Benefits Enrollment	DAYFORCE	INSTRUCTIONS
SOP Name:	Benefits Enrollment	
SOP Purpose:	CAN Executive/ Salaried/Non-Union/Union EE will le complete your Self-Serve new enrollment.	arn how to select your benefits and

1. Log into your **Dayforce** page. From the landing page, select the "Benefits" icon.

= *			PrePre	od Site (58.3) Home			# Q Ø I	🍓 🔍 •
	Altergott, Michelle Manager, Golf & Retail, Nort	h & Central America						
		.			ľ		X	
	Benefits	Calendar	Earnings	R	orms	Profile & Settings	Time Away List	
	My Team						View Hierarchy	
	Longo, Julie Marie Distribution Center Website S	Marti	n, Traci Elizabeth uution Center Website S		Vitkowski, Kirk /arehouse Support			
		Actions	Events	තුර Balances	Earnings	Bookmarks		
	Pending Actions						View all actions in Message Center	

2. This page will show you any Enrollments available at this time. Look for "**Open Enrollment 2021**" and select "**Start Enrollment**".



3. This will bring you to the **New Hire Enrollment** introduction. Select the **"Next"** button to being enrollment.

CAN New Hire Enrollment					Your Current Elections	CA\$23.64 🗙
	Introduction	Profile	Elections	Confirmation	Summary	
CAN Due in 2	New Hire Enrollme day(s) - 3/31/2022	ent				
Close						Next
					Enrollment Health	6
					CWR - Medical - Dental - Vision - GTA	
					Auto-Enrolled Benefits	
					Manulife Basic Life Plan	
					CHUBB Basic AD&D Plan	
					Manulife Short-Term Disability	
					Manulife Long-Term Disability	
					Optional Life/AD&D	
					CHUBB Employee Optional AD&D Plan Manulife Employee Optional Life Plan	
Close						Next

4. On this page you can **add**, **remove** or **update** your dependent information.

CAN New Hire Enrollment						Your Current Elections	ŵ	CA\$23.64	×
			Floreione	Confirmation					
	introduction	Profile	Elections	Commation	Summary				
Profile Forms									
Please review and confirm the profile informa	ation below. Upon comp	letion, please proc	eed by selecting "Nex	e".					
Close Save Draft							Back	Nex	t
Ourrent Dependent Information									
Current Depen	dent Information	I.							
Below is the list of you	ur current dependents.)	ou have the ability	to Add, Edit, and/or Re	move dependent(s).					
Currently, you do not	have any dependents.								
Health and Wellness									
Close Save Draft							Back	Nex	t

5. Please note, "<u>Student category</u>" should only be selected for students who are between the ages of **21 to 26 years** and who are pursuing a **continuous** education.

ersonal Information	* Required Field	i	Primary Address	+ Add
First Name*]	Your address will be used as the depen	ident's primary address,
Middle Name		1. 1.		
Last Name*			Other Address	+ Add
Gender*	Select an Option	*	Phone Number	+ Add
Relationship*	Select an Option	*	Currently does not have a phone number	r.:
Birth Date*				
National ID Number				
National ID Expiry Date		(m)		
Tobacco/Smoker	No	•		
Date last used Tobacco/Smoked				
Student	Select an Option	•		
Disabled	Select an Option	*		
Marital Status	Select an Option	*		

CAN New Hire Enrollment						Your Current Elections	ŵ	CA\$23.64	×
	Introduction	Profile	Elections	Confirmation	Summary				
Profile Forms									
Please review and confirm the profile infor Close Save Draft	mation below. Upon comp	letion, please proceed	by selecting "Nex	t".			Back	Next	t
Current Dependent Informatio	n								
Current Dep	endent Information								
Below is the list of	your current dependents. Y	ou have the ability to A	dd, Edit, and/or Re	emove dependent(s).					
🕂 Add									
Name Test Spouse		Relationship Spouse	Birth Date 1/1/1997			🖍 View/Edit			
Name Test Child		Relationship Child	Birth Date 11/1/2021			🖍 View/Edit	_		
Health and Wellness									
Close Save Draft							Back	Next	:

6. You will also be required to complete your **health and wellness status**. Once updated click **"Next"** button.

CAN New Hire Enrollment						Your Current Elections	ŵ	CA\$23.64	×
	~	— 0	•	•					
Current Dependent Informatio	Introduction	Profile	Elections	Confirmation	Summary				
Arealth and Wellness									
The Health and Wellness form is used whe	en an employee's tobacco	use status changes							
Health And Wellness									
Employee, Test	00000146								
Health And Wellness	00003146								
Effective Start Date*									
3/29/2022									
Tobacco/Smoker Status*			Date La	st Used Tobacco/Smoke	ed				
No 🗙 🗸									
Supporting Documents									
Please attach your smoking cessation doc	:ument(s).								
			Upload Files						
Comment									
Add comment to the employee's file.									
									_
Close Save Draft							Back	Next	

7. In the Elections form you will notice **single coverage** is **defaulted** for you but <u>you can decide to choose family</u> <u>coverage if applicable</u>.

Note: Accor benefits plan is mandatory plan and cannot be waived.

