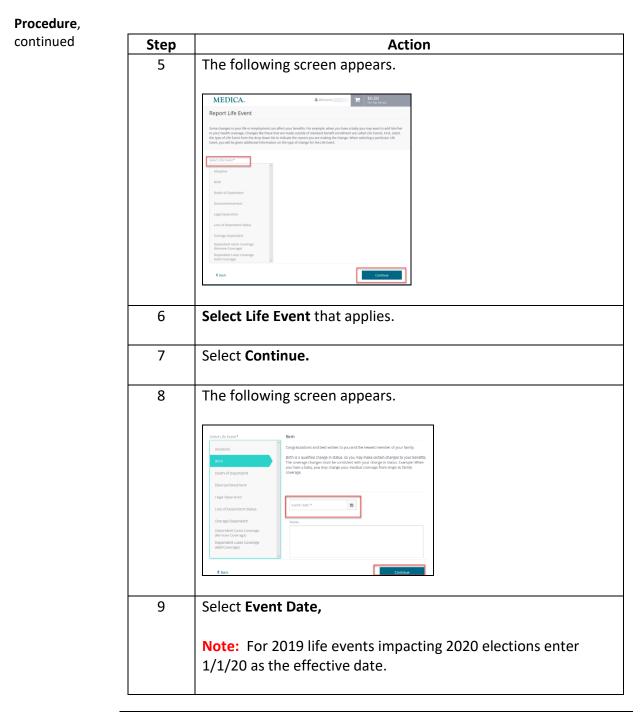
Introduction This job aid describes how to enroll in a qualifying life event. You may update your benefits outside of the open enrollment period due to a qualifying life event.

A life event refers to a change in life circumstances such as getting married or having a baby. A birth, for example, may require medical plan coverage to change from single to family. It is important for employees to report the type of life event and the event date, so that the appropriate benefit changes are completed.

**Procedure** Follow the steps in the table below to update your benefits if you've had a qualifying life event.

Step	Action
1	Select Employee Self-Service.
2	Select <b>Elect Benefits</b> from the center of the ESS homepage.
3	The following screen appears.
4	Select Update my Benefits.



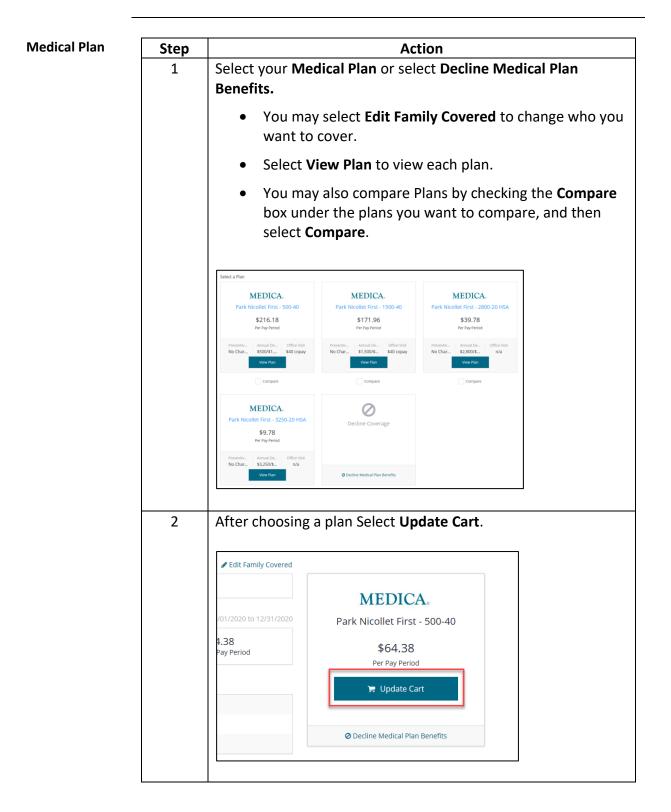
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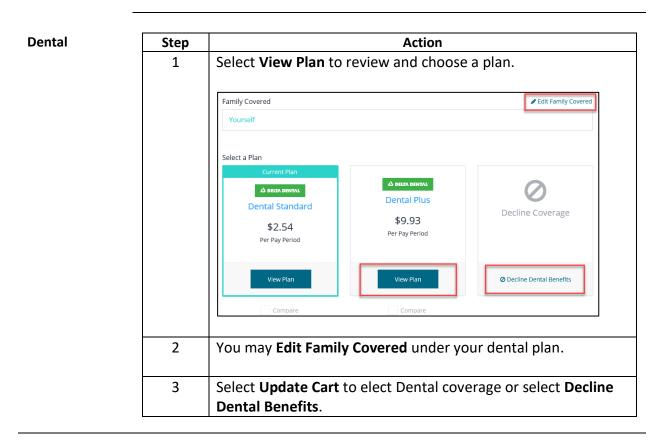
# Procedure, continued Step Action 10 The following screen appears. Review and verify that all of the family member information is correct. Add or Remove family members as appropriate. Note: The following screan may appear, select Ok and continue. Please confirm Select Next: Shop for Benefits. 11 Select Change Plan for the benefit(s) you wish to change. 12 Vere Surreary Ounge Plan \$76.85 Periny Period Change Plan \$9.87 Perify Period Ounge Han \$2.96 Per Pay Period Change Plan **Note:** Listed below are the items you may change during different life events and steps to complete each benefit change.

