

2026 Open Enrollment

Open Enrollment is your yearly opportunity to...

Enroll in new Benefit plans

Designate or update your beneficiaries

Make changes to your current coverage

Add or remove dependents

 **Important:** Once the period ends, you will only be able to make changes if you experience a qualifying life event (e.g., marriage, birth, loss of coverage).

For more information about the Annual Open Enrollment in Workday, please contact MyHR.HelpDesk@carle.com.

Get ready: What You'll Need

Before starting your enrollment, gather the following information from any new **dependents**:

- Official documents (birth certificate, marriage license, legal guardianship)
- Social Security Number (SSN)
- Date of birth
- Current address (if different from yours)

You should also determine your **beneficiary designations for life insurance**. This can include individuals, charities, and/or trusts. Trust or charity details, if applicable.

 **Missing documents?** You may upload supporting documentation and have 5 business days to provide the official versions.

View current 2025 benefit elections

To view your current 2025 benefit elections, in Workday, navigate to the menu click **Benefits and Pay**, then click **Benefits**, and then **Benefits by Date**. This will allow you to view your elections by date. If you want to see your current benefits, use today's date and click **Ok**. If you would like to print this screen, please click the PDF button in the upper right hand corner of your Workday screen. You can then download the document and print.

Updating your benefit elections after submission

You can make changes to your benefit elections through the end of the open enrollment period (11/4-11/20) from the Benefits and Pay worklet. See [Updating Your Enrollment](#) on page 14 for specific instructions.

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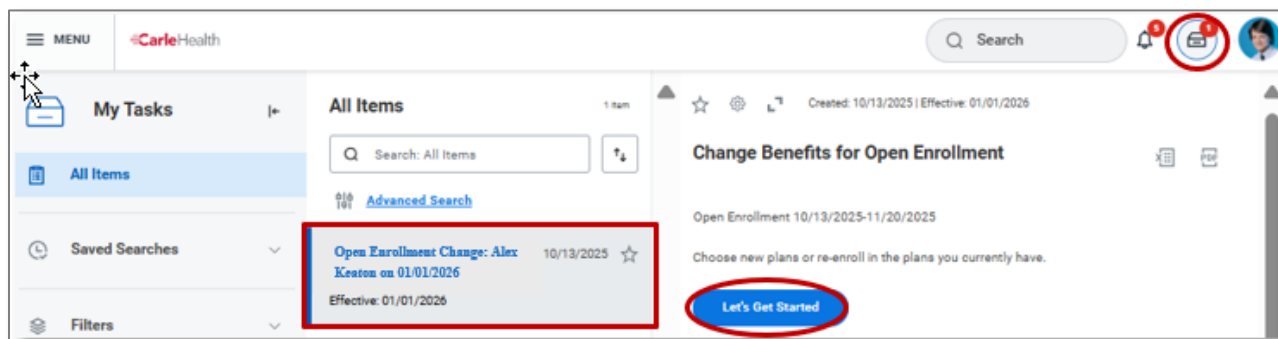
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How to Access Open Enrollment

Open Enrollment can be launched from the **My Tasks Inbox** or from the **Benefits and Pay** Worklet.

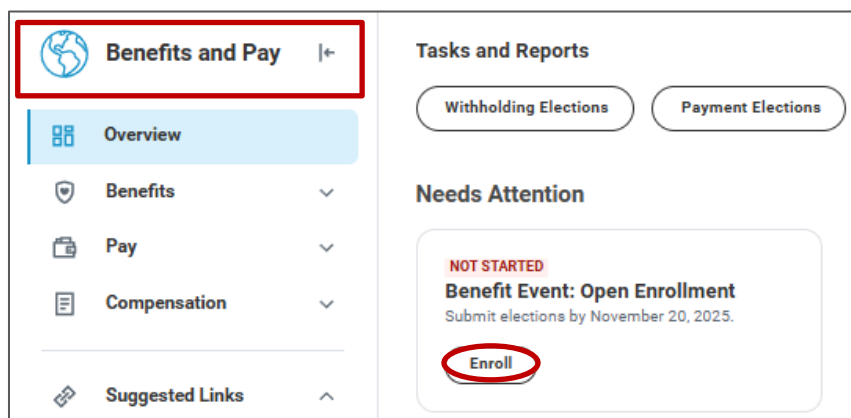
Task inbox

1. Go to your Workday **My Tasks** inbox.
2. Locate the task: "Open Enrollment Change"
3. Select **Let's Get Started**.

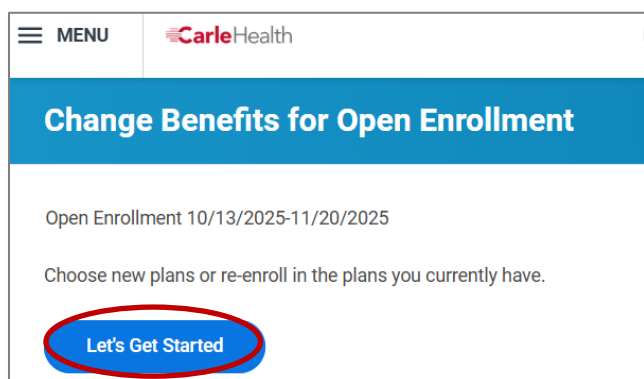


Benefits and Pay

1. Go to your Workday **Menu** and select the **Benefits and Pay** worklet.
2. Locate the task: "Benefit Event: Open Enrollment"



