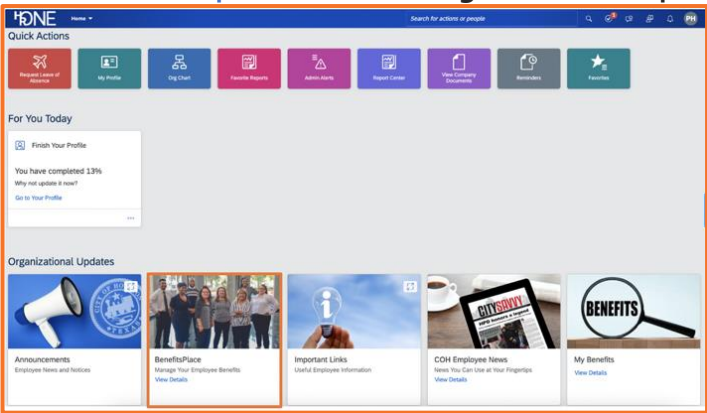
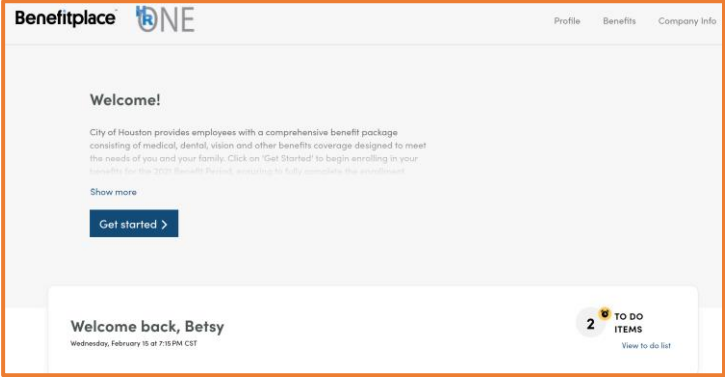
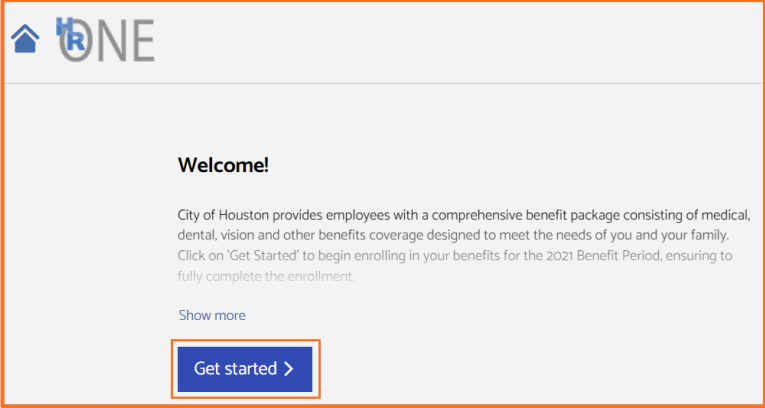
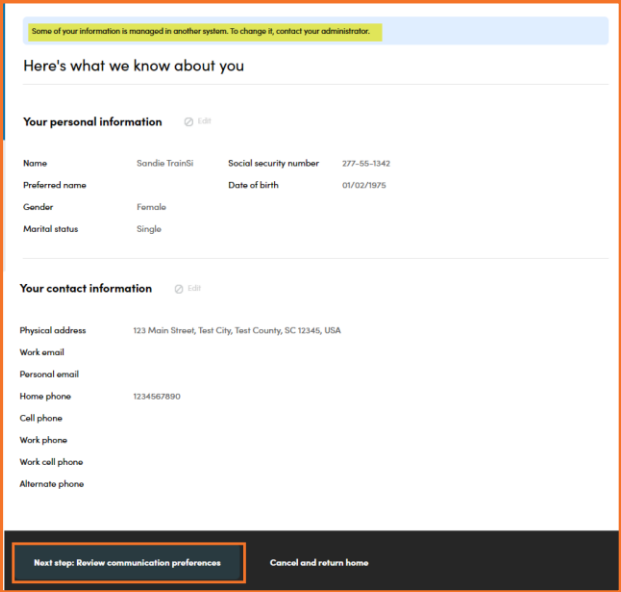


How to Enroll in Benefits as a New Hire Employee (Initial Enrollment)

Follow the steps in this guide to complete your initial enrollment as a new hire in the Benefitplace system. To enroll in benefits, you will complete the following steps:

- [Access Benefitplace for the First Time](#)
- [Review your Profile and Communication Preferences](#)
- [Add a New Dependent](#) (if applicable)
- [Enroll in Benefits as a New Hire](#) (Initial Enrollment)
- [Attach Documentation for Verification](#) (if applicable)


