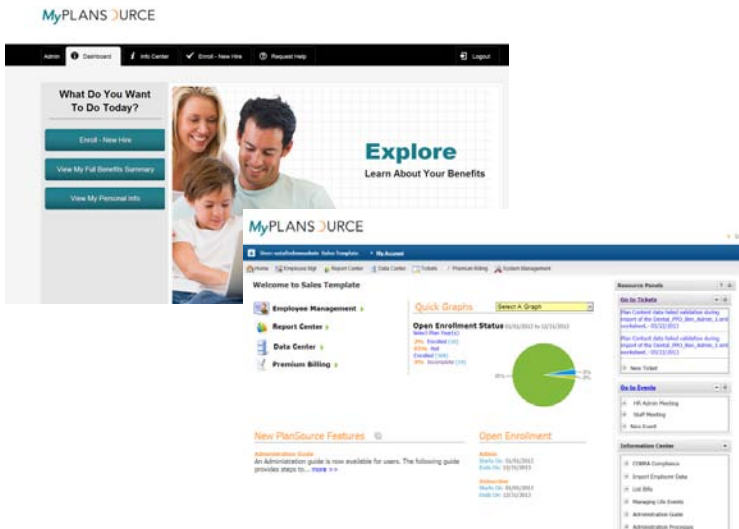


PLANSOURCE™



Self-Service Enrollment Guide

The PlanSource Benefits Administration Web Enrollment Platform

Ver. 072312

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PlanSource Self-Guided Enrollment Tour

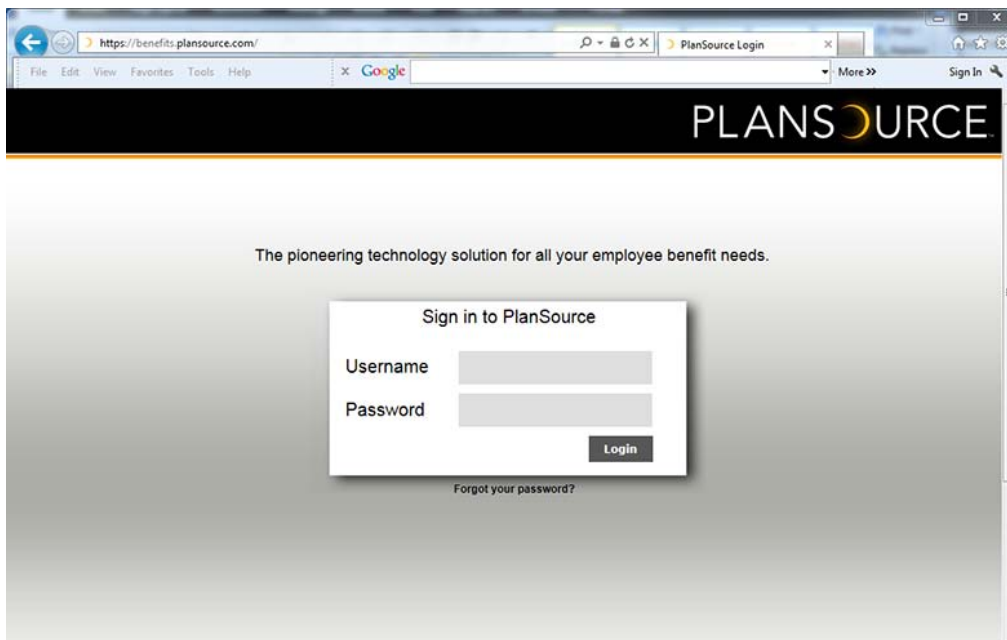
ENROLLING IN BENEFITS

Before you begin please make sure you have the following items:

- Social Security Number (SSN) for all legal dependents you wish to enroll in any coverage
- Date of Birth (DOB) for all legal dependents you wish to enroll in any coverage
- Beneficiary Information for Life Insurance, which includes your beneficiaries' name(s), DOB(s) and SSN(s)

LOGGING ON

Type in benefits.plansource.com into the address bar of your internet browser



If this is the first time you are using this site follow the instructions below for your user name and Password. Your **Username** consists of:

1. First initial of your First Name;
2. First six characters of your Last Name;
3. Last four (4) digits of your SSN.

Example: John Employee, whose SSN is 000-00-1234, would have a login of **JEMPLOY1234**.

Your **Password** is your birthdate in the format YYYYMMDD. Example: a birthdate of February 7, 1975 would look like this: **19750207**.

First time users will be prompted to select a new Password. (**Note:** Every year during Open Enrollment your password will reset back to your birthdate in the YYYYMMDD format.)

