

Login

Welcome to eBenefits, your online benefits enrollment system.

Returning Users

If you already have a password and are ready to login, please read the Agency Disclosure Notice and the Privacy Act Statement. Then enter your User ID (TSSID or AF#) and your password and select [Login]

Your User ID:

Your Password:

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0702-XXXX). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.

Responses should be sent to your local Exchange HR Representative or to the Treasury Benefit department at the Army and Air Force Exchange Service, 3911 South Walton Walker Blvd., Dallas, TX 75236-1598.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 3013, "Secretary of the Army"; Title 10 U.S.C. 8013, "Secretary of the Air Force"; Title 42 U.S.C. 659, "Consent by United States to income withholding, garnishment, and similar proceeding for enforcement of child support and alimony obligations"; 31 CFR 285,11, "Administrative Wage Garnishment"; DoD Directive 7000.14-R, Volume 13 and 16, "DoD Financial Management Regulation"; Department of Defense Instruction (DoDI) 1400.25, Volume 1408, "DoD Civilian Personnel Management System: Insurances and Annuities for Nonappropriated Fund (NAF) Employees"; Army Regulation 215-8/AFI 34-211(I), "Army and Air Force Exchange Service Operations"; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): Information collected is to provide the basis for computing civilian/retiree/survivor pay deductions and for processing of insurance benefits chosen by active Exchange associates.

ROUTINE USE(S): Your records may be disclosed outside of DoD pursuant to Title 5 U.S.C. \$552a(b)(3) regarding DoD "Blanket Routine Uses" published at http://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx. Information may be disclosed to former spouses and/or survivors, to federal, state, or local child support agencies for purposes of assisting the agencies in the discharge of their responsibilities under federal and state law.

DISCLOSURE: Voluntary, however, failure to provide all the requested information may result in the denial of your application for benefits.

SYSTEM OF RECORD NOTICE: AAFES 0703.07 "Employee Pay System Records"; <u>http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570129/aafes-070307.aspx</u> AAFES 0903.06 "Personnel Management Information System"; <u>http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570130/aafes-090306.aspx</u>

This site provides eligible Exchange associates and their eligible family members the capability to manage their benefit enrollments. The information contained herein falls under the purview of the Privacy Act of 1974 and will be safeguarded in accordance with the applicable system of records notices listed above.

PROVIDING INFORMATION FOR YOUR HEALTH CARE COVERAGE

If you are changing your plan during the annual open enrollment period or for a family life change event, please be certain to read your Benefits summary before making any new changes. All newly hired or newly eligible individuals will be provided detailed information on benefit choices from their local Human Resource Manager.

Please be prepared to have all information available to complete each section of the enrollment. This may include dependents and beneficiaries names, dates-of-birth, Social Security Numbers, addresses, and Trust names. If you choose to set up pretax accounts for Health Care or Dependent Care you will be required to put an annual dollar amount to be deducted equally from each of your 24 pay checks.

Directions are enclosed with each area of the health enrollment process. You will also be provided a benefit calculator which will inform you of your total paycheck deductions after you make each choice. You will have the option of changing any choices prior to submitting the final enrollment plan.

Should you have any questions or issues completing this enrollment, please contact your local HRM or call the Exchange's Human Resource Support Center at 800-508-8466.



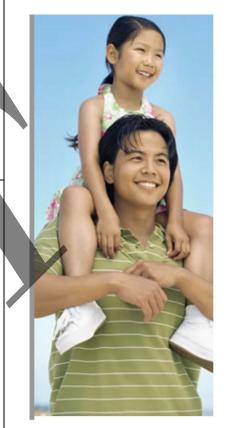
OMB NO. 0702-OMB approval expires MMM DD, YYYY

Passwords If this is your first time visiting the site or you have formetten your password

New Users of New

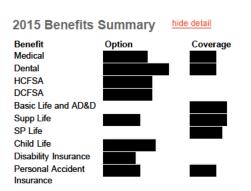
forgotten yourpassword, you should create or reset your password.