Step #	How to Access Benefitplace for the First Time
1	<p>The Benefitplace system can be accessed via SuccessFactors Employee Central (SFEC). Click the Benefitplace tile in the Organizational Updates section on the SFEC home page.</p> 
2	<p>You are now logged in to Benefitplace.</p> 

Step #	How to Review Your Profile and Communication Preferences
1	<p>Click Get started to begin your enrollment.</p> 
2	<p>It is important to make sure your contact information is up to date on your Profile, so you do not miss important notifications regarding coverage, enrollment, and eligibility.</p> <p>Your contact information is managed in Employee Central but you must review it to ensure accuracy. To make changes to your personal or contact information, please do so in Employee Central and click Save.</p> <p>Click Next step: Review communication preference to continue.</p> 

3

To set your communication preferences, click **Edit**. Click the checkbox next to your preferred method of communication. If you are missing contact information, you will be unable to select it as your method of communication. Click **Save preferences** to confirm your selection, then click **Continue to next step**.

Please set your communication preferences

From your employer  Edit

Communication method Text using phone number: 1234567890

Continue to next step **Cancel and return home**

Which methods would you like them to use?

Email options Text options*

☒ Personal email
retiree@gmail.com ☒ Home phone
1234567890

*Please only select phone numbers that can receive SMS text messages.

Step #

How to Add a New Dependent

1

Click **Add Dependent** to enroll dependents for coverage under your benefit plan(s).

Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Add Dependent

Next

Previous

2


Enter all the requested information for your dependent(s). Required fields are indicated with a red asterisk (*). To include additional dependents, click **Save & Add Another**. After entering all dependent data, click **Save**.

Add Dependent

First Name * Middle Name Last Name *

Suffix Preferred Name

---Please Select--- ---Please Select---

Date of Birth * 

Gender *
☐ Female ☐ Male ☐ Undeclared

SSN *
SSN is required for dependents 1 months and older. If your dependent is less than 1 months old, you may leave this field blank. However, you will be required to provide this information when the dependent reaches 1 months old.

Relationship *
---Please Select---

Physical Address
☒ Use Employee Address

Save **Save & Add Another** Cancel

3

Review the information for accuracy, then click **Next**.

Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Name	Relationship	Date of Birth	Gender	Actions
Ian Trainkoo	Child	03/12/1981	Male	Actions ▾

Add Dependent

Next

Note:

If you need to edit or remove a dependent prior to enrolling them in benefits, click the **Actions** drop-down and select the applicable option (**Edit** or **Remove**). Then click **Next** to continue.

Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Name	Relationship	Date of Birth	Gender	Actions
Ian Trainkoo	Child	03/12/1981	Male	Actions ▾

Add Dependent

Next

Step #**How to Enroll in Benefits**

1

You are now ready to enroll in benefits. Click **Begin enrollment**.

Note: You also have the option to **Decline** each benefit.

Your benefits

1. Choose your Medical coverage

Begin enrollment Decline coverage


2. Choose your Dental coverage

3. Choose your Vision coverage

4. Choose your Health FSA coverage

2

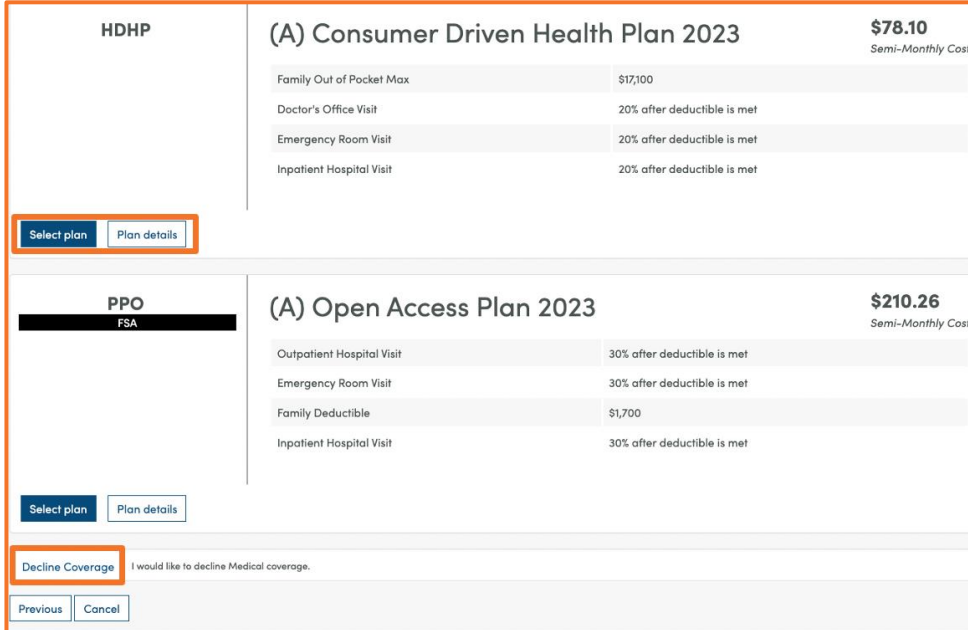
Select the dependents you want to cover under your medical coverage.

