

Voluntary Benefits Enrollment Common Benefits

Updated: February 2023



Entering a Beneficiary

The beneficiaries for Employer sponsored Life & Accidental Death & Dismemberment (AD&D) are entered and stored in MyTotalSource.





Sign into ADP MyTotalSource <u>www.mytotalsource.com</u>





Navigate to TotalSource Benefits Home Page

First time enrollees can click "Get Started"

Existing members can click "Review your current benefits plans & elections"





Adding Family Members

Adding dependents or beneficiaries is a two-step process.

This first step adds, deletes and modifies family members to the enrollment platform only.

Welcome Support 🗙 Log out														
Home Myself	My Company Setup										Search		٩	
Benefit Enrollment														
Review Family Information Elect Benefits Review and Submit Elections Confirmation														
Review Family Information All family members (dependents) that you plan to enroll in benefits must be listed below. Add Family Member						Nan File Ben Wai	ne Number efit Plan Y ting Period	: Te 000097 ear 02/01/2 I 30 Days	est 2014-05/31/2014 5					
First Name	Last Name	Birth Date	SSN	Relationship		Gender		Marital Status	Disabled 🕕	Tax Dep 🕕	Clas	s Cd	A	
Irene	Test	9/4/1977	show	Employee		Female					_			
John	Smith			Spouse	-		٣	•			Save	Cance	•	
Go to Medical ►														
Site Feedback	Site Feedback Legal Privacy Requirements © Copyright 2014 Automatic Data Processing, Inc.													



Attaching Beneficiaries to Life and AD&D Coverages

In the next step, users will click "Add a Beneficiary", then choose the Beneficiary Type and allocate a percentage.

To confirm that a beneficiary has been added to the product, click Summary on the Enrollments screen. Confirm that the beneficiary's name appears.

() (ife & Disability						
Please re	eview your life and disability	benefits					
	Metropolitan Lif Basic \$25,000	\$0.00	Metropolitan Lif \$0.0	0			
	View summary of benefit Coverage	\$25,000	View summary of benefits and co Monthly Benefit 80%	verage			
			Max Monthly Benefit \$2,500				
			Elimination Period 90 days				
Life Ber	neficiaries Beneficiary						
First N	lame	Last Name	SSN	Relationship	Beneficiary Type	%	
Wendal		Hathaway	show	Spouse	None	0	P 0
 ■ Ba 	ck to Vision Finish L	ater					Go to Review and Submit Elections

Users can return the MyTotalSource Benefits Home Page to elect Voluntary Benefits



Beneficiary Facility of Payment

If there is no beneficiary named, MetLife will pay the claim according to Facility of Payment.

If there is no beneficiary on record and there is a living spouse, MetLife will not need a claimant affidavit completed. The spouse will be paid the benefit.

Facility of Payment:
Spouse or Domestic Partner;
Child(ren) if there is no surviving spouse;
The employee's parent(s), if there is no surviving child;
The deceased employee's siblings;
Estate



Voluntary Benefits Enrollment Opportunities

New Hire	Annual Enrollment	Qualifying Life Event	
A new hire has 60 days from their hire date to enroll for Voluntary Benefits	Annual enrollment windows are defined by ADP TotalSource for benefits with a 6/1 effective date	An employee experiencing a Qualifying Life Event (QLE)* has 60 days to enroll or decline a Voluntary benefit	

*Qualifying Life Events:

- Marriage
- Birth, adoption, or placement for adoption of a dependent child
- Divorce, legal separation, or annulment
- Death of a dependent
- A change in Your or Your dependent's employment status such as beginning or ending employment, strike, lockout, taking or ending a leave of absence, changes in worksite or work schedule, if it causes You or Your dependent to gain or lose eligibility for group coverage.



Accessing Common Benefits

Just a few clicks…	"Mucolf"
Home Myself My Company Setup	iniysen
Benefit Programs Benefits Resource Center Learn about ADP TotalSource Benefits. To view information, select a category below.	"Benefit Resource Center"
 Core Benefits Wealth Management Tax Advantage Voluntary Benefits Program Life Management Legal Disclosures and Plan Documents 	"Voluntary Benefits Program"



Voluntary Benefits Program

Once users click "Learn more about these products and your eligibility to enroll" they will be directed to Common Benefits enrollment site via Single Sign On (SOS) to complete enrollment in Voluntary Benefits.





