Open Enrollment Instructions

• Log into Paycom Employee Self Service



- To enroll in health Insurance, click into "2020 Benefits Enrollment"
- To enroll in dental and/or vision insurance and/or Supplemental Life Insurance, click into "2021 Benefits Enrollment"

2020 Enrollment for Health Insurance

- 1) Start Enrollment
- 2) Verify your contact information is correct \rightarrow Next
- 3) Pre-Enrollment Questions
 - a. No \rightarrow Save and Next \rightarrow Enroll \rightarrow Next

| * | | | | | |
|-------|------------------|-----------|-------------|-----------|-----|
| O Yes | | | | | |
| | | | | | ADD |
| Name | Relationship | Dependent | Beneficiary | Documents | |
| | No Records Found | | | | |

| Medical |
|---|
| Copay Plan |
| Choose Your Coverage Employee Only - \$67.87 Employee and Spouse - \$356.30 Employee and Children - \$296.91 Employee and Family - \$517.48 |
| High Deductible Health Plan |
| Choose Your Coverage |
| O Employee and Spouse - \$297.44 |
| O Employee and Children - \$247.87 |
| O Employee and Family - \$360.00 |
| Decline Coverage |

- 4) → Choose the plan you would like to enroll in by checking the box next to the plan name → Choose your coverage (employee only, employee and spouse, employee and child(ren), or Family) → Enroll →* If you are adding children or a spouse, add the dependent information → Next → Confirm your information is correct, Finalize
 - a. If you are choosing to decline coverage, please check "decline" and finalize

2021 Enrollment for Dental, Vision and Supplemental Life Insurance

| * | | | | | |
|--------|--------------|-----------|-------------|-----------|-----|
| No Ves | | | | | |
| | | | | [| ADI |
| Name | Relationship | Dependent | Beneficiary | Documents | |
| | | No Dooo | rda Found | | |

Start Enrollment ightarrow Verify your personal information is correct, Next ightarrow

- a. To enroll in the same plan as last year \rightarrow Yes \rightarrow Save and Next \rightarrow Next \rightarrow Confirm the information is correct \rightarrow Finalize
- b. To make a change from last year \rightarrow No \rightarrow Save and Next \rightarrow Enroll \rightarrow Next \rightarrow



Choose "Enroll" next to the benefit you would like to sign up for \rightarrow Next



→ Check the box next to dental if you'd like to enroll in the dental plan → Choose your coverage (employee only, employee and spouse, employee and child(ren), or Family) → Enroll →* If you are adding children or a spouse, add the dependent information → Next → Confirm your information is correct, Finalize

 \rightarrow Choose the vision plan you would like to enroll in, check the box next to the plan name



→ Choose your coverage (employee only, employee and spouse, employee and child(ren), or Family) → Enroll →* If you are adding children or a spouse, add the dependent information → Next → Confirm your information is correct, Finalize

Life Insurance

-If you are enrolling in supplemental insurance for the first time, you must complete a Group Term Life Evidence of Insurability Form

• Paycom ESS \rightarrow Benefits \rightarrow Benefit Forms and Links.

| Employee Per-Pay-Period-Amount N/A Total Life Policy Amount \$0.00 Guarantee Issue Amount ⑦ \$0.00 | | PLAN DOCOMENTS |
|---|--------------------------------------|----------------|
| Total Life Policy Amount \$0.00 Suarantee Issue Amount \$0.00 | mployee Per-Pay-Period-Amount //A | |
| Suarantee Issue Amount 🕜 | otal Life Policy Amount 0.00 | |
| | uarantee Issue Amount 🕜 0.00 | |
| | | |

 \rightarrow Check the box next to 'supplemental life child' if you would like to sign up for life insurance or decline

* CHILD: You must elect Supplemental Life for yourself in order to elect child coverage. You may elect a maximum of \$10,000 per child unit for children from live birth to age 26.

| Supplemental Life Insurance | PLAN DOCUMENTS |
|--|----------------|
| Employee Per-Pay-Period-Amount \$0.82 | |
| Total Life Policy Amount | |
| \$25,000.00 | ▼ |
| Guarantee Issue Amount 2 | |
| | |
| Decline Coverage | |
| | |

 \rightarrow Check the box next to 'supplemental life insurance' if you would like to sign up for life insurance or decline

* EMPLOYEE: You may elect increments of \$25,000 to a maximum of the lesser of five (5) times your basic earnings OR \$250,000. The guaranteed issue amount is \$250,000. Amounts to excess of \$250,000 will need to satisfy Evidence of Insurability. If you are

enrolling in supplemental employee insurance in 2021, you can reduce your guaranteed issue benefit, maintain the same guaranteed issue benefit, or increase by \$25,000 only.

* Example: In 2020, if an employee enrolled in \$25,000 supplemental life, the employee can increase to \$50,000 supplemental life in 2021.

| Supplemental Life Spouse 2021 | PLAN DOCUMENTS |
|--|----------------|
| Employee Per-Pay-Period-Amount \$0.78 | |
| Total Life Policy Amount \$25,000.00 | |
| Guarantee Issue Amount ⑦ \$25,000.00 | |
| Decline Coverage | |
| | |

 \rightarrow Check the box next to 'supplemental life spouse' if you would like to sign up for life insurance or decline

* SPOUSE: You must elect Supplemental Life for yourself in order to elect spouse coverage. You may elect a maximum of \$25,000, not to exceed 50% of the employee's approved supplemental life amount. The guaranteed issue amount is \$25,000.