



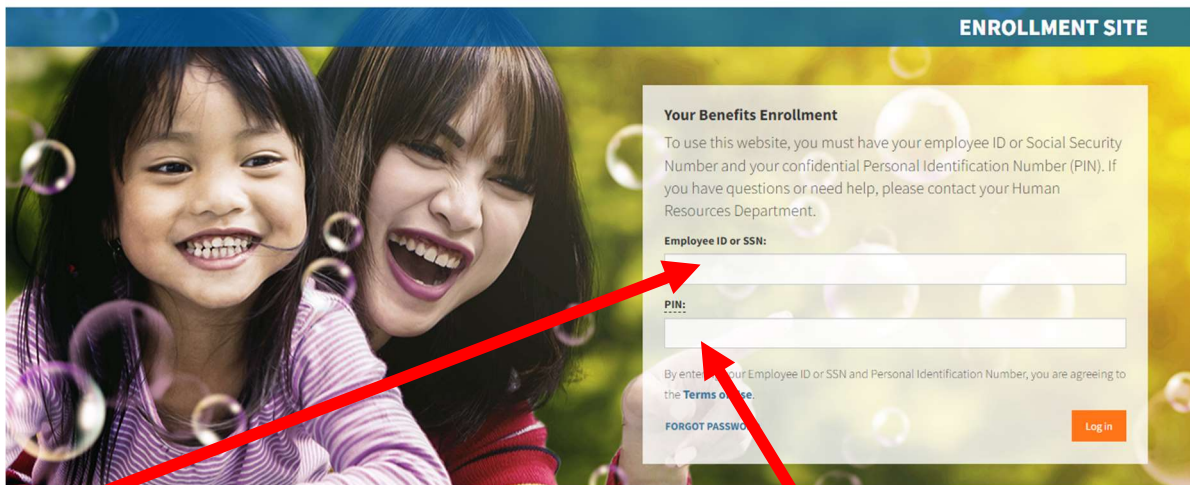
# BeneMatrix Enrollment Guide

## Online Open Enrollment for 2026

Welcome to your 2026 Open Enrollment! At Georgia Ports Authority, we have taken great care in preparing a robust benefits package to add even more value to your paycheck. Open Enrollment is a critical time for you to review your current benefits package and make important updates to ensure you and your family are fully covered.

We have again partnered with Lūm and BeneChoice Enrollment Solutions & Technology, Inc. to offer our employees an online self-enrollment platform—BeneMatrix. Please follow the below instructions to log in and enroll in your 2026 benefits through BeneMatrix.

The enrollment site can be found at: <https://www.benematrix.com/enroll> or by scanning the QR code.



Your **Employee ID or SSN** is your Social Security Number without dashes.

Your **PIN** is the last four digits of your Social Security Number followed by the last two digits of the year of your date of birth.

Example: If your Social Security Number is 111-22-3333 and you were born in 1980, your PIN would be: 333380.

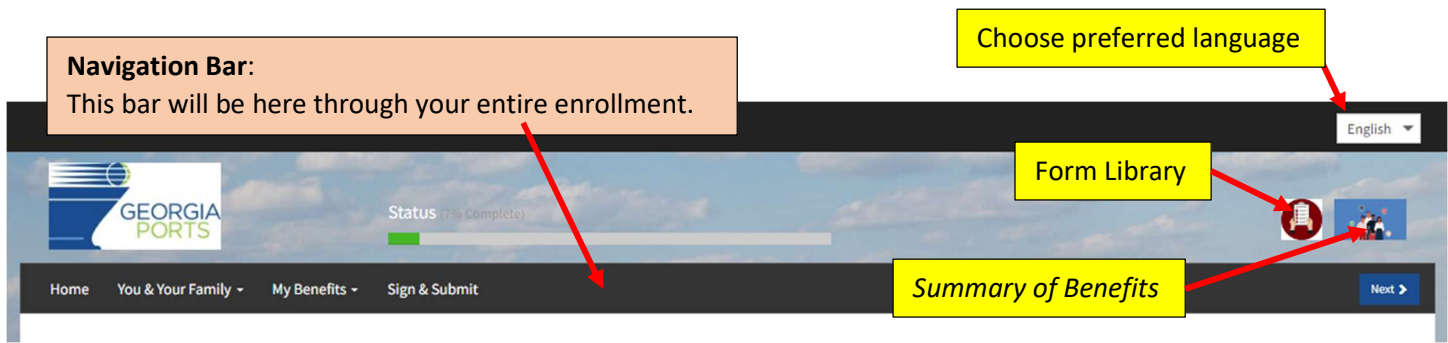
Open Enrollment will be a “passive” enrollment. This means that all benefits that you currently have will carry forward to 2026 **EXCEPT medical flex and dependent/childcare flex**. All enrollment adds, changes, and deletions (to include flex enrollments) for 2026 must be made through BeneMatrix. You must complete your 2026 initial wellness requirements to be included in Waterfront Wellness for 2026.

