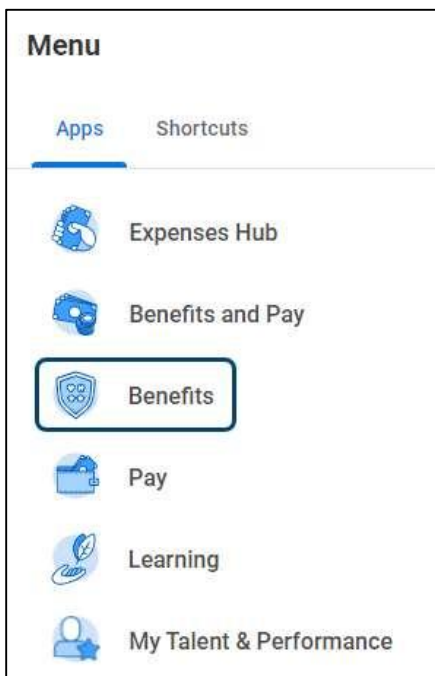


View Benefits

1. Navigate to the **Menu** from the Homepage.



2. Click the **Benefits** application.



3. Under View, click **Benefit Elections**.

View

My ACA Forms

Benefit Elections

Benefit Elections as of Date

4. Your **Current Benefit Elections and Costs** will display.

| Benefit Elections Ava Wilson ... | | | |
|---|---------------------|----------------------|--|
| Current Benefit Elections and Costs 5 items | | | |
| Benefit Plan | Coverage Begin Date | Deduction Begin Date | Coverage |
| Medical, Vision & RX - CareFirst Administrators BC/BS HDHP | 06/01/2023 | 06/01/2023 | Employee Only |
| Spousal Privilege Premium Waiver - SPS | 06/01/2023 | 06/01/2023 | Does not apply. I'm NOT covering a spouse. |
| Dental - Delta Dental | 06/01/2023 | 06/01/2023 | Employee Only |
| Basic Life & AD&D - MetLife Insurance Company 1x (Employee) | 06/01/2023 | 06/01/2023 | 1 X Salary |

Change Benefits

Note: An Employee is eligible to change their benefits due to these Qualified Live Events (QLEs):

- Birth / Adoption (30 Days)
- Marriage (30 Days)
- Divorce (30 Days)
- Status Change to FT, PPT or XB (30 Days)
- Status Change to PT or PRN (30 Days)
- Employee or Family Member Gains Coverage through Medicaid (60 days)
- Employee or Family Member Losses Coverage through Medicaid (60 days)

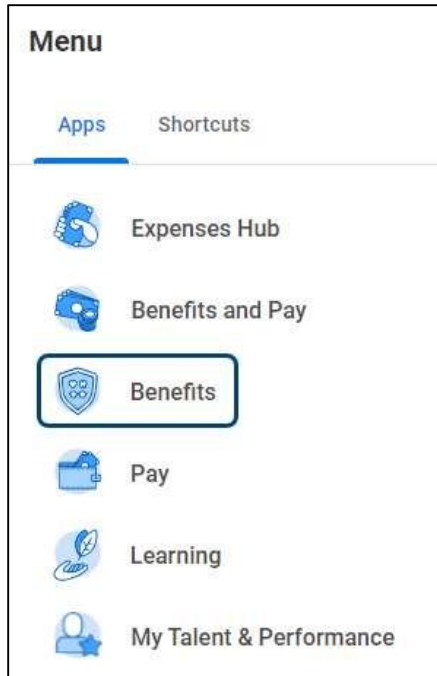
Once status changes are updated for an Employee, they will receive a notification and email to complete that task to make changes to their benefits.

For any changes to Medicare, the Benefits Partner is responsible for reviewing and changing once the Employee submits the necessary paperwork.

1. Navigate to the **Menu** from the Homepage.



2. Click the **Benefits** application.



3. Under **Change**, click **Benefits**.



4. Select a **Change Reason**.
5. Enter a **Benefit Event Date**.

Note: Select **Elections By** and **Benefits Offered** will automatically populate.

