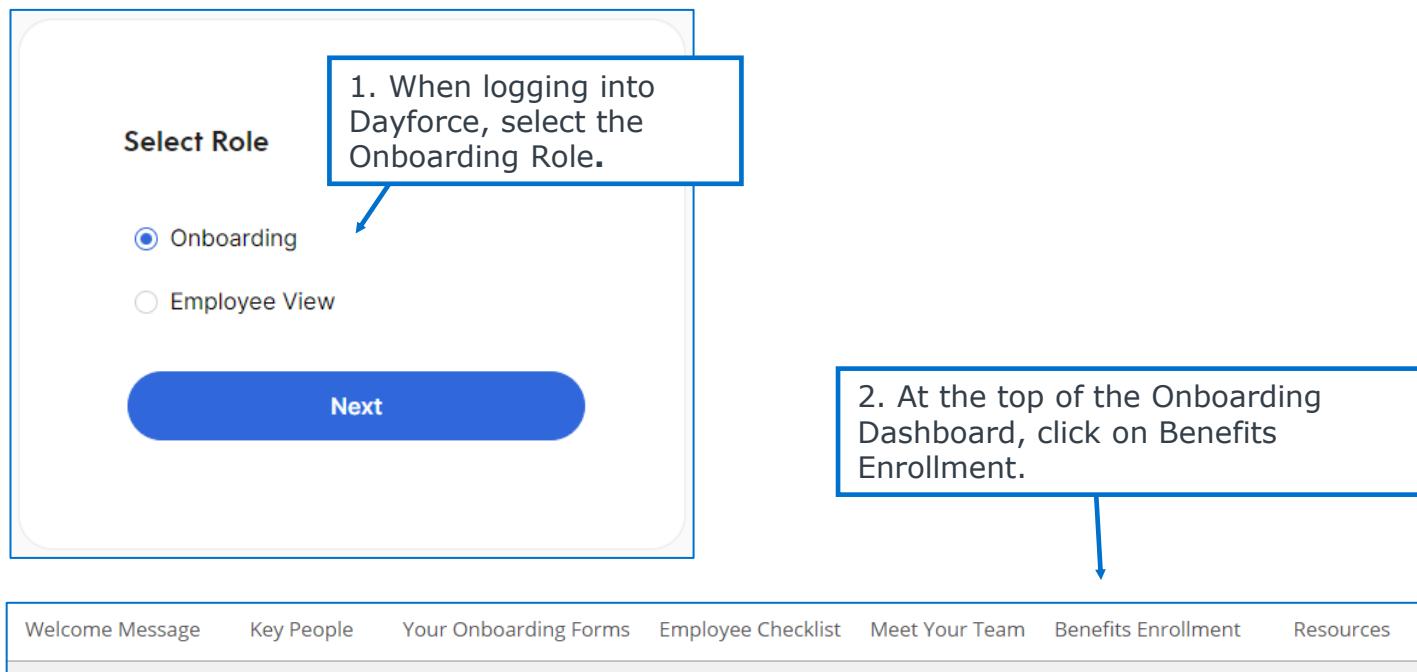