ThiseBenefits system has been tested with Internet Explorer 6.0 and higher and Mozilla Firefox 2.0 and higher with JavaScript and cookies enabled. Exchange eBenefits is a secure site.





my benefits today



2015 detailed summary 2016 detailed summary

Benefit Information Center

Brochures

2015 Open Choice PPO Brochure 2016 Open Choice POS II Brochure 2015 Traditional Choice Brochure 2016 Traditional Choice Brochure HIPAA Privacy Notice Health Care FSA Brochure Dependent Care FSA Brochure Personal Accident Insurance Brochure Preventive Services Brochure Women's Preventive Services Pree

Summary Plan Descriptions

Review Medical and Dental Summary Plans

Open Choice Medical Traditional Choice Medical DoD NAF Dental International Traditional Choice Medical Stapo Alone Dental

Summary of Benefits

Aetna Open Choice POS II Medical & Dental Aetna Tradilional Choice Medical & Dental Aetna International Medical & Dental Stand Alone Dental

Summary of Benefits and Coverage



Alerts & Quick Links

Alerts

Make My 2016 Open Enrollment Elections Now!

Make your Open Enrollment elections for the 2016 plan year by 11:59 PM Central Time on November 30, 2015.

Actions

Make a Family Status Change Change your benefits when you have a Family Status Change within 31 days of the life event, such as when you get married or have a baby.

Update Ny Dependent Data Add or correct your dependent's Social Security Number

Update My Beneficiaries Enroll or make changes to your beneficiaries.



Charts, Tools & Estimators

The Summary of Benefits shows the benefits currently available to you and at what level they are covered. If more than one option is available in your area, you will be able to compare the benefits between the two options. Use hese interactive tools to help you make good enrollment decisions:

Medical Summary of Benefits & Comparison Chart Dental Summary of Benefits & Comparison Chart Aetna FSA Savings Calculator Life Insurance Needs Analysis Tool



Personal Accident Insurance Coverage

You are eligible to enroll or change PAI coverage anytime during the year.

401(k) Retirement Savings Plan

You are eligible to enroll or make changes to your 401(k) plan anytime during the year.



Welcome

Personal Information Section 125 Dependents Benefits Beneficiaries Enrollment Confirmation

Begin Your Open Enrollment Elections Now!

Your current benefit elections will continue to the New Year except for the Flexible Spending Accounts (FSA). You must make new FSA elections each year. All elections are saved as they are made. If you would like to enroll in a benefit plan(s), or would like to make changes, begin by following the six step process identified below. Your final benefit elections must be submitted by the end of the Open Enrollment period 11/30/2015. You can return to this site to make changes any time before this date. At the close of the Open Enrollment period your elections will be final and cannot be changed until the next Open Enrollment period or if you experience a qualified life event during the year, such as a marriage or a birth.

6 Easy Steps

Welcome to eBenefits-your online benefits enrollment system!

eBenefits has been designed to help you:

- Learn about valuable benefit plans available to you as a member of the Exchange family
- · Compare benefit options
- Make benefit elections for you and your dependents

Before you complete your enrollment, we suggest you discuss your benefits decisions with your spouse and/or other family members. And, on each eBenefits screen, you will find links to helpful information about the plans. Once you complete the following 5-step process, your benefits enrollment will be complete! It's that easy!

Step 1:	Review Your Personal Information
	Review your current name and address on file.
Step 2:	Add or Change Dependent Information
	Add, edit or review your dependent information.
Step 3:	Choose Your Benefit Plans
	Make elections for your benefits. Your changes will be saved as you enter them.
Step 4:	Name or Change Your Beneficiaries
	Enter or Update the information about your beneficiaries for each of the Plans you are
	enrolled.
Step 5:	Review Your Enrollment Confirmation
	Review your new elections, dependents and beneficiary information on the Enrollment
	Confirmation page. If you want to make changes, use the links on the left menu and then return to the Enrollment Confirmation.
Stop 6:	Drint a conv for your records
Step 6:	Print a copy for your records
Begin	
pegin	

Enrollment Tips

Your latest enrollment decisions will be accepted as your final elections decision.

