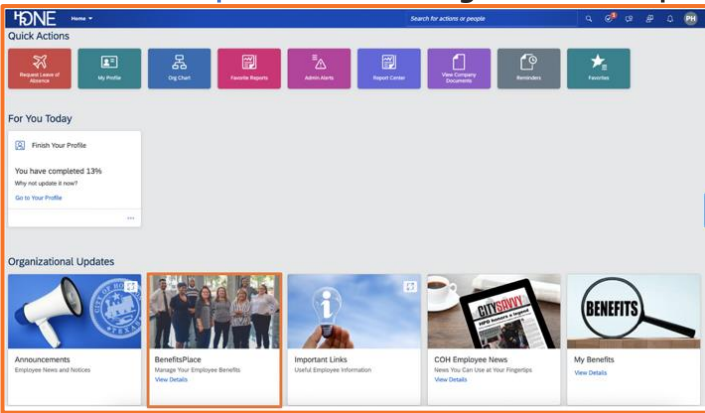
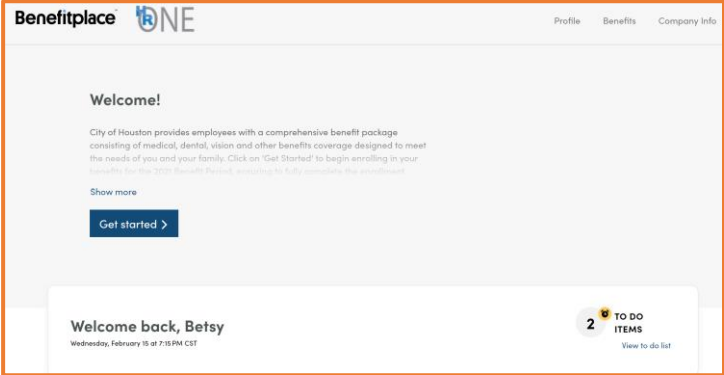
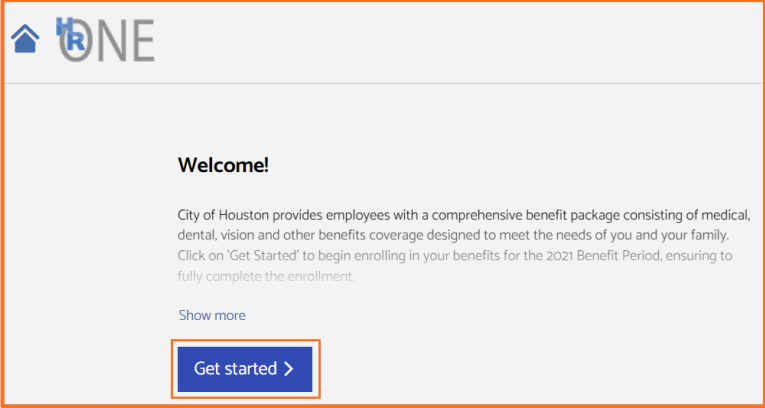
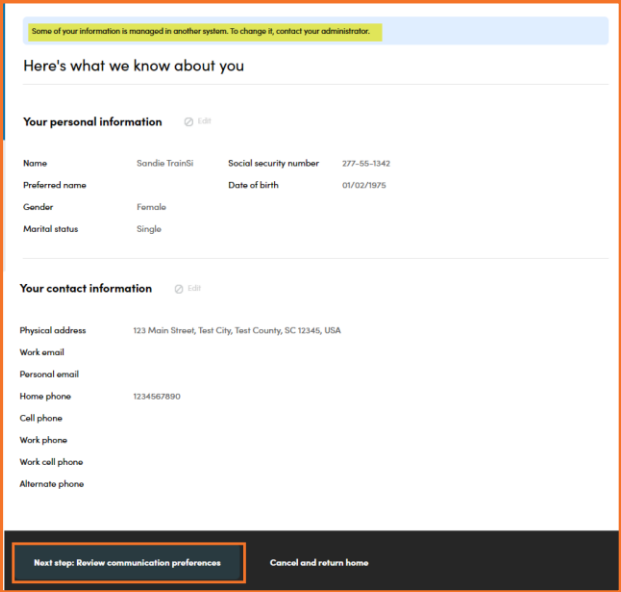


