

How To Complete the Open Enrollment Event

1

Navigate to <https://identity.arcoro.com/Account/Login>

A screenshot of the Arcoro login page. The page has a dark blue background. In the center, there is a white login form. At the top of the form is the Arcoro logo. Below the logo, there are two input fields: 'Username' and 'Password'. The 'Username' field contains the email address 'molink@encorefireprotection.com'. The 'Password' field is masked with dots and has a 'SHOW' button to its right. Below the password field is a dark blue 'SIGN IN' button. At the bottom of the form, there is a 'Remember Me' checkbox and two links: 'Forgot your password?' and 'Forgot your username?'.

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Username

molink@encorefireprotection.com

Password

SHOW

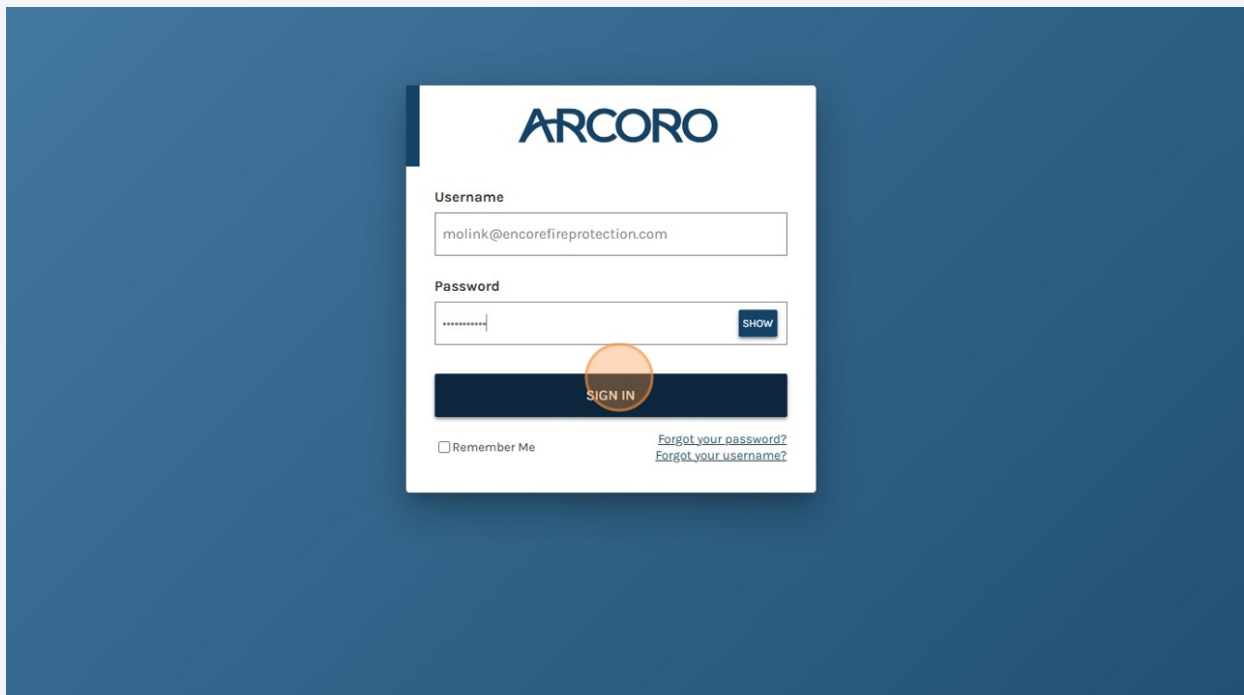
SIGN IN

☐ Remember Me

[Forgot your password?](#)

[Forgot your username?](#)

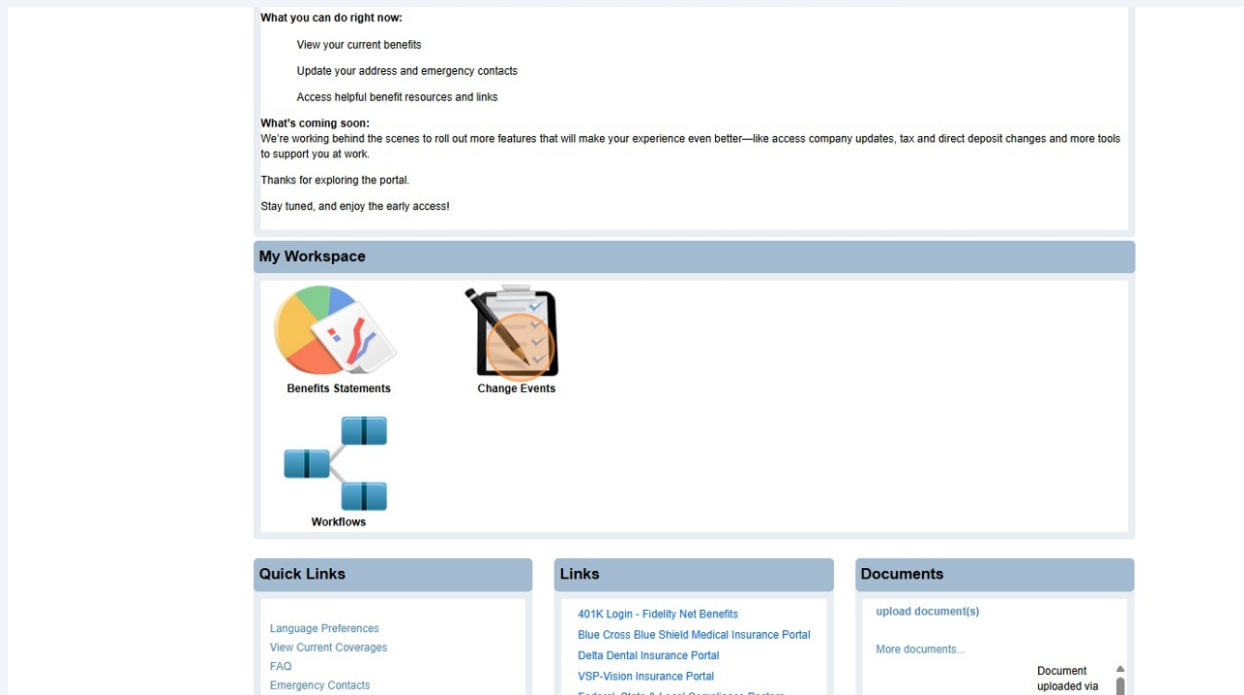
2 Enter your credentials and click "Sign In"