While in BeneMatrix, you can jump to another benefit by going to the Navigation Bar at the top and choose “My Benefits”, then choose the benefit you wish to jump to. You may have to “Unlock” the benefit if there has already been activity within that benefit during Open Enrollment.

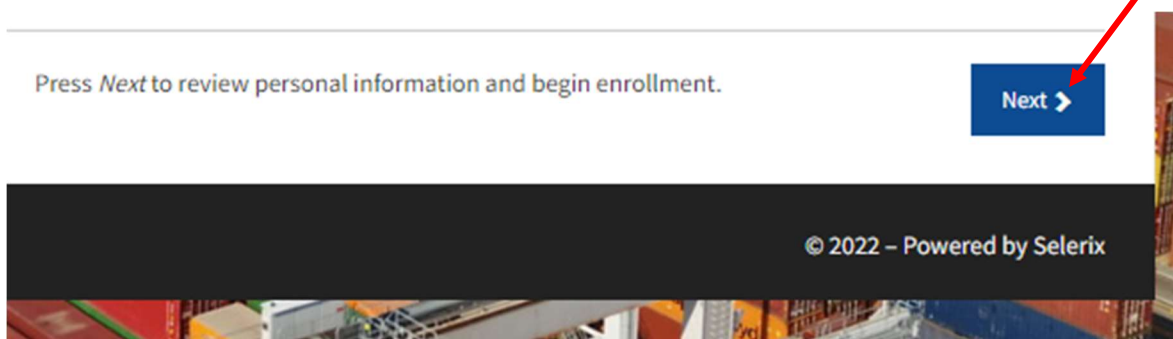
Retirement election deferrals and investment selections are made through Empower and not BeneMatrix.

If you should need technical help with BeneMatrix or help with your voluntary benefit elections, visit <https://tinyurl.com/gaports> to schedule an appointment with a representative. A link to this website is also on the bottom bar of the enrollment site.

After logging into the enrollment site, you will start on the home page where you can access the GPA *Summary of Benefits*, the Form Library, and choose your preferred language.



Review the enrollment message on the home page and begin your enrollment by clicking on the “Next” button toward the bottom of the screen or on the Navigation Bar.



You will first be asked to review your personal information. Data shown here is fed nightly to BeneMatrix from ADP. Please be sure that all data is accurate. If it’s not, please make changes through ADP Self-Service or contact HR. Once the data has been corrected in ADP, it will transfer over to BeneMatrix. Click “Next”.

Home Phone:

Work Phone:

Mobile Phone:

E-Mail:

Personal E-Mail:

[Next >](#)



Next, you will be asked to review and update your dependents. You may review the data on your pre-loaded dependents by clicking the pencil next to their information. You can remove a dependent by clicking the “X” next to their information. You can add a new dependent by clicking the “Add Dependent” button or by clicking the plus sign (+) on the top of the table listing your dependents. **DO NOT** type over a dependent’s name if you need to add a dependent; just add a new dependent.

PORTS

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



## 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.

Name	SSN	DOB	Sex	Relation	Uploads	
Karen Demo	***-**-8888	4/1/1998	F	Spouse	0	 

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.

Pencil: Review Dependents  
X: Remove Dependents

When adding a dependent, complete all required fields. Any required field will turn red and not allow you to continue until you have entered the information.

GPA requires verification for your dependents (examples: marriage certificate, birth certificate). In the drop-down box, you will need to choose what type of document you're using to verify your dependent. You can upload these documents from your computer or take a picture with your phone and upload them. If easier, you can drop off these documents to the Benefits office.

### Dependent Documentation

Please select what documentation will be provided to verify the dependent's relationship to the employee. If you wish to upload that documentation now, you can do so below. However, even if you are not uploading the documentation at this time, you must select what type of documentation you can provide to verify the relationship.