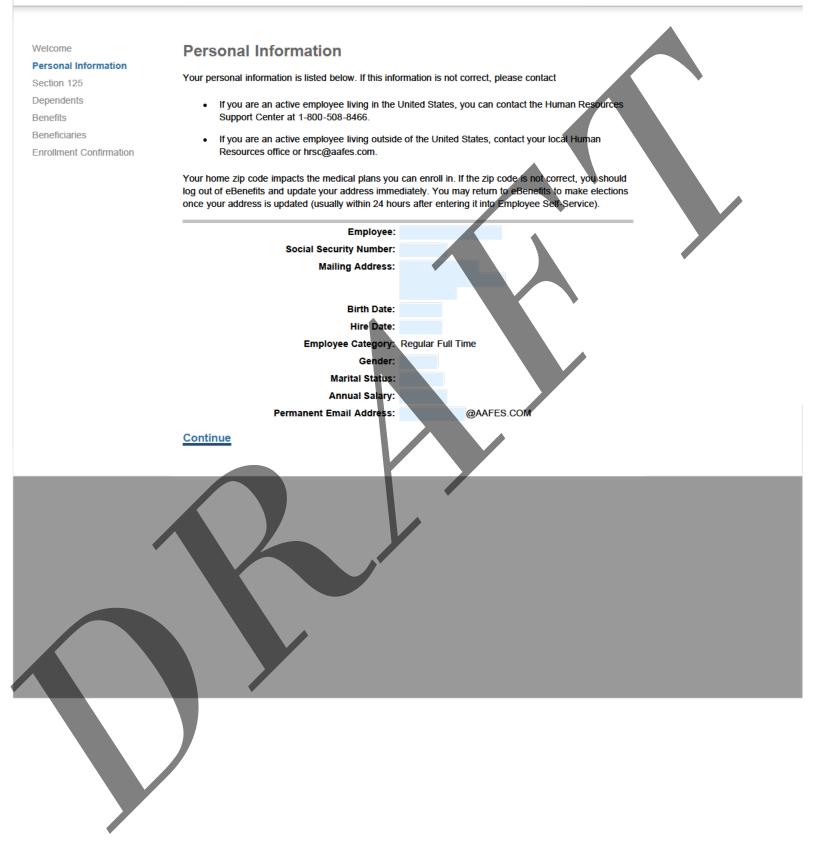
To review or change your dependent and/or beneficiary information, click on the links in the left menu.

You can view your enrollment summary at any time.

Print a copy of your enrollment summary for your records.

Remember, you can make changes at any time up until 11:59 PM Central Time on 11/30/2015.





EXCHANGE

Welcome

Personal Information

Section 125

Dependents Benefits

Beneficiaries

Enrollment Confirmation

Section 125 Selection

Deductions for elections you have made (other than No Coverage) for Medical, Dental and Basic Life Insurance may be taken as pre-tax or after-tax deductions.

The provisions of Section 125 of the Internal Revenue Code (IRC) permit you to have your premiums, and those for tax dependents, deducted from your paycheck on a pre-tax basis.

What to consider when selecting your deduction type:

Pre-Tax (Participating in Section 125 provisions)

When premiums are paid with pre-tax dollars under Section 125, IRC, you may not cancel coverage except: During an Open Enrollment period or within 31 Days of a Family Status Change, A cancellation during Open Enrollment is effective on 1 January of the following plan year. Family Status Change elections are effective the date of the event.

