

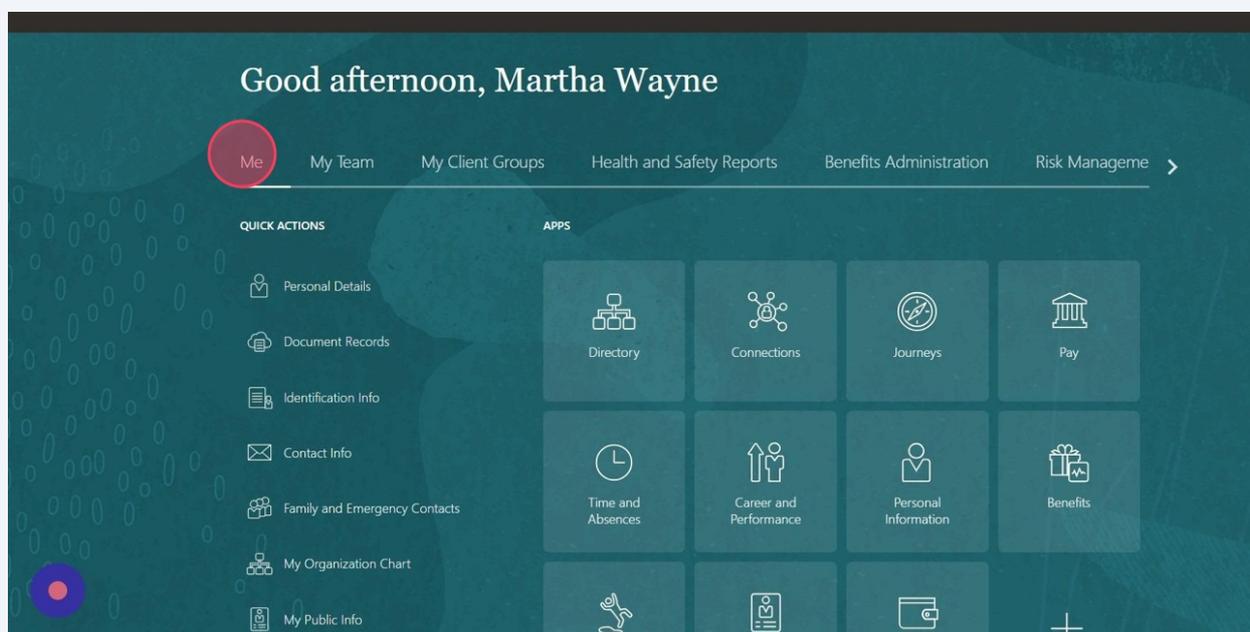
Open Enrollment Instructions

1

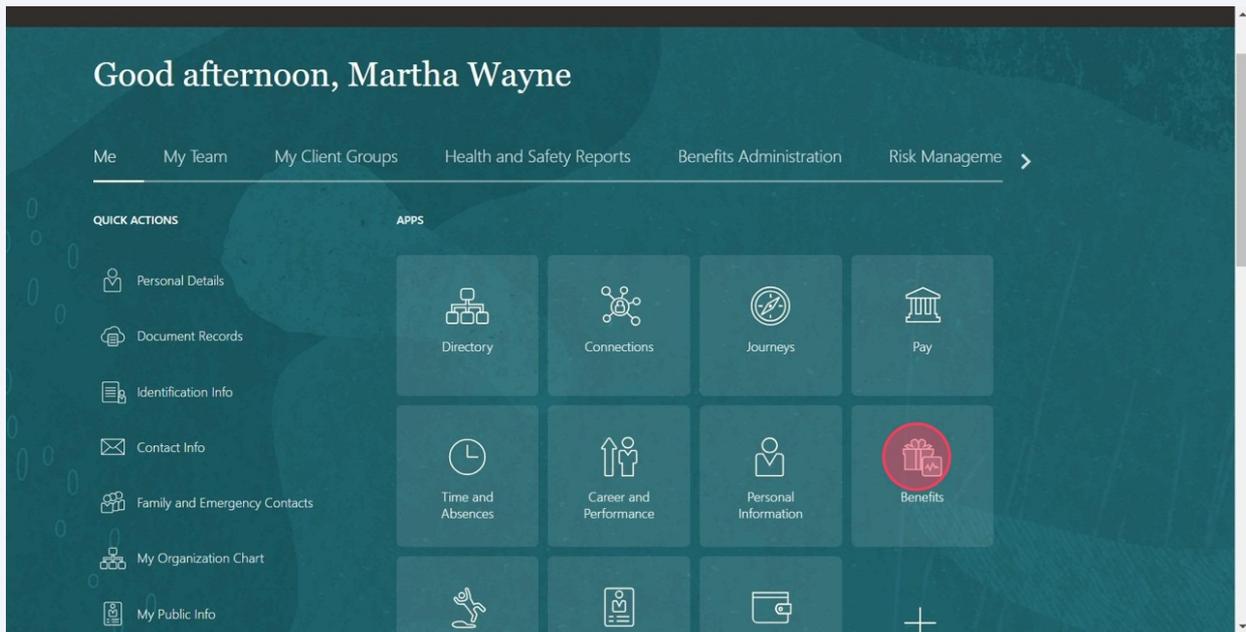
Navigate to FCConnect <https://fa-etrt-saasfaprod1.fa.ocs.oraclecloud.com/fscm/UI/faces/FuseWelcome?nd=%3B%3B%3B%3Bfalse%3B256%3B%3B%3B&\ afrL oop=45875915019374869&\ afrWindowMode=0&\ afrWindowId=r6sk9ut51&\ a df.ctrl-state=14zbc6ibhv 1&\ afrFS=16&\ afrMT=screen&\ afrMFW=1204&\ afr MFH=528&\ afrMFDW=1466&\ afrMFDH=825&\ afrMFC=8&\ afrMFCI=0&\ afrM FM=0&\ afrMFR=125&\ afrMFG=0&\ afrMFS=0&\ afrMFO=0>

2

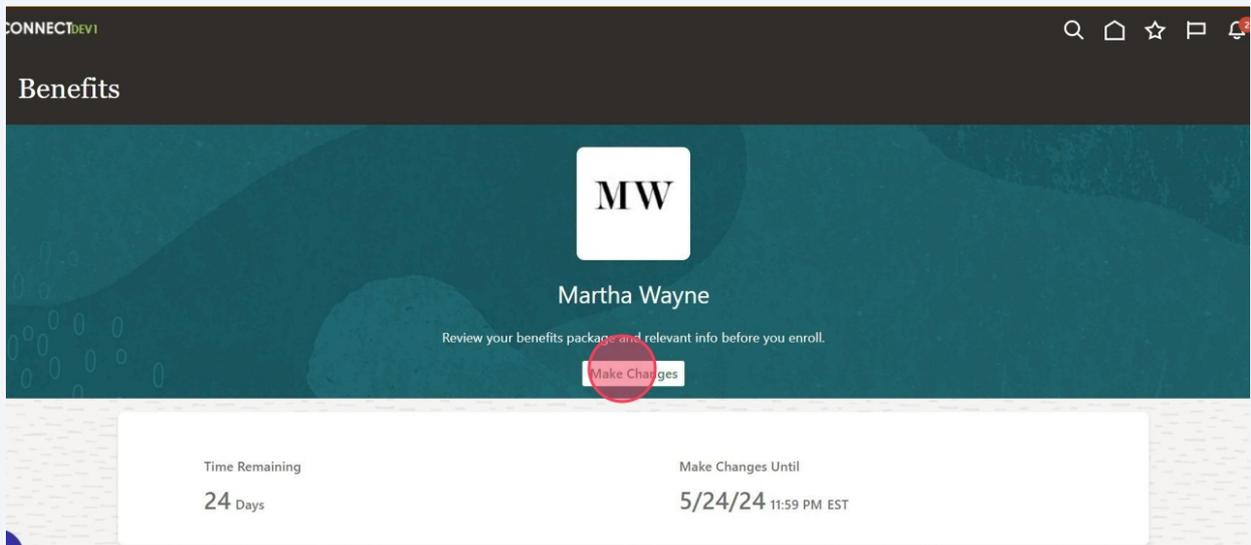
Click "ME"



3 Click Benefits



4 Click "Make Changes"



5

Click "Add" if you need to add a dependent or beneficiary (Do Not add a name that is already listed)

The screenshot shows the 'Enroll' page. At the top, there is a navigation bar with a search icon, home icon, star icon, flag icon, a notification bell with a '2' badge, and a user profile icon labeled 'MW'. Below the navigation bar, there are 'Continue' and 'Cancel' buttons. The main content area features an 'Information' section with a globe icon and the text: 'Information To cover family and others in benefits, add them now before you enroll.' Below this is a 'People to Cover' section with a list of three entries: 'Damian Wayne Child', 'Bruce Wayne Child', and 'Thomas Wayne Spouse'. A red circle with a white plus sign and the word 'Add' is overlaid on the right side of the list, indicating where to click to add a new person.

