

Task Sheet

Open Enrollment

CATEGORY

O V E R V I E W

Department: Benefits Type: Employee Resource Tilson proudly provides a digital experience for benefits enrollment. The following is a guide to help provide assistance and instruction with benefits enrollment.

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Benefits information and enrollment options may differ dependent upon your company's plan. If you have Open Enrollment questions, call 317-885-3838 (Ext. 5), email benefits@tilsonhr.com, or use LiveChat on tilsonhr.com.

1.0 Getting Started

 1.1 Access Online HR Portal
 Go to tilsonhr.com, then select "Login".

 The page will refresh; select "Employee Portal" to be directed to the online HR portal.

 1.2 Sign-In
 Type in Username and Password.

 Select "Sign in".

1.3 Access Benefit Enrollment

The page will redirect to your online HR portal dashboard. Select the

Sign in

"Benefits" tab from the menu bar. A drop-down list will appear.

Username Password

Select "Benefit Enrollment".

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*	Dashboard		
*	Personal	>	Рау
\$	Benefits	~	•
	Summary		No Recent Pay
	My Benefit Links		Statements
	Flexible Spending		▶ View More
	Retirement Summary		
	Dependents/Beneficiaries		New Massage
	Benefit Enrollment		New Messages



2.0 Open Enrollment

2.1 Welcome to Open Enrollment

The page will redirect to the online Benefits Enrollment portal.

Read through the "Welcome to Open Enrollment" message before starting the enrollment process.

Select "Next".

Go To Employee Portal		
Welcome		Welcome to Open Enrollment!
Current Benefits		Benefits represent a significant part of your total compensation package. Therefore, it is important that you review this guide and familiarize yourself with the various benefits available to you. Open enrollment is the time to select or make changes to your current elections. You may view
Notices & Dependents		a copy of your comprehensive benefits guide under the "Documents" tab located in your Employee Portal.
HEALTH	>	Important:
AFLAC	>	 You must complete enrollment during the specified period to be enrolled otherwise the next opportunity to enroll will be the next year Open Enrollment unless a Family Status Change or qualifying events happens.
LIFE	>	 Not making Any Changes? Your prior year elections will be defaulted EXCEPT for FSA or HSA enrollments. You MUST make a new election each year to participate in FSA or HSA plans.
DISABILITY	>	 Benefit contributions and/or premiums are due prior to the effective date, you will see the additional amount due as a result of the increase in rates or coverage in your December pay periods.
FLEXIBLE SPENDING	>	 You must complete the enrollment process, even if you are waiving coverage. All health, dental, vision, FSA and eligible Aflac plan contributions are deducted on a pre-tax basis. A qualifying event is required to make a milliour process the process of the process o
 Ancillary Products 		mid-year change in these benefits. • Depending on the contribution strategy chosen by your employer you will either see your total accumulated cost on each page as you make selections or at the end after making your choices. You have the chance to make changes if you need to before submitting your elections.
Benefit Summary		To get started, simply click "Next" at the bottom of the page. As you step through the benefits enrollment process, you will have the opportunity
		to:
		Review available benefits Compare costs
		View important information that will help you make the best benefit enrollment decision
		Enroll in benefits and electronically sign your election submission Receive a confirmation and save/print a PDF copy of your elections upon submission
		Thank you!
		Need Assistance? Email your questions to benefits@tilsonhr.com or call 317-885-3838 and select option "5" to speak to a Benefits Specialist. Office Hours: Monday - Friday 8 am to 5 pm EST.
		Next >

2.2 Current Benefits

The screen will refresh to display the "Current Benefits" page.

Review the current benefit elections, then select "Next".

🗲 Go To Employee Portal		Current Benefits						
 Welcome Current Benefits 		Below are your current benefit elections.						
Notices & Dependents		Benefit Plans						
HEALTH	>							
AFLAC	>	Plan Name	Plan Type / Coverage Amount	Current Cost (Per Month)	Renewal Cost (01/01/2021)			
LIFE	>	EMPLOYEE ASSISTANCE	N/A	\$0.00	\$0.00			
DISABILITY	>	LIFE 15000	15000.00	\$0.00	\$0.00			
FLEXIBLE SPENDING	>							



3.0 Notices & Dependents

3.1 Access/Review Notices

The screen will refresh to display the "Notices & Dependents" page.