Common Benefits Enrollment Site

From the Home Page, users can view a video tutorial of the enrollment platform as well as informational videos about each benefit. The videos are for informational purposes only.



The screenshot above is presented within the new hire enrollment window and during Open Enrollment.



Enrolling due to Qualifying Life Event

Users will have 60 days to enroll for coverage due to a Qualifying Life Event.

If experiencing a Qualifying Life Event, users will be prompted to enter the Qualifying Event type and Event Date.

Qualifying Event								
Making changes to this benefit date entered below:	Making changes to this benefit outside of scheduled enrollment periods is allowed only in special circumstances. By entering a qualifying event and proceeding, you certify that you have experienced one of the following life events on the date entered below:							
 Marriage Birth, adoption, or placeme Divorce, legal separation, or Death of a dependent A change in Your or Your d gain or lose eligibility for g 	ent for adoption of a dependent child or annulment lependent's employment status such as beginning or ending employment, strike, lock roup coverage.	out, taking or ending a leave of absence, changes in worksite or work schedule, if it causes You or Your dependent to						
Qualifying Event	Please Select							
Event Date	Please Select Adoption/Placement for adoption of a dependent child Birth Death of Member With Dependents Diverse logal second a consultant							
Continue >>	Loss of Coverage (Spouse/Child) Status Change – Newly Eligible Status Change – No Longer Benefit Eligible	Cancel						

The screenshot above is presented outside of the new hire enrollment window and Open Enrollment.



Adding a Dependent

Adding dependents must occur before enrolling for dependent type coverage(s). Dependents can only be enrolled if the Employee enrolled in Voluntary Term Life and Voluntary AD&D coverages.

From the Home Page, click "Dependent(s), then "Add Dependent". Users will be prompted to enter dependent demographics.

Start Your Informati Tependent(s) Benefits Summ	nary
Spouse AAAATest	Edit Delete
Chil02 AAAATest	Edit Delete
AAAAAA AAAATest	Edit Delete
Matthew AAAATest	Edit Delete
Linda AAAATest	Edit Delete
Add Dependent	

Personal Information	
First Name	
Middle Initial	
Last Name	AA
Date of Birth	MM/dd/yyyy
Birth State	Please Select
SSN	
Gender	Male Female
Home Phone	
Mobile Phone	
E-Mail	
Relationship	Please Select
Full-Time Student	
Disabled	
Financially Dependent	



Enrollment in other Voluntary Benefits

The Statement of Health link is external to Common Benefits.

Employees are encouraged to complete enrollment in other benefits before enrolling in Voluntary Term Life (VTL) and Voluntary Short-Term Disability (VSTD) as these may require a SOH.

Statement of Heath is required for VTL & VSTD when: New Hire - Amount of coverage elected is over the Guaranteed Issue Amount Employee enrolls in coverage for any amount outside of New Hire window



Users need to complete separate SOH forms for each of the benefits that require a Statement of Health to be completed



Choosing Voluntary Benefits

From the Your Enrollment Tab, users can expand a section and select a plan name or click "Review" to view its details.

Your Enrollment	Start Your Information Dependent(s) Benefits Summary	
	Available (6)	~
<	MetLife Voluntary AD&D	Review
	Hyatt Legal	Review
	MetLife Critical Illness	Review
	MetLife Group Accident	Review
	MetLife Hospital Indemnity	Review
	MetLife Voluntary STD	Review



Reviewing details of Voluntary Benefits

Certificate, Plan Summary and FAQ documents are easily located within each coverage module.

There is no need to decline a coverage, simply click "Return to the List of Benefits" if not interested in enrolling in this benefit and you will be directed back to the Home Page.





Enrolling in a Voluntary Benefit

Users can enroll in a plan by clicking on "Get A Quote".





Disclosure Statement

Users will need to review disclaimer, click "Submit"



Note: Disclaimer displays for Critical Illness, Accident Insurance and Hospital Indemnity coverages only.



Actively at Work

Users will need to review the Actively at Work section.

Select "Yes" or "No" and click "Continue".

