



NEW HIRE BENEFITS ENROLLMENT



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

IMPORTANT INFORMATION

Benefits Effective Date

- As a new employee, you could be eligible for medical, dental, and vision coverage as soon as the first of the month following your date of hire*.

Enrollment Requirements

- You must complete your new hire benefits enrollment in Workday within 30 days of your hire date.
- After your enrollment eligibility period ends, changes are only allowed during:
 - Next year's open enrollment, or
 - With 30 days if you experience a qualifying life event (e.g., marriage, birth, loss of coverage)

Dependent Coverage

- Only eligible dependents can be added to your benefit plans. Click [here](#) to learn more about dependent eligibility.

Payroll Deductions

- If you enroll after your effective date, your benefit deductions will be retroactive. This means additional amounts will be taken from your next paycheck to cover the missed period.

* 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.

BENEFITS EDUCATION AND GUIDANCE

DTFOC Benefits Resource Website

Visit www.dtfamilybenefits.com or scan the QR code.

- Houses all your benefit information, plan document, and contacts.
- Access to important employee notices.
- Learn about Carrum and Alight.



Alight Benefits Education Center

Schedule an appointment with a Licensed Benefits Counselor.

What they can do:

- Provide personalized recommendations based on your situation.
- Help you enroll over the phone.
- Offer support in Spanish, if needed.



How to Schedule:

Visit: <https://dtfoc.myenrollmentinfo.com> or scan the QR code to book your appointment.

Still have questions or need further assistance? Click [here](#) to submit a help request.

NEW HIRE ENROLLMENT QUICK REFERENCE GUIDE

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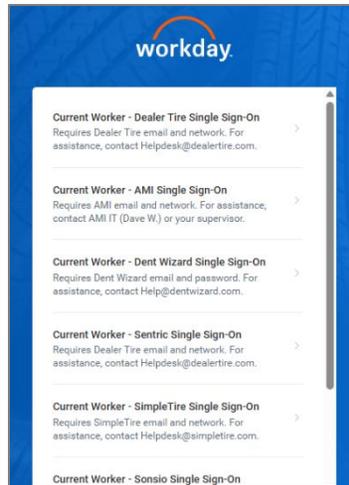
LOGIN TO WORKDAY

1. Login from a computer or through the Workday App on your mobile device —

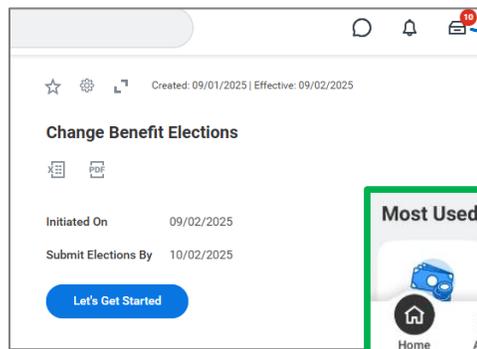
<https://wd5.myworkday.com/wday/authgw/dealertire/login.html>.

2. Enter your network login email address/Outlook login and password.

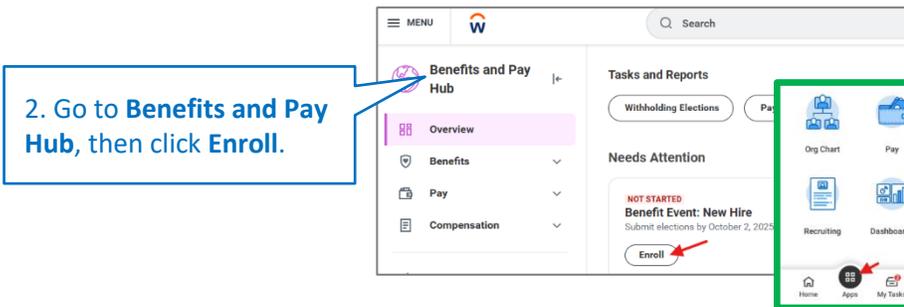
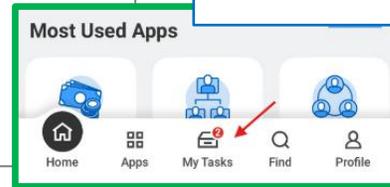
For login assistance click [here](#) to submit a help request.



