



 Insurance
Reinsurance

myHR

Benefit Enrollment for US Colleagues

Colleague Self-Service



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Benefit Enrollment for US Colleagues

This document provides the guidance for enrolling for your benefits as a New Hire, at **annual enrollment** and for qualified life events during the year.

Choose your benefit elections carefully as these elections cannot be changed mid-year, unless you experience a Qualifying Life Event. If you experience a Qualifying Life Event, you must report the change by emailing the Benefits department at RMBenefitsAdministration@axaxl.com within 30 days of the Qualifying Life Event.

Your Benefits-eligible dependents are displayed under each section by expanding the section to elect appropriate coverage. Colleagues can clear the check box corresponding to the dependent to declare if the dependent should not be covered under that benefit. This will remove the dependent from coverage, but they will remain in the myHR contacts. This action, along with adding dependents, is explained later in this guide.

1.1 Add / Modify People to Cover

In order to add a dependent during annual enrollment or during the year as part of a life event, the person must first be added as a person to cover in myHR. Please review your contacts to ensure the beneficiary or dependent is listed. If they are **not** listed, you will need to follow the steps to add them as a contact to myHR. **Please only add contacts that are missing.** Once added as a contact, they can be selected as a beneficiary and/or dependent in the benefits section.

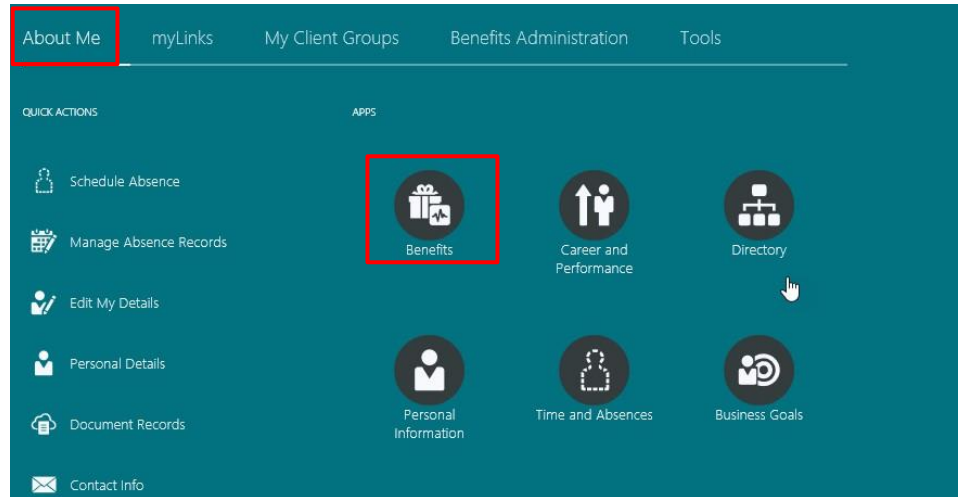
This procedure applies to add / modify contacts.

1. Colleague clicks on the **myHR** link from *ONE*
2. **Colleague** clicks Sign in with AXA XL SSO to log into myHR.*

Note: myHR does not require an additional ID/password as it recognizes who you are from logging into your computer using your network ID and password. To protect your confidential information, please ensure that you lock your computer when you step away from your desk.

*AXA GO & LM employees should sign in using username and password

Colleague clicks the **Benefits icon** (if this icon is not visible on the Homepage, please select the **“About Me”** icon which will be present. This will open a submenu where the Benefits icon can be accessed).





The next screen outlines all of your current benefits (amounts listed are for example purposes only)

Click **“Update Enrollment”**. Your current contacts will be listed under verify people you’d like to cover. If a contact needs to be added as a new dependent or beneficiary, click on the + sign and complete the required fields. **(For Annual Enrollment Only – please list current date as relationship start date)** and then click **Submit** (For New Hires, add your contact as of your Hire Date. When adding a Spouse/Domestic Partner, please select “Spouse” as the relationship type.

Please do not use “Working Spouse” or “Non-Working Spouse”.

If all dependents and/or beneficiaries are listed, click on **Enroll in benefits that matter to you to proceed with Benefits Enrollment.**

Welcome, [Name]

Your Benefits

Your enrollment window is open. You have 10 days to make changes before the window closes on 09/27/2026 11:59 PM.

