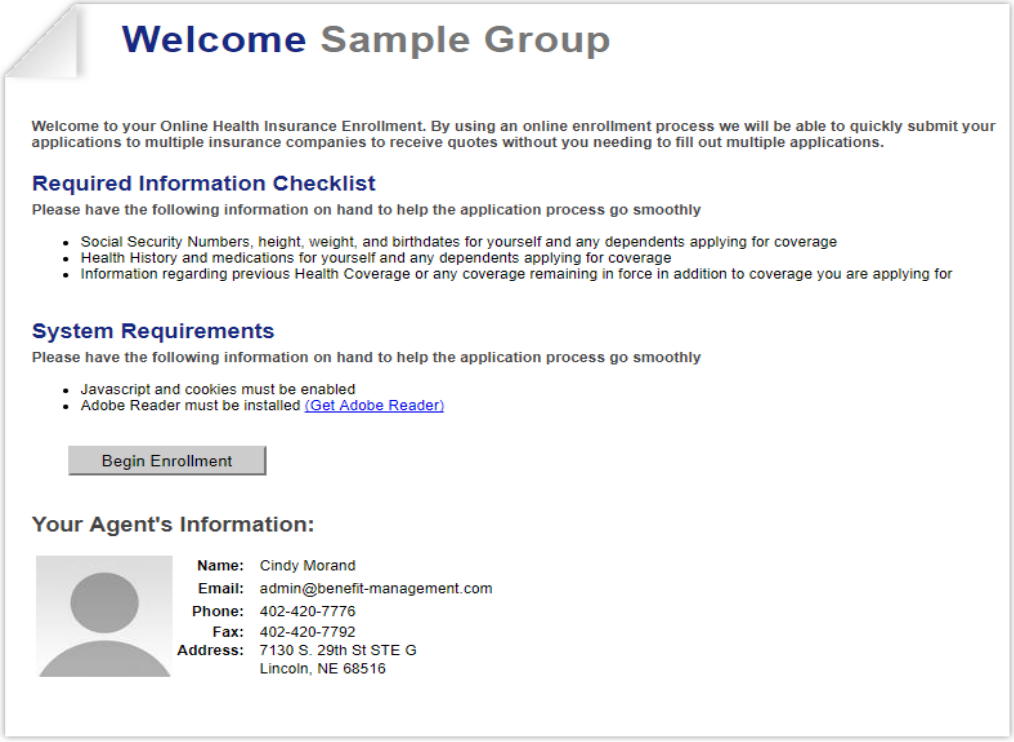
BENEFIT MANAGEMENT
WEALTH STRATEGIES AND EMPLOYEE BENEFITS

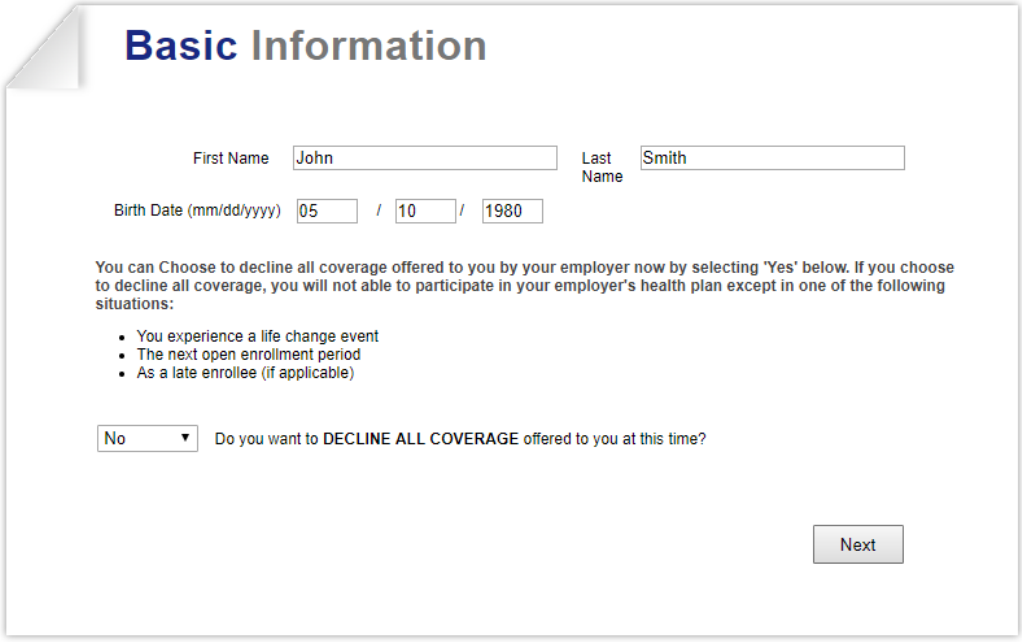
iEnroll Employee Instructions

Go to: https://ienroll.ociservices.com

