

Open Enrollment Guide: ASU Open enrollment November 1 – November 15

Welcome to Open Enrollment for Arkansas State University, which takes place from November 1 through November 15, 2025. This is your annual opportunity to review your benefits coverage, consider your health care and other benefits needs for the coming year, review your beneficiary information, and make any changes you'd like. Outside of Open Enrollment, you can only change your coverage within 31 days of a qualifying life event

To begin your enrollment, visit the Enrollment Website at <https://usable.benselect.com>

The screenshot shows the USable Life Enrollment Site login interface. It features a login form with fields for 'Employee ID or SSN' and 'PIN', a 'Forgot Password' link, and a 'Log In' button. A disclaimer states: 'By entering your user ID and Personal Identification Number, you are agreeing to the terms of the [Consent to Grant Access to Usable Life](#).' Below the form are links for 'Security Info', 'Privacy Policy', and 'Admin Site'. The footer includes '© Select Systems, Inc. All rights reserved.'

1. Employee Login

Enter your Social Security Number (SSN) or your Employee ID and your PIN (Your PIN is a combination of the last 4 digits of your SSN and the 2-digit year of your birth)

2. Welcome

The “Welcome to MyBenefits” screen provides important information about your benefits. After you review the information on the “Welcome to MyBenefits” screen select the “Next” button at the top or bottom of the screen to begin your enrollment.

The screenshot displays the ASU MyBenefits Welcome screen. At the top, the ASU logo is on the left, and a 'Status (0% Complete)' progress bar is on the right. A navigation bar includes 'Home', 'You & Your Family', 'My Benefits', 'Sign & Submit', and a 'Next' button. The main content area is titled 'Welcome to MyBenefits' and explains that the system is designed to make managing benefits easy. It lists scenarios when enrollment is required: new employees, annual open enrollment, and status changes. It also lists actions that can be taken: updating beneficiaries, changing retirement contributions, and dropping non-tax sheltered benefits. Instructions for beginning enrollment are provided, including reviewing personal information, selecting benefit plans, answering health questions, and signing the confirmation form. A timeline indicates it takes about 15-30 minutes. A 'Before you begin' section lists checks for up-to-date information, recent moves, dependent updates, and correct birthdates/SSNs. A red box highlights a new requirement for 2019: dependent verification. A footer link points to the ASU System website for more information. At the bottom right, there is a 'Click Next to continue.' prompt and a 'Next' button.

3. Personal Information

Please review your personal information and update your address, marital status, or phone number and update if necessary. Please also notify your Human Resources office if you have changes to your personal information.

ASU ARIZONA STATE UNIVERSITY

Status: 10% Complete

Home You & Your Family My Benefits Sign & Submit Back Next

Personal Information

Please review your personal information to ensure it is correct and complete. Please correct any errors and click the Next button when you are finished. Optional items are in *italic*.

Please verify your email address to receive email confirmation of your enrollment.

Personal Info

Name:

Date of Birth:

SSN:

Gender: ☐ Male ☒ Female

Contact Info

Address: Country

Street

Street (cont.)

City

State

Zip

Home Phone:

Work Phone:

Email:

Back Next

4. Dependent Verification

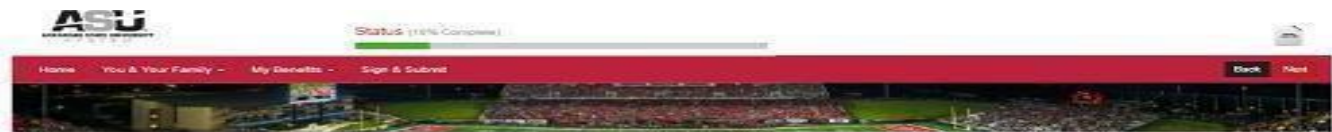
If you are adding dependents that are not currently covered under your plan, you must provide documentation for those dependents. Eligible dependents and required documentation include:

Dependent	Documentation
Spouse	Marriage Certificate or First page of the latest tax return showing spouses info
Biological Child	Government issued Birth Certificate
Adopted Child	Court documents
Stepchild	Government issued Birth Certificate (Must use Marriage Certificate for spouse)
Ward	Court documents showing employee as legal guardian. Notarized forms are not acceptable.

Ineligible dependents include grandchild, nieces, nephews, and sibling unless the employee is the legal guardian. To delete a dependent, select the "x"  next to their name to remove them from your plan. If you have an ineligible dependent you wish to make a beneficiary, you will be able to designate them as a beneficiary on the appropriate life plan later in the enrollment process.

To add an eligible dependent, select the Add Dependent button.

 Add Dependent



Dependents

DEPENDENT VERIFICATION

If you need to add a spouse or dependent click **Add** to add your spouse or dependent children.

If you have children that are 19 or older please confirm their student status. Dependents aged 19 through 25 may be covered on your medical, dental, and vision insurance regardless of student or marital status. Dependents 19 through 24 may be covered on basic supplemental life, and optional accidental death and dismemberment if they are an unmarried student. Any dependent listed that is not eligible should be deleted by selecting the X next to their name. If you wish to designate an ineligible dependent as a beneficiary you may do so on the applicable benefits beneficiary screen.

SSN is required for all dependents over the age of 6 months. If you are entering a dependent under the age of 6 months without a SSN please make sure you return and enter that information when you are able.

