Completing New Employee ESS Enrollment

New Getty employees must log in to Employee Self Service (ESS) to complete required Personal Information and select their Employee Benefits. This can be accomplished:

- While you are at the Getty, simply by logging in to **Employee Self Service** with the username and password you are assigned, or

- On a personal computer while at home, by logging into **WebConnect** and then logging in to Employee Self Service from the WebConnect home page.

At right you see the ESS home menu.

- As a new employee, you're required to immediately complete your **Personal Information** and **Benefits** choices.

- Note also that at any time, you may:

   o Update your Personal Information (with new phone numbers, emergency contacts, etc.)

   o View your paychecks and sign up for electronic forms delivery through the **Payroll** menu

   o Record your participation in carpool or alternative transportation rewards programs via the **Transportation Program** menu.

Personal Information

- Personal Information Summary
- Home Address
- Phone Numbers
- Email Addresses
- Emergency Contacts

Payroll

- My Paychecks
- Paycheck Modeler
- W-2 Forms
- W-2/W-2c Consent
- W-4 Tax Information

Benefits

- Benefits Enrollment
- Benefits Summary
- Dependent/Beneficiary Info
- Life Events
- View Form 1095-C

Transportation Program

- Transportation Program Info
- Create eBlueCard
- Update eBlueCard
- Manage Rewards

Completing Your Information

Personal Information

It's important that you:
- Review your Personal Information Summary to assure that all fields are correct.
- Enter any phone numbers (home, cell, etc.) at which you can be reached. (In case of Getty closure or other urgent business, messages will be left at these numbers.)
- Enter at least one or more emergency contacts.

This information can be updated at any time in the future, as necessary.

Payroll (Taxation Information)

W-2/W-2C Consent

You must complete your W-4 Tax Information, and you have an option to receive two year-end tax forms electronically (instead of in hard copy via US Mail).

- If you wish to receive forms online, select **W-2/W-2c Consent.**

- Select the "**I consent...**" checkbox, and click **Submit**.

- As a security measure, you'll be prompted to re-enter your password to verify your identity; do so, and click **Submit**.

W-4 Tax Information

- Click **W-4 Tax Information**, and:
  - Indicate Marital Status
  - Enter total number of allowances you wish to claim (and additional withholding amount, if any)
  - Review the other options and select those that apply

- Click **Submit**.

- As a security measure, you'll be prompted to re-enter your password to verify your identity; do so, and click **Submit**.

W-2/W-2c Consent Form

Elect or withdraw your election for electronic W-2 or W-2c forms.

Your Current Status: No consent received.

I consent to receive my W-2 or W-2c form electronically via Employee Self Service. Payroll will no longer send me W-2/W-2c paper statements by mail. I understand that this consent will remain in force until I change it here or request a change in writing.

☑ I consent to receive W-2 and W-2c forms electronically.

Submit

W-4 Tax Information

Social Security Number

J Paul Getty Trust

You must complete Form W-4 so the Payroll Department can calculate the correct amount of tax to withhold from your pay. Federal income tax is withheld from your wages based on marital status and the number of allowances claimed on this form. You may also specify that an additional dollar amount be withheld. You can file a new Form W-4 anytime your tax situation changes and you choose to have more, or less, tax withheld.

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

Home Address

W-4 Tax Data

Enter total number of Allowances you are claiming | 0
Enter Additional Amount, if any, you want withheld from each paycheck |

Indicate Marital Status   ⦿ Single   ○ Married

☐ Check here and select Single status if married but withholding at single rate.
Note: If married, but legally separated, or spouse is a nonresident alien, select 'Single' status.

☐ Check here if your last name differs from that shown on your social security card.
You must call 1-800-772-1213 for a new card.

Claim Exemption

I claim exemption from withholding for the year 2016 and I certify that I meet BOTH of the following conditions for exemption

Exemption Conditions

Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability.
This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability.

☐ Check this box if you meet both conditions to claim exempt status.

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Submit

Verify Identity

To protect your privacy, verify your identity by typing your password. If you are not this user, click **Sign Out**.

User ID:
Password:

Continue   Cancel

Benefits

Click **Benefits** and then **Benefits Enrollment** to begin the process of selecting from available benefits and adding/enrolling dependents or beneficiaries.

- Click **Select**.

If you partially complete your enrollment and then click Save & Continue before exiting, then when you log back in and resume your enrollment, click Benefits Enrollment > Select to continue.

