
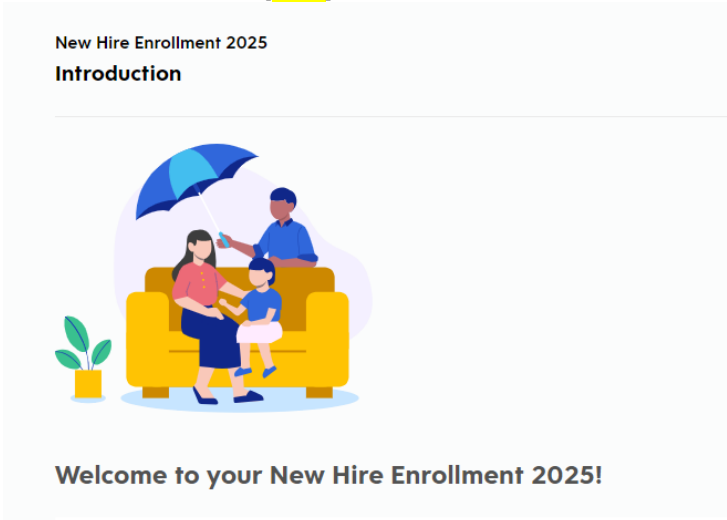
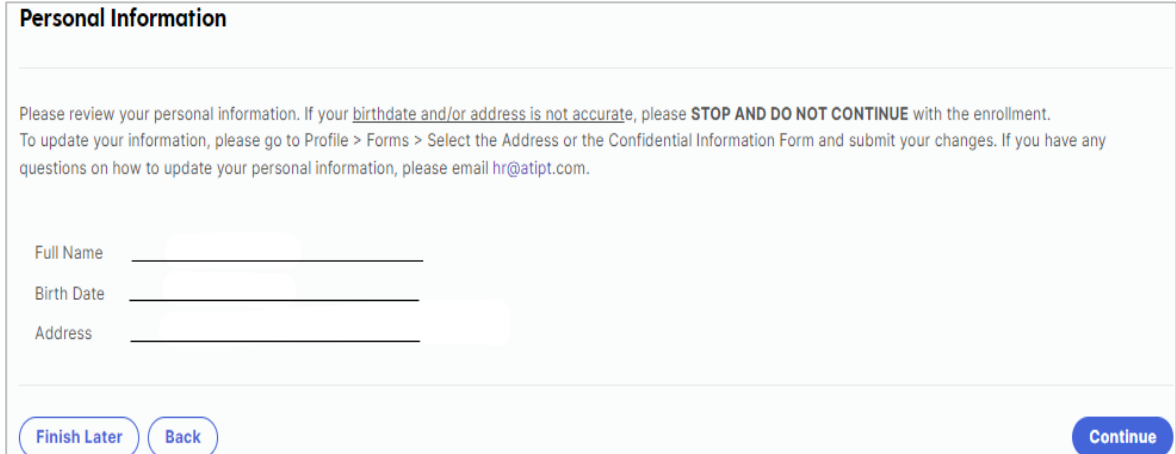


Benefit Enrollment Instructions for 2025



You have the option to enroll in the following Benefit Plan(s). Before you enroll, you can review the detailed plan information by clicking here -> [ATI 2025 Benefits](#)


- BCBS Medical - HDHP 3000 HDHP 5000 Standard PPO
- Health Savings Account or Health Care FSA
- Dependent Care FSA
- MetLife Dental
- MetLife Vision
- Reliance Hospital Indemnity
- Reliance Accident Insurance
- Genomic Cancer Guardian
- Norton LifeLock
- Reliance Optional Life Insurance and Dependent Life (Spouse and Child)
- Reliance Critical Illness and Spouse or Child Critical Illness
- MetLife Legal

Step #	Screen	Instructions
1	Benefits > Overview > Enrollments	<p>Click [Start Enrollment]</p> 
2	Introduction	<p>At bottom of screen click [Start]</p> 
3	Personal Information	<p>Confirm your personal information is correct. If it is not correct then click [Finish Later] to STOP enrollment, then navigate to Profile > Forms and update your information in the Address Form or the Confidential Information Form</p> 
4	Dependent Information	<p>Click [Edit] to view and update dependent information. To add a dependent click [+Add Dependent] and enter your dependent's information. Then click [Continue].</p>