Kindly note, employees should be selecting same coverage level for all Health plans. For example, if single coverage is selected, it should be for Medical/Dental/Vision and GTA (if applicable) and if family coverage is selected it should be for Medical/Dental/Vision and GTA (if applicable)

DAYFORCE

Introduction Profile Elections Confirmation Summary	lew Hire Enrollment					Y	our Current Elections	CA\$23.64	4
Introduction Profile Elections Confirmation Summary		<u> </u>							
ft Elections types mentit options below. Upon completion, please proceed by selecting "Next". types we draft see that types are going to waive your Health coverage. Please submit proof of being covered under your Spouse's medical plan or covered by an individual/provincial or of medical coverage to Accor HR Department. Thank you: CVR-Medical - Dental - Vision - GTA CVR-Medical - Dental - Vision - GTA CVR-Medical - Dental - Vision - GTA Cytour must elect 1 option(s) in the election set. Cytour Must elect 1 option(s) in the election set. Cytour Annual Election set. Cytour Annual Election set. Cytour Annual Election set. Cytour Annual Ele		Introduction	Profile	Elections	Confirmation	Summary			
tour benefic options below. Upon completion, please proceed by selecting "Next". Tobe: Swe Drat Back Next addth you are going to waive your Health coverage. Please submit proof of being covered under your Spouse's medical plan or covered by an individual/provtneial m of medical coverage to Accor HR Department. Thank you: CWR - Medical - Dental - Vision - GTA Vou must elect 1 option(1) in the election set. Option Name Ascending CAB33.16 CWR - Manuife Dental CAS33.16 CWR - Manuife Dental CAS33.16 Start Date: 550/2022 CWR - Manuife Dental CAS33.16 Start Date: 550/2022 CWR - Manuife Dental CAS33.16 Start Date: 550/2022 CWR - Manuife Dental CAS33.16 Start Date: 550/2022 CAS0.00 Start Date: 5	it Elections								
tions Save Draft Berk New Your Health coverage. Please submit proof of being covered under your Spouse's medical plan or covered by an individual/provtneial rm of medical coverage to Accor HR Department. Thank you: CVR4 - Medical - Dental - Vision - GTA Option Name Ascending Coverage in the election set. Option Set System Coverage in the set System Coverage in	our benefit options below. U	pon completion, please proc	ceed by selecting "Next	e					
ealth you are going to waive your Health coverage. Please submit proof of being covered under your Spouse's medical plan or covered by an individual/provincial or of medical coverage to Accor HR Department. Thank you! O CVK - Medical - Dental - Vision - GTA Image: State Dental - Vision - GTA Image: Option Name Ascending Image: State Dental Coverage: Option Option Coverage: Option Cove	se Save Draft						Ba	ik N	ext
ealth you are going to waive your Health coverage. Please submit proof of being covered under your Spouse's medical plan or covered by an individual/provincial rm of medical coverage to Accor HR Department. Thank you: CWR - Medical - Dental - Vision - GTA O you must elect 1 option(s) in the election set. Option Option Option State: 5300/2022 CA330 is State: 5300/2022 COVR - Manuitte Medical CA300 State: 5300/2022 COVR - Manuitte Medical CA4300 State: 5300/2022 COVR - Manuitte Medical CA4300 State: 5300/2022 CA300 State: 5300/2022 COVR - Manuitte Medical CA4300 State: 5300/2022 CVR - Manuitte Medical CA4300 State: 5300/2022 CVR - Manuitte Medical CA4300 State: 5300/2022 CA300 State: 5300/2022 CVR - Manuitte Medical CA4300 State: 5300/2022 CVR - Manuitte Medical CA4300									
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m of medical coverage to Accor HR Department. Thank you!	ou are going to waive you	r Health coverage. Plea	se submit proof of l	peing covered und	er your Spouse's me	dical plan or cove	ered by an individual	/provincial	
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Option CWR - Manulife Dental Single CA\$33.19 CA\$0.00 CA\$3.3.19 CA\$0.00 Start Date: 5/30/2022 CA\$0.00 CA\$3.00 Image: CA\$3.00<	• You must elect 1 option(s)) in the election set.							
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Start Date: 5/30/2022 CA\$4.11 Single CA\$4.13 Start Date: 5/30/2022 CA\$0.00 Start Date: 5/30/2022 CA\$0.18 Start Date: 5/30/2022 CA\$0.00 CWR - ManuIfe Dental CA\$73.17 Femily CA\$0.00	You must elect 1 option(s) Option Name Ascending Option Option CWR - Manuife Dental Single Start Date: 5/30/2022 CWR - Manuife Medical	CA\$33.19 CA\$30.00 CA\$39.15					④ Compare Selec	ted	
CWR - Manuife Vision CA54.11 Single CA50.00 Start Date: 5/30/2022 CA50.18 Start Date: 5/30/2022 CA50.00 CWR - Manuife Dental Femily CA573.17	You must elect 1 option(s) Option Name Ascending Option CWR - Manulife Dental Start Date: 5/30/2022 CWR - Manulife Medical Single	CA\$33.19 CA\$33.19 CA\$39.16 CA\$0.00					句라 Compare Selec	ted	
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CWR - Manulife Dental CA\$73.17 Family CA\$0.00	You must elect 1 option(s) Option Name Ascending Option Option Single Start Date: 5/30/2022 CWR - Manulife Medical Single Start Date: 5/30/2022 CWR - Manulife Vision Single Start Date: 5/30/2022 GTA - Single	CA539.16 CA539.16 CA530.00 CA539.16 CA50.00 CA539.18					신 Compare Selec	ted •	
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ranny CASOLO	You must elect 1 option(s) Option Name Ascending Option Option Single Start Date: 5/30/2022 CWR - Manulife Vedical Single Start Date: 5/30/2022 CWR - Manulife Vision Single Start Date: 5/30/2022 GTA - Single Start Date: 5/30/2022 GTA - Single Start Date: 5/30/2022 GTA - Single Start Date: 5/30/2022	CA539.16 CA539.16 CA50.00 CA539.16 CA50.00 CA539.16 CA50.00 CA539.13					신 Compare Selec	ted	
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INSTRUCTIONS