Unless you qualify for a state or federal program (see the after-tax section below), you will likely want to participate in the Section 125 provisions that permit pre-tax deductions. By paying for your

premiums with pre-tax dollars, you effect	tively pay less for you	
Pre-Tax Deductions		After-Tax Deductions
Monthly Pay \$1000.00		Monthly Pay \$1000.00
Insurance - \$100.00		Taxes (25%) - \$250.00
New W-2 Pay \$900.00		Insurance - \$100.00
Taxes (25%) - \$225.00		Take Home Pay \$650.00
Take Home Pay \$675.00		

After-Tax Dedu	ctions
Monthly Pay	\$1000.00
Taxes (25%)	- \$250.00
Insurance	- \$100.00
Take Home Pay	\$650.00
· · · · · · · · · · · · · · · · · · ·	

After-Tax

If you have been informed that you are eligible to receive reimbursement of your insurance premiums under a state or Federal program, you will need to have your premiums deducted on an after-tax basis before you can receive your reimbursement.

I will participate in the Section 125 provisions and have my deductions taken pre-tax

will have my deductions taken after-tax









Welcome **Edit Dependent** Eligible Dependent Personal Information Definitions Update your dependent's information below. Spouse Section 125 ٠ • Dependents When you are finished editing your dependent information, or if your dependent data is reflected Same-Sex . Domestic Partner correctly below, click [Save]. Benefits Beneficiaries Your dependent information must be error-free before you will be allowed to leave this page. If Child ٠ **Enrollment Confirmation** you change your mind and do not wish to edit this dependent, click [Cancel]. Sponsored Child Same-Sex Medical/Dental **Birth Date** SSN Relationship **Domestic Partner** Name Child J First Name: Middle Initial: Last Name: SSN: Relationship: Spouse Gender: Birth Date (Month, Day, Year): 5/24/1963 Note: A child of a domestic partner cannot be a tax dependent if the domestic partner is not a tax dependent Cancel Save



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Medical

Dental

Health Care Flexible Spending Account Day Care Flexible Spending Account Basic Life Insurance Supplemental Employee Life Insurance Spouse/Domestic Partner Life Insurance Child Life Insurance Disability Insurance Personal Accident Insurance

Beneficiaries

Enrollment Confirmation

Medical

Your medical plan options are listed below. After you have reviewed and/or changed your election, select [Continue] at the bottom of this page.

You can change your medical plan election by clicking the 🧿 radio button next to that plan.

To change coverage for your dependents, you must check or uncheck on the Dependent page.

If you will be adding a domestic partner to coverage, you may be subject to imputed income.

If more than one medical plan is offered in your area and you would like help determining which medical plan might provide the best coverage for your needs, compare your choices using the Medical Plan Comparison Chart.

Benefit Choices	Single Coverage	Family Coverage
O No Coverage		
Aetna Choice POS Plan		8
Continue		

Benefit Calculator

Based on Your Current Elections, your per pay period costs are:

Pre-Tax Cost: After-Tax Cost:

Total Cost:

Dependents

You h	ave elected to	
cover	the following	
deper	dents for this	
benef	t.	
•		
•		

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Medical

Dental

Health Care Flexible Spending Account Day Care Flexible Spending Account Basic Life Insurance Supplemental Employee Life Insurance Spouse/Domestic Partner Life Insurance Child Life Insurance Disability Insurance

Personal Accident Insurance

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Enrollment Confirmation

Dental

Your dental plan options are listed below. After you have reviewed and/or changed your election, select [Continue] at the bottom of this page.

You can change your dental plan election by clicking the 🧿 radio button next to that plan.

As a reminder, if you want to cover your dependent(s) in dental coverage, you must elect to cover the same dependent(s) in medical coverage. To change coverage for your dependents, you must check or uncheck coverage on the Dependent page.

If you will be adding a domestic partner to coverage, you may be subject to imputed income.

If more than one dental plan is offered in your area and you would like help determining which dental plan might provide the best coverage for your needs, compare your choices using the Dental Plan Comparison Chart.

