



2021 SELF-SERVICE ONLINE ENROLLMENT GUIDE

FIRST TIME PARTICIPANTS

1. Go to the following website:
www.aimbenefits.org
2. Click on the “REGISTER” tab

RETURNING USERS

1. Please login
2. Skip to step 6



Welcome to the Employee Benefits Management Portal

This easy-to-use application places the power of managing your own benefits at your fingertips. Find detailed information regarding each plan that is available to you. Then, select the plan that's right for you and your family.

We encourage you to explore this application and discover all it has to offer. It is designed to be helpful, convenient, and accessible—giving you 24/7 access to your information, benefit elections, resources, and more.

Already registered? Enter your User ID and Password below to login.

First time visiting? If you do not have a User ID or Password, please click Register to create one.

User ID

Password

LOGIN

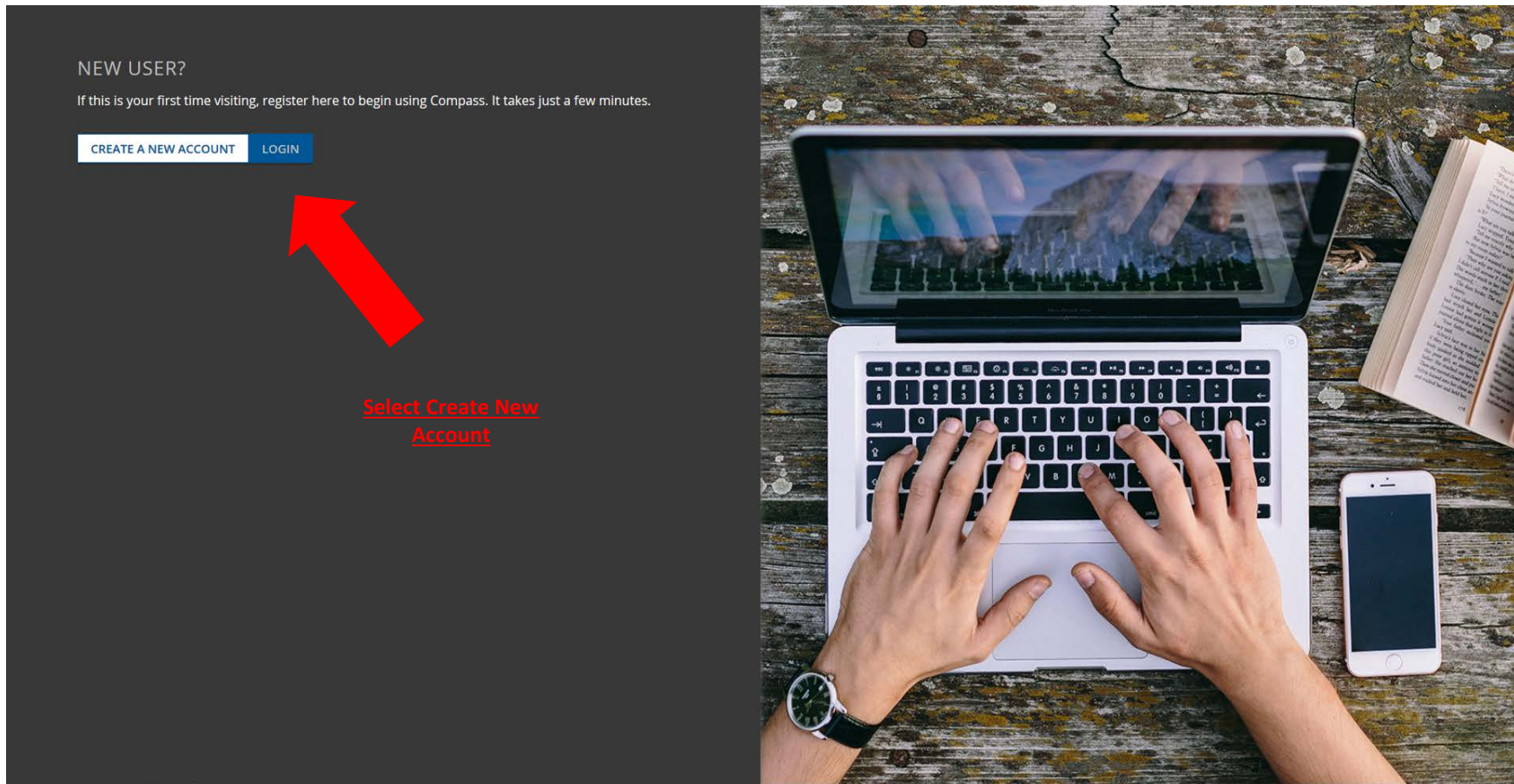
REGISTER

Did you forget your User ID or Password ?



New User please select Register to set up user ID and password

3. Select create a new account



4. Type in First Name, Last Name, SSN, and DOB



Welcome

Please enter your information below to help us identify you.

First Name*

Last Name*

Date of Birth*

Social Security Number*



Type in all above
information then select
Next



PREVIOUS

NEXT

5. Fill out the User ID, Password and Security Question



Welcome

This one-time registration provides a secure way to create a User ID and Password for anytime, anywhere access to your benefits. Please complete the form below to register your new account.

