

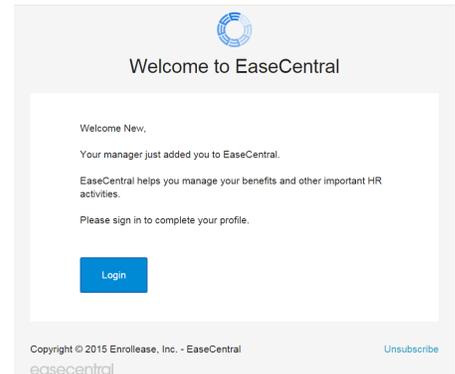


EaseCentral allows you to view your benefit options and make benefit elections for you and your family. You can view plan details, coverage amounts and costs. Your family's information only needs to be entered once, in one place and all carrier application forms will automatically be completed.

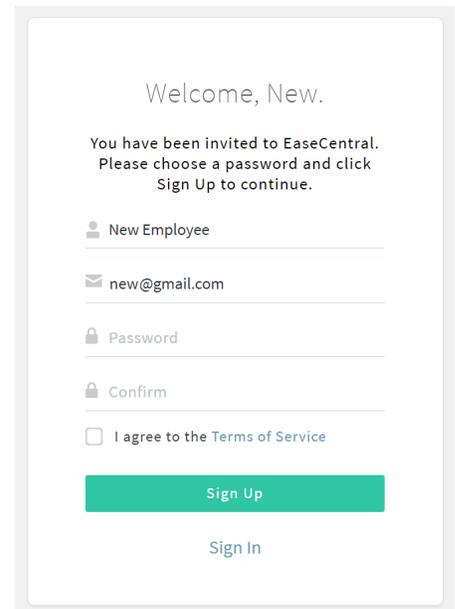
### LET'S GET STARTED!



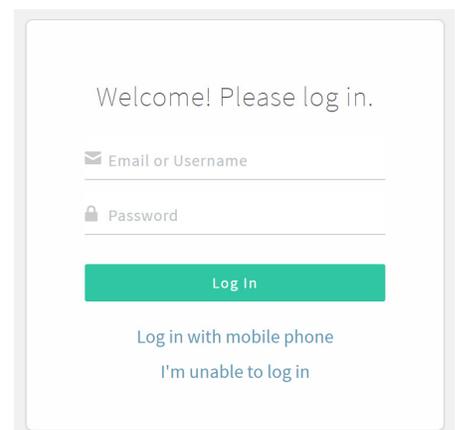
You will receive an email with a log in link that you will use to register and access EaseCentral. To go to the EaseCentral website, click the blue "Login" button within the email message.



Once you click the link, you will be brought to a reset password page. You will want to choose a password. Please be sure the password has at least one upper case letter, one lower case letter, one special character or number and is at least 8 characters long. Click the green "Sign Up" button to continue.

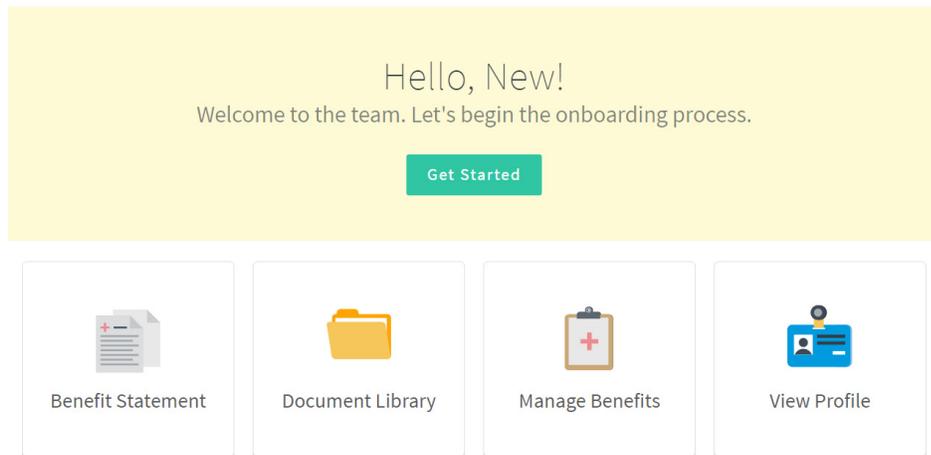


If you have logged in before, you will need to enter your email address or username and your password. Now click "Log In." If you have been instructed to log in with your mobile phone number click "Log in with mobile phone." If you are having trouble logging in click "I'm unable to log in" and follow the instructions to get logged in.