WELCOME SCREEN

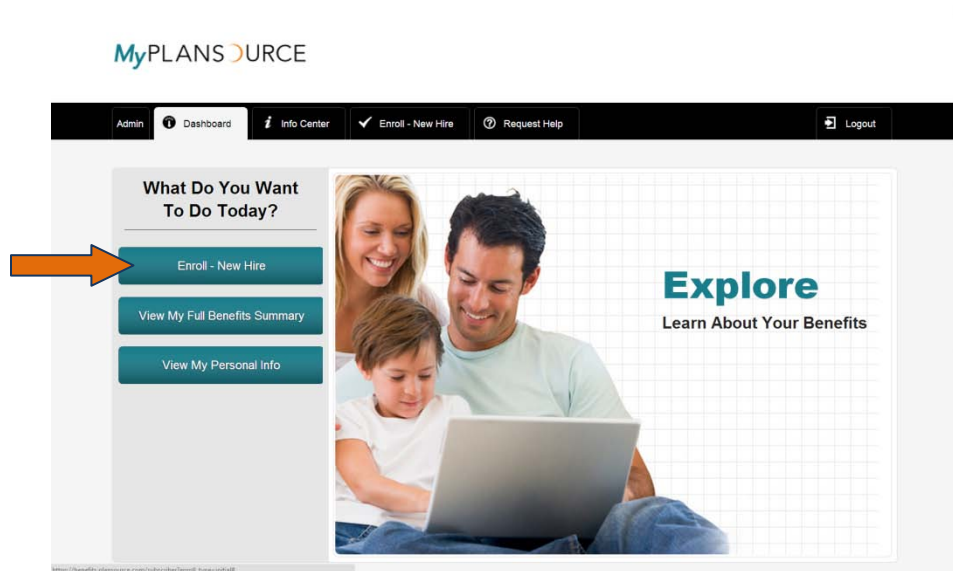
On this screen you will have the option to view benefits, providers, see past enrollments, etc. First we will go through the Enrollment Process; later in this document we will review steps to update enrollment information. Click on the **Benefits** tab in the top menu and then click the link “**Enroll – New Hire**”, or on many sites you can click on the link “**View My Full Benefits Summary**” from the main page.



INTRODUCTION

You will be notified of the enrollment due date. You must complete your enrollment by this date. You also have until that date to revisit benefits.plansource.com to make any changes to your enrollment if necessary. Failure to enroll by the enrollment due date will result in “**NO COVERAGE**”.

- Read through the page
- Click **Enroll in Benefits – New Hire**



(During the Annual Open Enrollment period this will say **Enroll in Benefits – Open Enrollment**. If you are not a new hire and it is not Open Enrollment, there will be a link that says **Report a Life Event**.)

BEGINNING THE ENROLLMENT

On each of the enrollment pages there is a *Total Benefit Cost* per pay period in the upper right hand side of the enrollment screen.

- This figure will automatically update as you make each benefit plan selection, and will keep a current amount of your per pay period costs (based on your employer pay period information)

MyPLANSOURCE

Admin | Dashboard | Info Center | **Enroll - New Hire** | Request Help | Logout

New Hire Enrollment

Welcome to your Online Benefit Enrollment!

The **New Hire enrollment period** is your opportunity to elect benefits without a qualifying event and begin receiving coverage as soon as possible. Be sure to review each benefit and the plan details provided before choosing which coverage level is right for you.

To begin managing your benefits, start with updating your personal information below.

1 **Your Info**
In this step you will review, verify, and if necessary, update your personal information. You will only be allowed to update the information allowed by your employer.

Continue

2 **Your Dependents**
In this step you will verify and/or update your dependents. All dependents that you plan to include in your benefit elections.

Dependents

Employer Contribution
Credit: \$553.85
Remaining: \$553.85
Per Pay Period Per Pay Period

Your Cost
\$0.00
Per Pay Period

27 Days Left
Days Left To Enroll

My Benefits

Please note: It is necessary to use the **Continue** button at the bottom of every page to access the next enrollment step. **Pressing Continue will also save your selections and enroll you in the plan that you selected.** You can logout and return to finish your enrollment at a later time (within your specified enrollment period).

ENROLLMENT NAVIGATION

Proceed through each enrollment page by using the continue button.

Use the back button to go back to a previous page – Do not use your browser's back button.



ABOUT YOU

- Read through this page and verify that all information is correct; if there are errors, in you can modify the information or contact your HR representative for corrections
- Complete any information where the field is empty or incorrect
- Click **Continue**

MyPLANSOURCE

Dashboard

Info Center

Enroll - Annual

My Account

Request Help

Logout

Step 1: Your Info

Step 2: Your Dependents

Step 3: Your Benefits

Step 4: Your Summary

Verify your Personal Information and make changes if needed

This information is used for:

- reporting to the benefit carriers
- to issue your ID cards and process your claims
- to process your payroll, taxes, etc.

If any of the information is incorrect and you are unable to change it on this page, please contact your Human Resources representative.

Natalie Demo

SSN

405-78-2534

User Name

nataliedemo

E-mail

Alternate E-mail

natalie.vandenbranden@plansource.com

First Name

Natalie

Middle Name

Last Name

Demo

Address 1

111 W Jefferson St

Address 2

Employer Contribution

Credit

\$461.04

Remaining

\$346.19

Per Pay Period

Per Pay Period

Your Cost

\$33.54

Per Pay Period

223 Days Left

[Days Left To Enroll](#)

My Benefits

Medical

\$0.00

✓

Group Voluntary A...

