OPEN ENROLLMENT BENEFITS GUIDE

Must Enroll by February 28, 2023

BENEFIT PLAN YEAR
APRIL 1, 2023 – MARCH 31, 2024

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PLEASE CLEAR BROWSER HISTORY
BEFORE YOU BEGIN

Instructions on clearing **Microsoft Edge** (PREFERRED) & Google CHROME start on page 46.

Online benefits enrollment can be accessed through Lawson Employee Self Service using the following methods:

YOUR DESKTOP WORKSTATION

Using the Virginia Hospital Center **EMPLOYEE PORTAL**, click on **Lawson** under the **VHC Applications/External Links** section.

HOME ACCESS

Set up Dual Factor Authentication using the **Imprivata App** on your mobile device & refer to the DFA Tip Sheet.

Go to https://myapps.virginiahospitalcenter.com and sign in with your network username and password

For issues, create a **ServiceNow** Incident or contact the Help Desk at 703.558.6566 for assistance.

Know Your Resources and Contact Information:

For questions regarding your employee benefits –

1st Visit the BENEFITS CORNER

2nd Contact the BENEFIT COUNSELORS

Phone: 1.855.874.0205

Website: BenefitsGo.com/VHC

3rd Contact the Benefits Department

Email: Benefits_Department@VHChealth.org

Phone: 703.558.6711 (ext. 6711)

For technical issues with Employee Self Service, contact the Help Desk

1st Open a ticket using the Service Now Icon on your Desktop

2nd Phone: 703-558-6566 (ext. 6566)

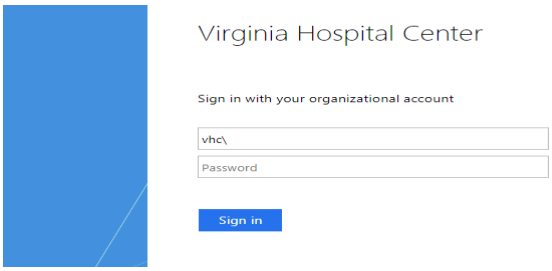
3rd Email: HelpDesk@VHChealth.org

YOUR BENEFIT ENROLLMENT PROCESS

Follow these easy steps to add, drop or make changes to your benefits

Login to Infor Lawson ESS

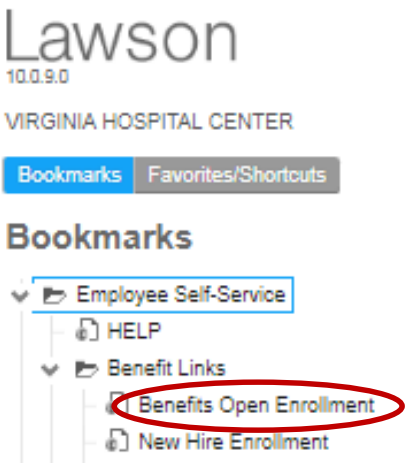
The system will display the Lawson portal login screen. Enter **vhc** & your network login ID and password, and then click the Login button.



Go To Employee Self-Service Bookmark

➢Click "**Benefits Links**"

➢Click on "**Benefits Open Enrollment**" to start your benefits enrollment.



Review and Continue

➢ Review the welcome message for important information about your enrollment process

Welcome to the VHC 2023-2024 Benefits Open Enrollment Process

During our Annual Benefits Open Enrollment Period of **February 14, 2023 through February 28, 2023**, you will make all changes to your benefits using online ***LAWSON Employee Self-Service***.

BEFORE YOU BEGIN

Make sure your decisions are made and you have the information you need to enroll. You will have the option to return to the process if you are unable to complete your changes at one time. All Summary Plan Descriptions for your benefits are located on the employee intranet under the ***BENEFITS CORNER***. Although it is not mandatory, you are encouraged to clear your internet browser history before beginning the enrollment process. Have questions about your benefits or need assistance with your enrollment? Certified Benefit Counselors are available to answer your questions or assist you with your enrollment.

Phone: 1.855.874.0205 **Website: BenefitsGo.com/VHC**

ADDING A DEPENDENT

If you are adding a spouse or dependents to your health and/or dental plans for the first time, you will be required to submit ***Proof of Dependent Status*** by clicking on the **UPLOAD** button on the Dependent Maintenance screen. **Documents must be submitted within the *Open Enrollment Period*, no later than Tuesday, *February 28, 2023*.** Acceptable documents proving dependent status are listed in the Annual Benefits Enrollment Guide. Your dependent(s) will be placed in a pending status and the insurance company will not be notified of their enrollment until the documents are received.

SPOUSAL PRIVILEGE PREMIUM WAIVER

If you have a spouse on a medical plan option, you will be subject to a ***Spousal Privilege Premium*** of ***$300 a month ($138.46 per pay period)***. You will complete the Spousal Privilege Premium Waiver Affidavit during the enrollment process and submit supporting documentation for this fee to be waived. **You must upload your documentation online in the Dependent Maintenance Screen no later than Tuesday, *February 28, 2023*.** If you meet the waiver criteria, you will be notified by the Benefits Department with an email. If you do not get approved, you will pay the Spousal Privilege Premium (SPP).

The Spousal Privilege Premium stays in effect through the benefit plan year unless you have a qualifying event to remove your spouse from your VHC health insurance plan.

DISABILITY & LIFE INSURANCE

If you wish to enroll in Disability or Additional Life Insurance for yourself and/or your spouse, you will be required to submit a ***Statement of Health*** for each person to MetLife Statement of Health Medical Underwriting for review and approval. You will receive an email with instructions on completing your Statement of Health with MetLife. Your selections will be placed in a pending status until the Benefits Department has been notified of your approval by MetLife. **Your Statement of Health should be submitted to MetLife by email, fax, or USPS no later than Tuesday, *February 28, 2023*.**

FLEXIBLE SPENDING

Medical Flexible Spending Accounts -

If you have unused Medical Flexible Spending dollars, you must re-enroll for the new plan year to access your rollover dollars.

Limited Purpose Flexible Spending Accounts -

If you have unused Limited Purpose Flexible Spending dollars, you must re-enroll for the new plan year to access your rollover dollars.

Commuter Transit/Parking –

All Full-Time and Permanent Part-Time employees are automatically eligible for this benefit. If you commute to work using public transportation or you pay for parking, you can pay these expenses pre-tax by payroll deduction up to $300/month for transit and $300/month for parking. You decide each month whether you wish to participate.

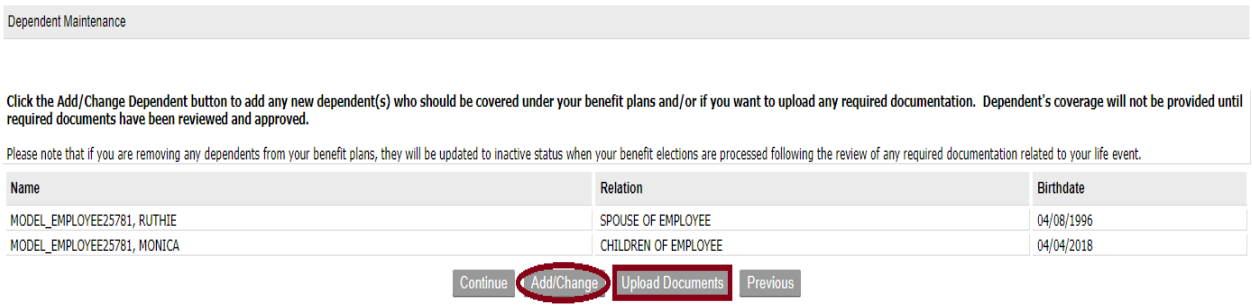
For technical issues with Employee Self Service or if you have a question for the Counselors during off-hours?

- Open an incident using the Service Now shortcut on your desktop or type https://vhc.service-now.com/sp in your Google Chrome browser URL and search for "Benefit"
- Look for the tip sheet bookmark in Employee Self-Service under Enrollment Guide & Tips.
- Contact the IT Service Desk at 703.558.6566 (x6566) and someone will assist you with opening an incident.

➢ Click the continue button to begin your enrollment

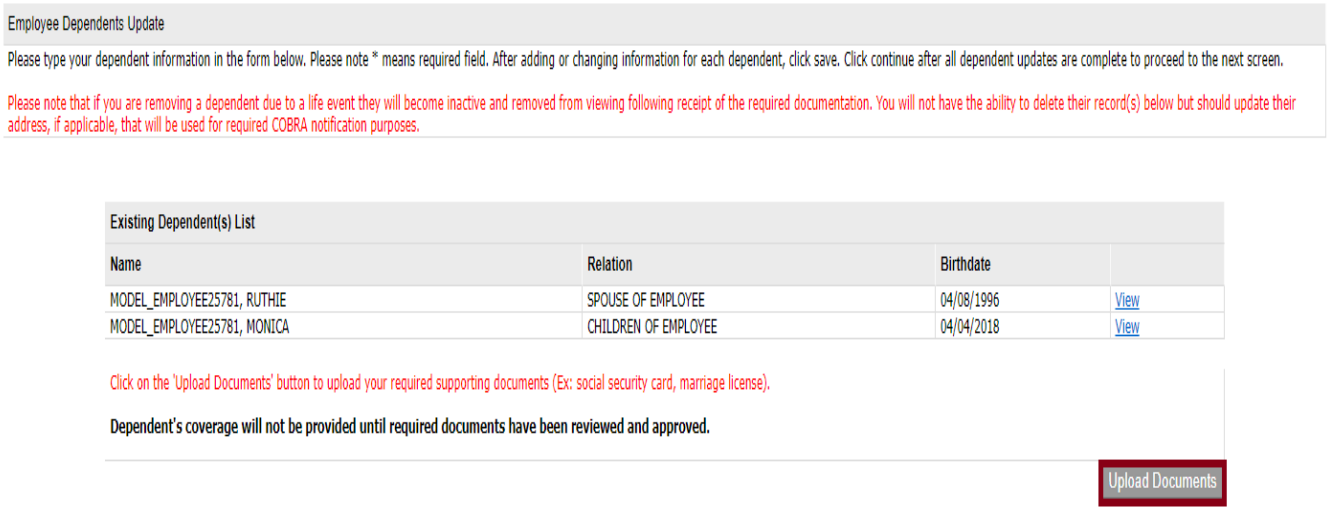
Dependent Maintenance / Existing Dependents – Add / Review

- You will see a list of your existing dependents.



- If you don't need to add dependents, click Continue to move forward in the enrollment process
- Your existing dependents will be listed with an option to view information. If corrections are needed, please send an email to Benefits_Department@VirginiaHospitalCenter.com with information on what needs to be corrected. PLEASE do not enter that dependent again
- Click on **UPLOAD DOCUMENTS** to submit Dependent Verification Documentation

Upload Dependent Documents

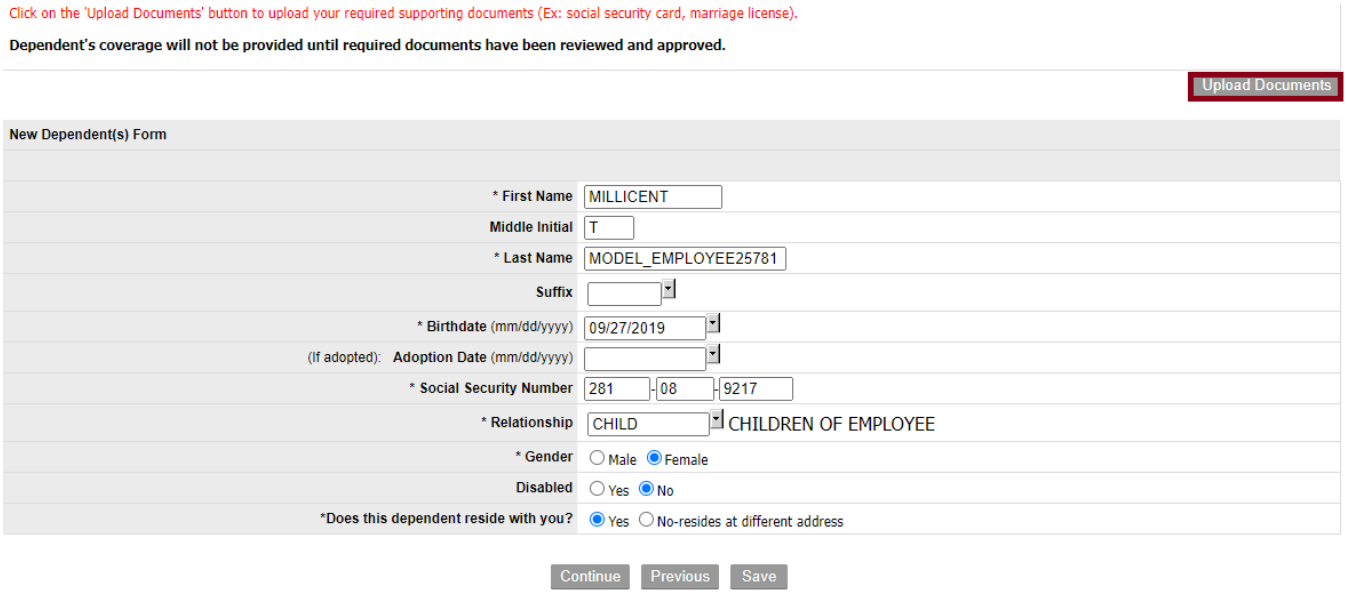


Proof of Dependent Status is required when adding a dependent to your medical or dental insurance.

Upload your documents by clicking the **UPLOAD DOCUMENTS** button.

Add New Dependents

- To add a new dependent complete the New Dependent Form
- Required fields are noted with an * symbol
- If corrections are needed, please contact the Benefits Department by sending an email to **benefits_department@virginiahospitalcenter.com** with information that needs to be corrected. PLEASE do not enter that dependent again



Upload Dependent Documents

Proof of Dependent Status is required when adding a dependent to your medical or dental plans. You may upload your documents by clicking the **UPLOAD DOCUMENTS** button on the add new dependent form.

Acceptable documents proving dependent status include:

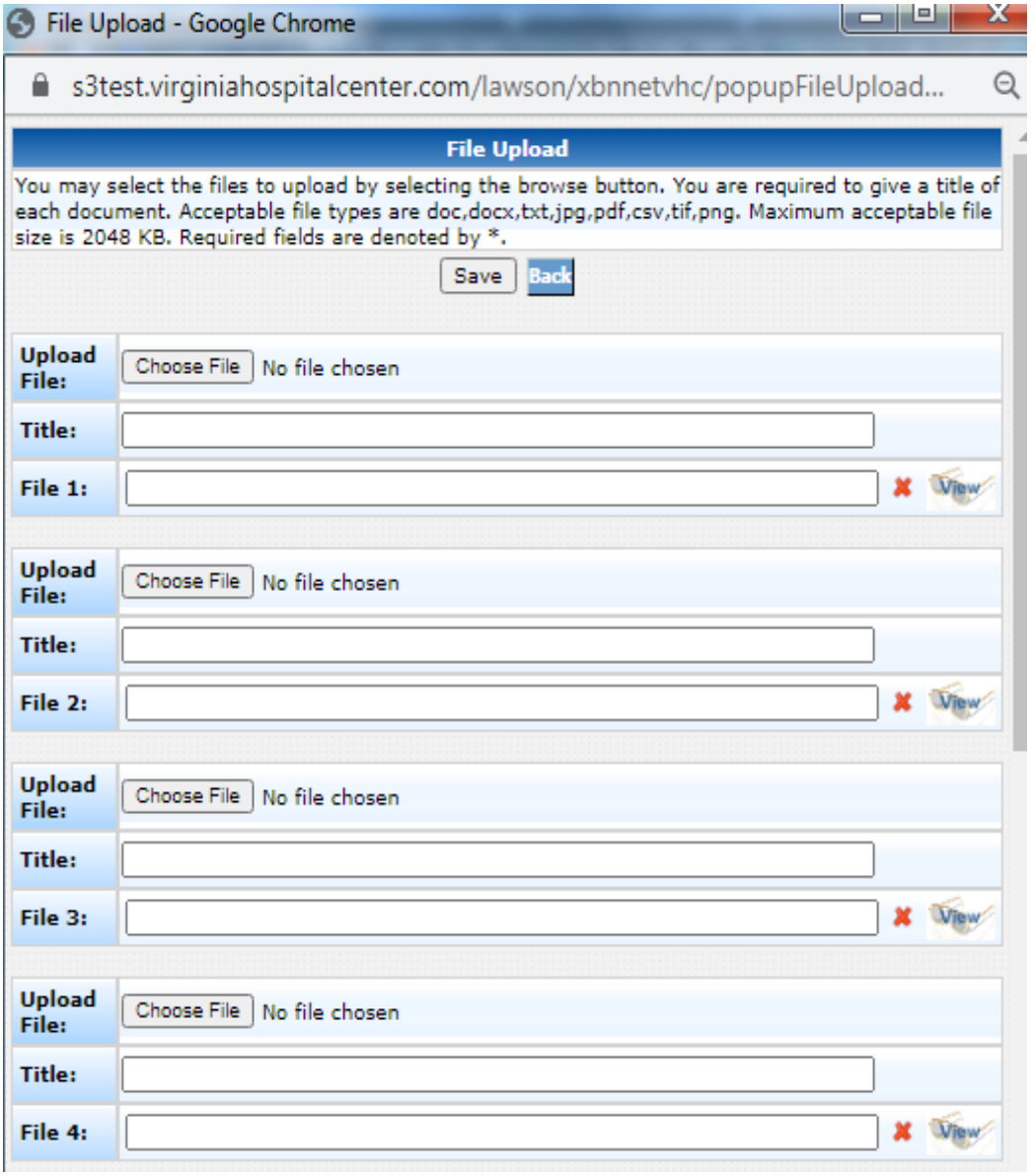
a. **For All Dependents (Spouse & Child/ren) – Copy of page 1 of your current Federal 1040 Tax Return, showing Married Filing Jointly or Separately to add your spouse & listing your claimed dependents (confidential financial information may be hidden) AND**
b. **For Spouse/Same Sex Spouse – Copy of marriage or civil union certificate/license & social security card AND**
c. **For Children/Adult Children – Copy of birth certificate, adoption agreement or placement for adoption, court custody or guardianship document, divorce decree or other court documents requiring you to provide medical coverage & social security card.**

Proof of Dependent (Spouse & Child/ren) verification documents must be uploaded to LAWSON Employee Self-Service by the last day of Open Enrollment.

Documents needed only if adding new dependents (Spouse & Child/ren) to any of your benefit plans.

Important Note: If all dependent verification documents are not submitted prior to end of open enrollment, Monday, February 28, 2023, your benefit elections may be changed to reflect the level of coverage equal to the documents received.

