How to Enroll

You can enroll from work or from home. Here's how:

<u>From *Work*</u>

- Access the DSGN or Golf Galaxy Intranet

- Click on **My Locker**

- Click **my HR**

- Sign in using your Network ID and password

- Click the **Benefits Details** tile

<u>From *Home*</u>

1. Go to www.benefityourliferesources.com

2. Click the **Enroll Now** icon

3. Sign in with your Network ID and password

4. Click the **Benefits Details** tile

Forgot your Network ID or password? Contact the IT Service Desk at 1-866-418-3456 or ITServiceDesk@dcsg.com.

my HR is available daily from 6:30 am to 2:00 am (Eastern)

The information on the next few pages will give you general instructions on how to enroll in your benefits. To guide you through the online process, it is important to read the information on each screen as you navigate through your benefits enrollment.

Access Benefits Enrollment

Once you have accessed **my HR**, follow the steps below to access Benefits Enrollment:

- From the navigation pane on the left side of the screen, click **Benefits Enrollment**
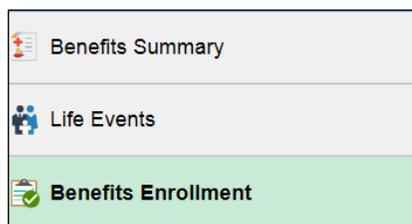
Benefits Enrollment Home Page

As you access benefits enrollment through self service, you will need to carefully read the information on the enrollment screens to help you navigate the system.

Benefits Enrollment

Jane Doe

Annual Enrollment is your opportunity each year to modify your benefit elections. To continue participating the Flexible Spending Accounts next year, you must re-enroll in the Health Care FSA and the Dependent Care FSA during the annual enrollment period. If you do not enroll in this annual enrollment period, your only opportunity to change your benefit elections is if you have a qualifying event.

Open Benefit Events

Event Description		Event Date	Event Status	Job Title	
Annual Enrollment	ⓘ	01/01/2018	Open	Store Manager	Select

After you use the Select button, it will take a few seconds for your benefits enrollment information to load.

Click **Select** to begin your Annual Enrollment

Enrollment Page

Your Annual Enrollment event will populate on the Benefits Enrollment page

Benefits Enrollment

Annual Enrollment

Jane Doe

Annual enrollment is your opportunity each year to modify your benefit elections. To continue participating in the Flexible Spending Accounts next year, you must reenroll in the Health Care FSA and the Dependent Care FSA during the Annual Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary.

ⓘ **Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.**

Enrollment Page—Enrollment Summary

You will see both "Current" and "New" elections for each benefit option. "Current" are your current 2017 elections and "New" are your 2018 elections. Your current benefits will default as "New" with the exception of the Health Flexible Spending Account and the Dependent Daycare Flexible Spending Account.

Review each benefit option and click **Edit** for any benefit(s) you wish to add or change for 2018.

Enrollment Summary			
Medical	Before Tax	After Tax	Edit
Current: PPO1 - Aetna:EE+Spouse			
New: PPO1 - Aetna:EE+Spouse			
Dental	Before Tax	After Tax	Edit
Current: United Concordia Dental:EE+Spouse			
New: United Concordia Dental:EE+Spouse			
Vision	Before Tax	After Tax	Edit
Current: Base Vision Plan:EE+Spouse			
New: Base Vision Plan:EE+Spouse			
Basic Life	Before Tax	After Tax	Edit
Current: LIFE: Salary X 1			
New: LIFE: Salary X 1 :			
Supplemental Life	Before Tax	After Tax	Edit
Current: SUPLIFE 1X: Salary X 1			
New: SUPLIFE 1X: Salary X 1 :			
Accidental Death & Dismember	Before Tax	After Tax	Edit
Current: AD&D: Salary X 1			
New: AD&D: Salary X 1 :			
Dependent Life	Before Tax	After Tax	Edit
Current: Waive			
New: Waive			
Short-Term Disability	Before Tax	After Tax	
Current: STD for Salaried: 60.00% of Salary			
New: STD for Salaried: 60.00% of Salary			
Long-Term Disability	Before Tax	After Tax	
Current: LTD for Salaried: 60.00% of Salary			
New: LTD for Salaried: 60.00% of Salary			
Health Flexible Spending*	Before Tax	After Tax	Edit
Current: Health Flexible Spending: $500.00			
New: **No Coverage**			
Dependent Daycare FSA*	Before Tax	After Tax	Edit
Current: Waive			
New: **No Coverage**			

