

Wise Benefits Employee Guide

How to:

- Self-enroll in Your Benefits (All Except Medical)



Enrolling in the Wise System – How to Self-Enroll

Wise Benefits is Burlington CSD's benefits enrollment platform. This handout will provide an overview of how to self-enroll in the Wise Benefits enrollment system.

PLEASE NOTE: Even if you only want to enroll in the Flexible Spending Account (FSA) or Dependent Care FSA, you will need to enroll or decline coverage in each section of the Wise Enrollment system.

Accessing Wise Benefits Employee Sites

Step 1: Open a web browser (preferably Chrome for best results) and enter the link below in the address bar to access the Wise Benefits login page:

- The path will be provided by Horace Mann because the site name is not the exact name.
- Employee Site:
<https://wise.benselect.com/burlington>

Step 2: Sign in: Fill in your username and password.

- In the Employee ID or SSN field please enter your Social Security Number. Do not include dashes or spaces.
- In the PIN field, please enter the last 4 digits of your Social Security Number and the last 2 numbers of your birth year.
 - o For example, if your SSN is 888-88-0045 and born on January 1, 1993, you would enter 004593 as your PIN.
 - o Select **LOG IN**

The image shows a screenshot of the 'YOUR BENEFITS ENROLLMENT' page on the Horace Mann Wise Benefits website. The page features a login form with two input fields. The first field is for the SSN or Employee ID, and the second field is for the PIN. Red arrows point from text annotations to these fields. The annotations are: 'SSN or Employee ID' pointing to the first field, and 'Last four digits of SSN & last two digits of birth year' pointing to the second field. Below the fields is a 'FORGOT PASSWORD?' link and a 'LOG IN' button. At the bottom of the page, there are links for 'SECURITY INFO', 'PRIVACY POLICY', and 'ADMIN SITE'. The page also includes a copyright notice for Gemini System LLC and Horace Mann Service Corporation.

ENROLLMENT SITE

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SECURITY INFO | PRIVACY POLICY | ADMIN SITE

Step 3: Change your PIN

- o Your PIN (Personal Identification Number) is the secret code you use to access the system. Entering your PIN is the equivalent of your digital signature. Please change your PIN. You may choose any combination of letters and numbers.
- o PIN requirements:
 - Minimum 4 character(s) required.
 - Maximum 30 character(s) allowed.
 - PIN cannot start with Employee Username.
 - PIN cannot equal Employee Username.
 - PIN cannot start with Employee ID.
 - PIN cannot equal Employee ID.
 - PIN cannot equal Employee SSN.
- o Please take note of this as you will also need your PIN to complete and sign your enrollment.

Step 4: Select a Security Question

- o Before you can complete your PIN change, you must select a security question, answer it, and provide your email address. This will allow you to reset your PIN if you forget it.
- o Select a security question from the drop-down menu.
- o Provide a response.
- o If your email address is not auto populated, enter & confirm it.
- o Select **Save New PIN**.

The screenshot shows a web interface for changing a PIN. At the top, there is a navigation bar with the Horace Mann logo and 'Wise Benefits' branding. Below this is a 'Change My Pin' section with a blue background containing instructions and PIN requirements. The requirements list: Minimum 4 character(s) required, Maximum 30 character(s) allowed, PIN cannot start with Employee User Name, PIN cannot equal Employee User Name, PIN cannot start with Employee ID, PIN cannot equal Employee ID, and PIN cannot equal Employee SSN. Below the requirements are two input fields for 'New PIN' and 'Re-enter your new PIN to verify', both with red arrows pointing to them. The 'Security Questions' section follows, with instructions to select a question, answer it, and provide an email address. It includes a 'Select Security Question' dropdown menu with a red arrow, an 'Answer' input field with a red arrow, an 'Email Address' input field with the value 'test@test.com', and a 'Confirm Email' input field with the value 'test@test.com'. At the bottom of the form is a 'Save New PIN' button with a red arrow pointing to it. The footer of the page reads '© 2022 - Powered by Salera'.

Accessing Benefit Confirmation Regarding Current Benefit Enrollment

Step 1: Select Review forms that I signed.

The screenshot shows the Horace Mann Wise Benefits portal. At the top, there is a navigation bar with 'Home', 'You & Your Family', 'My Benefits', and 'Sign & Submit'. A status bar indicates 'Status (100% Complete)'. The main content area displays a welcome message for 'Test_EF_A30_100K_12P_12D_NH' and a summary of current benefit elections. A blue box on the right contains a menu titled 'What would you like to do?' with options: 'Change my beneficiary', 'Update my personal information (address, phone, e-mail, etc.)', 'Change my benefits due to a qualifying life event', 'Review forms that I signed' (highlighted with a red arrow), 'Find a document or form', and 'Change my PIN'. At the bottom, there is a 'Next' button with the text 'Press Next to review personal information and begin enrollment.'