Relationship Verified By: <Please Select>

Drop-down box for what type of document you're using to verify your dependent.



### Upload Documentation

Documentation Upload

If you have any documentation your employer has requested to see related to your personal information or dependent documentation, such as proof of address, citizenship, relationship documentation, you can upload images of that documentation here. All images will be stored with your record with your employer.

 Upload from my computer  
Using this option you may upload files directly from this computer. Click the upload icon and follow the instructions on the dialog pop-up.  
If you are not able to upload your dependent documents, you may bring them to the Benefits Office located at 2 Main St., Garden City, GA 31408. Coverage for dependents will remain pending until these documents are either uploaded or provided to the Benefits Office directly.

File Name	Document Type	Size	Uploaded By	Date
No items found.				

Click "Save" after completing the new dependent information. Add more dependents as needed using the instructions above. Once finished adding dependents, you can then click "Next" when returned to the **Dependents** screen to continue your enrollment.

If you need to add a dependent later in the enrollment, go to the Navigation Bar at the top and choose “You and Your Family”, then Dependents.

When starting your enrollment, you will be asked if you’re participating in Waterfront Wellness. This question is designed to give you the appropriate rates for medical. **Final determination of inclusion in the Wellness program will be based upon successful completion of all your initial annual wellness requirements which close November 7, 2025.** If you are not electing GPA’s medical, simply select “No” here.

After clicking “Next”, each plan available during Open Enrollment will come up separately (medical, dental, then vision). Costs listed are per pay period. You can select who should be covered under each plan option. Once you have made your tier selection, click the “Enroll” button at the bottom of the selected plan. If you wish to decline coverage, click “Decline”. Current coverage is denoted by a small orange “bookmark” icon.

**If you don't plan to**

- elect medical flex or dependent care (child care) flex,
- elect or make changes to
  - supplemental life insurance coverage, or
  - any voluntary product through Colonial Life,

please click "Next" through all remaining benefits declining each until you reach the "Sign and Submit" screen. Final instructions for "Sign and Submit" are on the last two pages of this guide.

**Remember that flex enrollments must be made every year per IRS regulations.**

For flex enrollments, you can select either an annual amount or an amount per pay period. Click on the "Calculate" button and the system will tell you the annual election or amount per pay period. The amounts returned after you "Calculate" may be off a bit due to mathematical division across payrolls. BeneMatrix has the annual contribution limits already built in.

The screenshot shows the 'FSA: Medical' enrollment page. At the top, there is a navigation bar with 'Home', 'You & Your Family', 'My Benefits', and 'Sign & Submit'. Below the navigation bar, the title 'FSA: Medical' is displayed. The main content area contains the following text: 'When you enroll in an FSA, you decide how much to contribute to the account on a pre-tax basis for the entire plan year. In other words, you're not having to pay taxes on this contribution.' 'If you contributed towards this FSA last year, you will see the same amount listed below. You can either change this amount or keep it the same.' 'If you haven't contributed to this FSA, you will see the minimum allowable listed below.' 'Please review the numbers below and then select whether you wish to ENROLL/APPLY or DECLINE/CANCEL coverage before clicking "Next".'

The form fields are as follows:

- Minimum Annual Contribution: \$499.00
- Maximum Annual Contribution: \$3,050.00
- Amount per pay period: [input field] \$99.80
- Number of periods: 5
- [input field] \$499.00

Annotations include:

- A yellow box with the text: 'Enter amount per pay period you wish to contribute or an annual amount, then click "Calculate".' with red arrows pointing to the 'Amount per pay period' and the second input field.
- A red box around the 'Calculate' button.
- A yellow box with the text: 'Choose if you wish to enroll or decline coverage and then click "Next".' with red arrows pointing to the radio button options and the 'Next' button.

At the bottom, there are 'Back' and 'Next' buttons.

After you've enrolled or declined coverage, by clicking "Next", the system will take you to 'FSA: Child/Dependent Day Care'. Use the same instructions as above for dependent care (childcare) reimbursement. **Remember that the 'FSA: Child/Dependent Day Care' plan is for daycare, after-school care, etc.**

**If you don't plan to**

- elect or make changes to
  - supplemental life insurance coverage, or
  - any voluntary product through Colonial Life,

please click "Next" through all remaining benefits declining each until you reach the "Sign and Submit" screen. Final instructions for "Sign and Submit" are on the last two pages of this guide.


