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This job aid provides instructions for enrolling in or making payroll contribution changes to your HSA. See the <u>Create a One-Time HSA Contribution</u> instructions at the end of this job aid to make a **one-time** contribution.

Note: This job aid is for Greater Charlotte Region only.

#### 1. Enroll in or Change HSA

NAVIGATION	$ME \rightarrow BENEFITS \rightarrow REI$	PORT A LIF	E EVENT			
Step 1:	Good afternoon, Me My Team My Client Grou	ps Product Mar	agement Procur	ement Tools	Others	
	Personal Details	Directory	Conboarding	Checklist Tasks	즦 Pay	L Time and Absences
	Good afternoon, Me My Team My Client Groups GUICK ACTIONS	Product Mana	agement Procur	ement Tools	Others	
Step 2: Click on <b>Benefits</b> tile.	Personal Details  C Document Records  E B Identification Info	CD Directory	Onboarding .	Checklist Tasks	ڪ Pay	Time and Absences
	Contact Info	Career and Performance	Personal Information	Learning	Benefits	Current Jobs



Audience: All Teammates

Step 3: Click on <b>Report</b> a Qualifying Life Event.	Benefits	lake Charges to complete enrollment when n	verybenefits-eligible and during open error ions en items to complete	nert: Click on Report a Qua Mator nefits urrent, pat, and fahre 5	lifying Life Ever Changes	t to add dependents, to make chang Report a Qualifying Life Event Record a life event for excellment opportunities	ge to your HSA enror Bert Add	Riment/contributions, and to update/ ore You Enroll family and others before you	designate beneficiaries
		Upload document R upload document enrollments	Records Ints to support your Provide with your entry	s Tools and :es rollment guidelines before	•	Need Help? Contact the Benefits Service Center Contact your representative for help	HSJ Estin tax s acco	A Calculator nate future value, earnings, and avings for your health savings unt	
		Control Calculator Calculator See how much n encount	Care FSA more you can save by suble spending	Care FSA Calculator rour annual health care see how you can save th a flexible spending					
Step 4: Scroll down and		Iformation elect a life event to see if it pro Qualifying Life Event Divorce Legal separation Loss of coverage elsewhere Gain in coverage elsewhere Marriage Adoption or Birth	vides you opportunities to ele Documentation Needed Divorce   Annulment Separations Letter/Papers Letter from Provider   Copy of Insurance card/letter with co end date Letter from Provider   Copy of Insurance card/letter with co start date Marriage Certificate Birth   Adoption Certificate	ct new benefits or Region Atrium/Na erage erage Atrium/Na	change es avicent avicent	kisting ones. How to Submit Docu Upload supporting docu the "Document Records Note: Document Records Note: Documentation m submitted and approved enrollment or changes of You will receive notifical documentation is appro You will receive a docur request from Alight Solu Compliance is time-sens necessary for your depe coverage	mentation to " page. nust be d before can be made. tion once ved mentation utions, LLC. sitive and endent's	Pending Action Pending Actions can be viewed under Me> Benefits> Pending Actions Pending Actions can be viewed under Me> Benefits> Pending Actions	
update or change your HSA amount.		Select a L	ife Event	01200.25.0	art of	hirth adoption	orloga	Iplacament	
		<ul> <li>Add spou</li> <li>To add, up</li> </ul>	ise and/or depend pdate or change y	ent childre our HSA an	n due nount	to marriage	i oi iega	n placement	
		*When d <i>m/d/yyy</i> O To add, uj	lid this event occu	r? our designa	ated b	eneficiary info	rmation		_

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Stop 5:	*When did this event occur?
Use the current date as the effective date.	7/30/2021 <b>The second s</b>
Step 6: Click <b>Continue</b> in top right corner.	Continue . Cancel
Step 7: You will receive a Confirmation. Click <b>OK</b> . See <u>Tips: Step</u> <u>7a</u> for instructions on proceeding if you receive a message other than this confirmation.	Confirmation The life event Make changes to Health Savings Account (HSA) enrollment/contributions was created for 8/10/2021.
Note: Steps 8-9 are only for teammates who need to edit or add dependents/ beneficiaries. Click Continue to bypass these steps and go directly to Step 10.	Before You Enroll       Continue         Information       To cover family and others in benefits, add them now before you enroll.         People to Cover       + Add
Step 8a: To <b>edit</b> an existing dependent/ beneficiary, click on the person's <b>name</b> .	Before You Enroll       Continue         Information       To cover family and others in benefits, add them now before you enroll.         People to Cover       + Add         Image: Control of Cover       - Add