6

Click the "Last Name" field and type Last Name

The screenshot shows the 'New Contact' page. At the top, there is a navigation bar with a hamburger menu icon, the text 'FCONNECTDEV1', a search icon, home icon, star icon, and a 'Submit' button. The main content area features a 'Basic Information' form. The form has several fields: '*Last Name' (with a red circle highlighting the field), 'Middle Name', 'First Name', 'Preferred Name', 'Suffix', '*Relationship' (a dropdown menu with 'Select a value'), '*Gender' (a dropdown menu with 'Select a value'), '*What's the start date of this relationship?' (a date picker with 'm/d/yy'), and 'Date of Birth' (a date picker with 'm/d/yy'). At the bottom of the form, there is a checkbox labeled 'This person is an emergency contact'.

7

Click the "First Name" field and type first name

The screenshot shows the 'New Contact' form in a web application. The header includes the logo 'FCCONNECT DEV1', search, home, and star icons, and a 'Submit' button. The form is titled 'Basic Information' and contains several fields: '*Last Name' (filled with 'Pennyworth'), 'Middle Name', 'First Name' (highlighted with a red circle), 'Preferred Name', 'Suffix', '*Relationship' (dropdown), '*Gender' (dropdown), '*What's the start date of this relationship?' (calendar), and 'Date of Birth' (calendar). A checkbox at the bottom indicates 'This person is an emergency contact'.

8

Click the "Relationship" field.

The screenshot shows the 'New Contact' form with the 'First Name' field filled with 'Alfred'. The 'Relationship' dropdown menu is highlighted with a red circle. The rest of the form fields and layout are identical to the previous screenshot.

9 Click down arrow and choose relationship

The screenshot shows the 'New Contact' form in a web application. At the top left, there is a logo 'FCCONNECT DEV1' and a search icon. The title 'New Contact' is displayed in the top left, and a 'Submit' button is in the top right. The form is titled 'Basic Information' and contains several fields: 'Last Name' (Pennyworth), 'First Name' (Alfred), 'Suffix', 'Middle Name', 'Preferred Name', '*Relationship' (Friend), '*What's the start date of this relationship?' (m/d/yy), '*Gender' (Select a value), and 'Date of Birth' (m/d/yy). A checkbox at the bottom indicates 'This person is an emergency contact'. A dropdown menu is open, showing a list of relationship options: 'Child of a Legal Guardian', 'Contact', 'Domestic partner', 'Domestic partner child', 'Emergency', 'Foster child', 'Friend', 'Nephew', and 'Niece'. The 'Friend' option is highlighted with a red circle.

10 Click the "What's the start date of this relationship?" field.

The screenshot shows the 'New Contact' form with the 'Basic Information' section expanded. The 'Last Name' field contains 'Pennyworth', 'First Name' contains 'Alfred', and 'Relationship' is set to 'Friend'. The 'What's the start date of this relationship?' field is highlighted with a red circle. The 'Date of Birth' field is set to 'm/d/yy'. The 'Submit' button is visible in the top right corner.

11 Click the calendar Icon

The screenshot shows the 'New Contact' form in a web application. The form is titled 'Basic Information' and contains several input fields. A red circle highlights the calendar icon on the 'Date of Birth' field. The form fields are as follows:

Field Label	Value
*Last Name	Pennyworth
Middle Name	
First Name	Alfred
Preferred Name	
Suffix	
*Relationship	Friend
*Gender	Select a value
*What's the start date of this relationship?	m/d/yy
Date of Birth	m/d/yy

This person is an emergency contact

12 Click "Today"

The screenshot shows the 'New Contact' form with a calendar popup open. The calendar is for April 2024 and has a red circle highlighting the 'Today' button. The form fields are as follows:

Field Label	Value
*Last Name	Pennyworth
Middle Name	
First Name	Alfred
Preferred Name	
Suffix	
*Relationship	Friend
*Gender	Select a value
*What's the start date of this relationship?	m/d/yy
Date of Birth	m/d/yy

This person is an emergency contact

13 Click down arrow next to gender

The screenshot shows the 'New Contact' form in the FCCONNECTDEV1 application. The form is titled 'Basic Information' and contains several input fields. A red circle highlights the down arrow of the '*Gender' dropdown menu, which currently shows 'Select a value'. Other fields include: '*Last Name' (Pennyworth), 'Middle Name', 'First Name' (Alfred), 'Preferred Name', 'Suffix', '*Relationship' (Friend), '*What's the start date of this relationship?' (4/30/24), and 'Date of Birth' (m/d/yy). There is also a checkbox for 'This person is an emergency contact'.

14 Choose appropriate gender

The screenshot shows the 'New Contact' form in the FCCONNECTDEV1 application. The 'Basic Information' section is visible, with a red circle highlighting the 'Female' option in the expanded '*Gender' dropdown menu. Other fields include: '*Last Name' (Pennyworth), 'Middle Name', 'First Name' (Alfred), 'Preferred Name', 'Suffix', '*Relationship' (Friend), '*What's the start date of this relationship?' (4/30/24), and 'Date of Birth' (m/d/yy). There is also a checkbox for 'This person is an emergency contact'.

15 Click the "Date of Birth" field and type date of birth

Submit

Basic Information

*Last Name: Pennyworth

Middle Name:

First Name: Alfred

Preferred Name:

Suffix:

*Relationship: Friend

*Gender: Male

*What's the start date of this relationship?: 4/30/24

Date of Birth: m/d/yy

This person is an emergency contact

16 Click "Enter a New Address" If person does not live with you

Friend

Male

*What's the start date of this relationship?: 4/30/24

Date of Birth: 08/16/1943

This person is an emergency contact

Student Status: Select a value

Tobacco Use: Select a value

Disability Type: Select a value

Covered by another plan?: No

Disability Status: Select a value

Plan:

Address

Use My Address

Select a value

Enter a New Address

17 Click Down Arrow

Address

- Use My Address
- Enter a New Address

Country

Select a value



18 Choose "United States"

Address

- Use My Address
- Enter a New Address

Country

Select a value

RECENT COUNTRIES



US

United States



19 Click Down Arrow

Address

Use My Address
 Enter a New Address

Country
United States

*Type
Select a value

*Address Line 1
[Text Input]

Address Line 2
[Text Input]

*ZIP Code
Select a value

*City
Select a value

*State
Select a value

*County
Select a value



20 Choose "Home Address"

Address

Use My Address
 Enter a New Address

Country
United States

*Type
Select a value
Home Address
Mailing Address
Resident Tax Address

*ZIP Code
Select a value

*City
Select a value

*State
Select a value

*County
Select a value



21 Click the "Address Line 1" field and type street address

Address

Use My Address
 Enter a New Address

Country
United States

*Type
Home Address

*Address Line 1

Address Line 2

*ZIP Code
Select a value

*City
Select a value

*State
Select a value

*County
Select a value

22 Click the "ZIP Code" field and type in the zip code

Address

Use My Address
 Enter a New Address

Country
United States

*Type
Home Address

*Address Line 1
1007 Mountain Drive

Address Line 2

*ZIP Code
Select a value

*City
Select a value

*State
Select a value

*County
Select a value

23 Click City (state and county should populate)

Address

Use My Address
 Enter a New Address

Country
United States

*Type
Home Address

*Address Line 1
1007 Mountain Drive

Address Line 2

*ZIP Code
53540

ZIP Code	City	County	State
53540	Gotham	Richland	WI

*State
Select a value

*County
Select a value

24 Click "Submit"

The screenshot shows the 'New Contact' form in the FCCONNECTDEV1 application. The form is titled 'Basic Information' and contains several fields:

- *Last Name:** Pennyworth
- First Name:** Alfred
- Suffix:** (empty)
- *Relationship:** Friend (dropdown menu)
- *What's the start date of this relationship?:** 4/30/24
- Middle Name:** (empty)
- Preferred Name:** (empty)
- *Gender:** Male (dropdown menu)
- Date of Birth:** 8/16/43

At the bottom of the form, there is a checkbox labeled 'This person is an emergency contact' which is currently unchecked. In the top right corner of the application, there are two buttons: 'Submit' and 'Cancel'. The 'Submit' button is highlighted with a red circle, indicating the action to be performed.

