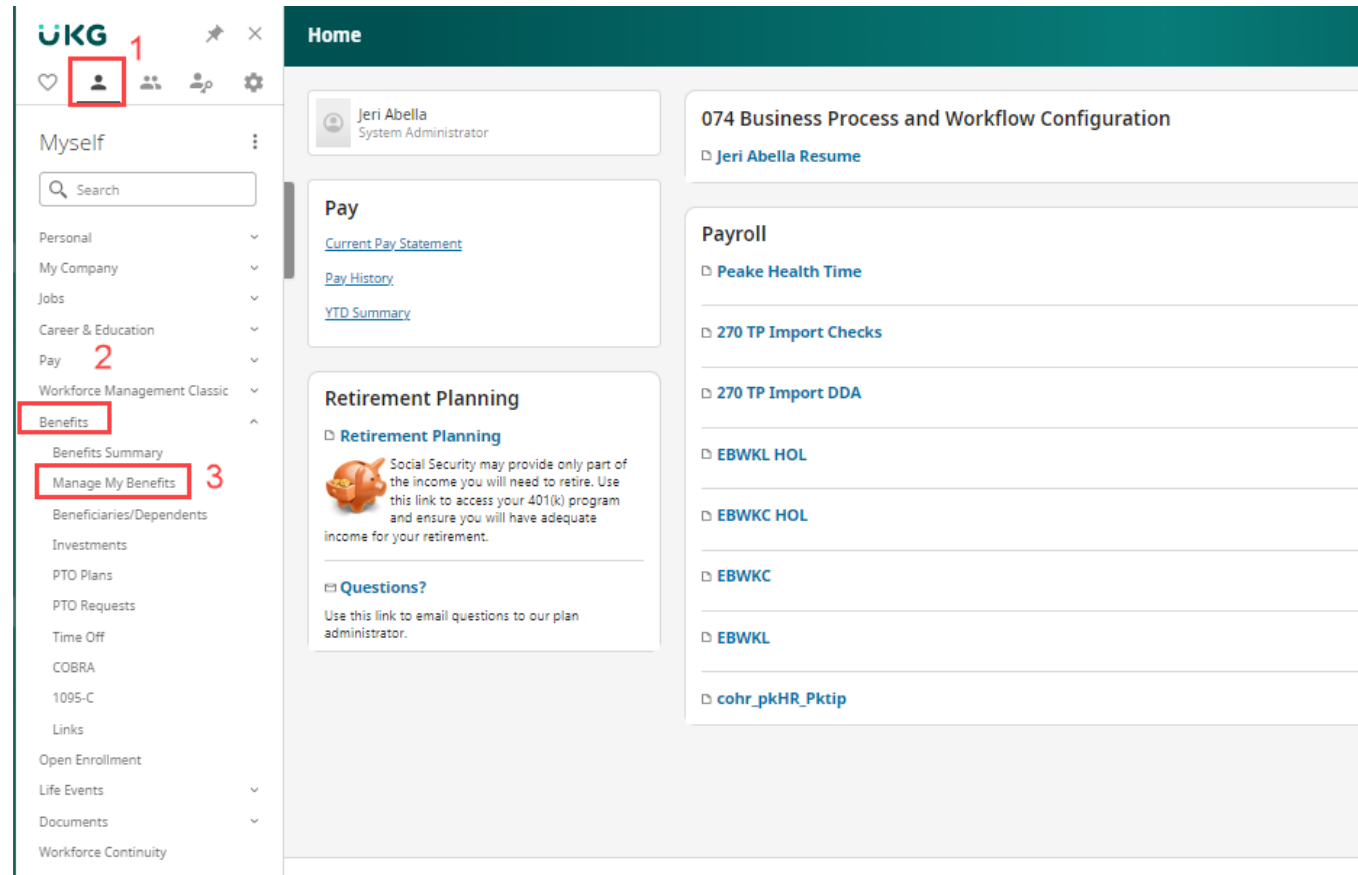


- **Login to UKG Pro** (the same system that manages timecards)
- **Navigation: Menu > Myself > Benefits > Manage My Benefits**





Welcome Nick, you have **66 days left to enroll.**

Shop and Enroll in Benefits

Let's start with your profile and see if anything has changed since last year.

Get Started



Need to update your current benefits?

Have you had a qualifying life event such as a new addition to your family?

[Update your current benefits.](#)



Manage your profile

Make sure we have it right!

This info is used for your paycheck, taxes and ID cards. If you have any adjustments, please click the **"Menu"** button on the top left of your screen and select the **"Employee Summary"** under the **"Personal"** heading.

This information is used for:

- Reporting to the benefit carriers
- To issue your ID cards and process your claims
- To process your payroll, taxes, etc.

If any of the information is incorrect and you are unable to change it as part of enrollment, please contact your Human Resources representative.

Please scroll down to the bottom of the page

 [EDIT INFO](#)

Basic Information

First Name Nick	Middle Name
Last Name Test	SSN 121-01-1002

Personal Information

Birthdate 01/02/1975	Gender Male
Marital Status Married	Preferred Language English (US)

Contact Information

Address 1 102 Memorial Parkway Street	Address 2
City Atlantic Highlands	State New Jersey
Zip 07716	Country United States
Home Phone	Cell
Office Phone	E-mail
Alternate E-mail	



Business Title

Wellness?