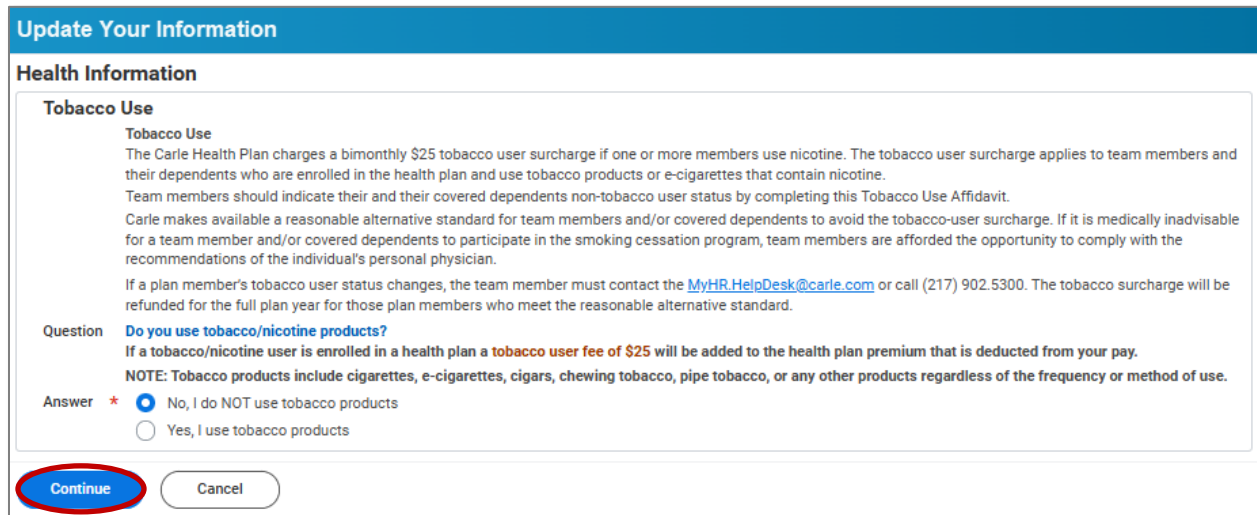
3. Select **Enroll**.
4. Once in the enrollment task, select **Let's Get Started**.



Updating Tobacco Use

Once Open Enrollment is launched after you click **Let's Get Started**, the **Update Your Information** page opens to update your tobacco use.

1. Review the notice about the tobacco user fee and the smoking-cessation program.
2. Under “**Do you use tobacco/nicotine products?**”, select an option:
 - a. No, I do NOT use tobacco products.
 - b. Yes, I use tobacco products.
3. Click **Continue** to save and proceed.



Update Your Information

Health Information

Tobacco Use

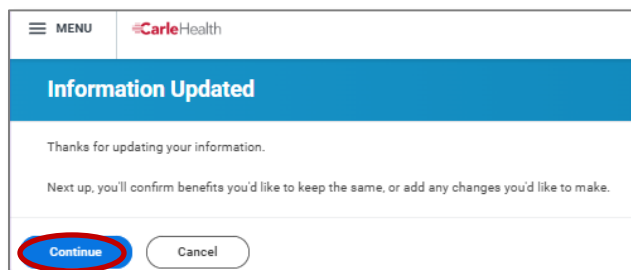
Tobacco Use
The Carle Health Plan charges a bimonthly \$25 tobacco user surcharge if one or more members use nicotine. The tobacco user surcharge applies to team members and their dependents who are enrolled in the health plan and use tobacco products or e-cigarettes that contain nicotine. Team members should indicate their and their covered dependents non-tobacco user status by completing this Tobacco Use Affidavit. Carle makes available a reasonable alternative standard for team members and/or covered dependents to avoid the tobacco-user surcharge. If it is medically inadvisable for a team member and/or covered dependents to participate in the smoking cessation program, team members are afforded the opportunity to comply with the recommendations of the individual's personal physician. If a plan member's tobacco user status changes, the team member must contact the MyHR.HelpDesk@carle.com or call (217) 902.5300. The tobacco surcharge will be refunded for the full plan year for those plan members who meet the reasonable alternative standard.

Question **Do you use tobacco/nicotine products?**
If a tobacco/nicotine user is enrolled in a health plan a **tobacco user fee of \$25** will be added to the health plan premium that is deducted from your pay.
NOTE: Tobacco products include cigarettes, e-cigarettes, cigars, chewing tobacco, pipe tobacco, or any other products regardless of the frequency or method of use.

Answer * ☒ No, I do NOT use tobacco products
☐ Yes, I use tobacco products

Continue **Cancel**

4. Click **Continue** again on the Information Updated window.



Information Updated

Thanks for updating your information.

Next up, you'll confirm benefits you'd like to keep the same, or add any changes you'd like to make.

Continue **Cancel**

Enrolling in or Managing a Plan

When you arrive at the Open Enrollment page, most tiles will show **Waived** by default.

- Prior-year elections for **Basic Life** and **Supplemental Life** will carry over and appear pre-populated.
- A tile shows **REVIEWED** after you open it and view details without making a change.
- A tile shows **UPDATED** after you select or change a plan and save.

Open Enrollment Overview (tile grid) scroll down to view all

Click **Enroll** to select the benefit you want to review, or **Manage** to edit an existing plan.

