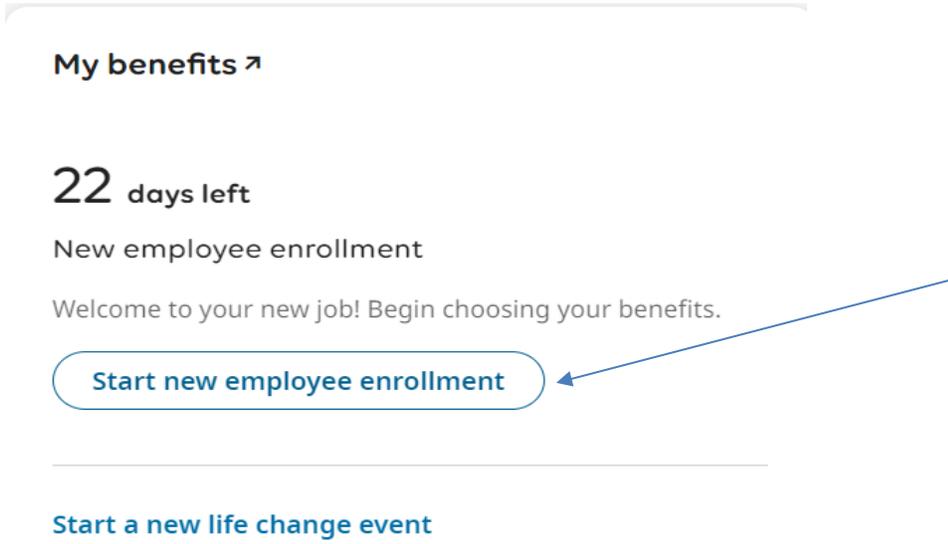


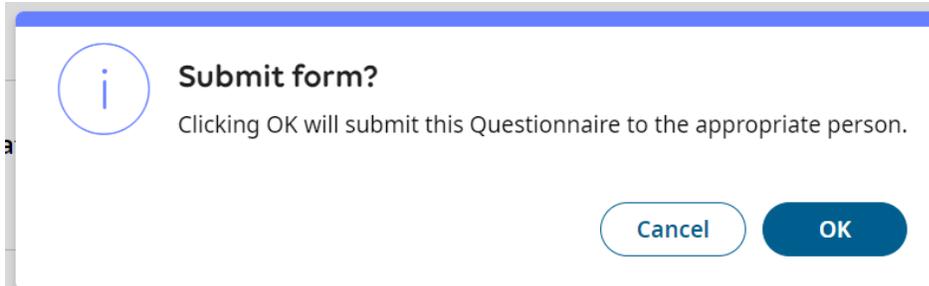


HOW TO ENROLL IN BENEFITS

1. Log into the [Employee Portal](#) using your username (first initial, last name, and employee ID) and password.
2. You will see three large white boxes on your home page. Within the Benefits box, click on “Start New Employee Enrollment”.