\$0.00

✓

Dental

\$0.00

✓

Vision

\$0.00

✓

Long Term Disability

\$2.31

✓

Voluntary Empl...

\$12.68

✓

Health Savings Ac...

\$7.69

✓

ABOUT YOUR DEPENDENTS

Any dependents (i.e. Spouse, Partner, and Child) need to be entered on this page. To enter a new dependent not currently listed on the page.

- Click **Add Dependent**
- Enter *Dependent Information* (including SSN and DOB)
- Click on **Dependent Relationship** drop down box and choose appropriate relationship
- If the dependent does not live at home, uncheck the “*Dependent Lives at Home*” box and add the address
- When you are finished adding all Dependents, Click **Continue**

The image displays two screenshots of the MyPLANSOURCE website interface, illustrating the steps to add a new dependent.

Top Screenshot: The user is on the 'Review the Dependent Information on file below' page. The page shows a list of existing dependents (Josh Demo) and a 'New Dependent' button. An orange arrow points to the 'Add Dependent' button. The right sidebar shows the 'Employer Contribution' and 'Your Cost' summary.

Bottom Screenshot: The user is on the 'Verify your Dependent Information and make changes if needed' page. The page shows a form to enter the dependent's information, including First Name, Middle Name, Last Name, Birthdate, Gender, SSN, and Relationship. An orange arrow points to the 'Relationship' dropdown menu. The right sidebar shows the 'Employer Contribution' and 'Your Cost' summary.

To edit a dependent listed on the page:

- Click on **Edit Dependant**

MyPLANSOURCE

Dashboard Info Center **Enroll - Annual** My Account Request Help Logout

Dependent was successfully created. Be sure to review all benefits to add dependent to appropriate coverages.

Step 1: Your Info Step 2: Your Dependents Step 3: Your Details Step 4: Your Summary

Review the Dependent Information on file below
Dependents must be listed on this page to be enrolled in coverage.

You may:

- Add New Dependents
- Edit Existing Dependent Information
- Remove Existing Dependent

By adding a dependent, you are confirming that this is a legal dependent, eligible for benefits under one or more of your available plans.

Dependent	Relationship	Birthdate	QWCSO	VERIFIED	VEN. EXPIRES ON	Action
Josh Demo	Spouse	05/15/1985	No	No		Edit Information Remove Coverage
Rose Demo	Child	05/18/2011	No	No		Edit Information Remove Coverage
New Dependent						Add Dependent

Back Continue

Employer Contribution
Credit: \$461.04 Remaining: \$346.15
Per Pay Period Per Pay Period

Your Cost
\$33.54
Per Pay Period

223 Days Left
[Click Left To Enroll](#)

My Benefits

Benefit	Amount	Status
Medical	\$0.00	✓
Group Voluntary A...	\$0.00	✓
Dental	\$0.00	✓
Vision	\$0.00	✓
Long Term Disability	\$2.31	✓
Voluntary Employ...	\$12.69	✓
Health Savings Ac...	\$7.69	✓

- Correct the dependent information
- Click **Continue**

MyPLANSOURCE

Dashboard Info Center **Enroll - Annual** My Account Request Help Logout

Step 1: Your Info Step 2: Your Dependents Step 3: Your Details Step 4: Your Summary

Verify your Dependent Information and make changes if needed
You are confirming that this is a legal dependent, eligible for benefits under one or more of your available plans.

First Name:
Middle Name:
Last Name:
Birthdate:
Gender:
SSN:
Relationship:
☐ QWCSO
☐ Lives At Home

Continue

Employer Contribution
Credit: \$461.04 Remaining: \$346.15
Per Pay Period Per Pay Period

Your Cost
\$33.54
Per Pay Period

223 Days Left
[Click Left To Enroll](#)

My Benefits

Benefit	Amount	Status
Medical	\$0.00	✓
Group Voluntary A...	\$0.00	✓
Dental	\$0.00	✓
Vision	\$0.00	✓
Long Term Disability	\$2.31	✓
Voluntary Employ...	\$12.69	✓
Health Savings Ac...	\$7.69	✓

To delete a dependent listed on the page:

- Click **Remove** link at the right of the dependent record
- Click **OK** when asked if you are sure you wish to terminate this dependent

MyPLANSOURCE

Dashboard | Info Center | **Enroll - Annual** | My Account | Request Help | Logout

Dependent was successfully created. Be sure to review all benefits to add dependent to appropriate coverages.

Step 1: Your Info | Step 2: Your Dependents | Step 3: Your Benefits | Step 4: Your Summary

Review the Dependent Information on file below
Dependents must be listed on this page to be enrolled in coverage.

You may:

- Add New Dependents
- Edit Existing Dependent Information
- Remove Existing Dependent

By adding a dependent, you are confirming that this is a legal dependent, eligible for benefits under one or more of your available plans.

