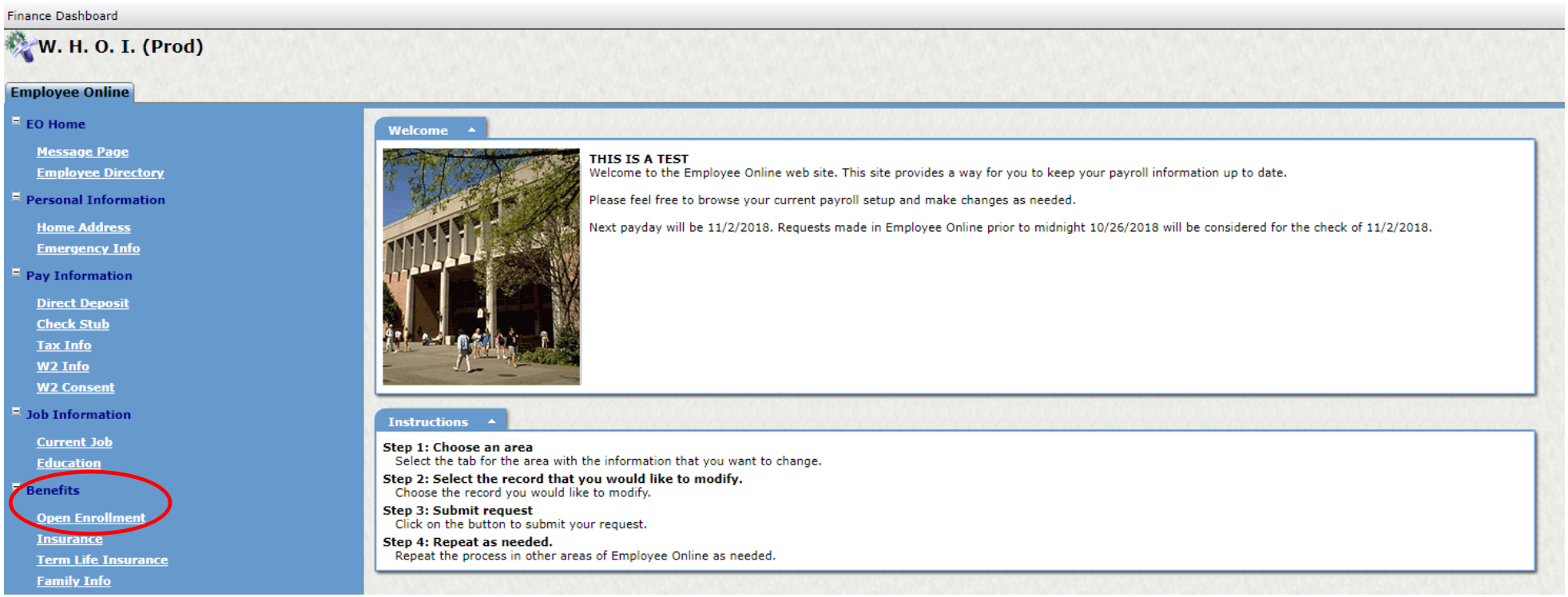
Instructions on how to complete the electronic Open Enrollment Form

The Open Enrollment form is accessed through Employee Online (where you access your paycheck stubs) - Employee Online