Benefit Choices	Si	ngle Coverage	Family Co	verage
O No Coverage		\$0.00		\$0.00
O DoD NAF Dental				
Continue				

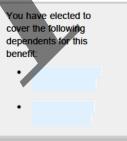
Benefit Calculator

Based on Your Current Elections, your per pay period costs are:

Pre-Tax Cost: After-Tax Cost:

Total Cost:

Dependents





Pre-Tax Cost:

After-Tax Cost:

Total Cost:

Benefit Calculator

Based on Your Current Elections, your per pay period costs are:

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Medical Dental

Health Care Flexible Spending Account

Day Care Flexible Spending Account Basic Life Insurance

Supplemental Employee Life Insurance

Spouse/Domestic

Partner Life Insurance

Child Life Insurance

Disability Insurance Personal Accident

Insurance

Beneficiaries

Enrollment Confirmation

Health Care Flexible Spending Account (HCFSA)

Reimburse yourself with pre-tax dollars for out of pocket health care expense for you and your eligible dependents. Same-Sex Domestic Partners and Same-Sex Domestic Partner Children are not considered eligible dependents as defined by the IRS.

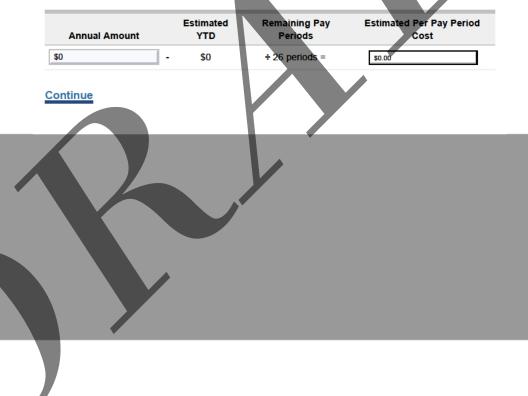
You may elect to contribute a minimum amount of \$200 up to a maximum amount of \$2,550 to your HCFSA. This money must be used for qualifying out-of-pocket health care, dental and/or vision expenses for you or your eligible dependents. A full explanation of eligible and ineligible expenses for a health care spending account is in IRS Publication 502.

It is important to carefully Estimate Your Expenses so you don't lose your funds. Qualifying medical, dental, or vision expenses incurred in 2016 must be claimed by February 15th of the following year. Remember hat up to \$500 of your unused FSA funds can be rolled over to the following plan year. Any unused amount above the \$500 will be forfeited.

During any unpaid leave of absence: your FSA participation and contributions will stop and you may not request reimbursement for eligible expenses incurred during the absence.

If you return to work in the same calendar year: your participation will be reinstated back to the date you went on unpaid leave and at that time you may request reimbursement for eligible expenses incurred during your period of unpaid leave. Your contributions will be recalculated to ensure you meet your annual election amount by the end of the year.

Please enter your election in whole dollars below.





Pre-Tax Cost:

After-Tax Cost:

Total Cost:

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Medical Dental Health Care Flexible Spending Account

Day Care Flexible Spending Account

Basic Life Insurance Supplemental Employee Life Insurance Spouse/Domestic Partner Life Insurance Child Life Insurance Disability Insurance Personal Accident Insurance Beneficiaries

Enrollment Confirmation

Day Care Flexible Spending Account (DCFSA)

This plan reimburses for qualifying DAY CARE expenses for eligible children and adults.

DAY CARE EXPENSE - You may elect to contribute a minimum of \$200 and up to a maximum amount of \$5,000 to your DAY CARE FLEXIBLE SPENDING ACCOUNT. This money must be used for qualifying out-of-pocket DAY CARE expenses for your eligible child or adult. IRS Publication 503 provides a full explanation of qualifying DAY CARE expenses and defines eligible children and adults. Same-Sex Domestic Partners and Same-Sex Domestic Partner Children are not considered eligible dependents as defined by the IRS.