Change Benefits

Ava Wilson

Change Reason *

☒ Beneficiary Change
☐ Employee or Spouse Gains Coverage Elsewhere
☐ Employee or Spouse Loses Coverage Elsewhere
☐ Enroll or Stop Cafeteria Payroll
☐ Enroll or Stop Disability Insurance
☐ HSA Contribution Change

Benefit Event Date *

Submit Elections By 06/21/2023

Benefits Offered
Basic Life & AD&D
Supplemental Life & AD&D

6. Click **Submit** at the bottom of the page.

7. On the pop-up, click **Open**.

You have submitted

Up Next: Ava Wilson | Change Benefit Elections

[View Details](#)

Open

8. Click **Let's Get Started**.

Change Benefit Elections

Initiated On 06/21/2023

Submit Elections By 06/21/2023

Let's Get Started

9. Update the necessary elections.

Insurance

REVIEWED

Basic Life & AD&D
MetLife Insurance Company 1x (Employee)

Cost per paycheck Included

Coverage 1 X Salary

Manage

Supplemental Life & AD&D
Waived

Enroll

10. Click **Confirm and Continue** and **Save**.

Plans Available

1 item

| *Selection | Benefit Plan Details | You Pay (Biweekly) |
|--|---|--------------------|
| <input checked="" type="radio"/> Select <input type="radio"/> Waive | MetLife Insurance Company 1x (Employee) | Included |

Confirm and Continue Cancel

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 1 item

| Beneficiary | Percentage |
|--------------------|------------|
| x Alice Wilson ... | 100 |

Secondary Beneficiaries 0 items

| Beneficiary | Percentage |
|-------------|------------|
| No Data | |

Save Cancel

11. When finished, click **Review and Sign** at the bottom of the page.

12. Review the summary and click **I Accept**.

Electronic Signature

Legal Notice: Please Read

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted.

I Accept ☐

13. Click **Submit**.

14. On the submission page, click **Done**.

Submitted

You've submitted your elections.

****UPDATE 'SUBMIT ELECTIONS CONFIRMATION' SECTION IN MAINTAIN ENROLLMENT INSTURCTION****

[View 2023 Benefits Statement](#)

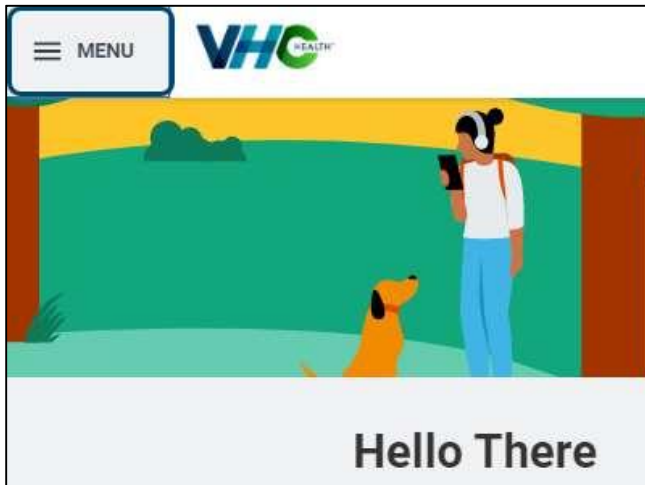
[Done](#)

Note: The request will be routed to the Benefits Partner for review and approval.

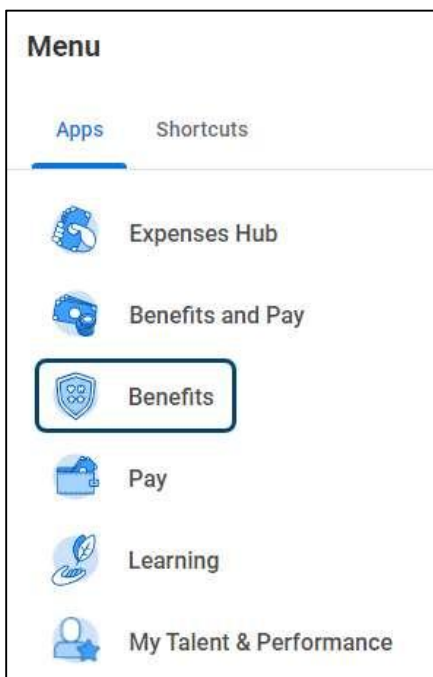
Change Beneficiaries

Note: This process is to add or change beneficiary demographic information. To change the percentage of coverage for each beneficiary, view the Change Benefits steps.