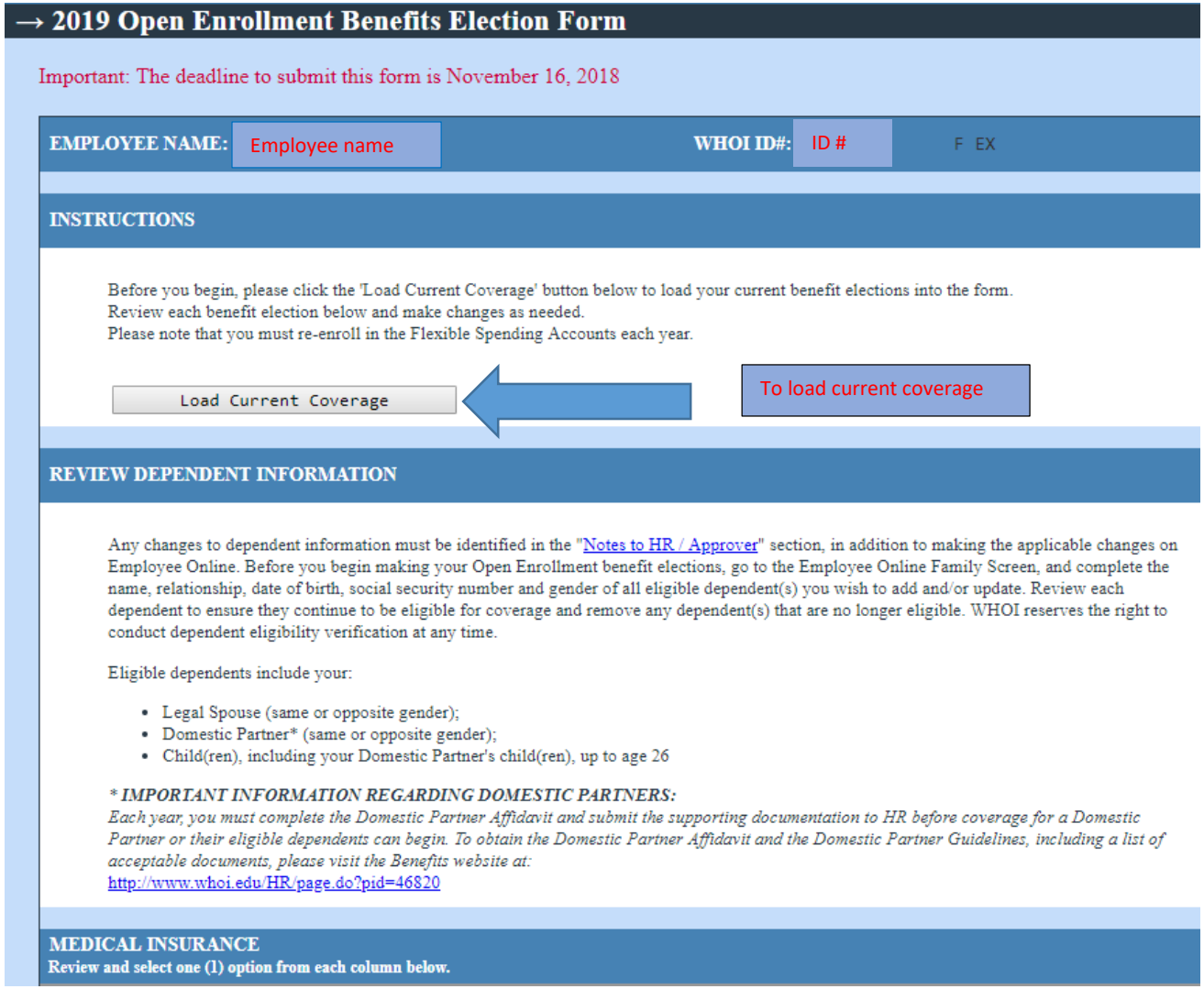
Please note: You must not be blocking pop-ups when filling out this form. This form works on many browsers including Internet Explorer, Firefox, Chrome and Safari.

Step 1: Select **"Open Enrollment"** in Employee Online to process your benefits form.



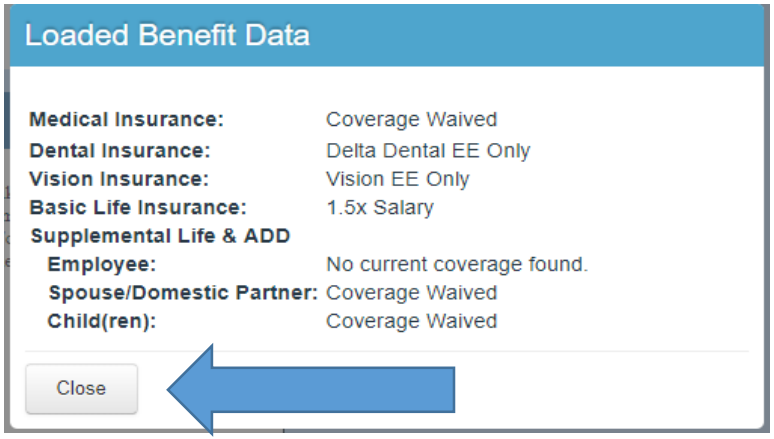
Step 2: When you initially select the Open Enrollment Form from Employee Online you will see your Name and ID number at the top of the form. If you do not see your name and employee ID contact Human Resources at extension 2253. If your information has populated, continue to the next step.