Benefits Enrollment Pages

○ PPO1 - Aetna

CDHP + Health Reimbursement Account

Coverage Level	Your Costs	Tax Class
Employee Only	$15.32	Before-Tax
Employee + Spouse	$41.93	Before-Tax
Employee + Child(ren)	$26.70	Before-Tax
Family	$51.05	Before-Tax
Employee & Domestic Partner	$41.93	Before and After Tax
EE+DP Adult+DP Child(ren)	$51.05	Before and After Tax
EE+DP+Child(ren)	$53.31	Before and After Tax
EE+DP+DPChildren+Children	$62.43	Before and After Tax

○ PPO2 - Aetna

Coverage Level	Your Costs	Tax Class
Employee Only	$36.00	Before-Tax
Employee + Spouse	$96.00	Before-Tax
Employee + Child(ren)	$61.20	Before-Tax
Family	$116.56	Before-Tax
Employee & Domestic Partner	$96.00	Before and After Tax
EE+DP Adult+DP Child(ren)	$116.56	Before and After Tax
EE+DP+Child(ren)	$121.20	Before and After Tax
EE+DP+DPChildren+Children	$142.06	Before and After Tax

○ PPO3 - Aetna

Coverage Level	Your Costs	Tax Class
Employee Only	$95.06	Before-Tax
Employee + Spouse	$254.40	Before-Tax
Employee + Child(ren)	$161.85	Before-Tax
Family	$309.74	Before-Tax
Employee & Domestic Partner	$254.40	Before and After Tax
EE+DP Adult+DP Child(ren)	$309.74	Before and After Tax
EE+DP+Child(ren)	$321.00	Before and After Tax
EE+DP+DPChildren+Children	$376.34	Before and After Tax

○ PPO1 - BCBS

Coverage Level	Your Costs	Tax Class
Employee Only	$15.32	Before-Tax
Employee + Spouse	$41.93	Before-Tax
Employee + Child(ren)	$26.70	Before-Tax
Family	$51.05	Before-Tax
Employee & Domestic Partner	$41.93	Before and After Tax
EE+DP Adult+DP Child(ren)	$51.05	Before and After Tax
EE+DP+Child(ren)	$53.31	Before and After Tax
EE+DP+DPChildren+Children	$62.43	Before and After Tax

○ PPO2-BCBS

Coverage Level	Your Costs	Tax Class
Employee Only	$36.00	Before-Tax
Employee + Spouse	$96.00	Before-Tax
Employee + Child(ren)	$61.20	Before-Tax
Family	$116.56	Before-Tax
Employee & Domestic Partner	$96.00	Before and After Tax
EE+DP Adult+DP Child(ren)	$116.56	Before and After Tax
EE+DP+Child(ren)	$121.20	Before and After Tax
EE+DP+DPChildren+Children	$142.06	Before and After Tax

○ PPO3-BCBS

Coverage Level	Your Costs	Tax Class
Employee Only	$95.06	Before-Tax
Employee + Spouse	$254.40	Before-Tax
Employee + Child(ren)	$161.85	Before-Tax
Family	$309.74	Before-Tax
Employee & Domestic Partner	$254.40	Before and After Tax
EE+DP Adult+DP Child(ren)	$309.74	Before and After Tax
EE+DP+Child(ren)	$321.00	Before and After Tax
EE+DP+DPChildren+Children	$376.34	Before and After Tax

⦿ Waive

[Update and Continue] [Discard Changes]

Click on each of the plan names to review the summary plan grids for more information.