 **Who do you want to cover on this plan?**

✓ Betsy Trainkoo Ian Trainkoo

3

Click the **Select plan** button next to your preferred medical plan. To view more information about a plan, click **Plan details**.



Plan Type	Plan Name	Semi-Monthly Cost
HDHP	(A) Consumer Driven Health Plan 2023	\$78.10
	Family Out of Pocket Max	\$17,100
	Doctor's Office Visit	20% after deductible is met
	Emergency Room Visit	20% after deductible is met
	Inpatient Hospital Visit	20% after deductible is met
PPO FSA	(A) Open Access Plan 2023	\$210.26
	Outpatient Hospital Visit	30% after deductible is met
	Emergency Room Visit	30% after deductible is met
	Family Deductible	\$1,700
	Inpatient Hospital Visit	30% after deductible is met

Select plan **Plan details**

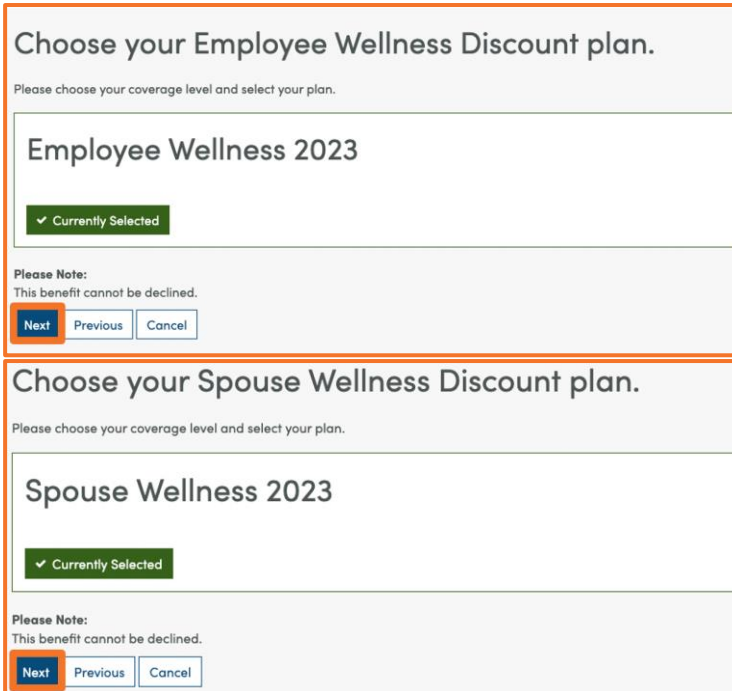
Select plan **Plan details**

Decline Coverage I would like to decline Medical coverage.

Previous **Cancel**

4

You will be auto enrolled in the **Employee Wellness Discount plan**. If applicable, you will also be auto enrolled in the **Spouse Wellness plan**. Neither plan can be declined. Click **Next** to continue.



Choose your Employee Wellness Discount plan.

Please choose your coverage level and select your plan.

Employee Wellness 2023

✓ Currently Selected

Please Note:
This benefit cannot be declined.

Next **Previous** **Cancel**

Choose your Spouse Wellness Discount plan.

Please choose your coverage level and select your plan.

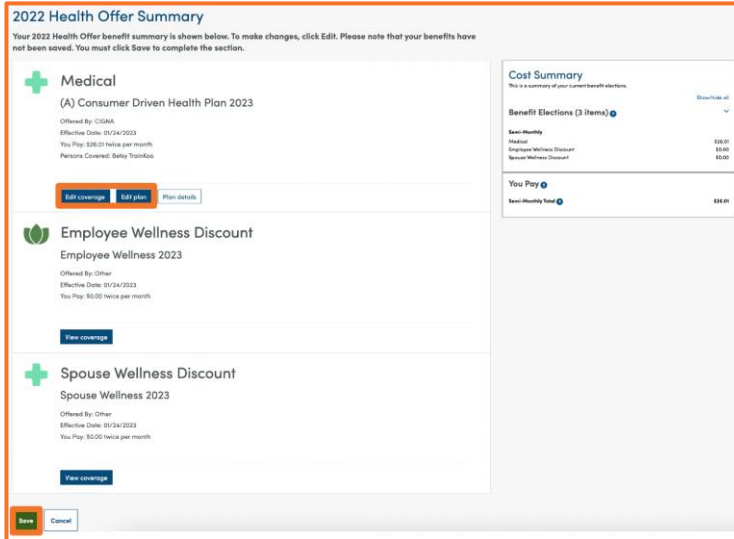
Spouse Wellness 2023

✓ Currently Selected

Please Note:
This benefit cannot be declined.