If you are married and your spouse has a DAY CARE FLEXIBLE SPENDING ACCOUNT through their employer, you are limited to a combined contribution of \$5,000 in a calendar year. If you file a separate income tax return, the most you can contribute is \$2,500.

Use it or Lose it: Estimate your DAY CARE expenses carefully to get the greatest benefit from this plan. The contributions deducted from your pay are reserved for your, but can only be reimbursed when you send in a request to Aetna with proof that you had qualifying DAY CARE expenses. You will lose any funds that are not spent on qualifying DAY CARE expenses by the December 31st deadline, or not requested for reimbursement by the February 15th deadline. Estimate your expenses to avoid this loss.

During any unpaid leave of absence: your DAY CARE FLEXIBLE SPENDING ACCOUNT participation and contributions will stop and you may not request reimbursement for qualifying DAY CARE expenses incurred during the absence.

If you return to work in the same calendar year, your DAY CARE FLEXIBLE SPENDING ACCOUNT participation will be reinstated effective the date you returned to work. Your contributions will be recalculated to ensure you meet your annual election amount by the end of the year.





Benefit Calculator

Based on Your Current Elections, your per pay period costs are:

eBenefits

Pre-Tax Cost:

After-Tax Cost:

Total Cost:

-Weekly Cost

Benefit Calculator

Based on Your Current Elections, your per pay period costs are:

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Medical Dental Health Care Flexible Spending Account Day Care Flexible Spending Account

Basic Life Insurance

Supplemental Employee Life Insurance Spouse/Domestic Partner Life Insurance Child Life Insurance Disability Insurance Personal Accident

Insurance

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Enrollment Confirmation

Employee Life Insurance

Basic Life Insurance

The life insurance coverage options available to you are shown below. Your Basic Life coverage also includes Accidental Death & Dismemberment.

If you elect Basic Life coverage, the Basic Life insurance coverage and AD&D coverage will be deducted from your paycheck on a pre-tax basis unless you've change your Section 125 election to deduct on a post-tax basis.

Remember: In order for you to elect life insurance coverage for your spouse/domestic partner, you must first elect Basic Life insurance for yourself.

The Life Insurance Needs Analysis Tool will guide you in determining how much life insurance you need.

After you have made your election, select [Continue] at the bottom of this page.

Coverage Amount
No Coverage

2x Salary/ 2x Salary

Continue

eBenefits

Benefit Calculator Welcome Employee Life Insurance Personal Information Based on Your Current Elections, your per pay period costs are: Section 125 Supplemental Employee Life Insurance Pre-Tax Cost: Dependents After-Tax Cost: You may elect Supplemental Employee Life Insurance based on your annual salary in the amounts shown Benefits below. Your Supplemental Employee Life Insurance election will be deducted directly from your paycheck Total Cost: Medical on a after-tax basis. Your current choices and the per pay period costs are listed below. Dental The Life Insurance Needs Analysis Tool will guide you in determining how much life insurance you need. Health Care Flexible Spending Account Day Care Flexible **Bi-Weekly Cost** Supplemental Coverage Coverage Amount Spending Account O No Coverage \$0.00 Basic Life Insurance Supplemental 1x Salary Employee Life Insurance 2x Salary Spouse/Domestic 3x Salary Partner Life Insurance Child Life Insurance 4x Salary **Disability Insurance** Personal Accident 5x Salary Insurance Beneficiaries Continue Enrollment Confirmation







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Medical Dental

Health Care Flexible Spending Account

Day Care Flexible Spending Account

Basic Life Insurance Supplemental Employee

Life Insurance Spouse/Domestic

Partner Life Insurance

Child Life Insurance

Disability Insurance Personal Accident

Insurance Beneficiaries

Enrollment Confirmation

Disability Insurance

This program provides both Short Term and Long Term Disability income benefits. Long Term Disability income benefits end when you reach 61.5 years old. If you enroll in Disability Insurance and are older than 61.5 years of age, you will only be enrolled in and charged for Short Term Disability.

