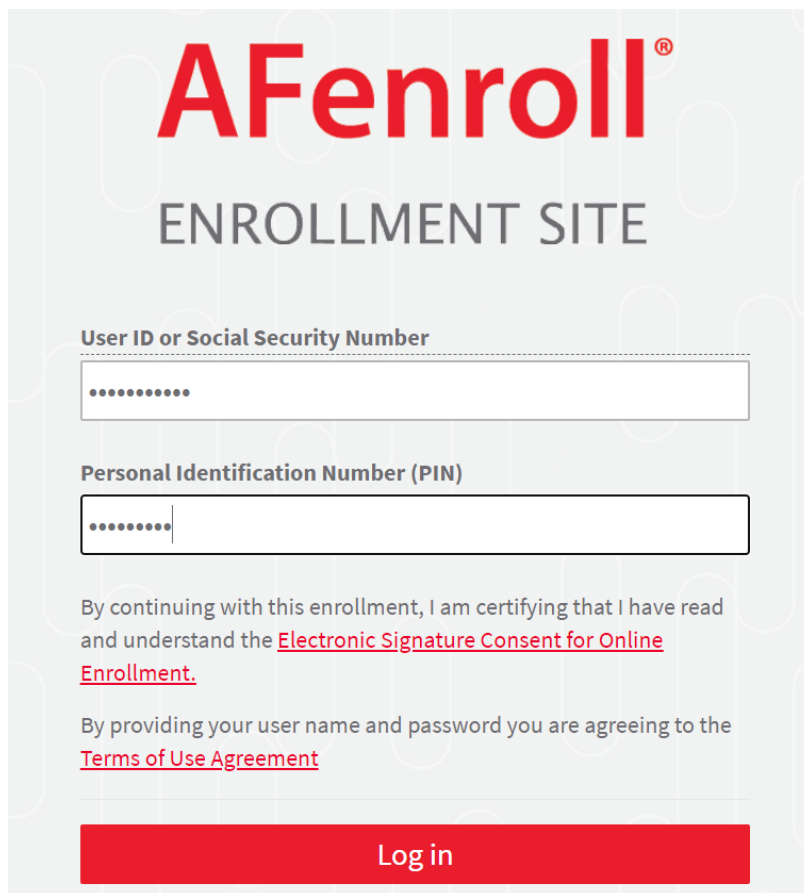


Login to AFenroll using Two-Factor Authentication:

1. Open an internet browser and navigate to the AFenroll enrollment website.
2. Enter the User ID and Personal Identification Number (PIN) provided to you and click 'Log in'.
3. Your User ID is your SSN with no dashes or your full G number (with capital G).
4. Your PIN will be a 12-digit combination of the last four digits of their SSN and the eight-digit date of birth. For example, if your SSN is 123-45-6789 and your date of birth is August 12, 1975, your default PIN will be 678908121975.



The image shows a screenshot of the AFenroll Enrollment Site login page. The page has a light gray background with a subtle pattern of white circles. At the top, the text "AFenroll®" is displayed in a large, bold, red font, with "ENROLLMENT SITE" in a smaller, gray font below it. There are two input fields: the first is labeled "User ID or Social Security Number" and contains a series of dots; the second is labeled "Personal Identification Number (PIN)" and also contains a series of dots with a cursor at the end. Below the input fields, there are two lines of text: "By continuing with this enrollment, I am certifying that I have read and understand the [Electronic Signature Consent for Online Enrollment.](#)" and "By providing your user name and password you are agreeing to the [Terms of Use Agreement](#)". At the bottom, there is a prominent red button with the text "Log in" in white.

5. If there is no valid email address or mobile phone number available in AFenroll, you will see a message like the one shown below. If this appears, please contact George Sampior at sampior@smccd.edu.

Request Two-factor Authentication Code✕

Your account does not have any email or phone options saved.
Please contact your American Fidelity Account Representative or your Employer to resolve this issue.

Ok

6. If an email address or phone number is available in AFenroll a window like the one shown below will appear on the screen. Select the authentication option you prefer and click the 'Request Code' button. The next page of these instructions provides a sample of the email and/or text message you will receive.

Request Two-factor Authentication Code✕

Please select an option for where you would like us to send your verification code. If there is not a valid option listed, please contact your American Fidelity Account Representative or your Employer.