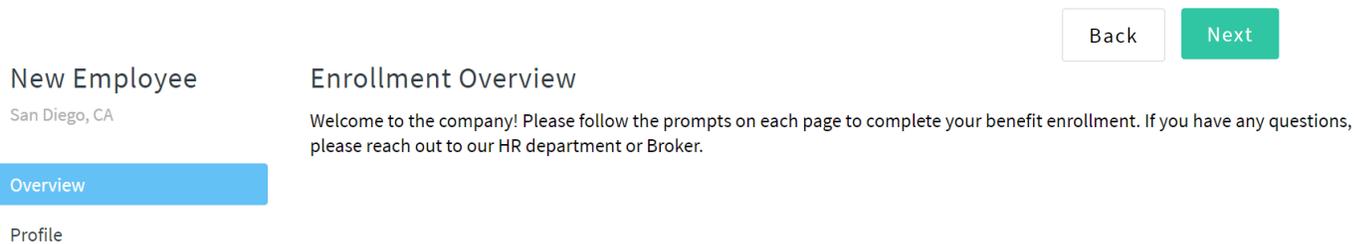




After you have logged in, you will click on the green button to get started. You will also see links to the Document Library (HR and benefits-related documents), Manage Benefits (a summary of your current enrollment) and View Profile (demographic information).



EaseCentral will walk you through the process of onboarding and enrolling in your benefits. The first screen you see after completing the optional onboarding module, will be an overview and any instructions from your Human Resources team. You will click the "Next" button to proceed to the next screen.



Review your personal information and provide any missing information, if needed. Click "Next" once finished.





Add any dependents that you will be enrolling in coverage by clicking "Add Dependent."

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### New Employee

San Diego, CA

Overview

Profile

Dependents

### Dependents

Add Dependent

If you have any dependents please add them here. Otherwise click Next to continue.  
Add Dependent



Provide information for each dependent as prompted. Click "Add Dependent."

Add Dependent ✕

FIRST NAME

MIDDLE NAME

LAST NAME

GENDER  ▼

BIRTH DATE

SSN

RELATIONSHIP  ▼

EMPLOYER

DIFFERENT ADDRESS?  Yes

Add Dependent
Cancel



You will be guided through your benefit options. Click the drop down menu to select "Enroll" or "Waive" for yourself and/or your dependents. Provide reason if waiving.

### New Employee

San Diego, CA

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### Medical Plan

Select Enrolled or Waived for each individual listed below.

<p><b>New Employee</b> - Employee <span style="float: right; color: green;">✓ Enrolled</span></p> <p style="text-align: center;"> <input style="width: 100%; border: 1px solid #ccc;" type="text" value="Enrolled"/> ▼         </p>
<p><b>Spouse Employee</b> - Spouse <span style="float: right; color: red;">✕ Waived</span></p> <p style="text-align: center;"> <input style="width: 100%; border: 1px solid #ccc;" type="text" value="Waived"/> ▼         </p> <p style="text-align: center;"> <input style="width: 100%; border: 1px solid #ccc;" type="text" value="Select Waive Reason"/> ▼         </p>



Select the plan you would like by clicking the check mark next to the plan that best fits your needs. Click "Next" to proceed to the next benefit.

## New Employee

San Diego, CA

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### Choose your Medical plan

Plan	Cost Per Pay Period
<input checked="" type="checkbox"/> Platinum Full PPO 0 OffEx	\$137.19
<input type="checkbox"/> Cal Choice Anthem PPO 25	\$184.75
<input type="checkbox"/> Kaiser Gold HMO A	\$5.00

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You may be prompted to provide your previous or current coverage. Click the "Add Coverage" button and enter all information as required. Click the "Next" button when finished.

## New Employee

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Coverage

### Previous & Current Coverage

Add Coverage

If you have more than one insurance policy at the same time, your carrier will want to know about it. If you are going to maintain a second policy, please add the details here.

Also, The Affordable Care Act requires that we all maintain continuous coverage. Please provide details of the coverage you have had over the last 12 months here.

If you have any Previous or Current Coverage please add it here. Otherwise click Next to continue.  
Add Coverage

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You may see a series of health questions based on the coverage you are applying for. Answer each question with a yes or no. If prompted, please provide any additional details. Click the "Next" button when finished.

## New Employee

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Health

### Health Information

Have you or any family member included on this application ever been diagnosed, treated, or are currently being treated, for any of the following conditions:

Heart/Circulatory	<input type="radio"/> No <input type="radio"/> Yes
<b>Such as:</b> Circulatory disorder, Heart disease or disorder, Stroke	
Blood	<input type="radio"/> No <input type="radio"/> Yes
<b>Such as:</b> Anemia, Blood disorder, Hemophilia	

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If you are missing required information or need to review certain documents you can select the blue highlighted text to be brought back to the page or document. After adding missing information, click "Sign Forms" to review and sign your forms.

## New Employee

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Sign Forms

## Missing Information

You must provide the following information before you can review your enrollment forms and finish.

Dental has not been specified an election.

Short Term Disability has not been specified an election.