25 Click "Continue"

The screenshot shows the 'Before You Enroll' screen in the FCCONNECTDEV1 application. The screen features a light blue information box at the top with a globe icon and the text: 'Information To cover family and others in benefits, add them now before you enroll.' Below this is a section titled 'People to Cover' with a '+ Add' button. The list of people to cover includes:

- Damian Wayne (Child)
- Bruce Wayne (Child)
- Thomas Wayne (Spouse)
- Alfred Pennyworth (Friend)

In the top right corner of the application, there are two buttons: 'Continue' and 'Cancel'. The 'Continue' button is highlighted with a red circle, indicating the action to be performed.

26 Click "Edit" in the Medical Section

The screenshot shows the 'Active Employee Benefits' interface. At the top, there are 'Submit' and 'Cancel' buttons. Below, a summary box shows 'Your Total Cost' as 326.54 Per Pay Period. The 'Medical' section is expanded, showing a table with one row: 'CIGNA Medical Plan' for 'Employee + Spouse' with a cost of 192.11. The 'Who's covered?' dropdown is set to 'You, Thomas Wayne'. A red circle highlights the 'Edit' button in the top right corner of the Medical section.

Plan Name	Cost
CIGNA Medical Plan	192.11

27 Choose The Appropriate Selection (Do not choose E+1 or E+2 or more)

The screenshot shows the selection options for medical coverage. There are four options listed, each with a checkbox and associated costs. The 'Employee + Spouse' option is selected, indicated by a red circle around the checked checkbox.

Selection	Annual Cost	Employee Per Pay Period Cost
<input type="checkbox"/> Employee Only	1,601.04	66.71
<input type="checkbox"/> Employee + 1	3,965.76	165.24
<input checked="" type="checkbox"/> Employee + Spouse	4,610.64	192.11
<input type="checkbox"/> Medical Coverage Declined	-	-

28 Choose "Who do you want to cover?" if applicable

Employee + Child OR Employee + Spouse.
3,965.76 Annually

County Per Pay Period Cost
577.91

OK Cancel

 You need to designate dependents or beneficiaries for your selected offerings.

CIGNA Medical Plan
Employee + Spouse

192.11
Employee Per Pay Perio...

Annual Amount
4,610.64

County Per Pay Period Cost
875.16

Who do you want to cover?
 Thomas Wayne (Spouse)

Medical Coverage Declined

Medical Coverage Declined

29 Click "OK"

Employee + 1
DO NOT CHOOSE this option for Open Enrollment. Select either
Employee + Child OR Employee + Spouse.
3,965.76 Annually

165.24
Employee Per Pay Perio...

County Per Pay Period Cost
577.91

OK Cancel

 You need to designate dependents or beneficiaries for your selected offerings.

CIGNA Medical Plan
Employee + Spouse

192.11
Employee Per Pay Perio...

Annual Amount
4,610.64

County Per Pay Period Cost
875.16

Who do you want to cover?
 Thomas Wayne (Spouse)

Medical Coverage Declined

30 Click "Continue"

The screenshot shows the 'Medical' section of the FCONNECTTEST app. At the top, there is a navigation bar with the logo 'FCONNECTTEST' and several icons (search, home, star, square, bell, profile). Below the navigation bar, the word 'Medical' is displayed. A 'Continue' button is highlighted with a red circle. Below this, there is a summary box showing 'Currency in USD' and 'Your Total Cost' of 192.11 Per Pay Period. Below that, there is a section titled 'Medical' for the 'CIGNA Medical Plan' with a 'See More Info' link. There are two options listed: 'Employee Only' with a cost of 66.71 (Employee Per Pay Period...) and 'Employee + 1' with a cost of 165.24. A 'County Per Pay Period Cost' of 466.93 is also shown.

31 Click "Edit" in **DENTAL** section

The screenshot shows the 'Dental' section of the FCONNECTTEST app. At the top, there is a navigation bar with the logo 'FCONNECTTEST' and several icons (search, home, star, square, bell, profile). Below the navigation bar, the word 'Dental' is displayed. An 'Edit' button is highlighted with a red circle. Below this, there is a section titled 'Dental' for the 'Ameritas Dental Plan' with a cost of 7.44. The plan is for 'Employee + 1' and lists 'Who's covered?' as 'You, Thomas Wayne'.

32 Choose your dental benefit

<input type="checkbox"/>	Employee Only	County Per Pay Period Cost 14.99	
<input checked="" type="checkbox"/>	Employee + 1 178.56 Annually	County Per Pay Period Cost 22.42	7.44 Employee Per Pay Period...
<input type="checkbox"/>	Employee + 2 or More 427.68 Annually	County Per Pay Period Cost 32.80	17.82 Employee Per Pay Period...

Dental Coverage Declined

Dental Coverage Declined

33 Choose "who you want to cover" if applicable

OK Cancel

! You need to designate dependents or beneficiaries for your selected offerings.

Ameritas Dental Plan		17.82
Employee + 2 or More		Employee Per Pay Period...
Annual Amount	County Per Pay Period Cost	
427.68	32.80	

Who do you want to cover?

- Thomas Wayne (Spouse)
- Bruce Wayne (Child)
- Damian Wayne (Child)

Dental Coverage Declined

Dental Coverage Declined

34 Click "OK"

A screenshot of a web form for the Ameritas Dental Plan. At the top right, there are two buttons: "OK" and "Cancel". The "OK" button is circled in red. Below the buttons is a yellow warning banner with a triangle icon and the text: "You need to designate dependents or beneficiaries for your selected offerings." The main content area shows the plan details: "Ameritas Dental Plan" for "Employee + 2 or More" with a cost of "17.82 Employee Per Pay Period...". Below this, it lists "Annual Amount" as 427.68 and "County Per Pay Period Cost" as 32.80. A section titled "Who do you want to cover?" has three checked checkboxes: "Thomas Wayne (Spouse)", "Bruce Wayne (Child)", and "Damian Wayne (Child)". At the bottom, there is a section for "Dental Coverage Declined" with an unchecked checkbox.

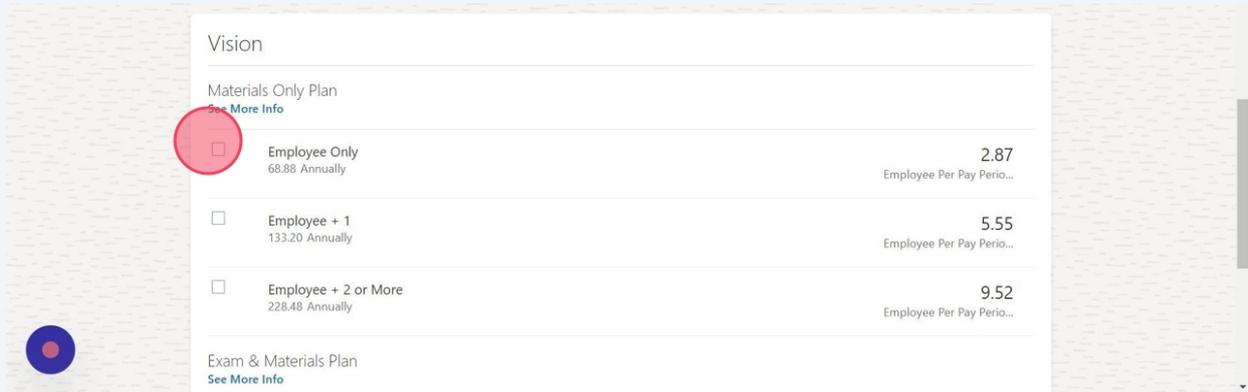
35 Click "Continue"

A screenshot of a mobile application interface. At the top right, there are two buttons: "Continue" and "Cancel". The "Continue" button is circled in red. Below the buttons is a white card with the text "17.82 Per Pay Period". The background of the app shows a colorful abstract pattern.

36 Click "Edit" in **VISION** section

A screenshot of a web form for the "VISION" section. At the top right, there is an "Edit" button with a pencil icon, circled in red. The form contains the text "Vision" in two lines, followed by "Vision Coverage Declined" with a dropdown arrow.

