



# Benefit Enrollment

## Dayforce step-by-step guide

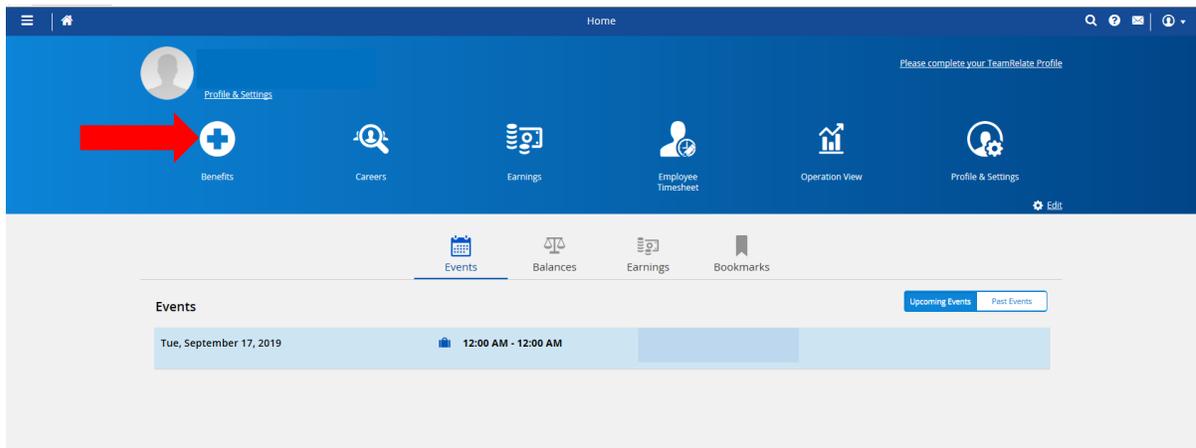
### Logging Into Dayforce

1. Log into Dayforce: <https://www.dayforcehcm.com>
  - **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 [HRAdmin@okigolf.com](mailto:HRAdmin@okigolf.com)

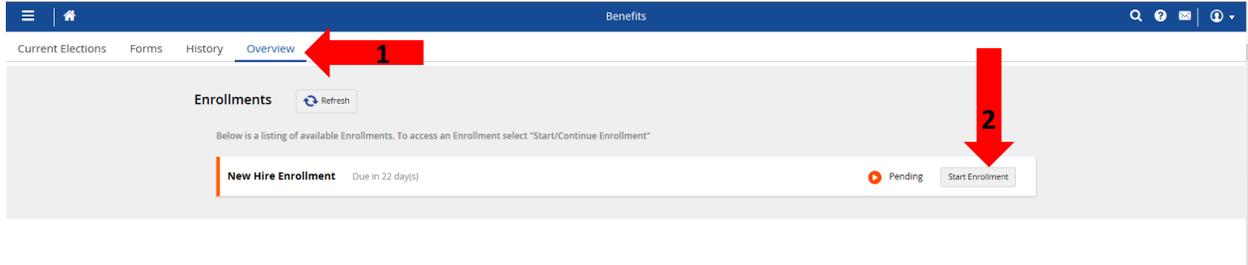
### Navigating to Your Benefit Enrollment