To review the notices, select the document by title from the list.

 Go To Employee Portal Welcome Current Benefits 		Notices & Dependents		
		The below documents are notices regarding your rights under Tilson's Benefits Program. These notices are also available under the Documents section in your Employee Portal.		
Notices & Dependents		NOTICES:		
HEALTH	>	Tilson Benefit Policies Notice of Privacy Practice		
AFLAC	>	The Women's Health and Cancer Rights Act of 1998 (WHCRA) Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)		
LIFE	>	Dependents include spouses, partners, children, or disabled children who may be eligible for coverage in a benefits plan. The employee can add dependent records as needed.		
DISABILITY	>			

3.2 Add Dependents

If applicable, add dependents (spouse, partner, children, or disabled children) to your plan by selecting "Add Dependent".

A pop-up form will appear. Follow the prompts to complete the form.

Notices	Popondonts			
The below do	Add Depende	ent		X These notices a
your Employe				, mese nouces a
NOTICES: • Tilson E	Relationship: *	Select relation type	~	
Notice a The Wo	First Name: *	First Name		
Premiui Dependents i	Middle Initial:	Middle Initial		i (CHIP) e for coverage in
dependent re	Last Name: *	Last Name		
Depenc	Gender: *	O Male) Female	
Name	Birth Date: *	mm/dd/yyyy		:co User
-	Soc-Sec-Num: *	000-00-0000	Show	
	Address:	Address Line 1		
Add Depend	Address:	Address Line 2		
This informat	Zip:	00000 000	0	under your bene
	City:	City		,,
	State:	State		
K Back	Vext >			



3.0 Notices & Dependents

The page will refresh to display the newly added dependent.

Continue adding dependents until the list accurately depicts your dependent record.

Review the information for accuracy, then select "Next".

Notices & Depe	indents					
he below documents are our Employee Portal.	e notices regarding your righ	nts under Tilson	's Benefits Pro	gram. These notices are a	so available under th	e Documents section
IOTICES:						
 Tilson Benefit Policie Notice of Privacy Pri- The Women's Health 		1998 (WHCRA)				
	e Under Medicaid and the C		n Insurance Pro	gram (CHIP)		
ependents include spou ependent records as nee	ses, partners, children, or d eded.	isabled childrer	n who may be e	ligible for coverage in a b	enefits plan. The emp	loyee can add
Dependent List						
Name	Relationship	Age	Gender	Tobacco User	Disabled	Student
Ollie Alexander	Son	< 1	Male	No	No	No
Add Dependent						
					P - 11 - 11 - 1	
his information is intend	ed to be a brief overview of	the dependent	ts that are avail	able under your benefits (eligibility.	
Back Next >						
K Back Next >						

4.0 Health - Medical

4.1 Select Enrollees

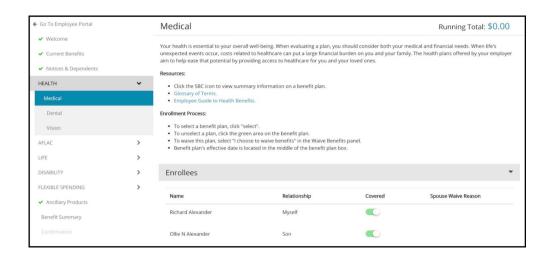
The screen will refresh to display the benefits open enrollment health plan section: Medical.

Read and review the content on the page, including the introduction, resources, and the enrollment process instructions.



4.0 Health - Medical

Under the Enrollees section, use the toggle switch to select the individual's that will be on the chosen medical plan. *Note: Toggling to green indicates selected for coverage; toggling to gray indicates non-coverage.*



4.21 Select Medical Plan

Important: If you do not intend to enroll in medical benefits, skip to section 4.22 on how to waive medical benefits.

