ØKIGolt

Benefit Enrollment

Dayforce step-by-step guide

Logging Into Dayforce

- 1. Log into Dayforce: <u>https://www.dayforcehcm.com</u>
 - Company: okigolf
 - User Name: first letter of your legal first name.full last name
 - Carl Spackler = c.spackler
 - Ron Swanson = r.swanson
 - Your temporary password: okigolf+last 4 digits of your Social Security Number
 - If my SSN is 123-45-6789, my password is okigolf6789
 - You will be prompted to reset your password right away.

Note: If you have difficulties accessing your Dayforce account, please call an HR representative or email <u>HRAdmin@okigolf.com</u>

Navigating to Your Benefit Enrollment

≡ #				Ho	me				୍ ହ ⊠ ସ	
	Profile & Settings							Please complete your TeamRelate Profile		
		-Q:		<u></u>	2		Ш			
	Benefits	Careers		Earnings	Employee Timeshee	t	Operation View	Profile & Settings		
			Events	ک <u>ت</u> Balances	ຼືອັງ Earnings	Bookmarks				
	Events							Upcoming Events Past Events		
	Tue, September 17, 2019		💼 12:00 AN	1 - 12:00 AM						

2. Click the Benefit Icon



3. Click overview¹, start enrollment².

≡ #	Benefits	Q Ø ⊠∣ û •
Current Elections Forms	History Overview	
	Enrollments Refresh Below is a listing of available Enrollments. To access an Enrollment select "Start/Continue Enrollment"	
	New Hire Enrollment Due in 22 day(s) Pending Start Ervollment	

4. Read through the introduction to get a high level overview of Oki's benefit program, then click next.





- 5. Next you will add beneficiaries for your employer sponsored life insurance. Click add¹, enter their information in the "add new beneficiary" ² pop-up window.
 - <u>Note:</u> Because Oki provides basic life insurance for free, you MUST have one person listed minimum as beneficiary.

	•	•	-	-				
	Introduction	Profile	Elections	Confirmation	Summary			
Forms								
view and confirm the profile info	rmation below. Upon com	pletion, please pr	oceed by selecting "Ne	ext".				
save Draft							Back	
rrent Dependent Information								
Current Dep	endent Informatio	n						
Below is the list o	f your current dependents.	You have the abili	ity to Add. Edit. and/or l	Remove dependent(s)				
	. ,		,					
1 + Add								
Name			Relationship Spouse	Birth Date		🖍 View/Edit		
Kevin Malone				01/01/3000		m Remove		
rrent Beneficiary Information							Back	
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Add New Bene Add New Bene Personal First Name* Middle Name	ficiary Information	* Requ	uired Field	Primary Address	; Primary Address	Add	Back	
Add New Bene Add New Bene Personal First Name* Middle Name	ficiary Information	* Requ	uired Field	Primary Address adue is required No Other Address	: Primary Address	* Add	Back	
Add New Bene Add New Bene Personal First Name* Middle Name Gender	ficiary Information	* Requ	uired Field	Primary Address advets required No Other Address Phone Number	: Primary Address	+ Add + Add	Back	
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The fields marked with a red * are required fields and must be completed before you hit continue³.

6. Next if you are enrolling in benefits that will cover your spouse and/or any depends, you will want to add their information now (if you are only enrolling yourself, skip to step 7).



 Click on the drop down arrow ¹ next to "Current Dependent Information", then click add². Fill out the "add new dependent"³ form.

Note: Please know that in order to enroll dependents in medical, dental and/or vision coverage you must provide that persons social security number.

	Introduction	Profile Election	s Confirmation	Summary
Profile Forms				
Please review and confirm the p	rofile information below. Upon c	ompletion, please proceed by selectir	g "Next".	
Close Save Draft				
Current Beneficiary Info	rmation			
Curre	nt Beneficiary(s)			
Below is	s the list of your current beneficial	ry(s). You have the ability to Add or Ren	nove a beneficiary. Limited editinį	g is also available.
Below is	s the list of your current beneficiar	ry(s). You have the ability to Add or Rer	nove a beneficiary. Limited editinį	g is also available.
Below is	s the list of your current benefician Add Beneficiary	ry(s). You have the ability to Add or Rer Relationship	nove a beneficiary. Limited editin Birth Date	g is also available. View/Edit
Below is	s the list of your current benefician Add Beneficiary	ry(s). You have the ability to Add or Rer Relationship	nove a beneficiary. Limited editin Birth Date	g is also available. View/Edit