Dependent	Relationship	Birthdate	QMC SO	Verified	VER Expires On	Actions
Josh Demo	Spouse	05/15/1985	No	No		Edit Information Remove Coverage
Rose Demo	Child	05/18/2011	No	No		Edit Information Remove Coverage

[Add New Dependent](#)

Back | Continue

Employer Contribution

	Credit	Remaining
	\$481.54	\$346.15
	Per Pay Period	Per Pay Period

Your Cost

	Per Pay Period
	\$33.54

223 Days Left
[Days Left to Enroll](#)

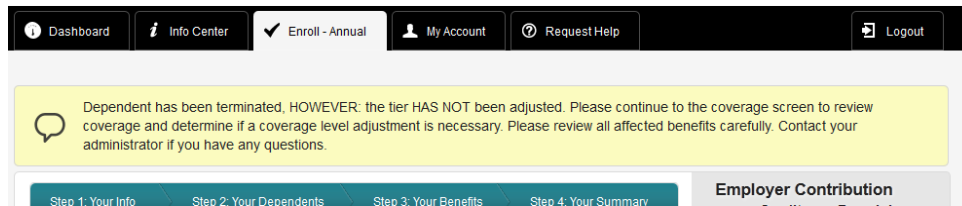
My Benefits

	Per Pay Period	Status
Medical	\$0.00	✓
Group Voluntary A...	\$0.00	✓
Dental	\$0.00	✓
Vision	\$0.00	✓
Long Term Disability	\$2.31	✓
Voluntary Employ...	\$12.69	✓
Health Savings Ac...	\$7.69	✓

Terminate Dependent

This will terminate the dependent and all active coverages. However, NO coverage tiers will be adjusted. Please continue to the enrollment screens to determine if a coverage level adjustment is necessary. Contact your administrator if you have any questions.

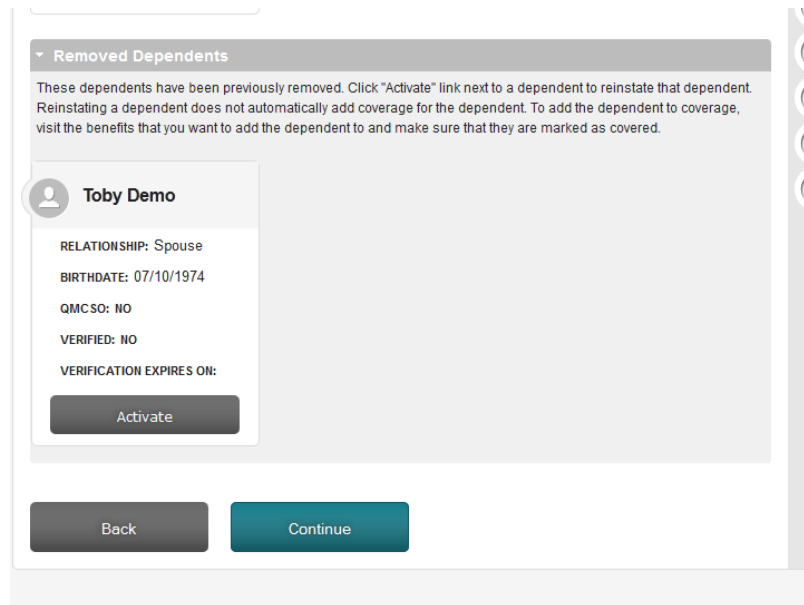
Cancel | Continue



- The yellow warning is a reminder that you must continue through the enrollment to verify each benefit and coverage level

To reactivate a dependent listed on the page:

- Click **Activate** link at the end of the dependent record
- Once you have added and/or edited all dependents, Click **Continue**



ELECTING A PLAN

You must make a selection for each benefit - all the plans available to you will be listed on this page (the pictures below are of sample plans for demonstration purposes only).

- Click on the button under the plan of your choice next to the coverage level you are enrolling in (Employee, Employee + Spouse, etc.)
- Chose the decline category if you are waiving coverage – using the decline option that applies to you

Admin | Dashboard | Info Center | Welcome to Open Enrollment | Request Help

Step 1: Your Info | Step 2: Your Dependents | Step 3: Your Benefits | Step 4: Your Summary

Select your Medical Plan

For specific plan coverage information, review the plan details below.

Selecting a group Medical Plan provides:

- Guaranteed coverage at the most affordable rate
- Lower out of pocket costs by securing discounted rates at participating providers
- Protection for your finances and the health of you and your family

The cost of health care continues to increase so it is more important than ever to make sure you have health insurance.

Your Cost

\$163.77
Per Pay Period

0 Days Left
[Days Left To Enroll](#)

My Benefits

Medical	\$57.58	✓
Health Savings A...	\$100.00	✓
Dental	\$4.62	✓
Basic Employee ...	\$0.42	✓
Basic Long Term ...	\$0.00	✓
Voluntary Employ...	\$1.15	✓

Cost calculator keeps track of your ongoing costs

Compare Plans by clicking the box next to the Plan name and clicking "Compare"

Per Pay Period Costs for each option

Enroll in the benefit by clicking the coverage level button under the plan of your choice.

