

Los empleados elegibles pueden inscribirse en las opciones de beneficios disponibles en línea usando el Portal de Empleados de Helpside.

Ir a: [tools.helpside.com/](https://tools.helpside.com/)



### Sign In

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

Keep Me Signed In

Show Password

[Forgot username or password?](#)  
[Register for Account](#)

Si no se ha registrado previamente en el portal de inscripción de beneficios, complete el formulario a la derecha y haga clic en: **Register for Account**



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Si ya se ha registrado, ingrese su inicio de sesión con su nombre de usuario y contraseña de la cuenta auxiliar. Haga clic en: **Sign In**.

I'm not a robot

reCAPTCHA  
[Privacy](#) - [Terms](#)

Sign In



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Si olvidó su nombre de usuario o contraseña, use el enlace de nombre de usuario o contraseña olvidado.

Después de iniciar sesión, se lo dirigirá al Panel de control principal que se ve a continuación.

The screenshot shows the Helpline Employee dashboard. On the left is a sidebar with the Helpline logo and a 'Quick Links' section containing: [Benefit Information & Forms](#), [Document Center](#), [Find a Provider](#), [Talent LMS](#), [PrismHR Payroll Software - Admin](#), [Timeclock](#), and [Wages on Demand \(ZayZoon\)](#). The main content area has a dark header with a home icon and the text 'Employee'. Below the header are three main sections: 'Payroll' with a list of pay stubs and a 'View Details' link; 'Time Off' with a message 'No available time off. Not managed by Helpline' and a 'View Details' link; and 'Company Links' with a 'Helpline' link. Below 'Company Links' is a 'Documents' section with a link to 'Helpline Employee Handbook Aug-2022'.

Para acceder a la herramienta de Inscripción de Beneficios, haga clic en **Employee** y luego en **Benefits Enrollment**.

The screenshot shows the Helpline Employee menu. The 'Employee' tab is selected. The menu is organized into four columns: 'Personal', 'Payroll', 'Benefits', and 'External Tools'. The 'Benefits' column contains: [Benefits Summary](#), [Retirement Summary](#), [FSA & HSA](#), [Dependents/Beneficiaries](#), [FMLA Request Form](#), [Information and Forms](#), and [Benefits Enrollment](#). An orange arrow points to 'Benefits Enrollment'. The 'External Tools' column contains: [Benefit Forms](#), [Find a Provider](#), [Document Center](#), [Time Clock](#), and [Wages on Demand \(ZayZoon\)](#). The 'Contact Us' section at the bottom right contains: [Contact Helpline](#) and [Feedback Form](#).

Haga clic en: **Go to Benefits Enrollment**

The screenshot shows the 'Benefits Enrollment' page. The header has a home icon and the text 'Employee'. The main content area has the title 'Benefits Enrollment' and a welcome message: 'Welcome to Benefits Enrollment. If your company participates in benefit plans sponsored by Helpline, you may enroll in benefits by clicking the link below.' It then states: 'There are three different opportunities when you may enroll or change Helpline sponsored benefits. They include: Newly Eligible Employees' and 'Qualifying Events'. Under 'Qualifying Events', it lists: 'If you believe that you or a family member have experienced one of the following qualifying life events within the past 60 days and wish to modify your benefits enrollment, please contact Helpline at 1-800-748-5102 in order to gain web access.' The list of events includes: Marriage, Divorce, Birth, Adoption, Death, Gain group coverage (Gain of medical share programs are not qualifying), Loss of group coverage (Loss of medical share programs are not qualifying), Loss of eligibility for Medicare, Medicaid, or CHIP, Loss of coverage through a family member, and Qualifying for UFP (Utah's Premium Partnership for Health Insurance). The 'Open Enrollment' section states: 'The yearly period when you can enroll in or make changes to your benefit plan(s). If you have any questions about enrolling in benefits, please contact us at [service@helpline.com](mailto:service@helpline.com) or 801-443-1090.' At the bottom left, there is a button labeled 'Go to Benefits Enrollment' with an orange arrow pointing to it.

Desde aquí, será llevado al

Portal de inscripción. Esto tiene toda la información sobre los beneficios disponibles, incluidas las descripciones del plan, los precios y algunos videos útiles. Después de leer la introducción, haga clic en: **Next**

**HELPSIDE** Benefit Enrollment: 1 / 15 forms completed Welcome Jessica

Home

**BENEFIT ENROLLMENT**

- Welcome
- Dependents
- Core Benefits >
- Life >
- Disability >
- Voluntary >
- Benefit Summary
- Confirmation

**Welcome to the Helpside Benefits Enrollment Process!**

At Helpside we strive to offer a comprehensive benefits package designed to meet the needs of you and your eligible dependents. You will have the opportunity to choose plan options that you desire based on your needs. Taking time to carefully review the information provided in each of the following screens will help you make informed choices about your benefits.

