Open Enrollment Instructions

1 Navigate to FCConnect https://fa-etrt-saasfaprod1.fa.ocs.oraclecloud.com/fscm UI/faces/FuseWelcome?fnd=%3B%3B%3B%3Bfalse%3B256%3B%3B%3B&\ afrL oop=45875915019374869&\ afrWindowMode=0&\ afrWindowId=r6sk9ut51&\ a df.ctrl-state=14zbc6ibhv 1&\ afrFS=16&\ afrMT=screen&\ afrMFW=1204&\ afr MFH=528&\ afrMFDW=1466&\ afrMFDH=825&\ afrMFC=8&\ afrMFCI=0&\ afrM FM=0&\ afrMFR=125&\ afrMFG=0&\ afrMFS=0&\ afrMFO=0

2 Click "ME"

	Good afternoon, Ma			enefits Administration	Risk Manageme 🍾	
		APPS				
	Personal Details		Ś		俞	
	Document Records	لللہ Directory	Connections	Journeys	Pay	
	B. Identification Info					
	Contact Info		îĉ	Å		
	Hamily and Emergency Contacts	Time and Absences	Career and Performance	Personal Information	Benefits	
0 0 0	My Organization Chart					
0 0	My Public Info	No.	<u>اال</u>		+	

3 Click Benefits

Me My Team My Clier	nt Groups Health and S	afety Reports Be	enefits Administration	Risk Manageme	>
QUICK ACTIONS	APPS				
Personal Details		රීම්ද		兪	
Document Records	Directory	Connections	Journeys	Pay	
Contact Info	Ĺ	îΫ́	M	(The	
Family and Emergency Contacts	Time and Absences	Career and Performance	Personal Information	Benefits	

4 Click "Make Changes"

CONNECTDEV1			익 습 ☆ 戶 🧳
Benefits			
		MW	
0.0		Martha Wayne	
		Review your benefits package and relevant info before you enroll.	
	Time Remaining 24 _{Days}	Make Changes Until 5/24/24 11:59 PM EST	

5 Click "Add" if you need to add a dependent or beneficiary

	へ 🗅 ☆ 🏳 🖓 🦉
nroll	Continue
Information To cover family and others in benefits, add them now before you enroll.	
People to Cover	+ Add
Damian Wayne Child	
Bruce Wayne Child	
Thomas Wayne Spouse	

6 Click the "Last Name" field and type Last Name

		۹ ۵	」 公
New Contact		Subj	<u>m</u> it
	Basic Information		
	*Last Name	Middle Name	
	First Name	Preferred Name	
	Suffix		
	*Relationship	*Gender	
	Select a value \checkmark	Select a value V	
	*What's the start date of this relationship?	Date of Birth	
	m/d/yy	m/d/yy	
		This person is an emergency contact	

7 Click the "First Name" field and type first name

			Q 凸 ☆ F
New Contact			Sub <u>m</u> it
	Basic Information		
	*Last Name Pennyworth	Middle Name	
	First Name	Preferred Name	
	Suffix		
	*Relationship	*Gender	
	Select a value \checkmark *What's the start date of this relationship?	Select a value \checkmark	
	m/d/yy	m/d/yy	
		☐ This person is an emergency contact	

8 Click the "Relationship" field.

FCCONNECTDEVI			Q D t
ew Contact		1	Sub <u>m</u> it
	Basic Information		
	*Last Name	Middle Name	
	Pennyworth		
	First Name	Preferred Name	
	Alfred		
	Suffix		
	*Relationship	*Gender	
	Select a value	Select a value \checkmark	
	*What's the start date of this relationship?	Date of Birth	
	m/d/yy	m/d/yy	
		This person is an emergency contact	

Click down arrow and choose relationship

9

FGCONNECTDEVI					<u>م</u>
ew Contact	t				Submit
	Ba	Child of a Legal Guardian	•		
		Contact		Middle Name	
		Domestic partner	1		
		Domestic partner child		Preferred Name	
		Emergency	- n -		
		Foster child	J		
		Friend			
		Nepnew			
		Niece		*Gender	
		Select a value	~	Select a value	~
		*What's the start date of this relationship?		Date of Birth	
T-T-		m/d/yy	i o	m/d/yy	tio -
					-

