

ENROLLMENT / CHANGE INSTRUCTIONS

Medical & Dental Plan



First Time Enrollee:

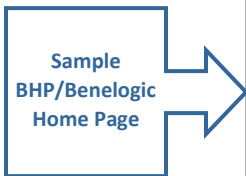
- * Log on to <https://butlerhealthplan.benelogic.com>
- * Enter your **UserID:**
First Initial and Last Name with Last four of digits of Social Security Number
(For Example, John Doe would be: **jdjoe1234**)
- * Enter your **Initial Password:**
Date of Birth (For Example, **mmddyyyy**)
- * Change your password and answer security questions.
- * Follow the instructions on the website to enroll in your benefits or waive coverage.
- * Click on the Finish button to save your elections.
- * **Print your confirmation summary.**

Before you enroll:

- * You will need the following information about you and your dependents:
 - Social Security Number
 - Date of Birth
 - Information on other medical and dental coverage that you and your dependents may have.

To Submit a Change During the Year:

- * Log on to <https://butlerhealthplan.benelogic.com> with your User ID and new password.
- * **If you experience a qualified change in status** during the year, you must enroll within 31 days after the qualifying event (within 60 days for a newborn). If you go beyond the time limit, you'll have to wait until the next open enrollment period to make the changes.



Attention
There is nothing currently requiring your attention.

What Do You Want To Do?

- Make A Change.** If you've had a qualifying status change, you can submit a request to make a change to your enrollments.
- Upload a Document.** You can add supporting documentation or just securely store benefit related records in your personal File Cabinet.
- Change Your Password.** You can change your password and/or your security questions.
- View Current Benefits.** You can see the benefits you have in effect today.
- Watch an Overview.** You can get a high level preview of how to enroll and the highlights of your portal with this quick tour.

REQUIRED ELIGIBILITY UPLOADS NEEDED FOR MEDICAL AND DENTAL BENEFITS

Dependent Type	Submit Copy of Preferred Documentation
SPOUSE	<ul style="list-style-type: none"> •Marriage Certificate or Tax Return (black out financial information). •Spousal Enrollment Worksheet (upload when enrolling online) for: <ol style="list-style-type: none"> 1. Spouses employed at another BHP member district. 2. Spouses with no access to an employer-sponsored or retiree medical plan. 3. Spouses currently enrolled in his/her employer-sponsored medical or retiree plan who pay more than 55% of single premium rate.
BIRTH CHILD	Copy of Birth Certificate or Tax Return (black out financial information)
ADOPTED CHILD	Copy of legal adoption documentation or Tax Return (black out financial information)
LEGAL GUARDIANSHIP FOR CHILD	Copy of proof of legal guardianship or Tax Return (black out financial information)
STEP CHILD	1. Birth Certificate or Tax Return (black out financial information) AND 2. Copy of divorce decree to identify medical coverage for dependent.
DISABLED DEPENDENT	“Certificate of Disability for the Handicapped Children’s Provision Application for Continuation Coverage” form which can be obtained from your Treasurer/Business Office, Birth Certificate, or Tax Return (black out financial information)

Need assistance?

Benelogic Client Services

1-866-324-0818

8:30am-5:00pm EST (Mon-Fri)

Email: info@butlerhealthplan.benelogic.com