How to Enroll in Benefits as an Employee (Open Enrollment)

Follow the steps in this guide to complete your Open Enrollment benefit election in the Benefitplace system. To enroll in benefits during open enrollment, you will complete the following steps:

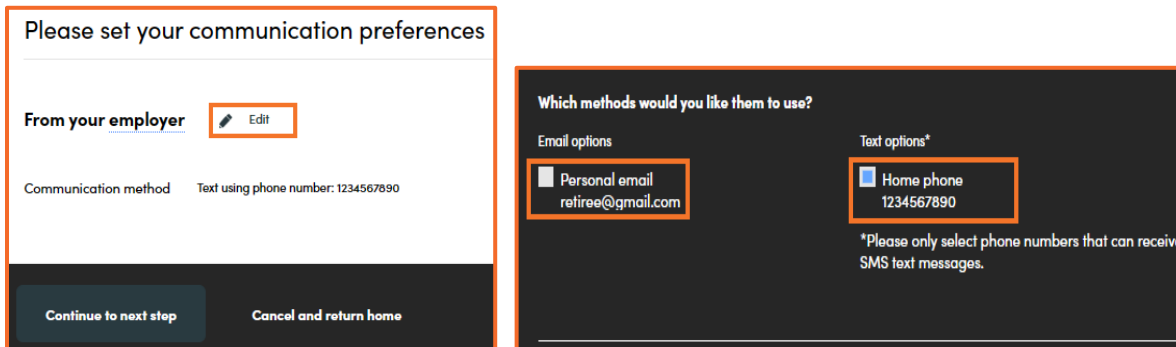
- [Access Benefitplace for the First Time](#)
- [Review your Profile and Communication Preferences](#)
- [Add a New Dependent](#) (if applicable)
- [Enroll in Benefits](#) (Open Enrollment)
- [Attach Documentation for Verification](#) (if applicable)

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**.

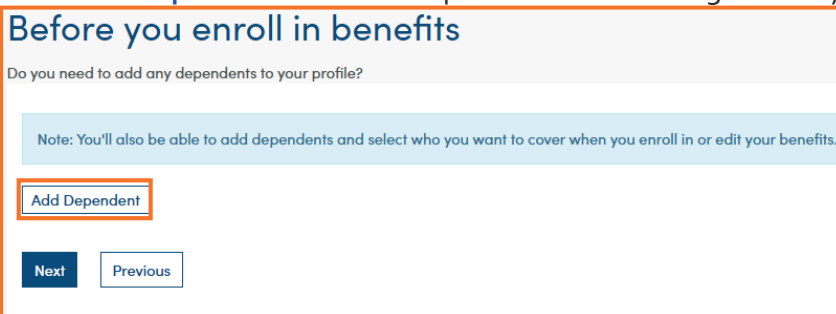


Step #

How to Add a New Dependent

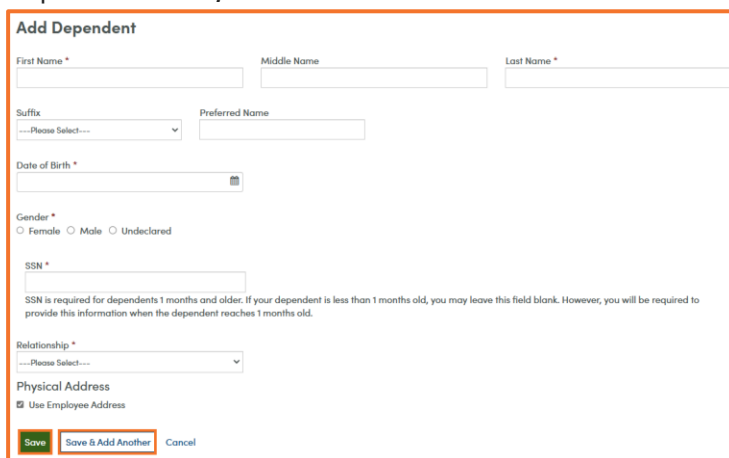
1

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



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**.



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 (Open Enrollment)**

1

To begin Open Enrollment, click **Get started**.

Welcome!

City of Houston provides employees with a comprehensive benefit package consisting of medical, dental, vision and other benefits coverage designed to meet the needs of you and your family. Click on 'Get Started' to begin enrolling in your benefits for the 2021 Benefit Period, ensuring to fully complete the enrollment.

