37 Market Street

Kenilworth, NJ
07033

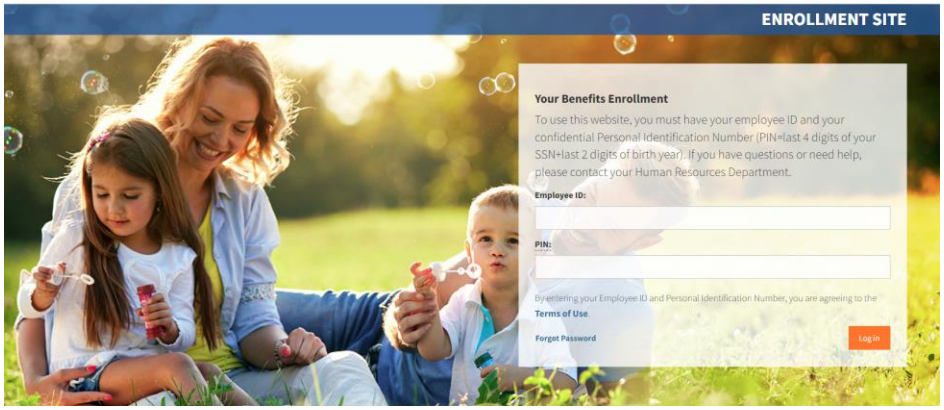
onediversified.com

Welcome to your Benefits Enrollment!

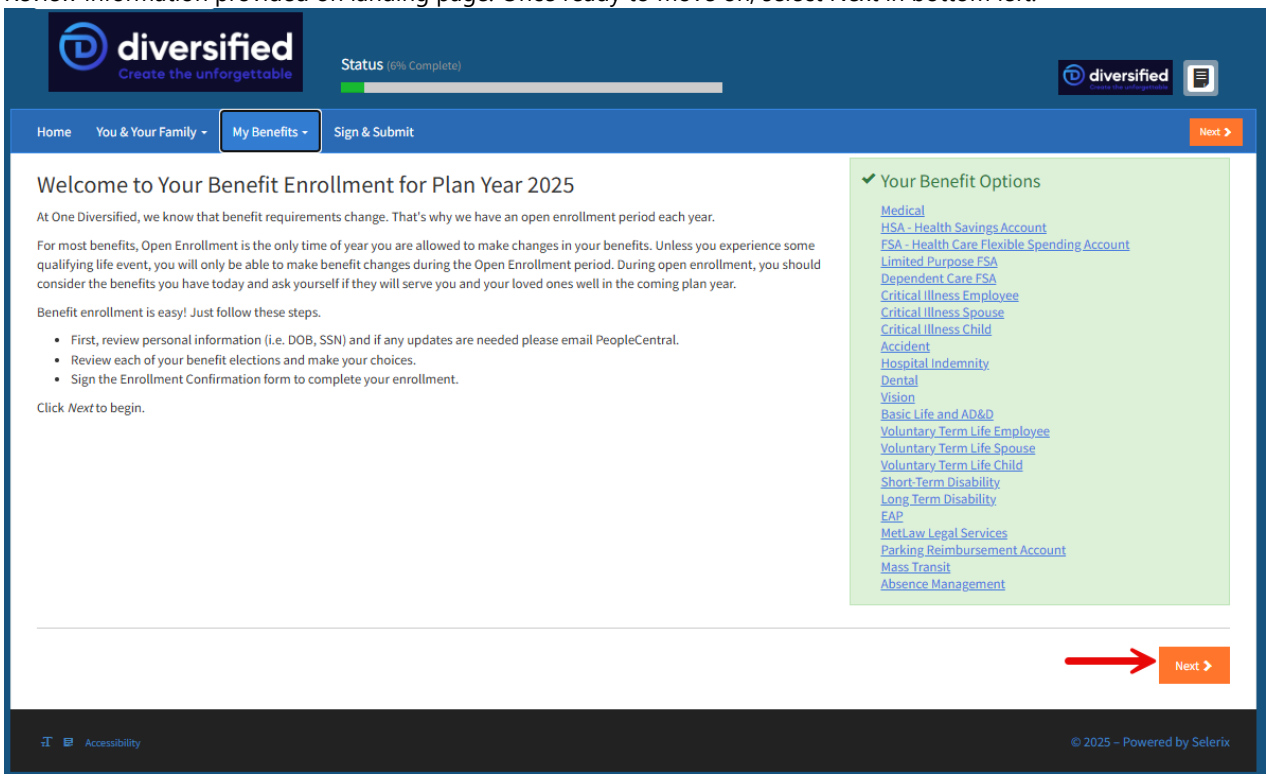
Website: https://www.benselect.com/onediversified

