

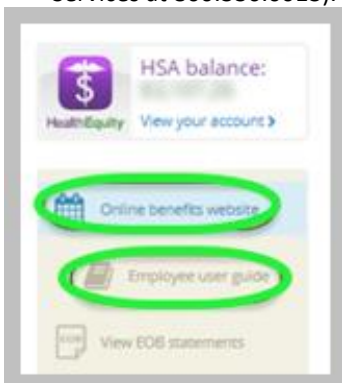


CREATING/LOGGING IN YOUR MYMESSA ACCOUNT

- Go to www.messa.org
- Click MyMESSA Login
- Log in to your account
- If you do not have an account, Create one now

ACCESSING MESSA'S ONLINE BENEFITS WEBSITE

- Once logged in to your account, click on the **“Online benefits website”** link in the box on the left side of the screen. (If you do not see this link, please call Member Services at 800.336.0013).



ELECTING YOUR MESSA BENEFITS

- Click “Make Benefit Elections”

Demographics

- Review your Demographic Information and make any necessary updates.
- When finished, click the **“I agree”** box and click **“Continue”**.

Dependents

- Review/add/edit your Family Information.
- When finished, click the **“I agree”** box and click **“Continue”**.

Benefit Election

- To elect benefits, click on **“View Plan Options”** Step

- To cover a dependent, check the box next to their name and click continue.
- To remove a dependent, uncheck the box next to their name.
- Click **“Continue”**.
- Select a benefit plan by clicking **“Select”**.
- When finished electing all benefits, click **“Continue”** on the right-hand side.

Beneficiaries

- It's recommended that you designate at least one primary beneficiary.
 - Dependents will automatically appear, however, you may **"Add New Beneficiary"** if you'd like to designate someone other than a dependent.
 - Percentage total must equal 100%.
- When finished click **"Continue"**.

Basic Term Life

Please choose your beneficiaries

Primary Beneficiaries

If you list your estate as beneficiary, the proceeds will go through probate. Probate is the process by which a court verifies estate funds and property are distributed to the correct beneficiaries.

Name	Percentage
My Estate (Employee)	100 %
Sally Tests (Spouse)	0 %
Chloe Tests (Daughter)	0 %
Total: 100.0000%	

[Add New Beneficiary](#)

Add Secondary Beneficiaries (optional)

Secondary beneficiaries receive coverage if your primary beneficiaries are unable to inherit.

Name	Percentage
My Estate (Employee)	0 %
Sally Tests (Spouse)	0 %
Chloe Tests (Daughter)	100 %
Total: 100.0000%	

Your Cost per month: \$0.00

Continue

Other Medical Insurance

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click **"Yes"** next to "Current or Prior Coverages" and enter the following information.
- Once you have entered the information, click **"Save"**.
- If you do not have other medical coverage, keep "Current or Prior Coverages" as **"No"** and click **"Continue"**.

Review and Confirm

- Now that you have elected all of your benefits, review your selections and scroll to the bottom of the page to view the "Participation" statement. Check the **"I agree, and I'm finished with my enrollment"** box

Review and Confirm

Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at the right side of the page.

CHANGED BENEFITS: [Medical](#) [Dental](#) [Vision](#) [Basic Term Life](#) [Optional Supplemental Term Life](#) [Optional Basic Term Life](#)
[Optional Survivor Income Insurance](#) [Optional Dependent Life](#)

*INDICATES CHANGED BENEFITS

Your Total Cost **\$0.00** Per Month

Medical* Your cost per month **\$0.00**

Warning: This benefit election is pending until approved by your Benefits Administrator

MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan
Coverage: **Employee + Dependent** Cost Details Per Month
Your Cost **\$0.00**

Who will be covered on this plan:

Name	Relationship	Coverage
Adam Tests	Employee	Covered
Sally Tests	Spouse	Covered
Chloe Tests	Daughter	No Coverage

[Edit Selection](#)

Once You've Reviewed All Your Selections:

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

I agree, and I'm finished with my enrollment

Confirmation Statement

- You may view, email, or print your confirmation statement.

Your enrollment is complete!

You may make changes to your elections until **March 21, 2020**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records; click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

MESSA is not responsible for the costs shown.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

[VIEW](#) [EMAIL](#) [PRINT](#)