Enter username & password



Click **Begin Enrollment**

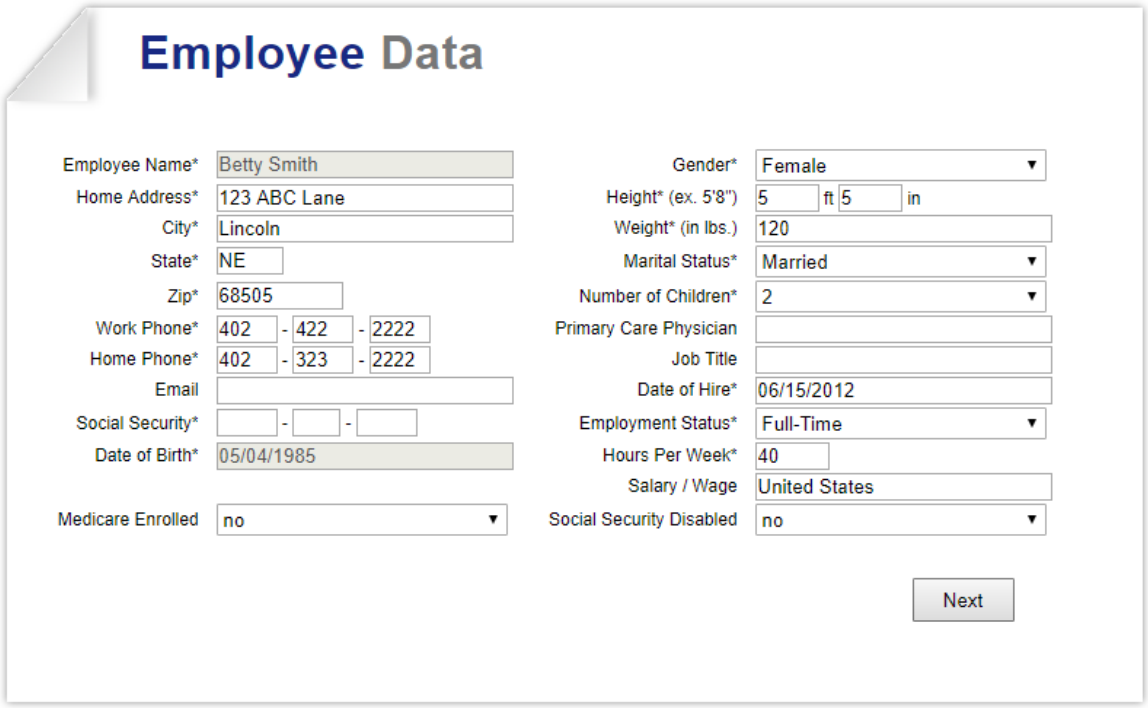


Enter First Name, Last Name, Date of Birth

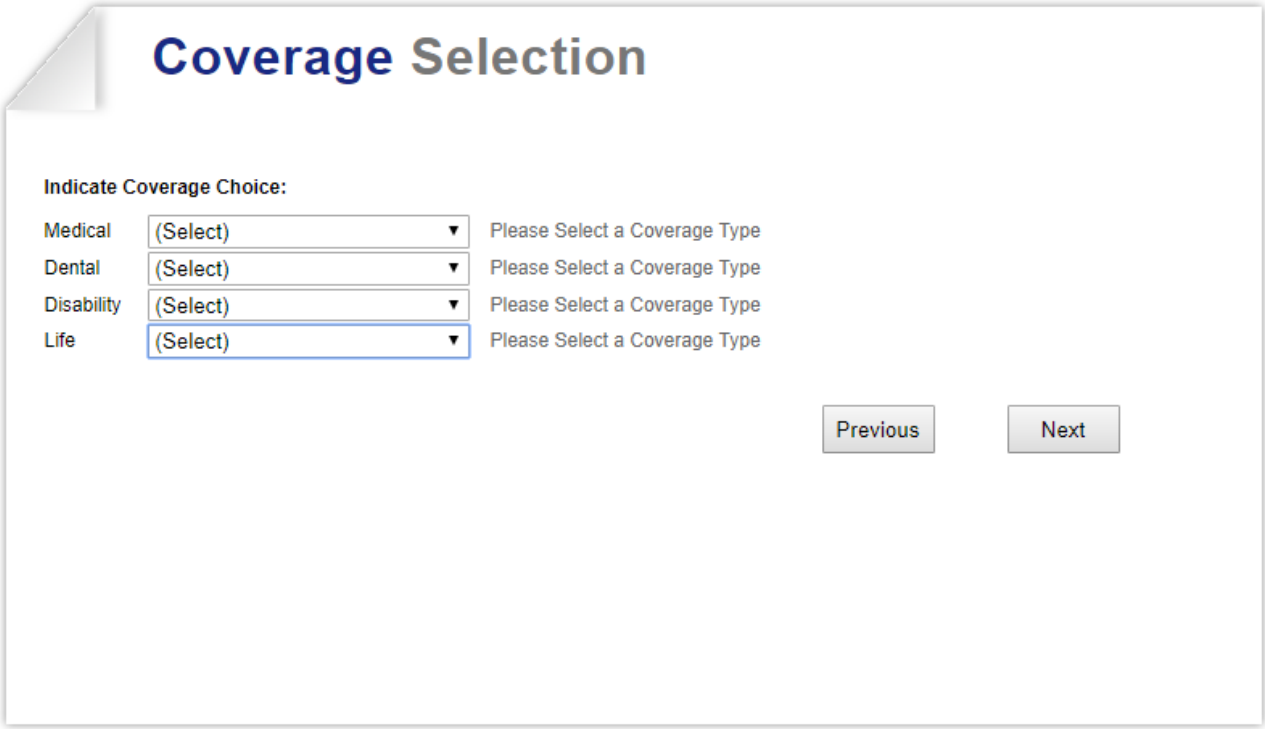
Do you want to DECLINE all coverage? Y/N

