

**Your  
Health**



**Your  
Security**



**Your  
Well-being**



**Your  
Future**



**EMPLOYEE BENEFITS 2017**

## 2017 Benefits Enrollment for New TEAM Members

### Pre-Enrollment Checklist

*What's Needed Before You Enroll*

Please be prepared for your enrollment. You will be asked to provide the following information:

- ☐ Your name, birth date, Personnel Number and last four digits of your Social Security number
- ☐ Your mailing address and telephone number
- ☐ Eligible dependents' names, birth dates, Social Security numbers and address if different than yours
- ☐ Your life insurance beneficiaries' names, addresses, birthdates and Social Security numbers
- ☐ Desired coverage elections

To learn about your benefits  
or to enroll, visit:  
[www.benefitsquest.com/Tyson](http://www.benefitsquest.com/Tyson)

You can also call:  
**1-877-561-0240**

Hours of Operation:  
**Monday – Friday,  
8 a.m. – 7 p.m. CT**

*Refer to enclosed  
schedule for dates.*



**Tyson Foods, Inc.**

# 2017 Benefits Enrollment

## New TEAM Members

Welcome to Tyson Foods! As a new TEAM Member, you are eligible to enroll in insurance benefits for the 2017 plan year. Tyson offers a full selection of benefits and shares the cost of most of the benefits with you. For some benefits, you will choose between more than one option. Other benefits are provided to you automatically.



### You Will Have a Chance to Enroll in These Products:

- PPO Medical Plan with Health Care Flexible Spending Account, OR
- HDHP Medical Plan with Health Savings Account
- Dental
- Vision
- Voluntary Life and AD&D
- Whole Life
- Critical Illness
- Hospital Indemnity
- Accident
- Dependent Care Spending Account
- Legal Plan



### You Will Have a Chance to Learn More About These Products:

- Basic Life and AD&D
- Short Term Disability
- Long Term Disability
- Long Term Care
- Telemedicine
- Commuter Program
- Employee Assistance Program

## How To Enroll

You will have two ways to complete your enrollment – either via the online enrollment system or via phone with an enrollment counselor. All benefit elections will be recorded electronically; you do not have to fill out a form to elect benefits. Enrollment sessions are scheduled according to your benefit effective date. Please use the chart below to find your enrollment window.

### Option 1. Visit [www.benefitsquest.com/Tyson](http://www.benefitsquest.com/Tyson)

Username: Your Tyson Personnel Number with enough zeros in front to make it 9 digits (Ex: 000999999).

Password: The last 4 digits of your Social Security number plus the 2-digit month and 2-digit year of your birth (Ex: 123-45-6789 June 1978 would be 67890678).

### Option 2. Call 1-877-561-0240

Monday – Friday  
8 a.m. – 7 p.m. CT

Calling earlier in your enrollment window, rather than waiting until the last minute, reduces the chances of being placed on hold.



*You **must** complete the enrollment process, either online or by phone, by the 15th of the month prior to your benefit effective date to elect or waive benefits and to certify tobacco status for yourself and your covered spouse. If you do not participate, you will be automatically enrolled in TEAM Member-only coverage, and you **will not** qualify for the non-tobacco user incentive.*

## 2017 New Hire Enrollment Schedule

Date of Hire	Enrollment & Documentation Submission Window	Benefit Effective Date
10/3/16 - 11/2/16	Date of hire through <b>12/15/16</b>	<b>1/1/17</b>
11/3/16 - 12/3/16	Date of hire through <b>1/15/17</b>	<b>2/1/17</b>
12/4/16 - 12/31/16	Date of hire through <b>2/15/17</b>	<b>3/1/17</b>
1/1/17 - 1/31/17	Date of hire through <b>3/15/17</b>	<b>4/1/17</b>
2/1/17 - 3/2/17	Date of hire through <b>4/15/17</b>	<b>5/1/17</b>
3/3/17 - 4/2/17	Date of hire through <b>5/15/17</b>	<b>6/1/17</b>
4/3/17 - 5/2/17	Date of hire through <b>6/15/17</b>	<b>7/1/17</b>
5/3/17 - 6/2/17	Date of hire through <b>7/15/17</b>	<b>8/1/17</b>
6/3/17 - 7/3/17	Date of hire through <b>8/15/17</b>	<b>9/1/17</b>
7/4/17 - 8/2/17	Date of hire through <b>9/15/17</b>	<b>10/1/17</b>
8/3/17 - 9/2/17	Date of hire through <b>10/15/17</b>	<b>11/1/17</b>
9/3/17 - 10/2/17	Date of hire through <b>11/15/17</b>	<b>12/1/17</b>
10/3/17 - 11/2/17	Date of hire through <b>12/15/17</b>	<b>1/1/18</b>
11/3/17 - 12/3/17	Date of hire through <b>1/15/18</b>	<b>2/1/18</b>
12/4/17 - 12/31/17	Date of hire through <b>2/15/18</b>	<b>3/1/18</b>

# Documentation Requirements

Tyson Foods requires TEAM Members to submit certain forms and documentation. You can submit documents at any time within your enrollment window. However, if you enroll dependents before submitting documents for them, they may not be covered if all documents are not received by the 15th of the month prior to your benefit effective date. Please review the list below to see which documents you will need to provide. Your Tyson Benefits Counselor will provide the necessary forms for you to complete.

