

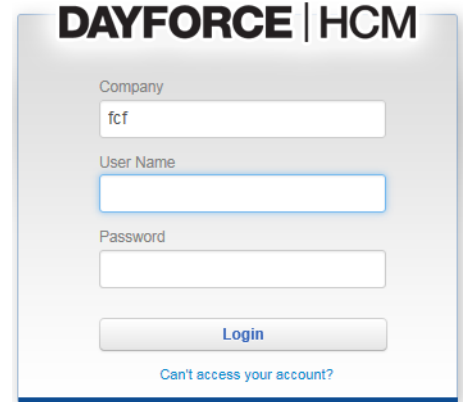
Dayforce Step-by-Step Guide for Annual Enrollment

This step-by-step guide will walk you through how to make changes to your benefits in Dayforce.

Log into Dayforce

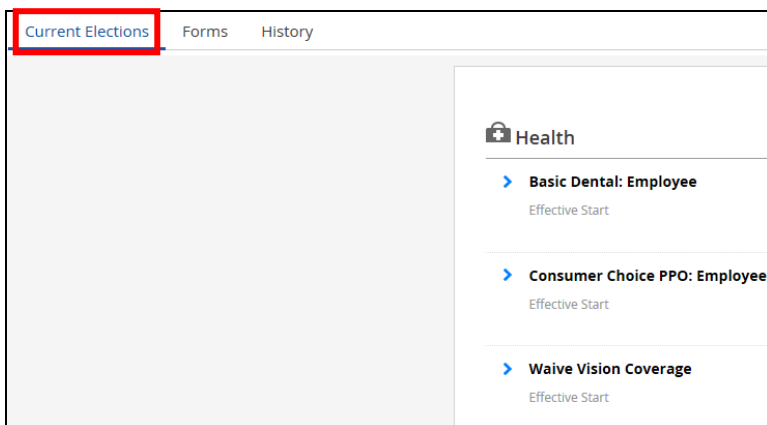
1. Log into Dayforce at <https://dayforcehcm.com>.
2. To access your account use your User Name (this is your six digit clock number) and password
 - If you do not know your User Name, contact your Benefits Coordinator.
 - If you forgot your password, click the "Can't access your account?" link.

NOTE: If you have difficulties accessing your Dayforce account, email HRIS@FarmCreditFoundations.com and a Foundations team member will assist you.



Review Current Benefits Summary

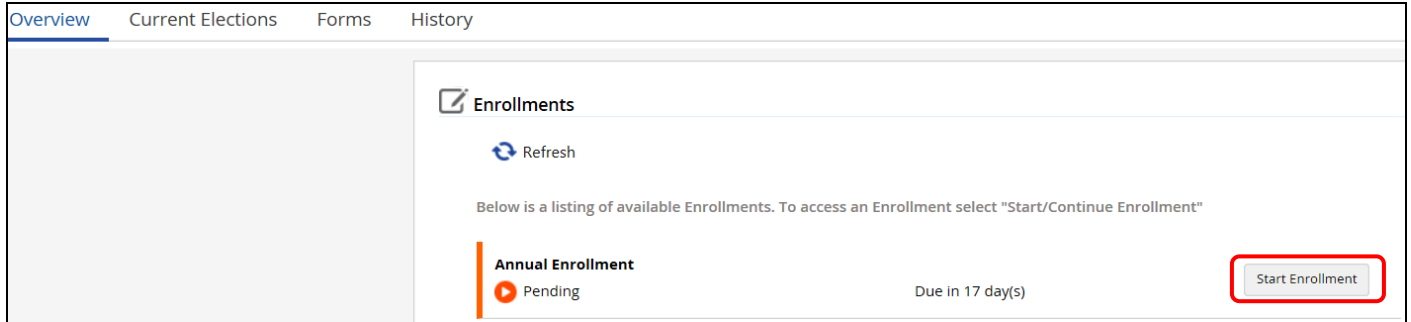
3. Once you log into Dayforce, you will want to review your current benefit elections. To view your current benefit elections, click on **Benefits** on the home screen, then click on **Current Elections**.



Make Your Elections

4. Under **Benefits** in the **Overview** tab you will see your Annual Enrollment. Click on **Start Enrollment**.

Note: You can disregard the **HSA Election Change** option while you are going through Annual Enrollment. You will have an opportunity to enroll in the HSA as part of the Annual Enrollment process. You will use the **HSA Election Change** anytime you would like to make a change to your HSA outside of Annual Enrollment.



