

Login Screen

THE HARTFORD

EMPLOYEE LOGIN

To get started, please log in.

username password

By entering your Employee ID or SSN and Personal Identification Number, you are agreeing to the [Terms of Use](#).

[Reset Password](#) [LOGIN](#)

NEED HELP? [Admin Site](#)

Welcome!

Welcome to your Beneficiary Management portal, provided by The Hartford. If you have forgotten your User ID or Password, please refer to your "Welcome to Beneficiary Management" email for specific login instructions.

Our customer service representatives will be available to walk you through the logon process should you need assistance.

1-855-396-7655
Available Monday-Friday 8AM - 8PM EST


Simply go to the BenSelect application website address:

<https://enroll.thehartfordatwork.com/PEBCBene>

to add, change or remove existing beneficiaries.

Enter your user ID (your initials (lowercase) & last 4 of SSN) and password (your initials (lowercase) & DOB (MMDDYYYY)) and click 'Log In' to start the process.

Welcome Screen



Welcome Gloria

Since you already have coverage in force, we are in need of gathering your beneficiary data. Please click on **"Change my beneficiary"** on the blue box in the upper right corner of the screen to enter your beneficiary information.

Here is a summary of your current benefits:

Plan	Benefit
Basic Life & AD&D	\$50,000
Supplemental Life	\$50,000
Supplemental AD&D	\$50,000
Supplemental Spouse Life	\$50,000
Supplemental Child Life	\$10,000
Critical Illness	Family
Accident	Family
Group Hospital Indemnity	Emp + Child(ren)

i What would you like to do?

- [Change my beneficiary](#)
- [Find a document or form](#)
- [Change my Password](#)

This is the welcome page. You can confirm your coverage amounts and premium costs for coverages here.

Select the Plan to update or add a Beneficiary

Home You & Your Family ▾ YOUR BENEFITS ▾ Sign & Submit

Select Plans

Please select the plan(s) in which you want to change the beneficiary, then press *Next*.

Plan	Beneficiary					
<input checked="" type="checkbox"/> Basic Life	Name	Relationship	Address	Phone	Percent	Type
	Spouse Test	Spouse			100.00	Primary
<input checked="" type="checkbox"/> Basic AD&D	Name	Relationship	Address	Phone	Percent	Type
	Spouse Test	Spouse			100.00	Primary
<input checked="" type="checkbox"/> Supplemental Life	Name	Relationship	Address	Phone	Percent	Type
	Spouse Test	Spouse			100.00	Primary
<input checked="" type="checkbox"/> Standalone AD&D - Employee	Name	Relationship	Address	Phone	Percent	Type
	Spouse Test	Spouse			100.00	Primary

[Back](#) [Next](#)

You can review existing Beneficiaries and update, add or delete by checking the Plan.

Updating Beneficiaries

Beneficiary: Basic Life & AD&D

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 (Plus sign) if you do not see the desired person or trust in the list. Click the edit pencil to confirm beneficiary information.
- You may change the percentages, as long as they add up to 100%.
- Beneficiaries may not be both primary and contingent at the same time.

Note: This beneficiary designation(s) will be for the above coverage and apply to this insurance coverage ONLY. If you do not select a beneficiary for the above insurance coverage, a beneficiary designated for other coverages will not be defaulted to here. If no beneficiary is named, or if no beneficiary survives you, The Hartford, may, at their option, pay your insurance benefits for that coverage in accordance with the provisions of the policy.

! If you want to add a new beneficiary, use the Plus icon. If you want to edit a beneficiary, use the Pencil icon to edit. **If the beneficiary you wish to edit has a grayed-out edit icon, you may go [here](#) to edit the data.**

Beneficiary	Relationship	Primary	Contingent	
Spouse Test	Spouse	<input checked="" type="checkbox"/> 50.00%	<input type="checkbox"/> 0.00%	<input type="checkbox"/> <input type="checkbox"/>
Child Test	Child	<input checked="" type="checkbox"/> 50.00%	<input type="checkbox"/> 0.00%	<input type="checkbox"/> <input type="checkbox"/>

[Next](#)

Click the plus sign to add a new beneficiary or the pencil next to the beneficiary name to edit their information.

If no changes are needed, click 'Next'.

Add, Edit or Remove a Beneficiary

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 (Plus sign) 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.

Note: This beneficiary designation(s) will be for the above coverage and apply to this insurance coverage ONLY. If you do not select a beneficiary for the above insurance coverage, a beneficiary designated for other coverages will not be defaulted to here. If no beneficiary is named, or if no beneficiary survives you, The Hartford, may, at their option, pay your insurance benefits for that coverage in accordance with the provisions of the policy.