To select a medical plan, click "select". *Note: The plan will turn green and a checkmark will appear on the plan to indicate that it has been properly selected for enrollment.*

 Current Benefits 		\$159.00	HUMANA		\$147.25	HUMANA		\$203.75	HUMANA	
 Notices & Dependents 		Per Period	HDHP 3000		Per Period	HDHP 5000		Per Period	PREMIER 1000	
IEALTH	~		Plan Effective Da	ite: 01/01/2021		Plan Effective Dat	te: 01/01/2021		Plan Effective Da	te: 01/01/2021
Medical			SBC HDHP			SBC HDHP			SBC	
✔ Dental		~	View	Compare	Select	View	Compare	Select	View	Compare
✓ Vision		\$184.50	HUMANA		\$175.50	HUMANA		\$158.50	HUMANA	
FLAC	~	Per Period	PREMIER 1500		≱175.50 Per Period	PREMIER 2500 / F	PREMIER 2000	⇒156.50 Per Period	PREMIER 5000 /	PREMIER 4000
🖌 Aflac Accident			Plan Effective Da	ite: 01/01/2021		Plan Effective Dat	te: 01/01/2021		Plan Effective Da	te: 01/01/2021
Aflac Critical Illness						SBC			SBC	
IFE	>	Select	View	Compare	Select	View	Compare	Select	View	Compare
SABILITY	>									
EXIBLE SPENDING	>	Compare	0/3							
Ancillary Products										
Benefit Summary		Waive	Benefits							
		lagree	e to waive Medic	al benefits						
		< Back	Next >							



4.0 Health - Medical	
4.22 Waive Medical Benefits	To waive Medical benefits, scroll down to the "Waive Benefits" section.
	In the provided space, select "I agree to waive Medical benefits".
	To continue, select "Next".
5.0 Health - Dental	
5.1 Select Erollees	The screen will refresh to display the benefits open enrollment health plan section: Dental.
	Under the Enrollees section, use the toggle switch to select the individual's that will be on the chosen dental plan. <i>Note: Toggling to green indicates selected for coverage; toggling to gray indicates non-coverage.</i>
5.21 Select Dental Plan	Important: If you do not intend to enroll in dental benefits, skip to section 5.22 on how to waive dental benefits.
	To select a dental plan, click "select". <i>Note: The plan will turn green and a checkmark will appear on the plan to indicate that it has been properly selected for enrollment.</i>
	To continue, select "Next".
5.22 Waive Dental Benefits	To waive Dental benefits, scroll down to the "Waive Benefits" section. In the provided space, select "I agree to waive Dental benefits".
	To continue, select "Next".



6.0 Health - Vision

Benefits information and enrollment options may differ dependent upon your company's plan. If you have Open Enrollment questions, call 317-885-3838 (Ext. 5), email benefits@tilsonhr.com, or use LiveChat on tilsonhr.com.

6.1 Select Enrollees	The screen will refresh to display the benefits open enrollment health plan section: Vision.
	Under the Enrollees section, use the toggle switch to select the individual's that will be on the chosen Vision plan. <i>Note: Toggling to green indicates selected for coverage; toggling to gray indicates non-coverage.</i>
6.21 Select Vision Plan	Important: If you do not intend to enroll in vision benefits, skip to section 6.22 on how to waive medical benefits.
	To select a vision plan, click "select". <i>Note: The plan will turn green and a checkmark will appear on the plan to indicate that it has been properly selected for enrollment.</i>
	To continue, select "Next".
6.22 Waive Vision Plan	To waive Vision benefits, scroll down to the "Waive Benefits" section. In the provided space, select "I agree to waive Vision benefits".
	To continue, select "Next".
7.0 Aflac - Accident	
7.1 Select Enrollees	The screen will refresh to display the benefits open enrollment Aflac insurance section: Aflac Accident.
	Under the Enrollees section, use the toggle switch to select the individual's that will be on the chosen Aflac Accident plan. <i>Note: Toggling to green indicates selected for coverage; toggling to gray</i>

indicates non-coverage



7.0 Aflac - Accident

Benefits information and enrollment options may differ dependent upon your company's plan. If you have Open Enrollment questions, call 317-885-3838 (Ext. 5), email benefits@tilsonhr.com, or use LiveChat on tilsonhr.com.