2. Click the Benefit Icon

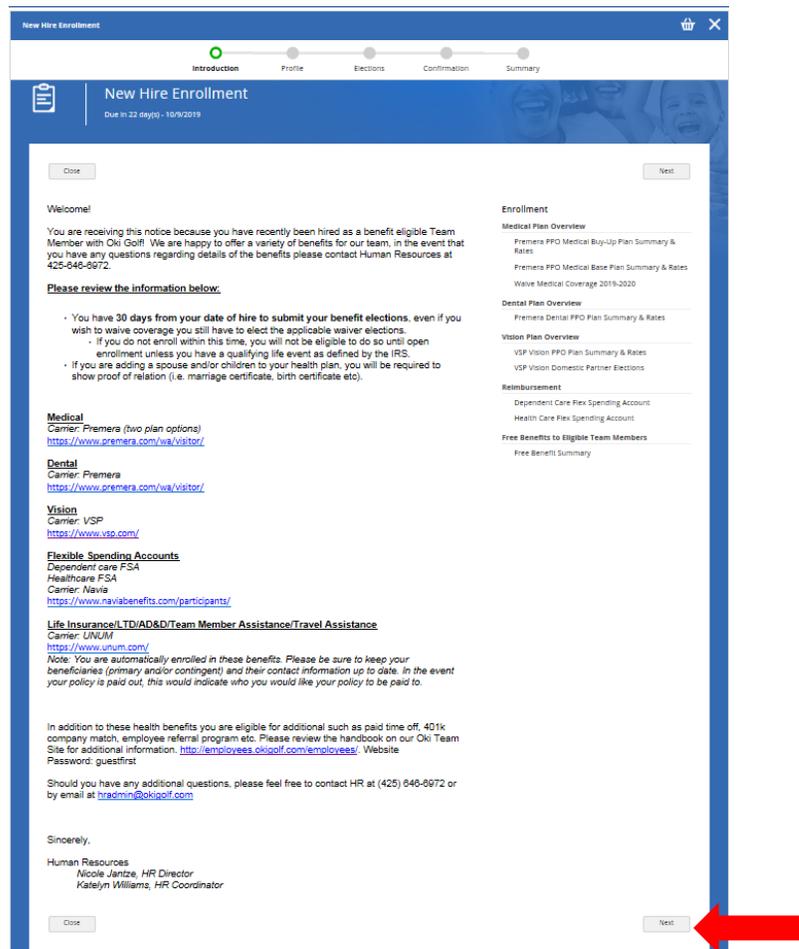




3. Click overview<sup>1</sup>, start enrollment<sup>2</sup>.



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



- Next you will add beneficiaries for your employer sponsored life insurance. Click add<sup>1</sup>, enter their information in the “add new beneficiary”<sup>2</sup> pop-up window.

**Note:** Because Oki provides basic life insurance for free, you MUST have one person listed minimum as beneficiary.

Open Enrollment | Your Current Elections \$0.00

Introduction Profile Elections Confirmation Summary

Profile Forms

Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next".

Close Save Draft Back Next

Current Dependent Information

Below is the list of your current dependents. You have the ability to Add, Edit, and/or Remove dependent(s).

| Name         | Relationship | Birth Date | View/Edit | Remove |
|--------------|--------------|------------|-----------|--------|
| Kevin Malone | Spouse       | 01/01/3000 | View/Edit | Remove |

Current Beneficiary Information

Close Save Draft Back Next

Add New Beneficiary

Personal Information \* Required Field

\* First Name\* [ ] First Name: value is required

Middle Name [ ]

\* Last Name\* [ ]

Gender [ Select an Option... ]

\* Relationship\* [ Select an Option... ]

Birth Date [ ]

SSN/SIN [ ]

Primary Address [ ] No Primary Address

Other Address [ ]

\* Phone Number [ ] Currently does not have a phone number.

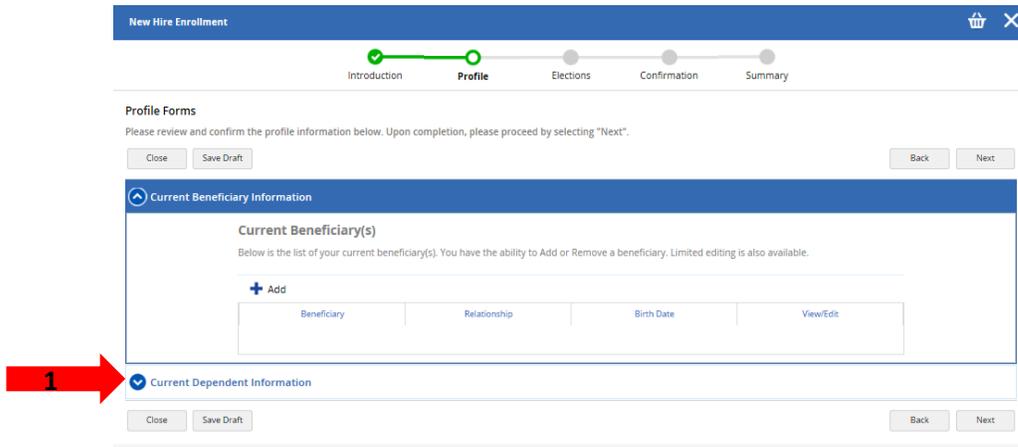
Continue Cancel

The fields marked with a red \* are required fields and must be completed before you hit continue<sup>3</sup>.

