



ENROLLING ONLINE WITH ARBENEFITS

The easiest way to enroll or make changes to your Plan during designated enrollment periods is online on the ARBenefits Member Portal through the Department of Transformation and Shared Services Employee Benefit Division (TSS EBD).

Who can enroll or make changes online?

- All employees during Open Enrollment.
- Newly hired employees during their initial 60 day eligibility window.
- Non-Medicare Retirees during Open Enrollment. (May only change Plan level)

Advantages of using the portal

- Instant confirmation that your enrollment elections have been received by TSS EBD.
- Supporting documentation may be sent directly through the portal.
- Will receive an alert when your forms have been approved or if there is an issue that requires action.

A screenshot of the ARBenefits Member Portal login page. The page has a blue background. At the top, there is a white box with the text: "If you have registered with the ARBenefits System and you are logging in as a member, you can use your Member Number as your Username. Find my Member Number". Below this text are two input fields: "Member Number" and "Password". Underneath the input fields are two buttons: a blue "Login" button and a grey "Register" button. At the bottom of the white box, there are two links: "Forgot Password?" and "Lookup Member Number?".

Access the ARBenefits Member Portal by clicking the “Log into ARBenefits Member Portal” button on our website at <https://www.transform.ar.gov/employee-benefits/arbenefts/>

Register User Access

Fill in the form below to receive your User ID and password for the ARBenefits system.

User Information

Social Security Number

First Name

Last Name

Date of Birth

Email Address

Password and Security Question

The new password must be at least 8 characters long and meet at least 3 of the following criteria:

- Contains at least one lowercase letter
- Contains at least one uppercase letter
- Contains at least one numeric digit (0,1,2,3,4,5,6,7,8,9)
- Contains at least one special character (~!,@,#\$,%&,* etc.)

Password

Confirm Password

Password Reset Question

Answer to Security Question

Terms and Conditions

By clicking the Submit button below, I acknowledge that receipt of my sign-on code(s) will allow access to the EBD Network and Systems and understand the following:
 My sign on code and password(s) will be used as personal identification for purposes of data access in the same manner as my signature is used for identification.

I have read and accept the terms and conditions above.

Register Cancel

Physical Address
 501 Woodlane St., Suite 500
 Little Rock, AR 72201
[Get Driving Directions](#)

Mailing Address
 P.O. Box 15610
 Little Rock, AR 72231

(877) 815-1017 Toll Free
(501) 682-9656 Local



Registering for Portal

New employees, or current employees who have **not registered** their access to the ARBenefits Portal, may click the link to register on the portal login page.

Once you fill in the required information and click the “Register” button, your member number will be displayed. This number is your user ID for the ARBenefits Portal.

Your member number is also listed on your ARBenefits card.

