

ANNUAL ENROLLMENT

Table of Contents

- [Adding Dependents and/or Beneficiaries](#)
 - [Dependent or Beneficiary](#)
 - [Beneficiary Organization](#)
- [Enrolling in Benefits](#)
- [Viewing Current Benefits](#)

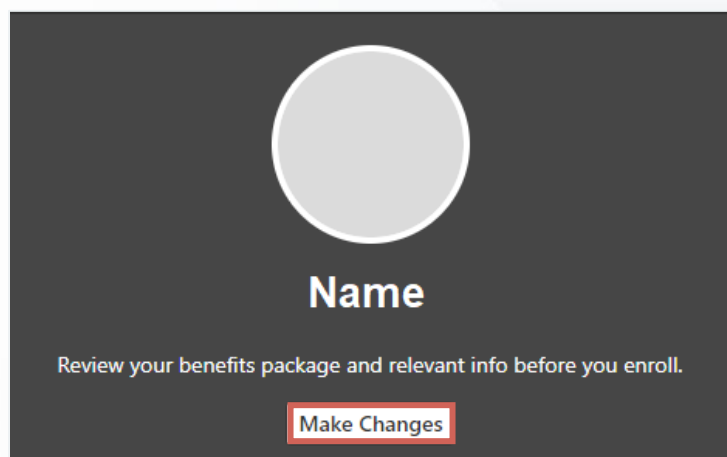
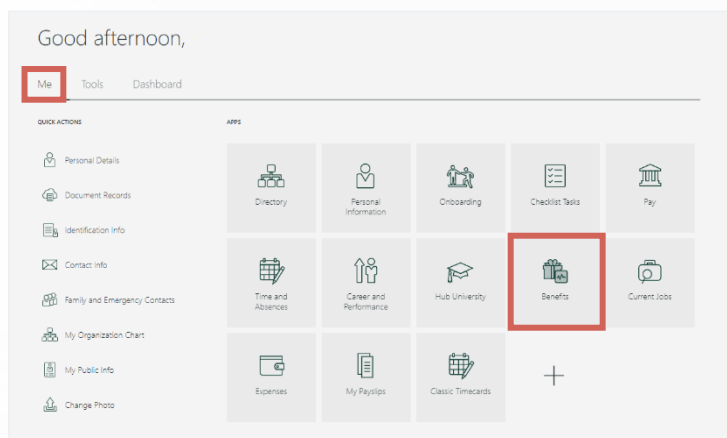
ANNUAL ENROLLMENT

Adding Dependents and/or Beneficiaries

Login to HCM at
<https://hcm.hubgroup.com>.

Click **Benefits**.

Click **Make Changes**.

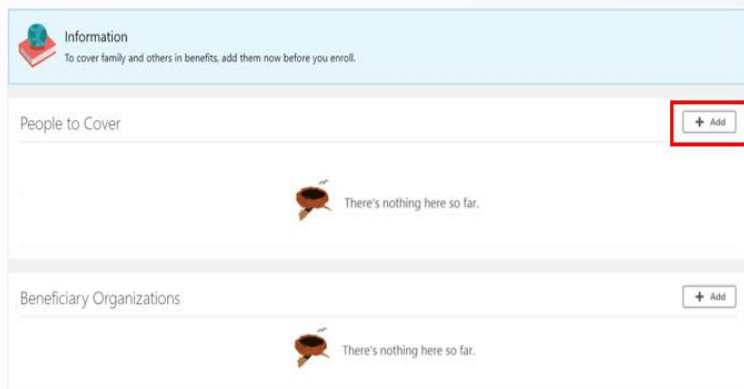


People to Cover:

If the individuals you will cover as dependents or name as beneficiaries are already listed, click **Continue**.

If a desired dependent or beneficiary is not already listed, you **must** create a contact.

Click **+ Add** to create a new contact.



ANNUAL ENROLLMENT

Dependent or Beneficiary

Basic Information

Title
Select a value

Honors

Prefix

First Name

Middle Name

Relationship
Select a value
What's the start date of this relationship?
m/d/yy

Last Name

Suffix

Preferred Name

Previous Last Name

Gender
Select a value

Date of Birth
m/d/yy

☐ This person is an emergency contact

Basic Information: Complete the required fields:

- First Name
- Last Name
- Gender
- Date of Birth

WARNING: Enter today's date as the relationship start date. Otherwise, the individual will not show as eligible for the plans or to select as a beneficiary.