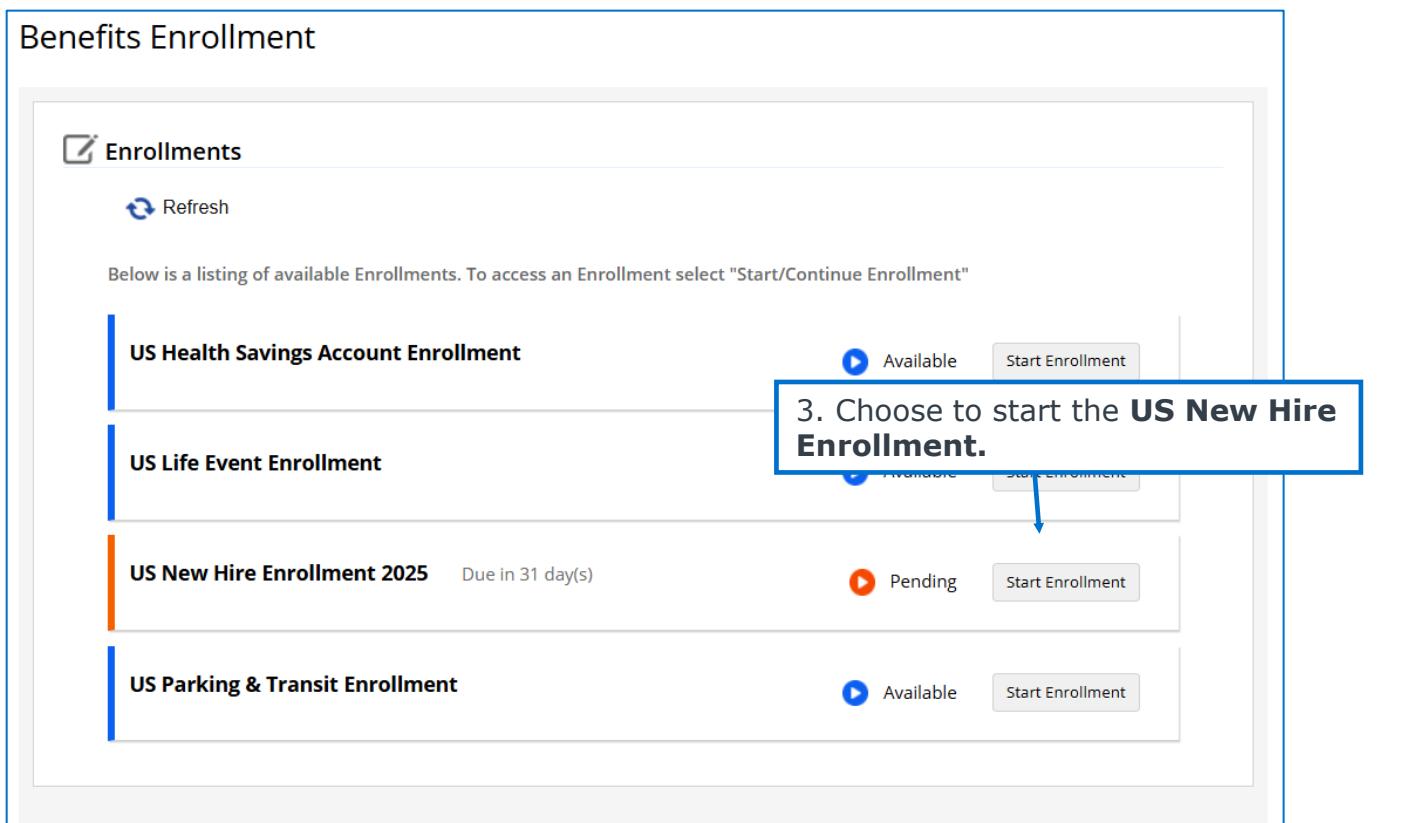