Open Enrollment

Projected Total Cost (Per Deduction)

\$0.00

Health Care and Accounts

Medical

Waived

Enroll

Dental

Waived

Enroll

Vision

Waived

Enroll

Accident

Waived

Enroll

Hospital Indemnity

Waived

Enroll

Identity Theft Protection

Waived

Enroll

Health Savings Account

Waived

Enroll

Healthcare FSA

Waived

Enroll

Dependent Care FSA

Waived

Enroll

Limited FSA

Waived

Enroll

Insurance

Basic Life

The Hartford Full Time (Team Member)

Cost (Per Deduction) Included

Coverage 1 X Salary

Manage

Supplemental Life

Waived

UPDATED

Enroll

Spouse/Domestic Partner Life

Waived

Enroll

Child Life

Waived

Enroll

Long Term Disability

The Hartford All Employees excluding APPs, CRNAs,...

Cost (Per Deduction) Included

Coverage 50% of Salary

Manage

Short Term Disability

The Hartford (Team Member)

Cost (Per Deduction) Included

Coverage 60% of Salary

Manage

Voluntary Short Term Disability

Waived

Enroll

Critical Illness Team Member

Waived

Enroll

Critical Illness Spouse/Domestic...

Waived

Enroll

Critical Illness Child

Waived

Enroll

Additional Benefits

Legal Assistance

Waived

Enroll

Review and Sign

Save for Later

Select Your Plan (example: medical plan)

Inside each plan, you'll see a grid with the following information: Benefit Plan name, Select or Waive option, You Pay (Per Deduction), and Company Contributions:

1. Choose **Select** for the plan you want (or **Waive** to opt out).
2. Review the right-hand **Health Care Instructions** panel for important notes about related plans (e.g., HSA eligibility with HDHPs).
3. Click **Confirm and Continue** to proceed to coverage.

Medical

Projected Total Cost (Per Deduction)
\$0.00

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Team Member Only.

2 Items

Benefit Plan	*Selection	You Pay (Per Deduction)	Company Contribution (Per Deduction)
Allegiance High Deductible	☐ Select ☒ Waive	\$55.09	\$324.70
Allegiance Traditional	☒ Select ☐ Waive	\$86.33	\$417.55

Health Care Instructions

Important Information

When you select Medical - Allegiance High Deductible, you can also select Health Savings Account - Chard Snyder. If you waive any of these: Medical - Allegiance High Deductible, Workday automatically waives any of these: Health Savings Account - Chard Snyder.

Note: The benefit was updated but **NOT SUBMITTED.**

Confirm and Continue Cancel

Choose Coverage and Dependents

1. **Check the box** next to each dependent you want to cover, or
2. Add new dependents, if needed (more information about this process on next page).
3. If prompted, provide any missing information and click **Save**.

Your coverage level will be updated automatically depending on the number of dependents that you include, and your relationship with them.

Each plan only allows **certain dependent types** and **coverage tiers** (for example, some plans may have child age limits). Check the instructions within each plan tile for the specific rules.

Medical - Allegiance Traditional

Projected Total Cost (Per Deduction)
\$265.65

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Team Member + Family

Plan cost (Per Deduction) \$265.65

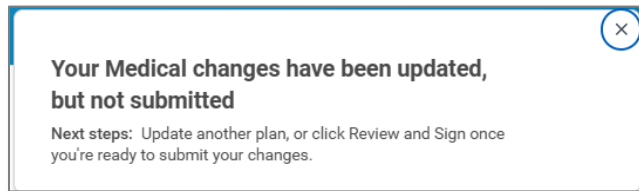
Add New Dependent

2 Items

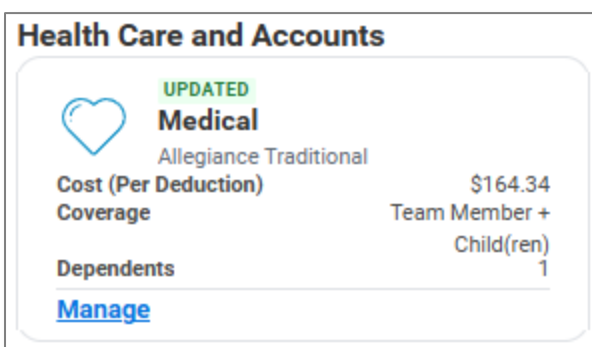
Select	Dependent	Relationship	Date of Birth
☒	Jane Keaton	Spouse	01/01/2001
☒	Alex Keaton	Child	01/01/2024

Save Cancel

After selecting **Save**, a reminder will display to indicate changes were updated, but not submitted. Once you have reviewed the reminder, you can click the X in the upper right-hand corner of the reminder.