If you wish and have not already elected, you can apply for Employee Supplemental (Term) Life and AD&D, Spouse Supplemental Life and AD&D, and Child Supplemental Life and AD&D. See the separate 'Life Insurance 101 at Georgia Ports Authority' flyer in your Open Enrollment packet that further explains guarantee issue and limits for these coverages.

In order to obtain coverage for your spouse and/or children, you must elect coverage for yourself.

## Supp Life and AD&D

Please select the desired benefit amount and then click Next.

Click Next to continue.

Benefit Amount :  \$150,000

Cost per pay period: \$5.54

I wish to APPLY for this coverage.

I wish to DECLINE this coverage.

If you choose an amount over the Guaranteed Issue, then you will need to complete an Evidence of Insurability form to be sent to MetLife's underwriting department for approval of the amount over the Guaranteed Issue. The Benefits office will send this form to you for completion. If you don't complete and return the Evidence of Insurability Form, then the election will fall to the Guaranteed Issue amount only. Similarly, if you submit the form and are denied the amount over the Guaranteed Issue, then your election will fall to the Guaranteed Issue amount. If you submit the form and are approved, then the full coverage amount submitted will be the election. All elections take effect January 1, 2026.

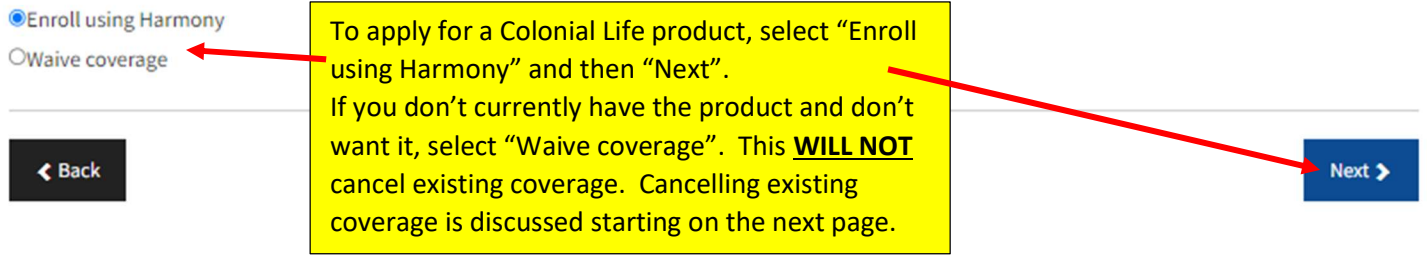
Following the Employee Supplemental Life and AD&D election screen, similar screens will appear to enroll or decline coverage for your spouse and/or children if any are listed.

Remember, if you need to add another dependent, go to the Navigation Bar at the top and choose "You and Your Family", then Dependents.

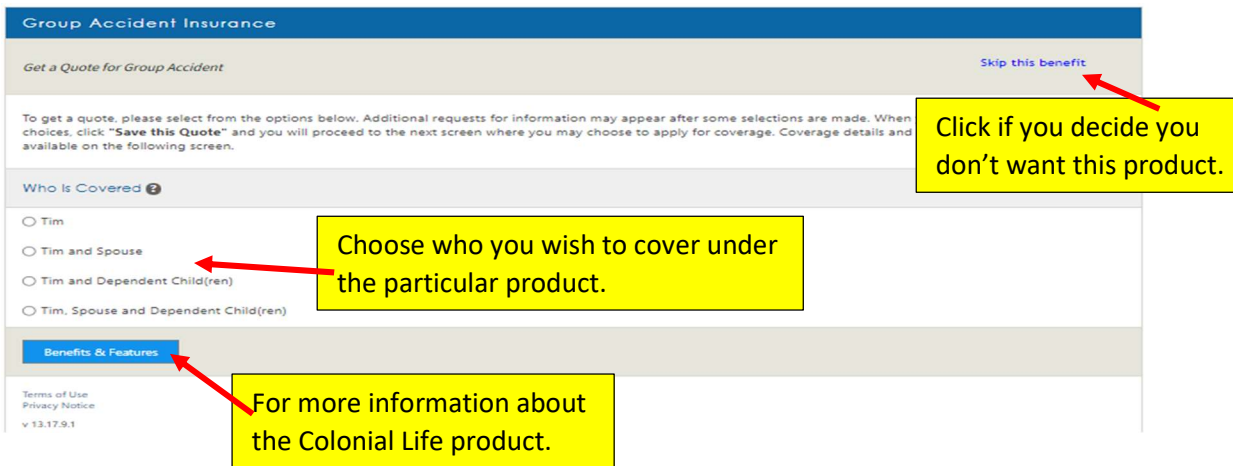
Once you have completed your flex and supplemental life elections, you can then make elections/changes for your voluntary products through Colonial Life.

