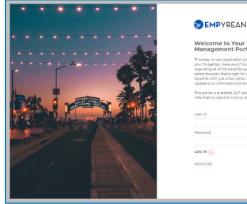
# EMPYREAN

# Step by Step Enrollment Guide

This guide explains our online benefits enrollment tool. Use it to reference key steps that maximize and lock in your benefits.

## Start by Registering Your User Account -Direct Access



#### Welcome to Your Employee Benefits

	ou and your family, and enroll in your come back to review your selections and turne.
	iding convenient access to your personal meficiary designations, and more.
User ID	
Password	
	Did you forget your User ID or Pessivoir

- 1. Visit your enrollment site to create your user ID and password.
- 2. Click on *REGISTER*.
- 3. Enter your
- · First, Last Name (as filed with employer),
- Date of Birth
- Social Security Number/Employee ID
- ----- CLICK NEXT WHEN FINISHED -----
- 4. Add a new User ID (work email address, for example).
- 5. Create a new password with at least:
- eight characters
- one letter
- one number
- one symbol (i.e., \* & + # \$)

- 6. Set a security question and answer (at least six characters), in case you forget your password.
- —— CLICK NEXT WHEN FINISHED ——
- 7. Read the terms of use agreement. To continue enrolling, click I AGREE at the bottom of the page.

#### NOTE

You only register once. Return and log in with your user ID and password. Our system recognizes you.

HAVE THE FOLLOWING INFORMATION HANDY

Provide eligible dependents' and beneficiaries':

- Full names
- Dates of birth
- Social security numbers

#### NOTE

Your Plan may require you to provide documents to verify your dependents before they can be covered.

#### NOTE

Your Plan may require you to complete an Evidence of Insurability (EOI) during the enrollment process

Your registration is complete. Please go to 'Get Ready to Enroll for Your Benefits' on page 4.

STEP BY STEP ENROLLMENT GUIDE

## Single Sign On -No registration required

- 1. Visit your enrollment site and follow the login instructions.
- 2. Click to access. Read the terms of use agreement. To continue enrolling, click *I AGREE* at the bottom of the page.

#### NOTE

If you access the system via EmpyreanGo first, you will need to complete the full registration flow, which includes verifying yourself before creating a user ID and password.

#### HAVE THE FOLLOWING INFORMATION HANDY

Provide eligible dependents' and beneficiaries':

- Full names
- Dates of birth
- Social security numbers

#### NOTE

Your Plan may require you to provide documents to verify your dependents before they can be covered.

#### NOTE

Your Plan may require you to complete an Evidence of Insurability (EOI) during the enrollment process

Please go to 'Get Ready to Enroll for Your Benefits' on page 4.

### Get Ready to Enroll for Your Benefits.

#### LAUNCH YOUR ENROLLMENT

When you log in you'll see a pending event screen. (figure 1)

Click on Continue,

Begin on My Information step of the enrollment flow.

Follow the prompts in each step.

An indicator shows your progress per step.

**SELECT HELP STEP** — Select if you want help electing your medical plan (figure 2)

1.1 Choose to get help with selecting your medical plan by clicking GET OUR HELP

#### NOTE

If you do not want help with selecting your medical plans, you can click *CONTINUE TO DO-IT-YOURSELF* and click *Change* on the Medical benefit tile on the Select Benefits page to see options.

MY INFORMATION STEP - Personal information (figure 3)

- 2.1 Review your information (automatically populated).
- 2.2 Click the *EDIT* button to make changes.
- ----- Click I'M DONE REVIEWING MY INFORMATION when finished -----

#### **USER TIPS**

Your progress is saved when you click to continue to the next screen in the flow. You can log in later to finish your enrollment.

Click BACK TO PREVIOUS PAGE to review elections or make changes.

#### Make sure to finish your enrollment.

Elections are **NOT** recorded in the system **UNTIL** you save and accept them and get confirmation. (figure 11)



