PLANSDURCE

BENEFITS ENROLLMENT & ADMINISTRATION. SIMPLIFIED.



Self-Service Enrollment Guide

The PlanSource Benefits Administration Web Enrollment Platform

Ver. 072312

111 W. Jefferson Street Orlando, FL 32801

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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

> https://benefits.plansource.com/	P + ≙ (C X > PlanSource Login	×	<u>ි</u> කි
e Edit View Favorites Tools Help	× Google		 More >> 	Sign In
		PLAN	ISOUR	RCE
		· _/ ·		
The	ioneering technology solution for all your empl	ovee benefit needs.		
		-,		
	Sign in to PlanSource			
	Username			
	Password			
	Log			
	Forgot your password?	_		

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

From this screen you will be able to enroll in or make changes to your benefits, see your benefits summary, review Benefit Plan Information among other resources. First we will go through the Enrollment Process; later in this document we will review steps to update enrollment information.



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**".

• Click Enroll – New Hire



(During the Annual Open Enrollment period this link will say **Enroll - Annual.** If you are not a new hire and it is not Annual Enrollment, you will see a link on the Dashboard page that will say **Make a Change to My Benefits**.)

BEGINNING THE ENROLLMENT

On each of the enrollment pages, the total Benefit Cost per pay period will appear in the upper right hand side of the enrollment screen as **Your Cost**.

• 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)

There is also a reminder calendar that will provide you with the number of days you have left to enroll in your benefits and a listing of the benefits you have enrolled in.



YOUR INFO

Start by clicking the Continue button at Step 1.

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



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.



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)

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 Relationship drop down box and choose appropriate relationship
- If the dependent does not live at home, uncheck the "Lives at Home" box and add the address
- When you are finished adding all Dependents, Click Continue

MyPLANS URCE	•	
	First Name:	
	First Name	
Dashboard Info Center Finroll - New Hire My Account @ Request Help	Middle Name:	
	Middle Name	
Step 1: Your Info Step 2: Your Dependents Step 3: Your Benefits Step 4: Your Summary	Y Last Name	
Dependents must be listed on this page to be enrolled in coverage.	Birthdate:	
You may:	Birthdate	
Add New Dependents Edit Existing Dependent Information Remove Existing Dependent	Gender:	
By adding a dependent, you are confirming that this a legal dependent, eligible for benefits under one or more	Select Gender	•
oi your available plans.	SSN:	
New Dependent	SSN	
Hew Dependent	Relationship:	_
	Spouse	•
Add Dependent	E QMCSO	
	Lives At Home	
Back Continue		
	Back Continue	

To edit a dependent listed on the page:

• Click on Edit Information



- Correct the dependent information
- Click Continue

To delete a dependent listed on the page:

• Click **Remove Coverage** link for the specific dependent to be removed



Click Continue when asked if you are sure you wish to terminate this dependent



 The yellow warning is a reminder that you *must* continue through the enrollment and make sure the correct coverage level is selected for each benefit. (For example, if you removed your spouse from coverage, make sure your enrollment is changed to Employee Only or Employee + Children.)

Dependent has been terminated, HOWEVER: the tier HAS NOT been adjusted. Please continue to the coverage screen to review coverage and determine if a coverage level adjustment is necessary. Please review all affected benefits carefully. Contact your administrator if you have any questions.

To reactivate a dependent listed as removed:

Click Removed Dependents – this will list all dependents that have previously been removed



Click the Activate button under the specific dependent

ELECTING A PLAN

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

Click on the benefit you wish to enroll in • Cost calculator keeps track of your ongoing MyPLANS)URCE costs on each page Logout 🗊 Dashboard 🛛 i Info Center 🖌 Enroll - New Hire 上 My Account ⑦ Request Help Your Cost Step 2: Your Dependents Step 3: Your Benefits Step 4: Your Summary \$3.67 To change an election, click directly on the name of the benefit.
 To complete enrollment, click continue at the bottom of the page Per Pay Period 28 Days Left Medical NO ELECTION My Benefits Dental Employee Assista... \$0.00 NO ELECTION \$0.00 sic Employee Life Vision Basic Long Term... \$3.67 NO ELECTION Employee Assistance Program ELECTIONS DATES EMPLOYER COST Start Date: 09/01/2013 EAP - Enrolled \$0.00 **Currently Enrolled Plans will** Basic Employee Life include any benefits provided Links to access ELECTIONS DATES YOUR COST EMPLOYER COST at no cost by your employer. Basic Employee Life - Enrolled Start Date: 09/01/2013 \$0.00 \$4.80 each benefit olume: \$80,000.00 Voluntary Employee Life NO ELECTION

On each Benefit Page – there will be links to various resources





DEPENDENTS ON A PLAN

When you click the button to select a plan that will include the addition of dependents – you will see the valid dependent information open up under that selection. Review to make sure the correct dependents will be covered under this benefit. If the box is not checked next to a listed dependent – they will **not** be covered under that benefit.



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

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** to designate beneficiaries



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

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

Dashboard Info Center ✓ Enroll - New Hire My Account	Request Help Equipment Logout
Step 1: Your Info Step 2: Your Dependents Step 3: Your Benefits	Step 4: Your Summary Your Cost
You can view, add, or edit beneficiaries for each of your coverages t below.	Add Beneficiary ×
Basic Employee Life Beneficiaries	Name:
Primary Beneficiaries Allocations must add up to 100%. Name* Relationship* % Al	Relationship:
Add Primary	Allocation:
Secondary Beneficiaries Allocations must add up to 100%. Name* Relationship* % Allocations Add Primary	Cancel Save
Back	Basic Long Term \$3.67

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**.

