



2024 Annual Benefits Enrollment Instructions

To get started, go to [HR Application](#) > Me > Benefits

1. Click “Start Your Enrollment” to begin.

Welcome to Paycor's Annual Open Enrollment!

Enrollment Deadline **11/18/2021**

Your Status **Not Started**

[Start Your Enrollment](#) 




Enrollment Highlights

- If you don't make changes to your benefit elections during Annual Enrollment from Nov. 4 – Nov. 18, your current coverage will carry over into 2022. Action is required for participation in 2022 Flexible Spending Accounts (FSAs)
- Paycor's PEOPLErewards allow you to achieve greater financial security and enjoy superior medical care and wellbeing benefits to support your life goals. Annual Enrollment is a great time to take advantage of Paycor's best-in-class rewards programs.
- \$0 Associate Cost High Deductible Medical Plan option
- Domestic Partner coverage offered in 2022
- Delta Dental will replace MetLife with orthodontia benefits increasing to \$1,500 with no rate change for our Associates

Featured Documents

- ThrivePass wellness contributions will continue
- 10 paid Holidays in 2022
- Be sure to enter your HSA banking information and enter a 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.
- If you are making changes you MUST click "Complete" to submit your enrollment. You may save your changes and return later, however, changes will not be confirmed until you "Complete" your enrollment.
- Visit mypaycorbenefits.com for more information about 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.

Demographics

* Fields are required


Prefix

First Name


- 1 Your Info
 - Employee Information
 - Family Info
 - Questions
- 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.

I agree 

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.

I agree 

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

*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.

Yes 


No

- 1 Your Info
 - Employee Information
 - Family Info
 - Questions**
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Continue

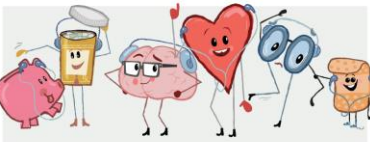
5. Take some time to check out “Ask Emma” which will guide you through the enrollment and help you determine which plans are best for you.

Annual Open Enrollment



askEMMA

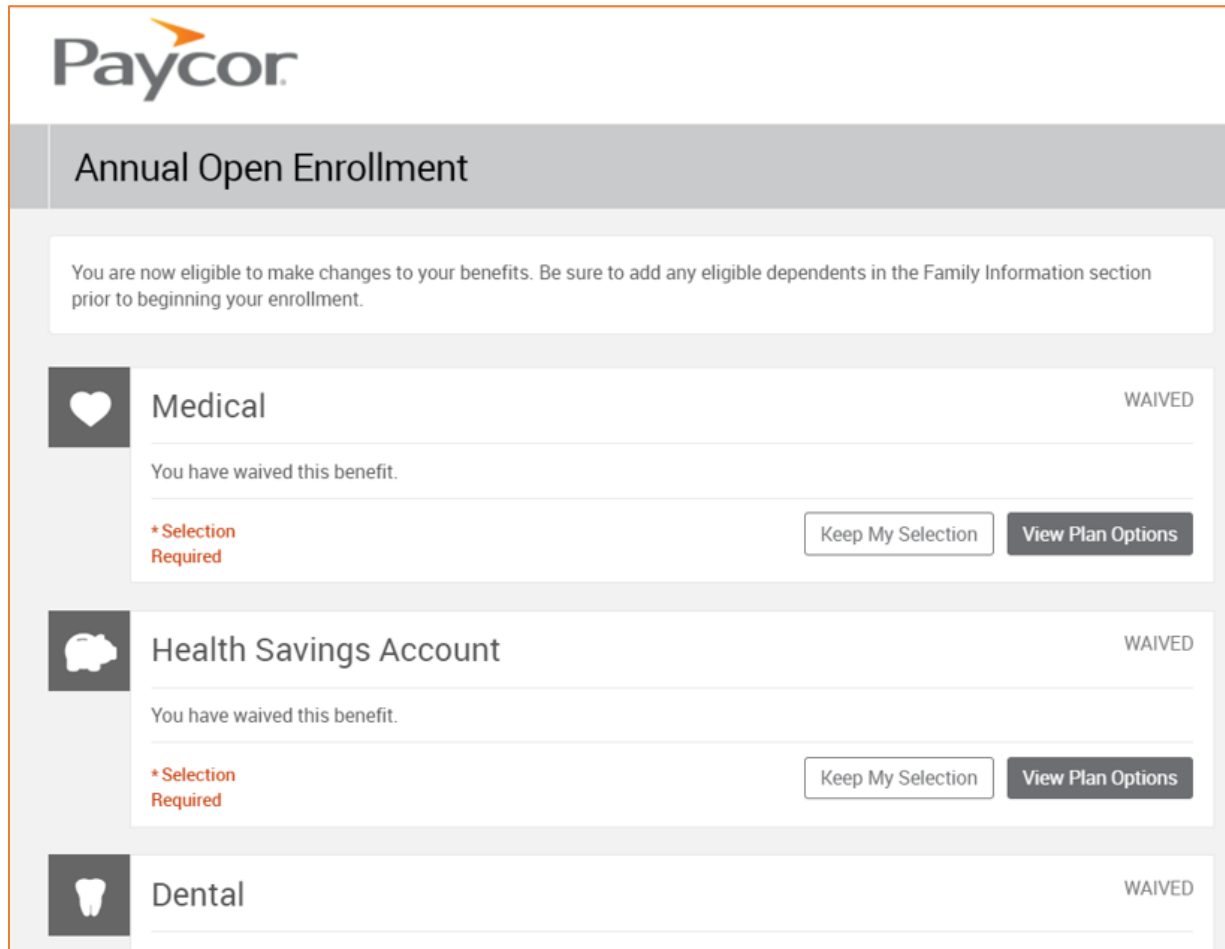
Get started with your benefits enrollment.