- 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  <sup>1</sup> next to “Current Dependent Information”, then click add<sup>2</sup>. Fill out the “add new dependent”<sup>3</sup> 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.*



**New Hire Enrollment**

Introduction **Profile** Elections Confirmation Summary

**Profile Forms**  
Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next".

Close Save Draft Back Next

**Current Beneficiary Information**

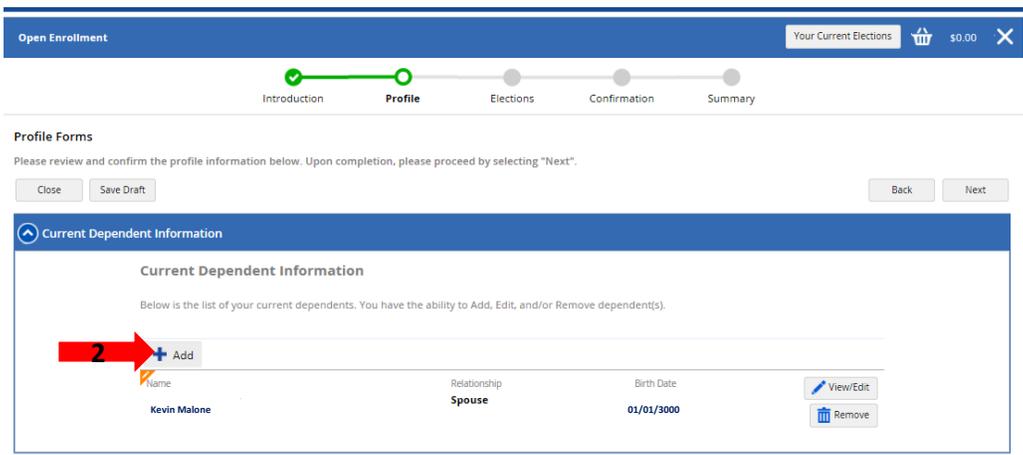
**Current Beneficiary(s)**  
Below is the list of your current beneficiary(s). You have the ability to Add or Remove a beneficiary. Limited editing is also available.

+ Add

| Beneficiary | Relationship | Birth Date | View/Edit |
|-------------|--------------|------------|-----------|
|-------------|--------------|------------|-----------|

**Current Dependent Information**

Close Save Draft Back Next



**Open Enrollment** Your Current Elections \$0.00

Introduction **Profile** Elections Confirmation Summary

**Profile Forms**  
Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next".

Close Save Draft Back Next

**Current Dependent Information**

Below is the list of your current dependents. You have the ability to Add, Edit, and/or Remove dependent(s).

+ Add

| Name         | Relationship | Birth Date | View/Edit | Remove |
|--------------|--------------|------------|-----------|--------|
| Kevin Malone | Spouse       | 01/01/2000 | View/Edit | Remove |

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### Add New Dependent

**Personal Information** \* Required Field

- \* First Name\*  ! First Name: value is required will be used as the dependent's primary address, unless a new address is entered.
- \* Middle Name
- \* Last Name\*
- \* Gender\*
- \* Relationship\*
- \* Birth Date\*
- \* SSN/SIN
- Tobacco/Smoker
- Date last used Tobacco/Smoked
- Student
- Disabled
- Marital Status

