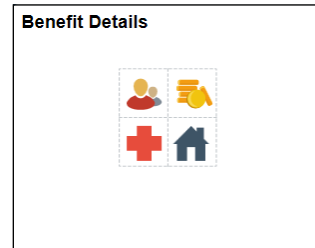


## How to Enroll


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

### From **Work**

- 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



### From **Home**

1. Go to [www.benefityourliferesources.com](http://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@dcsq.com](mailto:ITServiceDesk@dcsq.com).

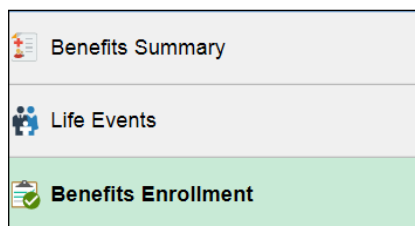
**my HR** is available daily from **6:30 am to 2:00 am** (Eastern)

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

You have 1 month from your effective date to make your benefit elections. The only time you may change your benefit elections is during Annual Enrollment or a qualified status change.

Click the Info button for additional information about your enrollment.  
For details on your benefits, go to <http://benefityourliferesources.com>

To begin your enrollment, click **Select**.

Open Benefit Events				
Event Description		Event Date	Event Status	Job Title
First Enrollment for associate		09/22/2017	Open	

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

Click **Select** to begin your New Hire (First Enrollment for associate) enrollment

## Enrollment Page

The benefits for which you are eligible are listed on the page.

Click **Edit** for any benefit(s) you wish to add.

### Benefits Enrollment

#### First Enrollment for associate

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

#### Enrollment Summary

	Before Tax	After Tax	Edit
<b>Medical</b>			<b>Edit</b>
Current: No Coverage			
New: <a href="#">W/acc</a>			
<b>Dental</b>			<b>Edit</b>
Current: No Coverage			
New: <a href="#">W/acc</a>			
<b>Vision</b>			<b>Edit</b>
Current: No Coverage			
New: <a href="#">W/acc</a>			
<b>Basic Life</b>			<b>Edit</b>
Current: No Coverage			
New: <a href="#">LIFE: Salary X 1 : \$20,000</a>			
<b>Supplemental Life</b>			<b>Edit</b>
Current: <a href="#">W/acc</a>			
New: <a href="#">W/acc</a>			
<b>Accidental Death &amp; Dismember</b>			<b>Edit</b>
Current: No Coverage			
New: <a href="#">AD&amp;D: Salary X 1 : \$20,000</a>			
<b>Dependent Life</b>			<b>Edit</b>
Current: <a href="#">W/acc</a>			
New: <a href="#">W/acc</a>			
<b>Short-Term Disability</b>			
Current: <a href="#">STD for FT hourly: 50.00% of Salary</a>			
New: <a href="#">STD for FT hourly: 50.00% of Salary</a>			
<b>Voluntary LTID*</b>			<b>Edit</b>
Current: No Coverage			
New: <a href="#">W/acc</a>			
<b>Health Flexible Spending*</b>			<b>Edit</b>
Current: No Coverage			
New: <a href="#">W/acc</a>		0.00	
<b>Dependent Daycare FSA*</b>			<b>Edit</b>
Current: No Coverage			
New: <a href="#">W/acc</a>		0.00	

This table summarizes estimated costs for your new benefit choices.

Election Summary			
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	0.00	0.00	0.00
Your Costs	0.00	0.00	0.00

These costs do not include certain choices that are based on variable earnings.

**Save and Continue** **I Have No Changes**

Select the Save and Continue button to send your final choices to the Benefits Department.  
Select the I Have No Changes button if you are happy with your prior elections and do not want to make any changes.

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

## Benefits Enrollment Pages

Benefits Enrollment

Medical

All of our medical choices are administered as "Preferred Provider Organizations" (PPO). PPOs offer a higher benefit when you utilize hospitals, physicians, and other providers that are in the network. They protect you and your dependents if you become sick or injured.