After missing work for 5 calendar days, contact Managed Disability to initiate a claim. After thirty days (or exhaustion of your sick leave, whichever is later), Short Term Disability will pay a weekly benefit of 66 2/3% of your annual pay. After 26 weeks, Long Term Disability will pay a monthly benefit of 66 2/3% of your annual pay. See the Summary Plan Description for more details.

After you have made your election, select [Continue] at the bottom of this page.

Disability	Bi-Weekly Cost
O No Coverage	\$0.00
• Enrolled	
Continue	

Benefit Calculator

Based on Your Current Elections, your per pay period costs are:

Pre-Tax Cost: After-Tax Cost:

Total Cost:

EXCHANGE

eBenefits

Benefit Calculator Welcome **Personal Accident Insurance** Personal Information Based on Your Current Elections, your per pay period costs are: Section 125 You may elect your Personal Accident Insurance (PAI) coverage below. Personal Accident Insurance Pre-Tax Cost: Dependents covers you, your spouse and children in the case of loss of life or limb as a result of an accident After-Tax Cost: Benefits Same-Sex Domestic partners and children are also eligible for this benefit. Total Cost: Medical To be eligible for Family coverage, you must first add your dependent(s). Dental Health Care Flexible After you have made your election, select [Continue] at the bottom of this page. Spending Account Day Care Flexible Family Coverage Coverage Single Coverage Spending Account Basic Life Insurance No Coverage Ο Supplemental Employee Life Insurance 0 \$50,000 0 Spouse/Domestic Partner Life Insurance \$75,000 0 0 Child Life Insurance **Disability Insurance** \$100,000 0 Ò Personal Accident Insurance 0 \$125,000 Ο Beneficiaries Enrollment Confirmation \$150,000 0 0 0 0 \$175,000 \$200,000 0 0 0 0 \$225,000 \$250,000 0 O \$300,000 0 0 \$350,000 0 Ο \$400,000 0 Ο \$450,000 0 Ο \$500,000 0 Ο Continue

EXCHANGE



Estate



eBenefits

Welcome Add Beneficiary Personal Information Section 125 Dependents Select Beneficiary Type and enter your beneficiary's information. Benefitia If you decide you do not wish to add a beneficiary, click [Cancel]. When you are finished, click [Save]. The form must be error-free before you will be allowed to leave this page. Individual Trust/Charity

https://exchangebenefits.ehr.com/ESS/Health/Elect/Beneficiary.aspx?Edit=-1[11/30/2015 1:37:53 PM]



Welcome	Add Beneficiary		
Personal Information	_	enter your beneficiary's information.	
Section 125 Dependents		add a beneficiary, click [Cancel]. When you are	e finished, click [Save].
Benefits		fore you will be allowed to leave this page.	
Beneficiaries			
Enrollment Confirmation	Individual	Trust/Charity	Estate
		iaries to a plan does not mean you are enrol	led in that plan. that dependent's name from the dropdown list below. Your
		pre-filled. Complete the entry by filling in the mis	
	Select "New Person" or a dep New Person	pendent on file	
	First Name:		
	Last Name:		
	SSN:		
	Date of Birth:		
	Relationship:		
	Country: Use my home address for t	this beneficiary	
	Address 1: Address 2: City: State: ZIP: Phone Number:		
	<u>Cancel</u> <u>Save</u>		



Welcome	Add Beneficiary
Personal Information	Select Beneficiary Type and enter your beneficiary's information.
Section 125 Dependents	If you decide you do not wish to add a beneficiary, click [Cancel]. When you are finished, click [Save].
Benefits	
Beneficiaries	The form must be error-free before you will be allowed to leave this page.
Enrollment Confirmation	Individual Trust/Charity Estate
	When entering a trust, show the exact name of the trust, date of the trust agreement, the name of the trustee, and the Tax Id Number of the trust in the boxes provided.
	Trust Information:
	Tax ID:
	Cancel Save

Estate



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Add Beneficiary

Select Beneficiary Type and enter your beneficiary's information.