To enroll, click the button to the left of the benefit plan name. See instructions on next page to add your dependents.

Based on the type and number of dependents you enroll, the system will automatically assign the coverage level (i.e., individual, associate/spouse, parent/child(ren), family).

Click **Update and Continue** to review your elections

Benefits Enrollment

Medical

Jane Doe

ⓘ Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Your Choice
You have chosen PPO1 - Aetna with Employee + Spouse coverage.

Your Estimated Per-Pay-Period Cost

Your Cost $41.93

Your Covered Dependents

Dependent Information	
Name	Relationship

Notes
Once submitted, this choice will take effect on 01/01/2018. Deductions for this choice will start with the pay period aligning with the effective date of this change.

[Update Elections] [Discard Changes]

Select the **Update Elections** button to store your choices.

Select the **Discard Changes** button to go back and change your choices.

Click **Update Elections** to store your entry

Adding/Reviewing Dependents or Beneficiaries

Click **Add/Review Dependents** to enroll an eligible dependent that may not be listed on your election pages. You will be directed to the Enrollment Dependent/Beneficiary Summary page.

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to add or edit dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Dependent Beneficiary

Enroll	Name	Relationship
☐		

Add/Review Dependents

If you have changes to an existing dependent's information, click the name of the dependent/beneficiary, complete or update the fields for your dependent/beneficiary and click **Save.**

Dependent/Beneficiary Personal Information

Select Save once you have added your Dependent/Beneficiary's personal information. SSN field is required for Dependent above 3 months. This information will go into effect as of .

Personal Information

*First Name

Middle Name

*Last Name

Name Prefix

Name Suffix

Date of Birth

*Gender Male

SSN (Social Security Number)

*Relationship to Employee

Status Information

*Marital Status Single   As of

Disabled No

Smoker Non Smoker

Address and Telephone

☑ Same Address as Employee

Country United States

Address

☐ Same Phone as Employee

Phone

Save

Return to Dependent/Beneficiary Summary

Complete all necessary information for the dependent/beneficiary you are adding to coverage.

You may be prompted to attach documentation verifying your dependent is an eligible dependent under the benefit plans. Follow the instructions to upload the document.

Click **Save** when all information and document upload is complete.

Maintain Attachments

Benefit Enrollment - Document Upload

▼ Instructions

You are required to submit the document(s) listed here. Select the Add Attachment button, enter a description of your document and upload the document. The acceptable file types that you may upload are: .pdf, .doc, .xls, .xlsx, .tif, .tiff, .jpg, .jpeg, .png, .txt and .csv.

▼ Benefit Enrollment Documents

Dependent Documents

Add Attachment   Add Note

Return to the benefits enrollment and check the box next to the name of the dependent you are adding to coverage.

Updating Beneficiaries for Life Insurance

To add or update beneficiaries for life insurance, click **Edit** next to "Life and AD&D" or "Supplemental Life" on the "Enrollment Summary".

Follow the instructions under the "Designate Your Beneficiaries" section.

- If you need to add a beneficiary that does not appear on the list, Click **Add/Review Beneficiaries** and follow the instructions on the previous page.

- Designate your beneficiaries by entering a percentage in the Primary or Secondary Allocation fields.

- Click **Update and Continue**.

- **Update Elections** on the next page

Evidence of Insurability (Proof of Good Health)

The system will tell you if you select a life insurance option (in Supplemental Life or Dependent Life) that requires **Evidence of Insurability** (EOI).

Our life insurance carrier will send you a form to complete to prove good health. In order for your enrollment to be considered, you must complete the form and return it to the carrier.

NOTE on elections requiring Evidence of Insurability: Your enrollment will default to the next highest coverage that does not require proof of good health.

You will be notified by mail when your election is approved. At that time, your election will be updated and the deduction for the approved coverage will start being withheld from your pay.

Submitting your Elections

You must click **Save and Continue** on the Enrollment Summary screen to send your final elections to the Benefits Department.

