

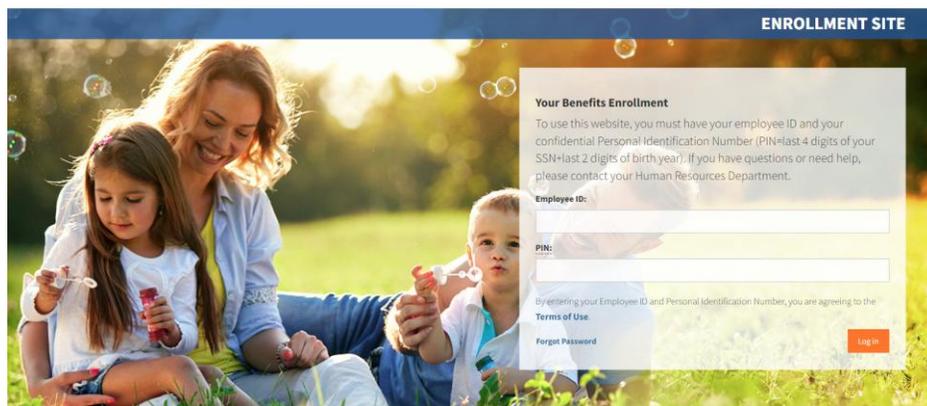
Welcome to your Benefits Enrollment!

Website: <https://partners.benselect.com/onediversified>

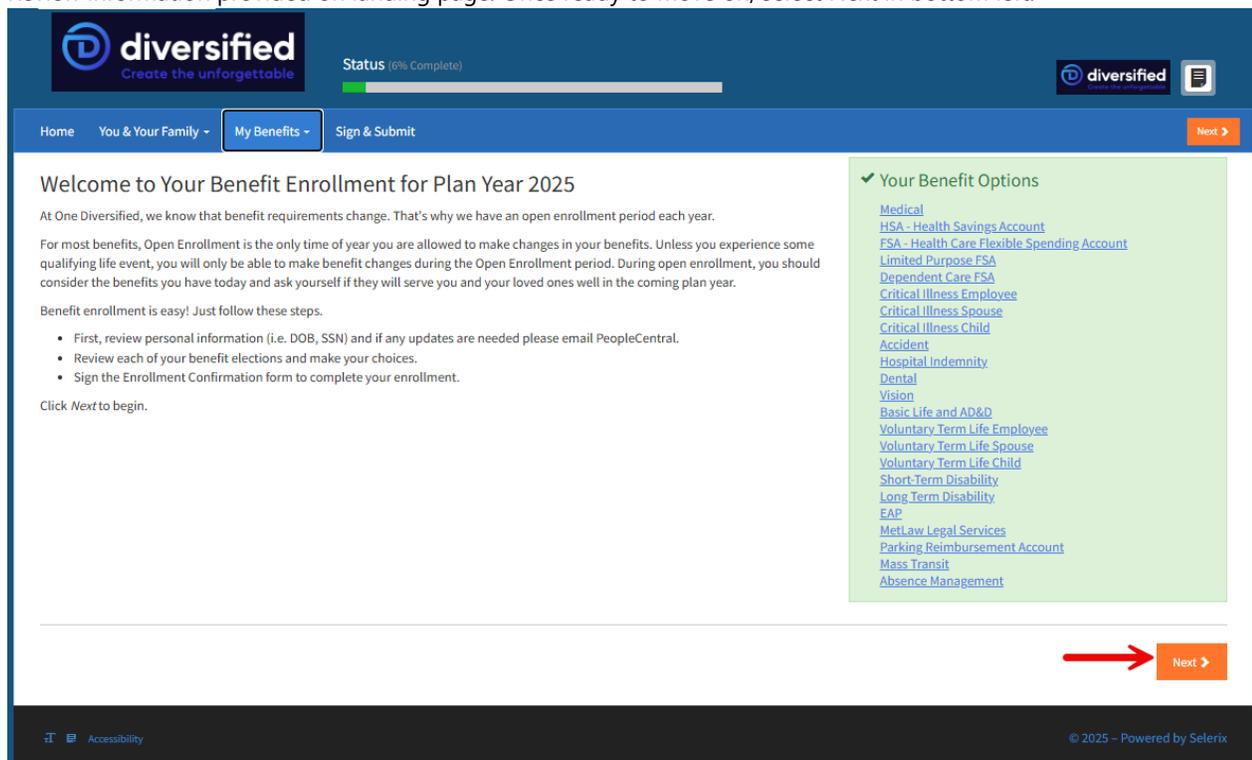
Questions about your benefits or issues logging in? Call: (866) 549-8660

Logging in: Everyone will need to 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 birth year



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



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

Personal Information

✓ If any of this data is **INCORRECT**, please reach out to HR to update.

⚠ Please note that anything in **BOLD** is a requirement.