1. Navigate to the **Menu** from the Homepage.



2. Click the **Benefits** application.



3. Under Change, click **Beneficiaries**.

Change

Benefits

Beneficiaries

Dependents

4. Click **Edit** to update or **Delete** to remove.

| Beneficiary | Relationship | |
|--------------|--------------|-----------------------------------|
| Alice Wilson | Parent | <div>Edit</div> <div>Delete</div> |

Note: If you do not have a beneficiary, click **Add**. Select **New Beneficiary** or **New Trust as Beneficiary** and enter the required* fields.

5. Click the **Pencil** icon or **Add** and update the necessary required fields:

- Legal Name**
- Relationship**
- Date of Birth**
- Gender**
- Primary Address**
- Primary Phone**
- Primary Email**

Contact Information

Primary Address

Address

4560 Ashton Lane, Austin, TX 78701

×

✎

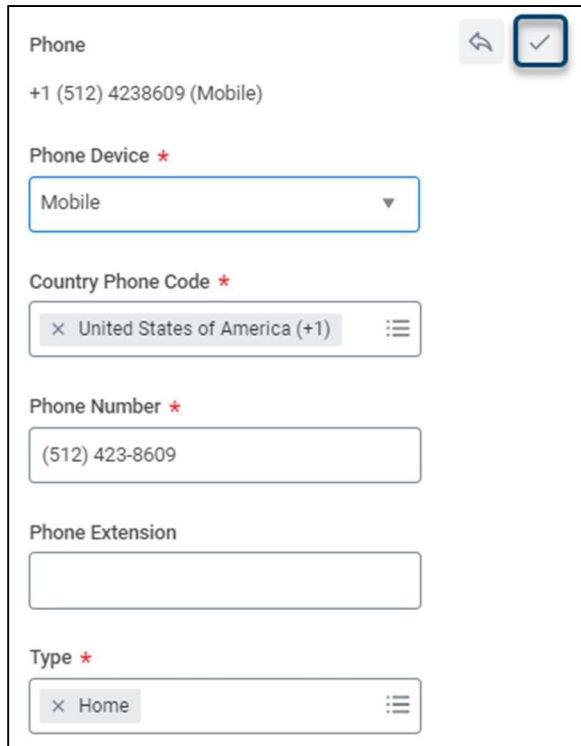
Type

Home

Primary Phone

Add

6. Click the **Checkmark** icon to save your changes.



The screenshot shows a form for updating phone information. At the top right, there are two icons: a refresh icon and a checkmark icon. The checkmark icon is highlighted with a blue square. The form fields are as follows:

- Phone**: +1 (512) 4238609 (Mobile)
- Phone Device ***: Mobile (dropdown menu)
- Country Phone Code ***: United States of America (+1) (dropdown menu)
- Phone Number ***: (512) 423-8609
- Phone Extension**: (empty text field)
- Type ***: Home (dropdown menu)

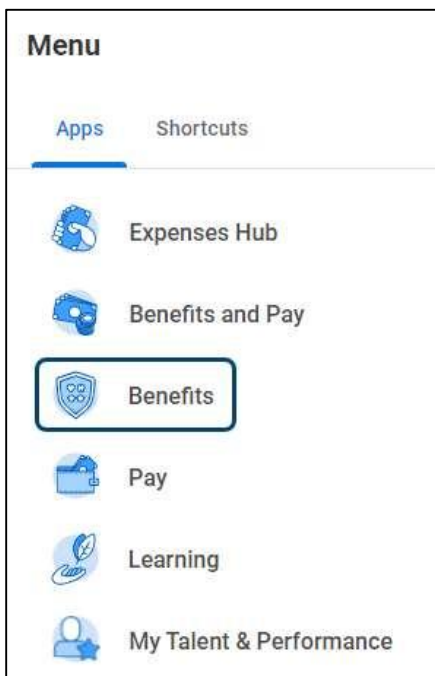
7. When finished, click **Submit** at the bottom of the page.