Logging in: Everyone will need have a set username and password to login to the system. Use the following information to create your account:

- Username: Your full Employee ID number - no dashes
- Password: Last 4 numbers of your SSN plus last 2 numbers of your birthyear



Review information provided on landing page. Once ready to move on, select Next in bottom left.



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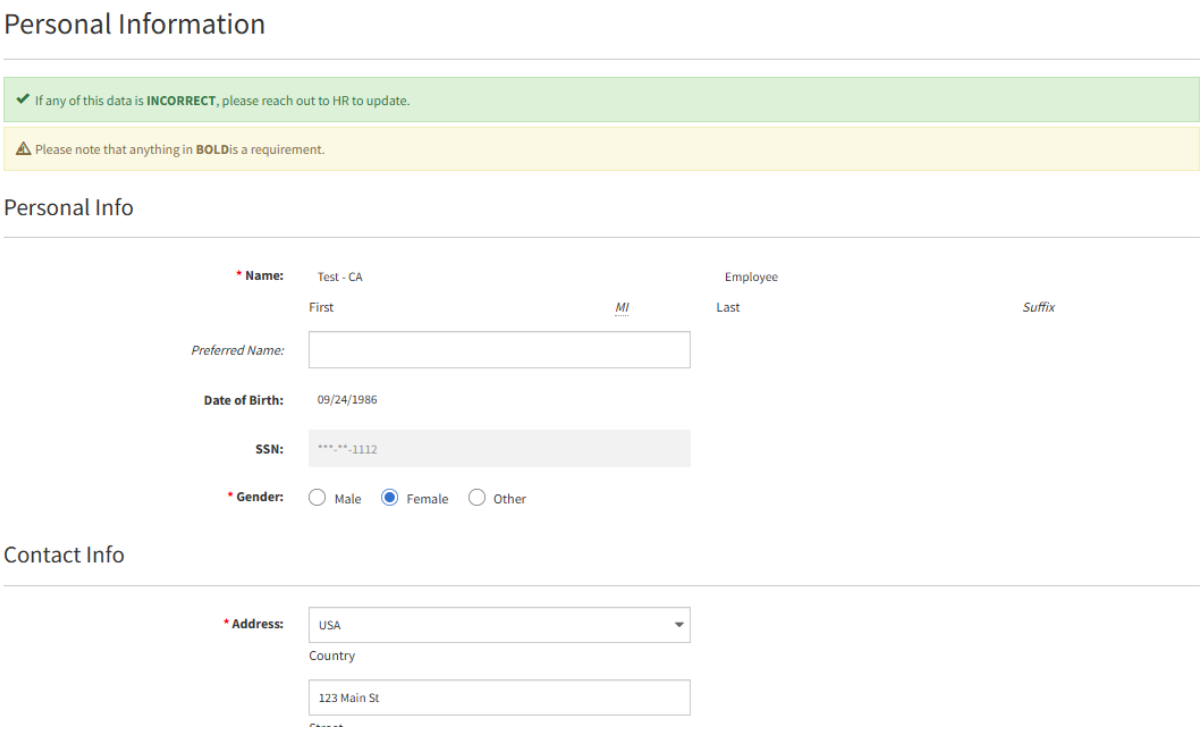
1. Confirm personal and contact information
    a. If this needs to be updated, please contact PeopleCentral@onediversified.com
    b. Select Next



2. Spouse & Dependents
    a. Confirm dependent demographic information correct.
        i. Select blue box "**+ Add Dependent**" if any dependents need to be added.
        ii. SSN, date of birth and gender are required
        iii. Select 'Save'
        iv. Add any additional dependents.
    b. Select Next when ready to move on.

