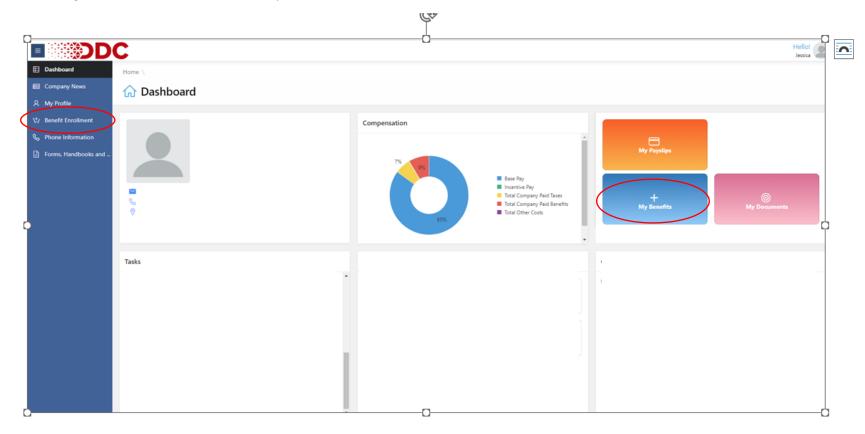
Benefit Enrollment Instructions

Step 1: Log in to Jamis (timekeeping system) > Select Self Service tab > Select Employee Self-Service Link on the left (<u>make sure pop-up blocker is turned off</u>) > you will be redirected to Employee Self-Service

MY PRIME ERP FINANC	e distributi	ION HUN	MAN RESOURCES	S HELP			
Dashboards Communication Time and Expenses	Self Service Pref	erences					
Self Service	⇒ DDC -	My Purcha	ase Orders 🕁				
Type your query here Search	č ∽ (→	X					
순 Employee Self Service 중 Manager Self Service	PO Order Nbr: Vendor:	<	SELECT>	-	* Start Date: * End Date:	7/1/2023	
	Drag column head	ler here to con	nfigure filter				
	🖻 Branch	Order Nbr.	Status	Date	Description	Vendor	Vendor Name

Step 2: Once redirected to employee self-service, the employee self-service dashboard will show. If you want to see your current benefits, select the "My Benefits" widget on the dashboard. Otherwise, please select "Benefit Enrollment" from the left side menu.



Step 3: You will be guided to the instruction portion of the Benefits Enrollment screen. Please read through the instructions thoroughly before beginning the worksheet. Select "Next" when you are ready to begin.

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	나. Benefit Enrollment - Open Enrollment
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Ψ	Instructions Worksheet Dependents Beneficiaries Summary
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Ê	Instructions
	Welcome to Benefits Enrollment! The annual OPEN ENROLLMENT period is the one occasion each year when employees have the opportunity to make voluntary changes to their enrollment elections for the benefit package being offered. Please read the following instructions for completing your benefits elections.
	Per pay premiums for each benefit are displayed directly in the enrollment worksheet.
	• If you are adding your spouse or child(ren) as dependents or beneficiaries, please have their information with you including their Social Security Numbers, which will be their ID. If you have previously enrolled a spouse or child in benefits, we should already have that information on file, and you will see it displayed in the Dependents section.
	• Review and make your elections for each benefit listed. If you are waiving coverage, please select the waive option provided.
	Before finalizing your enrollment, please review your summary carefully. You cannot change your elections for pre-tax benefits outside of Open Enrollment unless you experience an IRS-defined qualifying life event (e.g., marriage, divorce, gaining or losing other coverage, etc.).
	Print or email a copy of your elections for your records.
	This process should take less than 10 minutes to complete, but you may save your progress and return later if needed. Click Next to start your enrollment.
	Next