**If you don't plan to elect or make changes to any voluntary product through Colonial Life, please click "Next" through all remaining benefits declining each until you reach the "Sign and Submit" screen. Final instructions for "Sign and Submit" are on the last two pages of this guide.**

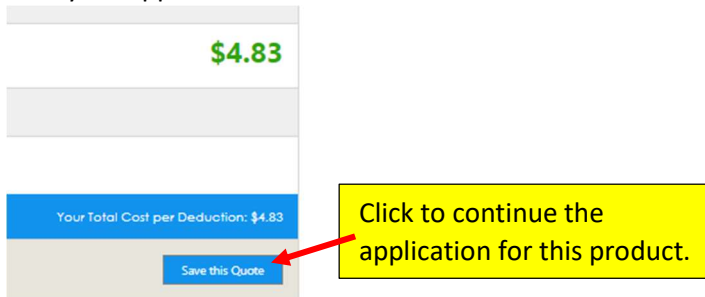
For Colonial Life products, BeneMatrix will take you directly to their enrollment system (Harmony). To get started on the Colonial Life benefits in BeneMatrix, select “Enroll using Harmony” and then click “Next”. BeneMatrix will then open the Harmony enrollment system for you to enroll, make changes to, and cancel coverage. If you don’t have the Colonial Life product and have no interest in it, simply select “Waive coverage” and click “Next”.



Please read all information carefully when making your choices for a quote.



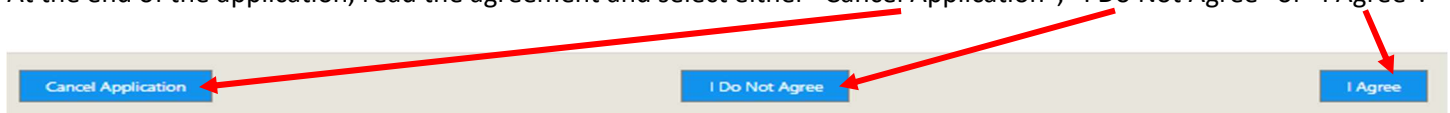
Once you choose who will have coverage on the product and other policy options, click “Save this Quote” to continue with your application for the benefit.



Once you have saved the quote, Harmony will show you the details screen of your quote. To begin the application process for the quote, click on the green box “Begin Application”.

One by one, the system will walk you through application questions of each product that you’ve expressed interested in.

At the end of the application, read the agreement and select either “Cancel Application”, “I Do Not Agree” or “I Agree”.



When clicking “I Agree”, this submits your electronic signature on the application to be forwarded onto Colonial Life to be reviewed by their underwriting department to make a decision for approval or denial of the insurance application.

Follow the above instructions for all Colonial Life products you wish to elect or make changes to.

In order to **CANCEL** coverage of your current Colonial Life policy, it may be easier to schedule an appointment with a **Benefits Counselor** to ensure you've cancelled the coverage correctly.

If you wish to make the cancellation yourself, go to the policy that you wish to cancel. You can easily get there through the "My Benefits" section of the Navigation Bar.

