



Paycom Benefit Portal Instruction Guide

2024 Open Enrollment Process

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Password*

Last 4 digits of SSN*

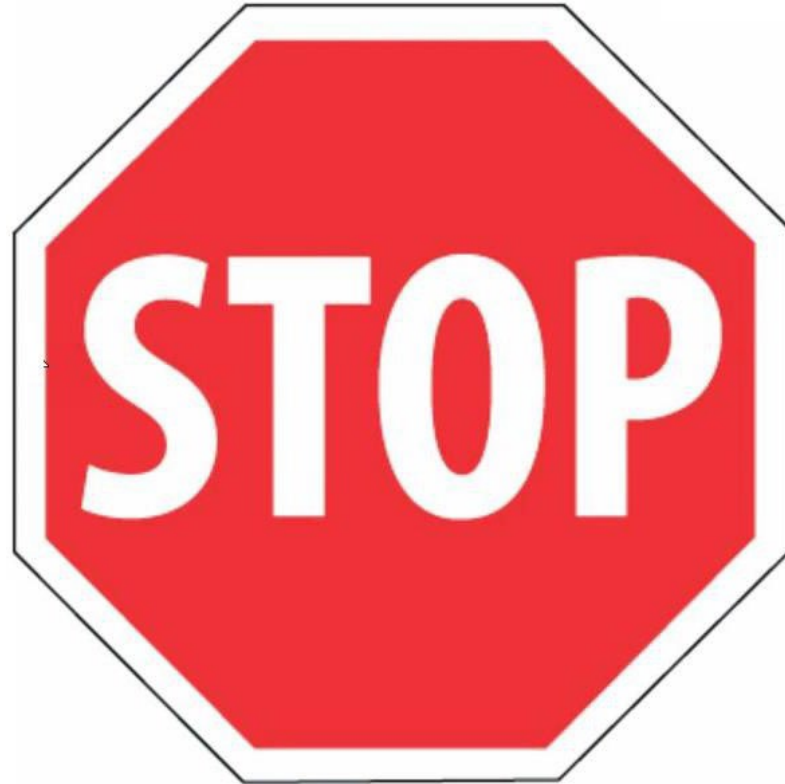
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Make your decision before you go into the Benefits Portal

- Are you making changes to your benefit elections for 2024?
- Are you keeping your benefit elections the same for 2024?



Remember...

- You **MUST** use a **COMPUTER** to go through the Benefits Portal.
- Your benefits elections for 2023 will rollover to 2024 if you don't make any changes.

PORTAL GUIDE LAYOUT

This Guide is divided into FOUR (4) SECTIONS

Section 1 – ACCESSING the Portal

Page 4 - 5

Section 2 – Steps if you are NOT MAKING ANY CHANGES to your 2024 Enrollment

Page 6 - 11

- HSA Employee Contributions for 2024
- FSA Contributions for 2024 – Enroll or Decline
 - Medical and Dependent Care
- Hospital Indemnity – Enroll or Decline
- Critical Illness – Enroll or Decline

Page 9

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Page 12

Page 13

Section 3 – Steps if you ARE MAKING CHANGES for 2024

Page 14 - 21

- Changes to Medical/Dental/Vision
- Enrolling a Life Partner
- Voluntary Life Insurance

Page 15 - 17

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Page 18 - 21

Section 4 – REVIEWING and FINALIZING your 2024 elections

Page 22 - 26

After you access the portal (Section 1) – go to the appropriate Section to complete your 2024 enrollment.

SECTION 1

Accessing the 2024 Open Enrollment Benefits Portal

ACCESSING YOUR 2024

- 1 Upon logging into the Portal, you will see your 2024 Enrollment option.
- 2 You will then see your 2024 Benefit costs in the right margin summary.

Eligible Years

2024 Enrollment **1**

2024 Benefit Enrollment **2**

\$ [REDACTED]
Total Cost
Per Pay Period

Contact Information

Dependents and Beneficiaries

Medical	\$0.00
Wex FSA – Dependent Care	
✓ Dental	\$16.05
Vision	\$0.00
✓ MetLife Basic Life/AD&D - Company Paid	
✓ MetLife Employee Supplemental Life/AD&D	\$6.10
✓ MetLife Spouse Supplemental Life/AD&D	\$1.53

Eligibility Profile **Preview Date** **Enrollment Year**

Full Time 11/13/2023 2024

Employees - LTD3 (FT3)

ACTIONS ▼

! To complete enrollment, press Finalize then Sign and Submit.

