

New Hire Inside of Open Enrollment



LOGIN

**Login Help Video***[Español]***Your Username Is:**

The first Six (6) characters of your last name, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number.

Your Password Is:

Last Name (Excluding punctuation) followed by the last four (4) digits of your Social Security Number.

[Enrollment Instructions](#)

LOGIN

Username

Password

[Forgot Username or Password?](#)

Supported Browsers

Google Chrome
Microsoft Internet Explorer (7.0 or Later)
Mozilla Firefox (3.5 or Later)

When your new hire logs into **THEbenefitsHUB** for the very first time, they will come to this page.



Here they will follow the directions on the left side of the screen to log in.

Today is June 5, 2020
Server is CFAApp_1
You are **not** logged in

LOGIN



Login Help Video

[Español]

Your Username Is:

The first Six (6) characters of your last name, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number.

Your Password Is:

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Enrollment Instructions

LOGIN

Username

Password

[Forgot Username or Password?](#)

Supported Browsers

Google Chrome
Microsoft Internet Explorer (7.0 or Later)
Mozilla Firefox (3.5 or Later)

Their Username will be the first six letters of their last name followed by the first letter of their first name and ending with the last four digits of their social security number.

Their Password will be similar, being their full last name and last four digits of their social.



 **Bright
Passage**

MY NEW HIRE BENEFITS ENROLLMENT

CHANGE PASSWORD

[Click Here for additional Password/Security Policy options.](#)

Your password must be changed. Please enter a new password below.

Username hubsteb0001

Enter New Password

Confirm New Password

PASSWORD REQUIREMENTS:
Passwords must be at least 6 characters in length.
Passwords may not contain the following special characters: & ? # = + \ /
Passwords may not contain spaces.
Passwords are case-sensitive.

For security purposes, Benny will be prompted to change his password. There are password specifications which are located below for the employee to reference.

Once Benny has entered his new password in twice, he will click **Save & Continue** to move onto the next page.

SYSTEM ACKNOWLEDGMENTS

Please read all of the following system acknowledgement(s). To indicate your acceptance, please select the following acknowledgement check boxes and click the "I Acknowledge" button.

Collapse All

Employee Access Acknowledgment v.1



When electronic signatures are used, federal law requires that we inform you of the following:

By clicking the "I Acknowledge" button below, I consent to electronic processing of this application to include use of my electronic signature.

I acknowledge that Electronic Signature means that I am the person identified on this application as the applicant, that I voluntarily accept all the terms and conditions as stated in this application, and that I agree to the electronic processing of this record. I acknowledge that my electronic signature will have the same legal effect as a signature on paper.

I acknowledge that I have the right to print and keep this application on paper.

I acknowledge that I have the right to withdraw my consent to the electronic signature on this application. I understand I must notify my benefit providers in writing of my withdrawal of consent and that such withdrawal will not affect actions already taken by my benefit providers.

I acknowledge that my consent to the use of my electronic signature applies to this application only and not to any other transactions with my benefit providers.

I hereby apply for coverage on the basis of the statements and answers to the questions herein. I hereby declare all answers to be true to the best of my knowledge and to accurately represent the health of those persons applying for coverage and waiving coverage. I understand that these statements, answers and subsequent information I provide are the basis for my coverage. Furthermore, I understand that this application must be updated by me to include any condition or disease which may occur between the date of my application and the Effective Date of Coverage. I understand that if my application for new or additional coverage is accepted, that applicable coverage will not be effective until after I am notified for the Effective Date.

Authorization:

I agree any elections made for Section 125 cannot be revoked or changed during the plan year, unless there is a change in my family status (eg, marriage, divorce, death of spouse or child, birth or adoption of child, and termination of spouse's employment) which justifies the revocation or change as authorized by the Internal Revenue Code and Regulations. I understand that my Social Security benefits may be affected by my participation in this plan. I understand that any moneys that I allocate in these accounts and do not spend by the end of the Plan Year cannot be returned to me as tax free compensation.

I understand that providing false information or omission of relevant information in this online application may result in the denial of claims cancellation or rescission of coverage. I also understand that the premium for deduction does not constitute coverage or approval by the carrier. Coverages that require health questions are not in force until approved by the insuring carrier.

Google Translate Notice v.1



The alternate language translation which is part of this enrollment material was prepared by a third party vendor. MGM Benefits Group is not responsible for the accuracy of the alternate language translation. The administration of benefits will be in accordance with the terms and conditions set out in English. Any discrepancy between the English and alternate language versions will be resolved in accordance with the English language version provided herein. The English language version of these benefit materials controls.

By clicking the "I Acknowledge" button, I hereby agree to the terms of the acknowledgments above. A copy of this agreement will be saved in your File Cabinet for later reference.

I Acknowledge

Logout

Next, Benny will be brought to the System Acknowledgments Page. This page holds all of the acknowledgments that Benny will need to accept as a user of **THEbenefitsHUB**. He will check the box next to each acknowledgment. Then click 'I Acknowledge' to move onto the next page.

Benny is then brought to the Company Acknowledgments page.

These will be the acknowledgments uploaded by you, the Administrator, your Broker, or even us at the system level. It will hold more of those HR type, or benefit related acknowledgments. Remember, once an employee has acknowledged an item, they cannot “un-acknowledge it”. This means they cannot uncheck an item once the page has been saved.

If there is a form or document attached to an acknowledgment, Benny will be able to click a link to view that form. To continue, benny will simply click ‘I Acknowledge’ one more time.

COMPANY ACKNOWLEDGMENTS

Please read all of the following company acknowledgement(s). To indicate your acceptance, please select the following acknowledgement check boxes and click the "I Acknowledge" button.

Collapse All


BrightPassage Agreement v.3

****Example**** I have reviewed the specifications of the attached contract/agreement as they pertain to BrightPassage Qualifying Event changes. ****Compliance note**** *Change Here!

 [Division Change Form - 2019](#)

Open Enrollment Video v.1

I acknowledge that I have been presented with the following:

 [Open Enrollment Video](#)

By clicking the "I Acknowledge" button, I hereby agree to the terms of the acknowledgments above. A copy of this agreement will be saved in your File Cabinet for later reference.

[I Acknowledge](#)

[Logout](#)

PERSONAL INFORMATION



Open Enrollment Video

Fields in bold are required.

General Information

First Name Benny
 Middle Initial
Last Name HUBster
 Title **No Title** ▼
Social Security No. 000000003
Gender Male ▼
Date of Birth 1/1/1980 date in format, mm/dd/yyyy

Contact Information

Residential Address 2121 N Glenville Drive
 Street Address 2
City Richardson
 State TX - Texas ▼
Zip Code 75082

 Use Residential Address as Mailing Address

Mailing Address 2121 N Glenville Drive
 Street Address 2
City Richardson
 State TX - Texas ▼
Zip Code 75082

Home Phone Cell Phone I agree to receive text messages **Please Select** ▼Work Phone Ext. Email Address Alternate Email

Other Information

Marital Status Single
 Married/Domestic Partner
 Separated
 Divorced
 Widowed

Tobacco User No ▼

Additional Information

Would you like to participate in the next
employee functions? Yes
 No

Save & Continue

From there, Benny will be brought to his Personal Information page where he can go through and add or update any information needed. If Benny has dependents that he wishes to elect benefits for, he will scroll down to the bottom of the page and change his marital status to Married.

After reviewing the information in his profile, Benny can click 'Save & Continue' to move on.



EMERGENCY INFORMATION

There are many additional employee data screens like this page that can be included in the enrollment. [Click here to view all employee data screens.](#)

Primary Contact

| | |
|---------------|--|
| First Name | <input type="text" value="Taylor"/> |
| Last Name | <input type="text" value="HUBster"/> |
| Address | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text" value="Select State"/> |
| Postal Code | <input type="text"/> |
| Home Phone | <input type="text"/> |
| Work Phone | <input type="text"/> Ext. <input type="text"/> |
| Email Address | <input type="text"/> |
| Relationship | <input type="text" value="Spouse"/> |

Secondary Contact

| | |
|---------------|--|
| First Name | <input type="text"/> |
| Last Name | <input type="text"/> |
| Address | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text" value="Select State"/> |
| Postal Code | <input type="text"/> |
| Home Phone | <input type="text"/> |
| Work Phone | <input type="text"/> Ext. <input type="text"/> |
| Email Address | <input type="text"/> |
| Relationship | <input type="text"/> |

[Back](#)[Save & Continue](#)

Next up is adding an emergency contact. This feature may not be turned on for all companies. If you would like this turned on, please contact your Account Representative.

If this is turned on for your company, then Benny will be required to input three pieces of information for his emergency contacts, first and last name and relationship.

Now, let's say that Benny doesn't have the rest of the contact information, what should he do?

He can come back to his profile after completing his walk-through and find the Emergency link under his personal information icon to input the rest of the information.



MY NEW HIRE BENEFITS ENROLLMENT

DEPENDENT INFORMATION

Please enter all dependent information, even dependents you don't intend to add to your benefits. Benefit eligibility is based on the dependent information you enter. This includes: Gender Types, Dates of Birth, Social Security Number, and Student Status. If there is any information that is inaccurate, it may cause some dependents to show ineligible for some benefits.

Spouses are eligible for health insurance and supplemental insurance benefits. The option for domestic partners is listed for beneficiary choice only. Domestic partners are not eligible for health insurance and supplemental insurance benefits.

Please note: in order to add a dependent Spouse, you must first change your Marital Status to "Married" on the employee Profile page

Spouse or Domestic Partner

[+ Add a spouse or domestic partner](#)

Children

[+ Add a child](#)

Back

Save & Continue

The next step leads us to Dependent Information! Here Benny can add any dependents to his profile.

He will select the Add a spouse or domestic partner link and be brought to the page.

Troubleshooting: If he cannot see the link to add a Spouse or Domestic Partner, then his Marital Status may be marked as Single under his profile. Benny can fix this by returning to his Personal Information page and amending the selection.



MY NEW HIRE BENEFITS ENROLLMENT

DEPENDENT INFORMATION

Click the "Save" button at the bottom of the page after you've entered the spouse/ex-spouse information.

Spouses are eligible for health insurance and supplemental insurance benefits. The option for domestic partners is listed for beneficiary choice only. Domestic partners are not eligible for health insurance and supplemental insurance benefits.

Fields in bold are required.

General Information

First Name

Initial

Last Name

Title

Relationship

Social Security Number nine digits - no dashes or spaces

Gender

Date of Birth in date format, mm/dd/yyyy

Contact Information

Residential Address

City

State

Postal Code

Use Residential Address as Mailing Address

Mailing Address

City

State

Zip Code

Home Phone

Health Information

Tobacco User

Is this Dependent Disabled?

