

# *Online Services*

## Employee Step-by-Step Tutorial

[www.pacfed-must.com](http://www.pacfed-must.com)

**PacFed Benefit Administrators**

a Zenith American company

1000 North Central Avenue, Suite 400, Glendale, CA 91202  
818.243.0222 | 800.753.0222 | PacFed.com | CA License #0L45116





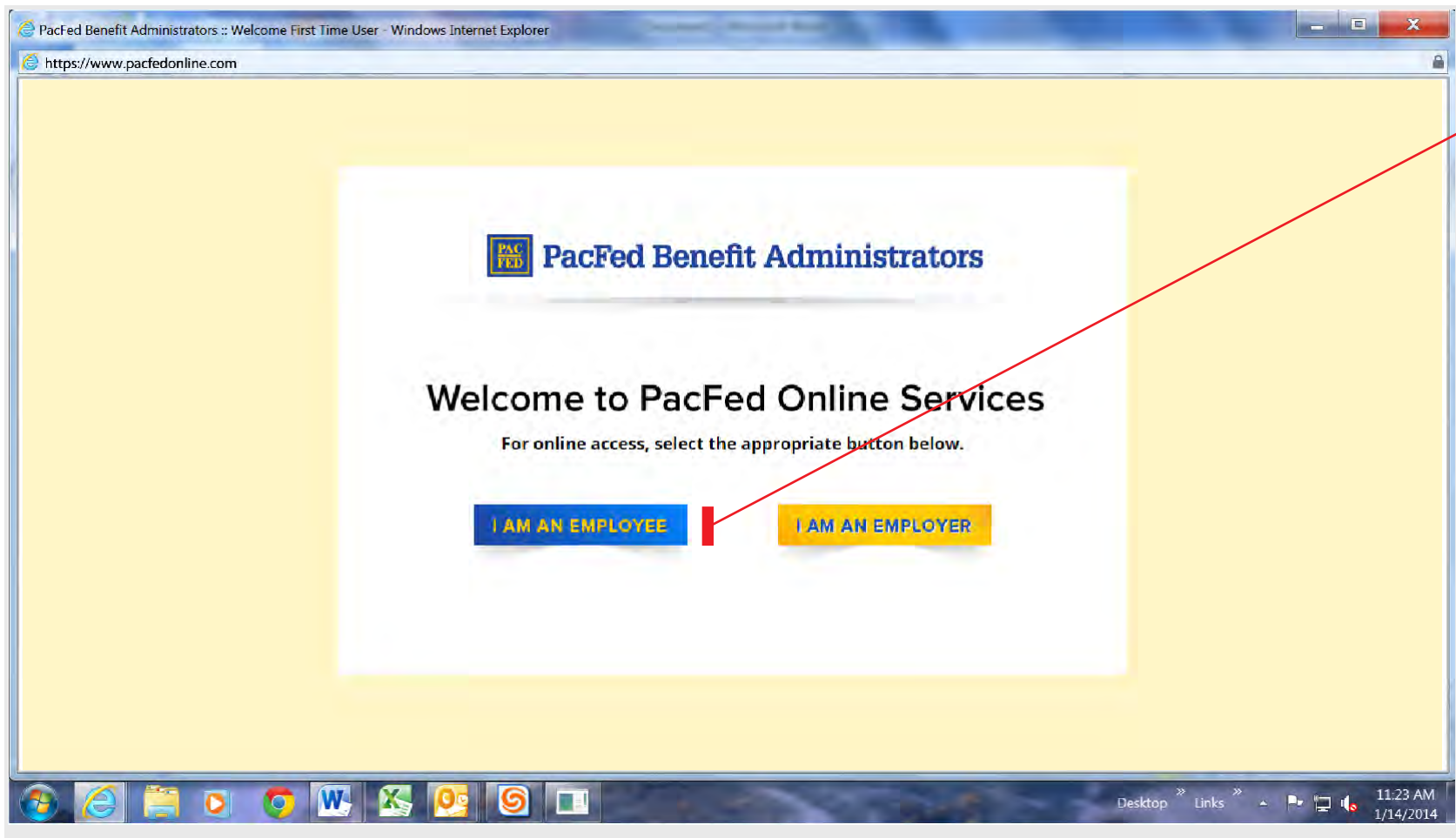
Using your online browser, go to [www.pacfed-MUST.com](http://www.pacfed-MUST.com).