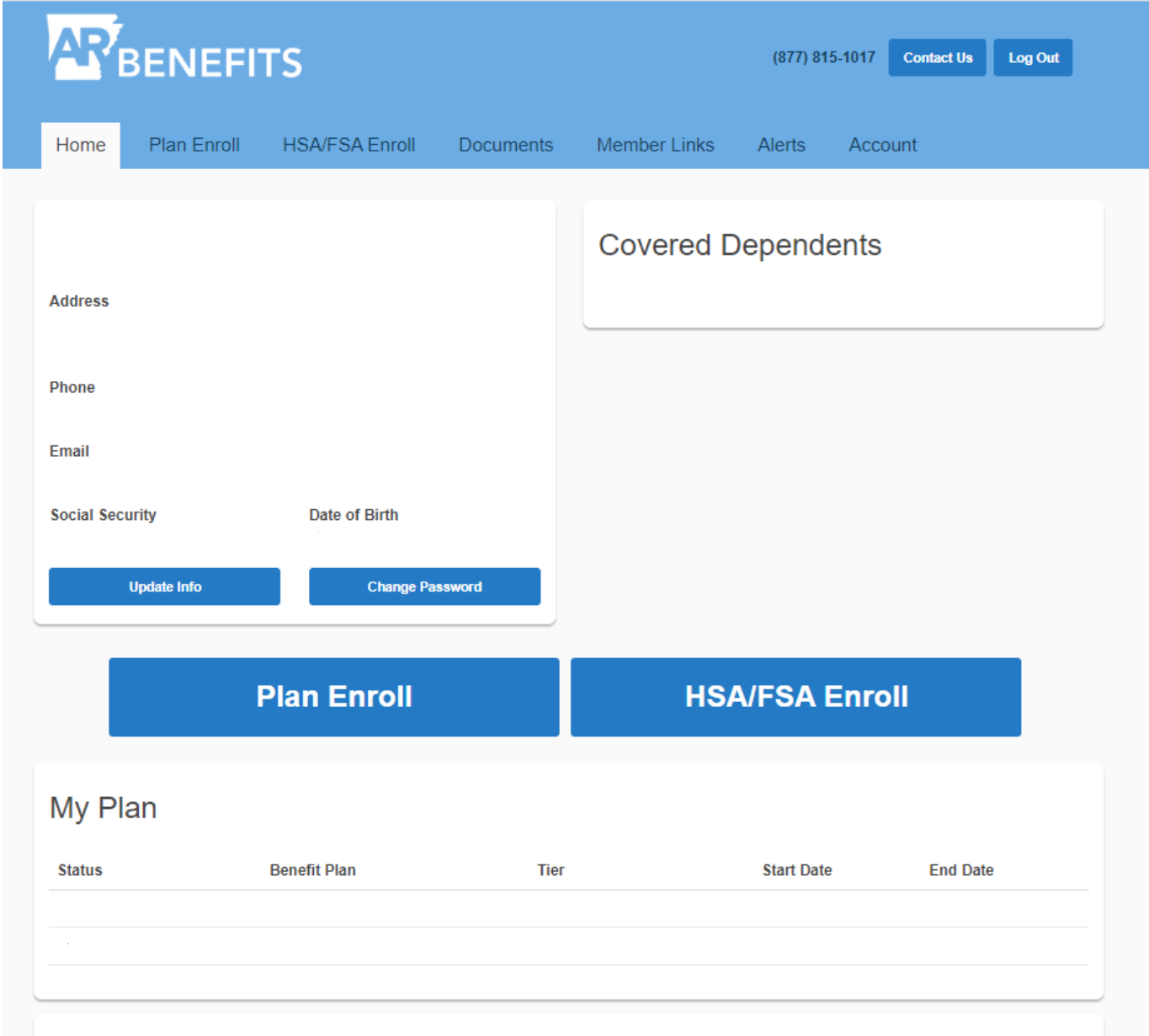
Trouble logging in?
 Contact TSS EBD at 877-815-1017 ex.1 or
 askebd@dfa.arkansas.gov for
 assistance.

Enrolling

After you login to your ARBenefits account, click the “Plan Enroll” tab or the blue “Plan Enroll” button on the home screen of your account.

The “Plan Enroll” tab and button will only appear during Open Enrollment, or during your 60-day new hire eligibility window.

Once at the “Plan Enroll” tab, you may click to decline, cancel, or enroll in coverage. For new hires, an “Enroll Now” button will be available during Open Enrollment.



Member Number	Group Name	Benefit Plan	Email

Spouse

When adding a spouse be sure to attach a copy of the marriage license and complete the attached Affidavit of Spousal Health Care Coverage.

[Spousal Affidavit](#)

Add

Update Dependent(s)

When adding a dependent be sure to attach a copy of the birth certificate.

Add

Update Plan

Coverage Plan: Subscriber Only

- Premium
- Classic
- Basic

Rate **Please note:** The displayed rate does not include any wellness discount you may be eligible to receive.

Taxes

Please check this box if you wish to have your premiums withheld on a **post-tax basis**.