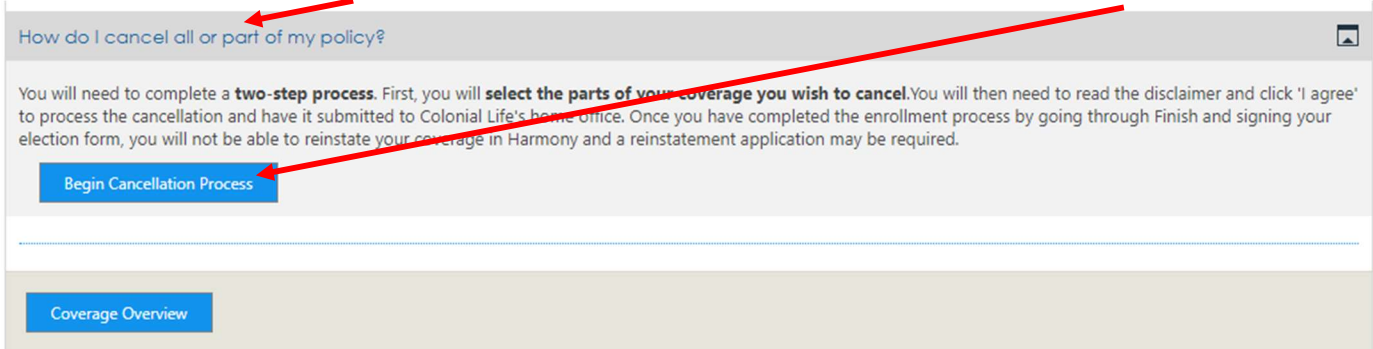


Once into the policy you wish to cancel, click on "View/Cancel" located next to the description of your existing coverage.

A screenshot of the "Existing Coverage" table. The table has three columns: "Existing Coverage", "Deduction Cost", and "Available Action". The first row shows "Off-Job Accident/Off-Job Sickness Disability. (\$2,600.00)" with a deduction cost of "\$24.07" and a "View / Cancel" button. Below the table, it says "Existing Coverage Cost Per Deduction Period: \$24.07". A red arrow points from the "View / Cancel" button to the "How do I cancel all or part of my policy?" section in the next screenshot.

Existing Coverage	Deduction Cost	Available Action
Off-Job Accident/Off-Job Sickness Disability. (\$2,600.00)	\$24.07	View / Cancel

Click on "How do I cancel all or part of my policy?". A box will drop down, then click "Begin Cancellation Process".



Click to remove the check mark next to the benefit(s) you wish to cancel. Then click "Save & Continue".

A screenshot of the "Individual Disability 3000 Insurance" form. The form shows the "Change Current Coverage" section with a warning message: "You have chosen to cancel all or part of your coverage. To do this, remove the checkmark next to the benefit you wish to cancel. When you are satisfied with your selections, click 'Save and Continue' to go to the next step." Below the warning, there are two checked boxes: "Off-Job Accident/Off-Job Sickness Disability. (\$2,600.00)" and "Health Screening Rider". A red box highlights these two boxes, and a red arrow points from the "Uncheck the boxes" instruction to them. The "Total Premium per Paycheck" is shown as "\$24.07 Post-Tax". A "Save & Continue" button is at the bottom right. A red arrow points from the "Save & Continue" button to the "Save & Continue" button in the next screenshot.

Individual Disability 3000 Insurance

Change Current Coverage

You have chosen to cancel all or part of your coverage. To do this, remove the checkmark next to the benefit you wish to cancel. When you are satisfied with your selections, click "Save and Continue" to go to the next step.

Primary Insured:  
Coverage Type: Insured

Off-Job Accident/Off-Job Sickness Disability. (\$2,600.00) \$23.40  
 Health Screening Rider \$0.67

Total Premium per Paycheck: \$24.07 Post-Tax

Detailed Information

Previous Save & Continue

Uncheck the boxes of what you want to cancel; if for the entire benefit, uncheck all boxes.

In order to do business electronically and directly with Colonial during this enrollment, continue through the cancellation process by reading the “Voluntary Opt-In Electronic Consent Disclosure”, enter your email address and click “I Agree”.

**Individual Disability 3000 Insurance**

Please read this authorization in its entirety and provide a valid email address (required).

Your consent to this authorization applies to all Colonial Life policies purchased during this enrollment.

**Voluntary Opt-in Electronic Consent Disclosure**

If you consent, Colonial Life & Accident Insurance Company will transmit documents, by electronic means, to the extent that electronic transmission is not limited by applicable law, to the entire contract, disclosures, correspondence, and other documents which comply with applicable law, will have the same force and effect as if they were transmitted in paper form.

Colonial Life & Accident Insurance Company will only transmit documents to you electronically if you consent. Your consent is voluntary. If you have permitted electronic transmissions in the past, that authorization does not obligate the same procedure regarding this policy as well.

If you decide that you want to receive documents electronically, Colonial Life & Accident Insurance Company will provide one paper copy per year of any document, at no charge to you, upon request.

