

Trustmark Group Insurance

Employee Guide For Enrolling in Benefits

Please follow these simple steps to enroll yourself and your dependents in your insurance plan. Be sure to have the following basic information on hand to easily complete the enrollment process. Based upon your selections, additional information may be requested. Once you have registered, online help screens and a complete printable user guide are available to you.

Log on to Express

1. Log on to Express at enroll.trustmarklife.com. No prefix is necessary (e.g. www. or http:). Click the “If you are new to Trustmark’s online services, [Click Here](#)” link to start the registration process.
2. If you currently have access to any of the other Trustmark online services, click the “[If you are an existing user of Trustmark Life’s services](#)” link to add Express to your account.
3. If you are new to our services, click the “If you are new to Trustmark’s online services, [Click Here](#)” link to start the registration process. On the Group Enrollee Registration screen, enter the following information:
 - Your social security number
 - Your date of birth
 - Your Group ID number (supplied by your employer)
 - Your email address (optional and only used to send out your password if it is forgotten)
 - A password of your own choosing
 - Your city of birth (used as verification if you should forget your password)
 - When finished, you will be returned to the log in screen. Enter your social security number and newly created password in the fields provided and select Login. Once registered, you may return to Express at any time by simply entering your social security number and password.
4. Read and accept the eBusiness Agreement. You will now be taken to your main menu screen. Click on [Enroll in Benefits](#) to start the enrollment process.

Personal information that will be requested

1. Complete address
2. Phone number (required for Health Savings Account (HSA) plans)
3. Marital Status
4. Other insurance information. If you are covered by another health insurance plan, you will be requested to complete a short questionnaire regarding the other coverage. This information will include:
 - Name and phone number of the other insurance company
 - Policy number of the other insurance
 - Type of coverage (medical, dental, etc.)
 - Who is covered
5. Smoker status
6. If any key information displayed on the Member Data screen is incorrect (i.e. your social security number, date of birth, or date of hire) please contact your Group Administrator.

Select your benefits

Complete the Benefit Election screens by selecting who is to be covered for each benefit along with the plan(s) that are offered to you. For example, select employee and spouse to enroll yourself and your spouse, or family to enroll yourself, spouse, and child(ren). If your group offers a Health Savings Account (HSA) plan with HSA Bank as the custodian, you will also be requested to complete the HSA Bank section. If you intend to enroll with HSA Bank, click on the checkboxes and print the HSA Bank forms for your records.

If you elect dependent coverage the following information will be requested

1. Complete names of your dependent(s)
2. Relationship to you. Based upon the relationship selected, additional information may be requested to verify the eligibility of your dependent. If applicable, you will be requested to complete a short questionnaire regarding the dependent(s) relationship to you and may be asked to submit:
 - Legal guardianship or custody papers
 - A divorce decree indicating who is responsible for providing insurance coverage for the child
 - Names of the child's natural parents
3. Address, if different than yours
4. Phone number, if different than yours
5. Other insurance information. If your dependent(s) are covered by another health insurance plan, you will be requested to complete a short questionnaire that includes:
 - Name and phone number of the other insurance company
 - Policy number of the other insurance
 - Type of coverage (medical, dental, etc.)
 - Who is covered
6. Smoker status of your spouse
7. Student status of any college/vocational school aged children. If a dependent child is in a college or vocational school, you will be requested to complete a short questionnaire regarding the school that includes:
 - Name, address, and phone number of the school
 - Number of credits or hours your dependent is attending
 - Semester beginning date
 - Estimated graduation date
8. Incapacitated dependent status. If your dependent child is over the limiting age and incapacitated, you will be requested to complete a short questionnaire and also provide a physician's certification and medical records.

Enter your beneficiary information

If you elect life-type benefits you will be requested to complete the beneficiary information screen. Enter the full name of your beneficiary(s) along with the designated percentage for each beneficiary.

Verify your information

When you have completed the enrollment process you will be presented with an Initial Summary page. Review your selections and held transaction messages (if any) for accuracy. At this point, you may go back and make changes, cancel and return later, or click on the ACCEPT button to finalize your enrollment in benefits.

When you click ACCEPT, your enrollment selections will be submitted to Trustmark Life Insurance Co. and your Accepted Summary page is displayed. We encourage you to print this page for your records. Select the Logoff tab at the top of the page to close Express.

Congratulations!

You have now completed your initial enrollment.

You may return at any time to update your personal and dependent information, maintain beneficiaries, remove a dependent from coverage, and/or waive specific benefits (if allowed by your group). Links are also provided to access a history of your transactions.

Questions?

If you have questions about the Express enrollment process, please contact us by:

- Clicking on the Contact Us link at the top of any Express screen
- Calling toll free at 866-213-9829 Monday through Friday between 7:30 a.m. and 5:00 p.m. Central Time
- Sending an email to Express@trustmarklife.com