

# Benefits Enrollment

Hi CEBT,

Welcome to Employee Community! To get started, go to <https://willis-production.force.com/employee/login?c=qtadu92v0WlsZ8X9LxYg5iWumuktDh9NQkxZ88EuWBlscmeWzVPHj5b914ss129geMac24eUSDmD5HLSonJMSpzE3R3LGr34QOIQV5UdColhwAviXve7hn78pGg.SNxxanLokksmfNMADMVd3oxw%3D%3D>

Username: [cebt.test@willistowerswatson.com](mailto:cebt.test@willistowerswatson.com)

Thanks,  
CEBT

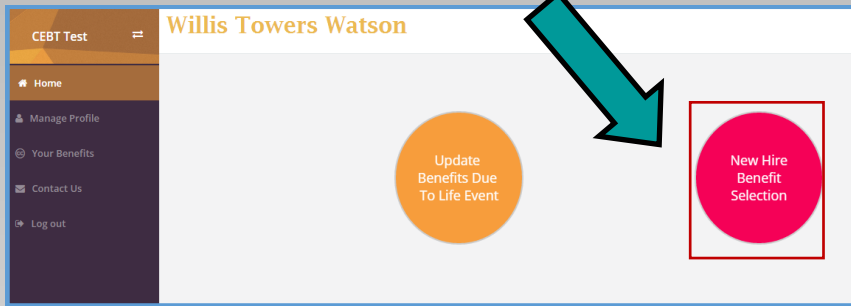
## Sign Up

New employees will receive a welcome email at their work email address (or the email address provided to their employer when hired). Please click on the link provided in the email to begin your enrollment process.

## Begin Enrollment

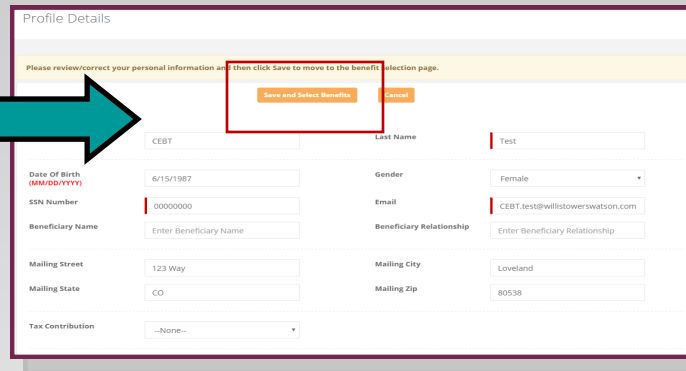
Select the New Hire Enrollment button in order to choose your benefits.

Create a password, confirm, and select change password.



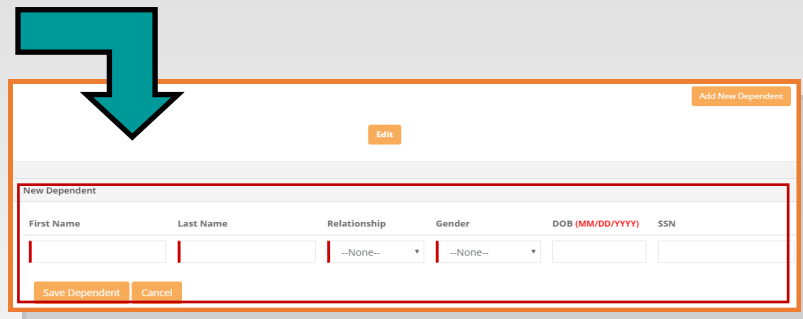
## Verify Information

Review Profile Details and add in or correct any information that was not completed by your employer. Next, press Save and Select Benefits.



## Need to add a dependent?

1. Click on "Add New Dependent"
2. Fill in required information
3. Press "Save Dependent"



Please contact your HR Administrator or Benefits Specialist for any questions.

Benefits

When selecting benefits below, please make sure to click on each plan tab to complete your enrollment.

Selected Benefits	Plan Name	Start Date	Benefit Description
<input checked="" type="checkbox"/>	PPO3	5/1/2017	Employee Contribution would be \$200.00 per month
<input type="checkbox"/>	PPO4	5/1/2017	
<input type="checkbox"/>	HRP	5/1/2017	

Dependents

Name	Relationship	Gender	DOB	SSN
<input checked="" type="checkbox"/> One Test	Child	Male	5/12/2000	526-44-8859

## Make your elections

Review the benefit options available, and choose a plan. Include dependents on coverage by checking the box next to the dependent you wish to add.

## Wondering what plan to choose?

Refer to the benefit descriptions for a comparison of the different plan designs.

## Approve your changes

Continue through each benefit tab, and press "Save & Finish" to complete.

Benefits

When selecting benefits below, please make sure to click on each plan tab to complete your enrollment.

Medical Dental Vision **Life**

Selected Benefits	Plan Name	Start Date
<input checked="" type="checkbox"/>	Employee Life Volumes(Employer Paid Life) Required	7/1/2017

[Save & Finish](#)

## Upload dependent verification

Upload proof of dependent documentation for any new dependent being added to your benefits (ie. Birth certificate, marriage certificate, adoption papers, common law certificate, civil union certificate), and press upload.

Dependent Verification is required within 30 days. If you do not have it at the time of enrollment press "Skip and Continue", and submit to your HR administrator.

Add Attachment

Upload Proof of Dependent

If your proof-of-event document doesn't also serve as a proof-of-dependent document, then please upload the proof-of-dependent document here.

Please upload a document that proves this person is your dependent (Watson Towers)

[Skip and Continue](#)

No file chosen

## Review your elections

Select "Summarize Coverages" in order to review your enrollment.

Your request to add dependents is awaiting approval. We will notify you upon review of your documentation. This notification will be sent to danitza.gline@willistowerswatson.com.

[Summarize Coverages](#)

## Print

Print your election summary for your records or future reference.

Summarize Coverages

Coverage: 2017-05-01 (Pending Approval)

**Medical**  
 PPO3 with cost \$500.00 Starts on 5/1/2017  
 Covered Dependents  
 One Test (Child)

**Dental**  
 Dental A with cost \$50.00 Starts on 5/1/2017  
 Covered Dependents  
 One Test (Child)



Please contact your HR Administrator or Benefits Specialist for any questions.