Premiums shown are your total cost, and already take into consideration any contribution by your worksite employer.

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 >**

En la pantalla Dependientes, haga clic en Agregar dependientes para ingresar la información de los dependientes en los que desea participar en cualquiera de las opciones de beneficios disponibles. Para cada elección, podrá elegir entre los dependientes agregados en esta pantalla para participar. Una vez que haya agregado todos los dependientes posibles, haga clic en: **Next**

**HELPSIDE** Benefit Enrollment: Dependents 1 / 15 forms completed Welcome Jessica

Home

**BENEFIT ENROLLMENT**

- Welcome
- Dependents**
- Core Benefits >
- Life >
- Disability >
- Voluntary >
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**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.**

**If you have not yet obtained a Social Security Number for your dependent, please contact us for instructions. Enrollment periods will not be extended in cases where the Social Security Number is not available.**

Before naming a beneficiary, please note that in the event of a claim, proceeds will not be released to a beneficiary under 18 years of age. For more information please contact Helpside.

**Dependent List**

Name	Relationship	Age	Gender	Tobacco User	Disabled	Student
Tina Jackson	Daughter	33	Female	No	No	No

**Add Dependent**

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

**< Back Next >**

Ahora navegará por cada una de las pantallas para ver las opciones de beneficios disponibles. En la parte superior de la pantalla se mostrará un total acumulado de las primas mensuales para sus elecciones.

Si no desea participar en una opción en particular (por ejemplo, no desea cobertura dental) haga clic en el cuadro de exención antes de hacer clic en Siguiente para avanzar a la siguiente pantalla.

No podrá navegar más allá de la pantalla del Seguro de vida hasta que ingrese a un beneficiario o renuncie a la cobertura. Si se renuncia a la cobertura, esto se puede cambiar más adelante.

### Debe realizar una elección o elegir la casilla de exención para cada opción de beneficios para completar su inscripción.

Una vez que haya completado todas las opciones de beneficios disponibles, se lo dirigirá a su Resumen de beneficios. Aquí puede ver el total de su prima mensual, así como su selección para cada beneficio.

A lo largo del lado izquierdo de la pantalla, verá un menú de navegación. Una marca de verificación verde significa que se ha elegido un beneficio. La marca de verificación gris significa que se ha renunciado a un beneficio. Si perdió una opción, se mostrará en rojo, no podrá hacer clic en **Submit** para finalizar su inscripción hasta que marque y elija o marque la casilla de exención. Haga clic en el beneficio para volver a visitar esa página y hacer su elección o renuncia.

HELPSIDE Benefit Enrollment: Benefit Summary 13 / 15 Forms completed Welcome Jessica

Home

BENEFIT ENROLLMENT

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

Good Work! Now it's time to review your choices.  
Click 'Submit' to continue to the last step of the enrollment process.

Benefit Summary Running Total: \$284.16

Please review your selected benefits.

Medical

Policy	Covered	Primary Care Physician	Effective date	Cost per month
Health Essential	Jessica D Jacksonson (EE)		10/01/2023	\$225.02

HSA

No plans available

FSA

Benefit election waived.

Dental

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

Una vez que envíe todas sus elecciones, será llevado a una pantalla de confirmación final.

En esta pantalla, deberá leer los términos y condiciones, desplazarse hacia abajo y marcar la casilla para la confirmación de inscripción que dice que he leído y entiendo las declaraciones anteriores. Luego escriba su nombre completo (como se muestra en la esquina superior derecha de la pantalla) y luego haga clic en Completar inscripción para enviar sus elecciones a Helpside para su procesamiento.

**HELPSIDE** Benefit Enrollment: Confirmation 13 / 15 forms completed Welcome Jessica

**BENEFIT ENROLLMENT**

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

**Your enrollment is almost complete!**  
Review the content below, provide an electronic signature and click 'Complete Enrollment' to finalize your enrollment.

### 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.

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.

I understand the following:

- Coverage will become effective only in accordance with the provisions of each group policy. RSLI products that are completed after the initial coverage effective date will have the coverage effective moved forward to the first of the following month.
- 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.
- Helpside reserves the right to review and approve benefit elections. The discovery of fraud or misrepresentation on the part of a covered person in the enrollment process may result in recovery of claims paid and retro active termination of coverage.

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.

< Back Complete Enrollment

Guarde una copia de su Resumen de beneficios para sus registros.

Si tiene alguna pregunta sobre los beneficios disponibles, la inscripción o el portal de inscripción de beneficios, comuníquese con un miembro del equipo de éxito del cliente en Helpside al 1-800-748-5102 o [service@helpside.com](mailto:service@helpside.com)