Prerequisites	
Are you Actively at Work? MetTest T. AAAATest (Self) O Yes O No	
Actively at Work or Active Work means that you are performing all of the usual and customary duties of your job. This must be done at the worksite employer's place of business; an alternate place approved worksite employer; or a place to which the worksite employer's business requires you to travel.	i by the
You will be deemed to be Actively at Work during weekends or worksite employer approved vacations, holidays or business closures if you were Actively at Work on the last scheduled work day preceding su	ich time off.
If you are not Actively at Work and go out on a Protected Leave, MetLife will send a bill to you for any missed voluntary benefit premiums due, since deductions cannot be taken out of your paycheck. Due to letter may be mailed after you've returned to Active work and payroll deductions start again. Any unpaid premiums while on leave can result in voluntary benefit coverages cancellation due to non-payment	timing, the
Continue >	Cancel



Enrolling in a Voluntary Benefit

Users can choose a Benefit Level: High or Low, Single or Family

Accident Quote			
Please select who you would like to cover with Accident insurance and plan option, if applicable.	GROUP ACCIDENT - HIGH PLAN	GROUP ACCIDENT - LOW PLAN	Premium Amoun \$15.81
Employee Only	\$3.65 (Weekly)	O \$1.94 (Weekly)	I Premium Frequency Monthly
Employee plus Spouse Employee plus Child(ren)	 \$5.48 (Weekly) \$6.98 (Weekly) 	\$2.91 (Weekly) \$3.71 (Weekly)	Qualifying Event Birth
Employee plus Spouse/Child(ren)	🔿 \$8.91 (Weekly)	O \$4.73 (Weekly)	Effective Date 03/01/2023
To ensure all your information is accurate, please review and update your dependents name and date of birth during enroliment. These two details are necessary	to ensure they are ap	propriately covered or in	the event of a claim.
← Back Continue →			Cancel

Both Critical Illness and Accident Coverages have a death benefit.

A beneficiary is required and must be entered in MetLife's MyBenefits system.



Submitting Voluntary Benefit Elections

Once enrollee clicks "Accept" then "Submit", they are taken back to the Landing Page to continue enrolling in other benefits.





Enrolling in more than one Voluntary Benefit

Enrollee will need to go back to the Landing Page & click Benefits.

To enroll, click on the Plan Name, or click Review.

Your Enrollment	Start Your Information Dependent(s) Benefits Summary	
	Available (6)	~
5	MetLife Voluntary AD&D	Review
	Hyatt Legal	Review
	MetLife Critical Illness	Review
	MetLife Group Accident	Review
	MetLife Hospital Indemnity	Review
	MetLife Voluntary STD	Review



Selecting Voluntary Term Life Coverage

Users will need to select an employee coverage and for dependents, if elected. Dependent child(ren) are eligible up to age 26.

Voluntary Term Life				
MetLife	Coverage Selection			
Nov.	Name & Relationship	Select Coverage	Coverage	Employee Premium(s)
Presentation	MetTest T. AAAATest (Self)	\$150,000] \$150,000 Simplified Issue	\$10.50
Progress	STRAWBERRY AAAATest (Domestic Partner)	\$10,000] \$10,000 Simplified Issue	\$1.70
Prerequisites Beneficiaries	Child(ren) Cherry AAAATest Orange AAAATest	 No Coverage \$5,000 Benefit Amount \$10,000 Benefit Amount 	\$10,000 Guaranteed Issue	\$0.20
Required Information Summary	To ensure all your information is accurate, please in the event of a claim.	review and update your dependents name and date of birth during en	rrollment. These two details are necessary to ensure t	hey are appropriately covered or
Applicant's Statements Voluntary Term Life- Plan Summary- 2022 Voluntary Term Life Insurance Certificate of	← Back Continue →			

New Hire Guaranteed Issue amount:

Employee Coverage: \$100,000

Spouse Coverage: \$20,000



Selecting Voluntary Term Beneficiaries

Users will need to click "Edit Beneficiaries". Multiple Primary and Contingent Beneficiaries can be added. The percentage must total 100%.

