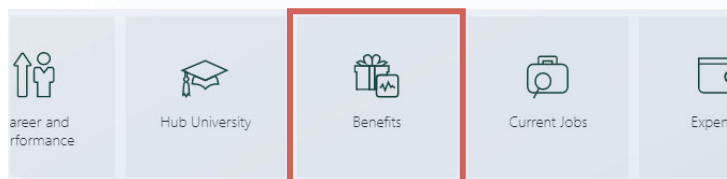
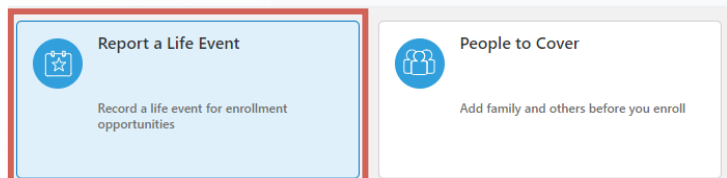


LIFE EVENT OR HSA CHANGE



Visit <https://hcm.hubgroup.com>.

Click **Benefits**.



Click **Report a Life Event**.

NOTE: The life event must have occurred within the last thirty (30) days to make a change to your benefits elections.

WARNING: You must provide supporting documentation to Benefits@hubgroup.com. If the Benefits Department does not receive proof within 30 days of the life event, changes made in HCM will be removed and you must wait until the next Annual Enrollment to make changes.

The following list describes life event options and the information required for each:

- **Birth/Adoption:** You recently had a child or adopted a child
 - **Effective Date:** Date of birth or date adoption was finalized
 - **Documentation:** Copy of hospital birth certificate or final adoption notice – SSN is **not** required to add coverage for a newborn
- **Marriage:** You were recently married
 - **Effective Date:** Date of marriage
 - **Documentation:** Copy of marriage certificate
- **Divorce:** Your divorce was finalized
 - **Effective Date:** Date your divorce was finalized and signed by a judge
 - **Documentation:** Copy of the signed divorce decree
- **Beneficiary Designation:** You wish to change beneficiaries for your life and/or AD&D insurances
 - **Effective Date:** Date you are entering the change in HCM
- **Gain of Other Coverage:** You are removing a covered dependent from benefits or cancelling your current coverage due to obtaining outside coverage
 - **Effective Date:** Date the new insurance coverage is effective
 - **Documentation:** Proof of new coverage for yourself and/or dependent(s)
- **Loss of Other Coverage:** You and/or an eligible dependent has lost other insurance coverage and wish to enroll in Hub Group's insurance
 - **Effective Date:** Day after other coverage has ended
 - **Documentation:** Proof of the date other coverage ended
- **HSA Enrollment/Change (High Deductible Participants Only):** You are enrolling in the Health Savings Account (HSA) or changing your current HSA election amount
 - **Effective Date:** Date you are entering the change in HCM

LIFE EVENT OR HSA CHANGE

Select the applicable life event.

Select a Life Event

☐ Beneficiary Designation

☒ Birth/ Adoption

*When did this event occur?

mm/dd/yyyy

☐ Divorce

☐ Gain of Other Coverage

☐ HSA Enrollment/Changes (High Deductible Participants Only)

☐ Loss of Other Coverage

☐ Marriage

Continue Cancel

Enter the effective date of the life event in **When did this event occur?**

NOTE: You cannot enter a future-dated life event

Click **Continue** in the upper right corner.

Confirmation

The Birth/ Adoption life event was created for [REDACTED]

OK

A confirmation pop up will appear. Click **OK**.

Before You Enroll

Continue Cancel

Information

To cover family and others in benefits, add them now before you enroll.

People to Cover

+ Add

You **must** create a contact for eligible dependents you plan to cover and/or list as a beneficiary.

If the individual is already listed as a contact or if you do not need to add a contact for your changes, click **Continue**.

If you need to add a contact for a dependent and/or beneficiary, click **+ Add** to create a new contact and follow the steps below.

LIFE EVENT OR HSA CHANGE

Basic Information

Title Select a value	* Last Name
Honors	Suffix
Prefix	Preferred Name
First Name	Previous Last Name
Middle Name	
* Relationship Select a value	Gender Select a value
* What's the start date of this relationship? m/d/yy	Date of Birth m/d/yy

Basic Information: Complete the required fields:

- First Name
- Last Name
- Gender
- Date of Birth

WARNING: You must enter the life event effective date in "What's the start date of this relationship?".