Select **Next** to review personal information and to begin enrollment.

Dental Enrollment

When you see this screen, make sure and view your existing coverage and if you want to keep it as is, scroll down and select **Enroll**, then select **Next**.

View existing coverage by clicking on the black triangle on the left.

The screenshot shows the Delta Dental enrollment screen. At the top, there is a 'View Existing Coverage' button with a black triangle on the left. Below this, there are two main options: 'Current' and 'Decline Coverage'. The 'Current' option is highlighted in blue and shows details for 'DELTA DENTAL' coverage. The 'Decline Coverage' option is highlighted in red and shows a warning message. The 'Current' option includes a description of the plan, a cost table, and a list of covered people. The 'Decline Coverage' option includes a warning message and a cost of \$0.00.

Your Cost:	Per Pay Period
<input checked="" type="radio"/> Employee Only:	\$34.39
<input type="radio"/> Employee + 1:	\$66.38
<input type="radio"/> Employee + Family:	\$94.59

Covered People:
Robert Hobbs

After enrolling in single dental, this employee can view their benefits on the right side of the screen in the **My Benefits** box and see what their total cost per pay period will be as they continue to move through the system.

My Benefits	
<input checked="" type="radio"/> Dental	\$34.39
<input type="radio"/> Vision	\$0.00
<input type="radio"/> Limited Purpose FSA	\$0.00
<input type="radio"/> Flexible Spending Account	\$0.00
<input type="radio"/> Dependent Care FSA	\$0.00
<input type="radio"/> Group Long-Term Disability	\$0.00
<input type="radio"/> Long-Term Disability Buy-Up	\$0.00
<input type="radio"/> Group Term Life & AD&D	\$0.00
<input type="radio"/> Voluntary Term Life and AD&D	\$0.00
<input type="radio"/> Voluntary Term Life and AD&D Spouse	\$0.00
<input checked="" type="radio"/> Voluntary Term Life and AD&D Child	\$0.00
<input type="radio"/> Wise Accident	\$0.00
<input type="radio"/> Wise Critical Illness	\$0.00
<input type="radio"/> Trustmark Universal Life	\$0.00
Employer Cost	\$0.00
Pre-tax cost	\$34.39
Post-tax cost	\$0.00
Total Cost Per Pay Period	\$34³⁹

Vision Enrollment

The **View Existing Coverage** box shows what you currently have (if the box doesn't appear, then you are currently not enrolled in the coverage). You now have the choice to enroll in current coverage, or choose to add an eligible dependent, since during Open Enrollment you may do so. Or later if you have a qualifying event.

Select **Enroll** and then **Next** to enroll in your selection and move to the next screen.

Current

DELTA VISION

Your Cost:
Per Pay Period

Employee Only: \$9.36

Employee + 1: \$17.78

Employee + Family: \$26.18

Covered People:
John Doe

Enroll

Limited Purpose FSA

The next screen will be for the Limited Purpose FSA. This applies to anyone that chooses to enroll in a Qualified High Deductible Health Plan (QHDHP) **AND** chooses to contribute to a Health Savings Account (HSA), or their spouse contributes to an HSA.

If you enrolled in a plan that has first dollar coverage (you pay a copay for an office visit or a copay for a prescription drug without **first** meeting a high deductible) then it isn't a QHDHP. Make sure when you enroll in your medical plan if you are enrolling in a QHDHP or not. Ask the Benefitbay counselor when you meet with them.

You will answer yes, or no, and then select **Next**.

The IRS requires that a person contributing to an HSA only enroll in the Limited Purpose FSA (only for Dental and Vision expenses). If you answered "no", the next screen will tell you that the answers you have given disqualify you for coverage in this plan. This only means the Limited Purpose FSA. You will move forward to enroll in the FSA and Dependent Care FSA on the next enrollment screens.

Limited Purpose FSA

Do you contribute to a Health Savings Account (HSA) for 2025?

Flexible Spending Account (FSA)

Please keep in mind that since your medical plan will be effective on July 1, 2025, and it will renew annually as of January 1, 2026, the decision was made to have your FSA renewal and contribution amounts be based off of a calendar year. This will be helpful to you so you can plan around the calendar year since your medical deductibles and out-of-pocket maximum have always been on a calendar year basis.

Effective July 1, 2025 – December 31, 2025, the FSA and Dependent Care FSA will have a short plan year. This means for the FSA, you can put in **half** of the \$3,300 amount so you can contribute up to \$1,650 from July 1, 2025 – December 31, 2025. You will note that the FSA screen will show the number of periods is six because of the short plan year.