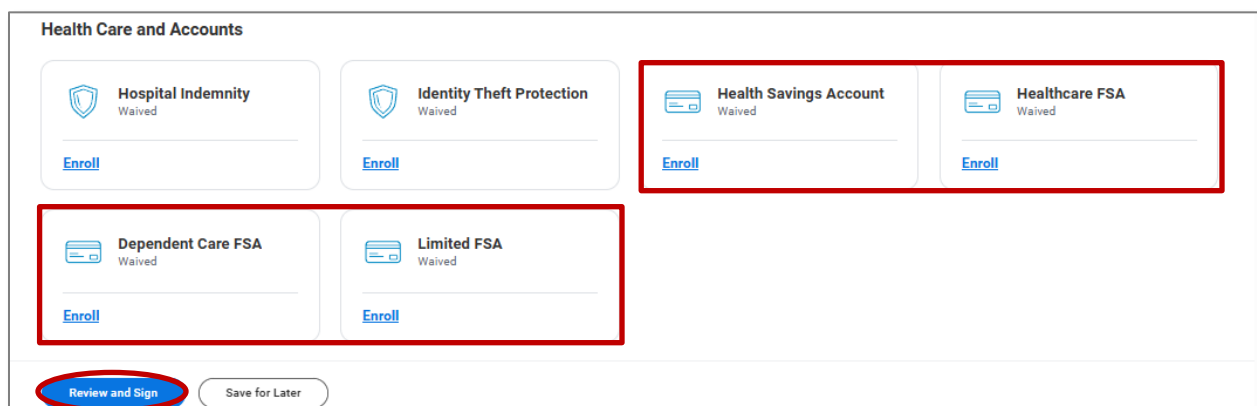


The benefit tiles will update to indicate which selections were made. **Note:** You must click Enroll for each tile to select an option or to waive the benefit option. Once a selection is made, the **Enroll** button will change to **Manage**.



Healthcare FSA and Dependent Care FSA

FSAs let you set aside pre-tax money for eligible expenses. Elections are made for the full plan year and are deducted each paycheck. For more information on Flexible Spending Accounts, review the Benefits Enrollment Guide on Benefits.Carle.com



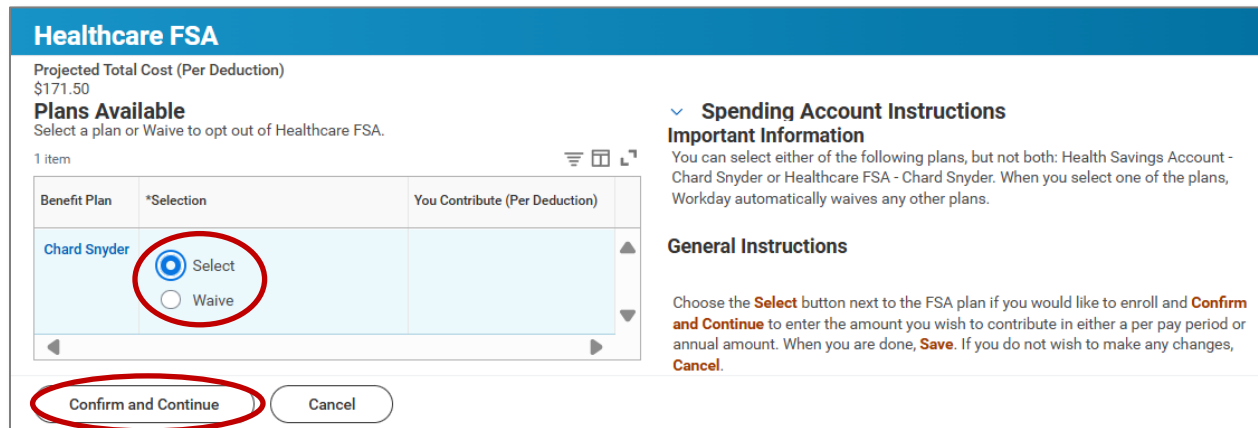
Important

You can enroll in either a HSA or a Healthcare FSA, but not both. If you elect an HSA, only a Limited FSA (post-deductible dental/vision) is allowed.

Enrolling in HCFS / DCFS

On the Open Enrollment page, click **Enroll** on Healthcare FSA or Dependent Care FSA

1. On the plan screen, choose **Select** and click **Confirm and Continue**.



Healthcare FSA

Projected Total Cost (Per Deduction)
\$171.50

Plans Available
Select a plan or Waive to opt out of Healthcare FSA.

1 item

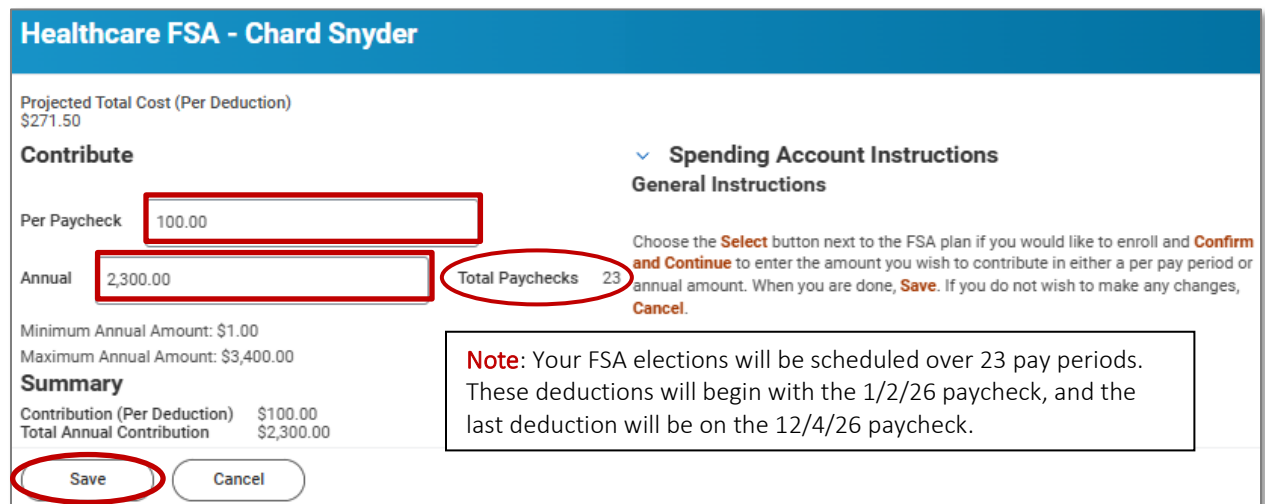
Benefit Plan	*Selection	You Contribute (Per Deduction)
Chard Snyder	☒ Select ☐ Waive	

