



 Insurance  
Reinsurance

# myHR

## Benefit Enrollment for US Colleagues

Colleague Self-Service



# Table of Contents

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<b>Benefit Enrollment for US Colleagues .....</b>	<b>3</b>
1.1 Add / Modify People to Cover.....	3
<b>Enrollment Process.....</b>	<b>6</b>
<b>Medical Plan and Surcharges.....</b>	<b>6</b>
<b>Other Medical Benefits (Supplemental Health Benefits).....</b>	<b>9</b>
<b>Dental.....</b>	<b>9</b>
<b>Vision .....</b>	<b>10</b>
<b>Life Insurance.....</b>	<b>11</b>
<b>AD&amp;D.....</b>	<b>12</b>
<b>Disability.....</b>	<b>12</b>
<b>Spending and Savings Account.....</b>	<b>13</b>
<b>Additional Benefits (Legal Plan) .....</b>	<b>13</b>
<b>Review and Submit Elections .....</b>	<b>14</b>



## 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@axa.com](mailto:RMBenefitsAdministration@axa.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 **Company Sign In** to log into myHR.\*

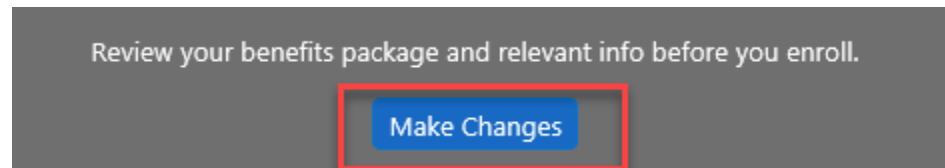
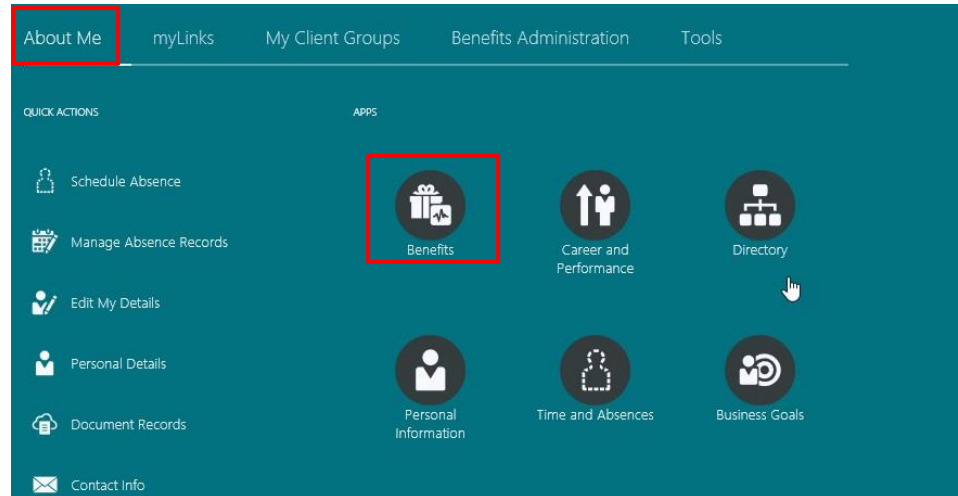


**Note:** myHR does not require an additional ID/password as it recognizes who you are from logging into your computer using your network ID and password. To protect your confidential information, please ensure that you lock your computer when you step away from your desk.

\*AXA GO 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).



Click **“Make Changes”**. Your current contacts will be listed. If a contact needs to be added as a new dependent or beneficiary, click on Add, Complete Required Fields, **(For Annual Enrollment Only – please list current date as relationship start date, i.e. 10/30/23 thru 11/10/23 only)** 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”.**


*Once you select the **Continue** button, all of your current data including potential dependents / beneficiaries is checked for eligibility and locked in. There is no additional process step. To be able to add contacts after this step would require Benefit Administrator to roll back the life event.*

**If all dependents and/or beneficiaries are listed, click on Continue to proceed with Benefits Enrollment.**




People to Cover

Continue Close

 **Information**  
To cover family and others in benefits, add them now before you enroll.

People [+ Add](#)

Beneficiary Organizations [+ Add](#)





## Enrollment Process

### Enrollment Process

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

#### 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 Edit box and then corresponding select boxes. If dependents are to be selected, these are selected on the drop-down box – see screen on right

Currency in USD  
Your Total Cost 104.50  
Per Pay Period

Medical

Medical

Edit



Select Medical Plan and coverage level and click dependents to be covered, then click **Ok** to complete the Surcharge questions.

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

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-working spouse/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](http://myAXAXLBenefits.com) for details regarding these possible surcharges.

After completing Surcharge questions, click **Continue to proceed to Other Medical Benefits**

\*Please note premium rates shown throughout this guide are examples only and not the actual rates.

Medical

Currency in USD  
Your Total Cost 28.00  
Per Pay Period

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.

