

# Life Event Enrollment Instructions

Please refer to "Change Benefit Reasons and Life Event Breakdown" if you have questions on which type of event to select or contact [benefits@maryfreebed.com](mailto:benefits@maryfreebed.com).

The example below is for birth/placement of a child, but the process is similar for all events!

48 Steps [View most recent version](#) 

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Created by	Creation Date	Last Updated
Alex Drabik	Nov 26, 2024	Nov 27, 2024

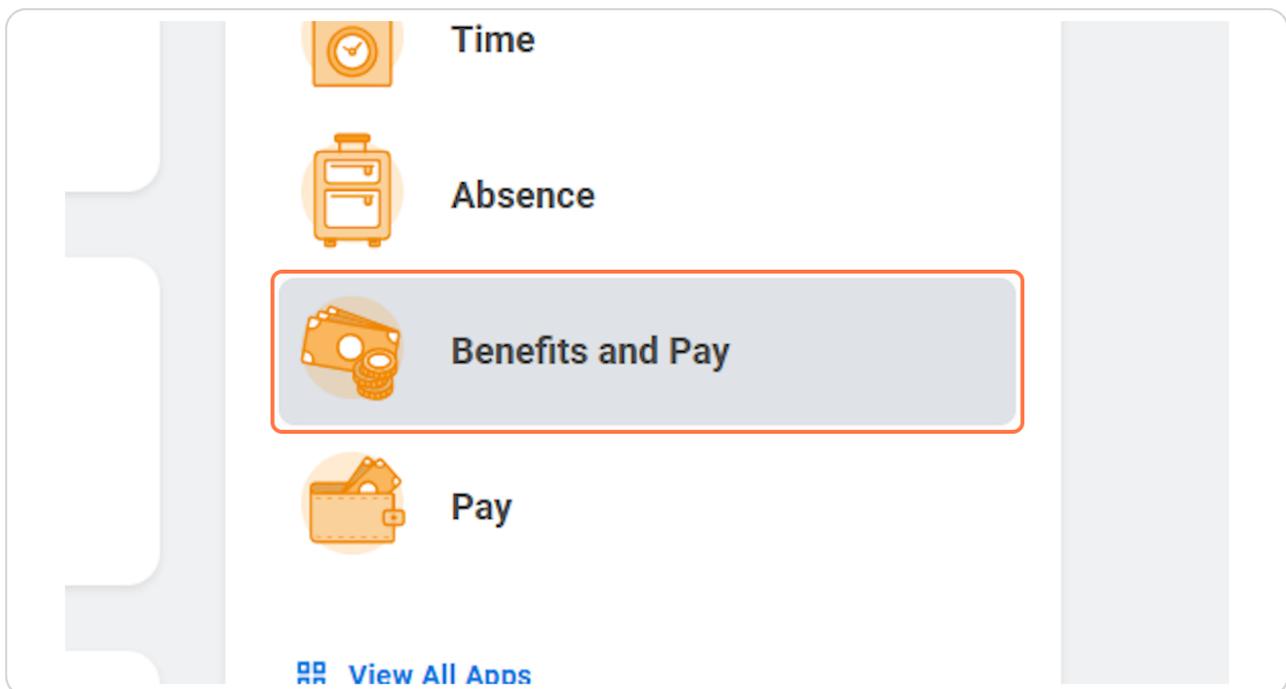
## # Submitting and Starting your Enrollment

9 Steps

### STEP 1

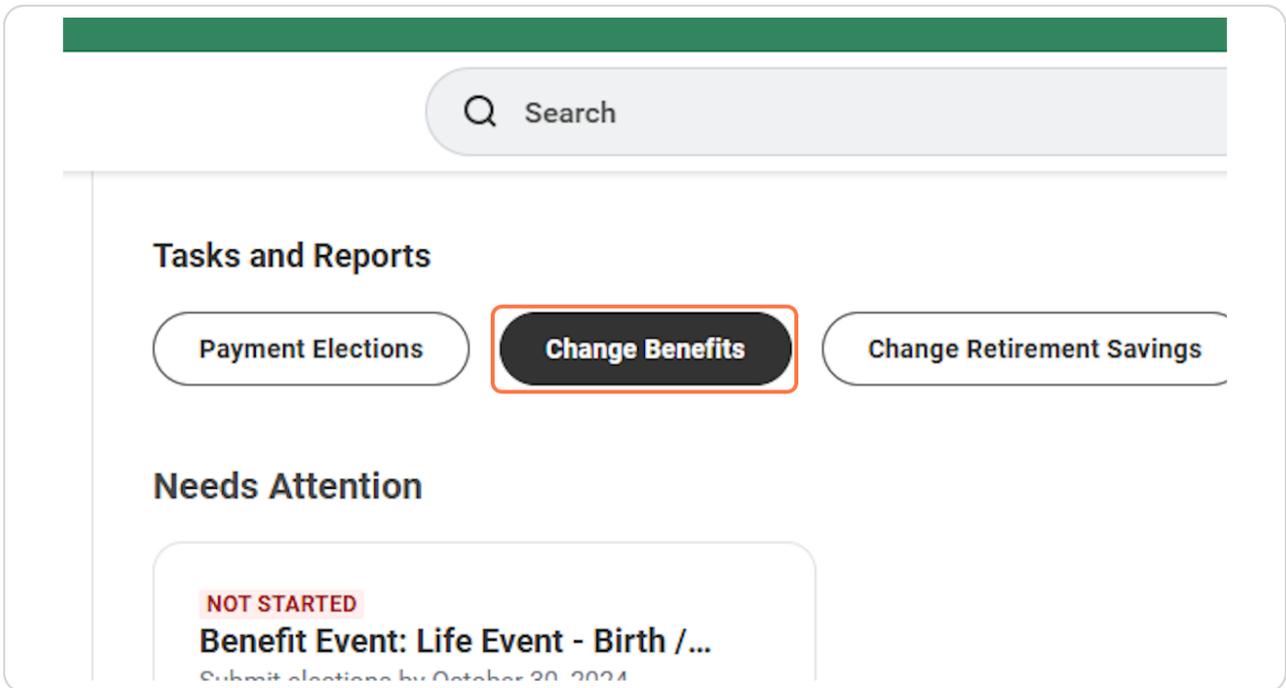
#### Navigate to your "Apps" and click on "Benefits and Pay" App

Note: you may need to click on "View All Apps" if you do not have this app saved as one of your favorites.