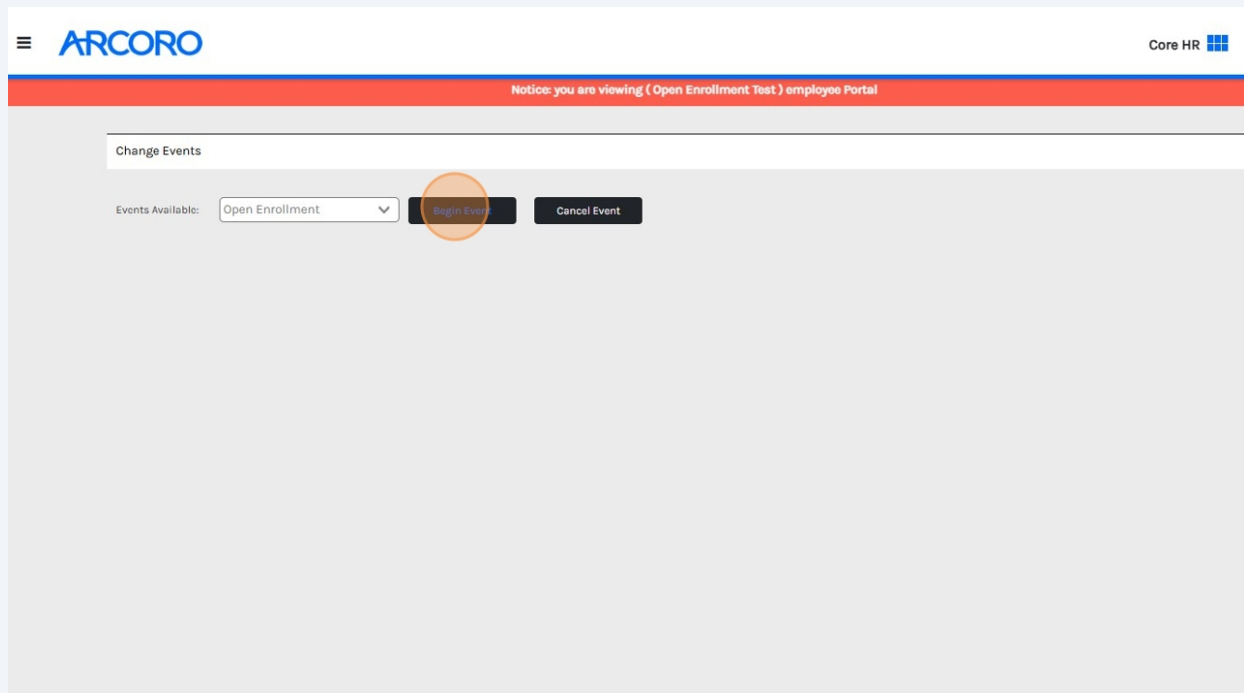
3 Click "Home"



4 Click "Change Events"



5 You'll see the option for Open Enrollment and click "Begin Event"



6 If you need to change any of your personal details, click "Edit"

ARCORO Core HR

Notice: you are viewing (Open Enrollment Test) employee Portal

Open Enrollment : 2024 - 2025 Benefits Package

Personal Dependents Benefits Beneficiaries Emergency Contacts Review Confirmation

Save & Continue

Edit

Name: Open Enrollment Test
Address: 128 Main St.
City/State/Zip: Phoenix, Arizona 85012
SSN: 888-88-8899
Birth Date: 01/01/1985
Primary Phone:
Work Phone:
Ext:
Email: benefits@encorefireprotection.com
Home Email:
Tobacco User: I AM NOT a Tobacco User

7 Once you make any edits, click "Save Information". Please note, you won't be able to edit any of the grayed out fields

Open Enrollment : 2024 - 2025 Benefits Package

Personal Dependents Benefits Beneficiaries Emergency Contacts Review Confirmation

This form will not save unless all required fields (indicated in Red) are completed.

First: Open Enrollment Middle: Last: Test Suffix:

Street: 128 Main St.

City: Phoenix State: Arizona Zip: 85012

SSN: 888888899 Birth Date: (mm/dd/yyyy) 01/01/1985

Home Phone: Work Phone: Ext:

Email Address: benefits@encorefireprotection.com Home Email Address:

Tobacco User: I am NOT a Tobacco User...