Benefits Enrollment

You can make benefits elections at the time of your initial eligibility, during Open Enrollment, or when you have a qualified status change.

The Information icon provides you with additional information about your enrollment.

The Select button next to an event means it is currently available for enrollment or changes.

Use the **Select** button to begin your enrollment.

Note: Only events with the Select button may be changed at this time.

Open Benefit Events

Event Description		Event Date	Event Status	
Hire / Benefits Eligible	ⓘ	05/09/2016	Open	Select

After you use the Select button, it will take a few seconds for your benefits enrollment information to load.

- A list of benefits displays; each features an **Edit** button at right; when you click the Edit button, you view choices and make your selections.

Hire / Benefits Eligible

As a new hire or newly benefits eligible employee you must enroll in benefits within **31** days from your date of hire or date you became benefits eligible.
If you do not enroll, it may result in no coverage for yourself and any dependents.
The only time you can change your benefit choices is during Open Enrollment or if you have a qualified status change.

ⓘ **Important:** Your enrollment will not be complete until you Submit the changes/choices you've made on the next screen.

Enrollment Summary

Medical		Before Tax	After Tax	Edit
Current: No Coverage				
New: Waive				
Dental		Before Tax	After Tax	Edit
Current: No Coverage				
New: Waive				
Vision		Before Tax	After Tax	Edit
Current: No Coverage				
New: Waive				
Health Savings Account		Before Tax	After Tax	Edit
Current: No Coverage				
New: No Coverage				
Flex Spending Health		Before Tax	After Tax	Edit
Current: No Coverage				
New: No Coverage				

New: No Coverage

Voluntary Dependent Life		Before Tax	After Tax	Edit
Current: No Coverage				
New: No Coverage				
Voluntary AD and D		Before Tax	After Tax	Edit
Current: No Coverage				
New: No Coverage				
Legal Services		Before Tax	After Tax	Edit
Current: No Coverage				
New: **No Coverage**				

This table summarizes estimated costs for your new benefit choices.

Election Summary

Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	0.00	0.00	0.00
Your Costs	0.00	0.00	0.00

Save and Continue	I Have No Changes

When you complete all benefit selections, click **Save and Continue** (at bottom).

3

Medical

- When you click the **Edit** button to the right of **Medical**, you see four choices.

  Review your costs for your *Coverage Level* and, if desired, review further details by clicking the *Summary of Benefits and Coverage* hyperlink that follows each choice.

  Click the button to the left of the Medical Plan, then follow the steps to complete your medical plan enrollment.

  If you are enrolling in a UHC HMO plan, go to UHC HMO (p. 5).

  If you are enrolling in the Aetna plan, go to Aetna (p. 10).

  If you are enrolling dependents, go to Enroll Dependents (p. 12).

  Additional benefits start on p. 14.

Medical

Our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured.

ℹ **Important! Your current coverage is: No Coverage. Coverage for this plan will be waived if you do not make an election.**

Your enrollment on this page may affect your choices for the following type(s) of coverage:
Vision
Health Savings Account

Complete your enrollment on this page before enrolling in the benefit plans listed.

Select an Option

Here Are Your Available Options With Your Costs:

Overview of Plan Costs

Select one of the following plans:

○ UHC Signature Value Advantage

One of the two HMO plans offered by the Getty through UnitedHealthcare. With the HMOs, you pay set copays or prices for all services. You must elect a Primary Care Provider (PCP) from the appropriate UnitedHealthcare network. This is the lower cost HMO plan and has a narrower network of doctors and hospitals.

Summary of Benefits and Coverage

Coverage Level	Your Costs	Tax Class
Employee Only		Before-Tax
Emp. + one dependent		Before-Tax
Emp. + two or more dependents		Before-Tax
Employee + DomPtnr or DPChild		Before and After Ta
Employee + EmpChld + DomPtnr		Before and After Ta
Employee + DomPtnr + DPChldrn		Before and After Ta
Employee + EmpChld + DP+DPChld		Before and After Ta
Employee + EmpChld + 1DPChld		Before and After Ta
Employee + EmpChld + DPChldrn		Before and After Ta

○ UHC Signature Value Plan

One of the two HMO plans offered by the Getty through UnitedHealthcare. With the HMOs, you pay set copays or prices for all services. You must elect a Primary Care Provider (PCP) from the appropriate UnitedHealthcare network. This is the higher cost HMO plan and has a broader network of doctors and hospitals including UCLA and Cedars-Sinai doctors and hospitals.

