

Instructions for Open Enrollment in Supplemental Life Benefits

Review your Benefits Summary in Employee Self Service on VTHR to verify that you are enrolled in the basic life insurance plan provided as part of your State of VT employment:



Benefits Summary

To view your benefits as of another date, enter the date and select

08/04/2022

Type of Benefit	Plan Description
Medical	SelectCare, Before-Tax
Dental	Northeast Delta Dental
Life and AD and D	Minnesota Life, Plan 08
Long-Term Disability	Long Term Disability
Deferred Compensation	Deferred Comp 457
DC Voluntary Contribution	
Sick	Sick Leave - Regular
Vacation	Annual Leave - Regular
Personal	Superv Personal Leave -Regular
Flex Spending Health - U.S.	ASIFlex, FSA Health Care
Employee Retirement	Retirement Benefit F

If you are not enrolled, STOP! You may apply for coverage by submitting an [Evidence of Insurability](#) form to DHR.Benefits@vermont.gov. We will forward it to Securian and you will hear directly from them on next steps. If/when your application is approved, you will have a new 30-day open enrollment window dating from the date your coverage begins.

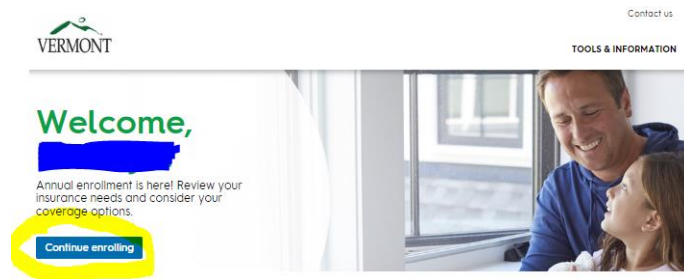
If you are enrolled: Continue to the steps below.

After confirming your coverage in the basic plan as noted above, navigate to the Securian login screen at <https://lifebenefits.com/>

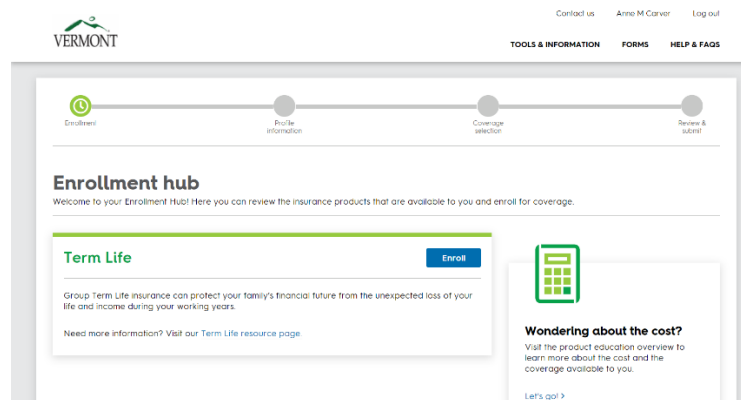
If it is your first time logging on, your user ID is VT+Employee ID (ex: VT0000). Your temporary password is your full birthdate+the last 4 of your SSN (ex: 080820221234)



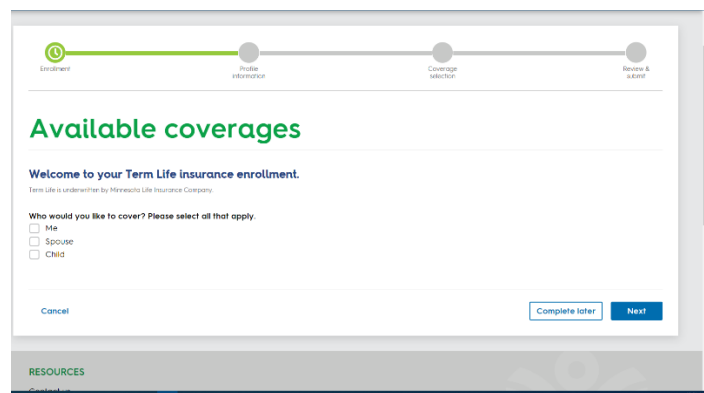
After logging, when you reach the Welcome screen, click on Continue Enrolling to begin the process of choosing your coverage.



Click the Enroll button on the following screen



Choose the coverage you want to add on the following screen and hit “Next”. The tool will then lead you through the enrollment for the coverage options chosen.



Note: you will need to elect your own supplemental coverage in order to add coverage for a spouse and/or child.

For the open enrollment period, the maximum amount of coverage is:

- **Employee: 3x annual salary, not to exceed \$500,000**
- **Spouse: Up to \$50,000 in coverage**
- **Child: Up to \$20,000, in \$5,000 increments**

You may decrease your amount of coverage in the supplemental plans at any time. After open enrollment, you may apply to increase your supplemental coverage by submitting an [Evidence of Insurability](#) form (Coverage for a child never requires answering health questions).