Hello [REDACTED]

1. Please ensure you watched the Benefits Presentation.
2. Please make sure you have the Benefit Selection Worksheet with you.
3. If adding a new DEPENDENT or BENEFICIARY, you will need their Social Security Number, Date of Birth and Contact Information.
4. To START – please click on CONTINUE ENROLLMENT BUTTON.

CONTINUE ENROLLMENT

SECTION 2

Complete your 2024 Enrollment if you are NOT MAKING CHANGES

ELECTING YOUR 2024 HSA EMPLOYEE PER PAY PERIOD CONTRIBUTION

- Your current benefit enrollment elections will be displayed in the Portal.
- Your current 2023 elections will rollover to 2024.
- Your current dependent coverage(s) will remain the same.
- Your current beneficiary designation(s) will remain the same.
- You will still need to go into the Portal to enroll or decline in the new plans – Critical Illness & Hospital Indemnity
- If you are enrolled in the QHDHP Medical Plan, you will need to elect your HSA contributions for 2024 if you want to contribute. If you do nothing, your contribution will remain \$0.00. You do not have to contribute to receive the Employer Contribution.
- Current FSA Enrollments do NOT rollover. If you want to enroll in the FSA plan for 2024, you need to do this during open enrollment.

ELECTING YOUR 2024 HSA EMPLOYEE PER PAY PERIOD CONTRIBUTION

- 1 If you currently are enrolled in the HSA Plan, you will need to elect your 2024 contributions.
- 2 Verify your updated benefit cost per pay period (the amount that will come out of your paycheck).
- 3 If you are not enrolled in the HSA Plan and everything looks correct, click on Hospital Indemnity and go to HOSPITAL INDEMNITY, Page 12
If you are enrolled in the HSA Plan – see next page.

The screenshot displays a benefits selection interface. At the top, a field labeled "Total Cost Per Pay Period" is highlighted with a red box and a callout '2'. Below this, a list of benefits is shown with their respective costs. The "Wex HSA" row is highlighted with a red box and a callout '1'. At the bottom of the list, the "Hospital" option is highlighted with a red box and a callout '3'. At the very bottom, there are two buttons: "REVIEW" and "FINALIZE".

Benefit	Cost
Medical	\$95.50
Wex HSA	\$0.00
Wex FSA Limited	\$0.00
Wex FSA – Dependent Care	
Dental	\$16.05
Vision	\$0.00
MetLife Basic Life/AD&D - Company Paid	
MetLife Employee Supplemental Life/AD&D	\$6.10
MetLife Spouse Supplemental Life/AD&D	\$1.53
MetLife Child(ren) Supplemental Life/AD&D	
Long Term Disability - Class 3	
Short Term Disability	
Hospital	\$0.00
Critical Illness	\$0.00

ELECTING YOUR 2024 HSA EMPLOYEE PER PAY PERIOD CONTRIBUTION

- 1 Click on Wex HSA 2024 in the right margin summary.
- 2 Displays your current (2023) per pay period contribution.
- 3 Ensure this box is checked.
- 4 Individual = you enrolled yourself in the QHDHP Medical Plan
Family = you enrolled a dependent
- 5 Displays the 2024 maximum contribution limits
- 6 Enter your per pay period contribution if other than \$0.00
- 7 Displays your annual contribution based on what you entered in Step 6
- 8 Click on the ENROLL button to finalize
- 9 Once completed, go to Hospital Indemnity – Page 12

The screenshot shows the enrollment interface for Wex HSA. On the left, there are input fields for contribution levels and amounts. On the right, there is a summary table of selected and available options. A red arrow points from the 'ENROLL' button to the 'Wex HSA' option in the summary table.

3 Wex HSA

1 If not contributing to the HSA, enter \$0.00. You will still be eligible to receive WellHaven's Employer Contribution. If contributing, enter in either the Per Pay Period or Annual Contribution Amount. Annual maximum contribution limits are listed to the right of "Individual" or "Family" tier selections.

