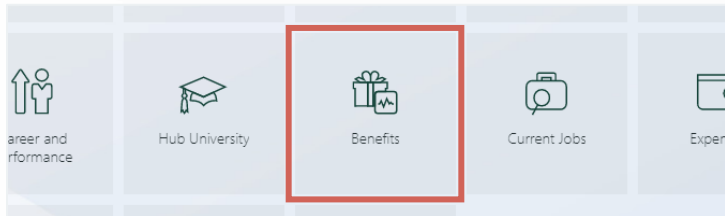
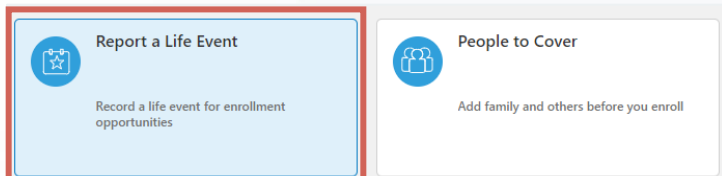


LIFE EVENT OR HSA CHANGE



Visit <https://hcm.hubgroup.com>. Click **Benefits**.



Click **Report a Life Event**.

NOTE: The life event must have occurred within the last thirty (30) days to make a change to your benefits elections.

The following list describes life events you can select.

You must provide supporting documentation of the life event date to Human Resources. If HR **does not receive proof**, changes made in HCM will be removed and you must wait until Annual Enrollment to change your coverage.

- **Birth/Adoption:** You recently had a child or adopted a child
 - **Effective Date:** Day your baby was born or day the adoption was finalized.
 - **Documentation:** Copy of hospital birth certificate or final adoption notice. Do not wait for the child's Social Security Number as it is not required to add them.
- **Marriage:** You were recently married
 - **Effective Date:** Day you were married
 - **Documentation:** Copy of the marriage certificate
- **Divorce:** Your divorce was finalized
 - **Effective Date:** Day your divorce was finalized and signed by a judge
 - **Documentation:** Copy of the signed divorce decree
- **Beneficiary Designation:** You wish to change or add new beneficiaries for your life and/or AD&D insurance
 - **Effective Date:** Day you are entering the change
- **Gain of Other Coverage:** You are removing a covered dependent from benefits or cancelling your current coverage due to obtaining other coverage
 - **Effective Date:** Date the new insurance coverage is effective.
 - **Documentation:** Proof of new coverage for yourself and/or dependent
- **Loss of Other Coverage:** You and/or an eligible dependent has lost other insurance coverage and wish to enroll in Hub Group's insurance
 - **Effective Date:** Day after other coverage ended.
 - **Documentation:** Proof of the date other coverage ended.
- **HSA Enrollment/Change (High Deductible Participants Only):** You are enrolling in the Health Savings Account (HSA) or changing your current HSA election amount
 - **Effective Date:** Day you are making the change

LIFE EVENT OR HSA CHANGE

Select a Life Event

Beneficiary Designation
 Birth/ Adoption
 Divorce
 Gain of Other Coverage
 HSA Enrollment/Changes (High Deductible Participants Only)
 Loss of Other Coverage
 Marriage


*When did this event occur?
mm/dd/yyyy

Select the life event that applies to your situation. Then, enter the effective date of the life event in **When did this event occur?**

NOTE: You cannot enter a future-dated life event

Continue Cancel


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


Confirmation


The life event Birth/ Adoption was created for 1/6/21.

OK

A confirmation pop up appears. Click **OK**.

 Information

To cover family and others in benefits, add them now before you enroll.

 If you plan to designate dependents, then you must add them as contacts from the Contacts section before you proceed to the enrollment pages.

People + Add

You **must** create a contact for an eligible dependent who you plan to cover or list as a beneficiary. If the individual is already entered as a contact, click **Continue**.

Click **+ Add** to create a new contact and follow the steps below.

Basic Information

Title * Last Name

Honors Suffix

Prefix Preferred Name

First Name Previous Last Name

Middle Name

* Relationship Gender

* What's the start date of this relationship? Date of Birth

Complete the required fields, as well as First Name, Gender and Date of Birth.

WARNING:

Enter the effective date of the life event in **What's the start date of this relationship?** Otherwise the contact added will not show as eligible for the plans.