Communication

Phones

Type
Select a value

Email

Type
Select a value

Address

☒ Use My Address
Select a value


☐ Enter a New Address

Complete the **Communication** and **Address** sections.

National Identifiers

Country
Select a value

RECENT COUNTRIES

 US United States

If you know the dependent's Social Security Number, follow this step. Otherwise, click **Submit**.

National Identifiers: Select **United States**.

National Identifiers

Country
United States

National ID Type
Select a value

Individual Taxpayer Identification Number

Social Security Number

Taxpayer Identification Number

National ID

Issue Date
m/d/yy

Expiration Date
m/d/yy

National ID Type: Select Social Security Number (SSN).

National ID: Enter contact's SSN.

Submit **Cancel**

Click **Submit** in the upper right corner.

Repeat to add additional eligible dependents or beneficiaries.

ANNUAL ENROLLMENT

Beneficiary Organization

Beneficiary Organizations

+ Add

There's nothing here so far.

If you would like to name an Organization or a Trust as your beneficiary for life/AD&D insurance, click **+ Add**.

Date when you would like this organization for designation: Select today's date.

WARNING: Enter today's date as the **relationship start date**. Otherwise, you cannot designate it as a beneficiary.

Beneficiary Organizations

Save Cancel

Select a value

September

SUN MON TUE WED THU FRI SAT

30 31 1 2 3 4 5

6 7 8 9 10 11 12

13 14 15 16 17 18 19

20 21 22 23 24 25 26

27 28 29 30 1 2 3

Today

Beneficiary Type: Choose **Trust**.

Beneficiary Organizations

Save Cancel

*Start Date

Date when you would like this organization available for designation

*Beneficiary Type

Select a value

Select a value

Existing organization

Trust

Trust Name: Enter name of trust or organization.

Enter trust contact and details on the right.

Click **Save** and repeat this process until you add all beneficiary organizations.

Beneficiary Organizations

Save Cancel

*Start Date

Date when you would like this organization available for designation

*Beneficiary Type

Trust

Trust Name

Additional Info

Trust Description

Click **Continue** in the upper right corner.

Continue

Cancel

ANNUAL ENROLLMENT

Enrolling in Benefits

Review the authorization. Click **Accept**.

Authorization

Authorization for Health and Welfare Plans

Eligible Dependents: I understand I may only elect coverage for those dependents allowed under the plan which include: legally married spouse or civil union partner and dependent children under age 26, which includes a natural child(ren), stepchild(ren), foster child(ren), adopted child(ren), child(ren) of your party to a Civil Union, child(ren) who is/are in your custody under an interim court order prior to finalization of adoption or placement of adoption vesting temporary care, whichever comes first, a child(ren) of your child(ren), grandchild(ren), for whom you are the legal guardian under 26 years of age, regardless of presence or absence of a child's financial dependency, residency, student status, employment status, marital status, eligibility for other coverage or any combination of those factors. In addition, enrolled unmarried children will be covered up to the age of 30 if they live within the state of Illinois and have served as an active or reserve member of any branch of the Armed Forces of the United States and have received a release or discharge other than a dishonorable discharge. Any children who are incapable of self-sustaining employment and are dependent upon you or other care providers for lifetime care and supervision because of a handicapped condition occurring prior to reaching the limiting age will be covered regardless of age as long as they were covered prior to reaching the limiting age. This coverage does not include benefits for grandchildren (unless such children have been legally adopted or are under your legal guardianship).

For Medical/Dental/Prescription Drug/Vision Coverage: I understand that I cannot change or revoke this Election and Payroll Deduction Agreement as of any date prior to the next annual enrollment period of any given calendar year, unless that change or revocation is on account of and consistent with a qualified life event as noted below, or other such events as the Administrator determines will permit a change of revocation of an election. For each new Plan Year, I may change my elections that I previously made during the election period. I may also choose not to participate in the Plan for the upcoming Plan Year. The Plan Administrator may redirect or cancel my salary reduction or otherwise modify or amend this agreement in the event he believes it advisable in order to satisfy certain provisions of the Internal Revenue Code. I understand pre-tax dollars will be used to fund the benefit contributions under my Employer's Section 125 Plan for the Medical/Dental/Prescription Drug/Vision plans. I also understand that if I do not wish to take advantage of having my eligible insurance contributions deducted pre-tax and prefer to be taxed on these dollars, I will contact my payroll department.