Summary of Benefits and Coverage

Coverage Level	Your Costs	Tax Class
Employee Only		Before-Tax
Emp. + one dependent		Before-Tax
Emp. + two or more dependents		Before-Tax
Employee + DomPtnr or DPChild		Before and After Ta
Employee + EmpChld + DomPtnr		Before and After Ta
Employee + DomPtnr + DPChldrn		Before and After Ta
Employee + EmpChld + DP+DPChld		Before and After Ta
Employee + EmpChld + 1DPChld		Before and After Ta
Employee + EmpChld + DPChldrn		Before and After Ta

○ Aetna HDHP Plan

The Getty offers a high deductible health plan (HDHP) through Aetna. Under the HDHP, you can see any doctor you want. You will pay less if you see a doctor who is in the Aetna PPO Network. You are responsible for meeting the deductible on the plan first, and then you will pay a percentage of the cost of services called coinsurance. Aetna HDHP is eligible for a Health Savings Account (HSA). If you enroll in the HDHP plan and meet the HSA qualifying criteria, you may enroll in an HSA. Aetna HDHP, combined with the HSA, is designed to provide you with cost effective coverage and an opportunity to save money on a tax-free basis for both current and future health care expenses. (HSA contributions are tax-free at the federal level only.)

Summary of Benefits and Coverage

Coverage Level	Your Costs	Tax Class
Employee Only		Before-Tax
Emp. + one dependent		Before-Tax
Emp. + two or more dependents		Before-Tax
Employee + DomPtnr or DPChild		Before and After Ta
Employee + EmpChld + DomPtnr		Before and After Ta
Employee + DomPtnr + DPChldrn		Before and After Ta
Employee + EmpChld + DP+DPChld		Before and After Ta
Employee + EmpChld + 1DPChld		Before and After Ta
Employee + EmpChld + DPChldrn		Before and After Ta

◉ Waive

[Update and Continue] [Discard Changes]

UnitedHealthcare (HMO)
Select Primary Care Physician (UHC)

- If you chose one of the HMO plans offered by United Healthcare (UHC), you will need to indicate your Primary Care Physician as follows:

  - Scroll down and click the **Select a Provider** hyperlink.

    Choose a Primary Care Provider ID

    Enrollment in this plan requires that you select a primary care provider (PCP). If you are newly enrolling in a UHC plan, changing plans, or adding a dependent, you must select a primary care provider (PCP). Use the "Select a Provider" link below to find a primary care provider. Select either "Search for a doctor in the Signature Value network" or "Find a doctor or hospital in the Signature Value Advantage network." (Please check to be sure that your selected provider is accepting new patients.) If you do not elect a PCP, enter 9999999999 in the box below and one will be assigned to you by UnitedHealthcare.

    If you are already enrolled with UHC and would like to change your Primary Care Provider, you must contact UHC directly at 877-630-5898.

    If you are not changing plans and would like to change your Primary Care Provider, please contact UHC directly.

    Specify a Primary Care Provider ID [_____]   Select a Provider

    ☐ Check here to use the same provider for all your dependents
    Dependent Provider List

    [Update and Continue]   [Discard Changes]

  - Click **OK**.

    Benefits Enrollment
    Medical

    Select the **OK** button to proceed. This will open a new web browser.

    When you have finished, close the new web browser. Then select **Return to Enrollment** to go back to your benefits information.

    [OK]
    Return

  - The United Healthcare home page displays in a new browser window; scroll down, locate your HMO plan, and click the corresponding **Search for a doctor** hyperlink.

    You have 2 Health Plan Options

    Plan Option: SignatureValue™

    When you enroll in a UnitedHealthcare SignatureValue plan, you get a network plan with a contracted/participating primary care physician who is your first contact to help guide you to the right treatment, or the right specialist, at the right time.

    › Search for a doctor in the Signature Value network

    See your benefit plan documents for specific coverage details.

    ⊕ View Summary: SignatureValue™

    Plan Option: SignatureValue ™ Advantage

    The SignatureValue Advantage plan has a special network of physicians and facilities, all selected for their ability to keep health care costs down while delivering care that meets national standards.

    › Find a doctor or hospital in the SignatureValue Advantage network

    See your benefit plan documents for specific coverage details.

    ⊕ View Summary: SignatureValue ™ Advantage

- This is an informational screen. Click the X in upper right hand corner.

Primary Care Provider Information ⊗

Urgent Care

As part of our commitment to keeping you informed, UnitedHealthcare provides a list of Independent Practice Association (IPA) and Primary Medical Group (PMG) links to your assigned IPA/PMG website.