Save Information Cancel

8 Click "Save & Continue"

The screenshot shows the ARCORO employee portal for the 2024-2025 Open Enrollment. The page title is "Open Enrollment : 2024 - 2025 Benefits Package". A red banner at the top states "Notice: you are viewing (Open Enrollment Test) employee Portal". The navigation tabs are "Personal", "Dependents", "Benefits", "Beneficiaries", "Emergency Contacts", "Review", and "Confirmation". The "Personal" tab is active. Below the tabs, there are two buttons: "Save & Continue" (highlighted with an orange circle) and "Edit". The personal information section displays the following details:

Name:	Open Enrollment Test
Address:	128 Main St.
City/State/Zip:	Phoenix, Arizona 85012
SSN:	888-88-8888
Birth Date:	01/01/1985
Primary Phone:	
Work Phone:	
Ext:	
Email:	benefits@encorefireprotection.com
Home Email:	
Tobacco User:	I AM NOT a Tobacco User

9 Now you should see your dependents info (if you have any). You can edit their person information by clicking the "Edit" button

The screenshot shows the "Dependents" section of the ARCORO employee portal. The navigation tabs are "Dependents", "Benefits", "Beneficiaries", "Emergency Contacts", "Review", and "Confirmation". The "Dependents" tab is active. Below the tabs, there are two buttons: "Save & Continue" and "Edit". The text below the buttons states: "Please review the Informational section(s) below. If any of the information displayed is incorrect, please correct it before proceeding. To add a dependent, select the 'add dependent' link. Note: It is important that the Dependents section below reflects your actual dependents, as coverage eligibility depends upon this." Below this text, there is a table with the following data:

Name	SSN	Sex	Birth Date	Relationship	Edit
Child Test	999999999	Female	01/01/2020	Child	Edit
Spouse Test	154125222	Male	03/01/1977	Spouse	Edit

10 Once you've edited the information, click "Save Information"

Open Enrollment : 2024 - 2025 Benefits Package

Personal **Dependents** Benefits Beneficiaries Emergency Contacts Review Confirmation

Please review the Informational section(s) below. If any of the information displayed is incorrect, please correct it before proceeding. To add a dependent, select the "add dependent" link.

Note: It is important that the Dependents section below reflects your actual dependents, as coverage eligibility depends upon this.

First: Middle: Last: Suffix:

☒ Address is same as Employee (If not checked then Street, City, State and Zip will be required)

SSN: Sex: Birth Date: (mm/dd/yyyy) Relationship:

Tobacco User:

[Save Information](#) [Cancel](#)

11 If you need to add any dependents, click "Add Dependent"

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Notice: you are viewing (Open Enrollment Test) employee Portal

Open Enrollment : 2024 - 2025 Benefits Package

Personal **Dependents** Benefits Beneficiaries Emergency Contacts Review Confirmation

[Save & Continue](#)

Please review the Informational section(s) below. If any of the information displayed is incorrect, please correct it before proceeding.

Dependents

[Add Dependent](#)

Name	SSN	Sex	Birth Date	Relationship	
Child Test	999999999	Female	01/01/2020	Child	Edit
Spouse Test	154125222	Male	03/01/1977	Spouse	Edit



All red fields are required so you will not be able to add the dependent if you don't have the information readily available

12 You'll enter all of the dependent's information and then click "Save Information"

Open Enrollment : 2024 - 2025 Benefits Package

Personal **Dependents** Benefits Beneficiaries Emergency Contacts Review Confirmation

Please review the informational section(s) below. If any of the information displayed is incorrect, please correct it before proceeding.

First: Middle: Last: Suffix:

☒ Address is same as Employee (if not checked then Street, City, State and Zip will be required)

SSN: Sex: Birth Date: (mm/dd/yyyy) Relationship:

Tobacco User:

13 Click "Save & Continue"

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Notice: you are viewing (Open Enrollment Test) employee Portal

Open Enrollment : 2024 - 2025 Benefits Package

Personal **Dependents** Benefits Beneficiaries Emergency Contacts Review Confirmation

Save & Continue

Please review the Informational section(s) below. If any of the information displayed is incorrect, please correct it before proceeding.

Dependents

Add Dependent

Name	SSN	Sex	Birth Date	Relationship	
Child Test	999999999	Female	01/01/2020	Child	Edit
Spouse Test	154125222	Male	03/01/1977	Spouse	Edit

14 It'll automatically select the plan you are currently on so if you want to switch to a different plan you will need to select the bubble for it

Plan: Waive ⓘ

Coverage	Per Pay Employee Cost
☐ Waive	\$0.00

Plan: BCBS Buy Up Plan ⓘ

Coverage	Per Pay Employee Cost
☐ Employee Only	\$91.83
☐ Employee + 1	\$178.03
☐ Employee + 2 or More	\$245.13

Plan: BCBS Base Plan ⓘ

Coverage	Per Pay Employee Cost
☐ Employee Only	\$77.34
☐ Employee + 1	\$149.54
☐ Employee + 2 or More	\$206.89

Plan: BCBS HDHP with HSA ⓘ

Coverage	Per Pay Employee Cost
☐ Employee Only	\$56.29
☐ Employee + 1	\$107.85
☒ Employee + 2 or More	\$149.68

Covered Dependents: (check the box next to each dependent to be covered)

	Name	Birth Date	Age*	Relationship
☒	Spouse Test	03/01/1977	47	Spouse
☒	Child Test	01/01/2020	4	Child

* Age displayed as of 10/1/2024

15 Click "Save & Continue"

Personal Dependents **Benefits** Beneficiaries Emergency Contacts Review Confirmation

Save & Continue

- Medical
- Dental
- Vision
- Employee Basic Life and AD&D
- Employee Voluntary Life and AD&D
- Spouse Voluntary Life and AD&D
- Child Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- Aflac Employee Critical Illness
- Aflac Spouse Critical Illness

Pay Period Cost
Pre Tax: \$299.37

Your Medical Benefits

Encore offers three medical plans through Blue Cross Blue Shield of Rhode Island: Base Plan, Buy-Up Plan, and the High Deductible Health Plan (HDHP) with HSA.
All plans provide in-network preventative care, such as annual physicals, immunizations and well-baby visits, paid at 100% with no deductible.

