



ENROLLING ONLINE WITH ARBENEFITS



The easiest way to enroll or change your plan during designated enrollment periods is online on the ARBenefits Member Portal.

Who Can Enroll or Make Changes Online?

- All employees during Open Enrollment.
- Newly hired employees during their initial 60-day eligibility window.
- Non-Medicare Retirees during Open Enrollment (may only change plan level).

Advantages of Using the ARBenefits Member Portal

- Instant confirmation that the Employee Benefits Division (EBD) has received your enrollment elections.
- Supporting documentation may be sent directly through the ARBenefits Member Portal.
- Receive alerts when your forms have been approved or if there is an issue that requires action.

Registering

New or current employees who have not registered may click "Register." Once you fill in the required information and click the "Register" button, your member number will be displayed.

This number is your user ID for the ARBenefits Member Portal, and your member number is also listed on your ARBenefits card.

Register User Access

Fill in the form below to receive your User ID and password for the ARBenefits system.

User Information

Social Security Number
XXXX-XX-XXXX

First Name
First Name

Last Name
Last Name

Date of Birth
MM/DD/YYYY

Email Address
Email Address
Email Address is required.

Password and Security Question

The new password must be at least 8 characters long and meet at least 3 of the following criteria:
- Contains at least one lowercase letter
- Contains at least one uppercase letter
- Contains at least one numeric digit (0,1,2,3,4,5,6,7,8,9)
- Contains at least one special character (~,!,@,#,\$,%,^,&', etc.)

Password

Password does not meet complexity requirements

Confirm Password
Confirm Password

Password Reset Question
Choose One

Answer to Security Question
Answer to Security Question

Terms and Conditions

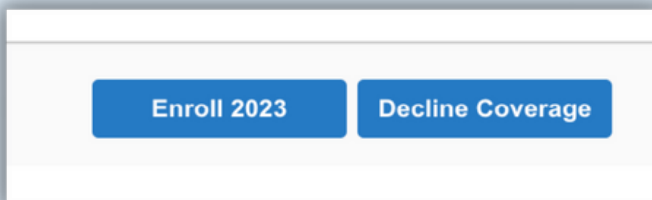
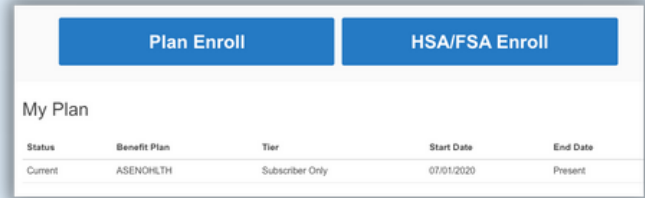
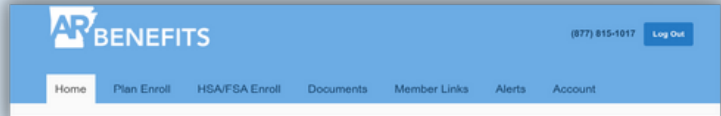
By clicking the Submit button below, I acknowledge that receipt of my sign-on code(s) will allow access to the EBD Network and Systems and understand the following:
My sign on code and password(s) will be used as personal identification for purposes of data access in the same manner as my signature is used for identification.

I have read and accept the terms and conditions above.

Register Cancel

Enrolling

Once you log in, click the "Plan Enroll" tab or the blue "Plan Enroll" button on the home screen of your account. The "Plan Enroll" tab and button will only appear during Open Enrollment or your 60-day new hire eligibility window.



At the "Plan Enroll" tab, you may decline, cancel, or enroll in health coverage. An "Enroll Now" button will be available for new hires during Open Enrollment.

ASENOHLTH Subscriber Only

Spouse

When adding a spouse be sure to attach a copy of the marriage license and complete the attached Affidavit of Spousal Health Care Coverage.

[Spousal Affidavit](#)

[Add](#)

Update Dependent(s)

When adding a dependent be sure to attach a copy of the birth certificate.