Next **Previous** **Cancel**

- 5 Review and confirm your medical plan elections on the **Summary** page. To make corrections to your elections, click **Edit Coverage** or the **Edit Plan** button to make changes. Click **Save** to confirm your choice.



2022 Health Offer Summary
Your 2022 Health Offer benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.

Medical
(A) Consumer Driven Health Plan 2023
Offered By: CIGNA
Effective Date: 01/24/2023
You Pay: \$28.01 twice per month
Persons Covered: Sally Trainor

Cost Summary
This is a summary of your current benefit elections. [Download all](#)

Benefit Elections (3 items)

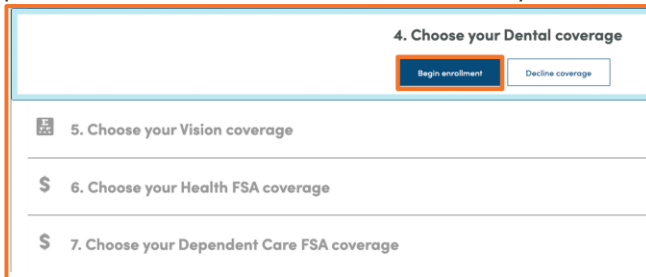
Benefit	Cost
Medical	\$28.01
Employee Wellness Discount	\$0.00
Spouse Wellness Discount	\$0.00
You Pay	\$28.01

Employee Wellness Discount
Employee Wellness 2023
Offered By: Other
Effective Date: 01/24/2023
You Pay: \$0.00 twice per month

Spouse Wellness Discount
Spouse Wellness 2023
Offered By: Other
Effective Date: 01/24/2023
You Pay: \$0.00 twice per month

Buttons: Edit coverage, Edit plan, View details, View coverage, Save, Cancel

- 6 Click **Begin enrollment** to select your Dental and other remaining benefits. Select from the plans listed, then click **Save** to confirm your selections.



4. Choose your Dental coverage

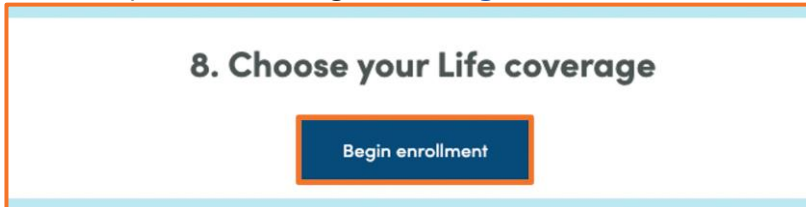
Buttons: Begin enrollment, Decline coverage

5. Choose your Vision coverage

6. Choose your Health FSA coverage

7. Choose your Dependent Care FSA coverage

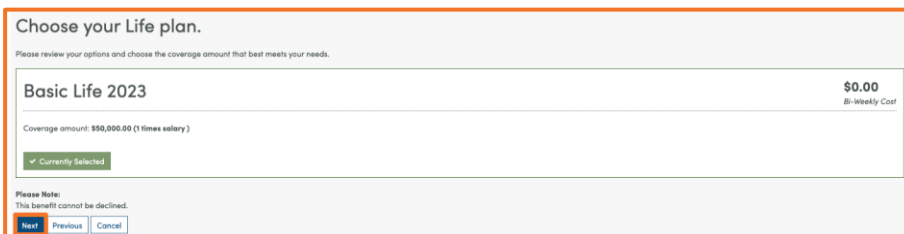
- 7 To select your life coverage, click **Begin enrollment**.



8. Choose your Life coverage

Buttons: Begin enrollment

- 8 You will be auto enrolled in the **Basic Life plan**. This benefit cannot be declined. Click **Next** to continue.



Choose your Life plan.
Please review your options and choose the coverage amount that best meets your needs.

Basic Life 2023 **\$0.00**
Bi-weekly Cost

Coverage amount: \$50,000.00 (1 times salary)

☒ **Currently Selected**

Please Note:
This benefit cannot be declined.

Buttons: Next, Previous, Cancel

9

Click **Add Beneficiary**.

Life: Beneficiary information

You have no beneficiaries either populated with their Beneficiary Type, allocation amount, and/or selected to be covered.