Step 3: Before you begin, please click the **"Load Current Coverage"** button. This will load your current benefit coverage elections into the form.



Step 4: A pop up will present you with your current coverage. You will be able to change these options as you fill out the form.

Click **close** to continue.

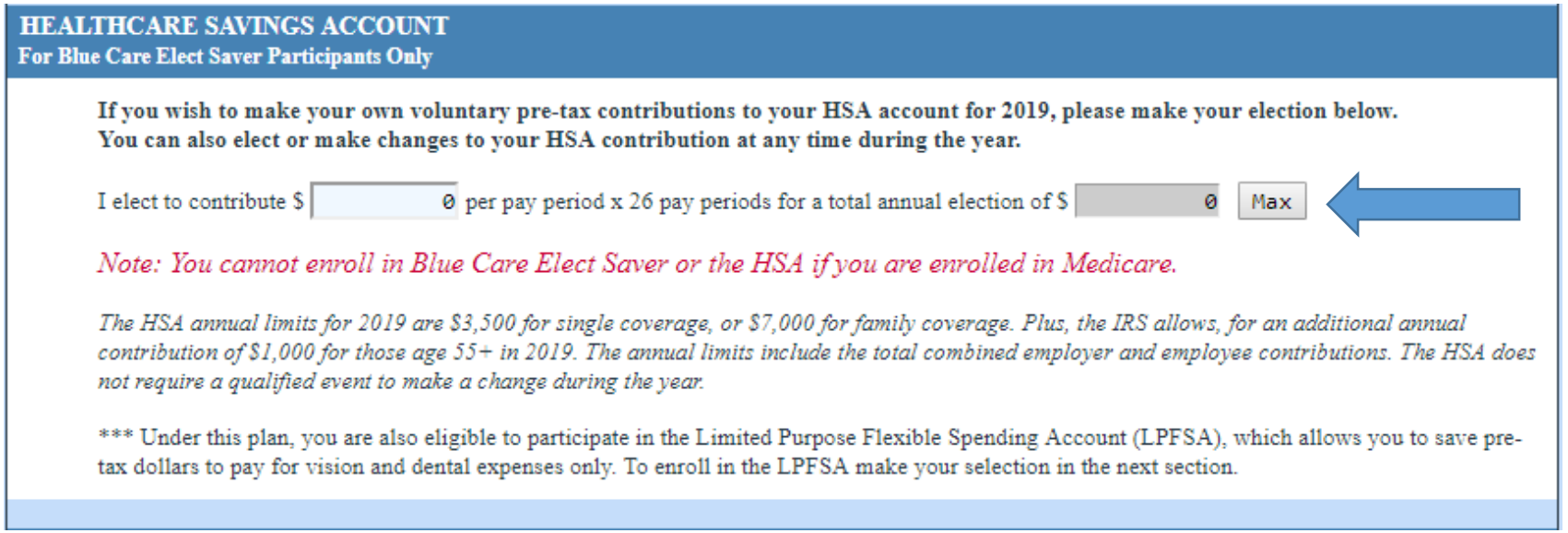


Step 5 – Medical Plan: Select a Medical Plan and Coverage Level. (ex: Blue Care Elect Deductible with HRA and Employee Family)
If you do not wish to enroll in a Medical Plan, be sure to select the **"Waive Coverage"** option.

