



NEW HIRE BENEFITS ENROLLMENT

Welcome aboard! You are now able to enroll in Benefits!

The medical, dental and vision elections you make through Benefits Enrollment will be effective the 1st of the month following your hire*.

Please note that if you do not enroll as a new hire, your next opportunity to enroll will be during Open Enrollment for 2025, or if you experience a Qualifying Life Event (marriage, birth of a child, loss of coverage, etc.).

- To begin, log-in to Workday at <https://wd5.myworkday.com/wday/authgwy/dealertire/login.html>.
- You will have a “Benefit Change – New Hire” event in your Workday Inbox.
- To learn more about Dealer Tire Family of Companies’ benefits and to review your plan documents visit www.dtfamilybenefits.com.

If you have questions, please contact the benefit team: benefithotline@dealertire.com or 800-933-2537 ext. 6123.

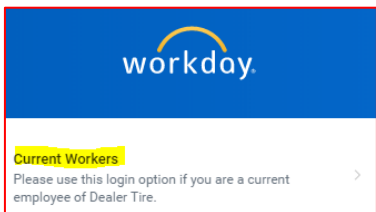
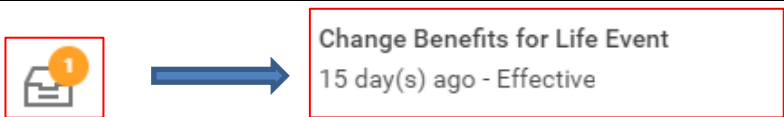

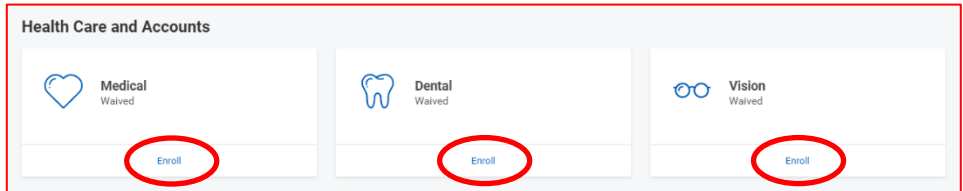
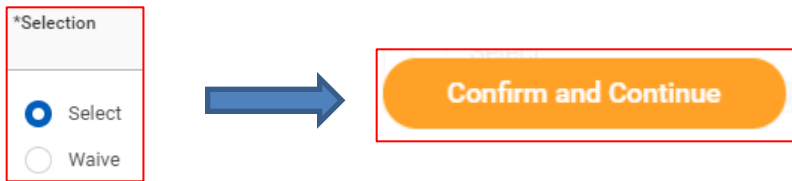
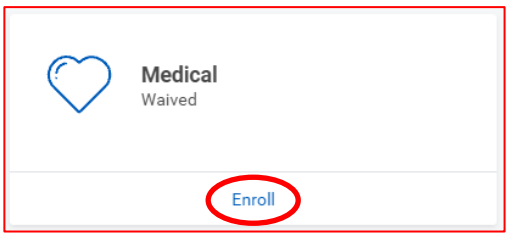


*Medical, dental and vision benefits are effective the first of the month following your date of hire. Other benefits such as Voluntary Life, Short- and Long-Term Disability and Critical Illness, Accident and Hospital Indemnity plans have different effective dates, depending upon your role and whether you are hourly or salaried. Please review your Benefits Statement closely to see which effective dates apply for each benefit plan.

Fidelity 401(k) Saving Retirement Plan

To add beneficiaries or change your contribution percentage to your **401(k)**, please go to www.401k.com. Click “Register” and follow the prompts. Please note that our 401(k) plan has an auto-enroll feature, and you will be automatically enrolled at 3% on your eligibility date. If you do not want to participate, you will need to register and opt out or elect “0%”. If you have any questions or issues you can contact Fidelity at 800-835-5097.

