

## 1. Initiating a New Hire Benefits Enrollment

Select Role

☒ Onboarding

☐ Employee View

Next

1. When logging into Dayforce, select the Onboarding Role.

2. At the top of the Onboarding Dashboard, click on Benefits Enrollment.

Welcome Message

Key People

Your Onboarding Forms

Employee Checklist

Meet Your Team

Benefits Enrollment

Resources

Benefits Enrollment

Enrollments

Refresh

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

US Health Savings Account Enrollment

Available

Start Enrollment

US Life Event Enrollment

Available

Start Enrollment

US New Hire Enrollment 2025

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.

5. Confirm your Personal Information is correct.

Full Name  
Birth Date  
Address

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

6. Add your Dependent/Beneficiary information here.

Continue

Add Dependent

First Name\*

Middle Name

Last Name\*

Gender\*

Relationship\*

Date of Birth\*

M / d /yyyy

SSN/SIN

Primary Address

Primary Residence

Other Address

Phone Number

Cancel

Continue

**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.

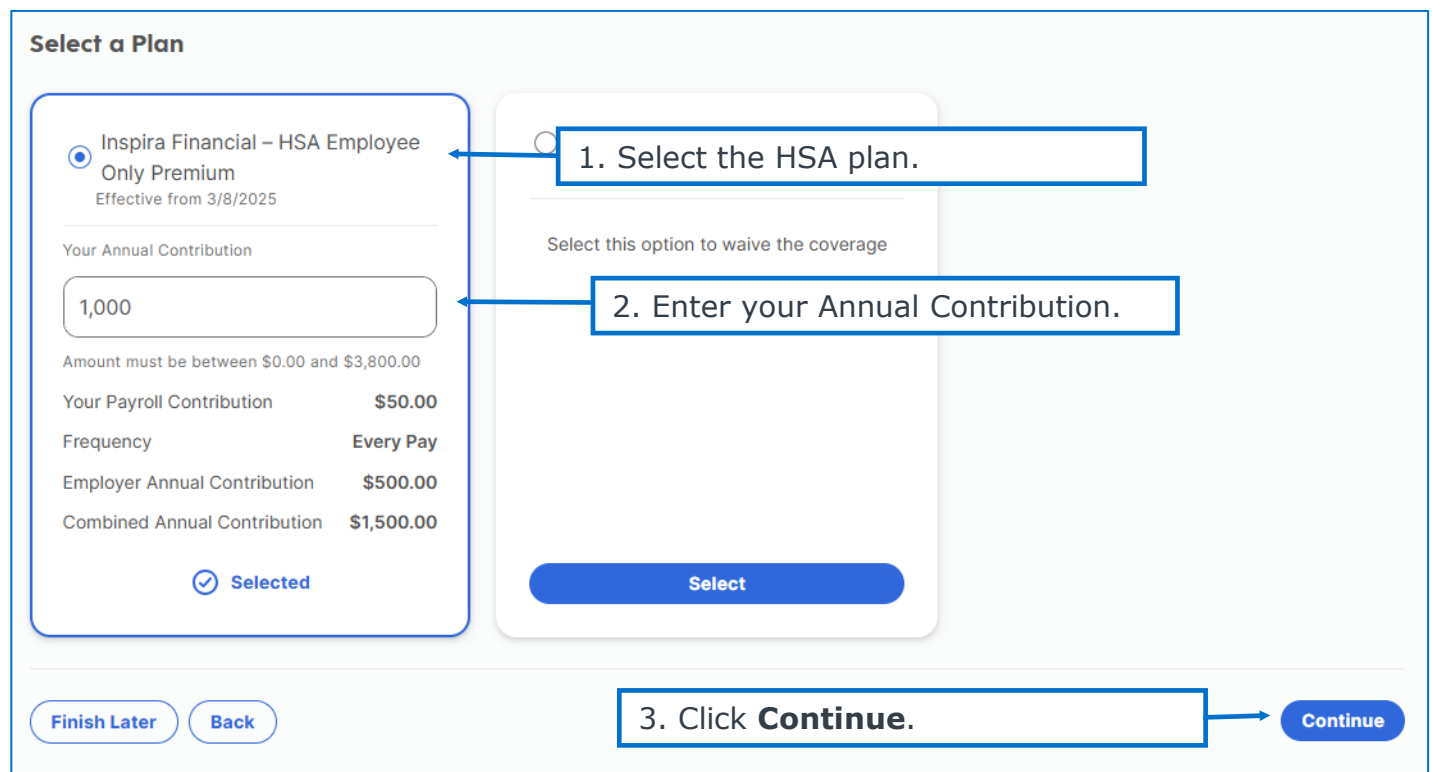
5. Click **Continue**.

