

Open Enrollment Instructions

Step 1

Visit <https://hralliance.net/ee>

User ID: First name initial, full last name, last 4 digits of SSN
(Example: MSmith1234) *no spaces, dashes, apostrophes, Jr, Sr, II, III, etc.

Password: Company name followed by last 4 digits of SSN
(Example: excel1234)

Click Login



Step 2

Click on the “To Do” tab to begin your 2017 Annual Enrollment.



Step 3

FIRST click on [2017 Annual Enrollment](#) “Open To Do Item”.



Step 4

Please read and acknowledge the first two pages titled:

- Welcome Page
- Important Company Notices

Continue on through your enrollment process by clicking “Next Page” at the bottom of each screen.

[Next Page - Personal Information](#) ➔

Step 5

Review your Personal Information and make updates as needed.

Step 6

Dependent Page:

The “Dependent” screen will prompt you to add **ALL** your dependent information. See below:

- > You may “add” additional dependents
- > You may “edit” dependent information
- > You may “remove” dependents

***Please note: you MUST ADD ALL your dependent information for those you wish to cover on any benefits being offered during this Open Enrollment period.**

These online screen shots are for site navigation purposes. Some information included in this document may vary slightly from the online system.

Benefits 2017 Annual Enrollment > Dependents

2017 Annual Enrollment

- Welcome Page
- Important Company Notices
- Personal Information
- Dependents**
- Medical
- Group Critical Illness
- Group Accident
- Group Hospital Indemnity
- Voluntary Life
- Disability
- Review & Submit

Please review the dependents that we have on file for you below and make any necessary corrections. During the next step of this enrollment you may need to specify which of the dependents listed here are to be covered.

My Dependents

Last Name	First Name	Middle	Relationship	Gender	Birth Date		
Test	Husband		Spouse	M	01/12/1965	Edit	Remove

[Add Dependent](#)

Step 7

2017 Annual Enrollment

- Welcome Page
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You can also use the “menu” listed to the left of your enrollment screen at any time to re-visit a previous or specific election page.

Click the “Next Page” link as noted below to continue through your enrollment process.

[Next Page - Medical](#) ⇒

Step 8

On the Medical Election Page, click “Yes - pre-fill my elections” as noted below.

Do you want to pre-fill your benefit enrollment elections to match your current participation?

Yes - Prefill my elections

No - I want to start with a blank enrollment

The important information regarding medical coverage on this page. Please read all contents then elect or waive coverage for 2017. Continue on by clicking “Next Page” at the bottom of the screen.

Med-PPO70

<input type="radio"/> Employee Only	Cost: \$16.20 Per Pay Period
<input type="radio"/> Employee and Spouse	Cost: \$72.35 Per Pay Period
<input type="radio"/> Employee Child(ren)	Cost: \$71.90 Per Pay Period
<input type="radio"/> Family	Cost: \$83.50 Per Pay Period
<input type="radio"/> Waived	Cost: Waived

YOU MUST ELECT OR WAIVE COVERAGE FOR EACH BENEFIT OFFERED.

NOTE: BENEFICIARIES: Whenever prompted with below Beneficiary box, please make sure you add your beneficiary information by clicking on “Add Beneficiary”

** You are required to have primary beneficiaries. You may add secondary or contingent beneficiaries. Click the drop down box to select “Beneficiary Type”. You can have any number of primary / secondary beneficiaries but each type MUST total to 100%. Continue clicking the “Add Beneficiary” box as noted above until all your information has been entered. You MUST click SAVE after each beneficiary you add.

Beneficiary Type: Primary (dropdown menu)
 Name: Secondary
 SSN: [text box]
 Relationship: [text box]
 Percentage: [text box] **Please use only numbers - no % sign.**
 Instructions: [text box]
 Save

Step 9 Once you have completed all your elections / waivers, you will be directed to the “Review & Submit” page of the enrollment. Here you will be advised of any missing information that is required for your enrollment to be completed. The system will tell you where the missing information is located and direct you to that section of the enrollment to update.

Step 10 Once all information is corrected / updated, you will be prompted to review your elections one last time.



Step 11 After reviewing your 2017 elections, you may print a copy for your records. Your electronic signature and submission on this page ensures that your 2017 benefit selections have been noted and sent for processing.

Please print or download a copy of your enrollment elections for your records.
[Print](#) [Download](#)
 If you would like to make changes please return to the [Plan Selection](#) area to make them.

Submit Your Benefit Enrollment
 I have reviewed my benefit elections above and am ready to submit them.

Re-enter your login password as your electronic signature

SIGN HERE **Please type in your login password: excel followed by last 4 digits of SSN.**

[Submit](#)

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Benefit or Online Questions during this Open Enrollment period?
Call: 225-408-3625 Email: Benefits@excelusa.com