PLAN CHOICES

Base Plan (+)

Buy-Up Plan (+)

HDHP with HSA (+)

Prescription Drug Coverage (+)

HELPFUL INFORMATION

16 Next will be the dental plans so you'll select the bubble next to the plan you want

Spouse Voluntary Life and AD&D

Child Voluntary Life and AD&D

Short Term Disability

Long Term Disability

Aflac Employee Critical Illness

Aflac Spouse Critical Illness

Pay Period Cost
Pre Tax: \$413.77
Post Tax: \$0.00
Total: \$413.77

Buy-Up Plan (+)

Plan: Waive ⓘ

Coverage	Per Pay Employee Cost
☒ Waive	\$0.00

Plan: Dental High ⓘ

Coverage	Per Pay Employee Cost
☐ Employee Only	\$9.21
☐ Employee + Spouse	\$21.85
☒ Employee + Child(ren)	\$19.75
☐ Employee + Family	\$33.90

Plan: Dental Low ⓘ

Coverage	Per Pay Employee Cost
☐ Employee Only	\$5.19
☐ Employee + Spouse	\$12.45
☐ Employee + Child(ren)	\$10.56
☒ Employee + Family	\$18.63

Covered Dependents: (check the box next to each dependent to be covered)

Name	Birth Date	Age*	Relationship
☐ Spouse Test	03/01/1977	47	Spouse
☐ Child Test	01/01/2020	4	Child

* Age displayed as of 10/1/2024

17 Click "Save & Continue"

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Notice: you are viewing (Open Enrollment Test) employee Portal

Open Enrollment : 2024 - 2025 Benefits Package

Personal Dependents **Benefits** Beneficiaries Emergency Contacts Review Confirmation

Save & Continue

- Medical
- Medical
- **Dental**
- Vision
- Employee Basic Life and AD&D
- Employee Voluntary Life and AD&D
- Spouse Voluntary Life and AD&D
- Child Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- Aflac Employee Critical Illness

Your Dental Benefits:

Dental coverage is offered through Delta Dental of Rhode Island with two plan options: Low Plan and High Plan. Both plans cover preventive, basic, and major restorative services.

PLAN CHOICES

Base Plan (+)

Buy-Up Plan (+)

Plan: Waive ⓘ

Coverage	Per Pay Employee Cost
☐ Waive	\$0.00

18 Next is the vision choices. In this example, we are waiving vision coverage. Then click "Save & Continue"

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Open Enrollment : 2024 - 2025 Benefits Package

Personal Dependents **Benefits** Beneficiaries Emergency Contacts Review Confirmation

Save & Continue

- Medical
- Medical
- Dental
- **Vision**
- Employee Basic Life and AD&D
- Employee Voluntary Life and AD&D
- Spouse Voluntary Life and AD&D
- Child Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- Aflac Employee Critical Illness
- Aflac Spouse Critical Illness

Plan: Waive ⓘ

Coverage	Per Pay Employee Cost
☒ Waive	\$0.00

Plan: Vision ⓘ

Coverage	Per Pay Employee Cost
☐ Employee Only	\$1.95
☐ Employee + Spouse	\$3.12
☐ Employee + Child(ren)	\$3.18
☐ Employee + Family	\$5.13

Covered Dependents: (check the box next to each dependent to be covered)

Name	Birth Date	Age*	Relationship
☐ Spouse Test	03/01/1977	47	Spouse

19

Next is the Employee Basic Life and AD&D, this is an employer paid benefit so there is no options here, you can just click "Save & Continue"

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Open Enrollment : 2024 - 2025 Benefits Package

Personal Dependents **Benefits** Beneficiaries Emergency Contacts Review Confirmation

Save & Continue

- Medical
- Medical
- Dental
- Vision
- Employee Basic Life and AD&D**
- Employee Voluntary Life and AD&D
- Spouse Voluntary Life and AD&D
- Child Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- Aflac Employee Critical Illness
- Aflac Spouse Critical Illness

Specific to KOB Open Enrollment:

Encore's company paid life insurance is \$50,000 as compared to coverage offered by KOB which was 2x your salary up to \$200K. To make this equal or better, you will receive a pay rate adjustment in the amount necessary for you to purchase our Voluntary Life Insurance through the Hartford. Please see that enrollment screen for more details.

Employee Basic Life and AD&D

All Encore employees are covered up to \$50,000 by our Group Life and AD&D insurance, provided through The Hartford.
This policy is 100% employer paid.
 A beneficiary designation form would have been provided as part of your onboarding paperwork. If you would like to confirm or change your beneficiaries, please reach out to the TCP team by emailing benefits@encorefireprotection.com

Coverage	Per Pay Employee Cost
☒ Employer Paid - \$50,000 - \$500,000	\$0.00

20

Next is the Voluntary Term Life and AD&D. This is completely optional so you can look at the options and select an amount or waive coverage. If you select an amount requiring EOI, the coverage will not start until you get approved by the Hartford.

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Notice: you are viewing (Open Enrollment Test) employee Portal

Open Enrollment : 2024 - 2025 Benefits Package

Personal Dependents **Benefits** Beneficiaries Emergency Contacts Review Confirmation

Save & Continue

- Medical
- Medical
- Dental
- Vision
- Employee Basic Life and AD&D
- Employee Voluntary Life and AD&D**
- Spouse Voluntary Life and AD&D
- Child Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- Aflac Employee Critical Illness

Voluntary Term Life and AD&D

Encore offers you additional, voluntary life insurance to help you provide for your family if something should happen to you.
You must designate a beneficiary or beneficiaries. The person(s) or entity you name will receive the proceeds from your policy in the event of your death or injury.