**Important:** Your current coverage is: No Coverage. Coverage for this plan will be waived if you do not make an election.

Select an Option

Here Are Your Available Options With Your Costs:

[Overview of All Plans](#)

Select one of the following plans:

PPO1 - Aetna

COOP - Health Reimbursement Account

Coverage Level	Your Costs	Tax Class
Employee Only	\$10.00	Before-Tax
Employee + Spouse	\$27.04	Before-Tax
Employee + Child(ren)	\$17.79	Before-Tax
Family	\$22.89	Before-Tax
Employee & Domestic Partner	\$27.04	Before and After Tax
EE+OP Adult+DP Child(ren)	\$22.89	Before and After Tax
EE+OP+Child(ren)	\$24.81	Before and After Tax
EE+OP+DPChildren+Children	\$40.00	Before and After Tax

PPO2 - Aetna

Coverage Level	Your Costs	Tax Class
Employee Only	\$20.85	Before-Tax
Employee + Spouse	\$79.13	Before-Tax
Employee + Child(ren)	\$22.81	Before-Tax
Family	\$66.33	Before-Tax
Employee & Domestic Partner	\$79.13	Before and After Tax
EE+OP Adult+DP Child(ren)	\$66.33	Before and After Tax
EE+OP+Child(ren)	\$100.79	Before and After Tax
EE+OP+DPChildren+Children	\$117.89	Before and After Tax

PPO3 - Aetna

Coverage Level	Your Costs	Tax Class
Employee Only	\$40.85	Before-Tax
Employee + Spouse	\$207.45	Before-Tax
Employee + Child(ren)	\$137.44	Before-Tax
Family	\$222.22	Before-Tax
Employee & Domestic Partner	\$207.45	Before and After Tax
EE+OP Adult+DP Child(ren)	\$222.22	Before and After Tax
EE+OP+Child(ren)	\$244.04	Before and After Tax
EE+OP+DPChildren+Children	\$209.14	Before and After Tax

PPO1 - SCGB

Coverage Level	Your Costs	Tax Class
Employee Only	\$10.00	Before-Tax
Employee + Spouse	\$27.04	Before-Tax
Employee + Child(ren)	\$17.79	Before-Tax
Family	\$22.89	Before-Tax
Employee & Domestic Partner	\$27.04	Before and After Tax
EE+OP Adult+DP Child(ren)	\$22.89	Before and After Tax
EE+OP+Child(ren)	\$24.81	Before and After Tax
EE+OP+DPChildren+Children	\$40.00	Before and After Tax

PPO3-SCGB

Coverage Level	Your Costs	Tax Class
Employee Only	\$20.85	Before-Tax
Employee + Spouse	\$79.13	Before-Tax
Employee + Child(ren)	\$22.81	Before-Tax
Family	\$66.33	Before-Tax
Employee & Domestic Partner	\$79.13	Before and After Tax
EE+OP Adult+DP Child(ren)	\$66.33	Before and After Tax
EE+OP+Child(ren)	\$100.79	Before and After Tax
EE+OP+DPChildren+Children	\$117.89	Before and After Tax

PPO3-SCGB

Coverage Level	Your Costs	Tax Class
Employee Only	\$40.85	Before-Tax
Employee + Spouse	\$207.45	Before-Tax
Employee + Child(ren)	\$137.44	Before-Tax
Family	\$222.22	Before-Tax
Employee & Domestic Partner	\$207.45	Before and After Tax
EE+OP Adult+DP Child(ren)	\$222.22	Before and After Tax
EE+OP+Child(ren)	\$244.04	Before and After Tax
EE+OP+DPChildren+Children	\$209.14	Before and After Tax

Waive

Select the Update and Continue button to save your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the Discard Changes button to ignore all entries made on this page and return to the Enrollment Summary.

