



**HEICO**  
Construction Group

BOMAC



CFA



**TITAN**  
formwork systems

**TRIBCO**  
CONSTRUCTION SERVICES

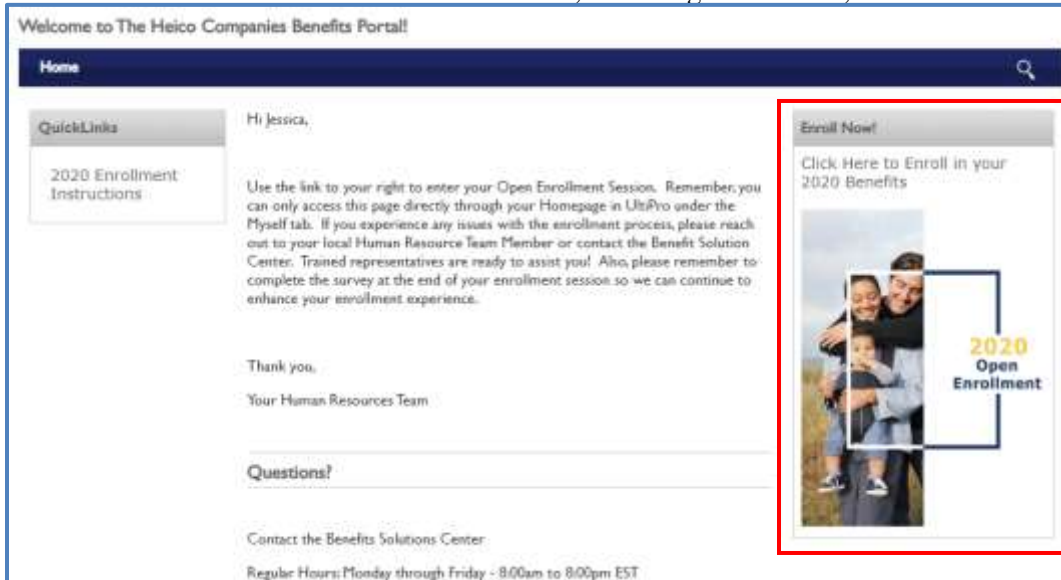


## 2020 Benefit Open Enrollment Directions

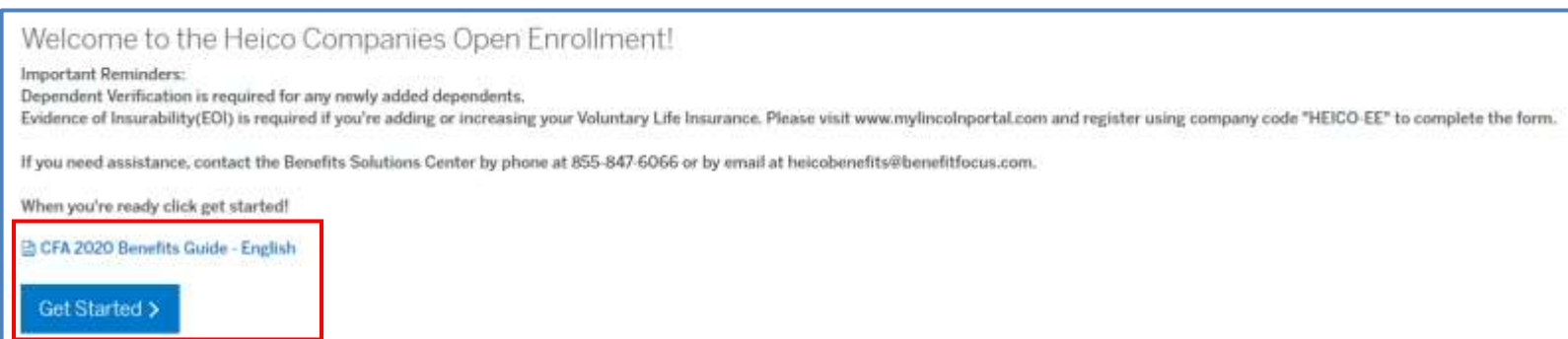
**Benefit open enrollment begins Monday, October 28 and ends Monday, November 11 2019.**  
**Current benefit elections will not carryover to the new plan year.**