**Primary Address**

**Other Address**

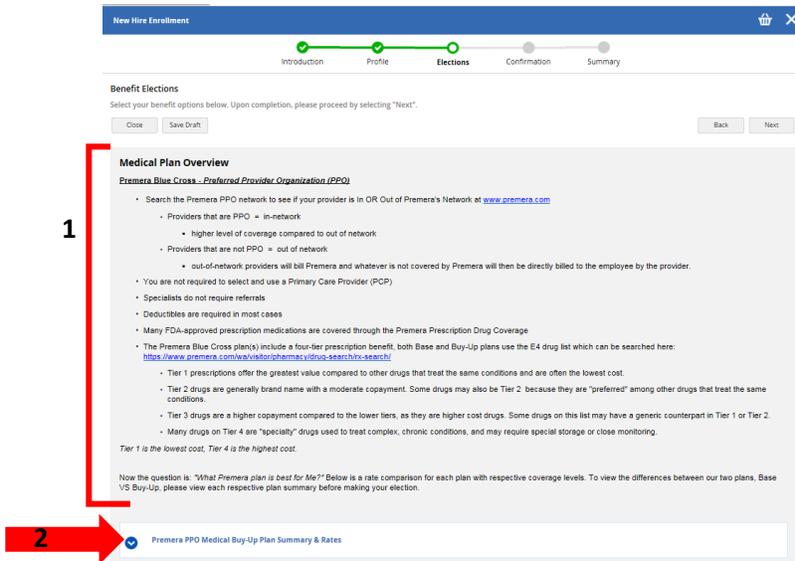
**Phone Number**

Currently does not have a phone number.

4

The fields marked with a red \* are required fields and must be completed before you hit continue<sup>4</sup>.

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 overview<sup>1</sup> then expand the summary by clicking <sup>2</sup>.



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 box<sup>2</sup> next to the plan coverage level (team member only, team member & children, team member & family etc.) you wish to be enrolled in.

Benefit Elections  
Select your benefit options below. Upon completion, please proceed by selecting "Next".

Close Save Draft Back Next

### Medical Plan Overview

**Premera Blue Cross - Preferred Provider Organization (PPO)**

- Search the Premera PPO network to see if your provider is In OR Out of Premera's Network at [www.premera.com](http://www.premera.com)
  - Providers that are PPO = in-network
  - Higher level of coverage compared to out of network
  - Providers that are not PPO = out of network
  - out-of-network providers will bill Premera and whatever is not covered by Premera will then be directly

**1** → **Premera PPO Medical Plan Rate Comparison**

You must elect 1 option(s) in the election set.

## PLAN RATES

Option Name Ascending Compare Selected

| Option  |          |          |                          |
|---|----------|----------|--------------------------|
| <input type="checkbox"/> Medical Plus Base - Team Member & Children<br>Starts Date: 10/1/2019   | \$229.88 | \$151.20 | <input type="checkbox"/> |
| <input type="checkbox"/> Medical Plus Base - Team Member & Family<br>Starts Date: 10/1/2019     | \$372.18 | \$323.06 | <input type="checkbox"/> |
| <input type="checkbox"/> Medical Plus Base - Team Member & Spouse<br>Starts Date: 10/1/2019     | \$302.40 | \$220.98 | <input type="checkbox"/> |
| <input type="checkbox"/> Medical Plus Base - Team Member Only<br>Starts Date: 10/1/2019         | \$189.09 | \$48.32  | <input type="checkbox"/> |
| <input type="checkbox"/> Medical Plus Buy Up - Team Member & Children<br>Starts Date: 10/1/2019 | \$800.57 | \$302.98 | <input type="checkbox"/> |

**2** → OR **2** → OR **2** → etc.

\*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)

- Medical Base: Team Member & Domestic Partner
- Medical Base: Team Member & Family (Domestic Partner)
- Medical Buy-Up Team Member & Domestic Partner
- Medical Buy-Up Team Member & Family (Domestic Partner)

10. If you wish to waive medical coverage, click  Waive Medical Coverage 2019-2020 and then check the white box.

**Waive Medical Coverage 2019-2020**

You may elect to waive medical coverage if you have access to medical/health coverage through another source. It is also im or if a qualifying status change occurs which is defined by the

**i** You may elect in a maximum of 1 option(s) in this election set

Option Name Ascending ▼

| Option   |  |
|--|--|
| <input type="checkbox"/> Waive Medical Coverage<br>US 2019-2020<br>Start Date: 10/1/2019 |  |

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.

|  |  |
|--|--|
| <input type="checkbox"/> Waive Dependent Care<br>Flex Spending Account<br>2019-2020<br>Start Date: 10/1/2019 |  |
|--|--|

- If you want to make an annual contribution (our benefit plan year is 10/01/2019-09/30/2020) click<sup>1</sup>.

| Option  |        |
|---|--------|
| <input type="checkbox"/> Dependent Care Flex<br>Spending Account 2019-<br>2020<br>Start Date: 11/1/2019<br><a href="#">Show Details</a> | \$0.00 |

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

- Enter in an amount<sup>1</sup> up to \$5,000 and on the lower right hand corner your cost per pay period<sup>2</sup> will populate. When you have gotten the annual contribution set where you would like it, click save<sup>3</sup>.

