Log in to your Dayforce home page. Click on the Benefits icon. If you <u>do not</u> have a benefits icon click on the 3 horizontal lines, then click on benefits.



You will notice that there is a countdown of how many days you have to complete the Open Enrollment. All elections must be made by the election due date. Click the Start Enrollment next to TRC- Open Enrollment

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	Training Site (56.3) Benefits		사 Q 🛛 🏹 🛈 🗸
Overview Current Elections Forms History			
Enrollments Refresh Below is a listing of available Enrollments, to access	s an Enrollment select "Start/Continue Enrollment"		Â
TRC - Open Enrollment Due in 8 day(s)		Pending Start E	nrollment
TRC - 403B Periodic Enrollment		Available Start E	nrollment
TRC - Donations		Available Start E	nrollment
TRC - HSA Periodic Enrollment		Available Start E	nrollment

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This will take you to the introduction page of open enrollment. PLEASE TAKE THE TIME TO SCROLL DOWN AND READ ALL OF THE INFORMATION. This will ensure a successful open enrollment experience.

TRC - Open Enrollment				Your Current Electio	ns 🕁 \$0.00 🗙
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				Flexible Spending Account	
				Dependent Care FSA	
				Green Plan HRA	

By scrolling down to the end of the page you will notice a blue <u>CLICK HERE</u> link that will take you to all of the necessary forms and open enrollment information. This is available to assist you in making the best selections for the 2021 plan year.

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Opene Enrollment       Your Current Election       Image: Confirmation       Source       X            • Introduction        Profile        Elections        Summary        X            • ***New this year***         The following deductions will follow a 24 pay schedule (the first and second pay each month) providing TRC staff with three (3) pay days without these deductions:        X       X       X         Medical, Dental, Voluntary Life, Voluntary Spousal Life, Voluntary Dependent Life, Short        X       X       X         Dependent Care Account, Community Foundation, Capital Campaign, United Way North       and South.        X       X       X         Please note: If you are eligible for Medical or Dental coverage but do NOT want to enroll       you must waive the benefit. Providing false information or omission of relevant        Y       X       X         Please note: If you are eligible for Medical or Dental coverage but do NOT want to enroll       you must waive the benefit. Providing false information or omission of relevant       information in this enrollment may result in the denial of claims, cancellation, or rescission       of coverage. By completing this online enrollment of your benefit package you are agreeing       to be legally bound by this digital signature. Human Resources reserve the right to review       all elections for eligibility purposes. Any necessary thanges will be communicated to       impacted employees following the close of Open Enrollment. If you have any questions or       need assistance please call the Human Resources/Finance Help Desk at 661-4711.			Tra	ining Site (56.3)	Benefits				4	Q 🛙	) 🏹
Profile       Bections       Confirmation       Summary         second pay each month) providing TRC staff with three (3) pay days without these deductions:       Medical, Dental, Voluntary Life, Voluntary Spousal Life, Voluntary Dependent Life, Short Term Disability, Long Term Disability, Health Savings account, Flexible Spending Account, Dependent Care Account, Community Foundation, Capital Campaign, United Way North and South.         The following deductions will continue on a per pay basis: All Retirement Accounts (403B Match, 403B Catch-Up, and 403B Roth) and Liberty Mutual.         Please note: If you are eligible for Medical or Dental coverage but do NOT want to enroll you must waive the benefit. Providing false information or omission of relevant Information in this enrollment may result in the denial of claims, cancellation, or rescission of coverage. By completing this online enrollment of your benefit package you are agreeing to be legally bound by this digital signature. Human Resources reserve the right to review all elections for eligbibling purposes. Any necessary changes will be communicated to limpacted employees following the close of Open Enrollment. If you have any questions or need assistance please call the Human Resources/Finance Help Desk at 661-4711.	TRC - Open Enrollment						Your Current Elections	\$0.00	×		
<ul> <li>***New this year*** The following deductions will follow a 24 pay schedule ( the first and second pay each month) providing TRC staff with three (3) pay days without these deductions:</li> <li>Medical, Dental, Voluntary Life, Voluntary Spousal Life, Voluntary Dependent Life, Short Terrn Disability, Leng Tern Disability, Health Savings account, Fiexble Spending Account, Dependent Care Account, Community Foundation, Capital Campaign, United Way North and South.</li> <li>The following deductions will continue on a per pay basis: All Retirement Accounts (4038 Match, 4038 Catch-Up, and 4038 Roth) and Liberty Mutual.</li> <li>Please note: If you are eligible for Medical or Dental coverage but do NOT want to enroll you must waive the benefit. Providing false information or omission of relevant Information in this enrollment may result in the denial of claims, cancellation, or rescission of coverage. By completing this online enrollment of your benefit package you are agreeing to be legally bound by this digital signature. Human Resources reserve the right to review all elections for eligibility purposes. Any necessary changes will be communicated to impacted employees following the close of Open Enrollment. If you have any questions or need assistance please call the Human Resources/Finance Help Desk at 661-4711.</li> </ul>		O	Profile	Elections	Confirmation	Summary					
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Once you have read all of the information, return to Dayforce and click Next to proceed.