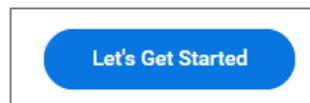
3. You can locate your New Hire **Change Benefit Elections** event in two locations:



1. In My Tasks select **Change Benefits Elections**.



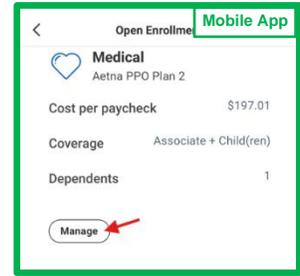
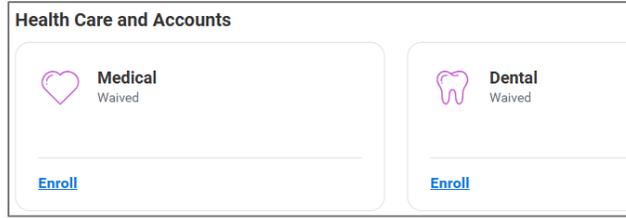
4. Click **Let's Get Started**.



HEALTH CARE PLANS (Medical, Dental and Vision)

1. Click to **Enroll** for each health care plan:

- Medical
- Dental
- Vision



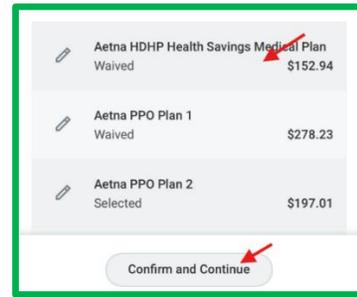
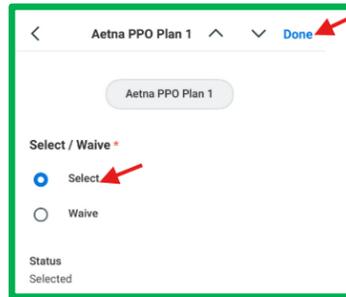
2. Click **Select** for the benefit plan you want to enroll.

3. For mobile appl users, click **Done**.

4. Click **Confirm and Continue**.

Benefit Plan	*Selection	You Pay (Biweeklly)	Company Contribution (Biweeklly)
Aetna PPO Plan 1	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$414.44	\$750.61
Aetna PPO Plan 2	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$313.30	\$622.67
Aetna PPO		\$213.76	\$634.53

[Confirm and Continue](#) [Cancel](#)



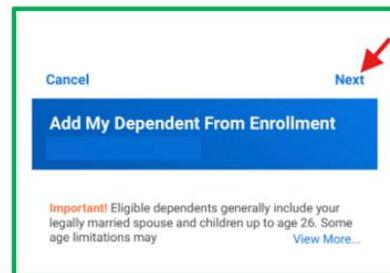
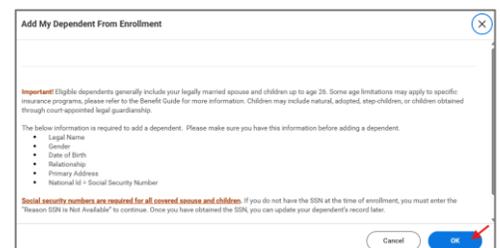
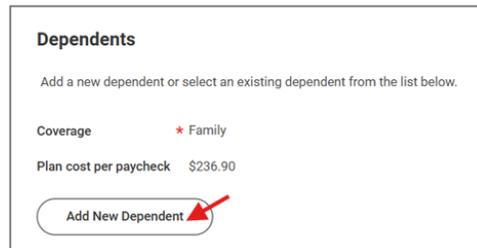
ADD A NEW DEPENDENT

Only eligible dependents can be covered on your benefit plans. Eligible dependents generally include your legally married spouse and children up to age 26. Some age limitations may apply to specific insurance programs. Children may include natural, adopted, step-children, or children obtained through court-appointed legal guardianship.

1. Click **Add New Dependent**.

2. Read the important information about adding a dependent, then click **OK** to continue.

3. For mobile app users, click **Next**.



On the next pages you will need to enter all the **required information***.

