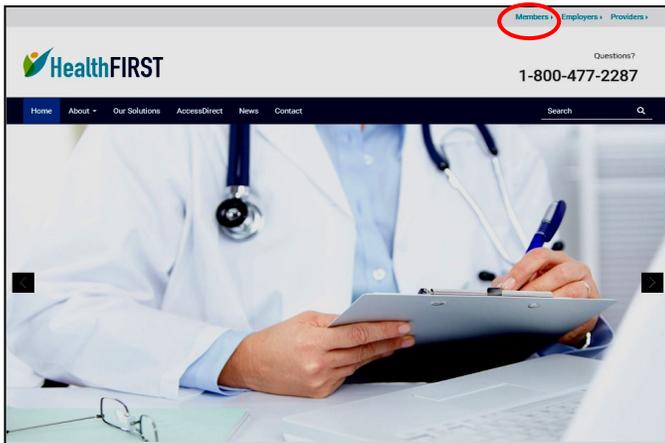


## City of Tyler

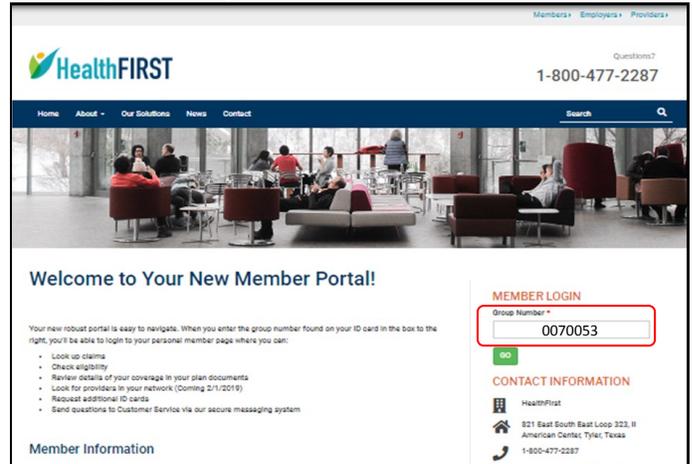
This guide will walk you through the steps to verify your choice of benefits and make any changes that are needed. To get started, login at [www.hfbenefits.com](http://www.hfbenefits.com).

If you have not previously registered on the website, please see the HealthFirst Member Guide.

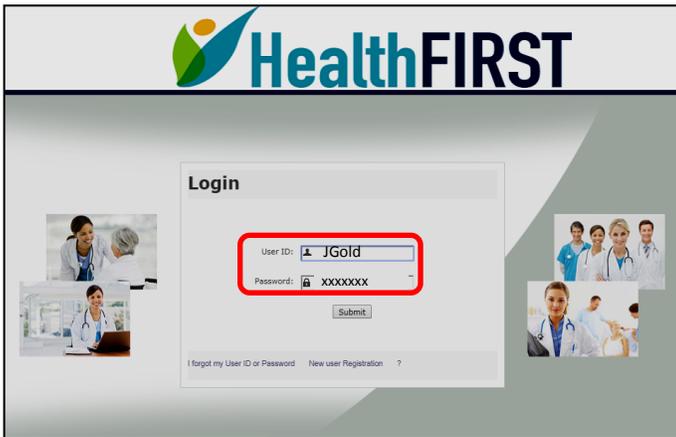
### 1. Select Members.



