

### **Open Enrollment Instructions**

# Below are general instructions to help you navigate through Open Enrollment on www.RotoBenefits.com.

**Step 1:** Everyone's Username & Password have been reset. To access Open Enrollment, click on the "Open Enrollment" button and use the Login Instructions below.



**Step 2:** The password you login with is temporary.

- On the Change Password page, you must enter your old password in the Old password field, which is your Birthdate (YYYYMMDD).
- Then, you must enter a new password on the New password field. It must be at least 8 characters long and contain at least one letter and one numeral.
- Confirm your password by typing it a second time in the Confirm password field.

Change Password
Password must be at least 8 characters
long and contain at least one letter and
one numeral.
Old password
New password
Confirm password
Save
< Back

Click the Save button.



### Step 3: Click Get Started to begin the Open Enrollment process.



#### Step 4: Before you can elect benefits, you must verify your personal information.

Verify your Personal Information and make change	s if needed	
This information is used for:         reporting to the benefit carriers         to issue your ID cards and process your claims         to process your payroll, taxes, etc.         If any of the information is incorrect and you are unable to change it on this page, pleaters	ease contact the Roto-Rooter Benefits Dep	partment.
Basic Information	Contact Information	
First Name * Middle Name	Address 1 *	Address 2
Last Name *	City *	State * 🔹 👻
	Zip *	Home Phone *
Personal Information	Cell *	Office Phone *
Gender * Markal Status *	You must specify a value     Alternate E-mail	<ul> <li>You must specify a value</li> </ul>
Male Unreported *	PERSON NOTION	
Other		

**Step 4 continued:** Once you have reviewed and verified your information, click **Next: Review My Family**.

Other	Do you have Medicare?
Hire Date 04/29/2013 Years of Service 7	Medicare Part A * Medicare Part B * N N Medicare Part D * N
<b>≮</b> Back	Next: Review My Family



## **Step 5:** Review or add dependents. Once you have completed this, click **Next: Shop for Benefits**.

Review the Dependent Information on file below	
Please add your dependents to the system. The individual(s) listed in this table will be available to select for benefit coverage as well as to select You may: • Add New Dependents • Edit Existing Dependent Information • Remove Existing Dependent	Rectan Additional Content (1):     S a beneficiary.     O Dependent Documentation Req
If you intend to elect ANY benefits on your spouse and/or children they must be listed (i.e. me	
Current Family Members	
<b>K</b> Back	Next: Shop for Benefits



Step 6: To elect benefits, click on the Shop Plans or Start Survey button out to the right of each benefit.

Current Benefit Elections		
۵(	5	Rectangular Snip
Review Profile Shop	Benefits	Checkout
<ul> <li>To change an election, click on the shop</li> <li>To complete enrollment, click continue</li> </ul>	plans button to the right of each benefit. at the bottom of the page.	
Plan Year Effective from 01/01/2020 to	12/31/2020	
Election Required You need to enroll or decline the followir	ng benefits.	Not Started
Affidavit of Spousal Health Care Cov	rerage	
Status: Not Started	Dates: Last Updated	Start Survey
Dental		
No Plan Selected		Shop Plans
Vision		
No Plan Selected		Shop Plans



**Step 7:** For Medical, Dental and Vision benefits, a **Check Mark** indicates the family member is covered. If there is no check next to their name, they are not covered under that benefit.

- For documents and information regarding any of the benefits click on the **View More** button.
- You must click on Update Cart to make your election and move forward.
- If you wish to decline any benefit, please click on Decline Medical Benefits.





**Step 7 continued:** If you have previously declined a benefit, the screen may look like this. You may see your past benefit at the bottom of the screen. If you would like to decline again, you will need to click the **Decline** Benefit button.

#### Vision: EyeMed Vision





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**Step 8:** To elect the amount you would like to contribute to your Health Savings Account (HSA), Flexible Spending Account (FSA), or Daycare Flexible Spending Account, please type in the ANNUAL amount you would like to contribute in the **Personal Contribution** box below. Then hit **Update Cart**. If you would like to decline HSA, FSA, or Daycare FSA, click on **Decline** below.



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**Step 9:** Once you have elected all benefits, you must assign beneficiaries. Click on the **Review Beneficiaries** button at the bottom of the benefits summary page.

- You must assign a Primary Beneficiary for each benefit listed on the page. Click on the **Add Beneficiary** button. This can be one person, or multiple people.
- The total allocation must add up to 100%.
- First and Last Name, Date of Birth, and Relationship are required.
- Once completed, click on the **Review and Checkout** button.
- If you had assigned beneficiaries in a previous year they will be loaded into the system. Make sure you review your beneficiaries. If you need to change them click on **Pencil** button to change or update information. This will appear on any benefits where beneficiaries have been loaded.

Sun Life Financial* Company Paid Basic Employee Life Insurance	Coverage amount \$30,000.00
Primary Beneficiaries Required *) You must designate a primary beneficiary for this benefit.	
+ Add Beneficiary	
Would you like to add secondary beneficiaries?  No Yes	
Would you like to add secondary beneficiaries?       No       Yes         Sun Solution       Company Paid Basic Employee Life Insurance	verage amount \$30,000.00
Would you like to add secondary beneficiaries?       No       Yes         Support       Company Paid Basic Employee Life Insurance         Primary Beneficiaries (Required *)         You must designate a primary beneficiary for this benefit.	Cyerage amount \$30,000.00
Would you like to add secondary beneficiaries?       No       Yes         Image: Secondary beneficiaries       Company Paid Basic Employee Life Insurance         Primary Beneficiaries (Required *)       You must designate a primary beneficiary for this benefit.         Im Halpert, SPOUSE       Image: Secondary beneficiary for this benefit.	Allocation 100% X
Would you like to add secondary beneficiaries?  No Yes  Company Paid Basic Employee Life Insurance  rimary Beneficiaries (Required *)  rou must designate a primary beneficiary for this benefit.  Im Halpert, SPOUSE  Add Beneficiary	Allocation Total: 100%

**Step 10:** Once you have completed all benefits and filled in all beneficiaries, scroll to the bottom of the **Confirm Your Benefit Elections** screen and click on the **Checkout** button.





**Step 11: Enrollment Complete!** is what you will see when you have completed your enrollment! To keep a copy, you can print it, email it, or save it as a PDF.



**Step 12:** Don't forget to provide your documentation or fill out your EOIs. Once you have completed your Open Enrollment, you will see any documentation required to cover your dependents under **Your To-Do List**.



#### Step 13: We are here to help!

If you:

- get stuck at any point during your enrollment
- · receive error messages that you can't move past
- need help enrolling
- have questions about benefits
- · or would prefer to speak to someone

Don't hesitate to call the Benefits Call Center at 1(800) 996-4983.

• The call center is available from 8:00am - 8:00pm Eastern Time Monday - Friday.

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