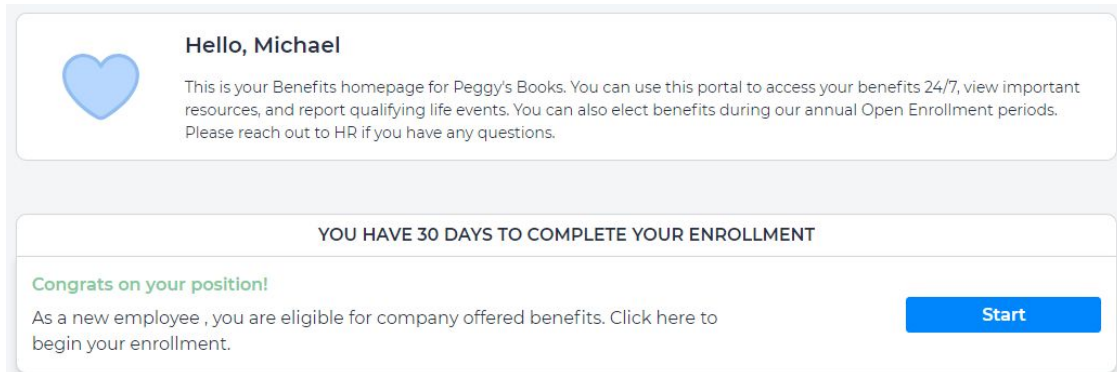


Employee Enrollment

1. Login from the link provided by your employer.
2. If an administrator has unlocked your Enrollment window, you will see a notification to begin your enrollment process.



This screenshot shows the initial welcome screen of the employee enrollment portal. It features a blue heart icon and a greeting "Hello, Michael". Below the greeting, a message explains that this is the Benefits homepage for Peggy's Books, providing information on how to use the portal for 24/7 access to benefits, viewing resources, reporting life events, and electing benefits during Open Enrollment periods. A prominent banner states "YOU HAVE 30 DAYS TO COMPLETE YOUR ENROLLMENT". Below this, a green message says "Congrats on your position!" and informs the user that as a new employee, they are eligible for company benefits. A blue "Start" button is located on the right side of the banner.

Hello, Michael

This is your Benefits homepage for Peggy's Books. You can use this portal to access your benefits 24/7, view important resources, and report qualifying life events. You can also elect benefits during our annual Open Enrollment periods. Please reach out to HR if you have any questions.

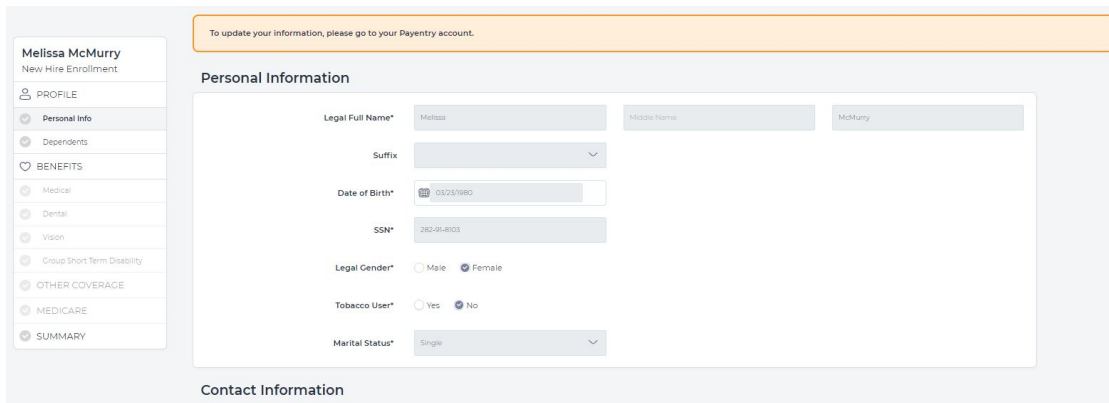
YOU HAVE 30 DAYS TO COMPLETE YOUR ENROLLMENT

Congrats on your position!

As a new employee, you are eligible for company offered benefits. Click here to begin your enrollment.

Start

3. Please review your profile any required changes will need to be made through your Payentry account.



This screenshot displays the "Personal Information" section of the employee profile form. A sidebar on the left lists navigation options: PROFILE, Personal Info, Dependents, BENEFITS (Medical, Dental, Vision, Group Short Term Disability), OTHER COVERAGE, MEDICARE, and SUMMARY. The main form area contains fields for Legal Full Name (Melissa), Middle Name (McMurry), Suffix (dropdown), Date of Birth (03/23/1990), SSN (280-98-4903), Legal Gender (Male/Female, with Female selected), Tobacco User (Yes/No, with No selected), and Marital Status (Single). A yellow banner at the top of the form area states: "To update your information, please go to your Payentry account."

To update your information, please go to your Payentry account.