Email

Mj.....@Am.....com

Text Message

.....6353

Request Code

7. A message like the one shown below will appear on the screen while you are waiting for your access code to either be emailed or sent via Text to the selected email address/phone number.
- Once the code is received, key it in the Account Verification field and click 'Validate Code' to continue.
 - If the code is not received, or you require a new code click the 'Request a new code' link.

Validate Two-factor Authentication Code×

Please check your email or text for your code and enter it below. If you requested the code to be sent to an email, please check your spam or junk folders. If you did not receive your code, please use the link below to request a new code.

Account Verification:

[Request a new code](#)

Validate Code

Change Your PIN:

You will be prompted to change your PIN to a personal option. The PIN requirements are seen at the top of the page. You will also set a security answer to help recover your PIN, if needed.

Hi, Tester ▾

- Minimum 12 character(s) required.
- Maximum 30 character(s) allowed.
- Must contain at least 1 upper case letter(s).
- Must contain at least 1 lower case letter(s).
- Must contain at least 1 special character(s).
- Cannot use the same password more than once.
- PIN cannot start with Employee User Name.
- PIN cannot equal Employee User Name.
- PIN cannot start with Employee ID.
- PIN cannot equal Employee ID.
- PIN cannot equal Employee SSN.

New PIN:

Re-enter your new PIN to verify:

Security Questions

Before you can complete your PIN change, you must select a security question, answer it, and provide your email address. This will allow you to reset your PIN if you forget it.

Select Security Question:

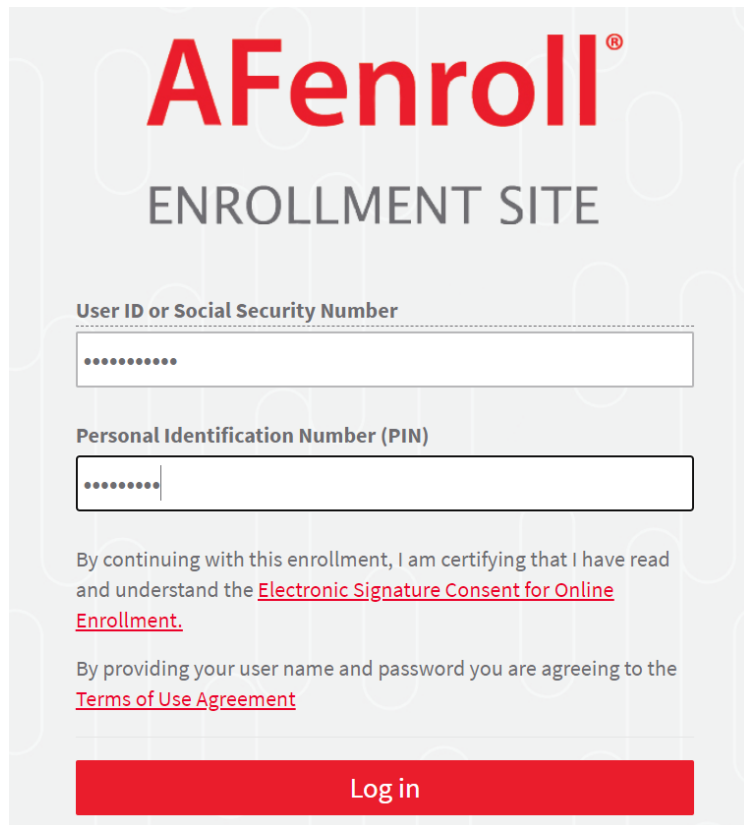
Answer:

Email Address:

Confirm Email:

Save New PIN

Again, enter the User ID and new Personal Identification Number (PIN) and click 'Log in'. You will only need to remember your new PIN for this enrollment.



The screenshot shows the AFenroll Enrollment Site login page. At the top, the logo "AFenroll®" is displayed in red, with "ENROLLMENT SITE" in grey below it. The page features two input fields: "User ID or Social Security Number" and "Personal Identification Number (PIN)", both containing masked characters. Below the fields, there is a red "Log in" button. Two lines of text with hyperlinks are present: "By continuing with this enrollment, I am certifying that I have read and understand the [Electronic Signature Consent for Online Enrollment.](#)" and "By providing your user name and password you are agreeing to the [Terms of Use Agreement](#)".