Show more

Get started >

- 2 Review your dependent information. To add a dependent, click **Add Dependent** and complete the required fields. 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
Michel TrainBo	Child	07/17/2014	Male	Actions ▾

Add Dependent**Next**

Previous

- 3 Answer any additional enrollment questions. Click **Next** to continue.

Covered by Medicare?

Providing Medicare information can help coordinate payment of medical expenses.

Are you or any of your dependents covered by Medicare?

☐ Yes☐ No

What is Medicare?

Next

Previous

Cancel

- 4 You are now ready to complete Open Enrollment. To view your current benefits prior to enrollment, click **Current Benefits** or **Compare to your current benefits** for a side-by-side overview.

Current Benefits

Open Enrollment Benefits

Open Enrollment Benefits

Whether you want to change your benefits or keep them the same as last year, it's still important that you carefully complete each step in the enrollment process to make sure all of your benefits are covered for the upcoming plan year.

Compare to your current benefits

- 5 You will be shown a list of your available benefits. To view your current enrollments, click **View your current plan** under the benefit you would like to review. To decline coverage, select **Decline coverage**. Click **Begin enrollment** to chose a medical plan.

Your benefits

1. Choose your Medical coverage**Begin enrollment****View your current plan****Decline coverage**

2. Choose your Dental coverage



3. Choose your Vision coverage

- 6 Review the dependent(s) you have covered under your current plan. Select the person's name to add or remove them from your coverage. To add a dependent click, **Add Dependent**.

Note: Additional documentation may be required to verify your dependent status.

Who do you want to cover on this plan?

✓ Betsy TrainKoo

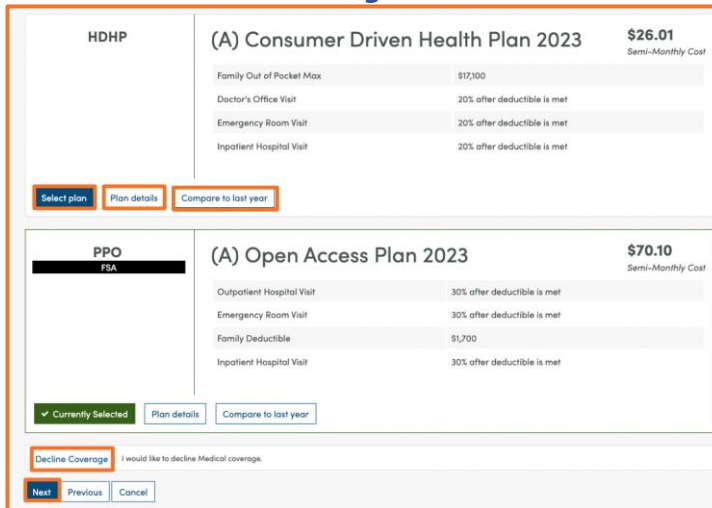
✓ Tony TrainKoo

Ian TrainKoo

Add Dependent

7

Review your available plan options. To see more information about your coverage, click [Plan details](#). To see new changes in plan coverage, select [Compare to last year](#). To keep your current plan, click [Next](#), or to change coverage, click [Select plan](#) next to your new selection. **Note:** Click [Decline Coverage](#) to decline benefits.



HDHP

(A) Consumer Driven Health Plan 2023 **\$26.01**
Semi-Monthly Cost

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

[Select plan](#) [Plan details](#) [Compare to last year](#)

PPO

(A) Open Access Plan 2023 **\$70.10**
Semi-Monthly Cost

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

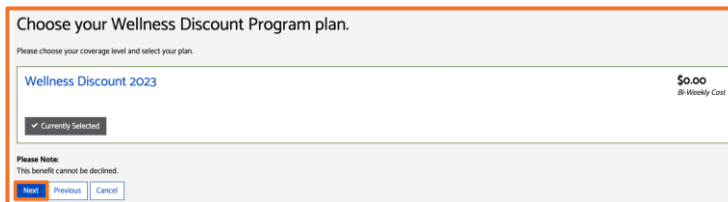
☒ **Currently Selected** [Plan details](#) [Compare to last year](#)

[Decline Coverage](#) I would like to decline Medical coverage.