THINGS TO KNOW

Employee Plan Features (+)

Age Based Reductions (+)

Coverage	Per Pay Employee Cost
☐ Waive	\$0.00

21

Next is voluntary coverage for your spouse. You may only elect spouse coverage up to 50% of the amount of coverage you choose for yourself. Click "Save & Continue"

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Save & Continue

- Medical
- Medical
- Dental
- Vision
- Employee Basic Life and AD&D
- Employee Voluntary Life and AD&D
- Spouse Voluntary Life and AD&D**
- Child Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- Aflac Employee Critical Illness
- Aflac Spouse Critical Illness

Pay Period Cost
Pre Tax: \$447.67
Post Tax: \$4.15
Total: \$451.83

Voluntary Term Life and AD&D

Encore offers optional coverage for your spouse.
You, as the employee, must enroll in coverage in order for your spouse to be eligible.

THINGS TO KNOW

Spouse Plan Features (+)

Age Based Reductions (+)

Plan: Waive ⓘ	Coverage	Per Pay Employee Cost
☒	Waive	\$0.00

Plan: Spouse Voluntary Life and AD&D ⓘ	Coverage	Per Pay Employee Cost
☐	\$5,000	\$0.18
☐	\$10,000	\$0.36
☐	\$15,000	\$0.54
☐	\$20,000	\$0.72
☐	\$25,000	\$0.91

22

Next is the Child Voluntary Life where there is only one coverage option. Click "Save & Continue"

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Save & Continue

- Medical
- Medical
- Dental
- Vision
- Employee Basic Life and AD&D
- Employee Voluntary Life and AD&D
- Spouse Voluntary Life and AD&D
- Child Voluntary Life and AD&D**
- Short Term Disability
- Long Term Disability
- Aflac Employee Critical Illness
- Aflac Spouse Critical Illness

Pay Period Cost
Pre Tax: \$447.67
Post Tax: \$4.15

Voluntary Term Life and AD&D

Encore offers optional coverage for your child(ren) up to age 26.

THINGS TO KNOW

Child(ren) Plan Features (+)

Plan: Waive ⓘ	Coverage	Per Pay Employee Cost
☒	Waive	\$0.00

Plan: Child Voluntary Life and AD&D ⓘ	Coverage	Per Pay Employee Cost
☐	\$10,000	\$0.59

Covered Dependents: (check the box next to each dependent to be covered)

	Name	Birth Date	Age*	Relationship
☐	Spouse Test	03/01/1977	47	Spouse

23 Short Term Disability is an employer paid benefit so just click "Save & Continue"

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Personal Dependents **Benefits** Beneficiaries Emergency Contacts Review Confirmation

Save & Continue

- Medical
- Medical
- Dental
- Vision
- Employee Basic Life and AD&D
- Employee Voluntary Life and AD&D
- Spouse Voluntary Life and AD&D
- Child Voluntary Life and AD&D
- Short Term Disability**
- Long Term Disability
- Aflac Employee Critical Illness
- Aflac Spouse Critical Illness

Pay Period Cost
Pre Tax: \$447.67
Post Tax: \$4.15

Short Term Disability

Encore offers 100% Employer paid short-term disability through The Hartford.
Short Term Disability coverage provides weekly benefits to replace a portion of your lost earnings if you are temporarily unable to work as the result of illness or injury.
Note: Benefits payable under The Hartford STD policy will be reduced by any state benefits you are eligible to receive.

PLAN FEATURES

Eligibility, Effective Dates, & Elimination Periods (+)

Coverage Amount (+)

Plan: Short Term Disability ⓘ	
Coverage	Per Pay Employee Cost
☒ Employer Paid - \$900.00	\$0.00

24 Long Term Disability is an employer paid benefit so just click "Save & Continue"

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Personal Dependents **Benefits** Beneficiaries Emergency Contacts Review Confirmation

Save & Continue

- Medical
- Medical
- Dental
- Vision
- Employee Basic Life and AD&D
- Employee Voluntary Life and AD&D
- Spouse Voluntary Life and AD&D
- Child Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability**
- Aflac Employee Critical Illness
- Aflac Spouse Critical Illness

Pay Period Cost
Pre Tax: \$447.67
Post Tax: \$4.15

Long Term Disability

Encore offers 100% Employer paid long-term disability through The Hartford.
Long Term Disability coverage begins after you have exhausted the 26-weeks of coverage provided by your Short Term Disability coverage.

PLAN FEATURES

Eligibility, Effective Dates, & Elimination Periods (+)

Coverage Amount (+)

Pre-Existing Condition Limitation (+)

Plan: Long Term Disability ⓘ	
Coverage	Per Pay Employee Cost
☒ Employer Paid - \$3900.00	\$0.00

Now it's going to show you all of the optional Aflac plans. You can also cover your dependent(s) if you'd like. First is Aflac Accident coverage, in this example we're waiving and then clicking "Save & Continue"

Save & Continue

- Medical
- Medical
- Dental
- Vision
- Employee Basic Life and AD&D
- Employee Voluntary Life and AD&D
- Spouse Voluntary Life and AD&D
- Child Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- **Aflac Accident**
- Aflac Hospital Indemnity
- Aflac Employee Critical Illness
- Aflac Spouse Critical Illness

Pay Period Cost	
Pre Tax:	\$299.37
Post Tax:	\$0.00

Encore's Aflac Group Accident Plan offers valuable financial support for unexpected accident-related expenses, helping you manage costs like ambulance rides and emergency care while maintaining your lifestyle. With guaranteed coverage and direct cash benefits, you can use the funds as needed, regardless of any other insurance.