10 Click the "What's the start date of this relationship?" field.

			< ○ ☆ □
New Contact			Sub <u>m</u> it
	Basic Information		
	*Last Name	Middle Name	
	Pennyworth		
	First Name	Preferred Name	
	Alfred		
	Suffix		
	*Relationship	*Gender	
	Friend ~	Select a value \checkmark	
	*What's the start date of this relationship?	Date of Birth	
	m/d/yy	m/d/yy	
		This person is an emergency contact	

11 Click the calendar Icon

FCCONNECTDEVI			익 🗅 ☆
ew Contact			Sub <u>m</u> it
	Basic Information		
	*Last Name	Middle Name	
	Pennyworth		
	First Name	Preferred Name	
	Alfred		
	Suffix		
	*Relationship	*Gender	
	Friend	Select a value	
	*What's the start date of this relationship?	Date of Birth	
	m/d/yy	m/d/yy	
		This person is an emergency contact	

12 Click "Today"

		Sub <u>m</u> it <u>C</u> ar
Basic Information		
*Last Name	Middle Name	
Pennyworth		
	April 2024 >	
First Name	SUN MON TUE WED THU FRI SAT	
Alfred	antopos aperso, adobe actually appendix appendix paralle	
- <i>1</i>	31 1 2 3 4 5 6	
Suffix	7 8 9 10 11 12 13	
	14 15 16 17 18 19 20	
*Relationship	21 22 23 24 25 26 27	
Friend	28 29 30 1 2 3 4	×
*What's the start date of this relationship?	Today	
		to .

Click down arrow next to gender

			익 다 작 ㅁ 🗘 🔤
New Contact			Sub <u>m</u> it <u>Cancel</u>
	Basic Information		
	*Last Name	Middle Name	
	Pennyworth		
	First Name	Preferred Name	
	Alfred		
	Suffix		
	*Relationship	*Gender	
	Friend ~	Select a value	
	*What's the start date of this relationship?	Date of Birth	
•	4/30/24 6	m/d/yy to	
		This person is an emergency contact	

Choose appropriate gender

			익 습 ☆ ᄇ 🧈 🔤
New Contact			Submit Cancel
	Basic Information		
	*Last Name	Middle Name	
	Pennyworth		
	First Name	Preferred Name Select a value	
	Alfred	Female	
	Suffix	Nale	
	-	Nominary	
	*Relationship	Unknown	
	Friend	✓ Select a value	
	*What's the start date of this relationship?	Date of Birth	
	4/30/24	m/d/yy	1
•		This person is an emergency contact	

15 Click the "Date of Birth" field and type date of birth

			Suk
			GENES
sic Information			
*Last Name		Middle Name	
Pennyworth			
First Name		Preferred Name	
Alfred			
Suffix			
Relationship		*Gender	
Friend	~	Male 🗸	
*What's the start date of this relationship?		Date of Birth	
4/30/24	Ċ	m/d/y	
		This person is an emergency contact	

16 Click "Enter a New Address" If person does not live with you

······		· · · · · · · · · · · · · · · · · · ·
Friend	Male ~	
*What's the start date of this relationship?	Date of Birth	
	00.446.40.40	
4/30/24	08/16/1943	
	This person is an emergency contact	
Student Status	Tobacco Use	
Select a value \lor	Select a value \checkmark	
Disability Type	Covered by another plan?	
Select a value 🗸	No	
Select a value	NO Ý	
Disability Status	Plan	
Select a value ~		
Select a value		
A 1.1		
Address		
Use My Address		
Select a value		
Select a value V		
O Enjer a New Address		

17 Click Down Arrow

ldress		
O Use My Address		
Ose My Address Enter a New Address		
Ciller a New Address		
Country		
,		

