

Open Enrollment Directions:

Through this system, you will be able to enroll for Medical, Dental, Vision, Life and Flex all in a few easy steps.

Step One: Go to KPS Employee Center and then click on Employee Access Center.

QUICK LINKS

- District Directory
- 2020-21 School Calendar
- New Student Online Enrollment
- Early Kindergarten 4 and 5 Year Olds
- Power School
- Crisis and Suicide Help
- Lead in School Drinking Water Testing
- Employment
- Substitute Opportunities
- KPS Employee Center**
- Food Service Parent Portal

KPS EMPLOYEE CENTER

Click on the links below to access the different KPS Employee Portal

Employee Access Center Absence Entry Benefits Enrollment Employee Information Earning Statements, W2s, and 1095Cs Substitute Job Board Time Sheet Entry Leave Information/Calendar	eFinance Plus Requisitions (see video below) Reports (Power Users can also get to Time Sheet Entry and the Employee Access Center through eFinance)	KPS Employee Portal (Data previous to July 1, 2019) Earning Statements W2's (District Network login credentials)
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That will take you to the **Login Page** for the **Employee Access Center**. Your user ID is your Employee ID# and your password is the last 4 digits of your Social Security number.

User ID: Your Employee ID number → Profile: Kalispell SD - Live

Password: Your last four digits of your Social Security # → User ID:

→ Password:

Login

Step 2: Click on the Open Enrollment Button

Welcome! You are now in the Employee Access Center! To start the Open Enrollment process, click on the **Open Enrollment Button**. Everyone working 20 hours or more per week are required to Enroll or Waive Coverage. If you work 20 hours or more, you cannot skip this step.

Please contact the Human Resources Department to report inaccuracies.

Information	
Employee ID:	10000
First Name:	TEST
Middle Name:	
Last Name:	MACTESTERSON
Suffix:	
Address 1:	1 HOUND DOG LANE
Address 2:	
City:	KALISPELL
State:	MT
Zip:	59901
Personal Email:	
Other Phone:	
Years in District:	0
Years in Total:	0
Emergency Contact:	
Physician:	
Spouse:	
Previous Name:	TEST
Release Information:	Yes
Phone Number:	
Work Phone:	
Work Email:	
SSN:	000-00-0000
Birth Date:	
Hire Date:	4/18/2019
Department:	10 - HUMAN RESOURCE
Check Location:	86 - MAIL
Personal Cell Phone:	
Emergency Cell Phone:	
Years in State:	0
Emergency Phone:	
Physician Phone:	
Spouse Phone:	

(Updates have been made to the information above, pending completion by the Human Resources.)

Step 3: Enter/Review your Dependent information. *If you don't have Dependents, then select the **Continue** button at the bottom of this screen.*

Please review the list and make changes if necessary by clicking the **Edit** button to the left of the dependent's first name. If you would like to add a dependent, please click on the **Add a New Dependent** button. Once you have completed step 3. Click on **Continue to Annual Benefits Enrollment** button to move to the next screen.

Update Dependents

Please review your dependents list below, and if there are any changes, you can use the Edit links, or add a new person. Once complete, use the Continue button at the bottom of the page to move forward.

	First Name	Last Name	Social Security Number
Edit	SAMMIE	MCTESTERSON	XXX-XX-6789
Edit	TANDA	MCTESTERSON	XXX-XX-4321

Add a New Dependent

Continue to Annual Benefits Enrollment

Step 4: Enroll for Medical Benefits:

IMPORTANT: Please make sure to ALWAYS choose the 10-month Rate. If you are waiving coverage just click **WAIVING..... MEDICAL WAIVED** option and hit **Next**

1. The first thing you will need to do, is click on the drop down under Enrollment Election and pick who you are electing coverage for. After you select an option from the drop down, the options change to the selections you are eligible for.

Current Information	
Name:	
Employee Cost:	\$0.00
Deductions Per Year:	0
Employer Cost	\$0.00

Enrollment Election	
Select a Category:	All 
<input checked="" type="radio"/> DO NOT SELECT-Please select another option here	
<input type="radio"/> OPTION 1 10 MONTH RATE ----- OPT 1 10 MO E/D F	
<input type="radio"/> OPTION 1 10 MONTH RATE ----- OPT 1 10 MO F F	
<input type="radio"/> OPTION 1 10 MONTH RATE ----- OPT 1 10 MO E F	
<input type="radio"/> OPTION 1 10 MONTH RATE ----- OPT 1 10 MO E/S F	
<input type="radio"/> OPTION 1 12 MONTH RATE ----- OPT 1 12 MO E/S F	
<input type="radio"/> OPTION 1 12 MONTH RATE ----- OPT 1 12 MO E/D F	
<input type="radio"/> OPTION 1 12 MONTH RATE ----- OPT 1 12 MO F F	



2. Next, click on either Option 1 or Option 2 10-month rate, then click next and it will automatically take you to the enrollment screen for Dental. Make sure to select the dependents who will be covered before you click next.

