

Benefits Enrollment for New Hires Quick User Guide

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Benefits

Login to Dayforce using Google SSO

Step 1: Log into your Google account using your work email; if you need to switch accounts select the profile icon to select the LAT account associated with SSO.

Step 2: Select the apps and scroll down until you see the Dayforce app Step 3 Click Dayforce

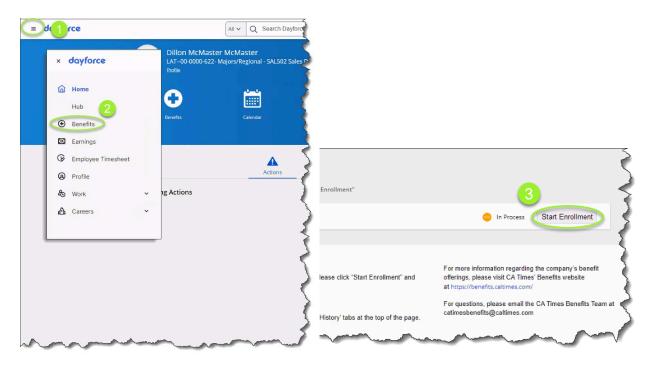
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|-------------------------------|--|---|
| | 2 Imager () | к |
| | Saved Travel Voice | |
| | Password Google A | |
| Google | Ca Ch Co | |
| Q Search Google or type a URL | California Chartbeat Core P2P P2P Da DS Dayforce DSS P2P | |
| - + | DS Li Op | |
| Web Store Add shortcut | | |

To start New Hire Enrollment

To begin your benefits elections, please follow these steps

- 1. Click Navigation
- 2. Select Benefits
- 3. Click Start Enrollment to begin your New Hire Enrollment

To ensure a smooth enrollment process, we recommend completing your enrollment in one sitting. Dayforce does not save partial entries, so if you exit before finishing, you will need to start over.



Navigating the benefits New Hire Enrollment page

- A. This displays which Section of the enrollment process you're currently updating
- B. Click the Continue button to move forward to the next step. Use the scroll bar to locate the Continue button if it's not displaying
- C. Your Selections displays which Selections you've accessed and completed.
 - a.
 Indicates which option is currently displayed
 - b. O Displays when Selections are completed
- D. Use the scroll bar to move up and down the page

| edical Plans | | | | | Your Selections |
|--|--------------------------------------|--------------------|------------------|---------------------|--|
| ur Medical Plan determines your in-network vices, emergency room visits, surgeries and te: Those enrolling in a Kaiser Health Plan v Show More viect a Plan ployee Only | rocedures, hospital stays, and more. | | | visits, urgent care | ⊘ Bectronic Consent * elect to receive all employee benefit materials and notices → Medical Plans Waive Medical Coverage ☆ Kaiser Foundation Health Plan Arbitration Agreement ۞ Dental Plans |
| Collective Health HDHP - CA Time | Collective Health F | PPO - CA Times - | Kaiser Signature | HMO - Southern | O Vision Plans |
| - Employee | Employee | | CA - Employee | | Employee Assistance Plan |
| Your Cost \$35 | 9 Your Cost | \$76.36 | Your Cost | \$57.29 | 💬 Legal Plan |
| Frequency Every I | y Frequency | Every Pay | Frequency | Every Pay | Identity Theft Coverage |
| | | | | | Accident Insurance |
| | | | | | Hospital Indemnity Plan |
| Select | Selec | at | Sole | ict | Critical Illness Plan |
| | | | | | (···) Basic Life |
| | | | | | |
| Kaiser Traditional HMO - Southern | Walve Medical Cov | /erage | | | Basic AD&D |
| CA - Employee | Waive Medical Cov | verage | | | Basic AD&D Short Term Disability |
| | | | | | |
| CA - Employee | 5 Select this option to w | | | | Short Term Disability |
| CA - Employee Your Cost \$95 | 5 Select this option to w | | | | Short Term Disability Otountary Long Term Disability |
| CA - Employee Your Cost \$95 | 5 Select this option to w | vaive the coverage | | | Short Term Disability Voluntary Long Term Disability Supplemental Employee Life |
| CA - Employee Your Cost \$95 | 5 Select this option to w | vaive the coverage | | | Short Term Disability Voluntary Long Term Disability Supplemental Employee Life Supplemental Spouse Life |
| CA - Employee Your Cost \$95 Frequency Every I | 5 Select this option to w | vaive the coverage | | B | Short Term Disability Voluntary Long Term Disability Supplemental Employee Life Supplemental Spouse Life Supplemental Child Life |

Entering Data during Enrollment

During Enrollment, there will be forms or data that need to be updated. Adding a Beneficiary is one example. Use the following steps to enter that information.