Note: When replacing an existing beneficiary with a new one, first deselect the beneficiary, add the new beneficiary, then adjust the allocation percentage accordingly.

Use	Name	Relationship	Date of Birth	SSN/ID	Beneficiary Type	Allocation %	Actions
<input type="button" value="Add Beneficiary"/>							

Please Note:
Secondary beneficiaries will receive proceeds in the event that all primary beneficiaries are no longer living.

10

Select a **Beneficiary Type**, then click **Next** to continue.

Life: Beneficiary information

Beneficiary type?

Please Note:
A beneficiary is a person, organization, trust, or estate designated by the certificate holder to receive proceeds from a policy when the certificate holder becomes deceased. You will be able to name multiple persons, organizations and/or trusts as primary and/or secondary beneficiaries and designate allocation percentages for each.

☐ Person ☐ Estate
☐ Organization
☐ Trust

11

You have the option to designate your dependent(s) as a beneficiary or click the **Enter New Beneficiary** option to enter information for another individual.

Life: Beneficiary information

Please choose an existing dependent if applicable, otherwise click next to enter a new beneficiary.

☐ Enter New beneficiary

Dependents Eligible To Be Used As Beneficiaries

Use	Name	Relationship	Date of Birth
<input type="radio"/>	Ian Trainkoo	Child	03/12/1981

12

For a new beneficiary, enter the relevant information. The required fields are indicated with a red asterisk (*). Click **Next** to continue.

Life: Beneficiary information

Enter the beneficiary information.

First Name * Middle Name Last Name * Suffix

Relationship * Social Security Number Date of Birth *

Address 1 * Address 2 City * State / Province *

ZIP / Postal code * Country * Phone Number *

13

To add another beneficiary, click **Add Beneficiary**. Then, complete the required fields.

- Use the **Beneficiary Type** field to indicate the **Primary** and **Secondary** beneficiaries.
- Enter an **Allocation %** for each beneficiary.
- Click **Next** to continue.

Note: If you have multiple Primary beneficiaries the allocation percentage must total 100%.

Life: Beneficiary information

Please select the beneficiaries for this benefit, specifying whether they are Primary or Secondary as well as the allocation percentage(s).

Note: When replacing an existing beneficiary with a new one, first deselect the beneficiary, add the new beneficiary, then adjust the allocation percentage accordingly.

Use	Name	Relationship	Date of Birth	SSN/ID	Beneficiary Type	Allocation %	Actions
<input checked="" type="checkbox"/>	Fiona TrainKoo	Sister	02/02/1960		---Please Select---		Edit

[Add Beneficiary](#)

Please Note:
Secondary beneficiaries will receive proceeds in the event that all primary beneficiaries are no longer living.

[Next](#) [Previous](#) [Cancel](#)

14

To edit a beneficiary, click **Edit** and update their information as needed.

To remove a beneficiary, deselect the **Use** checkbox next to the beneficiary's name. Click **Next** to continue.

Life: Beneficiary information

Please select the beneficiaries for this benefit, specifying whether they are Primary or Secondary as well as the allocation percentage(s).

Note: When replacing an existing beneficiary with a new one, first deselect the beneficiary, add the new beneficiary, then adjust the allocation percentage accordingly.

Use	Name	Relationship	Date of Birth	SSN/ID	Beneficiary Type	Allocation %	Actions
<input checked="" type="checkbox"/>	Fiona TrainKoo	Sister	02/02/1960		Primary	50	Edit
<input type="checkbox"/>	Ian TrainKoo	Child	03/12/1981	123-45-6789	Secondary	50	Edit

[Add Beneficiary](#)

[Next](#) [Previous](#) [Cancel](#)

15

You will be auto enrolled in a **Dependent Life plan**. This benefit cannot be declined. Click **Next** to continue.

Please review your options and choose the coverage amount that best meets your needs.

Dependent Life

Coverage amount: \$2000 (Spouse) / \$1000 (Child)

☒ Currently Selected

Please Note:
This benefit cannot be declined.

[Next](#) [Previous](#) [Cancel](#)

16

Select a **Voluntary Life Plan** by clicking the check box next to the amount you want to choose, then click **Select plan** to allocate a percentage to your beneficiaries. To decline Voluntary Life coverage, click **Decline Coverage**. Click **Next**.

Please review your options and choose the coverage amount that best meets your needs.

Voluntary Life 2023

Coverage amount	Semi-Monthly Cost
<input type="radio"/> \$50,000.00 (1 times salary)	\$5.00
<input type="radio"/> \$100,000.00 (2 times salary)	\$10.00
<input type="radio"/> \$150,000.00 (3 times salary)	\$15.00
<input type="radio"/> \$200,000.00 (4 times salary)	\$20.00

Select plan

Decline Coverage I would like to decline Voluntary Life coverage.