Insurance premiums will be deducted from your pay after Medicare, Federal, and State taxes are calculated and do not reduce your taxable gross salary.

Discard Changes

Save For Later

Next

Enrolling

After you click to “Enroll,” you advance to the enrollment page.

Changes that can be made on this page:

- Change your Plan level
- Add or Remove a spouse and/or dependent(s)
- Choose to have your premiums deducted on a post-tax basis

The blue bar will display your current Plan and monthly cost. *The cost will not reflect any wellness discount you may be receiving.* Any spouse or dependents currently covered will be displayed. You have the option to edit their information, or to remove them from your Plan.

NOTE: If you select to have your health insurance deduction taken post-tax, you will not be able to switch back to pre-tax until the next Open Enrollment period.

Adding a Spouse or Dependent

When you click to add a spouse or dependent, these boxes will pop up so you can add the information. Once the information is entered, click “Save” to add to your Plan.

If you want the spouse or dependent to have the same address as you, check to use the subscriber’s address. Checking this box will automatically fill in your address.

Note: Supporting documentation is required to add a spouse and/or dependent children to your Plan. Prior to submitting your online-enrollment, you will have the chance to upload and attach supporting documentation.

Add Spouse Information

First Name **Middle Initial** **Last Name**

Social Security Number **Date of Birth** **Gender**

Use Subscriber's Address

Address Line 1

Address Line 2

City **State** **Zip Code**

Phone Number **Phone Type**

Add Dependent Information

First Name **Middle Initial** **Last Name**

Social Security Number **Date of Birth** **Gender**

Use Subscriber's Address

Address Line 1

Address Line 2

City **State** **Zip Code**

Phone Number **Phone Type**

Selecting Your Plan Level

In addition to adding a spouse, or dependent to your Plan, you have the option to enroll into or change your Plan level. The monthly cost of each Plan will be displayed. Please note, the costs do not include any wellness discount you may be eligible to receive.

Plan level changes will be the only option available to Non-Medicare Retirees during Open Enrollment.

Update Plan

Coverage Plan: Subscriber Only

Premium

Classic

Basic

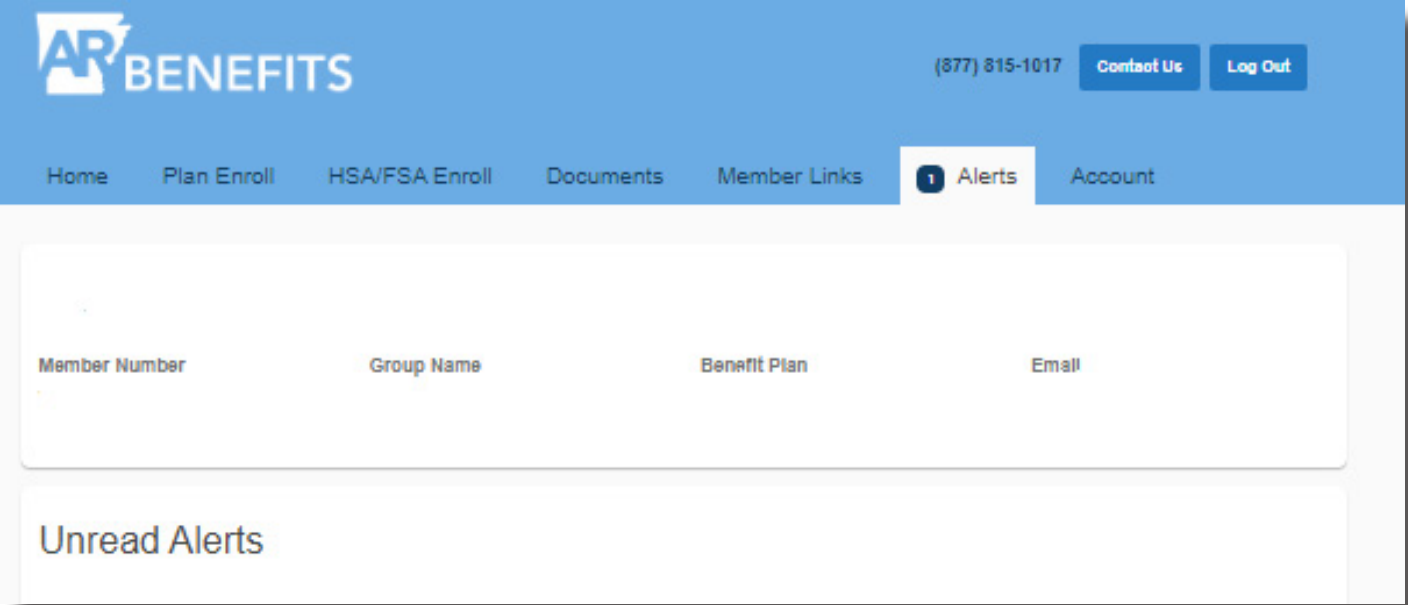
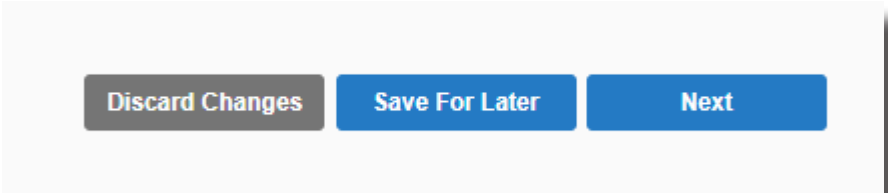
i Rates **i Please note:** The displayed rate does not include any wellness discount you may be eligible to receive.