Step 8b: Click on the <b>pencil edit</b> icon(s).	Relationship         Relationship Start Date         Child/Step child         Relationship Start Date         6/5/2008         Emergency Contact         No         Primary contact         No         Start Date         7/19/2021         Demographic Info         Biographical Info	Country United States Atrium Health Atrium Health Atrium Health Dependent Verification Date 8/2/2011
Step 8c: Edit each category as needed. <b>Note:</b> Enter date when name or relationship change occurred in appropriate categories.	Relationship         Spouse         *When does this relationship change start?         m/d/yyyy         Ther 7/12/1999 if you're correcting a mistake in this relationship.         Emergency Contact         Primary contact         Name         Start Date         7/12/1999         First Name         Demographic Info	Submit       Cancel         Country       United States         Atrium Health          Atrium Health          Dependent verificat          Yes          Dependent Verification Date          9/12/2008          Middle Name          Last Name
Step 8d: Click <b>Submit.</b>	Sub <u>r</u>	<u>n</u> it <u>C</u> ancel



Step 9a: To <b>add</b> a dependent/	Before You Enroll Information To cover family and others in benefits, add them now before you enroll	
beneficiary, click <b>Add.</b>	People to Cover	+ Add
	Basic Information First Name	Suffix Select a value
Step 9b: Add dependent	Middle Name*Last Name	Preferred Name Credentials Select a value
information on the Basic Information screen.	Prefix Select a value  *Relationship Select a value	This person is an emergency contact
	*Relationship Start Date (Ex: Marriage date for Spouse)          m/d/yyyyy       fig         Gender       Gender	Primary contact
	Select a value        Date of Birth       m/d/yyyyy	Atrium Health
Step 9c: Click <b>Submit</b> in top right corner.	Sub <u>m</u> it	<u>C</u> ançel
Step 9d: Click <b>Continue.</b>	Continue .	Cancel



	Authorization	
	Atrium Health Benefits Attestation	
	By choosing and submitting my Benefits elections, I attest that the information I am providing is accurate and complete. I authorize the coverage selections and the associated payroll omy costs of the benefits selected.	deductions for
	I understand that once the enrollment period ends, I cannot make any benefits changes until the next Open Enrollment period or unless I experience a Qualifying Life Event (marriage, divorce/separation, birth or adoption, loss or gain of coverage, death of dependent). I further understand that once I am enrolled in one of the LiveWELL Health Plans, changing from or other is not a Qualifying Life Event: therefore, I will not be able to change plans until the next Open Enrollment period.	ne plan to the
Step 10	l understand the following:	
Click Accont	<ul> <li>If I elect the Health Savings Plan, I can elect to contribute to a Health Savings Account (HSA), a Limited Purpose Flexible Spending Account (LPFSA) and a Dependent Care Spending Account (LPFSA)</li> </ul>	ing Account
Click Accept.	<ul> <li>I understand to maintain the HSA, my prior annual election will move forward as my new annual election, and I do have the option to edit before submitting. I further the understand to maintain the HSA, the understand to maintain the HSA, the understand to maintain the HSA.</li> </ul>	er understand I
	can make changes to my HSA throughout the year, as needed. If I elect the Co-Pay Plan. I can elect to contribute to a Health Care Flexible Spending Account (FSA) and a Dependent Care Spending Account (DCFSA). The LiveWELL Incentives I I for the term of t	earn will be
	deposited in a LiveWELL Incentive Account. This is an account for Atrium Health contributions only and can be used for qualified medical expenses.  I understand to maintain the FSA. LPFSA and the DCFSA. I must re-enroll each year.	
	Benefit Enrollment remains in effect until changed or canceled by me during an annual Open Enrollment, or when permitted by a Qualifying Life Event.	
	I understand that the coverages I am applying for may require that I provide additional information.	
	randersand mit ny englonny to benefits may be anected in responding an my neerly samality notional charges ny fair anno or part and satura	
	Accept	
	Atrium Health Benefits Program	Cancel
Stop 11.	Currency in USD	
Click <b>popeil</b>	Vour Total Cost 0.00	
edit icon to	Please click on 'Submit' to finalize your elections. Your Benefits are not saved or complete until you click on 'Submit'.	<u></u>
make any final edits.	Savings and Spending Accounts	
	Savings Account with Health Savings Plan	
	Waived-HSA	