7.21 Select Aflac Accident Plan	Important: If you do not intend to enroll in Aflac Accident benefits, skip to section 7.22 on how to waive Aflac accident benefits.
	To select an Aflac accident plan, click "select". <i>Note: The plan will turn green and a checkmark will appear on the plan to indicate that it has been properly selected for enrollment.</i>
	To continue, select "Next".
7.22 Waive Aflac Accident Plan	To waive Aflac accident benefits, scroll down to the "Waive Benefits" section. In the provided space, select "I agree to waive Aflac accident benefits".
	To continue, select "Next".
8.0 Aflac - Critical Illness	
8.1 Select Aflac Critical Illness Plan	The screen will refresh to display the benefits open enrollment Aflac insurance section: Aflac Critical Illness.
	Important: If you do not intend to enroll in Aflac critical illness benefits, skip to section 8.2 on how to waive Aflac critical illness benefits.
	To select a Aflac critical illness plan, click "select". <i>Note: The plan will turn green and a checkmark will appear on the plan to indicate that it has been properly selected for enrollment.</i>
	To continue, select "Next".
8.2 Waive Aflac Critical Illness Plan	To waive Aflac accident benefits, scroll down to the "Waive Benefits" section. In the provided space, select "I agree to waive Aflac critical illness benefits".



9.0 Life - Basic Life

Benefits information and enrollment options may differ dependent upon your company's plan. If you have Open Enrollment questions, call 317-885-3838 (Ext. 5), email benefits@tilsonhr.com, or use LiveChat on tilsonhr.com.

9.1 Select Basic Life Plan	The screen will refresh to display the benefits open enrollment Lincoln Financial section: Basic Life.
	To select a Lincoln Financial basic life plan, click "select". <i>Note: The plan will turn green and a checkmark will appear on the plan to indicate that it has been properly selected for enrollment.</i>
9.2 Update Beneficiaries	The default beneficiaries will be based upon your listed enrollees. If you desire to add additional beneficiaries, select "Add Beneficiary", then follow the prompts accordingly. <i>Note: The newly added</i> <i>beneficiary will appear under the list of beneficiaries.</i>
9.3 Primary Amount	Once all beneficiaries have been properly added, follow the prompts to

until all Primary Amounts have been entered.

add the Primary Amount per beneficiary. Do this for each beneficiary

 Current Benefits 						
✓ Notices & Dependents			OLN FINANCIAL N ER PAID LIFE 15000			
HEALTH	~	Per Period	ffective Date: 01/01/202	21		
✓ Medical			age Amount \$15000.00			
✓ Dental						
✓ Vision		~	View Comp	bare		
AFLAC	~	Compare 0/1				
✓ Aflac Accident						
✓ Aflac Critical Illness		Beneficiari	es			
LIFE	~	Name	Relationship	Primary Amount	Conting	gent Amount
Basic Life		Ollie Alexander	Son	100	96	%
Voluntary Life						
DISABILITY	>		_			
FLEXIBLE SPENDING	>	Add Beneficiary				
 Ancillary Products 		You will need to se	elect a percentage to e	each beneficiary. If you elect more than i	one, you will also need to	enter a Primary Amount or Contingency Amou
Benefit Summary		percentage for each			, ne, jou nin uso neco (o	
		< Back Nex	at >			

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10.0 Life - Voluntary Life

Benefits information and enrollment options may differ dependent upon your company's plan. If you have Open Enrollment questions, call 317-885-3838 (Ext. 5), email benefits@tilsonhr.com, or use LiveChat on tilsonhr.com.