N New Hire Enrollment							our Current Elections	ŵ	CA\$23.64	×
		Introduction	Profile	Elections	Confirmation	Summary				
CWR - Medical - Dental - V	/ision - GTA									
You must elect 1 option(s) in the electio	on set.							*	
Option Name Ascending	•						Compare S	elected	- -	
Option										
CWR - Manulife Dental Single Start Date: 5/30/2022	CA\$33.19 CA\$0.00									
CWR - Manulife Medical Single Start Date: 5/30/2022	CA\$39.16 CA\$0.00									
CWR - Manulife Vision Single Start Date: 5/30/2022	CA\$4.11 CA\$0.00									
GTA - Single Start Date: 5/30/2022	CA\$0.18 CA\$0.00									
CWR - Manulife Dental Family Start Date: 5/30/2022 • 2 Dependents	CA\$73.17 CA\$0.00									
CWR - Manulife Medical Family Start Date: 5/30/2022	CA\$72.29 CA\$0.00									
CWR - Manulife Vision Family Start Date: 5/30/2022	CA\$7.59 CA\$0.00									
2 Dependents GTA - Family Start Date: 5/30/2022 2 Dependents	CA\$0.35 CA\$0.00									
Show Details										

8. If family coverage is selected, you will be required to select all dependents.

CAN New Hire Enrollmen	± /		Y	our Current Elections	ŵ	CA\$23.64	×
	Option Details CWR - Manulife Vision Family		Your Current Election	X			
CWR - Medical -	Dependents Please select dependents to be enrolled. • Minimum number of Dependent(s): 1 • Maximum number of Dependent(s): 98		Effective Start 3/1/2022	Employer CA\$1.40			
() Hou must elec	Add						
	Dependents	Remove					
Option Name Ase	Child, Test (Child) Birth Date: 11/1/2021	×			ected	•	
O CWR - Manulife	Spouse, Test (Spouse) Birth Date: 1/1/1997	×					
Start Date: 5/30/ CWR - Manuiife Single Start Date: 5/30/ CWR - Manuiife Single Start Date: 5/30/ GTA - Single Start Date: 5/30/	GTA - Family Dependents Please select dependents to be enrolled. • Minimum number of Dependent(s): 1						
CWR - Manulife Family	Add						
Start Date: 5/30/ 2 Dependent:	Dependents	Remove					
CWR - Manulife Family Start Date: 5/30/	Child, Test (Child) Birth Date: 11/1/2021	×					
2 Dependent: CWR - Manulife Family	Spouse, Test (Spouse) Birth Date: 1/1/1997	×					
Start Date: 5/30/ 2 Dependente GTA - Family Start Date: 5/30/2	CA\$0.35 1022 CA\$0.00	_	Save	Cancel			
2 Dependents Show Details							

DAYFORCE

INSTRUCTIONS

Op	otion Details				×	
CV	VR - Manulife Dental Family		Your Current Ele	ections		
CWR - Medical - P	Pependents lease select dependents to be enrolled. Minimum number of Dependent(s): 1 Maximum number of Dependent(s): 98		EAP Effective Si 3/1/2022	En CA	nployer \$1.40	
	+ Add					
	Dependents	Remove				
Option Name As	C hild, Test (Child) Birth Date: 11/1/2021	×			ecte	ed -
CWR - Manulife Single	Spouse, Test (Spouse) Birth Date: 1/1/1997	×				
Single Start Date: 5/30/ CWR - Manulife Single Start Date: 5/30/ GTA - Single Start Date: 5/30/	VR - Manulife Medical Family Dependents lease select dependents to be enrolled.					
CWR - Manulife Family	Minimum number of Dependent(s): 1 Maximum number of Dependent(s): 98					
 2 Dependent: 	+ Add					
CWR - Manulife Family	Dependents	Remove				
Start Date: 5/30/ • 2 Dependent:	C hild, Test (Child) Birth Date: 11/1/2021	×				
Family Start Date: 5/30/	TRAUCA TARt (Casica)		·	Save Ca	ncel	
	CA\$0.35					

9. Next, you will review **Auto-Enrolled Benefits**, <u>employee cannot opt out</u> of these plans as these are mandatory plans:



10. Click on "Basic Life Plan" to review and scroll down.

Auto-Enrolled Benefits				
To complete your benefic	ciary de	signation, please click this Manulife Beneficiary Designation link. Thank y	ou!	
Manulife Basic Life Plan				
You may elect in a maximum	n of 1 option(s) in this election set.		*
 You have been automatically 	enrolled in e	option "CWR Executive/Salaried - Basic Life".		
Option Name Ascending	•		Tompare Selected	,
Option				
CWR Executive/Salaried - Basic Life Start Date: 5/30/2022 • Coverage preset at CA\$140,000.00 Show Details	CA\$8.05 CA\$0.00			

11. Click on **"Basic AD&D"** plan to review.

CHOBB Basic AD&D Fian			
 You may elect in a maximu 	ım of 1 option	(s) in this election set.	
 You have been automatica 	lly enrolled in	option "CWR Executive/Salaried - Basic AD&D".	
Option Name Ascending	•	Compare Selected	7
Option			
CWR Executive/Salaried - Basic AD&D Start Date: 5/30/2022 • Coverage preset at CA\$140,000.00	CA\$8.05 CA\$0.00		
Show Details			•