Open Enrollment						Your Current Elections	ŵ	\$0.00	×
	Introduction	Profile	Elections	Confirmation	Summary				
Profile Forms									
lease review and confirm the profile info	rmation below. Upon com	pletion, please proce	ed by selecting "Ne	ct".		В	ack	Next	t
Current Dependent Information									
Current Dep	endent Informatio	ı							
Below is the list of	your current dependents.	You have the ability t	o Add, Edit, and/or R	emove dependent(s).					
2 + Add									
Name		Re	lationship	Birth Date		🖍 View/Edit			
Kevin Malone		S	oouse	01/01/3000		TREMOVE			

dd New Dependent				
Personal Information	* Required Fiel	d	Primary Address	+ Add
First Name*			First Name: value is required will be used as the	e dependent's primary address,
Middle Name				d.
Last Name*			Other Address	+ Add
Gender*	Select an Option	*	Phone Number	+ Add
Relationship*	Select an Option	v	Currently does not have a phone	number.
Birth Date*		i		
SSN/SIN				
Tobacco/Smoker	No	Ŧ		
Date last used Tobacco/Smoked				
Student	Select an Option	*		
Disabled	Select an Option			
Marital Status	Select an Option	*		

The fields marked with a red * are required fields and must be completed before you hit continue⁴.



- 7. Now to the fun part, making elections! You will see that there is an overview for each benefit option (Medical, Dental, Vision, FSA Reimbursement, Oki's free benefit bundle).
 - Up first, Medical. Please review the plan overview¹ then expand the summary by clicking ².



- **8.** Once the Plan Summary & Rates tab is expanded, you can review the rates and plan summary for the base vs buy-up plans.
 - You will only want to make ONE election for medical (this is the only benefit you have multiple plans to choose from) so pay close attention which plan summary you are making your election under.



9. Once you have decided which plan you are choosing for medical (if you want Medical buy-up: arrow # 1 needs to say
Premera PPO Medical Buy-Up Plan Summary & Rates
; if you want medical base: arrow #1 needs to say
Premera PPO Medical Base Plan Summary & Rates
.



• Once you have the right drop-down open for your plan option, check the white box² next to the plan coverage level (team member only, team member & children, team member & family etc.) you wish to be enrolled in.

Select	your benefit options below. Up	ion completion, please proceed by selecting "Next".		
0	ose Save Draft		Back	
	Premera Blue Cross - Se	-Preferred Provider Organization (PPO) earch the Premera PPO network to see if your provider is In OR Out of Premera's Network at ww.premera.com Providers that are PPO = in-network Providers that are not PPO = out of network OProviders that are not PPO = out of network out-of-network providers will bill Premera and whatever is not covered by Premera be directly	will then	
1	Premera PPO Me			
1	Vou must eect 1 option(s)	edical Plan Rate Comparison In the edition set PLAN RATES Comparison Compa	re Selected	
1	Premera PPO Mee To must exect 1 option(s) is Option Name Ascending Option	edical Plan Rate Comparison to the eaction set PLAN RATES * Comparison Compar	re Selected]]
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1 3 OR OR OR	Premera PPO Me vu musi eest 1 spitongi 3 vu musi eest 1 spitongi 3 Option Option Option Medical prusi asse - ream tambér 5 and base: 101/2019 Medical prusi asse - ream tambér 5 and base: 101/2019 Medical prusi asse - ream tambér 5 apavas Ban Dase: 101/2019 Medical prus Bas - Team tambér 5 apavas Ban Dase: 101/2019 Medical prus Bas - Team tambér 5 apavas		re Selected	

*If you are enrolling your Domestic Partner, you need to make your medical election under the respective plan option (base or buy-up)/coverage level (Spouse or Family)





- **11.** Next you will do the same process for Dental and Vision. Expand the each Plan Summary & Rates, make your election coverage or waive.
 - Don't forget if you are enrolling your domestic partner your election needs to be made under the Premera Dental Domestic Partner Elections / VSP Vision Domestic Partner Elections.
- **12.** Now that you have done Medical, Dental and Vision; it's time for FSA. Expand the Dependent Care section.
 - If you want to waive select that option.



 If you want to make an annual contribution (our benefit plan year is 10/01/2019-09/30/2020) click¹.





13. The next window that pops up will be the option details.

• Enter in an amount¹ up to \$5,000 and on the lower right hand corner your cost per pay period² will populate. When you have gotten the annual contribution set where you would like it, click save³.