Confirm and Continue **Cancel**

Spending Account Instructions
Important Information
You can select either of the following plans, but not both: Health Savings Account - Chard Snyder or Healthcare FSA - Chard Snyder. When you select one of the plans, Workday automatically waives any other plans.

General Instructions
Choose the **Select** button next to the FSA plan if you would like to enroll and **Confirm and Continue** to enter the amount you wish to contribute in either a per pay period or annual amount. When you are done, **Save**. If you do not wish to make any changes, **Cancel**.

2. Enter either a **Per Paycheck** or **Annual** amount; Workday calculates the other box automatically.



Healthcare FSA - Chard Snyder

Projected Total Cost (Per Deduction)
\$271.50

Contribute

Per Paycheck

Annual

Total Paychecks 23

Minimum Annual Amount: \$1.00
Maximum Annual Amount: \$3,400.00

Summary

Contribution (Per Deduction)	\$100.00
Total Annual Contribution	\$2,300.00

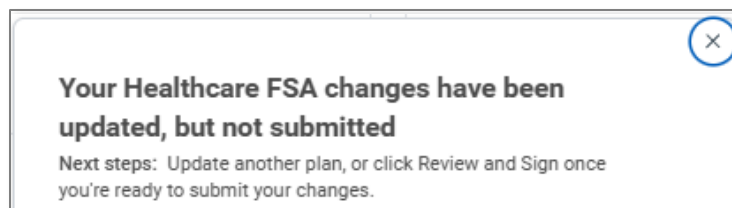
Save **Cancel**

Spending Account Instructions
General Instructions
Choose the **Select** button next to the FSA plan if you would like to enroll and **Confirm and Continue** to enter the amount you wish to contribute in either a per pay period or annual amount. When you are done, **Save**. If you do not wish to make any changes, **Cancel**.

Note: Your FSA elections will be scheduled over 23 pay periods. These deductions will begin with the 1/2/26 paycheck, and the last deduction will be on the 12/4/26 paycheck.

3. Click **Save**. Your tile will show UPDATED.

Note: The contributions specified have been updated but not yet submitted.



Your Healthcare FSA changes have been updated, but not submitted

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

Contribution Limits for 2026 (per IRS)

Healthcare FSA	\$3,400 annual maximum
Dependent Care FSA – Not HCE	\$7,500 annual maximum
Dependent Care FSA – HCE	\$1,500 annual maximum

HCE threshold: If your prior-year compensation is \$160,000 or more, you are considered Highly Compensated (HCE) and your DCFS maximum is \$1,500.

Insurance Plans

You are automatically enrolled in Basic Group Life at no cost to you.

You can also elect additional insurance to increase your coverage for yourself and your family.

Insurance	
Basic Life The Hartford Full Time (Team Member) Cost (Per Deduction) Included Coverage 1 X Salary Manage	Supplemental Life The Hartford (Team Member) Cost (Per Deduction) \$4.95 Coverage \$90,000 Manage
Long Term Disability The Hartford All Employees excluding APPs, CRNAs, Directors, Executives a... Cost (Per Deduction) Included Coverage 50% of Salary Manage	Short Term Disability The Hartford (Team Member) Cost (Per Deduction) Included Coverage 60% of Salary Manage
Spouse/Domestic Partner Life The Hartford (Spouse/Domestic Partner) Cost (Per Deduction) \$2.06 Coverage \$40,000 Manage	Child Life The Hartford (Child(ren)) Cost (Per Deduction) \$0.15 Coverage \$15,000 Manage
Voluntary Short Term Disability Waived Enroll	Critical Illness Team Member Waived Enroll
Critical Illness Spouse/Domestic Partner Waived Enroll	Critical Illness Child Waived Enroll

[Review and Sign](#) [Save for Later](#)

Eligibility “Rule of Thumb”

Plans can vary by employee group, but in general:

- To enroll a **Spouse/Domestic Partner** or a **Child** in a plan, you must first be enrolled in the corresponding **Team Member** plan.
- Example (Life Insurance):
 - Enroll **yourself** in **Supplemental Life** → then you can enroll **Spouse/DP Life** and **Child Life**.

How to Enroll (example: Supplemental Life)

On the Open Enrollment page, click **Enroll** on **Supplemental Life**.

- Choose **Select** and click **Confirm and Continue**.

Supplemental Life

Projected Total Cost (Per Deduction)
\$271.50

Plans Available
Select a plan or Waive to opt out of Supplemental Life.

1 item

Benefit Plan	*Selection	You Pay (Per Deduction)	Company Contribution (Per Deduction)
The Hartford (Team Member)	☒ Select ☐ Waive	\$4.95	

[Confirm and Continue](#) [Cancel](#)

Insurance Instructions

Important Information
The maximum coverage amount is \$1,000,000 across your plans: Basic Life - The Hartford Full Time (Team Member), Supplemental Life - The Hartford (Team Member).