## 1. Initiating a New Hire Benefits Enrollment

**Benefits Enrollment**

**Enrollments**

Refresh

Below is a listing of available Enrollments. To access an Enrollment select "Start/Continue Enrollment"

Enrollment Type	Status	Action
US Health Savings Account Enrollment	Available	Start Enrollment
US Life Event Enrollment	Available	Start Enrollment
<b>US New Hire Enrollment 2025</b> Due in 31 day(s)	Pending	Start Enrollment
US Parking & Transit Enrollment	Available	Start Enrollment

3. Choose to start the **US New Hire Enrollment**.

## 1. Initiating a New Hire Benefits Enrollment

US New Hire Enrollment 2025

**Introduction**



**Welcome to your US New Hire Enrollment 2025!**

Welcome to your Benefits Enrollment!

Please take a moment to familiarize yourself with the benefits available to you as an employee and then complete the enrollment within the designated time period.

If you have any questions about the benefit plans offered, please contact the Benefits Team at [Benefits@eab.com](mailto:Benefits@eab.com).

Thank you!

**4. On the introduction screen, click **Start**.**

**Cancel** **Start**

US New Hire Enrollment 2025

**Personal Information**

Please review your personal information before continuing with the enrollment.

Full Name  
Birth Date  
Address

**5. Confirm your Personal Information is correct.**

**6. Click **Continue**.**

**Finish Later** **Back** **Continue**

## 1. Adding Dependents/Beneficiaries

US New Hire Enrollment 2025  
**Dependent Information**

A dependent is a person who is eligible for coverage under the benefits you elect. Please add all dependents that should be covered under any of your benefit plans for the year.

**Dependents**

[+ Add Dependent](#)

5. Click **Add Dependent** to add your dependents.

[Finish Later](#) [Back](#) [Continue](#)

6. Add your Dependent/Beneficiary information here.

**Add Dependent**

First Name*	Primary Address
<input type="text"/>	<input type="text"/>
Middle Name	Primary Residence
<input type="text"/>	<input type="text"/>
Last Name*	Other Address
<input type="text"/>	<input type="text"/>
Gender*	Phone Number
<input type="text"/>	<input type="text"/>
Relationship*	<input type="text"/>
<input type="text"/>	<input type="text"/>
Date of Birth*	SSN/SIN
<input type="text"/> M / d /yyyy	<input type="text"/>
<a href="#">Cancel</a> <a href="#">Continue</a>	

**IMPORTANT NOTE:** Even if you did not plan on adding any dependents, you must enter information for your beneficiaries at this step. Otherwise, you will have to come back to this step later when entering beneficiaries for your Basic Life or any other benefits that require beneficiaries.

5. Click **Continue**.

### 3. Enrolling in a Health Savings Account (HSA)

You may only contribute to the Health Savings Account if you have enrolled in the Medical – Aetna CDHP Value or Medical – Aetna CDHP Premium plans.

When entering your annual contribution, please note that you may only use the HSA for your dependent children age 22 or younger, and anyone else who you claim as a tax dependent.

Your contribution amount can be updated throughout the plan year. Any unused contributions from the plan year will rollover to the next plan year.

**Select a Plan**

**Inspira Financial – HSA Employee Only Premium**  
Effective from 3/8/2025

Your Annual Contribution

Amount must be between \$0.00 and \$3,800.00

Your Payroll Contribution \$50.00

Frequency Every Pay

Employer Annual Contribution \$500.00

Combined Annual Contribution \$1,500.00

**Selected**

1. Select the HSA plan.

Select this option to waive the coverage

2. Enter your Annual Contribution.

**Select**

3. Click **Continue**.

**Continue**

**Finish Later** **Back**

### 3a. Enrolling in a Flexible Spending Account (FSA)

If you enroll in the Medical – Aetna CDHP Value or Medical – Aetna CDHP Premium plans, you cannot enroll in the Standard Healthcare FSA. If you are on either of the CDHP plans, you can enroll in a Limited Purpose FSA. Limited Purpose FSA funds are only available for **qualifying dental and vision expenses**.

You will be unable to change your FSA election throughout the plan year. Unused contributions from the plan year are forfeited and will not rollover to the next plan year.

The Dependent Care FSA covers childcare expenses for dependents up to the age of 13.