This screen is very **IMPORTANT**. This is where you will enter any Dependent and Beneficiary Information. In order to have all the enrollment options available to populate for you, the following information must be completed before proceeding to the next page. Click the Add button to add Dependents.

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	Currently, you do not have any dependents.							
	+ Add							
Current	Beneficiary Information							
Close	Save Draft					Back	Next	
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Fill in all required fields. You will not be able to continue without them being completed. You must enter Social Security Numbers for each of your Dependents. Click Continue once Information is entered. For enrollment purposes a Spouse is considered a dependent.

Add N	lew Dependent				×	<u> </u>	
TRC - Open Enrollment						or \$0.00 ×	
Per	sonal Information	* Required Field	Primary Address	+ Add	- 68		
Fir	rst Name*		Your address will be used as the o	dependent's primary address,	- 88		
Profile Forms Mi	iddle Name		uniess a new autress is entroled.				
Please review and confirm t	ist Name*		Other Address	+ Add			
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If you have more than one dependent just follow the same steps to add the rest of you dependents.

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TRC - Open I	Enrollment						Your Current Ele	ctions 🔟	\$0.00	×
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Next add your Beneficiaries. Click the down arrow in front of "Current Beneficiary Information" to open the Beneficiary Screen.

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Again, click the Add button to enter any new Beneficiaries. If you need to remove or edit the current beneficiaries, click on the name of the beneficiary and either remove or edit the information.

Current Dependent Information				
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	Child		🖍 View/Edit	
	Spouse		🖍 View/Edit	
Contact Details				
Close Save Draft				Back Next

Next you will Click on the Contact Details

In this section you will update your current personal phone number as well as list your business contact phone number. You will also update your personal and business email information.

	elete								
Тур	* Co	untry Code	Number*	Extension	Alerts	Unlisted?	Start Date*	End Date	
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Business	United State	s of America	716 661 1406				Aug 13/2020		
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It is <u>recommended</u> that at this time you Click Save Draft so you will not have to re-enter the information if you had to continue the enrollment at a later time. Click Next to proceed.

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	Beneficiary	Relationship	Birth Date	View/Edit	
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Now you are ready to choose your coverage for 2021. Please read all information. Links are provided for more information and forms you may need.