18	Choose "United States"
	ddress
Lil ili	 Use My Address Enter a New Address
	Country
	Select a value
	RECENT COUNTRIES US United States

19 Click Down Arrow

ddress		
O Use My Address		
Enter a New Address		
Country	*ZIP Code	
United States	✓ Select a value	
*Туре	*City	
Select a value	Select a value	
*Address Line 1	*State	
	Select a value	
Address Line 2	*County	
	Select a value	

20 Choose "Home Address"

ddress			
Use My AddressEnter a New Address			
Country		*ZIP Code	
United States	~	Select a value	· · · · · · · · · · · · · · · · · · ·
*Туре		*City	
Select a value	~	Select a value	
Select a value		*State	
Home Address]	Select a value	
Mailing Address Resident Tax Address		*County	
	h	Select a value	

21 Click the "Address Line 1" field and type street address

Address		
Use My Address Enter a New Address Country	*ZIP Code	
· · · · · · · · · · · · · · · · · · ·		
United States	 ✓ Select a value 	~
*Туре	*City	
Home Address	∽ Select a value	~
*Address line 1	*State	
	Select a value	~
Address Line 2	*County	
	Select a value	~

Address			
Address			
Use My Address			
Enter a New Address			
Country	*ZIP Code		
United States	Select value	~	
*Type	*City		
Home Address	✓ Select a value	~	
*Address Line 1	*State		
1007 Mountain Drive	Select a value	~	
Address Line 2	*County		
	Select a value	~	

O Use My Address				
Enter a New Address				
Country		*ZIP Code		
United States	~	53540	~	
*Type		ZIP Code County State	9	
Home Address	~	53540 Gotham Richland WI		
*Address Line 1		*State		
1007 Mountain Drive		Select a value	~	
Address Line 2		*County		
		Select a value	~	

24 Click "Submit"

CONNECTDEVI			Q 습 ☆ P
v Contact			Subp <mark>it Cancel</mark>
	Basic Information		
	*Last Name	Middle Name	
	Pennyworth		
	First Name	Preferred Name	
	Alfred		
	Suffix		
	*Relationship	*Gender	
	Friend	∽ Male	×
	*What's the start date of this relationship?	Date of Birth	
	4/30/24	8/16/43	Čo
-		This person is an emergency contact	

25 Click "Continue"

≡ FGCONNECTDEVI Before You En:		Cancel
	Information To cover family and others in benefits, add them now before you enroll.	
	People to Cover + Add	
	Damian Wayne Child	
	Bruce Wayne Child	
	Thomas Wayne Spouse	
•	Alfred Pennyworth Friend	

26 Click "Edit" in MEDICAL section

○ ○ ☆ 戸 亞
Submit Cancel
81.14 Per Pay Period
Edit
58.59

27 Choose your election

A Medical Plan ore Info	
Employee Only 1,406.16 Annually	58.5: Employee Per Pay Perio
County Per Pay Period Cost 464.26	
Employee + 1 3.965.76 Annually	165.24 Employee Per Pay Perio
County Per Pay Period Cost 577.91	
Employee + 2 or More 8,030.40 Annually	334.60 Employee Per Pay Perio.
County Per Pay Period Cost 807.83	

28 Choose "who you want to cover" if applicable

Vou need to designate dependents or benefician CIGNA Medical Plan Employee + 1	ies for your selected offerings.	165.24 Employee Per Pay Perio
Annual Amount 3,965.76	County Per Pay Period Cost 577.91	
Who to you want to cover? Thomas Wayne (Spouse) Bruce Wayne (Child) Damian Wayne (Child)		
Employee + 2 or More 8,030.40 Annually		334.60 Employee Per Pay Perio
County Per Pay Period Cost 807.83		
Medical Coverage Declined		
Medical Coverage Declined		

CIGNA Medical Plan See More Info		
Employee Only 1,406.16 Annually	58.59 Employee Per Pay Perio	
County Per Pay Period Cost 464.26		
	OK Cance	4
You need to designate dependents or beneficiaries	for your selected offerings.	
CIGNA Medical Plan	165.2	24
Employee + 1	Employee Per Pay Peri	D
Annual Amount 3,965.76	County Per Pay Period Cost 577.91	
Who do you want to cover?		

