Accessing Your Benefits

Welcome to Your Online Benefits Portal

Enroll with Ease

Welcome to your employee benefits portal! As you know, benefits are an important part of your overall total compensation at East Central Indiana School Trust We are proud to offer our simple, convenient online benefits enrollment system that will make enrollment faster and easier than ever before! Please visit our employee benefits website: https://mybensite.com/ecist

Inside the website you will find important information such as benefit summaries, forms, summary plan descriptions, provider search directories, frequently asked questions, health and wellness resources, and much more. Your benefit information and available resources are accessible online anytime to help you find what you need when you need it. As a reminder, you may want to review plan information thoroughly before entering the enrollment section of the website. It is important that you understand your benefit options BEFORE starting the enrollment process.

If at any point during this process you have questions or require technical support, please reach out to your school administrator for assistance.

How to Login

Step 1
https://mybensite.com/ecist

Step 2
You will be asked to login with the following credentials:

> **User Name**: ecist
> **Password**: benefits

Step 3
Once inside, you will find important information such as benefit summaries, forms, summary plan descriptions, provider search directories, frequently asked questions, health and wellness resources, and much more. Please review this information thoroughly before entering the Enrollment Wizard portion of our website—it is important that you understand your benefit options BEFORE starting the enrollment process.

Step 4
Once logged in, select the "Enroll Now" tab.
1. Enter your User ID. Your User ID is the first 4 letters of your last name followed by the 4-digit year of your birth. (For example: Joan Jenkins born on 9/30/1970 = Jenk1970).
2. Enter your employee Social Security Number. You must enter your entire 9-digit social security number to complete the login process.

Review or Make Changes

Enrollment Has Never Been Easier

Once Inside the Site

You will go through a series of screens; each screen takes only a few moments to complete.

1. Personal Information

Please verify that all information is accurate. If you see any blank fields or need to make changes, please update the information on this screen.

2. Dependent Information

If you have a Spouse or Children that you wish to cover, please enter their information in this section. Remember that you will need correct names, dates of birth, and social security numbers for all covered individuals.

3. Benefits Selections

The next few screens will present benefit selections by product (medical, dental, vision, life insurance, disability, etc.) Each page will show you the benefits you are eligible for along with a cost "per paycheck." If at any point in time you would like to see more information, simply click on the "Learn More" menu to see expanded benefit summaries, forms, provider links and more. After you've made your selections, click "Continue to the next section" to go the next benefit.

4. Review and Submit Benefits

This is the final step. Please review your benefit choices and costs. If you wish to make changes to your selections, click on the "Quick Edit" button to update your information. Once you have completed your review, agree to the terms and hit "Continue to next section." You will then be given on opportunity to print and/or email a Benefit Confirmation Statement for your personal records.

Beneficiary Information

It is important that you select a beneficiary for your life insurance benefits. You may select a beneficiary from the dependents section, or you can designate any other person, organization, or estate trust. We recommend updating this information on annual basis or after any major life event.

When to Enroll

When Can I Enroll In Benefits?

1. New Hires

You must enroll within 31 days of your hire date. If you fail to enroll within your 31-day window, you will be required to wait until open enroll or make changes. Please complete your online enrollment prior to your effective date.

2. Open Enrollment

You may enroll and make changes online during the annual open enrollment window. Once open enrollment is closed, you may not make any changes to your benefit elections unless you experience a qualifying event.

3. Qualifying Events

If you experience a "Qualifying Event," during the plan year, you must request the appropriate changes online in the benefits portal and supply the required documentation within 31 days of the event. If you fail to do so, you will be required to wait until open enrollment to enroll or make changes.

Qualifying Events Include:

- Any changes in your legal marital statues which includes divorce, marriage, or annulment.

- Any change in the number of dependents in your health insurance plan including birth, death, or adoption.

- Any changes in your employment statues or your spouse or any change in the employment statues of dependents will also trigger a qualifying event. The change includes termination or commencement of a job. Change or return from an unpaid leave of absence. Change in the place of work or situation (hourly or weekly salary changes.) All this is also applicable to your spouse's employment or dependents employment conditions.

- Any dependent which does not satisfy eligibility requirements due to attainment of age, student statues, or similar qualifying events

- Significant changes in cost of coverage.

- FMLA (Family Medical Leave Act) Leave.

- Judgments, orders, and decrees trigger a qualifying event for health insurance changes.

- Any changes in the coverage of your spouse or dependent from another employer plan.

- HIPAA (Health Insurance Portability and Accountability Act) special qualifying events for dependents and due to loss of coverage in insurance. We will discuss this in detail down below under qualifying events under HIPAA

- Qualify events for health insurance under COBRA.

- Qualification under Medicaid or Medicare.

- Loss of coverage under a group health plan of the federal government like state sponsored health insurance programs, CHIP (Children Health Insurance Program,) state health risk pools, etc.