Medical

Plan	Annual Amount	Employee Per Paid Peri...
<input type="checkbox"/> Employee Only	1,494.00	61.00
Employee Per Pay Period Cost	317.74	
<input type="checkbox"/> Employee + Spouse (Domestic Partner)	4,076.00	169.00
Employee Per Pay Period Cost	587.52	
<input type="checkbox"/> Employee + Children	5,872.00	153.00
Employee Per Pay Period Cost	595.57	
<input type="checkbox"/> Family	7,128.00	297.00
Employee Per Pay Period Cost	1,027.88	

OAP HSA1

**OK** Cancel

**⚠** You need to designate dependents or beneficiaries for your selected offerings.

OAP Family 297.00  
Employee Per Paid Peri...

Annual Amount 7,128.00

Employer Per Pay Period Cost 1,027.88

Who do you want to cover?

(Spouse)

(Child)



	<b>Tobacco Surcharge</b>	
	Tobacco Surcharge	
	<input checked="" type="checkbox"/>	<b>Employee Non-Tobacco Product User</b> 0.00 Annually
	<input type="checkbox"/>	<b>Employee Tobacco Product User</b> 900.00 Annually
	<b>Spouse Tobacco Surcharge</b>	
	<input type="checkbox"/>	<b>Spouse Non-Tobacco Product User</b> 0.00 Annually
	<input type="checkbox"/>	<b>Spouse Tobacco Product User</b> 900.00 Annually
	<b>Spouse Surcharge</b>	
	Spouse Surcharge	
	<input type="checkbox"/>	<b>Working Spouse / Domestic Partner with Access to Other Employer Medical Coverage</b> 1,200.00 Annually
<input checked="" type="checkbox"/>	<b>Non-working Spouse</b> 0.00 Annually	





## Other Medical Benefits (Supplemental Health Benefits)

### Other Medical

### Benefits

### (Supplemental Health Benefits)

Select the desired options for **Other Medical Benefits** by selecting the **Edit** box and then corresponding select boxes. If dependents are to be selected, these are selected on the drop-down box –

To return to Main Page to proceed with other benefit elections, click the **Continue** button.

Other Medical Benefits

Accidental Injury

Accidental Injury Waive

Critical Illness

Critical Illness Waive

Hospital Care

Hospital Care Waive

## Dental

### Dental

Select the desired options for **Dental** by selecting the **Edit** box and then corresponding select boxes. If dependents are to be selected, these are selected on the drop-down box –

To return to Main Page to proceed with other benefit elections, click the **Continue** button.

Dental

Dental

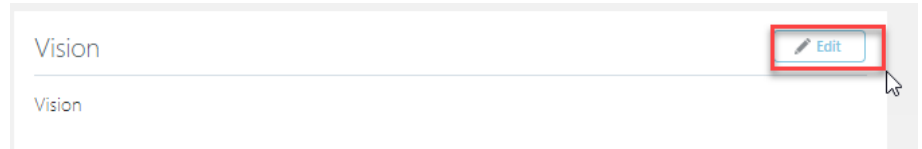


## Vision

### Vision

Select the desired options for **Vision** by selecting the **Edit** box and then corresponding select boxes. If dependents are to be selected, these are selected on the drop-down box –

To return to Main Page to proceed with other benefit elections, click the **Continue** button.





## Life Insurance

### Life

#### Basic Life Insurance

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

Select the **Edit** box to make any applicable beneficiary changes.

To return to Main Page to proceed with other benefit elections, click the **Continue** button.

### Life

 Edit

#### Basic Life

Basic Life - Company Paid Participant

Primary Beneficiaries





## AD&D

### AD&D

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

Select the desired options for **AD&D** by selecting the **Edit** box and then corresponding select boxes. Please be sure to designate beneficiaries and list applicable whole percentages for primary and contingent beneficiaries.

To return to Main Page to proceed with other benefit elections, click the **Continue** button.

AD and D

Basic Accidental Death and Dismemberment

Basic Accidental Death and Dismemberment - Company Paid Participant

Primary Beneficiaries

Supplemental AD&D

Supplemental AD&D Waive

Dependent AD&D

Dependent AD&D Waive

## Disability

### Disability

Select the desired options for **Disability** by selecting the **Edit** box and then corresponding select boxes.

To return to Main Page to proceed with other benefit elections, click the **Continue** button.

Disability

Short Term Disability

Short Term Disability - Company Paid Participant

Long Term Disability

Long Term Disability Tax Choice LTD 60% of base salary



## Spending and Savings Account

### Spending and Savings Accounts

Select the desired options for **Spending and Savings Accounts** by selecting the **Edit** box and then corresponding select boxes, **Adding Annual Election** amount and click **Ok**.

To return to Main Page to proceed with other benefit elections, click the **Continue** button.

### Spending and Savings Account



Health Savings Account

Health Savings Account  
Participant

Flexible Spending Account - Health Care

Medical FSA  
Waive

Flexible Spending Account - Dependent Care

Dependent Care FSA  
Waive

## Additional Benefits

### Legal Plan

Select the desired options for **Legal Plan** by selecting the **Edit** box and then corresponding select boxes.

To return to Main Page to proceed with other benefit elections, click the **Continue** button.

### Additional Benefits



Legal Plan

Legal Plan  
Waive



## Review and Submit Elections

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

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

XL Health and Welfare

Submit

Close



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