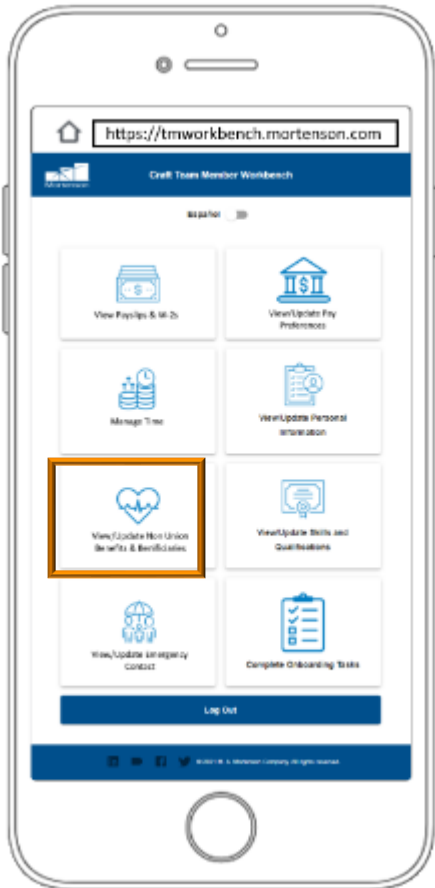
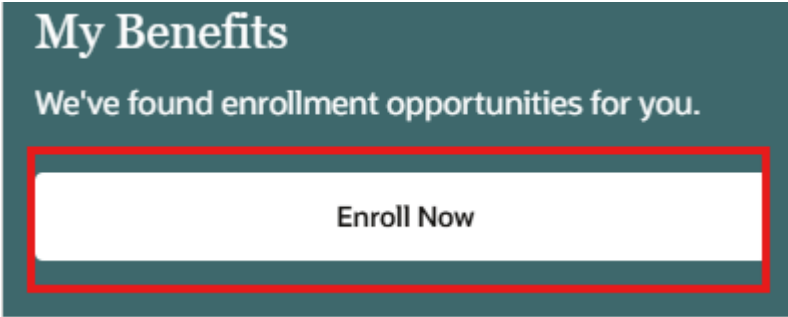
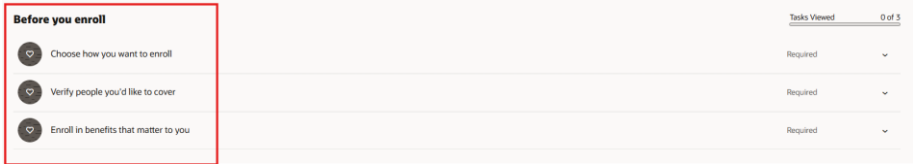
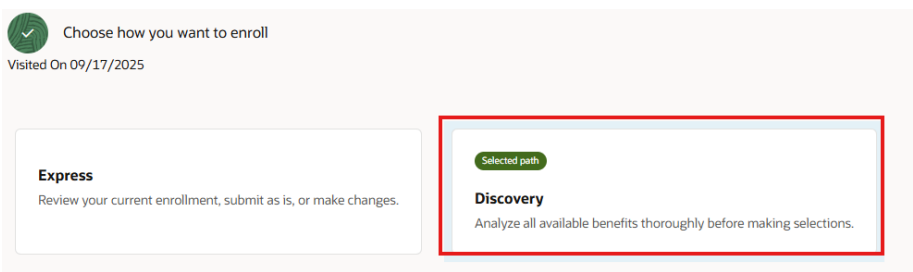
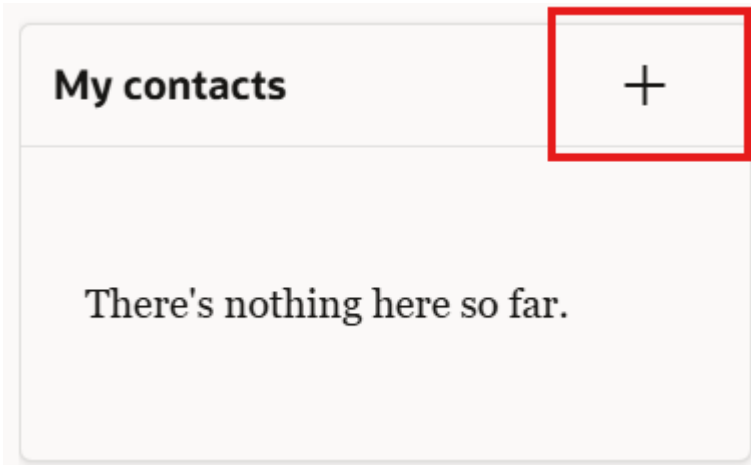
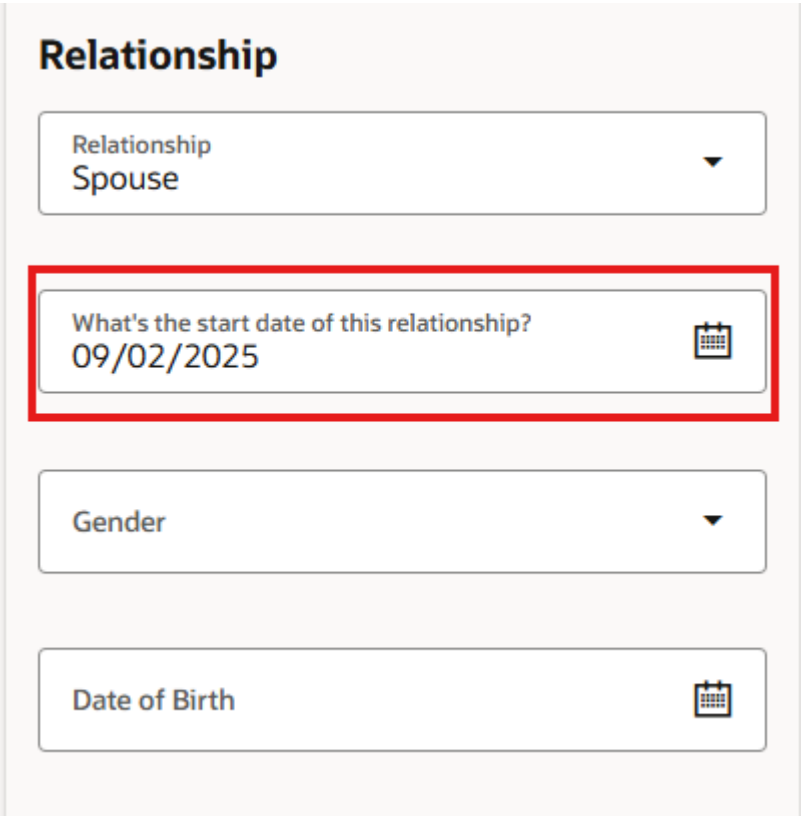
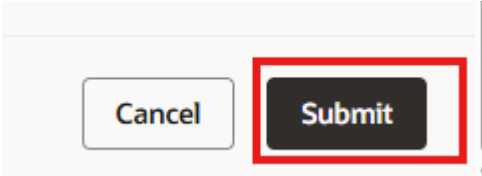


