

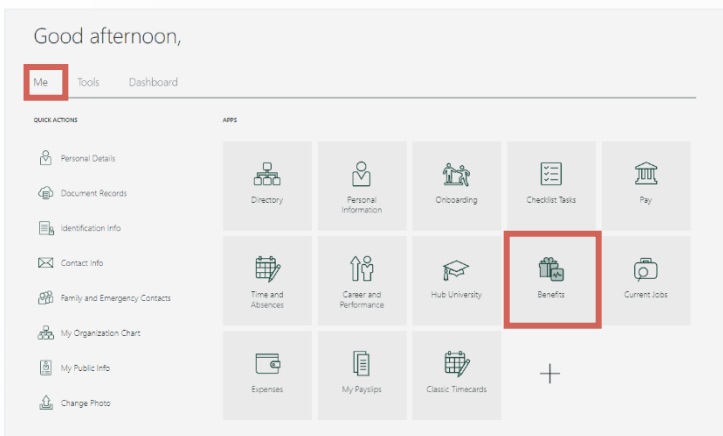
BENEFITS ENROLLMENT

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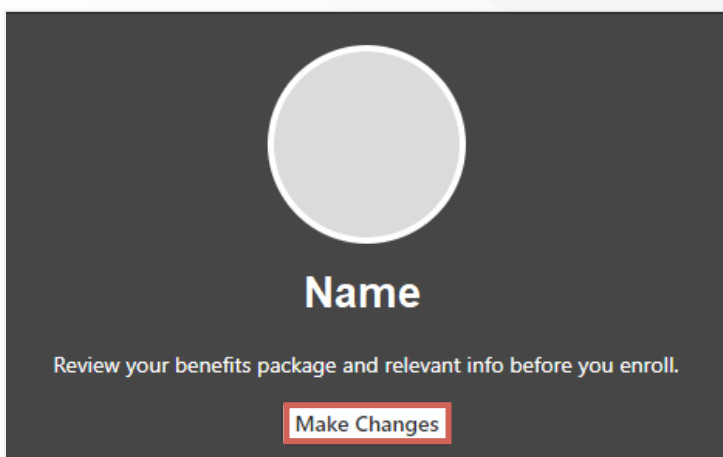
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BENEFITS ENROLLMENT

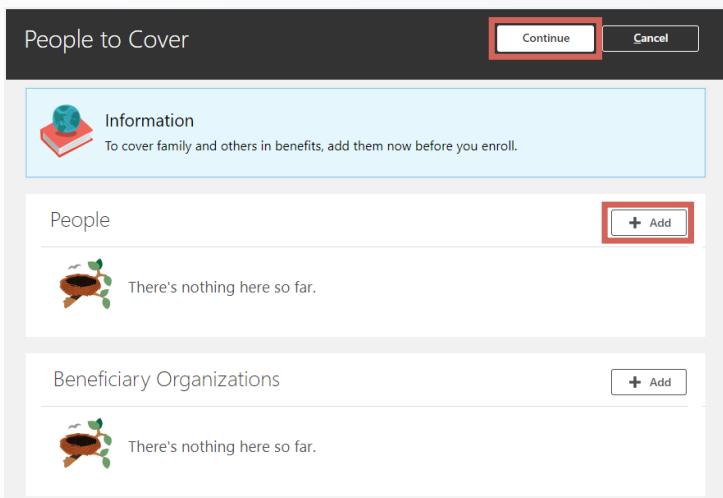
Adding Dependents and/or Beneficiaries



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



Click **Make Changes**.



People to Cover:

You **must** create a contact for anyone you plan to cover as an eligible dependent or list as a beneficiary.

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

BENEFITS ENROLLMENT

Dependent or Beneficiary

Basic Information

Title
Select a value

Honors

Prefix

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: You must enter your hire date in "What's the start date of this relationship?". Otherwise the dependents will not show as eligible for the plans.

Communication

Phones

Type
Select a value

Email

Type
Select a value

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

Address


Use My Address
Select a value

Enter a New Address

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 eligible dependents.

BENEFITS ENROLLMENT

Organization or Trust as Beneficiary

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**.

Beneficiary Organizations Save Cancel

9/1/20 Select a value

Use when you would like this organization available for designation

September 2020

SUN MON TUE WED THU FRI SAT

30 31 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

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

WARNING: Enter your hire date as the **relationship start date**. Otherwise you cannot designate it as a beneficiary.

Beneficiary Organizations Save Cancel

*Start Date 9/28/20

Date when you would like this organization available for designation

*Beneficiary Type Select a value

Select a value

Existing organization

Trust

Beneficiary Type: Choose **Trust**.