Dependents eligible for each benefit (if none listed - employee only benefit)

Plan Content Summary

Links to find a doctor, plan details, and plan documents

Or Decline Coverage for this benefit by choosing the appropriate reason

Generic - Select 70 - 5000

[Compare](#) [Plan Details](#)

PLAN TYPE	COINSURANCE	DEDUCTIBLE	OFFICE VISIT
HDHP	\$2,500/\$5,000	80%/20%	NA

LEVELS

	COST
<input type="radio"/> EMPLOYEE ONLY	\$46.04
<input checked="" type="radio"/> EMPLOYEE + SPOUSE	\$57.58

☒ Toby Demo (Spouse 09/17/1975)

Generic - Select 70 - 10,000

[Compare](#) [Plan Details](#)

PLAN TYPE	COINSURANCE	DEDUCTIBLE	OFFICE VISIT
HDHP	\$3,500 Individual/ \$10,000 Family	80%/20%	NA

LEVELS

	COST
<input type="radio"/> EMPLOYEE ONLY	\$31.73
<input type="radio"/> EMPLOYEE + SPOUSE	\$51.92

Decline

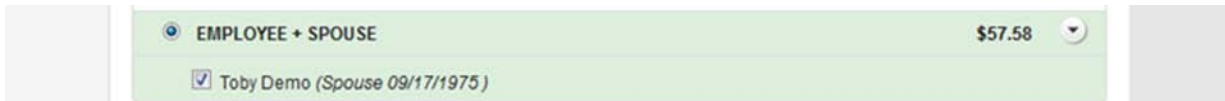
LEVELS

	COST
<input type="radio"/> DECLINE	

[Back](#) [Continue](#)

DEPENDENTS ON A PLAN

All dependents on your employee record should be listed at the bottom of each benefits page. The box will be checked next to their name if they will be covered under a specific benefit. If the box next to a dependent is not checked and the system will not allow you to check it manually, you will need to verify the coverage level you have selected for the benefit.



- Click **Continue**

If you forgot to add a dependent you wish to cover:

- Click the **Step 2: Your Dependents** link
- Add Dependent(s) as described above
- Click **Continue** to return to enrolling in benefits
- Verify new dependent is covered in your selected benefits

MyPLANSOURCE



LIFE INSURANCE ENROLLMENT

If you receive *company paid Basic Life Insurance* it will be listed on this page and you will already have been automatically enrolled (at no cost to you). Please review for accuracy

- Click **Continue**

The screenshot shows the PlanSource enrollment interface. At the top, there is a navigation bar with links: Admin, Dashboard, Info Center, Welcome to Open Enrollment, and Request Help. Below this, a progress bar indicates four steps: Step 1: Your Info, Step 2: Your Dependents, Step 3: Your Benefits (current step), and Step 4: Your Summary. The main content area is titled 'Select your Basic Employee Life Plan'. It states: 'Basic Employee Life Insurance is 100% employer paid and will protect your loved ones from financial hardship in the event of your absence.' Below this, it lists what Basic Life Insurance will help cover: Payment of final expenses (taxes, burial, outstanding debt), Income replacement for dependents (spouse, child, disabled adult), and Creating an inheritance for heirs. A note says: 'Please Acknowledge your acceptance by clicking the enrollment button below.' A box shows the current selection: 'Your current selection for this benefit is: Basic Employee Life & AD&D Plan - Enrolled, with a per pay period cost of \$0.42.' Below this, a table shows the plan details:

LEVELS	COST
<input checked="" type="radio"/> ENROLLED	\$0.42

At the bottom, there is a large orange arrow pointing right and a blue 'Continue' button.

Beneficiary Designation For Basic Life And Voluntary Life Elections

You must elect a **Beneficiary** for any Basic Life/AD&D and Voluntary Life benefits. You can designate as many primary and secondary beneficiaries as you wish; however, the allocation for all of your primary choices must total 100%, and the allocation for all of your secondary choices must total 100%. If you wish to add more than one primary beneficiary, just click **Add Primary Beneficiary** until all your beneficiaries are noted.

You can also designate one or more secondary beneficiaries. Any secondary beneficiaries will be designated to receive payment in the event the original beneficiary predeceases the insured.

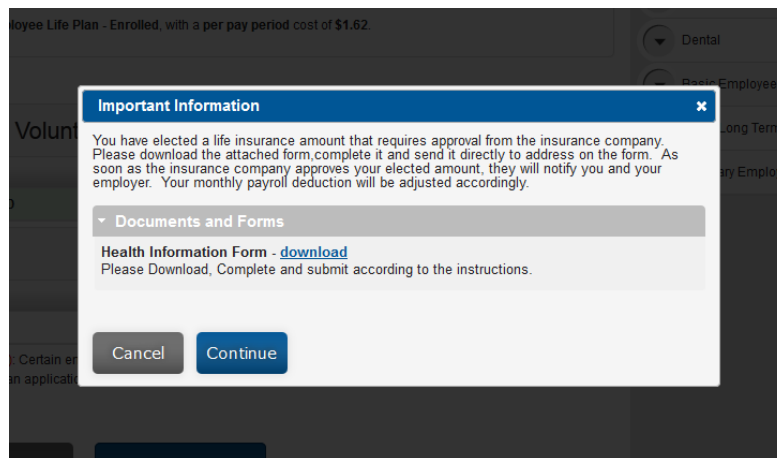
Click **Add Primary Beneficiary**

- Add Beneficiary Information to the popup box
- Click **Save** to close box

- Click **Continue**

Your Evidence Of Insurability Status

Certain elections in life benefits may require further documentation or Evidence of Insurability (EOI). This requirement will be noted next to the election amount you are requesting. Once you have selected your coverage amount, click **Continue**. If an EOI required amount has been selected, you will see a popup screen like this:



If this is shown, you are required to download the **EOI Form** on this popup (by clicking the **Download** button), complete it and submit it according to the instructions provided. This is an example of what a popup screen could look like but should not be used as instructions on where to send your company's forms. Then click **Continue** to go to the next step.

FLEXIBLE SPENDING ACCOUNT OPTIONS

Your employer may elect to provide options for different types of **Flexible Spending Accounts**, which are healthcare savings plans that provide certain tax advantages and can help you manage your spending on healthcare. Check the plan details for each option to learn more.

Flexible Spending Account – Medical

Your **Health Care Reimbursement Account** information is listed on this page. Please read through it carefully. If you would like to enroll, pre-tax dollars are put aside from your paycheck to pay for eligible medical expenses. To enroll, do the following:

Click the **Enrolled** button

- Type in an **Annual Amount** you would like available for the year
- Click **OK** button to accept amount and view Per Pay Period breakdown
- Click **Continue**

If you do not wish to enroll in the Medical Reimbursement Account:

- Click the **Decline** button
- Click **Continue**

Flexible Spending Account – Dependent Care

If you have any legal dependents (children) who you pay childcare expenses for you may be eligible to participate in the **Dependent Care Reimbursement Account**. Please read through this page and if you qualify you can enroll as follows:

- Click **Enrolled** button
- Type in an **Annual Amount** you would like available for the plan year
- Click **OK** button to accept amount and view Per Pay Period breakdown
- Click **Continue**

If you do not wish to enroll in the Medical Reimbursement Account:

- Click Decline button
- Click **Continue**

coverage/index/4/433

Step 1: Your Info

Step 2: Your Dependents

Step 3: Your Benefits

Step 4: Your Summary

Select your Dependent Care Reimbursement Account

A Dependent Care Reimbursement Account is a type of Flexible Spending Account that allows you to set aside pre-tax dollars that you can use to pay eligible daycare expenses for children or a disabled spouse or dependent.

Unused funds in your Dependent Care Reimbursement Accounts are forfeited at the end of the plan year. For this reason, it is important that you consider what qualifying expenses you will have when selecting your contribution amount. (ie: before/after school care, in-home care for disabled dependent, licensed day care, summer camp)

[Benefits of Participating](#)[IRS Guidelines](#)[Eligible Expenses](#)

Your current selection for this benefit is:

You do not currently have coverage and have not requested any coverage.

Generic - Dependent Care Reimbursement Account

LEVELS

☐ ENROLLED

Decline

LEVELS

☒ DECLINE

Back

Continue

To Enroll, click **Enrolled**

If you do not want coverage, click **Decline**

CONFIRMATION PAGE

This page lists all the benefits you elected:

- Read through the entire page carefully
- Verify that all updates are correct

Verify All
Personal
Information

Confirm all
dependents
are listed

Review
your plan
selections

Confirm
correct
dependent(s)
added

Review annual
and per pay
period amounts
for spending
accounts

Verify coverage
levels

Review per pay
period deductions

Confirm any life
volume amounts and
verify beneficiary

Dashboard Info Center **Enroll - Annual** My Account Request Help

Step 1: Your Info Step 2: Your Dependents Step 3: Your Benefits Step 4: Your Summary

Confirm your Benefit Elections

Each benefit election you have made is listed below.

- Your enrollment will be complete when you **click Confirm** at the bottom of the page.
- To make adjustment to your elections, click on the benefit type below.

Your Information

NAME: Natalie Demo HIRE DATE: 2013-01-01
ADDRESS: 111 W Jefferson St
Orlando, FL 32750 United States
GENDER: F

Your Dependents

Josh Demo AGE: 28 GENDER: M RELATIONSHIP: Spouse
Rose Demo AGE: 2 GENDER: F RELATIONSHIP: Child

Medical

ELECTION	DATES	YOUR COST	ER COST
Select 70 - 10,000 - Employee + Spouse	Start Date: 04/09/2013	\$0.00	\$184.62
Josh Demo (Spouse)	Start Date: 04/09/2013		

Health Savings Account

ELECTION	DATES	YOUR COST	ER COST
HSA Accounts - Enrolled	Start Date: 01/07/2013	\$0.00	\$76.92
Employee Annual Target: \$2,000.00			