Additional Information

Is your spouse currently age 65 or older? Yes No

When adding a spouse or domestic partner, Benny will fill out the bolded fields. Don't worry, **THEbenefitsHUB** will help verify that there is not a duplicated social security number between dependents.

Once the information has been added, he will once again click **Save** and continue on.



DEPENDENT INFORMATION

Please enter all dependent information, even dependents you don't intend to add to your benefits. Benefit eligibility is based on the dependent information you enter. This includes: Gender Types, Dates of Birth, Social Security Number, and Student Status. If there is any information that is inaccurate, it may cause some dependents to show ineligible for some benefits.

Spouses are eligible for health insurance and supplemental insurance benefits. The option for domestic partners is listed for beneficiary choice only. Domestic partners are not eligible for health insurance and supplemental insurance benefits.

Please note: in order to add a dependent Spouse, you must first change your Marital Status to "Married" on the employee Profile page

Spouse or Domestic Partner

HUBster, Taylor * Missing Social Security Number

Children

+ Add a child

Back

Save & Continue

For this example, we did not enter a social security number for Benny's spouse, Taylor HUBster. Don't worry, a forgotten dependent's social security number will not prevent the enrollment walk-through from being completed.

He will receive a message warning him that the social is missing, but he can continue on and add the social security number at a later time.



MY NEW HIRE BENEFITS ENROLLMENT

DEPENDENT INFORMATION

Please enter all dependent information, even dependents you don't intend to add to your benefits. Benefit eligibility is based on the dependent information you enter. This includes: Gender Types, Dates of Birth, Social Security Number, and Student Status. If there is any information that is inaccurate, it may cause some dependents to show ineligible for some benefits.

Spouses are eligible for health insurance and supplemental insurance benefits. The option for domestic partners is listed for beneficiary choice only. Domestic partners are not eligible for health insurance and supplemental insurance benefits.

Please note: in order to add a dependent Spouse, you must first change your Marital Status to "Married" on the employee Profile page

Spouse or Domestic Partner

HUBster, Taylor * Missing Social Security Number

Children

[+ Add a child](#)

[Back](#)

[Save & Continue](#)

Now that a Spouse or Domestic Partner has been added, Benny can continue on to input his child.

To add a dependent, Benny will fill in all bolded required fields.

Luckily, when adding dependents, the last name and address fields will prefill. If another member of the family has a different last name or address, the employee is able to edit the information for each of the members.

Bright Passage

MY NEW HIRE BENEFITS ENROLLMENT

DEPENDENT INFORMATION

Click the "Save" button at the bottom of the page after you've entered the child's information.

Fields in bold are required.

Name Information

First Name **Brandi**

Initial

Last Name **HUBster**

Title **No Title**

Social Security No. nine digits - no dashes or spaces

Gender **Female**

Date of Birth **10/8/2018** date in format, mm/dd/yyyy

Contact Information

Residential Address **2121 N Glenville Drive**

City **Richardson**

State **TX - Texas**

Postal Code **75082**

Use Residential Address as Mailing Address

Mailing Address **2121 N Glenville Drive**

City **Richardson**

State **TX - Texas**

Zip Code **75082**



MY NEW HIRE BENEFITS ENROLLMENT

DEPENDENT INFORMATION

Click the "Save" button at the bottom of the page after you've entered the child's information.

Fields in bold are required.

Name Information

First Name
 Initial
Last Name
 Title
 Social Security No. nine digits - no dashes or spaces
Gender
Date of Birth date in format, mm/dd/yyyy

Contact Information

Residential Address

 City
 State
 Postal Code
 Use Residential Address as Mailing Address
 Mailing Address

 City
 State
 Zip Code
 Child has resided here since date in format, mm/dd/yyyy

Marital/Relationship Information

Marital Status
 This child is my
 Date of Relationship date in format, mm/dd/yyyy

Health Information

Is this Dependent Disabled?

Legal Information

Qualified Medical Support Order

Support Information

Is child claimed on Federal Taxes?

School Information

Indicate whether **college aged** child is a student:

There are five fields on this page that drive eligibility, so it is imperative that accurate information is inputted here:

1. Date of Birth: Typically, most benefits will only cover dependents up to age 26. If the dependent is over this age, that might be why they are not eligible.
2. Marital Status: Some voluntary benefits do not cover married dependents even if they are under the age of 26. Depending on how it was requested during the implementation process, this could be a driving force for why an employee is unable to see their child dependent.


There are five fields on this page that drive eligibility, so it is imperative that accurate information is inputted here:

3. Next is the child type or “This child is my...”: You have multiple selections from here such as Natural, Step, Foster, Grandchild, etc. This field defaults to Natural, but Benny has the option to choose.

Possible Troubleshooting: If Benny went to Alice Admin and said “I can’t see my grandchild on the election page and I am the legal guardian of my grandchild” then Alice Admin would advise the employee to change them as a “Court Ordered child” and this will allow them to enroll them in benefits.

The screenshot displays a form titled "Marital/Relationship Information" with several sections and fields:

- Marital Status:** A dropdown menu set to "Single".
- This child is my:** A dropdown menu currently showing "Natural child". A list of options is open below it, including: "Natural child", "Step child", "Foster child", "Disabled child", "Grandchild", "Court ordered child", "Adopted child", "Child of Domestic Partner", and "Niece/Nephew".
- Date of Relationship:** A text input field with a placeholder "mm/dd/yyyy".
- Health Information:** A section header.
- Is this Dependent Disabled?:** A text input field.
- Legal Information:** A section header.
- Qualified Medical Support Order:** A text input field.
- Support Information:** A section header.
- Is child claimed on Federal Taxes?:** A dropdown menu set to "Yes".

 **Bright Passage**
MY NEW HIRE BENEFITS ENROLLMENT

DEPENDENT INFORMATION

Click the "Save" button at the bottom of the page after you've entered the child's information.

Fields in bold are required.

Name Information

First Name
Initial
Last Name
Title
Social Security No. nine digits - no dashes or spaces
Gender
Date of Birth date in format, mm/dd/yyyy

Contact Information

Residential Address

City
State
Postal Code
 Use Residential Address as Mailing Address

Mailing Address

City
State
Zip Code

Child has resided here since date in format, mm/dd/yyyy

Marital/Relationship Information

Marital Status
This child is my
Date of Relationship date in format, mm/dd/yyyy

Health Information

Is this Dependent Disabled?

Legal Information

Qualified Medical Support Order

Support Information

Is child claimed on Federal Taxes?

School Information

Indicate whether college aged child is a student

There are five fields on this page that drive eligibility, so it is imperative that accurate information is inputted here:

4. Disability Status: If the Benny's dependent is over the age of 26 but is legally disabled, this is where he will mark that status.

5. Student Status: And finally, if the child is enrolled in college, the student status should be selected from the drop-down menu.

If Benny needs to add another child, he may do so by clicking on the indicated checkbox at the bottom of the page.

Qualified Medical Support Order

Support Information

Is child claimed on Federal Taxes?

School Information

Indicate whether **college aged** child is a student

Click to add another child

Save

Cancel



MY NEW HIRE BENEFITS ENROLLMENT

DEPENDENT INFORMATION

Click the "Save" button at the bottom of the page after you've entered the child's information.

Fields in bold are required.

Name Information

First Name
 Initial
Last Name
 Title
 Social Security No. nine digits - no dashes or spaces
Gender
Date of Birth date in format, mm/dd/yyyy

Contact Information

Residential Address

 City
 State
 Postal Code

Use Residential Address as Mailing Address

Mailing Address

 City
 State
 Zip Code

Child has resided here since date in format, mm/dd/yyyy

Marital/Relationship Information

Marital Status
 This child is my
 Date of Relationship date in format, mm/dd/yyyy

Health Information

Is this Dependent Disabled?

Legal Information

Qualified Medical Support Order

Support Information

Is child claimed on Federal Taxes?

School Information

Indicate whether **college aged** child is a student

Benny has one more child to enter in, so we will go ahead and enter in Trent.

Click **Save** to be brought to an empty Dependent Information page.



MY NEW HIRE BENEFITS ENROLLMENT

DEPENDENT INFORMATION

Please enter all dependent information, even dependents you don't intend to add to your benefits. Benefit eligibility is based on the dependent information you enter. This includes: Gender Types, Dates of Birth, Social Security Number, and Student Status. If there is any information that is inaccurate, it may cause some dependents to show ineligible for some benefits.

Spouses are eligible for health insurance and supplemental insurance benefits. The option for domestic partners is listed for beneficiary choice only. Domestic partners are not eligible for health insurance and supplemental insurance benefits.

Please note: in order to add a dependent Spouse, you must first change your Marital Status to "Married" on the employee Profile page

Spouse or Domestic Partner

HUBster, Taylor * Missing Social Security Number

Children

HUBster, Brandi * Missing Social Security Number

HUBster, Trent * Missing Social Security Number

[+ Add a child](#)

Back

Save & Continue

Once all of the dependents have been entered in **THEbenefitsHUB**, Benny will review to verify that all of his dependents are good to go, and he will receive a reminder that he is missing everyone's social security numbers.

For now, though, he's going to begin his New Hire Walkthrough, by clicking 'Save and Continue'.

BASIC LIFE



Coverage Information

Basic life insurance is provided to you by your employer at no cost. This policy provides your beneficiary with a lump-sum benefit.

This cash benefit will help soften the financial blow that comes along with losing a loved one. Your beneficiary can use this benefit to help pay final expenses, bills and debt.

[More Information](#)

The coverage information (above) will show the employee a bit more about the benefit.

There is some standard wording that will need to be added to the top of the page, but there are other sections below that are available if you, the admin, would like any extra wording added!

Benefits & Forms



Plan
Information

Information provided by Best Benefits Insurance Group (your broker)

[collapse]

Here is sample wording from your broker regarding this plan.

To learn more, please visit this link to download the necessary forms.

Information provided by Training - BrightPassage (your group)

[collapse]

Here is sample wording from your administrator regarding this plan.

To complete enrollment in this benefit, please visit this link to download the necessary forms.



Address Change Form

For employer paid benefits, such as Basic Life, Benny does not have the option to waive the benefit since it is free to him.

For Benny to actually make his election, he would click the button next to the plan name.