Current Information	
Name:	
Employee Cost:	\$0.00
Deductions Per Year:	0
Employer Cost:	\$0.00

Enrollment Election	
Select a Category:	EMPLOYEE/SPOUSE/CHILDREN
Options:	<input checked="" type="radio"/> OPTION 1 10 MONTH RATE ----- OPT 1 10 MO F F <input type="radio"/> OPTION 2 10 MONTH RATE ----- OPT 2 10 MO F F <input type="radio"/> DO NOT SELECT-Please select another option here
Choice Instructions:	Option 1 is the REVISED MEDICAL or PPO PLAN. Option 2 is the HIGH DEDUCTIBLE PLAN.
Employee Cost:	\$592.72
Deductions Per Year:	10
Employer Cost:	\$739.26

Include Dependents	
Select the dependents which are covered under this enrollment option.	
<input checked="" type="checkbox"/>	SAMMIE MCTESTERSON
<input checked="" type="checkbox"/>	TANDA MCTESTERSON
Update Dependents	
<input type="button" value="Next"/>	

Step 5: Enroll for Dental Benefits:

You will follow the same process as outlined in Step 4 Above

Step 6: Enroll for Vision Benefits:

You will follow the same process as outlined in Step 4 Above

Step 7: Enroll for Flex Benefits:

IMPORTANT: There are three options for Flex Enrollment. Flex 10-month, Flex Limited, and Waive. You can only select Flex Limited IF you have an HSA. This limited flex plan is for dental and vision expenses ONLY. If you do not have an HSA, you will either pick Flex 10 Month or Waive. Anyone that is electing Flex, Limited Flex or Dependent Care Flex will also have to select the flex fee. Keep in mind there are three different screens for electing Flex; FLEX/Limited FLEX, DEPENDENT CARE FLEX and FLEX FEE.

Current Information	
Name:	
Employee Cost:	\$0.00
Deductions Per Year:	0
Employer Cost:	\$0.00

Enrollment Election	
Select a Category:	All
Options:	<input checked="" type="radio"/> DO NOT SELECT-Please select another option here <input type="radio"/> FLEX 10 MONTH RATE ----- FLEX F <input type="radio"/> FLEX LIMITED 10 MONTH RATE ----- FLEX - LIMITED F <input type="radio"/> WAIVING ----- FLEX WAIVED F
Employee Cost [Annual]	0.00
Deductions Per Year:	
Employer Cost:	
<input type="button" value="Next"/>	

Once you have elected all your options, you can select any of the **Benefit Types** to make changes to your selection. If you would like to compare your current information to your next year selections, click on the **Show** button. DO NOT SELECT the **Confirm** button until you know this is what you want. You cannot make changes after you have submitted.

Annual Benefits Enrollment Summary

[Update Dependents](#)

[Show >>](#)

New Year Selections						
Benefit Type	Choice	Times Taken	Deduction Amount	Annual Deduction	Benefit Amount	Annual Benefit
MEDICAL OCT-JUNE X2	OPTION 1 10 MONTH RATE	10	\$592.72	\$5,927.20	\$739.26	\$7,392.60
VISION OCT-JUNE X2	WAIVING	10	\$0.00	\$0.00	\$0.00	\$0.00
FLEX OCT-JUNE X2	WAIVING	10	\$0.00	\$0.00	\$0.00	\$0.00
FLEX DEP CARE SEPT-JUNE X2	WAIVING	10	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL SEPT-JUNE X2	DENTAL 10 MONTH RATE	10	\$96.00	\$960.00	\$37.80	\$378.00
FLEX FEE OCT-JUNE X2	WAIVING	10	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS				\$6,887.20		\$7,770.60

By clicking the button to submit, you are declaring that you selected all options as shown, and these will be your benefits and deductions moving forward. YOU CANNOT MAKE ANY CHANGES AFTER YOU HAVE SUBMITTED.

[Confirm All Selections](#)

This is what you will see if you want to compare this year to next year plan options! Once you have confirmed your selections It will say **Your Final Selections Were Submitted on MM/DD/YYYY at 0:00 AM/PM.**

Annual Benefits Enrollment Summary

[Update Dependents](#)

[Hide >>](#)

Current Information							New Year Selections						
Benefit Type	Choice	Times Taken	Deduction Amount	Annual Deduction	Benefit Amount	Annual Benefit	Choice	Times Taken	Deduction Amount	Annual Deduction	Benefit Amount	Annual Benefit	
MEDICAL OCT-JUNE X2	None	0	\$0.00	\$0.00	\$0.00	\$0.00	OPTION 1 10 MONTH RATE	10	\$592.72	\$5,927.20	\$739.26	\$7,392.60	
VISION OCT-JUNE X2	None	0	\$0.00	\$0.00	\$0.00	\$0.00	WAIVING	10	\$0.00	\$0.00	\$0.00	\$0.00	
FLEX OCT-JUNE X2	None	0	\$0.00	\$0.00	\$0.00	\$0.00	WAIVING	10	\$0.00	\$0.00	\$0.00	\$0.00	
FLEX DEP CARE SEPT-JUNE X2	None	0	\$0.00	\$0.00	\$0.00	\$0.00	WAIVING	10	\$0.00	\$0.00	\$0.00	\$0.00	
DENTAL SEPT-JUNE X2	None	0	\$0.00	\$0.00	\$0.00	\$0.00	DENTAL 10 MONTH RATE	10	\$96.00	\$960.00	\$37.80	\$378.00	
FLEX FEE OCT-JUNE X2	None	0	\$0.00	\$0.00	\$0.00	\$0.00	WAIVING	10	\$0.00	\$0.00	\$0.00	\$0.00	
TOTALS				\$0.00	\$0.00	\$0.00				\$6,887.20		\$7,770.60	

By clicking the button to submit, you are declaring that you selected all options as shown, and these will be your benefits and deductions moving forward. YOU CANNOT MAKE ANY CHANGES AFTER YOU HAVE SUBMITTED.

Your Final Selections Were Submitted on 4/25/2019 at 9:44 AM