If you have a serious or life-threatening emergency, please dial emergency services or go immediately to your nearest Emergency Room Facility.

If you are seeking Urgent Care services but your situation is not an emergency, please contact your Primary Care Physician (PCP). If you don't know where to find Urgent Care information, please contact the IPA/PMG phone number on your Member ID Card.

View CA Medical Group and Urgent Care Information

UCSD Medical Group or Loma Linda University Health Care

If you wish to choose a primary care physician affiliated with UCSD Medical Group or Loma Linda University Health Care, you may do so only during your open enrollment period, which is determined by your employer, unless you are a new member (such as a new employee) or a current UnitedHealthcare member's newly eligible dependent. Otherwise, you may not transfer to a primary care physician affiliated with one of these medical groups.

Specialists

Generally, for UnitedHealthcare SignatureValue™ members to receive care from a Specialist in network, the member must receive an approved referral from his/her Primary Care Physician. For more information regarding covered services from Specialists, please refer to your Combined Evidence of Coverage and Disclosure Form or contact Customer Service at the number on the back of your ID card.

- To search by name in a geographic area, click "Change Location," enter zip code or city, then enter name in box and click "Search".

What can we help you find near 90049 ?
CHANGE LOCATION

Doctor Name or Specialty, Facility Name, Clinic Name, Medical Group Name   🔍 SEARCH

FIND HEALTH CARE BY CATEGORY

People — Doctors, medical groups, and other professionals by specialty
Places — Hospitals, imaging centers
Tests and Imaging — Lab tests, screenings, X-rays, scans
Services and Treatments — Office visits, tests, treatments, surgeries
Care by Condition — Find care for common concerns

To search by provider type and zip code, click "People."

Click on icon for Primary Care.

Who are you looking for?
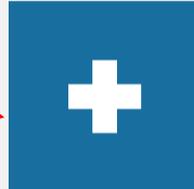
Primary Care
Family doctors, internists, OB-GYNs, pediatricians

Specialty Care
Dermatologists, cardiologists, oncologists, more

Medical Groups
Small practices or large organizations of doctors

- Click on provider type (in blue).

Which type of primary care provider?

Primary Care Physician (PCP)
The first person you call when you have a medical concern. Primary care providers can be doctors in family practice, internal medicine, pediatrics or other specialties.

Family Doctor
Family physicians provide preventive care and treatment for people of all ages. Practices may include obstetrics and gynecology, internal medicine, pediatrics, geriatrics, and psychiatry.

Generalist
Generalists (also general practitioners or GPs) prefer not to focus on a narrow specialty. Most provide primary care and usually are family doctors, internists, or pediatricians.

Internist
An internal medicine doctor (internist) provides care for adults. Internists care for people with a wide variety of diseases or conditions; some have a specialty such as endocrinology, gastroenterology, or pulmonology.

OB-GYN
OB-GYNs specialize in women's health. Obstetricians (the OB in OB-GYN) manage women during pregnancy, delivery, and immediately after birth. Gynecologists specialize in sexual and reproductive health.

Obstetrician
Obstetricians are medical doctors who specialize in pregnancy, delivery, and caring for mothers and babies right after birth.

Pediatrician
Pediatricians specialize in caring for children, from newborns to teens.

Other Physicians
Other physician specialties that could provide primary care services

- Your search results will display. You can narrow your results by changing search criteria. Click the "+" signs to see options and make your selections.

  Please note: Sample physicians are listed in this document for illustration and are not recommendations.

- Look for "Accepting new patients."

  Click on "See provider ID number."

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- On the right, you will see the medical group choices and related enrollment IDs. You will enter the enrollment ID into Employee Self Service.

Medical Groups

Regal Medical Group
Downtown Los Angeles Region
ID: 0141630372
Access Santa Monica
Independent Physicians
Association
ID: 0255170036

- Return to ESS by clicking on tab at top of page; scroll to the **Specify a Primary Care Provider ID** field. Type in PCP ID.

  Click "Check here to use the same provider for all your dependents," if appropriate.

  Click **Update and Continue.**

Specify a Primary Care Provider ID 0254650110   Select a Provider

☑ Check here to use the same provider for all your dependents
Dependent Provider List

[Update and Continue]   [Discard Changes]

- Or, click "Dependent Provider List" to enter PCPs for your dependents.

  Enter the Health Provider ID.
  Click **Return**.