	오☆ 卪 🕫 🔤
Medical	Continue
Currency in USD Your Total Cost	165.24 Per Pay Period

31 Click "Edit" in **DENTAL** section

Edit
7.44
×

Employee Only		
County Per Pay Period Cost 14.99		
Employee + 1 178.56 Annually	7.44 🖋	
County Per Pay Period Cost 22.42		
Who's covered? You, Thomas Wayne		
Employee + 2 or More 427.68 Annually	17.82 Employee Per Pay Perio	
County Per Pay Period Cost 32.80		

33 Choose "who you want to cover" if applicable

	OK <u>C</u> ancel
You need to designate depend	dents or beneficiaries for your selected offerings.
Ameritas Dental Plan	17.82
Employee + 2 or More	Employee Per Pay Perio
Annual Amount 427.68	County Per Pay Period Cost 32.80
Who do you want to cover?	
Thomas Wayne (Spouse) Bruce Wayne (Child) Damian Wayne (Child)	
Dental Coverage Declined	
Dental Coverage Decline	ned

34 Click "OK"

You need to designate dependents or beneficia	ries for your selected offerings.		
Ameritas Dental Plan		17.82	
Employee + 2 or More		Employee Per Pay Perio	
Annual Amount	County Per Pay Period Cost		
427.68	32.80		
Who do you want to cover? Thomas Wayne (Spouse)			
Bruce Wayne (Child)			
Damian Wayne (Child)			
Dental Coverage Declined			

	<u>Cancel</u>
17.82	
Per Pay Period	
	지않는 것 같은 것 같아.

36 Click	"Edit" in VISION section	
	Vision	Edit
	Vision	
	Vision Coverage Declined	
	l. Na foren den 1920 - Talin Factor - 1920 - 1920	

37 Choose your Vision election

Visi	on	
	erials Only Plan Jore Info	
	Employee Only 68.88 Annually	2.87 Employee Per Pay Perio
	Employee + 1 133.20 Annually	5.55 Employee Per Pay Perio
	Employee + 2 or More 228.48 Annually	9.52 Employee Per Pay Perio
	n & Materials Plan	



39 Click "Edit" in **Flexible Spending Accounts** Section



40 Click here if you want to enroll in Health Care FSA

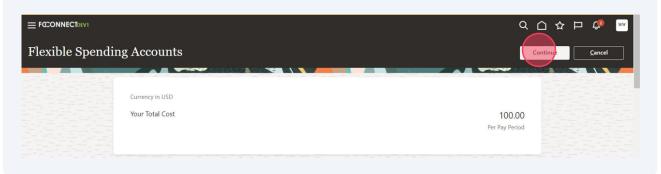
Flexible Spe	ending Account	
Health Care Fle	xible Spending Account	
Enrolle 260.00	:d Annually	10.0 Employee Per Pay Perio
Coverag 260.00	ge Amount	
Health Care Fle	exible Spending Account Declined	
✓ Health	Care Flexible Spending Account Declined	

41 Double-click the "Coverage" field and fill in annual amount elected

lealth Care Flexible Spending Account ee More Info	
Health Care Flexible Spending Account	
Health Care Flexible Spending Account Enrolled Coverage 760	
Coverage	
Coverage	

42 Click "OK"

Flexible Spending Account		
Health Care Flexible Spending Account See More Info		
	OK <u>Cancel</u>	
Health Care Flexible Spending Account	100.00	
Enrolled	Employee Per Pay Perio	
2,600		
260 to 3050, in increments of 0.01		
Annual Amount 2,600.00		
Health Care Flexible Spending Account Declined		
Health Care Flexible Spending Account Declined		



44 Click "edit" next to **DISABILITY/ACCIDENT INSURANCE**

Disability/Accident Insurance	Eeit
Short-term Disability	
STD Coverage Declined	
Long-term Disability	
LTD Coverage Declined	· · · · · · · · · · · · · · · · · · ·
Accident Insurance	

45 Choose coverage level for STD if applicable

5.18 Employee Per Pay Perio.
6.2 Employee Per Pay Perio.
7.25 Employee Per Pay Perio.
8.28 Employee Per Pay Perio.
9.32 Employee Per Pay Perio.

