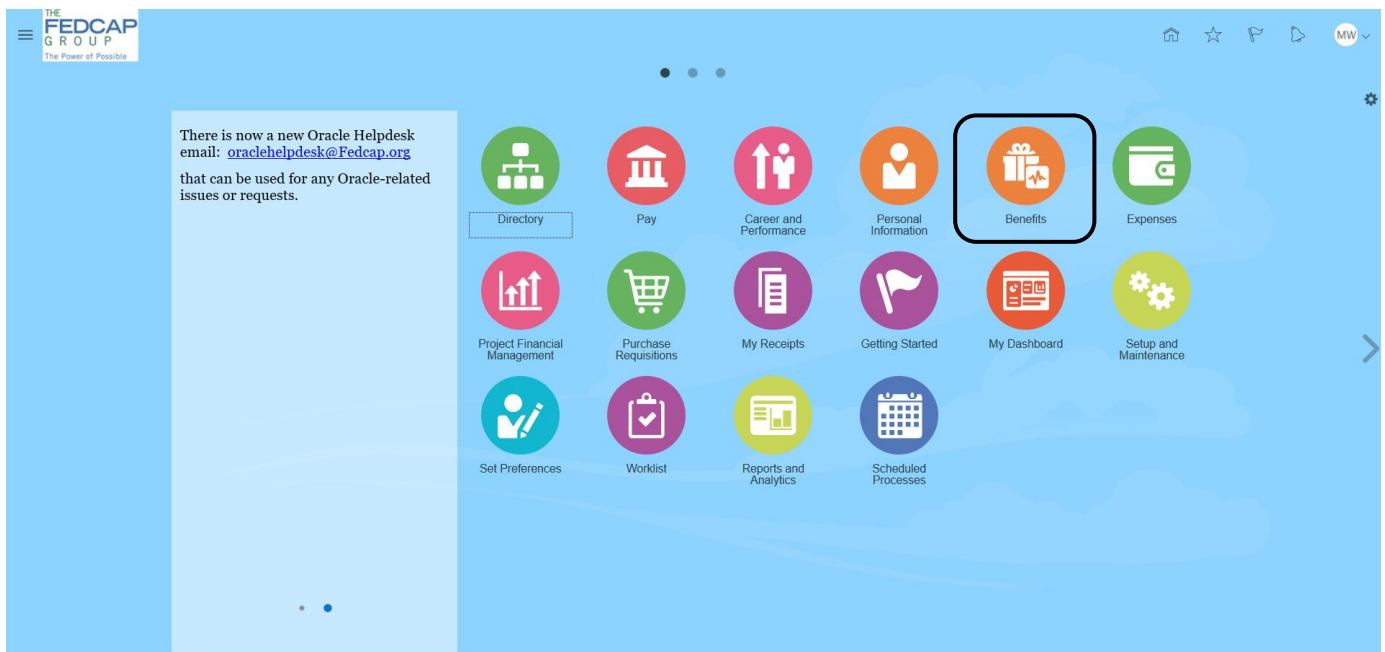


Benefits Self-Service

View Benefits Page

1. From your home page, click the **'Benefits'** Icon



2. You will be directed to the main Benefits page where you can take the following actions:

- Enroll in Benefits
- View Benefit Enrollments
- Self-report Life Events
- Add Dependents and/or Beneficiaries
- View Pending Actions

Benefits

Start Enrollment

Refer to the enrollment guidelines of your enterprise to know when you can make new elections or update existing ones.

[Change Benefit Elections](#)



[View Current and Future Benefits](#)



[Record Life Events](#)



[Manage People I Plan to Cover](#)



[View Pending Actions](#)

Create Dependents & Beneficiaries

- Before enrolling in Benefits, it is important to add any dependents you plan to cover under medical, dental and/or vision insurance or beneficiaries.
- Before starting the enrollment process, have the following information available – it is required for **Dependents**.
 - date of birth
 - gender
 - social security numbers





1. On the Benefits Page, select ‘Manage People I Plan to Cover’

Benefits

Start Enrollment

Refer to the enrollment guidelines of your enterprise to know when you can make new elections or update existing ones.

[Change Benefit Elections](#)

-  View Current and Future Benefits
-  Record Life Events
-  **Manage People I Plan to Cover**
-  View Pending Actions

2. Click on ‘Create Contact’

People I Plan to Cover

[Continue](#) [Done](#)

Family Member

[Create Contact](#)

If you plan to add family members and others to your benefit plans, add them as contacts before you enroll.

