

How to Enroll in Benefits as a Retiree (Initial Enrollment)

Follow the steps in this guide to complete your initial enrollment as a new Retiree in the Benefitplace system. To enroll in benefits, you will complete the following steps:

- [Access Benefitplace for the First Time](#)
- [Review your Profile Information and Communication Preferences](#)
- [Add a New Dependent](#) (if applicable)
- [Add, Update or Remove Medicare Information](#) (if applicable)
- [Enroll in Benefits](#) (Initial Enrollment)
- [Attach Documentation for Verification](#) (if applicable)

Step #	How to Access Benefitplace for the First Time
1	<p>Enter the following URL in a web browser https://benefitplace.houstontx.gov/. First, you will need to create a password. On the Log in screen, click the Can't access your account link.</p> <div><p>Log in to your account</p><p>Username</p><input type="text"/> Forgot username<p>Password</p><input type="password"/> Reset password<p>Log in</p><p>Can't access your account?</p></div>
2	<p>Select I can't remember my password, then click Next.</p> <div><p>Benefitplace</p><p>Account access</p><p>Please select which option you need help with - please note, you will need your username to reset your password.</p><p><input checked="" type="radio"/> I can't remember my password</p><p><input type="radio"/> I forgot my username</p><p>Next <input type="button" value="Cancel"/></p></div>

3

Reset your password

Provide your identifying information

Username

COHBEN00123456

[Forgot your username?](#)

Security check

☐ I'm not a robot

Next

Cancel

- Enter your username (COHBEN + Your 8-Digit Employee ID) into the **Username** field.
- Check the box next to **I'm not a robot**. Select **Next** to continue.

Note: The Employee ID you enter must be 8 digits. Add enough zeros in front of your Employee ID to make it 8 digits. E.g. 00123456 or 00012345. If you cannot remember your Employee ID, contact your benefits administrator.

4

As a retiree/survivor, click **Employee or Independent Worker**. Click **Next** to continue.

Account access

Please start by telling us which type of Benefitplace user you are.

☐ Employee or Independent Worker☐ Employer or HR Administrator[Forgot your password?](#)

Next

Cancel

5

Answer the computer-generated questions that are displayed, then enter your five-digit ZIP code. Complete all the required fields and select **Next** to continue.

Reset your Account

Verify Identity

* Choose the birth year of a dependent you currently cover or previously covered on your benefits.

☐ 1999☐ 2001☐ 1998☐ None of the above or not applicable

* Choose your name or the name of a dependent you currently cover or previously covered on your benefits.

☐ natisha☐ test☐ elijah☐ None of the above or not applicable

* Choose your hire date. If none of the selections are accurate, select 'None of the above or not applicable.'

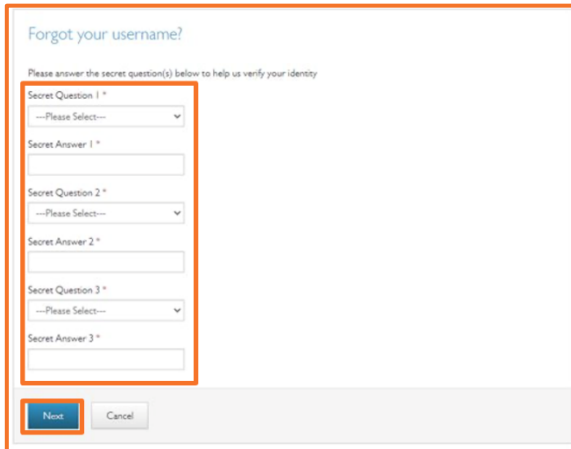
☐ january 30, 2022☐ february 9, 2022☐ january 17, 2022☐ None of the above or not applicable

* Enter your five-digit ZIP code

Cancel

Next

- 6 The system will then prompt you to select and answer security questions. Click each drop-down to select a question and enter your responses. Click **Next** to continue.



Forgot your username?

Please answer the secret question(s) below to help us verify your identity

Secret Question 1 *

—Please Select—

Secret Answer 1 *

Secret Question 2 *

—Please Select—

Secret Answer 2 *

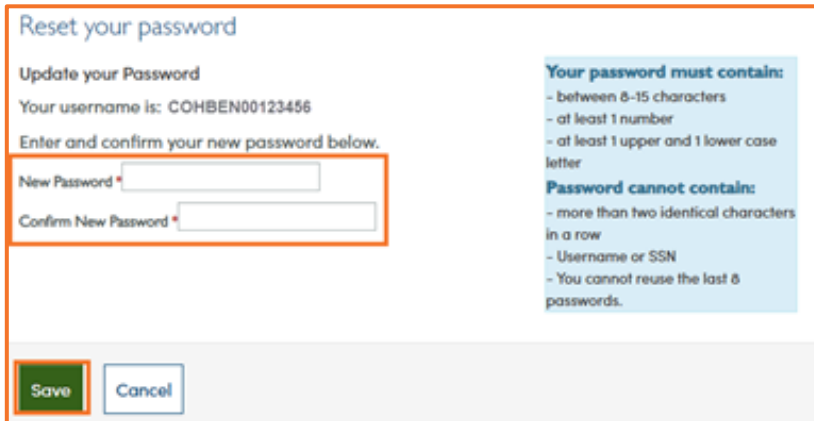
Secret Question 3 *

—Please Select—

Secret Answer 3 *

Next Cancel

- 7 Enter and confirm your new password. To continue to the next step, your password must meet the criteria outlined in the blue shaded boxes. Click **Save** to continue.



Reset your password

Update your Password

Your username is: COHBEN00123456

Enter and confirm your new password below.