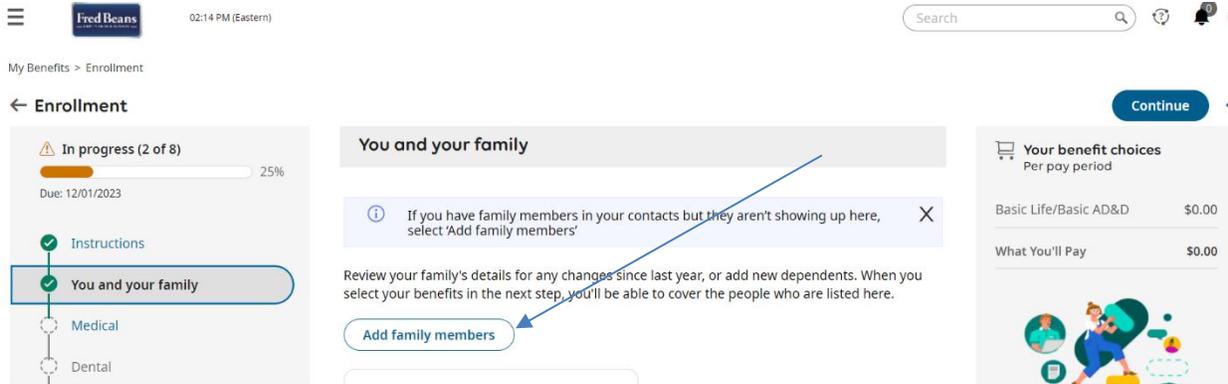


3. After you click ‘Start New Employee Enrollment’, you will see the Benefit Enrollment Questionnaire. Please read the instructions, answer the questions fully below the instructions and then click on the blue box in the bottom right hand corner that says, ‘Submit’. Click ‘OK’ to confirm your submission.

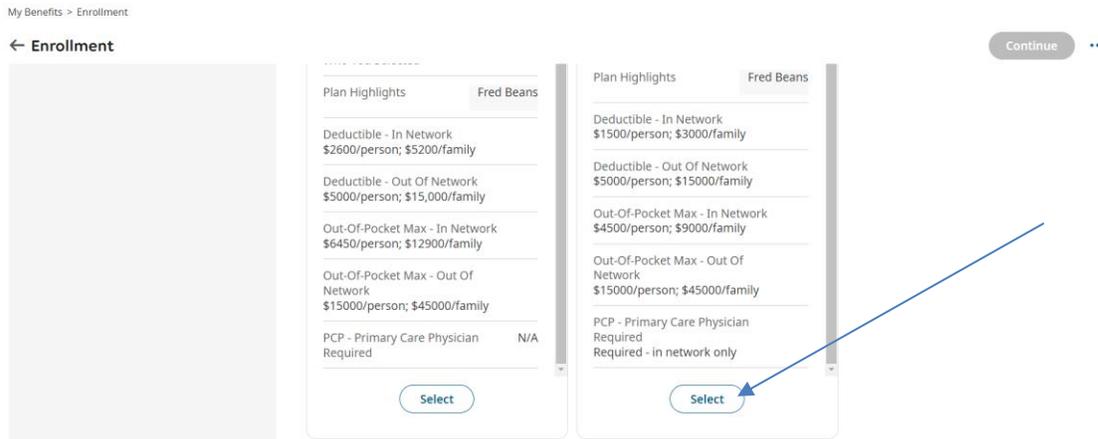


4. Once you submit your questionnaire, you will see the first page with a list of instructions. Please read fully to understand, then click ‘continue’ to begin your elections.

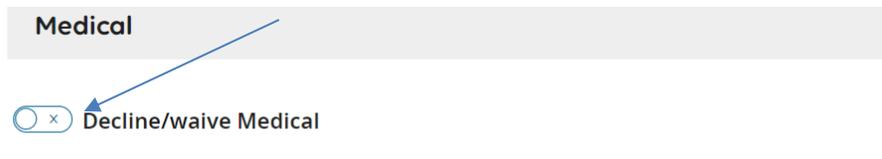
5. You will then be prompted to add the family members you will be adding to your insurance.



6. Once you click 'Continue' at the top right of the screen, you will see all options for Medical Insurance. **SCROLL DOWN TO VIEW ALL OPTIONS.** To select a plan, click the "select" box at the bottom of the plan. You will then be prompted to choose your coverage level and tobacco use.



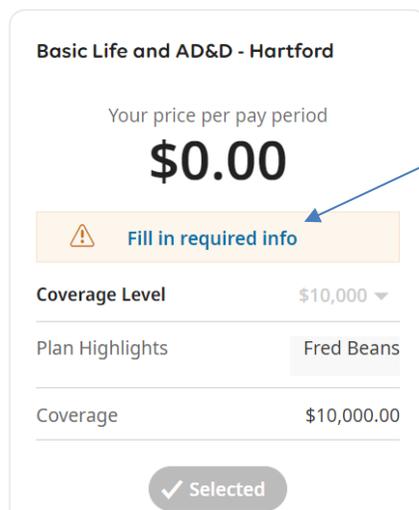
❖ If you wish to waive medical insurance, click 'Decline/waive Medical'