Choose Your Contribution Level and Amount for the Year

4 Individual **5** Individual Limit - Minimum: \$0.00 Maximum: \$3,325.00
 Family **5** Family Limit - Minimum: \$0.00 Maximum: \$7,050.00

6 Employee Per Pay Period Amount \$ 0.00

7 Employee Annual Contribution Amount \$ 0.00

Employee Plan YTD Contributions \$0.00

8 PREVIOUS ENROLL

Contact Information	
Dependents and Beneficiaries	
<input checked="" type="checkbox"/> Medical 1	\$95.50 2
<input checked="" type="checkbox"/> Wex HSA	\$0.00
<input type="checkbox"/> Wex FSA Limited	\$0.00
<input type="checkbox"/> Wex FSA – Dependent Care	
<input checked="" type="checkbox"/> Dental	\$16.05
<input type="checkbox"/> Vision	\$0.00
<input checked="" type="checkbox"/> MetLife Basic Life/AD&D - Company Paid	
<input checked="" type="checkbox"/> MetLife Employee Supplemental Life/AD&D	\$6.10
<input checked="" type="checkbox"/> MetLife Spouse Supplemental Life/AD&D	\$1.53
<input type="checkbox"/> MetLife Child(ren) Supplemental Life/AD&D	
<input type="checkbox"/> Long Term Disability - Class 3	
<input type="checkbox"/> Short Term Disability	
<input type="checkbox"/> Hospital	\$0.00
<input type="checkbox"/> Critical Illness	\$0.00

REVIEW FINALIZE

ELECTING YOUR 2024 FSA EMPLOYEE PER PAY PERIOD CONTRIBUTION

- 1 Click on Wex FSA in the right margin summary to update Medical FSA.
- 2 Ensure this box is checked.
- 3 Displays the 2024 maximum contribution limits
- 4 Enter your per pay period contribution
- 5 Displays your annual contribution based on what you entered in Step 4
- 6 Click on the ENROLL button to finalize your election.

Wex FSA -- General Purpose Healthcare

2 If you enrolled in the HDHP Medical Plan, you are NOT eligible to enroll in the General Purpose FSA plan. You are eligible to enroll in the Limited FSA. To select this plan, check the box ABOVE to the LEFT of the Plan Name.

Employee Per Pay Period Amount
\$ 0.00 **4**

Employee Annual Contribution Amount
\$ 0.00 **5**

Minimum Contribution Amount
\$1.00

Maximum Contribution Amount
\$3,200.00 **3**

Employee Plan YTD Contributions
\$0.00

Decline Coverage

6

PREVIOUS ENROLL

Contact Information

Dependents and Beneficiaries

✓ Medical	\$65.27
WEX FSA 1	\$0.00
Wex FSA -- Dependent Care	
✓ Dental	\$16.05
Vision	\$0.00
✓ MetLife Basic Life/AD&D - Company Paid	
✓ MetLife Employee Supplemental Life/AD&D	\$6.10
✓ MetLife Spouse Supplemental Life/AD&D	\$1.53
MetLife Child(ren) Supplemental Life/AD&D	
Long Term Disability - Class 3	
Short Term Disability	
Hospital	\$0.00
Critical Illness	\$0.00

REVIEW FINALIZE

ELECTING YOUR 2024 FSA EMPLOYEE PER PAY PERIOD CONTRIBUTION

- 1 Click on Wex FSA – Dependent Care 2024.
- 2 Ensure this box is checked.
- 3 Displays the 2024 maximum contribution limits
- 4 Displays your annual contribution based on what you entered in Step 4
- 5 Click on the ENROLL button to finalize your election.
- 6 Once completed, go to Hospital Indemnity – Page 12