New Password *

Confirm New Password *

Save Cancel

Your password must contain:

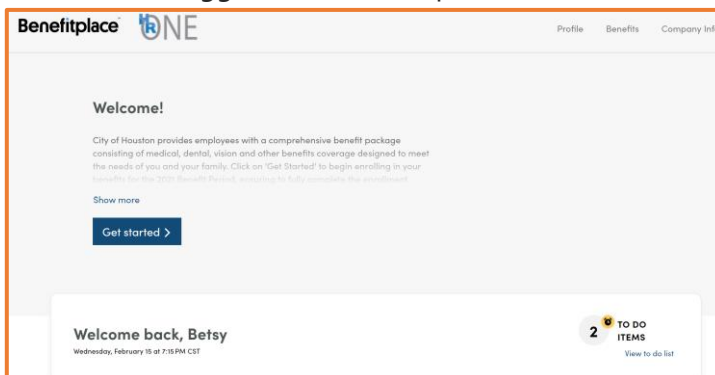
- between 8-15 characters
- at least 1 number
- at least 1 upper and 1 lower case letter

Password cannot contain:

- more than two identical characters in a row
- Username or SSN
- You cannot reuse the last 8 passwords.

- 8 You will be returned to the login screen; enter your username (**COHBEN + Your 8-Digit Employee ID**) and your new password to access Benefitplace.

- 9 You are now logged in to Benefitplace.



Benefitplace H ONE

Profile Benefits Company Info

Welcome!

City of Houston provides employees with a comprehensive benefit package consisting of medical, dental, vision and other benefits coverage designed to meet the needs of you and your family. Click on 'Get Started' to begin enrolling in your benefits for the 2020 benefit period, according to fully complete the enrollment.

Show more

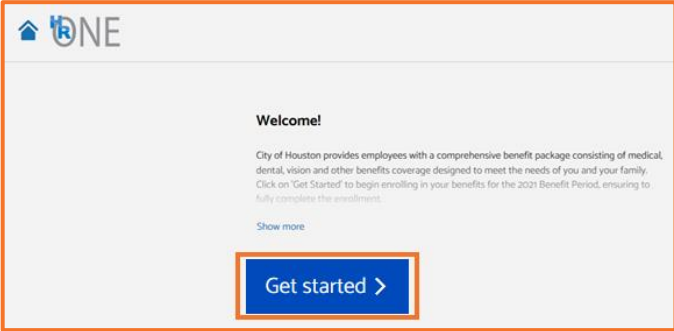
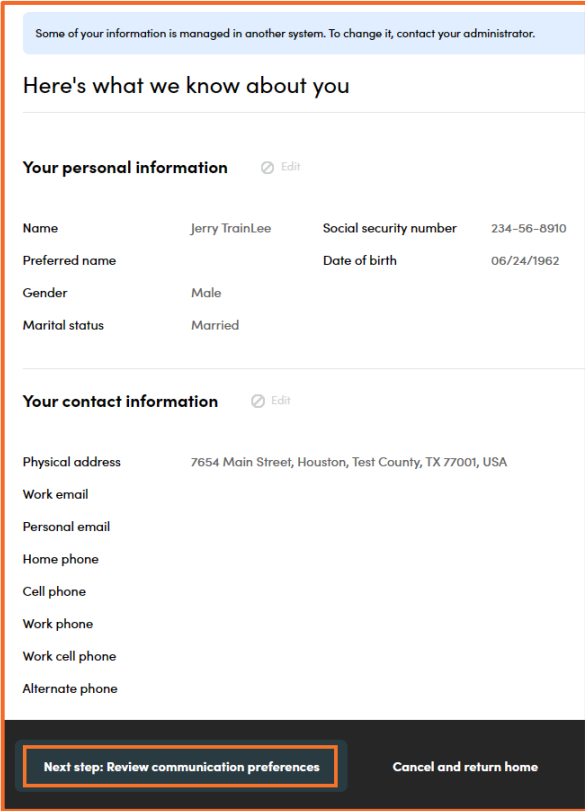
Get started >

Welcome back, Betsy

Wednesday, February 15 at 7:15 PM CST

2 TO DO ITEMS


View to do list

Step #	How to Review your Profile Information and Communication Preferences
1	<p>Click Get started to review your profile and begin your enrollment.</p> 
2	<p>It is important to make sure your contact information is up to date on your Profile, so you do not miss important notifications regarding coverage, enrollment, and eligibility.</p> <p>Your contact information is managed in a different system but you must review it to ensure accuracy. To make changes to your personal or contact information, contact your benefits administrator.</p> <p>Click Next step: Review communication preference to continue.</p> 

3

To set your communication preferences, click [Edit](#). Click the checkbox next to your preferred method of communication. If you are missing contact information, you will be unable to select it as your method of communication. Click [Save preferences](#) to confirm your selection, then click [Continue to next step](#).

Please set your communication preferences

From your employer 

Communication method Text using phone number: 1234567890

[Continue to next step](#) [Cancel and return home](#)

Which methods would you like them to use?

Email options

☒ Personal email
retiree@gmail.com

Text options*

☒ Home phone
1234567890

*Please only select phone numbers that can receive SMS text messages.

Step

How to Add a New Dependent

1

Click [Add Dependent](#) to enroll dependents for coverage under your benefit plan(s).

Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

[Add Dependent](#)

[Next](#) [Previous](#)

2

Enter all the requested information for your dependent(s). Required fields are indicated with a red asterisk (*). To include additional dependents, click [Save & Add Another](#). After entering all dependent data, click [Save](#).