MetLife Voluntary Term Life						
MetLife	Beneficiary(ies)					
Progress	✓ MetTest AAAATest (Self)					
Prerequisites	Primary Beneficiaries				Contingent Beneficiaries	
Coverage Selection	Name	Relationship	Percentage			
Eligibility Question	Spouse AAAATest	Spouse	100.00%		- No assigned beneficiaries	
Beneficiaries						
Required Information	Edit Beneficianes				Edit Beneficiaries	
Summary						
Applicant's Statements						
 Voluntary Term Life FAQ 2020 Spanish Voluntary Term Life Plan Summary 2020 Voluntary Term Life FAQ 2020 	← Back Continue →					Cancel



Voluntary Term Life Enrollment Summary

Users will need to review coverage selections & click "Continue".

Total Premium Amount	\$2	206.80				
Premium Frequency	(++104.50 per	onthly				
Effective Date	11/01	/2020				
NAME	RELATION	SELECTED COVERAGE	COVERAGE	EMPLOYEE PREMIUM(S)		
MetTest AAAATest	Self	\$150,000	\$100,000 (+\$50,000 pending)	\$206.00 (+\$103.00 pending)	View Beneficiaries	
Spouse AAAATest	Spouse	\$70,000	\$20,000 (+\$50,000 pending)	\$0.60 (+\$1.50 pending)		
Child(ren)		\$10,000	\$10,000	\$0.20		
Linda AAAATest						
Matthew AAAATest						
AAAAAA AAAATest						
Chil02 AAAATest						



Voluntary Term Life Sign and Submit

Users will need to review disclaimer, click "Accept" and then "Submit"





Completing a Statement of Health

When electing an amount above the Guarantee Issue amount or as a late entrant, there are a few additional steps.

VetLife Voluntar	y Term Life
MetLife	Statement of Health To complete your enrollment, you may be required to answer additional questions on your health insurability. Please click the link below to be signed into the MetLife site and answer the questions if required.
 Voluntary Term Life FAQ 2020 Spanish Voluntary Term Life Plan Summary 2020 Voluntary Term Life FAQ 2020 	Click here to complete the Statement of Health
	Close

Users are directed to and automatically logged-in to MetLife Statement of Health site via Single Sign On (SSO). Users will only have access to the Statement of Health application and not any other MetLife benefit by using this link.



Statement of Health

All benefits requiring SOH will appear on the Landing Page.



After Clicking Complete Online Now, enrollees can complete the SOH application.

For a SOH application for dependents over the age of 18, enrollees will Provide an Email address. MetLife will then email the dependent that allows access to the website to register, login and complete their SOH online electronically.



Completing a Statement of Health

Demographics and Coverage information is pulled in from the Common Benefits enrollment site. Users will be asked to add any information that isn't pre-filled to complete all the required information.

MetLife	Table in Las			
atement of Health				Primary Care Physician
Normalize Primary Care Physician Health Questions Review and Submit		Statement of	f Health	You will be required to enter your Prime
when and confirm the information below. All fields are required unless notes.	hand no lot	Your Information Pri	imary Care Physician Health Questions Review and Submit	Care Physician's address, phone, most rec
SMITH	* Technical Question?	We need some information ab	out your Primary Care Physician. Please complete the form below.	visit and reason for most recent visit.
	Surjement of Health Question?	Primary Care Physician		hole and reason for most recent hold
	East our TAQS	John Smith	Statement of Health	
th		Address	Your Information Assessy Care Physician Headth Quantizes Soview and Submit	Health Questions
/ Rasidorea		United States 123 Text Street	General Health - New Todar	If "YES" is selected for any of the
n 1		Sample, TW	Fourier of the second section? Fourier of the second section? Fourier of the second section of the second section of the second section of the second	medical questions, the section
skap		\$5555	Tringler Trin Tringler Tringler Tringler Tringler	may expand requesting additional
2227 WI.		Phone Numbers	 Are you now us a their presented by a physician or other hadds care provider? Or two > two 	information related to a provide
vet.		(333)333-3333 Work	2- An yea waa pagaant' ⊖ Yea ⊖ Ne	information related to a specific
Dytoral) Cty		Most recent visit 05/14/2020	4 - Any year mane, or have you in the point 2 years used todiance in any form? ○ Year ○ No.	condition or the user may be
Sample		Research for most recent visit	5- In the part 5 years, have you received medical treatment or counseling by a health care provider for, or been advised by a physician or other health care	a physician or other a provider to asked to answer additional
IIP Code		Checkup	decrement, the use $\odot \tau_m \odot \tau_m$ discontinue, the use of alcohol or prescribed or non-prescribed drugs?	auestions
2 55555			🛎 Yes 🔾 No	questions.
niters		Back Finish Later	Manue tell un menn about your motival condition	
nor up to one people number. non-US phane eamber.			Start typing your condition in the field below. If your condition	Once all information required
dewa Type-1			appears in the list that emerges, relect it. If it doesn't, type the condition in full.	is complete, the user will click
phone number(z remaining)			button.	"Save". After all the questions are
levence you like to receive conversionizations related to your Statement of like bb.7			Type your condition	answered the user is taken to the
⊖ US Mat			Type your condition here to search	unswered, the user is taken to the
accent Code			Statement of Health	review page ana/or the esign page
elect to receive documents electronically, we'll send them to the email address above. Net st are available electronically, we'll send these to you by u't mail, negocilesc of your			Your Information Primary Care Municipa Models Models Review and Submit	for submission.
arenes, an erver address o required.			Name make some finde andersom beisar at someret. To make dessense slick EBE (Blass sociae besided slow	
			Next to continue.	
			1. Your Information	Review Page
	L			Applicants review all information enter
			Employee Details	on prior pages to confirm accuracy.
			Applicant's information	
			JOHN SMITH	



