



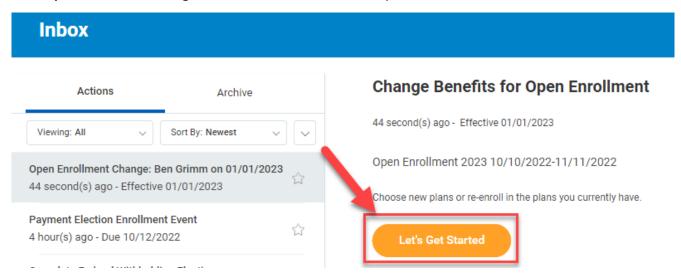
#### HOW TO ELECT BENEFITS DURING OPEN ENROLLMENT

\*Please note: All dates and rates shown are for illustration purposes only. Please refer to ZOLLbenefits.com for current Open Enrollment information.

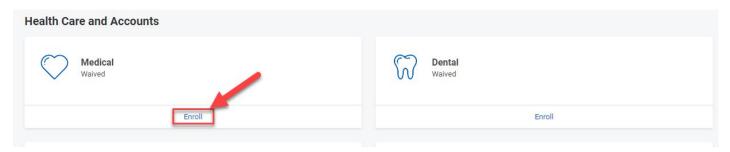
From the Home page: Click on your inbox:



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



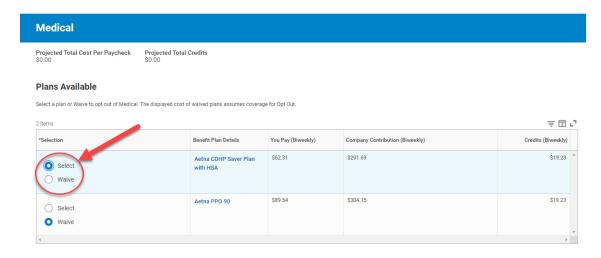
2. From here you will see all your benefits arrayed as 'cards'. You will see benefits are marked as **Waived**, meaning that you will not have that benefit unless you **Enroll** in it. In order to enroll in a benefit, click the **Enroll** button at the bottom of the card.



3. Once you click **Enroll** you will be taken to a new screen which will let you select a benefit plan. To pick a plan click **Select**.







After selecting the plan you would like to enroll in, t click **Confirm and Continue**.



4. If the benefit is a healthcare plan (Medical, Dental or Vision) you will be able to add a dependent on the next page. Adding a dependent will automatically change your benefit enrollment from Employee Only to Employee plus One or the Family rate. If you already have a dependent on another Healthcare plan, you will see them as an option to select. Click the box next to their name to add them to the plan.



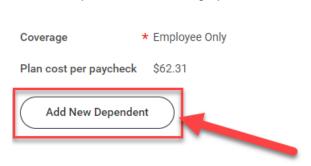
5. If you haven't created a dependent yet for benefits, then you must first create them in order to add them to a healthcare plan. Click the **Add New Dependent** button to do so. Please see the 'How to Add a Dependent to Benefits' Job aide for more information.





### **Dependents**

Add a new dependent or select an existing dependent from the list below.



- 6. Once you've added your dependent and clicked Save you will be returned to the main Open Enrollment page and will be able to select other benefits such as Dental, Vision, FSA, and Supplemental Life Insurance, and Enroll or Manage your elections.
- 7. If you have **Medical** insurance elsewhere and waive ZOLL's **Medical, Dental** and **Vision** benefits. Then you are eligible for the **Opt Out Med/Den/Vis** benefit. This benefit will pay you \$100 a month.

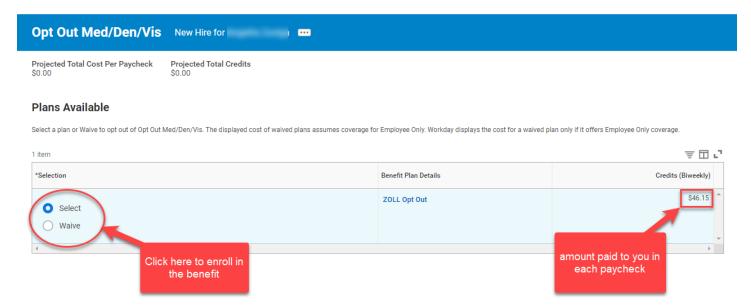
In order to receive the **Opt Out Med/Den/Vis** <u>YOU MUST ENROLL IN IT.</u> To do so please click **Enroll** under the **Opt Out Med/Den/Vis** card. \*\*Please note this benefit is only available to you if you DO NOT enroll in **Medical, Dental** and **Vision benefits.** 



8. On the next page click **Select.** You will notice that the **ZOLL Opt Out** has a credit of **\$46.15** this will be a payment included in your paycheck every two weeks.







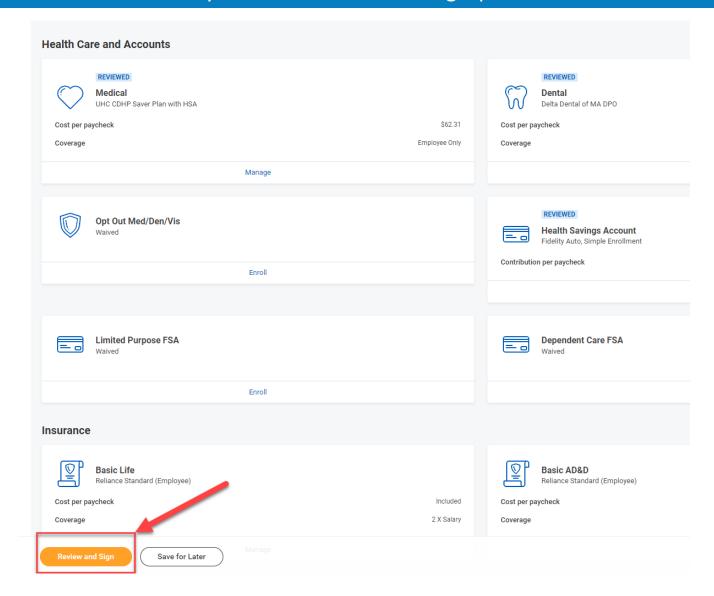
Click Save at the bottom when you are done. This will bring you back to your Open Enrollment elections.



9. To submit your Open Enrollment benefits click **Review and Sign** at the bottom of your screen.







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

Selected Benefits 6 items			
Plan	Coverage Begin Date	Deduction Begin Date	Coverage
Medical	01/01/2023	01/01/2023	Employee Only
UHC PPO 90			
Dental	07/13/2020	07/13/2020	Employee Only
Delta Dental of MA DPO			
Vision	07/13/2020	07/13/2020	Employee Only
VSPVIS			
Healthcare FSA	01/01/2023	01/01/2023	\$900.00 Annual
Fidelity			
Basic Life	01/01/2022	01/01/2022	2 X Salary
Reliance Standard (Employee)			
Basic AD&D	01/01/2022	01/01/2022	2 X Salary
Reliance Standard (Employee)			





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 when the plant is plant to the plant is plant to the plant birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within 31 days after the marriage, birth or adoption



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



Congratulations you have completed Open Enrollment!