

Eligible employees can make changes or enroll in available benefits options online during Open Enrollment using the Helpside Employee Portal.

The deadline to enroll or make changes is **Thursday, November 19, 2020 at 10:00pm (MST)**

Go to: [helpside.com/employee-portal](https://helpside.com/employee-portal)

### Register

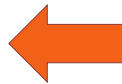
Welcome to the new Helpside Employee Portal! Please fill out the short form below to allow us to find, and link, your PrismHR account with a new Helpside account. We will then send you an email with a link to create your new Helpside account.

\* Last Name

\* Home Zip Code

\* Email Address

REQUEST REGISTRATION EMAIL 



If you haven't previously registered for the benefits enrollment portal, complete the form on the right and click on: **Request Registration Email**.

### Helpside Employee Portal

#### Sign In

Welcome back! Please sign in below with your Helpside account to access the Helpside Employee Portal.

\* Helpside Account Username

\* Helpside Account Password

Keep me signed in [forgot username or password](#)

Show password

SIGN IN 



If you have previously registered, enter your sign in using your Helpside Account Username and Password.

Click on: **Sign In**.

\* Helpside Account Username

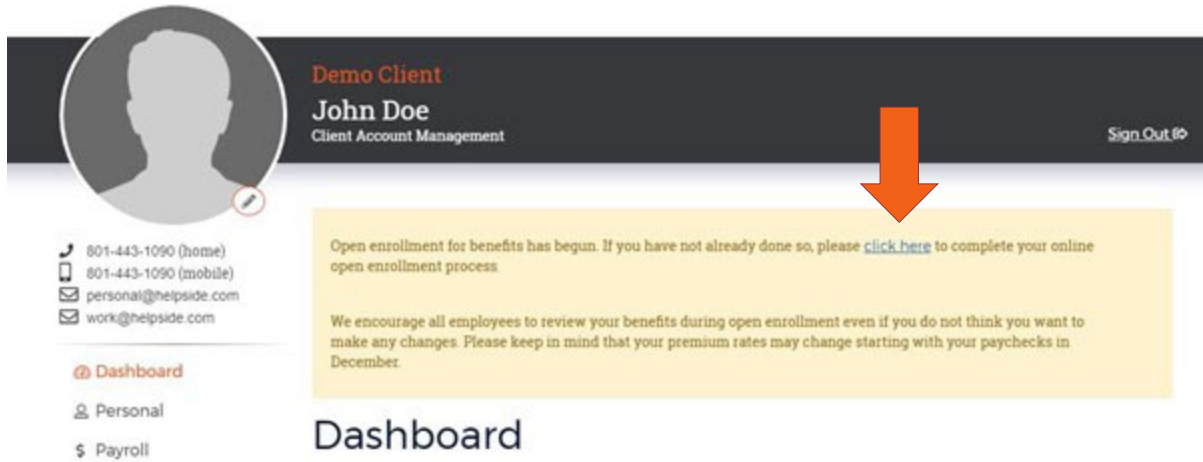
\* Helpside Account Password

Keep me signed in [forgot username or password](#)

Show password

If you forgot your username or password, use the **forgot username or password** link.

After logging in, you will be taken to the main Dashboard seen below. Click on the message at the top of the screen to access the Open Enrollment Portal.



**Demo Client**  
**John Doe**  
Client Account Management

801-443-1090 (home)  
801-443-1090 (mobile)  
personal@helpside.com  
work@helpside.com