4. Enter Name:

- **First Name**
- **Last Name**

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth * MM/DD/YYYY

Age (empty)

Gender *

5. Personal Information:

- **Relationship**
- **Date of Birth**
- **Gender**

6. National IDs - Social Security Number:

- Click **Add**
- Click to select **United States of America**.

National IDs

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

Country *

Recommended

- + Uruguay
- + United Kingdom
- + Venezuela
- + United States of America

- Click to open menu.
- Select **Social Security Number (SSN)**.
- Enter **Social Security Number**.

National ID Type *

- Social Security Number (SSN)
- U.S. Individual Taxpayer Identification Number (ITIN)

Add/Edit ID *

7. Add Address (3 options):

1. Click to **Use Existing Address** in your record.

Address

Use Existing Address

2. Click in **Search Address**. Start typing address. Select address from list.

Search Address

powered by Google

Search Results (5)

- 7012 Euclid Avenue, Cleveland, OH, USA
- 7012 Euclid Avenue, Boulder, CO, USA
- 7012 Euclid Avenue, San Diego, CA, USA

3. Manually add address.

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

8. Click to **Save** the new dependent record.

Important! Social Security Numbers (SSNs) are required for all covered spouses 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 obtain the SSN, you can update your dependent's record later.

9. Select **Reason SSN is Not Available**, then enter your reason. Then click **Save**.
For mobile app users, click **Done**.

Complete steps 1 – 8 to add additional new dependents.

1. Check the box next to each dependent you wish to cover.
2. Click **Save** to continue.

MEDICAL WORKING SPOUSE SURCHARGE ATTESTATION

Important! If you elect medical coverage through the DTFOC for your spouse who has access to health coverage through their own employer, a pre-tax spouse/partner surcharge of \$46.15 bi-weekly (or \$100 per month) will apply. You are required to complete the following attestation to determine if you are required to pay the surcharge.

1. Click **Enroll**.

2. Click **Select**.
3. Click **Confirm and Continue**.

For mobile users

- Click to edit.
- Check the **Select** box.
- Click **Done**.
- Click **Confirm and Continue**.

4. Click to open attestation.

You can select **not to be charged** the surcharge if your spouse is:

- Also employed by DTFOC.
- Self-employed or unemployed.
- Retired with no other group health coverage available.
- Eligible for Medicare/Medicaid/Tricare with no other group health coverage available.

5. Read and select a response – ***required.**

6. Click **Save**.

AETNA VOLUNTARY PLANS: Critical Illness, Accident Insurance and Hospital Indemnity

1. Click **Enroll** under each benefit plan you want to be covered:

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

Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)
Aetna (\$15,000 EE/\$7,500 Dependent Coverage)	<input type="radio"/> Select <input type="radio"/> Waive	\$10.35	\$0.00
Aetna (\$30,000 EE/\$15,000 Dependent Coverage)	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$20.69	\$0.00

3. Click **Confirm and Continue**.

For mobile users

- Click to edit.
- Check the **Select** box.
- Click **Done**.
- Click **Confirm and Continue**.

4. Check the box next to each dependent you wish to cover.

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

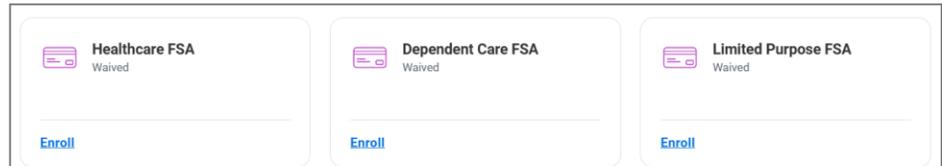
5. Click **Save** to continue.

FLEXIBLE SPENDING ACCOUNTS (FSA)

You can make pre-tax payroll contributions to an FSA account to help pay for eligible expenses as defined by the IRS.