When you select Upload Documents, the following pop-up screen will appear -



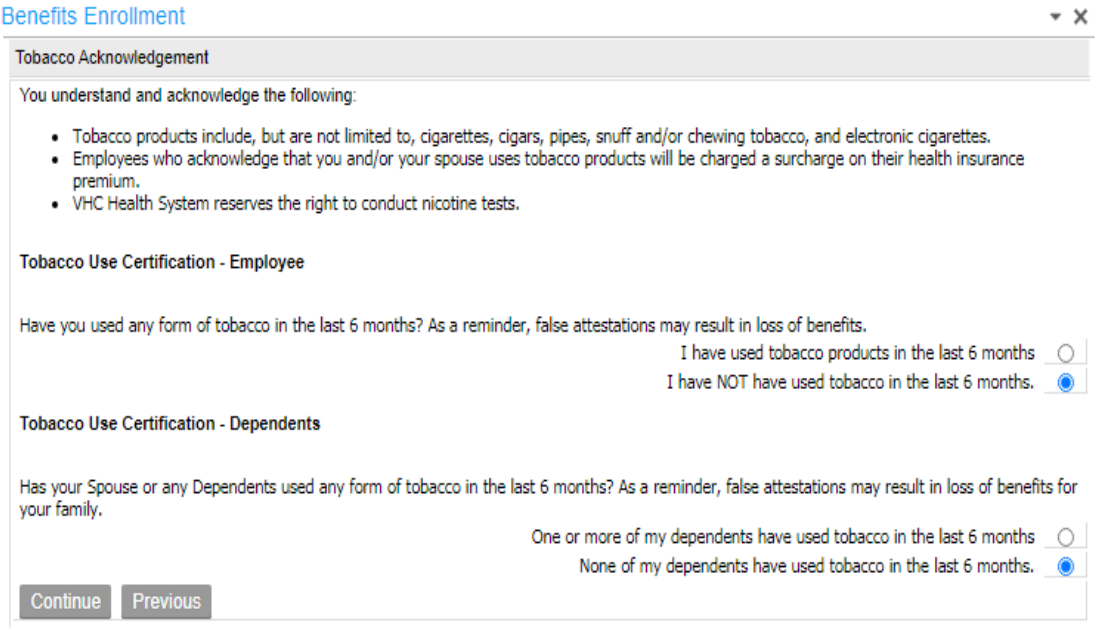
After all documents have been uploaded, don't forget to **Select Save**.

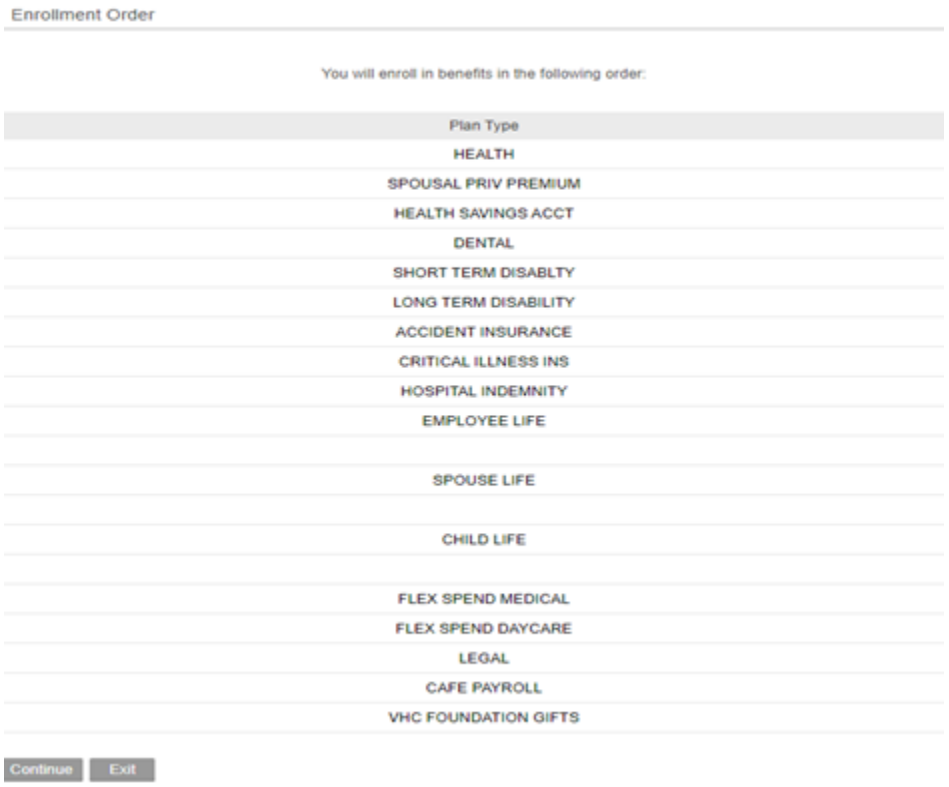
Address Update

➢Please take the time to verify & update your address if necessary

Smoker Status

➢ You must elect smoker status for yourself & as well as your dependent(s) if you added any.





Enrollment Order for PRNs & Part-Time working less than 20 hours

Enrollment Order

You will enroll in benefits in the following order:

Plan Type
HEALTH
SPOUSAL PRIV PREMIUM
CAFE PAYROLL
VHC FOUNDATION GIFTS

Continue Exit

Enrollment Order for Benefits Alternative Status

Enrollment Order

You will enroll in benefits in the following order:

Plan Type
HEALTH
SPOUSAL PRIV PREMIUM
HEALTH SAVINGS ACCT
FLEX SPEND MEDICAL
FLEX SPEND DAYCARE
CAFE PAYROLL
VHC FOUNDATION GIFTS

Continue Exit

Review your Current Benefits

- To make changes, click in the box next to that plan
- The system may select additional plans that need to be updated
  - If you cover a spouse on your plan, you will go through your medical plan, Spousal Privilege Premium status as well as any Flexible Spending Accounts (FSA), Health Saving Account (HSA), Limited Purpose Flexible Spending Account (LPFSA) or Dependent Care Flexible Spending Account (DCFSA) elections
  - If you choose to make changes to your Supplemental Life Insurance, you must also update your Supplemental AD&D Life Insurance as well as Life & AD&D Insurance for your spouse &/or Child(ren)

Current Benefits

Listed below are the benefits in which you are currently enrolled. Check the boxes of those plans you wish to change for 2022. If you need to add or change **dependents** for a particular plan, you **MUST** check the box for that plan.

Key:

A blank box ☐ means your current benefit elections will remain in place for 2022.

A checked box ☑ means you want to change your benefits for 2022.

A shaded ☑ check box means the system automatically requires you to make a plan choice for 2022.

An asterisk (*)means this is a company paid benefit, no action necessary.

Some plans are linked together, so if you make a change to one, the other plan will require review.

To find out more information about the benefits offered, review the Benefits Enrollment Guide.

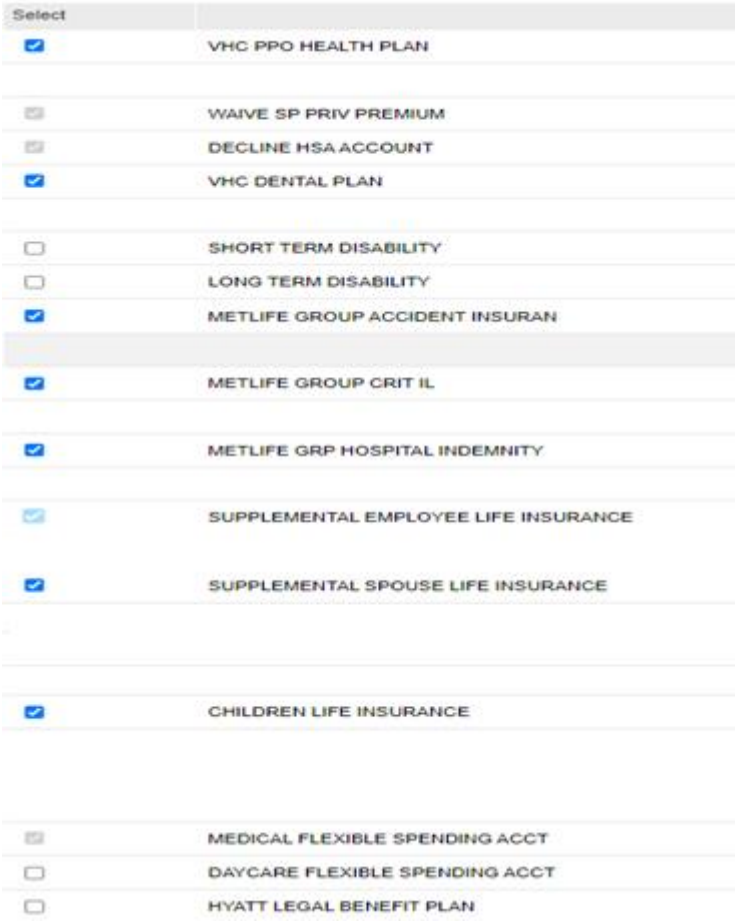
Select	Plan	Start Date	Coverage	Your Cost
☐	VHC PPO HEALTH PLAN	02/01/2022	FAMILY	429.09 Pretax
	RUTHIE L. MODEL_EMPLOYEE25781 MONICA T. MODEL_EMPLOYEE25781			
☑	WAIVE SP PRIV PREMIUM	02/01/2022	Waive	
☑	DECLINE HSA ACCOUNT	02/01/2022		
☐	VHC DENTAL PLAN	02/01/2022	FAMILY	69.90 Pretax
	RUTHIE L. MODEL_EMPLOYEE25781 MONICA T. MODEL_EMPLOYEE25781			
☐	SHORT TERM DISABILITY	02/01/2022	60% of salary 29,839.68	20.39 Aftertax
☐	LONG TERM DISABILITY	02/01/2022	60% of salary 29,839.68	4.13 Aftertax
☐	METLIFE GROUP ACCIDENT INSURAN	02/01/2022	FAMILY (EE SPOUSE CHILD)	9.01 Aftertax
	RUTHIE L. MODEL_EMPLOYEE25781 MONICA T. MODEL_EMPLOYEE25781			
☐	METLIFE GROUP CRIT IL	02/01/2022	Family 20k 10k	10.25 Aftertax
	RUTHIE L. MODEL_EMPLOYEE25781 MONICA T. MODEL_EMPLOYEE25781			
☐	METLIFE GRP HOSPITAL INDEMNITY	02/01/2022	FAMILY (EE SPOUSE CHILD)	30.76 Aftertax
	RUTHIE L. MODEL_EMPLOYEE25781 MONICA T. MODEL_EMPLOYEE25781			
☐	SUPPLEMENTAL EMPLOYEE LIFE INSURANCE	02/01/2022	150,000.00	4.15 Pretax
☐	SUPPLEMENTAL EMPLOYEE LIFE INSURANCE AD&D	02/01/2022	150,000.00	1.73 Pretax
☐	SUPPLEMENTAL SPOUSE LIFE INSURANCE	02/01/2022	150,000.00	4.15 Pretax
	RUTHIE L. MODEL_EMPLOYEE25781			
☐	SUPPLEMENTAL SPOUSE LIFE INSURANCE AD&D	02/01/2022	150,000.00	1.73 Pretax
	RUTHIE L. MODEL_EMPLOYEE25781			
☐	CHILDREN LIFE INSURANCE	02/01/2022	10,000.00	0.92 Pretax
	MONICA T. MODEL_EMPLOYEE25781			
☐	CHILDREN LIFE INSURANCE - AD&D	02/01/2022	10,000.00	0.12 Pretax
	MONICA T. MODEL_EMPLOYEE25781			
☑	MEDICAL FLEXIBLE SPENDING ACCT	02/01/2022	570.00 per year	142.50 Pretax
☐	DAYCARE FLEXIBLE SPENDING ACCT	02/01/2022	400.00 per year	100.00 Pretax
☐	HYATT LEGAL BENEFIT PLAN	02/01/2022		8.31 Aftertax

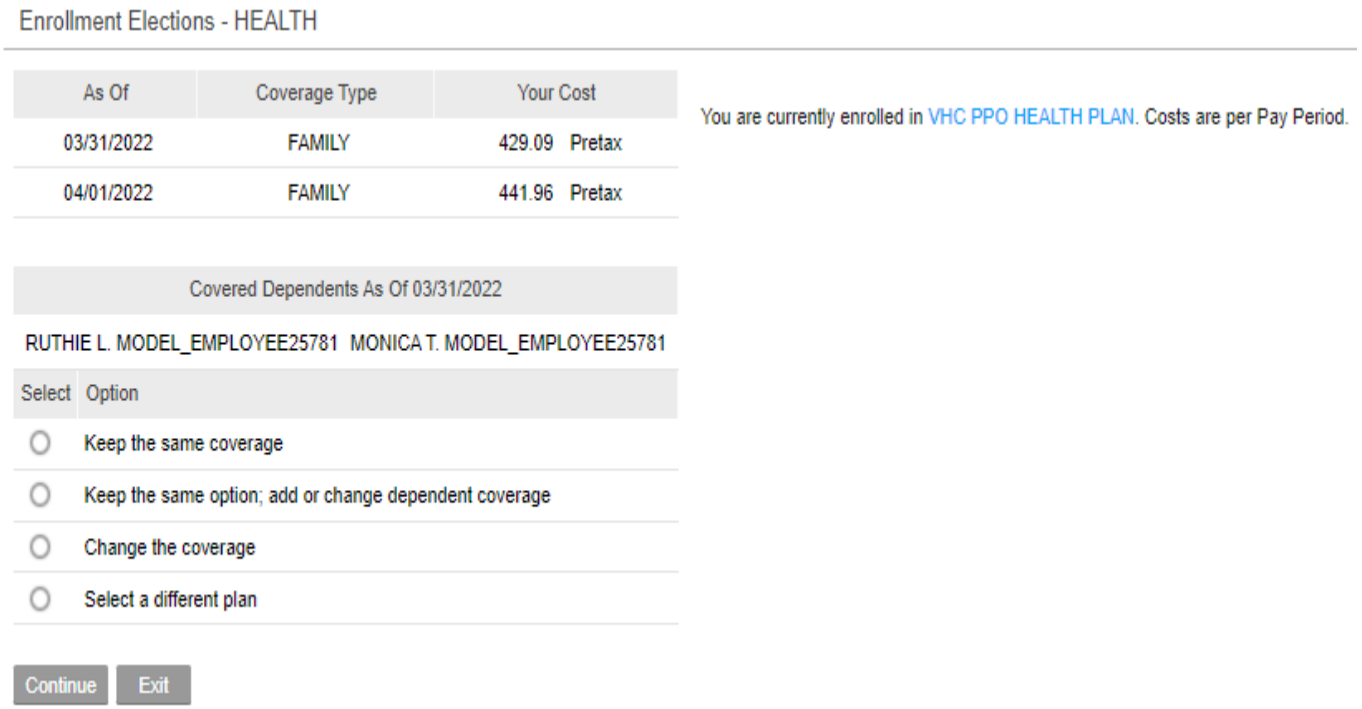
Pay Period Summary	Your Pay Period Cost
Total pretax contributions	754.30
Total aftertax contributions	82.85

Your deductions may differ slightly due to rounding.

Continue Previous Exit

- Select all plans you wish to change.
- If you make a change to your medical plan, the spousal privilege premium plan or waive will also be selected.
- You may also receive pop ups to ensure the HSA or FSA/LPFSA accounts are selected.



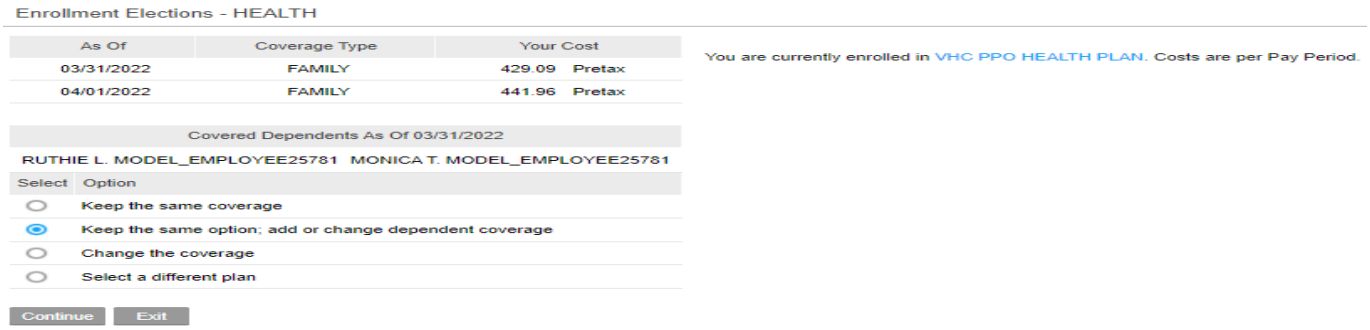


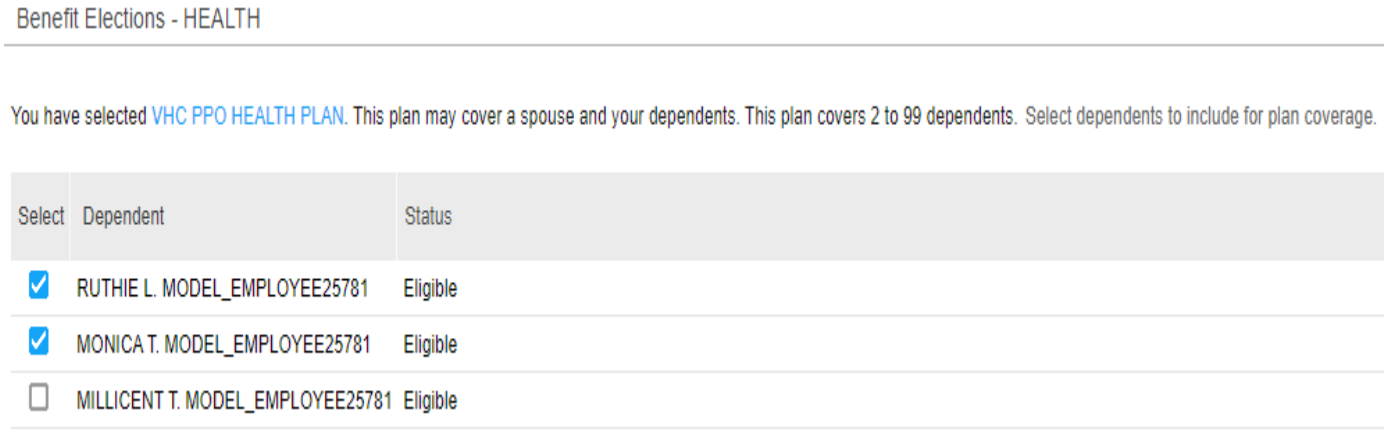
Your Options

Your options may include the following when you make a change to your current elections:

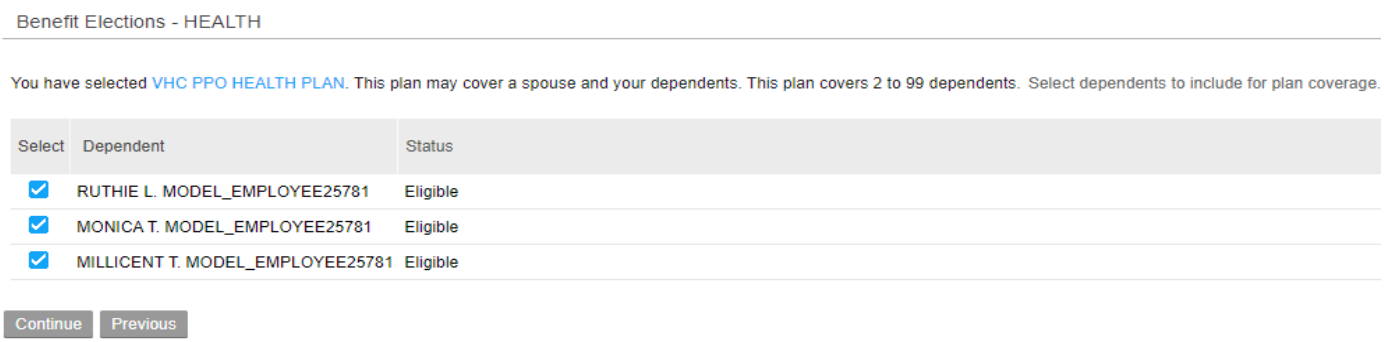
- **Keep the same coverage** – Allows you to keep the same benefit plan and coverage level
- **Keep the same option; add or change dependent coverage** - Allows you to add additional dependent(s) or exclude dependent(s) but keep the same plan & level of coverage
- **Change your coverage** – Allows you to change your coverage level for the existing plan (Example: Employee Only to Family).
- **Select a different plan** – Allows you to view all available plans & coverage levels, including an option to WAIVE the plan.

