



## BENEFIT ENROLLMENT GUIDE

*24/7 Service Line at (855) 678-5027 or [UltiPro@HeicoCG.com](mailto:UltiPro@HeicoCG.com)*

# **Employee Self Service Guide**

## **Table of Contents**

Login to UltiPro.....3

### **Company Info Page**

➤ Overview.....5

### **Personal Tab**

➤ Address and Telephone Change.....6

➤ Emergency Contact Information.....8

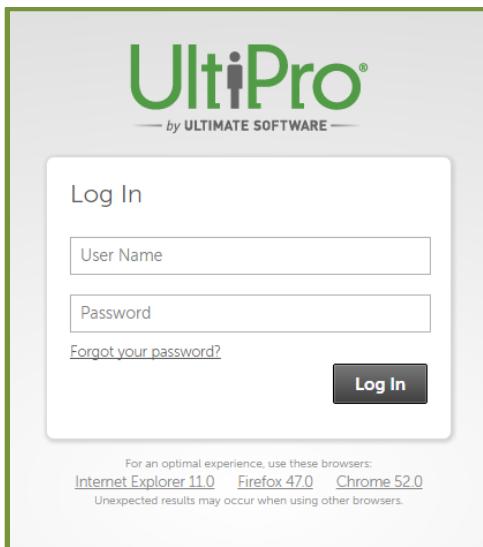
➤ Withholding & Direct Deposit Change.....10

➤ Benefits.....14

# Employee Self Service Guide

## LOG INTO ULTIPRO – For the First Time

1. Go to UltiPro: Link is located under Employee Login on your Company websites Home Page.
2. Login using your default User Name and Password. Your default user name is your **First Name** followed by your **Day of Birth**, typed as MMDDYYYY. (Ex: Mary was born on September 21, 1980. Her default User Name would be Mary09211980)
3. The default password is **First Name** followed by **Home ZIP** code. (Ex: Mary's ZIP code is 60555. Her default Password would be Mary60555). If you encounter problems, try using the zip code you lived in when you first were hired.



4. Click the "**Log In**" button to continue.
5. The first time you log into UltiPro, you will be asked to Change your Password to something more secure. You can choose any password you like, as long as it follows the listed UltiPro password requirements.



# Employee Self Service Guide

- After setting up your password you will be asked to set up three “**Challenge Questions**” which you will need to answer if you ever forget your password. Remember that your answers are case sensitive. Click “**Continue**” when you are done to be taken to your new Home Page (Smart Dashboard).



Changing your language preference:

If you wish to change your language preference to Spanish,

- Place your mouse over your name in the upper right hand corner and select Preferences
- Select edit in the upper right hand corner
- Select the Language drop down box and select Spanish (USA)
- NOTE: At this time, only Spanish or English is available in UltiPro
- Select save

# Employee Self Service Guide

## OVERVIEW – Company Info Page

Upon logging in to UltiPro, you will gain access to Pertinent Company documents.

- ✓ Employee Handbooks
- ✓ Benefit Information
- ✓ Safety and HR Employee Videos
- ✓ Personal Tax & Direct Deposit Information

The screenshot shows the 'Company Info' tab selected in the top navigation bar. The page is titled 'Heico CG Employee Resource Center'. It features several sections: 'Things You Can Do' (Benefit Changes, Address & Payroll Changes), 'Benefits At A Glance' (Benefit Contact List, Benefit Plans Overview - Field Staff, Benefit Plans Overview Office/Admin Staff, Benefit Plans Overview Field Staff - Spanish, Benefit Marketplace Exchange Notice), 'Medical, Dental and Vision Plans' (Medical, Dental & Vision, Life Insurance, Health Savings Account (HSA), Employee Assistance Program (EAP)), 'Retirement - 401k' (401k FAQ, 401k Enrollment Booklet), 'Compass Resources' (UltiPro Employee Self Service Guide, Compass, Self Assessment Guide, Compass Ratings & Illustrative Examples), 'Videos' (Harassment Free Workplace Video), 'Review Handbooks & Policies' (Handbooks, Onboard Documents, State Supplements), 'Safety Documents' (Handbooks, Videos), and 'Compliance' (Compliance Manuals).

## MYSELF Tab - Changing Your Address and/or Telephone

1. To access the **MYSELF** tab, click on Menu and then click Name, Address, and Telephone Contacts.”

This screenshot shows the MYSELF tab in the application. The left sidebar contains a navigation menu with sections like Home, Inbox, Personal (Employee Summary, Name, Address, and Telephone), My Company, Jobs, Career & Education, and Administration (Pay, Time Management). The main content area displays contact information: Primary Home Phone (Private), Primary Work Phone, Work extension, Primary e-mail, and Alternate e-mail. On the right, there's a 'Things I Can Do' panel with links for 'Change Name, Address, or Telephone' and 'Add Alternate Phone Number'. A green bar at the bottom indicates 'Employee Summary'.