		<div><div>Dependent Information</div><div><p>A dependent is a person who is eligible for coverage under the benefits you elect. Please add all dependents that want to cover under any of your benefit plans in 2025:</p><p>EDIT DEPENDENT - Click EDIT to update personal information for each dependent.</p><p>ADD DEPENDENT - Click ADD to complete personal information for each new dependent. You will be required to submit documentation by December 15, 2024.</p><p>If your spouse/dom partner is OFFERED Medical coverage elsewhere, and you choose to cover them under ATI, you will pay an additional \$92.31 per paycheck. If your spouse/dom partner is NOT OFFERED coverage elsewhere, then you won't be assessed a fee.</p><p>Please indicate if your spouse/dom partner is Offered Covg Elsewhere by clicking EDIT and answer question 'Offered Medical Covg Elsewhere'.</p></div><div><div><div><div><div>Dependents</div><div><div></div><div></div></div><div><div>Edit</div></div></div><div><div></div><div></div></div><div><div>Edit</div></div></div><div><div>+ Add Dependent</div></div></div><div><div>Finish Later</div><div>Back</div><div>Continue</div></div></div></div>
		As you go through the enrollment for each screen you will need to select Covered Dependents for each plan.
5	Medical Coverage	<div><p>If you have dependents currently enrolled you will see number of Covered Dependents. To view, add or remove dependents click [Change], then select which dependents you want to cover, then click [Confirm]. Click [Select] on the Plan you want, then click [Continue] to go to the next plan.</p><div><div>BCBS Medical</div><div><div>Click [CHANGE] button below to review, add or remove dependents, then click [CONFIRM].</div><div><div>2 Covered Dependents</div><div>Change</div></div></div><div><div>Select a Plan</div><div>Employee & Family</div><div><div><div><div><div><input type="radio"/> HDHP 3000 - Employee + Family (NO Spouse Coverage Elsewhere)</div><div>Currently Enrolled</div></div><div><div>Your Cost</div><div>\$88.64</div></div><div><div>Frequency</div><div>Every Pay</div></div><div>Select</div></div><div><div><input type="radio"/> HDHP 5000 - Employee + Family (NO Spouse Cov Elsewhere)</div><div></div></div><div><div>Your Cost</div><div>\$47.60</div></div><div><div>Frequency</div><div>Every Pay</div></div><div>Select</div></div><div><div><input checked="" type="radio"/> Standard PPO - Employee + Family (No Spouse Coverage Elsewhere)</div><div></div></div><div><div>Your Cost</div><div>\$322.79</div></div><div><div>Frequency</div><div>Every Pay</div></div><div><div>Selected</div></div></div><div><div><input type="radio"/> Waive Medical</div><div></div></div><div><div>Select this option to waive the coverage</div></div><div>Select</div></div></div><div><div>Finish Later</div><div>Back</div><div>Continue</div></div></div>

		<div><div>Beneficiary Information</div><div><p>A beneficiary is a person who you designate to receive the benefits from your life insurance plans. Please add a beneficiary who is not already specified as follows: ADD BENEFICIARY - Click ADD to complete personal information for each beneficiary.</p><p>Your existing BENEFICIARIES/DEPENDENTS are listed below.</p><div><div>Dependents</div><div><div>(Spouse,)</div><div>(Child,)</div></div></div><div><div>Additional Beneficiaries</div><div>No Beneficiaries Added</div><div><div>+ Add Beneficiary</div></div></div><div><div>Finish Later</div><div>Back</div><div>Continue</div></div></div></div>	
8	Basic Life and Optional Life Insurance	<div><p>Your Primary and Contingent Beneficiaries with Allocated Percentages display at bottom of screen. To change your beneficiary designations or allocations click Change.</p><div><div>Beneficiary Designation : Basic Life Insurance</div><div><div><div>Primary Beneficiaries</div><div>(50%), (50%)</div><div>Change</div></div><div><div>Contingent Beneficiaries</div><div>Change</div></div></div></div><p>Next you can change the Allocation percentages for each Beneficiary for Primary and/or Contingent. Note - the total Allocation percentage must equal 100%, and your Remaining Allocation should show 0%. For example, you have your Spouse as Primary Beneficiary at 50% and your Child as Primary Beneficiary as 50%. You want to change your Spouse to be Primary Beneficiary at 100% and want your Child to be a Contingent Beneficiary at 100%:</p><ul style="list-style-type: none">- Enter 100 in Allocation next to the Spouse name and enter 0 in the Allocation next to the Child name.<div><div><div><input checked="" type="checkbox"/> (Spouse,) Allocation: 50 %</div><div><input checked="" type="checkbox"/> (Child,) Allocation: 50 %</div><div>Remaining Allocation : 0 % <div>Confirm</div></div></div></div><p>Next Click Confirm</p><div><div><div><input checked="" type="checkbox"/> (Spouse,) Allocation: 100 %</div><div><input checked="" type="checkbox"/> (Child,) Allocation: 0 %</div><div>Remaining Allocation : 0 % <div>Confirm</div></div></div></div><p>You will see the changes to the Primary Beneficiary as 100%. Click Change next to Contingent Beneficiaries.</p><div><div><div>Primary Beneficiaries</div><div>(100%)</div><div>Change</div></div><div><div>Contingent Beneficiaries</div><div>Change</div></div></div><p>Check the box to the left of the Contingent Beneficiary name, enter 100 in Allocation. Next click Confirm.</p></div>	