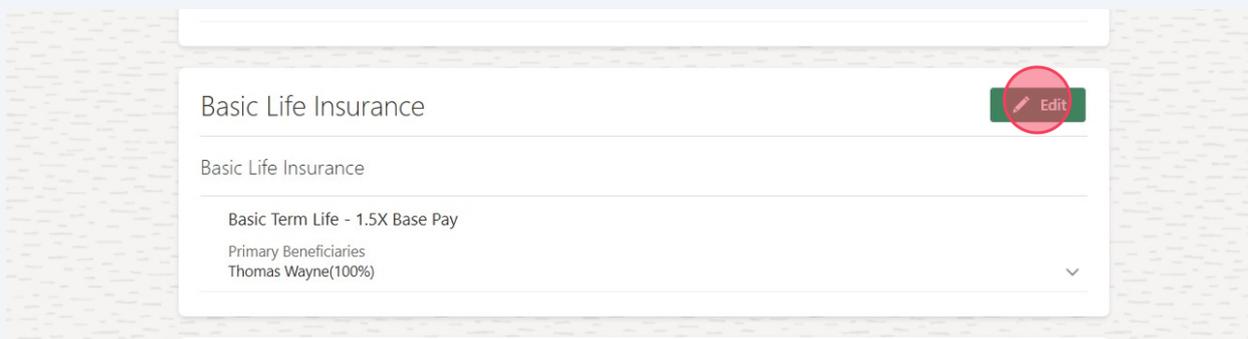
37 Choose your Vision election



38 Click "Continue"



39 Click "Edit" to Designate Beneficiary for Basic Life Insurance



40 Click the pencil

Basic Life Insurance

Continue Cancel

Currency in USD

Your Total Cost 0.00
Per Pay Period

Basic Life Insurance

Basic Term Life - 1.5X Base Pay

Basic Term Life - 1.5X Base Pay

Coverage Amount 98,000.00 County Monthly Cost 10.88

Primary Beneficiaries Thomas Wayne(100%) Contingent Beneficiaries Bruce Wayne(45%), Damian Wayne(45%), Alfred Pennyworth(10%)

41 Choose Percentage for Primary Beneficiaries (must add up to 100%)

Per Pay Period

Basic Life Insurance

Basic Term Life - 1.5X Base Pay

OK Cancel

Basic Term Life - 1.5X Base Pay

Coverage Amount 98,000.00

County Monthly Cost 10.88

Primary Beneficiaries

- Thomas Wayne 100%
- Bruce Wayne %
- Damian Wayne %
- Alfred Pennyworth %

0% left

42 Choose Contingent Beneficiaries if Applicable

Coverage Amount
98,000.00

County Monthly Cost
10.88

Primary Beneficiaries

Thomas Wayne	<input type="text" value="100"/>	%
Bruce Wayne	<input type="text"/>	%
Damian Wayne	<input type="text"/>	%
Alfred Pennyworth	<input type="text"/>	%

0% left

Contingent Beneficiaries

Thomas Wayne	<input type="text"/>	%
Bruce Wayne	<input type="text" value="45"/>	%
Damian Wayne	<input type="text" value="45"/>	%
Alfred Pennyworth	<input type="text" value="10"/>	%

0% left

43 Click "OK"

Basic Life Insurance

Basic Term Life - 1.5X Base Pay

Basic Term Life - 1.5X Base Pay

OK Cancel

Coverage Amount
98,000.00

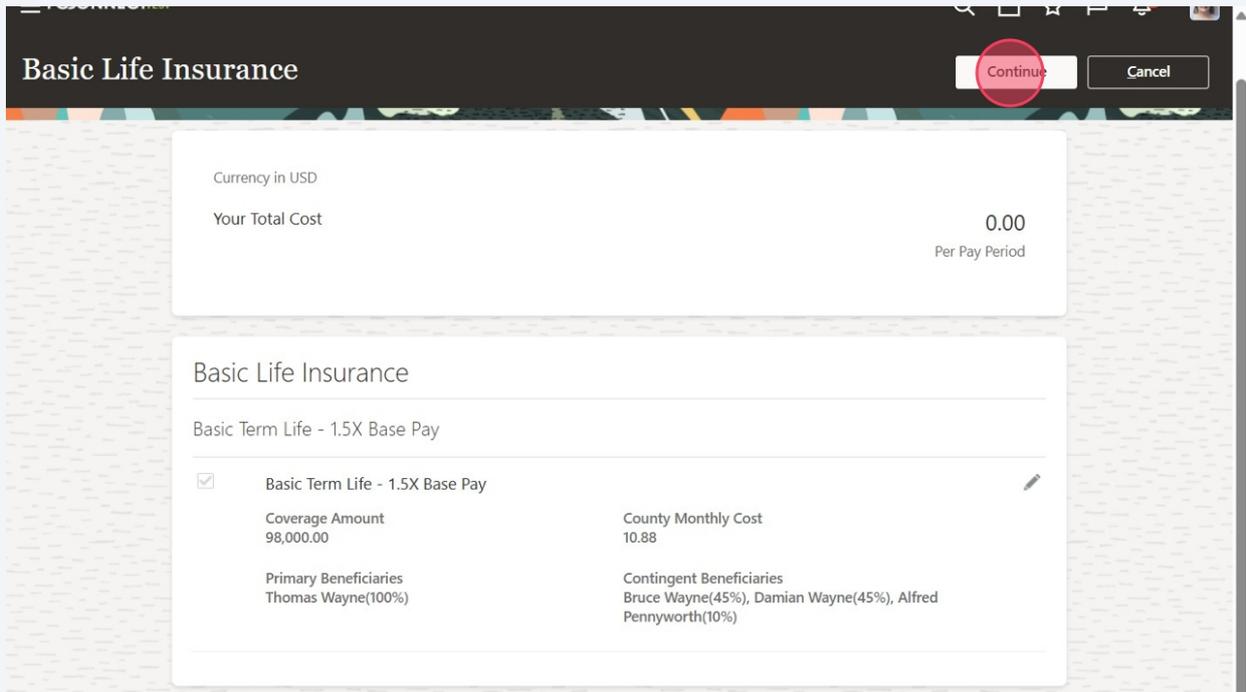
County Monthly Cost
10.88

Primary Beneficiaries

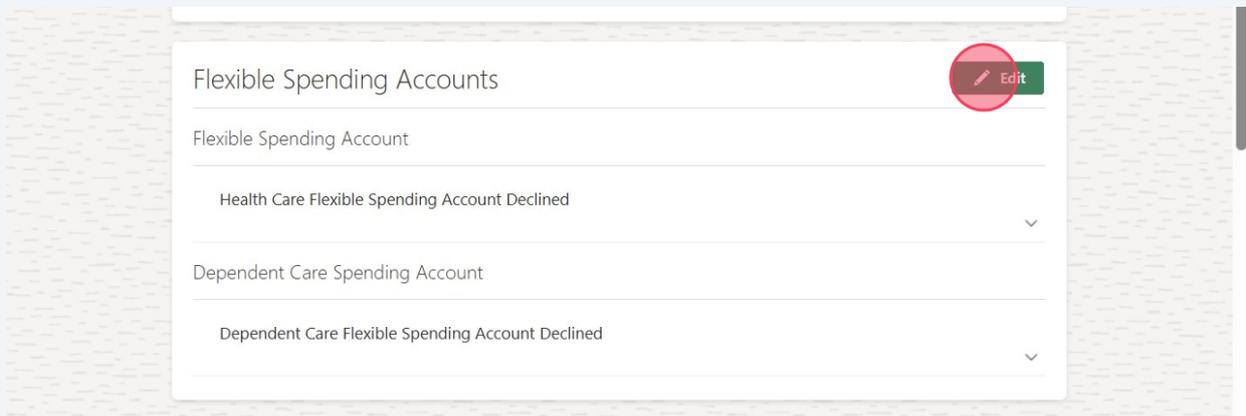
Thomas Wayne	<input type="text" value="100"/>	%
Bruce Wayne	<input type="text"/>	%
Damian Wayne	<input type="text"/>	%
Alfred Pennyworth	<input type="text"/>	%

0% left

44 Click "Continue"



45 Click Edit to Choose Flexible Spending Accounts



46 Click Enrolled box if Electing a Health Care FSA

Currency in USD

Your Total Cost 0.00
Per Pay Period

Flexible Spending Account

Health Care Flexible Spending Account
[See More Info](#)

Enrolled 10.00
260.00 Annually Employee Per Pay Period...

Coverage Amount
260.00

Health Care Flexible Spending Account Declined

Health Care Flexible Spending Account Declined

Dependent Care Spending Account

47 Click the "Coverage" field and Type Amount for Full Plan Year

Per Pay Period

Flexible Spending Account

Health Care Flexible Spending Account
[See More Info](#)

Enrolled 10.00
Employee Per Pay Period...