Update Enrollment

Enrollment Summary

Show Benefits
Current enrollment

Program or Plan Not in Program
US Health and Welfare

View all enrollments

OAP - Medical \$215.00 Employee + Spouse (Domestic Partner)	Tobacco Surcharge - Tobacco Surcharge \$0.00 Employee Non-Tobacco Product User	Spouse Surcharge - Spouse Surcharge \$0.00 Non-working Spouse
Accidental Injury - Accidental Injury \$6.72 Employee + Spouse (Domestic Partner)	Critical Illness - Critical Illness \$15.30 Employee + Spouse (Domestic Partner)	Hospital Care - Hospital Care \$13.06 Employee + Spouse (Domestic Partner)
Dental Premium - Dental \$34.00 Employee + Spouse (Domestic Partner)	Vision Premium - Vision \$9.00 Employee + Spouse (Domestic Partner)	Basic Life - Company Paid - Basic Life \$10.52 Participant
Basic Accidental Death and Dismemberment - Company Paid - Basic Accidental Death and ...	Supplemental AD&D - Supplemental AD&D	Spouse (Domestic Partner) AD&D - Spouse (Domestic Partner) AD&D



Click “Enroll in Benefits that Matter to You”

(you will see there are different options to view benefits available to you; we are listing one of them)

Self-Service Enrollment

Your open enrollment window has started. You have 4 days to make changes before the window closes on 10/02/2026 11:59 PM.

IMPORTANT NOTES BEFORE ENROLLMENT (US)

Show More

Before you enroll

Tasks Viewed 3 of 4

Get to know your benefits

Optional

Continue

Choose how you want to enroll

Visited On 09/23/2026

Required

Verify people you'd like to cover

Visited On 09/25/2026

Required

Enroll in benefits that matter to you

Visited On 09/25/2026

Required

Post-enrollment

Tasks Viewed 1 of 2

Complete pending actions

Visited On 09/24/2026

Optional

Answer a survey

Optional

Need Help? Contact Us

After representatives are assigned, you can see them here.

Contact your help desk.



Enrollment Process

Click on Edit Enrollment.
You will then view the Acknowledgements and Agreements. Click the **Accept** button to proceed with enrollment.



Visited and submitted Enrollment period ends on 09/27/2026

US Health and Welfare

Edit View Enrollments

Authorization

Applicant Acknowledgements and Agreements:

On behalf of myself and the dependents listed in this system, I agree with the following:

I authorize deductions from my earnings for any contributions required for coverage and I agree to make any necessary payments as required for coverage.

The plan documents will determine the rights and responsibilities of the employee and dependents and will govern in the event they conflict with any benefits comparison, summary or other description of the plan.

I understand that my election as a participant in AXA and AXA XL's Benefits Plans cannot be changed during the plan year unless I experience a qualified life event as recognized under IRS regulations.

AXA XL expects representations made during enrollment for benefits to be truthful and in compliance with the ethical standards of the Company. AXA XL will rely on the information you attest to when enrolling for benefits under the AXA and AXA XL's Benefits Plans. If false information is provided, you could be subject to possible disciplinary action, up to and including termination of employment.

To the best of my knowledge, I represent that all information supplied in this form is true and complete. I have read and agree to the Conditions of Enrollment and Misrepresentation of this Employee Enrollment/Change Request.

Accept Decline



Medical Plan and Surcharges

Select the desired options for **Medical Plan and Tobacco and Spouse Surcharge** by selecting the Enroll box. If dependents are to be covered, check the box next to their name and click Save. Click Continue at bottom of the page to go to next screen or you can click to go to the next section on the right-hand side.

Answer Tobacco Surcharge question(s) by checking appropriate User/Non-Userboxes.

If covering a spouse/domestic partner, answer questions about “non-working spouse/domestic partner” and “working spouse/domestic partner with access to employer sponsored medical coverage”. Please note that by checking off “non-workingspouse/domestic partner”, you are confirming that while your spouse may work, they do not have employer benefits available to them.

Please go to myAXAXLBenefits.com for details regarding these possible surcharges.

US Health and Welfare

 Medical

For US colleagues only: If you select either the OAP HSA1 or OAP HSA2 medical plan, AXAXL will contribute an annual amount of \$500 single/\$1000 family for the OAP HSA1 plan and OAP HSA2 plan into your Health Savings Account. The Company contribution will reduce the amount you may contribute each year and has been taken into account with the calculation of your eligible annual contribution maximum.

