Commonwealth Holdings, Inc.

100% Employee-Owned

EASE Enrollment Instructions

Purpose and Scope: Ease is an online platform for enrolling, renewing, and managing benefits. This system is used by employees during new hire initial enrollment and annual enrollment processes to elect or confirm benefits. This document provides the procedure Commonwealth Holdings follows to enroll new employees with benefits in EASE.

Audience: Employees

Supporting Documents and Procedures:

1. An email is sent to the employee from EASE with a link to Enroll. Follow the link in the email to login. A prompt will display to create a password.
   a. **Username:** Enter your company email.
   b. **Password:** Set with login.
   c. Save the link, so that it can be used to complete any changes or view enrollments in the future.
2. Prior to starting enrollment have the following information prepared:
   a. **Spouse and Dependent(s):** Name, address, date of birth, and social security number
   b. **Beneficiary(s)** decided with his or her date of birth.
3. Once logged in, click on **Start Enrollment**. **Note:** Enrollments can be completed on mobile devices. The **Benefits Enrollment** site displays. Progress is saved as you go. **Exit** and **finish later** if needed.
4. Once ready, click on **Start**. The following pages display. Follow along to each page and complete the information as follows:
   a. **Overview:** This page provides information on open enrollment.
   b. **Profile:** Confirm all information is correct and add any missing required information that has an asterisk.
   c. **Dependents:** Add all dependents that are being enrolled in coverage. There is an employer paid life benefit, so make sure that all eligible dependents are added so that they are covered.
   d. **Medicare:** If you or any of your dependents have Medicare Coverage, add the information here. Otherwise, click **Continue**.
   e. **Benefits:** Work your way through each benefit **either electing or waiving** coverage. There is a running total of per pay period deductions for each line of coverage selected. **Important:** A decision must be made on all elections before the enrollment can be signed and completed.
   f. **Medical:** To enroll select the√, to waive select the X. A prompt displays to select a waive reason from the drop-down menu.
      i. If electing coverage, select which plan to enroll in. A benefit summary is available by clicking Summary of Benefits under the **Documents** section next to the plan choice.

      ii. When finished click **Continue**.

g. **Dental:** To enroll select the√, to waive select the X. A prompt displays to select a waive reason from the drop-down menu. A benefit summary is available by clicking Summary of Benefits under the **Documents** section next to the plan choice.

      i. When finished click **Continue**.

h. **Vision:** To enroll select the√, to waive select the X. A prompt displays to select a waive reason from the drop-down menu. A benefit summary is available by clicking Summary of Benefits under the **Documents** section next to the plan choice.

      i. When finished click **Continue**.

i. **Health Savings Account:** To enroll select the√, to waive select the X. A prompt displays to select a waive reason from the drop-down menu.

      i. Employees are eligible for this benefit if enrolling in Option II of the health plan.

      ii. If electing this benefit add the annual contribution. The maximum annual contribution for 2024 is $4,150 for single coverage and $8,300 for family coverage.

      iii. When finished click **Continue**.

j. **Short Term Disability:** This benefit is employer paid and cannot be waived. A benefit summary is available by clicking Summary of Benefits under the **Documents** section next to the plan choice.

      i. When finished click **Continue**.

k. **Long Term Disability:** This benefit is employer paid and cannot be waived. A benefit summary is available by clicking Summary of Benefits under the **Documents** section next to the plan choice.

      i. When finished click **Continue**.

l. **Group Life AD&D:** This benefit is employer paid and cannot be waived. A benefit summary is available by clicking Summary of Benefits under the **Documents** section next to the plan choice.

      i. When finished click **Continue**.

m. **FSA Health Care Plan:** To enroll select the√, to waive select the X.

      i. Employees are eligible for this benefit if enrolled in Option I of the health plan.

      ii. If electing this benefit add the annual contribution. It will then show you the per pay period contribution below.

        1. The maximum annual contribution for 2024: $3,200.

        2. The maximum carry over amount cannot exceed $640. Individuals forfeit remaining funds in excess of the $640 at the end of the plan year.

      iii. When finished click **Continue**.

n. **FSA Dependent Care Plan:** To enroll select the√, to waive select the X.
   i. If electing this benefit, input your annual contribution. It will then show you the per pay period contribution below.
      1. The maximum annual contribution for individuals or married couples filing jointly is $5,000 and for married, filing separately is $2,500.
   ii. When finished click **Continue**.
o. **Voluntary Life/AD&D:** To enroll select the√, to waive select the X.
   i. Enter the amount of coverage requested. Rates will automatically be calculated and appear as a cost per pay period.
   ii. Initial enrollment only, Employees and eligible dependents will be allowed to elect up to the Guaranteed Coverage Amount (Employees $150,000; Spouse $30,000; and Child(ren) $10,000) without evidence of insurability (EOI). Dependents cannot exceed 50% of the employee's benefit.
   iii. During annual enrollment, employees and eligible dependents will be allowed to elect up to 2 increments without evidence of insurability (EOI). Dependents cannot exceed 50% of the employee's benefit.
   iv. Employees are eligible for up to $500,000 in coverage in $10,000 increments. Spouse coverage is available up to $200,000 in increments of $5,000. Child(ren) can be covered up to $10,000 in increments of $2,500. Dependents cannot exceed 50% of the employee's benefit.
p. **Beneficiaries:** You will then be asked to assign a beneficiary to each benefit that requires a beneficiary. If you want to add a beneficiary that is not a dependent, you can add them.
   i. Beneficiary totals must equal 100% for both Primary (required) and Secondary (optional) beneficiary designations.
   ii. Once elections are made click **Continue**.
q. **Health:** If any coverages are elected that require health questions, a prompt displays to complete a series of health questions. That information is sent to the carrier for review.
   i. If additional health information is not needed, click **Continue**.
r. **Summary:** This page provides a Benefit Summary of the elections made. If a change needs made to the enrollment, click **Edit** next to the benefit. There is also an option to print your summary.
s. **Sign Form:** Create your signature and then click **Next**. You will then be prompted to sign your name on each enrollment form.
5. When completed, you will then be asked to rate your EASE enrollment experience.