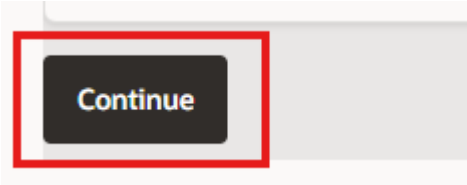
Navigate to the Home Page

Step	Instructions	Example
1	Navigate to the home page of the Team Member Workbench. Click the View/Update Non-Union Benefits & Beneficiaries tile.	
2	Under My Benefits, click Enroll Now.	

Step	Instructions	Example
3	Under Before You Enroll complete all required tasks.	
4	The first task is Choose how you want to enroll. New Hires use Discovery. Note: The Express option is for current Team Members with Qualified Life Events or during Open Enrollment.	
5	Next, under Verify people you would like to cover. Click the + by My Contacts to enter people you will be covering on insurance or using as a Beneficiary. NOTE: If you are a rehire, your prior contacts may appear. You do not need to add them again.	

Step	Instructions	Example
6	Enter Contact/Dependent/Beneficiary Information.	Basic info Global Name Legal First Name Required Legal Middle Name Legal Last Name Required

Step	Instructions	Example
7	Enter Relationship Information. NOTE: For New Hires, Relationship Start Date should be your <i>HIRE date or a date prior to your Hire date</i>. It cannot be a date after your Hire date. If you are covering a person as your dependent or beneficiary their date of birth and SSN are required. <i>If you do not know the SSN, leave blank and add at a later date. DO NOT enter your own SSN for a Spouse or Child.</i> SSN should be entered in the National Identifier Section	
8	Once all information is entered for people you would like to cover, click Submit	

Step	Instructions	Example
9	Once all people you want to cover have been entered, Click Continue .	

