

core rewards

2023 Annual Benefits Enrollment Instructions

To get started, go to <u>HR Application</u> > Me > Benefits

1. Click "Start Your Enrollment" to begin.

Welcome to Paycor's Anr Enrollment!	nual Open	
Enrollment Deadline 11/18/2021 Your Status Not Started		
Start Your Enrollment		
Enrollment Highlights		Featured Documents
If you don't make changes to your benefit elections during	ThrivePass wellness contributions will continue	2022 Enhanced HDHP Summary of Benefits & Coverage
Annual Enrollment from Nov. 4 – Nov. 18, your current coverage will carry over into 2022. Action is required for	• 10 paid Holidays in 2022	2022 Essential HDHP Summary of Benefits & Coverage
participation in 2022 Flexible Spending Accounts (FSAs)	• Be sure to enter your HSA banking information and enter a	2022 PPO Summary of Benefits & Coverage
 Paycor's PEOPLErewards allow you to achieve greater financial security and enjoy superior medical care and wellbeing benefits to support your life goals. Annual 	contribution amount in order to receive the employer contribution. If you do not wish to make your own contributions, enter \$0.00 – DO NOT 'waive' the benefit.	www.mypaycorbenefits.com
Enrollment is a great time to take advantage of Paycor's best-in-class rewards programs.	 If you are making changes you MUST click "Complete" to submit your enrollment. You may save your changes and 	
\$0 Associate Cost High Deductible Medical Plan option	return later, however, changes will not be confirmed until you "Complete" your enrollment.	
Domestic Partner coverage offered in 2022	Visit mypaycorbenefits.com for more information about	
 Delta Dental will replace MetLife with orthodontia benefits increasing to \$1,500 with no rate change for our Associates 	your 2022 benefit options	

2. Review and update your Personal Information, if needed. Acknowledge the information provided is accurate by marking "I agree" then click "Continue" to proceed.

Tell me about yourself.	
Please complete the required fields below, or, if the information has already been entered, please make sure it is accurate. You'll need to agree to the information and then click Continue at the bottom of the page. Note: If your demographic information is not correct, please make updates to this information in the Paycor HR application after completing your enrollment.	Your Info Employee Information Family Info Questions
Demographics * Fields are required Prefix First Name	2 Your Benefits 3 Enroll 4 Complete Continue

I confirm that the information provided on this page is accurate and up-to-date. Or, if it is not correct, that I will update the information in the HR Application once my enrollment is complete.

3. If you have dependent(s) listed in the Benefits Advisor, you will be asked to confirm the information is accurate by marking "I agree" and click "Continue" to proceed.

Tell me about your family.
Please enter all family information before beginning your enrollment regardless of whether the family members are to be covered by your benefits or not. To do so, click Add Family Member. To verify or edit the information of a family member who has already been entered, click on the person's name. If you do not have any family members, click Continue. Note: If you are enrolling dependents (spouse, children) on your Paycor plans for the first time, you must provide a marriage certificate for your spouse and birth certificates for your children. After you've completed the enrollment process, go to the home page and click on the My Profile menu. Upload your documents under the Employee file option within the left menu and the People Operations team will be notified to review.
I agree that the above information is accurate.

4. You will be asked to consent to receiving important benefits notices electronically. Select an answer then click "Continue" to move to the next screen.

Questions	
Just a few more questions.	
 Fields are required ⁴ I consent to receive electronic delivery of health and retirement plan notices and disclosures, including the Notice of HIPAA Privacy Practices. I understand I can request and obtain a free paper copy of any electronically furnished document by contacting PeopleOperations@paycor.com. 	 Your Info Employee Information Family Info Questions Your Benefits Enroll Complete

5. Take some time to check out "Ask Emma" which will guide you through the enrollment and help you determine which plans are best for you.



6. Select "View Plan Options" to see details about the benefits available to you. Once you've viewed your options and made an election it will say "Completed" in the left corner.

Pa	iycor		
Anı	nual Open Enrollment		
You ar prior te	re now eligible to make changes to your benefits. Be sure to add any elig o beginning your enrollment.	gible dependents in the Family Information section	
	Medical	WAIVED	1
	You have waived this benefit.		
	* Selection Required	Keep My Selection View Plan Options	
	Health Savings Account	WAIVED	
	You have waived this benefit.		
	* Selection Required	Keep My Selection View Plan Options	
۷	Dental	WAIVED	

7. If you enroll a spouse/domestic partner in medical coverage, you will be prompted to answer the Medical Surcharge question.

Ρ	lease answer question(s) below:
	Medical
	*Is your spouse offered medical coverage with their employer?
	My spouse is not offered coverage or is not employed outside the home.
	○ My spouse is eligible for his/her employer's medical plan.

8. If you elect to make contributions to an HSA, you will be prompted to enter or verify your account information including Bank Name, Bank Routing Number, and Bank Account number. <u>IMPORTANT:</u> If you wish to receive the employer contribution, but do not want to make your own HSA deposits, you must elect the plan with \$0.00 contribution. Be sure to enter your account number and routing number. <u>Do not</u> "waive" HSA enrollment. This will result in you not receiving the employer HSA contribution.

9. Once you've completed all your elections, select, "Continue" to move on to Beneficiary Information. Be sure to review and update your beneficiary information, which includes your primary and secondary beneficiaries.