- 1) Go to your Company Website and select '*Employee Login*':
- 2) The 2020 Benefit Open Enrollment landing page will open in a new window, select '*Enroll*' to get started.
- 3) Enter in your UltiPro login credentials:
  - a. **Username:** Legal First Name + Date of Birth (MMDDYYYY)
  - b. **Ex:** James12011972
  - If you have already logged into UltiPro, enter your password
  - If you forgot your password, select '*Forgot your password?*'
  - If you have never logged into UltiPro, enter the default password:
    - c. **Password:** Legal First Name + Home Zip Code
    - d. **Ex:** James60514
- 4) Select Login

- 5) The Benefit Portal will launch in a new window, on the right hand side, select '*Click Here to Enroll in your 2020 Benefits*'



- 6) Review the Benefit Guide for information of the benefit program then select '*Get Started.*'



- 7) Before you enroll, you'll add eligible dependents to your plan by selecting Add Dependent. Click 'Next' to Continue. *\*You will be required to upload Dependent Verification for newly added dependents after completing enrollment.*

## Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

To add a dependent, click 'Add Dependent'

Add Dependent

Next

Previous

Dependent Relationship	Dependency Proof Documentation
<b>Spouse</b> – Your legal spouse, including same-sex spouse	Marriage certificate Marriage license
<b>Child under age 26</b> - Your natural, legally adopted child, or child in the process of being adopted:	State or county issued birth certificate showing employee's name or signed court order. If birth certificate lists employee's maiden name, please provide marriage certificate.
<b>Step-Child under age 26</b>	State or county issued birth certificate showing parents' names and a copy of your marriage certificate
<b>Adopted Child under age 26</b>	Adoption certificate or qualified medical support order (QMCSO)
<b>Child for whom you are the legal guardian under age 26</b>	Signed court order and last year's tax return claiming the child as a dependent
<b>Foster Child under age 26</b>	Signed letter from social service agent confirming child has been placed under your care
<b>Disabled Child</b> - Your child who has been deemed disabled	Birth certificate, and supporting medical documentation from an attending physician

## Medical Enrollment

8) First, select 'Begin Enrollment', 'View your current plan', or 'Decline coverage'.



The following options are available from the Medical enrollment screen.

- a. Select Dependent you'd like to enroll (Box will appear green when selected)
- b. Add Dependents not already listed
- c. Review Plan Details

9) Once you've reviewed your options, click 'Select Plan' to Enroll or 'Decline Coverage' to decline and go to the next plan.

2020 – Medical Plan – Kaiser Permanente - Less Than 2 Years		Plan Cost	\$131.53
Individual Deductible	\$250	Employer Cost	(\$90.01)
Family Deductible	\$750		
Individual Out of Pocket Maximum	\$1500		
Family Out of Pocket Maximum	\$3000		
		You Pay	
		(Four Times a Month Cost)	\$41.52
<a href="#">Select plan</a> <a href="#">Plan details</a>			

10) If you decline Medical coverage, a window will pop up asking you to confirm. Once declined, the option to Edit coverage is available. Click 'Save'.

Are you sure you want to decline Medical coverage?

If you decline, you and/or your family may be without Medical coverage.

☐ Do not show this warning again.

[Yes, decline](#) [Cancel](#)

11) To complete Medical benefits, review your elections on the Accounts Summary page and click 'Save' to continue.



