## STEP BY STEP INSTRUCTIONS

1. Log into UKG Pro.
2. Under **Benefits** on the left side menu, click on **Manage My Benefits** link.
3. Click on the **Get Started** button to begin.
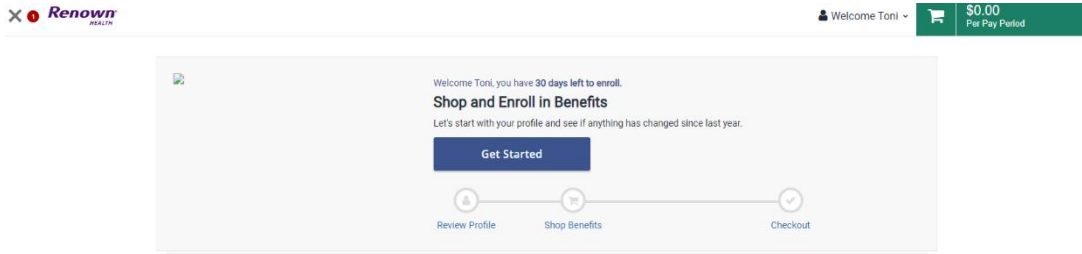


4. Verify your information is accurate. Click **Next: Review My Family** at the bottom.

5.  If you are adding any eligible dependents to your benefits, enter their information by clicking **+Add Family Member.**



Manage your family members

View, add, edit or remove dependents here.

Please confirm that all information for your dependents listed is correct (*including Social Security numbers, and date of birth*).

If you add a new family member, the family member won't be added to your benefits automatically. You still need to add the family member to any applicable benefits. Dependents must be listed on this page to be enrolled in coverage.

You may:
- Add New Dependents
- Edit Existing Dependent Information
- Remove Existing Dependent

**By adding a dependent**, you are confirming that this a legal dependent, eligible for benefits under one or more of your available plans.

After you enroll in your benefits, you will need to upload documentation to prove your relationship with your dependents (example, marriage certificate and/or birth certificate).

⊖ View Less

**Current Family Members**

➕ Add Family Member

❮ BACK                    Next: Shop for Benefits

6.  Enter in all required information for dependent. If the dependent does not live at home with you, uncheck the **Lives at Home** box to enter in their different address. Click **Save**.



**Basic Info**

First Name *   Spouse       Middle Name   Middle Name

Last Name *    Test         SSN   000-11-2222

Gender *       Male         Birthdate *   06/07/1984

Relationship * Spouse

**Additional Info**

☑ Lives At Home

CANCEL        Save

7.  Once finished entering all dependents, click **Next: Shop for Benefits.**

8. Click on **Shop Plans** for each benefit to enroll or decline the benefits.



9. To enroll dependents in the plan, make sure their box is checked. To unenroll the dependent, uncheck their box.

10. For benefits you elect a specific amount of the benefit (for example, life insurance) you will use the drop-down box to elect your insurance amount. For amounts that require approval before you can enroll, you will see **Required Approval** listed in the drop-down box. If you elect any of the amounts that require approval, a notice will pop up that you need to complete an evidence of insurability form at the end of the enrollment process.

⊖ View Less

## Voluntary Employee Life: Supplemental Life - Employee

❮ TO BENEFITS

**Select Coverage Level**

Enrolled

**Select Coverage Amount**

Select Amount ⌄

| $100,000.00 ($7.25) |
| $110,000.00 ($7.98) |
| $120,000.00 ($8.70) |
| $130,000.00 ($9.43) |
| $140,000.00 ($10.15) |
| $150,000.00 ($10.88) |
| $160,000.00 ($11.60) |
| $170,000.00 ($12.33) |
| $180,000.00 ($13.05) |
| $190,000.00 ($13.78) |
| $200,000.00 ($14.50) |
| Requires Approval |
| $210,000.00 ($15.23) |
| $220,000.00 ($15.95) |
| $230,000.00 ($16.68) |
| $240,000.00 ($17.40) |

TheStandard

**Supplemental Life - Employee**

**$0.00**

Per Pay Period

Update Cart

Decline Coverage

11. When finished electing benefits, select the **Next: Review Beneficiaries** link.

**Pet Insurance - Info Page**

⊕ MetLife    Pet Insurance          View or Change

**Universal Life with Living Benefit - Info Page**

⊕ TRANSAMERICA    Universal Life with Living Benefit          View or Change

**401K (Info Page)**

⊕ Vanguard    401k Retirement Savings          View or Change

| Employer Contribution | $656.83 |
| Your Cost Per Pay Period | $294.80 |

*You must select or decline all coverages before moving on*    **Next: Review Beneficiaries**

12. For any benefits you elected that require a beneficiary, you'll enter in their information here. Choose **+ Add Beneficiary,** then enter in all required information in the pop-up box.  You can also choose to elect a dependent you already enter from the drop-down menu at the top. This person will be the primary beneficiary on the elected plan.
13. Select the percent this beneficiary will receive in the **Allocation** box. Enter 100 if this beneficiary will receive 100% of the benefit. If you will have more than one primary benefit, enter in the amount less than 100 and add a second primary beneficiary so the allocation adds up to 100.
14. If this beneficiary will be a beneficiary for all your plans, you can select the **Add to all benefits** box. Then click **Add.**

15. If you would like to add a secondary beneficiary (a person who would receive the benefit if the primary beneficiary were not able to receive the funds), you can select **Yes** on the toggle button for **Would you like to add secondary beneficiaries?** And select **+Add Secondary Beneficiary.**



16. Click **Review and Checkout** to finish.

17. After checkout, if you have any additional tasks to complete, you will have a **To-Do List** detailing how to complete these.