\$215.00 | \$441.02
Total Cost per Pay Period

Plan
All

Option
All

Medical

OAP

\$77.00

Employee Only

Enroll

View Details

Enrolled OAP

\$215.00

Employee + Spouse (Domestic Partner)

Unenroll

View Details

OAP HSA1

\$135.00

Employee + Spouse (Domestic Partner)

Enroll

View Details

OAP HSA2

\$22.00

Employee Only

Enroll

View Details

OAP HSA1

\$34.00

Employee Only

Enroll

View Details

OAP HSA2

\$85.00

Employee + Spouse (Domestic Partner)

Enroll

View Details

Waive Medical Plan

Enroll

Tobacco Surcharge

Enrolled Tobacco Surcharge

\$0.00

Employee Non-Tobacco Product User

Unenroll

View Details

Tobacco Surcharge

\$37.50

Employee Tobacco Product User

Enroll

View Details

Spouse Tobacco Surcharge

\$0.00

Spouse Non-Tobacco Product User

Enroll

View Details

Spouse Tobacco Surcharge

\$37.50

Spouse Tobacco Product User

Enroll

View Details

Spouse Surcharge

Spouse Surcharge

\$50.00

Working Spouse / Domestic Partner with Access to Other Employer Medical Coverage

Enroll

View Details

Enrolled Spouse Surcharge

\$0.00

Non-working Spouse

Unenroll

View Details



Other Medical Benefits

Select the desired options for **Other Medical Benefits** by selecting the Enroll box. If dependents are to be covered, check the box next to their name and click Save. Click Continue at bottom of the page to go to next screen or you can click to go to the next section on the right-hand side.



Other Medical Benefits

\$35.08 | \$441.02

Total Cost per Pay Period

Plan

All

Option

All

Accidental Injury

Accidental Injury

\$3.94

Employee Only

Enroll

View Details

Enrolled

Accidental Injury

\$6.72

Employee + Spouse (Domestic Partner)

Unenroll

View Details

Accidental Injury

Waive

Enroll

Critical Illness

Critical Illness

\$9.95

Employee Only

Enroll

View Details

Enrolled

Critical Illness

\$15.30

Employee + Spouse (Domestic Partner)

Unenroll

View Details

Critical Illness

Waive

Enroll

Hospital Care

Hospital Care

\$6.30

Employee Only

Enroll

View Details

Enrolled

Hospital Care

\$13.06

Employee + Spouse (Domestic Partner)

Unenroll

View Details

Hospital Care

Waive

Enroll



Dental Benefits

Select the desired options for **Dental Benefits** by selecting the Enroll box. If dependents are to be covered, check the box next to their name and click Save. Click Continue at bottom of the page to go to next screen or you can click to go to the next section on the right-hand side.

Dental

\$34.00 | \$441.02

Total Cost per Pay Period

Plan

All

Option

All

Dental

Dental Basic

\$10.00

Employee Only

Enroll

View Details

Credit Dental Premium

\$54.00

Employee + Spouse (Domestic Partner)

Unenroll

View Details

Dental Basic

\$23.00

Employee + Spouse (Domestic Partner)

Enroll

View Details

Waive Dental Plan

Enroll

Dental Premium

\$15.00

Employee Only

Enroll

View Details

Vision Benefits

Select the desired options for **Vision Benefits** by selecting the Enroll box. If dependents are to be covered, check the box next to their name and click Save. Click Continue at bottom of the page to go to next screen or you can click to go to the next section on the right-hand side.

Vision

\$9.00 | \$441.02

Total Cost per Pay Period

Plan

All

Option

All

Vision

Vision Basic

\$2.00

Employee Only

Enroll

View Details

Credit Vision Premium

\$9.00

Employee + Spouse (Domestic Partner)

Unenroll

View Details

Vision Basic

\$3.00

Employee + Spouse (Domestic Partner)

Enroll

View Details

Waive Vision Plan

Enroll

Vision Premium

\$6.00

Employee Only

Enroll

View Details



Basic Life Insurance

Please be sure to designate beneficiaries and list applicable whole percentages for primary and contingent beneficiaries.

 Life

\$0.00 | \$441.02
Total Cost per Pay Period

Basic Life

Enrolled

Basic Life - Company Paid

\$10.52

Participant

Unenroll

View Details

Plan
All

Option
All



Basic AD&D, Supplemental AD&D Insurance and Dependent AD&D

Please be sure to designate beneficiaries and list applicable whole percentages for primary and contingent beneficiaries.



