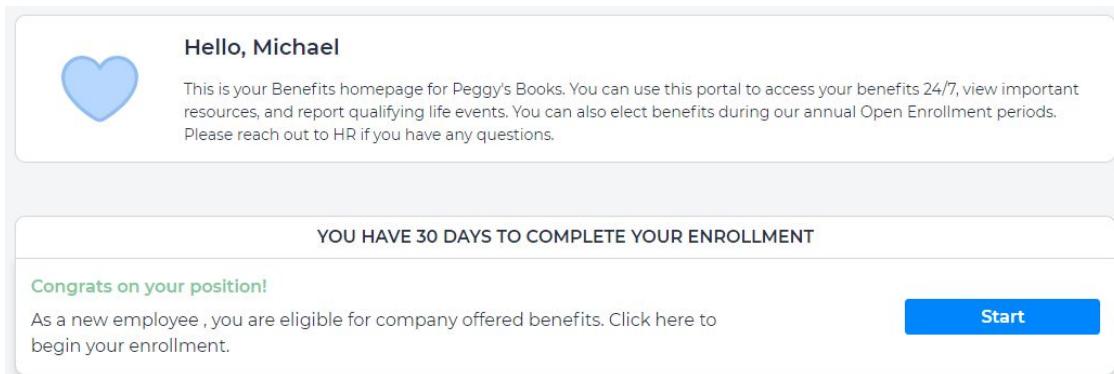


Employee Enrollment

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.



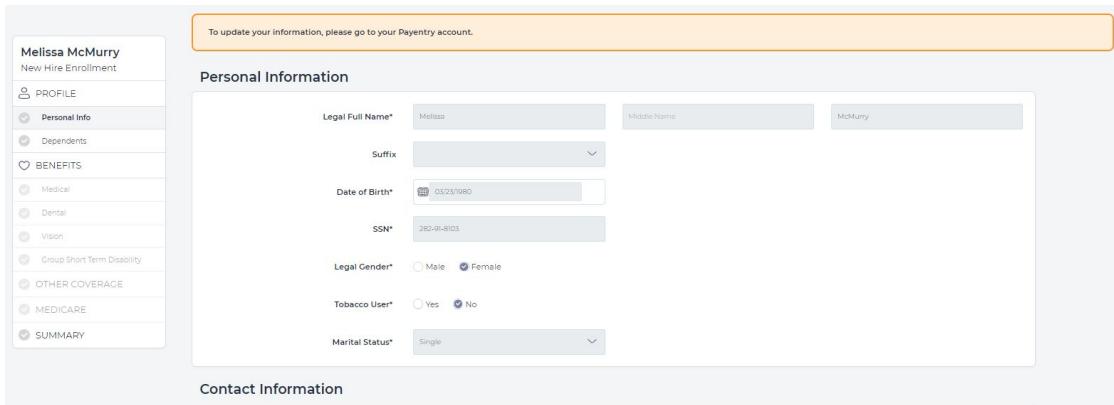
YOU HAVE 30 DAYS TO COMPLETE YOUR ENROLLMENT

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.



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

Personal Information

Legal Full Name* Middle Name Suffix

Date of Birth* SSN*

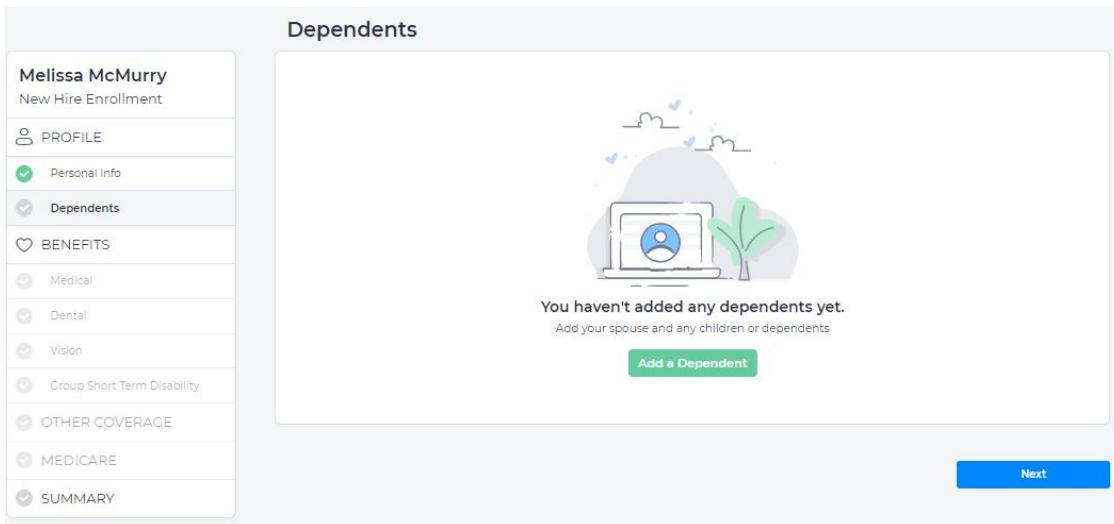
Legal Gender* Male Female

Tobacco User* Yes No

Marital Status*

Contact Information

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



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.

- 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 you 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.