OK Cancel

Coverage
260 to 3299.92, in increments of 0.01

Annual Amount
260.00

Health Care Flexible Spending Account Declined

Health Care Flexible Spending Account Declined

48 Click "OK"

Currency in USD

Your Total Cost 10.00
Per Pay Period

Flexible Spending Account

Health Care Flexible Spending Account
[See More Info](#)

Health Care Flexible Spending Account
Enrolled 10.00
Employee Per Pay Period...

Coverage 260 to 3299.92, in increments of 0.01
260 to 3299.92, in increments of 0.01

Annual Amount
260.00

Health Care Flexible Spending Account Declined

Health Care Flexible Spending Account Declined

49 Click Enrolled box if Electing a Dependent Care FSA

Enrolled 38.46
1,000.00 Annually
Employee Per Pay Period...
Coverage Amount
1,000.00

Health Care Flexible Spending Account Declined

Health Care Flexible Spending Account Declined

Dependent Care Spending Account

Dependent Care Flexible Spending Account
[See More Info](#)

Enrolled 0.00
0.00 Annually
Employee Per Pay Period...

Coverage Amount
0.00

Dependent Care Flexible Spending Account Declined

Dependent Care Flexible Spending Account Declined

50

Click the "Coverage" field and Type Amount For Full Plan Year

Health Care Flexible Spending Account Declined

Dependent Care Spending Account

Dependent Care Flexible Spending Account
[See More Info](#)

Dependent Care Flexible Spending Account
Enrolled

0.00
Employee Per Pay Perio...

Coverage

0 to 5000, in increments of 0.01

Annual Amount
0.00

Dependent Care Flexible Spending Account Declined

Dependent Care Flexible Spending Account Declined

51

Click "OK"

Health Care Flexible Spending Account Declined

Health Care Flexible Spending Account Declined

Dependent Care Spending Account

Dependent Care Flexible Spending Account
[See More Info](#)

Dependent Care Flexible Spending Account
Enrolled

0.00
Employee Per Pay Perio...

Coverage

0 to 5000, in increments of 0.01

500

Annual Amount
0.00

Dependent Care Flexible Spending Account Declined

52 Click "Continue"

The screenshot shows a web interface for Flexible Spending Accounts. At the top, there is a dark header with the text "Flexible Spending Accounts" and two buttons: "Continue" (highlighted with a red circle) and "Cancel". Below the header, there is a white box containing the text "Currency in USD" and "Your Total Cost" followed by the value "57.69" and "Per Pay Period". Below this is another white box titled "Flexible Spending Account" which contains a section for "Health Care Flexible Spending Account" with a "See More Info" link. Underneath, there is a checked checkbox for "Enrolled" with details "1,000.00 Annually" and "Coverage Amount 1,000.00". To the right of this section, the value "38.46" is displayed with a pencil icon and the text "Employee Per Pay Perio...". Below this, there is a section for "Health Care Flexible Spending Account Declined" with an unchecked checkbox.

53 Click "edit" next to **DISABILITY/ACCIDENT INSURANCE**

The screenshot shows a web interface for Disability/Accident Insurance. At the top, there is a white box titled "Disability/Accident Insurance" with an "edit" button (highlighted with a red circle) containing a pencil icon. Below this, there are sections for "Short-term Disability" and "Long-term Disability", each with a dropdown menu showing "STD Coverage Declined" and "LTD Coverage Declined" respectively. At the bottom, there is a section for "Accident Insurance". A blue circular icon is visible in the bottom left corner of the page.

54 Choose coverage level for STD if applicable

Short-term Disability

Short Term Disability Plan
[See More Info](#)

<input checked="" type="checkbox"/>	\$500 124.32 Annually	5.18 Employee Per Pay Perio...
<input type="checkbox"/>	\$600 149.04 Annually	6.21 Employee Per Pay Perio...
<input type="checkbox"/>	\$700 174.00 Annually	7.25 Employee Per Pay Perio...
<input type="checkbox"/>	\$800 198.72 Annually	8.28 Employee Per Pay Perio...
<input type="checkbox"/>	\$900 223.68 Annually	9.32 Employee Per Pay Perio...

55 Choose LTD Coverage if Applicable

Long-term Disability

Long Term Disability Plan

<input checked="" type="checkbox"/>	Enrolled 1,170.04 Annually	48.75 Employee Per Pay Perio...
	Coverage Amount 2,954.64	

LTD Coverage Declined

<input type="checkbox"/>		
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56 Choose Accident Insurance If Applicable

Accident Insurance

Accident Insurance Plan

<input type="checkbox"/>	Employee Only 103.68 Annually	4.32 Employee Per Pay Perio...
<input checked="" type="checkbox"/>	Employee + Spouse 163.68 Annually	6.82 Employee Per Pay Perio...
<input type="checkbox"/>	Employee + Child(ren) 198.00 Annually	8.25 Employee Per Pay Perio...
<input type="checkbox"/>	Employee + Family 310.32 Annually	12.93 Employee Per Pay Perio...

Accident Insurance Declined

<input checked="" type="checkbox"/>	Accident Insurance Declined
-------------------------------------	-----------------------------

57 Click here if covering spouse

OK Cancel

 You need to designate dependents or beneficiaries for your selected offerings.

Accident Insurance Plan

Employee + Spouse	6.82 Employee Per Pay Perio...
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Annual Amount
163.68

Who do you want to cover?

<input checked="" type="checkbox"/>	Thomas Wayne (Spouse)	
<input type="checkbox"/>	Employee + Child(ren) 198.00 Annually	8.25 Employee Per Pay Perio...
<input type="checkbox"/>	Employee + Family 310.32 Annually	12.93 Employee Per Pay Perio...

Accident Insurance Declined

<input type="checkbox"/>	Accident Insurance Declined
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58 Click "OK"

This screenshot shows a mobile application interface for selecting insurance options. At the top right, there are two buttons: "OK" and "Cancel". The "OK" button is highlighted with a red circle. Below the buttons is a yellow warning banner that reads: "You need to designate dependents or beneficiaries for your selected offerings." The main content area lists three insurance options:

Insurance Plan	Annual Amount	Cost
Accident Insurance Plan Employee + Spouse	163.68	6.82 Employee Per Pay Period...
Employee + Child(ren) 198.00 Annually		8.25 Employee Per Pay Period...
Employee + Family 310.32 Annually		12.93 Employee Per Pay Period...

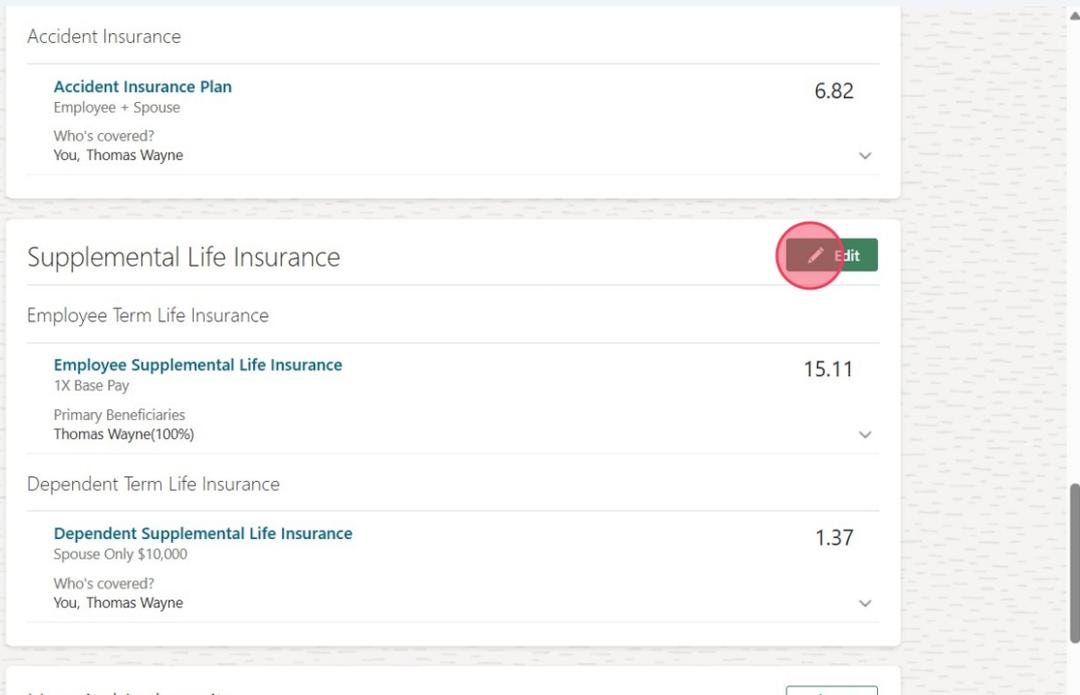
Below the options, there is a section for "Who do you want to cover?" with a checked box for "Thomas Wayne (Spouse)". At the bottom, there is an "Accident Insurance Declined" section with an unchecked checkbox.