User ID*

New Password*



Confirm New Password*

Security Question*

What is your oldest cousin's first and last name?

Type in all above
information then select
Next

Security Answer*



PREVIOUS

NEXT

6. Press “I Agree”

Agreement and Authorization - Terms of Service

The following Terms of Service shall govern my transactions transmitted via this Web site and any and all of my uses of the information, tools and other content accessible via this Web site (the "Web Services"). With respect to these Terms of Service, credentials shall mean, without limitation, my personal user ID, password, security answers, and/or any other identifier ("Credentials"). These terms and conditions shall survive any termination of my access to this Web site.

By entering my Credentials, I represent that I have properly identified myself and understand and agree that the entry of my Credentials is the method this Web site uses to verify my identity for access to this Web site and to other third party web sites using this Web site's single sign on functionality.

If I do not agree to the terms and conditions of this agreement, then I may not access the Web site or use any of the service.

By signing or logging in to this Web site, I agree to the following:

PROVISION OF THE SERVICES

- I understand that I must provide all Internet, telephone and other equipment and services necessary to access and use the Web Services.
- If I violate any of these terms and conditions, my access to the Web Services may be terminated.
- I acknowledge and agree that the form and nature of the Web site may change from time to time without prior notice to me.
- I agree that I will not engage in any activity that interferes with or disrupts the Web Services and/or the operation of this Web site (or the servers and networks that are connected to this Web site).

USE OF THE SERVICES

- Any instructions, choices, or requests I make on this Web site will be considered my written permission to Aim Medical Trust to provide information or conduct transactions on my behalf in accordance with Aim Medical Trust policies, programs and benefit plans.
- In the event of any conflict or inconsistencies between the information on this Web site and the plan document or administrative practices, I understand that the applicable plan document or administrative practices of the relevant Aim Medical Trust plan will control.
- I am responsible for reviewing any confirmation statements provided to me (in paper or electronic form) regarding any instructions, choices, or requests that I make through this Web site and for reviewing all such information transmitted to me for inaccuracies. If there are any inaccuracies, I am responsible for correcting them using the tools available to me on this Web site or by contacting Aim Medical Trust to point out such inaccuracies.
- I am solely responsible for any loss of privacy or confidentiality of any personal information if I disclose my user ID, password, security questions and/or other identifier to a third party other than as permitted by my acceptance of these terms and conditions. For these purposes, I acknowledge that "personal information" means, without limitation, data that is unique to an individual, such as a name, address, Social Security number, e-mail address, benefit elections, dependent information, bank account number or telephone number. I agree to contact Aim Medical Trust if I have reason to believe that someone has gained unauthorized access to my password, security answers, or any other identifier.
- I understand that this Web site may not perform as intended at all times. I agree that Aim Medical Trust, its plans, and Empireplan are not responsible for any error, omission, interruption or delay in operation of or transmission through this Web site, communication line failure, or other circumstances beyond their control.
- I acknowledge that I may consent to receive benefit plan communications electronically by providing my consent within this Web site.
- I acknowledge that e-mail, like most, if not all, non-encrypted Internet communications, may be intercepted and viewed by other Internet users, without my knowledge and permission, while in transit between me, Aim Medical Trust, and Empireplan. For that reason, to protect my privacy, I will not use e-mail to communicate personal information to Aim Medical Trust and/or Empireplan that I consider confidential.
- This website provides links to other third party web sites, not owned or controlled by Aim Medical Trust and/or Empireplan, that may be useful or of interest to me. By providing my Credentials and signing in to this Web site, I acknowledge and understand that this Web site may present my Credentials to other third party web sites for my access to the third party web sites. I acknowledge and agree that Aim Medical Trust, its plans, and/or Empireplan, are not responsible for the privacy practices used by other web site owners or the content or accuracy of those other web sites. I also acknowledge and agree links to various third party web sites do not constitute or imply endorsement by Aim Medical Trust, its plans, and/or Empireplan of these third party web sites, any products or services described on these sites, or of any other material contained in them.

By clicking on the I Agree or I Decline buttons below, I acknowledge that

I AGREE

I agree with these terms and conditions of service and understand I may continue to use this Web site.

I DECLINE

I decline these terms and conditions of service and understand I may not continue to use this Web site.