<u>^</u>	Training Site (56.3) Benefits	? 🖻	<u> </u> (	D
	TRC - Open Enrollment			
Clos	e Save Draft Back Next			
1	Health			
	Medical			
	This coverage is available to all Full Time employees (including ACA 30 hour average). Child dependents are covered up to the age of 26.			
	• Enrollment in any Medical Plan includes: Medical and Prescription coverage provided by Independent Health and Vision coverage provided by Eye-Med. Premiums displayed are based on 24 pays per year.			
	To view Medical and Vision Plan Summaries, Zero cost Preventative Services, Mail Order Prescription forms, and Prescription Co-Pay Tier Structures CLICK HERE			
-	STARS Medical Premium Reduction: To be eligible for the Stars Medical Premium Reduction you must have met all your Stars requirements by September 30, 2019. The premium reduction will not show in the rates displayed on the Medical Plan you choose but will be deducted from your premiums through your payroll deduction.			
	The Premium Reductions are: Stars 1: S5.42 Per pay Stars 2: S16.25 Per pay based on the 24 pay/year schedule.			
	Dental			
	Dental Coverage is available to all Full Time employees as a stand-alone option and is provided by Nova.			
	<ul> <li>Child Dependents are covered up to the 19th birthday or the 23rd birthday with proof of Full Time student status. Acceptable proof is a current class schedule or tuition bill with the student name, college name, address and phone number. Proof must be submitted to the Human Resources Benefit Specialist each semester to continue the benefit. Premiums displayed are based on 24 pays per year.</li> </ul>			
	If you have questions or concerns please call the Human Resources Help Desk at 716-661-4711 or the Human Resources Benefit Specialist at 716-661-1480. Changes cannot be made to medical			
	VIGUE			_

All medical plan choices are listed in the column on the left. To select the benefit choice click in the Plan box on the left of the plan name (A). If you want to compare 2 or more plans side by side click in the small box in the right column of each plan and then click on compare selected (B). If you do not want to enroll in a medical plan you <u>must Waive</u> the coverage by clicking that box. If you hover over the rates with your mouse it will show an explanation of the cost. (C)



The green circle with the check indicates the benefit you were enrolled in for the 2020 plan year. If you would like to keep that plan you will check the box next to the green circle to make the selection.

Option		Information	
C Emp & Family-TRC Nova Dental Start Date: 1/1/2021 • 3 Dependents Show Details	\$19.17 \$19.17	Child Dependents are covered up to the 19th birthday or the 23rd birthday with proof of Full Time student status. Acceptable proof is a current class schedule or tuition bill with the student name, college name, address and phone number. Proof must be submitted to the Human Resources Benefit Specialist each semester to continue the benefit. Premiums displayed are based on 24 pays per year.	
Emp Only-TRC Nova Dental Start Date: 1/1/2021	<b>\$7.67</b> \$7.67	Child Dependents are covered up to the 19th birthday or the 23rd birthday with proof of Full Time student status. Acceptable proof is a current class schedule or tuition bill with the student name, college name, address and phone number. Proof must be submitted to the Human Resources Benefit Specialist each semester to continue the benefit. Premiums displayed are based on 24 pays per year.	

When you choose a plan a box pops up with dependent information. You can choose to keep the dependents listed or remove them if the coverage is not needed. All dependents that are eligible for coverage will appear here. If the plan also allows enrollment in an HSA (Health Savings Account) that information will appear below the dependents. This is where employees can elect a payroll deduction to contribute to a HSA account (Pre-Tax). Please note: This is an **Annual** contribution total but deducted the first two (2) payroll periods of each month. Click save when you have completed your selections.



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United Way: Your tax deduct	ble gift helps to support th	he local community. Please enter y	our gift below and enjoy the c	convenience of a bi-weekly deduc	tion.			~

Dental Enrollment is completed the same as the medical.

All Reimbursement and Contribution offers are located in this section. Please click on each blue arrow to view the selections. Click save when you have completed your selections.

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Move the slide to the amount you would like to contribute **ANNUALLY** not per pay period.

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	United Way Nor Start Date: 1/1/2 \$1.00 Annual Co Show Details			Save	Cancel	weekly		
	United Way South Start Date: 1/1/2020 \$1.00 Annual Contribution Show Details	United Way South: Your tax deductible gift helps der	i to support the local community. Please ent duction. Thank you for your consideration a	er your gift below and enjo nd generosity!	y the convenience of a bi-	weekly		Ų

This third section is for all Life and Disability options. You **MUST** elect a beneficiary for the Basic and Voluntary Life Products. If this coverage is new to you, don't forget to complete your Evidence of Insurability Form which can be found at our web page. <u>https://resourcecenter.org/open-enrollment-</u>2021/ We cannot accept any forms after **November 11, 2020**. If you had the coverage in 2020 and are not making any changes the Evidence of Insurability is not needed.

