

# How to Enroll in EWC Growth Benefits During Open Enrollment:

**Who should enroll?** If you have received an offer of benefits, you must complete the Open Enrollment process.

**What if I am already enrolled in benefits?** Current employee paid benefits will expire on 8/31/2022. You must enroll in the current Open Enrollment in order to keep your benefits active.

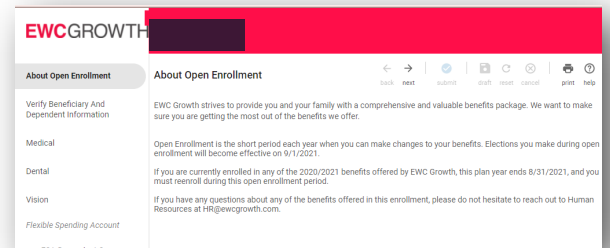
**What if I don't want to enroll in any benefits?** We suggest you still complete the Open Enrollment process to see what options you have. You will be given the option to decline each benefit.

Log Into your [UKG Account](#)

Select Myself / Open Enrollment / Select Your Open Enrollment Option

## About Open Enrollment

We want to make sure that you are getting the most out of the benefits package that is offered. Please take a moment to read about Open Enrollment!



## Verify Beneficiary and Dependents Information

If you have not already, please make sure to add any and all family members who will be enrolling during Open Enrollment. To do so:

- ⇒ Click The Blue Add Button
- ⇒ Enter First & Last Name, Social Security, Date of Birth & Gender
- ⇒ Relationship type and select all that apply (Dependent, Beneficiary or Emergency Contact)
- ⇒ Without this information, you will not be able to enroll your dependents or enter a beneficiary
- ⇒ Once complete select next to continue

## Select Medical, Dental & Vision

If you wish to waive the election, please select I decline Medical Plan and click next.

To enroll, select your enrollment option:

- ⇒ Choose the plan option, HDHP 5000, PPO 1500 or PPO 3000
- ⇒ Then select the Option, Employee, Employee + Spouse, Employee + Child(ren) or Employee +Family
- ⇒ If you are enrolling any dependents, you must select them at this time
- ⇒ Once complete select Save and proceed for Dental and Vision

# How to Enroll in EWC Growth Benefits:

## Make your selection for FSA HealthCare or Dependent Care

A Flexible Spending Account is a special account you put money into, pre-tax, that you use to pay for qualifying out of pocket health care or dependent care costs. If you wish to enroll:

- ⇒ Select Dependent Care (Contribution up to \$5,000 per plan year if filing Married, and \$2500 if filing single or separate returns)
- ⇒ Select Medical (Maximum of \$2,850 per plan year)

Employee Open Enrollment

Flexible Spending Account

Select a Plan

Use the options below to choose or decline a plan.

I decline the FSA Dependent Care plan.

FSA Dependent Care

\$93.15 Biweekly\*

Amount Per Pay Period

93.15

Coverage start date\*: 09/01/2021

\*Estimated values

## Make your selection for Health Savings Account

A Health Savings Account is a tax advantage savings account that accompanies High Deductible Health Plans. If you have enrolled in the HDHP 5000 plan, and you wish to enroll in the HSA:

- ⇒ Maximum coverage is \$3,650 for Individual coverage
- ⇒ Maximum coverage is \$7,300 for Family coverage

Employee Open Enrollment

Health Savings Account

Select a Plan

Use the options below to choose or decline a plan.

I decline Health Savings Account plans.

Health Savings Account

\$136.54 Biweekly\*

Enter amount for:

Contribution per pay check

Annual contribution

Enter a value that is less than or equal to \$3,500.00

\$136.54

\$3,500.00

Coverage start date\*: 09/01/2021

Remaining pay checks\*: 26

\*Estimated values

Health Savings Account

Enter amount for:

Contribution per pay check

Annual contribution

## Company-Paid Disability & Life Insurance is automatically selected

EWCG pays 100% of this *Principal* coverage.

\*Plan coordinates with the NY State Plan.

\*Plan replaces and offers the same benefits at the MA State Plan.

\*If you work in the state of New Jersey, you are not eligible for this coverage.

Short Term Disability

\$0.00 Biweekly\*

Coverage start date\*: 09/01/2021

\*Estimated values

EWCG provides life insurance options through *Principal*.

**BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) COVERAGE**

**(100% EMPLOYER PAID)**

EWCG provides all eligible employees with a **\$20,000 basic life and AD&D benefit**. If your coverage pays you a portion of the full benefit, as specified in the policy.

Basic Life

\$0.00 Biweekly\*

Coverage start date\*: 09/01/2021

\*Estimated values

## Make your selection for Supplemental Life

- ⇒ You may purchase voluntary life coverage for yourself in increments of \$10,000
- ⇒ You may purchase voluntary life coverage for your spouse in increments of \$5,000
- ⇒ To purchase supplemental coverage for either your spouse or child(ren), you must enroll in employee coverage

Supplemental Life Employee

\$1.30 Biweekly\*

Benefit Amount

Desired benefit amount

\$10,000.00

The maximum benefit amount value is \$500,000.00

Coverage start date\*: 09/01/2021

\*Estimated values

# How to Enroll in EWC Growth Benefits:

## Confirm your contributions

Once you have made all your elections, take a moment to review and confirm your elections are correct. Please note, you will not be able to change these elections until next enrollment period, unless you have a qualifying life event.

The screenshot displays the 'Employee Open Enrollment' interface. At the top, a red banner reads 'Employee Open Enrollment'. Below it, the page title is 'Confirm Your Elections or Changes'. A navigation bar includes buttons for back, next, submit, draft, reset, cancel, print, and help. The 'Personal Information' section contains fields for Name, Address, Home phone, Work phone, Work extension, E-mail, and a Private checkbox. The main content is divided into two panels: 'Current Benefits - As of 08/27/2021' with an estimated total cost of \$148.92, and 'New Benefits - As of 08/28/2021' with an estimated total cost of \$265.38. Each panel contains a table of selected benefits.

Current Benefits - As of 08/27/2021			New Benefits - As of 08/28/2021		
Plan Type	Plan Details	Your bi-weekly cost	Plan Type	Plan Details	Your bi-weekly cost
Dental	Dental Insurance Coverage: Employee Only Covered Family Members: [REDACTED]	\$2.31	Medical	PPO 1500 Coverage: Employee + Child(ren) Covered Family Members: [REDACTED]	\$265.38
Flexible Spending Account	FSA Medical Covered Family Members: [REDACTED]	\$30.77	Dental	No election has been made	
Medical	PPO 1500 Coverage: Employee Only	\$115.38	Vision	No election has been made	
			Flexible Spending Account	FSA Dependent Care No election has been made	
			Eligible Retention	FSA Medical	

Questions?

Please reach out to [HR@ewcgrowth.com](mailto:HR@ewcgrowth.com) or visit the Benefits Website at [www.ewcgbenefits.com](http://www.ewcgbenefits.com)!