7. Select Continue

Welcome JOHN DOE

OPEN ENROLLMENT EVENT

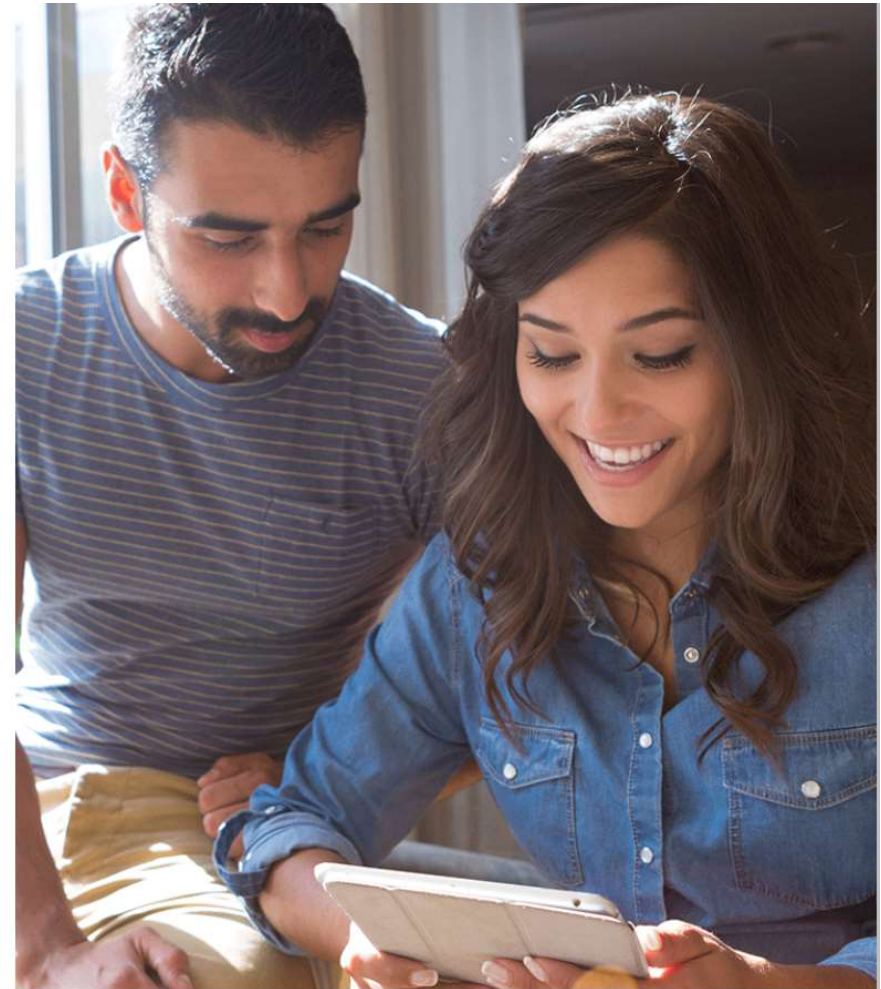
Completing this event allows you to review your information, your dependent information (if applicable) and review or make benefit elections.

CONTINUE

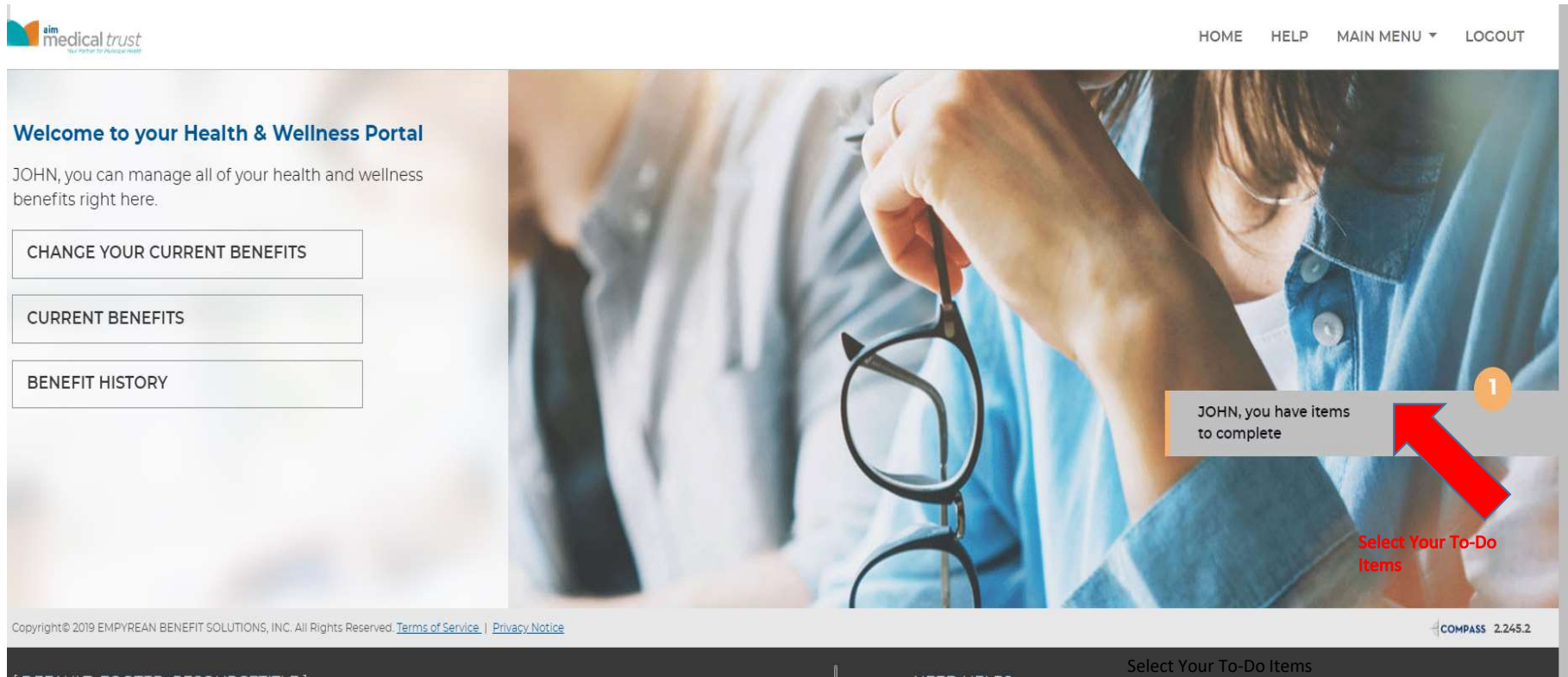


Select Continue

[CANCEL AND CONTINUE TO MY DASHBOARD >>](#)