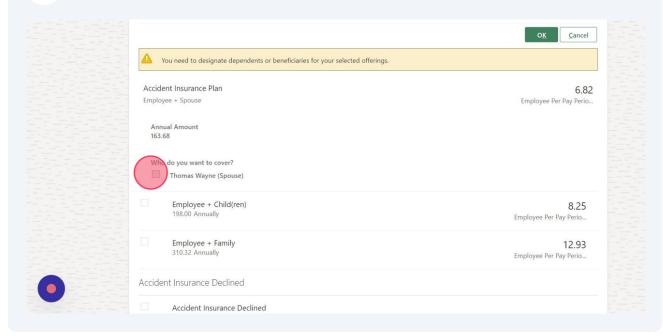
Choose LTD Coverage if Applicable

Long-term Disability	
Long Term Disability Plan	
Enrolled 1,170.04 Annually	48.7 Employee Per Pay Perio.
Coverage Amount 2,954.64	
LTD Coverage Declined	

Choose Accident Insurance If Applicable

Accid	ent Insurance Plan	
	Employee Only 103.68 Annually	4.32 Employee Per Pay Perio.
	Employee + Spouse 163.68 Annually	6.82 Employee Per Pay Perio.
	Employee + Child(ren) 198.00 Annually	8.25 Employee Per Pay Perío.
	Employee + Family 310.32 Annually	12.93 Employee Per Pay Perio.
Accid	ent Insurance Declined	
	Accident Insurance Declined	

Click here if covering spouse



	OK Cancel
You need to designate dependents or beneficiaries for your selected offerings.	
Accident Insurance Plan	6.82
Employee + Spouse	Employee Per Pay Perio
Annual Amount 163.68	
Who do you want to cover?	
Thomas Wayne (Spouse)	
Employee + Child(ren) 198.00 Annually	8.25
196.00 Anindany	Employee Per Pay Perio
Employee + Family 310.32 Annually	12.93 Employee Per Pay Perio
	cmpioyee Per Pay Perio
Accident Insurance Declined	

Made with Scribe - https://scribehow.com

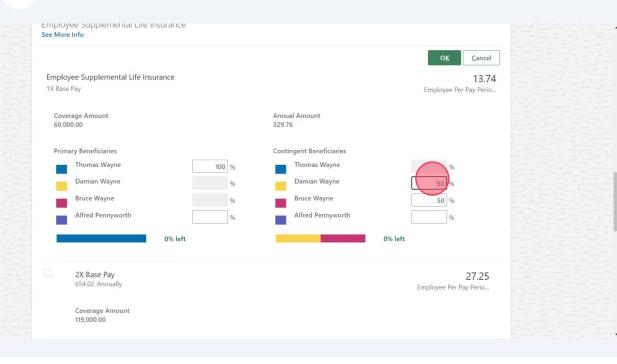
Q_☆₽\$	MW
irrency in USD	
ur Total Cost 60.75 Per Pay Period	

51 Click "Edit" in the SUPPLEMENTAL LIFE INSURANCE section

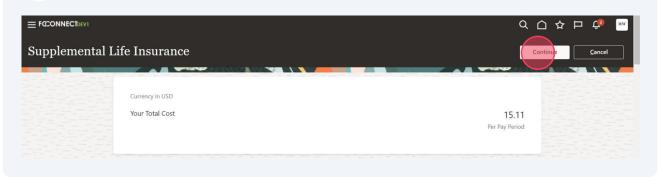
Supplemental Life Insurance	Edit	
Employee Term Life Insurance		
Employee Supplemental Life Insurance 1X Base Pay	13.74	
Primary Beneficiaries Thomas Wayne(100%)	× 1	
Dependent Term Life Insurance		
Dependent Supplemental Life Insurance Spouse Only \$10,000	1.37	
Who's covered? You, Thomas Wayne	× 1.5 ± 5 ± 5 ±	