Keep the same option; add or change dependent coverage

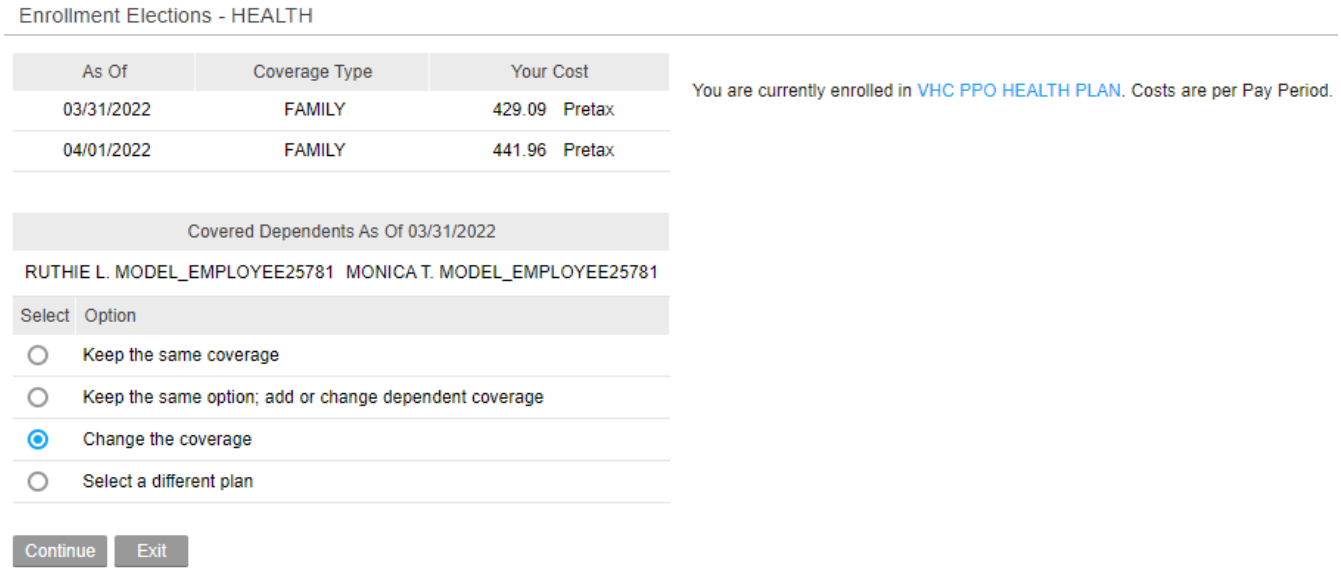




A new dependent was added in Dependent Maintenance & this is where you add that dependent to your plan.



Changing Your Level of Coverage -



Enrollment Elections - HEALTH

As Of	Coverage Type	Your Cost
03/31/2022	FAMILY	429.09 Pretax
04/01/2022	FAMILY	441.96 Pretax

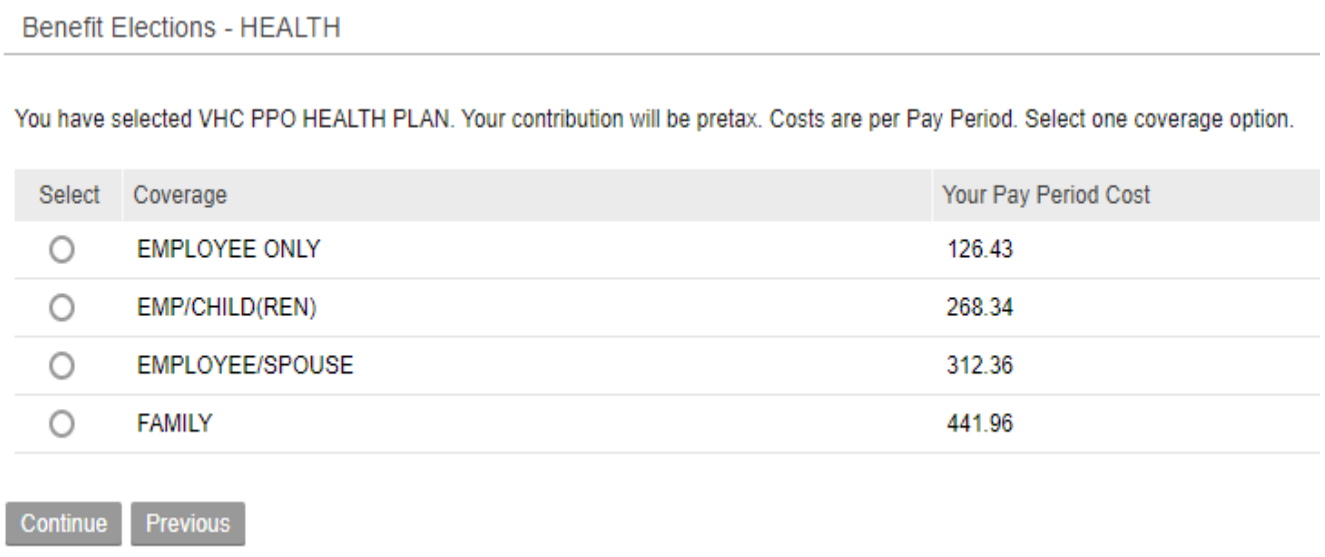
You are currently enrolled in VHC PPO HEALTH PLAN. Costs are per Pay Period.

Covered Dependents As Of 03/31/2022

RUTHIE L. MODEL_EMPLOYEE25781 MONICA T. MODEL_EMPLOYEE25781

Select	Option
○	Keep the same coverage
○	Keep the same option; add or change dependent coverage
◉	Change the coverage
○	Select a different plan

Continue Exit



Benefit Elections - HEALTH

You have selected VHC PPO HEALTH PLAN. Your contribution will be pretax. Costs are per Pay Period. Select one coverage option.

Select	Coverage	Your Pay Period Cost
○	EMPLOYEE ONLY	126.43
○	EMP/CHILD(REN)	268.34
○	EMPLOYEE/SPOUSE	312.36
○	FAMILY	441.96

Continue Previous

The dependents you are able to select, depends on who you added into the system in the Dependent Maintenance screen as well as the level of coverage you selected.

Selecting a Different Plan -

Enrollment Elections - HEALTH

As Of	Coverage Type	Your Cost
03/31/2022	FAMILY	429.09 Pretax
04/01/2022	FAMILY	441.96 Pretax

You are currently enrolled in VHC PPO HEALTH PLAN. Costs are per Pay Period.

Covered Dependents As Of 03/31/2022
RUTHIE L. MODEL_EMPLOYEE25781 MONICA T. MODEL_EMPLOYEE25781

Select	Option
○	Keep the same coverage
○	Keep the same option; add or change dependent coverage
○	Change the coverage
◉	Select a different plan

Continue Exit

Benefits Enrollment

Benefit Elections - HEALTH

Select the plan in which you would like to enroll.

Select	Plan	Coverage	Your Pay Period Cost
○	VHC HIGH DEDUCTIBLE PLAN	EMPLOYEE ONLY	50.90
○	VHC HIGH DEDUCTIBLE PLAN	EMPLOYEE CHILD(REN)	76.00
○	VHC HIGH DEDUCTIBLE PLAN	EMPLOYEE/SPOUSE	90.00
○	VHC HIGH DEDUCTIBLE PLAN	FAMILY	118.00
○	KAISER HMO	EMPLOYEE ONLY	115.25
○	KAISER HMO	EMPLOYEE CHILD(REN)	244.57
○	KAISER HMO	EMPLOYEE/SPOUSE	284.68
○	KAISER HMO	FAMILY	402.83
○	DECLINE ALL HEALTH PLANS	MEDICAL WAIVE	
○	VHC PPO2 HEALTH PLAN	EMPLOYEE ONLY	71.02
○	VHC PPO2 HEALTH PLAN	EMP/CHILD(REN)	194.12
○	VHC PPO2 HEALTH PLAN	EMPLOYEE/SPOUSE	215.42
○	VHC PPO2 HEALTH PLAN	FAMILY	310.12
○	VHC PPO HEALTH PLAN	EMPLOYEE ONLY	130.22
○	VHC PPO HEALTH PLAN	EMP/CHILD(REN)	276.39
○	VHC PPO HEALTH PLAN	EMPLOYEE/SPOUSE	321.73
○	VHC PPO HEALTH PLAN	FAMILY	455.22

Benefit Elections - HEALTH

You have selected VHC PPO2 HEALTH PLAN. This plan may cover a spouse and your dependents. This plan covers 2 to 99 dependents. Select dependents to include for plan coverage.

Select	Dependent	Status
☑	RUTHIE L. MODEL_EMPLOYEE25781	Eligible
☑	MONICA T. MODEL_EMPLOYEE25781	Eligible
☑	MILLICENT T. MODEL_EMPLOYEE25781	Eligible

Continue Previous

Spousal Privilege Premium Waiver Application -

Benefit Elections - HEALTH

You have selected VHC PPO2 HEALTH PLAN. Costs are per Pay Period. Changes will be effective 04/01/2022. Review and confirm your election choices for this benefit.

Plan	Coverage	Your Pay Period Cost
VHC PPO2 HEALTH PLAN	FAMILY	301.09 Pretax

Covered Dependents As Of 04/01/2022

RUTHIE L. MODEL_EMPLOYEE25781 MONICA T. MODEL_EMPLOYEE25781

MILLICENT T. MODEL_EMPLOYEE25781

SPOUSAL PRIVILEGE PREMIUM WAIVER APPLICATION

Effective as of January 1, 2015, VHC implemented an exclusion for an employee's working spouse when medical coverage is available through their employer.

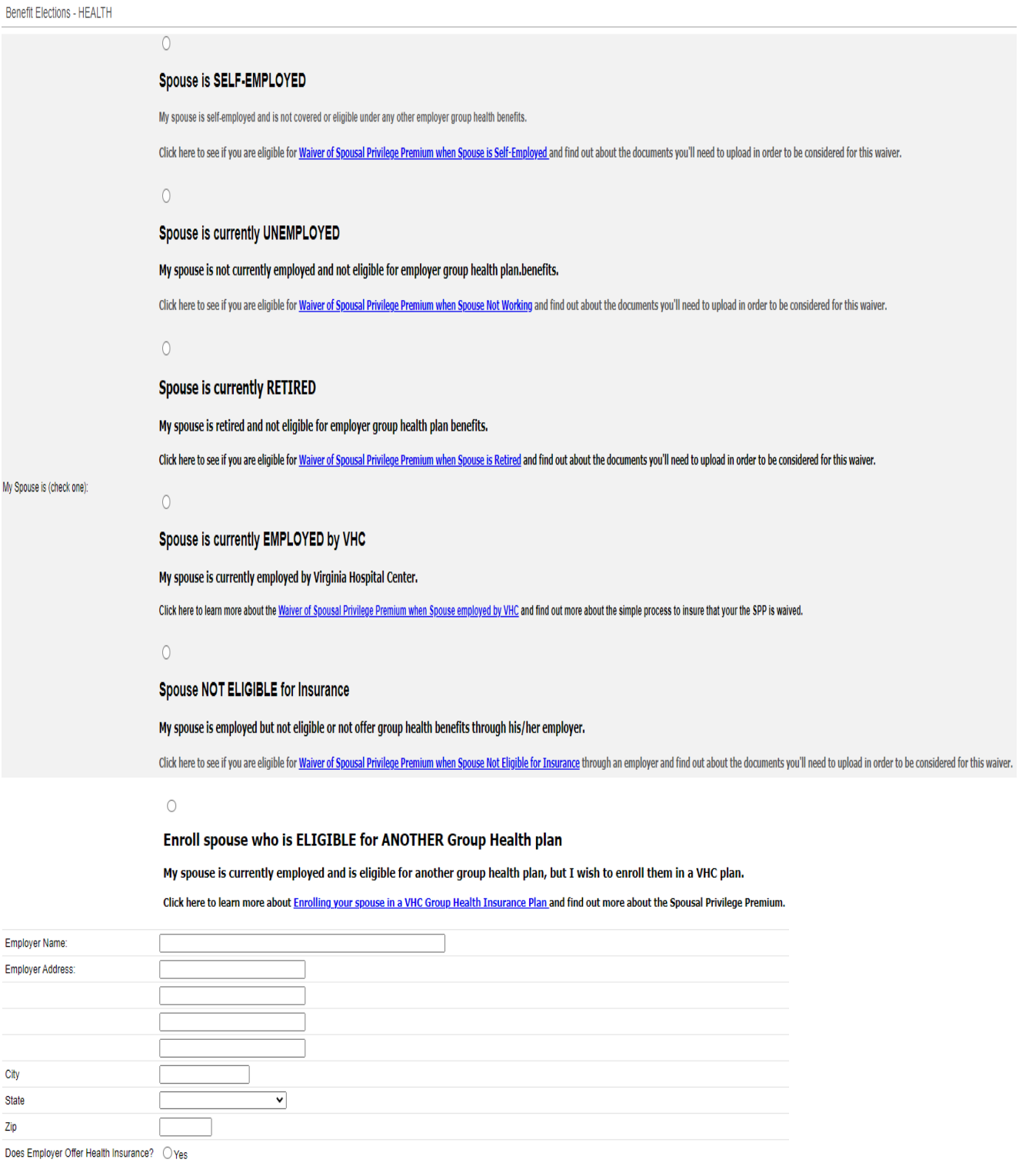
If your spouse is enrolled in a Virginia Hospital Center Health Insurance Plan (VHC PPO, VHC PPO2, VHC HDP, or Kaiser HMO you will be subject to a monthly spousal privilege premium of $300 ($138.46 per pay period) unless you are eligible for the spousal privilege premium waiver. To determine your eligibility for the spousal privilege premium waiver, please check the appropriate box below that applies to you.

If you have your documents ready to upload, you may upload them using the Upload Document link below on the left. You are required to upload supporting documents before the end of your enrollment window to be considered for the SPP Waiver.

If you don't have your documents ready to upload, you can return later and use the Upload Documents link on the Dependent Maintenance Screen. The Dependent Maintenance screen is immediately following the Welcome Message. After uploading your documents, you can close out of Open Enrollment. It is not necessary to go through the enrollment process again if you have already finalized/submitted your enrollment by agreeing to the terms and clicking the Finish button and you have your Confirmation Email. However, you can return anytime before the enrollment period closes, if you need to make any changes.

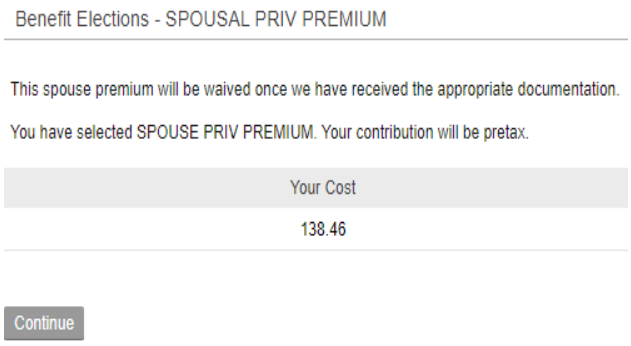
Spousal Privilege Premium Waiver Application (cont'd) -

My Spouse is (Select One):



Spousal Privilege Premium Waiver Application (cont'd)-

Remember: You are subject to the Spousal Privilege Premium unless you upload all required documentation through LAWSON Employee Self-Service by Monday, February 28, 2023.



SPOUSAL PRIVILEGE PREMIUM WAIVER REQUIRED DOCUMENTATION

SPOUSE STATUS	DESCRIPTION	REQUIRED DOCUMENTATION
Spouse is **NOT ELIGIBLE** for Insurance	My spouse is employed, but is not eligible, or not offered, group health benefits through his/her employer.	A copy of the most recent State or 1040 Federal Tax Return & a letter from your spouse's Human Resource Department, on company letterhead [with a contact person's name and telephone number other than your spouse], that states your spouse is not offered employer group health benefits.
Spouse is **UNEMPLOYED** or **RETIRED**	My spouse is unemployed or retired and not covered or eligible for any other employer group health benefits.	A copy of the most recent State or 1040 Federal Tax Return verifying your spouse & their employment status. Including the portion of the return which shows the name of the member and the member's spouse as well as the signature block that contains the employee's spousal signature and occupation. All other information on the tax return can be redacted (blacked out). On Federal Form 1040, that information is found at the top of page 1 (member's name and spouse's name) and the bottom of page 2 (employee's & spouse's signatures and occupations). If the unemployed spouse files a MARRIED FILING SEPARATE 1040 Tax Return, they must submit their return showing the same information as stated above. If your spouse became unemployed or retired after the most recent federal tax return was filed, the Employee must submit that return and a signed statement from the employee that states the spouse is currently unemployed or retired and not covered or eligible under any other employer group health benefits and any applicable supporting documentation of unemployment or retirement (Separation Agreement, COBRA Notice or Letter of Retirement from employer).
Spouse is **SELF-EMPLOYED**	My spouse is self-employed and is not covered or eligible under any other employer group health benefits.	A copy of the most recent State or 1040 Federal Tax Return & one of the following: ▪ Schedule SE (Self-Employment Tax) ▪ Sole Proprietor – Schedule C or Form 1040-ES ▪ Partnership – Form 1065 ▪ Corporations – Form 1120 or Form 1120-S ▪ Form 941 (Employer's Quarterly Federal Tax Return) ▪ Form 940 (Employer's Annual Federal Unemployment Tax Return) If your spouse became self-employed after the most recent state or federal tax return was filed, please submit a copy of Form W-9 which verifies the Business Name and Federal Tax Classification. Taxes will be required when filed.
Spouse Is **Employed with VHC**	Spouse is currently employed through VHC Health	Email your spouse's first and last name as well as their VHC employee ID # to Benefits_Department@VHCHEALTH.Org.