3. Complete the following fields:

- Relationship
- Relationship Date
 - if you are a new hire, enter your hire date
 - if you have experienced a life event, enter the date of the life event
- Last Name
- First Name
- Gender (**required for Dependents**)
- Date of Birth (**required for Dependents**)
- National ID/ Social Security Number (**required for Dependents**)

Create Contact Save and Close Cancel

* Relationship Country

* Relationship Start Date = HIRE DATE OR LIFE EVENT DATE Emergency Contact
Contact Effective Start Date [Enter a New Address](#)

Name Style Primary Email

Global-Name Language Primary Phone

* Last Name National ID-US Social Security Number

* First Name Primary National ID-US

Title Student Status

Prefix Covered in Another Plan

Suffix Plan

Middle Name Disability Type

Preferred Name Tobacco Use

Previous Last Name

Marital Status

Gender (required for dependents)

Date of Birth (required for dependents)

4. When complete click 'Save and Close'

5. Confirm your contact has been saved

People I Plan to Cover

Done

Family Member

[Create Contact](#)

If you plan to add family members and others to your benefit plans, add them as contacts before you enroll.

Spouse

Date of Birth

6. Click **'Done'** to return to main Benefits page

Enroll in Benefits

1. From the Benefits page, click **'Change Benefit Elections'**

Benefits

Start Enrollment

Refer to the enrollment guidelines of your enterprise to know when you can make new elections or update existing ones.

Change Benefit Elections

- View Current and Future Benefits
- Record Life Events
- Manage People I Plan to Cover
- View Pending Actions

2. Click on **'Create Contact'** to create additional contacts or Click **'Continue'**

People I Plan to Cover



Family Member

Create Contact

If you plan to add family members and others to your benefit plans, add them as contacts before you enroll.

Spouse

Date of Birth

3. Before proceeding, you will receive the following reminder to add dependents as contacts, click **'Continue Enrollment'**

Warning

If you plan to designate dependents, then you must add them as contacts from the Contacts section before you proceed to the enrollment pages.

Continue Enrollment **Cancel**

4. The next page will display the Programs in which you are eligible to participate

- Click on one of the following programs to enroll in Medical, Dental, Vision, etc. benefits:
 - The Fedcap Group
 - EasterSeals New York – Upstate
 - MVLE
 - EasterSeals Central Texas
 - EasterSeals North Texas

Select Program or Plan

Cancel



5. Before starting Enrollment, review and acknowledge the Benefits Authorization by clicking 'Accept'.

Authorization

Printable Page Decline Accept

Benefits Enrollment Acknowledgement

By completing your benefits enrollment process you acknowledge and agree to the following:

The information contained on this website is a summary of the various benefit plans and related costs that Fedcap ("Company") makes available to eligible employees. I understand that the operation of the benefit plans including events making me eligible or ineligible for benefits are governed solely by the terms of the official Plan Documents. To the extent any of the information contained on this website or any information I receive otherwise is inconsistent with the official Plan Documents, I agree that the provisions set forth in the Plan Document will govern in all cases. I understand that if I wish to review the Plan Document, I can request a copy from the Benefits Department or retrieve it from the Company's internal information website.

I understand that unless I experience a qualifying life event (for example marriage, divorce, or birth of a child and various other events) that would permit a mid-year benefit election change that I cannot change my benefit elections during the plan year. If I do experience a qualifying life event, I have no more than 30 days from the event date to make a new election otherwise all benefit election changes must wait until the official annual Open Enrollment period of which I will be informed of.

By enrolling in any benefit plan, I authorize the Company to take payroll deductions to pay for these benefits on either a pre-tax and/or post-tax basis depending on the coverage(s) that I have elected.

For Supplemental Life Insurance, Short Term and Long Term Disability plans, I understand that my eligibility to enroll in coverage may depend upon my completing and the insurance company approving an Evidence of Insurability document.

I further understand and acknowledge that my enrollment in any benefit plan is not a guarantee of employment and that under penalty of perjury that all of the information I am submitting for myself or my covered dependents is true, accurate and complete.

1. Medicare Eligibility

- a) You are defaulted into the “No, I am not eligible for Medicare”
- b) If you are eligible for Medicare, deselect the ‘No, I am not eligible for Medicare’ (button will turn grey) and select the ‘Yes, I am eligible for Medicare’ option (button will turn blue)
- c) Only 1 Option can be selected; more than 1 Option will produce an error
- d) Click ‘Next’ after making selections

The screenshot shows a multi-step process for editing benefits. The current step is 'Medicare Eligibility', which is highlighted with a blue circle and a checkmark. The other steps are: 2. Medical, 3. Dental, 4. Vision, 5. Flexible Spending Accounts (FSA), 6. Basic Life ADD Insurance, 7. Company Paid Disability, 8. Voluntary Benefits, 9. Other Company Paid Benefits, and 10. Review. Below the progress bar, there are buttons for 'Back', 'Next', 'Submit', and 'Cancel'. The 'Next' button is highlighted in blue. On the right side, the currency is set to 'USD'. The main content area shows two options for Medicare Eligibility: 'No, I am not eligible for Medicare' (with a blue 'Selected' button) and 'Yes, I am eligible for Medicare' (with a grey 'Select' button). A 'Your Total Cost' box on the left shows '0.00'. Below the options, it says 'No data to display'.