8. Select To-Do Items



The screenshot shows the user interface of the aim medical trust portal. On the left, there is a sidebar with three menu items: 'CHANGE YOUR CURRENT BENEFITS', 'CURRENT BENEFITS', and 'BENEFIT HISTORY'. The main content area features a large background image of a person in a blue lab coat holding glasses. A notification box on the right side of the image contains the text 'JOHN, you have items to complete' and a red arrow pointing to a 'Select Your To-Do Items' link. A small orange circle with the number '1' is positioned above the notification box. The footer of the page includes copyright information for EMPYREAN BENEFIT SOLUTIONS, INC. and the version number COMPASS 2.245.2.

aim medical trust
Your Partner for Municipal Health

HOME HELP MAIN MENU ▾ LOGOUT

Welcome to your Health & Wellness Portal

JOHN, you can manage all of your health and wellness benefits right here.

CHANGE YOUR CURRENT BENEFITS

CURRENT BENEFITS

BENEFIT HISTORY

JOHN, you have items to complete

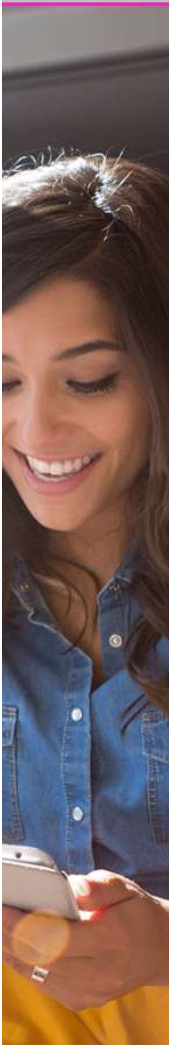
Select Your To-Do Items


COMPASS 2.245.2

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Select Your To-Do Items

9. Ensure all personal information is correct





[HOME](#)
[HELP](#)
[MAIN MENU](#)
[LOGOUT](#)

Me

ⓘ OPEN ENROLLMENT

- My Information**
- My Dependents
- Select Benefits
- Review
- Confirmation

This is an overview of your personal information. To modify/correct information in the 'My Personal' section, click the EDIT button. Any other information that requires updates or corrections must be modified through your HR department. If this information is correct, scroll to the bottom of this page and click NEXT.

My Information

SSN *****2020	FIRST NAME JOHN	MIDDLE NAME
LAST NAME DOE	DATE OF BIRTH 01/01/1990	GENDER Male
EMAIL ADDRESS 	HOME TELEPHONE 	

EDIT

You can update your email address by selecting edit

My Personal

PERSONAL EMAIL

EDIT

Select Everything looks correct.

My Addresses

Primary Address
 123 WAY
 INDIANAPOLIS, IN 46203
 United States of America

ⓘ DEFAULT ELECTIONS


EVERYTHING LOOKS CORRECT


GO BACK TO MY DASHBOARD

\$0.00

SEMI-MONTHLY

10. Add new dependents if needed



 HOME HELP MAIN MENU ▾ LOGOUT

My Family

① OPEN ENROLLMENT

Please review your dependent information.

Important Information Regarding Dependent Coverage

- You may provide medical coverage to your child up to age 26 regardless of their marital, student, or tax status.
- Coverage terminates at the end of the year in which your child turns 26.
- Example: If a child turns 26 on January 5th, his/her coverage terminates on December 31st.

My Information
My Dependents ■
Select Benefits
Review
Confirmation

My Dependents ADD NEW

NONE

Update your dependents when you experience a family status change (i.e., a birth/adoption, marriage, divorce, death in the family, etc.).

① DEFAULT ELECTIONS

I'M DONE WITH DEPENDENTS

[BACK TO PREVIOUS PAGE](#)


\$0.00
SEMI-MONTHLY

Select to Add a new Dependent

Select "I'm done with dependents"

[Employee_People_TextBlock2]

11. Complete all highlighted sections to add the dependents information

HOME HELP MAIN MENU LOGOUT

Add Dependent

Enter your dependent's information below (* required).

To add a different address for your dependent, click **ADD NEW ADDRESS** in the Address section.

Basic Information

FIRST NAME *	MIDDLE NAME	LAST NAME *
<input type="text"/>	<input type="text"/>	<input type="text"/>
SUFFIX	SSN *	<input type="checkbox"/> No SSN
<input type="text"/>	<input type="text"/>	
DATE OF BIRTH *	GENDER *	RELATIONSHIP *
<input type="text"/>	Select One...	Select One...