2. On the **PERSONAL** tab, select Change Name, Address or Telephone from the Things I Can Do menu on the right of your screen.

This screenshot shows the PERSONAL tab. The left sidebar has 'Employee Summary' selected. The main content area shows contact details for a specific record. On the right, the 'Things I Can Do' menu is open, with the 'Change Name, Address, or Telephone' link highlighted by a red circle. A red arrow points from the text in step 3 to this link.

3. Effective date defaults to the date information is being updated, modify if necessary.

This screenshot shows the 'Change Name, Address, or Telephone' form. It includes fields for 'Effective' date (set to 01/03/2017), 'Preferred first', and 'Approval'. The 'Effective' date field is circled in red. The 'Things I Can Do' menu on the right shows the same link as the previous screenshot.

# Employee Self Service Guide

## Changing Your Address and/or Telephone -Continued

4. Update the Address and/or Telephone sections as applicable. Name changes MUST be processed through HR with legal documentation provided.

**Address**

Country	• United States <input type="button" value="▼"/>
Address	• 10100 N Ambassador Dr
Address Line 2	
City	• Kansas City
State/Province	• Missouri <input type="button" value="▼"/>
Zip/Postal code	• 64153

**Telephone**

Primary Home Phone	Select Country <input type="button" value="▼"/>
	Private Yes <input type="button" value="▼"/>

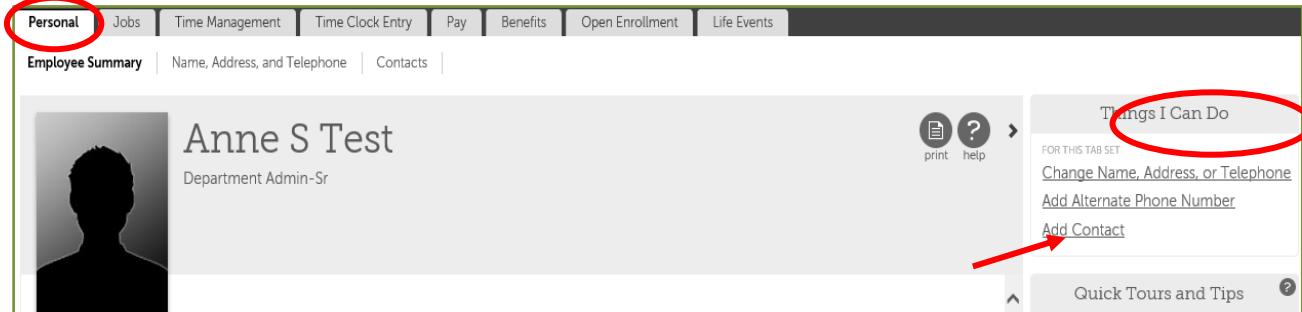
5. Click Save.



# Employee Self Service Guide

## PERSONAL Tab -Adding Emergency Contact Information

1. On the **c** tab, select 'Add Contact' from the Things I Can Do menu on the right of your screen.



2. Enter the first and last name of the Emergency Contact.

The screenshot shows the 'Add/Change Contact' form. The 'Personal' section is displayed, with the 'First' and 'Last' fields filled in. The 'First' field contains 'Martha' and the 'Last' field contains 'Interface'. The top right of the form has standard save, reset, cancel, print, and help buttons.

3. Scroll down to the 'Designation' section and select the appropriate *Relationship* from the picklist provided.

The screenshot shows the 'Designation' section of the form. The 'Relationship' picklist is open, showing various options like 'None', 'Brother', 'Child living at home', etc. A red circle highlights the 'Relationship' picklist, and a red arrow points from the text 'Select the appropriate Relationship from the picklist provided.' in step 3 to this picklist. To the right, there is a 'Designation' section with three checkboxes: 'Dependent', 'Beneficiary', and 'Emergency contact'. The 'Dependent' checkbox is checked.

# Employee Self Service Guide

## Adding Emergency Contact Information - Continued

4. Select *Emergency contact* as the contact *Designation*.

Add/Change Contact

Designation

Select at least one designation for this contact. **Note:** Identifying this record as a **Dependent** or **Beneficiary** only makes them eligible for consideration, it does not automatically add them to any benefit plans.

Relationship • Spouse

Designation

Dependent  
 Beneficiary  
 Emergency contact



5. Click *Save*.

Add/Change Contact

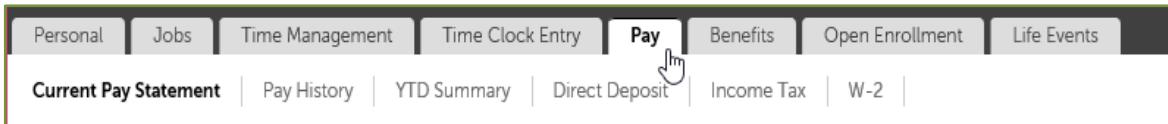
delete | save | reset | cancel | print | help



# Employee Self Service Guide

## PAY Tab – Changing Your Withholdings & Direct Deposit

Click on the **PAY** tab to access your tax and information.