You can change your mind at any time and have Colonial Life & Accident Insurance Company transmit documents via paper mail by notifying Colonial Life & Accident Insurance Company by any one of these methods listed at the end of this paragraph. If you wish to correct or change the email address Colonial Life & Accident Insurance Company uses to send documents, you can do so any time by notifying Colonial Life & Accident Insurance Company by any one of these methods:

\* telephone to 800-325-4368, or

Please provide your best email to ensure you receive important documents regarding your Colonial Life insurance policy(ies).

Email Address:

[I Do Not Agree](#) [I Agree](#)

Click on the “View Request For Service” button and review the form. Read the certification regarding your cancellation and then click on “I Agree”.

**Individual Disability 3000 Insurance**

*Request for Cancellation of Coverage*

Please click “**View Request for Service**” to view the request for service form, then click “**I Agree**”.

Note: Once you complete your enrollment and start your policy, you cannot change your mind, a reinstatement application may be required, and is not enforceable.

The Coverage Type won't be changed in the system.

[View Request For Service](#)

I have carefully read this request and agree that it is fully and properly completed. I understand that this request is subject to the provisions and conditions of the policy and that the company may require additional information or requirements. I certify that the policy is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings or bankruptcy or insolvency have been filed or are now pending. I further certify that the policy is not jointly owned community property, or in the alternative, applicable consents have been received.

[Previous](#) [I Agree](#)

Once you agree to this, click back on the “Coverage Overview” for another check that you’re cancelling the product.

How do I cancel all or part of my policy?

[Coverage Overview](#)

In order to bring the \$0.00 deduction from Harmony back over to BeneMatrix, then click on “My Benefits” towards the bottom of the screen, and then continue your enrollment.

[My Benefits](#)

If you wish to enroll in the **MetLife Whole Life** voluntary product, you can either schedule an appointment with a Benefits Counselor to learn more about this benefit or you can do your own enrollment. When you land on the MetLife Whole Life page, you'll see a listing of you and your family. If enrolling, you'll need to click on "ENROLL" and then choose who you wish to enroll (you can have a spouse and/or child coverage without employee coverage). The system will then take you into enrollment for the selected person you're wanting to enroll. If you don't want the coverage, simply select "DECLINE".

Name	Relationship	Sex	DOB	Riders
<a href="#">Test Demo</a>	Employee	M	6/29/2000	
<a href="#">Spouse Demo</a>	Spouse	F	4/28/2000	
<a href="#">Child Demo</a>	Child	F	1/1/2025	

I wish to ENROLL in this coverage.
   
 I wish to DECLINE this coverage.

← Back
Next →

If you wish to enroll, select that option, then the person you wish to enroll. If you want to "DECLINE" coverage, select this and then click "Next".

Read the information presented to educate yourself on the Whole Life with Long Term Care product.

Answer the questions regarding the person you're enrolling with the drop-down menu of answers. Answering "No" to the bottom question will deem you as ineligible for enrollment. Once these questions are answered, a slider and arrows will appear for you to choose the amount of coverage you'd like to apply for. Based on the rates, select if you wish to continue (APPLY) with enrollment or DECLINE the coverage, and then click next.

**Insurance for** Spouse Demo

In the past 2 years, have you used tobacco or nicotine in any form? No

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that contributions are required for the benefits I select below. Yes

**Benefit Amount:**  \$20,000

**Cost per Pay Period:** \$2.85

**Base Policy** \$2.85

**Application riders**

- ▶  Accelerated Death Benefit for Terminal Illness
- ▶  Accelerated Death Benefit for Long-Term Care

**Premium:** \$2.85

I wish to APPLY for this coverage.
   
 I wish to DECLINE this coverage.

← Back
Next →

Answer the two questions based on the person you're applying for coverage, select the amount of insurance you'd like using the slider or arrows, and then, based on the rate shown, select whether you'd like to continue to "APPLY" or "DECLINE" the coverage. Then click "Next".

Choose your beneficiaries for this policy only. Your current dependents should appear as options. If you need to add someone to the list, use the “+” sign. Once you’ve chosen your beneficiaries, click “Next”.