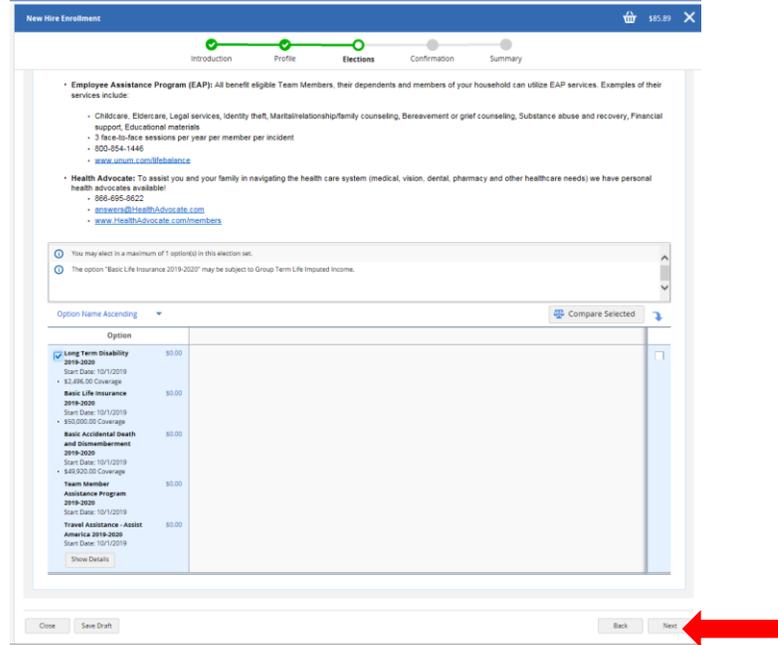
14. Repeat steps 12 & 13 for the Healthcare FSA, the annual contribution limit for healthcare FSA is \$2,700.

15. Expand the Free Benefit Summary

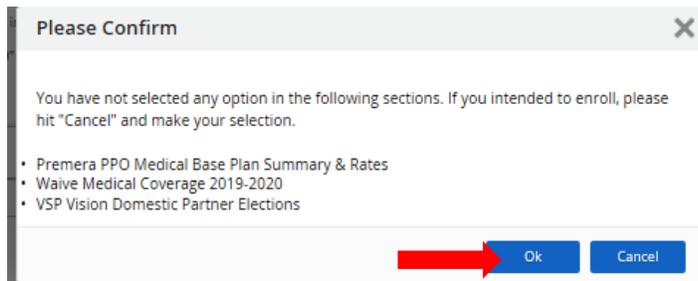
16. Check the white box<sup>1</sup> next to the option, then the details page will pop-up, just hit save<sup>2</sup>.

| Option   | Cost   |
|--|--------|
| <input checked="" type="checkbox"/> Long Term Disability 2019-2020<br>Start Date: 10/1/2019<br>• \$2,496.00 Coverage           | \$0.00 |
| <input type="checkbox"/> Basic Life Insurance 2019-2020<br>Start Date: 10/1/2019<br>• \$50,000.00 Coverage                     | \$0.00 |
| <input type="checkbox"/> Basic Accidental Death and Dismemberment 2019-2020<br>Start Date: 10/1/2019<br>• \$49,920.00 Coverage | \$0.00 |
| <input type="checkbox"/> Team Member Assistance Program 2019-2020<br>Start Date: 10/1/2019                                     | \$0.00 |
| <input type="checkbox"/> Travel Assistance - Assist America 2019-2020<br>Start Date: 10/1/2019                                 | \$0.00 |

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



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.

Open Enrollment Your Current Elections \$97.74

Introduction Profile Elections **Confirmation** Summary

**Confirmation**  
Please review the summary of your elections. You are not enrolled until you click the 'Submit Enrollment' button and your choices are approved.