Click **Next**

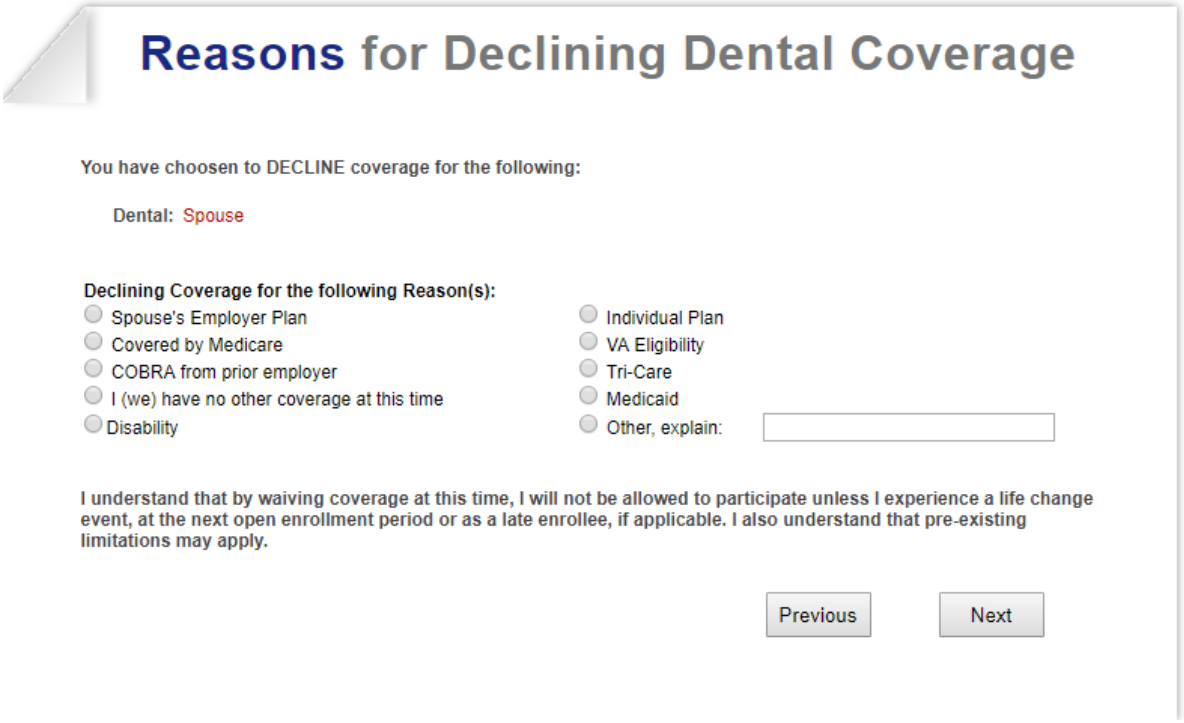
Note: These statements are provided as samples and are only to be used as guidelines. Please be aware the system could change at any time.