On the next screen, you will be prompted to **Submit** your benefit elections.

The second submission is your electronic signature and authorizes the company to withhold your premium deductions and send your enrollment to the carriers.

If you do not Submit your elections, they will not be processed and you may have to wait until the Annual Enrollment period to enroll.
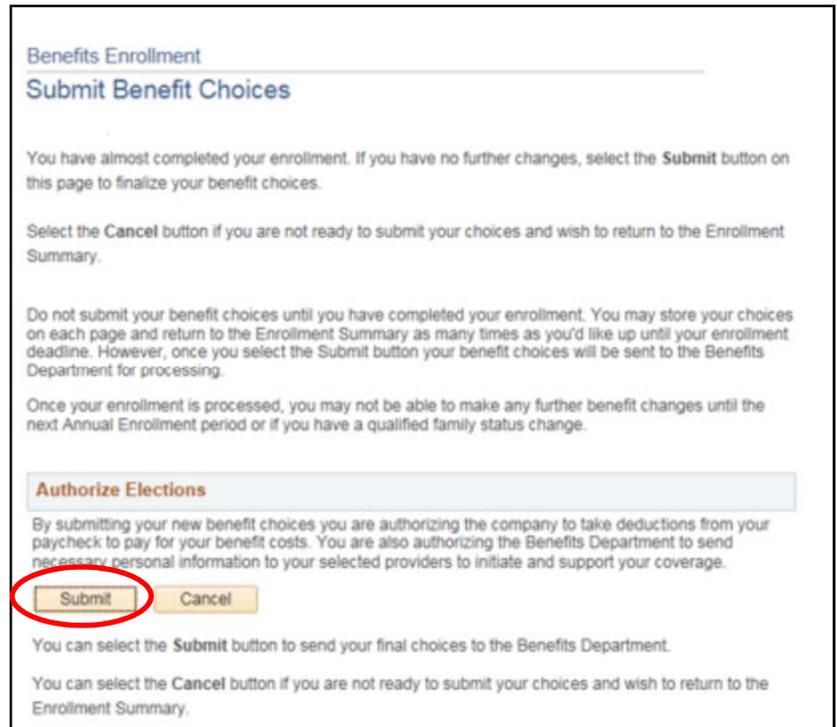
Benefits Enrollment
Submit Benefit Choices

You have almost completed your enrollment. If you have no further changes, select the **Submit** button on this page to finalize your benefit choices.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you select the Submit button your benefit choices will be sent to the Benefits Department for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Annual Enrollment period or if you have a qualified family status change.

Authorize Elections

By submitting your new benefit choices you are authorizing the company to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

[Submit]   [Cancel]

You can select the **Submit** button to send your final choices to the Benefits Department.

You can select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.
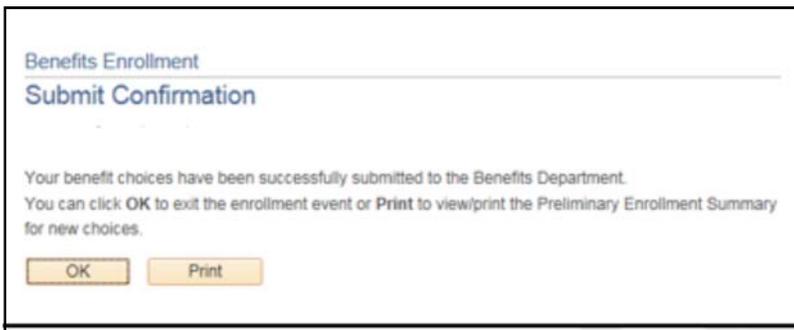
Benefits Enrollment
Submit Confirmation

Your benefit choices have been successfully submitted to the Benefits Department.
You can click **OK** to exit the enrollment event or **Print** to view/print the Preliminary Enrollment Summary for new choices.

[OK]   [Print]

If you have questions during the enrollment process, contact the Benefits Department at 1-800-690-7655, ext 3012, option 5.