## Here's What to Do

1. Complete the Email/Fax Cover Sheet on the back of this page.
2. Complete any forms that may be required and gather your documentation.
3. Scan and email or fax these items to Univers or have your Tyson Benefits Counselor send them for you.
  - Email address: [Tyson.Docs@univers.biz](mailto:Tyson.Docs@univers.biz) (preferred method)
  - Secure fax: 610-362-8871

Note: Univers requires 2 business days to process documents. You may complete your enrollment before or after submitting documents, but any document change in the program will be displayed 2 days after receipt.




*Documents must be submitted by the 15th of the month prior to your benefit effective date. Refer to the Enrollment Center schedule for your due date.*

## Here's What to Submit

### TEAM MEMBER

If you want to waive the group health plan, you will need to submit:


- Current proof of other medical coverage
- If you are covered by your Tyson Spouse or Tyson Parent, you must provide their personnel number when enrolling

 Other medical coverage must meet the minimum essential coverage requirements under the Affordable Care Act. Remember, you MUST visit the website or call in to waive coverage, or you will be auto-enrolled.

### SPOUSE

If you want to add a spouse, you will need to submit:


- Proof of current marital status (if married for one year or more):
  - Copy of marriage license/certificate AND
  - A copy of the first page of your current year's filed federal or state tax return (please blackout financial information) OR
  - If you cannot provide a current joint tax return, see your Tyson Benefits Counselor to determine other acceptable documentation such as proof of joint property/asset ownership (recent mortgage, credit card or bank statements, utility bills)
- Proof of the spouse's Social Security number or ITIN

 Remember, you MUST visit the website or call in to enroll, or you will be auto-enrolled in TEAM Member-only coverage.

### SPOUSE (continued)

If you are eligible to waive the spousal surcharge, you will need to call in or log in online to declare your intention to waive the surcharge. You will need to submit the proper documentation depending on your election:


- A Tyson Foods Group Health Verification form completed by your spouse's employer, OR
- Verification on company letterhead that your spouse is not eligible for group health coverage, OR
- Other current proof that your spouse is not eligible for employer-sponsored coverage

 Remember, you MUST call in to enroll or you will be auto-enrolled in TEAM Member-only coverage.

### DEPENDENT CHILDREN

If you want to add a dependent, you will need to submit:

- Acceptable proof of the dependent relationship such as a birth certificate or adoption paperwork
- Proof of the dependent's Social Security number or ITIN

 Remember, you MUST visit the website or call in to enroll, or you will be auto-enrolled in TEAM Member-only coverage.



**Tyson Foods, Inc.**

## 2017 Benefits Enrollment Documentation Processing EMAIL / FAX COVER SHEET

1. Please place this cover sheet as your first page when emailing or faxing your documents.
2. Be sure to clearly write the TEAM Member's name and Tyson Personnel ID Number at the top of each page you submit.
3. Documents can be submitted at any time between your date of hire and the 15th of the month prior to your benefit effective date.
4. Failure to use this cover sheet may result in delayed processing of documents.
5. Completion of this form is not a guarantee of coverage. You must still participate in the enrollment process as outlined in your How to Enroll document.

<b>TEAM Member Name:</b>  _____ (Last name, First name, Middle initial)	<b>Personnel ID Number:</b>  _____
<b>Email address:</b> <i>(Preferred method)</i>  Tyson.Docs@univers.biz  <b>Secure, paperless fax:</b> 1-610-362-8871  <i>IMPORTANT: Please double check that the fax number you dialed is correct before hitting send and be sure to gather your fax confirmation sheet after your fax.</i>	<b>Phone Number:</b> Please provide a phone number and contact name for any outreach required.  (_____) _____ (Area Code) Phone Number  _____ (Contact Name – TEAM Member, Benefits Counselor, Other)
<b>Enrollment Type:</b> <input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Hire	<b>Benefit Effective Date:</b>  _____
<b>Type of Coverage You Wish to Elect:</b> <input type="checkbox"/> Covered by Tyson Spouse (Spouse Personnel # _____) <input type="checkbox"/> Covered by Tyson Parent (Parent Personnel # _____) <input type="checkbox"/> TEAM Member Only <input type="checkbox"/> TEAM Member + Spouse <input type="checkbox"/> TEAM Member + Child(ren) <input type="checkbox"/> TEAM Member + Spouse + Child(ren) <input type="checkbox"/> Waive Coverage  <b>If you are covering dependents for health insurance, supporting documentation is required. You will receive a list of acceptable documents with your New Hire enrollment materials. Please call the Dependent Documentation Processing Center at 1-877-561-0240 (Weekdays, 8:00 a.m. to 7:00 p.m. Central Time) if you have questions or have trouble locating your documents.</b>  <b>Remember, you must complete your enrollment in order to qualify for the non-tobacco user incentive for yourself and your spouse and to waive the spousal surcharge if applicable.</b>  <i>I confirm that the information I have provided is accurate and up-to-date. I understand that failure to provide the necessary documentation will disqualify the dependent coverage and re-enrollment will not be permitted until the next plan year if eligible. I may be responsible for the full amount of the benefit claims incurred by any dropped dependent. In addition, I understand that providing false information may result in disciplinary action up to and including termination.</i>	

TEAR HERE