Plan: Waive ⓘ	
Coverage	Per Pay Employee Cost
☒ Waive	\$0.00

Plan: Aflac Accident ⓘ	
Coverage	Per Pay Employee Cost
☐ Employee Only	\$1.74
☐ Employee + Spouse	\$2.74
☐ Employee + Child(ren)	\$2.89
☐ Employee + Family	\$3.89

Covered Dependents: (check the box next to each dependent to be covered)

	Name	Birth Date	Age*	Relationship
☐	Spouse Test	03/01/1977	47	Spouse
☐	Child Test	01/01/2020	4	Child

* Age displayed as of 10/1/2024

Next is hospital indemnity where you can also cover your dependent(s) if you'd like. Then click "Save & Continue"

Save & Continue

- Medical
- Medical
- Dental
- Vision
- Employee Basic Life and AD&D
- Employee Voluntary Life and AD&D
- Spouse Voluntary Life and AD&D
- Child Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- Aflac Accident
- **Aflac Hospital Indemnity**
- Aflac Employee Critical Illness
- Aflac Spouse Critical Illness

Pay Period Cost	
Pre Tax:	\$299.37
Post Tax:	\$0.00

Encore's Aflac Hospital Indemnity Insurance provides essential financial support during hospital stays, covering costs like hospital admissions and daily confinement expenses. With benefits of \$750 for hospital admission and \$100 per day for regular confinement (up to 30 days), plus an additional \$200 per day for intensive care, you can focus on recovery without worrying about the financial impact. Additionally, surviving spouses can continue coverage after an employee's death, ensuring ongoing protection for their family.

Plan: Waive ⓘ	
Coverage	Per Pay Employee Cost
☒ Waive	\$0.00

Plan: Aflac Hospital Indemnity ⓘ	
Coverage	Per Pay Employee Cost
☐ Employee Only	\$2.43
☐ Employee + Spouse	\$6.13
☐ Employee + Child(ren)	\$4.59
☐ Employee + Family	\$8.30

Covered Dependents: (check the box next to each dependent to be covered)

Name	Birth Date	Age*	Relationship
☐ Spouse Test	03/01/1977	47	Spouse
☐ Child Test	01/01/2020	4	Child

* As displayed as of 10/1/2024

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Next is employee critical illness which has tiers of coverage you can select. Then click "Save & Continue"

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Personal Dependents **Benefits** Beneficiaries Emergency Contacts Review Confirmation

Save & Continue

- Medical
- Medical
- Dental
- Vision
- Employee Basic Life and AD&D
- Employee Voluntary Life and AD&D
- Spouse Voluntary Life and AD&D
- Child Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- Aflac Employee Critical Illness**
- Aflac Spouse Critical Illness

Pay Period Cost
Pre Tax: \$447.67
Post Tax: \$4.15

Aflac Employee Critical Illness

Encore's Aflac Employee Critical Illness Insurance provides crucial financial support for a range of serious health conditions, including cancer, heart attacks, strokes, and more, with 100% of the face amount paid upon diagnosis. This plan also offers benefits for additional diagnoses, reoccurrences, and even specific conditions like skin cancer, ensuring you're protected when it matters most. Each dependent child is covered at no extra cost, and the plan includes a health screening benefit to promote preventive care. Additionally, surviving spouses can continue coverage after an employee's passing, providing ongoing security for your family.

Plan: Waive ⓘ

Coverage	Per Pay Employee Cost
☒ Waive	\$0.00

Plan: Aflac Employee Critical Illness ⓘ

Coverage	Per Pay Employee Cost
☐ \$10,000	\$1.36
☐ \$20,000	\$2.73
☐ \$30,000	\$4.09
☐ \$40,000	\$5.46

28

Next is spouse critical illness which is only available to those who enrolled in employee critical illness. Then click "Save & Continue"

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Personal Dependents **Benefits** Beneficiaries Emergency Contacts Review Confirmation

Save & Continue

- Medical
- Medical
- Dental
- Vision
- Employee Basic Life and AD&D
- Employee Voluntary Life and AD&D
- Spouse Voluntary Life and AD&D
- Child Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- Aflac Employee Critical Illness
- Aflac Spouse Critical Illness**

Pay Period Cost
Pre Tax: \$447.67
Post Tax: \$4.15

Aflac Spouse Critical Illness

Encore's Aflac Spouse Critical Illness Insurance offers essential financial support for your partner in the event of serious health issues, covering a wide range of conditions such as cancer, heart attacks, and strokes, with 100% of the face amount payable upon diagnosis. This plan provides benefits for additional diagnoses and reoccurrences, along with specific support for skin cancer. With coverage for dependent children at no extra cost, and the option for surviving spouses to continue their coverage after the primary insured's passing, this insurance ensures your family's well-being during challenging times.

Plan: Waive ⓘ

Coverage	Per Pay Employee Cost
☒ Waive / Not Eligible	\$0.00

Covered Dependents: (check the box next to each dependent to be covered)

	Name	Birth Date	Age*	Relationship
☐	Spouse Test	03/01/1977	47	Spouse
☐	Child Test	01/01/2020	4	Child

* Age displayed as of 10/1/2024

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Next you will select your beneficiary assignments. They have to equal 100% but secondary beneficiaries aren't required

Enrollment : 2024 - 2025 Benefits Package

Dependents Benefits **Beneficiaries** Emergency Contacts Review Confirmation

Save & Continue

Listed below are the beneficiaries found on file. Select the beneficiary Type (Primary or Secondary), and enter the percentage of benefit that you wish to assign. Only enter a number in the percentage field for beneficiaries that you wish to assign (otherwise leave blank).

You may add additional Beneficiaries or Beneficiary Trusts by clicking the "Add Beneficiary" or "Add Beneficiary Trust" buttons below. However, you may only edit Beneficiaries that you add from this screen.

The Primary Percentage total for each benefit must each equal 100%.

The assignment of Secondary Beneficiaries is optional, but if used then the Secondary Percentage total for each benefit must each equal 100%.