US Life Event Enrollment

**Healthcare Flexible Spending Account**

Select a Plan

Chard Snyder-Healthcare Flexible Spending Account  
Effective from 3/8/2025

Your Annual Contribution  
100

Amount must be between \$100.00 and \$3,300.00

Your Payroll Contribution \$5.00  
Frequency Every Pay

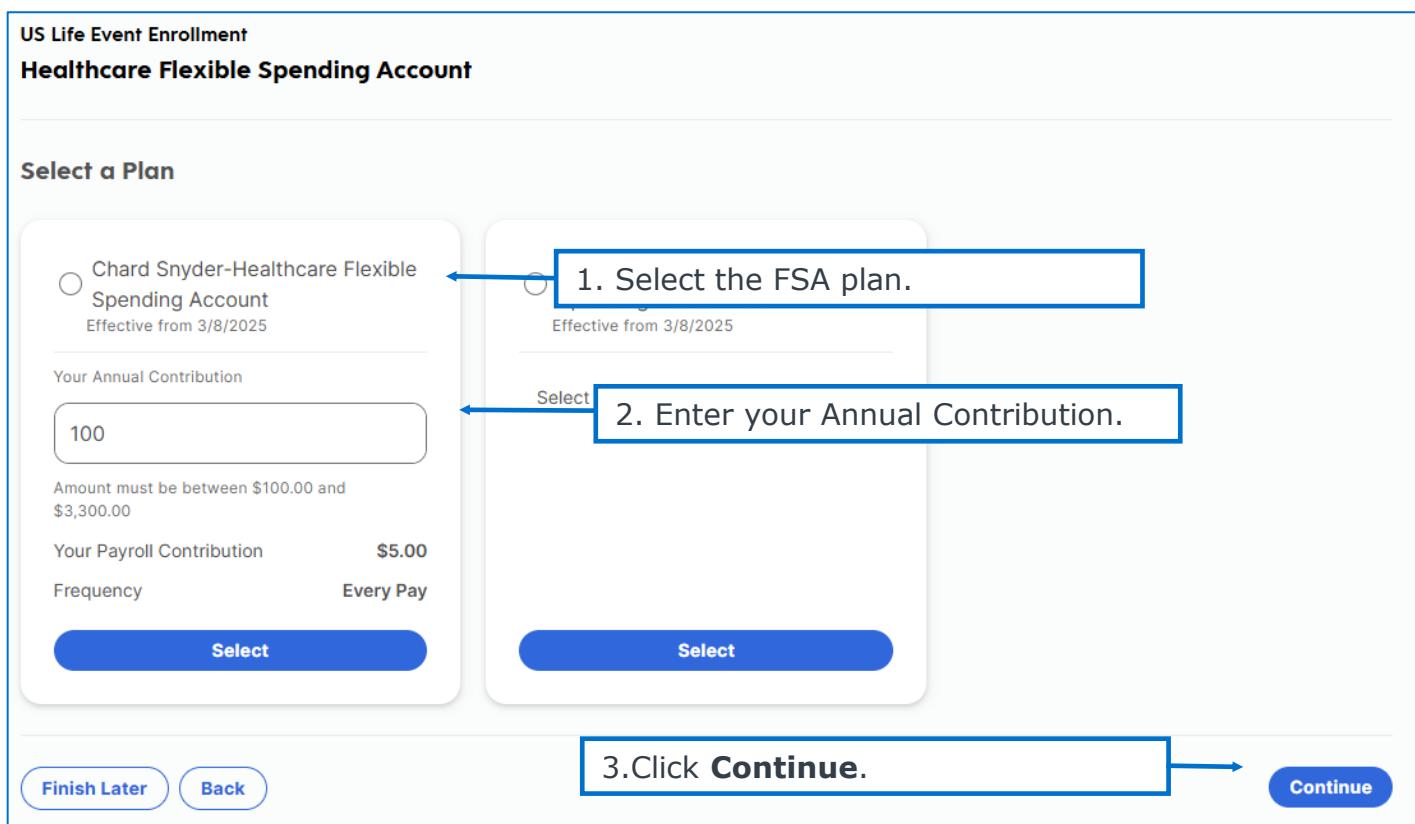
Select

1. Select the FSA plan.  
Effective from 3/8/2025

Select  
2. Enter your Annual Contribution.