## Dental Enrollment

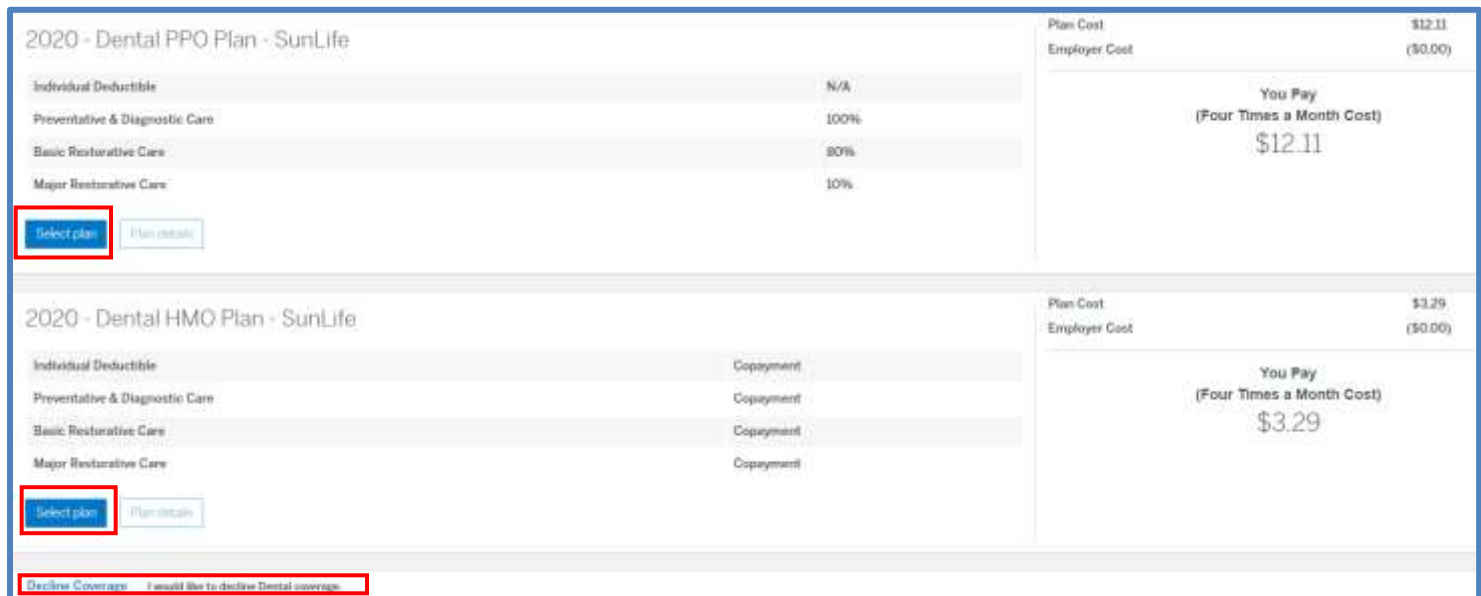
12) Select Begin enrollment, view your current plan, or decline coverage



13) The following options are available from the Dental enrollment screen

- a. Select Dependent you'd like to enroll (Box will appear green when selected)
- b. Add Dependents not already listed
- c. Review Plan Details

14) Once you've reviewed your options, click 'Select Plan' to Enroll or 'Decline Coverage' to decline and go to the next plan.



Plan Name	Individual Deductible	Preventative & Diagnostic Care	Basic Restorative Care	Major Restorative Care	Plan Cost	Employer Cost	You Pay (Four Times a Month Cost)
2020 - Dental PPO Plan - SunLife	N/A	100%	80%	10%	\$12.11	(\$0.00)	\$12.11
2020 - Dental HMO Plan - SunLife	Copayment	Copayment	Copayment	Copayment	\$3.29	(\$0.00)	\$3.29

15) To complete Dental benefit enrollment, review your elections on the accounts summary page and click 'Save' to continue.



## Short & Long Term Disability Coverage

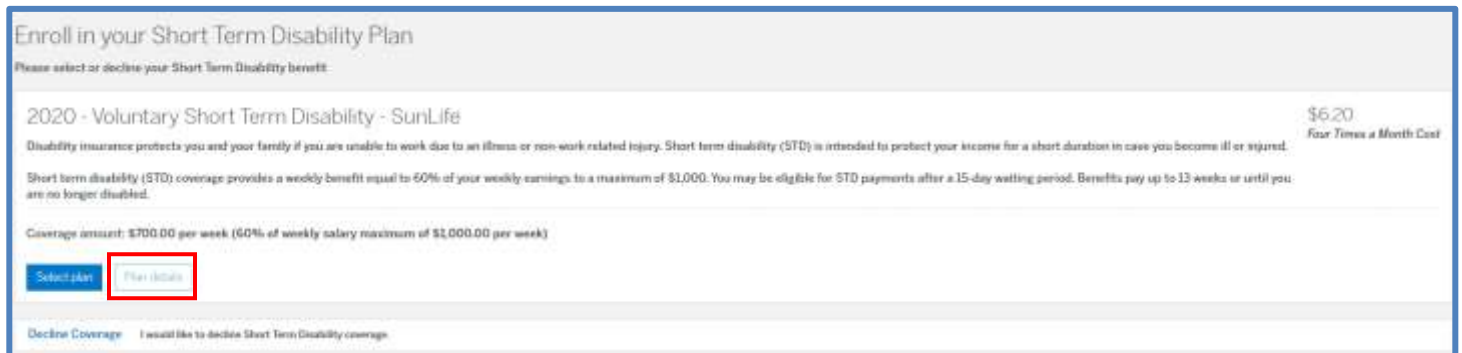
16) Select 'Begin enrollment', or 'View your current plan'.