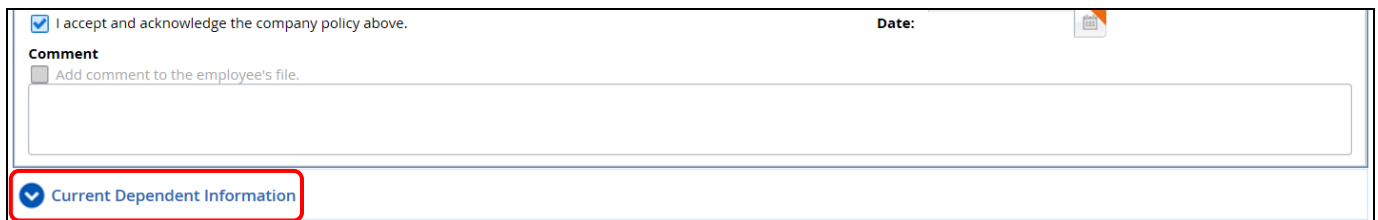
The screenshot shows the 'Overview' tab with a sub-tab for 'Current Elections'. The main content area is titled 'Enrollments' and includes a 'Refresh' button. Below this, a message states: 'Below is a listing of available Enrollments. To access an Enrollment select "Start/Continue Enrollment"'. A card for 'Annual Enrollment' is shown with a 'Pending' status and a 'Due in 17 day(s)' indicator. A 'Start Enrollment' button is highlighted with a red box.

5. Once you have read through the important *information*, click **Next**.

Note: Once you start making your Annual Enrollment elections, you are required to elect or re-enroll in coverage for all benefit plans you would like to enroll in. If you are waiving coverage you must select "waive coverage" in order to submit your enrollment elections.

6. On the same screen you will see a **Current Dependent Information** drop-down box. Click on this drop-down box to add, remove or edit current covered dependents.

Important: In order to comply with ACA requirements Dayforce requires all dependents have a Social Security Number on file. You will not be able to complete enrollment without adding missing Social Security Numbers. If you're receiving an exception error verify all dependents have Social Security Numbers.



The screenshot shows a form with a checked checkbox for 'I accept and acknowledge the company policy above.' and a 'Date:' field. Below this is a 'comment' section with a text area and a 'Current Dependent Information' dropdown menu, which is highlighted with a red box.

7. Read through the electronic notices. The **Accept and Acknowledge** check box will already be checked for you.

effective date for certain changes that will be required by PPACA and, in some cases, are fully exempt from those requirements for as long as the plan's grandfathered status is retained.

Notice of Continuation Coverage summarizes the continuation coverage provision of the Firm Credit Benefit Plan voluntarily offering employees and their families an extension of medical, dental and vision coverage at group rates in certain instances.

EEOC Wellness Notice summarizes requirements related to an employer related Wellness program and how medical information may be used.

Health Care Reform Marketplace Exchange Notice addresses the mandate that all individuals must have health insurance or pay a tax penalty. Firm Credit Foundations medical plans meet the benefit eligibility requirements. That means that as long as an employee is enrolled in one of the Foundations medical plans, that employee and covered dependents meet the individual mandate to have health insurance.

Medicaid and the Children's Health Insurance Program Offer Free Or Low-Cost Health Coverage To Children (CHIPRA) Notice provides information regarding those states that participate in this program and your rights if you are eligible for this coverage.

Women's Health and Cancer Rights Act of 1998 ("WHCRA") details benefits you may be entitled to under your health care plan if you have had or are going to have a mastectomy.

Medicare Part D Notice details information about prescription drug coverage with Firm Credit Foundations and about your options under Medicare's prescription drug coverage.

File Name	Document Type	Last Updated	Last Modified By
HIPAA Notice.pdf			007128
MedicareDCreditableCoverageNotice.pdf			007128
EEOC Wellness Notice.pdf			007128
Womens Health and Cancer Rights Act.pdf			007128

I accept and acknowledge the company policy above. Date: 10/4/2016

Comment

8. All of your current, covered dependents will display. To make changes to your dependents, use the **Remove, View/Edit** or **Add** buttons.

Important: Adding a dependent's information does **NOT** automatically enroll them in a benefit plan. You **MUST** add them to **each benefit** when going through the enrollment process.

FCF Consent for Electronic Delivery

Current Dependent Information

Current Dependent Information

Below is the list of your current dependents. You have the ability to Add, Edit, and/or Remove dependent(s).

Currently, you do not have any dependents.

Add

9. In order to add a dependent, provide personal information for each covered dependent.

Note: Any dependent you are adding older than six months requires a Social Security Number.

Edit Dependent

Personal Information * Required Field

First Name*

Middle Name

Last Name*

Gender*

Relationship*

Birth Date*

SSN

Tobacco/Smoker

Date last used Tobacco/Smoked

Student

Disabled

Marital Status

Primary Address

Your address will be used as the dependent's primary address, unless a new address is entered.

Other Address

Phone Number

Currently does not have a phone number.

10. Once you have added all of the dependents you would like to cover, click **Next**.

Current Dependent Information

Below is the list of your current dependents. You have the ability to Add, Edit, and/or Remove dependent(s).