For Life, AD&D, Short-Term and Long-Term Disability Insurance: I understand post-tax dollars will be used to fund the benefit contributions for these plans. I understand that in the event I request to purchase Life or AD&D insurance at a later date after my initial eligibility period, (1) I may be required to furnish evidence of insurability for myself and/or my dependents at my own expense and (2) the insurance carrier has the right to refuse my request. I confirm the information I have entered for my designated beneficiary(ies) is accurate. I further understand that in the event I request to purchase Short-Term Disability or Long-Term Disability insurance at a later date, pre-existing condition limitations may apply to a disability claim.

For Flexible Spending Accounts: I certify that the children for whom I will be claiming dependent or childcare expenses either reside with me in a parent-child relationship or are legally dependent on me for their support. I agree to have my compensation reduced by the deduction amount(s) stated. I understand that any amounts remaining in my account(s) not used for qualified expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. I further understand that the Flexible Spending deduction(s) will be in effect for the entire plan year and cannot be revoked unless I experience a qualified life event. I understand pre-tax dollars will be used to fund the benefit contributions under my Employer's Section 125 Plan for the Flexible Spending Account plans.

In the event you experience a Qualified Life Event and desire to make a change, you must create a life event through your benefits self service within 30 days of the event date. You must submit proper documentation to Human Resources within 30 days from the qualified life event or your elections will be cancelled, i.e. Marriage Certificate, Hospital Issued Birth Certificate, Certificate of Death, etc. Examples of Qualified Life Events include: my marriage or divorce, death of my spouse or dependent, birth or adoption of my child, and/or for me, my spouse or dependent the commencement/return from an unpaid leave of absence, change from full-time to part-time, or commencement/termination of eligibility of my dependent for coverage under the Welfare Benefit Plans.

I authorize my employer to deduct the applicable premiums from my salary as consideration for the insurance plans in which I have elected enrollment. I understand that if my required premium contributions are increased or decreased while this agreement remains in effect, my salary reductions will automatically be adjusted to reflect that increase or decrease.

Should you have any questions regarding the above, please contact Human Resources at Benefits@hubgroup.com

Accept **Decline**

Medical

Hub Group Benefits

Submit Cancel

Currency in USD

Your Total Cost **0.00** Per Pay Period

Medical **Edit**

Medical

Decline Medical Insurance

Health Savings Account (HSA) (Participants Only)

Decline Health Savings Account (HSA)

Review each medical plan option in the Benefits Enrollment Guide. If you are enrolled in plans for the current year, your elections will automatically carryover.

If you would like to make changes to your medical insurance for the next plan year, click **Edit** to select a new plan and coverage tier.

Dependent coverage availability depends on the contacts (eligible dependents) you added.

Decline Medical Insurance

☐ Decline Medical Insurance

High Deductible Health Plan

☐ Employee Annually Pre Tax

☐ Employee+Children Annually Pre Tax

☐ Employee+Spouse Annually Pre Tax

☐ Family Annually Pre Tax

Under the plan you choose, check the **box** next to the coverage tier in which you would like to enroll.

ANNUAL ENROLLMENT

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

High Deductible Health Plan
Family

Annual Amount

Who do you want to cover?

☒ (Spouse)
☒ (Child)
☒ (Child)

OK Cancel

If you are covering dependents, check the **box** next to each dependent you want to cover.

Click **OK**.

Health Savings Account (HSA)

Health Savings Account (HDHP Participants Only)

Decline Health Savings Account (HSA)

☒ Decline Health Savings Account (HSA)

Health Savings Account (HSA)

☐ Health Savings Account (HSA) 0.00
0.00 Annually Pre Tax

Coverage Amount
0.00

OK Cancel

If you enrolled in the High Deductible Health Care Plan (HDHP) and are eligible to contribute to a Health Savings Account (HSA), scroll down to **Health Savings Account (HSA)** to make your election by checking the **box**.

You will see your current HSA annual election amount carryover to the new plan year if you are currently enrolled. However, you may change the amount for the new plan year during annual enrollment.