Select the ONLINE Enrollment Banner and find the START ENROLLMENT button



Online Services Initial Page



Select the **“I AM AN EMPLOYEE”** button to commence the login process.

## Online Services Login Page

**1** Enter your default username:

Last 4 digits of your Social Security number followed by first 5 letters of your last name in ALL CAPS.

**Example:**  
**1234SMITH**

If your last name is less than 5 letters, type in your whole last name. If your last name is more than 5 letters, enter ONLY the first 5 letters.

**2** Enter your default password:  
Birth date in **mmddyyy** format.

# Welcome Page



\*MUST Test Site\* Benefits Enrollment for  
DIANE DEMO

Need Help?

HOME ENROLL RESOURCES CONTACT LOG OFF

Call 1-800-753-0222 or email Enrollment@PacFed.com

Print Page

Personal Info

Address:  
1000 N CENTRAL AVE  
GLENDALE, CA 91202-###

Benefits Info

Medical:  
ANTHEM BLUE CROSS \$10-\$100 (HMO)  
Employee Only  
Dental:  
Dental Health Services C3- MUST (DHMO)  
Employee Only  
Vision:  
Davis Vision - Premier \$5 12-12 12 Employee Only  
Life:  
Anthem Blue Cross Life \$50,000  
Anthem Blue Cross - Employee Assistance Program (EAP):  
Anthem Blue Cross EAP

You are currently viewing Diane Demo's profile data at January 1st, 2021.

## Welcome!

### Enrollment / Opt-Out Choices

You have the option to either Enroll or Opt-Out of Medical, Dental and Vision coverage as defined in the Summary Plan Description. You must continue through the online process to complete either action.

If no changes are being requested, there is no need to complete the enrollment process; click the "LOG OFF" box above to log off and close your browser.

### Dependent Information

Review the dependent definition information to confirm that your dependents are eligible for coverage.

If you choose to enroll your dependents, please have the following information readily available -

- Spouse - Full name, Birth date, Social Security number, copy of marriage certificate
- Domestic Partner - Full name, Birth date, Social Security number, State certificate of Domestic Partnership
- Children - Full name, Birth date, Social Security number, copy of birth certificate or court approved documents (i.e. adoption, foster child(ren))

### Dependent Verification

Your dependents enrollment will be pending until the Plan Administrator receives the required documents.

Start Enrollment Opt-Out

## Full Enrollment Process

Read through the instructions and select the "Start Enrollment" button to commence the enrollment process.

## Opt-Out Process

Select the "Opt-Out" button, read through the instructions and provide the required information to complete the Opt-Out process.

## No Change — Verification Process

Select the "Benefits Info" button or the "Personal Info" button to review your personal information and your current enrollment. If satisfied, select the "I Accept" button to complete the enrollment process. If personal changes are required, make the necessary updates, click "Continue", then the "I Accept" button to complete the process.



## Benefit Enrollment Pages

Select from the benefit options provided by your employer. Ensure your dependent information is correct, as well as providers for both plans. And, if applicable, your life insurance beneficiary information. Then, select the **"I Accept"** button to complete the enrollment process.



**Pacific Federal**  
a Zenith American company

\*MUST Test Site\* Benefits Enrollment for  
**DIANE DEMO**

\*MUST TEST SITE\* Trust Name: MUST Group Name: KBR TECHNICAL SERVICES INC Group Number: 1350-5604 Coverage Status: Active

Need Help?

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Print Page

Personal Info

Address:  
1000 N CENTRAL AVE  
GLENDALE, CA 91202-####

Benefits Info

Medical:  
ANTHEM BLUE CROSS S10-S100 (HMO)  
Employee + 1  
Dental:  
Dental Health Services C3+ (MUST) (DHMO)  
Employee + 1  
Vision:  
Davis Vision - Premier S5 12-12-12  
Employee + 1  
Life:  
Anthem Blue Cross Life \$50,000  
Anthem Blue Cross - Employee Assistance Program (EAP):  
Anthem Blue Cross EAP

HOME ENROLL RESOURCES CONTACT LOG OFF

You are currently viewing Diane Demo's profile data at February 1st, 2021.