STEP 2

Click on Change Benefits



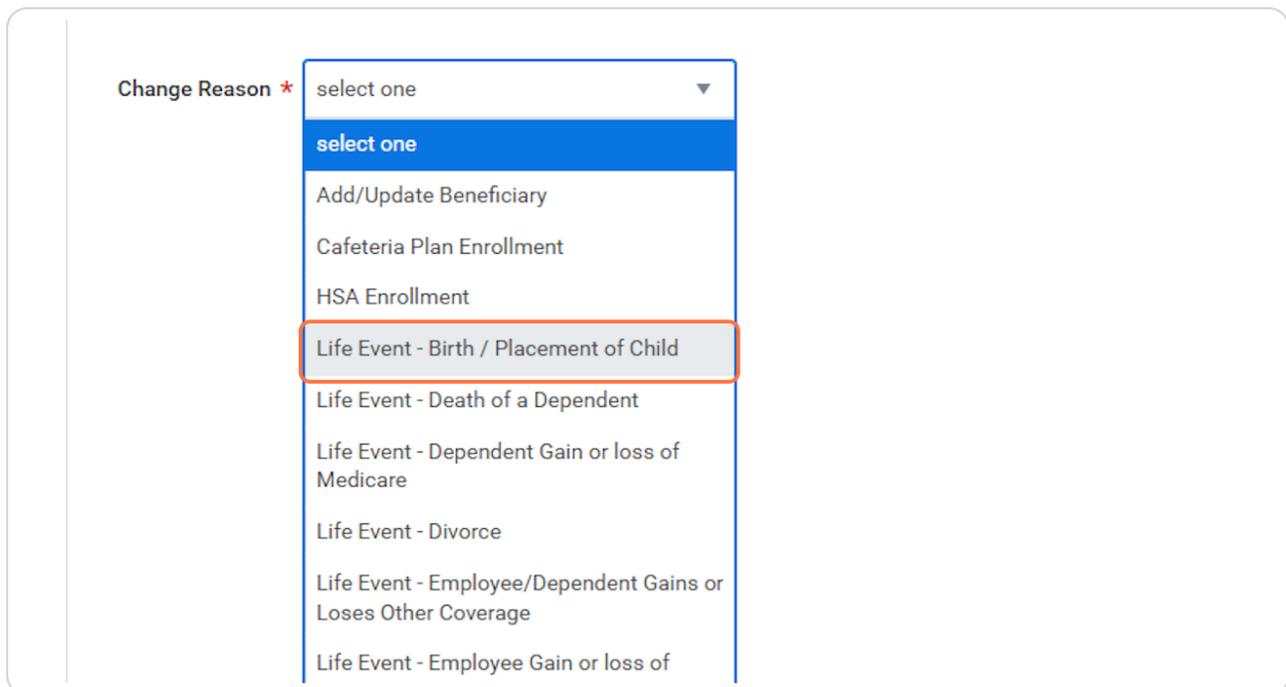
### STEP 3

## **Select the appropriate Life Event (for this example we'll use Birth/Placement of a Child)**

Note! Most qualifying life events require supporting documentation. You will be asked for the document before submitting your event. If you do not have documentation at this time, you will not be able to proceed. Documentation is needed to submit your event. Please remember you only have 30 days from the date of event to submit documentation and complete enrollment. See below for a list of acceptable documents. If you have questions about the benefit plans or acceptable documentation or do not have documentation, please contact the Benefits Department: [benefits@maryfreebed.com](mailto:benefits@maryfreebed.com)

- Marriage/Domestic Partnership – Marriage Certificate or License,
- Birth/Adoption of Child – Birth Certificate, Hospital Records, Certificate of Live Birth, Adoption Records
- Death of Child/Spouse – Death Certificate
- Divorce– Divorce Decree, Legal Separation Documentation
- Employee or Dependent Gains/Loses Other Coverage – Proof of New Coverage or Loss of Coverage

**Note! Before initiating a Divorce/Dissolution of Domestic Partnership, update your dependent's relationship to Ex-Spouse or Ex-Domestic Partner. Return to your Benefits application on your home page and under the Change section, select Dependents and then edit the appropriate dependent.**



The image shows a screenshot of a web form. On the left, there is a label 'Change Reason \*' in black text. To its right is a dropdown menu. The menu is currently open, showing a list of options. The top option is 'select one' in white text on a blue background. Below it are several options in black text: 'Add/Update Beneficiary', 'Cafeteria Plan Enrollment', 'HSA Enrollment', 'Life Event - Birth / Placement of Child', 'Life Event - Death of a Dependent', 'Life Event - Dependent Gain or loss of Medicare', 'Life Event - Divorce', 'Life Event - Employee/Dependent Gains or Loses Other Coverage', and 'Life Event - Employee Gain or loss of'. The option 'Life Event - Birth / Placement of Child' is highlighted with a light gray background and a red rectangular border.

**STEP 4**

**Enter the date of birth, marriage, divorce or other event date like loss or gain of coverage.**

REMINDER: You only have 30 days from any qualifying life event to submit/complete enrollment with the exception of gain/loss of Medicaid in which you have 60 days.

**Alexus Brandenburg**

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**Change Reason \***

**Date of Birth \***  

**Submit Elections By** (empty)

## STEP 5

### Click on **Select files** to add your necessary documentation.

- Marriage/Domestic Partnership – Marriage Certificate or License,
- Birth/Adoption of Child – Birth Certificate, Hospital Records, Certificate of Live Birth, Adoption Records
- Death of Child/Spouse – Death Certificate
- Divorce– Divorce Decree, Legal Separation Documentation
- Employee or Dependent Gains/Loses Other Coverage – Proof of New Coverage or Loss of Coverage

**nents**

Drop files here

or

**Select files**

Enter your comment

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■    ( )    ( )

STEP 6

Verify that your documents have uploaded correctly, you should see a green check mark.

The screenshot displays a user interface for document management. At the top, there is a list of categories: "Dependent Care FSA" and "Healthcare FSA", followed by a "+ More (7)" link. Below this is the "Attachments" section, which contains a list item "Email Sample.docx" with a green checkmark and the text "Successfully Uploaded!". At the bottom of the attachments section is a "Comment" field, which is a text input box with a vertical cursor. The interface uses blue text for links and a green checkmark for status indicators. Red and blue outlines highlight the "Attachments" header and the "Comment" field respectively.