Personal Information

Legal Full Name* Melissa Middle Name McMurry Suffix

Date of Birth* 03/23/1990

SSN* 280-98-4903

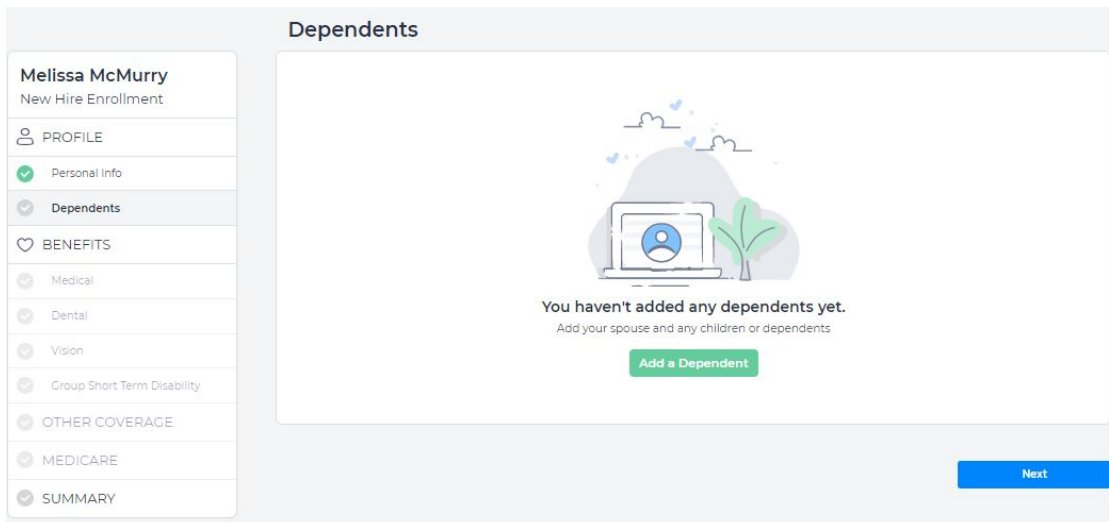
Legal Gender* ☐ Male ☒ Female

Tobacco User* ☐ Yes ☒ No

Marital Status* Single

Contact Information

4. If you have any dependents you wish to enroll in your benefits, please add them here.



This screenshot shows the "Dependents" section of the employee profile. The sidebar on the left is identical to the previous screen, but "Dependents" is now selected and marked with a green checkmark. The main content area features an illustration of a laptop with a person icon on the screen, surrounded by clouds and a plant. Below the illustration, a message states: "You haven't added any dependents yet. Add your spouse and any children or dependents." A green "Add a Dependent" button is centered below the text. A blue "Next" button is located at the bottom right of the page.

Dependents

Melissa McMurry
New Hire Enrollment

PROFILE

☒ Personal Info

☒ Dependents

BENEFITS

☐ Medical

☐ Dental

☐ Vision

☐ Group Short Term Disability

OTHER COVERAGE

☐ MEDICARE

☐ SUMMARY

You haven't added any dependents yet.
Add your spouse and any children or dependents

Add a Dependent

Next

Pictures used in this guide consist of fictitious names and characters. Benefits, costs, dates, and names are for example purposes only.

- Proceed to your benefit elections. If you have entered any dependents into the system, you can select at the top of your screen whom you'd like to enroll. If your employer offers more than one plan for a product (such as multiple medical plans), you can click the box next to "Compare" for each plan you are interested in. This will give you the opportunity to view benefit information and price side by side.

- When you have made your decision, either click the green **Select Plan** button next to the plan you'd like to enroll in, or if available, you can click the box at the bottom to waive this coverage. After your selection, click **Save & Next** to continue.

Product	Carrier	Plan	Coverage Level	Enrolled Members	Effective Date	Benefit Amount	Cost Per Pay
Medical	Kaiser Permanente	KP Platinum 90 HMO 0/0 + Child Dental	Family	Melissa McMurry Jonathan McMurry Daisy McMurry	10/01/2019		\$79.85
Dental	Principal Financial Services	Dental POS	Family	Melissa McMurry Jonathan McMurry Daisy McMurry	10/01/2019		\$78.67
Vision	Principal Financial Services	Vision	Employee + Spouse	Melissa McMurry Jonathan McMurry	10/01/2019		\$6.95
Group Short Term Disability	Unum Group	Short Term Disability	Employee	Melissa McMurry	10/01/2019	\$552	\$0
TOTAL PER PAY COST:							\$165.47

Please review and acknowledge to complete enrollment

As an employee, I hereby acknowledge that I understand the benefits, rights and obligations to me under these plans. I certify that the information I provided during enrollment is true and complete to the best of my knowledge. Furthermore, I agree to the above deductions and understand that I cannot make changes to these elections during the plan year unless I experience a Qualified Life Event.

Submit

- Proceed through the rest of your elections where you will then come to a summary page of your elections, beneficiaries, your per pay period costs, etc.
- When you are satisfied with your elections, click **Submit**. Another page will pop up to allow you to review your carrier forms and you will be prompted to e-sign. Your elections

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will not be processed without your E-signature!

Please review and acknowledge to complete enrollment

As an employee, I hereby acknowledge that I understand the benefits, rights and obligations to me under these plans. I certify that the information I provided during enrollment is true and complete to the best of my knowledge. Furthermore, I agree to the above deductions and understand that I cannot make changes to these elections during the plan year unless I experience a Qualified Life Event.

Full Name*

Initials*

Signature*

By clicking Agree & Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes, including legally binding contracts.

Agree & Sign

9. Your enrollment is complete! If you decide you would like to make any changes to your submitted elections, please do so within 72 hours.

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