Wex FSA – Dependent Care

2 To select this plan, check the box ABOVE to the LEFT of the Plan Name.

Employee Per Pay Period Amount **4**
\$ 0.00

Employee Annual Contribution Amount **5**
\$ 0.00

Minimum Contribution Amount
\$1.00

Maximum Contribution Amount **3**
\$5,000.00

Employee Plan YTD Contributions
\$0.00

Decline Coverage

6 ↓

PREVIOUS ENROLL

Contact Information

Dependents and Beneficiaries

✓ Medical	\$65.27
WEX FSA	\$0.00
1 Wex FSA – Dependent Care	
✓ Dental	\$16.05
Vision	\$0.00
✓ MetLife Basic Life/AD&D - Company Paid	
✓ MetLife Employee Supplemental Life/AD&D	\$6.10
✓ MetLife Spouse Supplemental Life/AD&D	\$1.53
MetLife Child(ren) Supplemental Life/AD&D	
Long Term Disability - Class 3	
Short Term Disability	
Hospital	\$0.00
Critical Illness	\$0.00

REVIEW FINALIZE

ENROLLING OR DECLINING – HOSPITAL INDEMNITY

- 1 Click on Hospital Indemnity to enroll or decline.
- 2 To enroll, check the box on the left of the Plan Name.
- 3 Select between Low Plan & High Plan and then your coverage amount
- 4 Click on the ENROLL button to finalize your election.

2

Hospital Indemnity - Low Plan

2

To select this plan, check the box ABOVE to the LEFT of the Plan Name.

Choose Your Coverage

Employee Only - \$5.76

Employee and Spouse - \$9.56

Employee and Children - \$8.52

Employee and Family - \$12.33

3

Decline Coverage

PREVIOUS ENROLL

4

1

Contact Information	
Dependents and Beneficiaries	
<input checked="" type="checkbox"/> Medical	\$65.27
WEX FSA	\$0.00
Wex FSA -- Dependent Care	
<input checked="" type="checkbox"/> Dental	\$16.05
Vision	\$0.00
<input checked="" type="checkbox"/> MetLife Basic Life/AD&D - Company Paid	
<input checked="" type="checkbox"/> MetLife Employee Supplemental Life/AD&D	\$6.10
<input checked="" type="checkbox"/> MetLife Spouse Supplemental Life/AD&D	\$1.53
MetLife Child(ren) Supplemental Life/AD&D	
Long Term Disability - Class 3	
Short Term Disability	
<input checked="" type="checkbox"/> Hospital Indemnity	\$0.00
Critical Illness	\$0.00

REVIEW FINALIZE

ENROLLING OR DECLINING – CRITICAL ILLNESS

- 1 Click on Critical Illness to enroll or decline.
- 2 To enroll, check the box on the left of the Plan Name.
- 3 Use the drop-down to select the policy amount
- 4 Once you've selected an amount, your Per Pay Period Amount will display
- 5 Click on the ENROLL button to finalize your election.
- 6 Once completed, go to Section 4 – REVIEW and FINALIZE on Page 22 to submit your enrollment

Critical Illness Employee Only

2

To select this plan, check the box ABOVE to the LEFT of the Plan Name.
Use the right-hand corner drop down arrow to select either \$15,000 or \$30,000 policy amount.

Employee Per-Pay-Period-Amount
\$3.30

4

Total Life Policy Amount
\$15,000.00

Search or Make Selection

\$15,000.00

\$30,000.00

3

PREVIOUS ENROLL

5

Contact Information	
Dependents and Beneficiaries	
<input checked="" type="checkbox"/> Medical	\$65.27
WEX FSA	\$0.00
Wex FSA -- Dependent Care	
<input checked="" type="checkbox"/> Dental	\$16.05
Vision	\$0.00
<input checked="" type="checkbox"/> MetLife Basic Life/AD&D - Company Paid	
<input checked="" type="checkbox"/> MetLife Employee Supplemental Life/AD&D	\$6.10
<input checked="" type="checkbox"/> MetLife Spouse Supplemental Life/AD&D	\$1.53
MetLife Child(ren) Supplemental Life/AD&D	
Long Term Disability - Class 3	
Short Term Disability	
Hospital	\$0.00
<input checked="" type="checkbox"/> Critical Illness	\$0.00

1

REVIEW FINALIZE

SECTION 3

Complete your 2024 Enrollment if you ARE MAKING CHANGES

MAKING CHANGES TO YOUR 2024 ENROLLMENT ELECTIONS

- 1 Ensure your Dependents and Beneficiaries are accurate.
- 2 Click on the Benefit Plan you wish to change and/or enroll in for 2024