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

**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 Only coverage.

**Your Estimated Per-Pay-Period Cost**

Your Cost	\$10.22
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**Notes**

Once submitted, this choice will take effect on 09/22/2017. Deductions for this choice will start with the pay period aligning with the effective date of this change.

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.

Enroll	Name	Relationship
<input type="checkbox"/>		

**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    
SSN  (Social Security Number)  
\*Relationship to Employee

#### Status Information

\*Marital Status  As of

Disabled   
Smoker

#### Address and Telephone

Same Address as Employee  
Country   
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

Benefits Enrollment  
Basic Life

Life insurance plays an important role in ensuring that your family is financially secure if you were to pass away. One of the best ways to protect them is making sure you designate your beneficiaries—the people who will receive your life insurance benefit.

**Important!** Your current coverage is: No Coverage. If you do not make a choice, your coverage will be: Life: \$29,000

**Notes**  
This coverage is provided at no cost to you.  
Coverage in this plan is automatic. However you will need to designate your beneficiaries.

**Here Is Your Available Option With Your Per-Pay-Period Cost**

Life (\$29,000)  
You are automatically enrolled in the Life (\$29,000) plan.

**Designate Your Beneficiaries**  
You may keep your current beneficiaries or you may add new beneficiaries. If an individual is missing from the list below, use the Add/Review Beneficiaries button to add them as a beneficiary. You may also, update any beneficiary information by using this button.

**Add/Review Beneficiaries**

You may designate the following individuals as Primary or Contingent beneficiaries by allocating a percent. Contingent beneficiaries receive benefits only if all Primary beneficiaries are deceased.  
All percents for Primary beneficiaries must total 100. All percents for Contingent beneficiaries (if any) must also total 100.

Enter Primary Allocations as Percent  
Enter Secondary Allocations as Percent

Allocation Details					
Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
	Other Relative			<input type="text"/>	<input type="text"/>
		Total		0	0

**Update and Continue** **Discard Changes**

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

Benefits Enrollment  
Supplemental Life

Supplemental Life insurance allows you to purchase coverage in addition to what's provided by the basic life plan.

**Important!** Your current coverage is: Waive. You will continue with this coverage if you do not make a choice.

**Select an Option**  
Here Are Your Available Options With Your Per-Pay-Period Costs:  
Select one of the following plans:

Coverage Level	Your Cost	Tax Class
<input type="radio"/> Supplemental Life 1X (\$29,000)	1.07	After-Tax
<input type="radio"/> Supplemental Life 2X (\$57,000)	2.10	After-Tax
<input type="radio"/> Supplemental Life 3X (\$85,000)	3.18	After-Tax
<input type="radio"/> Supplemental Life 4X (\$114,000)	4.21	After-Tax
<input checked="" type="radio"/> Supplemental Life 5X (\$142,000)	5.24	After-Tax
<input type="radio"/> Waive		

**Designate Your Beneficiaries**  
You may keep your current beneficiaries or you may add new beneficiaries. If an individual is missing from the list below, use the Add/Review Beneficiaries button to add them as a beneficiary. You may also, update any beneficiary information by using this button.

**Add/Review Beneficiaries**

You may designate the following individuals as Primary or Contingent beneficiaries by allocating a percent. Contingent beneficiaries receive benefits only if all Primary beneficiaries are deceased.  
All percents for Primary beneficiaries must total 100. All percents for Contingent beneficiaries (if any) must also total 100.

Enter Primary Allocations as Percent  
Enter Secondary Allocations as Percent

Allocation Details					
Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
	Other Relative			<input type="text"/>	<input type="text"/>
		Total		100	0

**Update and Continue** **Discard Changes**

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

## 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)**.

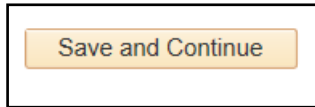
Our life insurance carrier will send you a form to complete to prove good health. In order for your enrollment to be considered, you must complete the form and return it to the carrier.