12. Click on "Short-Term Disability" plan to review.

 You may elect in a maximu 	n of 1 option(s) in this election se	set.		
 You have been automatica 	y enrolled in option "CWR Salary	y/Hourly Non-Union w/out Gratuity Short-Term	Disability".	
Option Name Ascending	•			Compare Selected
Option				
CWR Salary/Hourly Non- Union w/out Gratuity Short-Term Disability Start Date: 5/30/2022 • Coverage preset at CAS942.31	CA\$0.00			

13. Click on "Long-term Disability Plan" to review. (if applicable)

Manulife Long-Term Disability	
You may elect in a maximum of 1 option(s) in this election set.	
You have been automatically enrolled in option "CWR Executive/Salaried Long-Term Disability".	
Option Name Ascending	∰ Compare Selected
Option	
CWR Executive/Salaried CA\$23.64 Long-Term Disability Start Date: 5/30/2022 • Coverage preset at CA\$3,416.47 Show Details	
	1

14. To enroll in Optional Life/AD&D plan, click on the **drop down button** and select **individual plans** by selecting **coverage**. (Need to be confirmed – For optional plans, you are required to enroll in the plans for yourself before you enroll your spouse and/or child)

CAN New Hire Enrollment						Your Current Elections	ŵ	CA\$47.62	×
	Introduction	Profile	Elections	Confirmation	Summary				
CHUBB Basic AD&D Plan									
Manulife Short-Term Disability									
Manulife Long-Term Disability									
Optional Life/AD&D									
CHUBB Employee Optional AD&	D Plan								
CHUBB Spouse Optional AD&D F	Plan								
CHUBB Child Optional AD&D Pla	in								
CHUBB Spouse w/Children Optio	onal AD&D Plan								
Manulife Employee Optional Lif	e Plan								
Manulife Spouse Optional Life P	lan								
Manulife Child Optional Life Pla	n								
Close Save Draft							Back	Next	

- 15. Click on the check box to select Employee Optional AD&D plan, after that click on show details to select coverage amount.
- 16. Optional AD&D plans coverage can be selected in the units of \$5,000.
 - Employee optional AD&D
 - Spousal optional AD&D
 - Child optional AD&D

CHUBB Employee Optional A	&D Plan	
You may elect in a maximum	1 option(s) in this election set.	
Option Name Ascending		🕂 Compare Selected
Option Option Optional AD&D Start Date: 5/30/2022 Show Details	\$50.00	
Waive - CWR - Employee Optional AD&D		



You may elect in a maximum of 1 opt	n(s) in this election set.	
Option Name Ascending 🔹 🔻	ው Compare Selected	7
Option		
CWR - Employee CA\$10.00 Optional AD&D Start Date: 5/30/2022 • CA\$100,000.00 Coverage Show Details		
Waive - CWR - Employee Optional AD&D		

You may elect in a maximum of 1	1 option(s) in this election set.	
Option Name Ascending 🔹 🔻	Compare Selected	٦
Option		
Option Waive - CWR - Spouse Optional AD&D		
Option Waive - CWR - Spouse Optional AD&D Start Date: 3/1/2022 • 1 Dependent		



You may elect in a maximu	of 1 option(s) in this election set.	
Option Name Ascending	-	Compare Selected
Option		
CWR - Spouse w/Child(ren) 15% Optional AD&D Start Date: 5/30/2022 CAS7,500.00 Coverage 1 Dependent	CA\$1.13	
CWR - Spouse w/Child(ren) 50% Optional AD&D Start Date: 5/30/2022 - CA\$25,000.00 Coverage - 1 Dependent Show Details	CA\$3.75	

- 17. Optional Life plans coverage can be selected in the units of \$10,000.
 - Employee optional life
 - Spousal optional life
 - Child optional life

You may elect in a maximum of 1 optic	(s) in this election set.	
Option Name Ascending	전 Compare Selected	7
Option		
CWR - Salaried Employee Optional Life Start Date: 5/30/2022 • CA\$10,000.00 Coverage Show Details		
Waive - CWR - Employee Optional Life		

18. If you want to enroll in optional life, click on the Optional life plan and either drag the slide bar to preferred coverage or simply type in the amount in units of \$10,000. Click "Save" and scroll down. Note: When you select optional life plan, please note Non-Evidence Max is \$100,000. Coverage requested over \$100,000 will require you to submit Evidence of Insurability form to Manulife, once approved, you can advise your T&C team to update coverage.

