

How to Enroll Online: Step by Step Instructions

Step 1: Go to <https://ffga.benselect.com> and enter your login information. Enter your full SSN with no dashes in the top box. Your PIN is the last 4 digits of your SSN and the last 2 digits of the year you were born. It is a 6 digit number. Ex: If the last 4 of your SSSN is 1234 and you were born in 1975, your PIN is 123475.



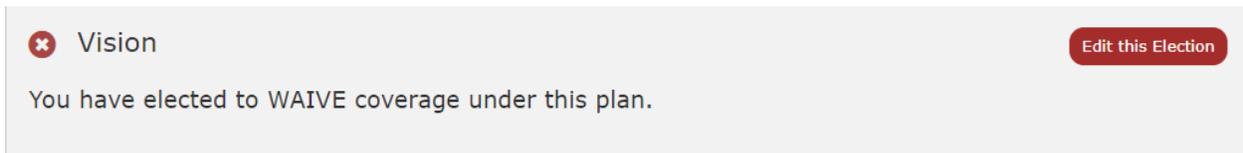
The screenshot shows the login page for the FFenroll ENROLLMENT SITE. It features the company logo at the top, followed by the text "ENROLLMENT SITE". Below this are two input fields: "Employee ID or Social Security Number" and "Personal Identification Number (PIN)". A small disclaimer states: "By entering your user ID and Personal Identification Number, you are agreeing to the terms of the [Consent to Enroll Electronically](#)." At the bottom of the form is a blue "Log in" button.

2. Once logged in, you will see the blue bar at the top with different headings (see below). Make sure you go through each heading before completing your enrollment.



3. Under You & Your Family, verify/update all of your personal and dependent information. This includes names, date of births, SSNs and genders. If you need to add a Dependent, click the Add Dependent button.

4. When you get to the My Benefits heading, you will need to either enroll or decline/waive each product that is offered. You must choose one before the system will let you complete your enrollment. For example, if you want to enroll in the Vision plan, you would click the "Edit this Election" button seen below. This will open the Vision benefit with more information/pricing and allow you to enroll. If you do not want to enroll in the Vision plan, you can click the "Keep Existing" button and it will automatically decline/waive the benefit and change to the 2nd picture below.



- Enroll or decline/waive each benefit until all have been completed.
- Once you have made a decision on each benefit, you will be taken to the Sign & Submit page (see below). Review all of your information and benefit elections. Once verified, enter your 6 digit PIN at the bottom of the page and click "Sign Form."

Home You & Your Family - My Benefits - Sign & Submit

Sign Forms Page

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

Benefit Confirmation / Deduction Authorization

Name	Test Test	Date of Birth	01/01/1975	Home Phone		Work Phone		Address	123 Texas Street Austin, TX 78735
Employee ID	2	Hire/Eff Date	10/01/2021	Gender	M	E-mail Address	test@test.com	Reason for Completing Form	Open Enrollment
Location	Houston - North	Department	Cypress - HSA	Job Class	FT Class 1 (Exempt)	Title	Teacher		

Benefit Plan	Option	Cvg	Cycle	Effective Date	Benefit Amount	Requested Cost	Employee Cost	Pre-tax	After-tax	Employee Cost
TRS Medical	TRS - ActuarCare HD	EO	12	10/01/2021				104.00	0.00	104.00
Employee Assistance Prog	Employee Assistance Program	EO	12	10/01/2021				0.00	0.00	0.00
Dental (PPO)	Waived									
Dental (DHMO)	Waived									
Vision	Waived									
Flexible Spending Account	Waived									
Health Savings Account - H	Waived									
Short Term Disability (SRP)	Sunlife Short Term Disability	EO	12	10/01/2021	577			0.00	0.00	18.62
Voluntary Long Term Disab	Waived									
Group Cancer	Waived									
Accident	Waived									
Critical Illness	Waived									
Group Hospital Indemnity II	Waived									
Group Hospital Indemnity II	Waived									
Basic Group Life	Standard Life - DB	EO	12	10/01/2021	100,000			0.00	0.00	5.80
Voluntary Emp Life and AD	Waived									
Texas Life Insurance	Waived									

Page 1 of 2 rev. 04-11-2007

Page 1

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the Benefit Verification/Deduction Confirmation Form above. Please review it carefully before entering your PIN.

PIN:

7. Once you have received the Congratulations message below, you will know you have completed your benefits. You will also receive an email confirmation at the email you have listed in your account.

Sign/Submit Complete

Congratulations!

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

If you have any questions or issues regarding your enrollment, please contact your First Financial representative, Taylor Silguero, at 512-630-6654 or Taylor.Silguero@ffga.com.