Please Note:
The guaranteed issue amount for this benefit is \$150,000.00.

Next Previous Cancel

17

If applicable, select the dependent you would like to cover under **Voluntary Spouse Life**. To add a dependent, click **Add Dependent** and fill out the required fields. Select from the available plans and click **Next**.

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

If no one, click "Decline Coverage" to continue to enroll.

Eligible For Coverage

Select	Name	Relationship	Date of Birth	Gender
<input checked="" type="checkbox"/>	Tony Trainkoo	Spouse	07/20/1960	Male


Add Dependent

Decline Coverage I would like to decline Voluntary Spouse Life coverage.

Next Previous

Choose your Voluntary Spouse Life plan.

Please review your options and choose the coverage amount that best meets your needs.

 Who do you want to cover on this plan? [Add Dependent](#)

✓ Tony Trainkoo

Voluntary Spouse Life 2023

Coverage amount: \$50,000.00 (1 times salary up to \$50,000.00)

Currently Selected

Decline Coverage I would like to decline Voluntary Spouse Life coverage.

Please Note:
The guaranteed issue amount for this benefit is \$50,000.00.

Next Previous Cancel

18

If applicable, select the dependent you would like to cover under **Voluntary Child Life**. To add a dependent, click **Add Dependent** and fill out the required fields. Select from the available plans and click **Next**.

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

If no one, click "Decline Coverage" to continue to enroll.

Eligible For Coverage

Select	Name	Relationship	Date of Birth	Gender	Actions
<input checked="" type="checkbox"/>	Ian TrainKoo	Child	03/12/1981	Male	Edit

[Add Dependent](#)

[Decline Coverage](#) I would like to decline Voluntary Child Life coverage.

[Next](#) [Previous](#)

Please review your options and choose the coverage amount that best meets your needs.

Who do you want to cover on this plan?

[Add Dependent](#)

☒ Ian TrainKoo

Voluntary Child Life 2023

Coverage amount: \$10,000.00

[Select plan](#)

[Decline Coverage](#) I would like to decline Voluntary Child Life coverage.

[Previous](#) [Cancel](#)

19

Review and confirm your life plan elections on the **Summary** page. To make corrections to your elections, click **Edit Coverage**. To make changes to your beneficiaries, click **Edit** and update the information as needed.

Click **Save** to confirm your choice and begin making your remaining benefit selections.

2022 Life Offer Summary

Your 2022 Life Offer benefit summary is shown below. Please note that your benefits have not been saved. You must click **Save** to complete the section.

Life

Basic Life 2023

Offered By: Dearborn National
Coverage Amount: \$50,000.00 (1 times salary)
Effective Date: 01/24/2023
You Pay: \$0.00 every two weeks

Beneficiary [Edit](#)

[Show details](#)

[View coverage](#)

Dependent Life

Dependent Life

Offered By: Dearborn National
Coverage Amount: \$2000 (Spouse) / \$1000 (Child)
Effective Date: 01/24/2023
You Pay: Not Available

[View coverage](#)

Voluntary Life

Voluntary Life 2023

Offered By: Dearborn National
Coverage Amount: \$100,000.00 (2 times salary)
Imputed Income: \$5.00 per pay period What's this?
Effective Date: 01/24/2023
You Pay: \$10.00 twice per month

[Save](#) [Cancel](#)

Cost Summary

This is a summary of your current benefit elections.

[Show/Hide all](#)

Benefit Elections (9 items)

Benefit Election	Cost
Medical	\$16.01
Employee Wellness Discount	\$2.00
Spouse Wellness Discount	\$2.00
Dental	\$4.45
Vision	\$4.54
Dependent Life	Unavailable
Voluntary Life	\$10.00
Voluntary Spouse Life	\$5.00
Bi-Weekly Life	\$5.00
Bi-Weekly Total	\$5.00
Semi-Monthly Total	\$10.00

Tax Advantage Accounts (1 item)