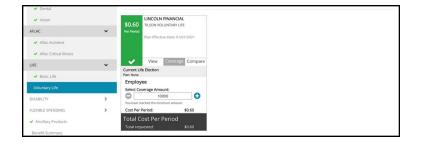
10.1 Select Voluntary Life Plan

Important: If you do not intend to enroll in Lincoln Financial voluntary life plan, skip to section 10.4 on how to waive voluntary life benefits.

To select a Lincoln Financial voluntary life plan, click "select". *Note: The plan will turn green and a checkmark will appear on the plan to indicate that it has been properly selected for enrollment.*

10.2 Coverage Amount

Follow the prompt to add the coverage amount.



10.3 Update Beneficiaries

10.4 Coverage Amount

Follow the prompts to add the Primary Amount per beneficiary. Do this for each beneficiary until all Primary Amounts have been entered.

The default beneficiaries will be based upon your listed enrollees. If you desire to add additional beneficiaries, select "Add Beneficiary", then follow the prompts accordingly. *Note: The newly added beneficiary*

To continue, select "Next"

will appear under the list of beneficiaries.

VISION								
AFLAC	~	Waive Bene	Waive Benefits					
✓ Aflac Accident		I agree to wait	I agree to waive Voluntary Life benefits					
✓ Aflac Critical Illness		Depeficient				*		
LIFE	~	Beneficiario	Beneficiaries					
✓ Basic Life		Name	Relationship	Primary Amount	Continger	nt Amount		
Voluntary Life		Ollie Alexander	Son	100	96	%		
DISABILITY	~							
Short Term Disability								
Long Term Disability		Add Beneficiary						
FLEXIBLE SPENDING	>					vide costs, limitations, exclusions and terms		
 Ancillary Products 		under which the co	under which the coverage may be kept in force. The Plan is subject to state filing and approval, and may vary slightly, or not be available by jurisdiction in					
Benefit Summary		K Back Next	<u>ک</u>					

10. 5 Waive Voluntary Life Benefits To waive voluntary life benefits, scroll down to the "Waive Benefits" section. In the provided space, select "I agree to waive Voluntary life benefits".



11.0 Short Term Disability (STD)

Benefits information and enrollment options may differ dependent upon your company's plan. If you have Open Enrollment questions, call 317-885-3838 (Ext. 5), email benefits@tilsonhr.com, or use LiveChat on tilsonhr.com.

11.1 Select STD Plan	The screen will refresh to display the benefits open enrollment Disability section: Short Term Disability (STD).
	Important: If you do not intend to enroll in STD benefits, skip to section 11.2 on how to waive STD benefits.
	To select a short term disability plan, click "select". <i>Note: The plan will turn green and a checkmark will appear on the plan to indicate that it has been properly selected for enrollment.</i>
	To continue, select "Next".
11.2 Waive STD Benefits	To waive short term disability benefits, scroll down to the "Waive Benefits" section. In the provided space, select "I agree to waive Short Term Disability benefits".