Benefits Enrollment

Medical

ⓘ Important: Your enrollment will not be complete until you Submit the changes/choices you've made on the next screen.

Dependent Information

Name	Provider Detail	Health Provider ID
	Provider Detail	1048903331

[Return]   [Cancel]

You will return to medical options. Click **Update and Continue**.

Review Your Medical Elections –

- Verify that your chosen plan is noted in *Your Choice*, and that your *Dependent Information* is correct, and then click **Update Elections**.

Benefits Enrollment
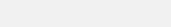
Medical

ⓘ **Important: Your enrollment will not be complete until you Submit the changes/choices you've made on the next screen.**

Your Choice

You have chosen UHC Signature Value Advantage with Emp. + one dependent coverage.

Your Estimated Per-Pay-Period Cost

Your Cost

Your Covered Dependents

Dependent Information

Name	Relationship	Select a Provider
	Child	1048903331

Notes

This coverage is effective on 07/01/2016. Once submitted, deductions for this election will appear on the next paycheck available for processing. (This may or may not be the first paycheck you receive after making these elections.) **Your first deduction will be prorated based on your coverage begin date; subsequent deductions will likely be the estimated per-pay-period amount shown above.**

[Update Elections] [Discard Changes]

Select the **Update Elections** button to store your choices.

Select the **Discard Changes** button to go back and change your choices.

Aetna HDHP

- Select Aetna HDHP and click **Update and Continue.**

Review Your Medical Elections

- Verify that your chosen plan is noted in *Your Choice*, and that your *Dependent Information* is correct, and then click **Update Elections**.

Health Savings Account

- You will be prompted to answer a few questions to determine your eligibility to participate in a Health Savings Account; answer the questions and scroll down to click **Confirm**.

- If eligible, you may choose from three options:
    - Employee & Getty Contrib
    - Getty Contrib Only
    - Waive

Note that if you choose **Waive**, you will not receive the Getty Contribution.

Health Savings Account

HSA Plans allow you to invest tax-free money towards current and future medical payments. You must be enrolled in the PPO/HDHP to qualify for this plan. You must re-enroll in this coverage each year.

Please review the IRS guidelines on eligible medical expenses under an HSA and HSA contribution limits. If you were not an HSA-eligible individual for the entire year or changed your coverage during the year, you may be subject to different contribution limits.

ℹ️ **Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.**

This benefit plan requires enrollment in one of the following plans:
   Medical

Changing your choices for any of the benefit plans listed above may invalidate your enrollment on this page.

Your enrollment on this page may affect your choices for the following type(s) of coverage:
   Flex Spending Health

Complete your enrollment on this page before enrolling in the benefit plans listed.

Select an Option

○ HSA - Employee & Getty Contrib
○ HSA - Getty Contrib Only
○ Waive

[Update and Continue]   [Discard Changes]

Employee & Getty Contrib

◉ HSA - Employee & Getty Contrib
○ HSA - Getty Contrib Only
○ Waive

You may enter your total elected annual contribution amount which will be divided and deducted on a per pay period basis. By enrolling in the plan, you are certifying that you meet all qualifications to contribute your elected amount and receive the employer contribution, and that you are responsible for any penalties incurred based on excess contributions.

Calculations

Maximum total contribution	$6750.00
Employer Annual Contribution Amount	$1500.00
Maximum Employee Annual Contribution	$5250.00
Minimum Employee Annual Contribution	$26.00
Total Elected Contribution Amount	$0.00

[Update and Continue]   [Discard Changes]

Getty Contrib Only

○ HSA - Employee & Getty Contrib
◉ HSA - Getty Contrib Only
○ Waive

Your employer is currently fully funding all contributions to this plan. By enrolling in the plan, you are certifying that you meet all qualifications to receive the employer contribution, and that you are responsible for any penalties incurred based on excess contributions.

Calculations

Employer Annual Contribution Amount	$1500.00

[Update and Continue]   [Discard Changes]

- Make your selection; if you choose **Employee & Getty Contrib**, enter your **Total Elected Contribution Amount**.

- Select **Update and Continue**. Review elections and click **Update Elections**.

To Enroll Dependents...

- If your eligible dependents are entered into ESS, you will be prompted to choose whether or not to enroll them. You may:

  - Enroll any or all dependents listed by clicking the checkbox to the left of each name, and then clicking **Update and Continue**.

  - Leave the checkboxes un-checked (if you do not wish to enroll any dependents) and click **Update and Continue**.