Choose your Short Term Disability coverage

[Begin enrollment](#) [View your current plan](#)

17) Review your Short Term Disability coverage by clicking 'Plan Details' and click 'Next' to continue.



Enroll in your Short Term Disability Plan

Please select or decline your Short Term Disability benefit.

2020 - Voluntary Short Term Disability - SunLife \$6.20 Four Times a Month Cost

Disability insurance protects you and your family if you are unable to work due to an illness or non-work related injury. Short term disability (STD) is intended to protect your income for a short duration in case you become ill or injured.

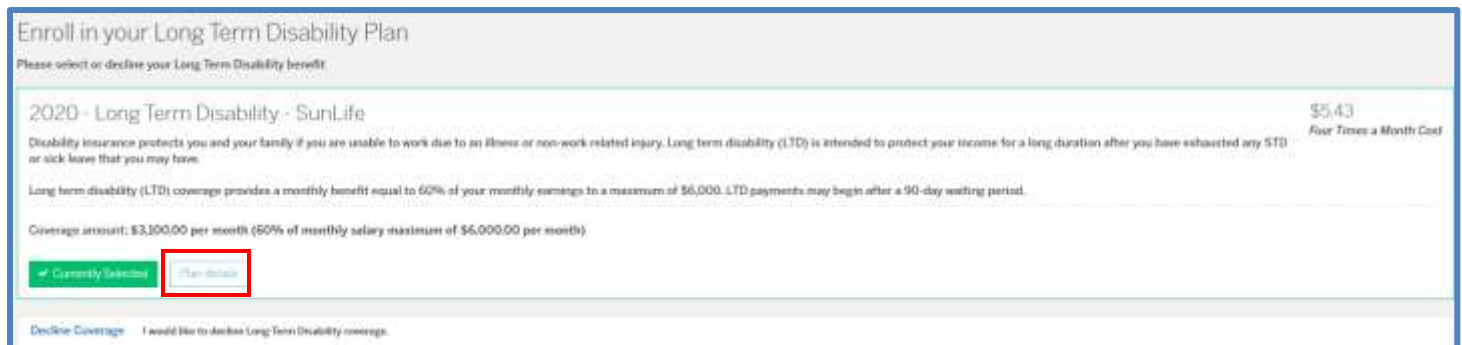
Short term disability (STD) coverage provides a weekly benefit equal to 60% of your weekly earnings to a maximum of \$1,000. You may be eligible for STD payments after a 15-day waiting period. Benefits pay up to 13 weeks or until you are no longer disabled.

Coverage amount: \$700.00 per week (60% of weekly salary maximum of \$1,000.00 per week)

[Select plan](#) [Plan details](#)

Decline Coverage I would like to decline Short Term Disability coverage.

18) You'll be automatically directed to the Long Term disability plan, review your coverage by clicking 'Plan Details' and click 'Next' to continue.



Enroll in your Long Term Disability Plan

Please select or decline your Long Term Disability benefit.

2020 - Long Term Disability - SunLife \$5.43 Four Times a Month Cost

Disability insurance protects you and your family if you are unable to work due to an illness or non-work related injury. Long term disability (LTD) is intended to protect your income for a long duration after you have exhausted any STD or sick leave that you may have.

Long term disability (LTD) coverage provides a monthly benefit equal to 60% of your monthly earnings to a maximum of \$6,000. LTD payments may begin after a 90-day waiting period.

Coverage amount: \$3,100.00 per month (60% of monthly salary maximum of \$5,000.00 per month)

☒ Currently Selected [Plan details](#)

Decline Coverage I would like to decline Long Term Disability coverage.

19) Review your elections and click 'Save' to continue.



## Life Insurance

20) Select 'Begin enrollment', or 'View your current plan'.

Choose your Life Insurance coverage

Begin enrollment

View your current plan

21) Basic Life Insurance is a FREE benefit, review your coverage by clicking 'Plan details' and click 'Next' to continue.

Basic Life Insurance	
Employer provided benefit	
2020 - Basic Life Insurance – SunLife	
Coverage amount: \$15,000.00	Plan Cost \$0.64
<div>✓ Currently Selected</div>	Employer Cost (\$0.64)
	You Pay (Four Times a Month Cost) \$0.00
Please Note: This benefit cannot be declined.	
<div>Next Previous Cancel</div>	

22) Life Insurance requires a Beneficiary, select an option from the picklist, complete the required fields, assign an Allocation, then click 'Next' to proceed.

