Update Benefits

To make changes for the upcoming plan year, select the **Benefits Enrollment** tab, and select Update Benefits you will be directed to the Update Enrollments Screen.

Benefit Enrollments

Name: Ari Olanna Doss
Event Name: Open
Program: Metro Active Employee Program
Enrollment Period: 02-OCT-2020 - 31-DEC-2020

Benefit Selections

Plan	Option	Coverage Start Date	Coverage	Pre-Tax	After-Tax
Medical - Waive Medical Hourly		01-Jan-2021		0.00	0.00
Dental - Waive Dental Hourly		01-Jan-2021		0.00	0.00
Vision - Waive Vision Hourly		01-Jan-2021		0.00	0.00
EAP - Employee Assistance Program		03-Aug-2020		0.00	0.00
Pension - Pension Union 788		03-Aug-2020		58.51	0.00
Total				58.51	0.00

Before you begin the process of making changes to your benefits elections here are a few helpful tips:

- If you select the Back button, you will be returned to the Current Benefits screen and your enrollment selections will not be saved.
- The Recalculate button serves no function.
- Select the Next button to move to the next Screen

Metro Employee Self-Service

Home Logout Preferences Help

Update Enrollments Cover Dependents Review Beneficiaries Confirmation Statement

Update Benefits: Update Enrollments

Name: Jasmine Ruptesting
Event Name: Open
Program: Metro Active Employee Program
Enrollment Period: 12-AUG-2020 - 31-DEC-2020

Currency = US Dollar

Recalculate Back Next

Medical

Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Medical Economy	<input type="checkbox"/> 8.64	<input type="checkbox"/> 29.93	<input type="checkbox"/> 27.45	<input type="checkbox"/> 42.06
Medical Preferred	<input type="checkbox"/> 89.70	<input type="checkbox"/> 97.97	<input type="checkbox"/> 136.09	<input type="checkbox"/> 137.66
Medical Premium	<input type="checkbox"/> 114.16	<input type="checkbox"/> 235.66	<input type="checkbox"/> 216.32	<input type="checkbox"/> 331.15
Waive Medical	<input checked="" type="checkbox"/>			
Opt Out Medical	<input type="checkbox"/>			

Dental

Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Dental High Option	<input type="checkbox"/>	<input type="checkbox"/> 7.77	<input type="checkbox"/> 15.13	<input type="checkbox"/> 23.15
Dental Low Option	<input type="checkbox"/>	<input type="checkbox"/> 4.91	<input type="checkbox"/> 10.02	<input type="checkbox"/> 15.25
Waive Dental	<input checked="" type="checkbox"/>			
Opt Out Dental	<input type="checkbox"/>			

Step 10. Part 1. Medical, Dental, Vision

To make changes to your Medical, Dental, or Vision plans elections:

- Determine the plan and plan option that best suits you and your family's health needs.
- Click the box where your selected plan and plan option intersect. The dollar amount next to the box reflects the per paycheck deduction for that selection.

** Please note that the screen example below is for an ATU employee with spouse coverage, **your** screen may look different dependent on **your** eligibility and covered dependents.*

Currency = US Dollar Event Name **Open** Enrollment Period **02-OCT-2020 - 31-DEC-2020**

Medical **Plan Options**

Plan	Employee	Employee + Spouse
Medical Economy Hourly	<input type="checkbox"/> 7.67	<input type="checkbox"/> 38.04
Medical Preferred Hourly	<input type="checkbox"/> 25.12	<input type="checkbox"/> 48.99
Medical Premium Hourly	<input type="checkbox"/> 60.43	<input type="checkbox"/> 117.83
Waive Medical Hourly	<input checked="" type="checkbox"/>	
Opt Out Medical Hourly	<input type="checkbox"/>	

Dental **Plan Options**

Plan	Employee	Employee + Family
Dental High Option Hourly	<input type="checkbox"/>	<input type="checkbox"/> 8.20
Dental Low Option Hourly	<input type="checkbox"/>	<input type="checkbox"/> 5.02
Waive Dental Hourly	<input checked="" type="checkbox"/>	
Opt Out Dental Hourly	<input type="checkbox"/>	