	Benefits you can change during life events										
Life Event	<u>Medical</u> <u>Network</u>	Medical Plan	Vision	FSA/HSA	Dependent Care Reimburse- ment Account	Vol. Employee life	Vol. Spouse Life	Vol. Child Life	Met Law	Long Term Disability	Basic Employee Life
Adoption	Х	Х	Х	Х	Х	Х		Х		Х	Х
Birth	Х	Х	Х	Х	Х	Х		Х		Х	Х
Death of Dependent	Х	Х	Х	Х	Х	Х	Х	Х		Х	Х
Divorce/Annulment	Х	Х	Х	Х	Х	Х	Х			Х	Х
HSA Contribution Change				Х							
Legal Separation	Х	Х	Х	Х	Х	Х	Х			Х	Х
Loss of Dependent Status	Х	Х	Х	Х	Х	Х		Х		Х	Х
Overage Dependent	Х	Х	Х	Х	Х	Х		Х		Х	Х
Dependent Gains Coverage (Remove coverage)		Х	Х	Х	X		Х	Х			
Dependent Loses Coverage (Add coverage)	Х	Х	Х	Х	X		Х	Х			
2020 Enrollment	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х

Medical	Step	Action
Network	1	Select your Medical Network or Decline. Select the green arrow.
	3	<text><text><text><text></text></text></text></text>

Continued on next page





ision	Step		Action	
	1	You may Edit Fan	nily Covered under	your vision plan.
		Select Update Ca Vision Benefits.	<b>rt</b> to elect Vision co	verage or select <b>Decline</b>
		Vision: Vision - VSP		
		< To Benefits		
		Family Covered	✓ Edit Family Co	vered
		Yourself, Child, wife		VSD.
		Coverage Levels		Vision - VSP
		🔺 EE	\$2.96 Per Pay Period	
		▲ + ▲ EE + 1	\$5.93 Per Pay Period \$9.56 Per Pay Period	\$9.56 Per Pay Period
		A + A + T + T EE + Family	39.56 Per Pay Period	🐂 Update Cart
				Occline Vision Benefits