By accessing the drop-down menu next to the plan name, he is able to choose which coverage option best fits his needs.

| Current Basic Life Plan Election | Coverage | Your Cost |
|--|-------------|-----------|
| Basic Life View Plan Outline of Benefits | \$10,000.00 | \$0.00 |
| Provided by Global Insurance Effective on 7/1/2020 | | |

| Available Basic Life Plan | Coverage | Your Cost |
|---|---|-----------|
| <input checked="" type="radio"/> Basic Life View Plan Outline of Benefits Provided by Global Insurance Eligible on 7/1/2020 Elected coverage effective on 7/1/2020 Cost is deducted on a post-tax basis | <input type="text" value="\$10,000.00 - Cost: \$0.00"/> | |

| Election Summary |
|--|
| Costs shown are as of 7/1/2020 |
| Basic Life \$ <input type="text" value="0.00"/> |
| Medical |
| Medical Declination |
| Medical Offering |
| Dental |
| Vision |
| Cancer |
| Long Term Disability |
| Employee Life |
| AD&D |
| HealthCare Reimbursement |
| Monthly Payroll Deduction \$ <input type="text" value="0.00"/> |

| Current Basic Life Plan Election | Coverage | Your Cost |
|---|-------------|-----------|
| Basic Life View Plan Outline of Benefits | \$10,000.00 | \$0.00 |
| Provided by Global Insurance Effective on 7/1/2020 | | |

| Available Basic Life Plan | Coverage | Your Cost |
|---|------------------------------|-----------|
| <input checked="" type="radio"/> Basic Life View Plan Outline of Benefits Provided by Global Insurance Eligible on 7/1/2020 Elected coverage effective on 7/1/2020 Cost is deducted on a post-tax basis | \$10,000.00 - Cost: \$0.00 ▼ | |

| Election Summary |
|---|
| Costs shown are as of 7/1/2020 |
| Basic Life \$ 0.00 |
| Medical |
| Medical Declination |
| Medical Offering |
| Dental |
| Vision |
| Cancer |
| Long Term Disability |
| Employee Life |
| AD&D |
| HealthCare Reimbursement |
| Monthly Payroll Deduction \$ 0.00 |

The **Eligible date** listed will tell Benny what date the benefit coverage starts on.

As Benny is working on electing his New Hire benefits first, this date will be different than the normal plan year date.

| Current Basic Life Plan Election | Coverage | Your Cost |
|--|-------------|-----------|
| Basic Life View Plan Outline of Benefits | \$10,000.00 | \$0.00 |
| Provided by Global Insurance Effective on 7/1/2020 | | |

| Available Basic Life Plan | Coverage | Your Cost |
|--|------------------------------|-----------|
| <input checked="" type="radio"/> Basic Life View Plan Outline of Benefits | \$10,000.00 - Cost: \$0.00 ▼ | |
| Provided by Global Insurance Eligible on 7/1/2020 Elected coverage effective on 7/1/2020 Cost is deducted on a post-tax basis | | |

| Election Summary |
|---|
| Costs shown are as of 7/1/2020 |
| Basic Life \$ 0.00 |
| Medical |
| Medical Declination |
| Medical Offering |
| Dental |
| Vision |
| Cancer |
| Long Term Disability |
| Employee Life |
| AD&D |
| HealthCare Reimbursement |
| Monthly Payroll Deduction \$ 0.00 |

This election summary is also a live configurable field, which means that if Benny becomes eligible for another benefit based on a previous election then the election summary will automatically update as he walks through.

To move on to the next benefit, Benny will click **‘Sign and Continue’**.

Once he clicks ‘Sign and Continue’ his election will be saved, even if Benny has to sign out and come back later.

Medical, Dental and Vision benefits are what are known as “tiered” benefits. Here Benny is able to elect for himself and any eligible members.

Benny is also able to select his tax option on particular benefits dictated by you, the admin, and the broker.

Current Medical Plan Election

You are not currently enrolled in any Medical plans.

| Available Medical Plans | Coverage | Your Cost |
|---|---|-----------|
| <input checked="" type="radio"/> Option 2 View Plan Outline of Benefits Provided by Nexus Health Eligible on 7/1/2020 Select Tax Election Pre-tax | <input checked="" type="checkbox"/> You <input type="checkbox"/> Taylor [spouse] <input checked="" type="checkbox"/> Brandi [child] <input type="checkbox"/> Trent [child] | 440.00 |
| <input type="radio"/> Option 3 View Plan Outline of Benefits Provided by Nexus Health Eligible on 7/1/2020 Select Tax Election Pre-tax | <input type="checkbox"/> You <input type="checkbox"/> Taylor [spouse] <input type="checkbox"/> Brandi [child] <input type="checkbox"/> Trent [child] | |

I waive enrollment in all available Medical plans

[Back](#) [Sign & Continue](#)

Election Summary

Costs shown are as of 7/1/2020

Basic Life [ENROLLED] \$0.00

Medical \$440.00

Medical Declination

Medical Offering

Dental

Vision

Cancer

Long Term Disability

Employee Life

AD&D

HealthCare Reimbursement

Monthly Payroll Deduction \$440.00

Current Medical Plan Election

You are not currently enrolled in any Medical plans.

| Available Medical Plans | Coverage | Your Cost |
|---|---|-----------|
| <input checked="" type="radio"/> Option 2 View Plan Outline of Benefits Provided by Nexus Health Eligible on 7/1/2020 Select Tax Election Pre-tax Post-tax | <input checked="" type="checkbox"/> You <input type="checkbox"/> Taylor [spouse] <input checked="" type="checkbox"/> Brandi [child] <input type="checkbox"/> Trent [child] | 440.00 |
| <input type="radio"/> Option 3 View Plan Outline of Benefits Provided by Nexus Health Eligible on 7/1/2020 Select Tax Election Pre-tax | <input type="checkbox"/> You <input type="checkbox"/> Taylor [spouse] <input type="checkbox"/> Brandi [child] <input type="checkbox"/> Trent [child] | |

I waive enrollment in all available Medical plans

[Back](#) [Sign & Continue](#)

Election Summary

Costs shown are as of 7/1/2020

Basic Life [ENROLLED] \$0.00

Medical \$440.00

Medical Declination

Medical Offering

Dental

Vision

Cancer

Long Term Disability

Employee Life

AD&D

HealthCare Reimbursement

Monthly Payroll Deduction \$440.00

Benny can elect who will be covered under his benefits and who will not. For example, maybe Benny Hubster’s spouse Taylor has enrolled in benefits through her workplace and has also covered their child Trent. Benny has the option to select Medical Option 2 for himself and Brandi.

If Benny did not want to enroll in this benefit at all, he can select “I waive enrollment” in order to opt out of the benefit.

| Current Medical Plan Election | | |
|---|---|-------------------------------------|
| You are not currently enrolled in any Medical plans. | | |
| Available Medical Plans | Coverage | Your Cost |
| <input checked="" type="radio"/> Option 2 View Plan Outline of Benefits Provided by Nexus Health Eligible on 7/1/2020 Select Tax Election Pre-tax ▼ | <input checked="" type="checkbox"/> You <input type="checkbox"/> Taylor [spouse] <input checked="" type="checkbox"/> Brandi [child] <input type="checkbox"/> Trent [child] | <input type="text" value="440.00"/> |
| <input type="radio"/> Option 3 View Plan Outline of Benefits Provided by Nexus Health Eligible on 7/1/2020 Select Tax Election Pre-tax ▼ | <input type="checkbox"/> You <input type="checkbox"/> Taylor [spouse] <input type="checkbox"/> Brandi [child] <input type="checkbox"/> Trent [child] | <input type="text"/> |
| <input checked="" type="radio"/> I waive enrollment in all available Medical plans | | |

| Election Summary |
|--|
| Costs shown are as of 7/1/2020 |
| Basic Life [ENROLLED] \$0.00 |
| Medical |
| \$ <input type="text" value="440.00"/> |
| Medical Declination |
| Medical Offering |
| Dental |
| Vision |
| Cancer |
| Long Term Disability |
| Employee Life |
| AD&D |
| HealthCare Reimbursement |
| Monthly Payroll Deduction |
| \$ <input type="text" value="440.00"/> |

Let's move on, click Sign & Continue.

Current Medical Declination Plan Election

You are not currently enrolled in any Medical Declination plans.

| Available Medical Declination Plan | Coverage | Your Cost |
|--|--|--|
| <input checked="" type="radio"/> Please select a reason for declining Provided by Nexus Health Eligible on 7/1/2020 | <input checked="" type="checkbox"/> Taylor [spouse] <input checked="" type="checkbox"/> Trent [child] | Please Select Please Select Medicare Medicaid Other Group Coverage Other |

Election Summary

Costs shown are as of 7/1/2020

Basic Life [ENROLLED] \$0.00

Medical [ENROLLED] \$440.00

Medical Declination \$ 0.00

Medical Offering

Dental

Vision

Cancer

Long Term Disability

Employee Life

AD&D

HealthCare

Reimbursement

Monthly Payroll Deduction \$ 440.00

Current Medical Declination Plan Election

You are not currently enrolled in any Medical Declination plans.

| Available Medical Declination Plan | Coverage | Your Cost |
|--|---|----------------------|
| <input checked="" type="radio"/> Please select a reason for declining Provided by Nexus Health Eligible on 7/1/2020 | <input checked="" type="checkbox"/> Taylor [spouse] | Other Group Coverage |
| | <input checked="" type="checkbox"/> Trent [child] | Other Group Coverage |

Election Summary

Costs shown are as of 7/1/2020

Basic Life [ENROLLED] \$0.00

Medical [ENROLLED] \$440.00

Medical Declination \$ 0.00

Medical Offering

Dental

Vision

Cancer

Long Term Disability

Employee Life

AD&D

HealthCare

Reimbursement

Monthly Payroll Deduction \$ 440.00

So let's go back to Taylor and Trent, the dependents that Benny declined coverage for. Here he will enter in the reason for the declination, then select 'Sign and Continue'.