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

1. Click **Enroll**.

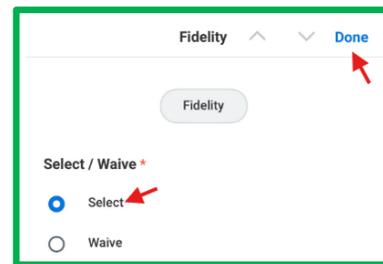
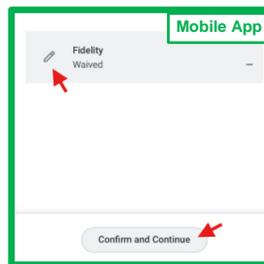
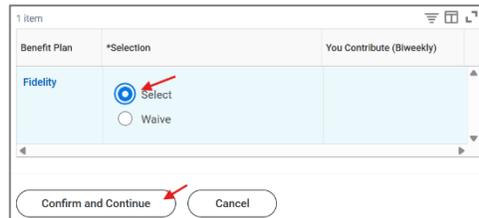


2. Click **Select**.

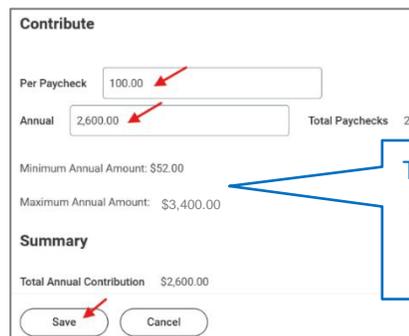
3. Click **Confirm and Continue**.

For mobile users

- Click to edit.
- Check the **Select** box.
- Click **Done**.
- Click **Confirm and Continue**.



4. Enter the **Per Paycheck** amount you want to contribute this year. The **Annual** amount will automatically calculate.



These are the **minimum** and **maximum** amount you can contribute to your FSA Account.

5. Click **Save**.

HEALTH SAVINGS ACCOUNT (HSA)

Important!

- To have an HSA you **MUST** be enrolled in the HDHP Health Savings Medical Plan.
- To be eligible for the employer HSA contribution, you are **required to make** an annual minimum contribution of \$52 to your HSA.

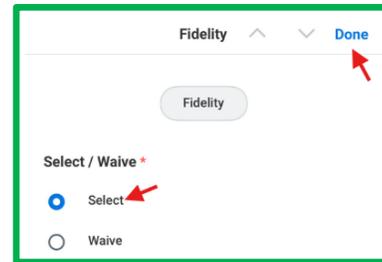
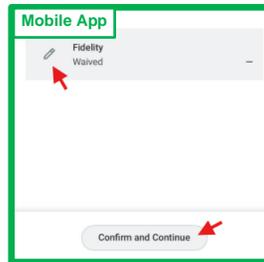
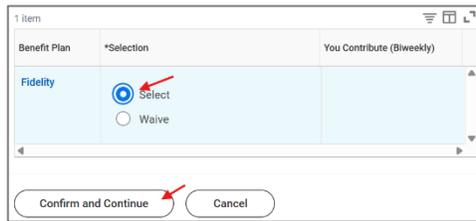
1. Click **Enroll**.



- Click **Select**.
- Click **Confirm and Continue**.

For mobile users

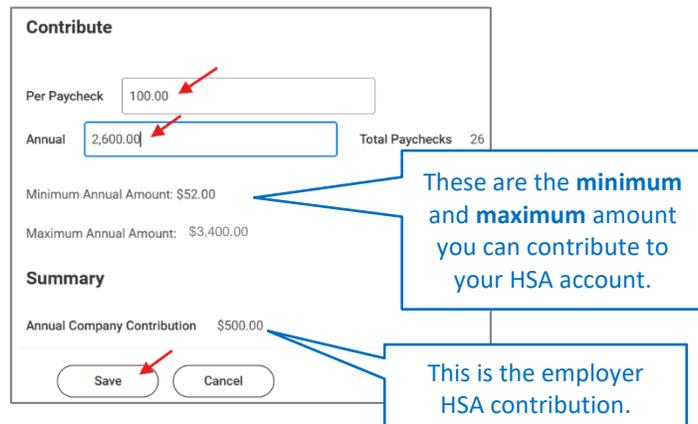
- Click to edit.
- Check the **Select** box.
- Click **Done**.
- Click **Confirm and Continue**.