If your spouse is enrolled in a Virginia Hospital Center Health Insurance Plan (VHC PPO, VHC HDP or Kaiser HMO) you will be subject to a monthly spousal privilege premium of $300 ($138.46 per pay period). The spousal privilege premium stays in effect through the benefit plan year unless you have a qualifying event to remove your spouse from your VHC Health Insurance Plan.

To be eligible for the Spousal Privilege Premium Waiver, one of the categories above must apply. You are required to upload all documents to your Dependent Maintenance screen in the LAWSON Employee Self-Service Annual Benefits Enrollment system no later than Sunday, February 28, 2023. Once you are approved for the waiver, you will be notified by the Benefits Department with an email. If you do not get approved you will pay the Spousal Privilege Premium.

Selecting the High Deductible Medical Plan -

The High Deductible Medical Plan

- Available to all employees
- The only Medical Option for PRNs, Part Time Employees (<20 hours/week) & Benefits Alternative status Employees
- May be eligible for the Health Savings Account (HSA) & the Limited Purpose Flexible Spending Account (LPFSA)
- Answer Yes or No to the HSA Certification of Eligibility to proceed
- You will be given an option to elect or waive enrollment in the HSA & the LPFSA

HSA Certification of Eligibility

I understand that in order for the Company to contribute to a health savings account (HSA) on my behalf, I must meet all of the following HSA eligibility conditions:

1. I am electing self-only coverage OR family coverage under the high deductible health plan (HDHP) under Code § 223(c)(2).
2. I am new to the plan and am establishing or I am not new to the plan, have already established an HSA through OPTUM Bank and am enrolling in the HSA plan for next year.
3. I understand that my HSA can be used to pay for qualified medical expenses incurred by my eligible tax dependents.
4. I cannot be claimed as another person's tax dependent.
5. I am not entitled to Medicare and/or Tricare benefits.
6. If I have any health coverage other than my coverage under the high deductible health plan (HDHP), that coverage is either (a) HDHP coverage or (b) permitted non-HDHP insurance or coverage.
7. If I am married, my spouse either does not have any non-HDHP family coverage or has excluded me from any non-HDHP family coverage

Account Authorization Acknowledgement to Open a Health Savings Account (HSA)

If I choose to enroll in the HSA, plan, I appoint **my employer ("Employer")** as my agent for the purpose of opening and administering / maintaining an Optum Bank, Inc. ("Bank") Health Savings Account ("HSA") on my behalf and authorize Employer to send and receive information to and from the Bank on my behalf (including account number) in order to accomplish this purpose. I authorize the Bank to make any inquiries that it considers appropriate to determine if it should open and maintain my HSA, and I acknowledge that I have received the Bank's USA PATRIOT Act Notice provided below:

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I certify that I am eligible to contribute to an HSA under Internal Revenue Code Section 223. I authorize and direct the Bank to issue a Debit MasterCard® to me. I certify that I have received or viewed the Bank's statement of the hardware and software requirements for access to and retention of electronic records and that I have the ability to access the Bank's website where electronic statements and other documentation are stored. I instruct the Bank, unless otherwise notified and instructed by me, to provide the Custodial and Deposit Agreement and all other HSA notices, disclosures and information related to and governing my HSA to me online at www.optumbank.com. I understand that monthly account statements and other documentation and notices will be delivered or made available electronically. If I want HSA statements mailed to my home, I must notify the Bank directly.

I agree that Employer will remain my agent unless and until Employer and the Bank receive notice that the appointment of Employer as my agent has been terminated, that I am no longer employed by Employer, or that I am no longer an HSA eligible individual; or I receive a notice from the Bank that my application for an HSA has been declined.

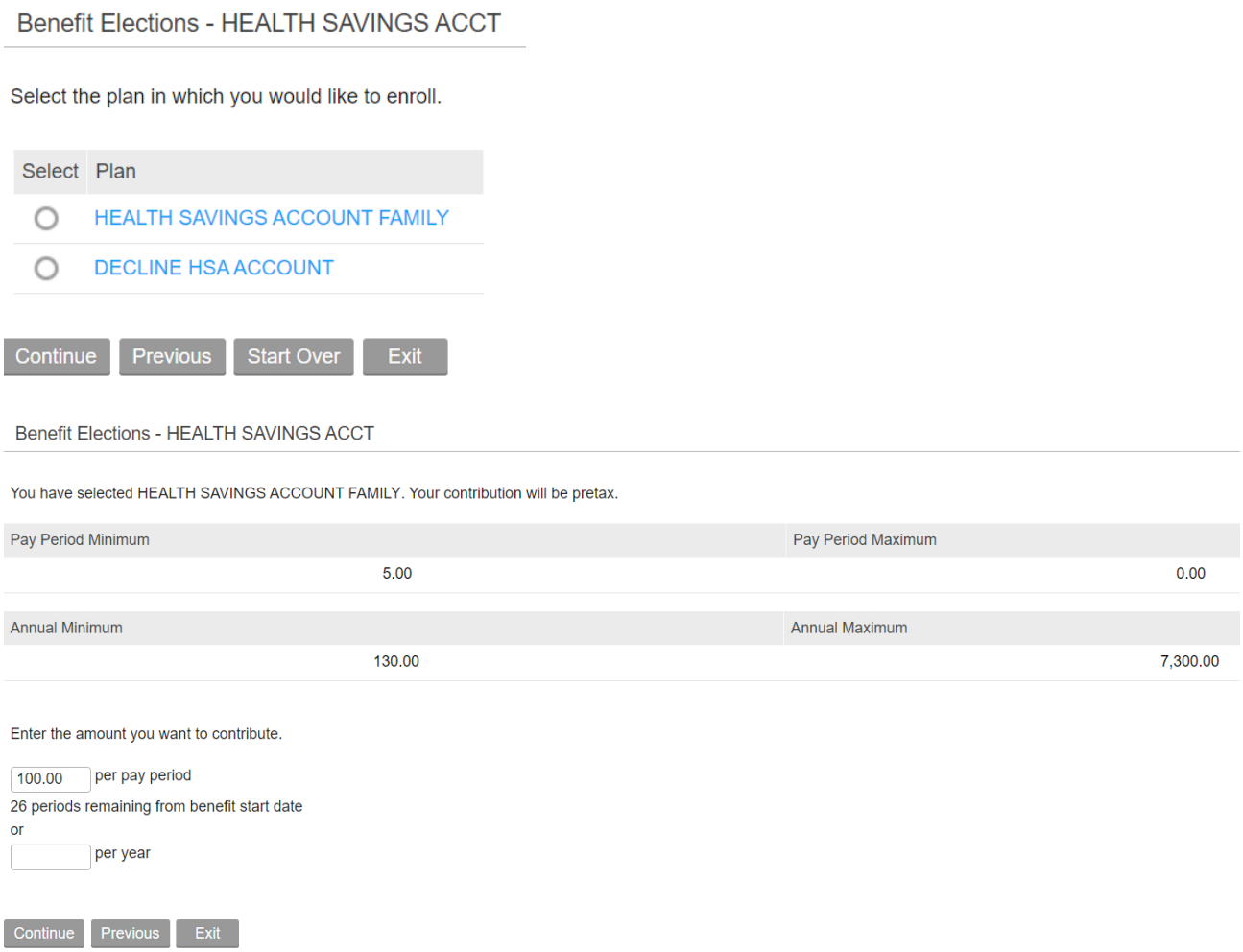
Optum Bank – Access to and Retention of Electronic HSA Records

To view the Bank's hardware and software requirements, instructions for viewing and downloading copies of electronic documents, and instruction for updating an email address, follow the link below:

https://www.optumbank.com/content/dam/optumbank/resources/ns/238-Hardware-and-Software-Requirements.pdf

- ○ YES, I certify that all of the statements above are true. I understand that I am not eligible for HSA contributions during any month in which I do not meet all of the above HSA eligibility conditions and I agree that I will notify the Employer immediately in writing, if I cease to meet any of these conditions. I also understand that the Employer will make contributions to an HSA I establish with OPTUM Bank on my behalf on the basis of my certification and that the Employer's HSA contributions and my own contributions (if any) are subject to certain aggregate limits under federal tax law.
- ○ NO, I certify that I do NOT meet some of the statements listed above at this time, therefore I am not eligible to establish a qualified HSA. I understand that I am not eligible for employer contributions and may not make HSA contributions through payroll deductions. If my eligibility status changes after January 1st of the plan year, I will notify the Employer immediately in writing; I also understand that I may be eligible to recieve a prorated HSA employer contribution during the year that I may make personal prorated contributions to the HSA subject to the limits under federal law.

Continue Previous



The Annual Maximum depends on the Coverage Level you select as well as your age

Whether you enroll in or opt-out of the Health Savings Account, you will still have the opportunity to enroll in or opt-out of the Limited Purpose FSA later in the enrollment process.

Declining Health Coverage -

Benefit Elections - HEALTH

Select the plan in which you would like to enroll.

Select	Plan	Coverage	Your Pay Period Cost
○	VHC HIGH DEDUCTIBLE PLAN	EMPLOYEE ONLY	50.90
○	VHC HIGH DEDUCTIBLE PLAN	EMPLOYEE CHILD(REN)	76.00
○	VHC HIGH DEDUCTIBLE PLAN	EMPLOYEE/SPOUSE	90.00
○	VHC HIGH DEDUCTIBLE PLAN	FAMILY	118.00
○	KAISER HMO	EMPLOYEE ONLY	115.25
○	KAISER HMO	EMPLOYEE CHILD(REN)	244.57
○	KAISER HMO	EMPLOYEE/SPOUSE	284.68
○	KAISER HMO	FAMILY	402.83
◉	DECLINE ALL HEALTH PLANS	MEDICAL WAIVE	
○	VHC PPO2 HEALTH PLAN	EMPLOYEE ONLY	71.02
○	VHC PPO2 HEALTH PLAN	EMP/CHILD(REN)	194.12
○	VHC PPO2 HEALTH PLAN	EMPLOYEE/SPOUSE	215.42
○	VHC PPO2 HEALTH PLAN	FAMILY	310.12
○	VHC PPO HEALTH PLAN	EMPLOYEE ONLY	130.22
○	VHC PPO HEALTH PLAN	EMP/CHILD(REN)	276.39
○	VHC PPO HEALTH PLAN	EMPLOYEE/SPOUSE	321.73
○	VHC PPO HEALTH PLAN	FAMILY	455.22

Select DECLINE ALL HEALTH PLANS

Virginia Hospital Center - Annual Benefits Enrollment

Benefit Elections - HEALTH

You have selected DECLINE ALL HEALTH PLANS. Changes will be effective 04/01/2019. Review and confirm your election choices for this benefit.

Plan	Coverage
DECLINE ALL HEALTH PLANS	Waive

Waive Coverage Confirmation

Please answer the questions below regarding your waive of Medical coverage. (NOTE: policy number and carrier name fields are restricted to 10 characters)

Please select the reason you are waiving your medical insurance below.

- ○ Have other medical insurance outside VHC
- ○ I currently have Medicare
- ○ No current insurance and do not want insurance.
- ○ Other Reason

Continue Previous

This information is used for Affordable Care Act Reporting

Enrollment Elections - DENTAL

As Of	Coverage Type	Your Cost
03/31/2022	FAMILY	69.90 Pretax
04/01/2022	FAMILY	69.90 Pretax

You are currently enrolled in VHC DENTAL PLAN. Costs are per Pay Period.

Covered Dependents As Of 03/31/2022
RUTHIE L. MODEL_EMPLOYEE25781 MONICA T. MODEL_EMPLOYEE25781

Select	Option
○	Keep the same coverage
◉	Keep the same option; add or change dependent coverage
○	Change the coverage
○	Select a different plan

Continue Exit

Benefit Elections - DENTAL

You have selected VHC DENTAL PLAN. This plan may cover a spouse and your dependents. This plan covers 2 to 99 dependents. Select dependents to include for plan coverage.

Select	Dependent	Status
☑	RUTHIE L. MODEL_EMPLOYEE25781	Eligible
☑	MONICA T. MODEL_EMPLOYEE25781	Eligible
☐	MILLICENT T. MODEL_EMPLOYEE25781	Eligible

Continue Previous

Benefit Elections - DENTAL

You have selected VHC DENTAL PLAN. This plan may cover a spouse and your dependents. This plan covers 2 to 99 dependents. Select dependents to include for plan coverage.

Select	Dependent	Status
☑	RUTHIE L. MODEL_EMPLOYEE25781	Eligible
☑	MONICA T. MODEL_EMPLOYEE25781	Eligible
☑	MILLICENT T. MODEL_EMPLOYEE25781	Eligible

Continue Previous

Enrollment Elections - SHORT TERM DISABLTY

As Of	Percent of Salary	Monthly Benefit	Your Cost
03/31/2022	60%	2,486.64	20.39 Aftertax
04/01/2022	60%	2,486.64	20.39 Aftertax

Select	Option
(•)	Keep the same coverage
( )	Make Changes

You are currently enrolled in SHORT TERM DISABILITY. Costs are per Pay Period.

Continue

Enrollment Elections - LONG TERM DISABILITY

As Of	Percent of Salary	Monthly Benefit	Your Cost
03/31/2022	60%	2,486.64	4.13 Aftertax
04/01/2022	60%	2,486.64	4.13 Aftertax

Select	Option
(•)	Keep the same coverage
( )	Make Changes

You are currently enrolled in LONG TERM DISABILITY. Costs are per Pay Period.

Continue

Enrollment Elections - ACCIDENT INSURANCE

As Of	Coverage Type	Your Cost
03/31/2022	FAMILY (EE SPOUSE CHILD)	9.01 Aftertax
04/01/2022	FAMILY (EE SPOUSE CHILD)	9.01 Aftertax

You are currently enrolled in METLIFE GROUP ACCIDENT INSURAN. Costs are per Pay Period.

Covered Dependents As Of 03/31/2022
RUTHIE L. MODEL_EMPLOYEE25781 MONICA T. MODEL_EMPLOYEE25781

Select	Option
( )	Keep the same coverage
(•)	Keep the same option; add or change dependent coverage
( )	Change the coverage
( )	Select a different plan

Continue Exit

Benefit Elections - ACCIDENT INSURANCE

You have selected METLIFE GROUP ACCIDENT INSURAN. This plan may cover a spouse and your dependents. This plan covers 2 to 99 dependents. Select dependents to include for plan coverage.

Select	Dependent	Status
☑	RUTHIE L. MODEL_EMPLOYEE25781	Eligible
☑	MONICA T. MODEL_EMPLOYEE25781	Eligible
☐	MILLICENT T. MODEL_EMPLOYEE25781	Eligible

Continue Previous

Benefit Elections - ACCIDENT INSURANCE

You have selected METLIFE GROUP ACCIDENT INSURAN. This plan may cover a spouse and your dependents. This plan covers 2 to 99 dependents. Select dependents to include for plan coverage.

Select	Dependent	Status
☑	RUTHIE L. MODEL_EMPLOYEE25781	Eligible
☑	MONICA T. MODEL_EMPLOYEE25781	Eligible
☑	MILLICENT T. MODEL_EMPLOYEE25781	Eligible

Continue Previous

Enrollment Elections - CRITICAL ILLNESS INS

As Of	Coverage Type	Your Cost
03/31/2022	Family 20k 10k	10.25 Aftertax
04/01/2022	Family 20k 10k	10.25 Aftertax

You are currently enrolled in METLIFE GROUP CRIT IL. Costs are per Pay Period.

Covered Dependents As Of 03/31/2022
RUTHIE L. MODEL_EMPLOYEE25781 MONICA T. MODEL_EMPLOYEE25781

Select	Option
○	Keep the same coverage
◉	Keep the same option; add or change dependent coverage
○	Change the coverage
○	Select a different plan

Continue Exit

Benefit Elections - CRITICAL ILLNESS INS

You have selected METLIFE GROUP CRIT IL. This plan may cover a spouse and your dependents. This plan covers 2 to 99 dependents. Select dependents to include for plan coverage.

Select	Dependent	Status
☑	RUTHIE L. MODEL_EMPLOYEE25781	Eligible
☑	MONICA T. MODEL_EMPLOYEE25781	Eligible
☐	MILLICENT T. MODEL_EMPLOYEE25781	Eligible

Continue Previous

Benefit Elections - CRITICAL ILLNESS INS

You have selected METLIFE GROUP CRIT IL. This plan may cover a spouse and your dependents. This plan covers 2 to 99 dependents. Select dependents to include for plan coverage.

Select	Dependent	Status
☑	RUTHIE L. MODEL_EMPLOYEE25781	Eligible
☑	MONICA T. MODEL_EMPLOYEE25781	Eligible
☑	MILLICENT T. MODEL_EMPLOYEE25781	Eligible

Continue Previous

Enrollment Elections - HOSPITAL INDEMNITY

As Of	Coverage Type	Your Cost
03/31/2022	FAMILY (EE SPOUSE CHILD)	30.76 Aftertax
04/01/2022	FAMILY (EE SPOUSE CHILD)	30.76 Aftertax

You are currently enrolled in METLIFE GRP HOSPITAL INDEMNITY. Costs are per Pay Period.

Covered Dependents As Of 03/31/2022	
RUTHIE L. MODEL_EMPLOYEE25781	MONICA T. MODEL_EMPLOYEE25781

Select	Option
○	Keep the same coverage
◉	Keep the same option; add or change dependent coverage
○	Change the coverage
○	Select a different plan

Continue Exit

Benefit Elections - HOSPITAL INDEMNITY

You have selected METLIFE GRP HOSPITAL INDEMNITY. This plan may cover a spouse and your dependents. This plan covers 2 to 99 dependents. Select dependents to include for plan coverage.