Benny will go through all of the benefits listed in his election summary.

| Current Dental Plan Election | | |
|--|---|-----------------------------------|
| You are not currently enrolled in any Dental plans. | | |
| Available Dental Plan | Coverage | Your Cost |
| <input checked="" type="radio"/> Dental Plan <small>View Plan Outline of Benefits</small> Provided by Nexus Health Eligible on 7/1/2020 Select Tax Election <input type="text" value="Pre-tax"/> | <input checked="" type="checkbox"/> You <input type="checkbox"/> Taylor [spouse] <input checked="" type="checkbox"/> Brandi [child] <input type="checkbox"/> Trent [child] | <input type="text" value="5.00"/> |
| <input type="radio"/> I waive enrollment in the available Dental plan | | |
| <input type="button" value="Back"/> <input type="button" value="Sign & Continue"/> | | |

| Election Summary | |
|---------------------------------------|-----------|
| Costs shown are as of 7/1/2020 | |
| Basic Life [ENROLLED] \$0.00 | |
| Medical [ENROLLED] \$440.00 | |
| Medical Declination [ENROLLED] \$0.00 | |
| Medical Offering [ENROLLED] \$0.00 | |
| Dental | \$ 5.00 |
| Vision | |
| Cancer | |
| Long Term Disability | |
| Employee Life | |
| AD&D | |
| HealthCare Reimbursement | |
| Monthly Payroll Deduction | \$ 445.00 |

| Current Vision Plan Election | | |
|--|---|-------------------------------------|
| You are not currently enrolled in any Vision plans. | | |
| Available Vision Plan | Coverage | Your Cost |
| <input checked="" type="radio"/> Low Option PPO <small>View Plan Outline of Benefits</small> Provided by American Health Plans Eligible on 7/1/2020 Select Tax Election <input type="text" value="Pre-tax"/> | <input checked="" type="checkbox"/> You <input type="checkbox"/> Taylor [spouse] <input checked="" type="checkbox"/> Brandi [child] <input type="checkbox"/> Trent [child] | <input type="text" value="345.00"/> |
| <input type="radio"/> I waive enrollment in the available Vision plan | | |
| <input type="button" value="Back"/> <input type="button" value="Sign & Continue"/> | | |

| Election Summary | |
|---------------------------------------|-------------------|
| Costs shown are as of 7/1/2020 | |
| Basic Life [ENROLLED] \$0.00 | |
| Medical [ENROLLED] \$440.00 | |
| Medical Declination [ENROLLED] \$0.00 | |
| Medical Offering [ENROLLED] \$0.00 | |
| Dental | [ENROLLED] \$5.00 |
| Vision | \$ 345.00 |
| Cancer | |
| Long Term Disability | |
| Employee Life | |
| AD&D | |
| HealthCare Reimbursement | |
| Monthly Payroll Deduction | \$ 790.00 |

| Current Cancer Plan Election | | |
|---|---|----------------------|
| You are not currently enrolled in any Cancer plans. | | |
| Available Cancer Plans | Coverage | Your Cost |
| <input type="radio"/> Group Cancer - Base Option <small>View Plan Outline of Benefits</small> Provided by Nexus Health Eligible on 7/1/2020 Select Tax Election <input type="text" value="Pre-tax"/> | <input type="checkbox"/> You <input type="checkbox"/> Taylor [spouse] <input type="checkbox"/> Brandi [child] <input type="checkbox"/> Trent [child] | <input type="text"/> |
| <input type="radio"/> Group Cancer - Base Option with ICU Rider <small>View Plan Outline of Benefits</small> Provided by Nexus Health Eligible on 7/1/2020 Select Tax Election <input type="text" value="Pre-tax"/> | <input type="checkbox"/> You <input type="checkbox"/> Taylor [spouse] <input type="checkbox"/> Brandi [child] <input type="checkbox"/> Trent [child] | <input type="text"/> |
| <input checked="" type="radio"/> I waive enrollment in all available Cancer plans | | |
| <input type="button" value="Back"/> <input type="button" value="Sign & Continue"/> | | |

| Election Summary | |
|---------------------------------------|---------------------|
| Costs shown are as of 7/1/2020 | |
| Basic Life [ENROLLED] \$0.00 | |
| Medical [ENROLLED] \$440.00 | |
| Medical Declination [ENROLLED] \$0.00 | |
| Medical Offering [ENROLLED] \$0.00 | |
| Dental | [ENROLLED] \$5.00 |
| Vision | [ENROLLED] \$345.00 |
| Cancer | \$ 0.00 |
| Long Term Disability | |
| Employee Life | |
| AD&D | |
| HealthCare Reimbursement | |
| Monthly Payroll Deduction | \$ 790.00 |

Another type of election page is Long Term Disability where the employee can select from various waiting periods and coverage amounts.

Current Long Term Disability Plan Election

You are not currently enrolled in any Long T

Available Long Term Disability Plans

Plan A - Injury 14 / Sickness 14
[View Plan Outline of Benefits](#)
 Provided by Global Insurance
 Eligible on 7/1/2020
 Cost is deducted on a post-tax basis

Plan A - Injury 30 / Sickness 30
[View Plan Outline of Benefits](#)
 Provided by Global Insurance
 Eligible on 7/1/2020
 Cost is deducted on a post-tax basis

Plan A - Injury 180 / Sickness 180
[View Plan Outline of Benefits](#)
 Provided by Global Insurance
 Eligible on 7/1/2020
 Cost is deducted on a post-tax basis

I waive enrollment in all available Long Term Disability plans

Back Sign & Continue

Select Coverage...

\$2,200.00 - Cost: \$66.00

\$2,100.00 - Cost: \$63.00

\$2,000.00 - Cost: \$60.00

\$1,900.00 - Cost: \$57.00

\$1,800.00 - Cost: \$54.00

\$1,700.00 - Cost: \$51.00

\$1,600.00 - Cost: \$48.00

\$1,500.00 - Cost: \$45.00

\$1,400.00 - Cost: \$42.00

\$1,300.00 - Cost: \$39.00

\$1,200.00 - Cost: \$36.00

\$1,100.00 - Cost: \$33.00

\$1,000.00 - Cost: \$30.00

\$900.00 - Cost: \$27.00

\$800.00 - Cost: \$24.00

\$700.00 - Cost: \$21.00

\$600.00 - Cost: \$18.00

\$500.00 - Cost: \$15.00

\$400.00 - Cost: \$12.00

Select Coverage...

EMPLOYEE LIFE

| Current Employee Life Plan Election | |
|--|---|
| You are not currently enrolled in any Employee Life plans. | |
| Available Employee Life Plans | Your Cost |
| <input checked="" type="radio"/> Employee Life <small>View Plan Outline of Benefits</small> Provided by Global Insurance Eligible on 7/1/2020 <small>Cost is deducted on a post-tax basis</small> | \$280,000.00 - Cost: \$56.00 Select Coverage... \$280,000.00 - Cost: \$56.00 \$270,000.00 - Cost: \$54.00 \$260,000.00 - Cost: \$52.00 \$250,000.00 - Cost: \$50.00 \$240,000.00 - Cost: \$48.00 \$230,000.00 - Cost: \$46.00 \$220,000.00 - Cost: \$44.00 \$210,000.00 - Cost: \$42.00 \$200,000.00 - Cost: \$40.00 \$190,000.00 - Cost: \$38.00 \$180,000.00 - Cost: \$36.00 \$170,000.00 - Cost: \$34.00 \$160,000.00 - Cost: \$32.00 \$150,000.00 - Cost: \$30.00 \$140,000.00 - Cost: \$28.00 \$130,000.00 - Cost: \$26.00 \$120,000.00 - Cost: \$24.00 \$110,000.00 - Cost: \$22.00 \$100,000.00 - Cost: \$20.00 |
| <input type="radio"/> Employee Life <small>View Plan Outline of Benefits</small> Provided by OneAmerica Eligible on 7/1/2020 <small>Cost is deducted on a post-tax basis</small> | |
| <input type="radio"/> I waive enrollment in all available plans | |
| <input type="button" value="Back"/> <input type="button" value="Sign"/> | |

| Election Summary |
|---|
| Costs shown are as of 7/1/2020 |
| Basic Life [ENROLLED] \$0.00 |
| Medical [ENROLLED] \$440.00 |
| Medical Declination [ENROLLED] \$0.00 |
| Medical Offering [ENROLLED] \$0.00 |
| Dental [ENROLLED] \$5.00 |
| Vision [ENROLLED] \$345.00 |
| Cancer [WAIVED] |
| Long Term Disability [ENROLLED] \$66.00 |
| Employee Life |
| \$ 56.00 |
| AD&D |
| HealthCare Reimbursement |
| Monthly Payroll Deduction |
| \$ 912.00 |

Then Benny arrives at Employee Life.

Here Benny can select from various benefit amounts, like the election before. Benny can also view his new hire Guaranteed Issue amount. This amount is configured based on your company's eligibility.

SPOUSE LIFE

Current Spouse Life Plan Election

You are not currently enrolled in any Spouse Life plans.

| Available Spouse Life Plan | Coverage | Your Cost |
|--|-----------------|--------------------------------|
| <input checked="" type="radio"/> Spouse Life View Plan Outline of Benefits Provided by Global Insurance Eligible on 7/1/2020 Cost is deducted on a post-tax basis | Taylor [spouse] | \$140,000.00 - Cost: \$14.00 ▼ |
| <input type="radio"/> I waive enrollment in the available Spouse Life plan | | |

Election Summary

Costs shown are as of 7/1/2020

| | |
|---------------------------------|-----------|
| Basic Life [ENROLLED] | \$0.00 |
| Medical [ENROLLED] | \$440.00 |
| Medical Declination [ENROLLED] | \$0.00 |
| Medical Offering [ENROLLED] | \$0.00 |
| Dental [ENROLLED] | \$5.00 |
| Vision [ENROLLED] | \$345.00 |
| Cancer [WAIVED] | |
| Long Term Disability [ENROLLED] | \$66.00 |
| Employee Life [ENROLLED] | \$40.00 |
| Spouse Life | \$ 14.00 |
| Child(ren) Life | |
| AD&D | |
| HealthCare Reimbursement | |
| Monthly Payroll Deduction | \$ 910.00 |

CHILD(REN) LIFE

Current Child(ren) Life Plan Election

You are not currently enrolled in any Child(ren) Life plans.

| Available Child(ren) Life Plan | Coverage | Your Cost |
|--|---|---|
| <input checked="" type="radio"/> Child(ren) Life View Plan Outline of Benefits Provided by Global Insurance Eligible on 7/1/2020 Cost is deducted on a post-tax basis | Brandi [child] \$10,000.00 ▼ Trent [child] \$10,000.00 ▼ | Child Guarantee Issues: \$10,000.00 There is a single cost for any number of enrolled dependents of \$0.20 per \$1,000.00 of elected coverage. |
| <input type="radio"/> I waive enrollment in the available Child(ren) Life plan | | |

Election Summary

Costs shown are as of 7/1/2020

| | |
|---------------------------------|-----------|
| Basic Life [ENROLLED] | \$0.00 |
| Medical [ENROLLED] | \$440.00 |
| Medical Declination [ENROLLED] | \$0.00 |
| Medical Offering [ENROLLED] | \$0.00 |
| Dental [ENROLLED] | \$5.00 |
| Vision [ENROLLED] | \$345.00 |
| Cancer [WAIVED] | |
| Long Term Disability [ENROLLED] | \$66.00 |
| Employee Life [ENROLLED] | \$40.00 |
| Spouse Life [ENROLLED] | \$10.00 |
| Child(ren) Life | \$ 2.00 |
| AD&D | |
| HealthCare Reimbursement | |
| Monthly Payroll Deduction | \$ 908.00 |

Benny is now eligible to enroll any eligible dependents in life insurance.