Name	Relationship	Birth Date	
Baby Monster	Child	9/13/2015	<input type="button" value="Remove"/> <input type="button" value="View/Edit"/>

11. Complete each section of the enrollment according to which benefits you would like to enroll in. In order to verify or add your covered dependents, click the **Show Details** button.

Dependents
Please select dependents to be enrolled.

Minimum number of Dependent(s): 1

+ Add

Dependents	Remove
Monster, Baby (Child) Birth Date: 9/13/2015	X

Save Cancel

Note: To view your current elections, click on the **Your Current Elections** button at the top of the screen.

Health & Welfare

To maintain your current elections, please select the box next to the Check Mark in the green circle.

Medical - You have the option between two medical plans. Both plans are administered through Blue Cross and Blue Shield of Illinois. If participating in the medical plan, you are automatically enrolled in prescription coverage through CVS/Caremark. For more detailed plan information review the [Medical Plan Highlights](#).

Dental - You have the option between Basic and Comprehensive Coverage. Both plans are administered by Delta Dental of Kansas. For more detailed plan information review the [Dental Plan Overview](#).

Vision - Coverage is administered by VSP. For more detailed plan information review the [Vision Plan Overview](#).

Confirm covered dependents by clicking on the "Show Details" button under each benefit section

12. Once you have enrolled in the coverage you would like, click the **Next** button at the bottom of the screen.

Note: If you do not wish to enroll in any of the medical/dental/vision benefits, you must select **"Waive Coverage"**.

Friendly Reminders:

- All Tax Advantage Accounts are reset to **ZERO** on January 1, unless you elect a contribution amount during Annual Enrollment
 - You can only elect the Health Care FSA if you have WAIVED medical coverage. You are ineligible for the Health Care FSA if you enrolled in the Consumer Choice 1 or 2 plans.
 - Health Care FSA Limit for 2019 is \$2,650
 - If you elected the Consumer Choice 1 or 2 plans, you can **ONLY** elect to participate in the HSA and/or Limited Purpose FSA. You are **NOT** eligible to participate in the Health Care FSA. The HSA and Limited Purpose FSA may be elected individually or together.
 - Your HSA contribution **cannot** exceed the IRS limits. For 2019 the maximum single coverage contribution is \$3,500 and the maximum family coverage contribution is \$7,000.

If you are 55 or older, you are able to contribute an additional \$1,000 in HSA catch-up contributions.

- Limited Purpose FSA expenses are limited to dental and vision care/products that meet the IRS definition of health care. Please refer to IRS Publication 502 for additional information
- The Dependent Care FSA pays for childcare or adult dependent care expenses that are necessary to allow you or your spouse to work, look for work, or attend school full time.
 - Per IRS regulations, the maximum amount you can contribute to the Dependent Care FSA is \$5,000 per household (\$2,500 if married and filing separately). Please refer to IRS Publication 502 & 503 for additional information.
- If you do not wish to enroll in any of the medical/dental/vision benefits, you must select **“Waive Coverage”**.

Reimbursement

Reminder: Tax Advantage Accounts are set to \$0 on January 1 of each year. You must enter an amount if you choose to contribute in 2016.

- FSA Dependent Care
- FSA HealthCare
- Health Savings Account

Close Save Draft Back **Next**

13. Review your elections one last time. If you need to make changes, click the **Back** button. **Print** your confirmation statement for your records. When you are ready to submit your enrollment elections, click the **Submit Enrollment** button (you have these options at the bottom of the page as well).

Note: You are not enrolled until you click **“Submit Enrollment”**. Confirmation statements will **NOT** be mailed, this is your opportunity to print your confirmation statement for your records.

Confirmation

Please review the summary of your elections. You are not enrolled until you click the 'Submit Enrollment' button and your choices are approved.

Close Save Draft Back Print **Submit Enrollment**

Please review the summary of your elections. You are not enrolled until you click "Submit Enrollment" and your choices are approved by Farm Credit Foundations.

Feel free to print a copy of the confirmation statement for your records. We encourage you to review your first paycheck in _____ to ensure the changes requested are accurately deducted. If you have elected to make a change that is not allowed with this event you will be notified.