1. To modify your withholdings, select ‘**Add/Change W-4 Withholding**’ from the Things I Can Do menu on the right of your screen.

A screenshot of the "Current Pay Statement" page. The top navigation bar and links are identical to the previous screenshot. On the right side, there is a "Things I Can Do" menu with several options: Add Direct Deposit, Change Pay Statement Preference, Add/Change Withholding Form (W-4) (with a red arrow pointing to it), and Change W-2 Consent Form. The "Add/Change Withholding Form (W-4)" option is highlighted with a red oval. A red arrow points from the "Add/Change Withholding Form (W-4)" link in the "Things I Can Do" menu to the same link on the page.

2. To update the **FEDERAL** withholding information, select “**Employees Withholding Allowance Certificate (W-4)**”.

A screenshot of the "Add Withholding Form (W-4)" page. The top navigation bar and links are identical. On the right, there are "back", "print", and "help" buttons. Below them is an "Get Adobe Reader" button. The main content area shows a table with "Description" and "Form" columns. Under "Description", there are two rows: "Federal" and "Missouri". Under "Form", there are three items for "Federal": "Employee's Withholding Allowance Certificate (W-4)", "Certificado de Exencion de la Retencion del(la) Empleado(a) (W-4(SP))", and "Employee's Withholding Allowance Certificate for Nonresident Alien Only (W-4 (NRA))". Under "Missouri", there is one item: "Missouri (MO W-4)". A red oval highlights the "Missouri (MO W-4)" link, and a red arrow points to it from the bottom left.

3. Please review instructions and then select “**Begin**”.

A screenshot of the "Federal Form W-4 Employee's Withholding Allowance Certificate" page. The title is at the top. Below it is the text "Click this button to begin:" followed by a green rectangular button with the word "Begin" in white. A red oval highlights the "Begin" button.

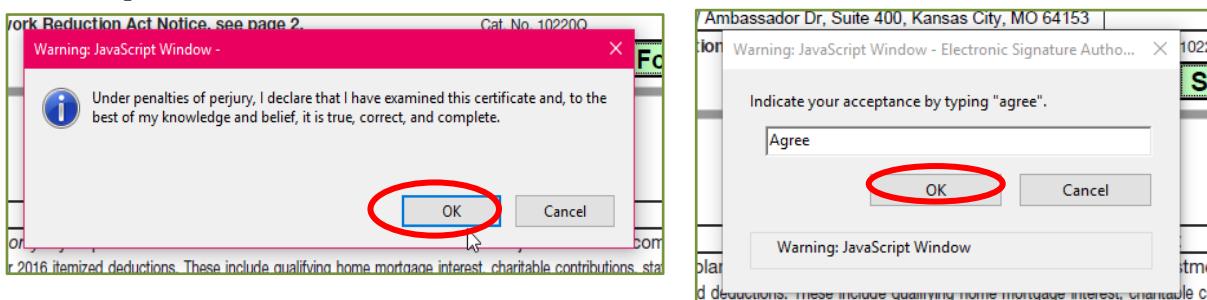
# Employee Self Service Guide

## Changing Your Withholdings & Direct Deposit – Continued

4. Complete W-4 and click “**Submit Form**” when finished.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	
6 Additional amount, if any, you want withheld from each paycheck	6	\$
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write “Exempt” here	7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ►	Date ►	10/31/2016
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) Heico Construction Group, LLC, 10100 NW Ambassador Dr, Suite 400, Kansas City, MO 64153	9 Office code (optional)	10 Employer identification number (EIN) 274293326
For Privacy Act and Paperwork Reduction Act Notice, see page 2.		Cat. No. 10220Q      Form W-4 (2016)
<b>Submit Form</b> <b>Print Form</b>		

5. The following confirmation box will pop up, after reviewing please click “**ok**” and then type “**Agree**” on the subsequent box and click “**ok**”.