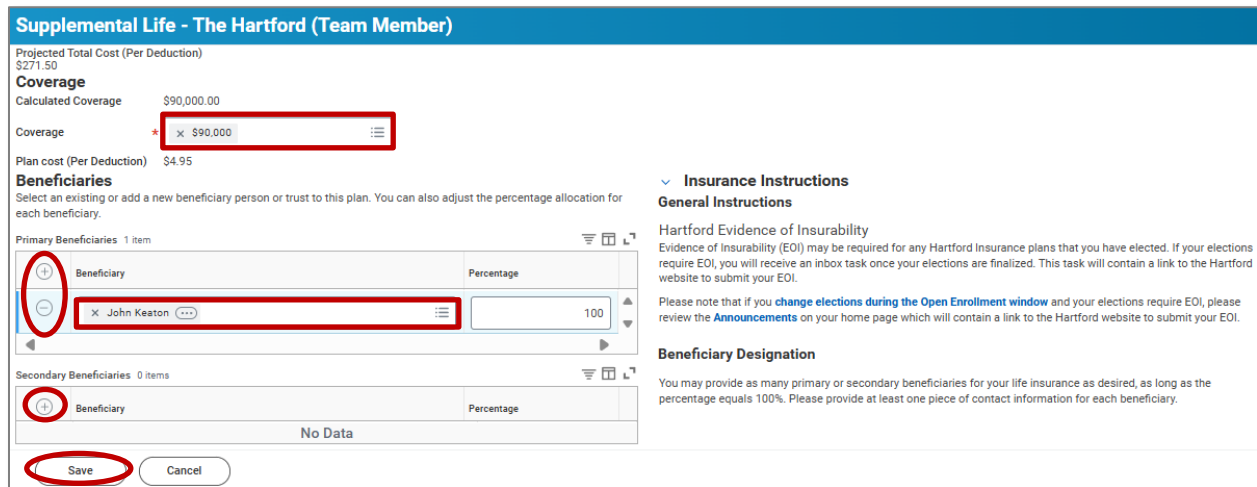
The maximum coverage amount is \$1,000,000 across your plans: Supplemental Life - The Hartford (Team Member).

General Instructions

Hartford Evidence of Insurability
Evidence of Insurability (EOI) may be required for any Hartford Insurance plans that you have elected. If your elections require EOI, you will receive an inbox task once your elections are finalized. This task will contain a link to the Hartford website to submit your EOI.

Please note that if you **change elections during the Open Enrollment window** and your elections require EOI, please review the **Announcements** on your home page which will contain a link to the Hartford website to submit your EOI.

2. Enter or pick your desired **Coverage** amount (Workday shows your **cost per deduction**).
3. Under **Beneficiaries**, add (+) or select your beneficiaries and set **percentages totaling 100%** for Primary (and optionally Secondary) beneficiaries. To delete, use the minus sign (-).



Supplemental Life - The Hartford (Team Member)

Projected Total Cost (Per Deduction)
\$271.50

Coverage
Calculated Coverage \$90,000.00
Coverage * x \$90,000

Plan cost (Per Deduction) \$4.95

Beneficiaries
Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 1 item

Beneficiary	Percentage
x John Keaton	100

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Save **Cancel**

Insurance Instructions
General Instructions
Hartford Evidence of Insurability
Evidence of Insurability (EOI) may be required for any Hartford Insurance plans that you have elected. If your elections require EOI, you will receive an inbox task once your elections are finalized. This task will contain a link to the Hartford website to submit your EOI.
Please note that if you [change elections during the Open Enrollment window](#) and your elections require EOI, please review the [Announcements](#) on your home page which will contain a link to the Hartford website to submit your EOI.

Beneficiary Designation
You may provide as many primary or secondary beneficiaries for your life insurance as desired, as long as the percentage equals 100%. Please provide at least one piece of contact information for each beneficiary.

4. Click **Save**. The tile will show **UPDATED**.

Important

Increase in coverage amounts will require **Evidence of Insurability (EOI)** with the carrier. If required, you will receive a Workday inbox task after you submit your Open Enrollment changes with a link to complete EOI. If the EOI is declined or not completed, your election may be reduced or waived per plan rules.

Enroll Your Dependents (Spouse/DP or Child)

After you save your own elections:

1. Open **Spouse/Domestic Partner Life** and/or **Child Life** and click **Enroll**.
2. Select coverage and choose the dependent(s) to cover (only eligible types will be available).
3. Click **Save**.