2. Medical Benefits

- a) Based on the eligible contacts added, multiple options (Employee + Spouse, Employee + Child(ren) or Family) may be available
- b) Click the option the you want to select; the button will turn blue
 - Under the option selected, check the dependents you want to cover for the Plan
- c) If you are declining / waiving coverage select the appropriate reason
- d) Only 1 Plan and 1 Option within a plan can be selected; more than 1 Plan or Option will produce an error
- e) Click 'Next' after making selections

The screenshot shows the 'Edit Benefits: Medical' page with a progress bar at the top indicating steps 1 through 10. The 'Medical' step is currently active. On the left, there are filters for 'Filter By Plan' and 'Filter By Option'. The main area displays a list of medical plans and options with their costs and selection buttons.

Plan/Option	Employee Rate Per Pay	Annual Amount	Employee Rate Per Pay	Action
Empire BCBS EPO1 Employee Only			100.82	Select
Empire BCBS EPO1 Employee + Spouse	302.47	7,884.22		Selected
Empire BCBS EPO2 Employee Only			161.22	Select
Empire BCBS EPO2 Employee + Spouse			415.51	Select
Empire BCBS PPO Employee Only			228.88	Select
Empire BCBS PPO Employee + Spouse			534.55	Select
Empire BCBS HRA3000 Employee Only (Over \$25,000)			81.23	Select

Note: Clicking on the  next to benefit type will provide information about the benefits provided.

The pop-up window displays the Fedcap logo and the following text:

Fedcap offers four medical plans through Empire Blue Cross Blue Shield — Exclusive Provider Organizations (EPOs) and Preferred Provider Organization (PPO). For additional information, refer to the detailed plan descriptions provided by the Empire BCBS, located here. To find a provider, please visit www.empireblue.com

Benefit Service Center

Contact the Benefit Service Center at 1-866-533-3227 if you have benefit questions or need assistance with enrollment. Benefit representations are available Monday through Friday between 9:00 am and 5:00 pm ET. You may also send questions via

3. Dental Benefits

- a) Based on the eligible contacts added, multiple options (Employee + Spouse, Employee + Child(ren) or Family) may be available
- b) Click the option the employee wants to select; the button will turn blue
 - Under the option selected, check the dependents the employee was to cover for the Plan
- c) If the you are declining / waiving coverage select the 'Decline / Waive Coverage' option
- d) Only 1 Plan and 1 Option within a plan can be selected; more than 1 Plan or Option will produce an error
- e) Click 'Next' after making selections

Edit Benefits: Dental

Progress: Medicare Eligibility (1) | Medical (2) | **Dental (3)** | Vision (4) | Flexible Spending Accounts (FSA) (5) | Basic Life ADD Insurance (6) | Company Paid Disability (7) | Voluntary Benefits (8) | Other Company Paid Benefits (9) | Review (10)

Buttons: Back | Next | Submit | Cancel

Currency: USD

Plan Name	Employee Rate Per Pay ...	Annual Amount	Action
Empire BCBS PPO1 Dental Employee Only	4.59	119.34	Selected
Empire BCBS PPO1 Dental Employee + Spouse			Select
Empire BCBS PPO2 Dental Employee Only			Select
Empire BCBS PPO2 Dental Employee + Spouse			Select
Decline Dental Coverage			Select

Your Total Cost: 307.06

Filters: Filter By Plan (Empire BCBS PPO1 Dental, Empire BCBS PPO2 Dental, Decline Dental Coverage) | Filter By Option (Employee Only, Employee + Spouse)

4. Vision Benefits

- Based on the eligible contacts added, multiple options (Employee + Spouse, Employee + Child(ren) or Family) may be available
- Click the option the employee wants to select; the button will turn blue
 - Under the option selected, check the dependents the employee was to cover for the Plan
- If the you are declining / waiving coverage select the 'Decline / Waive Coverage' option
- Only 1 Plan and 1 Option within a plan can be selected; more than 1 Plan or Option will produce an error
- Click '**Next**' after making selections