E	Employee Term Life Insurance			
	mployee Supplemental Life Insurance ee More Info			
	1X Base Pay 329.76 Annually		13.74 Employee Per Pay Perio	
	Coverage Amount 60,000.00			
	Primary Beneficiaries Thomas Wayne(100%)	Contingent Beneficiaries Damian Wayne(50%), Bruce Wayne(50%)		
	2X Base Pay 654.02 Annually		27.25 Employee Per Pay Perio	
	Coverage Amount 119,000.00			
	3X Base Pay			

53 Designate appropriate beneficiaries



54 Click "OK" Employee supplemental Life insurance See More Info <u>C</u>ancel Employee Supplemental Life Insurance 13.74 Employee Per Pay Per 1X Base Pay Coverage Amount 60,000.00 Annual Amount 329.76 **Contingent Beneficiaries** Primary Beneficiaries % Thomas Wayne 100 % Thomas Wayne Damian Wayne % Damian Wayne 50 % Bruce Wayne Bruce Wayne % 50 % Alfred Pennyworth Alfred Pennyworth % % 0% left 0% left 2X Base Pay 654.02 Annually 27.25 Employee Per Pay Perio. Coverage Amount 119,000.00



56 Click "Edit" in HOSPITAL INDEMNITY Section



57 Click desired election

	bital Idemnity	
Hospit	al Indemnity Plan	
	Employee Only 231.60 Annually	9.65 Employee Per Pay Perio.
	Employee + Spouse 386.64 Annually	16.11 Employee Per Pay Perio.
	Employee + Child(ren) 334.08 Annually	13.92 Employee Per Pay Perio.
	Employee + Family 583.68 Annually	24.32 Employee Per Pay Perio.
Hospit	al Indemnity Declined	
	Hospital Indemnity Declined	

Click appropriate election

	O <u>K</u> <u>C</u> ancel
You need to designate dependents or beneficiaries for your selected offerings.	
Hospital Indemnity Plan	24.3
Employee + Family	Employee Per Pay Perio
Annual Amount	
583.68	
Who you want to cover?	
Bruce Wayne (Child)	
Damian Wayne (Child)	
Hospital Indemnity Declined	
Hospital Indemnity Declined	

59 Click here.	
	Hospital Indemnity Plan Employee + Family
	Annual Amount 583.68
	Who do you want to cover? Thomas Wayne (Spouse) Bruce Wayne (Child) Damian Wayne (Child)
	Hospital Indemnity Declined
	Hospital Indemnity Declined

60 Click "OK"

	OK Cancel
You need to designate dependents or beneficiaries for your selected offerings.	
Hospital Indemnity Plan	24.32
Employee + Family	Employee Per Pay Perio
Annual Amount 583.68	
Who do you want to cover?	
Thomas Wayne (Spouse)	
Bruce Wayne (Child)	
Damian Wayne (Child)	
Hospital Indemnity Declined	
Hospital Indemnity Declined	

61 Click "Continue"

	Q (
Hospital Indemnity		Cancel
Currency in USD		
Your Total Cost	24.32	
	Per Pay Period	

Click "Edit" in CRITICAL ILLNESS sec	tion
Critical Illness	Edit
Critical Illness Insurance	
Critical Illness Declined	

63 Click desired election

Criti	cal Illness Insurance	
Critic	al Illness with Cancer	
	Employee Only Non-Smoker 178.80 Annually	7.4 Employee Per Pay Perio
\frown	Coverage Amount 5,000.00	
	Employee + Spouse Non-Smoker 357.60 Annually	14.9 Employee Per Pay Perio
	Coverage Amount 5,000.00	
	Employee Only Smoker 376.20 Annually	15.6 Employee Per Pay Perio
	Coverage Amount 5,000.00	
	Employee + Spouse Smoker 752.40 Annually	31.3 Employee Per Pay Perio