Add Dependent

First Name * Middle Name Last Name *

Suffix Preferred Name

Date of Birth *

Gender *
☐ Female ☐ Male ☐ Undeclared

SSN *

Relationship *

Physical Address
☒ Use Employee Address

[Save](#) [Save & Add Another](#) [Cancel](#)

3

Review the information for accuracy, then click **Next**.

Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Name	Relationship	Date of Birth	Gender	Actions
Derrick TrainFie	Spouse	02/11/1960	Male	Actions -
Rick TrainFie	Child	08/20/2017	Male	Actions -

Add Dependent

Next Previous

Note:

If you need to edit or remove a dependent prior to enrolling them in benefits, click the **Actions** drop-down and select the applicable option (**Edit** or **Remove**). Then click **Next** to continue.

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Name	Relationship	Date of Birth	Gender	Actions
Derrick TrainFie	Spouse	02/11/1960	Male	Actions -
Rick TrainFie	Child	08/20/2017	Male	Actions - Edit Remove

Add Dependent

Next Previous

Step #	How to Add, Update or Remove Medicare Information
1	<p>Indicate whether you or your dependents are currently covered in Medicare by selecting Yes or No.</p> <p>Note: If you selected No, click the Next button to continue enrolling in benefits.</p> <div data-bbox="292 514 917 814"> <p>Covered by Medicare?</p> <p>Providing Medicare information can help coordinate payment of medical expenses.</p> <p>Are you or any of your dependents covered by Medicare?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>What is Medicare?</p> <p>Next Previous Cancel</p> </div>
2	<p>If you selected Yes, you will be required to enter additional information. Begin by selecting which of your dependents are covered and whether you have all the required details to continue.</p> <p>Note: If you do not have the information at this time, click Next to continue.</p> <div data-bbox="292 976 917 1360"> <p>Who is covered by Medicare?</p> <p><input checked="" type="checkbox"/> TrainFie, Derrick <input type="checkbox"/> TrainFie, Rick</p> <p>Do you have all required details?</p> <p><input checked="" type="radio"/> Yes, I have all the required details. <input type="radio"/> No, I do not have all details at this time.</p> <p>What is Medicare?</p> </div>
3	<p>Complete all relevant fields. The required fields are indicated with a red asterisk (*). Click Next to continue.</p> <div data-bbox="292 1480 938 1948"> <p>Derrick TrainFie's Medicare Information</p> <p>Medicare Number * <input type="text" value="502050183A"/> Eligibility Reason * <input checked="" type="checkbox"/> Age <input type="checkbox"/> Renal Disease <input type="checkbox"/> Disability</p> <p>Hospital Insurance Part A</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p>Eligibility Date <input type="text" value="01/01/2015"/></p> <p>Effective Date * <input type="text" value="01/01/2015"/> End Date <input type="text"/></p> <p>Medical Insurance Part B</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p>Eligibility Date <input type="text" value="01/01/2015"/></p> <p>Effective Date * <input type="text" value="01/01/2015"/> End Date <input type="text"/></p> <p>What is Medicare?</p> <p>Next Previous Cancel</p> </div>

4

Review and confirm your Medicare information. Click **Save** to continue.

Review & Save Medicare

Edit, remove or add Medicare information for yourself or your dependent(s). If updates are not needed select save.

John TrainDennis's Medicare Information

Medicare Number	Part A Effective Date	Part B Effective Date	Actions
929290182A	01/01/2015	01/01/2015	Actions -

Save

5

To edit the Medicare information, click the **Actions** drop-down menu, and select **Edit**.

Review & Save Medicare

Edit, remove or add Medicare information for yourself or your dependent(s). If updates are not needed select save.

John TrainDennis's Medicare Information

Medicare Number	Part A Effective Date	Part B Effective Date	Actions
929290182A	01/01/2015	01/01/2015	Actions - Edit Remove

Save

6

Make the necessary changes and click **Next** to continue.

7

Click **Save** to continue.

Review & Save Medicare

Edit, remove or add Medicare information for yourself or your dependent(s). If updates are not needed select save.

John TrainDennis's Medicare Information

Medicare Number	Part A Effective Date	Part B Effective Date	Actions
929290182A	01/01/2015	01/01/2015	Actions -

Save

8

To remove Medicare information prior to enrolling in benefits, click the **Actions** drop-down to the right of the dependent's name and select **Remove**, then click **Save**.





Review & Save Medicare

Edit, remove or add Medicare information for yourself or your dependent(s). If updates are not needed select save.

John TrainDennis's Medicare Information

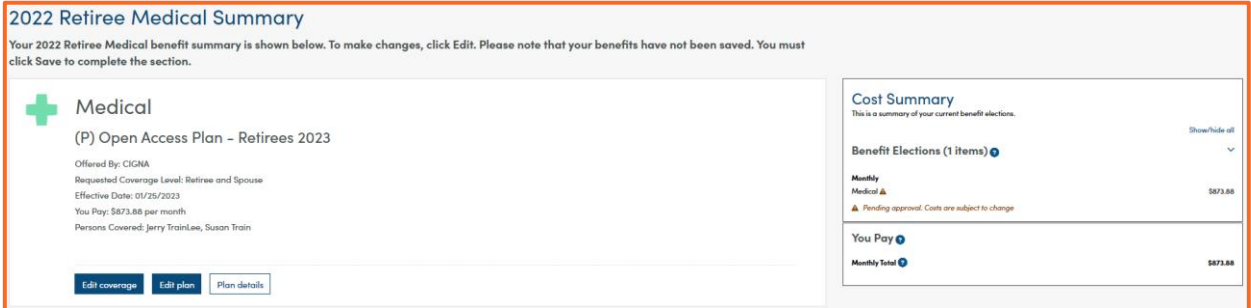
Medicare Number	Part A Effective Date	Part B Effective Date	Actions
929290182A	01/01/2015	01/01/2015	Actions - Edit Remove