PLEASE NOTE: Adding dependents on this page does NOT add dependents to you benefits. Dependents will need to be added to each benefit on the following pages.

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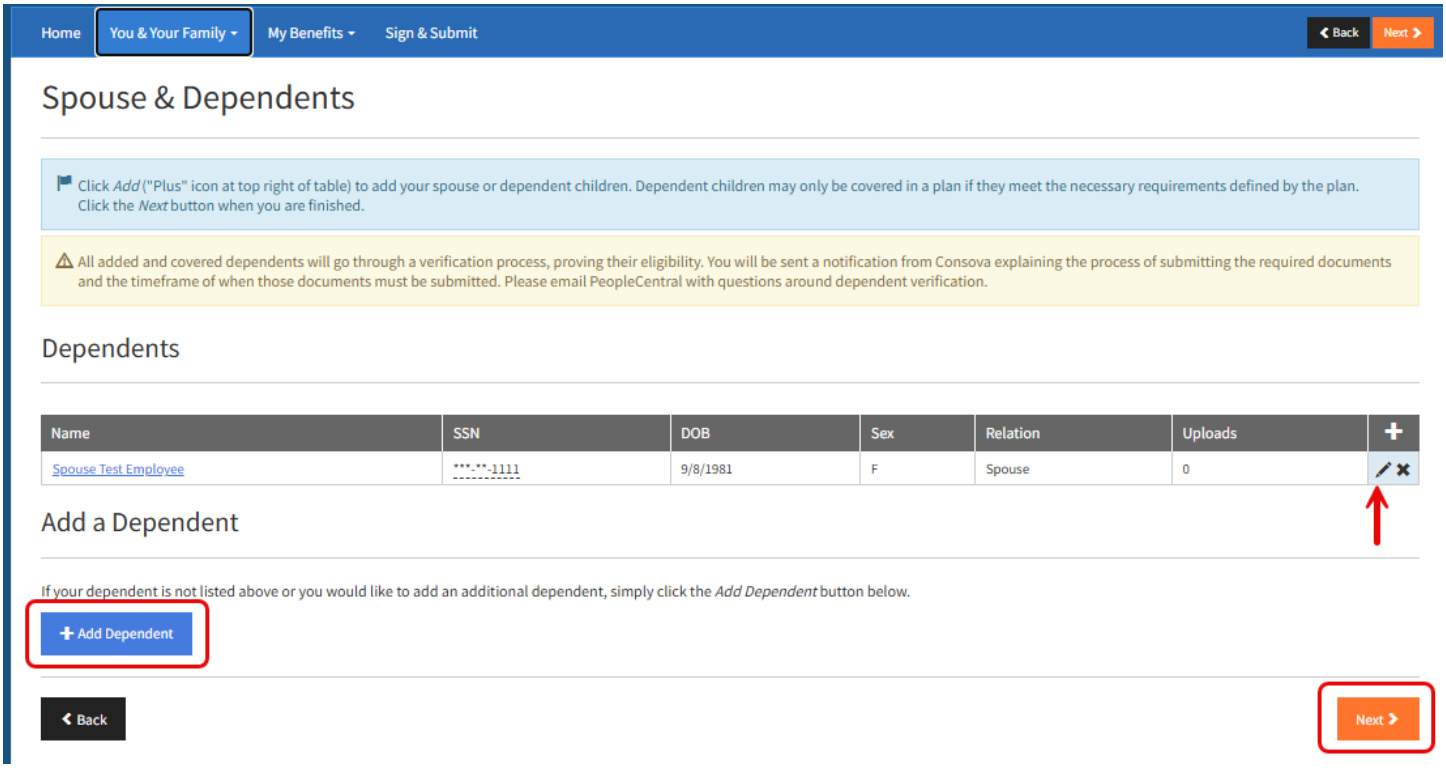
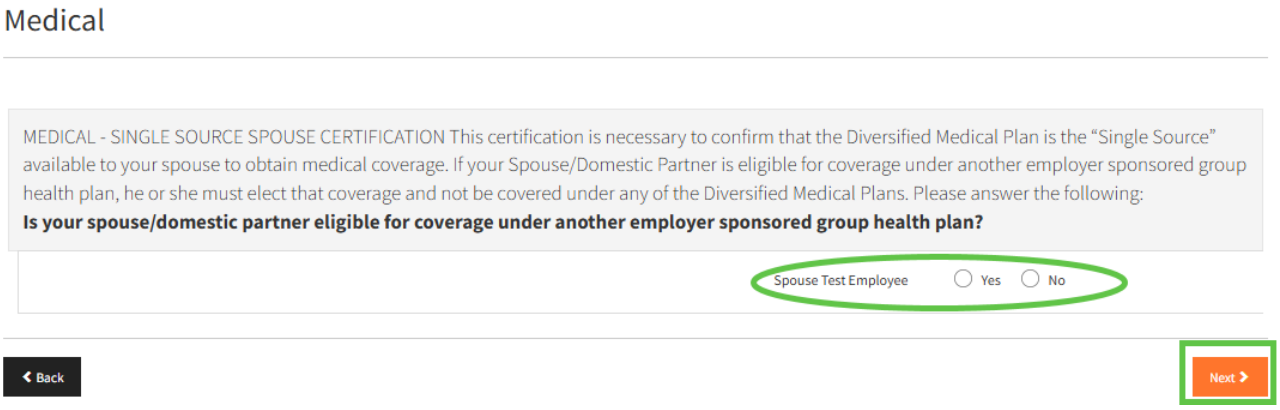