Step	Instructions	Example
10	Next, under Enroll in benefits that matter to you , Click Edit to open Benefit options	 Enroll in benefits that matter to you Visited On 09/18/2025  Enrollment period ends on 10/02/2025 Non-union Craft Team Member Benefits Program Edit View Enrollments
11	Select the Medical plan you wish to enroll in or leave Waive Medical selected.	Medical Coverage (Cobertura médica) NUC Medical Coverage (cobertura médica) \$26.74 Team Member (sólo miembro del equipo) Enroll View Details NUC Medical Coverage (cobertura médica) \$68.53 Team Member + Spouse (Miembro del Equipo + Cónyuge) Enroll View Details NUC Medical Coverage (cobertura médica) \$61.41 Team Member + Family (Miembro del Equipo + Familia) Enroll View Details Enrolled NUC Waive Medical Coverage (Renunciar a la cobertura médica) Unenroll

Step	Instructions	Example
12	If you are covering dependents, you'll want to check the box next to their name in the Who do you want to cover? section.	NUC Medical Coverage (cobertura médica) Team Member + Family (Miembro del Equipo + Familia) Show coverage and rates Who do you want to cover? Select All ☒ Greta Redman (Child) ☒ Henry Redman (Spouse)

Step	Instructions	Example
14	Do the same for your Dental Elections or leave Waive Dental selected.	Dental (Seguro Dental) NUC Delta Dental Plan (Seguro Dental de NUC) \$2.54 Team Member (sólo miembro del equipo) Enroll View Details NUC Delta Dental Plan (Seguro Dental de NUC) \$7.85 Team Member + Family (Miembro del Equipo + Familia) Enroll View Details NUC Delta Dental Plan (Seguro Dental de NUC) \$4.85 Team Member + Spouse (Miembro del Equipo + Cónyuge) Enroll View Details NUC Delta Dental Plan (Seguro Dental de NUC) \$5.08 Team Member + Family (Miembro del Equipo + Familia) Enroll View Details Enrolled NUC Waive Dental Coverage (Renunciar a la cobertura dental) Unenroll

Next, make your Optional Life insurance selections, or leave Waive selected

16	If electing Optional insurances, be sure to Designate your Beneficiaries. Under the Primary Beneficiaries you will select who you'd like to receive your life insurance benefit in the event of your passing. If you choose more than 1 person, the total % must equal 100. Under the Contingent Beneficiaries select who you'd like to receive your life insurance benefit in the event of you and your primary beneficiaries passing.	⚠ You haven't designated any beneficiaries yet. i Divide the proceeds of your benefits among as many you like. Primary beneficiaries are mandatory but contingent beneficiaries total proceeds should not exceed 100%. Beneficiaries Greta Redman (Child) Primary% Contingent Henry Redman (Spouse) Primary% Contingent
17	Once all Optional Life elections have been made, Click Save and Continue.	Cancel Save Cancel Continue

18	Once all Benefit Elections have been made, you will be brought to a Review and Submit page. This will show all Benefit elections as well as a cost breakdown. If any changes need to be made, you can click the <i>pencil</i> to bring you back to those election options. If everything looks correct, Click Submit	Non-union Craft Team Member Benefits Program RR Review and Submit <table><tr><td>Total Cost per Pay Period</td><td>\$109.4</td></tr><tr><td>Pretax</td><td>\$107.2</td></tr><tr><td>After Tax</td><td>\$2.2</td></tr><tr><td>Annual Cost</td><td>\$5,628.8</td></tr></table> Non Union Craft Medical Medical Coverage (Cobertura médica) NUC Medical Coverage (cobertura médica) Team Member + Family (Miembro del Equipo + Familia) Self, Greta Redman (Child), Henry Redman (Spouse) Annually \$5,168.88 Non Union Craft Dental Dental (Seguro Dental) NUC Delta Dental Plan (Seguro Dental de NUC) Team Member + Family (Miembro del Equipo + Familia) Self, Greta Redman (Child), Henry Redman (Spouse) Annually \$408.00 Cancel Submit	Total Cost per Pay Period	\$109.4	Pretax	\$107.2	After Tax	\$2.2	Annual Cost	\$5,628.8
Total Cost per Pay Period	\$109.4									
Pretax	\$107.2									
After Tax	\$2.2									
Annual Cost	\$5,628.8									
19	A Confirmation will appear at the top of the page when your enrollment is complete.	Enrollment submitted You can go ahead and enroll in other benefits that are available to you. Or you can continue with the rest of the process.								
20	Under the Post-enrollment section, you will see any <i>pending tasks</i> that need attention. These could include beneficiaries that need to be added or Evidence of Insurability if you've elected life insurance over the guaranteed amount <i>These tasks should be completed by the end of your enrollment period.</i>	Post-enrollment Complete pending actions Visited On 09/25/2025 Optional Insurance (Seguro Opcional) Designate Beneficiary Optional Team Member Life Insurance Non-Smoker (Seguro de vida opcional para miembros del equipo no fumador) Spouse Life (Vida conyugal) Proof of good health Spouse Life Optional Insurance (Seguro opcional de vida del cónyuge)								

21	If you have no pending tasks, you can click Done .	Post-enrollment  Complete pending actions Visited On 09/25/2025 You're up to date on your tasks. Done
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