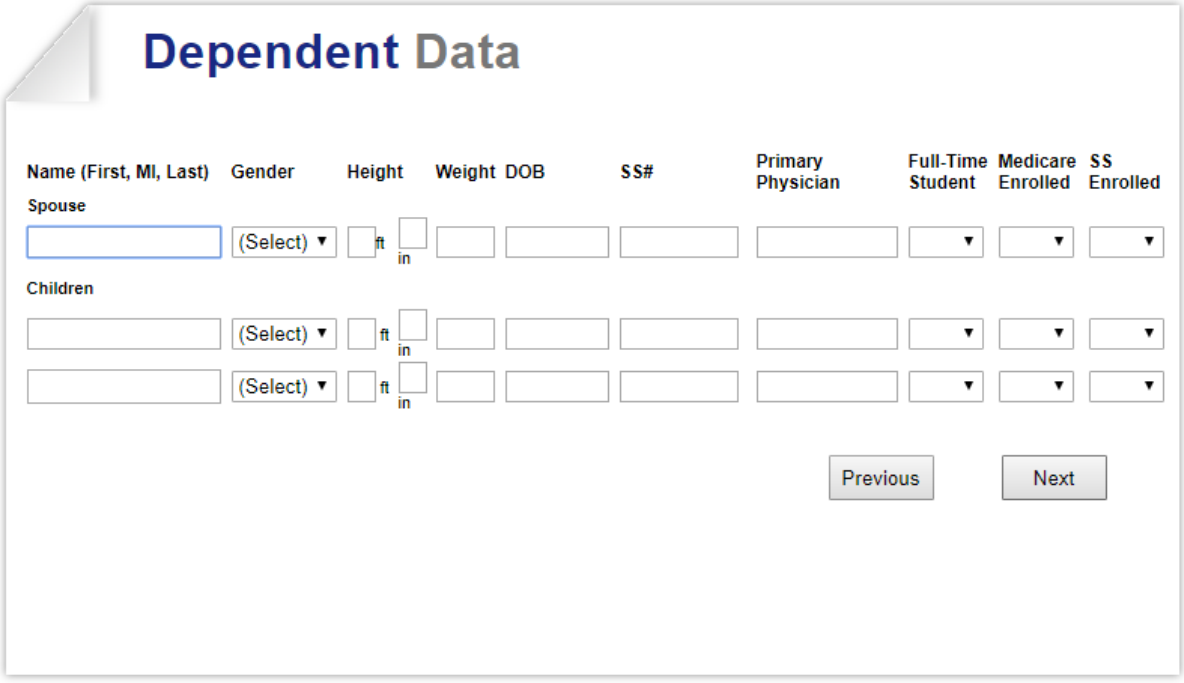
Enter all personal information. Click **Next**



Select the coverage you would like to enroll in from the drop down. Click **Next**



If decline coverage, you must indicate why you are declining, then click **Next**