59 Click "Continue"

This screenshot shows a mobile application interface for "Disability/Accident Insurance". At the top, there is a navigation bar with the logo "FCCONNECT DEV1" and several icons. The title "Disability/Accident Insurance" is displayed in the top left. At the top right, there are two buttons: "Continue" and "Cancel". The "Continue" button is highlighted with a red circle. Below the navigation bar, there is a white box containing the following information:

Currency in USD	
Your Total Cost	60.75 Per Pay Period

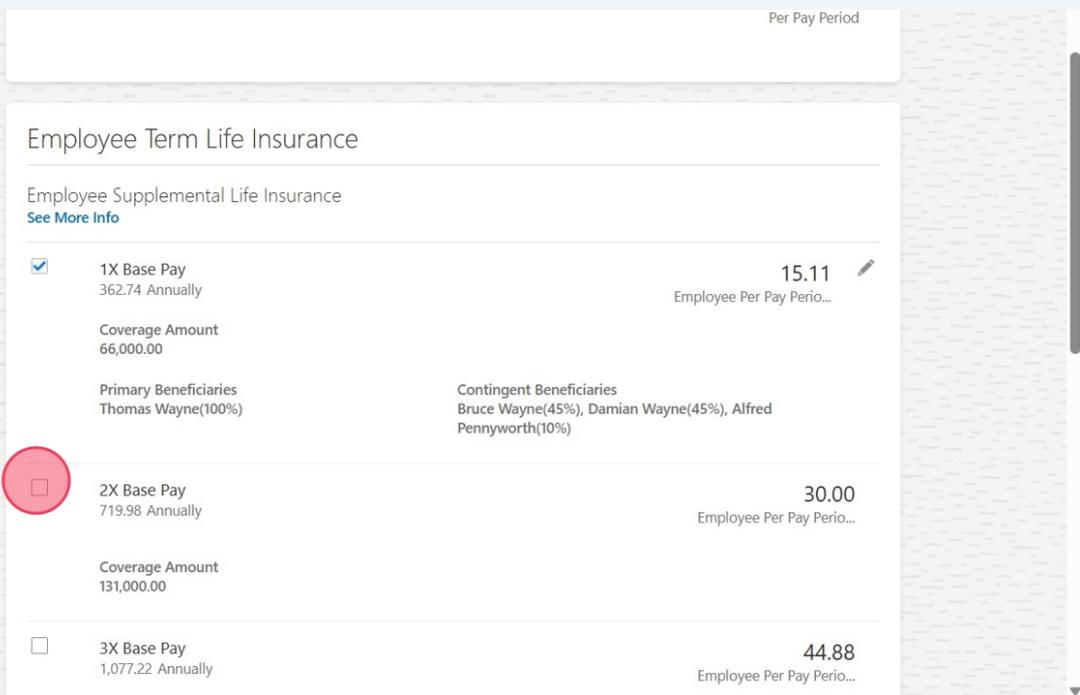
60 Click Edit to select Supplemental Life Insurance



The screenshot shows a list of insurance options. The 'Supplemental Life Insurance' section is highlighted with a red circle around the 'Edit' button. The options are:

- Accident Insurance**
 - Accident Insurance Plan** (Employee + Spouse) - 6.82
 - Who's covered? You, Thomas Wayne
- Supplemental Life Insurance**
 - Employee Supplemental Life Insurance** (1X Base Pay) - 15.11
 - Primary Beneficiaries: Thomas Wayne(100%)
- Dependent Term Life Insurance**
 - Dependent Supplemental Life Insurance** (Spouse Only \$10,000) - 1.37
 - Who's covered? You, Thomas Wayne

61 Choose amount of life insurance if applicable



The screenshot shows the 'Employee Term Life Insurance' section. The '2X Base Pay' option is highlighted with a red circle. The options are:

- 1X Base Pay** (362.74 Annually) - 15.11 Employee Per Pay Period...
 - Coverage Amount: 66,000.00
 - Primary Beneficiaries: Thomas Wayne(100%)
 - Contingent Beneficiaries: Bruce Wayne(45%), Damian Wayne(45%), Alfred Pennyworth(10%)
- 2X Base Pay** (719.98 Annually) - 30.00 Employee Per Pay Period...
- 3X Base Pay** (1,077.22 Annually) - 44.88 Employee Per Pay Period...

62 Designate beneficiary (amount must add up to 100%)

66,000.00

OK Cancel

⚠ You need to designate dependents or beneficiaries for your selected offerings.

Employee Supplemental Life Insurance 30.00
2X Base Pay Employee Per Pay Perio...

Coverage Amount
131,000.00

Annual Amount
719.98

Primary Beneficiaries

<input type="checkbox"/>	Thomas Wayne	<input type="text"/>	%
<input type="checkbox"/>	Bruce Wayne	<input type="text"/>	%
<input type="checkbox"/>	Damian Wayne	<input type="text"/>	%
<input type="checkbox"/>	Alfred Pennyworth	<input type="text"/>	%

100% left

Contingent Beneficiaries

63 Choose contingent beneficiaries if applicable

Annual Amount
719.98

Primary Beneficiaries

<input checked="" type="checkbox"/>	Thomas Wayne	<input type="text" value="100"/>	%
<input type="checkbox"/>	Bruce Wayne	<input type="text"/>	%
<input type="checkbox"/>	Damian Wayne	<input type="text"/>	%
<input type="checkbox"/>	Alfred Pennyworth	<input type="text"/>	%

0% left

Contingent Beneficiaries

<input type="checkbox"/>	Thomas Wayne	<input type="text"/>	%
<input type="checkbox"/>	Bruce Wayne	<input type="text"/>	%
<input type="checkbox"/>	Damian Wayne	<input type="text"/>	%
<input type="checkbox"/>	Alfred Pennyworth	<input type="text"/>	%

100% left

3X Base Pay 44.88
1,077.22 Annually Employee Per Pay Perio...

Coverage Amount

64 Click "OK"

362.74 Annually Employee Per Pay Perio...

Coverage Amount
66,000.00

OK Cancel

⚠️ You need to designate dependents or beneficiaries for your selected offerings.

Employee Supplemental Life Insurance 30.00
2X Base Pay Employee Per Pay Perio...

Coverage Amount
131,000.00

Annual Amount
719.98

Primary Beneficiaries

<input checked="" type="checkbox"/>	Thomas Wayne	<input type="text" value="100"/>	%
<input type="checkbox"/>	Bruce Wayne	<input type="text" value=""/>	%
<input type="checkbox"/>	Damian Wayne	<input type="text" value=""/>	%
<input type="checkbox"/>	Alfred Pennyworth	<input type="text" value=""/>	%

0% left

65 Click "Continue"

TEST - Refreshed from PROD on 4/20/2025

FCCONNECTTEST

Supplemental Life Insurance

Continue Cancel

Currency in USD

Your Total Cost 31.37
Per Pay Period

Employee Term Life Insurance

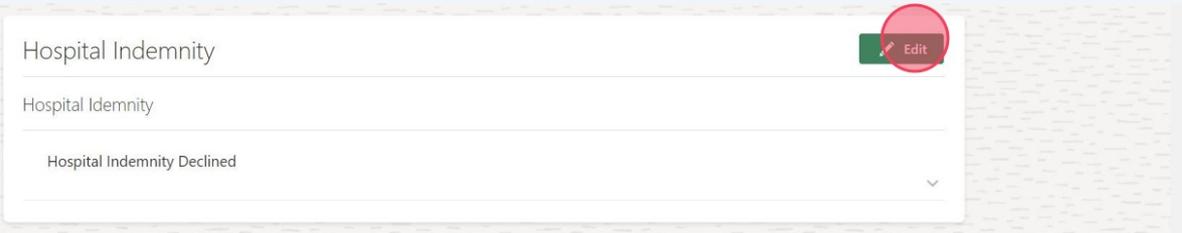
Employee Supplemental Life Insurance

[See More Info](#)