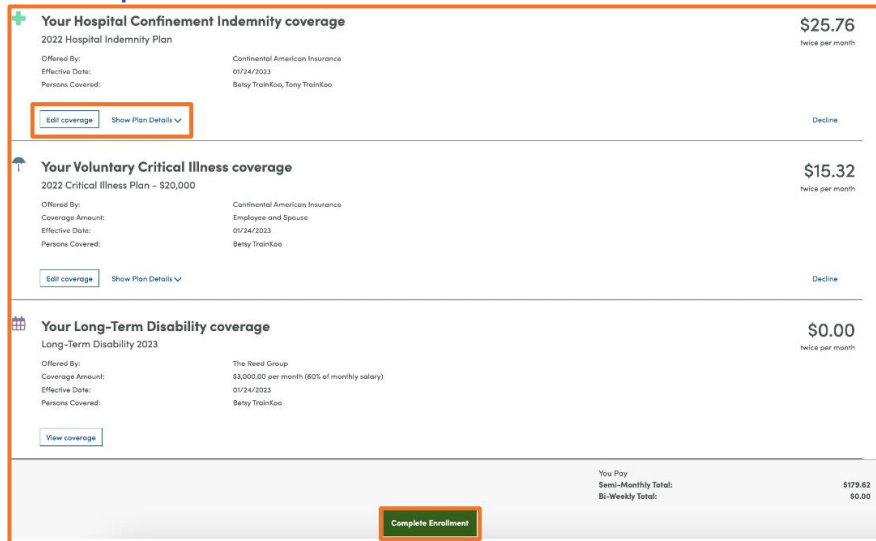
Tax Advantage Account	Cost
Semi-Monthly Contributions	\$83.33
Health FSA Employee Contribution	\$83.33
Semi-Monthly Contributions Total	\$83.33

You Pay

You Pay	Cost
Semi-Monthly Total	\$103.33
Bi-Weekly Total	\$5.00

20

The final page shows all the benefit elections you have made. Review the information and click the **Edit coverage** button if needed to make changes to the plans displayed. To see more information about your plans, click the **Show Plan Details** link. To finalize your selections, click the **Complete Enrollment** button.



Your Hospital Confinement Indemnity coverage
2022 Hospital Indemnity Plan
Offered By: Continental American Insurance
Effective Date: 01/24/2023
Persons Covered: Betty TrainKoo, Tony TrainKoo
\$25.76 twice per month
[Edit coverage](#) [Show Plan Details](#) [Decline](#)

Your Voluntary Critical Illness coverage
2022 Critical Illness Plan - \$20,000
Offered By: Continental American Insurance
Coverage Amount: Employee and Spouse
Effective Date: 01/24/2023
Persons Covered: Betty TrainKoo
\$15.32 twice per month
[Edit coverage](#) [Show Plan Details](#) [Decline](#)

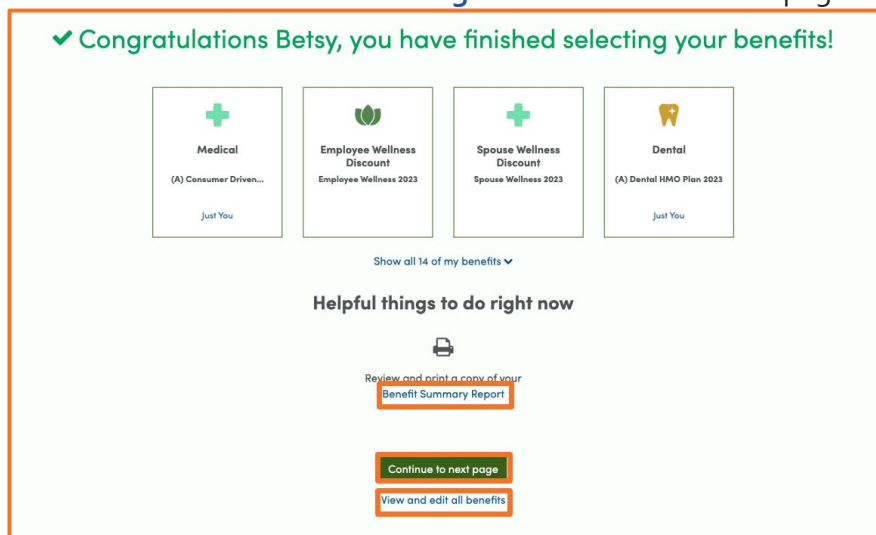
Your Long-Term Disability coverage
Long-Term Disability 2023
Offered By: The Steel Group
Coverage Amount: \$3,000.00 per month (60% of monthly salary)
Effective Date: 01/24/2023
Persons Covered: Betty TrainKoo
\$0.00 twice per month
[View coverage](#)

You Pay
Semi-Monthly Total: \$179.62
Bi-Weekly Total: \$0.00
[Complete Enrollment](#)

21

The confirmation page displays your selections.

- To print or download a copy of your report, click **Benefit Summary Report**.
- To edit your benefits, click **View and edit all benefits**.
- Click **Continue to Next Page** to return to the home page.