Update Info **Medical/Dental/Vision/EAP/Life** Beneficiaries

## Dependents

### Add / Edit Dependents and Beneficiaries

To add a dependent, click on the Add button below. Eligible dependents include your legal spouse, domestic partner, and dependent children under the age of 26. Please note that valid Social Security numbers are required for covered dependents.

Enter dependent information **IN ALL CAPS** and click the ADD button on that screen to save the information.

To remove a dependent, click on the Edit button and then the Delete button under that dependent's name. To edit your dependent's identification information, click the Edit button under that dependent's name.

To enroll a dependent to a benefit, check the appropriate box in the **Dependent Elections** section. Be sure to check the box next to the benefit that you want that dependent enrolled in.

Example: Medical  denotes that you want the dependent enrolled in the Medical benefit. Unchecking or leaving the box unchecked means that you do not want that dependent enrolled in that coverage.

**Note:** Your dependents will not be included under your coverage until their verification documents have been processed. [Click here to get detailed instructions on how to verify your dependents.](#)

When you are finished, click Continue at the bottom of the page.

**+ Add** Dependents

### Adding Dependents -

To add a Dependent, click the **"Add"** button. A new window will pop up displaying the required information necessary to add your dependent to their coverages.



\*MUST Test Site\* Benefits Enrollment for  
DIANE DEMO

\*MUST TEST SITE\* Trust Name: MUST Group Name: KBR TECHNICAL SERVICES INC Group Number: 1350-5604 Coverage Status: Active

Need Help?

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- ENROLL
- RESOURCES
- CONTACT
- LOG OFF

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Print Page

Personal Info

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GLENDALE, CA 91202-####

Benefits Info

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ANTHEM BLUE CROSS S10-S100 (HMO)  
Employee + 1  
Dental:  
Dental Health Services C3+ (MUST) (DHMO)  
Employee + 1  
Vision:  
Davis Vision - Premier S5 12-12-12  
Employee + 1  
Life:  
Anthem Blue Cross Life \$50,000  
Anthem Blue Cross - Employee Assistance Program (EAP):  
Anthem Blue Cross EAP

Enter dependent information **IN ALL CAPS** and click **Add**

To remove a dependent, click on the **Edit** button and delete the dependent's name.

To enroll a dependent to a benefit, check the appropriate boxes. Example: Medical  denotes that you want the dependent covered.

**Note:** Your dependents will not be included under your plan until you click **Continue**.

When you are finished, click **Continue** at the bottom.

**+ Add**

**DOUG DEMO**

**Relationship:**  
**Sex:** Male  
**Dependent Status:** Pending  
**Same Address As Member:** Yes

**Edit**

First Name

Middle Name

Last Name

Social Security #

Relationship **Not a Dependent** ▼

Birth Date

Sex **Male** ▼

Medical Benefit Package

PCP Name

Medical PCP ID

Medical Group Name

PDP Name

Dental PCP ID

Dependent Status **Pending** ▼

Verification Date

Terminated Date

Same Address As Member

Address 1

Address 2

**Back** **Continue**

### Adding Dependents (cont'd) -

Enter the required information for the Dependent you will be adding in the **"Add"** pop-up window. Once completed, click the **"Add"** button at the bottom to complete the process. **Please note, DO NOT change the Dependent Status in the Pop-Up window as your dependent will remain pending until the required documentation is received.**



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\*MUST TEST SITE\* Trust Name: MUST Group Name: KBR TECHNICAL SERVICES INC Group Number: 1350-5604 Coverage Status: Active

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Vision:  
Davis Vision - Premier \$5 12-12-12  
Employee Only  
Life:  
Anthem Blue Cross Life  
\$50,000  
Anthem Blue Cross - Employee Assistance Program (EAP):  
Anthem Blue Cross EAP