Dental

ELECTION	DATES	YOUR COST	ER COST
Decline - Decline	Original Effective Date: 01/07/2013		
Toby Demo (Spouse)	Start Date: 01/07/2013		
	Termination Date: 01/06/2013		

Voluntary Employee Life

ELECTION	DATES	YOUR COST	ER COST
Employee Voluntary Life - Enrolled	Start Date: 01/07/2013	\$15.00	\$0.00
Volume: \$50,000.00			
Beneficiaries: Toby Demo (100.0%) - primary			

Pending Coverage Election

ELECTION	YOUR COST	ER COST
Employee Voluntary Life - Enrolled	\$54.00	\$0.00
Volume: \$180,000.00		

You have requested coverage of \$180,000.00. Of this amount, \$130,000.00 is subject to approval. If approved, your cost will increase \$30.00

PER PAY PERIOD COST \$32.98 \$294.54

Back Confirm

Employer Contribution
Credit \$481.54
Per Pay Period

Your Cost
\$33.54
Per Pay Period

223 Days
Days Left To Enroll

My Benefits

- Medical
- Group Voluntary A...
- Dental
- Vision
- Long Term Disability
- Voluntary Employ...
- Health Savings Ac...

Not all plans/benefits may be available for every associate. Please contact with your HR Department or your manager if you have any questions. To make any changes to your elections:

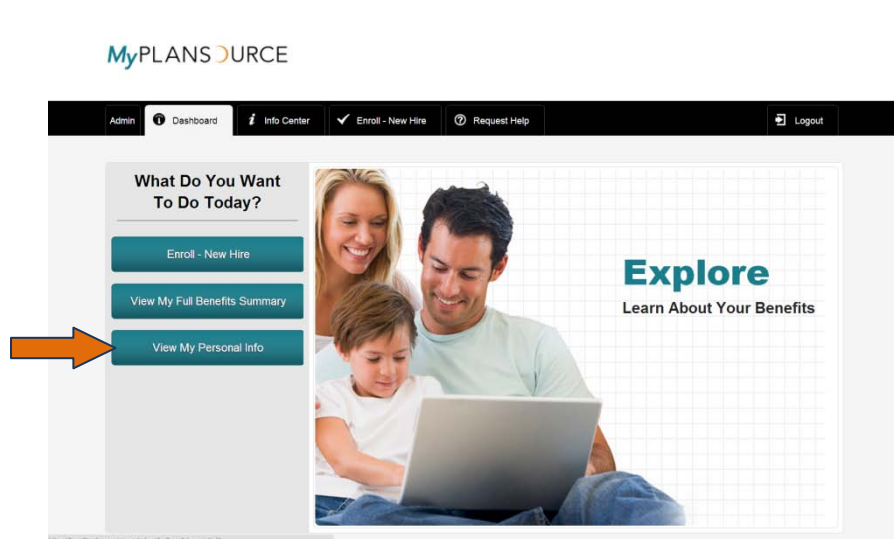
- Click the **Enroll in Benefits** link in the top of the screen
- Click the benefit that needs correction (i.e. Medical, Dental, etc.)
- Make corrections
- Click **Confirm Enrollment** (which will bring you back to the Benefit Confirmation Statement)

You are done! If you have provided a current email address a copy of this confirmation statement will be emailed to you. You can also print your *Benefit Profile* using one of the icons at the top of the confirmation statement to create a hard copy or a PDF.

VIEWING YOUR INFORMATION AT ANY TIME

At any time throughout the year you can login to your account using your Username and your password. If you do not remember your password contact your Benefits Administrator to have your Password reset.

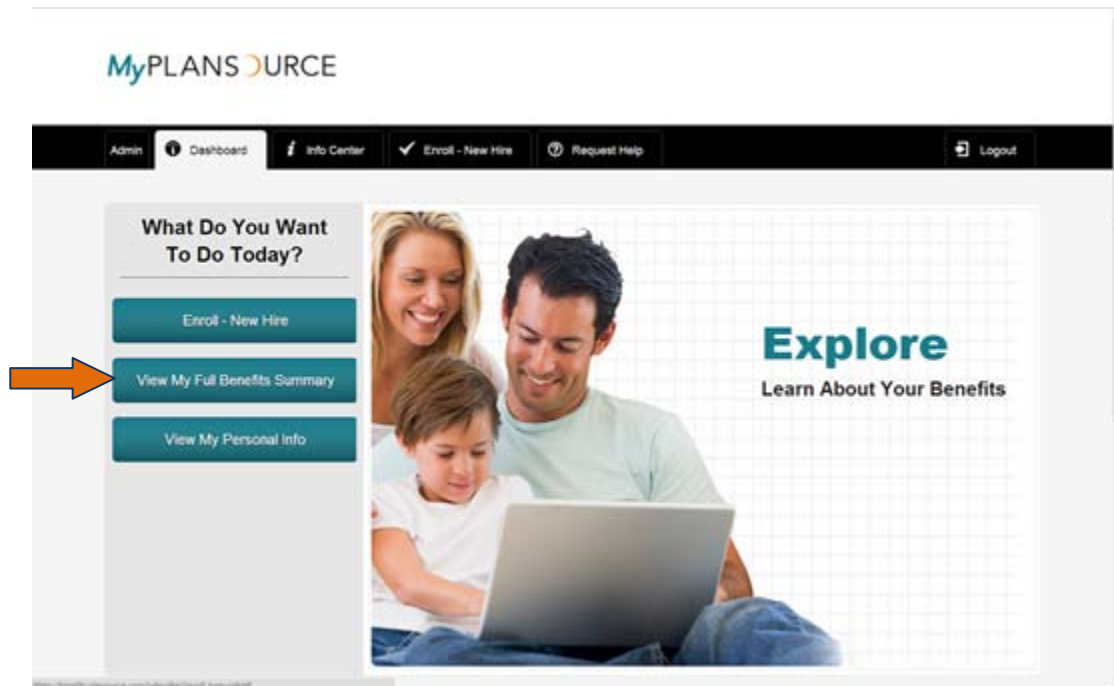
Click **Personal Information** to view your current information. Read through this page and verify that all information is correct; if there are errors, in you can modify the information or contact your HR representative for corrections.