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

8

You will be auto enrolled in a Wellness Discount Program Plan. This benefit cannot be decline. Click [Next](#) to continue.



Choose your Wellness Discount Program plan.

Please choose your coverage level and select your plan.

Wellness Discount 2023 **\$0.00**
Bi-Weekly Cost

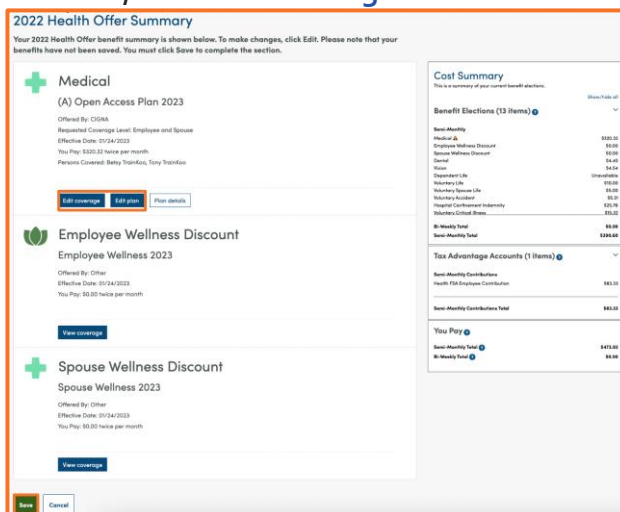
☒ **Currently Selected**

Please Note:
This benefit cannot be declined.

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

9

Review and confirm your plan selections on the [Summary](#) page. To make corrections to your elections, click [Edit Coverage](#) or [Edit Plan](#). 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) Open Access Plan 2023
Offered By: CGMA
Requested Coverage Level: Employee and Spouse
Effective Date: 01/24/2023
You Pay: \$26.01 twice per month
Persons Covered: Betty TranMax, Tony TranMax

[Edit coverage](#) [Edit plan](#) [Plan details](#)

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

[View coverage](#)

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

[View coverage](#)

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

Cost Summary
This is a summary of your current benefit elections.

Benefit Elections (13 items)

Best Monthly	
Medical	\$26.01
Employee Wellness Discount	\$0.00
Spouse Wellness Discount	\$0.00
Dental	\$4.49
Vision	\$4.50
Dependent Life	Uninsured
Voluntary Life	\$0.00
Voluntary Spouse Life	\$0.00
Health Savings Account	\$0.00
Health Savings Account (Spouse)	\$0.00
Voluntary Critical Illness	\$0.00
Bi-Weekly Total	\$30.00
Best Monthly Total	\$120.00

Tax Advantage Accounts (1 items)

Best Monthly Contributions	
Health Savings Account Contribution	\$0.00
Best Monthly Contributions Total	\$0.00

Your Pay

Best Monthly Total	\$40.00
Bi-Weekly Total	\$0.00

10

Complete your other remaining benefits. Make any changes, then click **Save** to confirm your selections.

3. Choose your Dental coverage

Begin enrollment

View your current plan

Decline coverage

11

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

6. Choose your Life coverage

Begin enrollment

12

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.

Next

Previous

Cancel

13

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

Next

Previous

Cancel

14

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"/>	Michel TrainBo	Child	07/17/2014

Next

Previous

Cancel

15

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 —Please Select—
Relationship *	Social Security Number	Date of Birth *	
Address 1 *	Address 2	City *	State / Province * —Please Select—
ZIP / Postal code *	Country * —Please Select—	Phone Number *	

Next Previous Cancel

16

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"/>	Jenn TrainBo	Sister	02/13/1980		—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

17

Review all beneficiaries. 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"/>	Jenn TrainBo	Sister	02/13/1980		—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

18

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**.

Choose your Voluntary Life plan.

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

Voluntary Life 2023

Coverage amount	Bi-Weekly Cost
<input type="radio"/> \$50,000.00 (1 times salary)	\$4.62
<input type="radio"/> \$100,000.00 (2 times salary)	\$9.23
<input type="radio"/> \$150,000.00 (3 times salary)	\$13.85
<input type="radio"/> \$200,000.00 (4 times salary)	\$18.46

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

19

Select a Voluntary Spouse Life plan. Click **Next** to continue.