🏠		Tr.	aining Site (56.3)	Benefits			<u>A</u>	Q 0	1	0
TRC - Open Enrollment						Your Current Ele	ctions 🔐	\$0.00	×	
	Introduction	Profile	Elections	Confirmation	Summary					
Life & Disability										
If you did not previously enroll	n this benefit when first eligible y	ou must complete an	Evidence of Insurabilit	Form. <u>CLICK HERE TO</u>	ACCESS FORM					
If you did not previously enroll i	n this benefit when first eligible y yond the Open Enrollment perio	ou must complete an od and benefits will	Evidence of Insurabilit	Form. <u>CLICK HERE TO</u>	ACCESS FORM	st Reliance Standar	d.			
If you did not previously enroll i Forms cannot be accepted be Basic Life	n this benefit when first eligible y yond the Open Enrollment perio	ou must complete an	Evidence of Insurabilit not start until Huma	Form. <u>CLICK HERE TO</u>	ACCESS FORM	st Reliance Standar	d.			
If you did not previously enroll i Forms cannot be accepted be Basic Life	n this benefit when first eligible y yond the Open Enrollment perio	ou must complete an	Evidence of Insurabilit	Form. <u>CLICK HERE TO</u>	ACCESS FORM	st Reliance Standar	d.			
If you did not previously enroll I Forms cannot be accepted be Basic Life Cong Term Disability	n this benefit when first eligible y	ou must complete an	Evidence of Insurabilit	Form. <u>CLICK HERE TO</u>	ACCESS FORM	st Reliance Standar	d.			
If you did not previously enroll i Forms cannot be accepted be Basic Life Long Term Disability	n this benefit when first eligible y	ou must complete an	Evidence of Insurabilit	Form. <u>CLICK HERE TO</u>	ACCESS FORM	st Reliance Standar	d.			
If you did not previously enroll i Forms cannot be accepted be Basic Life Cong Term Disability Supplemental Life	n this benefit when first eligible y	ou must complete an	Evidence of Insurabilit	Form. <u>CLICK HERE TO</u>	ACCESS FORM	st Reliance Standar	d.			
If you did not previously enroll I Forms cannot be accepted be Basic Life Long Term Disability Supplemental Life	n this benefit when first eligible y	ou must complete an	Evidence of Insurabilit	Form. <u>CLICK HERE TO</u>	ACCESS FORM	st Reliance Standar	d.			

Basic Life is provided by TRC at no cost to the employee. Please click on the Plan box to open the selection and elect your beneficiary (1). Once that is completed you can enroll dependents in this Free benefit (2).

		Ir	aining Site (56.3) B	enefits					*
TRC - Open Enrollment						Your Current Electio	ns 🚻	\$0.00	×
	<b>~</b>	<b>o</b>		-					
	Introduction	n Profile	Elections	Confirmation	Summary				_
Forms cannot be accepted be	yond the Open Enrollment ;	period and benefits will	not start until Human	Resources receives a	approval from First	Reliance Standard.			
Basic Life									
$\bigcirc$									
The option "Employer	-TRC Free Group Term Life Unior	" may be subject to Group Te	erm Life Imputed Income.						
<ol> <li>You have been autom</li> </ol>	atically enrolled in option "Emplo	oyee-TRC Free Group Term Lif	fe Union".					$\sim$	
								$\sim$	
Option Name Accordin						M Compared	alacted	_	
Option Name Ascending						of compare:	selecteu	+	
Option				Information					
- Dependent, TDC Free	\$0.34 \$2,0 \$0.00	000.00 Dependent Coverage	(defined as spouse, children	n up to age 19, or children	n age 19-26 with proof	of Full Time student stat	us)		
Group Term Life and									
Group Term Life and AD&D Union Start Date: 1/1/2020									
Group Ferm Life and AD&D Union Start Date: 1/1/2020 \$2,000.00 Coverage 3 Dependents									
appendent - Iku, Fer Group Term Life and Ab&U Union Start Date: 11/2020 5 \$2,000.00 Coverage - 3 Dependents Show Details									
appendent - No. Yee appendent - No. Yee appendent - No. Yee appendent - No. Yee appendents appendents bow Details  w  C Employee-TRC Free	\$0.88 Free Term	n Life insurance and Depende	ent Coverage is provided to	all Full and Part-Time Uni	ion employees (schedu	led 20+ hours/week). Th	e Benefit		
Croup Term Life and AD4D Union Start Date: 11/2020 5 2,000.00 Coverage - 3 Dependents Show Details Croup Term Life Union Start Date: 11/2020 Start Date: 11/2020	\$0.88 Free Tern \$0.00	n Life insurance and Depende	ent Coverage is provided to	all Full and Part-Time Uni includes:	ion employees (schedu	led 20+ hours/week). Th	e Benefit		