	Savings Account with Health Savings Plan Health Savings Account See More Info	
Step 13: Select <b>Teammate</b>	Coverage Amount 26.00	Teammate Contribution per pay period
Only or Family checkbox. You may also choose to waive	Coverage Amount 26.00	Teammate Contribution per pay period
coverage.	Waived-HSA Waived-HSA	



Step 14: The <b>Coverage</b> checkbox will appear. Enter your <b>per pay</b> <b>period</b> contribution amount and click <b>OK</b> .	Savings Account with Health Savings Plan Health Savings Account See More Info
Step 15: Click <b>Continue.</b>	Continue <u>C</u> ancel
Step 16: Click <b>Submit</b> to finalize your elections.	Sub <u>m</u> it <u>C</u> ançel
Step 17: You will receive a Confirmation. <b>Note:</b> if you receive a confirmation that differs from this one, call 704-631- 1500, Option 1	Your benefit elections were submitted. Last day of enrollment for this event is 11:59 PM EST, 8/19/2021 Confirmation



Audience: All Teammates

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<ul><li>Step 7a:</li><li>If you receive the following Confirmation means</li></ul>	sage, call 704-631-1500, Option 1.
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Confirmation The life event Make changes to Health Savings Account (HSA) enrollment/contributions was created for the date 7/30/2021. (BEN-991200) Details: Contact the benefits department for further processing.	
Notes	

#### 2. Complete a One-Time HSA Contribution

NAVIGATION	$ME \rightarrow BENEFITS \rightarrow MAKE CHANGES$
Step 1: Click on <b>Me</b> tab.	Me My Team My Client Groups Product Management Procurement Tools Others   QUICK ACTIONS APPS   Personal Details   Personal Details   Pocurement Records   Directory   Onboarding   Checklist Tasks   Pay   Time and Absences
Step 2: Click on <b>Benefits</b> tile.	Me       My Team       My Client Groups       Product Management       Procurement       Tools       Others         OUCCX ACTIONS       APPS         Personal Details       Personal Details



Step 3: Click on <b>Make</b> Changes.	Citck on Make Changes to complete errollment when newly benefits-eligible and during open errollment. Citck on Report a Qualifying Life Event to add dependents, to make changes to your HSA errollment/contributions, and to update/designate beneficaries.
Step 4: Add or update beneficiary/ dependent information if applicable. Click <b>Continue</b> in top right corner.	Defore You Enroll   Image: Second S
Step 5: Click on Atrium Health One Time/Incentive Contribution Program.	Select a Benefit Atrium Health Benefits Program Atrium Health One Time/Incentive Contribution Program