figure 1

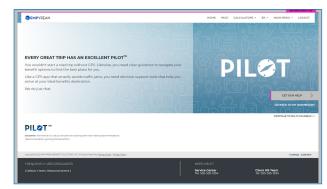


figure 2

The second se				ENVIRONMENT GA
	BEMPYREAN		HOME HELP CALCULATORS *	EN * MAIN MENU * LOCOUT
				Your Cost:
	Me			\$0.00
and the second se	This is an overview of your personal informatio	n. To modify/correct information in the 'Hy Persona	al section, click the EDIT button	SEMI-MONTHUR PAIR PERIOD
and the second		r corrections must be modified through your HB d		COST BREAKDOWN
	Any other mornation out regulas updates of	rearrectors may be mounted through your He o	epartment.	Event Type:
	My Information			O OPEN ENROLLMENT
Sel Sel	EMPLOYEE ID	559	FIRST NAME	Event Progress:
		3123	John	My information
	MCCLE NAME	LAST NAME	54775	My Dependents
		Smith		Select Benefits
	DATE OF BETH	CENDER	HOME TELEPHONE	lieview
	סדפולנגולגר	Male		Confirmation
	DHML ADDRESS			TM DONE REVIEWING MY INFORMATION
				CO BACK TO MY DASHBOARD
WIN AND	My Personal		EDIT	C UNCHANGED ELECTIONS
	PERSONAL EMAL			
	I WANT EMAILS TO BE SENT TO MY.			
NO A VENCENCE				
			ADD NEW	
	My Addresses		ADD HEN	
	Primary Address			
	123 Addy City, CA 94569			
	United States of America			



### **Continue Your Enrollment**

#### MY DEPENDENTS STEP — My family (figure 4)

- 3.1 To add Spouse and/or Child(ren), Click ADD NEW.
- 3.2 Click the *pencil icon* to make changes.

#### NOTE

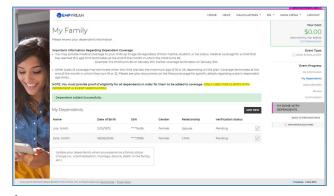
If proof of a dependent's relationship to you is required, *PENDING* appears in the *Verification Status* column.

#### SELECT BENEFITS STEP — Select your benefit plans

- 4.1 If you chose to get help, answer a 5 minute survey about your finances, health and personality. (figure 5)
- 4.2 Your answers will allow us to provide you with the best medical plan for you. (figure 5b)
- 4.3 Select the dependent(s) you wish to cover and then select the plan you want.

#### NOTE

A previously eligible dependent that appears in Step 3 may not appear here (for example, if they aged out). Otherwise, to add a dependent click *ADD DEPENDENTS* and revisit Step in this guide.





							NMENT: QA
a Con a Sta	EMPYREAN	HOME	HELP	CALCULATORS -	EN *	MAIN MENU -	LOCOUT
	ABOUT HOW MANY TIMES DID YOU SEE YOUR DOCTOR LAST YEAR? THIS C CHECKUP TO VISITS WITH A SPECIALIST.	an be any	THING	FROM A BASIC			
國的其他各種	None						
	1 to 3						
2 Congesti	4105						
E SA	6 or more						
PIL <b>⊘</b> T	NOT MAX			DOT THE SURV	Y ++		
	Your frequency of walks will help our understand how much medical insurance coverage is right for	Yor.					

figure 5

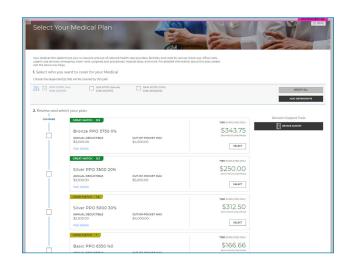


figure 5b

**SELECT BENEFITS STEP** — Review your selected plan (figure 6)

- 4.4 The plan you selected appears showing the cost per pay period for your coverage level (per dependents covered).
- 4.5 Review your selection. If it impacts other benefits, an alert (in the shaded box) will explain. (figure 6)
- 4.6 Click VIEW COST BREAKDOWN, if available, to see cost details.

**SELECT BENEFITS STEP** — Continue selecting benefits (figure 7)

- 4.7 Click *CHANGE* on another benefit tile to select or update a plan.
- 4.8 Repeat until all available benefits are selected or waived.

#### NOTE

Plans provided by your employer, at no cost to you, will not have a *CHANGE* button...enrollment is automatic.

#### NOTE

Elections screens vary per benefit (*i.e.*, *health vs. life vs. HSA or FSA*).

#### NOTE

To learn more about a benefit, click *MORE DETAILS* in the lower right corner of the associated benefit tile.

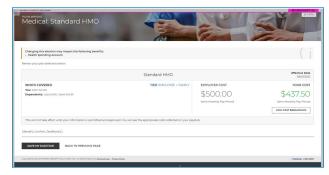


figure 6



figure 7

STEP BY STEP ENROLLMENT GUIDE

EVENT REVIEW STEP — Review Beneficiary Allocation (figure 8)

- 5.1 Review, update or change designated beneficiaries.
- 5.2 Click ADD NEW BENEFICIARY to add a beneficiary.
  - a. Click on the *pencil icon* to edit data.
  - b. To delete a beneficiary, click on the X icon.
  - c. Click on *CHANGE ALLOCATION* to change beneficiary allocations for the associated benefit.