Beneficiary	Relationship	Primary	Contingent	
Test Demo	Employee	<input checked="" type="checkbox"/> 100%	<input type="checkbox"/> 0%	
<a href="#">Child Demo</a>	Child	<input type="checkbox"/> 0%	<input checked="" type="checkbox"/> 100%	
All Living Children		<input type="checkbox"/> 0%	<input type="checkbox"/> 0%	
Estate		<input type="checkbox"/> 0%	<input type="checkbox"/> 0%	
Succession of Heirs		<input type="checkbox"/> 0%	<input type="checkbox"/> 0%	

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Review the coverage of whom you’ve applied for coverage. If you wish to apply for coverage for another family member, click on their name and follow the above steps to create an application for each of them. Once finished applying for coverages, click “Next”.

Each person currently covered is listed below. If you wish to make a change to the coverage, click the person’s name.

Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options	
<a href="#">Spouse Demo</a>	Spouse	4/28/2000		20,000	\$2.85	TMI, LTC	<a href="#">Withdraw</a>

You may apply for coverage for any of the individuals listed below. To view prices or apply, click the name of the person in the list below.

Name	Relationship	Sex	DOB	Riders
<a href="#">Test Demo</a>	Employee	M	6/29/2000	
<a href="#">Child Demo</a>	Child	F	1/1/2005	

I wish to ENROLL in this coverage.  
 I wish to DECLINE this coverage.

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The system will walk you through a series of questions regarding the coverages for which you’re applying for (past due premiums once off payroll deductions and coverage replacement). Answer those questions and click “Next” after each set of questions.

Finally, read the warning statements for the state as to where you reside and then click “Next”. Your application for Whole Life is now pending until you’ve completed the “Sign and Submit” process.

**Pennsylvania and all other states:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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# Sign and Submit

Once you have made all your elections, it's time to electronically "Sign and Submit" your elections for Open Enrollment. **No elections will be submitted if this final step has not been completed!!**

You will reach the Sign and Submit screen by clicking "Next" through all the benefits electing or declining each benefit. Although you will need to elect or decline each benefit, you can always go directly to the Sign and Submit screen from the Navigation Bar.



On this screen, you will want to **review all your benefits** and the per pay period costs to ensure that you are happy with your choices.

Any benefit listed as "Pending" in the Description column will need for you to go back to that benefit and either elect or decline it. Click on the benefit in the Plan column to go back to the benefit to make your choice.

Plan	Description
<a href="#">Medical</a>	Pending
<a href="#">Dental</a>	Pending

If you see a benefit that you need to make changes to, you can click the benefit in the Plan column to return to that benefit. Once back to the benefit, you will need to click "Unlock" to make changes to the benefit.

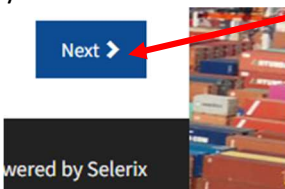
Sex	Relationship
M	Employee
F	Spouse

Unlock button.



After unlocking the benefit, make changes and then, again, click on "Enroll" or "Decline" as outlined above.

Return back to the Sign and Submit screen to complete your enrollment. Please **review all your selections for accuracy**. At the bottom of the screen, click the "Next" button. This will take you to the form to electronically sign and complete your enrollment.



One final time, **review your benefit selections** using the Benefit Confirmation/Deduction Authorization Form. Toward the bottom, you can view each of the three different pages of the form.

Page 1 Download Form

to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction** before entering your PIN.

PIN:  Sign Form

Your enrollment is **NOT** complete until you enter your PIN in the “Sign Form” area. **If you do not complete this process, your enrollment is not finished, and you will not have the coverages you selected!** The PIN used here is the same PIN you used at login (the last four digits of your Social Security Number followed by the last two digits of the year of your date of birth).

After you have signed with your PIN, you will be shown a recap of the benefits that you elected with a message at the top saying “Sign/Submit Complete” ... “Congratulations!” **Once you see this, your enrollment is now complete!!!**

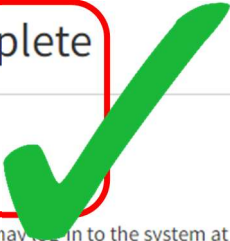
## Sign/Submit Complete

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Congratulations!

Your enrollment is now complete. You may login to the system at any time during the year to review your benefit elections.

Recap of Your Elections



If you wish, scroll to the bottom of the page and download, print, or save all forms signed during your enrollment for your records.

#### 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
<a href="#">Benefit Confirmation Form</a>	10/07/2022

[Logout](#)

Click on “Logout” to sign out of BeneMatrix.