[Add](#)

Update Plan

Coverage Plan: Subscriber Only

Basic

Classic

Premium

Rates [Please note:](#) The displayed rate does not include any wellness discount you may be eligible to receive.

Taxes

Please check this box if you wish to have your premiums withheld on a post-tax basis.

Insurance premiums will be deducted from your pay after Medicare, Federal, and State taxes are calculated and do not reduce your taxable gross salary.

[Discard Changes](#) [Save For Later](#) [Next](#)

After you choose "Enroll," you will advance to the enrollment page where you can:

- Add or remove a spouse or dependent.
- Change your plan level.
- Choose to have your premiums deducted on a post-tax basis.

The blue bar will display your current plan and monthly cost. Any spouse or dependents currently covered will be displayed, and you can edit their information or remove them from your plan.

NOTE: If you choose to have your health insurance deduction taken post-tax, you will not be able to switch back to pre-tax until the next Open Enrollment period.

Adding a Spouse or Dependent

When you add a spouse or dependent, these boxes will pop up so you can add the information. Once the information is entered, click "Save" to add them to your plan. If you want the spouse or dependent to have the same address as you, check to use the subscriber's address, and this box will automatically fill in your address.

The image shows two overlapping form windows. The top window is titled "Add Spouse Information" and contains fields for: First Name, Middle Initial, Last Name, Social Security Number, Date of Birth (MM/DD/YYYY), Gender (Choose One), Address Line 1, Address Line 2, City, State (Arkansas), and Zip Code (12345-1234). There is a checkbox for "Use Subscriber's Address" and a "Save" button. The bottom window is titled "Add Dependent Information" and contains fields for: First Name, Middle Initial, Social Security Number, Date of Birth (MM/DD/YYYY), Address Line 1, Address Line 2, City, State (Arkansas), and Phone Number (with a "Choose One" dropdown for Phone Type). There is a checkbox for "Use Subscriber's Address" and "Save" and "Cancel" buttons.

Note: Supporting documentation is required to add a spouse and dependent children to your plan. Before submitting your online enrollment, you will have the chance to upload and attach supporting documentation.

Selecting Your Plan Level

You can enroll in or change your plan level. The monthly cost of each plan will be displayed. Plan level changes will be the only option available to Non-Medicare Retirees during Open Enrollment.

The image shows a form titled "Update Plan". Under "Coverage Plan: Subscriber Only", there are three radio button options: Basic, Classic, and Premium. At the bottom, there is a "Rates" section with a note: "Please note: The displayed rate does not include any wellness discount you may be eligible to receive."

Once your spouse/dependents are added or removed, and your plan is selected, you can click "Next" to advance. If you want to cancel your selection, select "Discard Changes." If you want to pause your enrollment, click "Save for Later."

If you choose "Save for Later," please remember to finish within the enrollment period, or your selections will not be processed. Once you click "Next," please refer to the Alerts Tab. If a number appears, you may have an error on your application that needs immediate attention.

Reviewing Your Selections

Once you advance, the second page will allow you to review your selections. If you have added a spouse or dependents, you may upload copies of the required supporting documentation on this page.

Please review the following information and complete at the bottom of the page. Bottom

My Plan

| Plan Name | Plan Tier | Status |
|--------------|--------------------|--------|
| ASEBASICTACT | Subscriber & Child | Active |

Dependent(s)

| Name | Relation | Status | Address | DOB | Coverage Start | Coverage End |
|----------|----------|--------|---------|------------|----------------|--------------|
| JOHN DOE | Child | Added | | 12/31/2004 | 01/01/2023 | |

Premiums withheld on a post-tax basis.
Insurance premiums will be deducted from your pay after Medicare, Federal, and State taxes are calculated and do not reduce your taxable gross salary.