Enter Dependent Information, then click **Next**

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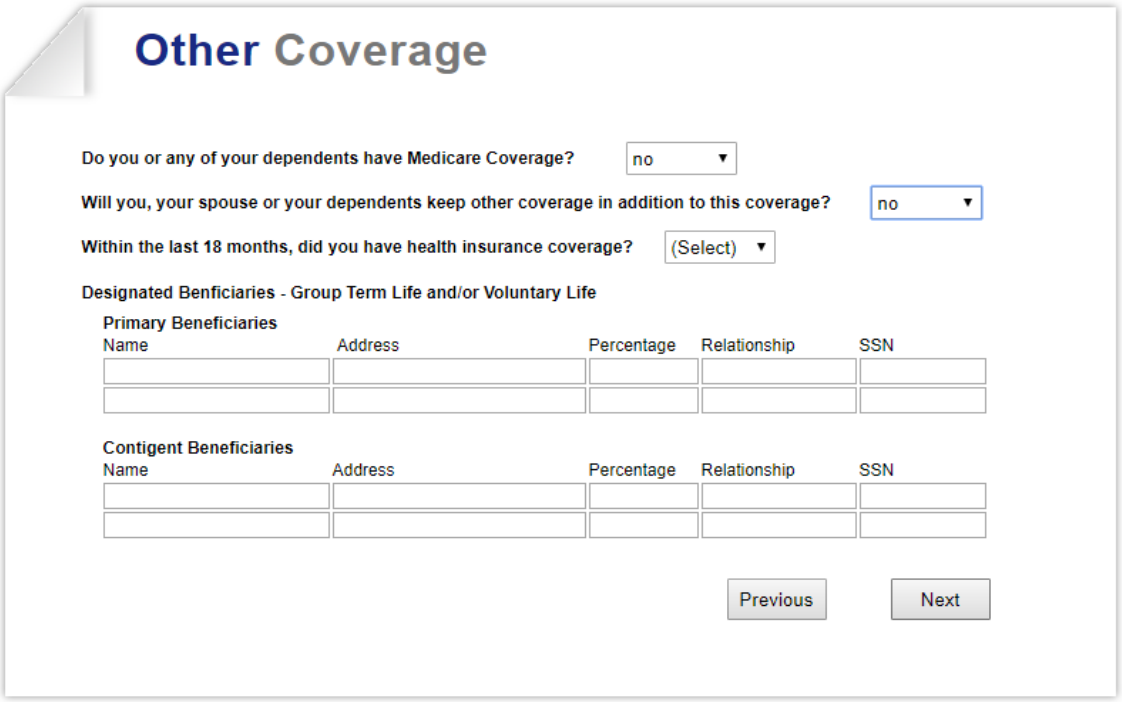
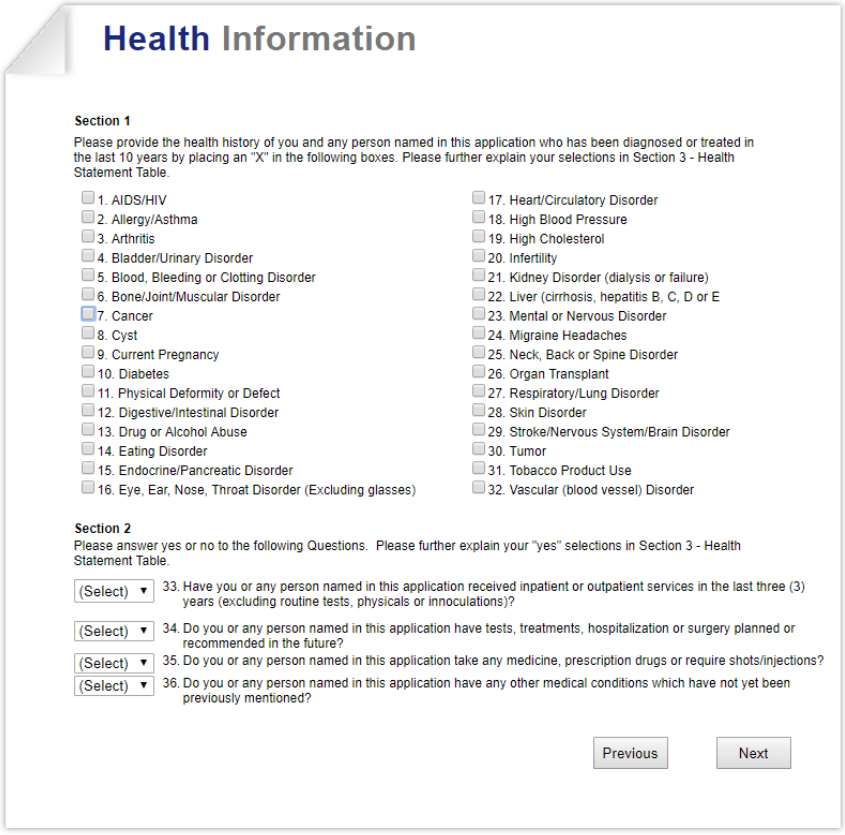


Answer questions regarding any other coverage, then click **Next**



Answer questions in Section 1 & Section 2.

If you mark X or enter yes to any of the following you will have to answer health questions on next screen.