Title: Life Event – “New Hire”

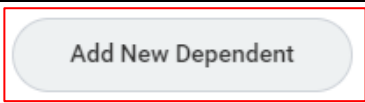
Last Update Date: 11/14/2023

Life Event – New Hire									
SECTION 1 – LOGGING IN									
<p>Log into your Workday Account.</p> <p>Your log in credentials are the same ones you use to log into your computer each day.</p>	<p>https://wd5.myworkday.com/wday/authgwy/dealertire/login.html</p> 								
SECTION 2 – BEGINNING YOUR LIFE EVENT									
<p>Go to TO DO in your Workday Inbox to see the Benefit Change for Life Event.</p>									
<p>Click Let’s Get Started.</p>									
<p>Click Enroll under each benefit plan you want to be covered in</p> <ul style="list-style-type: none"> • Medical • Dental • Vision 									
<p>Click Select for the benefit plan you want to enroll.</p> <p>Click Confirm and Continue (select dependents on the next page).</p>									
<p>You must select your new dependent for <u>each</u> plan to be covered: Pay careful attention to each screen!</p> <ol style="list-style-type: none"> 1. Click Enroll to begin. 2. Click Select for the benefit plan you want to enroll. 3. Click Confirm and Continue (select dependents on the next page). 4. Check the box next to each dependent you wish to cover, then click Save. <p>Repeat steps 1 - 3 for each plan your dependent will be covered: (Medical, Dental and Vision).</p> <p>See next steps to Add New Dependent(s).</p>	   <table border="1" data-bbox="495 1690 1258 1869"> <thead> <tr> <th>Select</th> <th>Dependent</th> <th>Relationship</th> <th>Date of Birth</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Jane Doe</td> <td>Spouse</td> <td>01/01/1970</td> </tr> </tbody> </table>	Select	Dependent	Relationship	Date of Birth	<input type="checkbox"/>	Jane Doe	Spouse	01/01/1970
Select	Dependent	Relationship	Date of Birth						
<input type="checkbox"/>	Jane Doe	Spouse	01/01/1970						

Add New Dependents

To Add New Dependents:

1. Click **Add New Dependent**
2. Click **OK** to continue



Enter Dependent's Name required fields:

- First name
- Last Name

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Enter Dependent's Personal Information required fields:

- Relationship
- Date of Birth
- Gender

Personal Information

Relationship *

Date of Birth *

Age (empty)

Gender *

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Enter Dependent's National IDs (SSN):

1. Click **Add**.
2. Country: click **Frequently Used** by, select **United State of America**.
3. National ID Type: select **Social Security Number (SSN)**.
4. Add/Edit ID: enter **SSN number**.
5. Click **Save**.

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Country *

National ID Type *

Current ID (empty)

Add/Edit ID *



Note: Social security numbers are required for all covered spouse and children. If you do not have the SSN at the time of enrollment, you must enter the "Reason SSN is Not Available" to continue. Once you have obtained the SSN, you can update your dependent's record later.

***Social Security Number**

Social Security Number (SSN)

Reason SSN is Not Available

Add New Dependents continued

Check the box next to each dependent you wish to cover, then click **Save**.

Select	Dependent	Relationship	Date of Birth
<input type="checkbox"/>	Jane Doe	Spouse	01/01/1970

Reminder! Repeat steps for each plan your dependent(s) will be covered: (Medical, Dental and Vision).

Health Care and Accounts

Medical
Waived

Enroll

Dental
Waived

Enroll

Vision
Waived

Enroll

Critical Illness, Accident Plan and Hospital Indemnity Enrollment

Click **Enroll or Manage** under each benefit plan you want to elect coverage.

- Voluntary Critical Illness
- Voluntary Accident Coverage
- Voluntary Hospital Indemnity

Voluntary Critical Illness
Waived

Enroll

Voluntary Accident
Waived

Enroll

Voluntary Hospital
Waived

Enroll

Click **Select** for the plan you want to enroll in.

Click **Confirm and Continue**.