Submission of Statement of Health

Users will be able to submit an electronic signature or print a copy of their Statement of Health form to be signed and mailed to the address displayed on the form.

Once the enrollee clicks Submit, a decision on the Statement of Health based on answers provided may be automatically generated and status message will be displayed.

The Common Benefits site will be updated once the Statement of Health application is reviewed.

al Information Health Questions Review and Submit		
ase Provide An Electronic Signature. All fields are required unless noted. al Statement: must review and acknowledge all of the legal statements and disclosures below before continuing. III PRE-NOTCI formation regarding your insurability will be treated as confidential. Metropolitan Life Insurance ompany ("MatLin") or its reinsurem may, however, make a brief report thereas to MIL, i.e., a net- port membership or ganatistic of Narurance company. Which oparates an information thange on bahalf of its Mambers. If you apply to another MIL Mamber company for life or hash munon coverage, or a Another to Mill and sample disclosures because of the membership of the or hash insurance coverage, or a fair strate to any stratege disclosure to example of Mill operations in formation in the file. Narure coverage of a fair strate to may be any another VIII Mamber company for life or hash munon coverage, or a fair strate to may the sample disclosure because of the information in MID we cover the same strate of the sample of the same stratege of the same scance of other insurance in the fair the same strates of MILL information of the is to Braintees the HII Park, the 400 Enterrores, may also relaxes information in its file to other insurance companies to the same strates. Mills, or its minutes, may also relaxes information in its file to other insurance companies to the same strates of the same strates of MILL information of the is to Braintees. Mills of mills and the 2732.	Need Help? Technical Question? Statement of Health Submit a Paper Form Read.cor.FAQs	other MetLife administered web sites linked to it, but does not include non-MetLife web sites which are linked to this web site. Read the entire Consent Statement Consent to transfer personal data to the US – For applicants who reside outside the United States. I authorize MetLife, its affiliates and agents to collect and process my personal information, including sensitive information, such as health details, for the purposes of underwriting, providing and administring my insurance. Personal information name, date of birth, street address, email address and other information that could identify me as an individual. I consent to any transfer of personal information for the purposes described above from outside the regimes, into the U.S. or other jurisdictions that may not be considered to have an adequate level of data protection by the countries from where the parenal information is ent. Please note: coverage may not be available for applicants who reside outside of the U.S. Read the entire Transfer Personal Data to the US Statement To continue, please check the box(ex) to indicate that you have read and understand the following an that you are providing your consent and authorization.
hom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. formation for consumers about MIB may be obtained on its website at <u>www.mlb.com</u>	0	MIB Pre Notice, Fraud Warning, Declarations and Signatures, Privacy Notice, Consent Statement, as if applicable, Consent to Transfer Personal Data to the US
iew PDF Document		Authorization Statement
you reside in or are applying for insurance under a policy issued in one of the following states, ease read the applicable warning:		Country of Birth
ead Fraud Warnings		United States 0
CLARATIONS AND SIGNATURES are read this Statement of Health and declare that all information given above is true and mplete to the best of my knowledge and belief. I understand that this information will be used by estifie to determine my insurability.		State of Birth - safect - \$
ead all Declarations and Signatures		NEW YORK FRAUD WARNING
UTHORIZATION IN Authorization is in connection with an enrollment in group insurance and information required or other protocol and dama purposes for the proposed musreful (1 mm/loyer). Dependent, and Jor or other protocol manual below). Underwriting means: Casufficiation of individuals for termination of insurability and Jor creates. Stand upon physican bable n ports, procession drug termination, encound of each by a proposed insuré, advantaged insuré heads publication instruction placed on the start of the start of each bable start of the star		Are rouse treating; comp appines to account and really Benefits). Any period whick knowlingly and tatement of edum containing any materially heles information, are conceals for the purpose of milesading, information concerning any fact material theretis, commits a faudulent insurance act, which is a circum, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Electronic Signature (Signature) I have completed the Statement of Health. I acknowledge that I have read and understand the Statement of Health and all the notice, declaration, and other document provided, lagree to print
ew the Authorization form		and retain a copy of the Statement of Health form for my records. I understand that by entering my password and clicking the "Submit" button below I am providing my electronic signature and
UR PRIVACY NOTICE is know that you buy our products and services because you trust us. This notice explains how we otect your privacy and treat your personal information. It applies to current and former customers. irronal information" as used here means anything we know about you personally		submitting the Statement of Health for consideration by MetLife. Password: Enter your DOB (YYYY/MM/DD)
ead the entire Privacy Notice		*Note: Passwords are case sensitive.
ATEMENT ON CONSUMER CONSENT TO THE USE OF ELECTRONIC TRANSACTIONS, SIGNATURES NO RECORDS ("Consent Statement")		Information.You will be provided an opportunity to print and/or download a copy of your completed Statement of Health for your records upon successful electronic submission.