Terms & Conditions

I authorize deductions of the required contributions (if applicable). I understand that my elections can only be changed during the next open enrollment period unless I have a qualifying status change event as defined by the Federal Internal Revenue Code and/or the ARBenefits Summary Plan Description. I understand I must request such changes within 60 days of the qualifying event for active employees, and within 30 days for retirees. On behalf of myself and anyone enrolled on or added to this form, I authorize any health care professional or entity to give the health plan/insurer or any of their designees, any and all record information pertaining to medical history or service rendered to the health plan/insurer, for any administrative purpose, including evaluation of any application or a claim. I also authorize on behalf of health plan/insurer, the use of a Social Security Number for the purpose of identification. A photocopy of this authorization will be as valid as the original. By checking the appropriate option for electronic signature, you certify that you are acting on your personal coverage and/or on behalf of another individual as their duly authorized representative. You are also directing EBD, the administrator of the ARBenefits Health Plan, to manage this form and take all necessary actions as if you had physically signed the document and presented it to EBD for processing. This transaction is processed in accordance with the Arkansas Electronic Records and Signature Act pursuant to A.C.A. 25-31-101 et. seq.

IMPORTANT Check here for electronic signature and agreement to terms and conditions

Discard Edit Complete

To complete your online enrollment, accept the terms & conditions. Once you accept, the "Complete" button at the bottom will turn green.

How To Upload Documents

1. Click "Add Files" to locate the document.
2. Click "Attach" (you can attach multiple documents).
3. Click "Upload All" (documents will appear in the "Uploaded Documents" box).
4. You may also drag and drop files and click "Upload" to upload your documents.

Upload New Documents

Drag and drop files below.

Add Files Upload Cancel

Uploaded Documents

| File Name | Action |
|---|--------|
| No results found for Uploaded Documents | |

Documentation Warning

Once you click "Complete," the "Dependent Confirm Documents Warning" will appear. You do not have to submit your supporting documentation with the online form; however, it must be received by the end of the enrollment period. You may upload documentation anytime in the ARBenefits Member Portal during the enrollment period.

Enrollment Period:

New Hires: Within 60 days of the start date.

Open Enrollment: October 1-31st.

The addition of spouse and dependent(s) will be denied if documentation is not received. The document upload feature is available anytime in the ARBenefits Member Portal.

Required Documentation

To add a child:

- Copy of their birth certificate.
- Copy of your marriage license (if adding a stepchild).
- Proof of legal custody (if added due to new legal guardianship).

To add a spouse:

- Copy of your marriage license.
- Spousal Affidavit Form.

Completion of Enrollment

Once you submit your application, you will see a confirmation page signifying that your enrollment application has been successfully submitted to TSS EBD.

You can also print out a PDF of your enrollment form to keep for your records. Once your elections have been approved, you will see your new coverage band on your home screen with the effective date.

Success

Congratulations

Your ARBenefits information has successfully been submitted for processing. Please print out the below information for your records. An email receipt will also be sent to your email address on file.

My Plan

| Plan Name | Plan Tier | Status |
|-------------|--------------------|--------|
| ASEBASICACT | Subscriber & Child | Active |

Dependent(s)

| Name | Relation | Status | Address | DOB | Coverage Start | Coverage End |
|----------|----------|--------|---------|------------|----------------|--------------|
| JOHN DOE | Child | ADDED | | 12/31/2004 | 01/01/2023 | |

Premiums withheld on a post-tax basis.
Insurance premiums will be deducted from your pay after Medicare, Federal, and State taxes are calculated and do not reduce your taxable gross salary.

Progress Alerts

After you submit your online application, you will receive alerts when your enrollment is processing, has been approved, or if there is any action you need to take. If the only change you make during Open Enrollment is changing your plan level between Premium, Classic, and Basic or enrolling into an Employee Only plan, your form will automatically be approved. The approval is automatic since there is no required supporting documentation to verify.

Coverage Effective Dates:

New Hires: First of the month following the date of submission.

Open Enrollment: January 1 of the following year coinciding with the start of a new plan year.



Contact us:

877-815-1017

ask.EBD@arkansas.gov