*Selection	Benefit Plan Details
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Aetna (\$15,000 EE/\$7,500 Dependent Coverage)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna (\$30,000 EE/\$15,000 Dependent Coverage)

Confirm and Continue
Cancel

To enroll dependents, **Check the box** next to each dependent you want to enroll.

As you select dependents, the Coverage and Cost updates automatically.

Click **Save**.

Select	Dependent	Relationship
<input checked="" type="checkbox"/>	Jane Doe	Spouse
<input checked="" type="checkbox"/>	Sally Doe	Child

Save
Cancel

Flexible Spending Account Enrollment

You can enroll in Healthcare FSA, Dependent FSA, and/or Limited Purpose FSA.

Note: Limited Purpose FSA is not an option for most everyone.

Click **Enroll** under the coverage you want to enroll in.

Healthcare FSA
Waived

Enroll

Dependent Care FSA
Waived

Enroll

Limited Purpose FSA
Waived

Enroll

- **Healthcare FSA** for eligible healthcare expenses
- **Dependent Care FSA** for child/adult day care expense only
- **Limited Purpose FSA** must be enrolled on the HDHP Health Savings Plan - for eligible vision and dental expenses only

Flexible Spending Account Enrollment continued

Click **Select** to enroll in the FSA Account.

Click **Confirm and Continue** to add your contribution amount.

*Selection	Benefit Plan Details
<input checked="" type="radio"/> Select <input type="radio"/> Waive	iSolved

Confirm and Continue Cancel

Enter the **\$ amount** you would like to contribute each pay or annually.

Click **Save**.

Repeat the steps above to add any of the other FSA options.

Contribute

Per Paycheck

Annual

Total Paychecks 2

Minimum Annual Amount: \$1.00

Maximum Annual Amount: \$3,050.00


Save Cancel

This is the Minimum and Maximum amount you can contribute to your FSA Account

Health Savings Plan Enrollment

To have an HSA you **MUST** be enrolled in the **HDHP Health Savings Medical Plan**.

Important! To contribute to the HSA or to receive the company HSA contribution, click "Enroll".

 **Health Savings Account**
Waived

Enroll

Do NOT Enroll in the HSA Account if you have **selected** Medical Plan 1, Medical Plan 2 or Medical Plan 3

Click **Select** to enroll in the HSA Account.

Then click **Confirm and Continue** to add your contribution amount.

*Selection	Benefit Plan Details	You Contribu (Biweek
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Alex HSA	

Confirm and Continue Cancel

Don't lose **FREE MONEY** - To receive the Dealer Tire contribution, you **MUST** click "Select" and enter **\$0**

Health Savings Plan Enrollment continued

Enter **\$0** to receive the **company HSA contribution**

- OR -

Enter the \$ amount you would like to contribute each pay or annually and then company HSA contribution will be added automatically.

Contribute

Per Paycheck

Annual

Maximum Annual Amount: \$8,300.00

Summary

Annual Company Contribution \$1,000.00

Total Annual HSA Contribution \$1,000.00

This is the IRS maximum you can contribute to your HSA Account

This is the amount DTFOC will contribute based on your medical enrollment

Company Paid Benefits – Basic Term Life and AD&D, Short Term Disability, and Long Term Disability

These are company paid benefits and you are automatically enrolled.

Click on **Manage** to review each benefit plan.

<p>Basic Associate Term Life and AD&D RelianceMatrix (Associate)</p> <p>Cost per paycheck Included Coverage 1 X Salary</p> <p><input type="button" value="Manage"/></p>	<p>Short Term Disability (STD) RelianceMatrix 100% for first 6 weeks, 60% for remaining eligible weeks (Associate)</p> <p>Coverage 60% of Salary</p> <p><input type="button" value="Manage"/></p>	<p>Long Term Disability (LTD) RelianceMatrix FT Exempt and Non-Exempt Associates (Associate)</p> <p>Cost per paycheck Included Coverage 60% of Salary</p> <p><input type="button" value="Manage"/></p>
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To add a beneficiary for **Basic Term Life and AD&D**, click the **Confirm and Continue** button.