—— CLICK I'M DONE WITH BENEFICIARIES WHEN FINISHED ——

#### NOTE

A red warning sign / flag and message appears if:

- A (required) beneficiary is not designated;
- You didn't allocate a portion to each beneficiary;
- Less than 100% is allocated to primary beneficiary/ies.
- Follow message prompts.

**EVENT REVIEW STEP** — Evidence of Insurability (EOI), Dependent Verification and/or Event Verification(figure 9)

- 5.3 If applicable, complete/provide EOI.
- 5.4 If required by your employer, verify eligibility for any dependent added for coverage by uploading required documentation.
- 5.5 If required by your employer, upload required documentation if the enrollment needs to be verified.
- 5.6 A checkmark means additional verification is not required at this time.
- ----- CLICK I'M READY TO FINALIZE MY ELECTIONS WHEN FINISHED -----

#### NOTE

A warning sign and message box will indicate pending actions. Follow message prompts to fulfill them.

If you continue enrolling without completing the pending actions, certain coverage may not fully apply until they are met.

racezeka on Smithalf of John Smith									ENVIRON	AD TRENT
	<b>EMPYREAN</b>				HOME	HELP	CALCULATORS -	EN *	MAIN MENU +	LOCOUT
-	Please review your benefic	neficiary Alloc ary information. Ensure the peop d with the coverage they need.		tant to you are m	ade your				SEME-MONTH	Your Cost 90.83 Her Period
1000	My Beneficiaries									Event Type
						A00	NEW BENERICIARY		Eve	ent Progress
		more individuals or organization henever you experience a family		rust. It is importa	nt to update your					ly informatio
	Name	Date of Birth	SSN/FID/TIN	Tope	Relation	ship			м	ly Dependents
6									1	Select Benefit
2-1	Lisa Smith	12/12/1972	*****6456	Person	Spouse		20			Sevier
	Jane Smith	06/06/2006	9789	Person	child					Confirmation
1201	8								DONE WITH NEFICIARIES	
A PA	My Allocations								BACK TO P	REVIOUS MICE
	BASIC TERM LIFE					CHANG	E ALLOCATION			
1 man	Name	Туре			Percentage					
	Lisa Smith	Primary			50%					
	Jane Smith	Primary			50%					T BEEAKDOWN
3 1/	BASIC AD8D					CHANG	E ALLOCATION			Event Type ENROLLMENT
	Name	Type			Percentage				Eve	nt Progress
	Lisa Smith	Primary			100%					ly information
										v Dependents

figure 8

Telecola in Senar of John Selan	EMPYREAN				OME HELP	CALCULATORS -	EN Y	MAIN MENU * LOCOUT
	Verification At this time, we will review the Election Validation		ns to ensure no additiona	action is needed on your p				Visur Cost \$390.83 contractions contractions contractions contractions
	Denefit Supplemental ADSD Dependent Verificatio	Plan Entered Amounts n	Elected Amount \$150,000,00	Approved Amount \$0.00	Complete EOI			Event Progress My Informatio My Dependent Select Benefit
	Event Verification	i require dependent verifica quire additional verification						Confirmation TH READY TO FINALIZE MY LECTIONS BACK TO PERMOUS PAGE
							I	© UNCONTRIBUTED BLECTIONS

figure 9

#### EVENT REVIEW STEP — Final Review (figure 10)

- 6.1 Carefully review cost summary, benefit elections, and dependent data for accuracy.
- 6.2 Click the *pencil icon* to make changes.
- —— CLICK SUBMIT MY ELECTIONS WHEN FINISHED ——

#### One last pop-up message appears...

6.3 To continue reviewing or updating click on *DENY* or To confirm your enrollment click *ACCEPT*.

#### NOTE

When you click **ACCEPT**, updates are recorded into the system and ready to go into effect when annual enrollment closes.

If you do not click ACCEPT, pending updates will not take effect

**CONFIRMATION STEP** — Confirmation (figure 11)

7.1 Review the final confirmation summary and use the confirmation number for future reference.

#### NOTE

Total costs will not match approved costs in the first four columns if:

- A part of additional life insurance is pending EOI, and/or
- Proof (as required) of a dependent's relationship to you has not been provided.
- 7.2 To print for your records, click *PRINT*, or To print later, login and click *Benefits History* from the *Home page*.