Health Savings	Step	Action				
Account (HSA)	1	This option appears when you select one of the Medical Plans with a HSA.				
		Select your contribution amount, then select Update Cart	•			
		Important Information				
		You are eligible for this plan due to your selection of the Medical Plan. If you want to edit your family covered for this benefit, you need to return to the Medical Plan.	unt			
		Select Coverage Amount \$1.92 Per Pay Period				
		Total annual contribution     Per pay period contribution       \$50.00     \$1.92				
		550 53,978				
		<b>Note:</b> You don't need to contribute any amount per pay potor to receive Medica's pay period contribution.	eri			
.imited Flexible	Step	, , , , , , , , , , , , , , , , , , , ,	eri			
Spending Account	Step 1	to receive Medica's pay period contribution.				
pending Account		to receive Medica's pay period contribution.  Action This option appears when you select one of the Medical P				
pending Account		to receive Medica's pay period contribution.  Action This option appears when you select one of the Medical P with a HSA.				
Spending Account		to receive Medica's pay period contribution.         Action         This option appears when you select one of the Medical P         with a HSA.         Select Coverage Level				
Spending Account		to receive Medica's pay period contribution.         Action         This option appears when you select one of the Medical P         with a HSA.         Select Coverage Level         Enrolled         Limited FSA         Select Coverage Amount				
Spending Account		to receive Medica's pay period contribution.          Action         This option appears when you select one of the Medical Plwith a HSA.         Select Coverage Level         Enrolled         Select Coverage Level         Enrolled         Limited FSA         Select Coverage Level         Enrolled         Vote All damges in amount/promums shown here are based on YID corruption and remaining pay period         Image: Note All damges in amount/promums shown here are based on YID corruption and remaining pay period	lan			
Limited Flexible Spending Account (Limited FSA)		to receive Medica's pay period contribution.	lan			
Spending Account		to receive Medica's pay period contribution.	lar			
pending Account		to receive Medica's pay period contribution.	lan			

Health Care	Step	Action	
Flexible Spending Account (FSA)	1	This option appears when you select one of without a HSA.	of the Medical Plans
		Select Coverage Lever Enrolled Select Coverage Amount Note: All changes in amounts/premiums shown here are based on YTD contribution and remaining pay period estimates. Your administrator may update these estimates when accepting your changes, which may cause the amounts/premiums to be adjusted.	Health Care Flexible Spending Account \$0.00 Per Pay Period T Update Cart
		Total annual contribution     Per pay period contribution       \$0.00     \$0.00	O Decline Flexible Spending Account Benefits
		Select your contribution amount, then select select <b>Decline Flexible Spending Account</b>	•

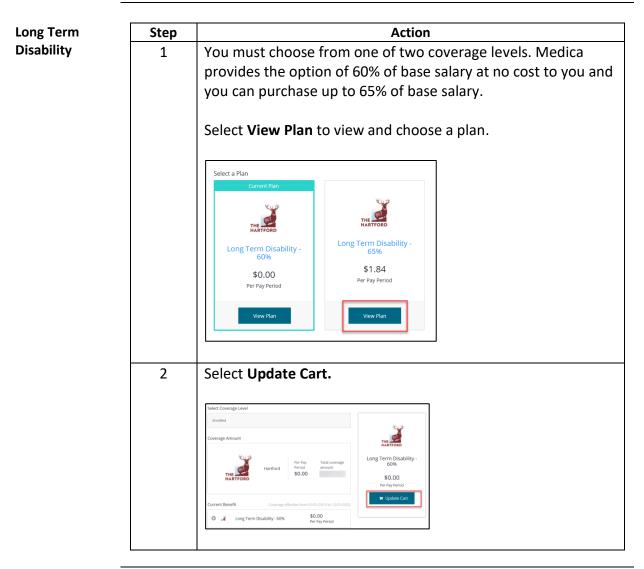
Dependent Care	Step	Action	
Reimbursement Account	1	This option appears when you list at leas	t one dependent child.
		Select your contribution amount, then se select <b>Decline Dependent Care Reimbur</b> <b>Benefits.</b>	•
		Select Coverage Level	
		Enrolled	Dependent Care Flexible Spending Account
		Select Coverage Amount	\$0.00 Per Pay Period
		Total annual contribution \$0.00 \$0.00	🔫 Update Cart
		50	O Decline Dependent Care Reimbursement Account Benefits
		Personal Contribution: 50.00 = 50.00	
		Maximize My Contribution     Annual Contribution amount up to \$5.000.00.	
		Note: If this does not appear as an optio interested in this benefit, you will need t My Family tab and add at least one child	o navigate back to the



Continued on next page

Voluntary	Step	Action
Voluntary Spouse Life	1	This option appears when you list a spouse on the My Family tab. Select the desired amount, then select Update Cart. Or select Decline Voluntary Spouse Life Benefits.         Coverage amount may not be more than what you have currently elected for your voluntary employee life coverage.         Voluntary Spouse Life.
		Note: If this does not appear as an option for you and you are interested in this benefit, you will need to navigate back to the My Family tab and add a spouse to your profile.