Make sure you put in the total amount you wish to contribute for six months and select **Calculate** to see how much will be deducted from your paycheck each month through December 31, 2025.

In November there will be another enrollment and you will select your medical plan and how much you wish to contribute to the FSA and Dependent Care from January 1, 2026 – December 31, 2026.

Minimum per pay period:	\$12.50
Maximum Annual Contribution:	\$1,650.00
Amount per pay period:	<input type="text" value="\$275.00"/>
Number of periods:	6
Total Amount:	<input type="text" value="\$1,650.00"/>
<input type="button" value="Calculate"/>	

Next select ***I wish to apply for this coverage*** and select **Next** to move on to Dependent Care FSA.

Dependent Care FSA

Effective July 1, 2025 – December 31, 2025, the Dependent Care FSA will have a short plan year. This means for the Dependent Care FSA, you can put in **half** of the \$5,000 amount so you can contribute up to \$2,500 from July 1, 2025 – December 1, 2025 (or \$1,250 if married and filing separate). You will note that the Dependent Care FSA screen will show the number of periods is six because of the short plan year. Make sure you put in the total amount you wish to contribute for six months and select **Calculate** to see how much will be deducted from your paycheck each month through December 31, 2025.

In November there will be another enrollment and you will select your medical plan and how much you wish to contribute to the FSA and Dependent Care FSA from January 1, 2026 – December 31, 2026. Since this coincides with filing Income Tax, this should be helpful to employees.

Make sure you select the correct **Benefit Level** based on how you file your taxes.

Note on the next screen (Group Long-Term Disability) how your **My Benefits** information continues to update based on your selections.

Choose your requested options below to enroll.

Benefit Levels: Household Married filing separate

Minimum Annual Contribution: \$12.50

Maximum Annual Contribution: \$2,500.00

Amount per pay period:

Number of periods: 6

Total Amount:

Calculate

My Benefits	
<input checked="" type="checkbox"/> Dental	\$34.39
<input checked="" type="checkbox"/> Vision	\$9.36
<input checked="" type="checkbox"/> Limited Purpose FSA	\$0.00
<input checked="" type="checkbox"/> Flexible Spending Account	\$275.00
<input checked="" type="checkbox"/> Dependent Care FSA	\$416.66
<input checked="" type="checkbox"/> Group Long-Term Disability	\$0.00
<input type="checkbox"/> Long-Term Disability Buy-Up	\$0.00
<input type="checkbox"/> Group Term Life & AD&D	\$0.00
<input type="checkbox"/> Voluntary Term Life and AD&D	\$0.00
<input type="checkbox"/> Voluntary Term Life and AD&D Spouse	\$0.00
<input checked="" type="checkbox"/> Voluntary Term Life and AD&D Child	\$0.00
<input type="checkbox"/> Wise Accident	\$0.00
<input type="checkbox"/> Wise Critical Illness	\$0.00
<input type="checkbox"/> Trustmark Universal Life	\$0.00
Employer Cost	\$0.00
Pre-tax cost	\$735.41
Post-tax cost	\$0.00
Total Cost Per Pay Period	\$735⁴¹

Group Long-Term Disability

This great benefit is paid for by BCSD. You can view your coverage and select **Next** to move to the next screen. On the next screen in the **My Benefits** box, you will see there is a green check mark (means you have viewed this benefit and made a selection if needed, and selected Next to move on) and it shows zero since BCSD pays for this benefit.

Group long-Term Disability Buy-Up

This is an additional voluntary benefit if you decide you would like to purchase it. The additional cost will be displayed to help you in making your decision.

Simply follow the same steps you have been taking to either accept or decline the coverage and select **Next** to continue to the next benefit.

Group Term Life and AD&D

This is another great benefit provided to employees by BCSD at no cost to you. You can select **View Existing Coverage** to view your amount and beneficiary information. Make sure the beneficiary listed is the correct one since this is the source of record that Minnesota Life uses if they need to pay a death claim.

Voluntary Term Life and AD&D

This is a voluntary benefit that you may choose to enroll in. You can also view your current coverage by selecting **View Existing Coverage**.

You may also select additional amounts of voluntary coverage which could be subject to Evidence of Insurability (EOI). See above on the screen for more information and how to complete this information online. If EOI is required, your coverage will not be effective until this information has been completed, reviewed and approved (or declined) by Minnesota Life.

Use the sliding tool to see the cost for various amounts of insurance.