18. If you add any dependents to your medical or dental plans, you'll need to provide proof of your relationship to the dependent by providing documentation. The documents must be uploaded to the system. You will choose which dependent you are uploading the document for and then choose the correct type of document, **Birth Certificate or Marriage Certificate**. Once you've uploaded the document, click **Submit** and you will see it as pending for review.

## Documents Required

These documents provide more details and information on each of the benefits offered to you. Review at any time for clarification on how these benefit plans work.

### Required Documents

**Spousal Affidavit**

**Abby Test**

Show Description

Drag document here
or click to browse

Files must not exceed 5MB in size. For optimal performance please select files of 3MB or less.

The document(s) requested in this section must be submitted by 12 AM EST on **12/31/2024** or else the following elected benefit(s) will be subject to termination: **Medical**

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Select Document Type:

Birth Certificate ⌄

**Tot Test**

Congratulations and best wishes to you and your new spouse! Please provide Proof of Marriage, along with the effective date, to verify this coverage change. All changes must be made withing 30 days of the qualifying event date. If you have any questions, please contact the Benefits team at 775-982-4444.

Drag document here
or click to browse

Files must not exceed 5MB in size. For optimal performance please select files of 3MB or less.

The document(s) requested in this section must be submitted by 12 AM EST on **12/31/2024** or else the following elected benefit(s) will be subject to termination: **Dental, Medical**

---

Select Document Type:

Birth Certificate ⌄

**Abby Test**

Congratulations and best wishes to you and your new spouse! Please provide Proof of Marriage, along with the effective date, to verify this coverage change. All changes must be made withing 30 days of the qualifying event date. If you have any questions, please contact the Benefits team at 775-982-4444.

Drag document here
or click to browse

Files must not exceed 5MB in size. For optimal performance please select files of 3MB or less.

The document(s) requested in this section must be submitted by 12 AM EST on **12/31/2024** or else the following elected benefit(s) will be subject to termination: **Dental, Medical, Voluntary Spouse Life**

19. If you've added a spouse to your medical plan, you'll need to complete a spouse affidavit and upload it to the system. On the Spousal Affidavit task, click the **Show Description** link to access the link to the spouse affidavit. Once you've completed the affidavit, print it to a PDF, then upload it.



**Documents Required**

These documents provide more details and information on e

**Required Documents**

Spousal Affidavit
Abby Test

Show Description

Drag document here
or click to browse
Files must not exceed 5MB in size. For optimal performance please select files of 3MB or less.

The document(s) requested in this section must be submitted by 12 AM EST on **12/31/2024** or else the following elected benefit(s) will be subject to termination: **Medical**

Spousal Affidavit
Abby Test

Click to continue

Congratulations and best wishes to you and your new spouse! Please complete the online spouse affidavit through the link below. Print the affidavit and upload it to this document request. The spouse affidavit is required to verify your spouse is eligible to be covered under the Renown medical plan. Not completing this step will result in removal of your spouse from coverage.

https://www.skillexpertiseandtechnology.com/SCA kqs2015=0B7B9C10-C4FC-4066-9FC9-3A1EC61050E0&type=SCA

Birth Certificate

Birth Certificate
Marriage Cert

Congratulation new spouse! P with the effect change. All ch of the qualifying event date. If you have any questions, please contact the Benefits team at 775-982-4444.

Drag document here
or click to browse
Files must not exceed 5MB in size. For optimal performance please select files of 3MB or less.

The document(s) requested in this section must be submitted by 12 AM EST on **12/31/2024** or else the following elected benefit(s) will be subject to termination: **Dental, Medical**

Select Docu

Tot

Birth Ce

Submit

CANCEL

Birth Certificate
Tot Test

**Pending Review**

Birth Certificate.pdf

EDIT | DELETE

20. If you've elected life insurance over the guaranteed issue amount, you will need to complete an Evidence of Insurability form online with The Standard insurance company. Once you click on the Evidence of Insurability task, you can access the link to the online form.

**EOI Information for Voluntary Employee Life**    ✕

You have an important notice you must read:

Please click the link below to complete EOI:

https://www3.standard.com/w/PA_AmuBridgeWeb/MuServlet/?
id=eb55d8045567ae8fe66ad20463916220

**Ok**