3. Click **Continue**.

Finish Later Back Continue



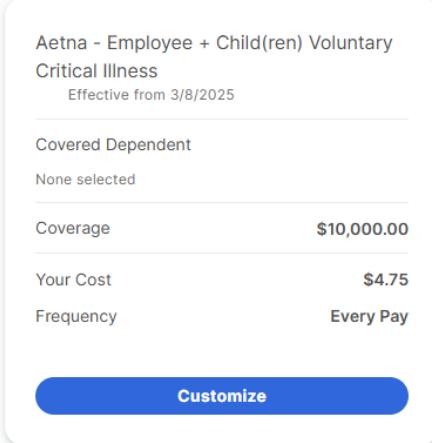
## 5. Enrolling in Critical Illness

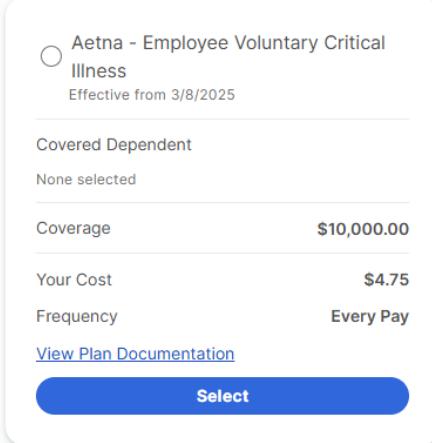
You may choose to enroll yourself and/or dependents into the Critical Illness Plan.

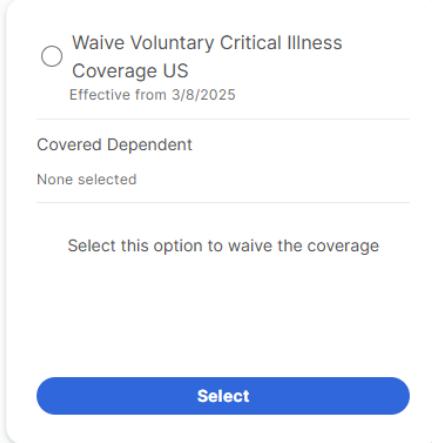
**US Life Event Enrollment**  
**Voluntary Critical Illness**

**Customize and Select a Plan**

**1. Choose the plan at your desired coverage level.**

  
Aetna - Employee + Child(ren) Voluntary Critical Illness  
Effective from 3/8/2025  
Covered Dependent  
None selected  
Coverage \$10,000.00  
Your Cost \$4.75  
Frequency Every Pay  
**Customize**

  
Aetna - Employee Voluntary Critical Illness  
Effective from 3/8/2025  
Covered Dependent  
None selected  
Coverage \$10,000.00  
Your Cost \$4.75  
Frequency Every Pay  
[View Plan Documentation](#)  
**Select**

  
Waive Voluntary Critical Illness  
Coverage US  
Effective from 3/8/2025  
Covered Dependent  
None selected  
Select this option to waive the coverage  
**Select**

**2. Click **Continue**.**

**Finish Later** **Back** **Continue**

## 6. Enrolling in Voluntary Life & AD&D Insurance

You may enroll in Voluntary Life Insurance and Voluntary AD&D Insurance coverage for you, your spouse/domestic partner, and/or children.

In order to enroll Voluntary Life or Voluntary AD&D Insurance for your dependents, you **must first enroll yourself**.

US Life Event Enrollment

**Employee Optional Term Life**

Select a plan.

1. Select your plan.

Prudential - Employee Optional Term Life-Employee  
Effective from 3/8/2025

Waive Employee Optional Term Life  
US  
Effective from 3/8/2025

2. Set your coverage level.

Covered Dependent  
None selected

How much coverage would you like?  
10,000

Amount must be between \$10,000.00 and \$330,000.00 and be an increment of \$10,000.00

Coverage \$10,000.00

Your Cost \$0.75

Frequency Every Pay

[View Plan Documentation](#)

Select

Select this option to waive the coverage

3. Click **Continue**.

Finish Later

Back

Continue

## 6. Enrolling in Voluntary Life & AD&D Insurance

Voluntary Life Insurances, Health Savings Account, and Group Life and AD&D plans require that you enter a beneficiary.