Save


Step #	How to Enroll in Benefits																				
1	<p>You are now ready to enroll in benefits. Click Begin enrollment.</p> <p>Note: You also have the option to Decline each benefit.</p> <div data-bbox="297 474 1279 869"> <p>2. Choose your Medical coverage</p> <p>Begin enrollment Decline coverage</p> <hr/> <p> 3. Choose your Dental coverage</p> <hr/> <p> 4. Choose your Vision coverage</p> <hr/> <p> 5. Choose your Life coverage</p> </div>																				
2	<p>Select the dependents you want to cover under your medical coverage.</p> <p>Choose your Medical plan.</p> <p>Please review your options and choose the plan that best meets your needs.</p> <div data-bbox="297 947 906 1220"> <p> Who do you want to cover on this plan?</p> <p><input checked="" type="checkbox"/> Judy TrainMoss <input checked="" type="checkbox"/> Susan Train</p> </div>																				
3	<p>Click the Select plan button next to your preferred medical plan. To view more information about a plan, click Plan details.</p> <div data-bbox="297 1331 1528 1745"> <table> <tr> <td data-bbox="297 1331 597 1535"> HDHP </td><td data-bbox="597 1331 1528 1535"> <p>(P) Consumer Driven Health Plan - Retiree 2023 \$263.45 Monthly Cost</p> <table> <tr><td>Family Deductible</td><td>\$3,500</td></tr> <tr><td>Inpatient Hospital Visit</td><td>20% after deductible is met</td></tr> <tr><td>Emergency Room Visit</td><td>20% after deductible is met</td></tr> <tr><td>Doctor's Office Visit</td><td>20% after deductible is met</td></tr> </table> <p>Select plan Plan details</p> </td></tr> <tr> <td data-bbox="297 1535 597 1745"> HMO </td><td data-bbox="597 1535 1528 1745"> <p>(P) Limited Plan (Retirees) 2023 \$466.02 Monthly Cost</p> <table> <tr><td>Plan Coinsurance</td><td>NA</td></tr> <tr><td>Family Out of Pocket Max</td><td>\$17,100</td></tr> <tr><td>Individual Out of Pocket Max</td><td>\$8,550</td></tr> <tr><td>Inpatient Hospital Visit</td><td>\$600 per day</td></tr> </table> <p>Select plan Plan details</p> </td></tr> </table> </div>	HDHP	<p>(P) Consumer Driven Health Plan - Retiree 2023 \$263.45 Monthly Cost</p> <table> <tr><td>Family Deductible</td><td>\$3,500</td></tr> <tr><td>Inpatient Hospital Visit</td><td>20% after deductible is met</td></tr> <tr><td>Emergency Room Visit</td><td>20% after deductible is met</td></tr> <tr><td>Doctor's Office Visit</td><td>20% after deductible is met</td></tr> </table> <p>Select plan Plan details</p>	Family Deductible	\$3,500	Inpatient Hospital Visit	20% after deductible is met	Emergency Room Visit	20% after deductible is met	Doctor's Office Visit	20% after deductible is met	HMO	<p>(P) Limited Plan (Retirees) 2023 \$466.02 Monthly Cost</p> <table> <tr><td>Plan Coinsurance</td><td>NA</td></tr> <tr><td>Family Out of Pocket Max</td><td>\$17,100</td></tr> <tr><td>Individual Out of Pocket Max</td><td>\$8,550</td></tr> <tr><td>Inpatient Hospital Visit</td><td>\$600 per day</td></tr> </table> <p>Select plan Plan details</p>	Plan Coinsurance	NA	Family Out of Pocket Max	\$17,100	Individual Out of Pocket Max	\$8,550	Inpatient Hospital Visit	\$600 per day
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4


Review and confirm your medical plan elections on the [Summary](#) page. To make corrections to your elections, click [Edit Coverage](#) or the [Edit Plan](#) button to make changes. Click [Save](#) to confirm your choice.



2022 Retiree Medical Summary
Your 2022 Retiree Medical benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.

**Medical**
(P) Open Access Plan - Retirees 2023
Offered By: CIGNA
Requested Coverage Level: Retiree and Spouse
Effective Date: 01/25/2023
You Pay: \$873.88 per month
Persons Covered: Jerry TrainLee, Susan Train

Cost Summary
This is a summary of your current benefit elections.
[Show/Hide all](#)

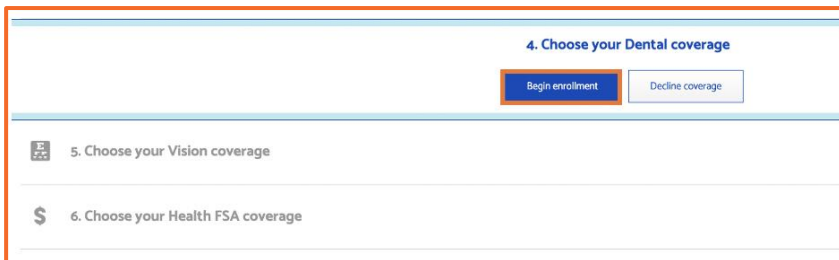
Benefit Elections (1 items)
Monthly Medical  Pending approval. Costs are subject to change. \$873.88

You Pay
Monthly Total \$873.88

[Edit coverage](#) [Edit plan](#) [Plan details](#)

5

Click [Begin enrollment](#) to select your Dental then your Vision coverage. Select from the plans listed, then click [Save](#) to confirm your selections.