INSTRUCTIONS

19. If you wish, you can enroll in "Spouse Optional Life Plan"

Manulife Spouse Optional Life Plan	
You may elect in a maximum of 1 option(s) in this election set.	^
	*
Option Name Ascending	The Compare Selected
Option	
CMR - Salaried Spouse CA50.90 Optional Life Start Date: 57/30/2022 • CA510,000.00 Coverage • 1 Dependent Show Details	
Waive - CWR - Spouse Optional Life Start Date: 3/1/2022 • 1 Dependent Show Details	
	• • • • •

Manulife Emplo	ption Details WR - Salaried Spouse Optional Life Coverage Amount Select the desired coverage amount below. You can use the slider or the plus or m	70	Your	Current Elections		×		
Manulife Emplo	WR - Salaried Spouse Optional Life Coverage Amount Select the desired coverage amount below. You can use the slider or the plus or m		Your	Current Elections		<u>^</u>		
Manulife Emplo	Coverage Amount Select the desired coverage amount below. You can use the slider or the plus or m			06020 0000000 000200		1000		
Manulife Spous	buttons to select your coverage amount. Minimum Coverage: CA\$10,000.00	inus	>	CWR Executive/Salaried - Basic AD&D	Employer CA\$8.05			
	Amount in units of: CA\$10,000.00 500,000			5/30/2022 Coverage Amount CA\$140,000.00				
You may elect	CA\$10,000.00 CA\$500,000.00 CA\$500,000.00 Selected coverage exceeds the Guaranteed Amount and requires Evidence of Insurability. Your coverage will be CA\$50,000.00 until approved. If approved, your cost for the requested reverses of CA\$500,000 until approved. If approved, your cost for the requested			CWR Employ Executive/Salaried CA\$8. Basic Life				
Option Name Asc	Dependents Please select dependents to be enrolled.			5/30/2022 Coverage Amount CA\$140,000.00	ected	7		
CWR - Salaried S Optional Life Start Date: 5/30/	Minimum number of Dependent(s): 1 Maximum number of Dependent(s): 1			> CWR Executive/Salaried	You d CA\$23.64 1st & 2nd Pays of			
 CASSO,000.00 1 Dependent 	+ Add			Disability		100		
Show Details	Dependents	Remove		Effective Start 5/30/2022 Coverage Amount CA\$3,416.47	Effective Start 5/30/2022	Monor	100	
Waive - CWR - St Optional Life Start Date: 3/1/2	Spouse, Test (Spouse) Birth Date: 1/1/1997	×						
1 Dependent Show Details	Your Cost: C Estimated Total Annual Amount: CAS	A\$4.50 5108.00	•	CWR Salary/Hourly Non-Union w/out Gratuity Short- Term Disability		-	× 11	
Manulife Child		_		Save	Cancel			
e Save Draft						Back		

You may elect in a maximum of 1 option(s) in this election set.	
Option Name Ascending	The Compare Selected
Option	
CWR - Child(ren) CA\$0.60 Optional Life Start Date: 6/1/2022 CA\$10,000.00 Coverage - 1 Dependent - Show Details -	
Waive - CWR - Child(ren) Optional Life Start Date: 3/1/2022 1 Dependent Show Details	
	()

INSTRUCTIONS

20. After enrolling in all plans, click "Next" to confirm benefits elections:

CAN N	ew Hire Enrollment						Your Current Elections	ŵ	CA\$47.62	×
		Introduction	Profile	Elections	Confirmation	Summary				
C	CHUBB Basic AD&D Plan									
C	Manulife Short-Term Disability									
C	Manulife Long-Term Disability									
Opt	ional Life/AD&D									
C	CHUBB Employee Optional AD&	D Plan								
•	CHUBB Spouse Optional AD&D P	lan								
•	CHUBB Child Optional AD&D Pla	n								
C	CHUBB Spouse w/Children Optio	onal AD&D Plan								
C	Manulife Employee Optional Life	e Plan								
•	Manulife Spouse Optional Life P	lan								
C	Manulife Child Optional Life Plan	n								
Clo	Save Draft							Back	Next	

21. If you missed enrolling in one or two benefits, you will receive notification to enroll in mandatory plans; optional plans can be waived. Click on **"Ok"** to continue.

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INSTRUCTIONS

CAN New Hire Enrollment						Your Current Elections	硷	CA\$47.62	\times
Int	croduction	Profile	Elections	Confirmation	Summary				
CHUBB Basic AD&D Plan									
Manulife Short-Term Disability									
Manulife Long-Term Disability	_				_				
	Please Confirm	n			×				
Optional Life/AD&D	You have not select	ted any option in the	e following sections.	If you intended to enro	oll, please				
CHUBB Employee Optional AD&D Plan	CHUBB Spouse CHUBB Child O	Optional AD&D Plan ptional AD&D Plan	1						
CHUBB Spouse Optional AD&D Plan				Ok	Cancel				
CHUBB Child Optional AD&D Plan									
CHUBB Spouse w/Children Optional AD&	D Plan								
Manulife Employee Optional Life Plan									
Manulife Spouse Optional Life Plan									
Manulife Child Optional Life Plan									
Close Save Draft							Back	Next	

22. On this page, you can review your **benefits elections**. You will also notice, premium associated with the plan, and employer and employee cost for the plan.

CAN New Hire Enrollment						Your Current Elections	嵌	CA\$47.62	×
	Introduction	P rofile	Elections	Confirmation	Summary				
Confirmation Please review the summary of your elec	ctions. You are not enrolled u	ntil you click the 'S	ubmit Enrollment' but	ton and your choices ar	e approved.				
Close Save Draft						Back Prin	:	Submit Enrollr	ment
Health									
CWR - Medical - Dental - Vis	sion - GTA								
CWR - Manulife Dental Family Effective From 5/30/2022			Dependents: Spouse, Test Child, Test	Verificatio Not starte	on Status:	Empl Yo	oyer Cos ur Cost	t: CA\$73.17 : CA\$0.00	
CWR - Manulife Medical Family Effective From 5/30/2022			Dependents: Spouse, Test Child, Test	Verification Not starte	on Status:	Empl Yo	oyer Cos ur Cost	t: CA\$72.29 :: CA\$0.00	
CWR - Manulife Vision Family Effective From 5/30/2022			Dependents: Spouse, Test Child, Test	Verificatio Not starte	on Status:	Emp Yo	oloyer Co ur Cost	ost: CA\$7.59 :: CA\$0.00	
GTA - Family Effective From 5/30/2022			Depende Spouse, T Child, Tes	nts: est t		Emp Yo	oloyer Co ur Cost	st: CA\$0.35 : CA\$0.00	