Change Dependents

1. Navigate to the **Menu** from the Homepage.



2. Click the **Benefits** application.



3. Under Change, click **Dependents**.

Change

Benefits

Beneficiaries

Dependents

4. Click **Edit** to update or **Delete** to remove.

| Dependent | Relationship | Age | |
|-----------|--------------|----------------------------|-----------------------------------|
| Mia Davis | Child | 5 years, 4 months, 16 days | <div>Delete</div> <div>Edit</div> |

Note: If you do not have a dependent, click **Add** and enter the required* fields. To add a child, select **Birth/Adoption** as the **Reason**. To add a spouse, select **Marriage** as the **Reason**. To change the spouse to ex-spouse, select **Divorce/Dissolution of Domestic Partnership** as the **Reason**.

5. Click the **Pencil** icon or **Add** and update the necessary required fields:

- Effective Date & Reason**
- Use as Beneficiary**
- Legal Name**
- Gender**
- Date of Birth**
- Relationship**
- Primary Address**
- Primary Phone**

Contact Information

Primary Address

Address

3454 Perine Street, Arlington, VA 22201

Additional Address

Add

Primary Phone

Add

- Click the **Checkmark** icon to save your changes.

Use Existing Phone

×

+1 (616) 5167366 for Ava Wilson

Phone

+1 (616) 5167366 (Mobile)

Country Phone Code *

United States of America (+1)

Phone Number *

(616) 516-7366


Phone Extension

Phone Device *


Mobile

- Under **Attachments**, upload supporting documentation. Select **Dependents** as the **Category**.

Attachments

 **Dependent.docx**
✓ Successfully Uploaded!

Description

Category * × Dependents 

8. When finished, click **Submit** at the bottom of the page.

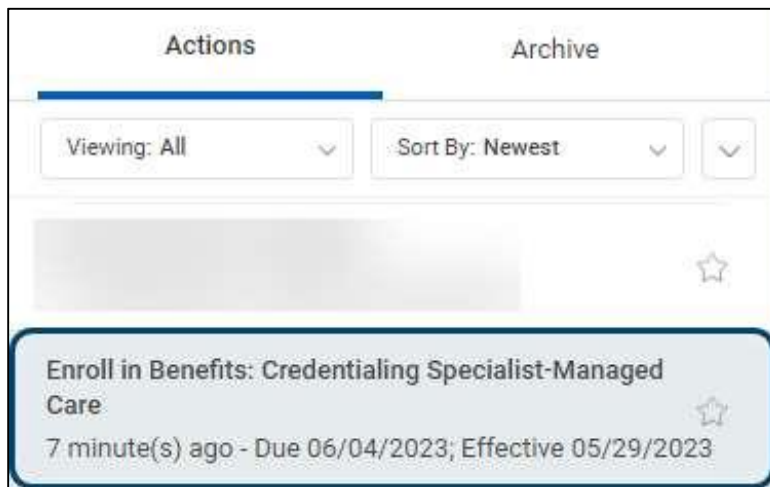
Note: The request will be routed to the Benefits Partner for review and approval.

