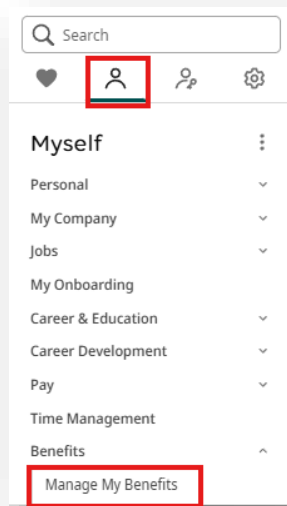


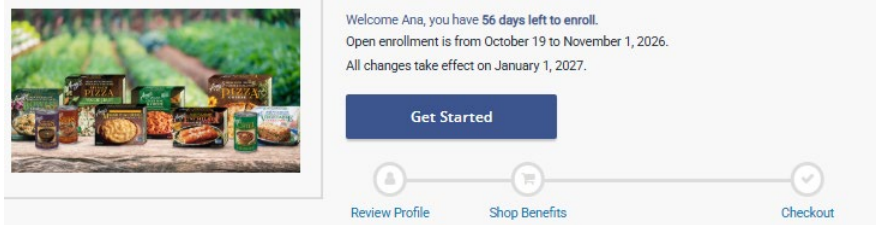


Open Enrollment Reference Guide for UKG

1. Please review your personal information in UKG to ensure your address and contact information are up to date prior to navigating to your Benefits.
2. For benefits, navigate to **Menu > Myself > Benefits > Manage My Benefits**



3. A new page will open and take you to Benefits Administration, where you will select **"Get Started."**
4. Manage your Profile Page: Confirm your information is correct.
 - If incorrect, follow the instructions at the top of the page to submit corrections.
5. Then select **"Review My Family."**



6. To add a dependent, select **"Add Family Member."**
Please provide the information highlighted on the right side of the screen. After entering the required information, click **"Save"** to proceed.
- *Repeat this process to add any additional dependents.

A screenshot of the 'Add Family Member' form in the UKG system. The form is divided into two sections: 'Basic Information' and 'Additional Info'. In the 'Basic Information' section, the following fields are highlighted with red boxes: 'First Name *', 'Last Name *', 'Gender *', 'Relationship *', 'Middle Name', 'SSN *', and 'Birthdate *'. The 'Additional Info' section contains checkboxes for 'Lives At Home' (checked) and 'QMCSO', a 'Verified' checkbox, and an 'ITIN' field.



Open Enrollment Reference Guide for UKG

7. Once you have added all dependents, click on **"Next: Shop for Benefits."**

IMPORTANT: Dependent verification is required for all new dependents. To see the full list of acceptable documents, click the link on this page or visit the Amy's benefit website.

Manage your family members

View, add, edit or remove dependents here. If you add a new family member, the family member won't be added to your benefits automatically. You still need to add the family member to any applicable benefits.

Additional Content (2):

- Acceptable Documents
- Documentos Acceptables

Examples of acceptable documents:

Spouse: two documents needed
Marriage license
and

Current Family Members

Jose (Test) Spouse View Details Remove Edit	David (Test) Child View Details Remove Edit	+ Add Family Member
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[← BACK](#)

[Next: Shop for Benefits](#)

8. To enroll in or change your benefits, click **"View or Change Plan"** to explore all available options. If you have not enrolled in the plan previously, select **"Shop Plans."**

New Enrollment Plan Year Effective from 01/01/2026 to 12/31/2026

Medical

☒ Allied Insurance Amy's Platinum Medical Plan \$629.20 Per Pay Period [View or Change](#)

Vision

☒ VSP Vision care VSP Vision Care \$4.07 Per Pay Period [View or Change](#)

Dental

☒ Anthem Amy's Anthem Dental Complete Plan \$35.79 Per Pay Period [View or Change](#)

Behavioral and Mental Health

☒ MODERN HEALTH Modern Health [View or Change](#)

Flexible Spending Account

☐ No Plan Selected [Shop Plans](#)

9. Only the appropriate dependents will appear; you can add/remove them by checking the box next to their name.

*Select the dependents you want to include for this benefit; the dependents not selected will be removed if currently enrolled in the benefit.