- 1. Click the +Add Beneficiary button
- 2. Complete all the fields
- 3. Click the **Continue** button

| eneficiary Information | | | | | |
|--|-------------------------|------------------------------------|-------------------|--|----|
| beneficiary is a person who you designate to receive the benefits f ready specified as a dependent. | rom your insurance/reti | rement plans. Please add any benef | iciary who is not | | |
| Dependents | | | | | |
| No Dep | endents Added | Add Beneficiary | | | |
| Additional Beneficiaries | | First Name* | | Primary Address | |
| | eficiaries Added | Middle Name | | Primary Residence 832 Mulberry Rd. La Habra. CA 90631 USA | |
| + Add Beneficiary | | Last Name* | | Other Address | Ad |
| Finish Later) (Back) | | Gender 🗸 | Relationship* | Phone Number | Ad |
| | | Date of Birth | | | |
| | | month/day/year 🗂 | SSN/SIN | | |

Completing Enrollment

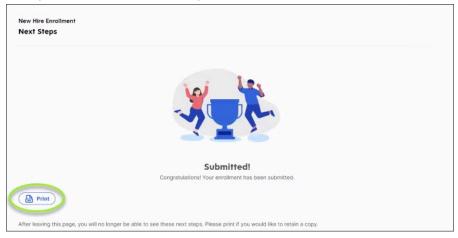
When you are prompted to Accept the Payroll Authorization option, you have completed the final option in the Enrollment Selection.

| 1. 1. ml - | |
|------------------------------------|--|
| elect a Plan nployee Only | |
| O Payroll Authorization - I accept | |
| | |
| | |
| Select | |
| | |

You are prompted to review your enrollment Selections. Click either Finish Later or Submit if you're finished

| w Hire Enrollment view | | |
|--------------------------------|--|------------------|
| ase review the summary of your | elections. You are not enrolled until you click Submit and your enrollment is processed. | |
| Your Selections | | |
| Electronic Consent | *I elect to receive all employee benefit materials and notices | |
| | Bundled Plans | |
| | Electronically Effective from 5/1/2024 | |
| Medical Plans | Waive Medical Coverage Effective from 8/1/2024 | |
| \sim | | |
| V | Your Annual Contribution: \$0.00 | - and the second |
| Dependent Care FSA | Waive Dependent Care Flexible Spending Account Effective from 5/1/2024 | |
| | Your Annual Contribution: \$0.00 | |
| Payroll Authorization | Payroll Authorization - Laccept Effective from 5/1/2024 | |
| | Fuerne non statot. | |
| inish Later Back | | Sut |

Next you're prompted to print your Enrollment Selections



Benefits Approval

Once the enrollment is submitted it will go through the benefits admin team to be reviewed and approved before your benefits become Active. Once approved you will receive a notification in the Message Center. You can click the Print Form button to print out the final approval with costs of benefits.