Health Savings Account (HDHP Participants Only)

Decline Health Savings Account (HSA)

☐ Decline Health Savings Account (HSA)

Health Savings Account (HSA)

☐ Health Savings Account (HSA) 0.00
0.00 Annually Pre Tax

Coverage
0

OK Cancel

Enter the annual amount you wish to contribute under **Coverage**. This amount will be divided over the number of paychecks you receive during the year.

The annual IRS contribution limits are included in the Benefits Enrollment Guide.

Click **OK**.

Continue Cancel

Click **Continue** to go to **Dental and Vision**.

Click **Edit** to make your elections.

Continue Cancel


Click **Continue** to go to **Basic AD&D and Basic Life Insurance**.


ANNUAL ENROLLMENT

Basic AD&D & Basic Life Insurance

Basic AD&D


Basic AD&D Insurance


 You haven't picked any beneficiaries yet.



☒ Basic AD&D Insurance Coverage Amount 

Basic Life Insurance

Basic Group Life Insurance




 You haven't picked any beneficiaries yet.


☒ Basic Group Life Insurance Coverage Amount 

Basic AD&D Insurance  


Coverage Amount

Primary Beneficiaries

 Beneficiary 1	<input type="text"/> %
 Beneficiary 2	<input type="text"/> %
 Beneficiary 3	<input type="text"/> 100 %

 0% left

You cannot edit Company Paid Basic Life and AD&D amounts.

Click  to designate beneficiaries.

To designate your beneficiary(ies), enter a percentage for each. Primary beneficiaries must total 100%.

After designating primary beneficiaries, you can designate contingent beneficiary(ies). Contingent beneficiaries must total 100%.

Click **OK**.

Click **Continue** to go to **Supplemental Life and AD&D Insurance**.

- You **must** enroll in at least 1x your earnings for Supplemental Life Insurance in order to enroll in the Supplemental AD&D, Spouse Life and/or Child Life plans.
- Click **Edit** to make your elections.

ANNUAL ENROLLMENT

Continue

Cancel

Click **Continue** to go to **Disability plan**.
Click **Edit** to make your disability elections.

Continue

Cancel

Click **Continue** to go to the **Flexible Spending Accounts**.

Flexible Spending Accounts (FSA)

Flexible Spending Account

Edit

Dependent Care Spending Account

Decline Dependent Care FSA

Healthcare Spending Account

Decline Healthcare FSA

Limited Purpose Flexible Spending Account

OK Cancel

Limited Purpose Flexible Spending Account

Coverage

50

Annual Amount
50.00

If you enrolled in the High Deductible Health Plan (HDHP), you **cannot** enroll in the Healthcare FSA. However, you may enroll in the Limited Purpose FSA (reimbursement of dental and vision expenses only).

The minimum annual contribution for all FSA plans is \$50. You will see the maximum for each plan when you click **Edit**.

Enter the annual amount you would like to contribute to your FSA. This amount will be divided over the number of paychecks you receive during the year.

Click **OK**.

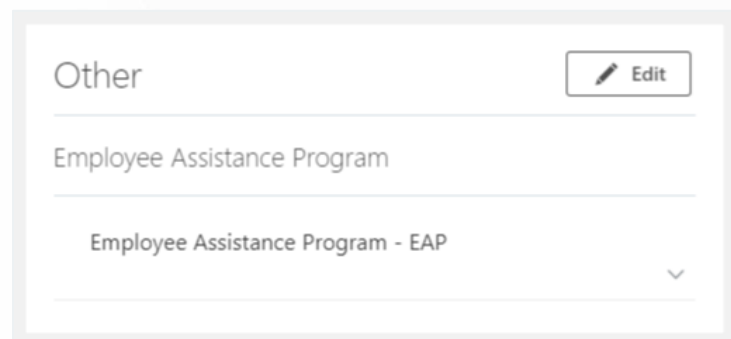
Continue

Cancel

Click **Continue**.