4. Choose your Dental coverage

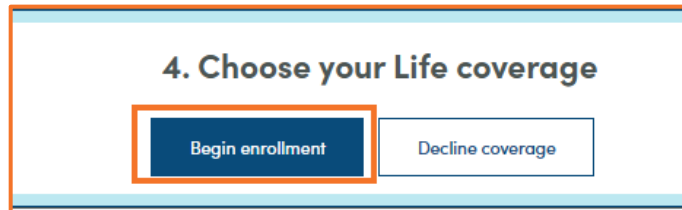
[Begin enrollment](#) [Decline coverage](#)

5. Choose your Vision coverage

6. Choose your Health FSA coverage

6

To select your life coverage, click [Begin enrollment](#).

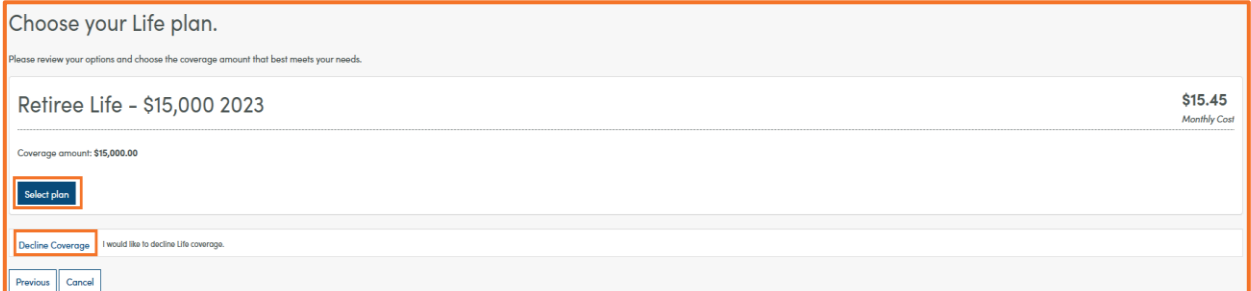


4. Choose your Life coverage

[Begin enrollment](#) [Decline coverage](#)

7

Review your life plan options and click [Select plan](#). To decline coverage, click the [Decline Coverage](#) link.



Choose your Life plan.
Please review your options and choose the coverage amount that best meets your needs.

Retiree Life - \$15,000 2023 **\$15.45**
Monthly Cost

Coverage amount: \$15,000.00

[Select plan](#)

[Decline Coverage](#) I would like to decline Life coverage.

[Previous](#) [Cancel](#)

8

Select a **Beneficiary Type**, then click **Next** to continue.

Life: Beneficiary information

Beneficiary type?

Please Note:
A beneficiary is a person, organization, trust, or estate designated by the certificate holder to receive proceeds from a policy when the certificate holder becomes deceased. You will be able to name multiple persons, organizations and/or trusts as primary and/or secondary beneficiaries and designate allocation percentages for each.

☐ Person ☐ Estate
☐ Organization
☐ Trust

Next Previous Cancel

9

You have the option to designate your dependent (s) as a beneficiary or click the **Enter New Beneficiary** option to enter information for another individual.

Life: Beneficiary information

Please choose an existing dependent if applicable, otherwise click next to enter a new beneficiary.

☐ Enter New beneficiary

Dependents Eligible To Be Used As Beneficiaries

Use	Name	Relationship	Date of Birth
<input checked="" type="radio"/>	Susan Train	Spouse	05/26/1972

Next Previous Cancel

10

For a new beneficiary, enter the relevant information. The required fields are indicated with a red asterisk (*). Click **Next** to continue.

Life: Beneficiary information

Enter the beneficiary information.

First Name * Middle Name Last Name * Suffix
Relationship * Social Security Number Date of Birth *
Address 1 * Address 2 City * State / Province *
ZIP / Postal code * Country * Phone Number *

Next Previous Cancel

11

To add another beneficiary, click [Add Beneficiary](#). Then, complete the required fields.

- Use the **Beneficiary Type** field to indicate the **Primary** and **Secondary** beneficiaries.
- Enter an **Allocation %** for each beneficiary.
- Click **Next** to continue.

Note: If you have multiple Primary beneficiaries the allocation percentage must total 100%.

Note: When replacing an existing beneficiary with a new one, first deselect the beneficiary, add the new beneficiary, then adjust the allocation percentage accordingly.

Use	Name	Relationship	Date of Birth	SSN/ID	Beneficiary Type	Allocation %	Actions
<input checked="" type="checkbox"/>	Susan Train	Spouse	05/26/1972	546-85-4643	Primary	50	Edit
<input checked="" type="checkbox"/>	John Train	Brother	10/11/1979		Primary	50	Edit

[Add Beneficiary](#)

Please Note:
Secondary beneficiaries will receive proceeds in the event that all primary beneficiaries are no longer living.

[Next](#) [Previous](#) [Cancel](#)

12

To edit a beneficiary, click [Edit](#) and update their information as needed.

To remove a beneficiary, deselect the **Use** checkbox next to the beneficiary's name.

Click **Next** to continue.