2024 Benefit Enrollment

\$ [REDACTED]
Total Cost
Per Pay Period

Contact Information

1 Dependents and Beneficiaries

<input checked="" type="checkbox"/> Medical	\$65.27
<input type="checkbox"/> WEX FSA	\$0.00
<input type="checkbox"/> Wex FSA -- Dependent Care	
<input checked="" type="checkbox"/> Dental	\$16.05
Vision	\$0.00
<input checked="" type="checkbox"/> MetLife Basic Life/AD&D - Company Paid	
<input checked="" type="checkbox"/> MetLife Employee Supplemental Life/AD&D	\$6.10
<input checked="" type="checkbox"/> MetLife Spouse Supplemental Life/AD&D	\$1.53
MetLife Child(ren) Supplemental Life/AD&D	
Long Term Disability - Class 3	
Short Term Disability	
Hospital Indemnity	\$0.00
Critical Illness	\$0.00

2

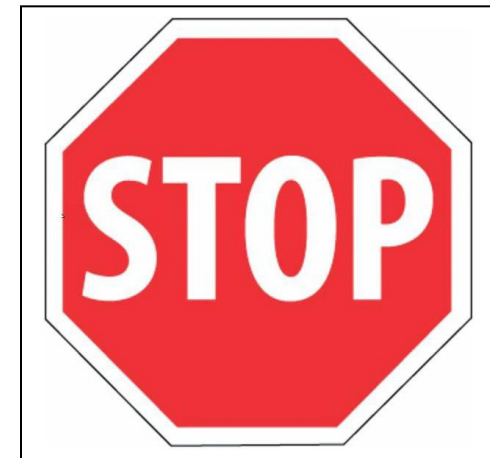
REVIEW FINALIZE

MAKING CHANGES TO YOUR 2024 ENROLLMENT ELECTIONS

Once in the Benefit Enrollment Window, remember the following:

- 1 Click on the box at the left of the Benefit Plan you want to enroll in.
- 2 Select the correct coverage tier.
- 3 When selecting the Benefit Plan, watch for Life Partner and non-Life Partner Plan options.
- 4 Once election is complete go to Section 4 – REVIEW and FINALIZE Page 22 to complete your enrollment.

The screenshot shows a web-based enrollment interface. At the top, there is a checkbox for "Regence Medical PPO" with a red box around it and a "1" in a black circle next to it. Below this is an information box with a blue header and a white background containing the text: "To select this plan, check the box ABOVE to the LEFT of the Plan Name." Below the information box is a section titled "Choose Your Coverage" with four radio button options: "Employee Only - \$65.27" (selected), "Employee and Spouse - \$228.06", "Employee and Children - \$178.12", and "Employee and Family - \$401.03". A red box is drawn around the first two options, and a "2" in a black circle is next to it. Below this is a horizontal separator line. Below the line, there is another checkbox for "Regence Medical PPO - Life Partner" with a red box around it and a "3" in a black circle next to it. Below this is another information box with a blue header and a white background containing the text: "To select this plan, check the box ABOVE to the LEFT of the Plan Name." and a list of bullet points: "Benefit premium cost listed below is for the PRE-TAX portion of the premium.", "The POST-TAX premium will be added separately.", and "Completing a Domestic Partner Affidavit is required." Below the information box is a section titled "Choose Your Coverage" with three radio button options: "Employee + Life Partner - \$65.27" (selected), "EE+Life Partner+EE Child(ren) - \$178.12", and "EE+Life Partner+LP Child(ren) - \$65.27".



This is showing an example of how to enroll in the QHDHP Medical Plan. You will use the same instructions to enroll in PPO Medical, dental plans, vision, life insurance, etc.

ENROLLING A LIFE PARTNER ON MEDICAL/DENTAL/VISION PLANS

- 1 Click on the box at the left of Plan you want to enroll a Life Partner.
- 2 Ensure you have already added your Life Partner as a Dependent.
- 3 Check to the box to the left of the Life Partner you are enrolling.