Beneficiary Organizations Save Cancel

*Start Date 9/1/20

Date when you would like this organization available for designation

*Beneficiary Type Trust

Trust Name

Additional Info

Trust Description

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.

Continue Cancel

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

BENEFITS ENROLLMENT

Enrolling in Benefits

Review the authorization. Click **Accept**.

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), children 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 shelter 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 or 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 invoked 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

Medical

Review each medical plan option. Click **Edit** to select the plan and coverage tier.

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

WARNING: Decline is the default selection for all benefits.

Under the plan you choose, check the **box** next to the coverage tier.

Hub Group Benefits

Currency in USD

Your Total Cost 0.00
Per Pay Period

Medical

Medical

Decline Medical Insurance

Medical

Decline Medical Insurance

Decline Medical Insurance

PPO \$4000

<input type="checkbox"/>	Employee 1,854.72 Annually	35.67 Pre Tax
<input type="checkbox"/>	Employee+Children 7,471.08 Annually	143.67 Pre Tax
<input type="checkbox"/>	Employee+Spouse 8,496.84 Annually	163.40 Pre Tax
<input type="checkbox"/>	Family 11,978.88 Annually	230.36 Pre Tax

BENEFITS ENROLLMENT

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

High Deductible Health Plan Family	129.08 <small>Pre Tax</small>
Annual Amount 6,712.20	

Who do you want to cover?

(Spouse)

(Child)

Click the **box** next to each dependent you want to cover.

Click **OK**.

Continue

Cancel

Continue

Cancel

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

Click **Edit** to make your elections.

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

Basic AD&D & Basic Life Insurance

Basic AD&D

Basic AD&D Insurance

! You haven't picked any beneficiaries yet.

<input checked="" type="checkbox"/>	Basic AD&D Insurance Coverage Amount 20,000.00	<input style="border: 1px solid red;" type="button" value="✎"/>
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Basic Life Insurance

Basic Group Life Insurance

! You haven't picked any beneficiaries yet.

<input checked="" type="checkbox"/>	Basic Group Life Insurance Coverage Amount 20,000.00	<input style="border: 1px solid red;" type="button" value="✎"/>
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You cannot edit Company Paid Basic Life and AD&D amounts.

Click to designate beneficiaries.

BENEFITS ENROLLMENT

Basic AD&D Insurance

Coverage Amount

Primary Beneficiaries

Beneficiary 1

Beneficiary 2

Beneficiary 3

%

%

%

Designate your beneficiary(ies) and enter the percentage for each. Primary beneficiaries must total 100%.

After designating primary beneficiaries, you can designate your 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.

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

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

BENEFITS ENROLLMENT

Flexible Spending Accounts (FSA)

Flexible Spending Account Edit

Dependent Care Spending Account

Decline Dependent Care FSA

Healthcare Spending Account

Decline Healthcare FSA

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

The maximum IRS contribution limits for the FSA are listed in the Benefits Enrollment Guide.

Limited Purpose Flexible Spending Account OK Cancel

Limited Purpose Flexible Spending Account 1.92
Pre Tax

Coverage
50 to 2850, in increments of 1

Annual Amount
50.00

Enter your annual contribution amount. This amount will be divided over the number of paychecks you receive from your benefits effective date to the end of the plan year (calendar year).

Click **OK**.

Click **Continue**.

Continue **Cancel**

Other

Other Edit

Employee Assistance Program

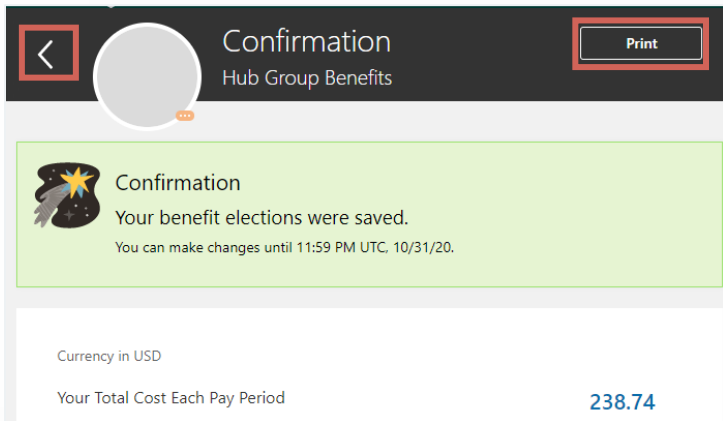
Employee Assistance Program - EAP

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


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

Submit **Cancel**

BENEFITS ENROLLMENT



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.