23) Review your elections and click 'Save' to continue.

## Voluntary Life Insurance – Self, Spouse, Children

24) Select 'Begin enrollment', 'View your current plan', or 'Decline coverage'.

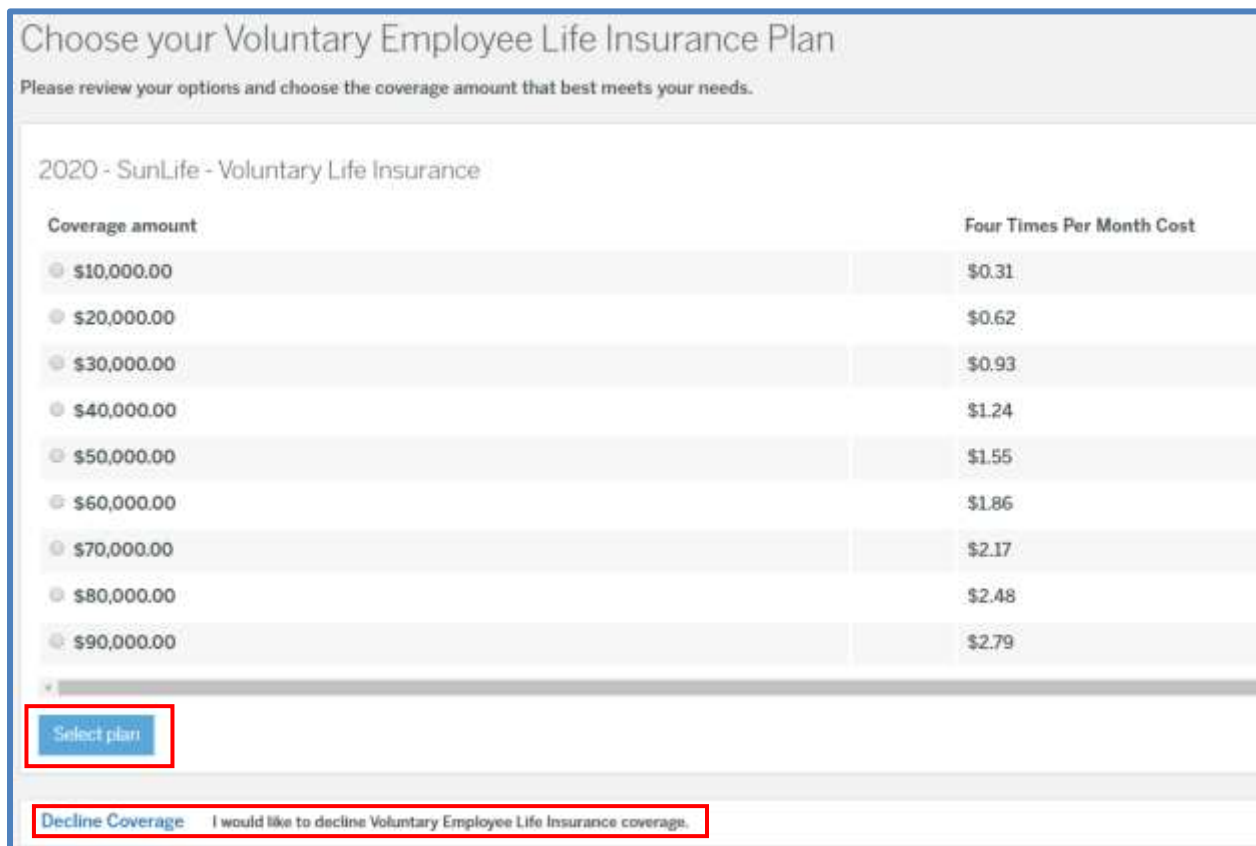


Choose your Voluntary Employee Life Insurance coverage

[Begin enrollment](#) [View your current plan](#) [Decline coverage](#)

25) Voluntary Life Insurance can be selected in coverage amounts of increments of \$10,000. Select an amount then click 'Next' or click 'Decline Coverage' to continue.

*\*You are required to complete an EOI (Evidence of Insurability) if you increase the percentage amount from the prior year OR exceed \$300,000 in coverage.*



Choose your Voluntary Employee Life Insurance Plan

Please review your options and choose the coverage amount that best meets your needs.