Vision **Plan Options**

Plan	Employee	Employee + Spouse
Vision Hourly	<input type="checkbox"/> 0.90	<input type="checkbox"/> 1.72
Waive Vision Hourly	<input checked="" type="checkbox"/>	
Opt Out Vision Hourly	<input type="checkbox"/>	

Step 10. Part 2: Company Paid Benefits – no changes allowable

- Union employees are eligible for EAP, Basic Life, & AD&D (IBW employees only), as of their hire date, no changes are allowed for company paid benefits.
- Union employees are eligible for supplemental employee life insurance, and optional dependent life insurance following one year of continuous full time employment. Only those benefits for which you have satisfied the eligibility requirement will be reflected on the screen.
- ATU employees are eligible to participate in the appropriate ATU pension plans as of the date of hire (except for Call A Ride Drivers, who are eligible to participate in the Lincoln Financial 401k plan). IBW employees hired before 1/1/2014 are eligible to participate in the IBW pension plan as of date of hire.

Once you have completed your selections for the upcoming plan year, select the **Next** button.

EAP

Plan	Select
Employee Assistance Program	<input checked="" type="checkbox"/>

Pension

Plan	Select	Cost
Pension Union 788	<input checked="" type="checkbox"/>	58.51

Recalculate Back **Next**

Step 11: Once Next is selected, you will be taken to the Update Benefits Cover Dependents Screen (note: if an employee does not have dependents, there will be a message that indicates that the selections made do not require any dependent changes). Check the Cover box for any dependents that you wish to cover and Select Next.

No new dependent added example

Benefits Enrollment | Current Benefits

Update Enrollments | Cover Dependents | Review Beneficiaries | Confirmation Statement

Update Benefits: Cover Dependents

Name: Ari Olanna Doss
Event Name: Open

Program: Metro Active Employee Program
Enrollment Period: 02-OCT-2020 - 31-DEC-2020

Back Next

Dependent Selection

The benefit selections you have made do not require any dependent changes. Please click Next to continue.

Back Next

Privacy Statement

Benefits Enrollment | Current Benefits | Home | Logout | Preferences | Help

Copyright (c) 2006, Oracle. All rights reserved.

Dependents added example - Check the Cover box for any dependents that you wish to cover and Select Next.

Benefits Enrollment | Current Benefits

Update Enrollments | Cover Dependents | Review Beneficiaries | Confirmation Statement

Update Benefits: Cover Dependents

Name: Jasmine Ruptesting
Event Name: Open

Program: Metro Active Employee Program
Enrollment Period: 12-AUG-2020 - 31-DEC-2020

Back Next

Dependent Selection

✓ TIP Dependents not shown do not meet the definition of an eligible dependent (Spouse, Child or Legal Dependent)

Medical : Medical Economy Employee + Child(ren)

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Child Ruptesting	Child	888-88-8803	Yes		<input type="checkbox"/>

Dental : Dental High Option Employee + Spouse

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Husband Ruptesting	Spouse	888-88-8802	Yes		<input type="checkbox"/>

Vision : Vision Employee + Child(ren)

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Child Ruptesting	Child	888-88-8803	Yes		<input type="checkbox"/>

Back Next

Step 12: You have been directed to the **Confirmation Page**. Carefully review your benefit elections. Once you are satisfied with your elections, select the Confirmation Statement button.

Benefits Enrollment | Current Benefits

Update Enrollments | Cover Dependents | Review Beneficiaries | Confirmation Statement

Confirmation

Your changes have been saved. To make additional changes/corrections, return to the Update Benefits: Update Enrollments page and repeat the process.

Confirmation Statement

Name: Ari Olanna Doss
Event Name: Open

Program: Metro Active Employee Program
Enrollment Period: 02-OCT-2020 - 31-DEC-2020

Back Printable Page Confirmation Statement Finish

✓ TIP Select Confirmation Statement to receive a document which confirms your benefit selections. Select Finish to complete the enrollment process.