Dashboard  
Personal  
Payroll

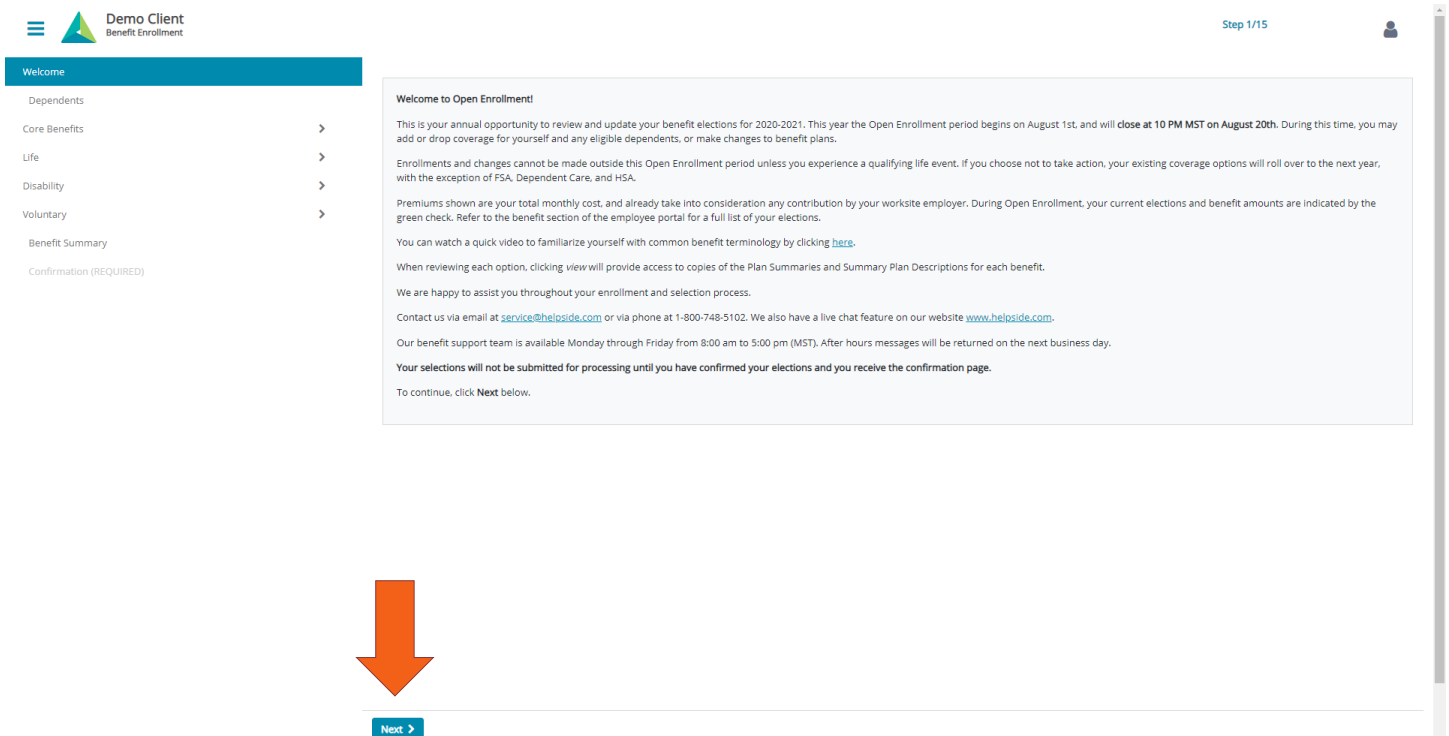
Open enrollment for benefits has begun. If you have not already done so, please [click here](#) to complete your online open enrollment process.

We encourage all employees to review your benefits during open enrollment even if you do not think you want to make any changes. Please keep in mind that your premium rates may change starting with your paychecks in December.

Sign Out

### Dashboard

From here you will be taken to the Online Open Enrollment Portal. This has all the information for available benefits including plan descriptions, pricing, and some helpful videos. After reading the introduction, click on: **Next**



Step 1/15

### Welcome to Open Enrollment

This is your annual opportunity to review and update your benefit elections for 2020-2021. This year the Open Enrollment period begins on August 1st, and will close at 10 PM MST on August 20th. During this time, you may add or drop coverage for yourself and any eligible dependents, or make changes to benefit plans.

Enrollments and changes cannot be made outside this Open Enrollment period unless you experience a qualifying life event. If you choose not to take action, your existing coverage options will roll over to the next year, with the exception of FSA, Dependent Care, and HSA.

Premiums shown are your total monthly cost, and already take into consideration any contribution by your worksite employer. During Open Enrollment, your current elections and benefit amounts are indicated by the green check. Refer to the benefit section of the employee portal for a full list of your elections.

You can watch a quick video to familiarize yourself with common benefit terminology by clicking [here](#).

When reviewing each option, clicking view will provide access to copies of the Plan Summaries and Summary Plan Descriptions for each benefit.

We are happy to assist you throughout your enrollment and selection process.

Contact us via email at [service@helpside.com](mailto:service@helpside.com) or via phone at 1-800-748-5102. We also have a live chat feature on our website [www.helpside.com](http://www.helpside.com).

Our benefit support team is available Monday through Friday from 8:00 am to 5:00 pm (MST). After hours messages will be returned on the next business day.

Your selections will not be submitted for processing until you have confirmed your elections and you receive the confirmation page.

To continue, click **Next** below.

**Next >**

On the Dependents screen, click on the **Add dependents** to enter the information for any dependents you would like to participate in any of the available benefits options. For each election, you will be able to choose from the dependents added on this screen to participate. Once you have added all possible dependents, click on **Next**

Welcome

Dependents

Core Benefits

Medical

FSA

HSA

Dental

Vision

Life

Disability

Voluntary

Benefit Summary

Confirmation

Dependents

Please review and list any eligible dependents you would like to include on any of your benefit plans. Each benefit option is an independent choice. For example, you may cover dependents on medical, and not on vision. Eligible dependents include your legal spouse and dependent children under age 26. Children may include natural born children, stepchildren, children legally placed for adoption, and legally adopted children. Children may also include foster children and children of legal guardians if certain conditions are met. Please contact Helpside for additional information. Providing inaccurate Social Security Numbers will cause a delay in coverage and claims processing.

