

WCIF Enrollment Instructions

1. Visit the website <https://trustmark.benselect.com/WashingtonCountiesInsuranceFund>
2. Click “To Enroll Click Here”. If you a returning user and have forgotten your pin, please reach out to LTCiBenefitsTeam@ltc-solutions.com



3. Create your profile – **below are the required fields needed to complete your profile**
 - a. SSN
 - b. First Name
 - c. Last Name
 - d. Date of Birth
 - e. Gender
 - f. Address
 - g. Home Phone
 - h. Email
 - i. Date of Hire
 - j. Location
 - k. Scheduled Hours Per Week
 - l. New Pin (at least 4 letters and numbers)
 - i. *You will use this pin if you want to log in to the portal after your application has been submitted.*
 - m. Re-Type Pin
 - n. Password Hint Question
 - o. Password Hint Answer
 - p. Re-type Verification Code

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New Employee

Personal Info

Please fill out the following information completely. All of this information is required to complete your benefit enrollment. If you have questions, please contact your Human Resources representative.

Employee ID:

SSN:

First Name Middle Initial Last Name

Date of Birth:

Gender: Male Female Other

Contact Info

Please enter your complete contact information. Press Submit when you are ready to log onto the enrollment system. Be sure and keep your PIN in a safe place. This is your "secret code" for accessing the system, and is the equivalent of your digital signature.

Address: Country

Street Address Line 1

Street Address Line 2

City State ZIP

Home Phone:

Work Phone:

Mobile Phone:

E-MAIL:

Employment

If you have been assigned a unique employee identifier by your employer, please enter it below. Otherwise, enter your Social Security Number. Then enter your date of hire, location, department, job title, and other employment information in the space provided.

Date of Hire:

Location:

Title:

Annual Salary:

Scheduled Hours Per Week:

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Assign PIN

Finally, enter a Personal Identification Number (PIN). The PIN is your secret code for accessing the system and for signing enrollment forms. You may use any combination of at least 4 letters and numbers. A computer-generated verification code is displayed at the left. Please re-type the Verification Code in the space provided. This step helps prevent malicious use of the site.

New PIN:

Re-type PIN:

Password Hint Question:

Password Hint Answer:

Verification Code: **F83E4Q**

Re-type Verification Code:

4. Click “Submit”

5. Review the WA State Long-Term Care Payroll Tax information click “Next”

Home You & Your Family My Benefits Payment Information Sign & Submit

Avoid Washington State's Long-Term Care Payroll Tax



Did you know? Beginning Jan. 1, 2022 the State of Washington will begin charging WA employees a new payroll tax to fund state-provided long-term care (LTC) benefits.

Total Annual Income ¹	WA LTC Trust Act Annual Tax Liability ²
\$50,000	\$290
\$75,000	\$435
\$100,000	\$580
\$150,000	\$870
\$200,000	\$1,160

However, you have an alternative: you can apply for an exemption from this tax when you get personal LTC protection, like **Trustmark Universal LifeEvents insurance with Long-Term Care Benefits**.

Trustmark Universal LifeEvents with Long-Term Care Benefits qualifies you to OPT OUT of the new Washington LTC tax!



Two-in-one protection - LTC benefits + life insurance death benefit



Double your coverage - more than twice the maximum LTC benefits



Get it today - coverage is effective immediately



Take your coverage with you if you change jobs, retire or move

Act fast - you need to purchase coverage soon to qualify for an exemption from the tax. Learn more about Trustmark Universal LifeEvents and how you can become eligible.

Issue age for Universal LifeEvents[®] is 18-64. Eligible persons age 65-70 may apply for standard Universal Life with long-term care benefits, which features a death benefit that does not reduce due to age. Eligible persons age 71-75 (not including spouses) may apply for standard Universal Life without long-term care benefits.

¹The salary shown represents data currently known by the enrollment system about your base income and does not reflect any bonus or other income you may have which could increase your tax risk. ²Calculation is based off of your salary on file multiplied by the WA LTC Trust Act tax rate of .0058. To calculate your actual exposure to WA LTC Trust Act taxes, multiply your total income by .0058.

Press Next to review personal information and begin enrollment.

Next

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- 6. Confirm your personal information is correct and click "Next"

Personal Information

Personal Info

Name: TEST TEST
First MI Last Suffix

Date of Birth: 12/27/1996

SSN: ***-**-4321

Gender: Male Female Other

Contact Info

Address: USA
Country

1234
Street

Street (cont.)

Bothell WA 98021
City State Zip

Home Phone: (425) 111-1111

Work Phone: () - - Ext. -

Mobile Phone: () - -

E-MAIL:

Personal Email:

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- 7. Add Dependent (if applicable) or click "Next". Only a spouse/DP can be added as a dependent.

Dependents

Dependents

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	Uploads	+
No items found.						

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the Add Dependent button below.

+ Add Dependent

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8. You will be brought to the Welcome Screen.