On the next page, to add a **Primary Beneficiary**, click the **+ sign**.

You are automatically enrolled in Basic Term Life Insurance and Accidental Death and Dismemberment at one time your base salary, and at no cost to you.

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 0 items

Beneficiary	Percentage
<input type="button" value="+"/>	

Important! Without a beneficiary listed for your company-provided Basic Life Insurance and/or your Employee Voluntary Life Insurance (if enrolled), your policy payout will be held up in probate, taxed and potentially go to the state.

As per plan rules, if you are age 65 or older, the benefit amount of your Basic Term Life and AD&D will be reduced.

Click on the ellipsis to select an **existing Person or add a New Beneficiary** then enter percentage %.

Note: if you have multiple primary beneficiaries the % in total need to be "100". Click **Save**.

Primary Beneficiaries 1 item

Beneficiary	Percentage
<input type="button" value="+"/>	

Existing Beneficiary Persons >

Existing Trusts >

Add New Beneficiary or Trust

You may also add a **Secondary Beneficiary**, who will receive the benefit if the primary beneficiary is deceased.

Note: if you have multiple secondary beneficiaries the % in total need to be "100".

Primary Beneficiaries 1 item

Beneficiary	Percentage
<input type="button" value="-"/> Betty White	<input type="text" value="0"/>

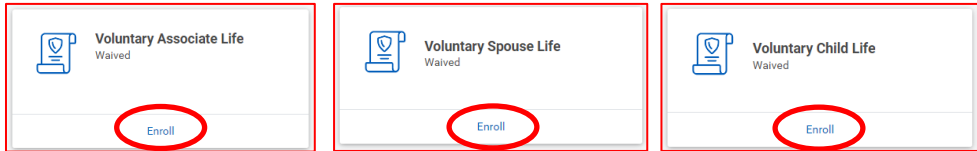
Secondary Beneficiaries 1 item

Beneficiary	Percentage
<input type="button" value="-"/> Bobby White	<input type="text" value="0"/>

Voluntary Life Enrollment – Employee paid benefit

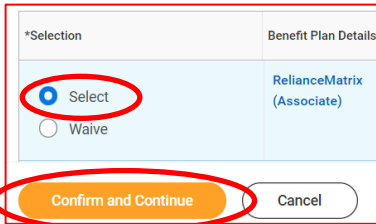
To Enroll or change your Voluntary Life Insurance, Click **Enroll** or **Manage** for the Voluntary Life Benefit(s).

- Employee Life
- Spouse Life
- Child Life



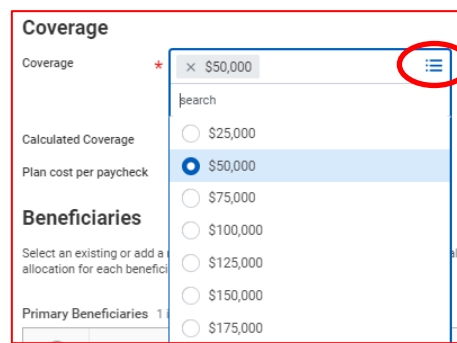
Note: Click “Manage” or “Enroll” for each coverage you want to change.

Click **Select** to enroll and click **Confirm and Continue**.

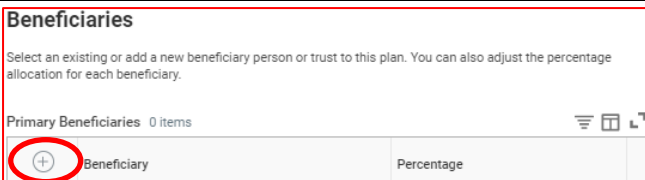


To choose the amount of Coverage, click on the **ellipsis** then **select the dollar amount of coverage**.

Note: You must first be enrolled in Employee voluntary life insurance before you can enroll in Spouse and Child voluntary life insurance plans.