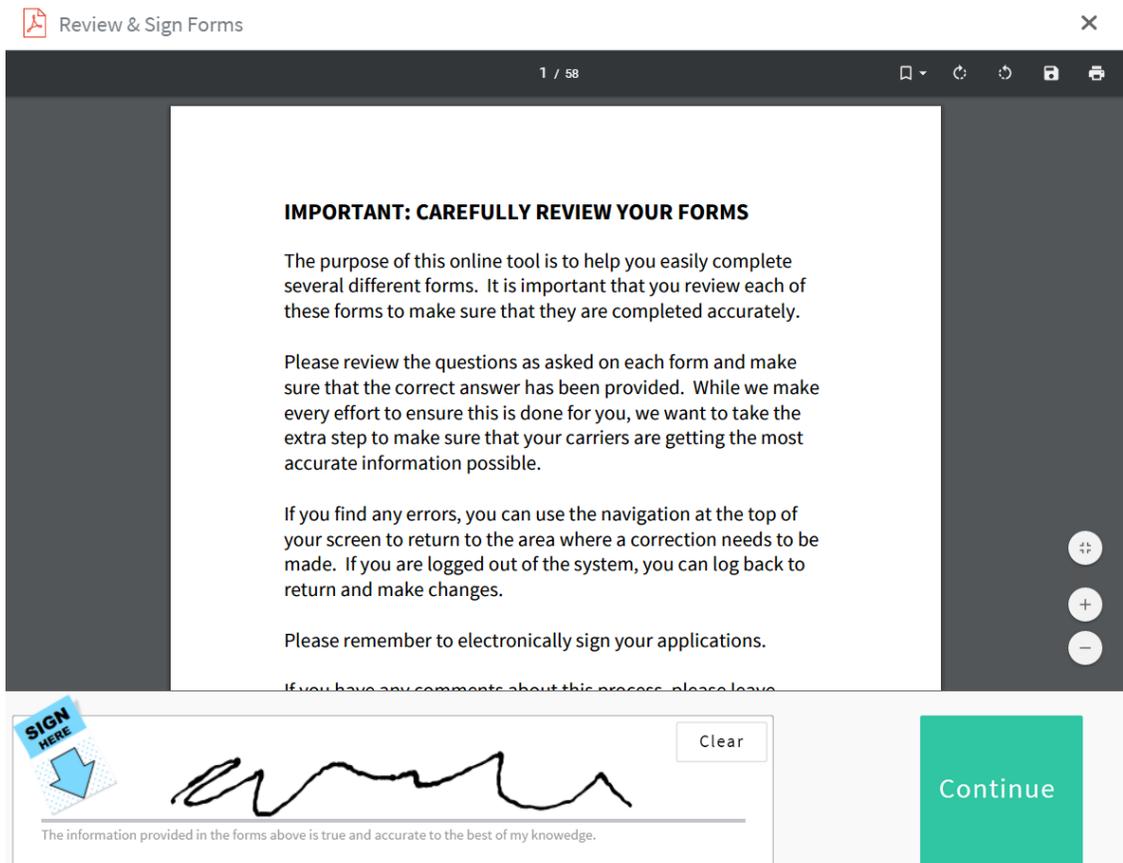
Long Term Disability has not been specified an election.

Life/AD&D has not been specified an election.

FSA Health Care has not been specified an election.



Once all missing data has been provided you will be able to review and electronically sign your forms. Review and sign your forms with your mouse, then click "Continue".



Review & Sign Forms

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**IMPORTANT: CAREFULLY REVIEW YOUR FORMS**

The purpose of this online tool is to help you easily complete several different forms. It is important that you review each of these forms to make sure that they are completed accurately.

Please review the questions as asked on each form and make sure that the correct answer has been provided. While we make every effort to ensure this is done for you, we want to take the extra step to make sure that your carriers are getting the most accurate information possible.

If you find any errors, you can use the navigation at the top of your screen to return to the area where a correction needs to be made. If you are logged out of the system, you can log back to return and make changes.

Please remember to electronically sign your applications.

If you have any comments about this process, please leave

**SIGN HERE**

Clear

Continue

The information provided in the forms above is true and accurate to the best of my knowledge.



You will be taken to the Summary page. You will see a benefits summary of your covered dependents and plan elections. Click "Print" to print the page or click "Next" to proceed.

## New Employee

San Diego, CA

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Overview

### Benefits Summary

Print

Profile

#### Family Information

Dependents

Name	Relationship	Gender	Birth Date	Tobacco User	Address
New Employee	Employee	Male	6/1/1976 (40)	No	12345 Happy Place, San Diego, CA 99999
Spouse Employee	Spouse	Female	6/1/1976 (40)		Same as Employee

Benefits

Beneficiaries

#### Benefits Information

Coverage

Health

Plan	Documents	Election Details	Waiver Details	Employee Cost Per Pay Period (Semi-Monthly)
Medical Plan: Platinum Full PPO 0 OffEx Effective: 6/1/2016		Employee, Spouse		\$274.38, Pre-Tax

Sign Forms

Summary



You have completed enrollment. You will be able to rate your enrollment experience as well as provide any additional comments. This is not required and you may click "Finish" to return to your dashboard.

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Finish

Congratulations! You have completed enrollment.

Tell us how we did.



Additional Comments

Submit Feedback