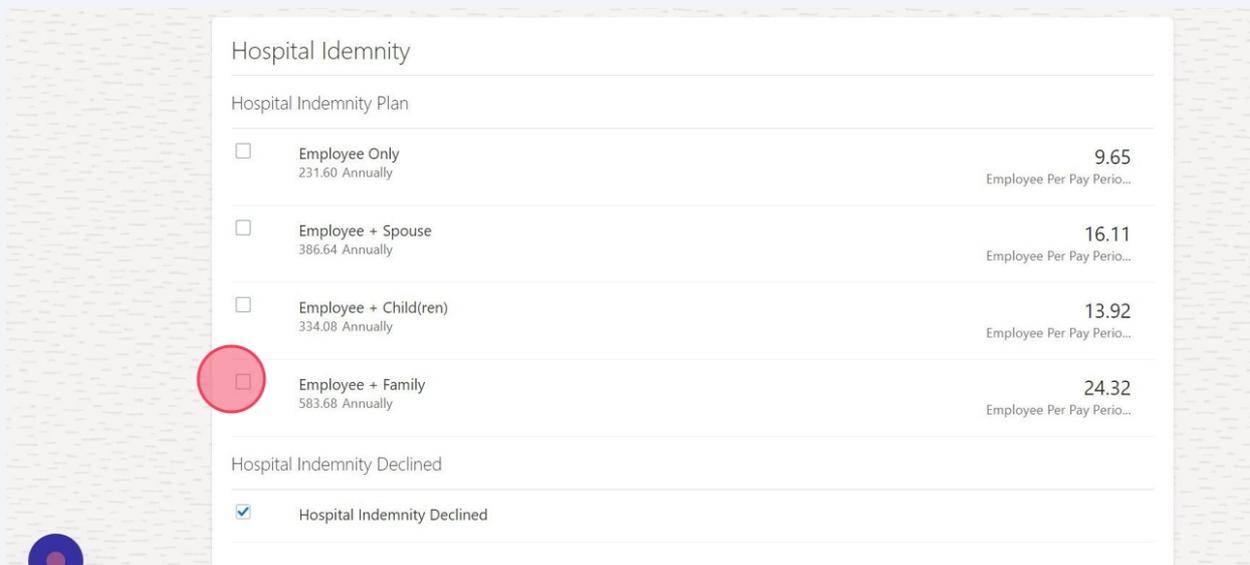
1X Base Pay 15.11
362.74 Annually Employee Per Pay Perio...

Coverage Amount
66,000.00

66 Click "Edit" in **HOSPITAL INDEMNITY** Section



67 Click desired election



68 Click appropriate election

OK Cancel

 You need to designate dependents or beneficiaries for your selected offerings.

Hospital Indemnity Plan
Employee + Family 24.32
Employee Per Pay Perio...

Annual Amount
583.68

Who do you want to cover?

- Thomas Wayne (Spouse)
- Bruce Wayne (Child)
- Damian Wayne (Child)

Hospital Indemnity Declined

Hospital Indemnity Declined

69 Click here.

Hospital Indemnity Plan
Employee + Family

Annual Amount
583.68

Who do you want to cover?

- Thomas Wayne (Spouse)
- Bruce Wayne (Child)
- Damian Wayne (Child)

Hospital Indemnity Declined

Hospital Indemnity Declined

70 Click "OK"

You need to designate dependents or beneficiaries for your selected offerings.

Hospital Indemnity Plan
Employee + Family

Annual Amount
583.68

Who do you want to cover?

- Thomas Wayne (Spouse)
- Bruce Wayne (Child)
- Damian Wayne (Child)

Hospital Indemnity Declined

Hospital Indemnity Declined

24.32
Employee Per Pay Perio...

71 Click "Continue"

FCCONNECT DEV1

Hospital Indemnity

Currency in USD

Your Total Cost

24.32
Per Pay Period

Continue

Cancel

72 Click "Edit" in **CRITICAL ILLNESS** section

Critical Illness

Critical Illness Insurance

Critical Illness Declined

Edit

73 Click desired election

Critical Illness Insurance

Critical Illness with Cancer

<input type="checkbox"/>	Employee Only Non-Smoker 178.80 Annually	7.45 Employee Per Pay Perio...
Coverage Amount 5,000.00		
<input checked="" type="checkbox"/>	Employee + Spouse Non-Smoker 357.60 Annually	14.90 Employee Per Pay Perio...
Coverage Amount 5,000.00		
<input type="checkbox"/>	Employee Only Smoker 376.20 Annually	15.68 Employee Per Pay Perio...
Coverage Amount 5,000.00		
<input type="checkbox"/>	Employee + Spouse Smoker 752.40 Annually	31.35 Employee Per Pay Perio...

74 Choose coverage level from dropdown

OK

 You need to designate dependents or beneficiaries for your selected offerings.

Critical Illness with Cancer

Employee + Spouse Non-Smoker Employee

Coverage

5000 

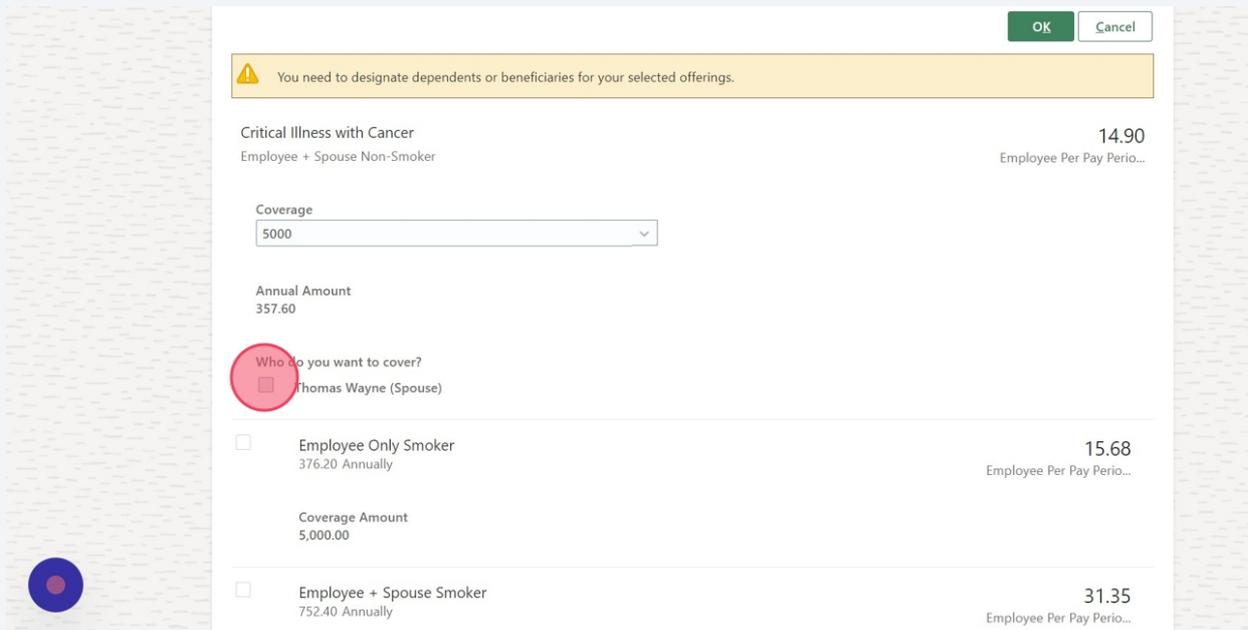
Annual Amount
357.60

Who do you want to cover?

Thomas Wayne (Spouse)

Employee Only Smoker

75 Click here if appropriate



OK Cancel

⚠ You need to designate dependents or beneficiaries for your selected offerings.

Critical Illness with Cancer 14.90
Employee + Spouse Non-Smoker Employee Per Pay Perio...