Medicare Eligibility Medical Dental **Vision** Flexible Spending Accounts (FSA) Basic Life ADD Insurance Company Paid Disability Voluntary Benefits Other Company Paid Benefits Review

Back Next Submit Cancel

Currency USD

Edit Benefits: Vision

Your Total Cost	Plan	Option	Employee Rate Per Pay ...	Annual Amount	Action
309.11	Empire BCBS Vision Employee Only		2.05	53.30	Select
	Empire BCBS Vision Employee + Spouse				Select
	Decline Vision Coverage				Select

Filters Reset

Filter By Plan

- Empire BCBS Vision
- Decline Vision Coverage

Filter By Option

- Employee Only

5. Flexible Spending Accounts

- If you select Health Care FSA option, the button will turn blue
- The coverage amount will default to the minimum enrollment amount of \$100, if you want to contribute more change the amount in the Coverage field
- If you select Dependent Care FSA option, the button will turn blue
- The coverage amount will default to the minimum **annual** enrollment amount of \$100, if you want to contribute more change the **annual** amount in the Coverage field
- If the you are declining / waiving coverage select the 'Decline / Waive Coverage' option
- Click '**Next**' after making selections

Progress: Medicare Eligibility ✓ Medical ✓ Dental ✓ Vision ✓ **Flexible Spending Accounts (FSA) 6** Basic Life ADD Insurance 5 Company Paid Disability 7 Voluntary Benefits 8 Other Company Paid Benefits 9 Review 10

Edit Benefits: Flexible Spending Accounts (FSA) Back Next Submit Cancel Currency USD

Your Total Cost 312.96		BRI Universal Health Care FSA Decline/Waive Coverage Select	
Filters Reset Filter By Plan <input type="checkbox"/> BRI Universal Health Care FSA <input type="checkbox"/> BRI Universal Dependent Car... <input type="checkbox"/> BRI Universal Limited Purpos... Filter By Option <input type="checkbox"/> Decline/Waive Coverage <input type="checkbox"/> Health Care FSA <input type="checkbox"/> Dependent Care FSA <input type="checkbox"/> Limited Purpose FSA		BRI Universal Health Care FSA Health Care FSA Select Coverage: <input type="text" value="100"/> Employee Rate Per Pay ...: 3.85 Annual Amount: 100.00	
		BRI Universal Dependent Care FSA Decline/Waive Coverage Select	
		BRI Universal Dependent Care FSA Dependent Care FSA Select 3.85 Employee Rate Per Pay ...	
		BRI Universal Limited Purpose FSA Decline/Waive Coverage Select	
		BRI Universal Limited Purpose FSA Limited Purpose FSA Select 3.85 Employee Rate Per Pay ...	

6. Basic Life & AD&D

Fedcap Staff: Basic Life & AD&D Insurance are company paid benefits into which you are automatically enrolled. You cannot decline or deselect this coverage.

Fedcap Client Workers: Either select Basic Life and AD&D insurance and pay using your Health & Welfare credits earned or select the 'Decline / Waive Coverage' option

Under each Plan, select your beneficiary and next to the name of the individual, enter a percentage in the box next to their name. The amount must total 100 or an error will be produced.

Click **'Next'** after enter beneficiary percentages

Progress bar: Medicare Eligibility, Medical, Dental, Vision, Flexible Spending Accounts (FSA), **Basic Life ADD Insurance**, Company Paid Disability, Voluntary Benefits, Other Company Paid Benefits, Review

Edit Benefits: Basic Life & AD&D Insurance

Buttons: Back, Next, Submit, Cancel

Currency: USD

Plan	Your Total Cost	Coverage	Beneficiaries						
The Hartford Basic Life	312.96	31,000.00	<table border="1"><thead><tr><th>Beneficiaries</th><th>Primary(%)</th><th>Contingent Percentage (%)</th></tr></thead><tbody><tr><td>[Redacted]</td><td>100</td><td></td></tr></tbody></table>	Beneficiaries	Primary(%)	Contingent Percentage (%)	[Redacted]	100	
Beneficiaries	Primary(%)	Contingent Percentage (%)							
[Redacted]	100								
The Hartford AD&D	312.96	31,000.00	<table border="1"><thead><tr><th>Beneficiaries</th><th>Primary(%)</th><th>Contingent Percentage (%)</th></tr></thead><tbody><tr><td>[Redacted]</td><td>100</td><td></td></tr></tbody></table>	Beneficiaries	Primary(%)	Contingent Percentage (%)	[Redacted]	100	
Beneficiaries	Primary(%)	Contingent Percentage (%)							
[Redacted]	100								

7. Long-term and Short-term Disability

Fedcap Staff: Long-term Disability is a company paid benefit that employees are automatically enrolled into. You cannot decline or deselect this coverage.