**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

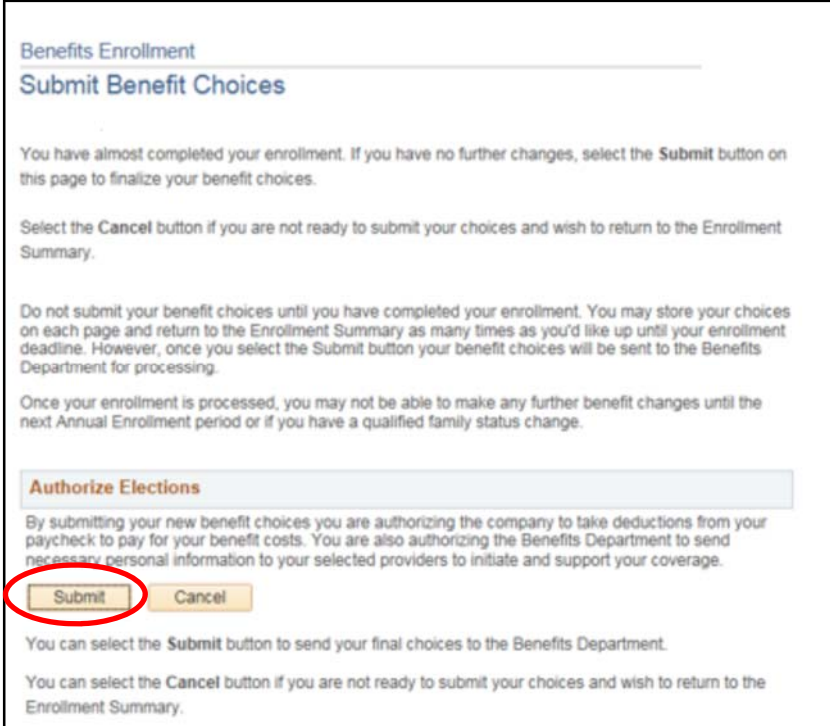
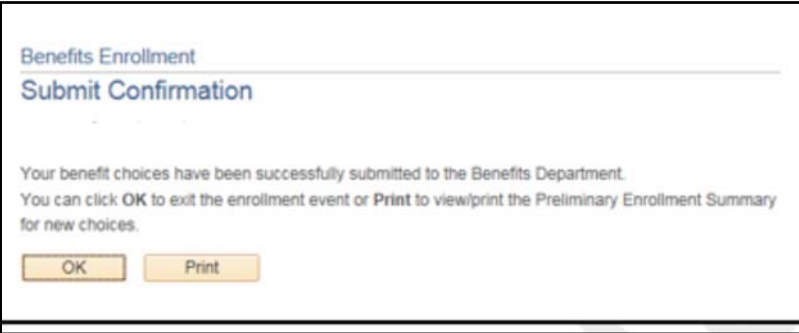
You must click **Save and Continue** on the Enrollment Summary screen to send your final elections to the Benefits Department.



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.**

A screenshot of a web application interface. At the top, it says "Benefits Enrollment" followed by "Submit Benefit Choices". Below this, there are three paragraphs of instructional text. The first paragraph says: "You have almost completed your enrollment. If you have no further changes, select the **Submit** button on this page to finalize your benefit choices." The second paragraph says: "Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary." The third paragraph says: "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." Below the text is a section titled "Authorize Elections" with a light blue background. It contains a paragraph: "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." At the bottom of this section are two buttons: "Submit" and "Cancel". The "Submit" button is circled in red. Below the buttons, there are two more paragraphs of text: "You can select the **Submit** button to send your final choices to the Benefits Department." and "You can select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary."A screenshot of a web application interface. At the top, it says "Benefits Enrollment" followed by "Submit Confirmation". Below this, there are two paragraphs of text. The first paragraph says: "Your benefit choices have been successfully submitted to the Benefits Department." The second paragraph says: "You can click **OK** to exit the enrollment event or **Print** to view/print the Preliminary Enrollment Summary for new choices." At the bottom of the screen are two buttons: "OK" and "Print".

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