Select	Dependent	Status
☑	RUTHIE L. MODEL_EMPLOYEE25781	Eligible
☑	MONICA T. MODEL_EMPLOYEE25781	Eligible
☐	MILLICENT T. MODEL_EMPLOYEE25781	Eligible

Continue Previous

Benefit Elections - HOSPITAL INDEMNITY

You have selected METLIFE GRP HOSPITAL INDEMNITY. This plan may cover a spouse and your dependents. This plan covers 2 to 99 dependents. Select dependents to include for plan coverage.

Select	Dependent	Status
☑	RUTHIE L. MODEL_EMPLOYEE25781	Eligible
☑	MONICA T. MODEL_EMPLOYEE25781	Eligible
☑	MILLICENT T. MODEL_EMPLOYEE25781	Eligible

Continue Previous

Enrollment Elections - EMPLOYEE LIFE

As Of	Coverage	Your Pay Period Cost
03/31/2022	150,000.00	4.15 Pretax
04/01/2022	150,000.00	4.15 Pretax

You are currently enrolled in SUPPLEMENTAL EMPLOYEE LIFE INSURANCE. Costs are per Pay Period.

Select	Option
◉	Keep the same coverage
○	Change the coverage
○	Select a different plan

Continue Exit

Enrollment Elections - SPOUSE LIFE

As Of	Coverage	Your Pay Period Cost
03/31/2022	150,000.00	4.15 Pretax
04/01/2022	150,000.00	4.15 Pretax

You are currently enrolled in SUPPLEMENTAL SPOUSE LIFE INSURANCE. Costs are per Pay Period.

Covered Dependents As Of 04/01/2022

RUTHIE L. MODEL_EMPLOYEE25781

Select	Option
◉	Keep the same coverage
○	Change the coverage
○	Keep the same option; add or change dependent coverage
○	Select a different plan

Continue Exit

Enrollment Elections - CHILD LIFE

As Of	Coverage	Your Pay Period Cost
03/31/2022	10,000.00	0.92 Pretax
04/01/2022	10,000.00	0.92 Pretax

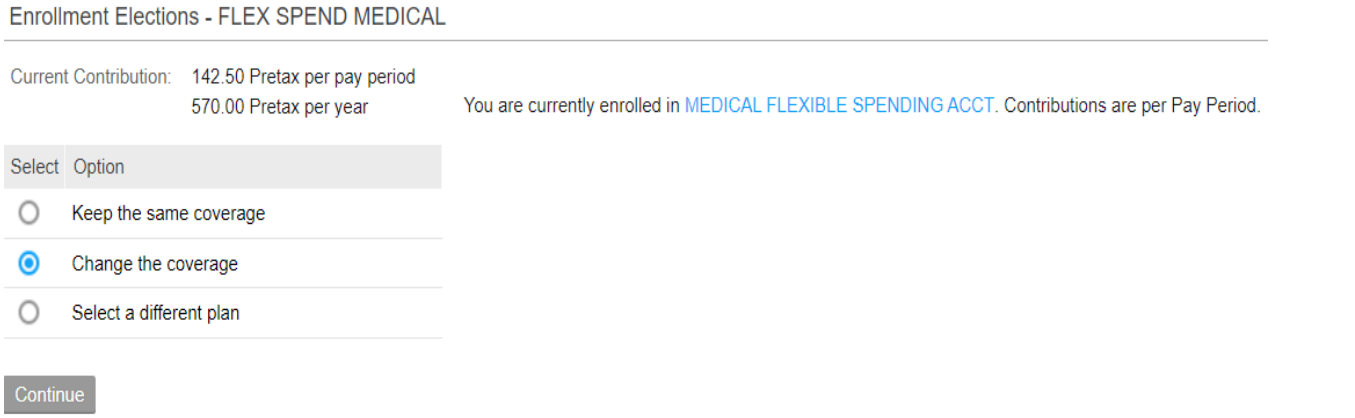
You are currently enrolled in CHILDREN LIFE INSURANCE. Costs are per Pay Period.

Covered Dependents As Of 04/01/2022

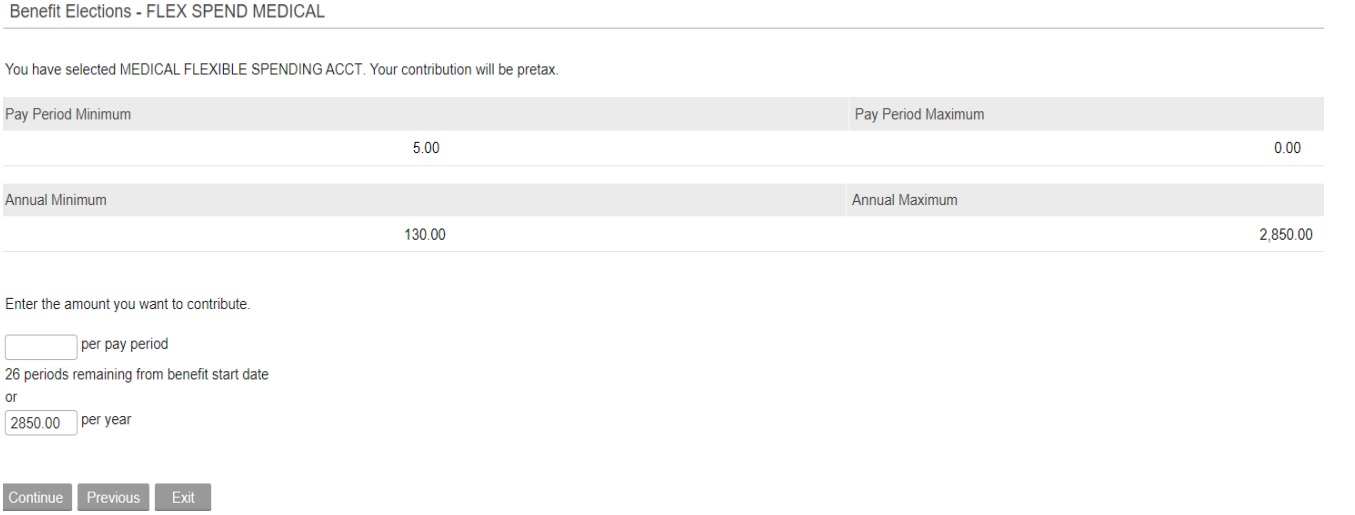
MONICA T. MODEL_EMPLOYEE25781

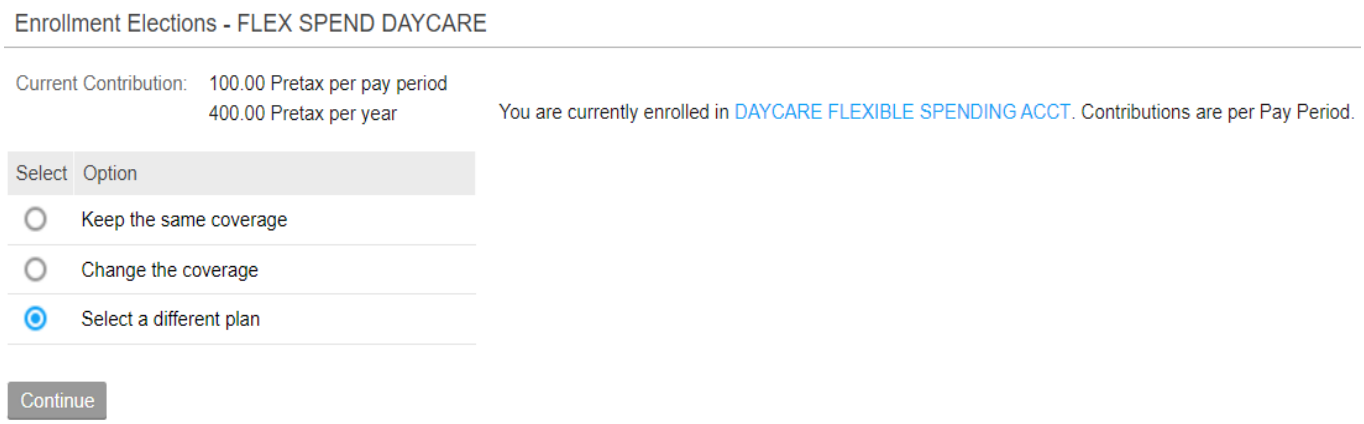
Select	Option
○	Keep the same coverage
○	Change the coverage
◉	Keep the same option; add or change dependent coverage
○	Select a different plan

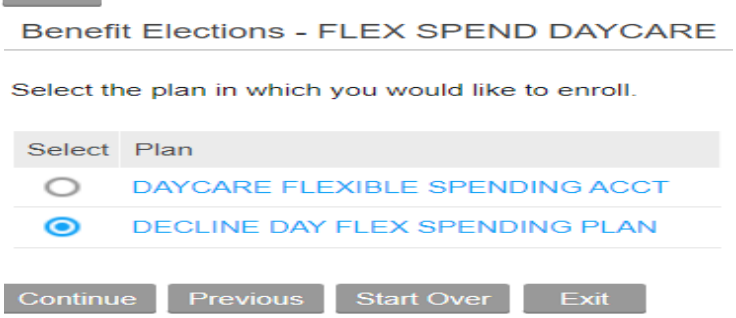
Continue Exit



If employee selected the High Deductible Medical Plan, the option here would be the Limited Purpose FSA







Enrollment Elections - LEGAL

As Of	Your Cost
03/31/2022	8.31 Aftertax
04/01/2022	8.31 Aftertax

You are currently enrolled in HYATT LEGAL BENEFIT PLAN. Costs are per Pay Period.

Select	Option
◉	Keep the same coverage
○	Select a different plan

Continue

Benefit Elections - CAFE PAYROLL

Select the plan in which you would like to enroll.

Select	Plan
○	CAFE PAYROLL DEDUCTION PLAN
○	WAIVE CAFE PAYROLL DEDUCTION

Continue Start Over Exit

Benefit Elections - CAFE PAYROLL

You have selected CAFE PAYROLL DEDUCTION PLAN.

Continue Previous

Benefit Elections - CAFE PAYROLL

You have selected CAFE PAYROLL DEDUCTION PLAN. Changes will be effective 04/01/2022. Review and confirm your election choices for this benefit.

Plan
CAFE PAYROLL DEDUCTION PLAN

Employee Cafeteria Charge Enrollment Authorization

I hereby voluntarily authorize Virginia Hospital Center Arlington Health System (VHCAHS, including any of its subsidiary or affiliated entities), which is my employer, to deduct from my bi-weekly payroll check any balance for purchases that I make using my Employee Badge in the VHCAHS cafeteria. Accordingly, I specifically acknowledge and agree as follows:

- I am responsible for paying the full balance of all purchases made using my Employee Badge in the VHCAHS cafeteria.
- Employees on leave of absence may not use this payment method.
- All purchases made during a pay period will be deducted from the following pay period , and balances will not be spread out over several pay periods. I understand that such deductions will be taken out of my net (after-tax) pay.
- No cash refunds will be made for charges. I will receive a refund to my account unless the pay period has closed, at that time I will be issued a meal ticket(s) for the amount in dispute.
- I will not allow anyone else to use my Employee Badge to make purchases.
- This payroll deduction authorization will remain in effect until it is discontinued by me in writing and the balance for all purchases made using my Employee Badge have been reduced to zero.
- If the purchases exceed my wages or any legally allowable deduction in a given pay period, the balance of such purchases will be deducted from my next paycheck(s) until the balance is reduced to zero.
- Upon termination of my employment, any balance due and owing for purchases I have made will be deducted from my final paycheck and I specifically authorize VHCAHS to deduct any such balance due from my final paycheck. If there is a remaining balance due from me which exceeds my final paycheck, I agree to remit immediately to VHCAHS the full amount due.

☑ YES, I agree to the terms and conditions above.

Continue Previous

Benefit Elections - VHC FOUNDATION GIFTS

Select the plan in which you would like to enroll.

Select	Plan
◉	Foundation Employee Giving
○	Decline Foundation Giving

Continue | Start Over | Exit

Benefit Elections - VHC FOUNDATION GIFTS

You have selected Foundation Employee Giving. Your contribution will be aftertax.

Pay Period Minimum	Pay Period Maximum
1.00	0.00

Annual Minimum	Annual Maximum
26.00	0.00

Enter the amount you want to contribute.

50.00 per pay period
26 periods remaining from benefit start date
or
per year

Continue | Previous | Exit

Benefit Elections - VHC FOUNDATION GIFTS

You have selected Foundation Employee Giving. Costs are per Pay Period. Changes will be effective 04/01/2022. Review and confirm your election choices for this benefit.

Plan	Coverage	Your Pay Period Cost
Foundation Employee Giving	1,300.00 per year	50.00 Aftertax

Payroll Deduction Contribution Authorization.

I authorize Virginia Hospital Center Arlington Health System (VHCAHS including any of its subsidiaries or affiliated entities) which is my employer, to deduct the amount I have specified as a charitable contribution to the VHC Foundation. I further agree to and acknowledge that:

- *Contributions to the Foundation are 100% tax-deductible as no goods or services will be provided to me in consideration of this contribution.*
- *Contributions made through this process will be designated to support the "Hospital's Greatest Need." If I wish to change that designation I must contact the Foundation directly.*
- *Charitable contributions authorized through this process are considered "benefit-controlled" deductions, and they are separate and distinct from other gift deductions I may already have arranged with the Foundation, including gifts of accrued PTO.*
- *Once authorized, I acknowledge that I will not be able to change the authorized deduction amount until the next Open Enrollment period.*
- *If my net pay does not provide for sufficient funds to cover my authorized contribution in its entirety, then no deduction will be made for that particular pay period.*
- *The contribution deduction totals shown on my pay stubs is not an official receipt for tax preparation purposes. The VHC Foundation will provide me a letter in January summarizing all contributions made in the previous calendar year.*

Please contact the Foundation directly with additional questions or concerns.

___ Yes, I agree to the terms and conditions above.

Review Your Confirmation Page -

- Your benefit elections are tracked as you complete each screen. Once all screens are completed, you will view the Benefit Elections screen with your election choices. **Review Carefully**.
- You have the opportunity to make changes before saving your final elections, by clicking "**Make Changes**".

Benefit Elections As Of 04/01/2022

Verify that your 2022 elections are listed correctly below.

Click ***Make Changes*** if you would like to make changes to any of the information below.

Click **Finish** if the information below is correct. A Dialog box will ask you to print your elections. Be sure to click **Continue** to print and keep your elections for future reference.

To find out more information about each benefit offered, click on the benefit plan name..

Plan	Coverage	Your Cost
VHC PPO HEALTH PLAN	FAMILY	441.96 Pretax
WAIVE SP PRIV PREMIUM		
DECLINE HSA ACCOUNT		
VHC DENTAL PLAN	FAMILY	69.90 Pretax
SHORT TERM DISABILITY	60% of salary 29,839.68	20.39 Aftertax
LONG TERM DISABILITY	60% of salary 29,839.68	4.13 Aftertax
METLIFE GROUP ACCIDENT INSURAN	FAMILY (EE SPOUSE CHILD)	9.01 Aftertax
METLIFE GROUP CRIT IL	Family 20k 10k	10.25 Aftertax
METLIFE GRP HOSPITAL INDEMNITY	FAMILY (EE SPOUSE CHILD)	30.76 Aftertax
SUPPLEMENTAL EMPLOYEE LIFE INSURANCE	150,000.00	4.15 Pretax
SUPPLEMENTAL EMPLOYEE LIFE INSURANCE AD&D	150,000.00	1.73 Pretax
SUPPLEMENTAL SPOUSE LIFE INSURANCE	150,000.00	4.15 Pretax
SUPPLEMENTAL SPOUSE LIFE INSURANCE AD&D	150,000.00	1.73 Pretax
CHILDREN LIFE INSURANCE	10,000.00	0.92 Pretax
CHILDREN LIFE INSURANCE - AD&D	10,000.00	0.12 Pretax
MEDICAL FLEXIBLE SPENDING ACCT	2,850.00 per year	109.62 Pretax
DECLINE DAY FLEX SPENDING PLAN		
HYATT LEGAL BENEFIT PLAN		8.31 Aftertax
CAFE PAYROLL DEDUCTION PLAN		
Foundation Employee Giving	1,300.00 per year	50.00 Aftertax
Pending Plans		
SPOUSE PRIV PREMIUM Pending DOCUMENTATION		138.46

Dependent Information

Dependent	HEALTH	Dental	Spouse Life	Child Life
RUTHIE L. MODEL_EMPLOYEE25781	✓	✓	✓	✘
MONICA T. MODEL_EMPLOYEE25781	✓	✓	✘	✓
MILLICENT T. MODEL_EMPLOYEE25781 - *Requires Verification*	✘	✘	✘	*Pending*

Dependents with a checkmark ✓ are enrolled in the chosen plans for the upcoming year unless shown as pending for dependent eligibility verification as indicated above.

Dependents with a ✘ are not enrolled in the plan shown above.

Dependents with a Pending means their enrollment is pending until supporting documentation is provided and reviewed by Human Capital. For acceptable document to verify your dependents review the enrollment guide.