1. To modify your **STATE** taxes, select ‘**Applicable State Form**’.

Description	Form
Federal	<a href="#">Employee's Withholding Allowance Certificate (W-4)</a> <a href="#">Certificado de Exencion de la Retencion del(la) Empleado(a) (W-4(SP))</a> <a href="#">Employee's Withholding Allowance Certificate for Nonresident Alien Only (W-4 (NRA))</a>
Missouri	<a href="#">Missouri (MO W-4)</a>

# Employee Self Service Guide

## Changing Your Withholdings & Direct Deposit – Continued

2. Please review instructions and then select “**Begin**”.

Missouri Form MO W-4  
Employee's Withholding Allowance Certificate

Click this button to begin: **Begin**

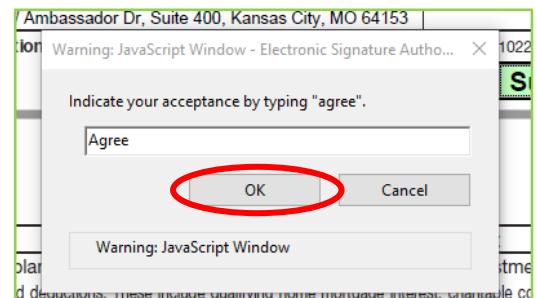
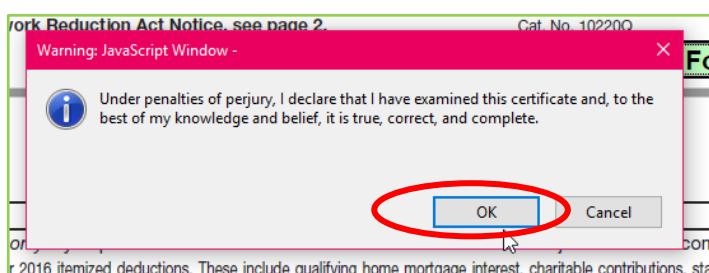
3. Complete State form and select “**Submit Form**” when finished.

Form MO W-4 Missouri Department of Revenue Employee's Withholding Allowance Certificate **Submit Form** **Print Form**

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Full Name Anne Test	Social Security Number XXX-XX-3331	Filing Status Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household <input type="checkbox"/>
Home Address (Number and Street or Rural Route) 10100 N Ambassador Dr	City or Town Kansas City	State MO Zip Code 64153
1. Allowance For Yourself: Enter 1 for yourself if your filing status is single, married, or head of household..... 2. Allowance For Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter 0. If no, enter 1 for your spouse .... 3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form MO W-4.....		

4. The following confirmation box will pop up, after reviewing please click “**ok**” and then type “**Agree**” on the subsequent box and click “**ok**”.



1. To modify your **DIRECT DEPOSIT**, select ‘**Add Direct Deposit**’ from the **Things I Can Do** menu on the right of your screen.

Personal Jobs Time Management Time Clock Entry Pay Benefits Open Enrollment Life Events

Current Pay Statement | Pay History | YTD Summary | Direct Deposit | Income Tax | W-2 |

Current Pay Statement

There is no current pay available

This is a statement of earnings and deductions. This pay statement is non-negotiable.

download print help

Things I Can Do

Add Direct Deposit

Change Pay Statement Preference

Add/Change Withholding Form (W-4)

Change W-2 Consent Form

# Employee Self Service Guide

## Changing Your Withholdings & Direct Deposit – Continued

2. You cannot “edit” a current direct deposit. You must add new banking information and delete the previous direct deposit data. Fill out the details prompted after selecting the “Add Direct Deposit” link.

Direct Deposit Detail

Description	Status	Active
e.g., "My College Fund"	Amount	
Bank name	Flat Amount	
Routing number	Percent amount	
Account number	Available balance	
Account type		

Buttons: delete, save, reset, cancel, print, help

3. To delete the previous information, check the box listed under delete and click “**delete**” above.

Direct Deposit Summary

Pay Statement Preference	Paper and electronic copies					
Account Number	Description	Bank	Account Type	Amount	Status	Delete
xxxxxxxxxxxxxxxxxx5689			Savings	\$200.00	Prenote	<input type="checkbox"/>
xxxxxxxxxxxxxxxxxx3456			Checking	Available balance	Prenote	<input checked="" type="checkbox"/>

Buttons: add, delete, print, help

4. Then click “**ok**” to confirm changes and “**submit**” to finish.

Add/Change Withholding F

Message from webpage

Would you like to remove the selected record(s)?

OK Cancel

Summary

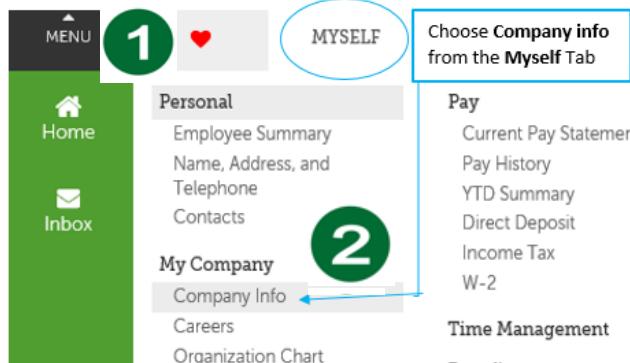
You must select Submit to complete this request.