External Private ID

API-SSO Lookup Code

Seniority Date

Employee Type
FTC

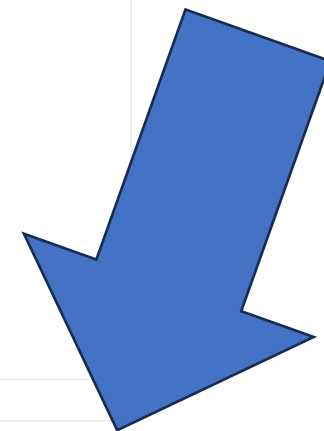
Current Salary
0.0

Eligibility Period Start Date
01/01/2022

Expected Status End Date

Test Employee
Yes

Voluntary Termination
No



[← BACK](#)

[Next: Review My Family](#)



Manage your family members

View, add, edit or remove dependents here.

Please confirm that all information for your dependents listed is correct (*including Social Security numbers, and date of birth*).

If your child is a student between the ages of 19 to 25, please designate them as a student, as Supplemental Child Life requires student status for enrollment over the age of 18. You may be required to provide documentation.

If you add a new family member, the family member won't be added to your benefits automatically. You still need to add the family member to any applicable benefits. Dependents must be listed on this page to be enrolled in coverage.

You may:

- Add New Dependents
- Edit Existing Dependent Information
- Remove Existing Dependent

By **adding a dependent**, you are confirming that this a legal dependent, eligible for benefits under one or more of your available plans.

Current Family Members

 Add Family Member

[◀ BACK](#)

[Next: Shop for Benefits](#)

To make changes to current election, please click “View or Change”.
Benefits with the “Shop Plans” button will need a selection.

Medical

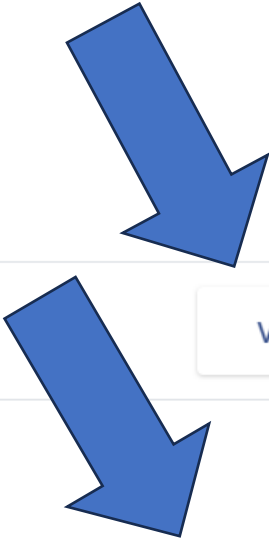




Cigna Choice Fund QHDHP

\$196.65
Per Pay Period

View or Change



Health Savings Account



No Plan Selected

Shop Plans

Dependent Care Reimbursement Account



No Plan Selected

Shop Plans

To confirm you have gone through all the benefits, you will see a check out button at the bottom. Please click “checkout” to lock in your enrollment.



Welcome FTCNHWU30 

\$361.05
Per Pay Period

Confirm your Benefit Elections

Review Profile

Shop Benefits

Checkout

Last Step!

Take a few moments and check things over. If it looks good, then click **Checkout** at the bottom and you'll be all set. If not, click on **Your Benefits** to make changes. If we have an e-mail address on file for you, you can send yourself an email that contains your confirmation statement.

By the way, if you get married, unmarried or have a baby, come back and let us know! We want to make sure you have the right benefits for your family – no matter what size.

Each benefit election you have made is listed below.

You can make adjustments to your plan selections **until your enrollment period is closed** which is indicated to the right under "days left"

- Your enrollment will be complete when you **click Confirm** at the bottom of the page.
- If you need **to make adjustment** to your elections, **click on the Benefit titles below:**

New Enrollment

Plan Year Effective from 01/01/2023 to 12/31/2023

Review Changes

Wellness

Wellness Program

View or Change

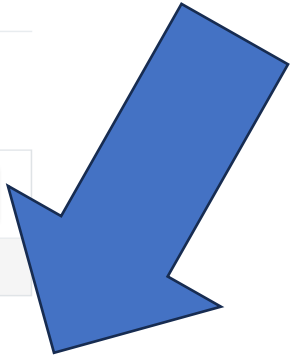
Start Date: 01/01/2023

Coverage Level: I Understand

Medical

[< BACK](#)

Checkout



After checking out, based on your enrollment, additional paperwork may be needed. This will keep track to your to-do list and will prompt reminders if you need to upload additional documentation.

1



Welcome FTCNHWU30  \$361.05
Per Pay Period

Current Benefit Elections

Enrollment Complete!

You have completed the open enrollment process and confirmed your benefits.

Need a copy of your benefits confirmation statement? [Send by Email](#)


Review Profile


Shop Benefits


Checkout

The coverage details listed below are the current active elections on file for you and your dependents.

1. To change an election, click directly on the name of the benefit.
2. To complete enrollment, click continue at the bottom of the page.
 - If you believe there is an error in your statement, please contact Human Resources.
 - If you need to make changes due to a qualifying life event, please click on the Life Event link.

Click on the icons below to print your confirmation statement or generate a PDF file.

3

Your To-Do List

0 of 3 Complete

☐ Answer a few short health questions to complete your application for MetLife benefits.

☐ Answer a few short health questions to complete your application for MetLife benefits.

☐ Upload the required document for FTCNHWU30 TEST [Open](#)

New Enrollment Plan Year Effective from 01/01/2023 to 12/31/2023

[Download](#) [Email](#) [Print](#)

Below are your new elections. Benefit elections may be changed during your company's Open Enrollment or if you've had a [Qualifying Life Event](#).