### Beneficiary Types

- **Primary Beneficiary:** this is the person (or persons) who will receive the proceeds of your life insurance policy.
- **Contingent Beneficiary:** this person (or persons) will only receive the proceeds of your life insurance policy in the event that your primary beneficiary cannot.

Beneficiary Designation : Prudential - Employee Optional Term Life-Employee

**Primary Beneficiaries**  
A primary beneficiary is the first person (or persons) entitled to receive the benefits from your insurance policy.

Test Testerson (Other Relationship, )

Test Dependent (Child, 1/2/2015)

Test Spouse (Spouse, 7/23/1980)

**4. Select your Primary Beneficiaries.**

Remaining Allocation : 100 % **Confirm**

**Contingent Beneficiaries**

Select your primary beneficiaries first.

Beneficiary Designation : Prudential - Employee Optional Term Life-Employee

**Primary Beneficiaries**  
A primary beneficiary is the first person (or persons) entitled to receive the benefits

Test Testerson (Other Relationship, )

Test Dependent (Child, 1/2/2015)

Test Spouse (Spouse, 7/23/1980)

**5. Set the allocation amount for your beneficiaries. You must allocate a total of 100% between all Primary Beneficiaries you select.**

Allocation: 100 %

**Contingent Beneficiaries**

Select your primary beneficiaries first.

**6. Once you allocated the full 100%, click **Confirm**.**

Remaining Allocation : 0 % **Confirm**

## 6. Enrolling in Voluntary Life & AD&D Insurance

Beneficiary Designation : Prudential - Employee Optional Term Life-Employee

**Primary Beneficiaries**

Test Testerson (100%) Change

**Contingent Beneficiaries**  
A contingent beneficiary is the person (or persons) who receives the benefits from your insurance policy when the primary beneficiary cannot claim it.

Test Dependent (Child, 1/2/2015)

7. If you plan on having Contingent Beneficiaries, choose them from the list of available beneficiaries.

when the primary beneficiary cannot claim it.

Remaining Allocation : 100 % Confirm

Finish Later
Back
Continue

Beneficiary Designation : Prudential - Employee Optional Term Life-Employee

**Primary Beneficiaries**

Test Testerson (100%)

**Contingent Beneficiaries**  
A contingent beneficiary is the person (or persons) who receives the benefits from your insurance policy when the primary beneficiary cannot claim it.

Test Dependent (Child, 1/2/2015)

5. Set the allocation amount for your beneficiaries. You must allocate a total of 100% between all Contingent Beneficiaries you select.

Allocation:  %

Remaining Allocation : 100 % Confirm

Finish Later
Back
Continue

6. Once your Primary and Contingent Beneficiaries are set, click **Continue**.

## 7. Reviewing your Benefit Elections and Submitting Changes

US Life Event Enrollment

**Review**

1. Review your changes.

Please review the summary of your elections. You are not enrolled until you click Submit and your enrollment is processed.

**Event Details**

Event Type	Loss of Existing Coverage
Event Date	3/8/2025
Supporting Documents	<a href="#">Navigating-Benefits-2024.pdf (3/7/2025, 9:29 AM)</a>

**Dependent Changes**

Added	Test Dependent (Child, 1/2/2015)
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Your Estimated Total Cost \$120.01

Employee Optional AD&D Waive Employee Optional AD&D US

Effective from 3/8/2025

Coverage Amount: \$0.00

**Finish Later** **Back**

2. Once you have completed your review and you are satisfied with your changes, click **Submit**.

**Submit**

If you have any questions regarding your benefit enrollment change, please contact the Benefits Team at [benefits@eab.com](mailto:benefits@eab.com).