Choose your Voluntary Spouse Life plan.

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

Voluntary Spouse Life 2023 **\$4.62**
Bi-Weekly Cost

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

20

Select a Voluntary Child Life plan. Click **Select plan** or **Decline Coverage** to continue.

Choose your Voluntary Child Life plan.

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

Voluntary Child Life 2023 **\$1.11**
Bi-Weekly Cost

Coverage amount: \$10,000.00

Select plan

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

Previous Cancel

21

Review and confirm your life plan elections on the **Summary** page. To make corrections to your elections, click **Edit Coverage** to make changes. To edit your beneficiaries, click on the **Edit icon** and complete the required fields. Click **Save** to confirm your choice and complete your remaining selections.

2023 Life Offer Summary

Your 2023 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: 05/01/2023

You Pay \$0.00 every two weeks

Beneficiaries  **Edit**

Show details ▾

View coverage

Spouse Life

Spouse Life 2023

Offered By: Dearborn National

Coverage Amount: \$2,000 (Spouse Only)

Effective Date: 05/01/2023

You Pay \$0.00 every two weeks

Plan details

Dependent Life

Dependent Life 2023

Offered By: Dearborn National

Coverage Amount: \$1,000 per covered dependent

Effective Date: 05/01/2023

You Pay \$0.00 every two weeks

Plan details

Voluntary Life

Cost Summary

This is a summary of your 2023 benefit elections.

Show/Hide all ▾

Benefit Elections (10 items) ▾

Bi-Weekly	
Medical	\$24.01
Wellness Discount Program	\$0.00
Dental	\$4.11
Vision	\$7.88
Life	\$0.00
Spouse Life	\$0.00
Dependent Life	\$0.00
Voluntary Life	\$0.00
Voluntary Spouse Life	\$4.62
Voluntary Child Life	\$0.00
Bi-Weekly Total	\$55.38

⚠️ Benefits summary totals are subject to change.

Tax Advantage Accounts (1 items) ▾

Bi-Weekly Contributions	
Health TPA Employee Contribution	\$9.23
Bi-Weekly Contributions Total	\$9.23

You Pay

Bi-Weekly Total	\$14.51
------------------------	----------------

Save **Cancel**

22

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 finalize your selections, click **Complete Enrollment**.

Your Voluntary Critical Illness coverage

2023 Critical Illness Plan - \$20,000

Offered By: Continental American Insurance

Coverage Amount: Employee and Children

Effective Date: 05/01/2023

Persons Covered: Karan Trainloo

Edit coverage **Compare to your current plan** **Show Plan Details** ▾

Decline

\$8.93
every two weeks

Your Long-Term Disability coverage

Long-Term Disability 2023

Offered By: The Reed Group

Coverage Amount: \$3,000.00 per month (60% of monthly salary)

Effective Date: 05/01/2023

Persons Covered: Karan Trainloo

View coverage

\$0.00
every two weeks

Your Employee Assistance Program coverage

Employee Assistance Program 2022 2023

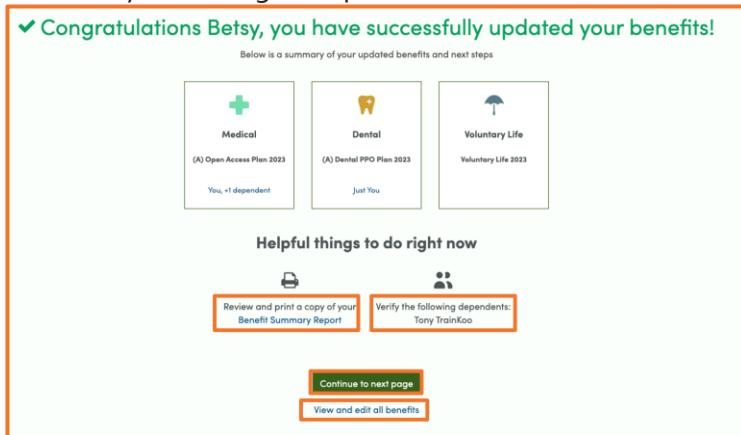
Complete Enrollment

\$0.00
every two weeks

23

The confirmation page displays your new 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.
- If your changes require additional documentation, you will be alerted on this screen.