- Enter the **Per Paycheck** contribution amount. The **Annual** amount will automatically calculate.

- Click **Save**.

Reminder: To be eligible for the employer HSA contribution, you are **required to make** an annual minimum contribution of \$52 to your HSA.

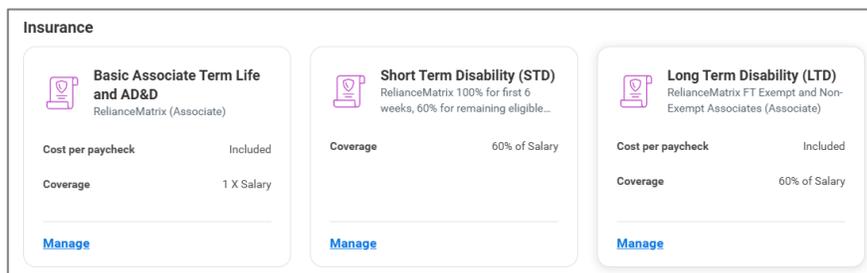


COMPANY PAID BENEFITS

All Employees except for Dent Wizard employees classified as Technicians.

As part of your employment, the following benefits are fully paid by the company. You are automatically enrolled—no action is required on your part.

- Basic Life Insurance
- Short Term Disability
- Long Term Disability

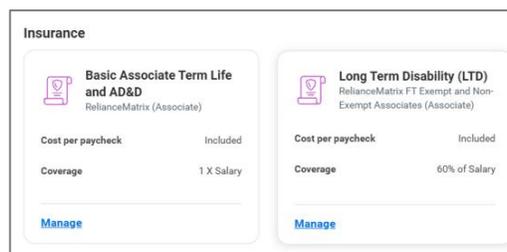


COMPANY PAID BENEFITS

Dent Wizard employees classified as Technicians.

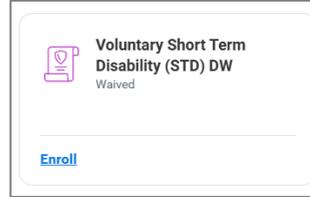
As part of your employment, the following benefits are fully paid by the company. You are automatically enrolled—no action is required on your part.

- Basic Life Insurance
- Long Term Disability



VOLUNTARY SHORT TERM DISABILITY - Employee Paid Benefit
Dent Wizard employees classified as Technicians.

1. Click **Enroll**.

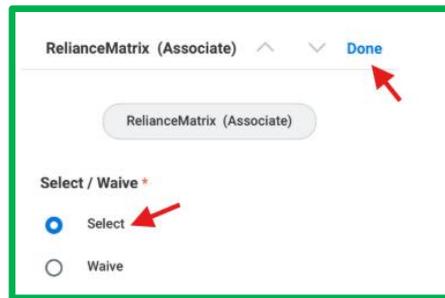
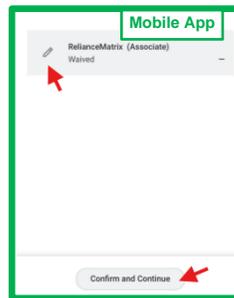
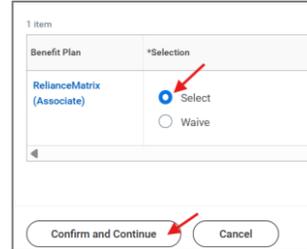


2. Click **Select**.

3. Click **Confirm and Continue**.

For mobile users

- Click to edit.
- Check the **Select** box.
- Click **Done**.
- Click **Confirm and Continue**.



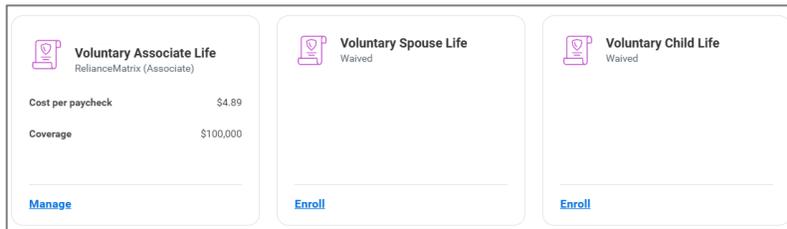
4. Click **Save**.