If you already have coverage, (as noted under the View Existing Coverage dropdown) the box for **I wish to apply for this coverage** should already be selected. You can then select **Next**.

NOTE: If you select **I wish to DECLINE this coverage**, you will no longer have this coverage. You will see this in your My Benefits box when you get to the next screen, because you will no longer have a payroll deduction for the amount. Be careful regarding which buttons you select to ensure you continue to be enrolled in previous selections.

Voluntary Term Life and AD&D Spouse

Follow instructions as noted above in the Voluntary Term Life and AD&D information.

Voluntary Term Life and AD&D Child

Follow instructions as noted above in the Voluntary Term Life and AD&D information.

Wise Accident

Review and determine if you would like to enroll in the Voluntary Accident benefit.

Wise Critical Illness

Review and determine if you would like to enroll in the Voluntary Critical Illness benefit.

Trustmark

Review and determine if you would like to enroll in the Trustmark Universal Life benefit. If you know you don't want to enroll, select the ***I wish to CANCEL changes made in this enrollment session*** and then select **Next**.

OR if you would like to enroll, you need to follow the prompts to enroll and answer questions that are required to enroll. Once you get to the screen that shows your final benefit selection, you can select the Withdraw button, or select ***I wish to CANCEL changes made in this enrollment session*** if you decide you don't want to apply for the coverage. Then select **Next**.

Sign and Submit

You will now be on the Sign and Submit page and you will be able to review your elections and the costs. After you have reviewed, you need to select Next to move to the screen that will allow you to sign.

Note: This still shows unsigned – you must select **Next** to move to the final screen.

Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
 Burlington CSD Benefit Verification	Unsigned	

Next >

Review/Sign Forms

Review / Sign Forms

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.

Scroll to the bottom of the page and enter your PIN number to sign the form.

This should be

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:

Sign Form

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.

Recap of Your Elections

Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. **Scroll down to the bottom of this screen to view a list of your completed enrollment forms.**

Select Benefit Confirmation or Confirmation Statement

Completed Forms

Following is a list of forms reviewed and/or signed during the enrollment. Click on the form name to view or print. Press *Logout* to exit the website.

Form Name	Date Signed/Reviewed
Burlington CSD Benefit Verification	05/17/2025

Return

Select the Download icon to download the document to your system or the Printer icon to print to a printer.

Wise Benefits
DEMO Community School District
Benefit Confirmation / Deduction Authorization

Name: Test_EF_A30_1084_137_13D_MH Emp | Date of Birth: 01/19/92 | Home Phone: | Work Phone: | Address: 1234 Any Street, Anytown, TX 75001
 Employee ID: 45 | Hiring Date: 11/03/2023 | Gender: M | E-mail Address: test@test.com

Location: Main | Department: Main | Reason for Completing Form: | Job Class: ADMIN 12-PAY | Title: | Job Title:

Description	Effective Date	End	Employee Cost	Employer Cost
Medical				
Dental	01/01/2023	12	0.00	38.00
Vision	12/01/2023	12	0.00	38.00
Flexible Spending Account	12/01/2023	12	0.00	3800.00
Life Insurance				
Group Term Life Insurance	01/01/2023	12	0.00	0.00
Group Long Term Disability	01/01/2023	12	0.00	0.00
Accident	12/01/2023	12	50.00	0.00
Hospital Indemnity	12/01/2023	12	0.00	0.00
Group Short Term Disability	12/01/2023	12	0.00	40.00
Employee Assistance Program (EAP)				
Total:			50.00	3976.00

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Wise Benefits
DEMO Community School District
Benefit Confirmation / Deduction Authorization

Name: Test_EF_A30_1084_137_13D_MH Emp | Date of Birth: 01/19/92 | Home Phone: | Work Phone: | Address: 1234 Any Street, Anytown, TX 75001
 Employee ID: 45 | Hiring Date: 11/03/2023 | Gender: M | E-mail Address: test@test.com

Location: Main | Department: Main | Reason for Completing Form: | Job Class: ADMIN 12-PAY | Title: | Job Title:

Description	Effective Date	End	Employee Cost	Employer Cost
Medical				
Dental	01/01/2023	12	0.00	38.00
Vision	12/01/2023	12	0.00	38.00
Flexible Spending Account	12/01/2023	12	0.00	3800.00
Life Insurance				
Group Term Life Insurance	01/01/2023	12	0.00	0.00
Group Long Term Disability	01/01/2023	12	0.00	0.00
Accident	12/01/2023	12	50.00	0.00
Hospital Indemnity	12/01/2023	12	0.00	0.00
Group Short Term Disability	12/01/2023	12	0.00	40.00
Employee Assistance Program (EAP)				
Total:			50.00	3976.00

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