### 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

1,000

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

☐ Select this option to waive the coverage

Select

1. Select the HSA plan.

2. Enter your Annual Contribution.

3. Click **Continue**.

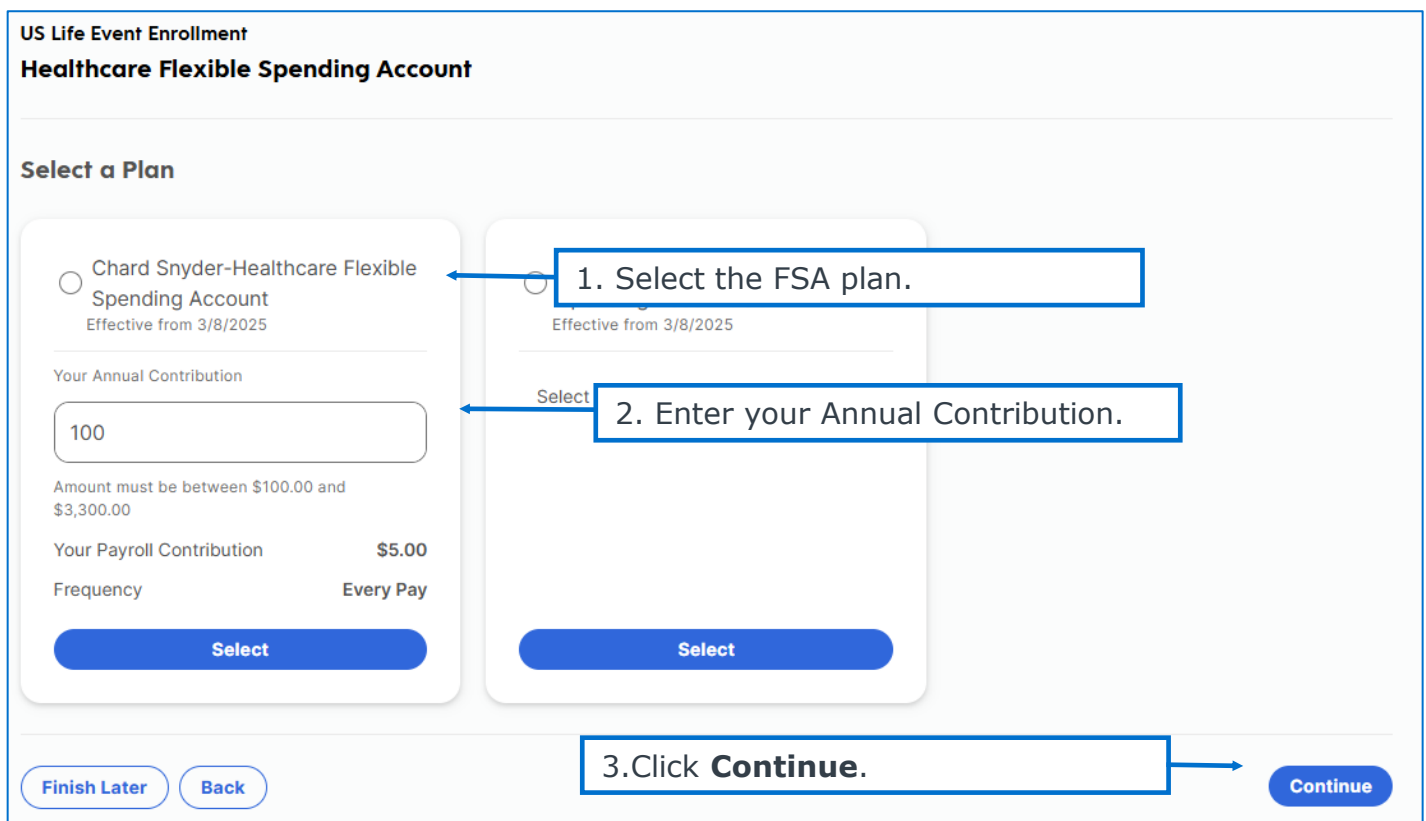
Finish Later Back Continue

### 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.



The screenshot shows the "US Life Event Enrollment" page for a "Healthcare Flexible Spending Account". It features two side-by-side cards for selecting a plan. The left card is for the "Chard Snyder-Healthcare Flexible Spending Account" and includes a radio button, a text input for "Your Annual Contribution" (set to 100), a note that the amount must be between \$100.00 and \$3,300.00, a "Your Payroll Contribution" of \$5.00, a "Frequency" of "Every Pay", and a blue "Select" button. The right card is partially visible and also has a "Select" button. At the bottom left are "Finish Later" and "Back" buttons, and at the bottom right is a blue "Continue" button. Three numbered instructions with arrows point to specific elements: "1. Select the FSA plan." points to the radio button on the left card; "2. Enter your Annual Contribution." points to the text input field on the left card; and "3. Click Continue." points to the "Continue" button at the bottom right.

