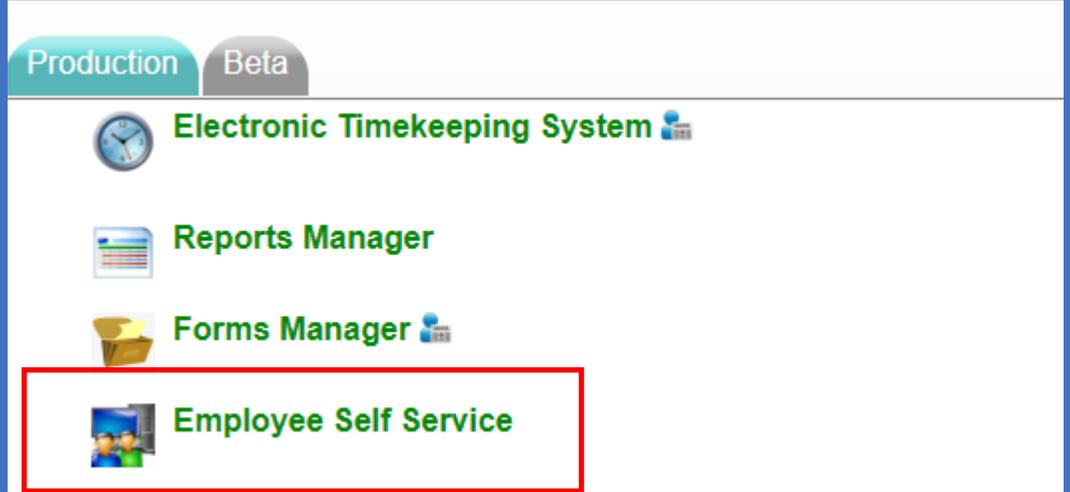
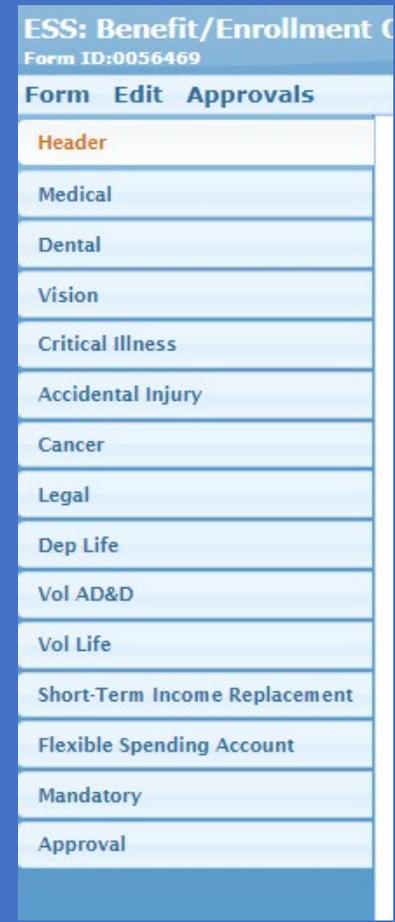


Using the Electronic Open Enrollment Form

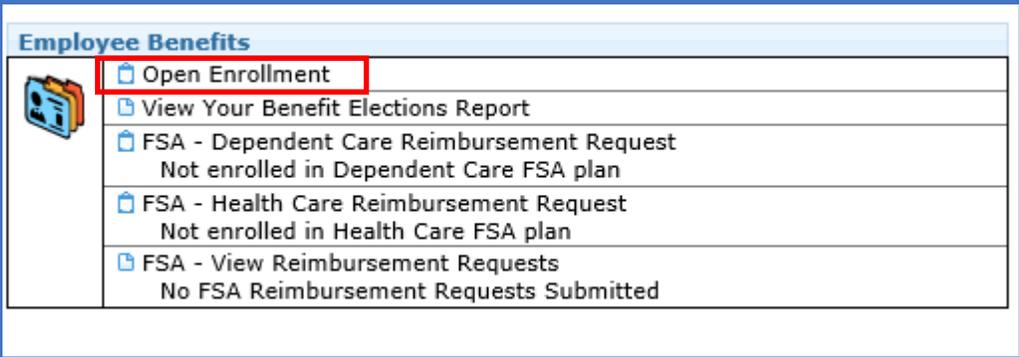
Go to ITC Portal and select Employee Self Service



Open Enrollment Form will open. Click each tab to complete your enrollment



Select Open Enrollment



Approving and Submitting the Electronic Open Enrollment Form

By submitting this form, you agree to the following:

I certify that all information given now and hereafter in regard to medical and dental claims submitted is true and accurate, and I understand that any misrepresentation of a material fact on this document may be cause for dismissal, as stated in Title I of the Employee Retirement Income Security Act of 1974.