Comments

Buttons: submit, cancel, print, help

# Benefits Enrollment Walkthrough: New Employee New Hire Enrollment

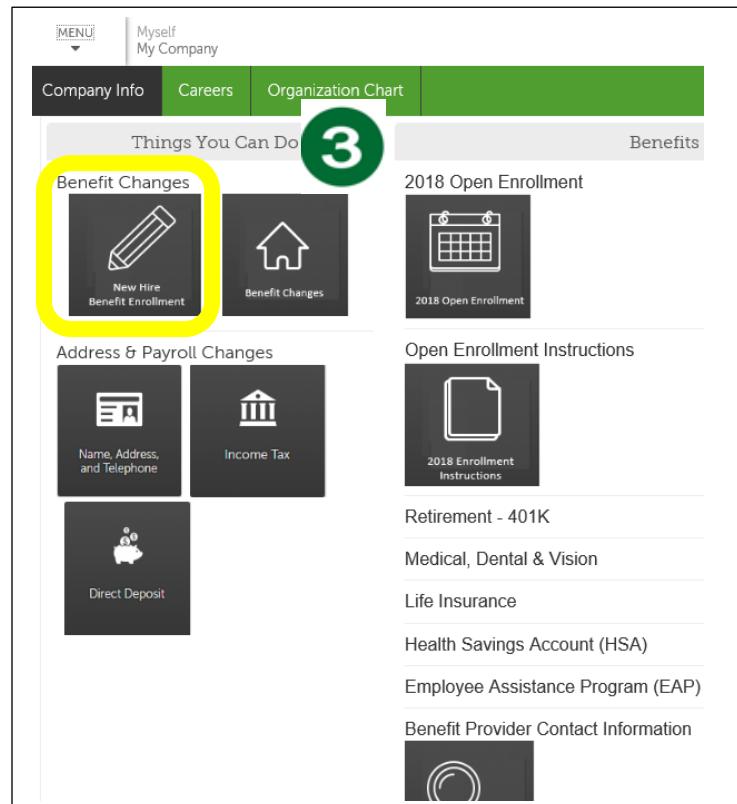
To View Benefit Guides & Summaries



**#1** – Menu choose MYSELF

**#2** – Choose Company info under the My Company section

**#3** – The Company Info Page has New Hire and Benefit Changes Enrollment Guides and instructions.

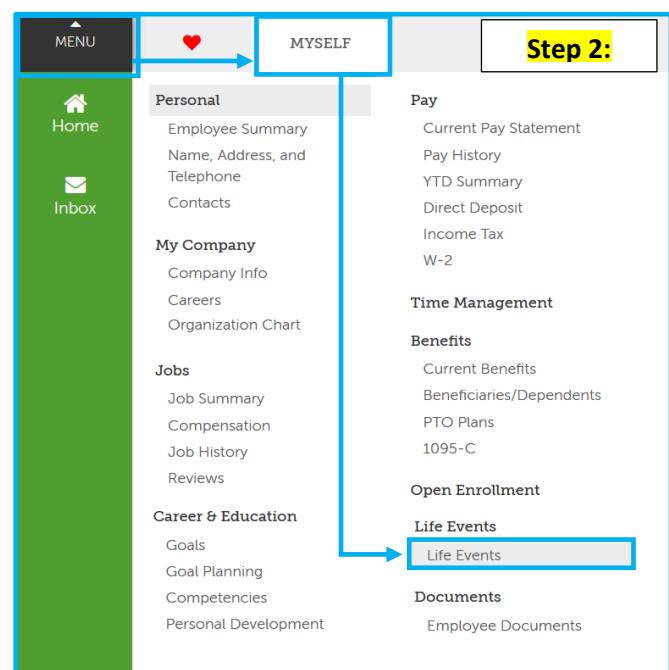


**Step 2:** Click on the **Menu**. Select **Life Events** under the **Myself** tab

**Step 3:** Select I am a new employee

Life Events		Step 3:
Description	Message	
I am a new employee	This life event is for all new hires, rehires and company details on your benefits, please contact your local hum	

**Step 4:** Select New Hire as reason for life event on the following page. Then click **Next**



## About This Life Event

Life Event Effective Date 07/17/2017

What was the reason? • [New Hire ▾](#)

### Step 5: Review and complete the Verify Beneficiary and Dependents Information tab

1. Click on the name of your beneficiaries/dependents to verify their information
2. To add contacts, click the green **add** button.  Complete necessary information
3. If corrections are needed, click the **edit** button
4. Click **Next\*\***

\*\*Note: Beneficiaries and dependents need to be designated using the check box provided in order to be enrolled. Full legal names, social security numbers, gender, relationship, and dates of birth for dependents that will be covered under our benefit plans is REQUIRED. If you do not enter a SSN or date of birth, you will not be able to add the dependent to coverage or list them as a beneficiary under voluntary life plans. Supporting documents must be sent to Human Resources to verify beneficiaries. Refer to Dependent Enrollment Eligibility for a list of acceptable documents to verify eligibility.