Short-term Disability is state mandated in New York, New Jersey and Rhode Island. You are automatically enrolled in a plan based on the state in which you work. You cannot decline or deselect this coverage.

Click **'Next'** after enter beneficiary percentages

Medicare Eligibility Medical Dental Vision Flexible Spending Accounts (FSA) Basic Life ADD Insurance **Company Paid Disability** Voluntary Benefits Other Company Paid Benefits Review

Edit Benefits: Company Paid Disability Insurance

Back Next Submit Cancel

Currency USD

Your Total Cost	312.96
-----------------	---------------

	The Hartford LTD	Enrolled - LTD	1,525.16	Coverage	Submit
	The Hartford Non NY/NJ Employees STD	Enrolled - Non NY/NJ Employees	170.00	Coverage	Submit

8. Voluntary Benefits

- a) You can enroll in Voluntary Short-term Disability and Legal. You are automatically defaulted into the 'Decline / Waive Coverage' option.

The screenshot shows the 'Edit Benefits: Voluntary Benefits' page. At the top, a progress bar indicates the current step is 'Voluntary Benefits' (step 8). The page title is 'Edit Benefits: Voluntary Benefits'. On the right, there are buttons for 'Back', 'Next', 'Submit', and 'Cancel'. The currency is set to 'USD'. On the left, a box shows 'Your Total Cost' as 312.96. Below this are filter sections: 'Filter By Plan' with 'The Hartford Voluntary STD' selected, and 'Filter By Option' with 'Decline/Waive Coverage' selected. The main table lists two options for 'The Hartford Voluntary STD': 'Decline/Waive Coverage' (selected, button is blue) and 'Voluntary STD' (button is grey). Below that, two options for 'Hyatt Legal Plan' are listed: 'Decline/Waive Coverage' (button is grey) and 'Enrolled' (button is blue).

- b) To change the option, deselect the 'Decline / Waive Coverage' option (button will turn grey) and select the 'Voluntary STD' and/or the 'Enrolled' option (button will turn blue)

The screenshot shows the 'Edit Benefits: Voluntary Benefits' page. The progress bar is the same. The page title is 'Edit Benefits: Voluntary Benefits'. On the right, there are buttons for 'Back', 'Next', 'Submit', and 'Cancel'. The currency is set to 'USD'. On the left, a box shows 'Your Total Cost' as 344.60. Below this are filter sections: 'Filter By Plan' with 'The Hartford Voluntary STD' selected, and 'Filter By Option' with 'Voluntary STD' and 'Enrolled' selected. The main table lists two options for 'The Hartford Voluntary STD': 'Decline/Waive Coverage' (button is grey) and 'Voluntary STD' (selected, button is blue). Below that, two options for 'Hyatt Legal Plan' are listed: 'Decline/Waive Coverage' (button is grey) and 'Enrolled' (selected, button is blue). The table also shows employee rates and annual amounts for each option.

Plan	Option	Employee Rate Per Pay ...	Annual Amount
The Hartford Voluntary STD	Decline/Waive Coverage	351.96	633.53
	Voluntary STD	24.37	
Hyatt Legal Plan	Decline/Waive Coverage		
	Enrolled	7.27	189.02

- c) Click 'Next' after making selections

9. Other Company Paid Benefits

Fedcap Staff: EAP is a company paid benefit into which you are automatically enrolled. You cannot decline or deselect this coverage.

Fedcap Client Workers: not eligible for this benefit.

Click **'Next'** to Review tab

Medicare Eligibility Medical Dental Vision Flexible Spending Accounts (FSA) Basic Life ADD Insurance Company Paid Disability Voluntary Benefits **9 Other Company Paid Benefits** 10 Review

Edit Benefits: Other Company Paid Benefits Back Next Submit Cancel

Your Total Cost
344.60

CCA EAP
Enrolled

No data to display.