Click **Next**

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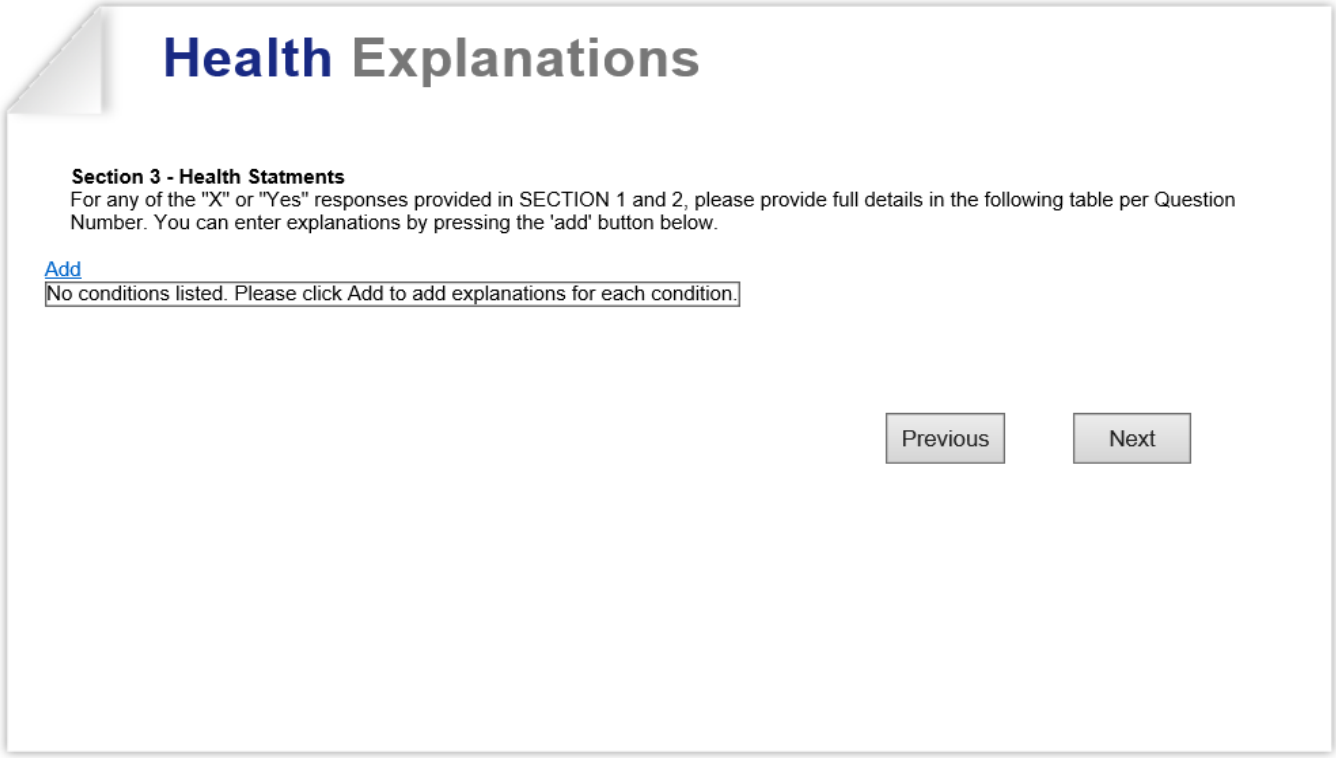
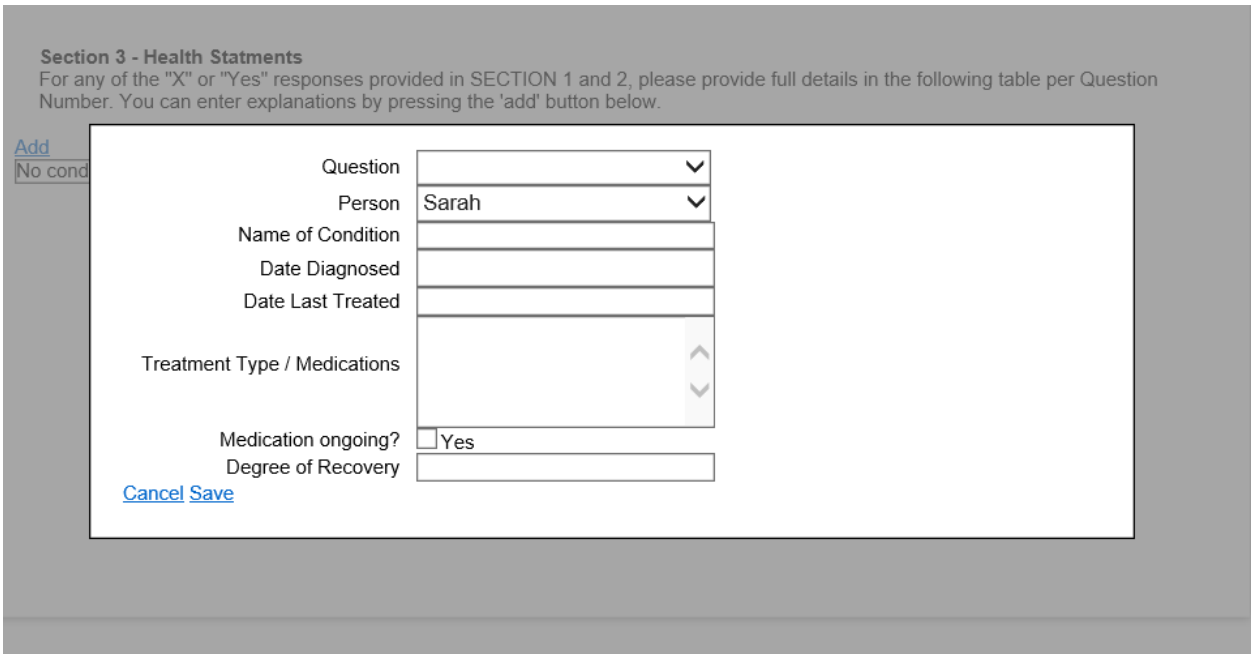