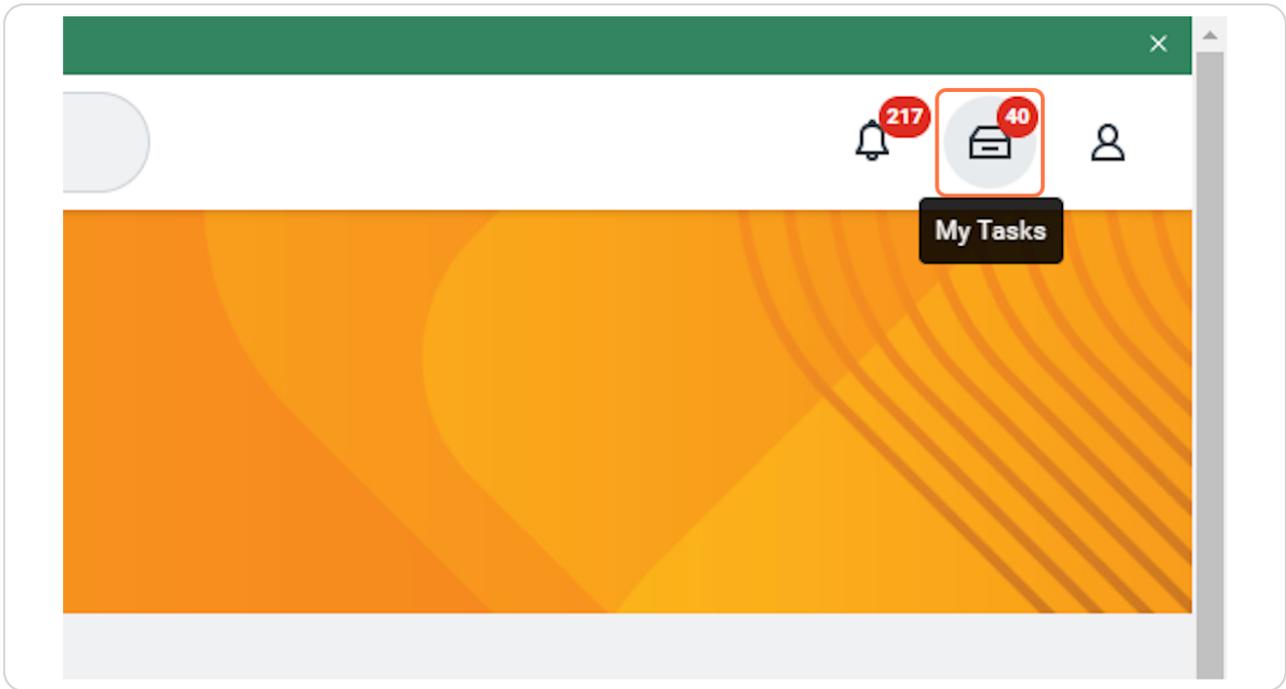
**STEP 7**

**Click Submit**

The image shows a user interface for submitting a comment. At the top left, there is an "Upload" button. Below it is a text input field with the placeholder text "enter your comment" and a small blue circular icon containing a white cloud. At the bottom of the form, there are three buttons: "Submit" (a blue button with white text, highlighted with a red border), "Save for Later" (a white button with a grey border and grey text), and "Cancel" (a white button with a grey border and grey text).

STEP 8

A pop-up box should appear that says 'Open' you can click on this to start your enrollment OR you can navigate to your inbox, pictured below.



STEP 9

**Then Click on Let's Get Started on the correct task in your inbox to start your enrollment.**

na 11/25/2024 ☆

re 11/22/2024 ☆

re 11/22/2024 ☆

1

**IMPORTANT: When you are done with your elections, click the R elections and complete the Electronic Signature. Scroll down the**

Initiated On 11/26/2024

Submit Elections By 12/04/2024

**Let's Get Started**

## # Healthcare Coverage Enrollments

4 Steps

STEP 10

**Click on Manage or Enroll on the Coverage Tile you wish to update or enroll in.**

<p> <b>Medical</b> BCBS of Michigan HDHP - (2000)</p> <p>Cost per paycheck \$10.00</p> <p>Coverage Employee Only</p> <hr/> <p><a href="#">Manage</a></p>	<p> <b>Dental</b> Delta Dental DPO</p> <p>Cost per paycheck \$15.08</p> <p>Coverage Employee + Spouse</p> <p>Dependents 1</p> <hr/> <p><a href="#">Manage</a></p>	<p></p> <hr/> <p><a href="#">Enroll</a></p>
<p> <b>Dependent Care FSA</b> Waived</p> <hr/> <p><a href="#">Enroll</a></p>		

STEP 11

**Click on Confirm and Continue**

(2000)	<input type="radio"/> waive		
BCBS of Michigan PPO	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$85.00	\$223.49

←

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**Confirm and Continue** Cancel

## STEP 12

### Add or remove dependents as appropriate for your Qualifying Life Event.

You will see your existing/previously added dependents listed here, if you have already added your new dependent you select the check box next to their name. If you are adding a dependent for the first time you will click "Add New Dependent" (see following section on adding a new dependent).

As you select or de-select dependents you should notice your "Coverage" changes to the appropriate coverage target and your plan cost per check adjusts based on these coverage targets.

**IMPORTANT:** When adding new dependents you will be required to provide a social security number unless they are newborns in which case you can provide the social security number at a later date.

Coverage \* Employee Only ←

Plan cost per paycheck \$10.00 ←

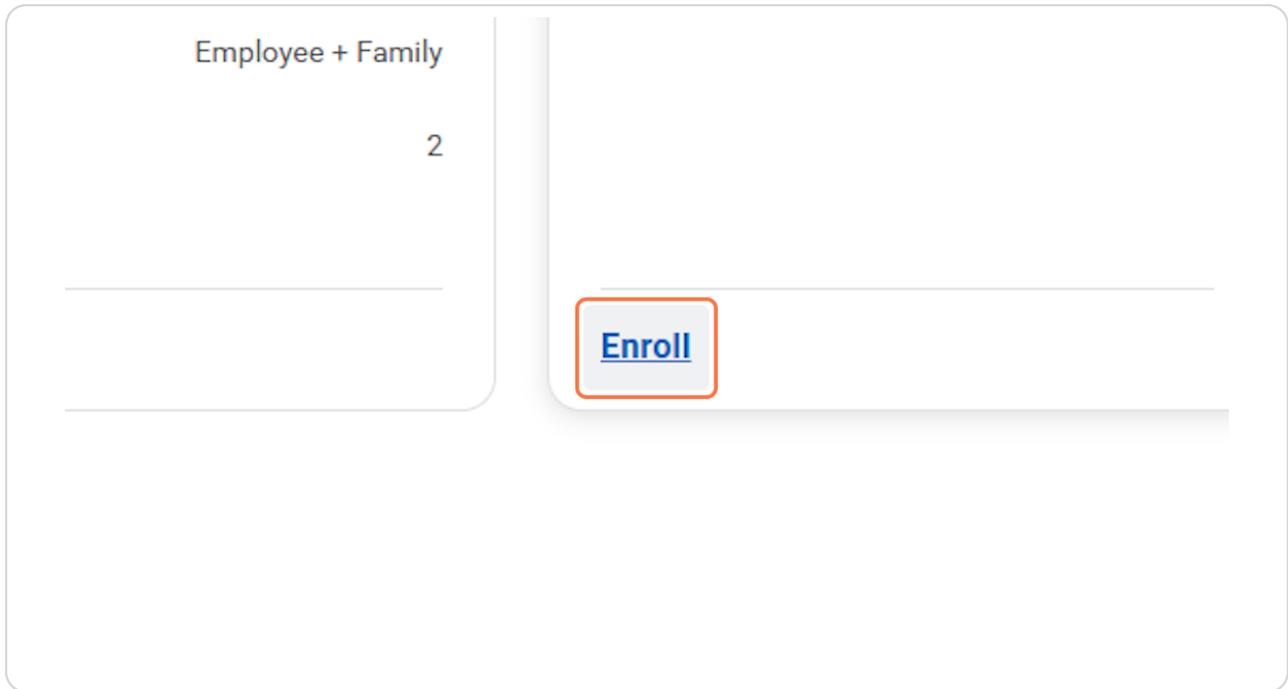
Add New Dependent

2 items

Select	Dependent	Relationship	Date of Birth
<input type="checkbox"/>	Ti [redacted] rg	Spouse	( [redacted]
<input type="checkbox"/>	Gronkowski Brandenburg	Child/Step-Child	10 [redacted]

## STEP 13

**Click on Manage or Enroll on all other Health Care Coverage tiles that you wish to, ensuring to select, de-select (drop) or add new dependents as needed and as applicable to your qualifying life event.**



The image shows a screenshot of a user interface for managing health care coverage. On the left, there is a card titled "Employee + Family" with the number "2" below it, indicating two dependents. To the right of this card is a larger, empty rectangular area. In the bottom-left corner of this larger area, there is a button labeled "Enroll" in blue text, which is highlighted with a red rectangular border. The overall layout is clean and modern, with a light gray background and rounded corners.