Regence Medical PPO - Life Partner

1

To select this plan, check the box ABOVE to the LEFT of the Plan Name.

- Benefit premium cost listed below is for the PRE-TAX portion of the premium.
- The POST-TAX premium will be added separately.
- Completing a Domestic Partner Affidavit is required.

Choose Your Coverage

- Employee + Life Partner - \$65.27
- EE+Life Partner+EE Child(ren) - \$178.12
- EE+Life Partner+LP Child(ren) - \$65.27

Dependents

ADD DEPENDENT

2

3

Name

Age at Start of Coverage

Relationship

Documents

[REDACTED]

[REDACTED]

Life Partner

0

- 4 Pre-tax Life Partner premium will display.
- 5 Post-tax Life Partner premium will display.

Total Cost Per Pay Period	
Contact Information	
Dependents and Beneficiaries	
✓ Medical 4	\$65.27
✓ Life Partner Medical 5	\$162.79

Please remember the premium cost WellHaven pays for your Life Partner and/or Life Partner's child(ren) will also be designated as imputed income for 2024.

You will need to complete a Domestic Partner Affidavit for each Plan you enroll a Life Partner in each year.

ENROLLING / CHANGING VOLUNTARY LIFE INSURANCE ELECTIONS

Remember – there are specific rules that apply to an initial enrollment or making changes during the Open Enrollment process.

Life Rules for Voluntary Life – Employee Coverage

Voluntary Life Insurance Rules for Open Enrollment Employee Coverage

Employee Coverage

Employee Status	1 st Time Enrollment Increase to Current Enrollment	Evidence of Insurability (EOI)	Enrollment Min/Max	Guarantee Issue (GI)
In 2023 New Hire Rehire Status Change to FT	1 st Time Enrollment	EOI applies for enrollment amounts above the GI limit	Increments of \$5,000 Minimum amount \$10,000 Maximum amount - \$300,000 or 5x annual earnings	\$100,000
In 2023 New Hire Rehire Status Change to FT	Increase	EOI applies for enrollment amounts above the GI limit	Increments of \$5,000 Minimum amount \$10,000 Maximum amount - \$300,000 or 5x annual earnings	\$100,000
Prior to 2023 New Hire Rehire Status Change to FT	1 st Time Enrollment	EOI applies to all enrollment amounts	Increments of \$5,000 Minimum amount \$10,000 Maximum amount - \$300,000 or 5x annual earnings	N/A EOI applies for all
Prior to 2023 New Hire Rehire Status Change to FT	Increase	Increase \$5,000 without EOI <i>Increase cannot exceed \$100,000 or EOI applies amounts above \$100,000</i>	Increments of \$5,000 Minimum amount \$10,000 Maximum amount - \$300,000 or 5x annual earnings	\$5,000 increment increase

Evidence of Insurability (EOI) Forms must be submitted to MetLife before 12/31/2023.

Life Rules for Voluntary Life – Spouse or Domestic Partner Coverage

Voluntary Life Insurance Rules for Open Enrollment Spouse/Domestic Partner Coverage

Spouse/Domestic Partner Coverage

Employee Status	1 st Time Enrollment Increase to Current Enrollment	Evidence of Insurability (EOI)	Enrollment Min/Max	Guarantee Issue (GI)
In 2023 New Hire Rehire Status Change to FT	1 st Time Enrollment	EOI applies for enrollment amounts above the GI limit	Increments of \$5,000 Minimum amount \$5,000 Maximum amount - \$100,000 or 50% of employee's supplemental life enrollment	\$25,000
In 2023 New Hire Rehire Status Change to FT	Increase	EOI applies for enrollment amounts above the GI limit	Increments of \$5,000 Minimum amount \$10,000 Maximum amount - \$100,000 or 50% of employee's supplemental life enrollment	\$25,000
Prior to 2023 New Hire Rehire Status Change to FT	1 st Time Enrollment	EOI applies to all enrollment amounts	Increments of \$5,000 Minimum amount \$10,000 Maximum amount - \$100,000 or 50% of employee's supplemental life enrollment	N/A EOI applies for all
Prior to 2023 New Hire Rehire Status Change to FT	Increase	Increase \$5,000 without EOI Increase cannot exceed \$25,000 or EOI applies amounts above \$25,000	Increments of \$5,000 Minimum amount \$10,000 Maximum amount - \$100,000 or 50% of employee's supplemental life enrollment	\$5,000 increment increase

Evidence of Insurability (EOI) Forms must be submitted to MetLife before 12/31/2023.