Pay Period Summary	Your Pay Period Cost
Total pretax contributions	634.28
Total aftertax contributions	132.85

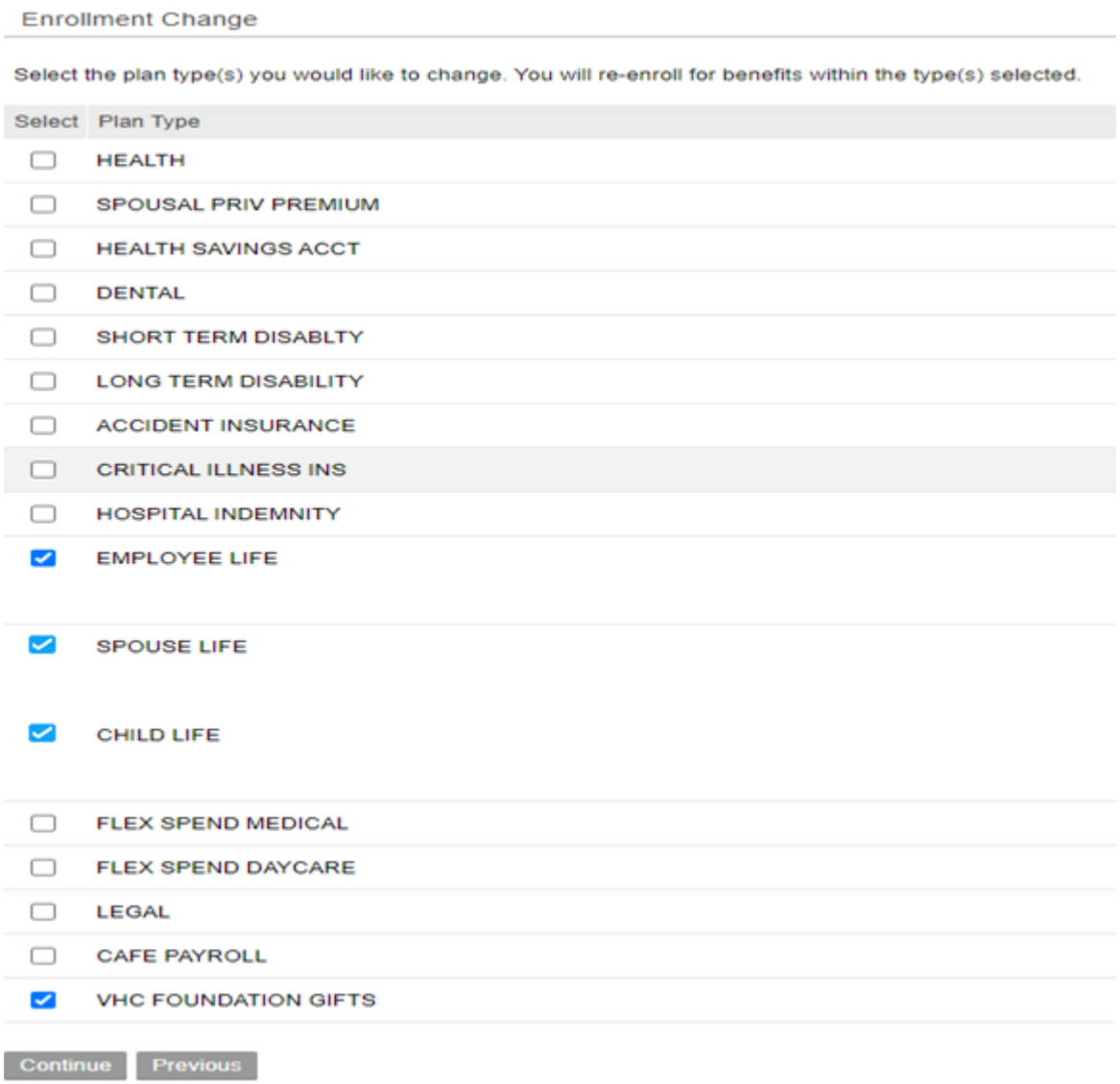
☐ Please check the box. By checking the box I hereby agree that I have read and agree to the following:

1. **General Acknowledgment –** I am applying to enroll in the benefit option(s) selected by me pursuant to this Lawson self-service benefits online enrollment system. I have read and understand this enrollment form and declare that all the information given is true and complete to the best of my knowledge and belief. Virginia Hospital Center Health System has provided or made available documentation related to the benefit options subject to this enrollment. I have read and understand the plan documents and/or plan related materials, and I understand that my and my eligible dependents' receipt of benefits or benefits coverage pursuant to the benefit option(s) selected by me pursuant to this enrollment form shall be subject in all respects to the terms, conditions, and requirements of the plan documents applicable to such benefit option.
2. **Deduction Authorization & Premium Reimbursement –** I authorize Virginia Hospital Center Health System to take any and all applicable deductions from my paychecks, on a pre-tax or after-tax basis as appropriate, and to pay such sums as are due to the applicable carriers or providers for the benefit option(s) selected by me pursuant to this enrollment form. To the extent that I or my eligible dependents receive benefits or benefits coverage for which I have not paid the applicable premiums or other applicable employee-paid costs, I agree to reimburse Virginia Hospital Center Health System for its or any of its affiliates' payment of such premiums and other employee-paid costs and acknowledge that Virginia Hospital Center Health System shall have the right to and shall be authorized to require me to tender a cash payment for such reimbursement or to deduct such reimbursement from payments of any kind otherwise due to me from Virginia Hospital Center Health System. In addition, if you are a part-time (less than 20 hours per week) or PRN employee or terminate employment with Virginia Hospital Center Health System and premiums are unable to be collected from your paycheck due to a lack of hours worked; you understand benefits will be terminated on the last day of the month and you will be responsible for payment of any missed premiums.
3. **Employee Eligibility –** I currently meet the applicable eligibility requirements of each benefit option selected by me pursuant to this enrollment form.
4. **Employee Responsibility –** I understand that it is my responsibility, and not the responsibility of Virginia Hospital Center Health System, to check my paychecks or paystubs to ensure that proper deductions are being applied accurately for my requested benefit option(s) and to ensure that I am enrolled in the proper benefit option(s).
5. **Enrollment Period –** I understand that I must timely complete this enrollment form to enroll in one or more of the benefit options subject to this enrollment form. I acknowledge that the only time I can enroll, add dependents, drop dependents, and/or change plans pursuant to this enrollment form is during the open enrollment period each year, unless I experience an earlier "qualifying event" and I timely make and submit such change to Virginia Hospital Center Health System.
6. **Fraud Warnings –** Any person who knowingly and with intent to defraud any insurance company or other person files an application for benefits or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and could subject such person to criminal and civil penalties.
7. **Spousal Privilege Premium** - If you have a spouse enrolled in one of Virginia Hospital Center Health System's health plan options, you will be subject to an additional Spousal Privilege Premium fee monthly, unless notified you have been approved to waive the fee. This will be reviewed upon initial enrollment or eligibility and annually during Virginia Hospital Center Health System benefits open enrollment.

Finish | Make Changes | Exit

Making Changes -

- When making changes to your Health or Life Insurance Benefits, you will need to elect other plans that coincide with those plans.
- Changing Health Plans – In addition to selecting **HEATLH**, you must select **SPOUSAL PRIV PREMIUM & HEALTH SAVINGS ACCT**. If there's a change to your health plan, it could affect the other plans as well.
- Changing Life Insurance Plans – In addition to selecting **EMPLOYEE LIFE** you must select **SPOUSE LIFE & CHILD LIFE**. If there's a change to your life insurance plan, it could affect the other plans as well.



Once you've made those changes, you will see another Benefit Elections screen with an asterisk (*) by the plans you made a change.

Benefit Elections As Of 04/01/2022

Verify that your 2022 elections are listed correctly below.

Pending benefits will not go into effect until they are approved. There could be two reasons you have pending benefits.

1. You have dependents that need to go through the "dependent verification" process. Dependents **will not** be covered unless they have gone through the dependent verification process. It is your responsibility to confirm the Benefits department has the needed documentation for verification.
2. You have elected a benefit that requires Evidence of Insurability (EOI). These benefits will go into effect after you have completed and submitted the EOI Form and the Carrier has approved your coverage.

Click ***Make Changes*** if you would like to make changes to any of the information below.

Click **Finish** if the information below is correct. A Dialog box will ask you to print your elections. Be sure to click **Continue** to print and keep your elections for future reference.

To find out more information about each benefit offered, click on the benefit plan name..

Benefit Elections As Of 04/01/2022

Plan	Coverage	Your Cost	
VHC PPO HEALTH PLAN	FAMILY	441.96	Pretax
WAIVE SP PRIV PREMIUM			
DECLINE HSA ACCOUNT			
VHC DENTAL PLAN	FAMILY	69.90	Pretax
SHORT TERM DISABILITY	60% of salary 29,839.68	20.39	Aftertax
LONG TERM DISABILITY	60% of salary 29,839.68	4.13	Aftertax
METLIFE GROUP ACCIDENT INSURAN	FAMILY (EE SPOUSE CHILD)	9.01	Aftertax
METLIFE GROUP CRIT IL	Family 20k 10k	10.25	Aftertax
METLIFE GRP HOSPITAL INDEMNITY	FAMILY (EE SPOUSE CHILD)	30.76	Aftertax
*SUPPLEMENTAL EMPLOYEE LIFE INSURANCE	150,000.00	4.16	Pretax
*SUPPLEMENTAL EMPLOYEE LIFE INSURANCE AD&D	150,000.00	1.73	Pretax
*SUPPLEMENTAL SPOUSE LIFE INSURANCE	150,000.00	4.16	Pretax
*SUPPLEMENTAL SPOUSE LIFE INSURANCE AD&D	150,000.00	1.73	Pretax
*CHILDREN LIFE INSURANCE	10,000.00	0.92	Pretax
*CHILDREN LIFE INSURANCE - AD&D	10,000.00	0.12	Pretax
MEDICAL FLEXIBLE SPENDING ACCT	2,850.00 per year	109.62	Pretax
DECLINE DAY FLEX SPENDING PLAN			
HYATT LEGAL BENEFIT PLAN		8.31	Aftertax
CAFE PAYROLL DEDUCTION PLAN			
*Foundation Employee Giving	260.00 per year	10.00	Aftertax
Pending Plans			
SPOUSE PRIV PREMIUM Pending DOCUMENTATION		138.46	
*SUPPLEMENTAL EMPLOYEE LIFE INSURANCE - Pending EOI	300,000.00	8.31	Pretax
*SUPPLEMENTAL EMPLOYEE LIFE INSURANCE AD&D - Pending EOI	250,000.00	2.89	Pretax
*SUPPLEMENTAL SPOUSE LIFE INSURANCE - Pending EOI	300,000.00	8.31	Pretax
*SUPPLEMENTAL SPOUSE LIFE INSURANCE AD&D - Pending EOI	250,000.00	2.89	Pretax
*Election changed			

Dependent Information

Dependent	HEALTH	Dental	Spouse Life	Child Life
RUTHIE L. MODEL_EMPLOYEE25781	✓	✓	✓	✗
MONICA T. MODEL_EMPLOYEE25781	✓	✓	✗	✓
MILLICENT T. MODEL_EMPLOYEE25781 - *Requires Verification*	*Pending*	*Pending*	✗	*Pending*

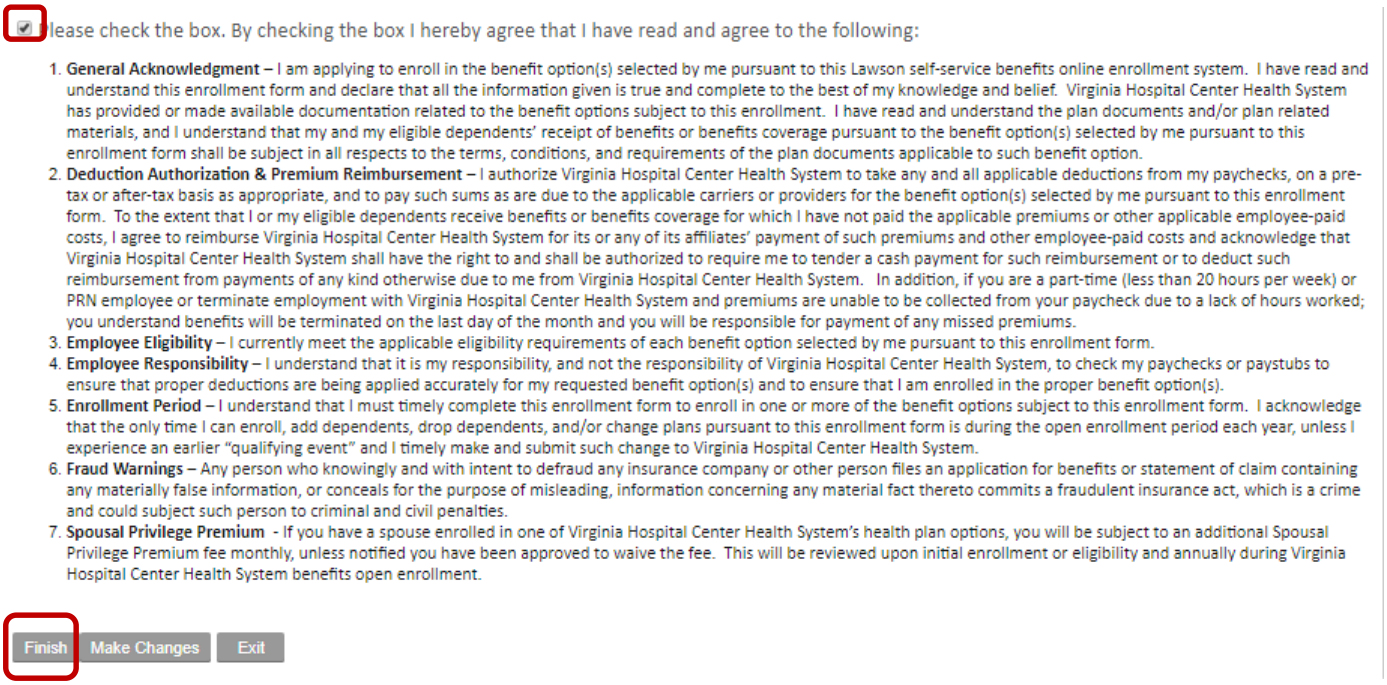
Dependents with a checkmark ✓ are enrolled in the chosen plans for the upcoming year unless shown as pending for dependent eligibility verification as indicated above.

Dependents with a ✗ are not enrolled in the plan shown above.

Dependents with a Pending means their enrollment is pending until supporting documentation is provided and reviewed by Human Capital. For acceptable document to verify your dependents review the enrollment guide.

Pay Period Summary	Your Pay Period Cost
Total pretax contributions	634.30
Total aftertax contributions	92.85

Your deductions may differ slightly due to rounding.


Please check the box. By checking the box I hereby agree that I have read and agree to the following:

1. **General Acknowledgment –** I am applying to enroll in the benefit option(s) selected by me pursuant to this Lawson self-service benefits online enrollment system. I have read and understand this enrollment form and declare that all the information given is true and complete to the best of my knowledge and belief. Virginia Hospital Center Health System has provided or made available documentation related to the benefit options subject to this enrollment. I have read and understand the plan documents and/or plan related materials, and I understand that my and my eligible dependents' receipt of benefits or benefits coverage pursuant to the benefit option(s) selected by me pursuant to this enrollment form shall be subject in all respects to the terms, conditions, and requirements of the plan documents applicable to such benefit option.
2. **Deduction Authorization & Premium Reimbursement –** I authorize Virginia Hospital Center Health System to take any and all applicable deductions from my paychecks, on a pre-tax or after-tax basis as appropriate, and to pay such sums as are due to the applicable carriers or providers for the benefit option(s) selected by me pursuant to this enrollment form. To the extent that I or my eligible dependents receive benefits or benefits coverage for which I have not paid the applicable premiums or other applicable employee-paid costs, I agree to reimburse Virginia Hospital Center Health System for its or any of its affiliates' payment of such premiums and other employee-paid costs and acknowledge that Virginia Hospital Center Health System shall have the right to and shall be authorized to require me to tender a cash payment for such reimbursement or to deduct such reimbursement from payments of any kind otherwise due to me from Virginia Hospital Center Health System. In addition, if you are a part-time (less than 20 hours per week) or PRN employee or terminate employment with Virginia Hospital Center Health System and premiums are unable to be collected from your paycheck due to a lack of hours worked; you understand benefits will be terminated on the last day of the month and you will be responsible for payment of any missed premiums.
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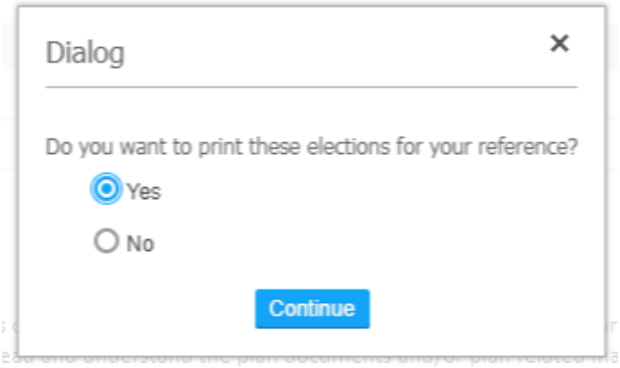
6. **Fraud Warnings –** Any person who knowingly and with intent to defraud any insurance company or other person files an application for benefits or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and could subject such person to criminal and civil penalties.
7. **Spousal Privilege Premium** - If you have a spouse enrolled in one of Virginia Hospital Center Health System's health plan options, you will be subject to an additional Spousal Privilege Premium fee monthly, unless notified you have been approved to waive the fee. This will be reviewed upon initial enrollment or eligibility and annually during Virginia Hospital Center Health System benefits open enrollment.

Finish Make Changes Exit

When you are done with your elections, read the information at the bottom of the page & check the box so the Finish button appears for you to select.

Print Your Benefits Summary & Statement of Health -

- You will be prompted to print your elections. Please select "**Yes**" to print a copy of your benefit election changes for your records.
- If you are electing Short or Long Term Disability for the first time or making changes to Employee or Dependent Life Insurance options, you will receive a Statement of Health Form to complete.



Statement of Health Form *(Evidence of Insurability – EOI)*
Print from confirmation page, complete & send directly to MetLife by Monday, February 28, 2023. Instruction on the 1st page of the form gives you information to mail, fax or email your information. If you are not able to print the form from your confirmation page, please go to ***GROUP 6*** *of the Benefits Corner* to download a blank copy of the *MetLife Statement of Health* form.

You have successfully completed the New Hire Benefits Enrollment. Your elections will be reviewed by the Benefits Department and you will be contacted **ONLY** if you have not submitted the proper documentation or election clarification is needed.