VIEWING YOUR CURRENT BENEFITS

You can view your current benefits anytime.

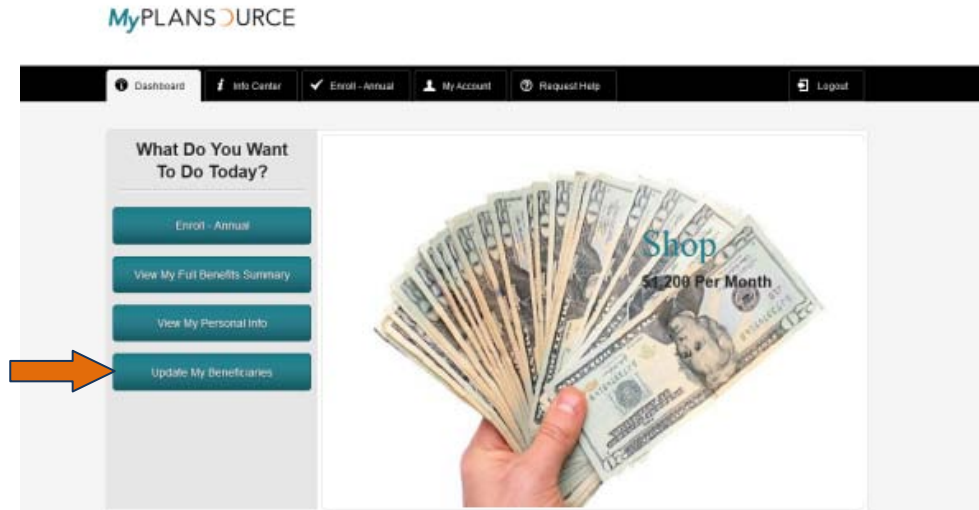
- Click **View My Full Benefits Summary**
- Click the **Printer or the PDF icon** to print or create an electronic copy of your benefits



CHANGING YOUR BENEFICIARY INFORMATION

Depending on your employer and/or carrier plan rules, you may be able to change your beneficiary designations throughout the year. To change beneficiary information after open enrollment, do the following:

- Click **Current Beneficiaries**
- Select the desired plan where you want to add or change beneficiaries by **clicking on the plan name**



To add a **beneficiary**:

- Click **Add primary beneficiary** or click **Add secondary beneficiary**
- Complete beneficiary information
- Click **Save**

To edit a **beneficiary**:

- Click the **Name** of the Beneficiary to be updated
- Edit/change the beneficiary information
- Click **Save**

To delete a **Beneficiary**:

- Click **Remove**

WHAT TO DO IF YOU EXPERIENCE A QUALIFYING LIFE EVENT

Some changes in your personal life may qualify you to change your benefit elections. A list of **Life Event changes** is below or you can call your HR Department with any questions.

To make a Life Status Change on PlanSource:

- Click Report Life Event
- Use drop down menu to choose **Life Event** that best describes the reason for this change
- Type in Date of Event

- Please note that the Date of Event CANNOT be a future date, therefore it must be within the past 30 days or the current date
- Enter notes to explain **Life Event**
- Click **Save**

Report Life Event

Select the life event and enter other data as indicated, after which you will be able to make appropriate enrollment modifications.

Life Event:	Adoption
Event Date:	<input type="text"/>
Notes (optional):	<input type="text"/>

[Back](#) [Save](#)

Life Event Drop-Down Menu: Choose the event that best represents the reason for changing your coverage

This will automatically open the enrollment process, where you will be able to make changes to the benefits in accordance with the type of Life Event you are creating. Refer to the instructions earlier in this document for assistance with the enrollment process.

Qualifying Life Event Status Change Reasons and Documentation Needed

If you are making a status change at any time throughout the year you could be required to email, fax, or mail supporting documentation to your HR Department for your status change request to be approved. If your status change requires further documentation, you must send that documentation within 31 days of the event or your request will automatically be denied. Please refer to your HR representative for more information on life change event documentation.