

**Sample Enrollment Instructions for all participants:**

[www.portlandoregon.gov/benefits](http://www.portlandoregon.gov/benefits) to enter your Portlandoregon.gov User Name and Password. If you do not remember your login credentials, you may click on “Forgot” to reset your user name and/or password.

Sign-In

PortlandOregon.gov User Name

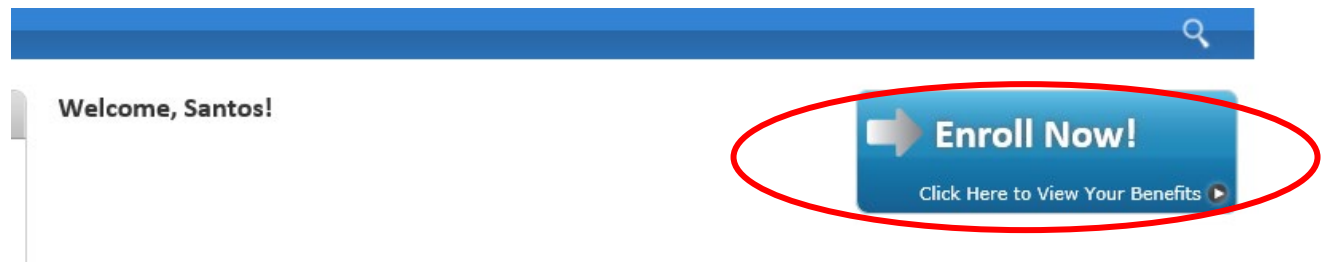
You can also use your registered e-mail address.

Password

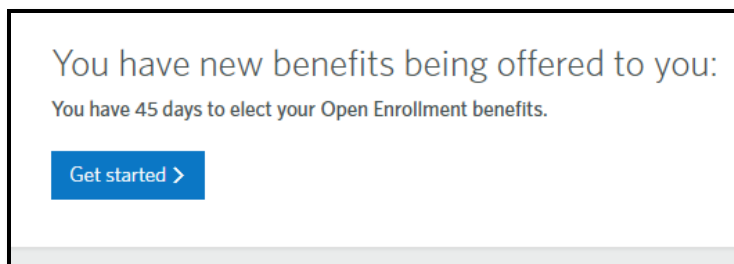
Password is case sensitive. [Forgot](#) your user name or password?

Sign-In

**Once Logged in, click enroll now**



**Click Get Started (the number of days remaining to elect for open enrollment will be displayed):**



**Before you enroll in benefits, verify dependent(s) information.**

## Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Name	Relationship	Date of Birth	Gender	Actions
------	--------------	---------------	--------	---------

**Review your medical, dental, and vision plans and then Add or Decline your Health Flexible Spending Account coverage. You will need to click on Begin Enrollment to add or decline this plan and move onto the next plan options. Dependent care Flexible Spending Account enrollment will appear after completing your Health FSA selection.**

## 6. Choose your Health FSA coverage

[Begin enrollment](#)

[View your current plan](#)

**It is a great idea to review your basic life insurance and/or supplemental life insurance to confirm your beneficiary designations are current. Click on Show plan details and then click on the pencil icon to add or edit beneficiary information.**



## 8. Your Life coverage

Basic Life 2019-2020

[Edit coverage](#)

[Compare to your current plan](#)

[Show Plan Details](#) 

For this open enrollment only, you may elect a supplemental life insurance coverage amount of \$50,000 up to \$300,000 guaranteed with no questions asked. Review your current supplemental life election and increase your current amount as needed. You will need to click on “Edit Coverage” to make a change to your current amount.



## Your Supplemental Life coverage

### Supplemental Life 2019-2020

For this open enrollment only, you may elect a supplemental spouse life insurance coverage amount of \$10,000 up to \$30,000 guaranteed with no questions asked. Review your current supplemental spouse life election and increase your current amount as needed. You will need to click on “Edit Coverage” to make a change to your current amount.



## Your Supplemental Spouse Life coverage

### You have declined this benefit.

If you have declined or have been denied Voluntary Long-Term Disability coverage in the past, you now have the option to add this plan with a guarantee issue, no questions asked and no medical history statement requirement. To elect, click on edit coverage, select plan and save.



## Your Voluntary Long Term Disability coverage

### Cancelled as of 07/01/2019

[Edit coverage](#)

[Compare to your current plan](#)

Review the New Voluntary Short-Term Disability coverage and begin enrollment. You may elect or decline. You will need to complete this plan selection (elect or decline) in order to move forward with your enrollment process.

## 15. Choose your Voluntary Short Term Disability coverage

Begin enrollment

View your current plan

Once all your benefits are reviewed and look good, scroll all the way down so you can check the box next to "I have reviewed the information above" and Complete Enrollment. You will then be prompted to complete a system user experience survey. You may skip this survey if you wish not to respond.

I have reviewed the information above

Complete Enrollment

Cancel

After completing your enrollment, a congratulations window will pop-up, please review and save a copy of your Employee Summary report which is located here:

Show all 8 of my benefits ▾

### Helpful things to do right now



Write down your confirmation number:  
13444587949-49669s



Review and print a copy of your [Benefit Summary Report](#)

We will send you a final confirmation after the enrollment window closes on June 7th