If you want to enroll in the Long Term Disability benefit click in the Plan box next to the benefit (A) or click in the Waive box (B) to decline. If this coverage is new to you, don't forget to complete your Evidence of Insurability Form which can be found on our web page. <a href="https://resourcecenter.org/open-enrollment-2021/">https://resourcecenter.org/open-enrollment-2021/</a> We cannot accept any forms after **November 11, 2020**. If you had the coverage in 2020 and are not making any changes the Evidence of Insurability is not needed. Click save when you have completed your selections.

CO https://ustrain/56.dayforc	ehem.com/MyDayforce/u/Pbb7cEQ5BUilFU8eiVvvDA/Corr 🔎 🛩 🖨	C (③ Citriu Receiver Critral(R) Duyforce Central(R) Duyforce X		h ★ 0
E Direct Support G Help Desk 💔	Kronos 🛆 Policy & Procedure 👔 Relias 🛆 Staff Development	置 Therep ① UNEPro 〇 UNEPro Citrix-BeckOffice Training Site (56.3) Benefits		ቼር 🕄 😅 🛈 ተ
	TRC - Open Enrollment	Your Current Elections	\$0.00	<^
		Introduction Profile Elections Confirmation Summary		
	O Long Term Disability			
	You must elect 1 option(s) in the election	set.	^	
	Option Name Ascending	弾 Compare Selected	•	
	Option	Information		
Α	So.00 Cong-Term Disability Start Date: 1/1/2020 Show Details	Voluntary Long-Term Disability coverage is available to all Full Time staff. Coverage is offered by First Reliance Standard. Eligible employees can purchase coverage for 50% of coverad earnings, up to 57,500.00/month. Benefit available begins after 26 weeks of disability of still disabled. Rates are determined by age and amount of coverage. Fremiums are paid for by the employee through payrol deductions based on the 24 payrear schedule.		
_		If you did not previously enroll in this benefit when first eligible you must complete an Evidence of Insurability Form. If you enrolled in this benefit during the 2019 Plan year you do not need to complete the Evidence of Insurability. If you are unsure please call the HR/Finance Help Desk at 716-661-4711.		
В	Waive Long Term Disability US Start Date: 1/1/2020			
	Supplemental Life			v

You will notice on the Supplemental Life options that the only one you can choose <u>first</u> is the Employee coverage. The other choices are based on the employee enrollment and will become available once you have completed the employee selection. <u>Click</u> on the Plan box by Employee to get started.



The Option Details page will pop up. Here you can select the amount of coverage you are enrolling in by using the slider or the -/+ buttons. After making your selection for amount of coverage click on the + Add to select your beneficiaries. Click save when you have completed your selections.



After enrolling in the Voluntary Employee Supplemental Life you can then enroll in the Dependent Life or the Spousal Life if that is a coverage you wish to purchase. Once you click on the plan box the Option Detail box will open for you to select the amount of coverage. Click save when you have completed your selections. Please click on Waive if you want to decline these benefit options.



If you want to purchase Short Term Disability please click on the Plan box and the Option Detail box will open for you to complete your selection. Click save when you have completed your selection. Click on the Waive box if you do not want this option.