Click “Add”



Fill out for each “Yes” answer

Click **Save**

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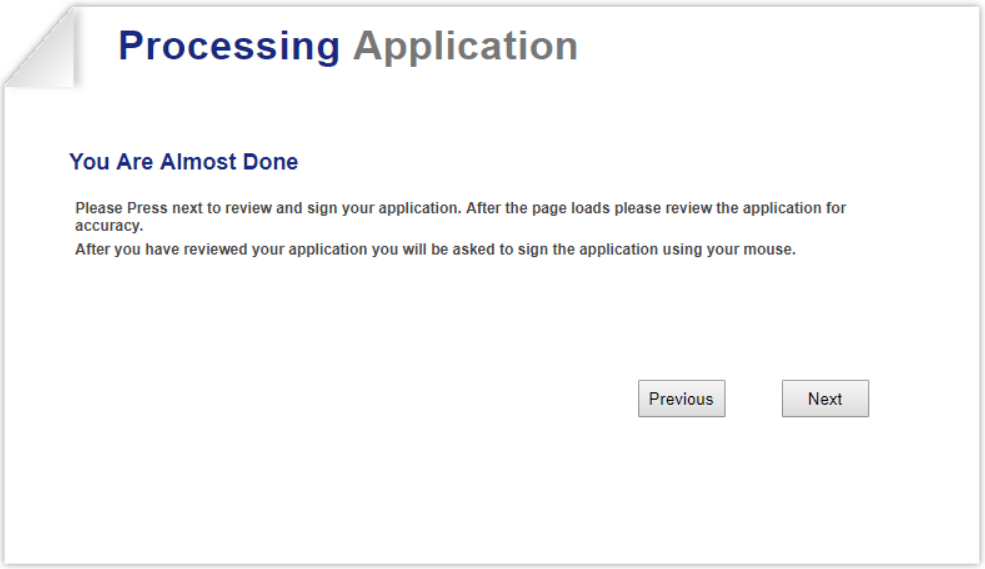
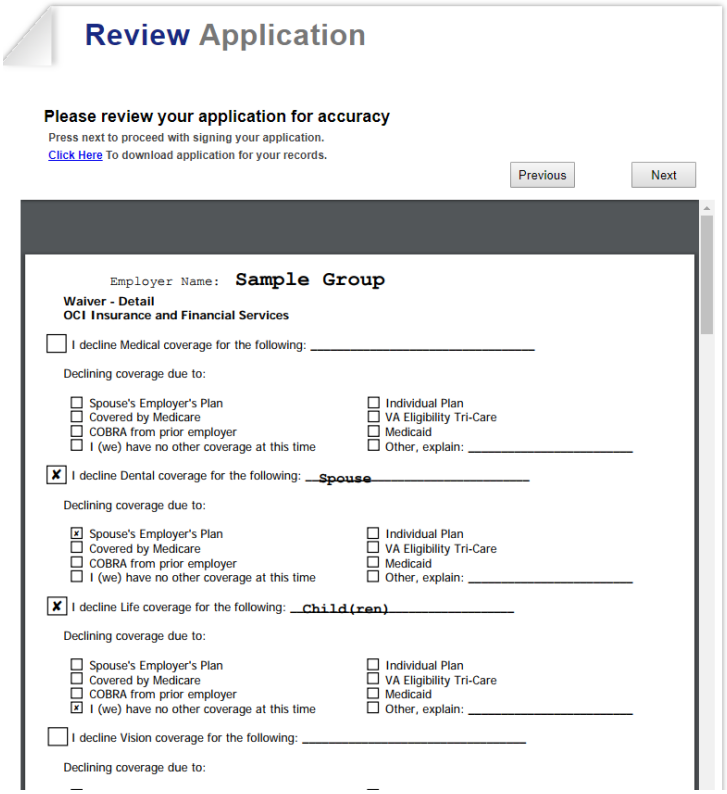