You must upload documentation for all dependents you are covering under a plan in order to enroll the dependent in these plans. Documentation can include:

- Spouse - Copy of Marriage License or a Copy of the first page of the most recent tax return (financial information should be blacked out).
- Biological Child - government-issued Birth Certificate.
- Stepchild - government-issued Birth Certificate identifying your spouse as a parent AND a government-issued Marriage License showing you are married to the parent.
- Adopted Child - Court document showing adoption placement, petition for adoption or final adoption certificate, date of birth must be included.
- Ward (Legal Guardian) - Court document showing legal guardianship (notarized documents will not be accepted).

TO ADD DOCUMENTATION:

- Click on the pencil icon next to the dependent's name.
- Verify the dependent relationship and demographic information is correct.
- Scroll to the bottom and under **RELATIONSHIP VERIFIED BY** and select the type of document being submitted.
- Under **UPLOAD DOCUMENTATION** choose either **UPLOAD FROM MY COMPUTER** or **TAKE A PICTURE AND UPLOAD**. Follow the directions given to provide your documents for this dependent.
- When you have completed the upload please click **Save**.

Dependents

Name	SSN	DOB	Sex	Relation	Documentation	Uploads	
John Johnson	■■■■■■■■■■	■/■/■■■■	M	Spouse	N/A	0	✎ ✕
Julie Test	■■■■■■■■■■	■/■/■■■■	F	Child	N/A	0	✎ ✕
Jimmy Johnson	■■■■■■■■■■	■/■/■■■■	M	Child (stepchild)	N/A	0	✎ ✕

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the **Add Dependent** button below:

Add Dependent

To upload documentation, begin by selecting the pencil under the + sign  for your first dependent.

Dependents

Name	SSN	DOB	Sex	Relation	Documentation	Uploads	
John Johnson	■■■■■■■■■■	■/■/■■■■	M	Spouse	N/A	0	✎ ✕
Julie Test	■■■■■■■■■■	■/■/■■■■	F	Child	N/A	0	✎ ✕
Jimmy Johnson	■■■■■■■■■■	■/■/■■■■	M	Child (stepchild)	N/A	0	✎ ✕

Using the down arrow on Relationship Verified by select the document you will provide. You can either upload your document from your computer or take a picture of your document with your smart phone. Follow the directions as they appear on your screen.

Dependent Documentation

Please select what documentation will be provided to verify the dependent's relationship to the employee. If you wish to upload that documentation now, you can do so below. However, even if you are not uploading the documentation at this time, you must select what type of documentation you can provide to verify the relationship.

Relationship Verified By: **<Please Select>**

Upload Documentation

Here you may upload additional documentation. Please choose whether you would like to upload files from this computer, or if you'd like to scan the QR code and photograph documents from within the mobile application. You may use either option or a combination of both to upload documentation.



Upload from my computer

Using this option you may upload files directly from this computer. Click the upload icon and follow the instructions on the dialog pop-up.



Take a picture and upload

The My Selerix mobile app will allow you to use the camera on your mobile device to take a picture of supporting documentation and upload it to your record. Click the icon to the left to display a QR code to start this process.

Save

Cancel

To Upload from Computer

Upload Documentation

Upload Documentation

Choose File

Marriage Certificate.pdf

File Name:

Marriage Certificate.pdf

Document Type:

Marriage Certificate

OK

Cancel

To take a picture and upload

Take a picture of the QR code on your screen.

Take a picture and upload



You will then be prompted to open selerix on your phone, scan the QR code and then take a picture of your supporting documentation.

Repeat for each eligible dependent.

5. Enrollment

You are now ready to enroll in your benefits. For each benefit there are slides that provide information about the benefit coverage. To review each benefit, select “Next” at the bottom of the page.



6. **IMPORTANT BENEFICIARY INFORMATION:** If you have adult children that are not eligible dependents, please select “other” if designating them as a beneficiary for any of the life benefits. If you select “child” you will not be able to submit your enrollment unless you upload their birth certificate. You may designate under “other relationship” your relationship such as adult child, adult step-child.

Basic Term Life and AD&D

Choose Beneficiaries

A beneficiary is a person, trust, or organization to whom benefits will be paid. A contingent beneficiary will receive benefits if your primary beneficiary is no longer living at the time of your death.

- Place a checkmark next to each desired primary and contingent beneficiary. The percentage allocations will automatically calculate.
- Click Add (plus sign) if you wish to add a desired person or trust to the list.
- You may change the percentages, as long as they add up to 100%.
- Checking all living children will clear any other beneficiary checked.
- Beneficiaries may not be both primary and contingent at the same time.

Note: Adding a beneficiary that is of a coverable type (such as spouse or child) will add that dependent's information as well. For this reason, it is recommended to add a new beneficiary rather than edit one that is already in the list as a dependent.

Relationship:	Other		
Other relationship:	Adult Son		
Name:	Thomas	Smith	
	First	Last	Suffix
SSN:			
Gender:	☒ Male ☐ Female		

When you are finished reviewing each benefit select “Next” on the top or bottom of the benefit screen and you will be directed to the benefit election screens. If you would like to add additional life insurance, short-term disability or cancer insurance you may be required to provide proof of good health which will be coordinated through our vendors UNUM and USAbLe Cancer.

7. Sign and Submit

When you have finished making your elections you will be able to review your elections and associated cost before you sign your form.

[illegible]

To complete your enrollment, enter your pin (last four digits of your SSN and two-digit birth year) and select “sign form.” You have successfully completed your enrollment after you have signed your form. You may print a copy for your records at the bottom of the screen.

8. What to Expect After You Enroll

Upon completion of your enrollment, you will receive an email confirming your elections and costs. If you do not receive a confirmation email, or need to make changes, please re-enroll, or contact your Human Resources office for assistance.