Currency USD

10. Review

- The Review page displays the selections you made and provides the payroll deduction amount and the annual amount (full calendar year)
- To make additional changes, click **'Back'**
- To complete, click **'Submit'**

Review Back Next Submit Cancel


Your Total Cost
344.60 USD

	Medicare Plan: Medicare Eligibility - No, I am not eligible for Medicare	
	Medical Plan: Empire BCBS EPO1 - Employee + Spouse Covered Dependents: ██████████	Annual Amount 7,864.22 Your Deduction Amount 302.47
	Dental Plan: Empire BCBS PPO1 Dental - Employee Only	Annual Amount 119.34 Your Deduction Amount 4.59
	Vision Plan: Empire BCBS Vision - Employee Only	Annual Amount 53.30 Your Deduction Amount 2.05
	Flexible Spending Accounts (FSAs) Plan: BRI Beniversal Health Care FSA - Health Care FSA	Coverage Amount 100.00 Annual Amount 100.00 Your Deduction Amount 3.85
	Basic Life Insurance Plan: The Hartford Basic Life - 1x Annual Salary Primary Beneficiaries: ██████████ (100%)	Coverage Amount 31,000.00

Confirmation Page

- Date through which you can make changes
- Benefit selections and costs
- Coverage Start Dates
- Interim coverage (until documentation is received and approved)
- Suspended Enrollment that requires documentation
- Covered Dependents
- Pending Actions

Confirmation: Fedcap Staff Benefits Print Select Another Done

 **Your benefit enrollments were saved.**
Enrollment changes can occur until 12/27/2018.

Your Total Cost
142.95 USD
Per Pay Period

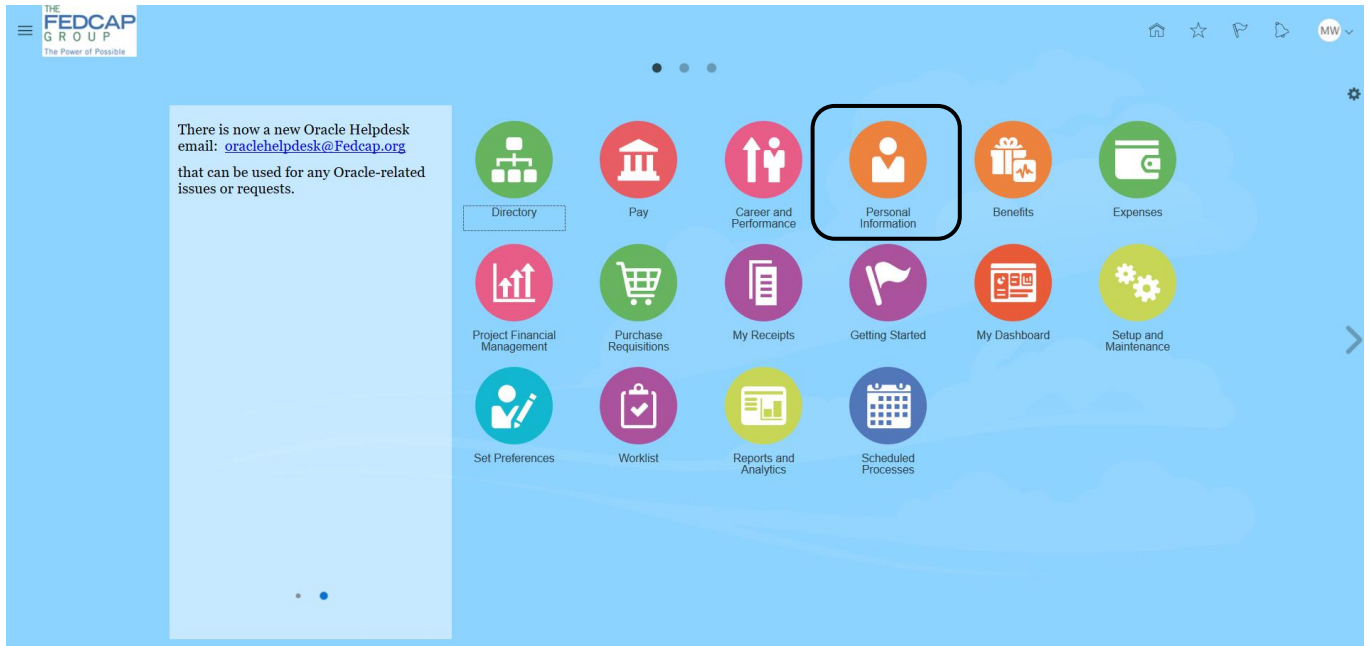
Benefits Summary

Benefit Category	Status	Plan	Coverage Start Date	Annual Amount	Your Deduction Amount	Secondary
Medicare	Enrolled	Medicare Eligibility - No, I am not eligible for Medicare	1/1/2019			
Medical	Interim	Empire BCBS EPO1 - Employee Only	1/1/2019	2,621.32	100.82	345.91
	Suspended	Empire BCBS EPO1 - Employee + Spouse	1/1/2019	7,864.22	302.47	591.02
	Pending Actions	Dependent Requires Certification: Patrick Carroll.				
Dental	Enrolled	Empire BCBS PPO1 Dental - Employee Only	1/1/2019	119.34	4.59	9.87
Vision	Enrolled	Empire BCBS Vision - Employee Only	1/1/2019	53.30	2.05	