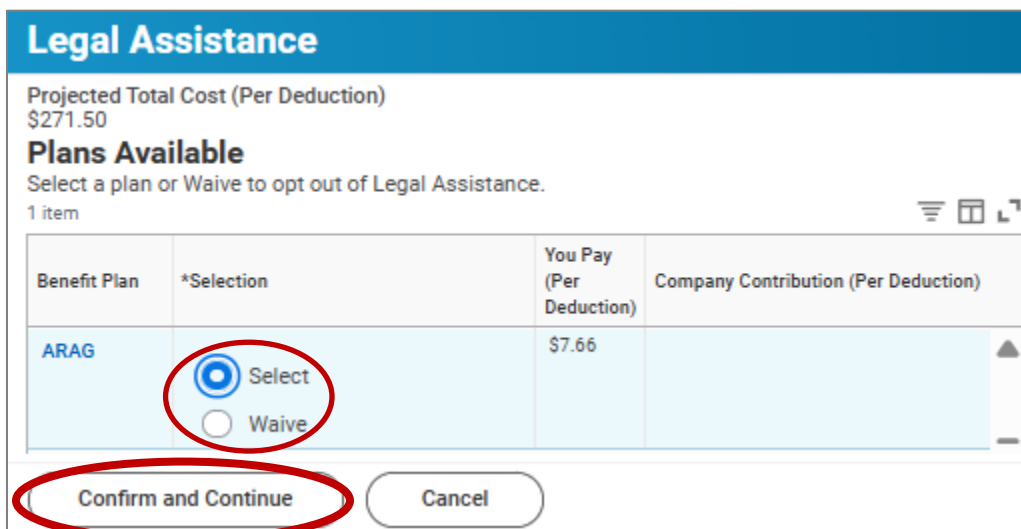
The same sequence applies to all plan types (for example, for Critical Illness: enroll Team Member first, then Spouse/DP or Child).

Legal Assistance

Legal Assistance provides access to a network of attorneys and covered legal services for a low, per-paycheck cost.

How to enroll

1. On the **Additional Benefits** tiles, click **Enroll** on **Legal Assistance**.
2. On the plan screen, choose **Select** for the provider and review the **You Pay (Per Deduction)** amount.



Legal Assistance

Projected Total Cost (Per Deduction)
\$271.50

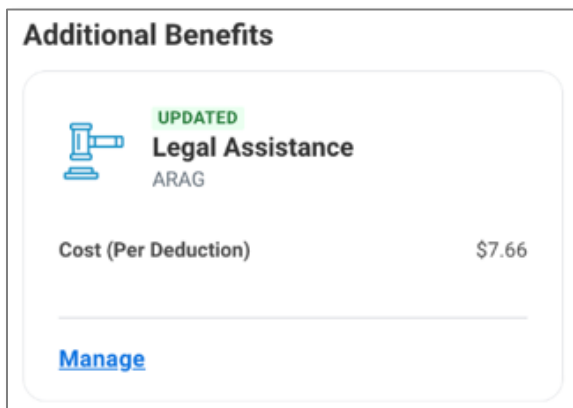
Plans Available
Select a plan or Waive to opt out of Legal Assistance.

1 item

Benefit Plan	*Selection	You Pay (Per Deduction)	Company Contribution (Per Deduction)
ARAG	☒ Select ☐ Waive	\$7.66	

Confirm and Continue **Cancel**

3. Click **Confirm and Continue**, then **Save**. The tile will show **UPDATED**.



Additional Benefits

 **UPDATED**
Legal Assistance
ARAG

Cost (Per Deduction) \$7.66

[Manage](#)

Submit Your Elections and View Summary

When you're finished making selections, submit them to finalize your Open Enrollment.

1. Review and Sign

- a. On the Open Enrollment page, click **Review and Sign**.

Open Enrollment

Projected Total Cost (Per Deduction)

\$305.64

Health Care and Accounts

UPDATED

Medical

Allegiance Traditional

Cost (Per Deduction)

Coverage

\$164.34

Team Member + Child(ren)

Dependents

1

Manage

UPDATED

Dental

Cigna Standard

Cost (Per Deduction)

Coverage

\$26.48

Team Member + Family

Dependents

3

Manage

UPDATED

Vision

Waived

Enroll

UPDATED

Accident

Waived

Enroll

REVIEWED

Hospital Indemnity

Waived

Enroll

UPDATED

Identity Theft Protection

Waived

Enroll

REVIEWED

Health Savings Account

Waived

Enroll

UPDATED

Healthcare FSA

Chard Snyder

Contribution (Per Deduction)

\$100.00

Manage

REVIEWED

Dependent Care FSA

Waived

Enroll

REVIEWED

Limited FSA

Waived

Enroll

Insurance

REVIEWED

Basic Life

The Hartford Full Time (Team Member)

Cost (Per Deduction)

Coverage

Included

1 X Salary

Manage

UPDATED

Supplemental Life

The Hartford (Team Member)

Cost (Per Deduction)

Coverage

\$4.95

\$90,000

Manage

REVIEWED

Spouse/Domestic Partner Life

The Hartford (Spouse/Domestic Partner)

Cost (Per Deduction)

Coverage

\$2.06

\$40,000

Manage

REVIEWED

Child Life

The Hartford (Child(ren))

Cost (Per Deduction)

Coverage

\$0.15

\$15,000

Manage

REVIEWED

Long Term Disability

The Hartford All Employees excluding APPs, CRNAs, Directors, Executives and...

Cost (Per Deduction)

Coverage

Included

50% of Salary

Manage

REVIEWED

Short Term Disability

The Hartford (Team Member)

Cost (Per Deduction)

Coverage

Included

60% of Salary

Manage

UPDATED

Voluntary Short Term Disability

Waived

Enroll

UPDATED

Critical Illness Team Member

Waived

Enroll

UPDATED

Critical Illness Spouse/Domestic Partner

Waived

Enroll

UPDATED

Critical Illness Child

Waived

Enroll

Additional Benefits

REVIEWED

Legal Assistance

ARAG

Cost (Per Deduction)

\$7.66

Manage

Review and Sign

Save for Later

2. Review your Summary

- The View Summary page lists your Selected Benefits (coverage, dependents, beneficiaries, and cost) and all Waived Benefits.
- Review carefully. If you need to change anything, close the window and reopen the relevant tile to update it.