  - Add new dependents or review existing dependents' information by clicking **Add/Review Dependents**.

If you need to Add/Review Dependents...

- Once you click the Add/Review Dependents button (shown above), you will enter the dependent's Personal Information and Status Information (shown at right).

  Note: Required fields are preceded by an asterisk (*).

  When the fields are complete, scroll down and click **Save**.

Enroll Your Dependents

The following list displays all individuals currently in ESS who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to see his/her status. You may also use this button to add new dependents to your list. For questions about why a dependent may not be eligible, contact HR Benefits.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Dependent

Enroll	Name	Relationship
☐		Spouse
☐		Child

[Add/Review Dependents]

[Update and Continue]　[Discard Changes]

Dependent/Beneficiary Personal Information

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of May 9, 2016.

Personal Information

*First Name: John
Middle Name:
*Last Name: Smith
Name Prefix:
Name Suffix:
*Date of Birth: 03/01/2016
*Gender: Male
SSN: (Social Security Number)
*Relationship to Employee: Child

Status Information

*Marital Status: Single　As of
Disabled: No　As of

Address and Telephone

☑ Same Address as Employee
Country
Address

☐ Same Phone as Employee

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- You may be prompted to certify the dependent by answering several questions; do so, and click **Agree**.

Benefits Certificate

Child Certification

You are adding a child to the system and are required to attest to the following:

This person is my natural, adopted or step child, or I have legal guardianship of this child.

Answer
- ⦿ Yes
- ◯ No

If this person is not my child and is covered on benefits, I may be liable to pay incurred claims.

Answer
- ⦿ Agree
- ◯ Disagree

I understand that I may be required to provide supporting documentation of this relationship to HR.

Answer
- ⦿ Yes
- ◯ No

I understand that this adds the person to the system, and DOES NOT add/change insurance coverage.

Agree   Decline

- You may then enroll your new dependent(s) (and any previously entered dependents) into your Medical plan choice by selecting the checkbox to the left of the name(s) and clicking **Update and Continue**.

Enroll Your Dependents

The following list displays all individuals currently in ESS who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to see his/her status. You may also use this button to add new dependents to your list. For questions about why a dependent may not be eligible, contact HR Benefits.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Dependent

Enroll	Name	Relationship
☑		Spouse
☑		Child
☑	Michael Smith	Child

Add/Review Dependents

Update and Continue   Discard Changes

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Dental

- Edit **Dental** coverage, choose to either waive or add coverage and, if you add coverage, choose which dependents to enroll.

  When you've finished, click **Update and Continue**, followed by **Update Elections**.

Vision

- Edit **Vision** coverage, choose to either waive or add coverage. If you are enrolled in a Getty medical plan, select VSP Vision Free. If you have waived Getty medical, select VSP Vision Buy to add coverage. If you add coverage, choose which dependents to enroll.

  When you've finished, click **Update and Continue**, followed by **Update Elections**.

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Flex Spending (Health and Dependent Day Care)

- If you choose to establish a Flexible Spending Account for Health costs, click **Edit** and click either:

    - **FSA – Health Care** (if you chose one of the Medical HMO plans), or

    - **FSA – Limited Purpose** (if you enrolled in the Health Savings Account, you may also allocate an amount in this Limited FSA to be used for dental and vision expenses).

Flex Spending Health

The Health Care Spending Account allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your or your spouse's group health care plans. You must re-enroll in this election each year.

ℹ️ **Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.**

If you are enrolled in the following, you may only elect the Limited Purpose Flexible Spending Account:
   Health Savings Account
Changing your choices for any of the benefit plans listed above may invalidate your enrollment on this page.

Select an Option

- ○ FSA - Health Care
- ○ FSA - Limited Purpose (HDHP)
- ○ Waive

- Enter the annual pledge amount, and click **Update and Continue**. Then click **Update Elections**.

- ○ FSA - Health Care
- ● FSA - Limited Purpose (HDHP)
- ○ Waive

This plan requires that you specify an annual pledge amount. This amount will be divided equally among the pay periods for the plan year.

Annual Pledge [_____]   Worksheet   Select the **Worksheet** button to help calculate your annual pledge for this plan year and see the per-pay-period amount.

[Update and Continue]   [Discard Changes]

- For Flexible Spending Account for Dependent Day Care costs, click **Edit** and click either:
    - **No, I do not want to enroll**, or
    - **FSA – Dependent Day Care**

    If you choose the latter, enter the annual pledge amount, and click **Update and Continue**. Then click **Update Elections**.