VOLUNTARY EMPLOYEE, SPOUSE AND CHILD LIFE INSURANCE – Employee Paid Benefits

To enroll or change your Voluntary Life Insurance, click **Enroll**:

- Employee Life
- Spouse Life
- Child Life

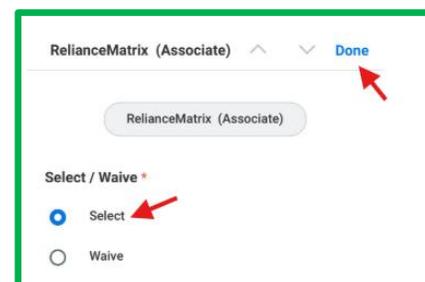
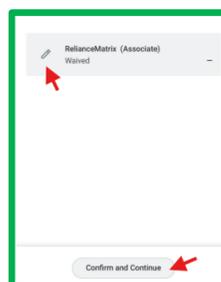
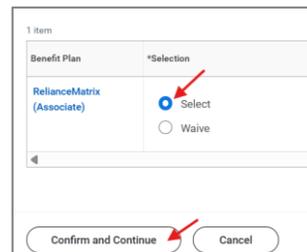


1. Click **Select**.

2. Click **Confirm and Continue**.

For mobile users

- Click to edit.
- Check the **Select** box.
- Click **Done**.
- Click **Confirm and Continue**.



3. Select an amount in the following increments:

- Employee – \$25,000
- Spouse – \$12,500
- Child – Flat \$1,000 (per covered child)

4. Click **Save**.

If enrolling in Voluntary Spouse and Child Life insurance, you must check the box for Spouse and each Child you are covering on the plan.

1. To add a new dependent, click to **Add New Dependent**.

2. You will need to enter all the required information*.

- Name
- Relationship
- Date of birth
- Gender
- Address

3. Click **Save**.

LIFE INSURANCE BENEFICIARY

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.

1. Click **Manage**.

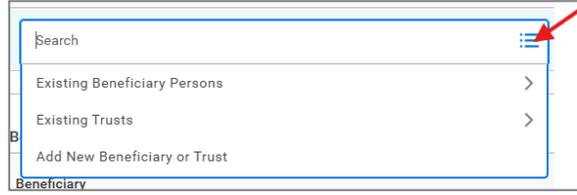
- Basic Life and AD&D
- Voluntary Life

2. Click **Confirm and Continue**.

3. Click **(+)** to add a new Beneficiary.

4. Click for a list of options, then click to select:

- Existing Beneficiary Persons
- Existing Trusts
- Add New Beneficiary or Trust

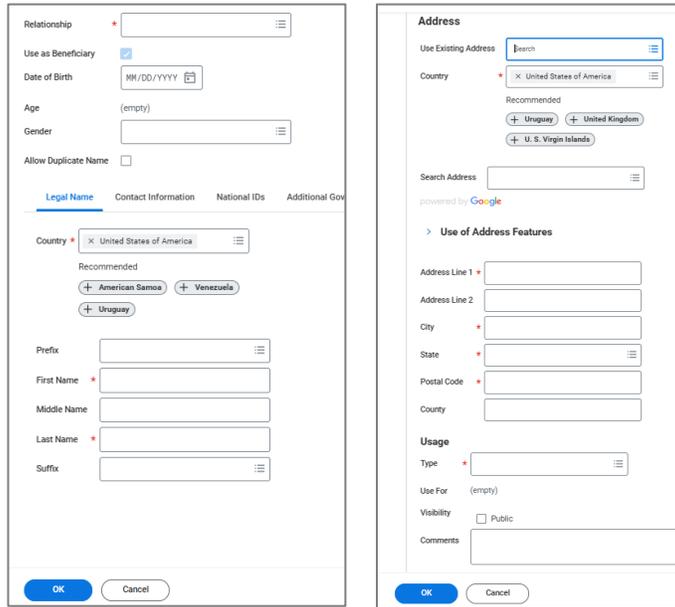


5. Select **Add New Beneficiary** then click **Continue**.



6. Enter personal information:

- Select the **relationship** of the person to you.
- First Name
- Last Name
- Relationship
- Address (Home)