View Summary

Projected Total Cost (Per Deduction)
\$305.64

Indicate your agreement with these elections via the electronic signature checkbox at very bottom of page.

Selected Benefits 10 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical Allegiance Traditional	01/01/2026	01/01/2026	Team Member + Child(ren)	John Keaton		\$164.34
Dental Cigna Standard	01/01/2026	01/01/2026	Team Member + Family	Jane Keaton John Keaton		\$26.48
Healthcare FSA Chard Snyder	01/01/2026	01/01/2026	\$2,300.00 Annual			\$100.00
Basic Life The Hartford Full Time (Team Member)	04/01/2023	04/01/2023	1 X Salary			Included
Supplemental Life The Hartford (Team Member)	04/01/2023	04/01/2023	\$90,000		Jane Keaton	\$4.95
Spouse/Domestic Partner Life The Hartford (Spouse/Domestic Partner)	04/01/2023	04/01/2023	\$40,000	Jane Keaton	Alex Keaton	\$2.06
Child Life The Hartford (Child(ren))	04/19/2023	04/19/2023	\$15,000			\$0.15
Long Term Disability The Hartford All Employees excluding APPs, CRNAs, Directors, Executives and Physicians (Team Member)	04/01/2023	04/01/2023	50% of Salary			Included

3. Accept and Submit

- Scroll to the bottom of the Summary page.
- Check the electronic signature box (I Accept) and click **Submit**.

Electronic Signature

Legal Notice: Please Read

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status.
- You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.
- Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a qualified change in status event during the calendar year.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within 31 days after your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within 31 days after the marriage, birth or adoption.

Tobacco Use Affidavit
Health plan participants who are tobacco-free avoid the tobacco use fee savings up to \$600 per year.
NOTE: Tobacco products include cigarettes, e-cigarettes, cigars, chewing tobacco, pipe tobacco, or any other products regardless of the frequency or method of use.

My electronic response certifies that the statements below are true and correct:

- The responses I am about to give will accurately and truthfully reflect tobacco usage by me and/or my covered dependents.
- I understand the definition of tobacco products provided in this Affidavit.
- I understand that I and/or my covered dependents will have the opportunity to qualify for the no-tobacco user premium at least once a year by submitting a revised Affidavit or by taking advantage of the reasonable alternative standard Carle provides.
- I understand that if I fail to complete this Affidavit truthfully, Carle may take adverse employment action against me up to and including termination of my employment because an untruthful response constitutes falsification of a document in violation of the Employee Discipline and Misconduct Policy.
- I understand that if it is medically advisable for me or my covered dependents to attempt to meet the requirements of this program, Carle will make available a reasonable alternative standard for me and/or my covered dependents so that I may avoid the tobacco surcharge.
- I understand that the reasonable alternative standard will include, but may not be limited to, my participation in the Smoking Cessation Program, *Quit for Life*.
- I understand that if Carle obtains information establishing that I or my covered dependents use tobacco products and did not participate in the Smoking Cessation Program, *Quit for Life*, Carle will implement the higher tobacco-user premium regardless of the representations I make of this Affidavit.

I Accept ☒

Note: An error will display if the electronic box is not checked or required documentation is not attached.

Error

1. Page Error

Select I Accept under the Electronic Signature section to submit your elections.

Alert

1. Page Alert

- You have added dependents to Health and/or Dental coverage who are unverified. Please attach proof of dependent relationship for dependent(s):

John Keaton

If the documentation you provided at the beginning of this event is the same document(s) you would provide for Dependent Verification, you do not need to attach the document again and can submit your benefit elections.

NOTE: Your Elections will NOT BE COMPLETE until all dependent verification documents have been provided and approved by the Benefits Department. Dependent verification documents are due in the same 31 day event window as your benefit change request.

4. Confirmation and next steps

- Click **View 2026 Benefits Statement**. You'll see a **Submit Elections Confirmation** page with your final elections. Click **Print** to open a printable copy of your summary for your records.

Submitted

You've submitted your elections.

Important Dates:

Benefits go into effect 01/01/2026

Final day to update benefits 11/20/2025

View 2026 Benefits Statement

Done

- If any plan requires **Evidence of Insurability (EOI)**, you will receive a **Workday Inbox** task with a link to complete it. Your coverage may be limited or pending until EOI is approved.

Updating Your Enrollment

You can update your Open Enrollment choices any time until the last day of the enrollment window (between 11/4-11/20).

How to reopen your event

- Open the **Menu** and select **Benefits and Pay**.

MENU CarleHealth Search

Benefits and Pay

- Overview
- Benefits
- Pay
- Compensation
- Suggested Links

Tasks and Reports

Withholding Elections Payment Elections

Needs Attention

SUBMITTED

Benefit Event: Open Enrollment

Submit elections by November 20, 2025.

Edit

2. On the **Overview** tab, locate the **Benefit Event: Open Enrollment** card (you will see the **Submit elections by date**).
3. Click **Edit** to reopen the event.

Finish up

- Update any plans you need, then click **Review and Sign** again.
- Scroll to the bottom, check **I Accept**, and click **Submit** to resubmit your elections.