ANNUAL ENROLLMENT

Other



Other Edit

Employee Assistance Program

Employee Assistance Program - EAP

You are automatically enrolled in the company-provided Employee Assistance Program

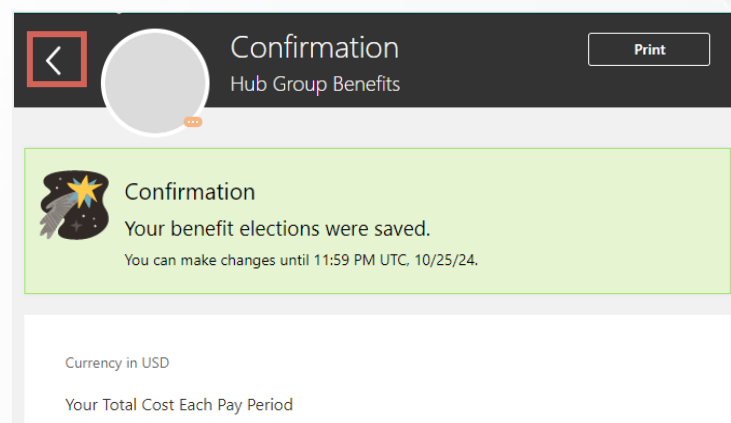
NOTE: If you wish to enroll in or change your voluntary accident, critical illness, lifetime term insurance coverage, hospital indemnity and/or legal plan, you *must* schedule an appointment with a benefit counselor.

You may schedule an appointment with a benefit counselor about your annual enrollment benefits [here](#) or by calling (844) 532-2237.




Submit **Cancel**

Click **Submit** in the upper right corner after making your elections.



< Confirmation Print
Hub Group Benefits

 **Confirmation**
Your benefit elections were saved.
You can make changes until 11:59 PM UTC, 10/25/24.

Currency in USD
Your Total Cost Each Pay Period

Review your elections carefully.

Click **Print**. A window/tab will open and you can print or print-to-PDF your benefits summary.

Close the window/tab after printing. Go back to the original window/tab and click < to go to the benefits homepage.

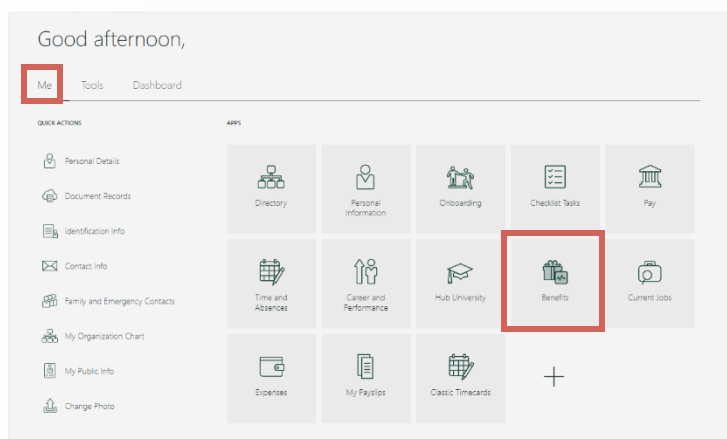
You can revisit or change your benefit elections until Annual Enrollment ends.

Always click **Submit** after making changes.

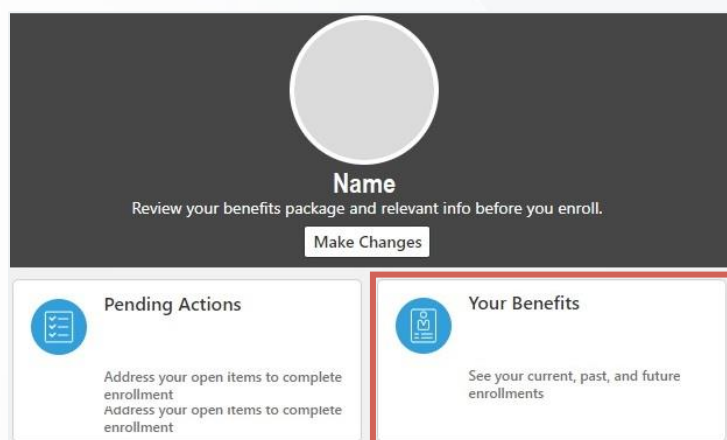
ANNUAL ENROLLMENT

Viewing Annual Enrollment Benefits

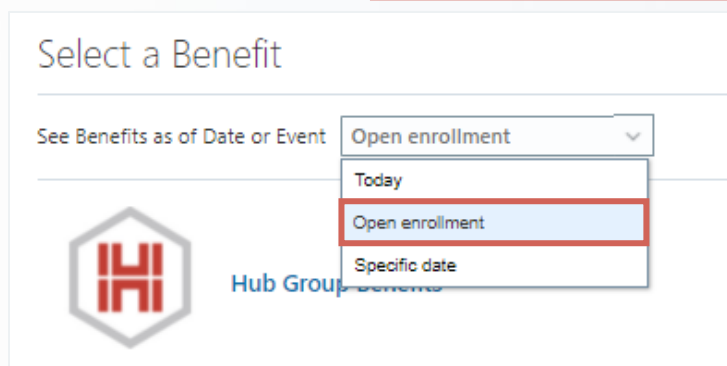
Login to HCM. Click **Benefits**.