Just like the Employee Life benefit, Benny has the ability to view the Guaranteed Issue amount for both spouse and child life if applicable.

Current HealthCare Reimbursement Plan Election

You are not currently enrolled in any HealthCare Reimbursement plans.

Available HealthCare Reimbursement Plan

 HealthCare Reimbursement with Flex Card

[View Plan Outline of Benefits](#)

Provided by American Health Plans

Effective period is 7/1/2020 to 12/31/2020

Cost is deducted on a pre-tax basis

Monthly Contribution

Allowed range of contributions is
\$10.00 min to \$220.83 max.

 I waive enrollment in the available HealthCare Reimbursement plan

[Back](#)

[Sign & Continue](#)

The last type of election page is Premium Only, which holds a particular dollar amount within a frame such as FSA, HSA &/or Dependent Care.

Here Benny will be able to enter a monthly contribution based on the allowed range setup during the implementation process.

Election Summary

Costs shown are as of
7/1/2020

Basic Life

[ENROLLED] \$0.00

Medical

[ENROLLED] \$440.00

Medical Declination

[ENROLLED] \$0.00

Medical Offering

[ENROLLED] \$0.00

Dental

[ENROLLED] \$5.00

Vision

[ENROLLED] \$345.00

Cancer

[WAIVED]

Long Term Disability

[ENROLLED] \$66.00

Employee Life

[ENROLLED] \$40.00

Spouse Life

[ENROLLED] \$10.00

Child(ren) Life

[ENROLLED] \$2.00

AD&D

[WAIVED]

HealthCare

Reimbursement

\$

Monthly Payroll Deduction

\$

If Benny elected over the Guaranteed Issue amount, he will be brought to this page where he can either print out the Evidence of Insurability form, or complete it from within **THEbenefitsHUB** if your company has an integration set up.

After Benny has finished with this page, he will select **'Save and Continue'** to move on to the next page.

EVIDENCE OF INSURABILITY

Welcome to your Evidence of Insurability Launch page. This is the starting point for accessing all of the documentation you need to complete your benefit election walkthrough. If you decide to save your progress and continue at a later time, you will be returned to this page.

Listed below are the benefits requiring additional information, separated by insurer. Any election(s) requiring additional information from you has an action item for you in the "Action" column. Instructions for each insurer may vary, so please read all directions carefully.

Electronic Evidence of Insurability Print Evidence of Insurability Form

Please click the "Print Form" to view and print your EOI form. Once your EOI has been processed Approved Amounts will be reflected on your Consolidated Enrollment Form.

Global Insurance

| Covered Member | Benefit | Effective Date | Elected Coverage | Approved Coverage | Status | Action |
|--------------------------|---------------|----------------|------------------|-------------------|------------------|----------------------------|
| HUBster, Benny [Self] | Employee Life | 07/01/2020 | \$280,000 | \$200,000 | Pending Approval | Print Form |
| HUBster, Taylor [Spouse] | Spouse Life | 07/01/2020 | \$140,000 | \$100,000 | Pending Approval | Print Form |

[Back](#)[Save And Continue](#)

BENEFICIARY INFORMATION



Beneficiary Video

A beneficiary is the natural person or legal entity you name in a life insurance policy to receive the insurance benefit. A "primary beneficiary" is the person or persons first in line to receive the life insurance proceeds when you die. A "contingent beneficiary" is only entitled to receive your insurance benefits if the primary beneficiary is deceased.

If you have elected into dependent coverage, then, as the primary policy holder, you will automatically be the primary beneficiary of the policy (this includes, but is not limited to, spouse, child(ren), dependent Life and AD&D policies).








If you name more than one primary or contingent beneficiary the distribution of benefits between parties must equal 100%. It is important to review your beneficiary designations on a regular basis.

1 Manage Beneficiaries

2 Beneficiary Designation

Add persons/entities you would like to be beneficiaries of your benefits. Once all beneficiaries have been added, proceed to step 2.

Beneficiaries

| | | |
|--------------------------|---|---|
| HUBster, Taylor [Spouse] |  |  |
| HUBster, Brandi [Child] |  |  |
| HUBster, Trent [Child] |  |  |
| HUBster, Benny [Self] |  |  |

[+ Add a Beneficiary](#)[Back](#)[Sign And Continue](#)

Now that Benny has finished enrolling in his benefits, he will need to add his beneficiaries.

At the top of the page, this is where he can view a definition of what a beneficiary is and there may be a video displayed if requested by your company.

Adding a beneficiary is a two-step process,
the first step is to Manage Beneficiaries

Benny may add a beneficiary from a dependent he has already entered in *THEbenefitsHUB* which, once selected, will populate the dependent's information so he won't have to complete any double entries.

1 Manage Beneficiaries**2** Beneficiary Designation

Add persons/entities you would like to be beneficiaries of your benefits. Once all beneficiaries have been added, proceed to step 2.

Add Beneficiary

[View Limited Beneficiary Types](#)

Select Dependent

Enter beneficiary info below

Relation:

First Name:

Last Name:

Address:

City:

State:

Postal Code:

Phone:

Gender:

Date of Birth:

Social Security No:

nine digits - no dashes or spaces

1 Manage Beneficiaries

2 Beneficiary Designation

Add persons/entities you would like to be beneficiaries of your benefits. Once all beneficiaries have been added, proceed to step 2.

Add Beneficiary

[View Limited Beneficiary Types](#)

Select Dependent

Enter beneficiary info below

| | |
|--------------|--|
| Relation: | <input type="text" value="Select Relation"/> |
| First Name: | <input type="text" value="Select Relation"/> |
| Last Name: | All Children Equally Business Associate Charity Child |
| Address: | Domestic Partner Estate Father Friend Mother |
| City: | Other Non-relative Other Relative Parent/Legal Guardian |
| State: | Self Sibling Spouse Trust |
| Postal Code: | |
| Phone: | |
| Gender: | <input type="text" value="Male"/> |

Date of Birth:

Social Security No:

nine digits - no dashes or spaces

OR, he can select from another type of beneficiary, such as, a trust or a charity.

Depending on how the benefits are setup in **THEbenefitsHUB**, Benny may automatically be added as a beneficiary from here if a dependent life benefit, for example, requires Benny to be the beneficiary.

Once all of the dependents have been selected, Benny will click **'Sign and Continue'** to move onto the next step.

1 Manage Beneficiaries

2 Beneficiary Designation

Add persons/entities you would like to be beneficiaries of your benefits. Once all beneficiaries have been added, proceed to step 2.

Beneficiaries

| | | |
|--------------------------|-------------------------------------|--------------------------|
| HUBster, Taylor [Spouse] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| HUBster, Brandi [Child] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| HUBster, Trent [Child] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| HUBster, Benny [Self] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

[+ Add a Beneficiary](#)

[Back](#)

[Sign And Continue](#)

After Benny Signs and Continues, he will need to Designate Beneficiaries.

BENEFICIARY INFORMATION



Beneficiary Video

A beneficiary is the natural person or legal entity you name in a life insurance policy to receive the insurance benefit. A "primary beneficiary" is the person or persons first in line to receive the life insurance proceeds when you die. A "contingent beneficiary" is only entitled to receive your insurance benefits if the primary beneficiary is deceased.

If you have elected into dependent coverage, then, as the primary policy holder, you will automatically be the primary beneficiary of the policy (this includes, but is not limited to, spouse, child(ren), dependent Life and AD&D policies).

If you name more than one primary or contingent beneficiary the distribution of benefits between parties must equal 100%. It is important to review your beneficiary designations on a regular basis.

There are two ways this can be set up for your company, so yours may not look exactly like our Bright Passage example. Your employees will either have the option to choose to designate once for all products, or they will have the option to designate product by product.

- Manage Beneficiaries
- 2** Beneficiary Designation

Enter the % of benefit you would like to designate for each beneficiary.

Basic Life (optional) [View Limited Beneficiary Types](#)

| Beneficiary Name | Primary % <small>?</small> | Contingent % <small>?</small> |
|--------------------------|----------------------------|-------------------------------|
| HUBster, Taylor [Spouse] | 0 | 0 |
| HUBster, Brandi [Child] | 0 | 0 |
| HUBster, Trent [Child] | 0 | 0 |
| Total | 0 % | 0 % |

- Primary % total must equal 0 or 100
- Contingent % total must equal 0 or 100 (must be 0 if Primary % is 0)
- Each entry must be between 0 and 100
- A beneficiary is not both Primary and Contingent for the same benefit

Spouse Life (required) [View Limited Beneficiary Types](#)

[Collapse All](#)

| Beneficiary Name | Primary % <small>?</small> | Contingent % <small>?</small> |
|-------------------------|----------------------------|-------------------------------|
| HUBster, Brandi [Child] | 0 | 0 |
| HUBster, Trent [Child] | 0 | 0 |
| HUBster, Benny [Self] | 100 | 0 |
| Total | 100 % | 0 % |

- Primary % total must equal 100
- Contingent % total must equal 0 or 100
- Each entry must be between 0 and 100
- A beneficiary is not both Primary and Contingent for the same benefit

Employee Life (optional) [View Limited Beneficiary Types](#)

| Beneficiary Name | Primary % <small>?</small> | Contingent % <small>?</small> |
|--------------------------|----------------------------|-------------------------------|
| HUBster, Taylor [Spouse] | 0 | 0 |
| HUBster, Brandi [Child] | 0 | 0 |
| HUBster, Trent [Child] | 0 | 0 |
| Total | 0 % | 0 % |

- Primary % total must equal 0 or 100
- Contingent % total must equal 0 or 100 (must be 0 if Primary % is 0)
- Each entry must be between 0 and 100
- A beneficiary is not both Primary and Contingent for the same benefit

When designating beneficiaries once for all products, Benny will see the primary and contingent beneficiaries change for each product as they are typed in.

