



LOGO PLACEMENT

YOUR HEALTH YOUR FAMILY YOUR LIFE

BENEFITS

201X Enrollment Guide



January 1 - December 31, 201X

WELCOME

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of quality benefits to protect your health, your family and your way of life. This brochure was designed to answer some of the basic questions you may have about your benefits. Please read it carefully along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your Registered Domestic Partner (RDP) or their children, where applicable by state law
- Your children who are your natural children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Required Information

At enrollment you are required to enter the Social Security Number for all covered dependents. Health Care Reform law requires the company to report this information to the IRS each year to show that you and your dependents have coverage and are not subject to a penalty. This information will be securely submitted to the IRS and will remain confidential.

When Coverage Begins

You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first day of the month following your date of hire. If you fail to enroll on time, you will NOT have benefits coverage (except for Company-paid benefits). Changes made during Open Enrollment are effective at the start of the plan year.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a Qualifying Event during the year. Following are examples of the most common Qualifying Events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, Registered Domestic Partner (RDP), or child
- Change in child custody
- Change in coverage election made by your spouse/RDP during his/her employer's Open Enrollment period
- You lose coverage under your spouse's/RDP's plan

To make changes to your benefit elections, you MUST contact Human Resources within 30 days of the Qualifying Event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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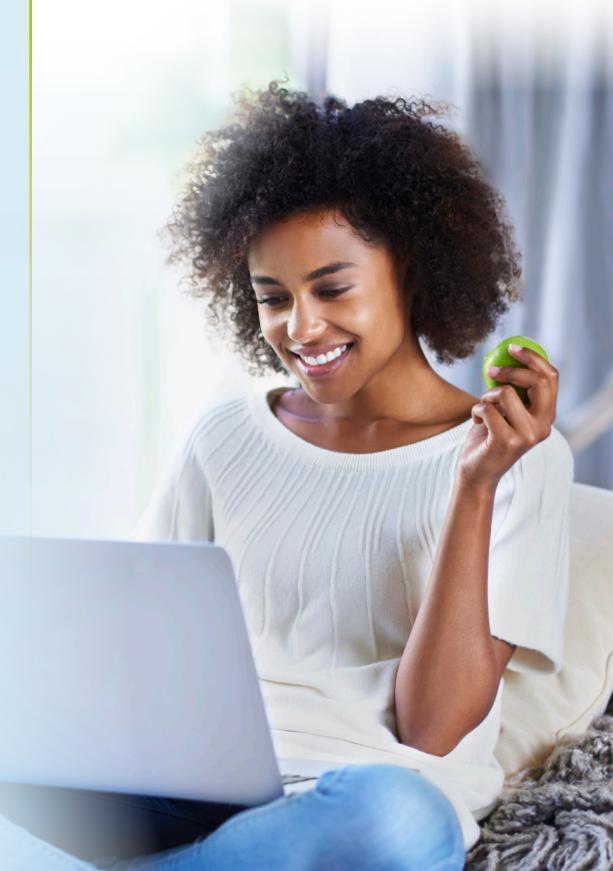
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How to Enroll

To enroll for benefits, go to www.websiteaddress.com.

There you will find detailed information about the plans available to you, and instructions for enrolling.



Medical Plans

ABC Company is proud to offer you a choice between three different medical plans through (carrier name). Coverage under all plans includes comprehensive medical care and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

HMO Plan

With the HMO plan, you select a Primary Care Physician (PCP) from the participating network of providers who will coordinate your health care needs including referrals to specialists and approving further medical treatment. Services received outside of the HMO are not covered, except in the case of emergency medical care.

PPO Plan

The PPO plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the (carrier name/network name) network. The calendar year deductible must be met before certain services are covered.