### Step 6: Complete the Medical tab

1. Review the options and select your level of coverage. Click **Read more** for detailed information

## Medical

However, in-network preventative care visits are always provided at no cost to you!

Preventative Health Benefits to Take Advantage Of:

- Health Education/Counseling

[Read more](#)

I decline Medical plans.

2. If you choose an option greater than *Employee Only*, be sure to indicate which dependent(s) is covered under that benefit plan

3. Click **Next**

 **Enroll Dependents**

You must enroll between 1 and 1 dependents in the plan.

<input checked="" type="checkbox"/> Carlos Santos	• 999-99-9999
SSN	
Date of birth	• 01/01/2015 
Gender	• Male ▾

## Step 7: Complete the Medical Spousal Surcharge tab

1. If Spousal Surcharge applies:
  - a. Select **Medical Spousal Surcharge**
  - b. Select **Medical Spousal Surcharge** again, under Options
2. Select **I decline** the Medical Spousal Surcharge plan ONLY if at least one of the following is true:
  - a. You are declining medical coverage
  - b. Your spouse is not enrolling in the medical plan
  - c. Your spouse is enrolled in Heico's medical plan but not eligible for medical insurance through their employer

I decline the Medical Spousal Surcharge plan.

---

Medical Spousal Surcharge  
\$25.00 Semimonthly\*  
[Options](#)

---

Medical Spousal Surcharge \$25.00

---

Coverage start date\*: 09/01/2017

*\*Estimated values*

I decline the Medical Spousal Surcharge plan.

3. Click **Next**

## Step 8: Complete the Medical Tobacco Surcharge tab

1. If Tobacco Surcharge applies:
  - a. Select **Medical Tobacco Surcharge**
  - b. Select **Medical Tobacco Surcharge** again, under Options
2. Select **I decline** the Medical Tobacco Surcharge plan ONLY if at least one of the following is true:
  - a. You are declining medical coverage
  - b. You don't use tobacco products regularly
  - c. You use tobacco products regularly but agree to join a tobacco cessation program within 60 days

3. Click **Next**

I decline the Medical Tobacco Surcharge plan.

---

Medical Tobacco Surcharge  
\$15.00 Semimonthly\*  
[Options](#)

---

Medical Tobacco Surcharge \$15.00

---

Coverage start date\*: 09/01/2017

*\*Estimated values*

## Step 9: Complete the Health Savings Account tab

1. Select one of the Health Savings Account Plans if applicable
2. Select your desired contribution method and enter the desired amount
3. Click Next\*\*

\*\*Note: Your HSA account must be opened within 31 days of the effective date of coverage in order for the employer and employee contributions to be deposited into your account.

I decline Health Savings Account plans. Step 9:

HSA Employee  
Enter amount for:  
 Contribution per pay check  
 Annual contribution

HSA Family  
\$76.93 Semi-monthly\*  
Enter amount for:  
 Contribution per pay check \$76.93  
 Annual contribution \$1,000.00  
Enter a value that is less than or equal to \$5,750.00

Coverage start date\*: 09/01/2017  
Remaining pay checks\*: 13 ?  
Payroll Contributions\*: \$0.00  
(year-to-date)

\*Estimated values

## Step 10: Complete the HSA Catch-Up tab\*\*

\*\*Note: If you are enrolled in the medical plan and will be at least 55 years of age in 2017, you can contribute an additional \$1,000 annually towards your HSA. You are NOT eligible to contribute to the HSA plan if you are receiving social security benefits or are enrolled in Medicare.

1. If waiving to participate in the HSA Catch-up,
  - a. Select I decline HSA Catch-up plans
2. If you would like to contribute to your HSA Catch-up,
  - a. Select HSA Catch-up 55+
  - b. Select Contribution per pay check or Annual Contribution
  - c. Enter desired amount
3. Click Next

## Step 11: Complete the Dental tab

1. Review the options and select your level of coverage
2. If you choose an option greater than Employee Only, be sure to indicate which dependent(s) is covered under that benefit plan
3. Click Next

If you choose Employee+1 or Family Coverage:

 **Enroll Dependents**

You must enroll between 1 and 1 dependents in the plan.