▶ Your Enrollment Summary

Benefit	Plan	Coverage	Effective Date Update
Medical	Medical/Dental/Vision/EAP Options Rider & Life Insurance	Employee Only	11/01/2020
Dental	Dental Health Services C3+ (MUST) (DHMO)	Employee Only	11/01/2020
Vision	Davis Vision - Premier \$5 12-12-12	Employee Only	11/01/2020
Life Insurance	Anthem BlueCross Life	\$50,000 Coverage	11/01/2020
Employee Assistance Program	Anthem BlueCross EAP	Employee Only	11/01/2020

▶ Dependents and Beneficiaries

Dependents		
Edit	Identification	Dependent Elections
	DOUG DEMO Relationship: Beneficiary Relationship: Spouse Sex: Male Dependent Status: Pending Same Address As Member: Yes	No Coverage 100% (Primary)

**Adding/Editing a Beneficiary -**

To add or edit a Beneficiary, click the **"Edit"** button. The Dependent/Beneficiary box will pop up in order to make your changes.





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Dental Health Services C3+ (MUST) (DHMO)  
Employee Only  
Vision:  
Davis Vision - Premier 55 12-12-12 Employee Only  
Life:  
Anthem Blue Cross Life \$50,000  
Anthem Blue Cross - Employee Assistance Program (EAP):  
Anthem Blue Cross EAP

You are currently viewing Diane Demo's profile data at February 1st, 2021.

## Dependents

### Add / Edit Dependents

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To remove a dependent, click on the **Delete** button under that dependent's name. To edit your dependent's identification information, click the **Edit** button under that dependent's name. To enroll a dependent to a benefit, check the appropriate box in the **Dependent Elections** section.

**Note:** Your dependents will not be included under your coverage until their verification documents have been processed. [Click here to get detailed instructions on how to verify your dependents.](#)

When you are finished, click **Continue** at the bottom of the page.

+ Add Dependents		
Identification	Dependent Elections	Beneficiary Elections
<b>DOUG DEMO</b> Relationship: Beneficiary Relationship: Spouse Sex: Male Dependent Status: Pending Same Address As Member: Yes Edit Delete	PCP Name <input type="text"/> PDP Name <input type="text"/> Dental PCP ID <input type="text"/>	Beneficiary Relationship: <b>Spouse</b> <input type="text"/> Beneficiary Type: <b>Primary</b> <input type="text"/> Allocation Percent: <b>100</b> <input type="text"/>