- ○ No, I do not want to enroll
- ● FSA-Dependent Day Care

This plan requires that you specify an annual pledge amount. This amount will be divided equally among the pay periods for the plan year.

Annual Pledge [_____]   Worksheet   Select the **Worksheet** button to help calculate your annual pledge for this plan year and see the per-pay-period amount.

[Update and Continue]   [Discard Changes]

Life Insurance

While this coverage is provided by Getty automatically, it is crucial that you click **Edit** and designate one or more beneficiaries!

- Click **Edit**.

- Scroll down to review the individuals that you may choose as beneficiaries.

  - If the individual(s) you wish to choose as beneficiaries are displayed, enter (as percentages) **Primary Allocations** and **Secondary Allocations** (example below).

  - If you wish to add additional individuals to designate as Beneficiaries, click **Add/Review Beneficiaries**, and complete the information as prompted. *(These prompts are the same as those in Add/Review Dependents, above.)*

- Once you've entered the desired Primary and Secondary Allocations, select the **Acknowledgment** checkbox, click **Update and Continue**, and then click **Update Elections**.

Designate Your Beneficiaries

The following list displays all individuals currently in ESS who are eligible to be your beneficiaries. If an individual is missing from this list, use the Add/Review Beneficiaries button to see his/her status. You may also use this button to add new beneficiaries to your list. For questions about why a beneficiary may not be eligible, contact HR Benefits.

[Add/Review Beneficiaries]

You may designate the following individuals as Primary or Secondary beneficiaries by allocating a percentage to each beneficiary. Secondary beneficiaries receive benefits only if all Primary beneficiaries are deceased. If you assign a trust as a beneficiary, please include the trust's name and address and the date the trust was created. If you are married and do not designate your spouse as the sole primary beneficiary, then you must submit a statement from your spouse consenting to your beneficiary designation to HR Benefits.

All percentages for Primary beneficiaries must total 100. All percentages for Secondary beneficiaries (if any) must also total 100.

This beneficiary designation applies to Group Life, AD&D, and Business Travel Accident insurance.

*Enter Primary Allocations as: Percent
*Enter Secondary Allocations as: Percent

Allocation Details

Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
	Spouse				
	Child				
Michael Smith	Child				
			Total	0	0

☐ **Acknowledgment**
I understand that (1) this beneficiary designation will be effective on 05/09/2016 and supersedes any previous designations submitted online or in paper form; (2) a beneficiary designation generally remains valid until I submit a new one; and (3) if I am married and do not name my spouse as my sole primary beneficiary, I will be required to submit a spousal beneficiary consent form to HR Benefits.

[Update and Continue] [Discard Changes]

Allocation Details

Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
	Spouse			100	
	Child				50
Michael Smith	Child				50 ×
			Total	100	100

☑ **Acknowledgment**
I understand that (1) this beneficiary designation will be effective on 05/09/2016 and supersedes any previous designations submitted online or in paper form; (2) a beneficiary designation generally remains valid until I submit a new one; and (3) if I am married and do not name my spouse as my sole primary beneficiary, I will be required to submit a spousal beneficiary consent form to HR Benefits.

[Update and Continue] [Discard Changes]

Voluntary Life, Spouse Life, Dependent Life, and AD&D

- If you would like to enroll in any of these voluntary and optional benefit plans, select **Edit** next to the desired choice, and then choose from the options displayed.

  *If you do not wish to enroll in any of these plans, you may skip this step; the default choice is "**Waive**" – that will stay in effect.*

	Coverage Level			Your Cost	Tax Class
○	Voluntary Life Employee $25K ($25,000)				After-Tax
○	Voluntary Life Employee $50K ($50,000)				After-Tax
○	Voluntary Life Employee $75K ($75,000)				After-Tax
⦿	Voluntary Life Employee $100K ($100,000)				After-Tax
○	Voluntary Life Employee $125K ($125,000)				After-Tax
○	* Voluntary Life Employee $150K ($150,000)				After-Tax
○	* Voluntary Life Employee $175K ($175,000)				After-Tax
○	* Voluntary Life Employee $200K ($200,000)				After-Tax
○	* Voluntary Life Employee $225K ($225,000)				After-Tax
○	Waive				

Select an Option
Here Are Your Available Options With Your Per-Pay-Period Costs:
Select one of the following plans:

- For Voluntary Life-Employee coverage, you will allocate primary and secondary beneficiaries. See previous page for beneficiary designation instruction.