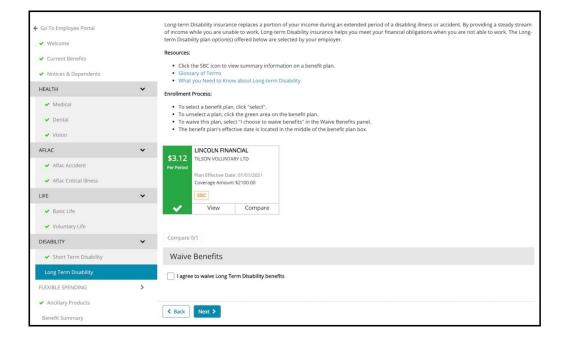
 Go To Employee Portal Welcome 	Short-term Disability insurance pays out a portion of your income if you are temporarily unable to work because of a medical condition (including pregnancy). Short-term Disability is also known as Temporary Disability Income Benefit. The Short-term Disability plan option(s) offered below are selected by your employer.
✓ Current Benefits	Resources:
 Current benefits Notices & Dependents 	Click the SBC icon to view summary information on a benefit plan. Glossary of Terms What you Need to know about Short-term Disability
HEALTH	Enrollment Process:
✓ Medical	To select a benefit plan, click "select".
✓ Dental	 To unselect a plan, click the green area on the benefit plan. To waive this plan, select 'i choose to waive benefits' in the Waive Benefits panel. The benefit plan's effective date is located in the midled of the benefit plan box.
✓ Vision	The benefit plan's energive date is located in the middle of the benefit plan box.
AFLAC	LINCOLN FINANCIAL LINCOLN FINANCIAL
✓ Aflac Accident	\$13.20 TILSON VOLUNTARY STD 15 \$9.60 TILSON VOLUNTARY STD 30 Per Period Per Period
✓ Aflac Critical Illness	Plan Effective Date: 01/01/2021 Plan Effective Date: 01/01/2021 Coverage Amount \$480.00 Coverage Amount \$480.00
LIFE	SBC SBC
✓ Basic Life	View Compare Select View Compare
✓ Voluntary Life	
DISABILITY	Compare 0/2
Short Term Disability	Waive Benefits
Long Term Disability	I agree to waive Short Term Disability benefits
FLEXIBLE SPENDING	
 Ancillary Products 	
Benefit Summary	< Back Next >



12.0 Long Term Disability (LTD)

Benefits information and enrollment options may differ dependent upon your company's plan. If you have Open Enrollment questions, call 317-885-3838 (Ext. 5), email benefits@tilsonhr.com, or use LiveChat on tilsonhr.com.

12.1 Select LTD Plan	The screen will refresh to display the benefits open enrollment Disability section: Long Term Disability (LTD).
	Important: If you do not intend to enroll in LTD benefits, skip to section 12.2 on how to waive LTD benefits.
	To select a long term disability plan, click "select". <i>Note: The plan will turn green and a checkmark will appear on the plan to indicate that it has been properly selected for enrollment.</i>
	To continue, select "Next".
12.2 Waive LTD Benefits	To waive long term disability benefits, scroll down to the "Waive Benefits" section. In the provided space, select "I agree to waive Long Term Disability benefits".
	To continue, select "Next".





13.0 Health Savings Account (HSA)

Benefits information and enrollment options may differ dependent upon your company's plan. If you have Open Enrollment questions, call 317-885-3838 (Ext. 5), email benefits@tilsonhr.com, or use LiveChat on tilsonhr.com.

13.1 HSA Annual Contribution	The screen will refresh to display the benefits open enrollment Flexible Spending section: Health Savings Account (HSA).
	Important: If you do not intend to enroll in HSA benefits, skip to section 13.2 on how to waive HSA benefits.
	Follow the prompt to add the annual contribution. <i>Note: The plan will turn green and a checkmark will appear on the HSA widget to indicate that it has been properly selected for enrollment.</i>
	To continue, select "Next".
13.2 Waive HSA Benefits	To waive HSA benefits, scroll down to the "Waive Benefits" section. In the provided space, select "I agree to waive Health Savings Account benefits".

🗲 Go To Employee Portal Resources: Enrollment Form
 Understanding a Health Savings Account
 What You Need to Know about Health Savings Accounts
 HSA Eligible Expenses
 HSA Neigible Expenses
 HSA Neigible Expenses
 HSA Pros and Cons ✓ Welcome ✓ Current Benefits Notices & Dependents HEALTH ~ ✓ Medical Health Savings Account \$76.92 HSA 🖌 Dental Coverage Effective: 01/01/2021 ✓ Vision Annual Contribution 2000 AFLAC ~ Aflac Accident View Limits ✓ Aflac Critical Illness Lestimated deductions are based on per period amount. Actual Flexible Spending contributions are calculated by the remaining pay period schedule ~ LIFE and may vary when payroll processing occurs. ✓ Basic Life ✓ Voluntary Life Waive Benefits DISABILITY ~ I agree to waive Health Savings Account benefits Short Term Disability This information is intended to be a brief overview of the benefits available under this Plan. It does not provide costs, limitations, exclusions and terms under which the coverage may be kept in force. The Plan is subject to state filing and approval, and may vary slightly, or not be available by jurisdiction in accordance with applicable laws and regulations. ✓ Long Term Disability ~ FLEXIBLE SPENDING Back Next > Flexible Spending Account