Benefit Selections

Plan	Option	Coverage Start Date	Coverage Cost 1	Cost 2	Cost 3
Medical - Waive Medical Hourly		01-Jan-2021	0.00	0.00	0.00
Dental - Waive Dental Hourly		01-Jan-2021	0.00	0.00	0.00
Vision - Waive Vision Hourly		01-Jan-2021	0.00	0.00	0.00
EAP - Employee Assistance Program		03-Aug-2020	0.00	0.00	0.00
Pension - Pension Union 788		03-Aug-2020	58.51	0.00	0.00
Total			58.51	0.00	0.00

Back Printable Page Confirmation Statement Finish

Step 13: To Print the Confirmation Statement, select the Open option at the bottom of the page. When the statement opens, print it and **keep the statement for your records**. To complete this enrollment, select finish, then select Logout at the top of the page. This statement will serve as your proof of enrollment or proof of changes made for the upcoming plan year. **Please note that a copy of your confirmation statement is required for corrections to be made.**

Benefits Enrollment | **Current Benefits**

Update Enrollments | Cover Dependents | Review Beneficiaries | **Confirmation Statement**

Confirmation
Your changes have been saved. To make additional changes/corrections, return to the Update Benefits: Update Enrollments page and repeat the process.

Confirmation Statement

Name: **Ari Olanna Doss** Program: **Metro Active Employee Program**
Event Name: **Open** Enrollment Period: **02-OCT-2020 - 31-DEC-2020**

[Back](#) [Printable Page](#) [Confirmation Statement](#) [Finish](#)

TIP Select Confirmation Statement to receive a document which confirms your benefit selections. Select Finish to complete the enrollment process.

Benefit Selections

Plan	Option	Coverage	Start Date	Coverage	Cost 1	Cost 2	Cost 3
Medical - Waive Medical Hourly			01-Jan-2021		0.00	0.00	0.00
Dental - Waive Dental Hourly			01-Jan-2021		0.00	0.00	0.00
Vision - Waive Vision Hourly			01-Jan-2021		0.00	0.00	0.00
EAP - Employee Assistance Program			03-Aug-2020		0.00	0.00	0.00
Pension - Pension Union 788			03-Aug-2020		58.51	0.00	0.00
Total					58.51	0.00	0.00

[Back](#) [Printable Page](#) [Confirmation Statement](#) [Finish](#)

[Privacy Statement](#)

Do you want to open or save **BENSSCIF_CHBN1823379919_out.pdf** (11.7 KB) from **sqatest.metrostlouis.org**? [Open](#) [Save](#) [Cancel](#)

ht (c) 2006, Oracle. All rights reserved.





BI-State Development Agency
565 Debaliviere
Saint Louis, MO, 63112

Doss, Ari Olanna
1245 Swansea Ave
St. Louis, MO, 63104

Benefits Confirmation & Summary

Badge Number
018744

Dear Ari Doss,

As a result of your Open enrollment on 01-Jan-2021, you have elected the following benefits. By electing these benefits, you are authorizing Payroll to deduct from your pay check compensation any and all required employee contributions for the elected benefits. You acknowledge that by electing Metro Active Employee Program benefits, you are authorizing deductions with respect to those benefits that will remain in effect until you make changes to or drop coverage during open enrollment or as a result of a qualifying event. You acknowledge that this election of benefits as stated below may carry over to subsequent plan years along with any changes in employee contributions.

Benefit Selections

The selections below were either specifically chosen by you or are provided by BI-State Development at no cost to you.

Note: Rates are per pay period.

Plan	Option	Coverage	Coverage Start Date	Employee Cost	BI-State Development Employer Cost
Medical - Waive Medical Hourly			01-Jan-2021	0.00	0.00
Dental - Waive Dental Hourly			01-Jan-2021	0.00	0.00
Vision - Waive Vision Hourly			01-Jan-2021	0.00	0.00
EAP - Employee Assistance Program			03-Aug-2020	0.00	0.00
Pension - Pension Union 788			03-Aug-2020	58.51	0.00
			Totals	58.51	0.00

* STD = Short Term Disability
** LTD = Long Term Disability
*** ER = Employer

The confirmation statement is not a guarantee of coverage or coverage level. All coverage is subject to verification of eligibility by the BI-State Development Benefits Department and may be modified to exclude those who are ineligible or include those who are required by law to be covered. If you have any questions regarding your benefits, please contact the BI-State Development Benefits Department 314-982-1400 ext 3006 or benefits@bistatedev.org.

Regards,

BI-State Development Benefits Department

*note – employee used in the guide is a fictitious employee