  Select the **Acknowledgment** checkbox, click **Update and Continue**, and then click **Update Elections**.

Designate Your Beneficiaries

The following list displays all individuals currently in ESS who are eligible to be your beneficiaries. If an individual is missing from this list, use the Add/Review Beneficiaries button to see his/her status. You may also use this button to add new beneficiaries to your list. For questions about why a beneficiary may not be eligible, contact HR Benefits.

Add/Review Beneficiaries

You may designate the following individuals as Primary or Secondary beneficiaries by allocating a percentage to each beneficiary. Secondary beneficiaries receive benefits only if all Primary beneficiaries are deceased. If you assign a trust as a beneficiary, please include the trust's name and address and the date the trust was created. If you are married and do not designate your spouse as the sole primary beneficiary, then you must submit a statement from your spouse consenting to your beneficiary designation to HR Benefits.

All percentages for Primary beneficiaries must total 100. All percentages for Secondary beneficiaries (if any) must also total 100.

*Enter Primary Allocations as [Percent ▾]
*Enter Secondary Allocations as [Percent ▾]

Allocation Details

Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
	Spouse			100	
	Child				50
Michael Smith	Child				50 ×
			Total	100	100

☑ Acknowledgment
I understand that (1) this beneficiary designation will be effective on 05/09/2016 and supersedes any previous designations submitted online or in paper form; (2) a beneficiary designation generally remains valid until I submit a new one; and (3) if I am married and do not name my spouse as my sole primary beneficiary, I will be required to submit a spousal beneficiary consent form to HR Benefits.

[Update and Continue]   [Discard Changes]

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Legal Services

- If you wish to enroll in optional and voluntary Legal Services coverage, click Edit to the right of the plan, and then select **Hyatt Legal Plan**. Then click **Update and Continue**, and **Update Elections**.

  *If you do not wish to enroll in this plan, you may skip this step; the default choice is "**No, I do not want to enroll**" – that will stay in effect.*

Legal Services

The legal plan provides our employees access to attorneys for a variety of personal legal matters. Your election will remain in effect for the entire plan year, or until you are no longer an eligible employee or terminate employment with the Getty. You can opt out of the plan <u>only</u> during Open Enrollment. You must re-enroll in this election each year.

ⓘ **Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.**

Select an Option

Hyatt Legal Plan
The per-pay-period cost for this plan is $7.85.
○ No, I do not want to enroll
◉ Hyatt Legal Plan

[Update and Continue] [Discard Changes]

At any time during your enrollment, you can scroll to the bottom of the *Hire/Benefits Eligible* page and click **Save and Continue**.

Election Summary

Summarized estimates for new Benefit Elections		Total	Before Tax	After Tax
Costs				0.00
Your Costs				0.00

Save and Continue

Select the **Save and Continue** button to prepare to submit your final choices.
ⓘ Important: Your enrollment will not be complete until you select Submit on the "Submit Benefit Choices" screen.

When you do, you will be prompted to **Submit** or **Cancel**.

If you plan to review your selections, and perhaps make additional selections or further changes, choose **Cancel**. You can log out of ESS and continue the enrollment process at another time if necessary.

If you click **Submit**, the choices you've made will be final.

Benefits Enrollment

Submit Benefit Choices

You have almost completed your enrollment. If you have no further changes, select the **Submit** button at the bottom of this page to finalize your benefit changes/choices.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your changes/choices until you are sure you have completed everything. You may save your choices on each page and return to the Enrollment Summary as many times as needed, until your enrollment deadline (31 days from the date of the event). Once you select the **Submit** button your benefit choices will be finalized and submitted for processing.

Once the enrollment/choices are processed, you may not be able to make any further benefit changes until the next Open Enrollment period or you have another qualified status change.

Authorize Elections

By submitting your benefit choices you are authorizing the company to take deductions from your paycheck to pay for related benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support the coverage selection you made.

Submit   Cancel

Select the **Submit** button to submit your final choices.

Select the **Cancel** button if you are not ready to submit these as your final choices and wish to return to the Enrollment Summary.

To confirm, click **OK**.

Submit Confirmation

Your benefit choices have been successfully submitted to the Benefits Department.

If you have a Getty e-mail account, you will receive a confirmation statement within one business day to confirm your enrollment. Otherwise, you will receive a confirmation statement via interoffice mail within 2-4 business days.

To return to the Benefits Enrollment page, use the **OK** button.

OK