Use	Name	Relationship	Date of Birth	SSN/ID	Beneficiary Type	Allocation %	Actions
<input checked="" type="checkbox"/>	Susan Train	Spouse	05/26/1972	546-85-4643	Primary	100	Edit
<input type="checkbox"/>	John Train	Brother	10/11/1979		Primary		Edit

[Add Beneficiary](#)

[Next](#) [Previous](#) [Cancel](#)


13

Review and confirm your life plan elections on the [Summary](#) page. To make corrections to your elections, click [Edit Coverage](#). To make changes to your beneficiaries, click [Edit](#) and update the information as needed.

Click **Save** to confirm your choices.

2022 Retiree Life Summary

Your 2022 Retiree Life benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.

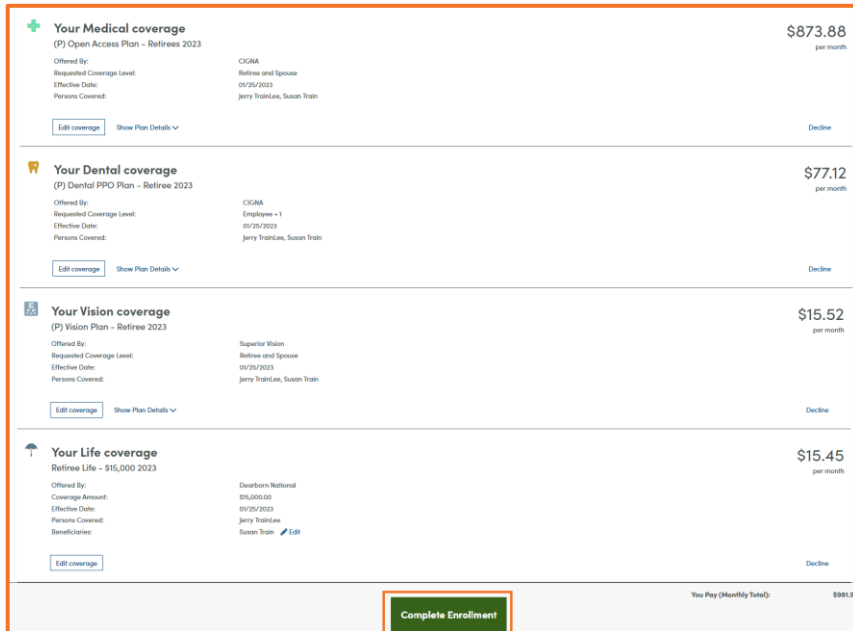
 **Life**
Retiree Life - \$15,000 2023
Offered By: Dearborn National
Coverage Amount: \$15,000.00
Effective Date: 01/25/2023
You Pay: \$15.45 per month

Beneficiaries [Edit](#)
[Show details](#)
[Edit coverage](#)

[Save](#) [Cancel](#)

14

The final page shows all the selections you made. Review the information and click the **Edit coverage** button if needed to make changes to the plans displayed. To see more information about your plans, click the **Show Plan Details** link. To finalize your selections, click the **Complete Enrollment** button.



Your Medical coverage \$873.88 per month
(P) Open Access Plan - Retirees 2023
Offered By: CIGNA
Requested Coverage Level: Retiree and Spouse
Effective Date: 01/25/2023
Persons Covered: Jerry Trainees, Susan Train
[Edit coverage] [Show Plan Details] [Decline]

Your Dental coverage \$77.12 per month
(P) Dental PPO Plan - Retiree 2023
Offered By: CIGNA
Requested Coverage Level: Employee + 1
Effective Date: 01/25/2023
Persons Covered: Jerry Trainees, Susan Train
[Edit coverage] [Show Plan Details] [Decline]

Your Vision coverage \$15.52 per month
(P) Vision Plan - Retiree 2023
Offered By: Superior Vision
Requested Coverage Level: Retiree and Spouse
Effective Date: 01/25/2023
Persons Covered: Jerry Trainees, Susan Train
[Edit coverage] [Show Plan Details] [Decline]

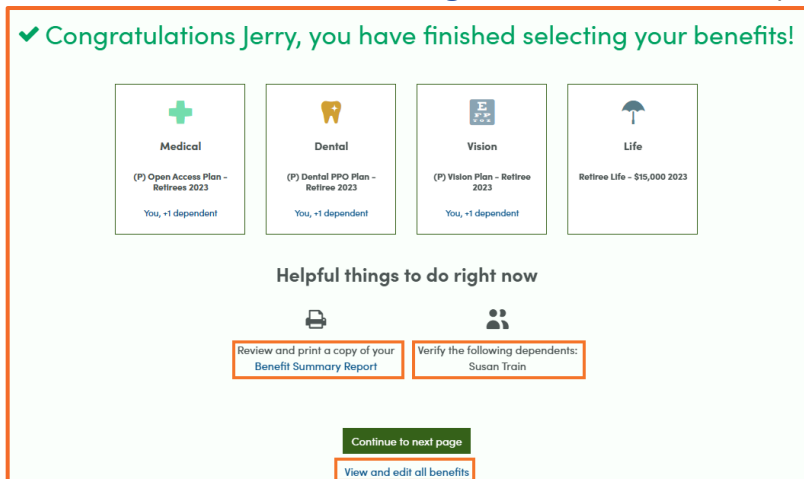
Your Life coverage \$15.45 per month
Retiree Life - \$15,000 2023
Offered By: Deatharm National
Coverage Amount: \$15,000.00
Effective Date: 01/25/2023
Persons Covered: Jerry Trainees
Beneficiaries: Susan Train [Edit]
[Edit coverage] [Decline]

You Pay (Monthly Total): \$981.97
Complete Enrollment

15

The confirmation page displays your selections.

- To print or download a copy of your report, click **Benefit Summary Report**.
- To edit your benefits, click **View and edit all benefits**.
- Click **Continue to Next Page** to return to the home page.