Voluntary Child	Step	Action				
Life	1	This option appears when you list at least one child on the My Family tab.				
	Select the desired amount, then select <b>Update Ca</b> Decline Voluntary Child Life Benefits.					
		Voluntary Child Life: Voluntary Child Life  C to sends Select Courage Amount				
		THE STATE     Letter of Letter Amount       Family Covered     Family Covered				
		Thorset Cold withdrift Cart				
		<b>Note:</b> If this does not appear as an option for you and you are interested in this benefit, you will need to navigate back to the				
		My Family tab and add at least one child to your profile.				



Manage	Step	Action
Beneficiaries	1	Select Profile  Home Profile Benefits
	2	Select My Beneficiaries
	3	To add a beneficiary, select <b>Show Active Beneficiaries</b> under the Life policy you wish to update.

Continued on next page

Manage		
Beneficiaries,	Step	Action
continued	4	The following screen appears.
		Basic Employee Life Coverage amount: Allocation Total: \$192,000.00 0%
		Show Active Beneficiaries Total Number: 0
		Primary Beneficiaries
		Name of Person, Entity, or trust Relationship Allocation
		Add Beneficiary     Allocation Total     mut equal 1006     0%
		Secondary Beneficiaries (optional)
		Name of Person, Entity, or trust Relationship Allocation
		Add Beneficiary     Allocation Total     Office
		• How recreasing must equal 100%
		Cancel Save
	5	Select Add Beneficiary.
		Scielt Add Beneficially.
	6	The following screen appears.
	_	
		Add Beneficiary
		Select an outsting contact from the dram down manu or enter a new
		Select an existing contact from the drop-down menu or enter a new contact's information below.
		contact simon adon below.
		Select existing contact 🗸
		First & Last Name *
		SSN
		Phone Number *
	7	Select Existing contact. (If you did not update family members
	/	
		at the beginning you will need to manually enter them here.
	8	Update all fields with an asterisk * (indicates required field)
	9	Select allocation amount. Example: Enter 50 for 50%
	10	Select <b>Confirm</b> .
	11	Coloct Cove when you are finished adding hereficiaries
	11	Select <b>Save</b> when you are finished adding beneficiaries.

# CheckoutYou may change any elections before you checkout by selecting ChangePlan or View Summary next to each benefit.

	n Required I to enroll or decli	ne the following benefits.		Completed 📀
Medical	Network			
0	Status: Comple	ted Dates: Last Up	odated 09/25/2019	View Summary
Medical	Plan			
0	MEDICA.	Medica Choice Passport - 2800-20 HSA	\$130.62 Per Pay Period	Change Plan
Health S	avings Account			

Once you have reviewed and confirmed all benefit elections you may Checkout.

Step	Action
1	Select Review and Checkout.
	Basic Employee Life
	Basic Employee Life +AD&D     Change Plan
	Employer Contribution \$732.96 Your Cost Per Pay Period \$234.64
	Review and Checkout You must select or decline all coverages before moving on
2	Review your elections, then select <b>Checkout.</b>
L	
	Basic Employee Life +AD&D Change Plan
	Start Date: 01/01/2019 Coverage Level: Enrolled
	Volume:         \$198,000.00         Primary Beneficiaries:         wife Test (100.0%)         # Edit           Employer Contribution:         \$5.76
	Employer Contribution \$732.96 Your Cost Per Pay Period \$234.64
	Your Cost Per Pay Period     \$234.64       Sack     Checkout
3	Select <b>Send by Email</b> if you want to receive a copy of your benefits confirmation statement.

MEDICA.	👗 Welcome 🗸 🗸	`=	\$234.64 Per Pay Period
Current Benefit Elections			
Enrollment Complete!			
You have completed the open enrollment process and co	nfirmed your benefits.		
Need a copy of your benefits confirmation statement	Send by Email	)	
Review Profile Shop Benefits	Checko	out	
The coverage details listed below are the current active • If you believe there is an error in your statement, p Ticket. • If you need to make changes due to a qualifying life	lease contact your Benefits Administrator	by openi	ing and HR Service Center
Click on the icons below to print your confirmation st	atement or generate a pdf file.		