Step 6: Read the attestation, then click <b>Accept</b> .	Authorization         Atrium Health One Time/ Incentive Contribution Attestation         By choosing and submitting my one-time HSA contribution, I attest that the information I am providing is accurate and complete. I authorize the coverage selections and the associated payroll deductions.         I understand that once I have made a one-time HSA contribution; I cannot make any changes until the next Pay Period or applicable Incentive Payout.         I understand the following:         • ONE-TIME CONTRIBUTIONS MAY BE ONLY MADE TO AN HSA, INCLUDING INCENTIVES         • ONE-TIME CONTRIBUTIONS MAY BE ONLY MADE TO AN HSA, INCLUDING INCENTIVES         • ONE-TIME CONTRIBUTIONS MAY BE ONLY MADE TO AN HSA, INCLUDING INCENTIVES         • ONE-TIME CONTRIBUTIONS MAY BE ONLY MADE TO AN HSA, INCLUDING INCENTIVES         • ONE-TIME CONTRIBUTIONS MAY BE ONLY MADE TO AN HSA, INCLUDING INCENTIVES         • ONE ELECTION PER PAY PERIOD IS ALLOWED.         • The amount elected for one-time contribution will be deducted only in the Pay Period in which it is being elected.         • Though the amount entered is mentioned as "Per Pay Period Contribution" the enrollment amount will be deducted only for the Pay Period in which the enrollments are made and will not be carried forward to any subsequent pay period.         • I must have an active HSA account to make a one-time contribution.         • My one-time contribution from Incentives will not be deducted if my eligibility for the HSA plan changes in between the applicable pay period making me ineligible for benefits.         My one-time contribution of the HSA plan, i
Step 7: Click <b>pencil</b> <b>edit</b> icon to make changes to your <b>Health</b> Savings and Flexible Spending Accounts.	Atrium Health One Time/Incentive Contribution Program
Note: Click Submit if you have no changes. You will go directly to Step 11.	Per Pay Period Please click on 'Submit' to finalize your blections. Your Benefits are not saved or complete until you click on 'Submit'.  Health Savings and Flexible Spending Accounts  Health Savings and Flexible Spending Accounts  One Time/Incentive Contribution - HSA  One Time HSA Contribution - Regular Payroll Waie - HSA Contribution
See <u>Tips: Step</u> <u>7a</u> and <u>Step 7b</u> for additional instructions.	



	Health Savings and Flexible Spending Accounts					
Step 8: Click on pencil edit icon in One Time/Incentive Contribution - HSA field near the bottom of the page and select Coverage – HSA Contribution box.	Currency in USD Your Total Cost 0.00 Per Pay Period Please click the 'Continue' button and then. click 'Submit' on the next page to finalize your elections. Your Benefits elections are not saved until you click Submit.					
	Options Available with the Health Savings Plan         1. Health Savings Account (HSA); Teammates enrolled in high deductible medical plan can enroll into Health Savings Account(HSA) and Limited Purpose FSA         IRS Maximum Contribution         • Teammate only option \$3,600         • Family option \$7,200					
	NOTE: ONE-TIME CONTRIBUTIONS MAY BE MADE TO AN HSA, INCLUDING INCENTIVES. MARE ELECTIONS CAREFULLY AS ONLY ONE ENTRY PER PAY PERIOD IS ALLOWED. 2. Limited Purpose Fiexble Sciencing Account (LPESA); This helps you to set aside additional pretax dollars to cover eligible dental and vision expenses. (Not offered by What Forest ) IRS Maximum Contribution : \$ 2,750 Options Available with the traditional medical plan					
	One Time/Incentive Contribution - HSA One Time HSA Contribution - Regular Payroll  Coverage - HSA Contribution  Coverage Amount 100  Waive - HSA Contribution					
Step 9: Enter the one- time contribution amount in the Coverage box that appears, then click OK.	One Time/Incentive Contribution - HSA One Time HSA Contribution - Regular Payroll One Time HSA Contribution - Regular Payroll Coverage - HSA Contribution Coverage I to 7100, in increments of 0.01					
Step 10: Click <b>Continue</b> , then click <b>Submit.</b>	Continue     Cancel       Submit     Cancel					



Step 11: You will receive a confirmation that your benefit elections were submitted.			<i>?</i>	Your benefit elections were submitted. Last day of enrollment for this event is 11:59 PM EST, 9/2/2021 Confirmation				
Tips								
Health Savings and Flexible Spending Accounts		<b>Step 7a:</b> You may see the term, "waived" in this field, as this is the default for a one-time						
One Time/Incentive, Contribution - HSA		contribution. This <b>does not</b> mean that your HSA plan is waived.						
One Time HSA Contribution - Regular Payroll Waive - HSA Contribution		Step 7b: Certain incentives, such as PPI/MAIP, will have special election options. Teammates will be notified and receive instructions when these events occur.						