Open Enrollment Your Current Elections Stort			Tra	aining Site (56.3)	Benefits			<u> 8</u>	Q
Introduction       Profile       Elections       Confirmation       Summary         Short Term Disability       Image: Compare Selected       Image: Compare Selected <td< th=""><th>Open Enrollment</th><th></th><th></th><th></th><th></th><th></th><th>Your Current Elections</th><th><b>ŵ</b></th><th>\$0.00</th></td<>	Open Enrollment						Your Current Elections	<b>ŵ</b>	\$0.00
Short Term Disability         Image: Short Term Disability         Image: Short Term Disability         Option Name Ascending         Image: Option		Introduction	<b>P</b> rofile	Elections	Confirmation	Summary			
You must elect 1 option(s) in the election set.         Option Name Ascending         Option Name Ascending         Coption Name Ascending         Short-Term Disability         Short-Term Disability         Start Date: 1/1/2020         Show Details         Coverage is offered by First Reliance Standard. Eligble employees can purchase coverage for 60% of covered earnings, up to \$2,000,00/week. Coverage is effective after a 31 day waiting period and for up to 25 weeks. Rates determined by age and the amount of coverage. Premiums are paid for by the employee through payroli deductions based on the 24 pay/year schedule.         If you did not previously enroll in this benefit when first eligible you must complete an Evidence of Insurability. Form. If you enrolled in this benefit during the 2019 Plan year you do not need to complete the Evidence of Insurability. If you are unsure please call the HB/Finance Help Desk at 716-661-4711.	) Short Term Disability								
Option Name Ascending       Compare Selected         Option Name Ascending       Compare Selected         Option Name Ascending       Compare Selected         Image: Short-Term Disability       So.00         Voluntary Short-Term Disability       So.00         Short-Term Disability       Coverage is offered by First Reliance Standard. Eligible employees can purchase coverage for 60% of covered earnings, up to \$2,000.00/week. Coverage is effective after a 31 day waiting period and for up to 26 weeks. Rates determined by age and the amount or coverage. Premiums are paid for by the employee through payroll deductions based on the 24 pay/year schedule.         If you did not previously enroll in this benefit when first eligible you must complete an Evidence of Insurability. From. If you enrolled in this benefit during the 2019 Plan year you do not need to complete the Evidence of Insurability. If you are unsure please call the HB/Finance Help Desk at 716-661-4711.									
Option Name Ascending         Compare Selected           Option         Information           Imployee-TRC Voluntary Short-Term Disability         S0.00           Voluntary Short-Term Disability is available to all Full Time employees.           Coverage is offered by First Reliance Standard. Eligible employees can purchase coverage for 60% of covered earnings, up to \$2,000,00week. Coverage is effective after a 31 day waiting period and for up to 26 weeks. Rates determined by age and the amount of coverage. Premiums are paid for by the employee through payroll deductions based on the 24 pay/year schedule.           If you did not previously enroll in this benefit when first eligible you must complete an Evidence of Insurability. Form. If you enrolled in this benefit during the 2019 Plan year you do not need to complete the Evidence of Insurability. If you are unsure please call the HR/Finance Help Desk at 716-661-4711.	You must elect 1 option(s) in the	election cot							
Option Name Ascending         Compare Selected           Option         Information           Employee:TRC Voluntary Short-Term Disability Start Date: 1/1/2020         \$0.00           Show Details         Coverage is offered by First Reliance Standard. Eligible employees can purchase coverage for 60% of covered earnings, up to \$2,000.00/week. Coverage is effective after a 31 day waiting period and for up to 26 weeks. Rates determined by age and the amount of coverage. Premiums are paid for by the employee through payroll deductions based on the 24 pay/year schedule. If you did not previously enroll in this benefit when first eligible you must complete an Evidence of Insurability. Form. If you enrolled in this benefit during the 2019 Plan year you do not need to complete the Evidence of Insurability. If you are unsure please call the HR/Finance Help Desk at 716-661-4711.	-	election set.							^
Option         Information           Employee-TRC Voluntary Short-Term Disability Short-Term Disability         \$0.00         Voluntary Short-Term Disability is available to all Full Time employees.           Short-Term Disability         Sourcate and the answer of the analysis of the a		election set.							Ŷ
Employee-TRC Voluntary Short-Term Disability         \$0.00         Voluntary Short-Term Disability is available to all Full Time employees.           Short-Term Disability         Start Date: 1/1/2020         Coverage is offered by First Reliance Standard. Eligible employees can purchase coverage for 60% of covered earnings, up to \$2,000.00/week. Coverage is effective after a 31 day waiting period and for up to 26 weeks. Rates determined by age and the amount of coverage. Premiums are paid for by the employee through payroll deductions based on the 24 pay/year schedule.           If you did not previously enroll in this benefit when first eligible you must complete an Evidence of Insurability. Form. If you enrolled in this benefit during the 2019 Plan year you do not need to complete the Evidence of Insurability. If you are unsure please call the HR/Finance Help Desk at 716-661-4711.	Option Name Ascending	erection sec					Tompare Se	lected	•
Start Date: 11/12020       Coverage is offered by First Reliance Standard. Eligible employees can purchase coverage for 60% of covered earnings, up to \$2,000.00/week. Coverage is effective after a 31 day waiting period and for up to 26 weeks. Rates determined by age and the amount of coverage. Premiums are paid for by the employee through payroll deductions based on the 24 pay/year schedule.         If you did not previously enroll in this benefit when first eligible you must complete an Evidence of Insurability Form. If you enrolled in this benefit during the 2019 Plan year you do not need to complete the Evidence of Insurability. If you are unsure please call the HR/Finance Help Desk at 716-661-4711.	Option Name Ascending    Option	erection set.			Information		The Compare Set	lected	•
If you did not previously enroll in this benefit when first eligible you must complete an Evidence of insurability Form. If you enrolled in this benefit during the 2019 Plan year you do not need to complete the Evidence of Insurability. If you are unsure please call the HR/Finance Help Desk at 716-661-4711.	Option Name Ascending  Option Employee-TRC Voluntary Short, Term Disability	\$0.00	v	Voluntary Short-Term D	Information	ull Time employees.	ው Compare Se	lected	•
	Option Name Ascending  Option  Employee-TRC Voluntary Short-Term Disability Start Date: 1/1/2020 Show Details	\$0.00 Coverage is offered by is effective after a 31	V y First Reliance Stann I day waiting period. em	Voluntary Short-Term D dard. Eligible employee and for up to 26 weeks ployee through payroll	Information Isability is available to all Fu s can purchase coverage for Rates determined by age deductions based on the z	ull Time employees. or 60% of covered earr and the amount of cov	Compare Se ings, up to \$2,000.00/week. C verage. Premiums are paid for	lected	•