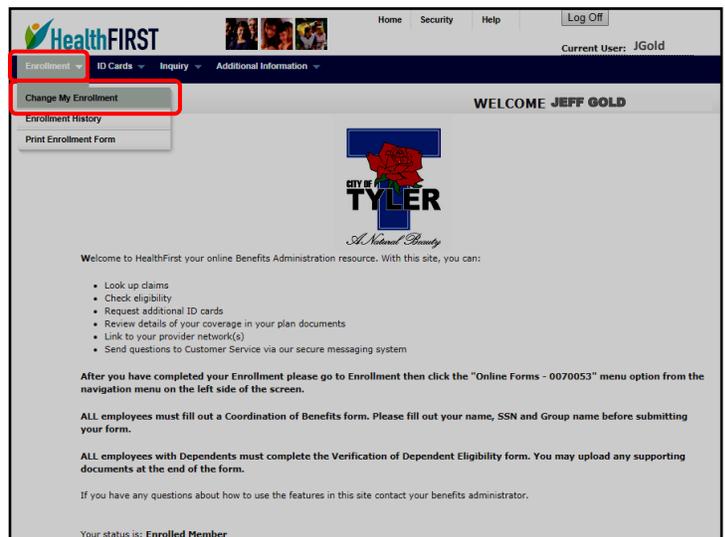
### 2. Enter your Group Number.



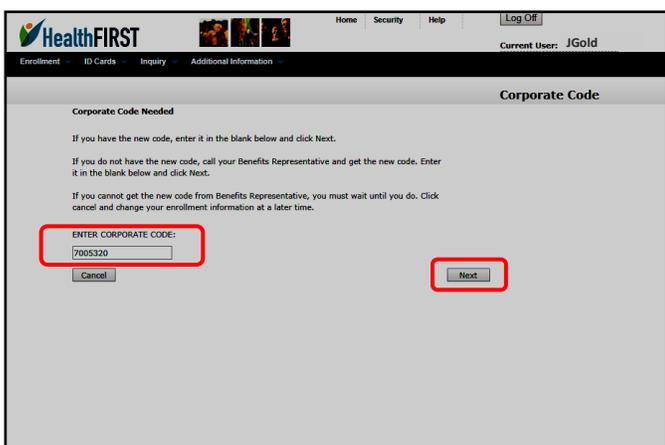
### 3. Enter User ID and Password. Select Submit



### 4. Your Personalized Welcome Screen. Select Enrollment; select Change My Enrollment.



### 5. Enter Corporate Code: 7005320. Select Next.



### 6. From Select One pulldown, select Open Enrollment. Select Next.



7. You are now at the Open Enrollment section. Select **Next**.

HealthFIRST  
Home Security Help Log Off  
Current User: JGold

Enrollment ID Cards Inquiry Additional Information

### Open Enrollment

Open enrollment has three steps:  
 • Step 1 - Personal Information  
 • Step 2 - Enrollment Information  
 • Step 3 - Dependent Information

At each step, please review the screen and enter information or make changes as necessary.

Back Cancel **Next**

8. Verify information. Select **Next**.

HealthFIRST  
Home Security Help Log Off  
Current User: JGold

Enrollment ID Cards Inquiry Additional Information

### Employee Information

Please fill in the form below.

Required Information Step 1 of 3

#### PERSONAL INFORMATION

Social Security Number: 558-885-8585  
 DATE OF BIRTH: 01/21/1974

FIRST NAME: JEFF  
 MI: W  
 LAST NAME: GOLD  
 SUFFIX (Jr, Sr etc.):  
 Sex: Male  
 Are you covered under Medicare?: No

#### EMPLOYMENT INFORMATION

Job Title:  
 Date of Hire: 02/29/2016  
 Pre-Existing Start Date: N/A

#### ADDRESS INFORMATION

Address Line 1: 684 Overland Dr  
 Address Line 2:  
 CITY: LINDALE STATE: Texas (TX)  
 ZIP CODE: 75771 COUNTY: Smith  
 Daytime Phone Number: 903-684-1234 Ext.:  
 EMAIL: jgold@gmail.com  
 Alternate Phone:

#### FAMILY INFORMATION

MARITAL STATUS: Married Date of MARRIAGE: 3/15/2004  
 SPOUSE EMPLOYED FULL-TIME?: No SPOUSE'S DATE OF BIRTH: 2/28/75

Cancel **Next**

9. The following screens will have some information already populated based on your benefit selections. Your status of coverage or waiver will show "Participate" or "Enrolled". These are the screens to allow you to make changes. Enter the names and information of the beneficiary in each section.