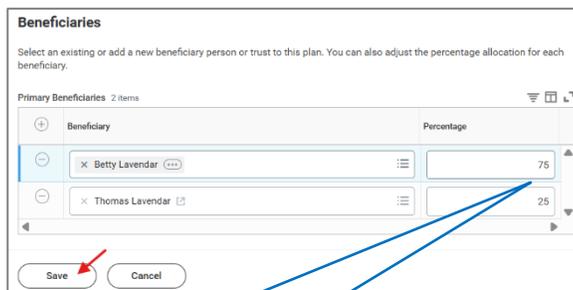
7. To enter a Charity:

- Select **Charity** as Relationship
- **Charity Name** as First Name
- **Charity Tax ID Number** as Last Name
- Address (Work)

8. Click **OK** to save.

9. Enter **Percentage** for each Beneficiary – must add up to 100%.

10. Click **Save**.



The total percentage for Primary and Secondary beneficiaries must add up to 100%.

11. Select **Add New Trust**, then click **Continue**.



12. Enter **New Trust**

Information.

- Trust Name
- Trust Contact First Name
- Trust Contact Last Name
- Phone:
 - Number
 - Device
 - Type

13. Click **OK** to save.

14. Enter Percentage for the Trust – must add up to 100%.

15. Click **Save**.

HEALTHWISE WELLBEING PROGRAM

HealthWiSe Wellbeing Program powered by Personify Health gives you the tools to get active, get healthy, and focus on your wellbeing. Complete rewardable activities to reach a Premium Reduction Level and earn Rewards and to receive a discount on your next year's DTFOC medical premium!

1. Click **Enroll**.

2. Click **Select**.

3. Click **Confirm and Continue**.

For mobile users

- Click to edit.
- Check the **Select** box.
- Click **Done**.
- Click **Confirm and Continue**.

4. Click **Save**.

SUBMIT ENROLLMENT SELECTIONS

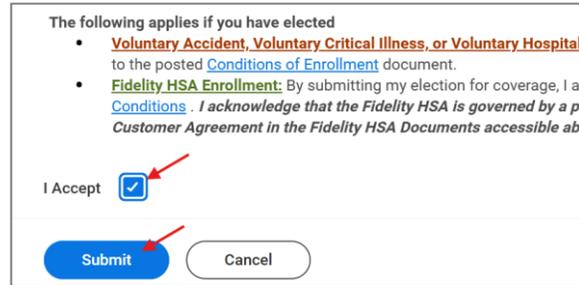
1. At the bottom of the screen, click **Review and Sign**.



On the next page scroll through to view your View Summary page and review your selected enrollment. **Your benefits are not yet submitted.** If you need to make additional changes:

- Click the **back button** to return to the previous enrollment screen.
- Make your changes.
- Then click **Review and Sign** again.

2. At the bottom of the **View Summary** page check the box **I Accept**.
3. Click **Submit**.



If you do not check the **I Accept** box, you will receive a warning, and your benefits will not be submitted.

4. On the final Submitted page, click **View 2025/2026 Benefits Statement** to view, save or to print your final Benefit Elections Confirmation for your record.



MAKING CHANGE AFTER ENROLLMENT SUBMISSION

If you completed your new hire benefits enrollment and you need to make a correction, click [here](#) to submit a help request in The Hub within 30 days of your hire date, and include what plans you want to update or change.

FIDELITY 401(K) SAVINGS RETIREMENT PLAN

You are eligible to participate in the 401(k) plan upon hire.

- You are automatically enrolled at 3% contribution after 30 days of employment. If you do not want to participate, you will need to opt out or elect 0%.
- To change your 401(k) contribution percentage or to add beneficiaries go to www.401k.com, then click "Register" and follow the prompts.
- If you do not want to participate, you will need to register and opt out by electing "0%".

Still have questions or need further assistance? Click [here](#) to submit a help request in The Hub.