Relationship:

Name:

DOB:

SSN:

Please select your country of citizenship.:

Gender: Male Female Other

Address: Same as employee

Country:

Street:

Street (cont.):

City: State: Zip:

Phone:

Type:

Complete the beneficiaries demographic information here.

After entering this data, click 'Save' to continue the process.


Add, Edit or Remove a Beneficiary


Beneficiary: Supplemental AD&D





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 (Plus sign) if you do not see the desired person or trust in the list. Click the edit pencil to confirm beneficiary information.
- You may change the percentages, as long as they add up to 100%.
- Beneficiaries may not be both primary and contingent at the same time.

 Note: This beneficiary designation(s) will be for the above coverage and apply to this insurance coverage ONLY. If you do not select a beneficiary for the above insurance coverage, a beneficiary designated for other coverages will not be defaulted to here. If no beneficiary is named, or if no beneficiary survives you, The Hartford, may, at their option, pay your insurance benefits for that coverage in accordance with the provisions of the policy.

 If you want to add a new beneficiary, use the Plus icon. If you want to edit a beneficiary, use the Pencil icon to edit. **If the beneficiary you wish to edit has a grayed-out edit icon, you may go [here](#) to edit the data.**

Beneficiary	Relationship	Primary	Contingent	
Spouse Test	Spouse	<input checked="" type="checkbox"/> 100.00%	<input type="checkbox"/> 0.00%	 
Child Test	Child	<input type="checkbox"/> 0.00%	<input checked="" type="checkbox"/> 100.00%	 

Next

Once all beneficiaries have been added or modified, you will be returned to the “Beneficiary” screen.

Click ‘Next’.

Sign and Submit

Please confirm your beneficiary changes

****Please note your "PIN" is the "Password" you signed in with.**

By entering my PIN below, I am formally changing the beneficiary information on the specified life and/or disability plans

PIN:

Reason for change:

Need Help? Call 1-855-396-7655 (855-EZ-NROLL)

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
Terms and Conditions	09/26/2019
Beneficiary Form	09/26/2019
New Beneficiary Form Testing	09/26/2019

Return



Need Help? Call 1-855-396-7655 (855-EZ-NROLL)

You will now see your existing coverages and forms that will need to be signed before completing the process.

Click 'Next' to complete the process.

Confirmation

RG BMS Demo - Ann

Beneficiary Information

Name	Date of Birth	Home Phone	Work Phone	Address
Gloria A. Test	12/16/1964			1 Griffin Rd North Windsor, CT 06095
Employee ID	Hire/Elig Date	Gender	E-mail Address	
3	03/21/2005	F	ann.siegel@thehartford.com	
Location	Department			Reason for Completing Form
Location	Department			Beneficiary change.
Job Class	Title			
Full Time Active				

BENEFICIARY INFORMATION

Beneficiary Name	Relationship	Benefit Plan	Beneficiary Type	Percentage (%)
Spouse Test	Spouse	Basic Life & AD&D - \$50000.00	Primary	100.00
Spouse Test	Spouse	Supplemental Life - \$50000.00	Primary	100.00
Child Test	Child	Supplemental Life - \$50000.00	Contingent	100.00
Spouse Test	Spouse	Supplemental AD&D - \$50000.00	Primary	100.00
Child Test	Child	Supplemental AD&D - \$50000.00	Contingent	100.00
Spouse Test	Spouse	Critical Illness	Primary	100.00
Child Test	Child	Critical Illness	Contingent	100.00
Spouse Test	Spouse	Accident	Primary	100.00
Child Test	Child	Accident	Contingent	100.00
Spouse Test	Spouse	Group Hospital Indemnity	Primary	100.00
Child Test	Child	Group Hospital Indemnity	Contingent	100.00

Beneficiary Information Continued

Name	Date of Birth	Home Phone	Work Phone	Address
Gloria A. Test	12/16/1964			1 Griffin Rd North Windsor, CT 06095
Employee ID	Hire/Elig Date	Gender	E-mail Address	
3	03/21/2005	F	ann.siegel@thehartford.com	
Location	Department			Reason for Completing Form
Location	Department			Beneficiary change.
Job Class	Title			
Full Time Active				

BENEFICIARY INFORMATION Continued

Beneficiary Name	Relationship	Benefit Plan	Beneficiary Type	Percentage (%)

Applicant Signature

Date

The final step would be to confirm and authorize the changes. The confirmation (page 2 shown) lists all beneficiaries for each coverage.

It is in Adobe format and can be printed for your records.

Click 'Sign Form' to complete the process. Now you can log out of the site.