3. Acknowledge the Single Source Spouse Certification.



4. Now begins each offered benefit
    a. A 'My Benefits' calculator, located on the right of the screen, will keep a running total of Per Pay Period cost.
    b. Instructions for benefits are listed at the top of the page.
    c. Select Enroll to elect a benefit or decline to decline benefit.
    d. Confirm **covered people** includes all necessary dependents.
        i. Use pencil icon to add any dependents not listed.
    e. Select 'Next' to continue.

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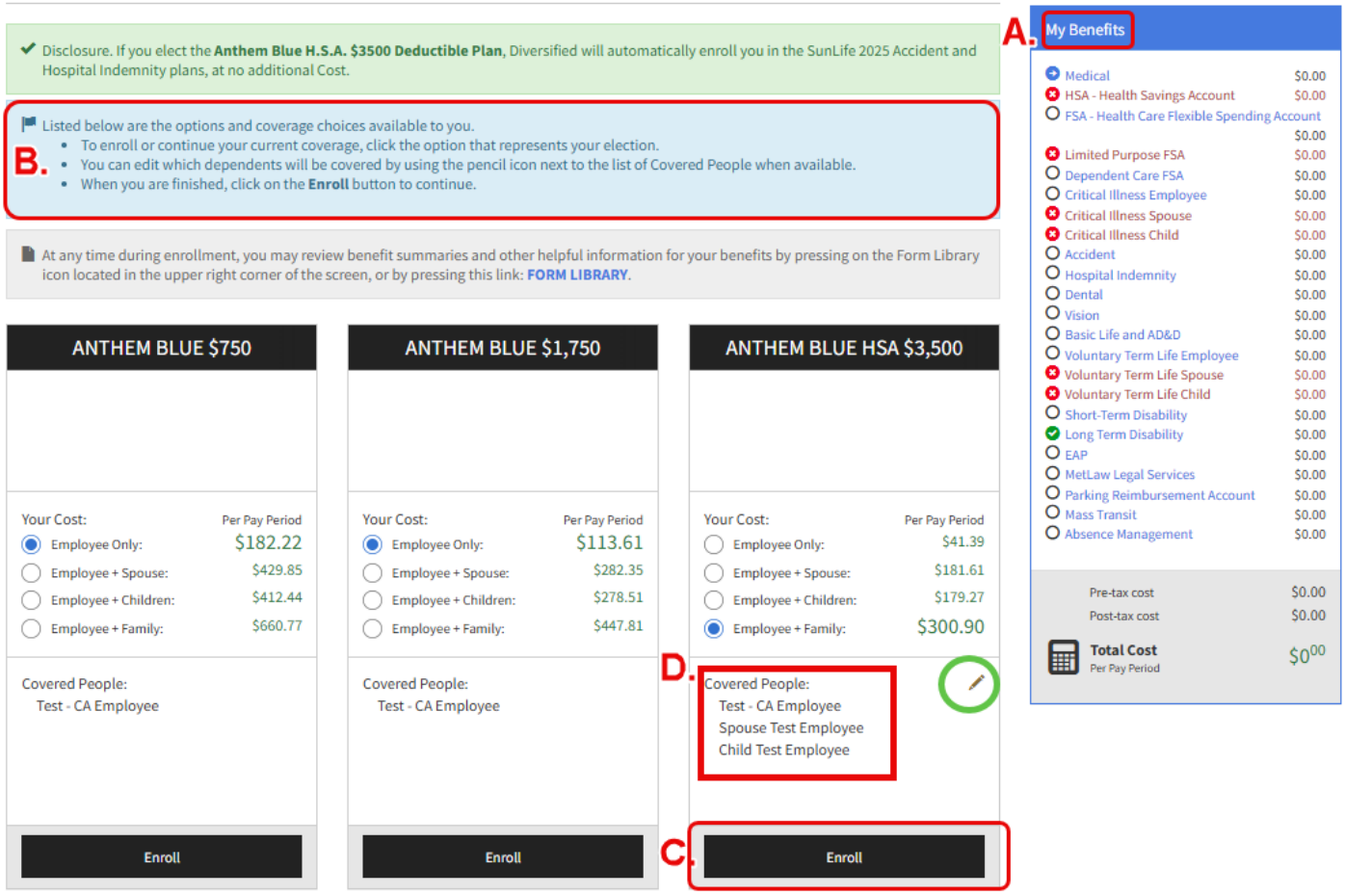
Medical