Auto-Enrolled Benefits	
Manulife Basic Life Plan	
CWR Executive/Salaried - Basic Life Effective From 5/30/2022 Your Coverage is preset at CA\$140,000.00	Employer Cost: CA\$8.05 Your Cost: CA\$0.00
CHUBB Basic AD&D Plan	
CWR Executive/Salaried - Basic AD&D Effective From 5/30/2022 Your Coverage is preset at CA\$140,000.00	Employer Cost: CA\$8.05 Your Cost: CA\$0.00
Manulife Short-Term Disability	
CWR Salary/Hourly Non-Union w/out Gratuity Short-Term Disability Effective From 5/30/2022 Your Coverage is preset at CA\$942.31	Your Cost: CA\$0.00
Manulife Long-Term Disability	
CWR Executive/Salaried Long-Term Disability Effective From 5/30/2022 Your Coverage is preset at CA\$3,416.47	Your Cost: CA\$23.64 1st & 2nd Pays of Month

23. Once you review your benefits, click on "Submit Enrollment".

HUBB Employee Optional AD&D Plan			
WR - Employee Optional AD&D			Your Cost: CA\$5.00
A\$50,000.00 in coverage			1st & 2nd Pays of Month
HUBB Spouse w/Children Optional AD&D Plan			
WR - Spouse w/Child(ren) 15% Optional AD&D (ffective From 5/30/2022	Dependents: Child, Test		Your Cost: CAS1.13 1st & 2nd Pays of Month
A\$7,500.00 in coverage			
WR - Spouse w/Child(ren) 50% Optional AD&D ffective From 5/30/2022	Dependents: Spouse, Test		Your Cost: CA\$3.75 1st & 2nd Pays of Month
A\$25,000.00 in coverage			
Manulife Employee Optional Life Plan			
WR - Salaried Employee Optional Life iffective From 5/30/2022			Your Cost: CAS9.00 1st & 2nd Pays of Month
A\$100,000.00 in coverage our requested coverage amount is CA\$500,000.00			
Nanulife Spouse Optional Life Plan			
WR - Salaried Spouse Optional Life ffective From 5/30/2022	Dependents: Spouse, Test		Your Cost: CAS4.50 1st & 2nd Pays of Month
(A\$50,000.00 in coverage 'our requested coverage amount is CA\$500,000.00			
Aanulife Child Optional Life Plan			
WR - Child(ren) Optional Life iffective From 6/1/2022	Dependents: Child, Test	Verification Status: Not started	Your Cost: CA\$0.60 1st & 2nd Pays of Month
A\$10,000.00 in coverage			
			Your Cost: CA\$47.6
		Estimated Tota	il Annual Amount: CA\$1,142.8

24. Next you can see all your confirmed benefits elections. If you have dependents, you will be required to submit verification (Please review Dependent Verification SOP) and for your Basic life and/or optional life, you will be required to click on Manulife link to complete your beneficiary form online at Manulife. After that you click on Return to Benefits. Benefits enrollment is complete.

New Hire Enrollment						Your Current Elections	Ŵ	CA\$47.6
	Introduction	Profile	Elections	Confirmation	Summary			
atulations! Your enrollment has been	submitted.							
ndent Verification Required - Please	e provide documents to ve	erify your dependents	i.					View deta
						Print	F	eturn to Br
Steps								
molete vour beneficiary o	designation, pleas	se click this Ma	anulife Benefi	ciary Designation	link. Thank	vou!		
,				,8		.,		
Health								
CWR - Medical - Dental - Vision	- GTA							
CWR - Manulife Dental Family Effective From 5/30/2022		D S C	Dependents: pouse, Test hild, Test	Verificatio	n Status:	Employ You	er Cost: r Cost:	CA\$73.17 CA\$0.00
CWR - Manulife Medical Family Effective From 5/30/2022		D S C	Dependents: pouse, Test Thild, Test	Verificatio Not started	n Status:	Employ You	er Cost: r Cost:	CA\$72.29 CA\$0.00
CWR - Manulife Vision Family Effective From 5/30/2022		D S C	Dependents: pouse, Test child, Test	Verificatio Not started	n Status:	Emple You	oyer Cos r Cost :	L: CA\$7.59 CA\$0.00
GTA - Family Effective From 5/30/2022			Depende Spouse, 1 Child, Te	ents: Test St		Emple You	oyer Cos r Cost :	L: CA\$0.35 CA\$0.00
Auto-Enrolled Benefits								
Manulife Basic Life Plan								
CWR Executive/Salaried - Basic Life Effective From 5/30/2022						Emple You	oyer Cos r Cost :	E CA\$8.05 CA\$0.00
Your Coverage is preset at CA\$140,000	0.00							
CHUBB Basic AD&D Plan								
CWR Executive/Salaried - Basic AD& Effective From 5/30/2022 Your Coverage is preset at CA\$140,000	D					Emple You	oyer Cos r Cost:	L: CA\$8.05 CA\$0.00
Manulife Short-Term Disability	/							