		<div><div><div><div><div><div>Contingent Beneficiaries</div><div>A contingent beneficiary is the person (or persons) who receives the benefits from your insurance policy when the primary beneficiary cannot claim it. You can have more than 1 contingent beneficiary, but the total amount allocated between beneficiaries must be 100%.</div></div></div><div><div><div><div><div><input checked="" type="checkbox"/></div><div>(Child, 11/10/2022)</div></div><div>Allocation: 100 %</div></div></div><div><div>Remaining Allocation : 0 %</div><div>Confirm</div></div></div></div></div><div><div>You will see the beneficiary names and percentages for both the Primary and Contingent Beneficiaries.</div><div><div><div>Primary Beneficiaries</div><div><div>(100%)</div></div><div>Change</div></div><div><div>Contingent Beneficiaries</div><div><div>(100%)</div></div><div>Change</div></div></div></div><div><div>Ensure your beneficiaries have the correct allocations, then click Continue.</div></div></div>
9	Employee, Spouse or Child(ren) Critical Illness	<div><div><div>In order to elect Spouse or Child(ren) Critical Illness you need to elect Employee Critical Illness.</div><div><div>- Spouse Critical Illness allows up to 100% of the Employee Critical Illness.</div><div>- Child(ren) Critical Illness allows 25% of employee approved amount up to \$7,000.</div></div><div>If you increase your Employee Critical Illness amount then you have ability to increase your child coverage amount up to 25% of employee approved amount up to \$7,000.</div><div>For Child Critical Illness:</div><div><div>1. To view or modify your coverage, click Modify</div><div><div><div>Covered Dependent</div><div><div></div></div><div><div>Coverage</div><div>\$5,000.00</div></div><div><div>Your Cost</div><div>\$0.85</div></div><div><div>Frequency</div><div>Every Pay</div></div><div><div><input checked="" type="radio"/> Selected</div></div><div><div>Modify</div></div></div></div><div><div>2. Click in the box to the left of the Child's name that you want to cover.</div><div>3. Click Calculate</div><div>4. Click on <input type="button" value="v"/> <input type="button" value="^"/> icons to decrease or increase your coverage amount. Note that the Coverage Amount range displays below the coverage amount box (i.e. Amount must be between \$1,250 and \$7,000 and be an increment of \$1,00)</div><div>5. Click Select Plan</div><div>6. Click Continue to finish making your elections.</div></div><div><div><div>Customize Plan</div><div>X</div></div><div><div>Complete the information below then click 'Select Plan'. Click 'Calculate' to update your coverage and cost based on your selections.</div><div><div><div>Select the dependents who you would like to cover.</div><div><div><input checked="" type="checkbox"/></div><div>(Child, 11/10/2022)</div></div></div><div><div>Enter the desired coverage amount.</div><div><div>Coverage Amount</div><div><div>5,000</div><div><input type="button" value="v"/> <input type="button" value="^"/></div></div><div>Amount must be between \$1,250.00 and \$7,000.00 and be an increment of \$1,000.00</div></div></div></div><div><div><div>Child Critical Illness</div><div><div>Coverage</div><div>\$5,000.00</div></div><div><div>Your Cost</div><div>\$0.85</div></div><div><div>Frequency</div><div>Every Pay</div></div><div><div>Calculate</div></div></div></div><div><div>Cancel</div><div>Select Plan</div></div></div></div></div></div></div>