Option Details		×
Dependent Care Flex Spend	ding Account 2019-2020	
Contribution Enter the desired contribution amou Minimum Contribution: Maximum Contribution: Annual Contribution 1 500	nt below, or you can select the contribution amount by using the slider or plus and min \$0.00 \$5,000.00	us button.
\$0.00	-	\$5,000.00
	2 Estimated Total Annual Amount:	\$22.73 \$500.00
	3 5a	/e Cancel

- **14.** Repeat steps 12 & 13 for the Healthcare FSA, the annual contribution limit for healthcare FSA is \$2,700.
- 15. Expand the Free Benefit Summary

Free Benefits to Eligible Team Members

	Oki Golf provides all qualifying benefit eligible Team Members Basic Life Insurance, Accidental Death & Dismemberment (AD&D), Long Term Disability, Team Member Assistance Program (EAP), Travel Assistance and Health Advocacy.
1	Free Benefit Summary

16. Check the white box¹ next to the option, then the details page will pop-up, just hit save².

	Option Details	×
	Long Term Disability 2019-2020	
	Coverage Amount Your Coverage has been preset to the following amount.	
Option		
1 Long Term Disability \$0.00 2019-2020 Start Date: 10/1/2019	Basic Life Insurance 2019-2020	
 \$2,496.00 Coverage 	Courses Amount	
Basic Life Insurance \$0.00 2019-2020 5 Start Date: 10/1/2019 \$50,000.00 Coverage	Coverage Announ Your Coverage has been preset to the following amount. S	_
Basic Accidental Death \$0.00 and Dismemberment 2019-2020 Start Date: 10/1/2019 • \$49,920.00 Coverage	Basic Accidental Death and Dismemberment 2019-2020 Coverage Amount Your Coverage has been preset to the following amount.	_
Team Member \$0.00 Assistance Program 2019-2020 Start Date: 10/1/2019	Taam Mambar Arristonee Brogram 2019, 2020	
Travel Assistance - Assist \$0.00 America 2019-2020 \$tart Date: 10/1/2019 Show Details \$tart Date: 10/1/2019	Travel Assistance - Assist America 2019-2020]
	2 Save Core	el



17. Now that your elections have all been selected, click next in the lower right hand corner of your screen.

ire Enrollment							Ŵ	\$85.89	×
	Introd	uction F	Profile	Elections	Confirmation	Summary			
Employee Assistance services include:	Program (EAP)	: All benefit eligible	Team Member	rs, their dependents	and members of your	household can utiliz	e EAP services. Examples	of their	
 Childcare, Elder support, Educati 3 face-to-face se 800-854-1446 	care, Legal servic onal materials essions per year p	es, identity theft, M per member per inc	arital/relationsh ident	nip/family counselin	g, Bereavement or grie	f counseling, Substa	nce abuse and recovery, Fi	nancial	
 www.unum.com 	lifebalance								
 Health Advocate: To a health advocates availa 886-695-8822 answers@Health.dob 	essist you and you able!	ur family in navigati	ing the health c	are system (medic:	al, vision, dental, pharm	nacy and other healt	hcare needs) we have pers	onal	
- HAND CONTRACTOR	ocure commente	<u></u>							
-								_	
You may elect in a maximu	m of 1 option(s) in th	is election set.						^	
The option "Basic Life Insur The option "Basic Life Insur	ance 2019-2020" ma	y be subject to Group '	Term Life Imputed	d Income.					
								\sim	
Option Name Ascending	•						Compare Selected	3	
Option									
Long Term Disability 2019-2020 Start Date: 10/1/2019	\$0.00								
Basic Life Insurance 2019-2020 Start Date: 10/1/2019	\$0.00								
Solution coverage Basic Accidental Death and Dismemberment 2019-2020 Source 10/1/2010	\$0.00								
Sd9,920.00 Coverage Team Member Assistance Program	\$0.00								
Sale, 2010. To Trans Sale, 2010. Coverage Team Member Assistance Program 2019-2020 Start Date: 10/1/2019	\$0.00								
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Salty 2020 Coverage Salty 2020 Coverage Team Member Assistance Program 2019-2020 Sart Date: 10/1/2019 Travel Assistance - Assist America 2019-2020 Sart Date: 10/1/2019	\$0.00 \$0.00								
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Sel3920.00 Coverage Team Member 2019-000 Stort Date: 10/1/2019 Travel Assistance - Assis America 2019-0019 Stort Date: 10/1/2019 Stort Date: 10/1/2019 Show Datalis	\$0.00								

18. There might be a window that pops up like the one shown below, if you are not making elections in the sections listed on your pop-up then you can just hit OK.