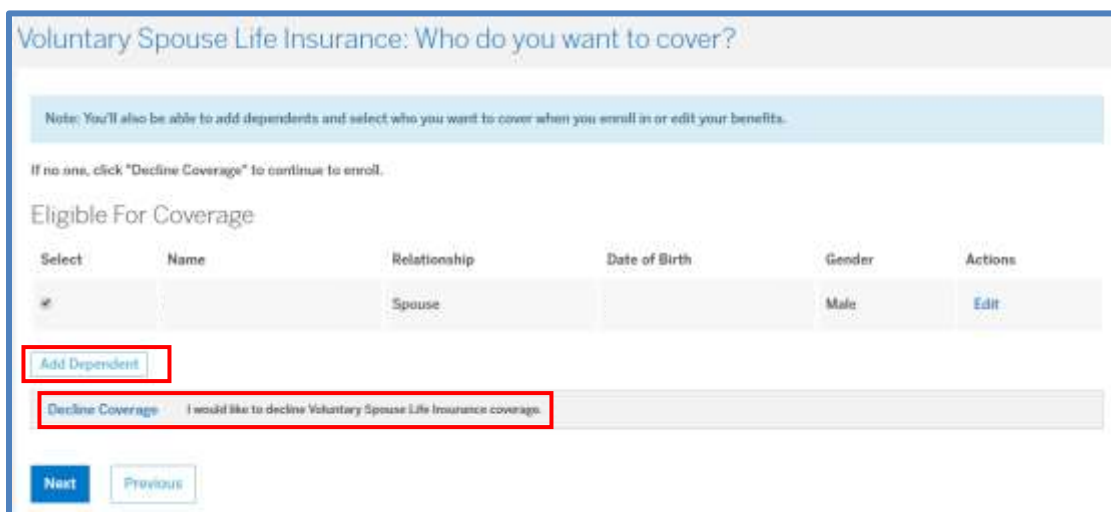
2020 - SunLife - Voluntary Life Insurance

Coverage amount	Four Times Per Month Cost
<input type="radio"/> \$10,000.00	\$0.31
<input type="radio"/> \$20,000.00	\$0.62
<input type="radio"/> \$30,000.00	\$0.93
<input type="radio"/> \$40,000.00	\$1.24
<input type="radio"/> \$50,000.00	\$1.55
<input type="radio"/> \$60,000.00	\$1.86
<input type="radio"/> \$70,000.00	\$2.17
<input type="radio"/> \$80,000.00	\$2.48
<input type="radio"/> \$90,000.00	\$2.79

[Select plan](#)

[Decline Coverage](#) I would like to decline Voluntary Employee Life Insurance coverage.

26) You will automatically be directed to Voluntary Spouse coverage, select or add a spouse to enroll and click 'Next', or click 'Decline Coverage'.



Voluntary Spouse Life Insurance: Who do you want to cover?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

If no one, click "Decline Coverage" to continue to enroll.

Eligible For Coverage

Select	Name	Relationship	Date of Birth	Gender	Actions
<input type="checkbox"/>		Spouse		Male	<a href="#">Edit</a>

[Add Dependent](#)


[Decline Coverage](#) I would like to decline Voluntary Spouse Life Insurance coverage.

[Next](#) [Previous](#)

27) If you chose to enroll, select a coverage amount and click 'Next' to continue.

### Choose your Voluntary Spouse Life Insurance Plan

Please review your options and choose the coverage amount that best meets your needs.

 Who do you want to cover on this plan?

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2020 - SunLife - Voluntary Spouse Life Insurance

Coverage amount	Four Times Per Month Cost
<input type="radio"/> \$10,000.00	\$0.31
<input type="radio"/> \$20,000.00	\$0.62
<input type="radio"/> \$30,000.00	\$0.93
<input type="radio"/> \$40,000.00	\$1.24
<input type="radio"/> \$50,000.00	\$1.55

[Select plan](#)

[Decline Coverage](#) I would like to decline Voluntary Spouse Life Insurance coverage.

28) You will automatically be directed to Voluntary Child Life Insurance, select or add a dependent to enroll and click 'Next' or click 'Decline Coverage'.

### Voluntary Child Life Insurance: Who do you want to cover?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

If no one, click "Decline Coverage" to continue to enroll.