✓ **Congratulations Betsy, you have finished selecting your benefits!**

Medical
(A) Consumer Driven...
Just You

Employee Wellness Discount
Employee Wellness 2023

Spouse Wellness Discount
Spouse Wellness 2023

Dental
(A) Dental HMO Plan 2023
Just You

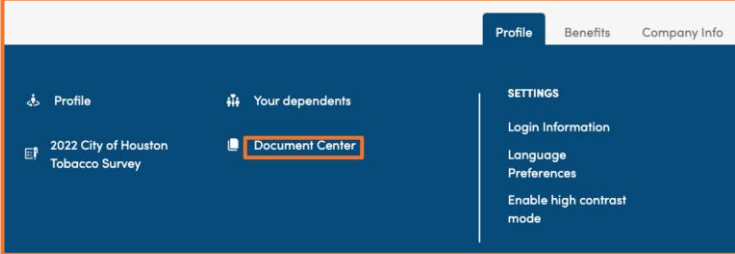
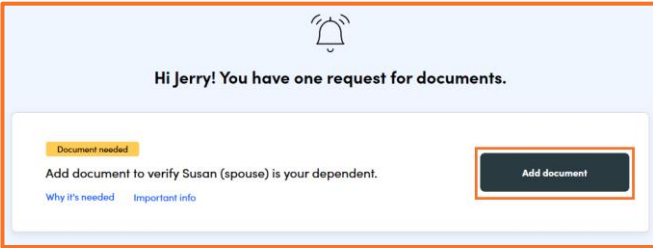
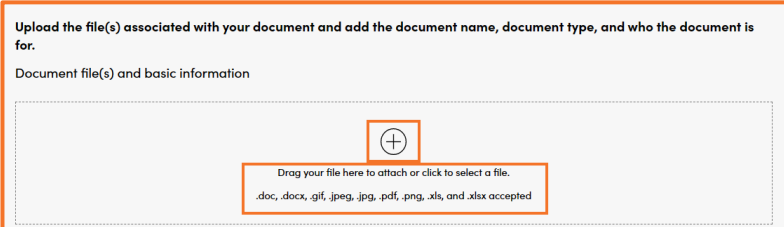

[Show all 14 of my benefits](#)

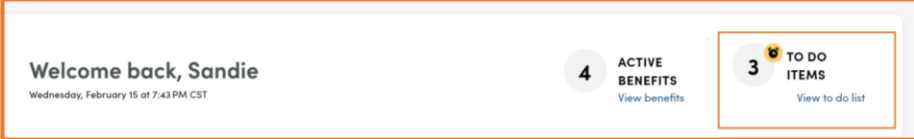
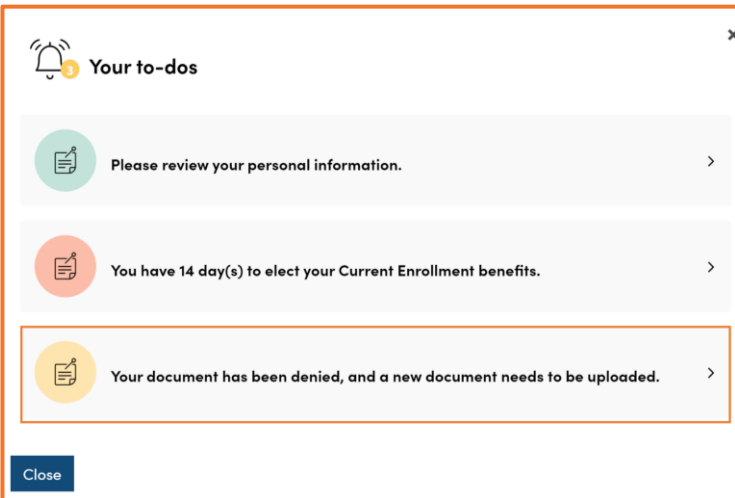
Helpful things to do right now

[Review and print a copy of your Benefit Summary Report](#)

[Continue to next page](#)

[View and edit all benefits](#)

Step #	Attaching Supplemental Documents for Verification
1	<p>On the homepage, click the Profile tab and select Document Center.</p> 
2	<p>Any request for documentation will populate in this section. To add documentation, click Add document.</p> 
3	<p>Click the Upload button and browse your computer for the document. Note: Below are the types of documents that can be uploaded.</p> 
4	<p>After uploading the document, enter the Document Name and select the Type of Document.</p> 
5	<p>Click the Save document button to continue.</p>

6	<p>After you have applied for benefits, any request for additional information will be visible in your To Do Items section. From the homepage, you may click on View To Do List to view requests for documentation</p> 
7	<p>Select the To Do item you wish to address.</p> 
8	<p>The Document Center page will appear. Upload or replace the document requested, then click Save Document.</p>
9	<p>Click Return to homepage to exit the Document Center.</p> 