AD and D

\$0.85 | \$441.02

Total Cost per Pay Period

Plan

All

Option

All

Basic Accidental Death and Dismemberment

Enrolled

Basic Accidental Death and Dismemberment - Company Paid

\$2.34

Participant

Unenroll

View Details

Supplemental AD&D

Enrolled

Supplemental AD&D

\$0.78

1x Annual Base Pay

Unenroll

View Details

Supplemental AD&D

\$1.56

2x Annual Base Pay

Enroll

View Details

Supplemental AD&D

\$2.34

3x Annual Base Pay

Enroll

View Details

Supplemental AD&D

\$3.12

4x Annual Base Pay

Enroll

View Details

Supplemental AD&D

\$3.89

5x Annual Base Pay

Enroll

View Details

Supplemental AD&D

Waive

Enroll

Spouse (Domestic Partner) AD&D

Enrolled

Spouse (Domestic Partner) AD&D

\$0.07

\$10,000

Unenroll

View Details

Spouse (Domestic Partner) AD&D

\$0.14

\$20,000

Enroll

View Details

Spouse (Domestic Partner) AD&D

\$0.21

\$30,000

Enroll

View Details

Spouse (Domestic Partner) AD&D

\$0.28

\$40,000

Enroll

View Details

Spouse (Domestic Partner) AD&D

\$0.35

\$50,000

Enroll

View Details

Spouse (Domestic Partner) AD&D

\$0.42

\$60,000

Enroll

View Details

Spouse (Domestic Partner) AD&D

\$0.49

\$70,000

Enroll

View Details

Spouse (Domestic Partner) AD&D

\$0.56

\$80,000

Enroll

View Details

Spouse (Domestic Partner) AD&D

\$0.63

\$90,000

Enroll

View Details

Spouse (Domestic Partner) AD&D

\$0.70

\$100,000

Enroll

View Details

Spouse (Domestic Partner) AD&D

Waive

Enroll



Long Term Disability Benefits

Select the desired options for **Long Term Disability Benefits** by selecting the Enroll box. Click Continue at bottom of the page to go to next screen or you can click to go to the next section on the right-hand side.

US Health and Welfare

Disability

\$0.00 | \$441.02

Total Cost per Pay Period

Plan

All

Option

All

Short Term Disability

Enrolled

Short Term Disability - Company Paid

\$1.03

Participant

Unenroll

View Details

Long Term Disability

Enrolled

Long Term Disability

\$15.18

Basic LTD 60% of base salary

Enroll

View Details

Enrolled

Long Term Disability

\$15.18

Tax Choice LTD 60% of base salary

Unenroll

View Details



Spending and Savings Account

Select the desired options for **Spending and Saving Account** by selecting the Enroll box. Click Continue at bottom of the page to go to next screen or you can click to go to the next section on the right-hand side.

US Health and Welfare

Spending and Savings Account

\$142.86 | \$441.02

Total Cost per Pay Period

Plan All

Option All

Health Savings Account

Health Savings Account

\$70.84

Participant

Enroll

View Details

Enrolled Health Savings Account

Waive

Unenroll

Flexible Spending Account - Health Care

Enrolled Medical FSA

\$142.86

Health Care FSA

Unenroll

View Details

Medical FSA

\$0.00

Limited Purpose FSA

Enroll

View Details

Medical FSA

Waive

Enroll

Flexible Spending Account - Dependent Care

Dependent Care FSA

\$0.00

Participant

Enroll

View Details

Enrolled Dependent Care FSA

Waive

Unenroll

Additional Benefits

Select the desired options for **Legal and Identity Theft** by selecting the Enroll box. Click Continue at bottom of the page to go to next screen or you can click to go to the next section on the right-hand side.

US Health and Welfare

Additional Benefits

\$4.23 | \$441.02

Total Cost per Pay Period

Plan All

Option All

Legal Plan

Legal Plan

\$9.38

Participant

Enroll

View Details

Enrolled Legal Plan

Waive

Unenroll

Identity Theft

Enrolled Identity Theft

\$4.23

Employee

Unenroll

View Details

Identity Theft

\$6.98

Employee Plus

Enroll

View Details

Identity Theft

Waive

Enroll



Review and Submit Elections

Review the summary of current elections, covered dependent(s) (if applicable) and beneficiaries and then click **Submit at bottom of Page.**

Scroll to view the selections and covered dependents and possible pending action items.



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