Address

ADDRESS *

Primary Address

123 WAY
INDIANAPOLIS, IN 46203
United States of America

ADD NEW ADDRESS





Add new address if Dependent's address is **different** than employee. If the address is the same, select Primary Address



[Dependent_Edit_TextBlock2]

SAVE CHANGES CANCEL

Save Changes once Completed

12. Fill in required fields if you are adding a spouse

DATE OF BIRTH*	GENDER*	RELATIONSHIP*
10/05/1979 	Female 	Spouse 
MARRIAGE DATE*		
		

 If a spouse is being added as a dependent the marriage date must be added 

Address

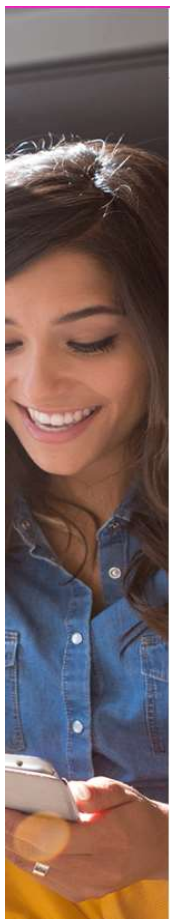
ADD NEW ADDRESS

ADDRESS*

Primary Address

123 WAY
INDIANAPOLIS, IN 46203
United States of America

13. Complete dependent enrollments



My Family

Please review your dependent information.

Important Information Regarding Dependent Coverage

- You may provide medical coverage to your child up to age 26 regardless of their marital, student, or tax status.
- Coverage terminates at the end of the year in which your child turns 26.
- Example: If a child turns 26 on January 5th, his/her coverage terminates on December 31st.

Dependent Added Successfully.

My Dependents

ADD NEW

Name	Date of Birth	SSN	Gender	Relationship	Edit
Wife Doe	10/05/1979	*****4123	Female	Spouse	
Child Doe	08/25/2019	*****9425	Male	Child	

Update your dependents when you experience a family status change (i.e., a birth/adoption, marriage, divorce, death in the family, etc.).

OPEN ENROLLMENT

My Information

My Dependents

Select Benefits

Review

Confirmation

Select "I'm done adding dependents"



DEFAULT SELECTIONS

I'M DONE WITH DEPENDENTS

BACK TO PREVIOUS PAGE

\$0.00

SEMI-MONTHLY

14. Ensure that all details regarding elections are correct before moving on.



Select Your Benefits

Scroll to view the benefits that you are eligible for and your current benefit elections. To make changes to your elections, click the **CHANGE** button, and choose a new plan.

YOU HAVE 5 BENEFITS TO REVIEW.

OPEN ENROLLMENT


My Information

My Dependents

Select Benefits

Review

Confirmation



MEDICAL

Plan: Decline Coverage
Cost: \$0.00/Semi-Monthly

CHANGE

MORE DETAILS

Select change for each coverage to confirm your election.

More details provides details regarding the plan offering

Click "I'm done selecting benefits" once all changes have been made

DEFAULT ELECTIONS

I'M DONE SELECTING BENEFITS

BACK TO PREVIOUS PAGE

\$0.00
SEMI-MONTHLY

Step 15. Select a medical plan or decline coverage



Your Medical Plan determines your in-network and out-of-network health care providers, facilities, and costs for annual check-ups, office visits, urgent care services, emergency room visits, surgeries and procedures, hospital stays, and more. For detailed information about this plan, please visit the Resources Page.

<input checked="" type="checkbox"/> PPO Plan E		<input type="checkbox"/> HDHP Plan F	
Tiers	Semi-Monthly Cost	Tiers	Semi-Monthly Cost
Employee Only	\$25.88	Employee Only	\$11.50
Employee + Spouse	\$46.00	Employee + Spouse	\$23.00
Employee + Child(ren)	\$37.38	Employee + Child(ren)	\$17.25
Employee + Family	\$57.50	Employee + Family	\$28.75

[Select plan](#) Compare Plan

Decline Coverage Select this plan to waive coverage. **Select decline coverage if you do not wish to enroll**

If multiple plans are offered you may compare plans side by side here

For a side-by-side comparison, select at least two plans, and then click the **COMPARE PLANS** button. If you are having trouble viewing the comparison chart, make sure you have disabled any pop up blockers.

Once you complete your selection select "I'm done with my selection".

16. Select dependent(s) to enroll in medical plan

You've selected
Medical: PPO Plan E

Choose the dependent(s) that will be covered by this plan.

Choose Dependents

<input type="checkbox"/> Wife Doe	<input type="checkbox"/> Child Doe
BIRTH DATE 10/05/1979	BIRTH DATE 08/25/2019
RELATIONSHIP Spouse	RELATIONSHIP Child

[Benefit_Elect_TextBlock2]

TIER DETAILS

Employee Only	\$25.88
Employee + Spouse	\$46.00
Employee + Child(ren)	\$37.38
Employee + Family	\$57.50

I'M DONE WITH MY SELECTION [BACK TO PREVIOUS PAGE](#)

Click here to add dependent(s)

Select "I'm done with my selection" to move on

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17. Review your selections and save your election. NOTE: ensure tier coverage and dependents are covered as expected.



Please review your selections.

This will not take effect until your information is submitted and approved. You will see the appropriate costs reflected on your paystub.