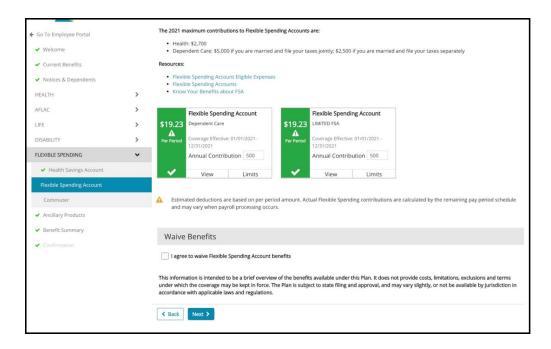


Enrollment questions, call 317-885-3838 (Ext. 5), email benefits@tilsonhr.com, or use LiveChat on tilsonhr.com.

Benefits information and enrollment options may differ

dependent upon your company's plan. If you have Open

14.1 FSA Annual Contribution	The screen will refresh to display the benefits open enrollment Flexible Spending section: Flexible Spending Account (FSA).
	Important: If you do not intend to enroll in FSA benefits, skip to section 14.2 on how to waive FSA benefits.
	Follow the prompt to add the annual contributions. <i>Note: The plan will turn green and a checkmark will appear on the FSA widget to indicate that it has been properly selected for enrollment.</i>
	To continue, select "Next".
14.2 Waive FSA Benefits	To waive HSA benefits, scroll down to the "Waive Benefits" section. In the provided space, select "I agree to waive Health Savings Account benefits".
	To continue, select "Next".

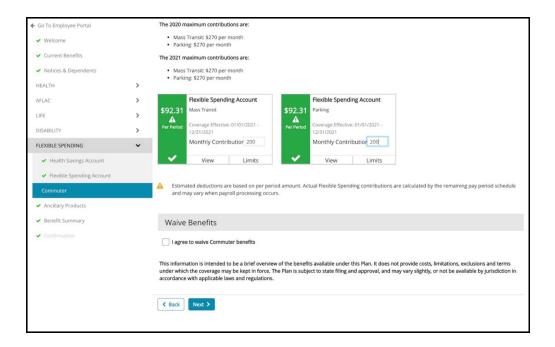




15.0 Commuter

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15.1 Commuter Monthly Contribution	The screen will refresh to display the benefits open enrollment Flexible Spending section: Commuter.
	Important: If you do not intend to enroll in Commuter benefits, skip to section 15.2 on how to waive Commuter benefits.
	Follow the prompt to add the monthly contributions. <i>Note: The plan will turn green and a checkmark will appear on the widget to indicate that it has been properly selected for enrollment.</i>
	To continue, select "Next".
15.2 Waive Commuter Benefits	To waive Commuter benefits, scroll down to the "Waive Benefits" section. In the provided space, select "I agree to waive Commuter benefits".





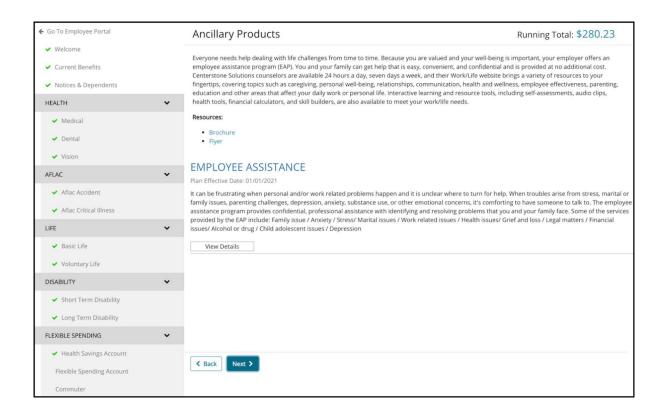
16.0 Ancillary Products

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16.1 Ancillary Products

The screen will refresh to display the benefits open enrollment Flexible Spending section: Ancillary Products.