The points that appear under the benefit can be utilized when distributing amounts. When all qualifications are met, they will be marked in green like we see here.

Basic Life [optional] View Limited Beneficiary Types

| Beneficiary Name | Primary % ⓘ | Contingent % ⓘ |
|--------------------------|--------------|----------------|
| HUBster, Taylor [Spouse] | 50 | 0 |
| HUBster, Brandi [Child] | 25 | 0 |
| HUBster, Trent [Child] | 25 | 0 |
| Total | 100 % | 0 % |

- Primary % total must equal 0 or 100
- Contingent % total must equal 0 or 100 (must be 0 if Primary % is 0)
- Each entry must be between 0 and 100
- A beneficiary is not both Primary and Contingent for the same benefit

Your Designate Beneficiary page may look different from ours, there are times when a carrier does not allow certain type of beneficiary.

If that is the case, when Benny is on step two of adding beneficiaries, he will be unable to see that beneficiary as an option.

Spouse Life (required) View Limited Beneficiary Types Collapse All

| Beneficiary Name | Primary % | Contingent % |
|-------------------------|--------------|--------------|
| HUBster, Brandi [Child] | 0 | 0 |
| HUBster, Trent [Child] | 0 | 0 |
| HUBster, Benny [Self] | 100 | 0 |
| Total | 100 % | 0 % |

Spouse Life beneficiary types NOT allowed: Spouse, All Children Equally

- Primary % total must equal 100
- Contingent % total must equal 0 or 100
- Each entry must be between 0 and 100
- A beneficiary is not both Primary and Contingent for the same benefit

If Benny wants to see which Beneficiary types are not allowed, he may hover over “View Limited Beneficiary Types” next to the product name.



Manage Beneficiaries

2

Beneficiary Designation

Enter the % of benefit you would like to designate for each beneficiary.

Basic Life (optional) [View Limited Beneficiary Types](#)

| Beneficiary Name | Primary % <small>?</small> | Contingent % <small>?</small> |
|--------------------------|---------------------------------|--------------------------------|
| HUBster, Taylor [Spouse] | <input type="text" value="50"/> | <input type="text" value="0"/> |
| HUBster, Brandi [Child] | <input type="text" value="25"/> | <input type="text" value="0"/> |
| HUBster, Trent [Child] | <input type="text" value="25"/> | <input type="text" value="0"/> |
| Total | 100 % | 0 % |

- Primary % total must equal 0 or 100
- Contingent % total must equal 0 or 100 (must be 0 if Primary % is 0)
- Each entry must be between 0 and 100
- A beneficiary is not both Primary and Contingent for the same benefit

Once Benny has entered all the information, he will save this page by clicking **Finished**.

After clicking finished, a copy of the Beneficiary information will be saved for historical purposes.

Now Benny has completed his online enrollment as a New Hire!

New Hires going through enrollment will see this page showing them the benefit elections that will be prepared for their upcoming Open Enrollment.

Benny will click 'Continue Enrollment'.



MY NEW HIRE BENEFITS ENROLLMENT

ENROLLMENT PREPARATION PAGE

THEbenefitsHUB has completed preparations for your open enrollment.



Please Note: what is displayed below may not be a full account of all your current elections or benefits offered. At the end of your open enrollment walkthrough, all elected benefits will display on the Consolidated Enrollment Form. Your enrollment isn't complete until you see the green checkmark (✔).

Please click [Continue Enrollment](#) below.

Benefits We Prepared - 01/01/2021 Benefit Elections

| Benefit Plan | Coverage | Monthly Cost |
|---|--|--------------|
| Basic Life - Basic Life Effective on 01/01/2021 Provided by Global Insurance Policy Number: - Cost is deducted on a post-tax basis | \$10,000.00 | \$0.00 |
| Medical - Option 2 Effective on 01/01/2021 Provided by Nexus Health Policy Number: - Cost is deducted on a pre-tax basis | HUBster, Benny HUBster, Brandi [Child] | \$440.00 |
| Medical Declination - Please select a reason for declining Effective on 01/01/2021 Provided by Nexus Health | HUBster, Taylor [Spouse] - Other Group Coverage HUBster, Trent [Child] - Other Group Coverage | |
| Medical Offering - Medical Offering Effective on 01/01/2021 Provided by Nexus Health | HUBster, Benny - Yes - This person was offered coverage HUBster, Brandi [Child] - Yes - This person was offered coverage HUBster, Trent [Child] - Yes - This person was offered coverage | |
| Long Term Disability - Plan A - Injury 180 / Sickness 180 Effective on 01/01/2021 Provided by Global Insurance Policy Number: ADEAll,180-180 Cost is deducted on a post-tax basis | \$2,500.00 [Monthly benefit] | \$75.00 |
| Employee Life - Employee Life Effective on 01/01/2021 Provided by Global Insurance Policy Number: - Cost is deducted on a post-tax basis | \$200,000.00 [Approved] \$310,000.00 [Elected] | \$40.00 |
| Spouse Life - Spouse Life Effective on 01/01/2021 Provided by Global Insurance Policy Number: - Cost is deducted on a post-tax basis | \$100,000.00 HUBster, Taylor [Spouse] [Approved] \$155,000.00 HUBster, Taylor [Spouse] [Elected] | \$20.00 |
| Child(ren) Life - Child(ren) Life Effective on 01/01/2021 Provided by Global Insurance Policy Number: - Cost is deducted on a post-tax basis | \$10,000.00 HUBster, Brandi [Child] \$10,000.00 HUBster, Trent [Child] | \$2.00 |

[Continue Enrollment](#)

On the next page, Benny will going see the Consolidated Enrollment Form page, showing him the elections he has made thus far during his New Hire enrollment, but warning him that he is not finished enrolling.

At the bottom of the page, Benny will find the **‘Continue’** button which will allow him to move on to his Open Enrollment walkthrough.

▼ Waived Benefit Plans

| Benefit Plan Type | Reason | Waiver Date | Date Waived |
|-------------------|--------|-------------|-------------|
| Cancer | --- | 6/3/2020 | 6/8/2020 |
| AD&D | --- | 6/3/2020 | 6/8/2020 |

Back Continue

Bright Passage Today is June 8, 2020
Server: 10 Page 2
Logged in: Taylor, Equipment
Employee Benny HUBster

MY NEW HIRE BENEFITS ENROLLMENT HELP LOGOUT

CONSOLIDATED ENROLLMENT FORM

ALMOST DONE!
You have completed new hire enrollment for the current plan year. Please click the continue button below to complete your open enrollment.

View Display Options

Personal Information [Click here to edit](#)

HUBster, Benny Social Security No. ###-##-0004
 123 Test St. Date of Employment 6/3/2020
 Test, TX 75082 Date of Birth 1/1/1974
 Gender Male
 Marital Status Married
 Tobacco User No

Dependents [Click here to edit](#)

HUBster, Taylor [Spouse] Social Security Number ---
 2121 N. Genessee Drive Date of Birth 6/8/1992
 Richardson, TX 75082 Gender Female
 Tobacco User No
 Is your spouse currently age 65 or older? No

HUBster, Brandi Social Security No. ---
 2121 N. Genessee Drive Date of Birth 10/8/2018
 Richardson, TX 75082 Gender Female
 This child is my Natural child since 10/8/2018
 Child has resided here since 10/8/2018
 Marital Status Single
 Qualified Medical Support Order No
 Is child claimed on Federal Taxes? Yes
 Indicate whether college aged child is a student Not in school

HUBster, Trent Social Security No. ---
 2121 N. Genessee Dr. Date of Birth 12/5/2019
 Richardson, TX 75082 Gender Male
 This child is my Natural child since 12/5/2019
 Child has resided here since 12/5/2019
 Marital Status Single
 Qualified Medical Support Order No
 Is child claimed on Federal Taxes? Yes
 Indicate whether college aged child is a student Not in school

Beneficiary Information [Click here to edit](#)

Spouse Life

| Primary Beneficiary | Date of Birth | Social Security No. | Percentage |
|-----------------------|---------------|---------------------|------------|
| HUBster, Benny (Self) | --- | --- | 100% |

Election Information
 Below is the list of the elections effective as of greatest new hire eligibility date 7/1/2020.
 To edit an existing benefit plan election, click the corresponding name of the benefit plan type.
 Benefit Plans with a "*" have multiple policies. The Coverage and Employee Cost listed are the total amounts of all policies.

| Benefit Plan | Coverage | Your Cost |
|--|--|-----------|
| Basic Life - Basic Life Effective on 7/1/2020 Covered by Global Insurance Policy Number --- Cost is included on a pre-tax basis | \$10,000.00 | \$0.00 |
| Medical - Option 2 Effective on 7/1/2020 Covered by HUBster, Benny HUBster, Brandi [Child] Policy Number --- Cost is included on a pre-tax basis | HUBster, Benny HUBster, Brandi [Child] | \$440.00 |
| Medical Declaration - Please select a reason for declining Effective on 7/1/2020 Covered by HUBster, Taylor [Spouse] - Other Group Coverage HUBster, Trent [Child] - Other Group Coverage | HUBster, Taylor [Spouse] - Other Group Coverage HUBster, Trent [Child] - Other Group Coverage | |
| Medical Offering - Medical Offering Effective on 7/1/2020 Covered by HUBster, Benny - Yes - This person was offered coverage HUBster, Brandi [Child] - Yes - This person was offered coverage HUBster, Trent [Child] - Yes - This person was offered coverage | HUBster, Benny - Yes - This person was offered coverage HUBster, Brandi [Child] - Yes - This person was offered coverage HUBster, Trent [Child] - Yes - This person was offered coverage | |
| Dental - Dental Plan Effective on 7/1/2020 Covered by HUBster, Benny HUBster, Brandi [Child] Policy Number --- Cost is included on a pre-tax basis | HUBster, Benny HUBster, Brandi [Child] | \$5.00 |
| Vision - Core Option PPO Effective on 7/1/2020 Covered by HUBster, Benny HUBster, Brandi [Child] Policy Number --- Cost is included on a pre-tax basis | HUBster, Benny HUBster, Brandi [Child] | \$345.00 |
| Long Term Disability - Plan A - Injury 180 / Sickness 180 Effective on 7/1/2020 Covered by Global Insurance Policy Number 824611801180 Cost is included on a pre-tax basis | \$2,200.00 (Monthly benefit) | \$66.00 |
| Employee Life - Employee Life Effective on 7/1/2020 Covered by Global Insurance Policy Number --- Cost is included on a pre-tax basis | \$200,000.00 [Approved] \$280,000.00 [Elect] | \$40.00 |
| Spouse Life - Spouse Life Effective on 7/1/2020 Covered by Global Insurance Policy Number --- Cost is included on a pre-tax basis | \$100,000.00 HUBster, Taylor [Spouse] [Approved] \$140,000.00 HUBster, Taylor [Spouse] [Elect] | \$10.00 |
| Childrent Life - Childrent Life Effective on 7/1/2020 Covered by Global Insurance Policy Number --- Cost is included on a pre-tax basis | \$10,000.00 HUBster, Brandi [Child] \$10,000.00 HUBster, Trent [Child] | \$2.00 |
| HealthCare Reimbursement - HealthCare Reimbursement with Flex Card Effective on 7/1/2020 Covered by American Health Plans Policy Number --- Cost is included on a pre-tax basis | \$10.00 monthly contribution | \$10.00 |
| Total Monthly Payroll Deduction | | \$918.00 |

▼ Waived Benefit Plans

| Benefit Plan Type | Reason | Waiver Date | Date Waived |
|-------------------|--------|-------------|-------------|
| Cancer | --- | 6/3/2020 | 6/8/2020 |
| AD&D | --- | 6/3/2020 | 6/8/2020 |

Back Continue
Print This Page

To have a link of this page emailed to you, please select an email address:
 You have no email addresses on file. [Add Email Address](#)

Logout

Now Benny is in his Open Enrollment
walk-through!



