Add/Edit Beneficiary Information in HR Connect

Before you start make sure you have the following details available -

- Adding a person as beneficiary you MUST have their First and Last Name and Date of Birth
 o more details such as SSN and phone number are helpful, but not required
 - Adding a charity or trust as the beneficiary you **MUST** have the name of the charity organization or trust
 - \circ ~ more details such as tax ID, address, phone number, etc. is helpful, but not required

Let's get started!

Begin by logging into HR Connect

- Do you need help logging in? Forgot your password?
 - Store/DC hourly associates Follow the OKTA instruction attachment.
 - PHO/DC exempt associates Contact the Service Desk at 800-406-2155 or 623-587-2155.

Select "Benefits" and then select "Add Beneficiary for Life Insurance" on the right side of screen.

🔨 🖉 😹 HR Connect - Your HR & Payroll Management Tool	
Employee Self-Service (PETM) Vendor Invoice Management	
Overview	
Employee Self-Service (PETM) > Overview	
Personal Information Manage your address, bank information and dependent information for heal th and life insurance beneficiary purposes. Also confirm your smoker sta tus. Benefits Welcome to Benefits! We have lots of information to share please ***READ CAREFULLY!***	50
Add Beneficiary for Life Insurance Enroll for your benefits during If you do not elect for both plan years you may not have medical coverage. Verify enrollment on the confirmation stateme	

Step 1: Verify your personal details and emergency contacts. Optional, but <u>highly recommended</u>. Click the "Edit Personal Profile" at the top of the page to edit personal details or emergency contacts.

No changes necessary, just click "Next".

Beneficiary-Life Ins: Step 1 (Personal Profile)								
Previous Next 📘 🛛	Save <u>Finish</u> / Edit Pers	onal Profile						
I)1	2	3	4	5	-			
Personal Profile	Dependents and Beneficiaries	Health Plans	Insurance Plans	Review and Save				
Confirm your persona	l details and smoker status	on this page.	To make edits, clic	k on Edit Persona	I Profile button abov			
Personal Data			Smoker: No					
Full name:								
Addresses								
Permanent Residence								
Street Na	ime:							
Telephone Num	ber:							
Emergency Contact								
Street Na	ime: Citur	1						
Telephone Num	iber:							
Street Na	ime:							
Telephone Num	City: iber:							
Street Na	ime:							
Telenhene Num	City:							
Telephone Num	iber.							

Step 2: Check your beneficiary details by looking under Other Beneficiary and/or External Organizations. To make edits or to add a beneficiary click on "Edit Dependents and Beneficiaries".

Click on "Add" to enter a person, trust or organization for your beneficiary. A beneficiary can be anyone the you choose—spouse, friend, parent, child, or charitable organization or trust.

Click the pencil icon \swarrow to edit existing Beneficiary information.

Beneficiary-Life II	ns: Step 2 (Dependen	ts and Beneficiaries)		
Previous Next	Save <u>Finish</u> 🖉 Edit Dep	pendents and Beneficiaries		
Personal Profile	2 Dependents and Beneficiaries	3 4 Health Plans Insurance Plans	5 Review and Save	
Confirm your depend	dents and beneficiaries on t	his nage. To make edits, click on	Edit Dependents and Benefi	ciaries button above
		ins page. To make conts, ener on	Ean Dependents and Denen	ciunes button ubove.
To continue enrollme	ent, you MUST enter your de	ependents and beneficiaries first.		
REMINDER: Naming	a beneficiary for your life in	isurance is important. Review yo	ur named beneficiary under	the basic life insurance
section on the confi	mation section. Named ben	eficiaries in this section do NOT	apply to your 401(k).	
Family Members / Depend	lents	External Or	rganizations	
Mother			No data available	
Name:				
Date of Birth:				
Child				
Name:				
Date of Birth:				
Name:				
Date of Birth.				
Other Beneficiary				
Name:				
Date of Birth:				

+ Do **NOT** change your dependents during this process.

ependents and Beneficiari	25		
× Esmily Members / Dependents	FQ Add	 External Organizations	FQ ∧ dd
Other Beneficiary	L'Add 7		
Name: John Doe Date of Birth: 01/01/1990		No data available	

Adding a person select "Other Beneficiary" from the dropdown list and enter their First and Last Name and Birthday.