Once you have your spouse/dependents added or removed and your plan selected, you can click “Next” to advance.

If you would like to cancel your election, select, “Discard Changes,” or “Save for Later”

If you choose “Save for Later”, please remember to come back and finish within the enrollment period; or your elections will **not** be processed.

Once you click “Next,” please refer to the Alerts Tab. If a number appears, you may have an error on your application that needs immediate attention.



Member Number	Group Name	Benefit Plan	Email
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Please review the following information and complete at the bottom of the page. [Bottom](#)

My Plan

Plan Name	Plan Tier	Status
ASEPREAMIUMACT	Subscriber Only	Active

Premiums withheld on a **post-tax basis**. Insurance premiums will be deducted from your pay after Medicare, Federal, and State taxes are calculated and do not reduce your taxable gross salary.

Terms & Conditions

I authorize deductions of the required contributions (if applicable). I understand that my elections can only be changed during the next open enrollment period unless I have a qualifying status change event as defined by the Federal Internal Revenue Code and/or the ARBenefits Summary Plan Description. I understand I must request such changes within 60 days of the qualifying event for active employees, and within 30 days for retirees. On behalf of myself and anyone enrolled on or added to this form, I authorize any health care professional or entity to give the health plan/insurer or any of their designees, any and all record information pertaining to medical history or service rendered to the health plan/insurer, for any administrative purpose, including evaluation of any application or a claim. I also authorize on behalf of health plan/insurer, the use of a Social Security Number for the purpose of identification. A photocopy of this authorization will be as valid as the original. By checking the appropriate option for electronic signature, you certify that you are acting on your personal coverage and/or on behalf of another individual as their duly authorized representative. You are also directing EBD, the administrator of the ARBenefits Health Plan, to manage this form and take all necessary actions as if you had physically signed the document and presented it to EBD for processing. This transaction is processed in accordance with the Arkansas Electronic Records and Signature Act pursuant § A.C.A 25-31-101 et. seq.

IMPORTANT! Check here for electronic signature and agreement to terms and conditions

[Discard](#) [Edit](#) [Approve](#)

Upload New Document

*Allowed File Types are JPG,.PDF,.PNG,.JPEG,.JPE : Max File Size is 10 MB

Drag and drop files below.