HDHP HSA Plan

The HDHP HSA plan is a High Deductible Health Plan (HDHP) that gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the (carrier name/network name) network. The highlight of this plan is that it allows you to open a Health Savings Account (HSA), which is a special savings account that allows you to save pre-tax dollars to pay for any “qualified health-related expenses” permitted under federal tax law.* This includes most medical care and services, prescription drugs, dental services, vision care, and expenses related to meeting the plan’s deductible. For a complete list of qualified health-related expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the HDHP HSA plan works:

- 1 Deductible** – You must meet the entire deductible before the plan starts to pay medical and prescription drug benefits (excluding in-network preventive care and certain preventive medications). NOTE: If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
- 2 Coinsurance** – Once you've met the plan's annual deductible, you are responsible for a portion of your medical expenses, which is called coinsurance.
- 3 Out-of-Pocket Maximum** – Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100% of all eligible covered services for the rest of the calendar year. NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100% for any one individual.

*State taxation rules may apply.



- 4 Health Savings Account (HSA)** – To help offset the annual deductible, ABC Company will contribute \$(amount) annually to your HSA if you enroll yourself only, and \$(amount) annually if you enroll yourself and one or more family members. You may also deposit your own dollars into your HSA through pre-tax payroll deductions.

The guidelines for contribution maximums are set by the IRS each year. The maximum amount that can be contributed into an HSA (including ABC Company's contribution) is outlined in the table below:

HSA Contribution Limit	201X
Employee Only	
Family (employee + 1 or more)	
Catch-up (age 55+)	

The money in the HSA is yours and grows and remains with you, even when you change medical plans, employers or retire. Funds may be rolled over year to year and there is no “use-it or lose-it” rule. You decide when to use your savings to pay for qualified health-related expenses. This provides a strong incentive for you to spend wisely on your medical care, just like you do on other items you purchase. You may use your HSA funds to pay for qualified health-related expenses for yourself, your spouse, your tax-dependent children, and others you claim as dependents on your federal tax return — this is true even if they are not covered under the medical plan.

Medical Plans (Cont'd)

The chart below provides a high-level overview of your medical plan options.

Key Medical Benefits	(Carrier) Plan name 1		(Carrier) Plan name 2		(Carrier) Plan name 3	
	In-Network Only	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	
Deductible (per calendar year)						
Individual / Family						
Out-of-Pocket Maximum (per calendar year)						
Individual / Family						
Company Contribution to Your Health Savings Account (HSA)						
Individual / Family						
Covered Services						
Office Visits (physician/specialist)						
Routine Preventive Care						
Outpatient Diagnostic Lab & X-ray						
Complex Imaging						
Chiropractic						
Ambulance						
Emergency Room						
Urgent Care Facility						
Inpatient Hospital Stay						
Outpatient Surgery						
Prescription Drugs (Tier 1/Tier 2/Tier3)						
Retail Pharmacy (30-day supply)						
Mail Order (90-day supply)						

Coinsurance percentages and copay amounts shown in the above chart represent the percentages that the member is responsible for paying.

* Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



Flexible Spending Accounts (FSAs)

ABC Company provides you with an opportunity to participate in two different Flexible Spending Accounts (FSAs) administered through (administrator name). FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes. For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/f502.pdf.

Health Care FSA

You may contribute up to \$2,550 to cover eligible health care expenses incurred by you, your spouse, and your children up to age 26. Eligible expenses include:

- Coinsurance • Prescriptions • Eye Exams/Eyeglasses
- Copayments • Dental Treatment • Lasik Eye Surgery
- Deductibles • Orthodontia

NOTE: If you enroll in the HDHP HSA medical plan, you may only participate in the Limited Purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia, and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

You may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers.
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent.

IMPORTANT FSA RULES

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **Health Care FSA:** Unused funds of up to \$500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. **Unused funds over \$500 will NOT be returned to you or carried over to the following year.**
- **Dependent Care FSA:** Unused funds will NOT be returned to you or carried over to the following year.
- You can incur claims through March 15, 201X, and must file claims by March 31, 201X



Life/AD&D Insurance

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through (carrier).

Benefit	Amount

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the Company-paid Basic Life/AD&D coverage, you may purchase additional coverage for yourself and your eligible family members.

Benefit Option	Guarantee Issue*
Employee	
Spouse/RDP	
Child(ren)	

*During your initial eligibility period only, you can receive coverage up to the Guarantee Issue amounts without having to provide Evidence of Insurability (information about your health). Coverage amounts that require Evidence of Insurability will not be effective unless approved by the insurance carrier.