Close Save Draft Back Print **Submit Enrollment**

**Health**

**Medical**  
Medical Plus Buy-Up - Team Member Only  
Effective From 10/1/2019  
Employer Cost: \$216.88  
**Your Cost: \$72.28**  
1st & 2nd Pkgs of Month

**Dental**  
Dental - Team Member Only  
Effective From 10/1/2019  
Employer Cost: \$17.89  
**Your Cost: \$4.28**  
1st & 2nd Pkgs of Month

**Vision**  
Vision - Team Member Only  
Effective From 10/1/2019  
Employer Cost: \$1.41  
**Your Cost: \$0.35**  
1st & 2nd Pkgs 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 Dismemberment  
Effective From 10/1/2019  
Your Coverage is preset at \$49,520.00  
Employer Cost: \$0.50  
**Your Cost: \$0.00**

**Basic Life Insurance**  
Basic Life Insurance  
Effective From 10/1/2019  
Your Coverage is preset at \$50,000.00  
Employer Cost: \$2.63  
**Your Cost: \$0.00**

**Long Term Disability**  
Long Term Disability  
Effective From 10/1/2019  
Your Coverage is preset at \$2,496.00  
Employer Cost: \$3.37  
**Your Cost: \$0.00**

**Reimbursement**

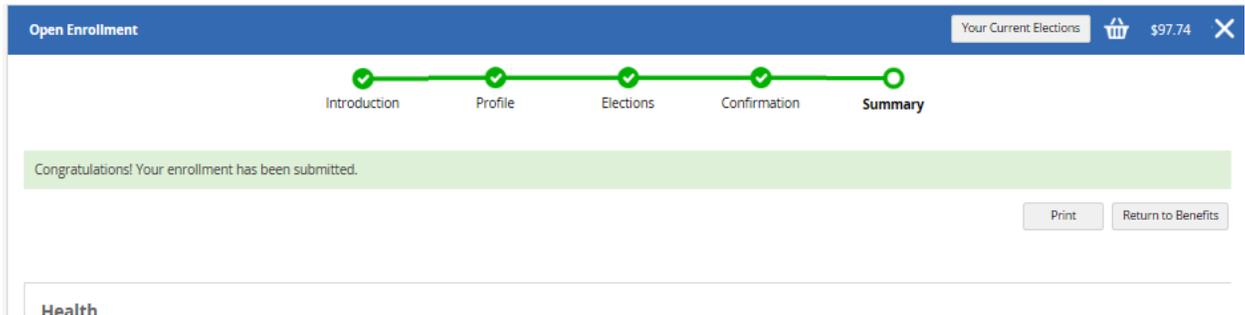
**Dependent Care Flex Spending Account**  
Waive Dependent Care Flex Spending Account  
Effective From 10/1/2019  
\$0.00 Annual Contribution

**Health Care Flex Spending Account**  
Health Care Flex Spending Account  
Effective From 10/1/2019  
\$500.00 Annual Contribution  
**Your Cost: \$20.83**  
1st & 2nd Pkgs of Month

**Your Cost: \$97.74**  
Estimated Total Annual Amount: \$2,345.60

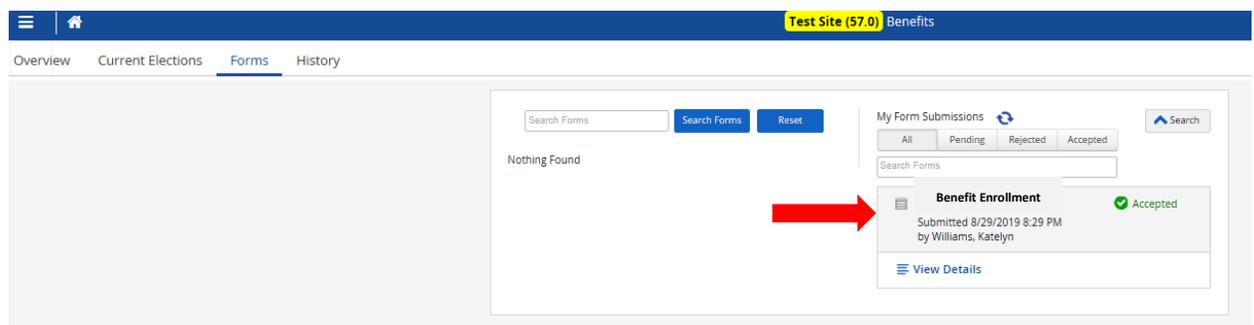
Close Save Draft Back Print **Submit Enrollment**

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



**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.



**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.