HealthFIRST  
Home Security Help Log Off  
Current User: JGold

Enrollment ID Cards Inquiry Additional Information

### Plan Information

Your responses on this page may require additional information. When you hit next, additional questions may appear in blue that are needed to complete the form.

### City of Tyler Enrollment

Upon completion of enrollment:

ALL employees must complete a Coordination of Benefits form.  
 ALL employees with dependents must complete the Verification of Dependent form.  
 Go to Enrollment then click on the "Online Forms-0070053" menu option from the navigation menu on the left side of the screen.

Medical Enrollment Option  
 Are you a Retiree? No  
 Please select Medical Coverage or waiver: **Participate**

Short Term Disability Option  
 Short Term Disability - Active Employee Only: Opt-out

Dental Enrollment Option  
 Please select Dental Coverage or waiver: Participate

Vision Enrollment Option  
 Please select Vision coverage or waiver: Gold 150 Plan

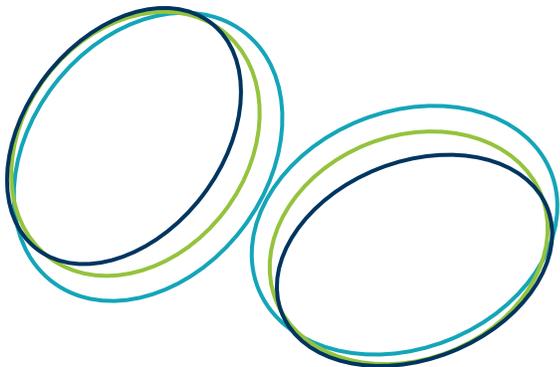
Section 125 Enrollment Options  
 HealthCare Reimbursement: Waive Coverage  
 Dependent Child Care Reimbursement: Waive Coverage

Section 125 deduction amounts not included in Total Deduction Amount

Basic and Supplemental Life  
 Basic Life Option: **Enrolled**  
 Your company provides Basic Life coverage at \$10,000 per employee

Primary Beneficiary Name: JANET GOLD  
 Primary Beneficiary Relation: Spouse  
 Primary Beneficiary Address: 684 Overland Dr  
 Primary Beneficiary City: Lindale  
 Primary Beneficiary State: TX  
 Primary Beneficiary Zip Code: 75771  
 Primary Beneficiary Phone Number: 903-684-1234  
 Primary Beneficiary Amount: 10,000

Secondary Beneficiary Name: BOB BROWNLEE  
 Secondary Beneficiary Relation: Father  
 Secondary Beneficiary Address: 213 Sycamore Dr  
 Secondary Beneficiary City: Jacksonville  
 Secondary Beneficiary State: TX  
 Secondary Beneficiary Zip Code: 75766  
 Secondary Beneficiary Phone Number: 903-555-5555  
 Secondary Beneficiary Amount: 10,000



10. This section shows the information needed for Supplemental Life benefits for Employee, Spouse and/or Children. As noted, do not change the election for each category. Enter Beneficiary information. Select **Next** once information is entered.

**Supplemental Employee Life Option: Please do not change this election** Participating

Primary Beneficiary Name: JANET GOLD  
 Primary Beneficiary Relation: Spouse  
 Primary Beneficiary Address: 684 Overland Dr  
 Primary Beneficiary Address 2:  
 Primary Beneficiary City: Lindale  
 Primary Beneficiary State: TX  
 Primary Beneficiary Zip Code: 75771  
 Primary Beneficiary Phone Number: 903-684-1234  
 Primary Beneficiary Amount: 10,000

Secondary Beneficiary Name: BOB BROWNLEE  
 Secondary Beneficiary Relation: Father  
 Secondary Beneficiary Address: 213 Sycamore Dr  
 Secondary Beneficiary Address 2:  
 Secondary Beneficiary City: Jacksonville  
 Secondary Beneficiary State: TX  
 Secondary Beneficiary Zip Code: 75766  
 Secondary Beneficiary Phone Number: 903-555-5555  
 Secondary Beneficiary Amount: 10,000