MY BENEFITS ENROLLMENT

He will be walking through the same benefits that he saw during his new hire walk through but now he is electing for the future year.

BASIC LIFE

| Current Basic Life Plan Election | Coverage | Your Cost |
|--|-------------|-----------|
| Basic Life View Plan Outline of Benefits | \$10,000.00 | \$0.00 |
| Provided by Global Insurance Effective on 7/1/2020 | | |

| Available Basic Life Plan | Coverage | Your Cost |
|--|-------------|----------------|
| <input checked="" type="radio"/> Basic Life View Plan Outline of Benefits | \$10,000.00 | Cost: \$0.00 ▼ |
| Provided by Global Insurance Eligible on 1/1/2021 Cost is deducted on a post-tax basis | | |

Back

Sign & Continue

| Election Summary |
|---|
| Costs shown are as of 1/1/2021 |
| Basic Life \$ 0.00 |
| Medical |
| Medical Declination |
| Medical Offering |
| Dental |
| Vision |
| Cancer [WAIVED] |
| Long Term Disability |
| Employee Life |
| AD&D [WAIVED] |
| HealthCare Reimbursement |
| Monthly Payroll Deduction \$ 0.00 |

To alleviate confusion the header at the top of the page has changed from 'My New Hire Enrollment' to 'My Benefits Enrollment'.

BENEFICIARY INFORMATION



Beneficiary Video

A beneficiary is the natural person or legal entity you name in a life insurance policy to receive the insurance benefit. A "primary beneficiary" is the person or persons first in line to receive the life insurance proceeds when you die. A "contingent beneficiary" is only entitled to receive your insurance benefits if the primary beneficiary is deceased.

If you have elected into dependent coverage, then, as the primary policy holder, you will automatically be the primary beneficiary of the policy (this includes, but is not limited to, spouse, child(ren), dependent Life and AD&D policies).

If you name more than one primary or contingent beneficiary the distribution of benefits between parties must equal 100%. It is important to review your beneficiary designations on a regular basis.

When Benny arrives at his beneficiary page, he has the option to switch up his designations but you will see that his percentages have remained the same from his New Hire enrollment.

- ✓ Manage Beneficiaries
- 2 Beneficiary Designation

Enter the % of benefit you would like to designate for each beneficiary.

Basic Life (optional) [View Limited Beneficiary Types](#)

| Beneficiary Name | Primary % <small>?</small> | Contingent % <small>?</small> |
|--------------------------|----------------------------|-------------------------------|
| HUBster, Taylor [Spouse] | 0 | 0 |
| HUBster, Brandi [Child] | 0 | 0 |
| HUBster, Trent [Child] | 0 | 0 |
| Total | 0 % | 0 % |

- Primary % total must equal 0 or 100
- Contingent % total must equal 0 or 100 (must be 0 if Primary % is 0)
- Each entry must be between 0 and 100
- A beneficiary is not both Primary and Contingent for the same benefit

Spouse Life (required) [View Limited Beneficiary Types](#)

[Collapse All](#)

| Beneficiary Name | Primary % <small>?</small> | Contingent % <small>?</small> |
|-------------------------|----------------------------|-------------------------------|
| HUBster, Brandi [Child] | 0 | 0 |
| HUBster, Trent [Child] | 0 | 0 |
| HUBster, Benny [Self] | 100 | 0 |
| Total | 100 % | 0 % |

- Primary % total must equal 100
- Contingent % total must equal 0 or 100
- Each entry must be between 0 and 100
- A beneficiary is not both Primary and Contingent for the same benefit

Employee Life (optional) [View Limited Beneficiary Types](#)

| Beneficiary Name | Primary % <small>?</small> | Contingent % <small>?</small> |
|--------------------------|----------------------------|-------------------------------|
| HUBster, Taylor [Spouse] | 0 | 0 |
| HUBster, Brandi [Child] | 0 | 0 |
| HUBster, Trent [Child] | 0 | 0 |
| Total | 0 % | 0 % |

- Primary % total must equal 0 or 100
- Contingent % total must equal 0 or 100 (must be 0 if Primary % is 0)
- Each entry must be between 0 and 100
- A beneficiary is not both Primary and Contingent for the same benefit

Now Benny has completed his entire Open Enrollment walk-through!



MY BENEFITS ENROLLMENT

CONSOLIDATED ENROLLMENT FORM

**CONGRATULATIONS!**

You have successfully completed your online enrollment!

[View Display Options](#)**Your feedback is important to us:**

To complete a short survey please click the Main Menu button below or click here.

Personal Information [Click here to edit](#)

| | | |
|-----------------------|----------------------------|-------------|
| HUBster, Benny | Social Security No. | ###-##-0004 |
| 123 Test St. | Date of Employment | 6/3/2020 |
| Test, TX 75082 | Date of Birth | 1/1/1974 |
| | Gender | Male |
| | Marital Status | Married |
| | Tobacco User | No |

Dependents [Click here to edit](#)

| | | |
|---------------------------------|---|-----------|
| HUBster, Taylor [spouse] | Social Security Number | --- |
| 2121 N Glenville Drive | Date of Birth | 6/18/1992 |
| Richardson, TX 75082 | Gender | Female |
| | Tobacco User | No |
| | Is your spouse currently age 65 or older? | No |

| | | |
|------------------------|---|-------------------------------|
| HUBster, Brandi | Social Security No. | --- |
| 2121 N Glenville Drive | Date of Birth | 10/8/2018 |
| Richardson, TX 75082 | Gender | Female |
| | This child is my | Natural child since 10/8/2018 |
| | Child has resided here since | 10/8/2018 |
| | Marital Status | Single |
| | Qualified Medical Support Order | No |
| | Is child claimed on Federal Taxes? | Yes |
| | Indicate whether college aged child is a student | Not in school |

| | | |
|-----------------------|---|-------------------------------|
| HUBster, Trent | Social Security No. | --- |
| 2121 N Glenville Dr. | Date of Birth | 12/5/2019 |
| Richardson, TX 75082 | Gender | Male |
| | This child is my | Natural child since 12/5/2019 |
| | Child has resided here since | 12/5/2019 |
| | Marital Status | Single |
| | Qualified Medical Support Order | No |
| | Is child claimed on Federal Taxes? | Yes |
| | Indicate whether college aged child is a student | Not in school |

Beneficiary Information [Click here to edit](#)

| Spouse Life | Primary Beneficiary | Date of Birth | Social Security No. | Percentage |
|--------------------|----------------------------|----------------------|----------------------------|-------------------|
| | HUBster, Benny [Self] | --- | --- | 100% |

From the Consolidated Enrollment form, Benny can view his personal and dependent's information...

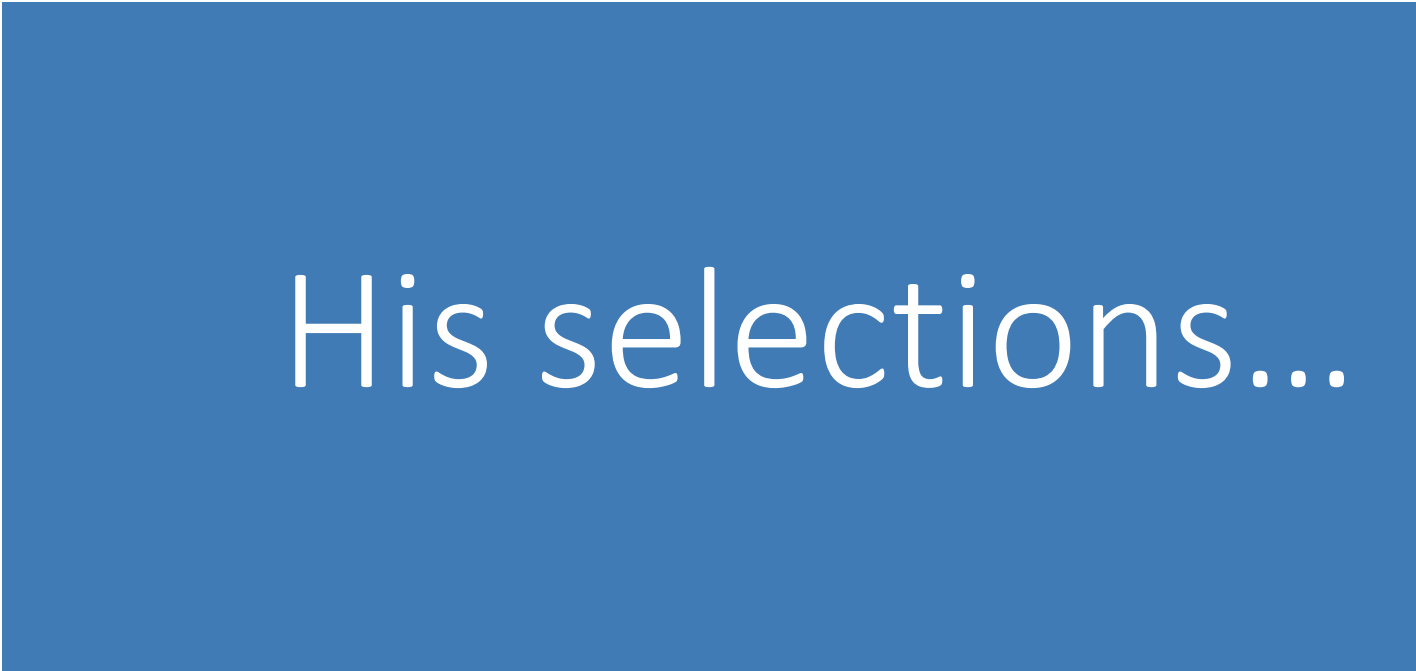
Election Information

Below is the list of the elections effective as of greatest new hire eligibility date 1/1/2021.