[Add Files](#) [Upload](#) [Cancel](#)

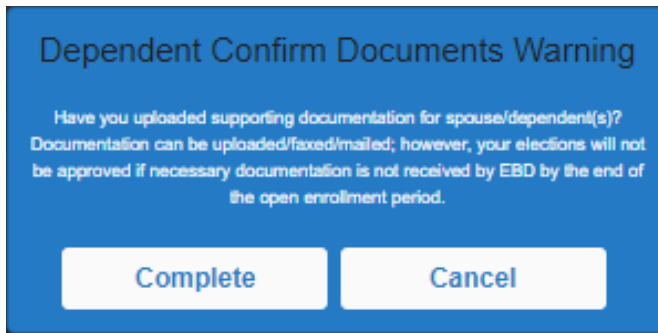
Uploaded Documents

Once you advance, the second page will give you the chance to re-view your selections. If you have added a spouse/dependents, you may upload copies of required supporting documentation on this page.

How To Upload Documents

1. Click “Add Files” to locate the document on your PC.
2. Click “Attach” (you can attach multiple documents)
3. Click “Upload All” (Documents will appear in the Uploaded Documents box)
4. You may also drag and drop files, and then click “Upload” to upload your documents.

To complete your online enrollment, accept the terms & conditions. Once you accept, the “Complete” button at the bottom will turn green.



Documentation Warning

Once you click “Complete”, the “Dependent Confirm Documents Warning” will appear.

You do not have to submit your supporting documentation with the online form; however, it must be received by the end of the enrollment period. You may upload documentation anytime in the member portal during the Open Enrollment period.

Enrollment Period:

New Hires: Within 60 days of the start date.

Open Enrollment: October 1-31st

If documentation is not received, the election to add the spouse and/or dependent(s) will be denied.

The document upload feature is available anytime in the member portal.

Required Supporting Documentation

Adding A Spouse	Adding A Dependent
Copy of Marriage License	Copy of Birth Certificate
Completed Spousal Affidavit	If adding a stepchild- copy of marriage license If legal guardian - proof of legal guardianship

Submitting Supporting Documentation

Fax	Mail	Online
501-683-0983	Employee Benefits Division PO Box 15610 Little Rock, AR 72231	www.transform.ar.gov/employee-benefits

You Have Alerts [View](#)

Success

Congratulations

Your ARBenefits information has successfully been submitted for processing. Please print out the below information for your records. An email receipt will also be sent to your email address on file.

My Plan

Plan Name	Plan Tier	Status

Premiums withheld on a **post-tax basis**.
Insurance premiums will be deducted from your pay after Medicare, Federal, and State taxes are calculated and do not reduce your taxable gross salary.

[Print Enrollment Form](#)

Completion of Enrollment

Once you submit your application, you will see a confirmation page that your enrollment application has been successfully submitted to TSS EBD.

You can also print out a PDF version of your Enrollment Form to keep for your records.

Once your elections have been approved, you will see your new coverage band on your home screen with the effective date.

Coverage Effective Dates:

New Hires:

First of the month following the date of submission.

Open Enrollment:

January 1 of the following year. Coincides with the start of a new Plan year.

Member Number	Group Name	Benefit Plan	Email

Unread Alerts

07/24/2020

Member Enrollment Form Approved

Member Enrollment Form Approved 07/24/2020. Your confirmation number is:

Mark as Read

Read Alerts

2020 ▼

There are currently no read alerts.

Progress Alerts

After you submit your online application, you will receive alerts when your enrollment is processing, been approved, or if there is an action you need to take.

If the only change you make during Open Enrollment is to change your Plan level between Premium, Classic, or Basic, or enroll into an Employee Only Plan, your form will automatically be approved.

The approval is automatic since there is no required supporting documentation to verify.

Questions?

Contact TSS EBD Member Services

Phone:
1-877-815-1017 x1

Email
AskEBD@dfa.arkansas.gov