Review the provided material.





17.0 Flexible Spending Review

Benefits information and enrollment options may differ dependent upon your company's plan. If you have Open Enrollment questions, call 317-885-3838 (Ext. 5), email benefits@tilsonhr.com, or use LiveChat on tilsonhr.com.

17.1 Flexible Spending Review

The screen will refresh to display the benefits open enrollment Flexible Spending section: review

Review the provided material.

To continue, select "Submit"

← Go To Employee Portal			me to review your choices. the last step of the enrollment process.			
✓ Welcome		Benefit Summary	Running Total: \$503.31			
✓ Current Benefits		Benefic Summary	/		Kunning Total. 4	505.51
 Notices & Dependents 		Please review your selected b	enefits.			
HEALTH	>					
AFLAC	>	Notices & Dependen	its 🕜			
LIFE	>	Name	Relationship	SSN	Date of birth	
DISABILITY	>	Ollie N Alexander	Son	xxx-xx-3333	09-01-2020	
FLEXIBLE SPENDING	~	Medical 📝				
 Health Savings Account 		Policy	Covered	Primary Care Physician	Effective date	Cost
 Flexible Spending Account 		HDHP 3000	Richard Alexander (EE)		01/01/2021	\$159.00
✓ Commuter		HDHF 5000	Richard Alexander (EC)		01/01/2021	\$155.00
 Ancillary Products 		Dental 📝				
Benefit Summary		Policy	Covered	Primary Care Physician	Effective date	Cost
✓ Confirmation		TILSON DENTAL	Richard Alexander (EE)		01/01/2021	\$10.24
		Vision 📝				
		Policy	Covered	Primary Care Physician	Effective date	Cost
		K Back Submit				



18.0 Confirmation

Benefits information and enrollment options may differ dependent upon your company's plan. If you have Open Enrollment questions, call 317-885-3838 (Ext. 5), email benefits@tilsonhr.com, or use LiveChat on tilsonhr.com.

18.1 Complete Enrollment

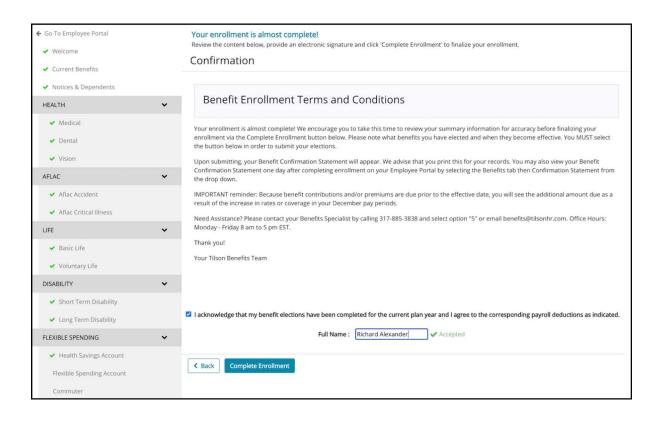
The screen will refresh to display the benefits open enrollment Confirmation section: Benefit Enrollment Terms and Conditions.

Review the provided material.

In the provided space, select "I acknowledge that my benefit elections have been completed for the current plan year and I agree to the corresponding payroll deductions as indicated."

In the provided space, type in your full name.

To complete the enrollment process, select "Complete Enrollment".



FINAL NOTE: Upon submitting, your Benefit Confirmation Statement will appear. We advise that you print this for your records. You may also view your Benefit Confirmation Statement one day after completing enrollment on your Employee Portal by selecting the Benefits tab then Confirmation Statement from the drop down.

Important: Because benefit contributions and/or premiums are due prior to the effective date, you will see the additional amount due as a result of the increase in rates or coverage in your December pay periods.