To view elections effective at other dates, click the corresponding date in the list below. To edit an existing benefit plan election, click the corresponding name of the benefit plan type. Benefit Plans with a "*" have multiple policies. The Coverage and Employee Cost listed are the total amounts of all policies.

| Effective 7/1/2020 | | |
|--|--|-----------------|
| Benefit Plan | Coverage | Your Cost |
| Basic Life - Basic Life Effective from 7/1/2020 to 12/31/2020 Provided by Global Insurance Policy Number - Cost is deducted on a post-tax basis | \$10,000.00 | \$0.00 |
| Medical - Option 2 Effective from 7/1/2020 to 12/31/2020 Provided by Nexus Health Policy Number - Cost is deducted on a pre-tax basis | HUBster, Benny HUBster, Brandi [Child] | \$440.00 |
| Medical Declination - Please select a reason for declining Effective from 7/1/2020 to 12/31/2020 Provided by Nexus Health | HUBster, Taylor [Spouse] - Other Group Coverage HUBster, Trent [Child] - Other Group Coverage | |
| Medical Offering - Medical Offering Effective from 7/1/2020 to 12/31/2020 Provided by Nexus Health | HUBster, Benny - Yes - This person was offered coverage HUBster, Brandi [Child] - Yes - This person was offered coverage HUBster, Trent [Child] - Yes - This person was offered coverage | |
| Dental - Dental Plan Effective from 7/1/2020 to 12/31/2020 Provided by Nexus Health Policy Number - Cost is deducted on a pre-tax basis | HUBster, Benny HUBster, Brandi [Child] | \$5.00 |
| Vision - Low Option PPO Effective from 7/1/2020 to 12/31/2020 Provided by American Health Plans Policy Number - Cost is deducted on a pre-tax basis | HUBster, Benny HUBster, Brandi [Child] | \$345.00 |
| Long Term Disability - Plan A - Injury 180 / Sickness 180 Effective from 7/1/2020 to 12/31/2020 Provided by Global Insurance Policy Number ACAEL180-180 Cost is deducted on a post-tax basis | \$2,200.00 [Monthly benefit] | \$66.00 |
| Employee Life - Employee Life Effective from 7/1/2020 to 12/31/2020 Provided by Global Insurance Policy Number - Cost is deducted on a post-tax basis | \$200,000.00 [Approved] \$280,000.00 [Elected] | \$40.00 |
| Spouse Life - Spouse Life Effective from 7/1/2020 to 12/31/2020 Provided by Global Insurance Policy Number - Cost is deducted on a post-tax basis | \$100,000.00 HUBster, Taylor [Spouse] [Approved] \$140,000.00 HUBster, Taylor [Spouse] [Elected] | \$10.00 |
| Children Life - Children Life Effective from 7/1/2020 to 12/31/2020 Provided by Global Insurance Policy Number - Cost is deducted on a post-tax basis | \$10,000.00 HUBster, Brandi [Child] \$10,000.00 HUBster, Trent [Child] | \$2.00 |
| HealthCare Reimbursement - HealthCare Reimbursement with Flex Card Effective from 7/1/2020 to 12/31/2020 Provided by American Health Plans Policy Number - Cost is deducted on a pre-tax basis | \$10.00 monthly contribution | \$10.00 |
| Total Monthly Payroll Deduction | | \$918.00 |

| Effective 1/1/2021 | | |
|--|---|-----------------|
| Benefit Plan | Coverage | Your Cost |
| Basic Life - Basic Life Effective on 1/1/2021 Provided by Global Insurance Policy Number - Cost is deducted on a post-tax basis | \$10,000.00 | \$0.00 |
| Medical - Option 2 Effective on 1/1/2021 Provided by Nexus Health Policy Number - Cost is deducted on a pre-tax basis | HUBster, Benny HUBster, Brandi [Child] | \$440.00 |
| Medical Declination - Please select a reason for declining Effective on 1/1/2021 Provided by Nexus Health Policy Number - | HUBster, Taylor [Spouse] HUBster, Trent [Child] | \$0.00 |
| Medical Offering - Medical Offering Effective on 1/1/2021 Provided by Nexus Health Policy Number - | HUBster, Benny HUBster, Brandi [Child] HUBster, Trent [Child] | \$0.00 |
| Dental - Dental Plan Effective on 1/1/2021 Provided by Nexus Health Policy Number - Cost is deducted on a pre-tax basis | HUBster, Benny HUBster, Brandi [Child] | \$5.00 |
| Vision - Low Option PPO Effective on 1/1/2021 Provided by American Health Plans Policy Number - Cost is deducted on a pre-tax basis | HUBster, Benny HUBster, Brandi [Child] | \$345.00 |
| Long Term Disability - Plan A - Injury 180 / Sickness 180 Effective on 1/1/2021 Provided by Global Insurance Policy Number ACAEL180-180 Cost is deducted on a post-tax basis | \$2,200.00 [Monthly benefit] | \$66.00 |
| Employee Life - Employee Life Effective on 1/1/2021 Provided by Global Insurance Policy Number - Cost is deducted on a post-tax basis | \$200,000.00 [Approved] \$280,000.00 [Elected] | \$40.00 |
| Spouse Life - Spouse Life Effective on 1/1/2021 Provided by Global Insurance Policy Number - Cost is deducted on a post-tax basis | \$100,000.00 HUBster, Taylor [Spouse] [Approved] \$140,000.00 HUBster, Taylor [Spouse] [Elected] | \$10.00 |
| Children Life - Children Life Effective on 1/1/2021 Provided by Global Insurance Policy Number - Cost is deducted on a post-tax basis | \$10,000.00 HUBster, Brandi [Child] \$10,000.00 HUBster, Trent [Child] | \$2.00 |
| HealthCare Reimbursement - HealthCare Reimbursement with Flex Card Effective on 1/1/2021 Provided by American Health Plans Policy Number - Cost is deducted on a pre-tax basis | \$10.00 monthly contribution | \$10.00 |
| Total Monthly Payroll Deduction | | \$918.00 |



His selections...

...And the benefits he waived.

Effective 1/1/2021

| Benefit Plan | Coverage | Your Cost |
|---|---|-----------------|
| Basic Life - Basic Life Effective on 1/1/2021 Provided by Global Insurance Policy Number: - Cost is deducted on a post-tax basis | \$10,000.00 | \$0.00 |
| Medical - Option 2 Effective on 1/1/2021 Provided by Nexus Health Policy Number: - Cost is deducted on a pre-tax basis | HUBster, Benny HUBster, Brandi [Child] | \$440.00 |
| Medical Declination - Please select a reason for declining Effective on 1/1/2021 Provided by Nexus Health Policy Number: - | HUBster, Taylor [Spouse] HUBster, Trent [Child] | \$0.00 |
| Medical Offering - Medical Offering Effective on 1/1/2021 Provided by Nexus Health Policy Number: - | HUBster, Benny HUBster, Brandi [Child] HUBster, Trent [Child] | \$0.00 |
| Dental - Dental Plan Effective on 1/1/2021 Provided by Nexus Health Policy Number: - Cost is deducted on a pre-tax basis | HUBster, Benny HUBster, Brandi [Child] | \$5.00 |
| Vision - Low Option PPO Effective on 1/1/2021 Provided by American Health Plans Policy Number: V Cost is deducted on a pre-tax basis | HUBster, Benny HUBster, Brandi [Child] | \$345.00 |
| Long Term Disability - Plan A - Injury 180 / Sickness 180 Effective on 1/1/2021 Provided by Global Insurance Policy Number: ADEA1180-180 Cost is deducted on a post-tax basis | \$2,200.00 [Monthly benefit] | \$66.00 |
| Employee Life - Employee Life Effective on 1/1/2021 Provided by Global Insurance Policy Number: - Cost is deducted on a post-tax basis | \$200,000.00 [Approved] \$280,000.00 [Elected] | \$40.00 |
| Spouse Life - Spouse Life Effective on 1/1/2021 Provided by Global Insurance Policy Number: - Cost is deducted on a post-tax basis | \$100,000.00 HUBster, Taylor [Spouse] [Approved] \$140,000.00 HUBster, Taylor [Spouse] [Elected] | \$10.00 |
| Child(ren) Life - Child(ren) Life Effective on 1/1/2021 Provided by Global Insurance Policy Number: - Cost is deducted on a post-tax basis | \$10,000.00 HUBster, Brandi [Child] \$10,000.00 HUBster, Trent [Child] | \$2.00 |
| HealthCare Reimbursement - HealthCare Reimbursement with Flex Card Effective on 1/1/2021 Provided by American Health Plans Policy Number: - Cost is deducted on a pre-tax basis | \$10.00 monthly contribution | \$10.00 |
| Total Monthly Payroll Deduction | | \$918.00 |

Waived Benefit Plans

| Benefit Plan Type | Reason | Waiver Date | Date Waived |
|-------------------|--------|-------------|-------------|
| Cancer | --- | 6/3/2020 | 6/8/2020 |
| AD&D | --- | 6/3/2020 | 6/8/2020 |

[Back](#) [Main Menu](#)
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[Logout](#)

This Consolidated Enrollment Form can be customized upon your request, by adding personal information, dependent information, employee payroll ID, emergency contact information, or beneficiary information.

Please, Contact your Account Representative or Implementer if you would like this updated.

From this page, Benny can either print this page, go to the main menu, or go back through his enrollment walkthrough. He can also email a link to himself to log back into **THEbenefitsHUB** to view his elections.

Due to HIPAA we cannot actually email this information, but Benny can log back in easily to view it all again.

▼ Waived Benefit Plans

| Benefit Plan Type | Reason | Waiver Date | Date Waived |
|-------------------|--------|-------------|-------------|
| Cancer | --- | 6/1/2020 | 6/8/2020 |
| AD&D | --- | 6/1/2020 | 6/8/2020 |

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Thank you for tuning in to our Training Tutorial!

If you have any further questions or concerns, feel free to contact your Account Representative or send us an email at learn@allsynx.com.