LEVELS	cc	OST	EOI notification
ENROLLED Note: All valid dependents have been automatically selected. continue. Spouse Doe (Spouse 08/15/1989.)	\$75,000.00 - Cost: \$2.06 (* EOI Required) Select Amount \$25,000.00 - Cost: \$0.69 \$40,000.00 - Cost: \$1.10 \$50,000.00 - Cost: \$1.38 \$75,000.00 - Cost: \$2.08 (* EOI Required) \$100,000.00 - Cost: \$2.75 (* EOI Required)	ilick	

If an EOI required amount has been selected, you will see a popup screen like this:

Important Information	×
The coverage amount you selected requires evidence of insurability before it will become effective. Please print and fill out this form and return to Guardian via email at appletanbilling@dic.com	
or mail to PO Box 8012. Appleton, WI 54912-8012. No additional coverage is available until satisfactory review and approval of evidence of insurability is received from Guardian. The coverage amount is subject to plan design limitations.	
Documents and Forms	
Guardian EOI Form - download Make sure you have this file.	
Cancel Continue	

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 savings plans that provide certain tax advantages and can help you manage your spending on health and dependent care. Check the plan details for each option to learn more.

Flexible Spending Account – Health Care and Dependent Care

Your **Flexible Spending Accounts** information is listed on these pages. Please read through them carefully. If you would like to enroll, pre-tax dollars are put aside from your paycheck to pay for eligible medical and/or dependent care 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

			Update Election Amount	×
Your current selection for	or this benefit is:		Election Amount:	
Not Covered in Plan with a personal o	contribution of \$0.00 . Your per pay period cost	is \$0.00.	1500	
Health Care Reimburser	ment Account			
LEVELS				
ENROLLED		•		
Decline			Cancel Update	
LEVELS				
© DECLINE		►		
lf enrolling, your annual contribution amount n	nust be greater than or equal to \$100.00 and le	ess than or equal to \$2,500.00.		
Your Annual Election (Click Amount to	o Edit): \$1500.00		Click have to open F	laction
Your Per Pay Period Cost:	\$68.18		Click here to open E	lection
YOU MUST CLICK 'CONTINUE' TO SAVE Y	OUR ELECTION CHANGE		Amount Windo	W
Back C	ontinue			

If you do not wish to enroll in a Reimbursement Account:

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

YOUR SUMMARY PAGE

This page lists all the benefits you elected: **Read through the entire page carefully and verify all information**.



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 benefit that needs correction (i.e. Medical, Dental, etc.)
- Make corrections
- Click **Continue** (which will bring you back to the Your Summary Page)
- Click **Confirm**

You are done! You can provide a current email address to have a copy of this confirmation statement 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 **View My 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.



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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

MyPLANS URCE



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 Update My 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 Make a Change to My Benefits

What Do You Want To Do Today?	Some changes in your life or employment can affect your benefits. F add him/her to your health coverage. Changes like these that are ma Life Events. First, select the type of Life Event from the drop down lis When selecting a particular Life Event, you will be given additional in	or example, when you have a baby you may want to ade outside of standard benefit enrollment are called st to indicates the reason you are making the change. Iformation on the type of change for the Life Event.
View My Full Benefits Summary Make a Change to My Benefits	Life Event: Adoption Annulment Birth Death of Dependent Dependent Student Status Change	Life Event Options: Choose the event that
View My Personal Info Update My Beneficiaries	Event Date: Event Date Notes: Notes	reason for changing your coverage
	* Back Continue	

- Scroll through the list 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

🗊 Dast	nboard i Info Center 🗸 Enroll - Life Event 1 M	y Account 🕜 Request Help		Logo	out
Life	Event		Your Cost		
	Welcome to your Online Benefit	Enrollment!	\$185.84 Per Pay Period		
The lift qualify adoptic	fe event enrollment is your opportunity to make change ing event has occurred. Some examples of a qualifying e on.	es to your benefits when a vent are: marriage, divorce, birth,	My Benef	īts	
Note: are in. open e	The availability of the links will depend on what stage of For example, the Enroll in Benefits-Open will only appea prollment time.	employment and enrollment you r once a year during the annual	Medical	\$102.93	✓
Click o	on the link in Step 1 to begin the Life Event Enrollment.		Dental	\$4.18	✓
			Employee Assista	\$0.00	1
1	Your Info		Basic Employee Life	\$0.00	1
	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	Voluntary Employ	\$5.50	1
	are mormatori anorea by your employer.		Voluntary Spouse	\$1.38	✓
			Basic Long Term	\$3.67	1
2	Your Dependents		Colonial Plans	\$0.00	1
	In this step you will verify and/or update your dependents. All dependents that you plan to include in your benefit elections	Pending	Health Care Reim	\$68.18	1

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.

Your administrator may need to review and approve any changes you make. You will see a **Notice Message** on the Main Dashboard screen until it is approved.

O Dashboard	i Info Center	✔ Enroll - Life Event	Account	⑦ Request Help	Logout
Your Birth Life Ever	nt is pending approva	I and is still open for elect	tion changes. Click <u>he</u>	e to make changes.	

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 you HR representative for more information on life change event documentation.