<input checked="" type="checkbox"/> Carlos Santos	SSN: 999-99-9999
Date of birth: 01/01/2015	<input type="button" value="Edit"/>
Gender: Male	<input type="button" value="Edit"/>

## Step 12: Complete the Vision tab

1. Review the options and select your level of coverage
2. If you choose an option greater than Employee Only, be sure to indicate which dependent(s) is covered under that benefit plan
3. Click Next

## Step 13: Complete the Dependent Care FSA tab

1. If you choose to participate in the Dependent Care FSA, select **Dependent Care FSA**
2. Select the contribution method and enter the desired amount
3. If you do not wish to participate, you may decline the plan
4. Click **Next**

<input checked="" type="radio"/> Dependent Care FSA	\$38.47 Semi-monthly*
Enter amount for:	
<input type="radio"/> Contribution per pay check	\$38.47
<input checked="" type="radio"/> Annual contribution	\$500.00
Enter a value that is less than or equal to \$5,000.00	
<b>Coverage start date*</b> : 09/01/2017	
<b>Remaining pay checks*</b> : 13 <small>?</small>	
<b>Payroll Contributions*</b> : \$0.00 <small>(year-to-date)</small>	
<small>*Estimated values</small>	

## Step 14: Complete the Voluntary Employee Life tab

1. If you wish to participate, employee coverage can be purchased in increments of one-half, one, two, or three times of your annual salary to a maximum of \$500,000. Amounts greater than \$300,000 are subject to Evidence of Insurability. Reach out to your HR Administrator for applicable forms
2. Determine your desired increment and multiply this factor by your annual salary
3. An example, using the one-half increment and an annual salary of \$40,000, is listed below.
  - a.  $\$40,000 \times \frac{1}{2} = \$20,000$
4. Enter this number into the space provided next to *Benefit amount*
5. Determine how this benefit should be allocated between your enrolled beneficiaries
6. Select your primary beneficiary/beneficiaries
7. You may also select secondary beneficiaries
8. You may also choose to decline this option
9. Click **Next**

<input type="checkbox"/> I decline the Voluntary Life Employee plan.															
<input checked="" type="radio"/> Voluntary Life Employee															
\$1.60 Semimonthly*															
<b>Benefit Amount</b>															
Benefit amount <input type="text" value="\$20,000.00"/> Per year															
The maximum benefit amount value is \$500,000.00															
<b>Coverage start date*</b> : 09/01/2017															
<small>*Estimated values</small>															
<b>Enroll Beneficiaries</b>															
<table border="1"> <thead> <tr> <th>Name</th> <th>Primary</th> <th>Secondary</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Baby Employment Test</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/> 50.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Child Employee Test</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/> 50.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Spouse Employee Test</td> <td><input checked="" type="radio"/> 100.00</td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td>100.00 %</td> <td>100.00 %</td> </tr> </tbody> </table>	Name	Primary	Secondary	<input checked="" type="checkbox"/> Baby Employment Test	<input type="radio"/>	<input checked="" type="radio"/> 50.00	<input checked="" type="checkbox"/> Child Employee Test	<input type="radio"/>	<input checked="" type="radio"/> 50.00	<input checked="" type="checkbox"/> Spouse Employee Test	<input checked="" type="radio"/> 100.00	<input type="radio"/>		100.00 %	100.00 %
Name	Primary	Secondary													
<input checked="" type="checkbox"/> Baby Employment Test	<input type="radio"/>	<input checked="" type="radio"/> 50.00													
<input checked="" type="checkbox"/> Child Employee Test	<input type="radio"/>	<input checked="" type="radio"/> 50.00													
<input checked="" type="checkbox"/> Spouse Employee Test	<input checked="" type="radio"/> 100.00	<input type="radio"/>													
	100.00 %	100.00 %													

<b>Enroll Beneficiaries</b>															
<table border="1"> <thead> <tr> <th>Name</th> <th>Primary</th> <th>Secondary</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Baby Employment Test</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/> 50.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Child Employee Test</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/> 50.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Spouse Employee Test</td> <td><input checked="" type="radio"/> 100.00</td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td>100.00 %</td> <td>100.00 %</td> </tr> </tbody> </table>	Name	Primary	Secondary	<input checked="" type="checkbox"/> Baby Employment Test	<input type="radio"/>	<input checked="" type="radio"/> 50.00	<input checked="" type="checkbox"/> Child Employee Test	<input type="radio"/>	<input checked="" type="radio"/> 50.00	<input checked="" type="checkbox"/> Spouse Employee Test	<input checked="" type="radio"/> 100.00	<input type="radio"/>		100.00 %	100.00 %
Name	Primary	Secondary													
<input checked="" type="checkbox"/> Baby Employment Test	<input type="radio"/>	<input checked="" type="radio"/> 50.00													
<input checked="" type="checkbox"/> Child Employee Test	<input type="radio"/>	<input checked="" type="radio"/> 50.00													
<input checked="" type="checkbox"/> Spouse Employee Test	<input checked="" type="radio"/> 100.00	<input type="radio"/>													
	100.00 %	100.00 %													

### Step 15: Complete the Voluntary Life Spouse tab

1. You can purchase spousal life insurance in increments of \$5,000; \$10,000; \$15,000 or \$20,000
2. Select your desired amount or waive this option
3. Click **Next**