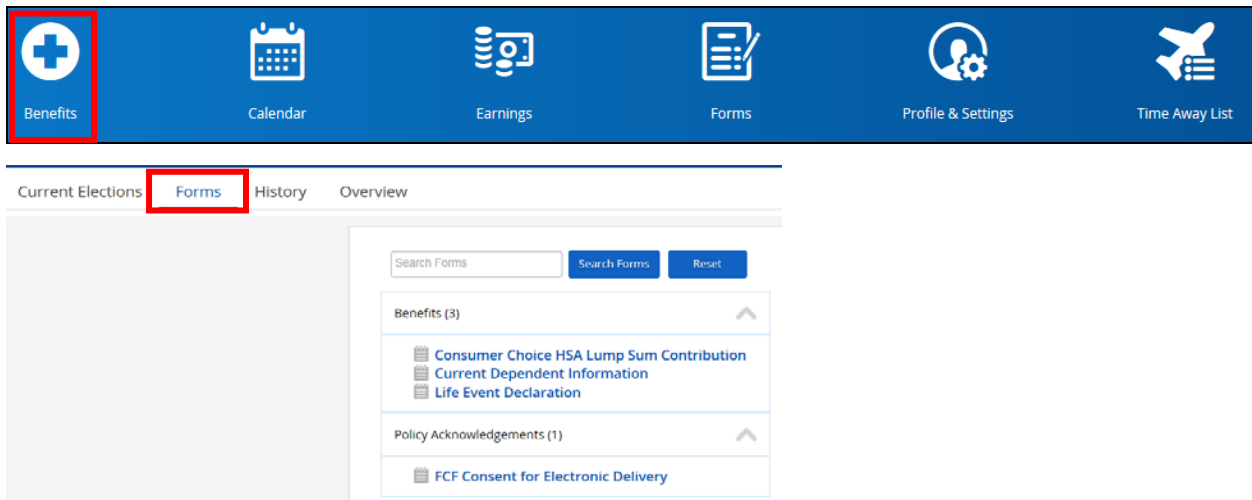
Health

Benefits elected during Annual Enrollment are effective January 1. Your deductions will start with your January 15 paycheck. Your elections will remain in effect for the calendar year unless you experience a qualifying event that allows a change in your benefit elections.

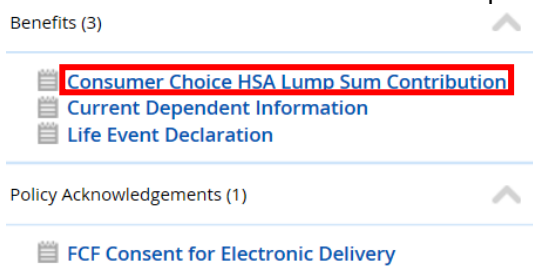
HSA Lump Sum

You have the option to submit lump sum contributions into your HSA anytime throughout the year.

1. Click on **Benefits** on the home screen, then click on **Forms**.



2. Click on Consumer Choice HSA Lump Sum Contribution



3. Enter the dollar amount you'd like to contribute and the effective date, and click **Submit**

The image shows a form titled 'Consumer Choice HSA Lump Sum Contribution'. The form is for 'Employee Contribution Form' and is for 'Labelle, Amber Joyce' (Status: Active, Employee Number: 009171). The form includes instructions: 'Use this form to make a one-time contribution to your Health Savings Account. You must be enrolled in the Consumer Choice Medical Plan to be eligible for an HSA.' Below the instructions, there are two sections: 'Automatic Payroll Deductions' and 'Employee Contribution Form'. The 'Automatic Payroll Deductions' section includes instructions: 'Enter the one-time amount to be contributed in addition to your regularly scheduled HSA contribution. Additional entries will result in additional contributions. Please keep in mind that amounts over the IRS limit or greater than your regular pay check allows will not be taken. Elections must be received 8 days prior to check date.' The 'Employee Contribution Form' section has two input fields: 'Amount in Dollars' (with the value '500') and 'Effective Date' (with the value '1/15...'). At the bottom of the form, there are four buttons: 'Save Draft', 'Submit', 'Cancel', and 'Print'.

Change Life Insurance Coverage

The benefits listed below are **NOT** available for enrollment in Dayforce. If you would like to make changes to these benefits, please follow the instructions below **AFTER** you have completed Dayforce enrollment.

Life Insurance and Accidental Death and Dismemberment Benefits

If you would like to review, elect, make changes or update beneficiaries for your life insurance and AD&D benefits, log onto www.lifebenefits.com and complete an online application.

Farm Credit Foundations offers the following group insurance coverage's:

- Employee Group Universal Life Coverage with optional Cash Accumulation Fund
- Spouse Group Universal Life Coverage with optional Cash Accumulation Fund
- Basic Term Life and AD&D Insurance
- Optional Basic Term Life and AD&D Insurance
- Dependent Term Life Insurance for your children
- Voluntary AD&D coverage for yourself
- Voluntary AD&D coverage for you and your family

If you forgot your User ID or password click on "Forgot your ID or password?" or call Minnesota Life directly at 800-843-8358

Change 401(k) Contributions

To make changes to your 401(k) that will be effective on the first check of the year (January 15 paycheck), you **MUST** make your changes between **December 14, 2018 and December 27 at 3:00 p.m. (Central)**. Changes are made through John Hancock's website, mylife.jhrps.com, or by calling the Participant Service Center at 1-800-294-3575.