structions			Step 4: Make your benefit selection by either selecting your current your
benefit, and the coverage amount if applicable for the	t / Edit for that benefit. you. This list will include the per pay cost, indicate if this plan is a pre- or post benefit. : Save. This will close the window and return you to the worksheet where the		plan or clicking on the pencil icon each benefit. Even if you are waiv please make a selection for each benefit type (please note benefit type D does not require a selectio
u would like to select your current year benefit plans, click lect My Current Year Plans	k the button below.		UNLESS you select the HDHP). Sel "Next" when you have completed the worksheet.
Benefit Type	Status	Select / Edit	
A. Med. Cigna OAP Traditional	NOT SELECTED	$\langle \rangle$	
B. Medical HDPHP HSA	NOT SELECTED	P	
C. HSA Elective Contribution	NOT SELECTED	P	Step 4a: If you have "not selected
D. HSA Contribution Acceptance	NOT SELECTED	1	you must either select a new amo
E. Dental	NOT SELECTED	1	OR waive the optional benefit for
F. Vision	NOT SELECTED		
G. Flex Spend Medical	NOT SELECTED	/	upcoming year enrollment.
H. Flex Spend Limited	NOT SELECTED	/	
	NOT SELECTED	/	
I. Flex Spend Dependent Care	NOT SELECTED	/	
I. Flex Spend Dependent Care J. Flex Spend Parking	NOT SELECTED	0	
J. Flex Spend Parking K. Flex Spend Transit		R	
J. Flex Spend Parking K. Flex Spend Transit L. Accidental Death Dismember.	SELECTED		
J. Flex Spend Parking K. Flex Spend Transit	SELECTED SELECTED NOT SELECTED	0	

Step 5: Review your selections. If you are comfortable with your selections and have read the instructions, select "Review Complete...Continue". If you need to make changes, select Back.

Instructions				
The benefit plans shown below are	the selections you have made for th	s Open Enrollment period. Please revi	ew them carefully.	
If these selections are correct, click R step (Name, SSN, Date of Birth, Genc		tep is to update your dependents and e	nroll them into plans. Please have their in	nformation readily available for this
		. Note: Once you assign benefits to you	r dependents and/or beneficiaries and v	ou change your elections during the
open enrollment period, you <u>MUST</u> r				
Benefits Summary				
,				

Step 5a: If you elect more than the guaranteed issue, a notification will be sent to the voluntary life carrier, and the carrier will follow up to your company email requesting additional information for approval.

Benefit Type : N. Voluntary Life and ADD				
Benefit Plan	Pre/Post Tax	Effective Date	Amount	Final Per Pay Cost
Voluntary Life and ADD Employee - Total Amount Pending EOI Approval	PRE	01/01/2024	\$ 500,000.00	\$ 413.75
Voluntary Life and ADD Employee - Guaranteed Coverage and Cost	PRE	01/01/2024	\$ 30,000.00	\$ 24.83

Step 6: Add or edit your dependent information if you selected any of the family plans. Select "Add". Skip to page 12 of these instructions, if you did not select any family plans.

Instructions	Worksheet	Dependents	Beneficiaries	Summary
nstructions				
Add/Update Dependent Information If you had dependents enrolled la To add new dependents, click Add	ast year, they will be listed below. C	lick Edit for that dependent to update or del	ete their information.	
If you do not have dependents, o	r have completed adding/updating	dependent information, click Next to contir ur elections during the open enrollment peri		dents on the next screen.
Dependent Information				Add
Back				Next

Step 7: Enter your dependent's information: All fields with a red flag are required. Select "Create" when finished entering your dependent's information.

Dependent Details	$\overline{\otimes}$
First Name	Street Address
Middle Initial	Address Line 2
Last Name	Address Line 3
Dependent's SSN (no dashes)	City
Relation ~	County ~
Date of Birth MM/DD/YYYY	State ~
Gender v	Postal Code
Phone	Country ~
Disabled YNo Y	
Cancel	Create

Step 8: Enroll your dependents into the benefit plans you have selected. Enroll your dependents by either selecting dependents' current benefit plans or clicking on the pencil icon for each benefit.

