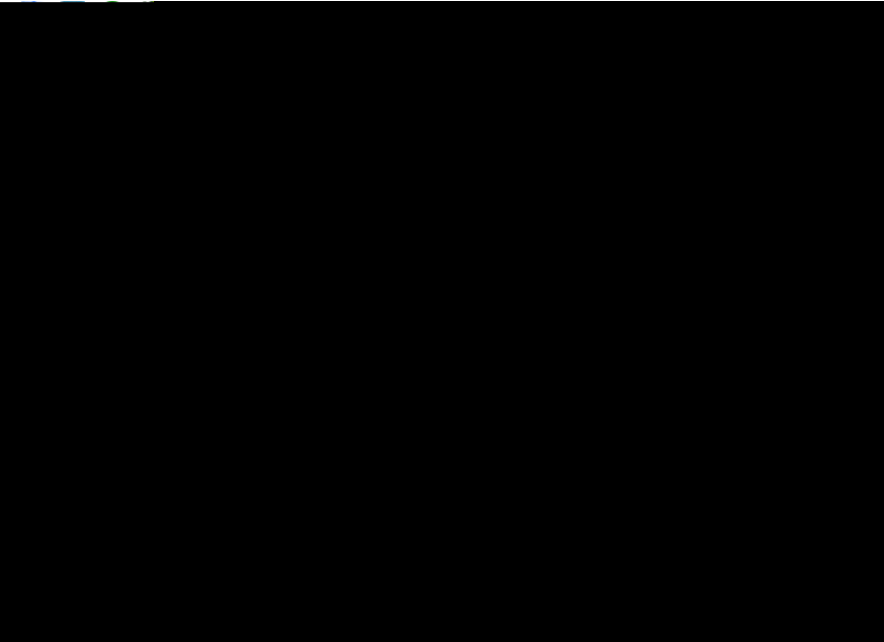






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review
Federal Reserve Bank of Dallas
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Federal Reserve Bank of Dallas

Dependent

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Lucy Doe	Child

Add/Review Dependents

Update and Continue

Discard Changes

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Lucy Doe	Child
<input type="checkbox"/>	John Doe	Spouse

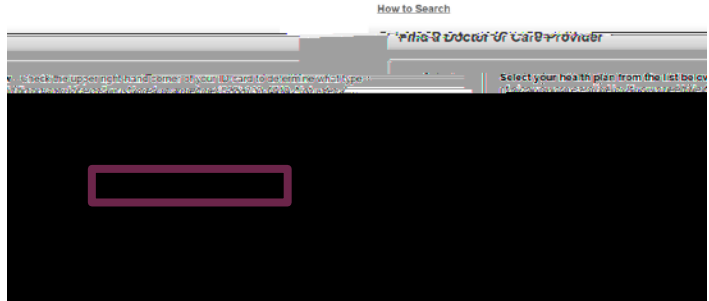
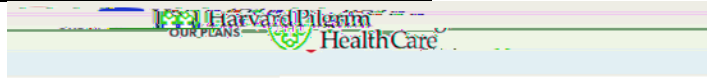
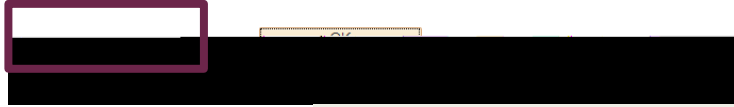
Choose a Primary Care Provider ID

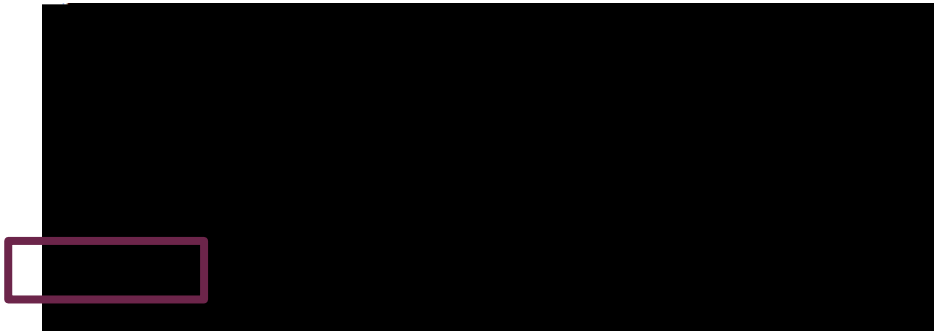
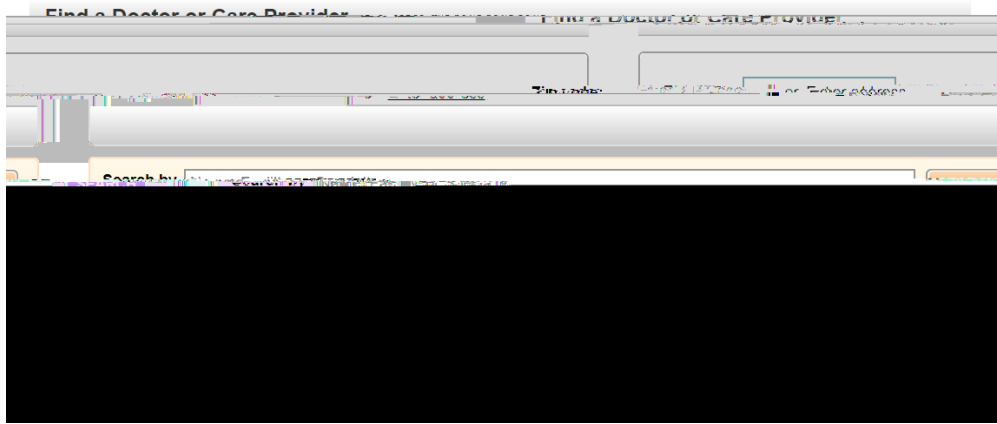
You and your covered dependents are required to select a Primary Care Provider for this plan when you initially enroll. Remember to indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients.