**Retirement Plans:** TRC offers a 403B Match Retirement Savings Plan (Pre-Tax), 403B Catch-up Retirement Savings Plan (age restrictions apply), 403B Roth Retirement Savings Plan (Post-Tax). <u>All</u> employees are eligible to enroll in a Retirement Savings Account. To be eligible for the TRC Match employees must be 21 years of age and employed with the company for 1 year and working 1,000 hours in the year. <u>Click</u> on the Plan box that you are enrolling in.

			Ţ	raining Site (56.3	) Benefits			<u></u>	Q
TRC - Open Enrollment							Your Current Election	ons 🕁	\$0.0
		Introduction	Profile	Elections	Confirmation	Summary			
Option					Information				
403B Catch Up Flat     Dollar Amount     Start Date: 1/1/2020	\$0.00	Employees 50+ ye	ears of age are eligible	to contribute an addition	nal \$6,500.00 to their 403B of \$19,500.00.	Retirement Savings af	ter maximizing the 403B M	atch amount	
Show Details	*****	The 4020 Deck			- The 2020				
Start Date: 1/1/2020	\$0.00	catch-up contribu	ement Savings Plan is tion). Contributions ar	e deducted pre-tax. Emp per each	es. The 2020 contribution in ployee contributions up to t percent of employee contri	he first 5% of salary w bution.	ill be matched by TRC at a r	e with the ate of 0.25%	
				Employee Pre	-Tax Contribution / TRC Ma	tch Percent			
					1%/.25%				
					2% / .50%				
					3% / .75%				
					4% / 1%				
					5% / 1.25%				
					6% and above/ 1.25%				

Once you click on a Plan the Option Details box opens up. Here using the slider or -/+ buttons you can select the percentage of income you want deducted through payroll. After selecting your percentage click on the add button under Beneficiaries to complete the beneficiary selection. If you are married and are not selecting your spouse as the beneficiary you <u>MUST</u> complete a Designation of Beneficiary Form found on our web page. <u>https://resourcecenter.org/open-enrollment-2020/</u> Click save when you have completed your selection.