Otherwise, the individual will not show as eligible for the plans or to select as a beneficiary.



Search, Home, Favorites icons

New Contact

Submit

Click **Submit** in the upper right corner.

Repeat this process for any additional contacts you plan to add to your coverage.



Search, Home, Favorites icons

Before You Enroll

Continue



Information

To cover family and others in benefits, add them now before you enroll.

Once you have confirmed all contacts, click **Continue** in the upper right corner.

I authorize my employer to deduct the applicable premiums from my salary as consideration for the insurance plans in which I have elected enrollment. I understand that if my required premium contributions are increased or decreased while this agreement remains in effect, my salary reductions will automatically be adjusted to reflect that increase or decrease.

Should you have any questions regarding the above, please contact Human Resources at Benefits@hubgroup.com.

Accept

Decline

Review the authorization. Click **Accept**.

Hub Group Benefits

Submit, Cancel

Currency in USD

Your Total Cost

0.00

Per Pay Period

Medical

Medical

Decline Medical Insurance

Edit

Review each benefit.

Click **Edit** next to each benefit you wish to modify.

Dependent coverage is available based on contacts you have or have added.

LIFE EVENT OR HSA CHANGE

Standard PPO Plan

☐	Employee Annually	Pre Tax
☐	Employee+Children Annually	Pre Tax
☐	Employee+Spouse Annually	Pre Tax
☒	Family Annually	Pre Tax 

Under the plan you are electing or changing, check the **box** next to the coverage tier in which you would like to enroll.

Click the **pencil** to add or remove coverage for dependents.

 You need to designate dependents or beneficiaries for your selected offerings.

High Deductible Health Plan
Family

Annual Amount

Who do you want to cover?

☒	(Spouse)
☒	(Child)

If you are covering new dependents, check the **box** next to each dependent you want to cover.

If you are removing dependents, uncheck the box next to the applicable dependent(s).

Click **OK**.

Repeat these steps for all plans you wish to change, remove or newly elect.

Health Savings Account (HDHP Participants Only)

Decline Health Savings Account (HSA)

☐ Decline Health Savings Account (HSA)

Health Savings Account (HSA)

☒	Health Savings Account (HSA) 1,000.00 Annually	38.46 Pre Tax 
	Coverage Amount 1,000.00	

NOTE FOR MEDICAL COVERAGE: If you are enrolling in the High Deductible Health Plan (HDHP), you may be eligible for a Health Savings Account (HSA). Scroll down to the Health Care Savings Account section to make your election by checking the **box**.

The amount you elect is an annual amount, which is divided over the number of paychecks remaining in the calendar year.

Click **OK**.

LIFE INSURANCE NOTES:

- You cannot edit Company Paid Basic Life and/or AD&D. Please designate a beneficiary for these benefits if you haven't already.
- If you are currently enrolled in Supplemental Life Insurance and want to make changes due to a marriage life event, you can add Supplemental Life Insurance for your spouse without your spouse submitting evidence of insurability.
- You **must** be enrolled in Supplemental Life Insurance in order elect Supplemental Life for a spouse and/or children.

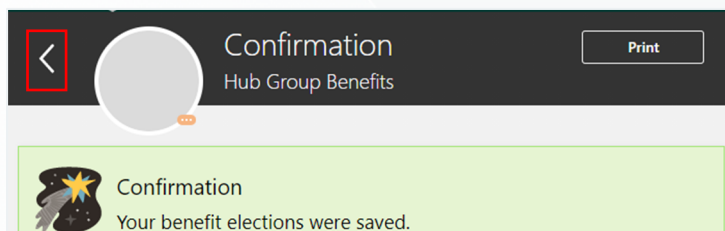
LIFE EVENT OR HSA CHANGE

DISABILITY INSURANCE NOTES:

- You can view your Short-Term and/or Long-Term Disability insurance options in the Disability section



Click **Submit** in the upper right corner after making all changes.



Review your election changes carefully on the Confirmation page.

Click **Print**. A window/tab will open and you can print or print to PDF your benefits summary.

Close the window/tab after printing. Go back to the original window/tab and click  to go to the benefits homepage.

You can revisit or change benefit your elections any time within 30 days of your life event effective date.

Click the **back arrow** to return to the benefits homepage.