

# How to Submit Open Enrollment and Keep your Existing Benefits

## HOW TO ELECT BENEFITS DURING OPEN ENROLLMENT

From the Home page: Click on your inbox:



1. Click on **Open Enrollment Change** and then **Let's Get Started** to open the event.

**Inbox**

Actions Archive

Viewing: All Sort By: Newest

**Open Enrollment Change: Ben Grimm on 01/01/2023**  
44 second(s) ago - Effective 01/01/2023

Payment Election Enrollment Event  
4 hour(s) ago - Due 10/12/2022

**Change Benefits for Open Enrollment**  
44 second(s) ago - Effective 01/01/2023

Open Enrollment 2023 10/10/2022-11/11/2022

Choose new plans or re-enroll in the plans you currently have.

**Let's Get Started**

2. From here you can select any benefit you wish to enroll in or change. Your previous benefit enrollments from last year will be saved except for the **Health Saving Account, Healthcare FSA, Limited Purpose FSA** and **Dependent Care FSA**. These benefits must be enrolled in every year if you wish to continue them.

To enroll or change a benefit election click the button at the bottom of the benefit's card. The button will say **Enroll** for any benefit you do not already have and **Manage** for a benefit you are currently enrolled in. You DO NOT need to select Enroll or Manage in this step unless you're looking to make a change.

**Health Care and Accounts**

**Medical**  
Aetna PPO 90  
Cost per paycheck \$89.54  
Coverage Employee Only  
**Manage**

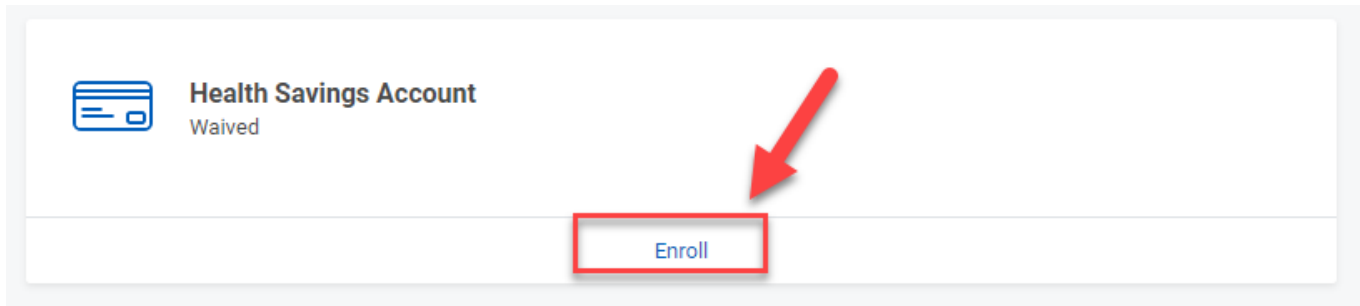
**Dental**  
Waived  
**Enroll**

3. If you're not interested in enrolling or managing in a **Health Saving Account, Healthcare FSA, Limited Purpose FSA** or **Dependent Care FSA** for the new year, you can skip these steps and go to **Step 6** to see how to submit your enrollments.

If you do want a FSA or HSA go to the card that has the plan you want to enroll in. You will notice that the card says **Waived** even if you were enrolled in the plan last year. You must ALWAYS renew your FSA or HSA during Open Enrollment. **\*\*Please note If you are enrolled in the UHC Saver plan or Aetna Saver Plan you must always be enrolled in the Health Savings Account even if you don't contribute any funds to it. ZOLL will contribute funds each year to your account.**

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Click **Enroll** on the card.



4. This will take you to a new screen that will let you enroll in the plan. Click **Select** and then **Confirm and Continue** on the bottom of the screen.

### Plans Available

Select a plan or Waive to opt out of Health Savings Account.

1 Item

| *Selection   | Benefit Plan Details             | You Contribute (Biweekly) | Company Contribution (Biweekly) |
|--|----------------------------------|---------------------------|---------------------------------|
| <input checked="" type="radio"/> Select<br><input type="radio"/> Waive | Fidelity Auto, Simple Enrollment |                           |                                 |



5. On the next screen you are able to select how much money you want to contribute for the whole year. You cannot change this amount for the **Healthcare FSA, Dependent Care FSA or Limited Purpose FSA** outside of Open Enrollment. You can change the **Health Saving account or HSA** at any time even after Open Enrollment has ended.

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You can enter in how much you want to contribute either per paycheck or annual. The total amount you can contribute annually is listed on the screen. \*\*Please note this figure takes into consideration the ZOLL contribution to the HSA and the if you are eligible for catch-up contributions.

## Contribute

Per Paycheck  Annual  Total Paychecks 26

Maximum Annual Amount: \$3,225.00

## Summary

Total Annual HSA Contribution \$1,300.00

Once you've selected an amount click **Save** on the bottom of the screen.

6. To submit your benefits click **Review and Sign** at the bottom of your screen.

**Health Care and Accounts**

- Medical** (REVIEWED)  
UHC CDHP Saver Plan with HSA  
Cost per paycheck: \$62.31  
Coverage: Employee Only  
[Manage](#)
- Dental** (REVIEWED)  
Delta Dental of MA DPO  
Cost per paycheck  
Coverage
- Opt Out Med/Den/Vis**  
Waived  
[Enroll](#)
- Health Savings Account** (REVIEWED)  
Fidelity Auto, Simple Enrollment  
Contribution per paycheck
- Limited Purpose FSA**  
Waived  
[Enroll](#)
- Dependent Care FSA**  
Waived

**Insurance**

- Basic Life**  
Reliance Standard (Employee)  
Cost per paycheck: Included  
Coverage: 2 X Salary  
[Manage](#)
- Basic AD&D**  
Reliance Standard (Employee)  
Cost per paycheck  
Coverage

[Review and Sign](#) [Save for Later](#) [Manage](#)

7. You will see a summary of your benefits at the top of your screen.

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Selected Benefits 6 items

| Plan                                       | Coverage Begin Date | Deduction Begin Date | Coverage        |
|--|---------------------|----------------------|-----------------|
| Medical<br>UHC PPO 90                      | 01/01/2023          | 01/01/2023           | Employee Only   |
| Dental<br>Delta Dental of MA DPO           | 07/13/2020          | 07/13/2020           | Employee Only   |
| Vision<br>VSP VIS                          | 07/13/2020          | 07/13/2020           | Employee Only   |
| Healthcare FSA<br>Fidelity                 | 01/01/2023          | 01/01/2023           | \$900.00 Annual |
| Basic Life<br>Reliance Standard (Employee) | 01/01/2022          | 01/01/2022           | 2 X Salary      |
| Basic AD&D<br>Reliance Standard (Employee) | 01/01/2022          | 01/01/2022           | 2 X Salary      |

Please review to make sure that you see all the benefits you want under **Selected Benefits**. If it looks right, scroll down until you see **Electronic Signature**. Please click the check box next to **I Accept**

### Electronic Signature

**Legal Notice: Please Read**

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status.
- You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.
- Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a qualified change in status event during the calendar year.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within 31 days after the marriage, birth or adoption.

I Accept

Now hit **Submit** at the bottom of your screen.

Congratulations you have completed Open Enrollment!