✓ Congratulations Jerry, you have finished selecting your benefits!

Medical
(P) Open Access Plan - Retirees 2023
You, +1 dependent

Dental
(P) Dental PPO Plan - Retiree 2023
You, +1 dependent

Vision
(P) Vision Plan - Retiree 2023
You, +1 dependent

Life
Retiree Life - \$15,000 2023

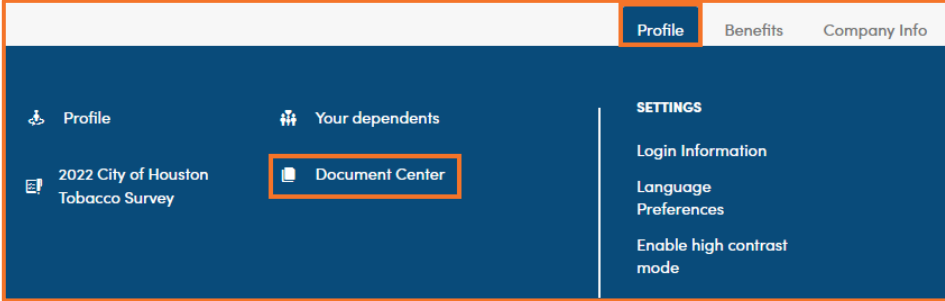
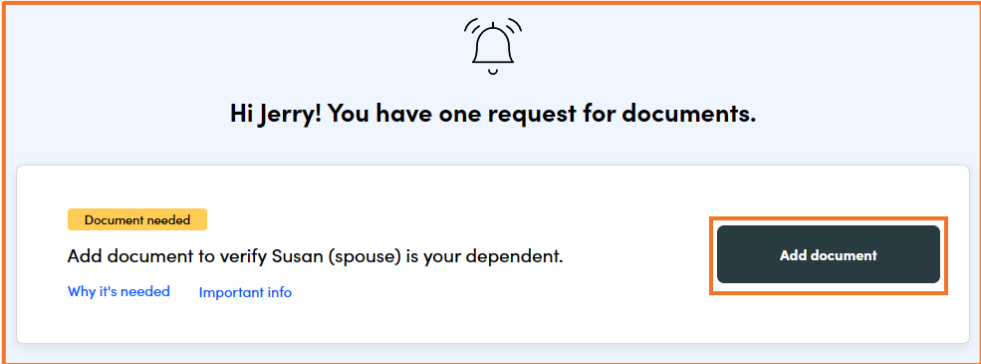
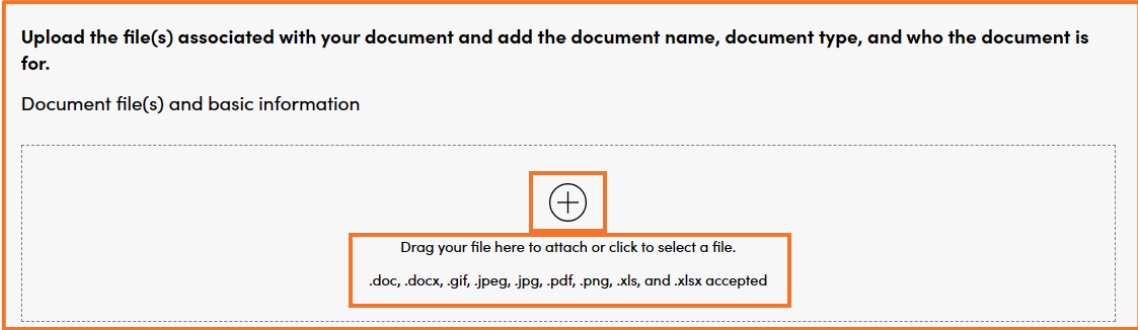
Helpful things to do right now

[Icon: Document] Review and print a copy of your **Benefit Summary Report**

[Icon: People] Verify the following dependents: Susan Train

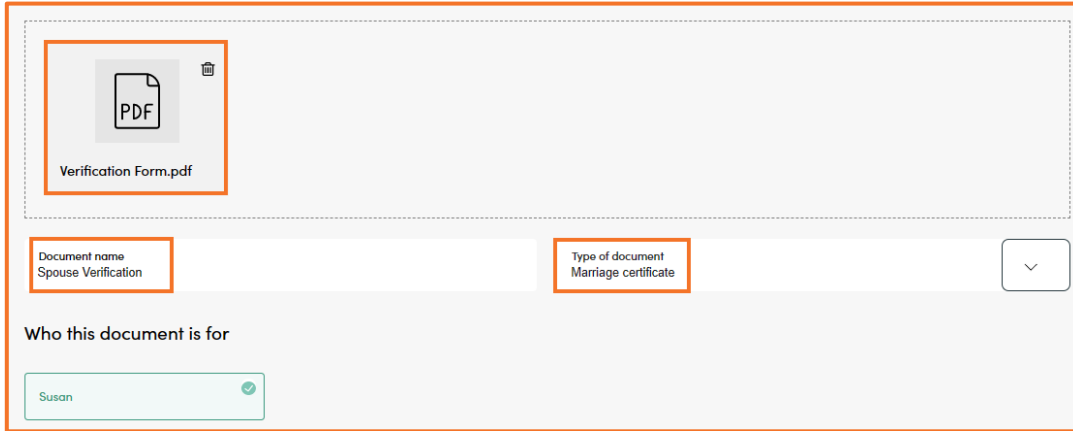
Continue to next page

View and edit all benefits

Step #	How to Attach Documents for Verification
1	<p>On the homepage, click the Profile tab and select Document Center.</p> 
2	<p>Any request for documentation will populate in this section. To add documentation, click Add document.</p> 
3	<p>Click the Upload button and browse your computer for the document. Note: Below are the types of documents that can be uploaded.</p> 

4

After uploading the document, enter the **Document Name** and select the **Type of Document**.