## # Adding a New Dependent

10 Steps

## STEP 14

### Click on Add New Dependent

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

Coverage \* Employee Only

Plan cost per paycheck \$4.72

**Add New Dependent**

2 items

Select	Dependent	Relationship	Date of
<input type="checkbox"/>	Thomas Brandenburg	Spouse	(
<input type="checkbox"/>	Gronkowski Brandenburg	Child/Step-Child	10/01/2

## STEP 15

### Click on OK

Alexus Brandenburg

**Add your dependent here!**

Don't forget to add Social Security Number under National ID (for newborns you can skip).

ve dependents.

Date of Birth
04/05/1990
10/01/2024

## STEP 16

Enter the dependent's first and last name, middle name is optional.

MENU Mary Free Bed Search

### Add My Dependent From Enrollment

**Name**

Country \*

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

**National IDs**

Click the Add button to enter one or more National Identifiers for this dependent.

**Personal Information**

Relationship \*

Date of Birth \*

Age (empty)

Gender \*

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

## STEP 17

Select the appropriate relationship for the dependent you are adding.

Note: Those with legal guardianship over a child should select "Child/Step-child"

### Personal Information

Relationship	*	<input type="text" value="Search"/>	☰
Date of Birth	*	<input type="radio"/> Ex-Spouse	
		<input type="radio"/> Child/Step-Child	
		<input type="radio"/> Spouse	
Identifier	*	<input type="text"/>	☰
Guardianship Status		<input type="text"/>	☰
Full-time Student		<input type="checkbox"/>	

## STEP 18

### Complete the rest of the dependent's personal information

Date of Birth and Gender are required fields for a dependent.

If your child/step-child is a Full Time college student, please indicate by checking the Full-Time Student box.

If your dependent is fully disabled as defined by state and federal regulations please check the 'disabled' box.

#### Personal Information

Relationship	*	<input type="text" value="x Child/Step-Child"/>	☰
Date of Birth	*	<input type="text" value="MM/DD/YYYY"/>	📅
Age		(empty)	
Gender	*	<input type="text"/>	☰
Citizenship Status		<input type="text"/>	☰
Full-time Student		<input type="checkbox"/>	
Student Status Start Date			
Student Status End Date			
Disabled		<input type="checkbox"/>	

## STEP 19

### Next you will need to add your dependent's social security number (SSN)

Note: A SSN is not required for newborns if you have not received one from the SSA to complete enrollment, however this must be added at a later date.

Check this box only when there is more than one dependent with the same name.

#### National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Add

#### Address

Use Existing Address

xi☰

Country \* United States of America

Address Line 1

#### Phone & Email

Use Existing Phone

Country Phone Code

Phone Number

Phone Extension

## STEP 20

### Complete all information necessary for adding National ID (SSN)

Country will typically be USA; National ID type will typically be SSN; then enter the SSN in the add/edit id field. Note, you do not need to add issued or expiration date.

**\*\*DO NOT CLICK SAVE UNTIL YOU COMPLETE THE REST OF THE INFORMATION IN THE REMAINING SECTIONS\*\***

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

#### National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Country *	<input type="text" value="United States of America"/>
National ID Type *	<input type="text" value="Social Security Number (SSN)"/>
Current ID	(empty)
Add/Edit ID *	<input type="text" value=""/>
Issued Date	<input type="text" value="MM/DD/YYYY"/>
Expiration Date	<input type="text" value="MM/DD/YYYY"/>
Issued By	
Series	
Verification Date	11/26/2024
Verified By	

## STEP 21

### Complete Contact Information

TIP: you can use your existing addresses and phone numbers if your dependents reside with you, or you may enter manually.

The screenshot shows a web form for entering contact information. Two sections are highlighted with orange boxes:

- Address:** Includes a dropdown for "Use Existing Address" with a search box containing "Alexus Brandenburg, Gronkowski", "Brandenburg, Thomas", "Brandenburg, Thomas", and "Brandenburg". Below this are fields for "Country" (set to "United States of America"), "Address Line 1", "Address Line 2", "City", "State" (set to "Michigan"), and "Postal Code".
- Phone & Email:** Includes a dropdown for "Use Existing Phone" with a search box containing "r Alexus", "brandenburg, Gronkowski", "Brandenburg, Thomas", and "Brandenburg". Below this are fields for "Country Phone Code" (set to "United States of America (+1)"), "Phone Number", "Phone Extension", and "Email Address".

At the bottom of the form are "Save" and "Cancel" buttons.

**STEP 22**

**Click on Save to complete adding/editing your new dependent.**

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### Phone & Email

Use Existing Phone

Country Phone Code United States of America (+1)

Phone Number

Phone Extension

Email Address

## STEP 23

**For Newborns Only: If you did not add the social security number in the 'add dependent process'; you may select 'reason SSN is not available', and enter a comment. Please update your dependent's SSN once you receive the new number from SSA.**

2 items

Select	Dependent	Relationship	Date of Birth
<input type="checkbox"/>	Thomas Brandenburg	Spouse	04/05/1990
<input checked="" type="checkbox"/>	Gronkowski Brandenburg	Child/Step-Child	10/01/2024

You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.

Dependent Social Security Numbers 1 item

Dependent	*Social Security Number
Gronkowski Brandenburg	<div style="border: 2px solid orange; padding: 5px;"><p><input type="radio"/> Social Security Number (SSN) <input type="text" value="--"/></p><p><input checked="" type="radio"/> Reason SSN is Not Available <input type="text" value="new born"/></p></div>

## # Spending Account Enrollments

5 Steps

## STEP 24

### Click on Enroll or Manage on any tile you are eligible to update or change.

NOTE: You are only eligible to enroll in the Healthcare FSA if you are NOT enrolled in the HDHP 200 plan. HSA (Health savings account) is for those enrolled in the HDHP 2000 plan, and is always a sperate enrollment event that can be changed/requested at anytime. See separate instructions on how to enroll in HSA.

The screenshot displays a user interface for managing health and financial accounts. It is organized into three main sections: Health Care and Accounts, Dependent Care FSA, and Insurance.