19. Review your elections on the confirmation page. If everything reflects what you want to be enrolled in, click submit enrollment in the lower right hand corner.

nfirmation as refer the summary of your elections. V Dose See Dest Health Medical Medical Plus Buy-Up - Team Member Only Electice From 10/1/2019 Dental Dental - Team Member Only	fou are not enrolled	Profile	Elections	Confirmation	Summary	Box Prot. Submit Brokine
nfirmation ase rolew the summary of your elections. Y Dose Stre Drak Health Medical Medical Flux Buy-Up-Team Member Only Effective From 10/1/2019 Dental Dental - Team Member Only	fou are not enrolled i	until you click the 'S	iubmit Enrollment' bi	itton and your choices ar	e approved.	Back Print Submit Envolume
ase review the summary of your elections. Y One Isine Delt Health Medical Medical Medical Flues Buy-Up- Team Member Only Effective From 10/1/2019 Dental Dental Dental - Team Member Only	fou are not enrolled	until you click the 'S	iubmit Enrollment' bi	itton and your choices ar	e approved.	Back Print Submit Enrolme
One Stee Crist Health Medical Medical Flux Buy-Up - Team Member Only Effective From 10/1/2019 Dental Dental Dental - Team Member Only						Back Print Submit Enrollme
Health Medical Medical Plus Buy-Up - Team Member Only Effective From 10/1/2019 Dental Dental	,					
Medical Medical Plus Buy-Up - Team Member Only Effective From 10/1/2019 Dental Dental Dental - Team Member Only	,					
Medical Plus Buy-Up - Team Member Only Effective From 10/1/2019 Dental Dental - Team Member Only	,					
Dental Dental - Team Member Only						Employer Cost: \$216.83 Your Cost: \$72.28 1st & 2nd Pars of Month
Dental - Team Member Only						
						Employer Cost: \$17.05
Effective From 10/1/2019						Your Cost: \$4.28 1st & 2nd Pays of Month
Vision						
Vision - Team Member Only Effective From 10/1/2019						Employer Cost: \$1.41 Your Cost: \$0.35 1st & 2nd Pays of Month
Team Member Assistance Program						
Team Member Assistance Program Effective From 10/1/2019						Your Cost: \$0.00
Life and Disability						
Basic AD&D						
Basic Accidental Death and Dismemberme	ent					Employer Cost: \$0.50 Your Cost: \$0.00
Your Coverage Is preset at \$49,920.00						Tour cost. 40.00
Basic Life Insurance						
Basic Life Insurance						Employer Cost: \$2.63
Your Coverage is preset at \$50,000.00						Total Cost: 90.00
Long Term Disability						
Long Term Disability Effective From 10/1/2019						Employer Cost: \$3.37 Your Cost: \$0.00
Your Coverage is preset at \$2,490.00						
Reimbursement						
Dependent Care Flex Spending Accord	unt					
Waive Dependent Care Flex Spending Acco Effective From 10/1/2019 \$0.00 Annual Contribution	ount					
Health Care Flex Spending Account						
Health Care Flex Spending Account Effective From 10/1/2019						Your Cost: \$20.83 1st & 2nd Pass of Month
\$300.00 Annual Contribution						
					Estima	Your Cost: \$97.74 ted Total Annual Amount: \$2,345.60
					,	



20. The final page that will come up for your enrollment is the summary, you can print for your records.

Open Enrollment						Your Current Elections	ŵ	\$97.74	×
	Introduction	Profile	Elections	Confirmation	Summary				
Congratulations! Your enrollment has been	submitted.								
						Print	Retur	m to Bene	fits
Health									

Pro Tip: How to save an electronic confirmation for your records

- If you are using a Google Chrome browser, hit ctrl+P, in your printer drop down select "Save as PDF" and this will save your confirmation screen as a PDF in your documents.
- If you are using Internet Explorer you can do the same process and print to "Microsoft XPS Document Writer" and that will save into your documents as well.
- You can also go back and view your submission in Dayforce by doing step 2 of this guide but instead of clicking "current elections", click "forms" and you will see your open enrollment submission on the right hand side.

≡ #					Test Site (57.0) Benefits					
verview	Current Elections	Forms	History							
					Search Forms Nothing Found	Search Forms	Reset	My Form Submissions All Pending Rejected Accept Search Forms Benefit Enrollment Submitted 8/29/2019 8:29 PM by Williams, Katelyn View Details View Details	Search	

Notes:

- Open enrollment elections become effective 10/01
- New Hire elections are effective the first of the month following your hire (ex: I started on 9/3, my benefits are effective 10/1)
- If you do not make elections in Dayforce by the close of your new hire enrollment, you will not be able to enroll in benefits until Open Enrollment or if you experience a qualifying life event as defined by the IRS.