For **Voluntary Employee Life**, add a **Primary Beneficiary**, click the **+ sign**.

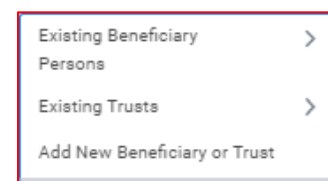
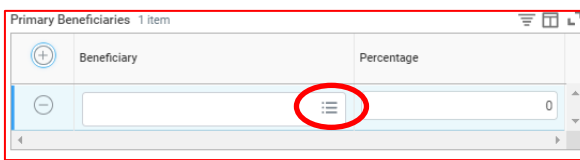


Important! Without a beneficiary listed for your company-provided Basic Life Insurance and/or your Employee Voluntary Life Insurance (if enrolled), your policy payout will be held up in probate, taxed and potentially go to the state.

Click on the ellipsis to select an **existing Person or add a New Beneficiary** then enter percentage %.

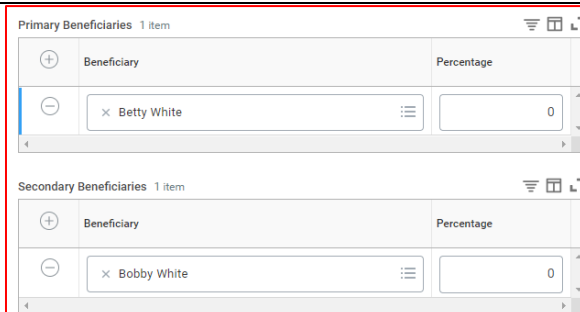
Note: if you have multiple primary beneficiaries the % in total need to be “100”.

Click **Save**.



You may also add a **Secondary Beneficiary**, who will receive the benefit if the primary beneficiary is deceased.

Note: if you have multiple secondary beneficiaries the % in total need to be “100”.



Additional Benefits

Employee Assistance Program is a company paid benefit and you are automatically enrolled.

Virtual Fitness through Wellbeats™ is a company paid benefit for all employees and continues to be “Free” in 2024.

HealthWi\$e Wellbeing Program powered by Virgin Pulse gives you the tools to get active, get healthy, and focus on your wellbeing. Complete activities to reach a Premium Reduction Level and receive a discount on your 2024 medical premiums and earn Pulse Cash!

Review and Submit Enrollment Selections

Review your selected enrollment.

Warning! Once you SUBMIT your benefit enrollments, you can NOT go back to make any changes. If you need to make additional changes now, click the back button to return to the previous screens to make the changes before submitting your final selections.

When you are ready to submit your benefit enrollment, at the bottom of the page, click **Review and Sign** to continue.

Plan	Coverage Begin Date	Deduction Begin Date	Coverage
Medical Aetna HDHP Health Savings Medical Plan	12/01/2022	12/01/2022	Family
Dental Metlife DPPO High Plan	12/01/2022	12/01/2022	Associate Only
Health Savings Account Alex HSA	12/01/2022	12/01/2022	\$0.00 Annual
Basic Associate Term Life and AD&D	01/01/2023	01/01/2023	1 X Salary

Review and Sign

You will need to scroll to the bottom of the page and check the box **I Accept**.

Click **Submit** to complete your enrollment.

I Accept



Submit

You **MUST** submit for your changes to take place

Click **View 2024 Benefits Statement** to view, print or save a summary of your benefits for your records.

View 2024 Benefits Statement

Your New Hire Benefit Enrollment has been completed.

If your coverage was effective in the past, you will be charged for changes retroactively in your next paycheck.

IMPORTANT! If you completed your new hire benefits enrollment and you need to make a correction, you must contact the Benefit Hotline within 30 days of your hire date - call 800-933-2537 ext. 6123 or send email to benefithotline@dealertire.com. Please **DO NOT** create a new benefit event in Workday! Contact the Benefit Hotline if you have any questions.