**Health Care and Accounts**

- Medical:** Updated. BCBS of Michigan HDHP - (2000). Cost per paycheck: \$72.19. Coverage: Employee + Child(ren). Dependents: 1. Action: Manage.
- Dental:** Updated. Delta Dental DPO. Cost per paycheck: \$28.63. Coverage: Employee + Family. Dependents: 2. Action: Manage.
- Vision:** Updated. VSP VIS. Cost per paycheck: \$8.11. Coverage: Employee + Child(ren). Dependents: 1. Action: Manage.
- Healthcare FSA:** Waived. Action: Enroll.

**Dependent Care FSA**

- Waived. Action: Enroll.

**Insurance**

- Basic Life:** 2 Plans. Prudential - (\$50,000). Included. Action: Review and Sign.
- Basic AD&D:** 2 Plans. Prudential - (\$50,000) (Employee). Included. Action: Save for Later.
- Voluntary Employee Life:** Unum (Employee). Cost per paycheck: \$2.70. Coverage: \$150,000.
- Voluntary Employee AD&D:** Unum (Employee). Cost per paycheck: \$3.60. Coverage: \$400,000.

**STEP 25**

**Select or Waive**

1 item

Benefit Plan	*Selection	You Contribute (Biweekly)
WEX	<input checked="" type="radio"/> Select <input type="radio"/> Waive	

**STEP 26**

**Click on Confirm and Continue**

**Confirm and Continue** Cancel

## STEP 27

For FSA accounts you may enter the annual amount or the amount per paycheck you'd like to elect, the system will calculate the other field automatically.

### Contribute

Your estimated contributions made this year 0.00

Per Paycheck

Annual  Remaining Paychecks 3

Maximum Annual Amount: \$5,000.00

### Summary

Total Annual Contribution \$0.00

**STEP 28**

**Click on Save**

Total Annual Contribution    \$5,000.00

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**# Enrolling in Insurance Coverage (for FTE .75+...**

14 Steps

## STEP 29

**Select Manage or Enroll on the Insurance coverage tile you would like to update or enroll in as applicable to your qualifying event.**

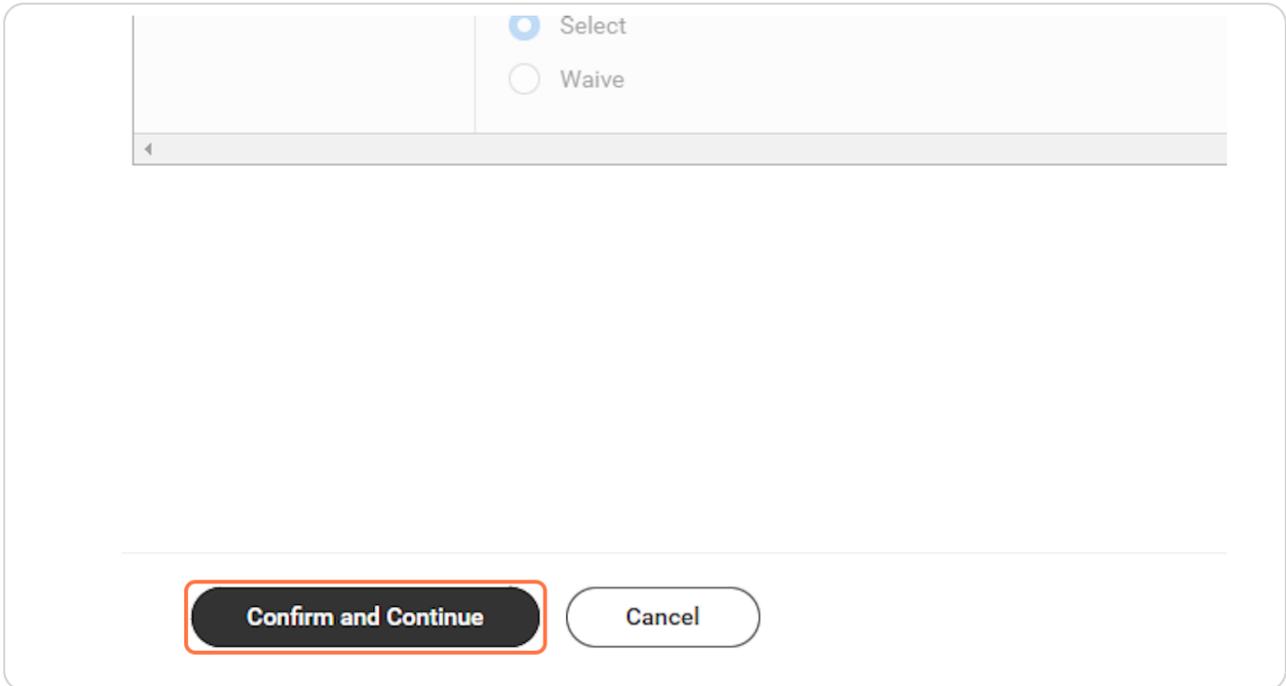
The screenshot displays a user interface for managing insurance benefits. At the top, there is a 'Dependent Care FSA' tile with a 'Manage' button. Below this is an 'Insurance' section containing several tiles:

- Basic Life** (2 Plans): Includes Prudential - (\$50,000) (Employee) and Unum - (\$50,000) (Employee). Both are marked as 'Included'. A 'Manage' button is at the bottom.
- Basic AD&D** (2 Plans): Includes Prudential - (\$50,000) (Employee) and Unum - (\$50,000) (Employee). Both are marked as 'Included'. A 'Manage' button is at the bottom.
- Voluntary Employee Life** (Unum (Employee)): Shows 'Cost per paycheck' as \$2.70 and 'Coverage' as \$150,000. A 'Manage' button is at the bottom and is highlighted with a red box.
- Voluntary Employee AD&D** (Unum (Employee)): Shows 'Cost per paycheck' as \$3.69 and 'Coverage' as \$400,000. A 'Manage' button is at the bottom.
- Voluntary Child Life** (Waived): An 'Enroll' button is at the bottom.
- Voluntary Child AD&D** (Waived): An 'Enroll' button is at the bottom.

At the bottom of the interface, there is an 'Additional Benefits' section with two buttons: 'Review and Sign' and 'Save for Later'.

STEP 30

**Click on Confirm and Continue**



The screenshot shows a form with a light gray header bar. On the right side of the header bar, there are two radio button options: "Select" (which is selected, indicated by a blue dot) and "Waive" (which is unselected). Below the header bar is a large white area with a horizontal line near the bottom. At the bottom of the form, there are two buttons: "Confirm and Continue" (a dark gray button with white text, highlighted with a red rectangular border) and "Cancel" (a light gray button with dark gray text).

## STEP 31

### Update Coverage and/or Beneficiary allocation

To update current allocations, simply adjust the percentages, or add rows to primary/secondary to move beneficiaries as needed. Note percentage for primary MUST equal 100% total.

Note: in some qualifying events you will be eligible to add coverage or increase coverage, in other qualifying events you will only be able to update beneficiaries.