#### ----- LOG OUT WHEN FINISHED -----

Return to manage your benefits whenever you need. See page 9 for more information.

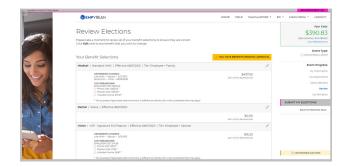


figure 10

and the second se					Envisioned
EMPYREAN			HOME HE	LP CALCULATORS -	EN * MAIN MENU * U
Confirmat	ion				** \$39
Congratulations! Your ben of this summary for your in	refit elections are confirmed and a confir enomia	mation number ha	s been generated. Please print a copy		COL. MA
24					O OPEN END
Employee	John Smith		•		
Confirmation #	5161		: >	-E.	Event
Event	Open Enrollment		TAKE SUDVEY	PRINT	My In
Requested Event Date	08/01/2021		THE SOULT		
Event Effective Date	08/01/2021				My De
YOUR COST SUM	MARY				Selec
-	SEMI-MONTHLY PAY PERIOD COST (ELECTED)	ANNUAL COST	SEMI-MONTHLY PAY PERIOD COST (APPROVED)	ANNUAL COST (APPROVED)	Corr
CREDITS	\$0.00	\$0.00	\$0.00	\$0.00	
EMPLOYEE PRE-TAX AMOUNT	\$250.33	\$6,200.00	\$250.33	\$6,200.00	
EMPLOYEE POST-TAX AMOUNT	\$132.50	\$3,180.00	\$132.50	\$3,100.00	
TOTAL COST OF BENEFITS	\$390.63	\$9,380.00	\$790.83	\$9,380.00	
	YOUR TOTAL \$390	83/Semi-Monthly	Pay Period Cost		
Your Benefit Select	tions		A YOU HAVE BENE	ITS PENDING APPROVAL	CONFIRMED-SLECTIO
Medical   Standard HM	O   Effective 06/01/2028   Tier. Employee	- Family			
DEPENDENTS O Una Smith - S New Smith - O	004EMED 1006 - 12/2/19/2 1044 - 06/06/2006		Service of the	\$437.50 No. Nevice Cold	
COST BREAKDO	2020				

figure 11

### Congratulations! You're enrolled.

#### **MANAGE MY BENEFITS**

This includes creating a qualified life event to add/drop dependents or make benefit changes.

You can do this by clicking *CHANGE YOUR CURRENT BENEFITS* from the Home page. (figure 12)

CREATE LIFE EVENT — Select Life Event Type (figure 13)
6.1 Review the life options available and click the appropriate radio button.

---- CLICK SAVE AND CONTINUE WHEN FINISHED ----

**CREATE LIFE EVENT** — Select Date Life Event Occurred (figure 14) 7.1 Enter in the date the life event occured.

#### NOTE

Some changes may force you to use the current date as the date of the change.

See page 4 for more information on the workflow. Some pages/steps may not apply based on the selected life event type.



figure 12

- lora	BEMPYREAN	н	OME HELP	CALCULATORS - EN	- MAIN MENU -	LOCOUT
The Constant						
CON PA	Family Status C	hange				
	You are able to make certain changes t status change (also known as a qualifie	o your benefits if you have exp d life status change).	erienced a fan	niy		
	Select the appropriate family status ch	ange, and then click SAVE AND	CONTINUE			
	<ul> <li>ADMIN</li> </ul>					
	<ul> <li>BIRTH / ADOPTION</li> </ul>					
	O DIVORCE					
	O MARRIAGE					
A A A A A A A A A A A A A A A A A A A						
	SAVE AND CONTINUE	ANCEL EVENT				
And And						
Copyrighted 2021 ENRYPELAN BEINERIT SOLUTIONS, INC. AI Rights Reserved Textual Liber, I. Braapuelt	sin					2384.9901
FREQUENTLY USED RESOURCES	1	NEED HELP?				
[Default_Focker_ResourceContent]		Service Center		Client HR Te	m	

figure 13

	3 EMPYREAN	HOME	HELP	CALCULATORS -	EN - MAJN MENU -	LOCOUT
	Family Status Change You selected Birth / Adoption When did this event happen? 					
Copyrighte 2021 EMPLYREAN BENEFIT SOLUTIONS, N.C. All Rights Reserves (actual) Use, I Ethapy P	nav.				-ico-exa	2 354 8501
					(	
FREQUENTLY USED RESOURCES						
[Default_Footer_ResourceContent]	Service Center			Client HI	Team	

figure 14

### Congratulations! You've updated your benefits.