10	Review and Submit your Elections	<p>On the Review screen you can review all your elections with dependents for each plan and the cost per pay period.</p> <p>If you need to add or remove dependent(s) then click on [Back] to go back to the Plan you want to update. After you made updates then click [Continue] until you are at the Review screen.</p> <p>To submit your 2025 final elections you must click [Submit].</p> <p>Note that you are not enrolled until you click Submit and your enrollment is processed.</p> <div data-bbox="386 317 1539 1276"> <div>Review</div> <div>Please review the summary of your elections. You are not enrolled until you click Submit and your enrollment is processed.</div> <div> <div>Your Estimated Total Cost</div> <div>\$187.95</div> </div> <div> <div>Employer Estimated Total Cost</div> <div>\$385.66</div> </div> <div>Your Selections</div> <div> <div>BCBS Medical</div> <div> <div>HDHP 3000 - Employee + Child(ren)</div> <div>Effective from 1/1/2025</div> <div>Dependents</div> <div> <div>•</div> <div>—</div> </div> </div> <div> <div>Your Cost: \$41.32</div> <div>Every Pay</div> </div> <div> <div>Employer Cost: \$385.08</div> <div>Every Pay</div> </div> </div> <div> <div>Healthcare Flexible Spending Account (Health FSA) 2025</div> <div> <div>WAIVE Healthcare FSA</div> <div>Effective from 1/1/2025</div> <div>Your Annual Contribution: \$0.00</div> </div> </div> <div> <div>Health Savings Account (HSA)</div> <div> <div>WAIVE HSA</div> <div>Effective from 1/1/2025</div> </div> <div> <div>Your Cost: \$0.00</div> </div> </div> <div> <div>Finish Later</div> <div>Back</div> <div>Submit</div> </div> </div>
11	Next Steps	<p>After you Submit your enrollment you will be at the Next Steps screen.</p> <div data-bbox="386 1339 1484 1755"> <div>Next Steps</div> <div>  </div> <div>Submitted!</div> <div>Congratulations! Your enrollment has been submitted.</div> </div> <p>You will also see a summary of your elections with covered dependent(s), coverage amount(s) and pay period costs. You can print your elections here by clicking [Print] (or you can print later).</p> <p>Click [Return to Benefits]. You will be at the Overview tab.</p> <p>Note – If you have submitted your elections you can make changes until 31 days from your start/status date by clicking on [Restart Enrollment] on Overview tab.</p>

12	Print your Elections	If you didn't print your elections on Next Steps screen go to Benefits > History and at the top of screen you will see Enrollment 2025 with the date/time you submitted your elections. Click on 'Enrollment 2025 – mm/dd/yyyy hh:mm' and you will see all of your elections. Click [Print] to print your elections.						
13	Submit documentation for new dependents	<div>If you added a dependent go to Benefits > Forms and select Dependent Documentation Form. Click [+ Upload Files] for then [Submit]</div> <div>If you added a new dependent the following is a list of examples of required supporting documentation:</div> <table><tr><td>Spouse</td><td>Official/sealed marriage certificate or most recent 1040 federal tax return.</td></tr><tr><td>Domestic Partner</td><td>Completed and notarized affidavit form and proof of shared residence such as a lease agreement, utility bill, or mortgage.</td></tr><tr><td>Child(ren)</td><td>Birth certificate, certificate or decree of adoption, or most recent 1040 federal tax return showing proof of dependency.</td></tr></table>	Spouse	Official/sealed marriage certificate or most recent 1040 federal tax return.	Domestic Partner	Completed and notarized affidavit form and proof of shared residence such as a lease agreement, utility bill, or mortgage.	Child(ren)	Birth certificate, certificate or decree of adoption, or most recent 1040 federal tax return showing proof of dependency.
Spouse	Official/sealed marriage certificate or most recent 1040 federal tax return.							
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Child(ren)	Birth certificate, certificate or decree of adoption, or most recent 1040 federal tax return showing proof of dependency.							
	Notification of Enrollment	If your enrollment was succesfully submitted you willl also receive a notification that 'Your Benefit Enrollment for 2025 has been approved!'. When you click on the message you will see all your elections. At the bottom of the screen you will see the date and time that you submitted your elections. You can also Print your elections from here by clicking on [Print] icon at top of screen.						

Need to Finish Later?

You can stop at any time by clicking **[Finish Later]** on any screen. This will save your elections that you have chosen.

Questions?

if you need help enrolling in benefits, please schedule an appointment with an **Be Well Counselor** by calling 833-501-0755 or by making an appointment by visiting <https://ati.mybenefitsappointment.com/>

You may also contact **ATI Benefits** at Benefits@atipt.com