PPO PLAN E		\$57.50
Tier	Employee + Family	Semi-Monthly Cost
		CLICK TO VIEW DETAILS

With Dependents:

Wife Doe Child Doe


[Benefit_Confirm_TextBlock2]

SAVE MY ELECTION

BACK TO PREVIOUS PAGE

Once reviewed you may select save my election; if changes are needed, select "back to the previous page".

18. Review elections then select "I'm done selecting benefits".



aim medical trust

HOME HELP MAIN MENU LOGOUT

Select Your Benefits

Scroll to view the benefits that you are eligible for and your current benefit elections. To make changes to your elections, click the **CHANGE** button, and choose a new plan.

YOU HAVE 5 BENEFITS TO REVIEW. ↓

OPEN ENROLLMENT

- My Information
- My Dependents
- Select Benefits**
- Review
- Confirmation

MEDICAL

Plan: Decline Coverage
Cost: \$0.00/Semi-Monthly

CHANGE

MORE DETAILS

Once you have completed all plan sections select "I'm done selecting benefits".

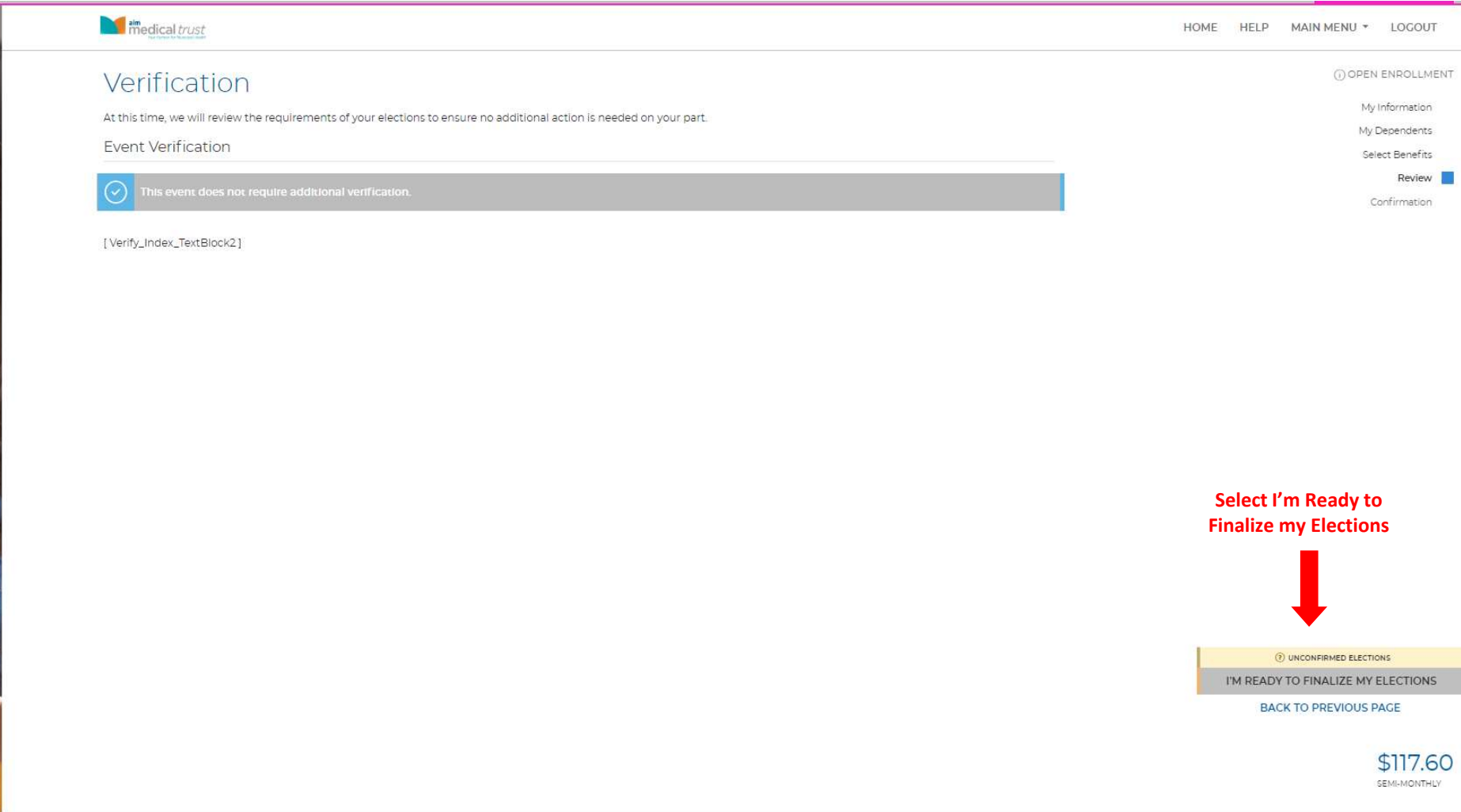
DEFAULT ELECTIONS

I'M DONE SELECTING BENEFITS

BACK TO PREVIOUS PAGE

\$0.00
SEMI-MONTHLY

19. We are going to review your elections. Please select "I'm ready to finalize my elections".



The screenshot shows the 'Verification' page of the AIM Medical Trust portal. At the top left is the AIM Medical Trust logo. At the top right are navigation links: HOME, HELP, MAIN MENU (with a dropdown arrow), and LOGOUT. Below the logo is the heading 'Verification' and a sub-heading 'Event Verification'. A