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=	*		Traini	ng Site (56.3) Benefits				₩.	ର 🔞	<b>1</b>	•
	TRC - Open Enrollment	ption Details					×	ŵ	\$0.00	×	^
Percentage of	40 O E Dollar Amount Start Date: 1/1/2 Show Details	D3B Percentage	ribution amount below, or you can sele n: 0.00% n: 100.00% 1.00%	t the contribution amount by using	the slider or plus and mini	us button.	^ 10	amount			
annual salary	4038 Percentag o Start Date: 1/1/2 Show Details	.00% Beneficiaries 'ou must designate at ong as the total for ea	: least one Primary beneficiary. You may ch beneficiary type equals 100%.	designate any percentage amount g	reater than 0.00% to each	100.00% beneficiary, as	tr	n the f 0.25%			
Add beneficiarie	S	+ Add	Beneficiaries	Туре*	Percentage*	Remove	~				l
_			Employees do not need to change investmen default (age-based) inv	t selections, but those who wish to do so estment offerings unless changes are ma	Sav may visit www.bpas.com. Firs de by the employee via the Bi	ve Cancel st time enrollments v PAS website.	vill receiv	ve the			~

**IMPORTANT:** Please check all your elections **before clicking submit.** Once you submit your enrollment you cannot go back to make changes. During the Open Enrollment Period you can save your work to return to but once you have submitted your selections the enrollment can't be re-opened. If you have any problems with your Open Enrollment please attend one of the Open Enrollment sessions or call the HR/Finance Help Desk at 716-661-4711. Please see Site and Zoom sessions on the next page.

If you are required to complete any forms for your enrollment please send them to Human Resources. Forms must be submitted by **November 11th at 5:00pm**. You can Fax forms to 716-485-4679 or 716-485-4647. You can also scan forms and email them to: <u>Janice.johnson@resourcecenter.org</u> or <u>Alda.brown@resourcecenter.org</u>.

	Monday	Tuesday	Wednesday	Thursday	Friday
Week of 10.26.20	10.26.20	10.27.20	10.28.20	10.29.20	10.30.20
				Foote Avenue 7:00a-9:30a	
					Allied
HR On-Site			Chestnut	САРРА	7:30a-11:30a
			9:00a-10:30a	9:00a-Noon	
					MJRC
		Conference Center	Lakeshore	Foote Avenue	1:00p - 3:00p
		7:00a-9:00p	9:00a-4:30p	1:30p-4:30p	
Live OF Zoom with					
	Office Hours with HR		8:00p-9:00p	11:00p-Midnight	7:30a-8:30a
пккерз	all day by Zoom		(Rhonda Howard)	(Rhonda Howard)	(Janice Johnson)
O&A with					
Independent					9:00a-11:00a
Health					2:00p-4:00p
	HR Help Desk 24/7	HR Help Desk 24/7	HR Help Desk 24/7	HR Help Desk 24/7	HR Help Desk 24/7
HR Help Desk 24/7	716-661-4711	716-661-4711	716-661-4711	716-661-4711	716-661-4711

Week of 11.2.20	Monday 11.2.20	Tuesday 11.3.20	Wednesday 11.4.20
HR On-Site	Jackson Avenue 8:30a-12:30p		
Live OE Zoom with HR Reps	11:00p-Midnight (Rhonda Howard)	Morning Office Hours with HR by Zoom 7:30a - Noon 2:30p-3:30p (Nick Bell)	Office Hours with HR by Zoom 10a-4p 8:00p-9:00p (Bhonda Howard)
Q&A with Independent Health	(intende netrate)	(mex ben)	7:30a-9:30a 5:00p-7:00p
HR Help Desk 24/7	HR Help Desk 24/7 716-661-4711	HR Help Desk 24/7 716-661-4711	HR Help Desk 24/7 716-661-4711