Instructions	Worksheet	Dependents	Beneficiaries	Summary
tructions				
roll Your Dependents in Benefit Pl	lans.			
Click Edit for each plan. A new wind	dow will open displaying each depend	lent eligible for that plan.		
Check Select for each dependent to	o enroll in that plan.			
When you have finished with your s	selections, click Save . This will close th	ne window and return you to this scre	en where the status will then indicate SELECTED	for that benefit.
If you do not have dependents, or I	nave completed enrolling your depend	dents, click Next to continue.		
te: Once you assign benefits to you	r dependents and you change your el	lections during the open enrollment r	period, you <u>MUST</u> re-assign those dependents H	ERE.
elect My Dependents' Current Benefit Pla	ns			
elect My Dependents' Current Benefit Pla	ns			
elect My Dependents' Current Benefit Pla roll Dependents	ns			
	Benefit Plan		Status	Edit
roll Dependents Renefit Type	Benefit Plan	Employee and Spouse	Status NOT SELECTED	Edit
roll Dependents	Benefit Plan			Edit
roll Dependents Renefit Type 9. Medical HDPHP HSA	Benefit Plan Medical HDHP		NOT SELECTED	Edit

NOTE: Please make sure you enroll ALL dependents to potentially include spouse/domestic partner and each child or children, as applicable.

Step 9: Check each box to select your dependents' benefits. Click Save when complete.

Select Dependents to Enroll in this Plan

Eligibility Date	Select
	\sim
09/17/2018	
09/17/2018	0
	1 -
	09/17/2018

Save

(×)

Step 10: Once you have enrolled your dependents, select "Next".

	•	•	•	•
Instructions	Worksheet	Dependents	Beneficiaries	Summary
structions				
structions				
roll Your Dependents in Benefit Pl	lans.			
Click Edit for each plan. A new wind	dow will open displaying each depend	lent eligible for that plan.		
Check Select for each dependent to	o enroll in that plan.			
When you have finished with your :	selections, click Save. This will close th	ne window and return you to this screen v	where the status will then indicate SELECTED) for that benefit.
If you do not have dependents, or I	have completed enrolling your depen	dents, click Next to continue.		
ote: Once you assign benefits to you	ur dependents and you change your e	lections during the open enrollment perio	od, you <u>MUST</u> re-assign those dependents H	IERE.
roll Dependents				
-				
Benefit Type		Benefit Plan	Status	Edit
		Benefit Plan Medical HDHP Family	Status SELECTED	Edit
Benefit Type				Edit //
Benefit Type B. Medical HDPHP HSA		Medical HDHP Family	SELECTED	0

Step 11: Review your selections and select "Next" when done.

_				-	
Instructions	Worksheet	Dep	endents	Beneficiaries	Summary
uctions					
have made the followi	ng benefit selections for your Depe	ndents. Please review them	carefully.		
ese selections are correc	t, click Next . The next step is to updat	e your beneficiaries and desi	gnations. Please have their informati	ion readily available for this step (N	lame, SSN, and Relation).
u need to change these	selections, click Back to return to the	Enroll Dependents.			
endents Summary					
endents Summary					
endents Summary ienefit Plan: Medical HD	HP Family				
-	HP Family First Name	Initial	Pre/Post Tax	Eligible Date	
enefit Plan: Medical HD		Initial	Pre/Post Tax PRE	Eligible Date 09/17/2018	
ienefit Plan: Medical HD ast Name	First Name	Initial		-	
lenefit Plan: Medical HD ast Name ast	First Name First	Initial	PRE	09/17/2018	
lenefit Plan: Medical HD ast Name ast	First Name First Spouse	Initial	PRE	09/17/2018	
enefit Plan: Medical HD ast Name ast ast	First Name First Spouse	Initial	PRE	09/17/2018	
ienefit Plan: Medical HD ast Name ast ast enefit Plan: HSA Family	First Name First Spouse Contribution		PRE PRE	09/17/2018 09/17/2018	

Step 12: Add or edit your beneficiary information. Select "Add".

Instructions	Worksheet	Dependents	Beneficiaries	Summary
Instructions				
 To add new beneficiaries, click A If you do not have beneficiaries, 	ed last year, they will be listed below. Cli dd. or have completed adding/updating ber	neficiary information, click Next to		reen.
Beneficiary Information				Add
Beneficiary Name	Benefi	ciary SSN	Relation	Edit
	000000	000	Spouse	ß
Last, Spouse	00000			

Step 13: Enter your beneficiary's information. When finished, select "Save" (if you are editing) or "Create" (if you are adding a new beneficiary).

Beneficiary Details	×
First Name	
liddle Initial	
ast Name	
ineficiary's SSN 0000000	
elation	~
Cancel Delete	Save

Step 14: Enroll your beneficiaries into the benefit plans you have selected. Enroll your beneficiaries by either selecting "My Beneficiary's Current Benefit Plans" or clicking on the pencil icon for each benefit. Then click "Next".