Personal Info

* Name:	Test - CA	Employee
	First <i>MI</i> Last	Suffix
Preferred Name:	<input type="text"/>	
Date of Birth:	09/24/1986	
SSN:	***-**-1112	
* Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Other	

Contact Info

* Address:	<input type="text" value="USA"/>
	Country
	<input type="text" value="123 Main St"/>
	Address

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 your benefits.

Dependents will need to be added to each benefit on the following pages.

Home **You & Your Family** My Benefits Sign & Submit Back Next

Spouse & Dependents

Click Add ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the Next button when you are finished.

All added and covered dependents will go through a verification process, proving their eligibility. You will be sent a notification from Consova explaining the process of submitting the required documents and the timeframe of when those documents must be submitted. Please email PeopleCentral with questions around dependent verification.

Dependents

Name	SSN	DOB	Sex	Relation	Uploads	
Spouse Test Employee	***-**-1111	9/8/1981	F	Spouse	0	  

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the Add Dependent button below.

+ Add Dependent

Back Next

3. Acknowledge the Single Source Spouse Certification.

Medical

MEDICAL - SINGLE SOURCE SPOUSE CERTIFICATION This certification is necessary to confirm that the Diversified Medical Plan is the "Single Source" available to your spouse to obtain medical coverage. If your Spouse/Domestic Partner is eligible for coverage under another employer sponsored group health plan, he or she must elect that coverage and not be covered under any of the Diversified Medical Plans. Please answer the following:

Is your spouse/domestic partner eligible for coverage under another employer sponsored group health plan?

Spouse Test Employee Yes No

Back Next

4. Now begins each offered benefit

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

Medical

✓ Disclosure. If you elect the **Anthem Blue H.S.A. \$3500 Deductible Plan**, Diversified will automatically enroll you in the SunLife 2025 Accident and Hospital Indemnity plans, at no additional Cost.

- B.** Listed below are the options and coverage choices available to you.
- To enroll or continue your current coverage, click the option that represents your election.
 - You can edit which dependents will be covered by using the pencil icon next to the list of Covered People when available.
 - When you are finished, click on the **Enroll** button to continue.

At any time during enrollment, you may review benefit summaries and other helpful information for your benefits by pressing on the Form Library icon located in the upper right corner of the screen, or by pressing this link: [FORM LIBRARY](#).

ANTHEM BLUE \$750	
Your Cost: Per Pay Period	
<input checked="" type="radio"/> Employee Only:	\$182.22
<input type="radio"/> Employee + Spouse:	\$429.85
<input type="radio"/> Employee + Children:	\$412.44
<input type="radio"/> Employee + Family:	\$660.77
Covered People: Test - CA Employee	
Enroll	

ANTHEM BLUE \$1,750	
Your Cost: Per Pay Period	
<input checked="" type="radio"/> Employee Only:	\$113.61
<input type="radio"/> Employee + Spouse:	\$282.35
<input type="radio"/> Employee + Children:	\$278.51
<input type="radio"/> Employee + Family:	\$447.81
Covered People: Test - CA Employee	
Enroll	

ANTHEM BLUE HSA \$3,500	
Your Cost: Per Pay Period	
<input type="radio"/> Employee Only:	\$41.39
<input type="radio"/> Employee + Spouse:	\$181.61
<input type="radio"/> Employee + Children:	\$179.27
<input checked="" type="radio"/> Employee + Family:	\$300.90
Covered People: Test - CA Employee Spouse Test Employee Child Test Employee	
Enroll	

A. My Benefits

- Medical \$0.00
- HSA - Health Savings Account \$0.00
- FSA - Health Care Flexible Spending Account \$0.00
- Limited Purpose FSA \$0.00
- Dependent Care FSA \$0.00
- Critical Illness Employee \$0.00
- Critical Illness Spouse \$0.00
- Critical Illness Child \$0.00
- Accident \$0.00
- Hospital Indemnity \$0.00
- Dental \$0.00
- Vision \$0.00
- Basic Life and AD&D \$0.00
- Voluntary Term Life Employee \$0.00
- Voluntary Term Life Spouse \$0.00
- Voluntary Term Life Child \$0.00
- Short-Term Disability \$0.00
- Long Term Disability \$0.00
- EAP \$0.00
- MetLaw Legal Services \$0.00
- Parking Reimbursement Account \$0.00
- Mass Transit \$0.00
- Absence Management \$0.00

Pre-tax cost	\$0.00
Post-tax cost	\$0.00
Total Cost Per Pay Period	\$0⁰⁰

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

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

- Final review of enrolled or waived benefits.
- Download confirmation form for your records.
- Once benefit enrollments are confirmed, Enter your PIN and select "Sign Form"
 - Your PIN is your password: Last 4 numbers of your SSN plus last 2 numbers of your birthyear
- You can also download the confirmation statement for your records. Select "download form".

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!