Back Continue

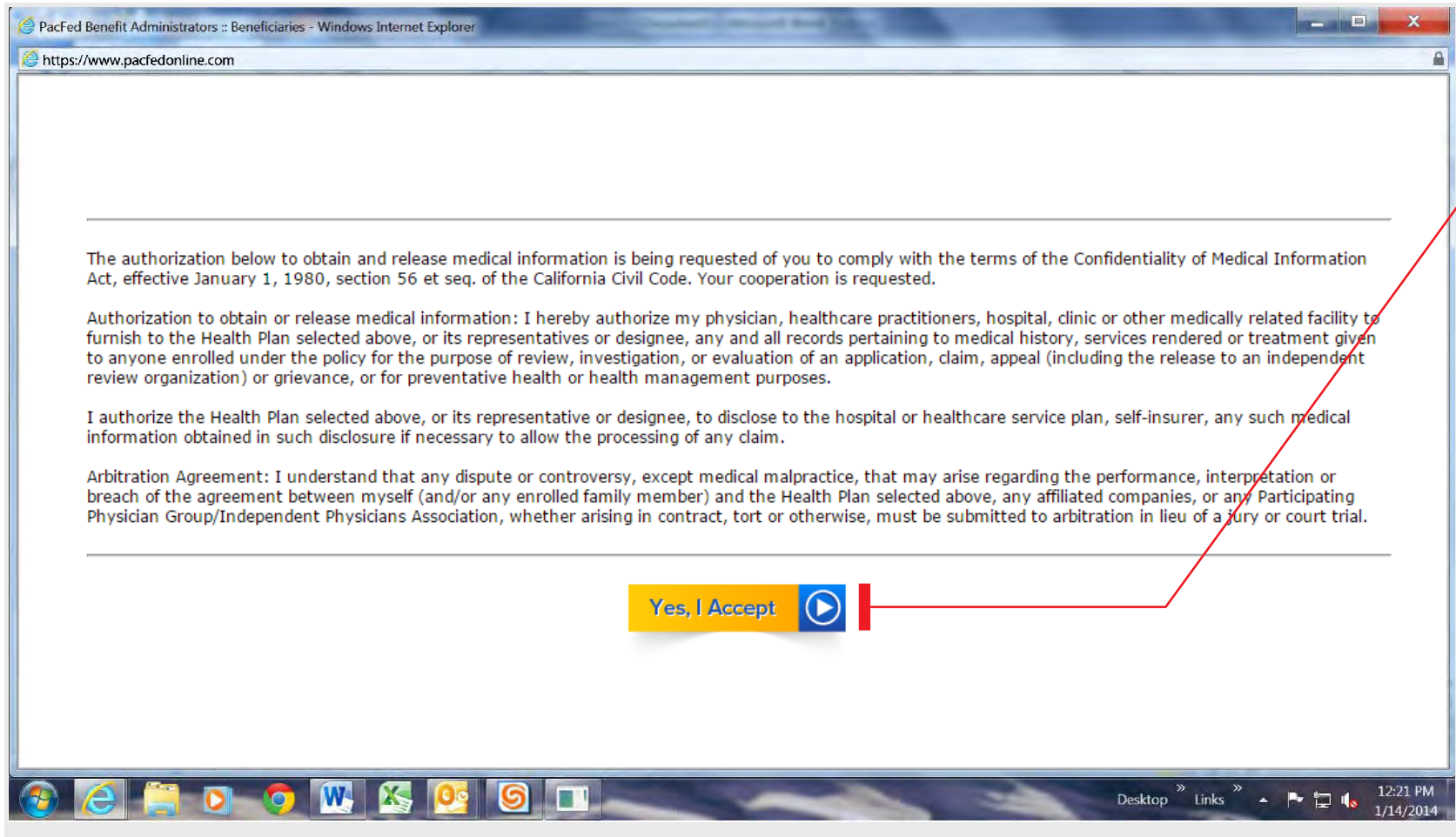
### Adding/Editing a Beneficiary (cont'd) -

To add or edit a Beneficiary, click the **"Edit"** button. Click on the areas in the **"Beneficiary Elections"** box and choose the drop down arrow in each section to select the appropriate answer. You will also need to allocate the correct percentage to your beneficiaries if you are adding more than one.