Calculated Coverage \$150,000.00

Coverage \$150,000

Plan cost per paycheck \$2.70

#### Beneficiaries

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

Primary Beneficiaries 2 items

	Beneficiary	Percentage
⊖	× Thomas Brandenburg ⋮	50
⊖	× Gronkowski Brandenburg ⋮	50

Secondary Beneficiaries 0 items

	Beneficiary	Percentage
No Data		

Save Cancel

#### Insurance Instructions

Plan Description [Unum](#)

Provider Website [Unum](#)

#### Important Information

You must submit Evidence of Insurability if your election exceeds previously selected coverage.

## STEP 32

### Add a new Beneficiary

Click the '+' to add a new row.

#### BENEFICIARIES

Select an existing or add a new beneficiary person or trust to this plan. You can allocate for each beneficiary.

**Primary Beneficiaries** 2 items

	Beneficiary
	<input type="text" value="× Thomas Brandenburg"/> 
	<input type="text" value="× Gronkowski Brandenburg"/> 

### STEP 33

Click in the blank text box to either search for a current beneficiary or select 'add new beneficiary or trust'

allocation for each beneficiary.

Plan Description

Provider Website

**Important Infor**

You must submit E previously selected

**Primary Beneficiaries** 3 items

+	Beneficiary	Percentage
-	<input type="text" value="Search"/>	<input type="text" value="0"/>
-	Existing Beneficiary Persons >	<input type="text" value="50"/>
-	Existing Trusts >	<input type="text" value="50"/>
-	Add New Beneficiary or Trust	<input type="text" value="50"/>

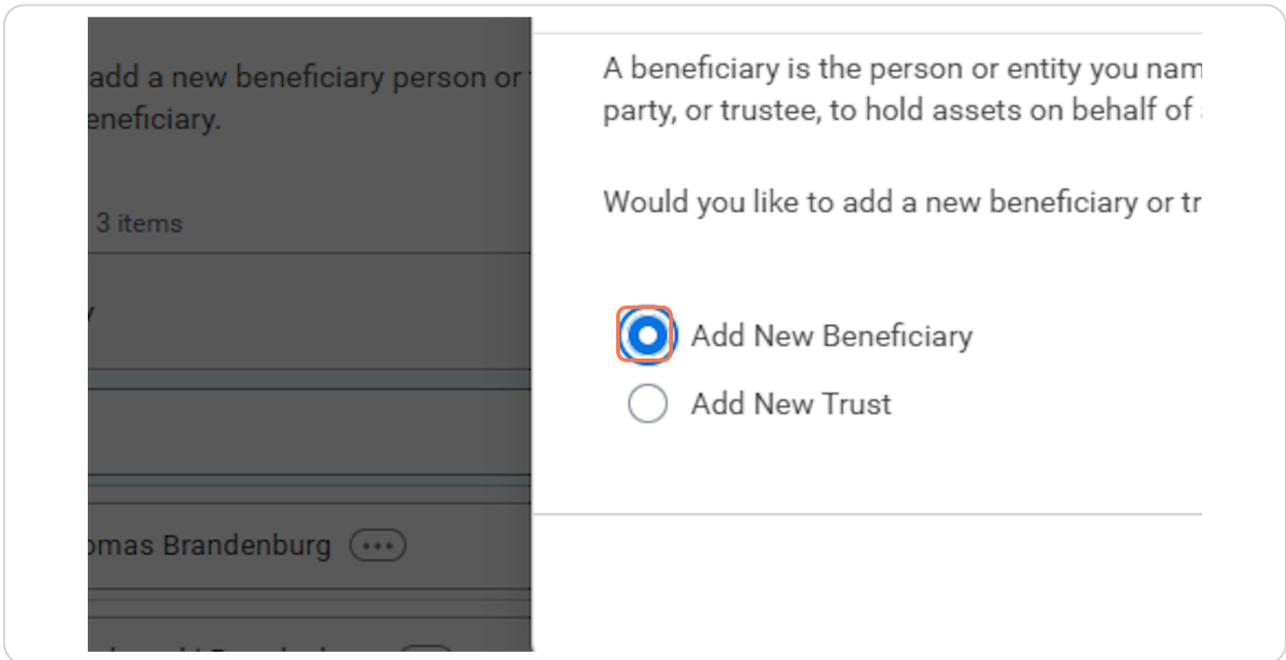
**Secondary Beneficiaries** 0 items

+	Beneficiary	Percentage
No Data		

Save Cancel

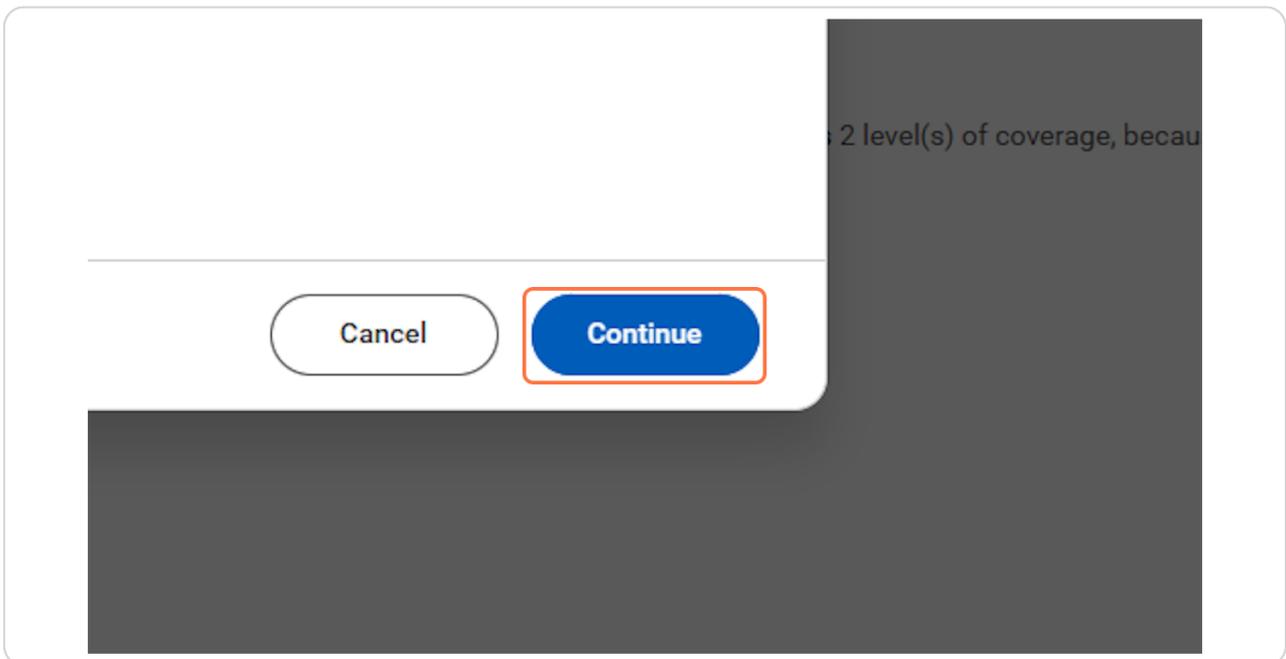
**STEP 34**

**Select Add New Beneficiary or Add New Trust**



**STEP 35**

**Click on Continue**



## STEP 36

### Complete all Beneficiary or Trust information

Enter Relationship, Date of Birth, Gender, First/Last name AND navigate to the contact information and national ids tab to complete those sets of information.