#### Eligible For Coverage

Select	Name	Relationship	Date of Birth	Gender	Actions
<input type="checkbox"/>		Child		Female	<a href="#">Edit</a>

[Add Dependent](#)

[Decline Coverage](#) I would like to decline Voluntary Child Life Insurance coverage.

[Next](#) [Previous](#)

29) If you chose to enroll, select the coverage amount and click 'Next' to continue.

## Choose your Voluntary Child Life Insurance Plan

Please review your options and choose the coverage amount that best meets your needs.



Who do you want to cover on this plan?



### 2020 - SunLife - Voluntary Child(ren) Life Insurance

Coverage amount	Four Times Per Month Cost
<input type="radio"/> \$2,500.00	\$0.13
<input type="radio"/> \$5,000.00	\$0.25
<input type="radio"/> \$7,500.00	\$0.38
<input type="radio"/> \$10,000.00	\$0.50
<input type="radio"/> \$12,500.00	\$0.63
<input type="radio"/> \$15,000.00	\$0.75
<input type="radio"/> \$17,500.00	\$0.88
<input type="radio"/> \$20,000.00	\$1.00
<input type="radio"/> \$22,500.00	\$1.13



## Employee Assistance Program

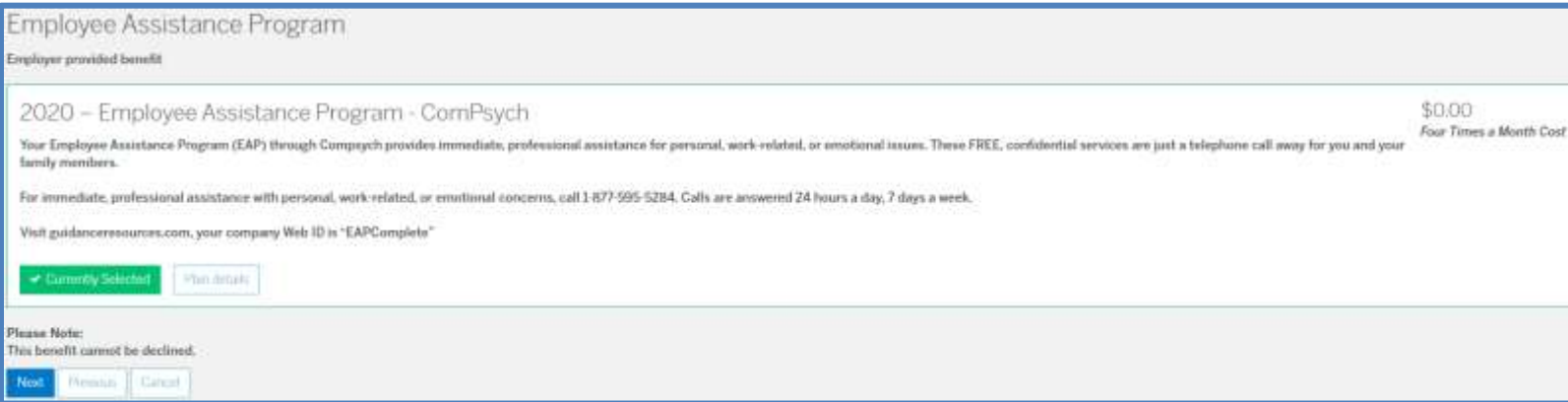
30) Select 'Begin enrollment' or 'View your current plan'.



Choose your Employee Assistance Program coverage

[Begin enrollment](#) [View your current plan](#)

31) The Employee Assistance program is a FREE benefit, review the plan and click 'Next' to continue.



Employee Assistance Program

Employer provided benefit

2020 – Employee Assistance Program - ComPsych \$0.00  
Four Times a Month Cost

Your Employee Assistance Program (EAP) through ComPsych provides immediate, professional assistance for personal, work-related, or emotional issues. These FREE, confidential services are just a telephone call away for you and your family members.

For immediate, professional assistance with personal, work-related, or emotional concerns, call 1-877-595-5284. Calls are answered 24 hours a day, 7 days a week.

Visit [guidanceresources.com](https://guidanceresources.com), your company Web ID is "EAPComplete"

[✔ Currently Selected](#) [Plan details](#)

Please Note:  
This benefit cannot be declined.

[Next](#) [Previous](#) [Cancel](#)

32) Review all elections you've made and click 'Complete Enrollment' to finish enrollment.