Instructions	Worksheet	Dependents	Beneficiaries	Summary
tructions				
sign Your Beneficiary Designations.				
Click Edit for each plan. A new wind	low will open displaying each benefi	ciary.		
 Select the Beneficary Type, enter a P 	Plan Percent (%), and check Select fo	or each beneficiary to assign for that plan.		
 When you have finished with your s that benefit. 	elections and designations, click Sav	ve. This will close the window and return yo	u to this screen where the status will then in	ndicate SELECTED for
 If you do not have beneficiaries, or l 	have completed selecting your bene	ficiaries and assigning your designations, c	lick Next to continue.	
ote: Once you designate beneficiaries a	and you change your elections durin	g the open enroliment period, you <u>MUST</u> r	e-assign those designations HERE.	
Select My Beneficiary's Current Benefit Plans	and you change your elections durin	g the open enrollment period, you <u>MUST</u> r	e-assign those designations HERE.	
Gelect My Beneficiary's Current Benefit Plans	and you change your elections durin	g the open enrollment period, you <u>MUST</u> r	e-assign those designations HERE.	Edit
Select My Beneficiary's Current Benefit Plans	Benefit Plan	g the open enrollment period, you <u>MUST</u> r Set Company Family HSA Contribution		
	Benefit Plan	Set Company Family HSA Contribution	Status	
Select My Beneficiary's Current Benefit Plans sign Beneficiaries Benefit Type D. HSA Contribution Acceptance . Accidental Death Dismember.	Benefit Plan	Set Company Family HSA Contribution	Status NOT SELEC	
Select My Beneficiary's Current Benefit Plans sign Beneficiaries Benefit Type D. HSA Contribution Acceptance	Benefit Plan I Accept/am Eligible to C Accidental Death and Di	Set Company Family HSA Contribution	Status NOT SELEC NOT SELEC	CTED /
Select My Beneficiary's Current Benefit Plans sign Beneficiaries Benefit Type D. HSA Contribution Acceptance L. Accidental Death Dismember. M. Basic Life	Benefit Plan I Accept/am Eligible to C Accidental Death and Di Basic Life Insurance	Set Company Family HSA Contribution	Status NOT SELEC NOT SELEC	TTED

Step 15: Select beneficiary type, enter plan percentage and check the select box. Click "Save" when complete.

sign Beneficiary Designatior	15					
Accept/am Eligible to Get 0	Company Family HSA Contribution					
Last Name	First Name	Middle Initial	Eligible Date	Beneficiary Type*	Plan %	Select
Last	Spouse	-	09/17/2018	Not Indicated		
*Beneficiary Types						
Primary Beneficiary: This perso	n has first rights to receive life insurance proceed	s if the benefits of this policy become payable. You may also	o designate more than one primary beneficiary and	all percentages of primary beneficiaries must add up to 100%.		
Secondary Beneficiary: This per	rson receives policy benefits if the primary benefit	iary (or beneficiaries) should die before you. You may also	designate more than one secondary beneficiary, and	all percentages of secondary beneficiaries must add up to 100	%.	
						\subset
						Save
Step 15a. If w	ou have multiple here	ficiaries, please ensure th	eir nercentage break o	ut adds to 100%		
51CP 130. II y	su have multiple bene	inclaires, piease ensure th	en percentage break o			

Step 16: Once you have enrolled your beneficiaries, select "Next".