**Supplemental Spouse Life Option: Please do not change this election** Participating

Primary Beneficiary Name: JEFF GOLD  
 Primary Beneficiary Relation: Spouse  
 Primary Beneficiary Address: 684 Overland Dr  
 Primary Beneficiary Address 2:  
 Primary Beneficiary City: Lindale  
 Primary Beneficiary State: TX  
 Primary Beneficiary Zip Code: 75771  
 Primary Beneficiary Phone Number: 903-684-1234  
 Primary Beneficiary Amount: 10,000

Secondary Beneficiary Name: BOB BROWNLEE  
 Secondary Beneficiary Relation: Father  
 Secondary Beneficiary Address: 213 Sycamore Dr  
 Secondary Beneficiary Address 2:  
 Secondary Beneficiary City: Jacksonville  
 Secondary Beneficiary State: TX  
 Secondary Beneficiary Zip Code: 75766  
 Secondary Beneficiary Phone Number: 903-555-5555  
 Secondary Beneficiary Amount: 10,000

**Supplemental Child Life Option: Please do not change this election** Participating

Primary Beneficiary Name: JEFF GOLD  
 Primary Beneficiary Relation: Father  
 Primary Beneficiary Address: 684 Overland Dr  
 Primary Beneficiary Address 2:  
 Primary Beneficiary City: Lindale  
 Primary Beneficiary State: TX  
 Primary Beneficiary Zip Code: 75771  
 Primary Beneficiary Phone Number: 903-684-1234  
 Primary Beneficiary Amount: 4,000

Secondary Beneficiary Name: JANET GOLD  
 Secondary Beneficiary Relation: Mother  
 Secondary Beneficiary Address: 684 Overland Dr  
 Secondary Beneficiary Address 2:  
 Secondary Beneficiary City: Lindale  
 Secondary Beneficiary State: TX  
 Secondary Beneficiary Zip Code: 75771  
 Secondary Beneficiary Phone Number: 903-684-1234  
 Secondary Beneficiary Amount: 4,000

**Back** **Cancel** **Next**

11. This screen has tabs for Spouse and Dependent information. Please review all tabs. If a dependent needs to be added, select Add Dependent, otherwise select **Next**.

**HealthFIRST** Home Security Help Log Off  
 Current User: JGold

Enrollment ID Cards Inquiry Additional Information

Please fill in the form below.  
 Required Information: Step 3 of 3

**Dependent Information**

Spouse Information | Dependent 1 Information | Dependent 2 Information | Dependent 3 Information | Dependent 4 Information | Dependent 5 Information

**SPOUSE INFORMATION**

Check this box if you wish to terminate spouse.

FIRST NAME: JANET  
 MI: D  
 LAST NAME: GOLD  
 SUFFIX:  
 Date Of BIRTH: 02/28/1985  
 Social Security Number: 888-88-8885  
 RELATIONSHIP: SPOUSE  
 Sex: Female  
 Is THIS DEPENDENT COVERED UNDER MEDICARE?: select One  
 Pre-Existing Start Date: N/A

**Back** **Add Dependent** **Next**

NOTE: DEPENDENT information is only required for dependents that you are covering; if you are declining coverage or have chosen single coverage, dependent information is not needed.

12. All elections for coverage will be shown on this screen for Employee, Spouse and Dependent. Review and if changes, select **Back**. If all is correct, select **Next**.