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

Select

1. Select the FSA plan.

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

1. Choose the plan at your desired coverage level.

Customize and Select a Plan

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

Finish Later

Back

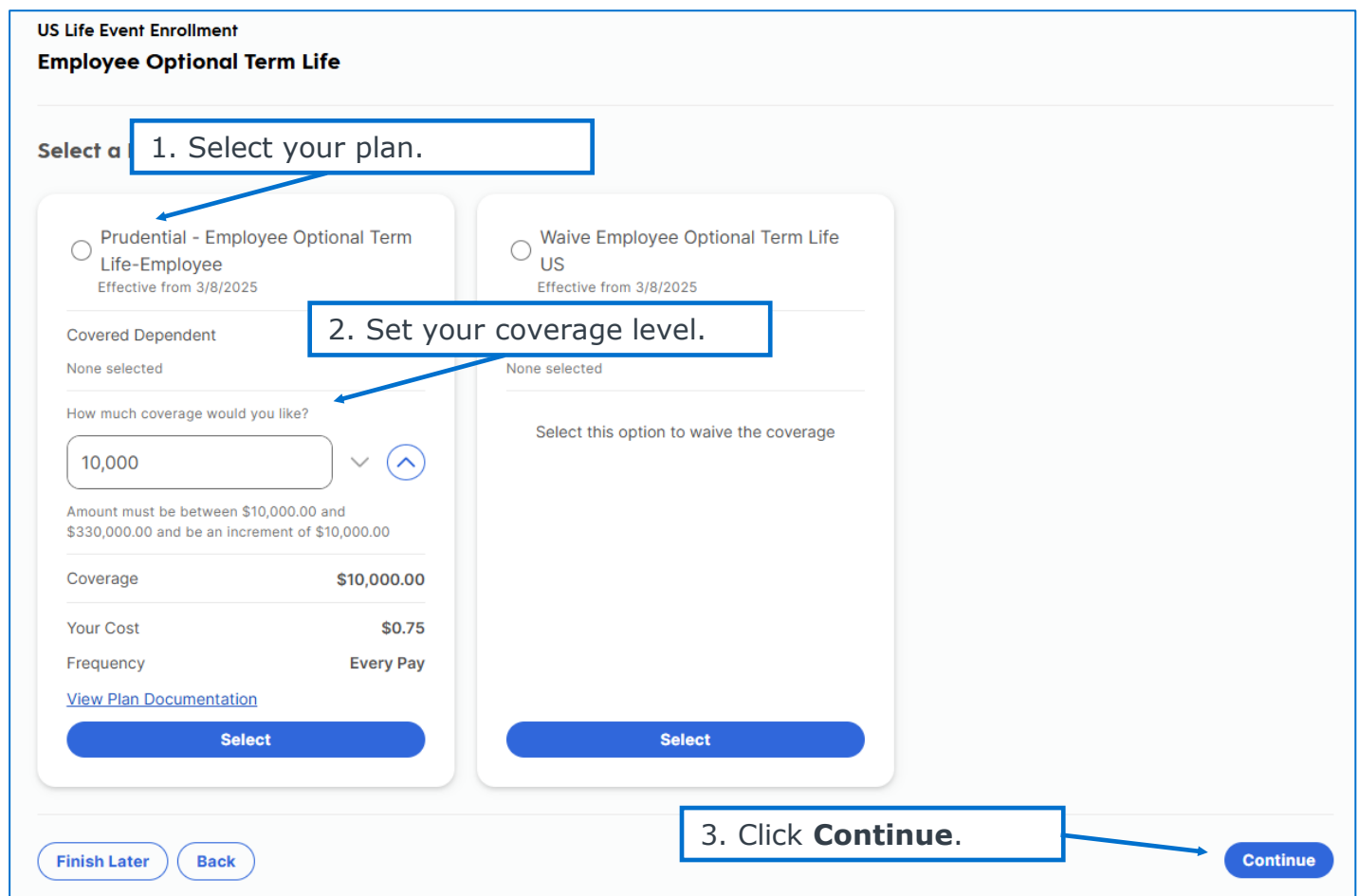
2. Click **Continue**.

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

Covered Dependent  
None selected

2. Set your coverage level.

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

3. Click **Continue**.

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)

Remaining Allocation : 100 % **Confirm**

**Contingent Beneficiaries**  
Select your primary beneficiaries first.

**4. Select your Primary Beneficiaries.**

**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)

Allocation: 100 %

Remaining Allocation : 0 % **Confirm**

**Contingent Beneficiaries**  
Select your primary beneficiaries first.

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

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



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

**Beneficiary Designation : Prudential - Employee Optional Term Life-Employee**

**Primary Beneficiaries** Change

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)

Remaining Allocation : 100 % Confirm

Finish Later Back Continue

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

**Beneficiary Designation : Prudential - Employee Optional Term Life-Employee**

**Primary Beneficiaries** Change

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)

Allocation: 0 %

Remaining Allocation : 100 % Confirm

Finish Later Back Continue

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

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

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).