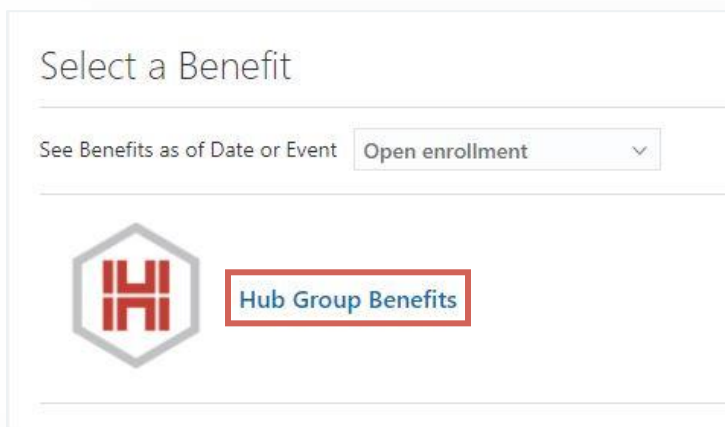
Click **Your Benefits**.



Choose **Open enrollment** from the **See Benefits as of Date or Event** drop down.



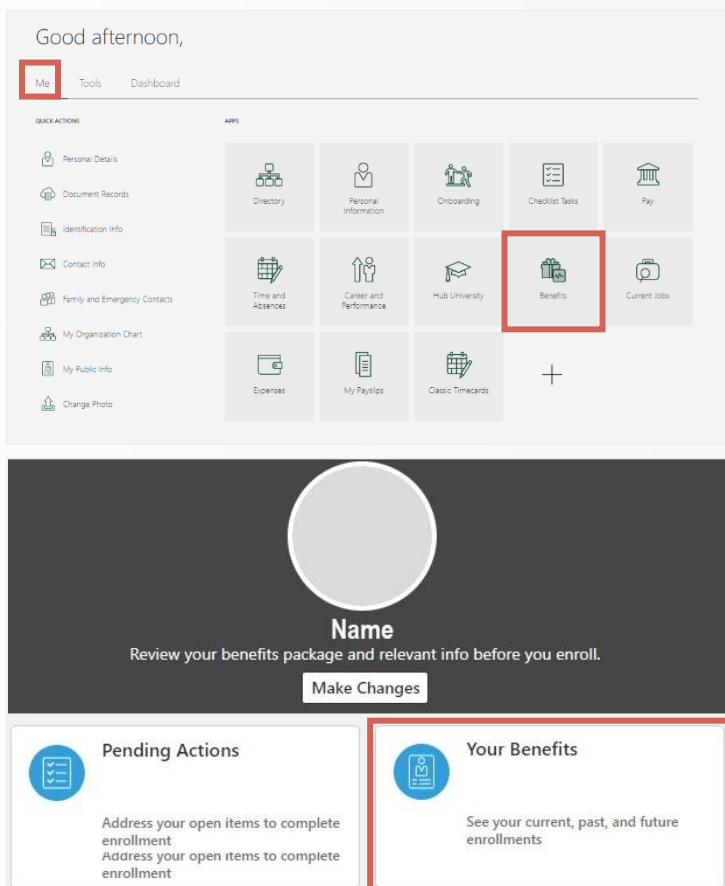
ANNUAL ENROLLMENT



Click **Hub Group Benefits**.

View the annual enrollment benefits selected.

Viewing Current Benefits



Login to HCM. Click **Benefits**.

Click **Your Benefits**.

ANNUAL ENROLLMENT

Choose **Today** from the **See Benefits as of Date or Event** drop down.

Click **Hub Group Benefits**.

Internal Use Only

Select a Benefit


See Benefits as of Date or Event

Today

Today

Open enrollment

Specific date



Hub Group Benefits