Coverage
5000

Annual Amount
357.60

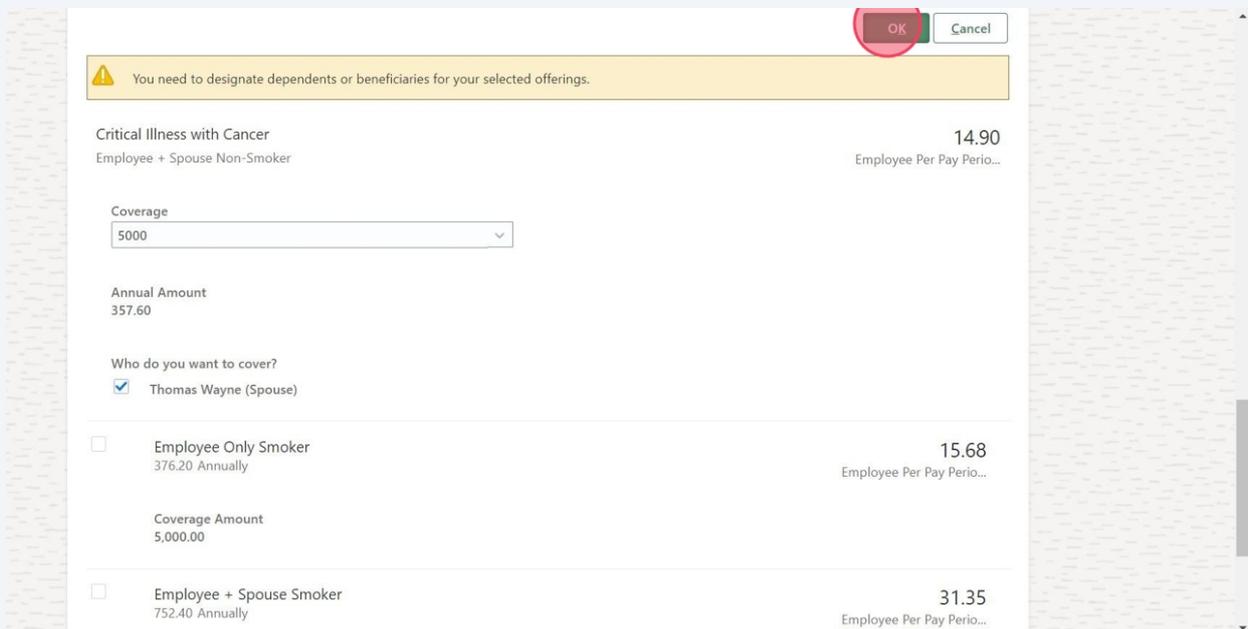
Who do you want to cover?
 Thomas Wayne (Spouse)

Employee Only Smoker 15.68
376.20 Annually Employee Per Pay Perio...

Coverage Amount
5,000.00

Employee + Spouse Smoker 31.35
752.40 Annually Employee Per Pay Perio...

76 Click "OK"



OK Cancel

⚠ You need to designate dependents or beneficiaries for your selected offerings.

Critical Illness with Cancer 14.90
Employee + Spouse Non-Smoker Employee Per Pay Perio...

Coverage
5000

Annual Amount
357.60

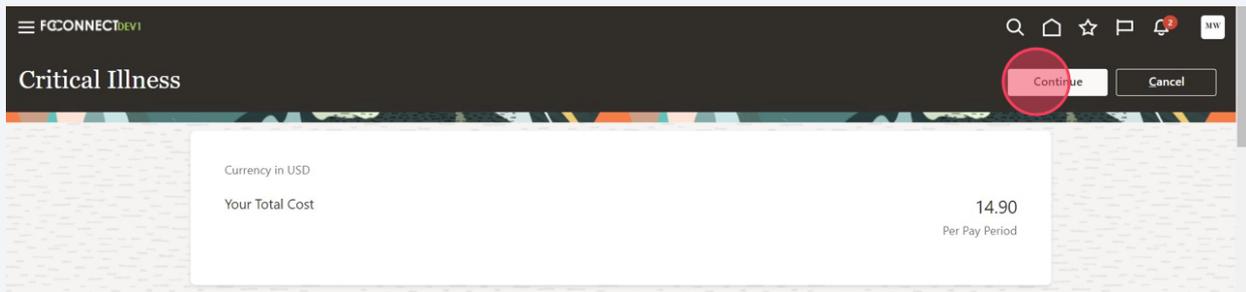
Who do you want to cover?
 Thomas Wayne (Spouse)

Employee Only Smoker 15.68
376.20 Annually Employee Per Pay Perio...

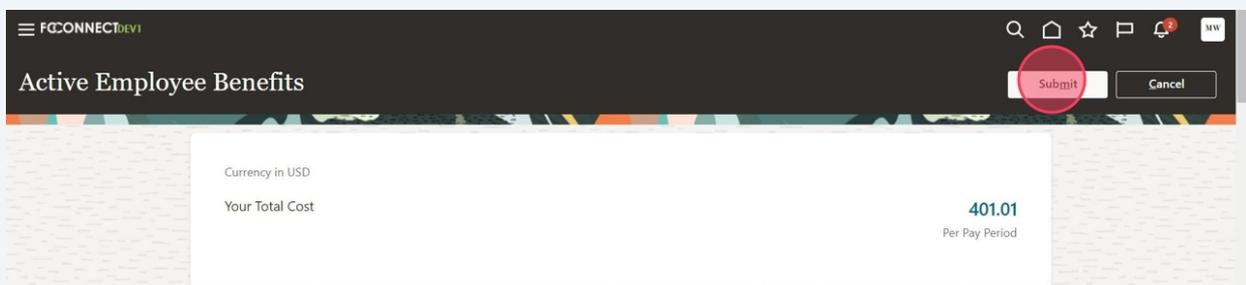
Coverage Amount
5,000.00

Employee + Spouse Smoker 31.35
752.40 Annually Employee Per Pay Perio...

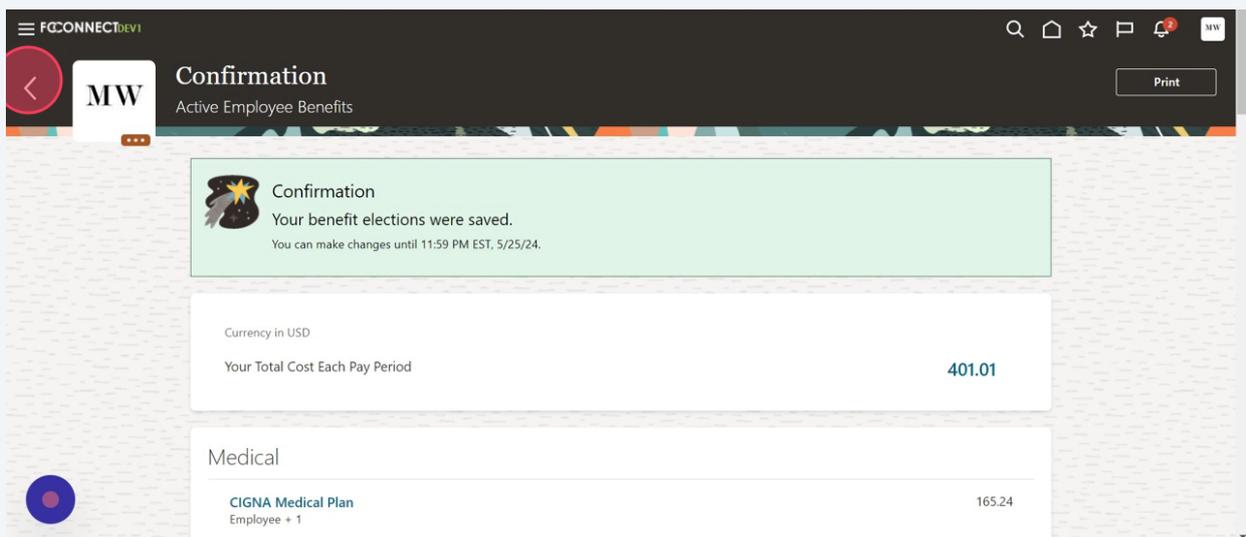
77 Click "Continue"



78 Click "Submit"



79 Click the back arrow



80 To see your benefit elections Click "**Your Benefits**"

The screenshot shows a benefits portal dashboard. At the top, there is a dark teal header with a white button labeled "Make Changes". Below the header, the dashboard is divided into two columns. The left column shows "Time Remaining" as "14 Days". The right column shows "Make Changes Until" as "5/24/24 11:59 PM EST". The main content area contains six cards arranged in a 2x3 grid. The top row includes "Pending Actions" (Address your open items to complete enrollment), "Your Benefits" (See your current, past, and future enrollments), and "Report a Life Event" (Record a life event for enrollment opportunities). The bottom row includes "Before You Enroll", "Change Beneficiaries", and "Document Records". The "Your Benefits" card is highlighted with a red circle.

81 Click "**Active Employee Benefits**"

The screenshot shows a "Select a Benefit" dialog box. At the top, it says "Select a Benefit". Below that, there is a label "See Benefits as of Date or Event" followed by a dropdown menu currently set to "Open enrollment". The main content area of the dialog box contains a single card with a blue camera icon and the text "Active Employee Benefits". The text "Active Employee Benefits" is highlighted with a red circle.

82 After reviewing, click "Home" icon