If you decide you do not wish to add a beneficiary, click [Cancel]. When you are finished, click [Save].

Trust/Charity

The form must be error-free before you will be allowed to leave this page.

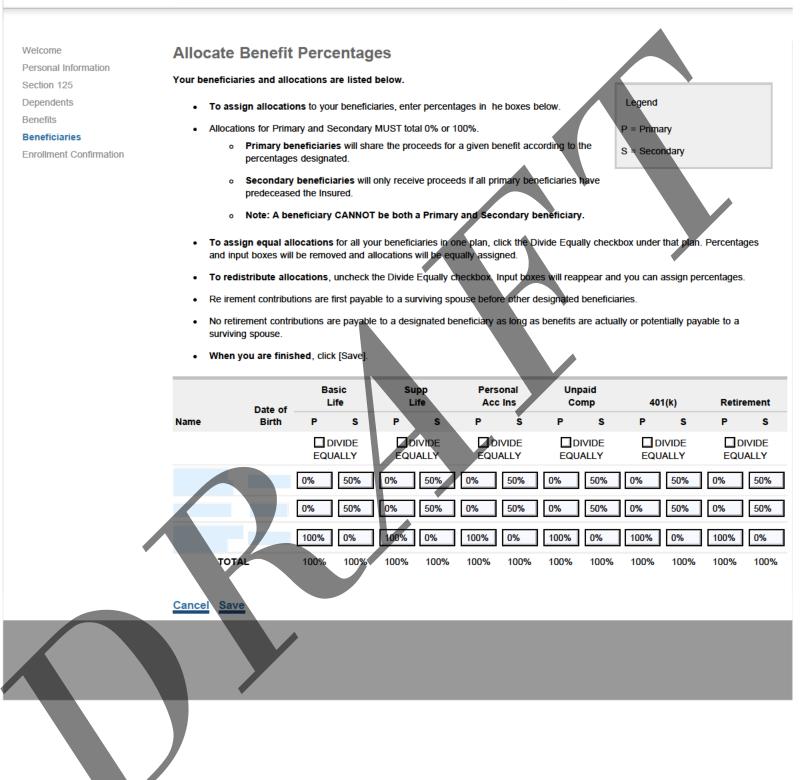
Individual

Enter your estate information in the form below.

Estate Name:

Cancel Save

EXCHANGE



EXCHANGE ~

eBenefits

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Section 125

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Enrollment Confirmation

Your 2016 Benefit Election Summary

This Enrollment Confirma ion is based on the elections you made during this enrollment session. Please review this summary carefully and print a copy for your records. A separate confirmation will NOT be mailed to your home.

To change your elections, click on any underlined link below.

Return Home

Benefit/Option	Coverage	Your Pre-Tax Bi-Weekly Cost	Your After-Tax Exchange Bi-Weekly Cost Bi-Weekly Cost
Medical			
Dental			
Health Care FSA			
Dependent Care FSA			
Basic Life and AD&D			
Supplemental Life Insurance	_		
Spouse Life Insurance			
Child Life Insurance			
Disability Insurance			
Personal Accident Insurance			
	Т	otal	
Your dependents are listed b	pelow.		

	Name		Birth Date	SSN	Relationship	Medical/Dental
					SPOUSE	\checkmark
					CHILD	\checkmark
	Your ber	neficiaries a	nd allocations are li	sted below.		

Name	Date of Birth	Basic Life		Supp Life		Personal Acc Ins		Unpaid Comp		401(k)		Retirement	
		P	S	Р	S	Р	S	Р	S	Р	S	Р	S
		0%	50%	0%	50%	0%	50%	0%	<mark>50%</mark>	0%	50%	0%	50%
		0%	50%	0%	50%	0%	50%	0%	<mark>50%</mark>	0%	50%	0%	50%
		100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%
TOTAL		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Return Home