Benefit Enrollment Change Form

SwRI Annual Contribution: \$ [REDACTED]
Employee Deduction: \$ [REDACTED] Biweekly - \$ [REDACTED] Annually

Reason For Action: Open Enrollment | Date of Event: - | Effective Date: [REDACTED]
Notes:

| Description | Current Information | New Information |
|-----------------------------------|---------------------|-----------------|
| Marital Status | [REDACTED] | [REDACTED] |
| Marriage Date | [REDACTED] | [REDACTED] |
| Spouse Employed at SwRI | [REDACTED] | [REDACTED] |
| Spouse Employed by Armed Services | [REDACTED] | [REDACTED] |

| Dependents & Beneficiaries | | | | | | |
|----------------------------|------------|------------|------------|------------|-------------|------------|
| First Name | Last Name | Relation | Birthdate | Dependent | Beneficiary | Updated |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

Approval

Approved By: ✓ ✕

Submit

User Name:

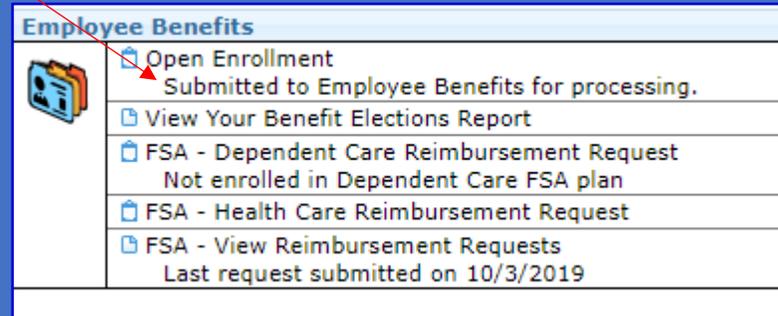
Timestamp:

To sign, click the checkmark and your ID and name will appear. Then, **Click the Submit button next to your ID to submit your benefits elections.**

Do not click submit at the top of the page

Verifying Submission of the Electronic Open Enrollment Form

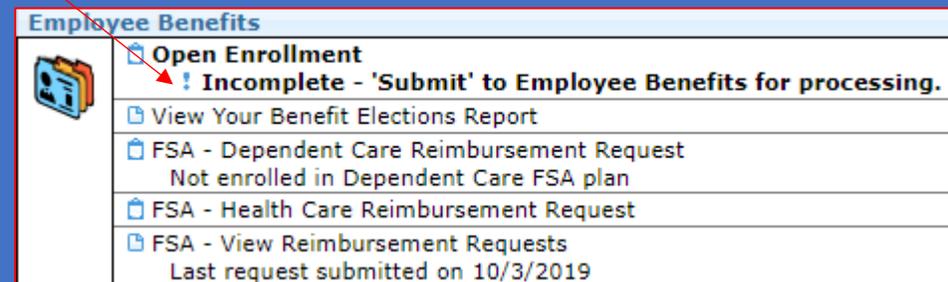
Once submitted, Employee Self-Service will look like this to show your form has been submitted



A screenshot of the 'Employee Benefits' page. A red arrow points to the 'Open Enrollment' link, which is followed by the text 'Submitted to Employee Benefits for processing.' Below this are links for 'View Your Benefit Elections Report', 'FSA - Dependent Care Reimbursement Request' (with the note 'Not enrolled in Dependent Care FSA plan'), 'FSA - Health Care Reimbursement Request', and 'FSA - View Reimbursement Requests' (with the note 'Last request submitted on 10/3/2019').

| Employee Benefits | |
|---|---|
|  | Open Enrollment Submitted to Employee Benefits for processing. |
| View Your Benefit Elections Report | |
| FSA - Dependent Care Reimbursement Request | Not enrolled in Dependent Care FSA plan |
| FSA - Health Care Reimbursement Request | |
| FSA - View Reimbursement Requests | Last request submitted on 10/3/2019 |

If Employee Self-Service looks like this, your form has NOT been submitted



A screenshot of the 'Employee Benefits' page. A red arrow points to the 'Open Enrollment' link, which is followed by the text '! Incomplete - 'Submit' to Employee Benefits for processing.' Below this are links for 'View Your Benefit Elections Report', 'FSA - Dependent Care Reimbursement Request' (with the note 'Not enrolled in Dependent Care FSA plan'), 'FSA - Health Care Reimbursement Request', and 'FSA - View Reimbursement Requests' (with the note 'Last request submitted on 10/3/2019').

| Employee Benefits | |
|---|---|
|  | Open Enrollment ! Incomplete - 'Submit' to Employee Benefits for processing. |
| View Your Benefit Elections Report | |
| FSA - Dependent Care Reimbursement Request | Not enrolled in Dependent Care FSA plan |
| FSA - Health Care Reimbursement Request | |
| FSA - View Reimbursement Requests | Last request submitted on 10/3/2019 |