** The total deduction per pay period will automatically be calculated based on the selected dependents.

*** You can also choose to waive Medical, Vision, & Dental by selecting the **"Decline Benefits"** option.

Family Covered [+ ADD FAMILY MEMBER](#)

☒ Yourself	☐ Jesse Rangel (Test)	☒ Nicholas Cruz (Test)
☒ Matthew Rangel (Test)		

Select Carrier

Select a Plan

Current Plan ALLIED Amy's Gold Plan \$186.47 Per Pay Period View Plan	Allied Insurance Amy's Platinum Medical Plan \$320.63 Per Pay Period Office Visit f... \$10 Office Visit f... \$10 Coinurance 0% View Plan	Decline Medical Benefits Decline Coverage
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Open Enrollment Reference Guide for UKG

10. Voluntary Life Insurance – If you would like to opt for voluntary life insurance, please enter your desired coverage amount, and the system will automatically calculate the cost per pay period.

– Please note that an Evidence of Insurability (EOI) is required if you choose a coverage amount that exceeds the Guaranteed Issue (GI) limit. The system will guide you through completing an electronic EOI, and a link will appear when you select **"Update Cart."**

* Repeat this process for all voluntary life and Accidental Death & Dismemberment (AD&D) benefits if you wish to elect them.

Voluntary Employee Life: Lincoln VOL

[← TO BENEFITS](#)

Select Coverage Level

Enrolled

Select Coverage Amount



\$50,000.00 (\$29.54)

Past Benefit



Generic

Decline

\$0.00
Per Pay Period

Lincoln
Financial
Lincoln VOL

\$29.54
Per Pay Period

[Update Cart](#)

[Decline Coverage](#)

11. When you are finished, click the **"Next: Review Beneficiaries"** button to continue.

IMPORTANT: You MUST either "Select" or "Decline" all coverages before the system will allow you to proceed and complete your enrollment.

Employer Contribution **\$415.00**
Your Cost Per Pay Period **\$125.95**

You must select or decline all coverages before moving on

[Next: Review Beneficiaries](#)

12. Please ensure you have listed beneficiaries. If not, click on **"Add Beneficiary."** Slide the icon to **"yes"** if you want to add secondary beneficiaries.



Basic Employee Life

Coverage amount \$78,000.00

Primary Beneficiaries (Required *)

You must designate a primary beneficiary for this benefit.

[+ Add Beneficiary](#)

Would you like to add secondary beneficiaries?

No ☒ Yes

13. Enter Beneficiary information. You may choose an existing beneficiary from the drop-down or enter a new one.



Open Enrollment Reference Guide for UKG

- Name, Relationship, and Allocation are mandatory fields. Allocation must equal 100%.

14. When finished, confirm your changes by selecting **"Add."**

Click on **"Review and Checkout"** to proceed to the last step.

Select an existing beneficiary from the drop-down menu or enter a new beneficiary's information below.

Jesse J Rangel (Test)

or create a new one

Name *

Jesse J Rangel (Test)

Relationship *

Spouse

Allocation *

100

Address 1

123 Main Street

Address 2

City

Evermore

State

TX

Zip Code

75165

☒ Add to all benefits

Add CANCEL

15. Take a moment to review your selections. If everything looks good, click **"Checkout"** at the bottom of the page.

- If you need to make any changes, click the **"View or Change"** button next to the benefit you wish to edit.

16. Congratulations! You have now completed your enrollment!

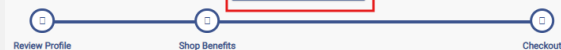
IMPORTANT: Please keep a copy of your confirmation for your records. You can download, email, or print it.

Current Benefit Elections

Enrollment Complete!

You have completed the open enrollment process and confirmed your benefits.

Need a copy of your benefits confirmation statement?



The coverage details listed below are the current active elections on file for you and your dependents.

- If you believe there is an error in your statement, please contact your Benefits Administrator.
- If you need to make changes due to a qualifying life event, please click on the Life Event link.

Click on the icons below to print your confirmation statement or generate a pdf file.

New Enrollment Plan Year Effective from 01/01/2026 to 12/31/2026

2027 OE Notes:

- The benefits you selected will take effect on January 1, 2027.
- If you would like to participate in the FSA plan in 2027, you must re-enroll.
 - Maximum contribution \$3,500 annually
 - Carryover, up to \$700 of unused funds can be rolled over to 2027.
- The first paycheck deduction for these benefits will occur January 15, 2027.
- For login issues, please contact HRMSupport@amys.com.