**Note:** Basic Life is for employee only. Enrollment for Supplemental Life covers Employee, Spouse and Dependents.

**HealthFIRST** Home Security Help Log Off  
 Current User: JGold

Enrollment ID Cards Inquiry Additional Information

Please review coverage selection For each person below:

**Dependent Elections**

	Dental Plan	Medical Plan	Vision Gold 150	BasicLife	SupCELife	SupSPLife	SupCHLife
JEFF GOLD Employee	Yes						
JANET GOLD Spouse	<input type="radio"/> Yes <input type="radio"/> No						
HARRIET GOLD Dependent	<input type="radio"/> Yes <input type="radio"/> No						
WASHTON GOLD Dependent	<input type="radio"/> Yes <input type="radio"/> No						
GINNY GOLD Dependent	<input type="radio"/> Yes <input type="radio"/> No						
BLAKE GOLD Dependent	<input type="radio"/> Yes <input type="radio"/> No						
CHANCE GOLD Dependent	<input type="radio"/> Yes <input type="radio"/> No						

**Back** **Cancel** **Next**



13. If any changes have been made, the following screens will indicate changes in Blue. If anything is incorrect, select Back to get to the page than needs to be edited.

**IMPORTANT:** Do not select SUBMIT until you are completely finished. When everything is correct, select **SUBMIT**.

**Change Enrollment Review**

ARE YOU SURE YOU WANT TO CHANGE THE FOLLOWING INFORMATION?:  
NOTE: ITEMS CHANGED ARE IN BLUE COLOR.

**EMPLOYEE INFORMATION**

DIVISION NUMBER	320 / FIRE	Date of BIRTH	01/21/1984
Social Security Number	558-885-8585	MIDDLE INITIAL	W
FIRST NAME	JEFF	SUFFIX	
LAST NAME	GOLD	Sex	Male (M)
Are you covered under Medicare?	No	Date of Hire	02/29/2016
Job Title		STATE	TX
Address Line 1	684 Overland Dr	COUNTY	Smith
Address Line 2			
CITY	LINDALE		
ZIP CODE	75771		
Daytime Phone Number	903-684-1235		
Email	jjgold@goldmail.com		
Alternate Phone			
MARITAL STATUS	Married	Date OF MARRIAGE	03/15/2004
SPOUSE EMPLOYED FULL-TIME?	No	SPOUSE'S DATE OF BIRTH	02/28/1975

**PLAN INFORMATION**

**City of Tyler Enrollment**

**Upon completion of enrollment:**

ALL employees must complete a Coordination of Benefits form.  
ALL employees with dependents must complete the Verification of Dependent form.  
Go to Enrollment then click on the "Online Forms-0070033" menu option from the navigation menu on the left side of the screen.

**Medical Enrollment Option**

Are you a Retiree? No

Please select Medical Coverage or waive: Participate  
Your level of coverage for Medical Plan is: Employee + Family

**Short Term Disability Option**

Short Term Disability - Active Employee Only Opt-out

**Dental Enrollment Option**

Please select Dental Coverage or waive: Participate  
Your level of coverage for Dental Plan is: Employee + Family

**Vision Enrollment Option**

Please select Vision coverage or waive: Gold 150 Plan  
Your level of coverage for Vision Gold 150 is: Employee + Family

**Section 125 Enrollment Options**

HealthCare Reimbursement: Waive Coverage  
Dependent Child Care Reimbursement: Waive Coverage

Section 125 deduction amounts not included in Total Deduction Amount

**Basic and Supplemental Life**

**Basic Life Option:** Enrolled  
Your level of coverage for BasicLife is: Employee Only

Your company provides Basic Life coverage at \$10,000 per employee

Primary Beneficiary Name	JANET GOLD
Primary Beneficiary Relation	Spouse
Primary Beneficiary Address	684 Overland Dr
Primary Beneficiary Address 2	
Primary Beneficiary City	Lindale
Primary Beneficiary State	TX
Primary Beneficiary Zip Code	75771
Primary Beneficiary Phone Number	903-684-1234
Primary Beneficiary Amount	10,000
Secondary Beneficiary Name	BOB BROWNLEE
Secondary Beneficiary Relation	Father

Total Deduction Amount shown at end of enrollment review.