Life Rules for Voluntary Life – Child(ren) Coverage

Voluntary Life Insurance Rules for Open Enrollment Child(ren) Coverage

Child(ren) Coverage				
Employee Status	1 st Time Enrollment Increase to Current Enrollment	Evidence of Insurability (EOI)	Enrollment Min/Max	Guarantee Issue (GI)
In 2023 New Hire Rehire Status Change to FT	1 st Time Enrollment	N/A does not apply	Increments of \$1,000, \$2,000, \$4,000, \$5,000, \$10,000	\$10,000
In 2023 New Hire Rehire Status Change to FT	Increase	N/A does not apply	Increments of \$1,000, \$2,000, \$4,000, \$5,000, \$10,000	\$10,000
Prior to 2023 New Hire Rehire Status Change to FT	1 st Time Enrollment	EOI applies to all enrollment amounts	Increments of \$1,000, \$2,000, \$4,000, \$5,000, \$10,000	N/A EOI applies for all
Prior to 2023 New Hire Rehire Status Change to FT	Increase	Increase one increment without EOI Example: \$1,000 to \$2,000 \$2,000 to \$4,000 \$4,000 to \$5,000 \$5,000 to \$10,000 <i>EOI applies to increases above one increment</i>	Increments of \$1,000, \$2,000, \$4,000, \$5,000, \$10,000	One increment increase

Evidence of Insurability (EOI) Forms must be submitted to MetLife before 12/31/2023.

You must enroll in Employee Coverage before you can enroll in Spouse/Domestic Partner/Child(ren) Coverage.

Once you enroll in Employee Coverage you will see the other options appear in the right margin summary.

The screenshot shows a summary of benefits costs. At the top, a grey header contains a blacked-out box and the text "Total Cost Per Pay Period". Below this are sections for "Contact Information" and "Dependents and Beneficiaries". A table lists various benefits with their costs. A red box highlights the "MetLife Employee Supplemental Life/AD&D" row, which has a blacked-out cost. Other rows include "Medical" (\$65.27), "WEX FSA" (\$0.00), "Wex FSA -- Dependent Care", "Dental" (\$18.05), "Vision" (\$1.23), and "MetLife Basic Life/AD&D - Company Paid".

Total Cost Per Pay Period	
Contact Information	
Dependents and Beneficiaries	
✓ Medical	\$65.27
WEX FSA	\$0.00
Wex FSA -- Dependent Care	
✓ Dental	\$18.05
✓ Vision	\$1.23
✓ MetLife Basic Life/AD&D - Company Paid	
✓ MetLife Employee Supplemental Life/AD&D	
MetLife Spouse Supplemental Life/AD&D	
MetLife Child(ren) Supplemental Life/AD&D	

VOLUNTARY LIFE INSURANCE BENEFICIARIES

- For each Voluntary Life Insurance Plan you enroll in, you will need to designate a Primary Beneficiary.
- If you designate two Primary Beneficiaries – the total % needs to = 100%
- Employee Coverage – the beneficiary cannot be you. Who are you leaving this insurance money to if you die?
- Spouse/Domestic Partner Coverage – the beneficiary is normally you. If your spouse/domestic partner dies, who receives the insurance money?
- Child(ren) Coverage – the beneficiary is normally you. If your child(ren) dies, who receives the insurance money?

SECTION 4

REVIEW and FINALIZE your 2024 Enrollment Elections

REVIEW YOUR 2024 BENEFIT ELECTIONS

Click on the **REVIEW** button in the right margin summary.