Add Beneficiary

Add Beneficiary Trust

Benefit	Beneficiary	Relationship	Type	Percentage	Action
Employee Basic Life and AD&D	Spouse Test	Spouse	☒ Primary ☐ Secondary	100 %	
	Child Test	Child	☒ Primary ☐ Secondary		
	Mother Test	Other	☒ Primary ☐ Secondary		Edit Beneficiary
Employee Voluntary Life and AD&D	Spouse Test	Spouse	☒ Primary ☐ Secondary		
	Child Test	Child	☒ Primary ☐ Secondary		
	Mother Test	Other	☒ Primary ☐ Secondary		Edit Beneficiary

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Click "Save & Continue"

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Notice: you are viewing (Open Enrollment Test) employee Portal

Open Enrollment : 2024 - 2025 Benefits Package

Personal Dependents Benefits **Beneficiaries** Emergency Contacts Review Confirmation

Save & Continue

Listed below are the beneficiaries found on file. Select the beneficiary Type (Primary or Secondary), and enter the percentage of benefit that you wish to assign. Only enter a number in the percentage field for beneficiaries that you wish to assign (otherwise leave blank).

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The Primary Percentage total for each benefit must each equal 100%.

The assignment of Secondary Beneficiaries is optional, but if used then the Secondary Percentage total for each benefit must each equal 100%.

Add Beneficiary

Add Beneficiary Trust

Benefit	Beneficiary	Relationship	Type	Percentage	Action
Employee Basic Life and AD&D	Spouse Test	Spouse	☒ Primary ☐ Secondary	100 %	
	Child Test	Child	☒ Primary ☐ Secondary		
	Mother Test	Other	☒ Primary ☐ Secondary		Edit Beneficiary
Employee Voluntary Life and AD&D	Spouse Test	Spouse	☒ Primary ☐ Secondary	50 %	
	Child Test	Child	☒ Primary ☐ Secondary		
	Mother Test	Other	☒ Primary ☐ Secondary		

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Now review your emergency contacts and make sure you have at least one selected below. You have to enter a secondary phone number but you can just copy and paste the primary phone number. Click "Save & Continue"

Notice: you are viewing (Open Enrollment Test) employee Portal

Open Enrollment : 2024 - 2025 Benefits Package

Personal Dependents Benefits Beneficiaries **Emergency Contacts** Review Confirmation

Save and Continue

The Emergency Contacts Screen displays a list of Persons on file that are eligible to be configured as Emergency Contacts. By default, all Dependents and Beneficiaries on file are listed below. New Contacts may be added by using the form below. For each record selected as an Emergency Contact below, the Primary Phone and Secondary Phone fields must be completed.

Select Emergency Contact	Name	Relationship	Primary Phone	Secondary Phone	Actions
☐	Child Test	Child			
☐	Father Test	Emergency Contact			X
☐	Mother Test	Other			
☒	Spouse Test	Spouse	5612228899	5612228899	

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Now you're going to review each selection below

Save & Confirm

Please review each section displayed below. If changes are needed, click on the appropriate event step to return to that step and click Save & Continue after making the change to navigate back to the previous step.

When ready, click the "Save & Confirm" button above to complete the event.

Personal Information

Name: Open Enrollment Test
 Address: 128 Main St.
 City/State/Zip: Phoenix, Arizona 85012
 Phone: 888-88-8899
 Birth Date: 1/1/1985
 Email: benefits@encorefireprotection.com

Selected Coverages

ID	End Date	Benefit	Plan - Coverage	Coverage Amount	Employee Cost	Pre Tax Deduction	Post Tax Deduction	Covered Dependents
24	12/31/2024	Medical	BCBS Base Plan - Employee + 2 or More	\$0.00	\$206.89	\$206.89	\$0.00	Spouse Test, Child Test
24	12/31/2024	Dental	Dental High - Employee + Family	\$0.00	\$33.90	\$33.90	\$0.00	Spouse Test, Child Test
24	12/31/2024	Vision	Waive - Waive	\$0.00	\$0.00	\$0.00	\$0.00	
24	12/31/2024	Employee Basic Life and AD&D	Basic Life and AD&D - Employer Paid - \$50,000	\$50000.00	\$0.00	\$0.00	\$0.00	
24	12/31/2024	Employee Voluntary Life and AD&D	Employee Voluntary Life and AD&D - \$100,000	\$100000.00	\$4.15	\$0.00	\$4.15	
24	12/31/2024	Spouse Voluntary Life and AD&D	Waive - Waive	\$0.00	\$0.00	\$0.00	\$0.00	
24	12/31/2024	Child Voluntary Life and AD&D	Waive - Waive	\$0.00	\$0.00	\$0.00	\$0.00	
24	12/31/2024	Short Term Disability	Short Term Disability - Employer Paid	\$900.00	\$0.00	\$0.00	\$0.00	
24	12/31/2024	Long Term Disability	Long Term Disability - Employer Paid	\$3900.00	\$0.00	\$0.00	\$0.00	
24	12/31/2024	Aflac Employee Critical Illness	Waive - Waive	\$0.00	\$0.00	\$0.00	\$0.00	