**Total Deduction Amount:** \$ XXX.XX (Deduction)

**SPOUSE INFORMATION**

FIRST NAME	JANET
MI	D
LAST NAME	GOLD
SUFFIX	
Social Security Number. (xxx-xx-xxxx)	888-88-8885
Date OF BIRTH (MM/DD/YY)	02/28/1975
Sex	Female (F)
RELATIONSHIP	SPOUSE
Is THIS DEPENDENT COVERED UNDER MEDICARE?	NO
<b>DENTAL PLAN</b>	Covered
<b>MEDICAL PLAN</b>	Covered
<b>VISION GOLD 150</b>	Covered
<b>BASICLIFE</b>	No Coverage
<b>SUPELIFE</b>	No Coverage
<b>SUPSP LIFE</b>	No Coverage
<b>SUPCH LIFE</b>	No Coverage

**DEPENDENT INFORMATION**

**CHILD 1 INFORMATION**

FIRST NAME	HARRIET
MI	M
LAST NAME	GOLD
SUFFIX	
SOCIAL SECURITY NO. (xxx-xx-xxxx)	777-88-8885
Date OF BIRTH (MM/DD/YY)	06/01/2013
Sex	Female (F)
RELATIONSHIP	CHILD
Is THIS DEPENDENT COVERED UNDER MEDICARE?	NO
<b>DENTAL PLAN</b>	Covered
<b>MEDICAL PLAN</b>	Covered
<b>VISION GOLD 150</b>	Covered

**CHILD 2 INFORMATION**

FIRST NAME	ASHTON
MI	K
LAST NAME	GOLD
SUFFIX	
SOCIAL SECURITY NO. (xxx-xx-xxxx)	666-88-8885
Date OF BIRTH (MM/DD/YY)	09/28/2014
Sex	Male (M)
RELATIONSHIP	CHILD
Is THIS DEPENDENT COVERED UNDER MEDICARE?	NO
<b>DENTAL PLAN</b>	Covered
<b>MEDICAL PLAN</b>	Covered
<b>VISION GOLD 150</b>	Covered

**CHILD 3 INFORMATION**

FIRST NAME	CHANCE
MI	R
LAST NAME	GOLD
SUFFIX	
SOCIAL SECURITY NO. (xxx-xx-xxxx)	222-88-8885
Date OF BIRTH (MM/DD/YY)	09/01/2019
Sex	Male (M)
RELATIONSHIP	CHILD
Is THIS DEPENDENT COVERED UNDER MEDICARE?	NO
<b>DENTAL PLAN</b>	Covered
<b>MEDICAL PLAN</b>	Covered
<b>VISION GOLD 150</b>	Covered

Continue scrolling down on page to see all dependent information.

**CHILD 5 INFORMATION**

FIRST NAME	CHANCE
MI	R
LAST NAME	GOLD
SUFFIX	
SOCIAL SECURITY NO. (xxx-xx-xxxx)	222-88-8885
Date OF BIRTH (MM/DD/YY)	09/01/2019
Sex	Male (M)
RELATIONSHIP	CHILD
Is THIS DEPENDENT COVERED UNDER MEDICARE?	NO
<b>DENTAL PLAN</b>	Covered
<b>MEDICAL PLAN</b>	Covered
<b>VISION GOLD 150</b>	Covered

Back Cancel **Submit**

14. When all information has been reviewed and is correct, select **Submit**.

15. After selecting Submit, you will then see this screen that lets you know your enrollment is **Under Review**. Your HR team will review information and approve or let you know if anything needs to be changed.

**WELCOME JEFF GOLD**

Your status is: Under Review

While your enrollment form is under review, you will not be able to make any changes. To view your enrollment form, click the "Print Enrollment Form" menu option from the navigation menu on the left side of the screen.

If you have any questions about how to use the features in this site, contact the HealthFIRST Customer Service team at 800.477.3287 or 903.581.2666.

Continue scrolling down on page to see all review information.