Select Benefit Elections

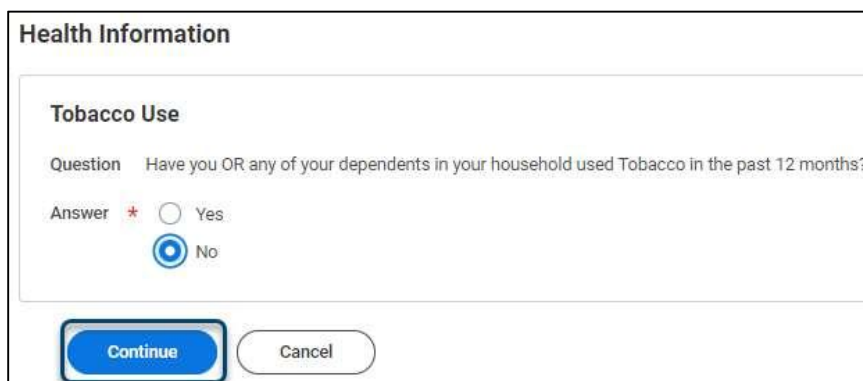
1. Navigate to **My Tasks** from the Homepage.



2. Click on **Enroll in Benefits**.




3. Click **Let's Get Started**.
4. Under **Tobacco Use**, click **Yes** or **No** then **Continue**.



5. Click **Continue**.
6. Click **Enroll** under the desired Health Care and Accounts, Insurance, and Additional Benefits.

Health Care and Accounts



Medical, Vision & RX
Waived

Enroll

7. Click **Select** on the preferred Benefit Plan.

| *Selection | Benefit Plan Details |
|--|--|
| <input checked="" type="radio"/> Select <input type="radio"/> Waive | CareFirst Administrators BC/BS HDHP |

Note: Click **Waive** to opt-out.

8. Once selected, click **Confirm and Continue**.

| *Selection | Benefit Plan Details | You Pay (Biweekly) |
|--|---|--------------------|
| <input checked="" type="radio"/> Select <input type="radio"/> Waive | CareFirst Administrators BC/BS HDHP | \$50.90 |
| <input type="radio"/> Select <input checked="" type="radio"/> Waive | CareFirst Administrators BC/BS PPO 2 | \$71.02 |
| <input type="radio"/> Select <input checked="" type="radio"/> Waive | CareFirst Administrators BC/BS PPO VHC PPO | \$130.22 |
| <input type="radio"/> Select <input checked="" type="radio"/> Waive | Kaiser Permanente HMO | \$115.25 |

Confirm and Continue

Cancel

9. Click **Save**.

Medical, Vision & RX - CareFirst Administrators BC/BS HDHP

| | |
|--|-----------------------------------|
| Projected Total Cost Per Paycheck \$50.90 | Projected Total Credits \$0.00 |
|--|-----------------------------------|


Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Employee Only

Plan cost per paycheck \$50.90

9. The **Spousal Privilege Premium Waiver** is required. Click **Enroll**.

 **Spousal Privilege Premium Waiver**
Waived

10. Click **Select** and **Confirm and Continue**.

| *Selection | Benefit Plan Details | You Pay (Biweekly) |
|--|----------------------|--------------------|
| <input checked="" type="radio"/> Select <input type="radio"/> Waive | SPS | Included |

11. Select **Coverage** then click **Save**.

behalf of: Noah Ross

MENU

Spousal Privilege

Coverage *

Search

- ☐ Does not apply. I'm NOT covering a spouse.
- ☐ My spouse is offered healthcare elsewhere. I understand a spousal surcharge will be applied.
- ☐ My spouse is employed, but is not eligible, or not offered, group health benefits through his/her employer.
- ☐ My spouse is unemployed or retired and not covered or eligible for any other employer group health benefits.
- ☐ My spouse is self-employed and is not covered or eligible under any other employer group health benefits.
- ☐ My spouse is currently employed through VHC Health.

12. When finished, click **Review and Sign** at the bottom of the page.

13. Review the summary and click **I Accept**.

Electronic Signature

Legal Notice: Please Read

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted.

I Accept ☐

14. Click **Submit** at the bottom of the page.

15. On the submission page, click **Done**.

Submitted

You've submitted your elections.

****UPDATE 'SUBMIT ELECTIONS CONFIRMATION' SECTION IN MAINTAIN ENROLLMENT INSTURCTION****

View 2023 Benefits Statement

Done

Note: The request will be routed to the Benefits Partner for review and approval.