Beneficiary Information		
Be sure to designate a Beneficiary. Your dep beneficiaries if you wish by clicking the "Ado	pendents will automatically show up as choices and you d New Beneficiary" button below.	u can add additional
To designate a beneficiary, type in a percent	tage beside his/her name.	
Basic Employee Life		
Please choose your beneficiaries		
-		
Primary Beneficiaries (required)		
Primary Beneficiaries (required) A primary beneficiary is an individual or Trus	ist who is first in line to inherit insurance benefits upon y	your death. Please note the
Primary Beneficiaries (required) A primary beneficiary is an individual or Trus individuals or Trust listed here are not beneficiaries, click on the Add Be	ist who is first in line to inherit insurance benefits upon y ficiaries until you assign either a primary or secondary p eneficiary button.	your death. Please note the percentage to them. To add
Primary Beneficiaries (required) A primary beneficiary is an individual or Trus individuals or Trust listed here are not benefi additional beneficiaries, click on the Add Ben Name	ist who is first in line to inherit insurance benefits upon y ficiaries until you assign either a primary or secondary p eneficiary button. Percentage	your death. Please note the percentage to them. To add Remove
Primary Beneficiaries (required) A primary beneficiary is an individual or Trus individuals or Trust listed here are not benefi additional beneficiaries, click on the Add Ben Name (Spouse)	eneficiaries until you assign either a primary or secondary presentiary button. Percentage 100.0 %	your death. Please note the percentage to them. To add Remove
Primary Beneficiaries (required) A primary beneficiary is an individual or True individuals or Trust listed here are not benefi additional beneficiaries, click on the Add Be Name (Spouse)	est who is first in line to inherit insurance benefits upon y ficiaries until you assign either a primary or secondary p eneficiary button. Percentage 100.0 % C Total: 100.0000%	your death. Please note the percentage to them. To add Remove
Primary Beneficiaries (required) A primary beneficiary is an individual or Trus individuals or Trust listed here are not benefi additional beneficiaries, click on the Add Beneficiaries, click on the Add Beneficiary	eneficiaries until you assign either a primary or secondary preneficiary button. Percentage 100.0 % C Total: 100.0000%	your death. Please note the percentage to them. To add Remove
Primary Beneficiaries (required) A primary beneficiary is an individual or Trus individuals or Trust listed here are not benefi additional beneficiaries, click on the Add Be Name (Spouse) Add Beneficiary	est who is first in line to inherit insurance benefits upon y ficiaries until you assign either a primary or secondary p eneficiary button. Percentage 100.0 % C Total: 100.0000%	your death. Please note the percentage to them. To add Remove
Primary Beneficiaries (required) A primary beneficiary is an individual or Trus individuals or Trust listed here are not benefi additional beneficiaries, click on the Add Be Name (Spouse) Add Beneficiary Secondary Beneficiaries(optional)	eneficiaries until you assign either a primary or secondary preneficiary button. Percentage 100.0 % C Total: 100.0000%	your death. Please note the percentage to them. To add Remove
Primary Beneficiaries (required) A primary beneficiary is an individual or Trus individuals or Trust listed here are not beneficiaries, click on the Add Beneficiaries, click on the Add Beneficiaries) (Spouse)	est who is first in line to inherit insurance benefits upon y ficiaries until you assign either a primary or secondary p eneficiary button. Percentage 100.0 % C Total: 100.0000% bur primary beneficiaries are unable to inherit.	your death. Please note the percentage to them. To add Remove

10. Select "Continue" to review and confirm your elections. NOTE: If you choose "Save and Finish Later," your work will be saved but changes will NOT be submitted unless you return to the enrollment and select "Complete Enrollment" to submit your elections.



11. Review your benefit elections then select, "I agree, and I'm finished with my enrollment" at the bottom of the page.



12. Check the box that you agree that the information provided, including enrolled dependents, is accurate and your elections are correct.



13. Be sure to click "Complete Enrollment" to submit your elections.



14. Review and print/email your Confirmation Statement to confirm your elections are correct. This ensures that your corresponding payroll deductions will be correct on the first pay in January.

Your enrollment is complete!
You may make changes to your elections until: November 18, 2021
Click the Print icon to print out a copy of your Confirmation Statement for your records or the Email icon to email yourself a copy of the Statement. If you would like to make changes to your enrollment, return to the homepage and click the "Change My Elections" button.
Dependent Verification: If you have enrolled dependents (spouse, children) on your Paycor plans for the first time, you must provide a marriage certificate for your spouse and birth certificates for your children. After you've completed the enrollment process, go to the home page and click on the My Profile menu. Upload your documents under the Employee file option within the left menu and the People Operations Team will be notified to review.
Evidence of Insurability: If you have requested a coverage amount over the Guarantee Issue (GI), you will receive an email from the Hartford with a link to complete an online Personal Health Application.
Health Savings Accounts: If you are enrolled, please note that deductions are pending until HSA Account Number and Routing Number are provided. In order to receive the employer contributions, you must elect the plan and enter the amount you wish to contribute or \$0.00 if you do not want to make your own contributions. If you select "waive" you <u>will not</u> receive the employer contributions.
Your Confirmation Statement is ready Image: Confirmation Statement is an overview of your new benefits and costs for your review and records.

15. You have until November 22, 2022, to edit your elections if needed. To do so, return to the home page (see step 1) and click "Change My Elections to make edits. Don't forget to select, "Complete Enrollment" to submit your updated elections.

Questions? Contact <u>PeopleOperations@paycor.com</u> or visit <u>www.mypaycorbenefits.com</u> for benefits information!