| | 3 | All ~ Q | Search Dayforce | |
|---|--|--|---|---|
| ose | 🔹 😳 Refresh 🕑 Select 💌 | 🕫 🔎 Search 📋 Delete 🛛 📾 Mark as | × | |
| xc | 6 Inbox | | | _ ` |
| Messages | 🗌 🚺 Stefania Bradley | | TRANSACTION APPROVED: The New Hire Enrollment transaction for Dillon McMaster was approved. | |
| Reports | 🗌 🌖 Elsa Espino | | TRANSACTION APPROVED: The DE4.California - 2024 transaction for Dillon McMaster McMaster 70016 | i0 was approved. |
| Notifications Actions | Elsa Espino | | TRANSACTION APPROVED: The Federal W4 - 2024 transaction for Dillon McMaster McMaster 700160 w | vas approved. |
| fts | 🗌 🌖 Jade Perez | | TAFW Request Has Been Rejected | |
| t | Dillon McMaster I | McMastar | TRANSACTION SAVED: The Emergency Contacts transaction for Dillon McMaster McMaster 700160 wa | er rayad |
| sh Anna anna anna anna anna anna anna anna | | | | |
| ·e 🔻 | 🗲 Back 💼 Delete 📼 Mark as Unn | read | | ⊖ Print 1 of 5 > |
| 0 | TRANSACTION APPROV | /ED: The New Hire Enrollment transaction | ı for Dillon McMaster was approved. | |
| essages ports | From: E Stefania Bradley | | | 6/17/2024, 10:40 |
| tions | To: Dillon McMaster McMaster | | | |
| | | | New Hire Enrollment Employee Name : Dilon McMaster | |
| | | | Pay Frequency: Bi-Weekly Recent Hire Date: 4/29/2024 | |
| | | Thank you for submitting your benefits enr | rollment. This page serves as a confirmation that your benefit selections listed below have been submitted for approval. Please be sure | |
| | | to review your submitted selections below a Please note: Your enrollment in benefits is | s pending final administrative approval by the company. Now that your selections below have been submitted, a member of the CA | |
| | | contact you if your further action is require | | |
| | | Should you have any questions regarding b | benefits or your enrollment, please email the CA Times Benefits Team at catimesbenefits@caltimes.com | |
| | | Your Selections | | |
| | | Electronic Consent | *1 elect to receive all employee benefit materials and notices -tip:1 Plan | |
| | | ~ | | |
| eports | | | Effective from 51/2024 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| otifications 👩 | | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| | | Payroll Authorization | Effective from 5/1/2024 | |
| otifications () ctions s | Comment | | Elective from 61/2024 Your Annual Contribution: \$0.00 Payroll Authorization - I accept | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| otifications () ctions s | | | Elective from 61/2024 Your Annual Contribution: \$0.00 Payroll Authorization - I accept | ~~~~ |
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| otifications () ctions s | Comment Mild comment to the employee's file | | Elective from 61/2024 Your Annual Contribution: \$0.00 Payroll Authorization - I accept | ~~~~~ |
| otifications () ctions s | Comment | | Elective from 61/2024 Your Annual Contribution: \$0.00 Payroll Authorization - I accept | ~~~~ |
| otifications () ctions s | Comment Mild comment to the employee's file | | Elective from 61/2024 Your Annual Contribution: \$0.00 Payroll Authorization - I accept | ~~~~ |

NOTE: If you enrolled dependents, you must submit dependent verification within the 30-day enrollment window. This submission must be approved before your benefits can be effective.

California Times

Dependent Verification

This section can be located under **Benefits**, **Dependent Verification**, **In Progress**. If a dependent is added, you will need to provide documents for your dependents. If this step is not completed, your dependents will not be added to your coverage. Dependent verification must be uploaded within 30 days from the event date to complete your enrollment.

Click on **Upload Documents** and add supporting documentation. Required documentation for dependents is located in the benefits portal: <u>https://benefits.caltimes.com/enrollment-resources/</u>

| Overview | Current Elections | History | Dependent Verification | Forms | | | | | |
|----------|-------------------|---------|------------------------|---|---------|----------|------------------|----------|---|
| | | | Save 😯 Refresh | | | | | | |
| | | | In Progress | | | | | | |
| | | | | or more of your dependents withir orting documentation for those dep | | e. | | | |
| | | | Name | Relationship | Status | Due Date | Documentation | Comments | |
| | | | Elvis Presley | Spouse | Pending | 2/5/2025 | Upload Documents | | * |
| | | | | | | | | | |
| | | | | | | | | | - |

Click on Add Documents

| Upload Supporting Documentation | × |
|---|---|
| To upload supporting documentation, click the "Add Documents" button below. After uploading all required documents, you may enter any comments if desired. When finished, click OK. | |
| No Documents Uploaded | |
| Comments |] |
| Add Documents Cancel OK | |

Click on Browse for file(s). Locate the document on your computer to upload.

| Upload Files | | | × |
|------------------------|------------------------|-----------------------------------|------------|
| | ₽ | | |
| I | Drag and D | rop File | |
| We allow only: .jpg, . | .png, .doc, .docx, .po | df, .html, .csv, .xls, .bmp, .gif | , jpeg |
| | Or | | |
| | Browse for | file(s) | |
| File Name | <u>File Size</u> | Document Type | Action |
| | | | î |
| | | | - 1 |
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| | | | |
| | | Upload | Clear List |

Click **OK**. You will then be prompted to click on **Save**.

IMPORTANT: If you do not click save, your document will not be sent to the Benefits team.

| pload Supporting Documentation | × |
|---|--------|
| To upload supporting documentation, click the "Add Do uploading all required documents, you may enter any c click OK. | |
| 1649972742202.jpg 🗙 | |
| Comments | |
| | |
| Add Documents | Cancel |

Once documents have been uploaded and approved, you will see them in this completed section.

| ompleted | | | |
|----------------------------|----------------------------------|------------------------------|--|
| he following dependents ha | we completed the dependent verif | ication process. | |
| Name | Relationship | Status | |
| Elvis Presley | Child | Approved | |
| Elvis Presley | Child | Approved | |
| | | | |
| | | | |
| | | | |
| | | | |

Contact for help

Note: If you need assistance, contact catimesbenefits@latimes.com

END