25. In the following screen you can review all benefits enrollment.

Current Elections History Dependent Verification Forms		
	Below is a listing of historical benefit summaries. To view a summary, selec	t the summary description below.
	Summary	Date
	CAN New Hire Enrollment	3/29/2022 12:09 PM
	Benefits Election Update	3/28/2022 12:52 PM
		-
CAN New	Hire Enrollment - 3/29/2022 12:09 PM	\mathbf{O}
Emp	loyee Name: Employee, Test	
Pa	y Frequency: Bi-Weekly	
Rece	nt Hire Date: 3/1/2022	
Enro	ollment Date: 3/29/2022	
	Sincere Duter. Di Lin Lorza	
u a a la h		
Health		
Health	Description	5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Health CWR - Manulife Dental Family	Dependents:	Employer Cost: CA\$73.17
CWR - Manulife Dental Family Effective From 5/30/2022	Dependents: Child, Test	Employer Cost: CAS73.17 Your Cost: CA\$0.00
Health CWR - Manulife Dental Family Effective From 5/30/2022	Dependents: Child, Test Spouse, Test	Employer Cost: CA\$73.17 Your Cost: CA\$0.00
Health CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family	Dependents: Child, Test Spouse, Test Dependents:	Employer Cost: CA\$73.17 Your Cost: CA\$0.00 Employer Cost: CA\$72.29
CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022	Dependents: Child, Test Spouse, Test Dependents: Child, Test	Employer Cost: CA\$73.17 Your Cost: CA\$0.00 Employer Cost: CA\$72.29 Your Cost: CA\$0.00
CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022	Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test	Employer Cost: CA\$73.17 Your Cost: CA\$0.00 Employer Cost: CA\$72.29 Your Cost: CA\$0.00
Health CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022	Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test	Employer Cost: CA\$73.17 Your Cost: CA\$0.00 Employer Cost: CA\$72.29 Your Cost: CA\$7.59
Health CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022 CWR - Manulife Vision Family Effective From 5/30/2022	Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test Dependents: Child, Test	Employer Cost: CA\$73.17 Your Cost: CA\$0.00 Employer Cost: CA\$72.29 Your Cost: CA\$0.00 Employer Cost: CA\$7.59 Your Cost: CA\$0.00
Health CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022 CWR - Manulife Vision Family Effective From 5/30/2022	Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test	Employer Cost: CA\$73.17 Your Cost: CA\$0.00 Employer Cost: CA\$72.29 Your Cost: CA\$0.00 Employer Cost: CA\$0.00
Health CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022 CWR - Manulife Vision Family Effective From 5/30/2022 CTA Eamily	Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test	Employer Cost: CA\$73.17 Your Cost: CA\$0.00 Employer Cost: CA\$72.29 Your Cost: CA\$0.00 Employer Cost: CA\$7.59 Your Cost: CA\$0.00
Health CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022 CWR - Manulife Vision Family Effective From 5/30/2022 GTA - Family Effective Ecom 5/30/2022	Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test	Employer Cost: CA\$73.17 Your Cost: CA\$0.00 Employer Cost: CA\$72.29 Your Cost: CA\$0.00 Employer Cost: CA\$0.00 Employer Cost: CA\$0.00 Employer Cost: CA\$0.35
Health CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022 CWR - Manulife Vision Family Effective From 5/30/2022 GTA - Family Effective From 5/30/2022	Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test	Employer Cost: CA\$73.17 Your Cost: CA\$0.00 Employer Cost: CA\$72.29 Your Cost: CA\$0.00 Employer Cost: CA\$7.59 Your Cost: CA\$0.00 Employer Cost: CA\$0.35 Your Cost: CA\$0.35
Health CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022 CWR - Manulife Vision Family Effective From 5/30/2022 GTA - Family Effective From 5/30/2022	Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test	Employer Cost: CA\$73.17 Your Cost: CA\$70.00 Employer Cost: CA\$72.29 Your Cost: CA\$7.59 Your Cost: CA\$7.59 Your Cost: CA\$0.00 Employer Cost: CA\$0.35 Your Cost: CA\$0.00
Health CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022 CWR - Manulife Vision Family Effective From 5/30/2022 GTA - Family Effective From 5/30/2022 Life and Disability	Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test	Employer Cost: CA\$73.17 Your Cost: CA\$0.00 Employer Cost: CA\$72.29 Your Cost: CA\$0.00 Employer Cost: CA\$7.59 Your Cost: CA\$0.00 Employer Cost: CA\$0.35 Your Cost: CA\$0.00
Health CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022 CWR - Manulife Vision Family Effective From 5/30/2022 GTA - Family Effective From 5/30/2022 Life and Disability CWR Executive/Salaried - Basic AD&D	Dependents: Child, Test Spouse, Test	Employer Cost: CAS73.17 Your Cost: CAS70.00 Employer Cost: CAS72.29 Your Cost: CAS70.00 Employer Cost: CAS7.59 Your Cost: CAS0.00 Employer Cost: CAS0.35 Your Cost: CAS0.00 Employer Cost: CAS0.00