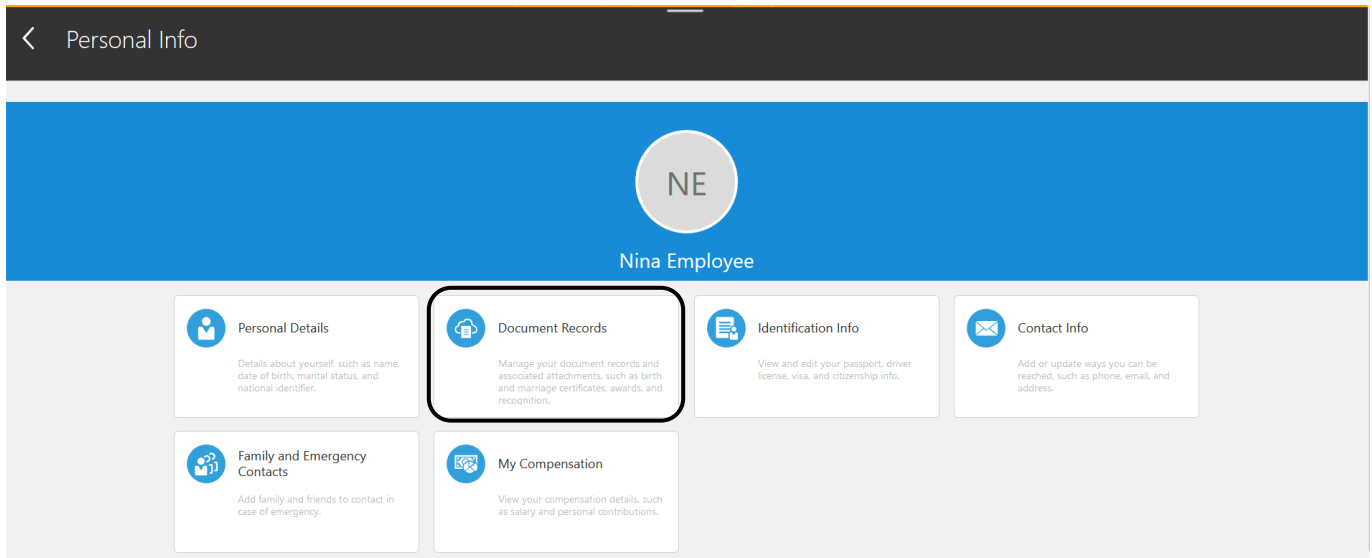
- Click **'Print'** to print a hard copy of the Confirmation Page
- Click Select Another to select another Program to enroll into
- Click Done and get following message, click Yes and you are returned to the Programs page

Uploading Documents

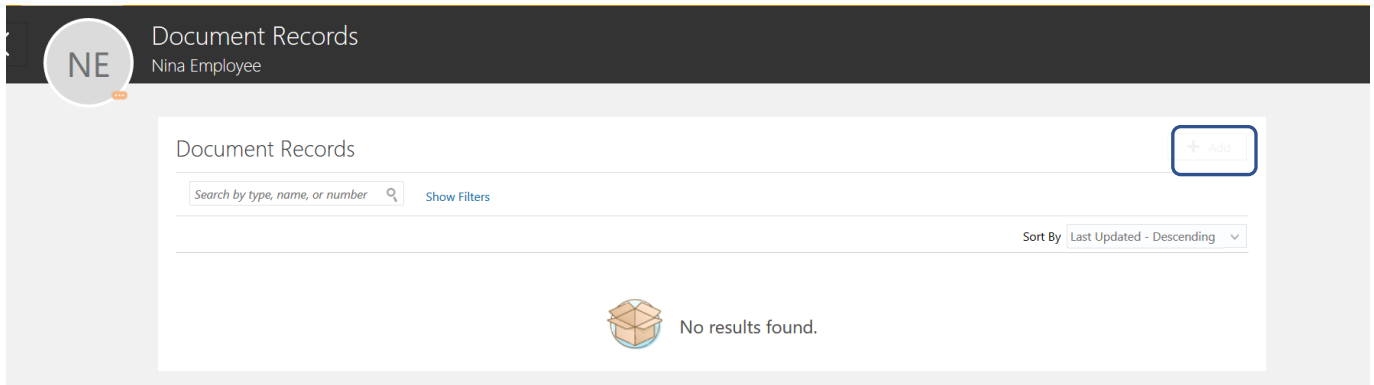
a) From your home page, click the 'Personal Information' icon