Total Cost Per Pay Period	
Contact Information	
Dependents and Beneficiaries	
✓ Medical	\$65.27
WEX FSA	\$0.00
Wex FSA -- Dependent Care	
✓ Dental	\$18.05
✓ Vision	\$1.23
✓ MetLife Basic Life/AD&D - Company Paid	
✓ MetLife Employee Supplemental Life/AD&D	
MetLife Spouse Supplemental Life/AD&D	
MetLife Child(ren) Supplemental Life/AD&D	
✓ Long Term Disability - Class 3	
✓ Short Term Disability	
Hospital Indemnity	\$0.00
Critical Illness	\$0.00

REVIEW **FINALIZE**

REVIEW YOUR 2024 BENEFIT ELECTIONS

- 1 Scroll down to the “In Progress Benefits” section and review your elections.
- 2 Scroll down to the “Dependent Information” section and review your dependents.
- 3 Your beneficiaries will also be listed for review.

In Progress Benefits



Plan Name	Deduction Start Date	Deduction Frequency	Tax Treatment	Tobacco Rates	Coverage Level
MetLife Basic Life/AD&D - Company Paid (BL24)	01/01/2024			N/A	\$25,000.00
Long Term Disability - Class 3 (L324)	01/01/2024	Every Payroll	Post-Tax	N/A	██████████
MetLife Dental Base Plan (MD24)	01/01/2024	Every Payroll	Pre-Tax	N/A	Employee and Children
Regence Medical PPO (RP24)	01/01/2024	Every Payroll	Pre-Tax	N/A	Employee Only

Dependent Information



MetLife Basic Life/AD&D - Company Paid

Beneficiary Name	Display Code	Relationship	Beneficiary Type	Percentage
██████████	██████████	██████████	Primary	50%
██████████	██████████	██████████	Primary	50%

FINALIZE YOUR 2024 BENEFIT ELECTIONS

- 1 Click on the FINALIZE button in the right margin summary.
- 2 You may be prompted to verify Dependents/Beneficiaries – click the **CONFIRM** button.
- 3 If you declined Medical in 2023 and you are declining again in 2024, you will be prompted to provide **declination reasons**.
- 4 **SIGN** and **SUBMIT**.

The screenshot shows a summary page for benefit elections. At the top, there is a header for 'Total Cost Per Pay Period' with a redacted value. Below this are sections for 'Contact Information', 'Dependents and Beneficiaries', and a list of selected benefits with their costs. A red arrow with a '1' in a circle points to the 'FINALIZE' button at the bottom right of the page.

Total Cost Per Pay Period	
Contact Information	
Dependents and Beneficiaries	
✓ Medical	\$65.27
WEX FSA	\$0.00
Wex FSA -- Dependent Care	
✓ Dental	\$18.05
✓ Vision	\$1.23
✓ MetLife Basic Life/AD&D - Company Paid	
✓ MetLife Employee Supplemental Life/AD&D	
MetLife Spouse Supplemental Life/AD&D	
MetLife Child(ren) Supplemental Life/AD&D	
✓ Long Term Disability - Class 3	
✓ Short Term Disability	
Hospital Indemnity	\$0.00
Critical Illness	\$0.00

At the bottom of the page, there are two buttons: 'REVIEW' and 'FINALIZE'. The 'FINALIZE' button is highlighted with a red box and a red arrow pointing to it from above, with a '1' in a circle next to the arrow.

Dependent and Beneficiary Confirmation

The following are entered in the system but not tied to a benefit plan. Please confirm this is correct for these individuals before finalizing enrollment.

1. [REDACTED]
2. [REDACTED]



Decline Coverage

Decline Reason
Select

Comment

PREVIOUS DECLINE

3

A form for declining coverage. It has a checked checkbox for "Decline Coverage", a dropdown menu for "Decline Reason" with "Select" as the current option, and a text input field for "Comment". At the bottom are "PREVIOUS" and "DECLINE" buttons. A red arrow points to the "Decline Reason" dropdown, and a black circle with the number "3" is next to it.

Enrollment Submission

Please review each benefit election. Once confirmed, scroll to the top of the page and click FINALIZE.

CANCEL SIGN AND SUBMIT

4

A form titled "Enrollment Submission" with instructions to review benefit elections and click "FINALIZE". At the bottom are "CANCEL" and "SIGN AND SUBMIT" buttons. A red arrow points down to the "SIGN AND SUBMIT" button, and a black circle with the number "4" is next to it.

THANK YOU

for completing your 2024 Enrollment Elections