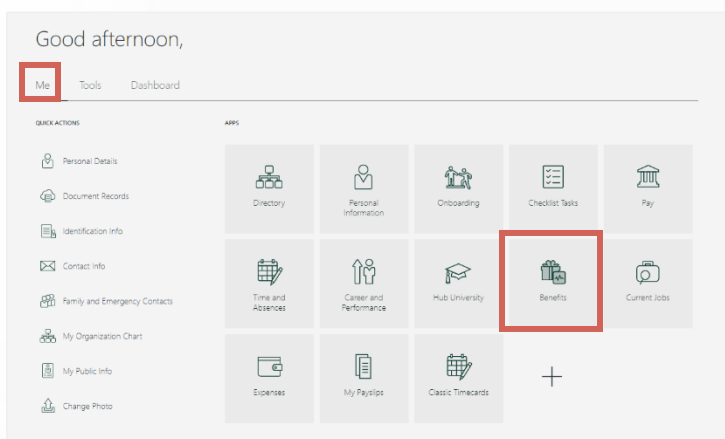
You can revisit benefit elections during your 30-day enrollment period. Always click **Submit** after making changes.

NOTE: If you wish to enroll in voluntary accident, critical illness, lifetime term insurance, group legal and/or hospital indemnity, you *must* schedule an appointment with a benefit counselor. Click [here](#) or call (844) 532-2237. Elections for these plans are not made in HCM.

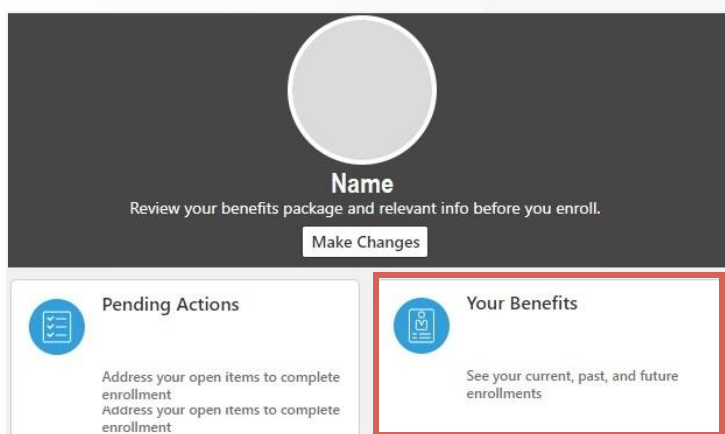
BENEFITS ENROLLMENT

Viewing your Benefits

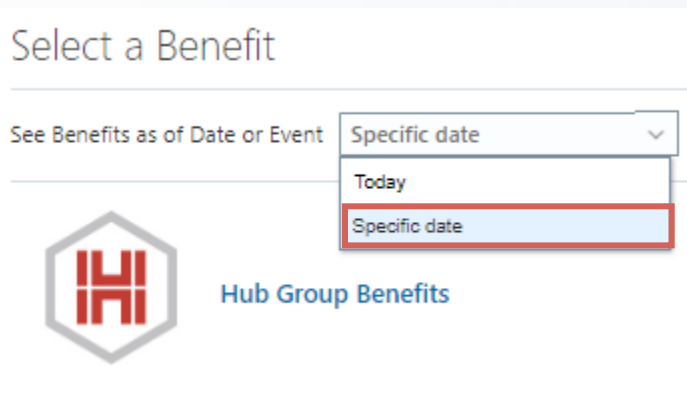
Login to HCM. Click **Benefits**.



Click **Your Benefits**.




Choose **Specific date** for **See Benefits as of Date or Event**.



BENEFITS ENROLLMENT

See Benefits as of Date or Event



Hub Group Benefits

January 2023

SUN	MON	TUE	WED	THU	FRI	SAT
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	31	1	2	3	4


Today

Change the date to your benefits effective date.

NOTE: The date field will always populate the date you go into HCM.

Select a Benefit

See Benefits as of Date or Event



Hub Group Benefits

Click **Hub Group Benefits**.

Currency in USD

Your Total Cost Each Pay Period **47.17**

Medical	
PPO \$4000 Employee	35.67
Coverage Start Date	1/1/23
Annual Amount	1,854.72
Who's covered?	You

Dental and Vision	
Dental Plan Employee	2.70
Coverage Start Date	1/1/23
Annual Amount	140.16
Who's covered?	You
Davis Vision Employee	1.41
Coverage Start Date	1/1/23
Annual Amount	73.56
Who's covered?	You

View the benefits selected.

If you have questions, please contact benefits@hubgroup.com.