<input checked="" type="radio"/> Voluntary Life Spouse	<b>Step 15:</b>
\$0.50 Semimonthly*	
Options	
<input checked="" type="radio"/> \$5,000	\$0.50
<input type="radio"/> \$10,000	\$0.99
<input type="radio"/> \$15,000	\$1.48
<input type="radio"/> \$20,000	\$1.98
Coverage start date*: 09/01/2017	
*Estimated values	

### Step 16: Complete the Voluntary Life Child(ren) tab

1. You can purchase Child Life Coverage in increments of \$2,000; \$5,000; \$10,000; \$15,000 or \$20,000
2. Select your desired amount or elect to decline this Option
3. Click **Next\*\***  
\*\*Note: Children between the ages of 14 days and 6 months are eligible for a benefit of \$250; children younger than 14 days are not eligible for any benefit

<input checked="" type="radio"/> Voluntary Life Child(ren)	<b>Step 16:</b>
\$0.12 Semimonthly*	
Options	
<input checked="" type="radio"/> \$2,000	\$0.12
<input type="radio"/> \$5,000	\$0.30
<input type="radio"/> \$10,000	\$0.60
<input type="radio"/> \$15,000	\$0.90
<input type="radio"/> \$20,000	\$1.20
Coverage start date*: 09/01/2017	
*Estimated values	

### Step 17: Complete the AD&D Employee Only tab

1. You can purchase Voluntary Accidental Life and Dismemberment Insurance as Employee Only or Family coverage
2. If you choose to participate in Voluntary Accidental Life and Dismemberment Insurance as Employee only, select **AD&D Employee Only**
3. Enter your desired Benefit amount into the space provided next to *Benefit amount*. Benefit amounts can only be purchased in increments of \$10,000 up to \$750,000 maximum. Amounts over \$400,000 are subject to ten times annual salary
4. Determine how this benefit should be allocated between your enrolled beneficiaries
5. Select your primary beneficiary/beneficiaries
6. You may also select secondary beneficiaries
7. If you choose not to participate or prefer to purchase the Employee + Family option, select **I decline** the AD&D Employee Only plan
8. Click **Next**
9. If you choose to participate in Voluntary Accidental Life and Dismemberment Insurance as Employee + Family, select **AD&D Employee + Family**
10. Enter your desired Benefit amount into the space provided next to *Benefit amount*. Benefit amounts can only be purchased in increments of \$10,000 up to \$750,000 maximum. Amounts over \$400,000 are subject to ten times annual salary
11. Determine how this benefit should be allocated between your enrolled beneficiaries
12. Select your primary beneficiary/beneficiaries
13. You may also select secondary beneficiaries
14. If you choose not to participate or purchased the Employee Only option, select **I decline** the AD&D Employee + Family plan
15. Click **Next**

## **Step 18:** Confirm your elections or changes

1. Review your elections
2. Correct any errors
3. Once you are satisfied with your selections click **submit**
4. If you need to make changes, Select the section from the list

**Benefit Phone: 855-678-5027**

Benefit E-mail:

[Benefits@HeicoCG.com](mailto:Benefits@HeicoCG.com)

Fax – write “Attn: Benefits”

816-459-7135

Your Dependent Proof must be received by the Benefits Administrator to enroll your spouse or children.

**If you are enrolling dependents, this step is required:**

Send the supporting documentation by scanning to the e-mail [Benefits@HeicoCG.com](mailto:Benefits@HeicoCG.com)

Or mail a copy to:

Heico Benefits Attn: Bob  
10100 N. Ambassador Dr. #400  
Kansas City, MO 64153

A list of acceptable documents is available on the Benefits site.

Your Local Office Administrator can assist you with completing your enrollment or by sending your dependent proof to Lauren, the Benefits Administrator

Confirm Y

This page shows a single hyperlink to return to the previous screen.

My change is due to N

Personal Information

Name \_\_\_\_\_  
Address \_\_\_\_\_

▼ Current Benefits

Plan Type \_\_\_\_\_

Group Term Life Insurance \_\_\_\_\_

Total \_\_\_\_\_

Verify Beneficiary And Dependent Information
Medical
Surcharge
Medical Spousal Surcharge
Medical Tobacco Surcharge
Health Savings Account
HSA Catch-Up
Dental
Vision
Dependent Care FSA
Voluntary Employee Life
Voluntary Life Employee
Voluntary Life Spouse
Voluntary Dependent Life
Voluntary Life Child(Ren)
Accidental Death/Dismembr
AD&D Employee Only
AD&D Employee + Family

**Confirm Your Elections Or Changes**

This enrollment process must be completed even if you are not electing to enroll in Company offered benefits.

## **STEP 19— Submit Your Elections**

Once you click “submit” a confirmation message will appear - **Congratulations! You have completed your Benefits Enrollment.** **If you do not receive a confirmation message or received an error message, contact Human Resources to make sure your benefit elections were submitted.**