Benefits Enrollment

Enrollment Elections

Elections

Plan	Coverage	Pre Tax Cost	After Tax Cost
VHC PPO HEALTH PLAN	FAMILY	441.96	
WAIVE SP PRIV PREMIUM			
DECLINE HSA ACCOUNT			
VHC DENTAL PLAN	FAMILY	69.90	
SHORT TERM DISABILITY	60% of salary 29,839.68		20.39
LONG TERM DISABILITY	60% of salary 29,839.68		4.13
METLIFE GROUP ACCIDENT INSURAN	FAMILY (EE SPOUSE CHILD)		9.01
METLIFE GROUP CRIT IL	Family 20k 10k		10.25
METLIFE GRP HOSPITAL INDEMNITY	FAMILY (EE SPOUSE CHILD)		30.76
MEDICAL FLEXIBLE SPENDING ACCT	2,850.00 per year	109.62	
DECLINE DAY FLEX SPENDING PLAN			
HYATT LEGAL BENEFIT PLAN			8.31
CAFE PAYROLL DEDUCTION PLAN			
* SUPPLEMENTAL EMPLOYEE LIFE INSURANCE	150,000.00	4.16	
* SUPPLEMENTAL EMPLOYEE LIFE INSURANCE AD&D	150,000.00	1.73	
* SUPPLEMENTAL SPOUSE LIFE INSURANCE	150,000.00	4.16	
* SUPPLEMENTAL SPOUSE LIFE INSURANCE AD&D	150,000.00	1.73	
* CHILDREN LIFE INSURANCE	10,000.00	0.92	
* CHILDREN LIFE INSURANCE - AD&D	10,000.00	0.12	
* Foundation Employee Giving	260.00 per year		10.00
Your Per Pay Period Summary		634.30	92.85
Pending Plans Under Review**			
SPOUSE PRIV PREMIUM Pending DOCUMENTATION			138.46
* SUPPLEMENTAL EMPLOYEE LIFE INSURANCE - Pending EOI	300,000.00	8.31	
* SUPPLEMENTAL EMPLOYEE LIFE INSURANCE AD&D - Pending EOI	250,000.00	2.89	
* SUPPLEMENTAL SPOUSE LIFE INSURANCE - Pending EOI	300,000.00	8.31	
* SUPPLEMENTAL SPOUSE LIFE INSURANCE AD&D - Pending EOI	250,000.00	2.89	

Dependent Information

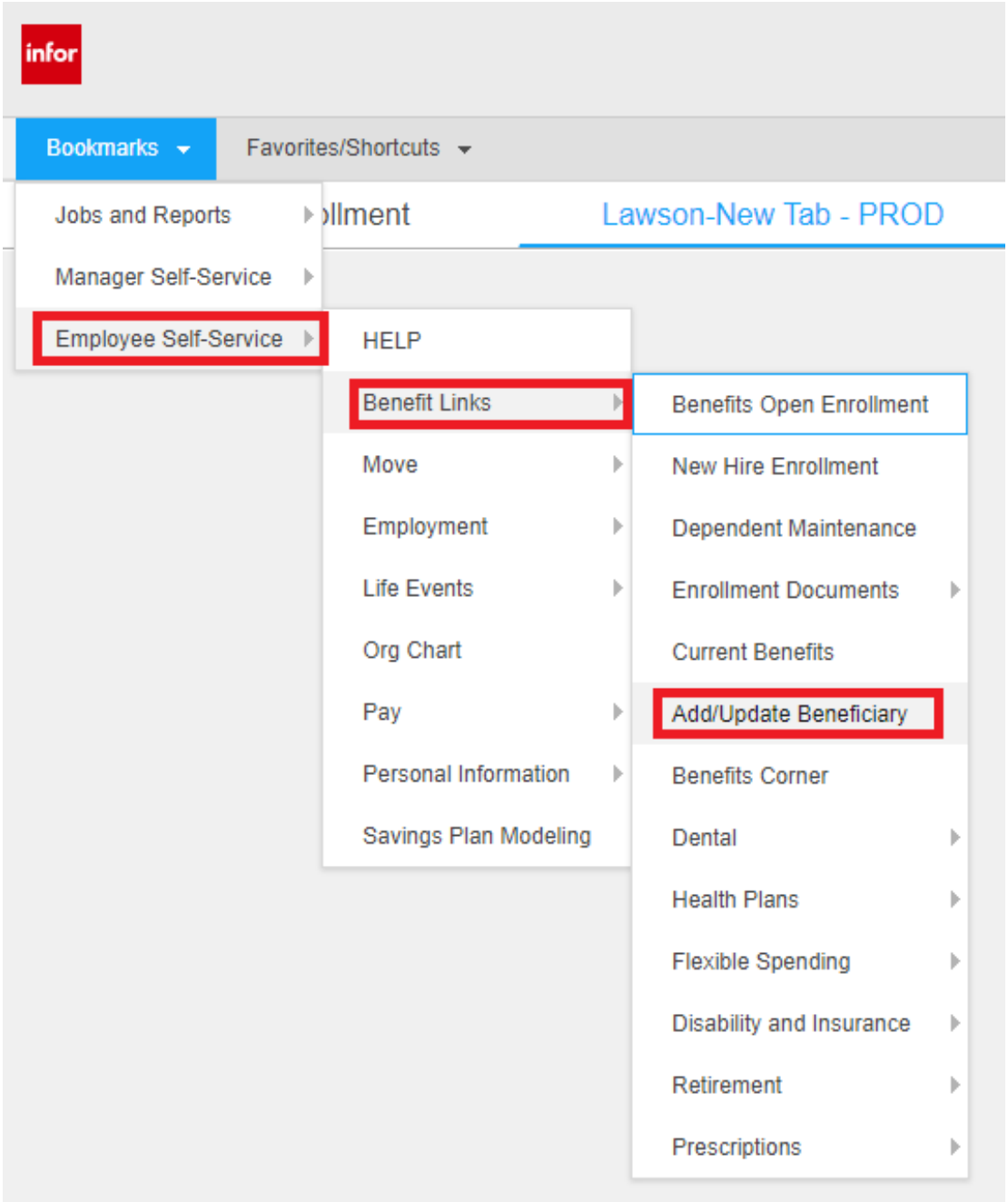
Dependent	Birth Date	Relationship	HEALTH	Dental	Spouse Life	Child Life
RUTHIE L. MODEL_EMPLOYEE25781	04/08/1996	SPOUSE OF EMPLOYEE	✔	✔	✔	✘
MONICA T. MODEL_EMPLOYEE25781	04/04/2018	CHILDREN OF EMPLOYEE	✔	✔	✘	✔
MILLICENT T. MODEL_EMPLOYEE25781 - *Requires Verification*	09/27/2019	CHILDREN OF EMPLOYEE	*Pending*	*Pending*	✘	*Pending*

Dependents with a checkmark ✔ are enrolled in the chosen plans for the upcoming year unless shown as pending for dependent eligibility verification as indicated above.

Dependents with a ✘ are not enrolled in the plan shown above.

Dependents with a Pending means their enrollment is pending until supporting documentation is provided and reviewed by Human Capital. For acceptable document to verify your dependents review the enrollment guide.

Adding or Updating Life Insurance Beneficiary -



Sign out once your enrollment & beneficiary updates are done

Clear Browser History in Google Chrome

VIRGINIA HOSPITAL CENTER

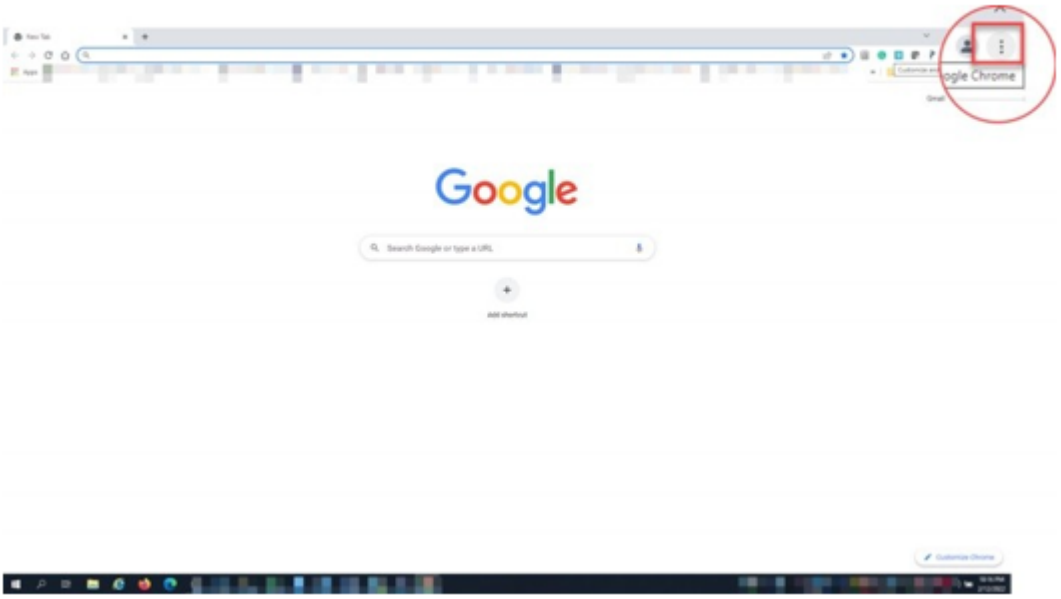
Tip Sheet

Tip Sheet Topic

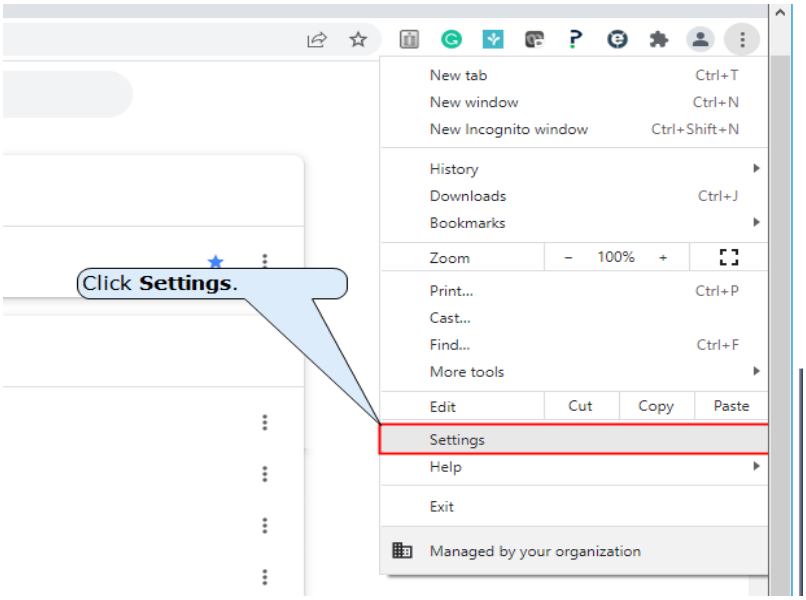
Clear Browser History (Google Chrome)

Procedure

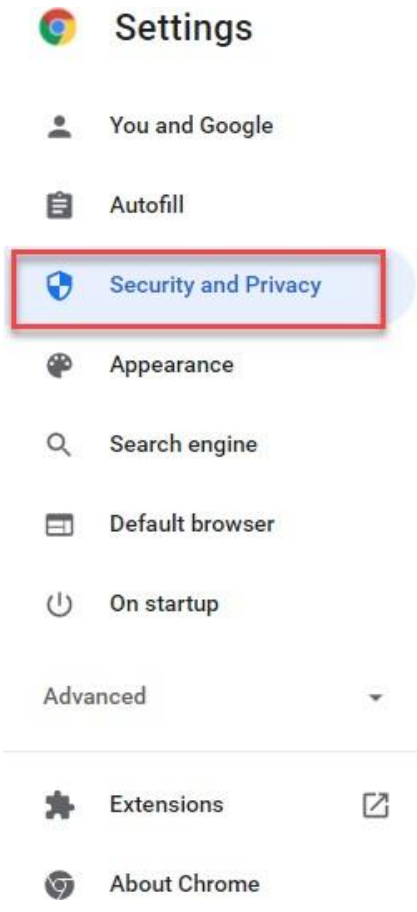
1. Click on the Settings button as shown.



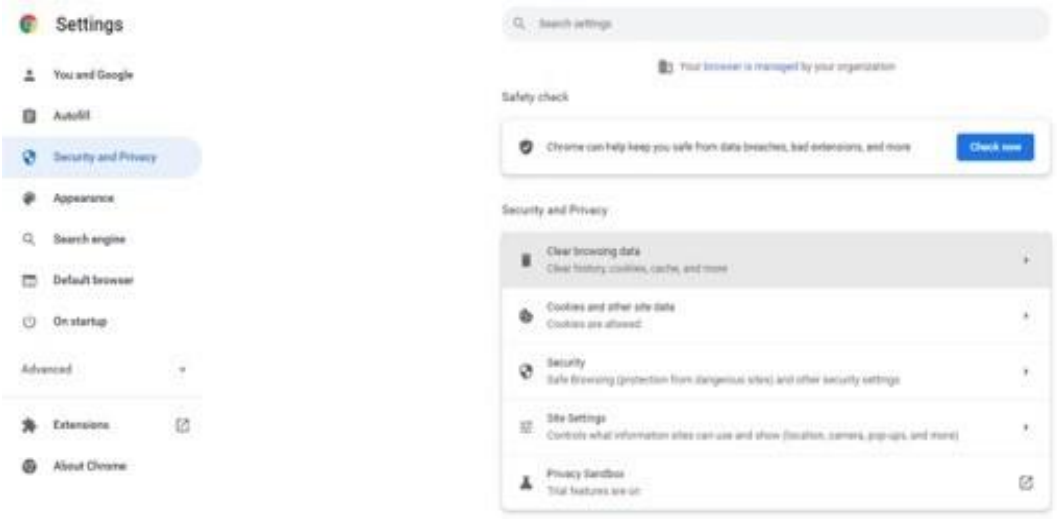
2. Click Settings



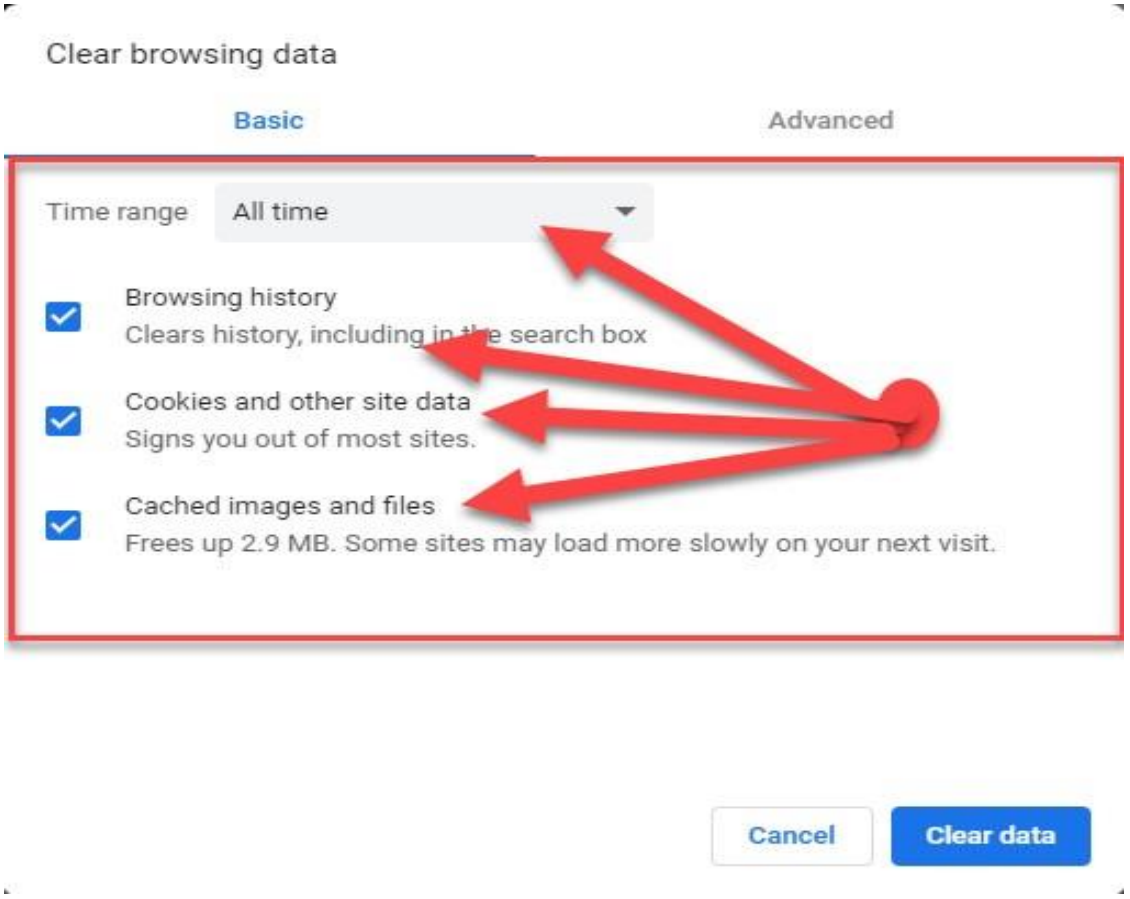
3. Click **Security and Privacy** as shown.



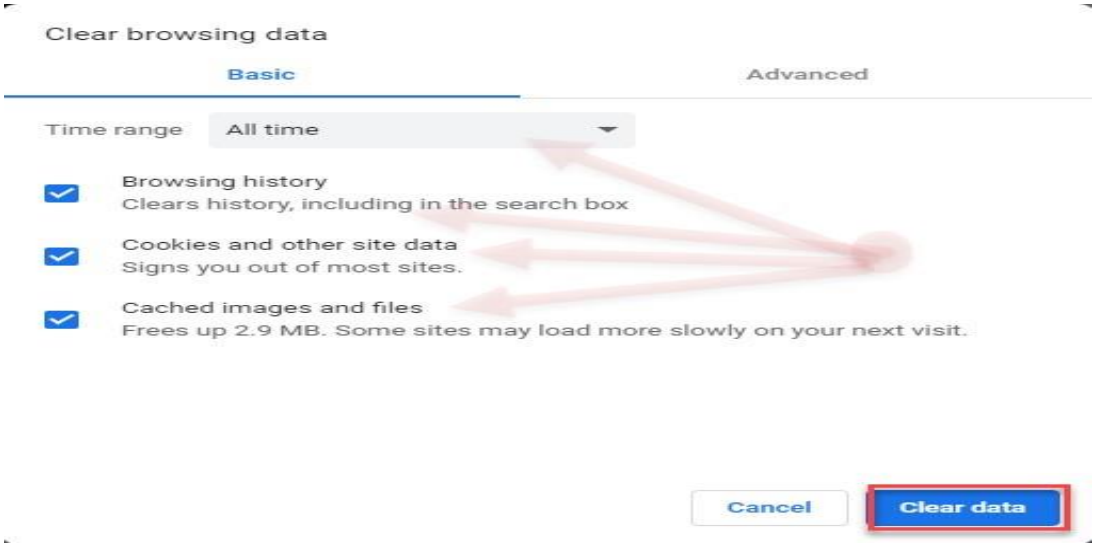
4. Click **Clear browsing data** as shown.



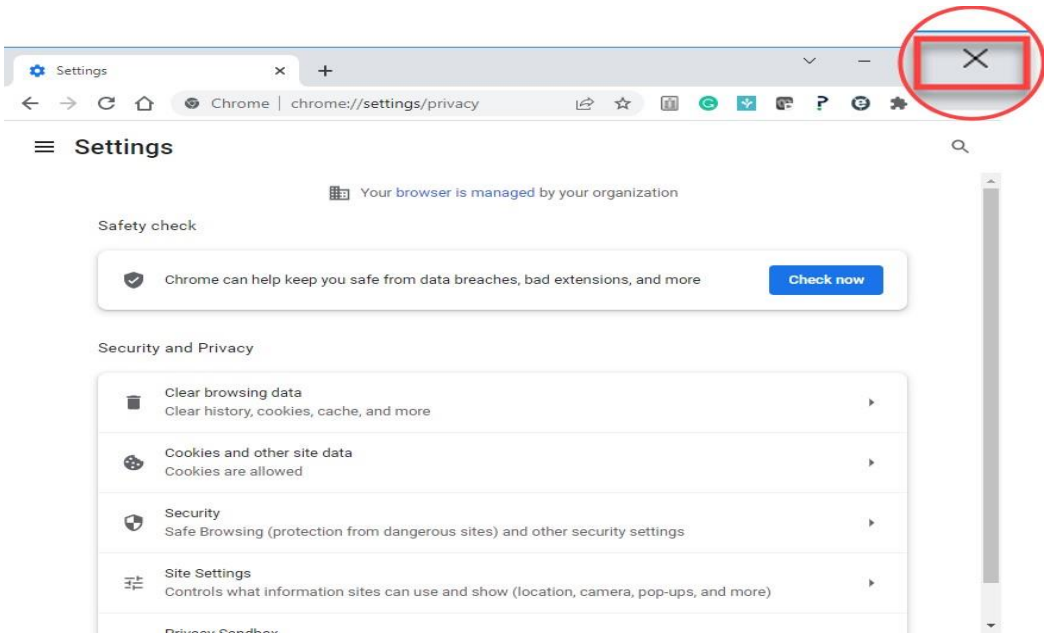
5. Verify that you have selected the four options shown here.



