



## Bozeman Public Schools

404 West Main, P.O. Box 520

Bozeman, MT 59771-0520

[www.bsd7.org](http://www.bsd7.org)

# ONLINE ENROLLMENT INSTRUCTIONS

1. Access the Bozeman School District web portal at the following URL.

<https://ivisions.bsd7.org/ivisions>

2. Once logged on, select from menu Benefits > HR Benefits Enrollment *\*Please note – all employees have a username/password. For assistance accessing this information, email [Lacy.Clark@bsd7.org](mailto:Lacy.Clark@bsd7.org)*
3. It is important to review and follow each screen's instructions. The first screen that appears will have the Welcome Instructions. Click NEXT.
4. Open Enrollment will be selected. Click NEXT.
5. Review your Employee Information. If updates are necessary, EMAIL [Lacy.Clark@bsd7.org](mailto:Lacy.Clark@bsd7.org) with your correct contact information. Click NEXT.
6. Add/update your Emergency Contacts Information. Click NEXT.
7. Add/update your Dependents information. These dependents will be selected when you choose the Medical and Dental plan options. **It is imperative that names and social security numbers match what is on a dependent's social security card. This information is now reported to the IRS on form 1095-C. If the information does not match, it could create issues with the IRS reporting.** Click NEXT.
8. Add/update the Beneficiary Information. The beneficiary's will be selected when you get to the Life Insurance screen. Once complete click NEXT.
9. Select a Medical Insurance Plan, or select WAIVE to not enroll in coverage. If the plan you selected includes a spouse and/or child(ren), select the desired dependents and click NEXT.
10. Enter any other Insurance coverage you or your dependents currently have. If you do not have other Insurance coverage, leave the page blank and click NEXT.
11. If you enrolled in a high deductible health plan (HDHP) you may have the option of contributing to an HSA. Read through the acknowledgement screen and make your selection. Click NEXT.
12. If you elected a high deductible health plan, you may enter your annual contribution amount to be deducted through payroll. This amount will be broken down to a monthly contributions and deposited into your Health Savings Account (HSA). Click NEXT *\*First time enrollee's will need to create an HSA bank account with First Security Bank (or other financial institution of your choice). Print and complete the First Security Bank Account Setup form located on the Benefits webpage. After the account has been setup at First Security Bank, please notify the Benefits Specialist of your bank account number.*

13. If you chose to go with the Basic \$1500 deductible, you have the opportunity to participate in a Medical Flexible Spending Account. Complete the annual election amount or waive coverage. Click NEXT. Reimbursement forms may be found online on the Benefits webpage. Click NEXT.
14. All eligible employees may sign up for the Dependent Care Flexible Spending Account. Make your annual election and select NEXT. Reimbursement forms may be found online on the Benefits webpage. Click NEXT.
15. Select a Dental Reimbursement Plan, or select WAIVE to not enroll in coverage. If the plan you selected includes a spouse and/or child(ren), select the desired dependents and click NEXT.
16. Acknowledge your District Paid Life Insurance. Click NEXT.
17. Select or waive Supplemental Life coverage for yourself and your dependents. Click NEXT. **Please note:** If you wish to continue with the same election as last year, you must elect that amount at this time. Otherwise, life insurance will not carry over from the previous plan year. ***\*If an election amount exceeds the guarantee issue amount (see benefits brochure for these limits), complete and submit the online Evidence of Insurability form (EOI) to Mutual of Omaha via their webpage, no later than August 21<sup>st</sup> for underwriting completion.***
18. Select or waive Accidental Death & Dismemberment coverage for yourself and your dependents. Click NEXT.
19. **NEW THIS YEAR** – Elect or waive Short Term Disability coverage. This coverage is for the EMPLOYEE ONLY and is not available for family members. Click NEXT.
20. **NEW THIS YEAR** – Elect or waive Voluntary Critical Illness for yourself & dependents. If you are waiving this coverage, enter “0” into each of the boxes. Once your election amount has been made, click NEXT.
21. **NEW THIS YEAR** – Elect or waive coverage for yourself and/or your dependents for Accident Insurance. Click NEXT.
22. Acknowledge the payroll deductions screen and click NEXT.
23. Review your confirmation statement and deduction amounts. View/Print the statement for your records. The confirmation statement shows the monthly deduction amount that will be withheld from your paycheck.
24. Click the **SUBMIT** button to finalize your benefit elections. At any time during open enrollment employees may come back to make changes to their elections and review prior to clicking the **SUBMIT** button.
25. Once you have selected SUBMIT please refer to the Benefits webpage print any applicable forms. <http://www.bsd7.org> > Our District > Benefits

**\*\*If you need assistance contact the Budget & Risk Management Coordinator at 406.522.6045 or come into the Payroll office M-F 8:00 am – 4:00 pm.**