Specify a Primary Care Provider ID Check here if you have previously seen this provider

Important: Assign Provider ID's for your dependents by clicking here.

Medical
Jane Doe
to Enrollment to go back to your benefits information.



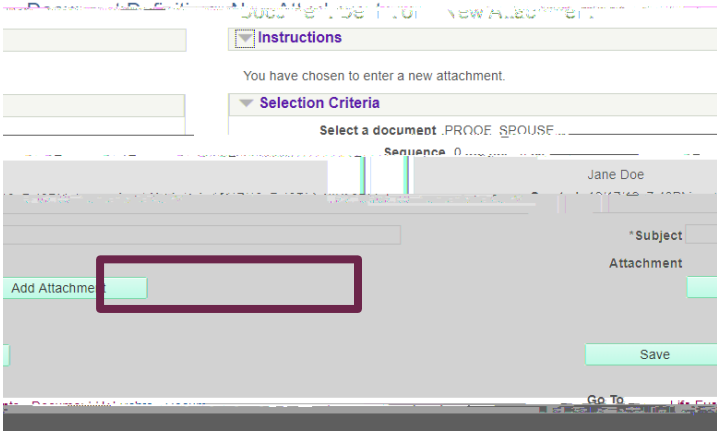




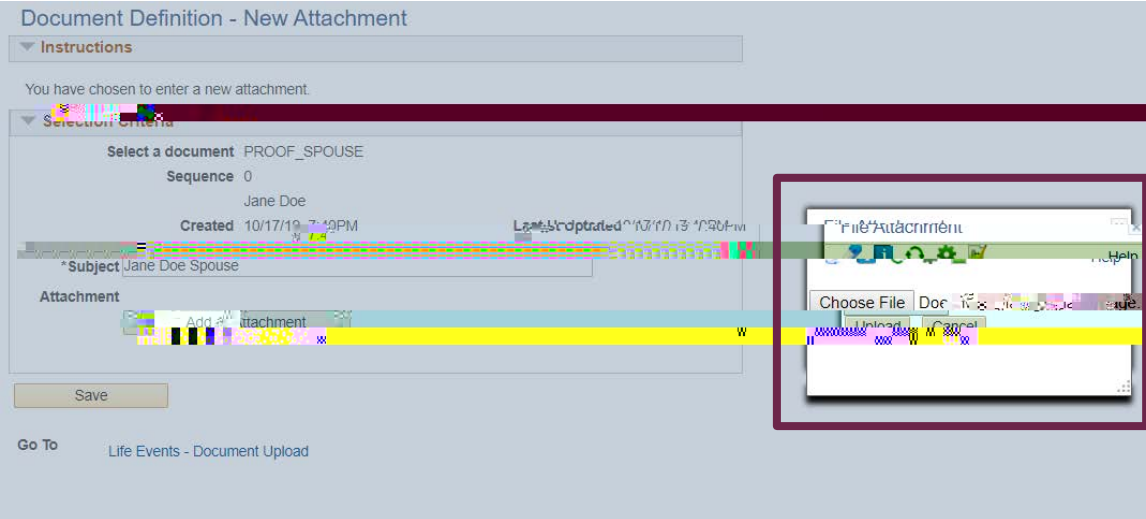


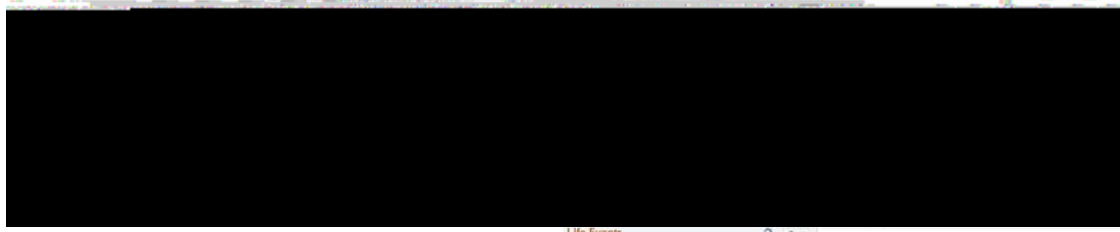


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Please note:





Life Events

Legend

- Welcome
- Marital Status
- Update Dependent and Beneficiary
- Document Upload
- Benefit Enrollment**
- Benefit Election Review
- Enrollment Summary and Exit

Benefits Enrollment

Submit Benefit Choices

John Doe
You have almost completed your enrollment. If you have no further changes, select the **Submit** button.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may make as many changes as you like on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment is processed.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

Enrollment: If you are in a Boston College health plan, you must submit your enrollment choices by the deadline.

Click the link below to view the Enrollment Summary.

Your enrollment will not be processed until submitted documentation has been reviewed by the Benefits Office.