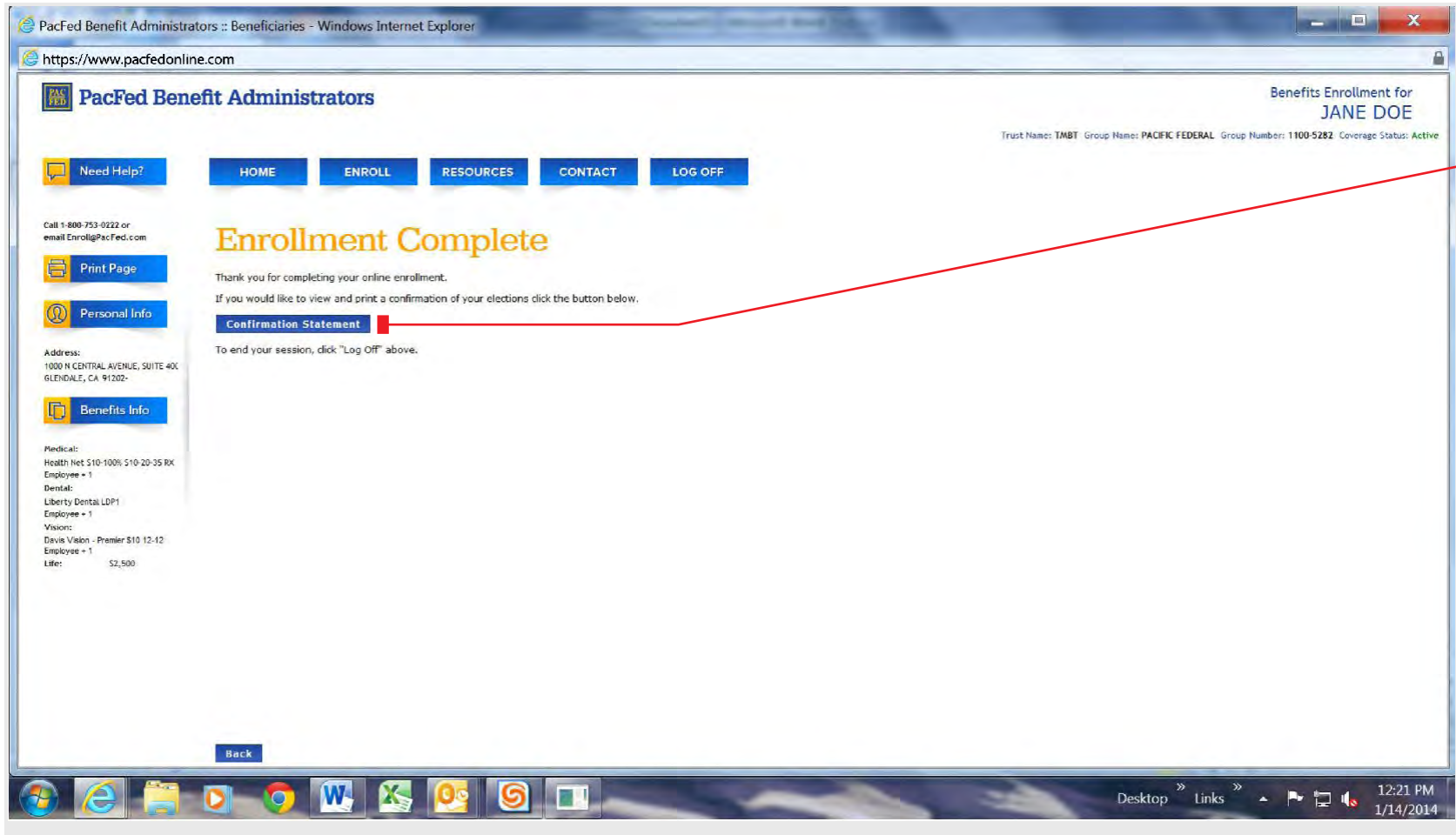


## Accept Your Elections Page



Clicking the **"Yes, I Accept"** button confirms your enrollment selections and indicates the completion of the enrollment process.

## Enrollment Complete Page



After clicking the "I Accept" button, you will be taken to a new page where a confirmation statement can be printed by selecting the **"Confirmation Statement"** button.

## Enrollment Confirmation Page

**Enrollment Confirmation**

JANE DOE  
1000 N CENTRAL AVENUE, SUITE 400  
GLENDALE, CA 91202

This enrollment confirmation statement details your elections, your covered dependents and beneficiaries (if any), and your benefit effective dates. Please print a copy for your reference.

**Your Enrollment Summary**

Benefit	Plan	Coverage	Effective Date
Medical	Health Net \$10-100% \$10-20-35 RX	Employee + 1 *	02/01/2014
Dental	Liberty Dental LDP1	Employee + 1 *	02/01/2014
Vision	Davis Vision - Premier \$10 12-12	Employee + 1	02/01/2014
Life Insurance		\$2,500 Coverage	02/01/2014
Member Assistance			02/01/2014

\* Your dependent's coverage is pending until the dependent is verified via birth or marriage certificate.

**Dependents and Beneficiaries**

Dependents & Beneficiaries			
Identification	Dependent Elections	Beneficiary Elections	
JOHN DOE Relationship: Spouse Beneficiary Relationship: Spouse	Medical Dental	100% (Primary)	

[Back](#)

**Personal + Benefits Information Sidebar**

- Need Help?
- HOME
- ENROLL
- RESOURCES
- CONTACT
- LOG OFF
- Print Page
- Personal Info
- Benefits Info

Medical:  
Health Net \$10-100% \$10-20-35 RX  
Employee + 1  
Dental:  
Liberty Dental LDP1  
Employee + 1  
Vision:  
Davis Vision - Premier \$10 12-12  
Employee + 1  
Life: \$2,500

This page provides you with a statement confirming enrollment details.

### Personal + Benefits Information Sidebar

This provides a quick link to your current plan details and enrollment information, and allows you to quickly update your personal information.