Scheduling a Paramedial Exam

If a paramedical exam applies, the applicant is able to schedule right away.

Paramedical exam can be conducted by an approved MetLife vendor, or at the employee's personal physician.

For any questions on status of enrollment contact 800-638-6420, prompt 1.





The Company Documents section of the self-service website is located through the "Menu" option at the top of the page:

Click "Menu":

ADP Total Source					≡ Menu	MetTest T. AAAATest 🝷
	Start Your Inf	formation Dependent(s)	Your Enrollment	Summary		
Personal Information - 2/5	Basic Information	Address Employment				
Personal Information includes all relevant	Personal Information	on				
review and complete all fields.	First Name	MetTest				
	Middle Initial	т				
	Last Name	AAAATest				
	Date of Birth	9/13/1983				
	SSN	000-11-0000				
	Gender	Male Female				
	Home Phone					
	Mobile Phone					
	E-Mail					
				Court		
				Save		
https://secure.commonbenefits.com/Exchange/PersonalInfo/Up	odateBasicInfo#	HELP				

Click "Company Documents":

ADP Total Source			
Start Your Inforn Dependent Your Enroll Summary	vation (s) nent	Resources Company Documents	
	Middle Initial	т	
	Last Name	AAAATest	
	Date of Birth	9/13/1983	
	SSN	000-11-0000	
	Gender	® Male © Female	
	Home Phone		
	Mobile Phone		
	E-Mail		
		Save	
		HELP	

Available documents are clickable links here:

Re	eso	urces	← Back To Your Enrollment	Decision Suppo	rt Com	pany Documents
	#	DOCUMENT NAME		DOCU	JMENT TYPE	
	1	Enrollment Guid	le	.pdf		
	2	Group Accident	Plan Summary and FAQ	.pdf		
	3	Hospital Indemr	nity Plan Summary and FAQ	.pdf		
	4	Voluntary Short	Term Disability Plan Summary	and FAQ .pdf		
	5	Voluntary Term	Life Plan Summary and FAQ	.pdf		
	6	Voluntary AD&D	Plan Summary and FAQ	.pdf		
	7	Critical Illness Pl	an Summary and FAQ	.pdf		
	8	MetLife Legal Pla	ans Plan Summary and FAQ	.pdf		