Authorization: By submitting your benefit choices, you are authorizing the Benefits Office to send necessary information to your selected providers to bill for your services.

Select the **Submit** button to send your final choices to the Benefits Office.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Select the **Cancel** button to send your final choices to the Benefits Office.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Benefits Confirmation

Jane Doe

Congratulations, you have successfully submitted your benefit elections to the Benefits Office. Below is a summary of your benefit elections. Please print a copy of your Confirmation Statement to keep for your records. Then click "Next".



Personal Information

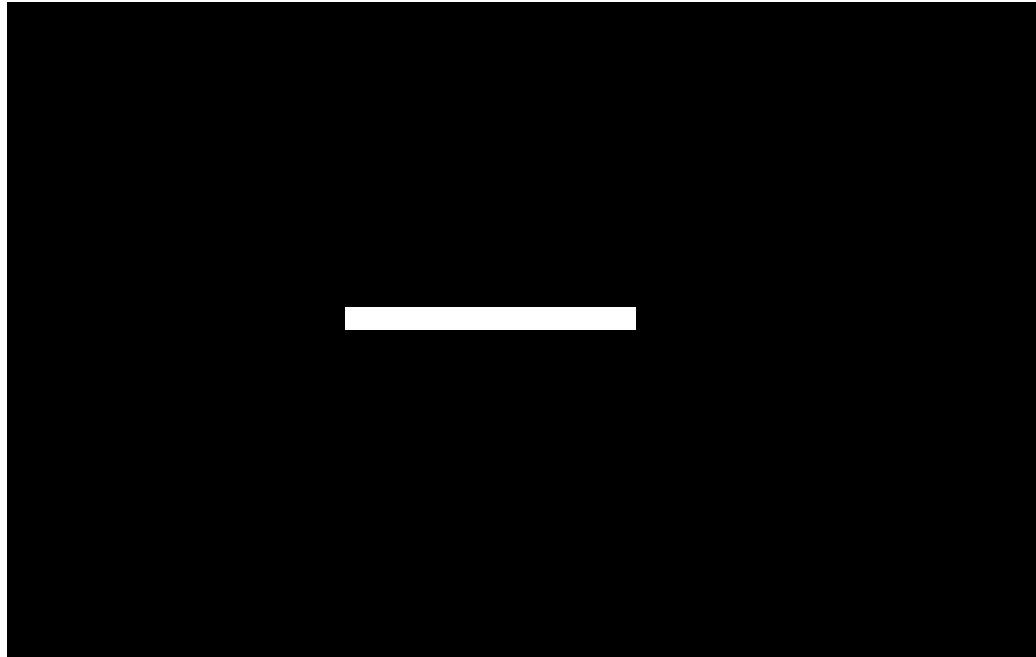
Current Name Jane Doe
Home Mailing Address
Mailing Address
Emergency Contact

Dependent Information

Name	Date of Birth	Sex	Relationship	Marital Status
Lucy Doe	01/15/2017	Male	Child	Single
John Doe	01/05/1970	Male	Spouse	Single

Your Benefit Choices

Benefit Plan	Benefit Option	Coverage / Category Base	Per Pay Pd
Medical	HarvPIPPO	Family	139.75
Dental	DeltaDent	Family	13.36
Vision	Waive		0.00
Basic Life	BasLife01	\$163,000	0.00





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