message box with a checkmark icon states: 'This event does not require additional verification.' Below this is a placeholder '[Verify_Index_TextBlock2]'. On the right side, there is a sidebar menu under the heading 'OPEN ENROLLMENT' with the following items: My Information, My Dependents, Select Benefits, Review (which is highlighted with a blue square), and Confirmation. At the bottom right of the page, there is a summary section with a yellow header 'UNCONFIRMED ELECTIONS', a grey bar containing the text 'I'M READY TO FINALIZE MY ELECTIONS', and a blue link 'BACK TO PREVIOUS PAGE'. Below this summary, the amount '\$117.60' is displayed, with 'SEMI-MONTHLY' written underneath it.

Select I'm Ready to Finalize my Elections



UNCONFIRMED ELECTIONS

I'M READY TO FINALIZE MY ELECTIONS

[BACK TO PREVIOUS PAGE](#)

\$117.60
SEMI-MONTHLY

20. Carefully review your elections then select "submit my elections".

Child Doe	Secondary	100%
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BASIC AD&D

Option 1 (\$25,000)

EFFECTIVE DATE: 09/30/2019

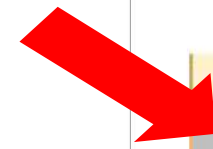
APPROVED AMOUNT : \$25,000.00

\$0.00
SEMI-MONTHLY COST

BENEFICIARIES

Name	Type	Percentage
Wife Doe	Primary	50%
Child Doe	Primary	50%
Beneficiary Doe	Secondary	100%

**Review elections; Select
Submit My Elections**



UNCONFIRMED ELECTIONS

SUBMIT MY ELECTIONS

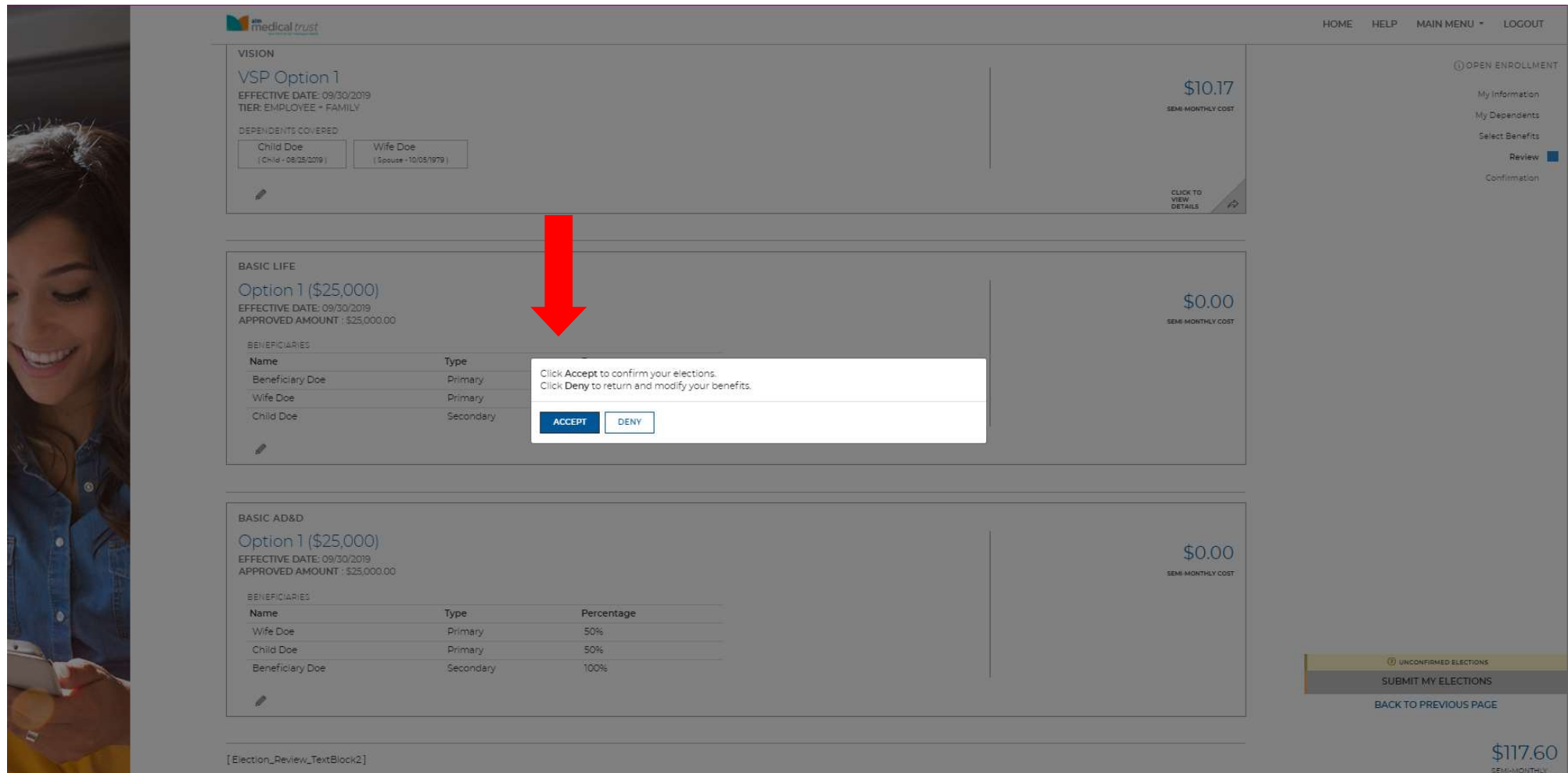
BACK TO PREVIOUS PAGE

[Election_Review_TextBlock2]