33 Review the "Beneficiary Assignments" and "Emergency Contacts" as well

My Elected Coverages

id	End Date	Benefit	Plan - Coverage	Coverage Amount	Employee Cost	Pre Tax Deduction	Post Tax Deduction	Covered Dependents
24	12/31/2024	Medical	BCBS Base Plan - Employee + 2 or More	\$0.00	\$206.89	\$206.89	\$0.00	Spouse Test, Child Test
24	12/31/2024	Dental	Dental High - Employee + Family	\$0.00	\$33.90	\$33.90	\$0.00	Spouse Test, Child Test
24	12/31/2024	Vision	Waive - Waive	\$0.00	\$0.00	\$0.00	\$0.00	
24	12/31/2024	Employee Basic Life and AD&D	Basic Life and AD&D - Employer Paid - \$50,000	\$50000.00	\$0.00	\$0.00	\$0.00	
24	12/31/2024	Employee Voluntary Life and AD&D	Employee Voluntary Life and AD&D - \$100,000	\$100000.00	\$4.15	\$0.00	\$4.15	
24	12/31/2024	Spouse Voluntary Life and AD&D	Waive - Waive	\$0.00	\$0.00	\$0.00	\$0.00	
24	12/31/2024	Child Voluntary Life and AD&D	Waive - Waive	\$0.00	\$0.00	\$0.00	\$0.00	
24	12/31/2024	Short Term Disability	Short Term Disability - Employer Paid	\$900.00	\$0.00	\$0.00	\$0.00	
24	12/31/2024	Long Term Disability	Long Term Disability - Employer Paid	\$3900.00	\$0.00	\$0.00	\$0.00	
24	12/31/2024	Aflac Employee Critical Illness	Waive - Waive	\$0.00	\$0.00	\$0.00	\$0.00	
24	12/31/2024	Aflac Spouse Critical Illness	Waive - Waive / Not Eligible	\$0.00	\$0.00	\$0.00	\$0.00	
24	05/30/2025	Medical	BCBS Base Plan - Employee + 2 or More	\$0.00	\$206.89	\$206.89	\$0.00	Spouse Test, Child Test
		Total			\$451.83	\$447.68	\$4.15	

Beneficiary Assignments

	Beneficiary	Relationship	Type	Percentage
Employee Basic Life and AD&D	Spouse Test	Spouse	Primary	100%
Employee Voluntary Life and AD&D	Spouse Test	Spouse	Primary	50%
	Child Test	Child	Primary	50%

Emergency Contacts

	Relationship	Primary Phone	Secondary Phone
Spouse Test	Spouse	5612228899	5612228899

34 Once everything looks good, click "Save & Continue"

ARCORO

Personal Dependents Benefits Beneficiaries Emergency Contacts **Review** Confirmation

Save & Confirm

Please review each section displayed below. If changes are needed, click on the appropriate event step to return to that step and click Save & Continue after making the change to navigate back to the Review step.

When ready, click the "Save & Confirm" button above to complete the event.

Personal Information

Name: Open Enrollment Test
Address: 128 Main St.
City/State/Zip: Phoenix, Arizona 85012
Country:
SSN: 888-88-8899
Birth Date: 1/1/1985
Email: benefits@encorefireprotection.com

My Elected Coverages

Start Date	End Date	Benefit	Plan - Coverage	Coverage Amount	Employee Cost	Pre Tax Deduction	Post Tax Deduction	Covered Dependents
10/01/2024	12/31/2024	Medical	BCBS Base Plan - Employee + 2 or More	\$0.00	\$206.89	\$206.89	\$0.00	Spouse Test, Child Test
10/01/2024	12/31/2024	Dental	Dental High - Employee + Family	\$0.00	\$33.90	\$33.90	\$0.00	Spouse Test, Child Test
10/01/2024	12/31/2024	Vision	Waive - Waive	\$0.00	\$0.00	\$0.00	\$0.00	
10/01/2024	12/31/2024	Employee Basic Life and AD&D	Basic Life and AD&D - Employer Paid - \$50,000	\$50000.00	\$0.00	\$0.00	\$0.00	
10/01/2024	12/31/2024	Employee Voluntary Life and AD&D	Employee Voluntary Life and AD&D - \$100,000	\$100000.00	\$4.15	\$0.00	\$4.15	

35 Click "Save and Confirm"

Save & Confirm

Please review each section displayed below. If changes are needed, click on the appropriate event step to return to that step and click Save & Continue after making the change to navigate back to the new step.

When ready, click the "Save & Confirm" button above to complete the event.

Personal Information

Name: Open Enrollment Test
Address: 128 Main St.
City/State/Zip: Phoenix, Arizona 85012
Country:
Phone: 888-88-8899
Birth Date: 1/1/1985
Email: benefits@encorefireprotection.com

Elected Coverages

End Date	Benefit	Pre Tax Deduction	Post Tax Deduction	Covered Dependents
12/31/2024	Medical	\$206.89	\$206.89	Spouse Test, Child Test
12/31/2024	Dental	\$33.90	\$33.90	Spouse Test, Child Test
12/31/2024	Vision	\$0.00	\$0.00	
12/31/2024	Employee Basic Life and AD&D	\$50000.00	\$0.00	
12/31/2024	Employee Voluntary Life and AD&D	\$100000.00	\$4.15	
12/31/2024	Spouse Voluntary Life and AD&D	\$0.00	\$0.00	
12/31/2024	Child Voluntary Life and AD&D	\$0.00	\$0.00	
12/31/2024	Short Term Disability	\$900.00	\$0.00	
12/31/2024	Long Term Disability	\$3900.00	\$0.00	
12/31/2024	Aflac Employee Critical Illness	\$0.00	\$0.00	

Confirmation

Are you sure you wish to Save and Confirm your changes?

By confirming your changes in this system, you are accepting that the information you have provided is correct to the best of your knowledge, and you agree that these changes bear your electronic signature which is binding under US law.

Save and Confirm Cancel

36 Now your changes have been submitted to our Benefits Team! You will get an email to your Encore email address with the approval or denied decision.

ARCOR

Notice: you are viewing (Open Enrollment Test) employee Portal

Open Enrollment : 2024 - 2025 Benefits Package

Personal Dependents Benefits Beneficiaries Emergency Contacts Review **Confirmation**

Thank you. Your event has been recorded and is now awaiting Administrative Approval. You will not be allowed to resubmit another Event until this Event has either been approved or denied.

To return to your Homepage, click the link below.

[Return to my Homepage](#)