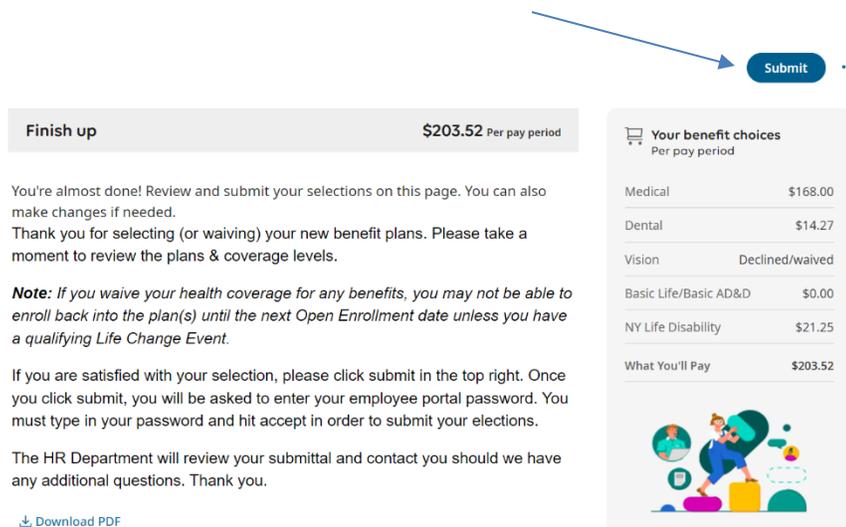
You can review and compare plans for further details and find the coverage that works best for you and your family. If you don't need this coverage for any reason, you can opt out by selecting 'decline/waive coverage'.

- ❖ You will need a 9-digit PCP ID number if enrolling in the POS plan. Search using <https://www.ibx.com/get-care/find-doctors-and-health-care-providers> Enter this PCP number directly under your chosen plan.
- ❖ You will need to add a 9-digit PCP ID number for each family member if electing the POS plan.

7. Once you click 'Continue' at the top right of the screen, you will see all of our options for Dental Insurance. **SCROLL DOWN TO VIEW ALL OPTIONS.**
 - a. If you wish to waive dental insurance, click 'Decline/waive Dental'
8. Once you click 'Continue' at the top right of the screen, you will see all of our options for Vision Insurance.
 - a. If you wish to waive vision insurance, click 'Decline/waive Vision'
9. Once you click 'Continue' at the top right of the screen, you will see your current enrollment in the Basic Life and Basic AD&D plans.
 - a. You are automatically enrolled in this plan
 - b. You **MUST** add a beneficiary on this page. To add a beneficiary, click on 'fill in required info' in yellow. Again, click the blue '+add' and then either selecting 'add new' or 'add from existing contacts'. You then will be asked to enter the percentage. You can add up to 20 beneficiaries, as long as they equate to 100%.
 - c. Click 'Continue' (top right) to move forward.



10. You will then have the option to enroll in short term disability and or long-term disability through NY Life.
 - a. If you are not interested in either, select "Decline/waive NY Life Disability" at the top
 - b. Click the "select" button under long term and or short term to enroll.
11. Once you click 'Continue' at the top of the screen, you will see a confirmation page that summarizes the elections you have just made. Click 'Submit' in the top right once you are satisfied with your elections.



12. Once you click 'Submit', you will be asked to enter your employee portal password.
 - a. You **MUST** type in your password and hit **ACCEPT** in order to submit elections.
 - b. Your elections will then be sent to the administrator.

Enrollment Acknowledgement X

i Please type your (Test Employee) password to confirm.

Password *

If you wish to make additional changes, click on "decline" and you will return to the option menu.

Click on "accept" if you are satisfied with your selections and wish to proceed with the submittal process.

Note that you will not be enrolled in new plans until you complete this selection and acceptance process. Contact your HR Representative should you have any questions regarding this process.

True and complete acknowledgement: The answers I have provided throughout this benefit submission are to the best of my knowledge and belief, true and complete.

I hereby enroll for benefits for which I am presently eligible or for which I may become eligible under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings. I reserve the right to revoke this deduction.

13. If you have successfully submitted, a prompt will pop-up stating your enrollment was successfully submitted