6. After verifying that you have selected the options shown, click **Clear data** to clear your browser history.



7. Click here to close your browser window completely.



8. Launch Google Chrome and try accessing the site again.

Clear Browser History in Microsoft Edge

VIRGINIA HOSPITAL CENTER

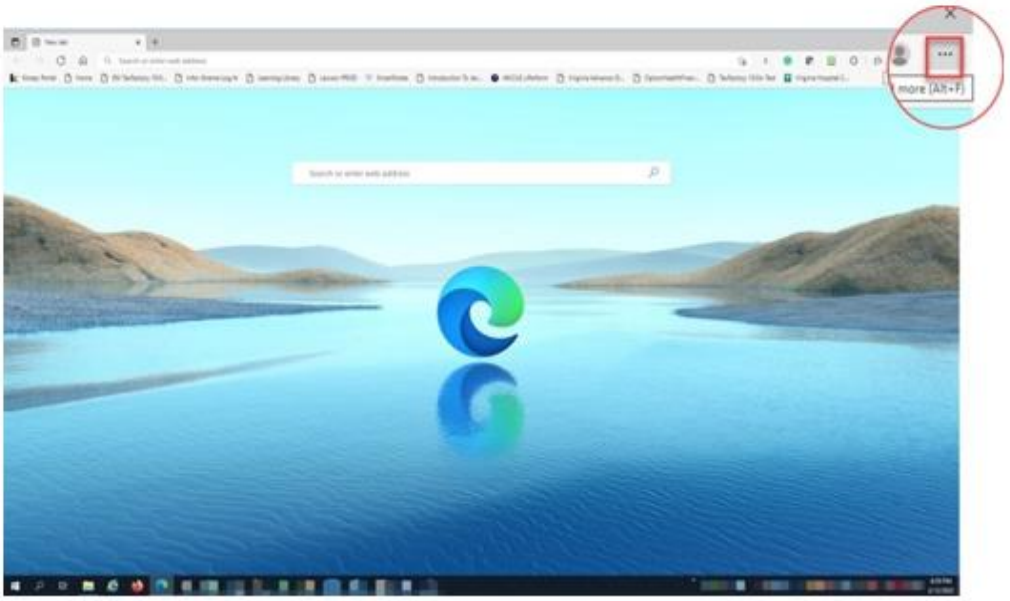
Tip Sheet

Tip Sheet Topic

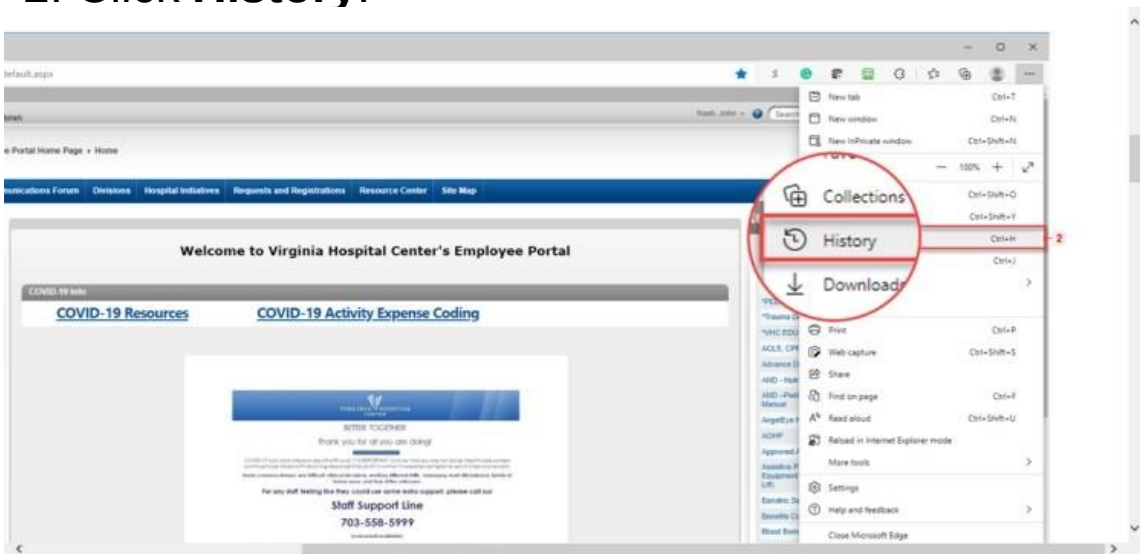
How to Clear Browser History in Microsoft Edge.

Procedure

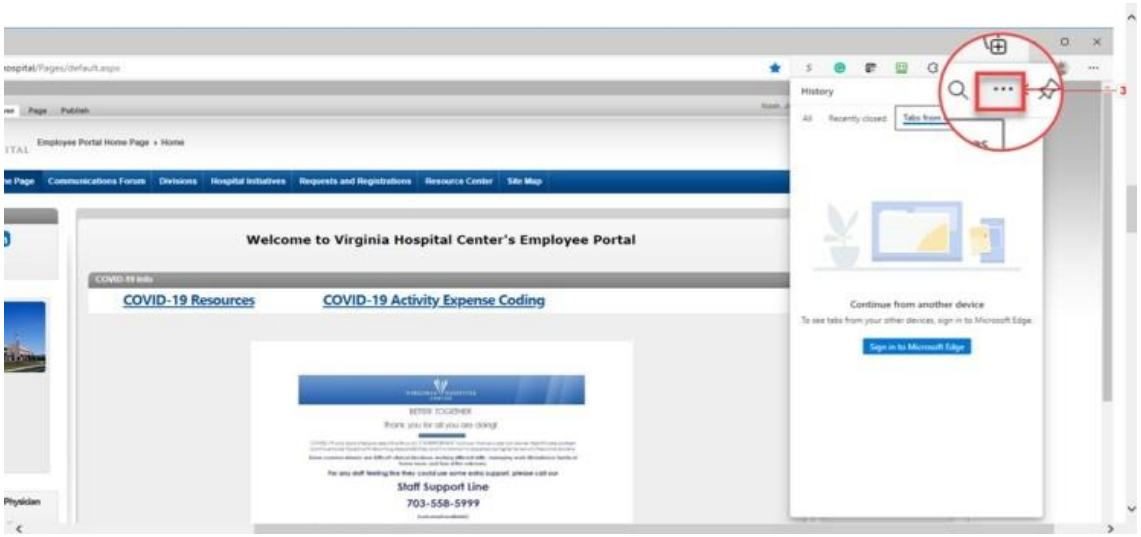
1. Click on the three dots in the upper righthand corner of your browser as shown.



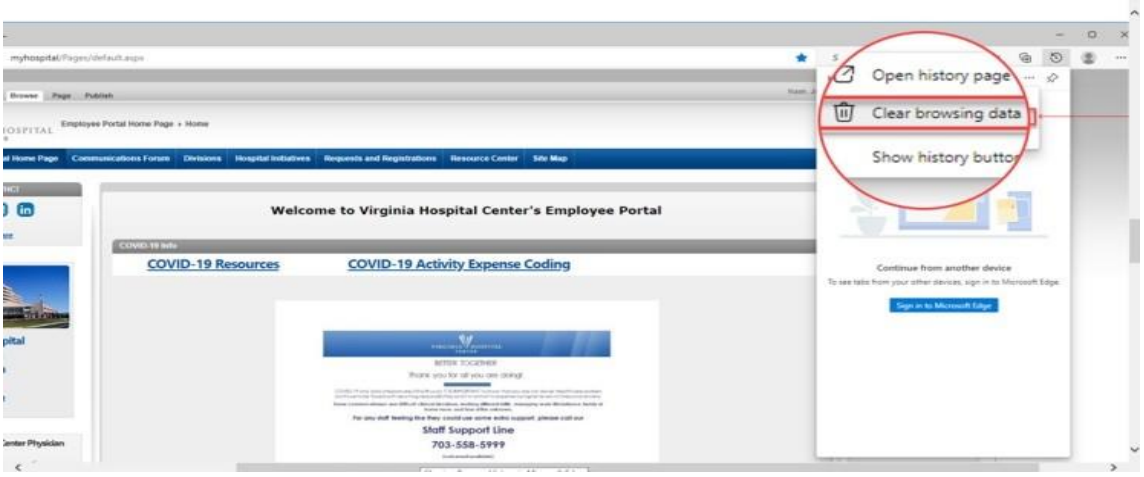
2. Click **History**.



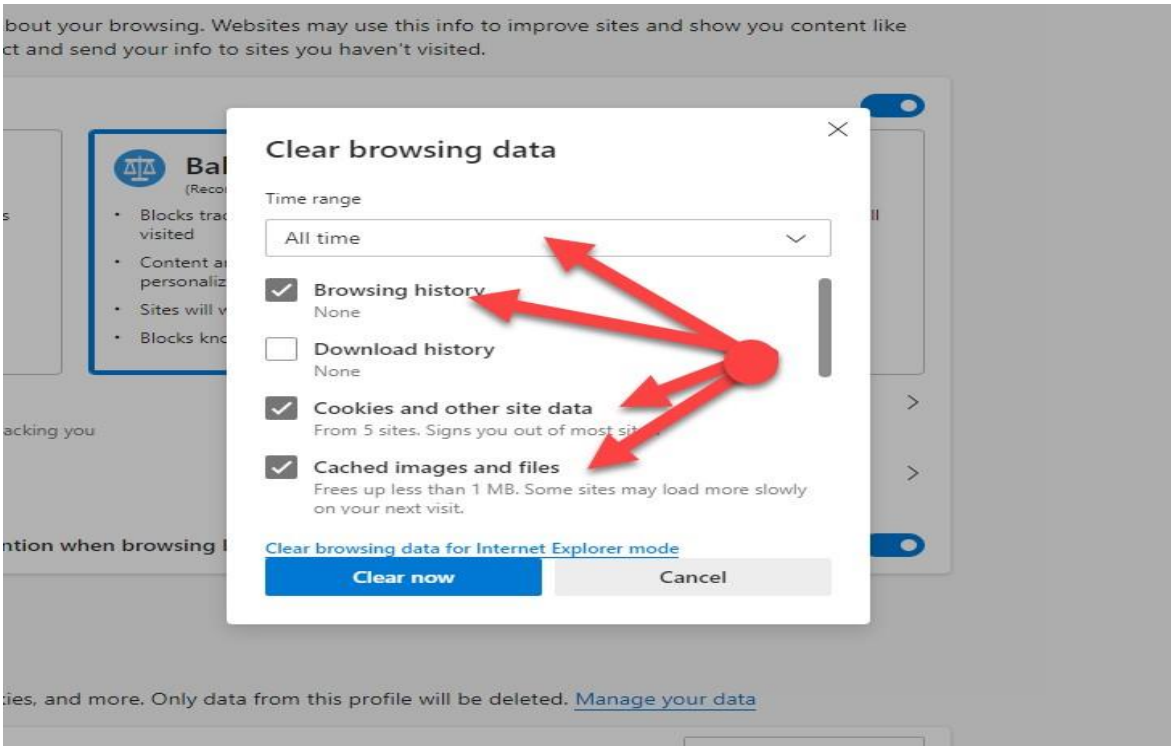
3. Click on the three dots as shown here.



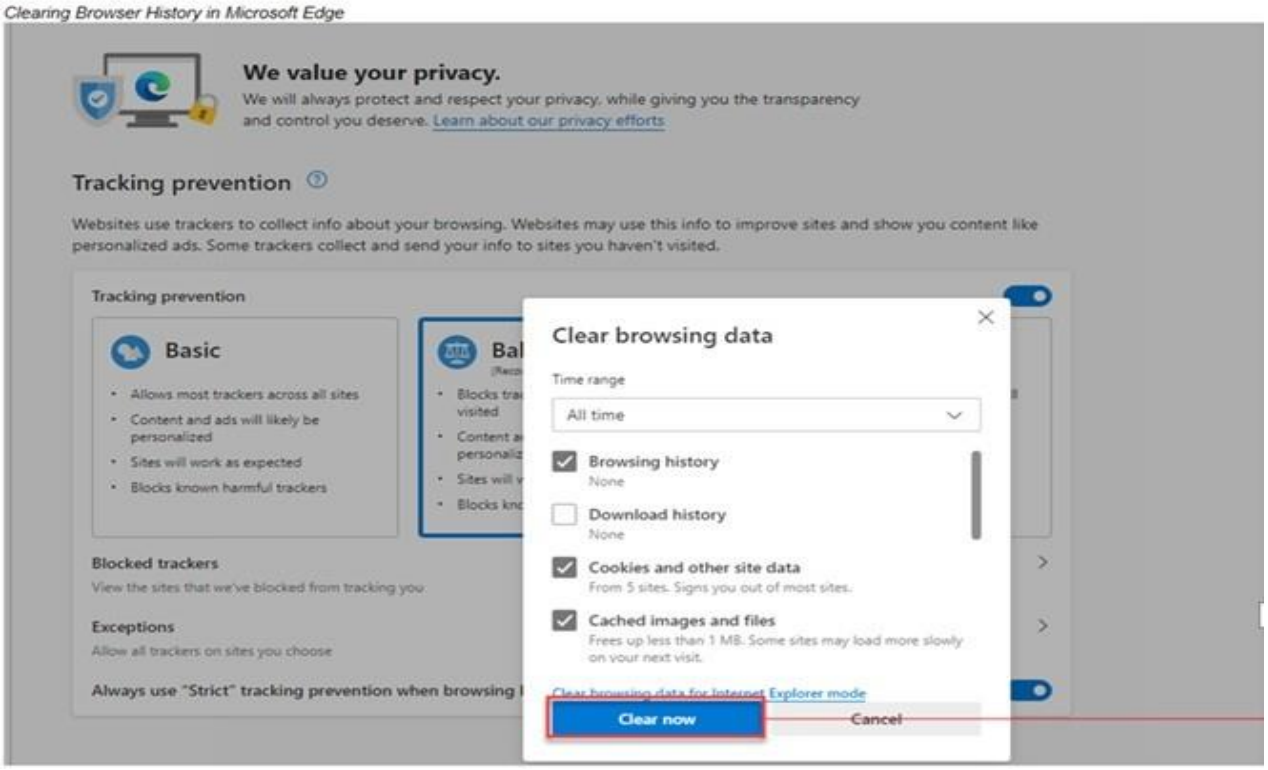
4. Click **Clear browsing data**.



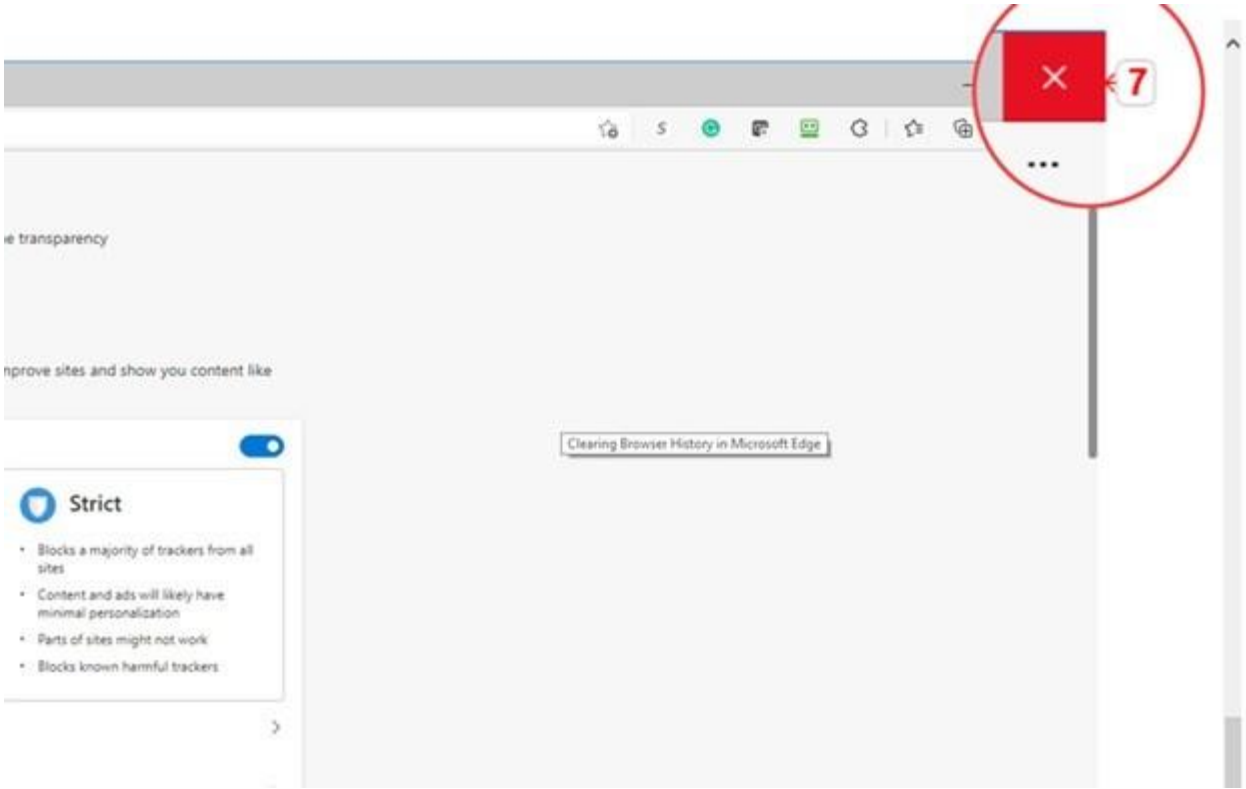
5. Make sure that you have these item selected. You can unselect anyother items if you do not wish to clear them.



6. Click here to clear your browser history.



7. Close Browser down by clicking on the 'X' as shown



8. Relaunch Microsoft Edge and try accessing the site again.