5. Continue through each offered benefit by enrolling or declining.
    a. Confirm that covered people are as expected for each benefit enrolled.
6. Sign and Submit
    a. Review all coverages look accurate.
    b. If you benefit election needs to be changed, select the benefit and click “Unlock”
    c. If you do not need to review any coverages, Select Next

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Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- **Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the **"NEXT"** button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- **Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

ONE MORE REQUIRED STEP TO COMPLETE YOUR ENROLLMENT

- You must sign the Authorization Form by clicking NEXT and entering your 6-digit PIN.

Your Benefits

Plan	Description	Employee Pretax Cost	Employee Posttax Cost
Medical	Anthem Blue HSA $3,500; FA	$300.90	$0.00
HSA - Health Savings Account	$1,000	$0.00	$0.00
FSA - Health Care Flexible Spending Account	N/A		
Limited Purpose FSA	Waived		
Dependent Care FSA	Waived		
Critical Illness Employee	$40,000	$0.00	$7.75
Critical Illness Spouse	$10,000	$0.00	$2.58

Dental

Here is a summary of your current Dental election.

If you wish to make a change, click the *Unlock* button.

Enrollment Details

Product Name: Basic Dental

Coverage Level: Employee Only

First Name	MI	Last Name	DOB	Sex	Relationship
Test - CA		Employee	9/24/1986	F	Employee

Back

Dental is now locked. If you wish to make changes, press the *Unlock* button.

Unlock Next

7. Review / Sign Forms
    a. Final review of enrolled or waived benefits.
    b. Download confirmation form for your records.
    c. Once benefit enrollments are confirmed, Enter your PIN and select “Sign Form”
        i. Your PIN is your password: Last 4 numbers of your SSN plus last 2 numbers of your birthyear
    d. You can also download the confirmation statement for your records. Select “download form”.

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EAP	Employee Assistance Program	EO	26	10/01/2024				0.00	0.00	0.00
MetLaw Legal Services	Waived									
Parking Reimbursement Ac	Waived									
Mass Transit	Waived									
							Total:	0.00	0.00	30.98

Page 1 of 2

rev. 04-11-2007

Page 1 Download Form

Please enter your PIN below and click on **"SIGN FORM"** to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN.

PIN: Sign Form

Sign / Submit Complete!