Instructions	Worksheet	Dependents	Beneficiaries	Sumr	nary
					,
tructions					
ign Your Beneficiary Designations.					
Click Edit for each plan. A new wind	low will open displaying each benefic	ciary.			
Select the Beneficary Type, enter a F	Plan Percent (%), and check Select fo	r each beneficiary to assign for that plan.			
When you have finished with your s that benefit.	elections and designations, click Sav	e. This will close the window and return you	ou to this screen where the status	will then indicate SELEC	TED for
If you do not have beneficiaries, or	have completed selecting your bene	ficiaries and assigning your designations, cl	lick Next to continue.		
-		g the open enrollment period, you MUST re		F	
	, no you chonge your checkous coming	,		-	
sign Beneficiaries					
-					
enefit Type	Benefit Plan			Status	Edit
		o Get Company Family HSA Contribution		Status	Edit
HSA Contribution Acceptance					
. HSA Contribution Acceptance Accidental Death Dismember.	l Accept/am Eligible to			SELECTED	
. HSA Contribution Acceptance Accidental Death Dismember. I. Basic Life	l Accept/am Eligible to Accidental Death and	Dismemberment		SELECTED	Edit
kenefit Type HSA Contribution Acceptance Accidental Death Dismember. A. Basic Life I. Voluntary Life and ADD	l Accept/am Eligible to Accidental Death and Basic Life Insurance	Dismemberment		SELECTED SELECTED SELECTED	

Step 17: Review your selections and select "Next" when done.

Instructions	Workshe	et	Dependents	Beneficiaries	Summary
ructions					
I have made the fo	llowing benefit designations for y	our Beneficiaries. Please revi	ew them carefully.		
nese designations a	re correct, click Next . This will take yo	ou to your summary page for a	a final review of your enrollme	ent selections.	
ou need to change	these designations, click Back to retu	rn to the Assign Beneficiaries.			
eficiaries Summ	ary				
	pt/am Eligible to Get Company Famil				
Last Name	First Name	Middle Initial	Eligible Date	Beneficiary Type	Plan %
Last	Spouse		09/17/2018	Primary	100
Benefit Plan: Accide	ental Death and Dismemberment				
Last Name	First Name	Middle Initial	Eligible Date	Beneficiary Type	Plan %
Last	Spouse		09/17/2018	Primary	100
Benefit Plan: Basic I	Life Insurance				
Last Name	First Name	Middle Initial	Eligible Date	Beneficiary Type	Plan %
Last	Spouse		09/17/2018	Primary	100
Benefit Plan: Voluni	tary Life and ADD Employee				
Last Name	First Name	Middle Initial	Eligible Date	Beneficiary Type	Plan %
Last	Spouse		09/17/2018	Primary	100

Step 18: Open Enrollment (New Hire Enrollment skip page 19 of these instructions). Review all of your selections and either select to email or print the summary. During Open Enrollment, benefit selections will not show in the system until January of the following year.

•				
Instructions	Worksheet	Dependents	Beneficiaries	Summary
Instructions				
If you need to change these selection: and you change your elections during	s, click on one of the links above to re the open enrollment period, you <u>MU</u> int at the bottom of this page to keep	a copy for your records. You may also e	ge. Note: Once you assign benefits to	your dependents and/or beneficiaries
Summary				
Employee Enrollment				
Back				Email Print

Step 18: New Hire Enrollment: Review all of your selections, select complete enrollment, and select to email or print the summary. During new hire enrollment, your selections will show in the employee self-service > "My Benefits" as soon as you click complete enrollment.

Benefit Type : J. Critical illness				
Benefit Plan	Pre/Post Tax	Eligible Date	Amount	Final Per Pay Cos
Critical Illness Waive	PRE	09/18/2023	\$.00	\$.0
Benefit Type : K. Accident Insurance				
Benefit Plan	Pre/Post Tax	Eligible Date	Amount	Final Per Pay Cos
Accident Insurance Waive	PRE	09/18/2023	\$.00	\$.0
Benefit Type : L. Retirement Plan				
Benefit Plan	Pre/Post Tax	Eligible Date	Amount	Final Per Pay Co
Savings Plan Waive	PRE	09/18/2023	\$.00	\$.0
TOTAL				
				Final Per Pay Co
				\$.0
	Complete Enrollment			
Back				Email

Step 19: Enter the email address you wish to send your benefit enrollment summary to.

	Email	×
Get	INSTRUCTIONS: The email address recorded in the system for you is identified below. If you would like send your Benefit Enrollment Summary to this address, click the Send button. If you wish to send your summary to a different email address, you may change it in the field below prior to clicking Send.	to
me		_
	Email	
lism		
me		
me	Close Ser	nd

This completes your benefit enrollment process. Please make sure to verify your deductions on your paystubs and in the "My Benefits" tab within employee selfservice. As always, please reach out to HR with any questions: <u>hr@ddc-dine.com</u>

Thank you!