Follow the same prompts as listed above to provide the access code and move through the authentication process to enroll in your Medical benefit.


Enrollment:

After logging into the enrollment site, this will be your landing page. Select **Next**.

- *You & Your Family* will lead you to change your Personal Information, your Dependent's Information, or Change Your PIN.
- *My Benefits* will lead you to your benefits enrollment options.
- *Sign & Submit* will lead you to enrollment summarization and required forms.

Hi, Test

Status (100% Complete)



SAN MATEO COUNTY
COMMUNITY
COLLEGE DISTRICT
CalAcad College • College of San Mateo • Skyline College

Benefit info

Home You & Your Family My Benefits Sign & Submit **Next**

Afenroll®


enrollment made simple

Welcome to your benefits enrollment!

We're glad you're here.

Here's what we'll do:


- Discuss options and answer any questions you may have
- Choose benefits that meet your needs
- Print a confirmation of your selections



Next, you will be able to view your personal information. None of the information is editable. Please reach out to George Sampior at sampiorg@smccd.edu if anything needs to be updated. Select **Next**.

Home You & Your Family My Benefits Sign & Submit **Back** **Next**

Personal Information

 If any personal information needs to be updated, please contact the HR Department. Click the *Next* button to continue.

* marked fields are required.

Personal Info

Name: Test C Doe
First MI Last Suffix

Marital Status: Single

Date of Birth: 01/11/1980

SSN: ***-**-8888

Country of Citizenship: USA

Gender: Male Female Other

Contact Info

Here you will be able to view any dependents that are previously listed in your employee record. Please reach out to George Sampior at sampior@smccd.edu if anything needs to be updated or added. Select **Next**.

Home You & Your Family My Benefits Sign & Submit Back Next

Spouse & Dependents

Click Add ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the Next button when you are finished.

If you are adding dependents to coverage, please use [this link](#) to submit your eligibility documentation. Failure to provide may result in newly added dependents not being added to plans effective 1/1.

Dependents

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	Uploads	+
No items found.						

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the Add Dependent button below.

+ Add Dependent

Back Next

You will now be able to enroll in your Medical benefit. Select **Review**.

- The *Benefit Info* button pictured in the upper right corner will lead you to a Benefit Summary Guide if you have any questions about your plan options.

Status (0% Complete)

Benefit Info

SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT
Carinda College • College of San Mateo • Skyline College

Home You & Your Family My Benefits Sign & Submit Back Next

Benefit Summary

Below is a list of your current benefit elections.

For each of the benefit options below, your enrollment option is shown. If the **Waive** option is available and you would like to accept the option without reviewing, click the Waive button. If you would like to review all other options, click **Review**.

Medical Review

You have to complete enrollment in this plan.

My Benefits

Medical \$0.00

Employer Cost	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$0.00

Total Cost \$0⁰⁰
Per Pay Period

Back Next

Your rates are based off your Zip Code. The next question will determine your rates. Make your selection and hit **Next**.

- Home Area will use your residential zip code
- Campus Area will use the zip code based off your location with San Mateo.

Hi, Tester

Status (0% Complete)

SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT
 Carlsbad College - College of San Mateo - Skyline College

Home You & Your Family My Benefits Sign & Submit

Medical

Make a selection to the preferred area you would like for your medical provider. Campus Location Zip Codes: District Office - 94402 College of San Mateo - 94402 Skyline College - 94066 Canada College - 94061

Back Next

You will see your rates and tier options. For example, if you do not have any eligible dependents, Employee Only will be the only tier option you are able to choose. Make your selections and hit **Next**.

- The decline coverage option can be found at the bottom of the page.