Trustmark Universal Life



Trustmark Universal LifeEvents® with Long-Term Care Benefits



My Benefits	
Trustmark Universal Life	\$0.00
Employer Cost	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$0.00
Total Monthly Cost Per Month	\$0⁰⁰

Why choose Trustmark Universal LifeEvents with LTC instead of the state benefits?

	Washington State LTC Benefits	Trustmark Universal LifeEvents (minimum benefit amount to qualify for a tax exemption)
Monthly LTC Benefit	Average of \$3,040 a month ¹	\$3,120 a month ²
Max LTC Benefit Period	Up to 12 months (365 days)	Up to 25 months
Benefit Eligibility	After paying anywhere from 3-10 years	Eligible immediately
Portability	If you move out of state, coverage would depend on whether you met minimum payment requirements	You own your coverage — take it with you wherever you go.
Max LTC Benefits	\$36,500	\$78,000
Max Death Benefit	\$0	\$78,000
Total Max Benefit	\$36,500	\$156,000



And what if you needed expensive long-term care services?

- The average cost of a room in an assisted living facility is \$3,628/month.*
- Benefits can also help pay for qualifying home health care and adult day care.

*National averages in 2016, U.S. Department of Health and Human Services, longtermcare.acl.gov.

Act fast - you need to purchase coverage soon to qualify for an exemption from the tax.

WA LTC Trust Act is mandatory for all W-2 employees who reside in the state of Washington. Employees in other states may still apply for Universal LifeEvents. Universal LifeEvents® death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary; issue age is 10-64. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.

¹Based off of initial unadjusted WA State LTC benefit of \$100/day for 365 days. ²Based off of Universal LifeEvents benefit amount of \$70,000.

This content is based on Trustmark's interpretation of the new legislation and is subject to the State's application of the rule and approval of each application for exemption. The information provided here should not be construed as legal, tax, investment, financial or other advice. Please consult with specialized experts for detailed advice for your situation.

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9. From the Welcome Page, scroll down to view rates and plan design information.
 - a. Select your Tobacco Status
 - b. You may select a benefit amount option OR you may type in the benefit amount you wish from \$25,000 - \$300,000 in \$1,000 increments.
 - c. Select *“I wish to APPLY for this coverage”* OR *“I wish to DECLINE for this coverage”*

Does anyone proposed for coverage smoke cigarettes or during the past 12 months has anyone proposed for coverage smoked cigarettes? No

Cost Per Month	Benefit Amount
<input checked="" type="radio"/> \$15.76	25,000
<input type="radio"/> \$27.25	50,000
<input type="radio"/> \$38.74	75,000
<input type="radio"/> \$50.24	100,000
<input type="radio"/> \$61.73	125,000
<input type="radio"/> \$73.22	150,000
<input type="radio"/> \$96.20	200,000

Cost Per Month:

Benefit Amount:

Application riders

UL Long Term Care Accelerated Death Benefit \$1.10

Monthly Living Benefit (year 0) is \$1,000

Additional Term Life Insurance Rider \$0.06

Total Premium: \$15.76

I wish to apply for this coverage

I wish to DECLINE this coverage

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10. Choose a beneficiary and “Click Next”

- a. it will default with Estate and All Living Children, you are able to add with the + Button to add the Beneficiary of your choosing.

Trustmark Universal Life®



Choose Beneficiaries

A beneficiary is a person, trust, or organization to whom benefits will be paid. A contingent beneficiary will receive benefits if your primary beneficiary is no longer living at the time of your death.

- Place a checkmark next to each desired primary and contingent beneficiary. The percentage allocations will automatically calculate.
- Click Add if you do not see the desired person or trust in the list.
- You may change the percentages, as long as they add up to 100%.
- Clicking *All living children* will clear any children already selected.
- Beneficiaries may not be both primary and contingent at the same time.

Beneficiary	Relationship	Primary	Contingent	
All Living Children		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	✕
Estate		<input checked="" type="checkbox"/> 100.00%	<input type="checkbox"/> 0.00%	✕

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11. Enter in contact information and select “I wish to APPLY for this coverage” OR “I wish to DECLINE this coverage”. Then “Click Next”

Trustmark Universal Life®



Contact Info

Mobile Phone:

Personal Email:

I wish to apply for this coverage

I wish to DECLINE this coverage

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12. Confirm employment status and check “Yes/No” if replacing any other coverage or LTC insurance. Then “Click Next”

Trustmark Universal Life



Employment:

Will this insurance replace, in whole or in part, any life, accident and sickness, long-term care insurance or annuity?

YES NO

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13. For a plan design with Guarantee Issue you will need to answer these questions and they will not be reviewed by Trustmark. Then *“Click Next”*.

Trustmark Universal Life



Is any person to be insured now disabled, been seen by a physician or treated in a medical facility, including a doctor's office, within the last 6 months for illness or disease (other than flu and colds)?