Health CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022 CWR - Manulife Vision Family Effective From 5/30/2022 GTA - Family Effective From 5/30/2022 Life and Disability CWR Executive/Salaried - Basic AD&D Effective From 5/30/2022	Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test	Employer Cost: CA\$73.17 Your Cost: CA\$73.17 Your Cost: CA\$72.29 Your Cost: CA\$7.59 Your Cost: CA\$7.59 Your Cost: CA\$0.00 Employer Cost: CA\$0.35 Your Cost: CA\$0.00 Employer Cost: CA\$0.00
Health CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022 CWR - Manulife Vision Family Effective From 5/30/2022 GTA - Family Effective From 5/30/2022 Life and Disability CWR Executive/Salaried - Basic AD&D Effective From 5/30/2022 Your Coverage is preset at CA\$140,000.00	Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test	Employer Cost: CAS73.17 Your Cost: CAS0.00 Employer Cost: CAS72.29 Your Cost: CAS0.00 Employer Cost: CAS0.00 Employer Cost: CAS0.35 Your Cost: CAS0.00 Employer Cost: CAS0.35 Your Cost: CAS0.00
Health CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022 CWR - Manulife Vision Family Effective From 5/30/2022 GTA - Family Effective From 5/30/2022 Life and Disability CWR Executive/Salaried - Basic AD&D Effective From 5/30/2022 Your Coverage is preset at CAs140,000.00 CWR Executive/Salaried - Basic Life Effective From 5/20/2023	Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test	Employer Cost: CA\$73.17 Your Cost: CA\$0.00 Employer Cost: CA\$72.29 Your Cost: CA\$7.29 Your Cost: CA\$0.00 Employer Cost: CA\$0.00 Employer Cost: CA\$0.35 Your Cost: CA\$0.00 Employer Cost: CA\$0.00 Employer Cost: CA\$0.00 Employer Cost: CA\$0.00
Health CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022 CWR - Manulife Vision Family Effective From 5/30/2022 GTA - Family Effective From 5/30/2022 Life and Disability CWR Executive/Salaried - Basic AD&D Effective From 5/30/2022 Your Coverage is preset at CA\$140,000.00 CWR Executive/Salaried - Basic Life Effective From 5/30/2022 Your Coverage is preset at CA\$140,000.00	Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test	Employer Cost: CA\$73.17 Your Cost: CA\$0.00 Employer Cost: CA\$72.29 Your Cost: CA\$0.00 Employer Cost: CA\$0.00 Employer Cost: CA\$0.00 Employer Cost: CA\$0.00 Employer Cost: CA\$8.05 Your Cost: CA\$0.00 Employer Cost: CA\$8.05 Your Cost: CA\$0.00
Health CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022 CWR - Manulife Vision Family Effective From 5/30/2022 GTA - Family Effective From 5/30/2022 GTA - Family Effective From 5/30/2022 CWR Executive/Salaried - Basic AD&D Effective From 5/30/2022 Your Coverage is preset at CA\$140,000.00 CWR Executive/Salaried - Basic Life Effective From 5/30/2022 Your Coverage is preset at CA\$140,000.00 CWR Executive/Salaried - Basic Life Effective From 5/30/2022 Your Coverage is preset at CA\$140,000.00	Dependents: Child, Test Spouse, Test	Employer Cost: CA\$73.17 Your Cost: CA\$0.00 Employer Cost: CA\$72.29 Your Cost: CA\$0.00 Employer Cost: CA\$0.00 Employer Cost: CA\$0.35 Your Cost: CA\$0.00 Employer Cost: CA\$8.05 Your Cost: CA\$8.05 Your Cost: CA\$8.05
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Health CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022 CWR - Manulife Vision Family Effective From 5/30/2022 GTA - Family Effective From 5/30/2022 GTA - Family Effective From 5/30/2022 GTA - Family Effective From 5/30/2022 CWR Executive/Salaried - Basic AD&D Effective From 5/30/2022 Your Coverage is preset at CAS140,000.00 CWR Executive/Salaried - Basic Life Effective From 5/30/2022 Your Coverage is preset at CAS140,000.00 CWR Salary/Hourly Non-Union w/out Gratuity Short-Term Disability Effective From 5/30/2022	Dependents: Child, Test Spouse, Test Dependents: Child, Test Spouse, Test	Employer Cost: CA\$73.17 Your Cost: CA\$0.00 Employer Cost: CA\$72.29 Your Cost: CA\$0.00 Employer Cost: CA\$0.00 Employer Cost: CA\$0.35 Your Cost: CA\$0.00 Employer Cost: CA\$8.05 Your Cost: CA\$0.00 Employer Cost: CA\$8.05 Your Cost: CA\$0.00 Your Cost: CA\$0.00
Health CWR - Manulife Dental Family Effective From 5/30/2022 CWR - Manulife Medical Family Effective From 5/30/2022 CWR - Manulife Vision Family Effective From 5/30/2022 GTA - Family Effective From 5/30/2022 GTA - Family Effective From 5/30/2022 GTA - Family Effective From 5/30/2022 CWR Executive/Salaried - Basic AD&D Effective From 5/30/2022 Your Coverage is preset at CA5140,000.00 CWR Executive/Salaried - Basic Life Effective From 5/30/2022 Your Coverage is preset at CA5140,000.00 CWR Salary/Hourly Non-Union w/out Gratuity Short-Term Disability Effective From 5/30/2022 Your Coverage is preset at CA5140,000.00	Dependents: Child, Test Spouse, Test	Employer Cost: CA\$73.17 Your Cost: CA\$0.00 Employer Cost: CA\$72.29 Your Cost: CA\$0.00 Employer Cost: CA\$0.00 Employer Cost: CA\$0.35 Your Cost: CA\$0.00 Employer Cost: CA\$8.05 Your Cost: CA\$8.05 Your Cost: CA\$0.00 Employer Cost: CA\$8.05 Your Cost: CA\$0.00 Your Cost: CA\$0.00