Disability Insurance

You are provided with Short-Term and Long-Term Disability Insurance at **NO COST** to you through (carrier). Disability Insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability	
Benefit Percentage	
Weekly Benefit Maximum	
When Benefits Begin	
Maximum Benefit Duration	
Long-Term Disability	
Benefit Percentage	
Monthly Benefit Maximum	
When Benefits Begin	
Maximum Benefit Duration	

Employee Assistance Program (EAP)

Life is full of challenges and sometimes balancing it is difficult. ABC Company is proud to provide a **confidential** program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at **NO COST** to you through (administrator) and can help with the following issues, among others:

- Stress, anxiety or depression
- Relationships
- Problems with your children
- Substance abuse
- Grief and loss
- Marital conflicts
- Empty-nesting
- Workplace conflict
- Legal issues
- Mental health

EAP Services

- Assistance for you or a household family member
- Up to three (3) in-person sessions with a counselor, per year, per individual
- Unlimited toll-free phone access 24/7
- Online resources 24/7
- Work/life services for assistance with child care, elder care, financial issues, plus much more

Voluntary Benefits

During an annual Open Enrollment period, you will have an opportunity to purchase voluntary benefits through (carrier name) at affordable group rates. This coverage complements your medical plan by providing cash benefits that can be used to help pay for the out-of-pocket expenses your plan may not cover such as deductibles, coinsurance, and copays. Benefits are paid directly to you — not to a doctor or health care provider.

Hospital Indemnity Insurance

Would a trip to the hospital leave your finances in serious condition? Hospital Indemnity Insurance can help. This coverage pays you a lump-sum cash benefit, directly to you, when you are admitted to the hospital for a covered hospital stay.

Accident Insurance

If you have an accident, will it hurt your bank account too? Accident Insurance gives you something to fall back on. Accident Insurance pays you a lump-sum cash benefit, directly to you, for specific injuries you receive and the treatment you need, including hospitalization.

Valuable Extras

ABC Company also offers the following additional benefits:

- 401(k) Retirement Plan
- Travel Assistance (Company-paid)
- Group Legal Plan
- Home and Auto Group Insurance
- Pet Insurance



Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate insert rate sheet for your contributions.**

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical			
Dental			
Vision			
Life/AD&D			
Flexible Spending Accounts (FSA)			
Disability			
Employee Assistance Program (EAP)			
Voluntary Benefits			

Benefits Website

Our benefits website,
www.websiteaddress.com,
can be accessed anytime you want
additional information on our benefits
programs.

Questions?

If you have additional questions, you
may also contact:

(first last name) at (phone number) /
name@company.com



Important Note: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually.

Company New Hire Intake

This form is an attestation by the Company that the individual identified below who will be working in the professional services team has reviewed the insurance documents and has selected a plan. The individual has also gone through a background security check.

As part of the Background Security Check, Company requires the following checks:

- 7 year criminal records check
- Global watch list check: A search of international databases for individual's subject to regulatory sanctions or enforcements, known terrorists, money launderers, fraudsters, politically exposed persons (PEPs) and black-listed persons

Please complete the fields below.

The checkbox below must be true before an employee can begin working for the Company.

I agree to the terms of my employment and have selected an insurance plan that best fits my needs

Employee Name <input type="text"/>	Employee Start Date <input type="text"/>	Employee DOB <input type="text"/>
Name of Background Screening Company <input type="text"/>	Background Screening Package Type <input type="text"/>	Background Check Date <input type="text"/>
Employee Address <input type="text"/>	Employee Country of Residence <input type="text"/>	
Employee Phone Number <input type="text"/>	Employee Email <input type="text"/>	

By completing and returning this letter to Company, You (Employee) give Company the right to process your employee information contained in this letter. You confirm that the appropriate privacy notices have been provided in accordance with applicable, local data protection and privacy laws. Specifically, you confirm that the data privacy notifications will include notice that: their data will be shared with Company for purposes of verifying their eligibility to perform under contracts for work in the Company that involve access to customer data. Company will retain their data in accordance with its data protection practices.

I attest that the information in this letter is accurate and complete.

Employee Signature: _____ Date: _____