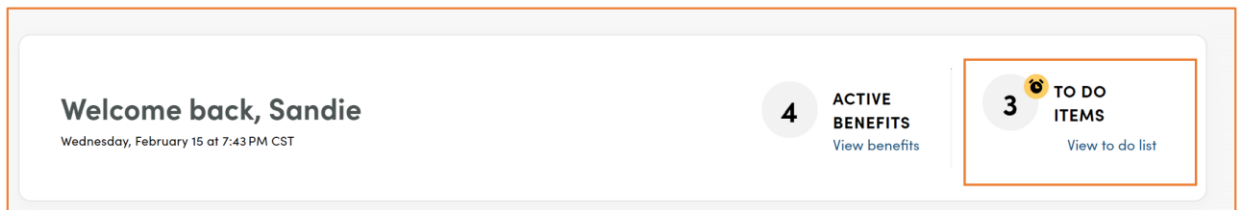


5

Click the **Save document** button to continue.

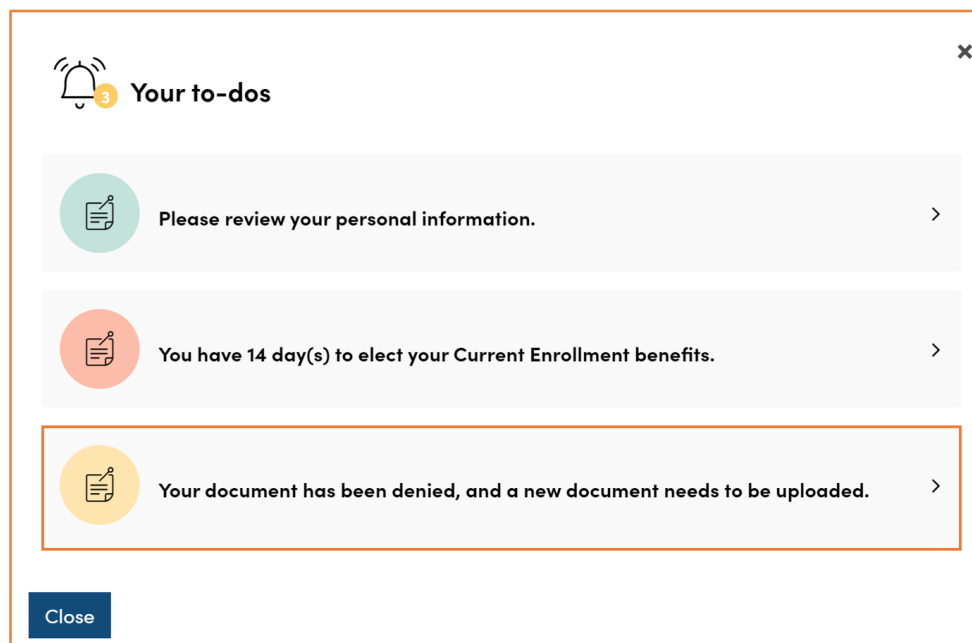
6

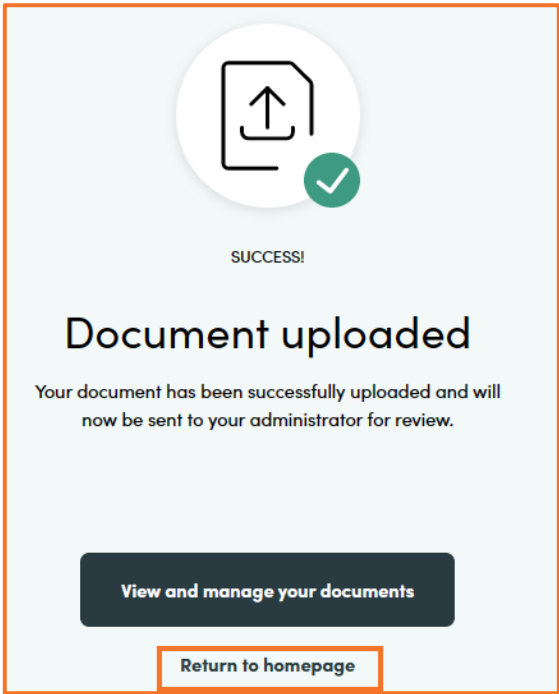
After you have applied for benefits, any request for additional information will be visible in your **To Do Items** section. From the homepage, you may click on **View To Do List** to view requests for documentation.



7

Select the **To Do item** you wish to address.



8	The Document Center page will appear. Upload or replace the document requested, then click Save Document .
9	<p>Click Return to homepage to exit the Document Center.</p>  A screenshot of a success message in a light blue box with an orange border. At the top is a circular icon containing a document with an upward arrow and a green checkmark. Below the icon is the word "SUCCESS!". The main heading is "Document uploaded". Below that is the text: "Your document has been successfully uploaded and will now be sent to your administrator for review." At the bottom are two buttons: a dark grey button labeled "View and manage your documents" and a white button labeled "Return to homepage" which is highlighted with an orange border. <p>Document upload success message:</p> <p>SUCCESS!</p> <p>Document uploaded</p> <p>Your document has been successfully uploaded and will now be sent to your administrator for review.</p> <p>View and manage your documents</p> <p>Return to homepage</p>