Dependent List

Name	Relationship	Age	Gender	Tobacco User	Disabled	Student	Status
Rich Husband	Husband *	91	Male	No	No	No	Inactive
Edward Phillips	Son	8	Male	No	No	No	Active
Jeanne Phillips	Daughter	6	Female	No	No	No	Active
Mister Phillips	Son	< 1	Male	Yes	No	No	Active

\* Spouse is selected

Add Dependent

Please note you can add dependents in this area, but to edit or update information on an existing dependent, you must contact Helpside at 1-800-748-5102 or at [service@helpside.com](mailto:service@helpside.com).

Back Next

Now you will navigate through each of the screens for the available benefits options. A running total of the monthly premiums for your elections will be shown at the top of the screen.

If you do not want to participate in a particular option (for example, you do not want dental coverage) click on the waiver box before clicking **Next** to advance to the next screen.

You will not be able to navigate past the Life Insurance screen until you either enter a beneficiary or waive coverage. If coverage is waived, this can be changed later.

**You must either make an election or choose the waiver box for each benefits option in order to complete your enrollment.**

Once you have completed all the available benefits options, you will be taken to your Benefits Summary. Here you can see your monthly premium total as well as your selection for each benefit.

Along the left side of the screen, you will see a navigation menu. A green check mark means that a benefit has been elected. Grey check mark means that a benefit has been waived. If you missed an option it will be shown in red, you will not be able to click on **Submit** to finalize your enrollment until you either mark an election or check the waiver box. Click on the benefit to revisit that page and make your election or waiver.

Welcome Step 15/16 Pauline Phillips

Benefit Summary Running Total: \$345.29

Please review your selected benefits.

Dependents

Name	Relationship	SSN	Date of birth
Edward Jay Phillips	Son	xxx-xx-4444	01-01-2011
Jeanne Phillips	Daughter	xxx-xx-5555	01-01-2013
Mister Phillips	Son	xxx-xx-9999	01-14-2019

Medical

Policy	Covered	Primary Care Physician	Effective date	Cost
Health Essential	Pauline Phillips (EE) Rich Husband (spouse waived)		09/01/2019	\$192.83

FSA

No benefit elections made.

HSA

No plans available

[Back](#) [Submit](#)

Once you submit all your elections, you will be taken to a final confirmation screen.

On this screen, you will need to read the terms and conditions, scroll down and check the box for the enrollment confirmation that says I have read and understand the above statements. Then type in your full name (as shown in the upper right-hand corner of the screen) and then click on **Complete Enrollment** to submit your elections to Helpside for processing.

Welcome

- Dependents
- Core Benefits
  - Medical
  - FSA
  - HSA
  - Dental
  - Vision
- Life
  - Basic Life
  - Voluntary Life
- Disability
  - Long Term
  - Short Term
- Voluntary
  - Accident
  - Critical Illness
  - Hospital
- Benefit Summary
- Confirmation

### Benefit Enrollment Terms and Conditions

Please note that the enrollment period ends on the day your benefits go into effect. Your elections become effective as indicated in the previous election screens. If you do not complete your benefit selections during the specified period, you will not be enrolled. You will not be able to change your plan options until open enrollment. You cannot start, stop, or change coverage until the next open enrollment without a qualifying event.

To complete your benefit enrollment, simply check the box stating that you agree with the terms, and enter your name as it appears in the upper right hand corner in the signature text field. We are happy to support you throughout your enrollment and selection process.

Contact us Monday - Friday, 8 AM to 5 PM MST  
Benefits Support: [service@helpside.com](mailto:service@helpside.com)  
Phone: 1-800-748-5102

Thank you.

I understand the following:

- Coverage will become effective only in accordance with the provisions of each group policy.
- I must maintain eligibility requirements to participate in these benefits.
- Changes to elections cannot be modified until the next Open Enrollment, or within 60 days of qualifying events.
- I have a duty to review my check stubs to confirm my premium deductions are correct.
- I have a duty to inform Helpside if I discover any discrepancy between my pay records and my premium deductions.
- My failure to report any discrepancies may result in a delay in refunds, the collection of missed premiums, or an inability to elect or change plans.

I authorize the following:

- Helpside to make deductions from my earnings for my share of the cost, if any, of the benefits to which I may become entitled.
- EMI Health to share Protected Health Information concerning me and my family with any health care provider.

I certify that the information I have provided is true and complete.

[Back](#) [Complete Enrollment](#)

We recommend that you save a copy of your Benefits Summary for your records.

If you have any questions about available benefits, enrollment, or the benefits enrollment portal, please contact a member of the Client Success Team at Helpside at 1-800-748-5102 or [service@helpside.com](mailto:service@helpside.com).