

# Trustmark Group Insurance

## Group Administrator Guide For Enrolling an Employee in Benefits

To enroll an employee in benefits, access Express and enter the employee's social security number in the Member ID / SSN field. Click on the [Add Member](#) menu link to begin the process. Please have the following information on hand to enroll an employee in benefits:

### Key Employee Information

- Social security number
- Full name
- Gender
- Date of birth
- Member group (class of benefits)
- Hire date
- Salary (for salary-based benefits only)

### Personal Employee Information

- Complete address
- Phone number (required for Health Savings Account (HSA) plans)
- Marital Status
- Other insurance information. If your employee is covered by another health insurance plan, you will be requested to complete a short questionnaire regarding the other coverage. If you do not know the information, please print the form and have your employee complete. This information will include:
  - ✓ Name and phone number of the other insurance company
  - ✓ Policy number of the other insurance
  - ✓ Type of coverage (medical, dental, etc.)
  - ✓ Who is covered
- Smoker status

### Selection of Benefits

Complete the Benefit Election screens by selecting who is to be covered for each benefit along with the plan(s) that are offered. For example, select employee and spouse to enroll your employee and his spouse, or family to enroll your employee, spouse, and child(ren). If your group offers a Health Savings Account (HSA) plan with HSA Bank as the custodian, you will also be requested to complete the HSA Bank checkboxes and print the HSA Bank forms if your employee intends to enroll with HSA Bank.

### Dependent Information (if applicable)

- Complete names of the dependent(s)
- Relationship to the employee. Based upon the relationship selected, additional information may be requested to verify the eligibility of the dependent. You will be requested to complete a short questionnaire and if you do not know the information, please print the form and have your employee complete. Your employee may also be asked to submit:
  - ✓ Legal guardianship or custody papers
  - ✓ A divorce decree indicating who is responsible for providing insurance coverage for the child
  - ✓ Names of the child's natural parents

- Address, if different than your employees
- Phone number, if different than your employees
- Other insurance information. If the dependent(s) are covered by another health insurance plan, you will be requested to complete a short questionnaire regarding the other coverage. If you do not know the information, please print the form and have your employee complete. This information will include:
  - ✓ Name and phone number of the other insurance company
  - ✓ Policy number of the other insurance
  - ✓ Type of coverage (medical, dental, etc.)
  - ✓ Who is covered
- Smoker status of the spouse (if applicable)
- Student status of any college/vocational school aged children. If a dependent child is in a college or vocational school, you will be requested to complete a short questionnaire regarding the school. If you do not know the information, please print the form and have your employee complete. This information will include:
  - ✓ Name, address, and phone number of the school
  - ✓ Number of credits or hours the dependent is attending
  - ✓ Semester beginning date
  - ✓ Estimated graduation date
- Incapacitated dependent status. If a dependent child is over the limiting age and incapacitated, you will be requested to print a questionnaire regarding the dependent's status. Please forward the form to your employee for completion.

### **Beneficiary Information**

If your employee elected life-type benefits you will be requested to complete the beneficiary information screen. Enter the full name of your employee's beneficiary(s) along with the designated percentage(s).

### **Verify Benefit Selections and Dependent Information**

When you have completed the enrollment process you will be presented with an Initial Summary page. Review the selections and held transaction messages (if any) for accuracy. At this point, you may go back and make changes, cancel and return later, or click ACCEPT to finalize the enrollment.

When you click ACCEPT, the enrollment elections will be submitted to Trustmark Life Insurance Co. and your Accepted Summary page is displayed.

### **Print the Accepted Summary Page**

You have now completed your employee's enrollment in benefits. We encourage you to print the Accepted Summary page for your records. When the enrollment is complete, click the Group Administrator Menu button at the bottom of the page to return to your Main Menu or select the Logoff tab at the top of the page to close Express.

### **Questions?**

If you have questions about the Express enrollment process, please contact us by:

- Clicking on the Contact Us link at the top of any Express screen
- Calling toll free at 866-213-9829 Monday through Friday between 7:30 a.m. and 5:00 p.m. Central Time
- Sending an email to [Express@trustmarklife.com](mailto:Express@trustmarklife.com)