

# SISD ONLINE BENEFIT ELECTIONS & CHANGES


Visit this site to register to make changes to your personal information, dependents, or benefits:

<https://bit.ly/Register-SISD>

To access the enrollment website, you will need the following information:

First Name • Last Name • Date of Birth • SSN • Email Address

*Note: If you already have registered to use this site, you can select the "Sign In" link at the bottom of the page and enter your existing credentials.*



## Register Account

Please complete all of the fields below. You must provide either your SSN OR your Member ID. If registration is successful, a temporary password will be sent to the email address provided in the form below.

|                    |   |
|--------------------|---|
| First Name         | <input type="text" value="First Name"/>   |
| Last Name          | <input type="text" value="Last Name"/>  |
| Date of Birth      | <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> |
| Social Security #  | <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>         |
| OR Member ID       | <input type="text" value="Member ID"/>  |
| Email Address      | <input type="text" value="Email Address"/>  |
| Reenter Email      | <input type="text" value="Reenter Email"/>  |
| Preferred Username | <input type="text" value="Username"/>   |

Questions? We're here to help! Contact Frates Benefit Administrators for assistance with the enrollment change process:  
1-800-850-7166 (Option 2) or [memberservices@fba-tpa.com](mailto:memberservices@fba-tpa.com).

Once logged in, you will see demographical information about yourself and employment on the current screen. To view your listed dependents or current benefit elections, select the Dependents or Benefits option from the My Account Menu.

**My Account > Benefits**

Active Benefits

| Cov | Plan                             | Enrollment | Volume    | Effective From | Effective To | Monthly Premium | Employee Share | Employee Per Pay |
|-----|----------------------------------|------------|-----------|----------------|--------------|-----------------|----------------|------------------|
| MED | <a href="#">Base Plan</a>        | Single     | N/A       | 2020-01-01     | N/A          | 369.00          | 4.00           | 2.00             |
| VIS | <a href="#">Vision Plan</a>      | Single     | N/A       | 2020-01-01     | N/A          | 6.96            | 6.96           | 3.48             |
| LIF | <a href="#">Basic Life</a>       | Single     | 10,000.00 | 2020-01-01     | N/A          | 0.69            | 0.00           | 0.00             |
| AMB | <a href="#">Emergent Ground</a>  | Single     | N/A       | 2020-01-01     | N/A          | 9.00            | 9.00           | 4.50             |
| VDS | <a href="#">Disability - 0/4</a> | Single     | 700.00    | 2020-01-01     | N/A          | 22.40           | 22.40          | 11.20            |

If you wish to make a change to your information, your dependents, or your benefits, you can navigate to the top of any page and select “Eligibility”.

**My Account**

Employment Information

|                         |  |                    |         |
|-------------------------|--|--------------------|---------|
| <b>Employer Group</b>   | SISD : SHARYLAND INDEPENDENT SCHOOL DISTRICT | <b>Status</b>      | Active  |
| <b>Billing Division</b> | 0001 : ACTIVE EMPLOYEES                      | <b>Pay Type</b>    | N/A     |
|                         |  | <b>Annual Pays</b> | 24 Pays |

A new page is then displayed and you can select from the changes shown below. Select the change you would like to make and click “Go!”. Proceed through the next pages to finalize your elected changes and then click “Submit”.

**Eligibility**

Select New Update

- Add Dependent(s)
- Change of Address/Phone
- Change Personal Information
- Drop Dependent(s)
- Edit Dependent(s)
- Add Coverage
- Drop Coverage
- ID Card Request
- Certificate of Coverage Request

Go!

**Once your change is submitted, it will be reviewed by the Insurance Department before it is accepted into the system.**

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