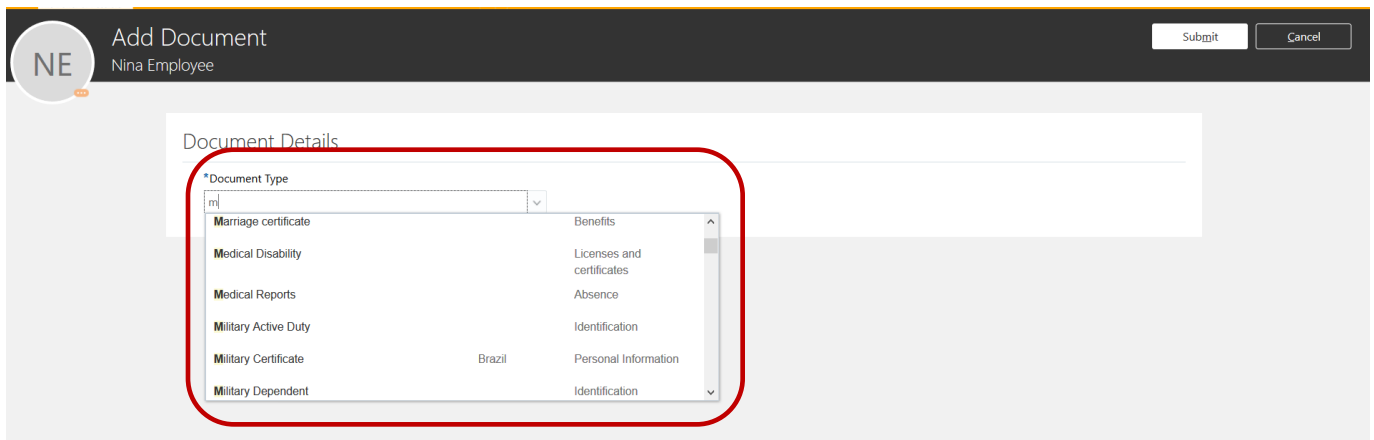
b) Click on Document Records



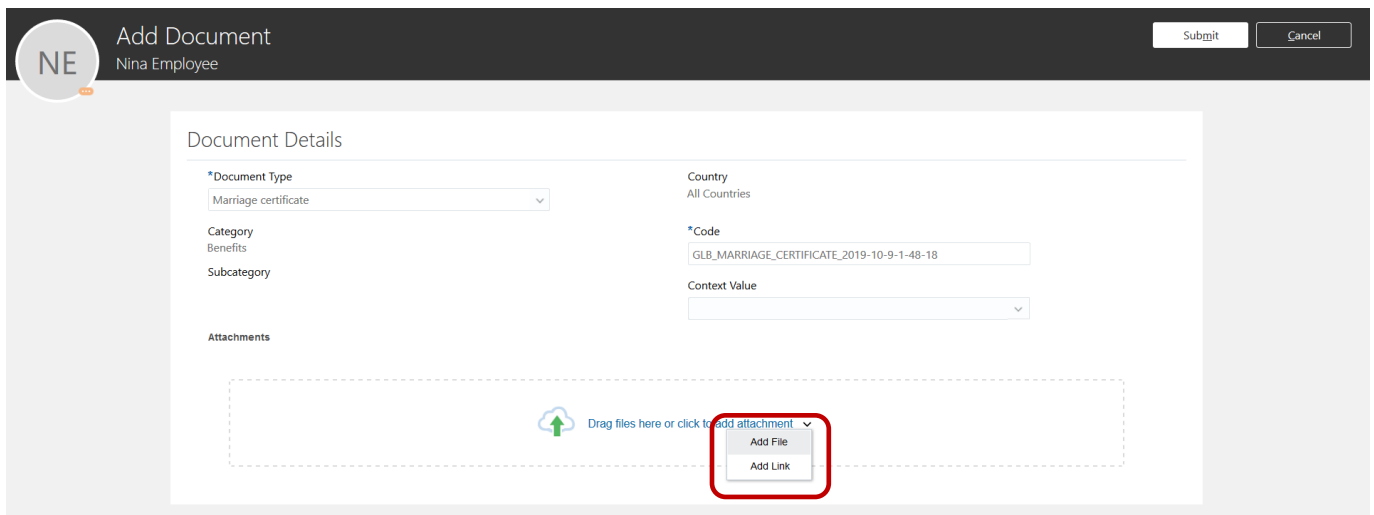
Click 'Add'



Select the document type from the menu



Click on 'Add File' or 'Add Link' to select the file you want to load



Confirm the file has loaded

Click Submit

Click the Arrow to return to Personal Information page and click the Arrow again to return to Home Page