**IMPORTANT:** do not click save until you have completed the 'contact information' and 'National IDs' tabs as well.

#### Add New Beneficiary or Trust Alexus Brandenburg

Relationship

Use as Beneficiary

Date of Birth

Age (empty)

Gender

Allow Duplicate Name

**Legal Name** **Contact Information** **National IDs** Additional Government IDs Other IDs

Country \*

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

**OK** Cancel

## STEP 37

Click on **Contact Information** and complete at least one contact field, HR recommends you complete phone number and address for beneficiaries.

Age (empty)

Gender

Allow Duplicate Name

**Legal Name** **Contact Information** National IDs Additional Government II

Country \*

Prefix

**STEP 38**

**Click on National IDs tab to complete adding the SSN for your beneficiary. This is required for any beneficiary!**

The screenshot shows a form interface with a horizontal tab bar. The tabs are labeled "Contact Information", "National IDs", and "Additional Government IDs". The "National IDs" tab is currently selected and highlighted with an orange border. Above the tabs, there is a "Name" label followed by a small square icon. Below the tabs, there are several horizontal lines representing input fields. On the left side of the form, there is a partial view of a "Social Security Number" label and a corresponding input field.

STEP 39

Click on Add Row

! Legal Name      Contact Information      **National IDs**      A

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National IDs 0 items

		*Country

## STEP 40

### Enter Country, ID Type, and ID.

Once Legal Name, Contact Information, and National ID are complete you can click the blue 'Okay' button to save your new Beneficiary or Trust.

#### Add New Beneficiary or Trust Alexus Brandenburg

Relationship \*

Use as Beneficiary

Date of Birth

Age (empty)

Gender

Allow Duplicate Name

**1 Error**

**Legal Name** | Contact Information | **National IDs** | Additional Government IDs | Other IDs

National IDs 1 item

	*Country	*National ID Type	Current ID	Add/Edit ID	Issued Date	Expiration Date	Issued By
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>

**OK** | Cancel

STEP 41

Once you have allocated your beneficiaries and selected appropriate coverage amounts you may click 'save'.

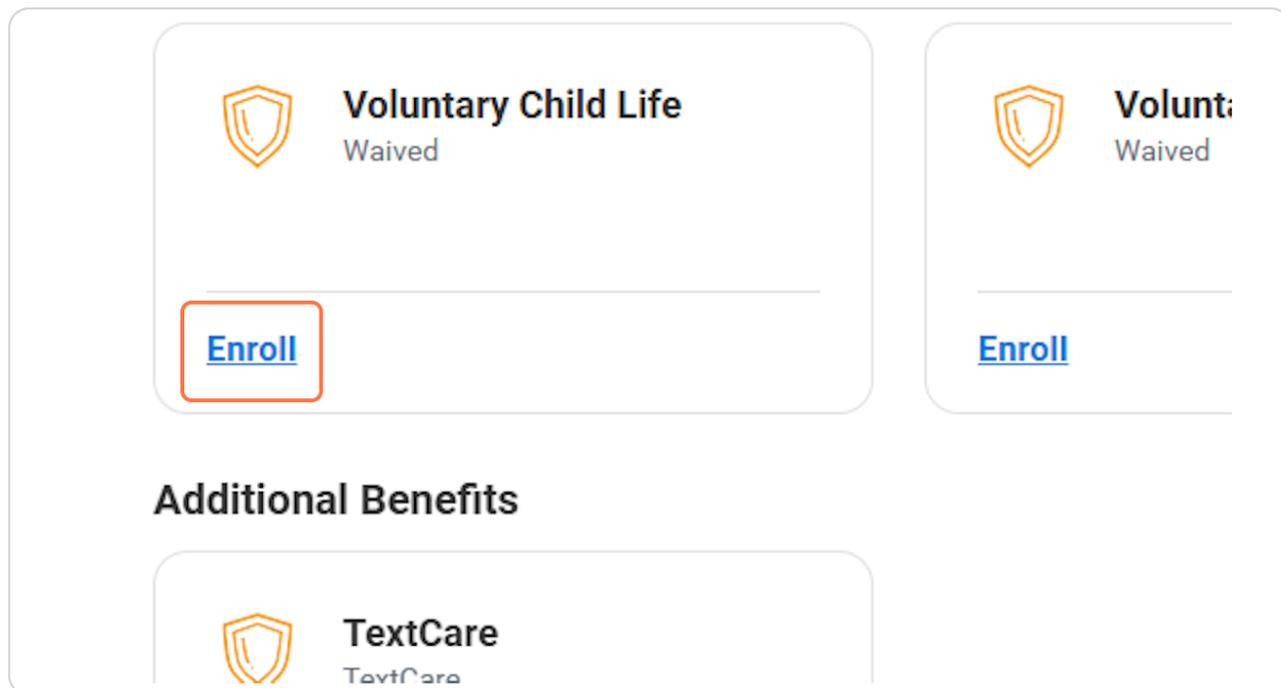
The screenshot shows a user interface for managing beneficiaries. At the top, there is a list of primary beneficiaries with two entries: 'Thomas Brandenburg' and 'Gronkowski Brandenburg'. Each entry has a minus sign on the left, an 'x' to remove the entry, and a three-dot menu on the right. Below this list is a section titled 'Secondary Beneficiaries 0 items'. This section contains a table with a plus sign in a circle in the first column, the text 'Beneficiary' in the second column, and 'Per' in the third column. Below the table, the text 'No Data' is displayed. At the bottom of the interface, there are two buttons: 'Save' and 'Cancel'. The 'Save' button is highlighted with a red rectangular border.

Beneficiary	Per
No Data	

**Save** **Cancel**

## STEP 42

**Click on Enroll or Manage on any other Insurance tiles you wish to add/update.**



The screenshot displays a user interface for insurance enrollment. It features three tiles within a rounded rectangular container. The top row contains two tiles: 'Voluntary Child Life' and 'Voluntary Health'. Both tiles show a shield icon, the text 'Voluntary Child Life' and 'Voluntary Health' respectively, and 'Waived' below. Each tile has an 'Enroll' button at the bottom. The 'Enroll' button for 'Voluntary Child Life' is highlighted with a red border. Below these tiles is a section titled 'Additional Benefits' which contains one tile for 'TextCare', also featuring a shield icon and the text 'TextCare'.



Dependent on your Insurance elections you may be required to complete an Evidence of Insurability (EOI) through the Life/Disability vendor prior to your coverage taking effect. This information will be called out during the enrollment and you will receive a task to complete your EOI as needed. Contact [benefits@maryfreebed.com](mailto:benefits@maryfreebed.com) for more information or questions on the EOI process.

## # Submitting your Enrollments

3 Steps



**IMPORTANT:** Enrollments are not submitted until you complete the steps below. You may leave the enrollment task and come back anytime during your enrollment window dates to complete your enrollments. But you must complete the steps below for your elections to take place.