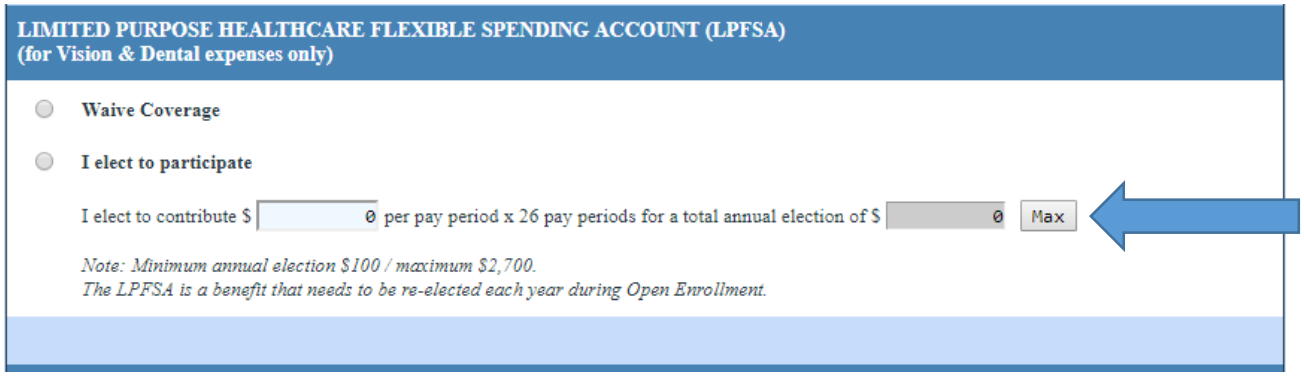
MEDICAL INSURANCE
Review and select one (1) option from each column below.

MEDICAL PLAN	COVERAGE LEVEL
☐ **Blue Care Elect Saver (with HSA)** *With this plan, you will receive a bi-weekly WHOI contribution to a Health Savings Account (HSA) to offset the annual deductible. You may also contribute pre-tax funds to the HSA, up to IRS limits.* ***You cannot elect this plan if you are enrolled in Medicare.***	☐ **Employee Only**
☐ **Blue Care Elect Deductible (with HRA)** *With this plan, you will receive a WHOI funded Health Reimbursement Account (HRA) to offset the annual deductible.*	☐ **Employee & Child(ren)**
☐ **Advantage Blue (Low Deductible Plan)**	☐ **Employee & Spouse / Domestic Partner**
☐ **Waive Coverage**	☐ **Employee & Family (with Spouse / Domestic Partner)**

Step 5a – Healthcare Savings Account *(if applicable)*: If you elect to participate in the **Blue Care Elect Saver (with HSA)** an additional box will appear. You will need to indicate an amount that you would like to contribute per pay period.
If you wish to contribute the Maximum amount, please click the **"Max"** button.



Step 5b – Limited Purpose Healthcare Flexible Spending Account *(if applicable)*: If you elect to participate in the **Blue Care Elect Saver (with HSA**) an additional box for the Limited Purpose Flexible Spending Account (LPFSA) will appear. If you would like to enroll in the LPFSA, indicate the amount that you would like to contribute per pay period. *Please note the Limited Purpose Healthcare Flexible Spending Account is for Vision and Delta expenses only.*
If you wish to contribute the Maximum amount, please click the **"Max"** button.