Start with audio

Enroll without Audio

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.



Paycor

Annual Open Enrollment

You are now eligible to make changes to your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

Medical WAIVED

You have waived this benefit.

* Selection Required

Keep My Selection View Plan Options

Health Savings Account WAIVED

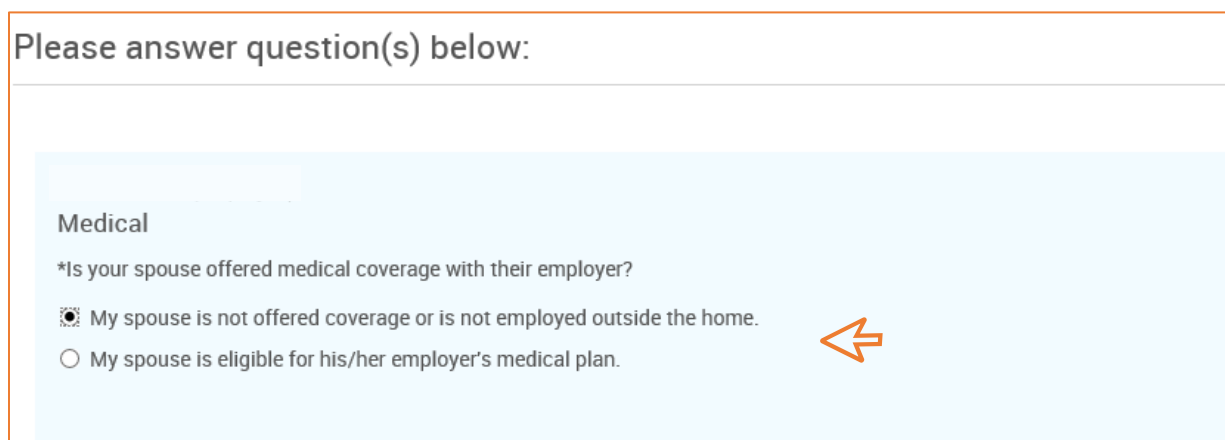
You have waived this benefit.

* Selection Required

Keep My Selection View Plan Options

Dental WAIVED

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



Please 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. **IMPORTANT:** 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. Do not “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 dependents will automatically show up as choices and you can add additional beneficiaries if you wish by clicking the "Add New Beneficiary" button below.

To designate a beneficiary, type in a percentage beside his/her name.

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries (required)

A primary beneficiary is an individual or Trust who is first in line to inherit insurance benefits upon your death. Please note the individuals or Trust listed here are not beneficiaries until you assign either a primary or secondary percentage to them. To add additional beneficiaries, click on the Add Beneficiary button.

Name	Percentage	Remove
(Spouse)	100.0 %	

Total: 100.0000%

Add Beneficiary

Secondary Beneficiaries(optional)

Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

Add Beneficiary

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.

1 Your Info

2 Your Benefits

3 Enroll

4 Complete

Employee Cost \$362.91 per pay period

Finished selecting benefits? Click the button below to continue.

Continue


Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

Save and Finish Later




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

Almost finished! Review all of your selections, scrolling down to the bottom of the page. Check “I agree, and I’m finished with my enrollment.”

 **Please Review All of Your Selections**

Once you have completed your review, click the “Complete Enrollment” button at the right side of the page.

*Indicates changed benefits

Your Total Cost	\$362.91 Per Pay Period
Your total cost (pending approval) 	\$362.91 Per Pay Period

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

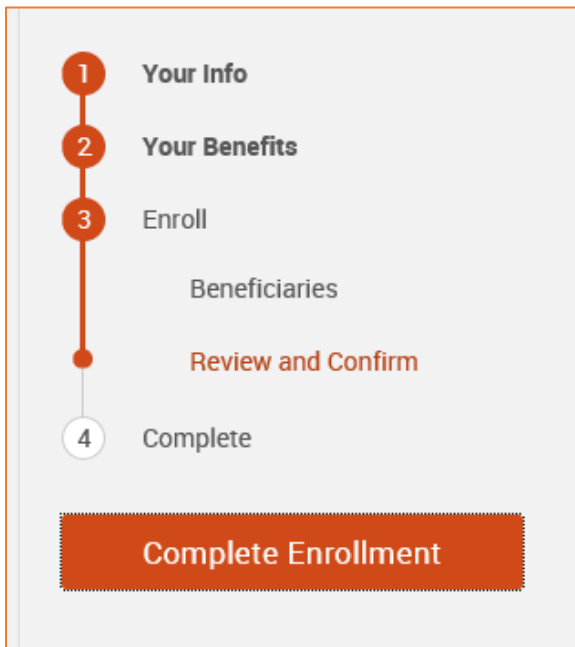
Once You’ve Reviewed All Your Selections:

I hereby acknowledge that I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I hereby enroll in benefits for which I am eligible. I understand I must provide dependent verification for any new dependents I have enrolled in order for them to be covered under my insurance. If any deductions are required for coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck.

I further acknowledge that following the expiration of my enrollment period, I cannot make changes to my benefit elections unless I experience a qualifying life event or during the annual open enrollment period.

I agree, and I'm finished with my enrollment 

13. Be sure to click “Complete Enrollment” to submit your elections.



1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries


Review and Confirm

4 Complete


Complete Enrollment



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 will not receive the employer contributions.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

 VIEW  EMAIL  PRINT

15. You have until November 17, 2023, 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 PeopleOperations@paycor.com or visit www.mypaycorbenefits.com for benefits information!