## STEP 43

### Click on Review and Sign

### Additional Benefits



**TextCare**  
TextCare

Cost per paycheck Included

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[Manage](#)

**Review and Sign** Save for Later

## STEP 44

### Review and accept the legal notice.

### Electronic Signature

**Benefit Electronic Signature Text**

**Legal Notice: Please Read**

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.

You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status.

You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.

Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.

Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a qualified change in status event during the calendar year.

If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within 30 days after your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within 30 days after the marriage, birth or adoption.

I Accept

enter your comment

**Process History**

-  **Alexus Brandenburg** Change Benefits for Life Event- On Hold 28 minutes ago
-  **Alexus Brandenburg** Change Benefits for Life Event- Resumed 27 minutes ago

**Submit** Save for Later Cancel

**STEP 45**

**Click on Submit**

**Process History**

-  **Alexus Brandenburg**  
Change Benefits for Life Event- On Hold
-  **Alexus Brandenburg**  
Change Benefits for Life Event- Resumed
-  **Alexus Brandenburg**  
Change Benefits for Life Event- Awaiting Action

---

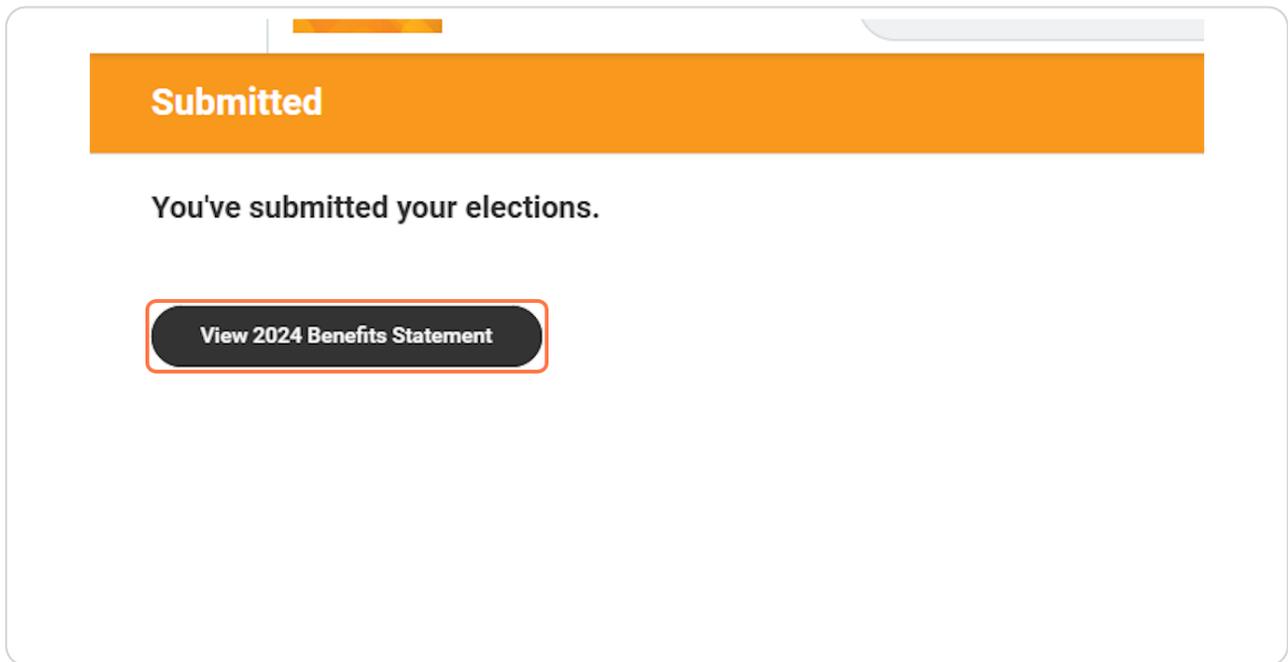
**Submit**   **Save for Later**   **Cancel**

**# Print/View your Elections**

3 Steps

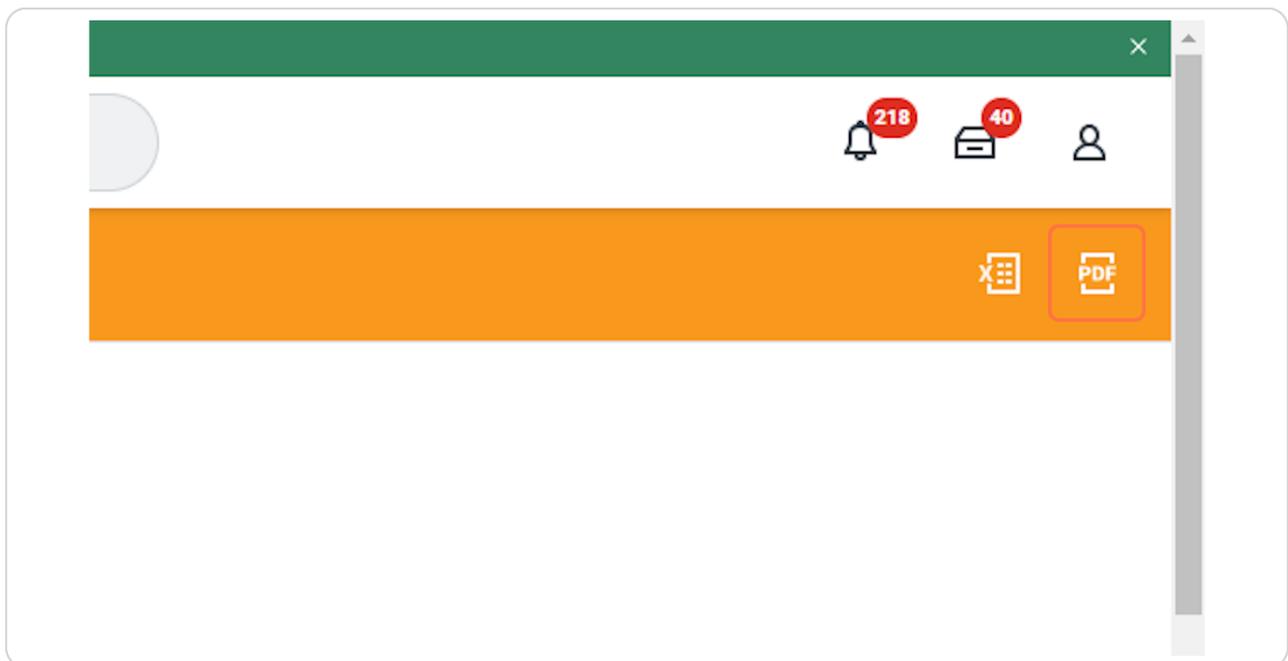
STEP 46

Click on View 2024 Benefits Statement



STEP 47

Click on View printable version (PDF)



## STEP 48

### Click on Download

This will download a Printable PDF of your elections. However you can also navigate to your employee profile or to the Benefits and Pay Hub to view your current enrollments.