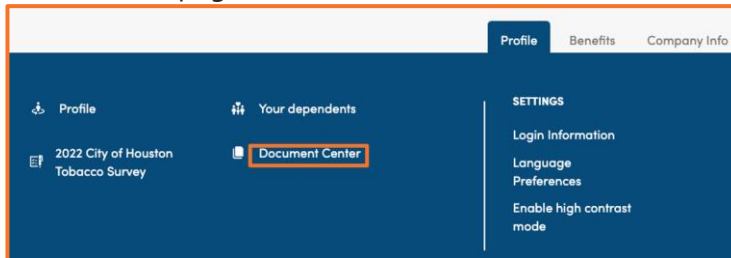


Step #

Attaching Supplemental Documents for Verification

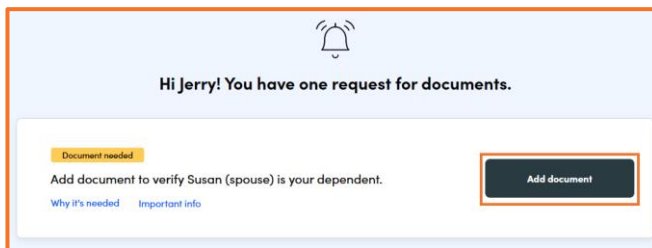
1







On the homepage, click the **Profile** tab and select **Document Center**.

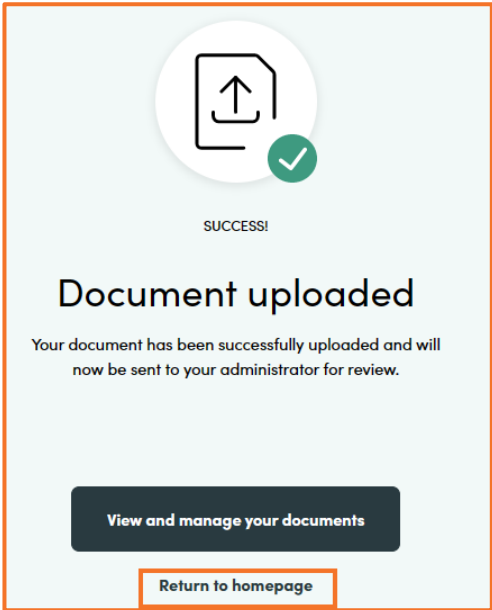


2

Any request for documentation will populate in this section. To add documentation, click **Add document**.



3	<p>Click the Upload button and browse your computer for the document.</p> <p>Note: Below are the types of documents that can be uploaded.</p> <div><p>Upload the file(s) associated with your document and add the document name, document type, and who the document is for.</p><p>Document file(s) and basic information</p><div><div></div><div>Drag your file here to attach or click to select a file. .doc, .docx, .gif, .jpeg, .jpg, .pdf, .png, .xls, and .xlsx accepted</div></div></div>
4	<p>After uploading the document, enter the Document Name and select the Type of Document.</p> <div><div> Verification Form.pdf</div><div><div>Document name Spouse Verification</div><div>Type of document Marriage certificate</div><div>Who this document is for Susan</div></div></div>
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> <div><div>Welcome back, Sandie Wednesday, February 15 at 7:43 PM CST</div><div>4 ACTIVE BENEFITS View benefits</div><div>3 TO DO ITEMS View to do list</div></div>
7	<p>Select the To Do item you wish to address.</p> <div><div> 3 Your to-dos</div><div><div> Please review your personal information. ></div><div> You have 14 day(s) to elect your Current Enrollment benefits. ></div><div> Your document has been denied, and a new document needs to be uploaded. ></div></div><div>Close</div></div>

8	The Document Center page will appear. Upload or replace the document requested, then click Save Document .
9	<p>Click Return to homepage to exit the Document Center.</p>  A screenshot of a document upload success screen. At the top, there is a circular icon containing a document with an upward arrow and a green checkmark. Below this, the word "SUCCESS!" is displayed. The main heading is "Document uploaded". Underneath, a message states: "Your document has been successfully uploaded and will now be sent to your administrator for review." There are two buttons at the bottom: a dark grey button labeled "View and manage your documents" and a white button with an orange border labeled "Return to homepage". <p>Document upload success screen showing a confirmation message and a button to return to the homepage.</p>