	Employee Only	Employee + 1	Employee + Family
Anthem HMO Traditional	<input checked="" type="radio"/> [Redacted]	<input type="radio"/> [Redacted]	<input type="radio"/> [Redacted]
Blue Shield Access HMO	<input type="radio"/> [Redacted]	<input type="radio"/> [Redacted]	<input type="radio"/> [Redacted]
Kaiser CA HMO	<input type="radio"/> [Redacted]	<input type="radio"/> [Redacted]	<input type="radio"/> [Redacted]
PERS Gold PPO	<input type="radio"/> [Redacted]	<input type="radio"/> [Redacted]	<input type="radio"/> [Redacted]
PERS Platinum PPO	<input type="radio"/> [Redacted]	<input type="radio"/> [Redacted]	<input type="radio"/> [Redacted]
United Healthcare HMO	<input type="radio"/> [Redacted]	<input type="radio"/> [Redacted]	<input type="radio"/> [Redacted]

I wish to apply for this coverage
 I wish to DECLINE this coverage

Back Next

If you have a dependent, the next screen will list that dependent as a Covered Individual option for you to confirm. If you elect Employee Only coverage, you will NOT see this screen. Select **Next.

Home You & Your Family My Benefits Sign & Submit Back Next

Medical

Application Details

Individuals to Be Covered
Click on the checkbox next to each person's name to be included for coverage. When you are finished, click on the "NEXT" button to continue.

Plan Name: Medical
Coverage Level: Employee + 1

To Be Covered?	Name	Age
<input type="checkbox"/>	Tester Doe	45
<input checked="" type="checkbox"/>	Spouse Doe	45

Back Next

You will then confirm the elected Medical Product, Coverage Tier, Covered Individuals, and Cost. Select **Confirm**.

Medical

Enrollment Details

Product Name: PERS Gold PPO

Coverage Level: Employee + 1

First Name	MI	Last Name	Date of Birth (MMDDYY)	Sex	Relationship
Tester		Doe	1/11/1980	M	Employee
Spouse		Doe	1/11/1980	M	Spouse

Monthly Deduction

Cost: [REDACTED] (pre-tax)

You have elected coverage under this plan. Please review the summary information above and press *Confirm* if it is correct. To make changes, press *Back*.

Back Confirm

Next will be a summary of your elections. If you are satisfied with your choices, click on the **"NEXT"** button at the bottom of this screen to sign your Enrollment Verification Form electronically.

Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- **Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the **"NEXT"** button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- **Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

Your Benefits

Plan	Description	Employee Pretax Cost	Employee Posttax Cost	Employer Paid
Medical	PERS Gold PPO; E+1	██████	\$0.00	██████
Total		██████	\$0.00	██████

Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
<input type="checkbox"/> American Fidelity Election Form	Unsigned	

[Next >](#)

You will then be able to **Verify and Sign your Election Form.**

- Verify your information once again.
- Verify your Medical choice and the costs.
- “Sign” the form with the Drawn Signature feature using your mouse. Select **Submit**.
- If not possible, select *Use PIN* link to enter the PIN you chose at the beginning of this process.

Review / Sign Forms

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- **Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the **"NEXT"** button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- **Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

SAN MATEO COUNTY COMM COLLEGE DIST

College of San Mateo

Benefit Confirmation / Deduction Authorization

Name		Date of Birth	Home Phone	Work Phone	Address	
Tester Doe		01/11/1980			123 Main San Mateo, CA 94402	
Employee ID	Hire/Elig Date	Gender	E-mail Address			
***--9999	03/22/2025	M	test@test.com			

Location		Department		Reason for Completing Form	
College of San Mateo		Business/Technology			
Job Class		Title		Plan Year	
Adjunct		Tester		01/01/2025 - 12/31/2025	

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost		Employer Cost
						Benefit	Cost	Pre-tax	After-tax	
Medical	PERS Gold PPO	E+1	12	04/01/2025				68.70	0.00	1,958.70

Employee: Please sign in the space provided to complete your enrollment and submit your selections. Please review the Enrollment Verification Form above before signing.

Use PIN
Clear
Submit


After submitting, you will be finished. The Congratulations screen will show. Select **Logout**.

Home You & Your Family - My Benefits - Sign & Submit Logout

Sign/Submit Complete

Congratulations!
Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

Recap of Your Elections
Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. **Scroll down to the bottom of this screen to view a list of your completed enrollment forms.**

 **Medical**

Enrollment Details

Product Name: PERS Gold PPO
Coverage Level: Employee + 1

First Name	MI	Last Name	Date of Birth (MMDDYY)	Sex	Relationship
Tester		Doe	1/11/1980	M	Employee
Spouse		Doe	1/11/1980	M	Spouse

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
American Fidelity Election Form	03/24/2025