\$117.60
SEMI-MONTHLY



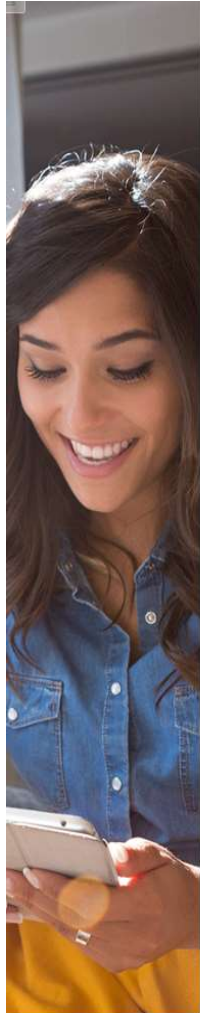
21. Once you have reviewed all elections, select "Accept".



The screenshot displays the 'aim medical trust' website interface for reviewing elections. The page is titled 'VISION' and shows 'VSP Option 1' with an effective date of 09/30/2019 and a tier of 'EMPLOYEE + FAMILY'. The semi-monthly cost is \$10.17. Below this, it lists dependents covered: 'Child Doe' (Child - 08/25/2019) and 'Wife Doe' (Spouse - 10/05/1979). A red arrow points to a confirmation dialog box that appears over the 'BASIC LIFE' section. The dialog box contains the text: 'Click Accept to confirm your elections. Click Deny to return and modify your benefits.' and two buttons: 'ACCEPT' and 'DENY'. The 'BASIC LIFE' section shows 'Option 1 (\$25,000)' with an effective date of 09/30/2019 and an approved amount of \$25,000.00. The semi-monthly cost is \$0.00. Below this, it lists beneficiaries: 'Beneficiary Doe' (Primary), 'Wife Doe' (Primary), and 'Child Doe' (Secondary). The 'BASIC AD&D' section shows 'Option 1 (\$25,000)' with an effective date of 09/30/2019 and an approved amount of \$25,000.00. The semi-monthly cost is \$0.00. Below this, it lists beneficiaries with their percentages: 'Wife Doe' (Primary, 50%), 'Child Doe' (Primary, 50%), and 'Beneficiary Doe' (Secondary, 100%). The total semi-monthly cost for all elections is \$117.60. The page includes navigation links for HOME, HELP, MAIN MENU, and LOGOUT. A sidebar on the right contains links for OPEN ENROLLMENT, My Information, My Dependents, Select Benefits, Review (highlighted), and Confirmation. At the bottom right, there is a button for UNCONFIRMED ELECTIONS, a button for SUBMIT MY ELECTIONS, and a button for BACK TO PREVIOUS PAGE.

22. Please keep note of your confirmation number. This page will also allow you to print and check your pay costs. You may also return to the home page or log out if you are done.

You may select Home to return to your home page or select Logout to end the session



Confirmation

Congratulations! Your benefit elections are confirmed and a confirmation number has been generated. Please print a copy of this summary for your records.

Employee JOHN DOE
 Confirmation # #8661
 Event Open Enrollment
 Requested Event Date 09/30/2019
 Event Effective Date 09/30/2019

Confirmation Number

PRINT

TAKE SURVEY

Your Cost Summary

	SEMI-MONTHLY COST (ELECTED)	ANNUAL COST (ELECTED)	SEMI-MONTHLY COST (APPROVED)	ANNUAL COST (APPROVED)
EMPLOYEE PRE-TAX AMOUNT	\$117.60	\$2,822.28	\$117.60	\$2,822.28
EMPLOYEE POST-TAX AMOUNT	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL COST OF BENEFITS	\$117.60	\$2,822.28	\$117.60	\$2,822.28

Your Benefit Selections

MEDICAL
 PPO Plan E
 EFFECTIVE DATE: 09/30/2019
 TIER: EMPLOYEE - FAMILY
 \$57.50 SEMI-MONTHLY COST
 DEPENDENTS COVERED: Child Doe (Child - 08/25/2019), Wife Doe (Spouse - 10/05/1979)
 CLICK TO VIEW DETAILS

DENTAL
 Delta Dental Plan 2
 EFFECTIVE DATE: 09/30/2019
 TIER: EMPLOYEE - FAMILY
 \$49.93 SEMI-MONTHLY COST
 DEPENDENTS COVERED: Child Doe (Child - 08/25/2019), Wife Doe (Spouse - 10/05/1979)

CONFIRMED ELECTIONS
 PREVIOUS
 \$117.60 SEMI-MONTHLY

All Changes will take effect on January 1, 2020.