 \circ $\;$ More details such as SSN and phone number are helpful, but not required

Adding a charity or trust select the appropriate option from the dropdown list and enter the name of the charity organization or trust.

o More details such as tax ID, address, phone number, etc. is helpful, but not required

Click on "Save and Back" after changes are made.

Click "Next"

+ Having a named beneficiary on this screen is <u>only one part of the process</u>. Keep going!

Step 3 – Medical Plans – SKIP this step – you cannot make changes to this section at this time.

Step 4: On this page you will add or edit the designation percentage for any beneficiaries you have designated. Current named beneficiaries will show under the Primary and Contingent columns.

Click the pencil icon 🖆 to edit existing Beneficiary information.

Page | 2

Benefic	iary-Life I	ns: Step 4	(Insurance	e Plans)					
Previou	s Next	Bave Finis	<u>ih</u>						
l♦ Pe	1 ersonal Profile	Dependents ar	2 Ind Beneficiaries	3 Health Plans	4 Insurance Pl	lans Review	5		
Select equal t sure to	the pencil or o AD&D elect name a bene	paper in the a ion. (example eficiary for you	ctions colum Basic Life 1) Ir life insuran	n to edit and en x salary + Addit ce by selecting	roll or change ional Life x3 : the pencil ne	e the plan typ Salary = x4 sa ext to Basic L	e. Basic Life a alary. AD&D m ife plan.	and Additiona lust also be at	l Life must be 4x salary). Be
Enroll i	n Insurance Pla	ns							
Actions	Plan Type	Starts On	Status	Plan Name	Option	Coverage	Primary Be	Contingent	Pre-Tax C
	Basic Life	04/01/2021	Current	Basic Life- Company Paid	1X Salary		+	1	

A new window will open and ask for your designation percentages for beneficiary listed.

Primary Beneficiary receives life insurance proceeds first. If the Primary has died, then Secondary Beneficiary receives proceeds.

When adding percentages each column must add up to 100 (in the green boxes).

Click "Add" after you've entered your percentages. The small window will close.

Benefi	ciary-Life Ins.	: Step 4 (Insu	irance Pl	ans)	_	_	_
< Previo	us 🛛 Next 🕨 📋 🗒 🤅	Save <u>Finish</u>					
I.	ersonal Profile	2 Dependents and Benef	iciaries H	3 ealth Plans	4 Insurance	e Plans Revi	5 ew and Save
	Select a Basic Life F	Plan					×
Selec equal sure t	You must start wi	ith the lowest amount o	of dependent ir	surance.		<u>Hide</u> Quic <u>Help</u>	. Basic ary. AD≀ ∋ plan.
Enrol	Plan Name	Option	Covera	ge Pre-Tax	Costs	Post-Tax Costs	
Action	Basic Life-Com	pany Paid 1X Sal	lary \$25,000				
	Designate Benefic	tiaries					
	Name	Relationship	Primary Perc	entage (%)	Continger	t Percentage (%)	
	John Doe Trust	Trust		0		5	0
	PetSmart Charities	Charity Organization		0		5	0
	Jane Doe	Other Beneficiary		100			0
	Total 100 100						
						Add Cancel	

Click "Next"

Final step – click "SAVE"

Beneficiary	y-Life 1	Ins: S	Step 5 (Review a	and Save)				
Previous	Next 🕨	BSa	ve					
I) 1		4	2	3	4	5		
Persona	al Profile	Dep	endents and Beneficiaries	Health Plans	Insurance Plans	Review and	Save	
Review this period. Your enroll	ment is a	not co	ely. Click SAVE to fina mplete until you sav	alize your enrollm e your elections.	ent. You may e After you save y	dit your selecti your elections,	ons at any tim you will have	e during your o the ability to p
bononico on			ji by our my your on	Journe Journe of	, in the second s			iigo:
Unchanged	Plans							
Plan Type	Star	St	Plan Name	Option	Credit Amount	Coverage	Primary Be	Contingent
Basic Life	04/	c	Basic Life-Company	1X Salary		S25,000	Jane Doe	Trust and Charity