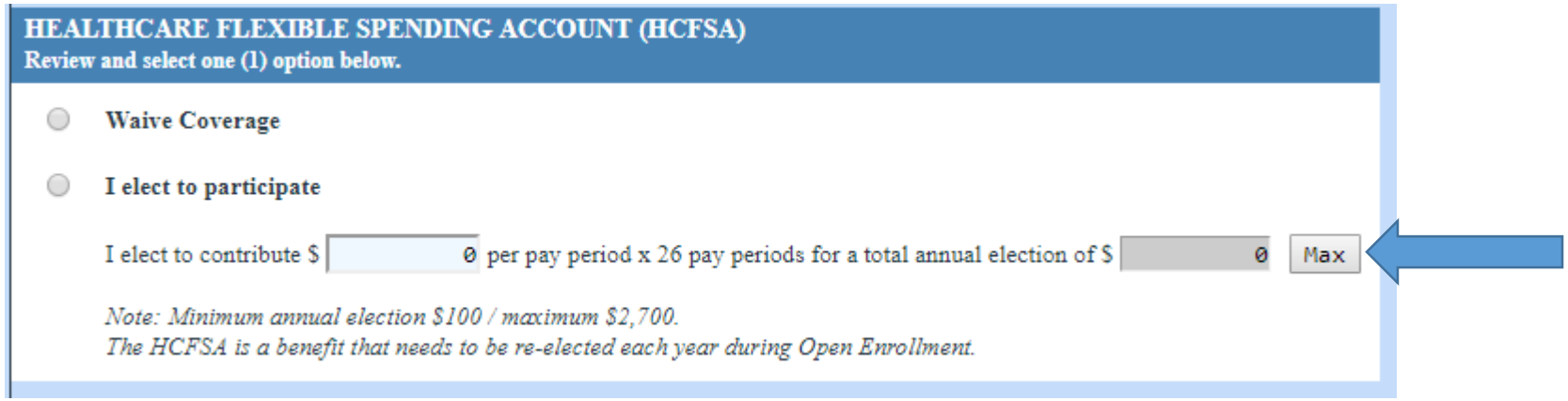


Step 6 – Health Care Flexible Spending Account *(if applicable)*: Next you will need to indicate wither or not you would like to participate in the Health Care Flexible Spending Account. To elect to participate, click the **"I elect to participate"** radio button and enter the amount per pay period you would like to contribute. *Please note the Minimum **annual** election is $100.00 and the Maximum **annual** election is $2,700.*

*Please also note that you are **not** eligible to participate in the Health Care Flexible Spending Account if you elect to participate in the Blue Care Elect Saver (with HSA) Medical Plan. If you elect the HSA Medical Plan, the Health Care Flexible Spending Account option will not appear as an option on you Benefits Election Form.*

If you would **not** like to participate in the Health Care Flexible Spending Account, please click on the **"Waive Coverage"** radio button.

If you wish to contribute the Maximum amount, please click the **"Max"** button.

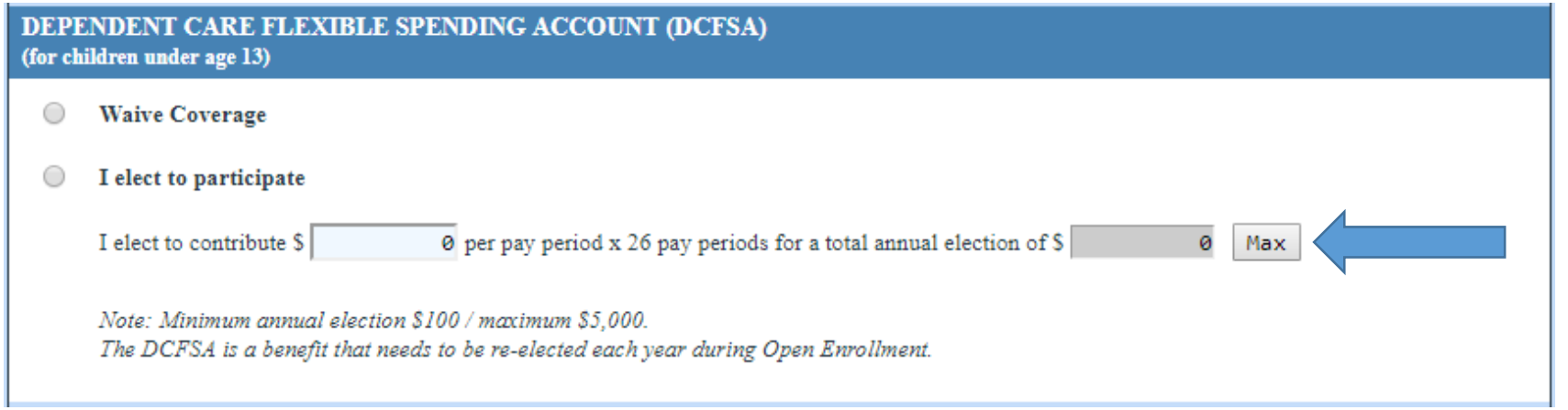


Step 7 – Dental Plan: Select a Dental Plan.
If you do not wish to enroll in a Dental Plan, be sure to select the **"Waive Coverage"** option.

Step 8 – Vision Plan: Select a Vision Plan.
If you do not wish to enroll in a Vision Plan, be sure to select the **"Waive Coverage"** option.

Step 9-Dependent Care Flexible Spending Account: Next you will need to indicate wither or not you would like to participate in the Dependent Care Flexible Spending Account. To elect to participate, click the **"I elect to participate"** radio button and enter the amount per pay period you would like to contribute. *Please note the Minimum **annual** election is $100.00 and the Maximum **annual** election is $5,000.*

If you would **not** like to participate in the Dependent Care Flexible Spending Account, please click on the **"Waive Coverage"** radio button.
If you wish to contribute the Maximum amount, please click the **"Max"** button



Step 10 – Dependent Care Subsidy: Please indicate if you would like to participate in the Dependent Care Subsidy by clicking on the "**I elect to participate**" radio button. Otherwise, click on the **"Waive Coverage"** radio button.