LIFE EVENT OR HSA CHANGE

People to Cover **Submit** Cancel

Click **Submit** in the upper right corner and repeat this process until you add all dependents and/or beneficiaries.

People to Cover **Continue** Cancel

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

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.

Review the authorization. Click **Accept**.

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

Accept Decline

Medical **Edit**

Medical

Decline Medical Insurance

Health Savings Account (HDHP Participants Only)

Decline Health Savings Account (HSA)

Review each benefit. Click **Edit** to make changes.

Dependent coverage is available based on contacts you have or have added.

Dental and Vision **Edit**

Dental

Decline Dental Insurance

Vision

Decline Vision Insurance

Check the **box** next to the coverage tier you are choosing.

Click the **pencil** to indicate which dependents are or are not covered.

Standard PPO Plan		
<input type="checkbox"/>	Employee 1,664.28 Annually	64.01 Pre Tax
<input type="checkbox"/>	Employee+Children 3,883.44 Annually	149.36 Pre Tax
<input type="checkbox"/>	Employee+Spouse 5,201.04 Annually	200.04 Pre Tax
<input checked="" type="checkbox"/>	Family 7,628.16 Annually	293.39 Pre Tax Edit

LIFE EVENT OR HSA CHANGE

Health Savings Account (HDHP Participants Only)

Decline Health Savings Account (HSA)

Decline Health Savings Account (HSA)

Health Savings Account (HSA)

Health Savings Account (HSA) 38.46
1,000.00 Annually Pre Tax

Coverage Amount
1,000.00

If you are enrolled in the High Deductible Health Plan (HDHP), you may be eligible for a Health Savings Account (HSA). Scroll down to the Health Care Savings Account section to make your election by checking the **box**.

The amount you elect is an annual amount, which is divided over the number of paychecks remaining in the calendar year.

Contact benefits@hubgroup.com if you have questions about your eligibility for an HSA.

Enter the total amount you would like to contribute for the remainder of the year.

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

Click **OK**. Repeat steps above for each benefit.

Health Savings Account (HSA)

Health Savings Account (HSA) 192.31
Pre Tax

Coverage 5,000
0 to 6200, in increments of 1

Annual Amount
5,000.00

OK Cancel

LIFE INSURANCE NOTES:

- You cannot edit Company Paid Basic Life and/or AD&D. Please designate a beneficiary for these benefits.
- If you are currently enrolled in Supplemental Life Insurance and want to make changes due to a marriage life event, you can add Supplemental Life Insurance for your spouse without your spouse submitting evidence of insurability.
- You **must** be enrolled in Supplemental Life Insurance in order to elect Supplemental Life for a spouse and/or children.

DISABILITY INSURANCE NOTES:

- You can view your Short-Term and/or Long-Term Disability insurance options in the Disability section

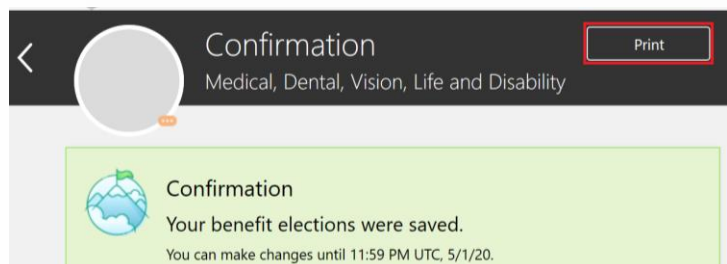
Hub Group

Medical, Dental, Vision, Life and Disability

Submit Cancel

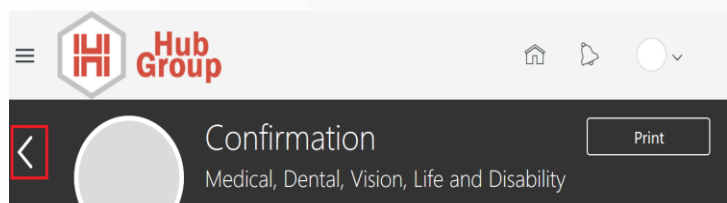
Click **Submit** in the upper right corner after making all your elections.

LIFE EVENT OR HSA CHANGE



Review elections carefully on the confirmation page.

Click **Print** in the upper right corner. A new window/tab will appear in a print-ready format. Right click your computer mouse to print or save your Summary of Benefits.



Click the **back arrow** to return to the benefits homepage.