Click **Next**



Review your application and verify everything is accurate, then click **Next**

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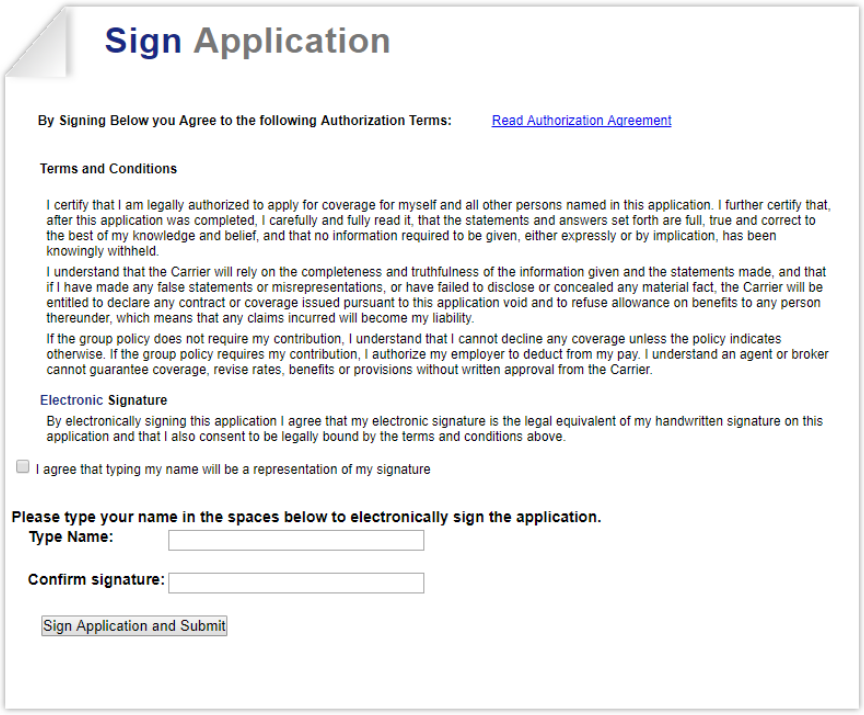


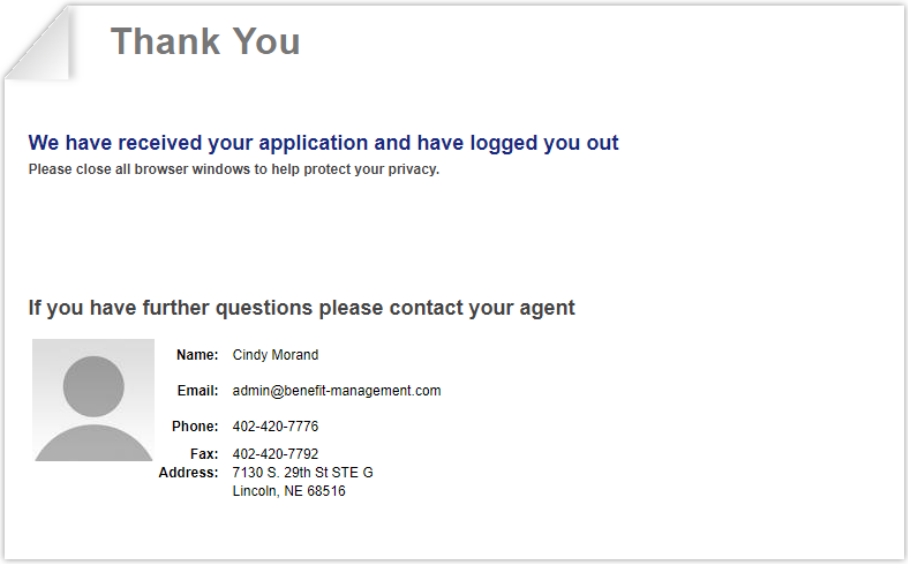
√ I agree that typing my name will be a representation of my signature

Type Name:

Confirm signature: Retype name

Click **Sign Application and Submit**

Done



If you have any questions regarding this application please contact Benefit Management at 402.420.7776 or admin@benefit-management.com

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