64 Choose coverage level from dropdown	
	0 <u>K</u>
You need to designate dependents or beneficiaries for your selected offerings.	
Critical Illness with Cancer	
Employee + Spouse Non-Smoker	Employee
Coverage 5000	
Annual Amount 357.60	
Who do you want to cover? Thomas Wayne (Spouse)	
Employee Only Smoker	

65 Click here if appropriate

	O <u>K</u> <u>C</u> ancel
You need to designate dependents or beneficiaries for your selected offerings.	
Critical Illness with Cancer	14.90
Employee + Spouse Non-Smoker	Employee Per Pay Perio.
Coverage	
5000	
Annual Amount 357.60	
Who do you want to cover?	
thomas Wayne (Spouse)	
Employee Only Smoker 376.20 Annually	15.68 Employee Per Pay Perio
	Employee Per Pay Perio
Coverage Amount 5,000.00	
Employee + Spouse Smoker	31.35

66 Click "OK"

	O <u>K</u> <u>C</u> ancel
You need to designate dependents or beneficiaries for your selected offerings.	
Critical Illness with Cancer	14.90
Employee + Spouse Non-Smoker	Employee Per Pay Perio
Coverage	
S000 Y	
Who do you want to cover?	
Thomas Wayne (Spouse)	
Employee Only Smoker 376.20 Annually	15.68 Employee Per Pay Perio
Coverage Amount 5,000.00	
Employee + Spouse Smoker	31.35

DEV1 - Refreshed from PROD on 04/14/2024	
	익 습 축 戶 🧔 🔤
Critical Illness	Continue Cancel
Currency in USD	
Your Total Cost	14.90 Per Pay Period

68 Click "Submit"

		w
Active Employee Benefits	Submit Cancel	j
Currency in USD		
Your Total Cost	401.01	
	Per Pay Period	

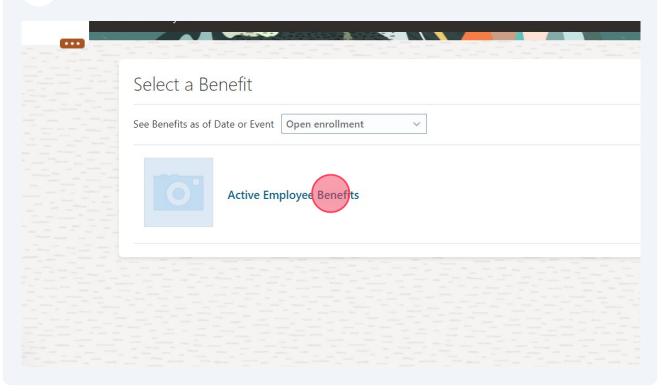
69 Click the back arrow

DEV1 - Refreshed from PROD on 04/14/2024 EfCONNECTDEV1	오 습 ☆ ᄆ 🕫 🐖
Confirmation Active Employee Benefits	Print
Confirmation Your benefit elections were saved. You can make changes until 11:59 PM EST, 5/25/24.	
Currency in USD Your Total Cost Each Pay Period	401.01
Medical	
CIGNA Medical Plan Employee + 1 Mbels coursed?	165.24

70 To see your benefit elections Click "Your Benefits"

	Make Changes		
ime Remaining	Make Changes Unt	til	
24 Days	5/24/24 11:59 PM EST		
Pending Actions Address your open items to complete enrollment	Your Benefits See your current, past, and future enrollments	Report a Life Event Record a life event for en opportunities	
Before You Enroll	Change Beneficiaries	Document Records	e e

71 Click "Active Employee Benefits"



72 After reviewing, click "Home" icon

DEVI - Refreshed from PROD on 04/14/2024 FCCONNECT DEVI Active Employee Benefits Martha Wayne	
Currency in USD Your Total Cost Each Pay Period	401.01
Medical	
CIGNA Medical Plan Employee + 1 Who's covered? You, Thomas Wayne	165.24
Dental	