YES NO

Has any person to be insured been treated for, or diagnosed by a member of the medical profession as having, Acquired Immune Deficiency Syndrome (AIDS) or tested positive on an AIDS or HIV test?

YES NO

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14. Continuing answering *“Yes/No”* to the following questions. Then *“Click Next”*.

Trustmark Universal Life



Do you have another long-term care insurance policy or certificate in force (including health care service contract or health maintenance organization contract)?

YES NO

Did you have another long-term care insurance policy or certificate in force during the last twelve (12) months?

YES NO

Are you covered by Medicaid?

YES NO

Do you intend to replace any of your medical or health insurance coverage with this Certificate?

YES NO

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15. Choose if you wish to designate and additional contact to receive notification regarding lapse or termination due to nonpayment. Then *“Click Next”*.

Trustmark Universal Life



You have the option to designate an additional contact to receive notification that coverage applied for herein is in jeopardy of lapse or termination because of nonpayment of premium. We will notify You of your right to change the designation every two years.

I elect the option
 I elect NOT to designate a contact

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16. Enter in your payment information for automatic withdrawals from your checking or savings account for your premiums each month. Then *“Click Next”*.

Payment Information

You may pay by automatic withdrawal from a checking or savings account. Premiums will be deducted from the bank account you choose each month. Please select the desired method of payment.

Payment Type:

Your monthly premium will be withdrawn directly from your checking or savings account on the specified day of each month. If you are using a checking account, you will find the account number at the bottom of your check, next to the routing number (see illustration). Click *Next* when you are ready.



Type of Account:	<input type="text" value="Personal"/>	<input type="text" value="Checking"/>
Account No.:	<input type="text" value="123456"/>	
Transit/ABA No.:	<input type="text" value="789700123"/>	
Account Holder Name:	<input type="text" value="TEST TEST"/>	
Depository Name/Branch:	<input type="text" value="Bank"/>	

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17. Review Your Benefits section to ensure election. Review all forms in the Signatures required section and select next to begin signing. Then *“Click Next”*.

Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- **Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the **"NEXT"** button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- **Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

Your Benefits

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
Trustmark Universal Life	Trustmark Universal Life Events Insurance; EO	\$0.00	\$41.29	\$0.00
Total		\$0.00	\$41.29	\$0.00

Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
<input type="checkbox"/> OC/HH-LTC.205V3(I) WA Outline of Coverage	Not Reviewed	N/A
<input type="checkbox"/> 1573 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (TEST TEST)	Unsigned	
<input type="checkbox"/> Notice of Information Practices	Not Reviewed	N/A
<input type="checkbox"/> LTC RATE DISC WA Long Term Care Rate Disclosure Form	Not Reviewed	N/A
<input type="checkbox"/> ABR DISCLOSURE/I WA R6-10 UL NS Disclosure Statement for Accelerated Benefits	Not Reviewed	N/A
<input type="checkbox"/> L-205 (I) WA R5-09 Application for Life Insurance	Unsigned	
<input type="checkbox"/> Enrollment Confirmation	Unsigned	

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- Review all forms in the Signatures required section begin signing by checking the box next to the form. Once complete hit "sign form"

Review / Sign Forms

Your enrollment will not be complete until you review and sign the forms listed below. By entering your electronic signature below, you are giving your consent to the electronic signature (e-signature) process and authorization to use electronic records and electronic signatures connected with your enrollment. If you decline the e-signature process, you will not be able to complete your enrollment electronically.

Please review each document carefully and place a checkmark next to each before signing.

Form Name
<input checked="" type="checkbox"/> 1573 NWB 387 R 1111 Acknowledgement and Authorization to Obtain Information (TEST TEST)
<input checked="" type="checkbox"/> L-205 (I) WA R5-09 Application for Life Insurance
<input checked="" type="checkbox"/> QC/HH-LTC.205V3(I) WA Outline of Coverage
<input checked="" type="checkbox"/> Notice of Information Practices
<input checked="" type="checkbox"/> LTC RATE DISC WA Long Term Care Rate Disclosure Form
<input checked="" type="checkbox"/> ABR DISCLOSURE/I WA R6-10 UL NS Disclosure Statement for Accelerated Benefits

Employee: By clicking the *Sign Form* button, I am electronically signing the form listed above.

Sign Form

Next

- A prompt will appear you have signed and completed your application and you may logout.
Sign/Submit Complete

Congratulations!

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

Recap of Your Elections

Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. **Scroll down to the bottom of this screen to view a list of your completed enrollment forms.**

Person Name	Relationship	Description	Policy #	Cost
TEST TEST	Employee	Trustmark Universal Life Events Insurance; EO		\$41.29

Name	Relationship	Address	Phone	Percent	Type
Estate				100.00	Primary

Completed Forms

Following is a list of forms reviewed and/or signed during the enrollment. Click on the form name to view or print. Press *Logout* to exit the website.

Form Name	Date Signed/Reviewed