DEPENDENT CARE SUBSIDY (DCS)
(for children under age 13)

- ○ **Waive Coverage**
- ○ **I elect to participate**

NOTE: If you enroll in the Dependent Care Subsidy program, you will receive a separate information packet.

Step 11 – Basic Life Insurance: Please indicate whether you would like to elect WHOI provided basic life insurance at 1.5 x your salary, or limit your coverage to $50,000. Be sure to read the full description prior to electing.

Please note if you are an Employee in a Temporary status, you are <u>not</u> eligible to participate in Life Insurance.

BASIC LIFE INSURANCE

WHOI provides Basic Life Insurance equal to 1.5 times your base annual salary (e.g., full-time, 3/4-time, or 1/2-time salary), up to a maximum of $400,000. Per IRS regulations, the premium cost for life insurance coverage over $50,000 is taxable as imputed income to the employee. Employees wishing to avoid any imputed income tax can elect to limit their coverage to $50,000.
Please check one:

- ○ 1.5x Salary
- ○ Limit coverage to $50,000

Step 12 – Supplemental Life Insurance: You may elect to purchase additional life insurance for you and your eligible dependents. If you wish to enroll in supplemental life for yourself, your spouse, and/or your child(ren), please indicate the levels of coverage below. Please be aware that the coverage level selected may require you to complete Evidence of Insurability (EOI) to the insurance carrier before coverage is effective. ***Please note if you are an Employee in a Temporary status, you are <u>not</u> eligible to participate in Life Insurance.***

Please be sure to read the notes on the form regarding Guaranteed Issue (GI) and Evidence of Insurability (EOI).

SUPPLEMENTAL LIFE & ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

You may elect to purchase additional life insurance for you and your eligible dependents. Your premiums for supplemental life and AD&D coverage is paid through payroll deductions on an after-tax basis and is not subject to imputed income.
If you wish to enroll in supplemental life insurance, please make your elections below.
Please be aware that your coverage may require you to submit Evidence of Insurability (EOI) information to the insurance carrier before coverage is effective.

Employee Life Insurance *	
○	Waive Coverage
○	1x
○	2x
○	3x
○	4x

Spouse / Domestic Partner Life Insurance * (Spouse / Domestic Partner to age 70)
Make a Selection ▾
Election may be made in $10,000 increments up to $250,000 max

Child Life Insurance (Children to age 26)	
○	Waive Coverage
○	$5,000
○	$10,000

<u>Guarantee Issue (GI) and Evidence of Insurability Information</u>
You may elect to participate in the Supplemental Life Insurance plans up to the guaranteed issue amounts listed below. If you elect more than the guarantee issue amount, the additional amount will be subject to Evidence of Insurability (EOI) with the insurance carrier. The amount of your coverage that will be in effect and that your premiums will be based on will be the GI limit and upon receipt of your EOI approval from the insurance carrier, an adjustment will be made.

Employee:
Guaranteed coverage amount is the lesser of 3 times annual salary or $250,000. The maximum benefit is the lesser of 4 times annual salary or $500,000. Coverage is reduced beginning at age 65.

Spouse/Domestic Partner:
Guaranteed coverage amount is $30,000. Increments of $10000 to a maximum of $250,000. Coverage is reduced beginning at age 65.

If you are increasing or electing coverage outside of your initial eligibility, or the amount exceeds $30,000 for Spouse Life coverage, or the lessor of 3 times annual salary, or $250,000 for Employee Supplemental coverage, you will need to complete an Evidence of Insurability (EOI) by visiting www.MyLibertyConnection.com. Use Customer Code: WHOI.
For questions related to EOI, please contact Liberty Mutual directly at 800-287-8494

NOTE: The employee is automatically the beneficiary for Spouse and Child Life Insurance.

*Costs subject to change with changes in age and/or salary.

Step 13 – Notes & Employee Consent: Use this space to add any comments or questions for HR.

Once you are ready to submit, type your initials as your digital signature. Before hitting submit, click the **"Print Form"** button to print a copy of your elections for your records. You can then click on Submit.