



Infor

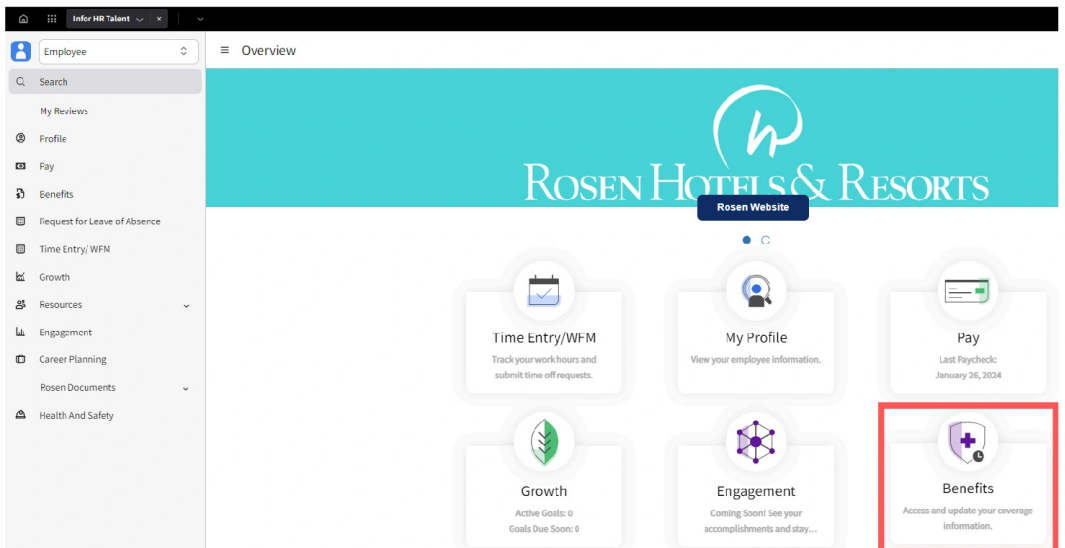
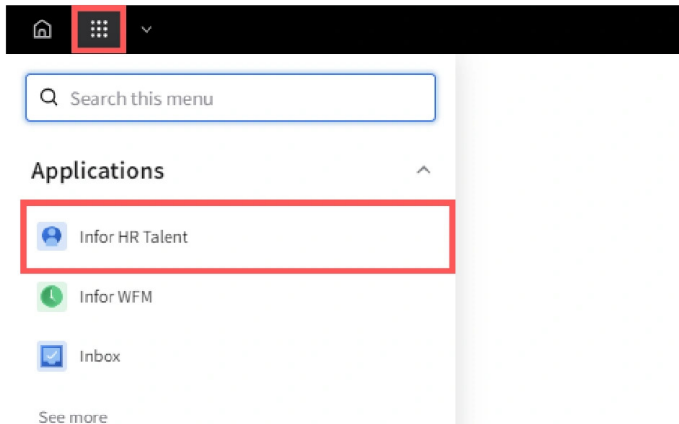
Peryòd enskripsyon louvri

Gid sa bay enstriksyon sou enskripsyon jeneral pou asirans yo (enstriksyon sou kijan pou w enskri, ajoute , fè chanjman oswa anile)



1

Ale sou sit Infor lan. Klike sou **Infor HR Talent** epi klike sou **Benefits**



2

Revize tout asirans ou genyen yo e moun ki enskri nan chak plan yo. Klike sou **View Beneficiaries** pou sa wè enfòmasyon sou Asirans de vie konpayi a peye pou wou a.

Benefits

C ...

Open Enrollment 2025

Start Enrollment

Current Dependents and Beneficiaries Life Events Information

Benefits

Plan		Pre-Tax	After Tax
C Current Benefit Plans RosenCare Health Plan Associate Only	Enrolled Dependents	28.83	0.30
C Current Benefit Plans Delta Dental insco Associate Only	Enrolled Dependents	6.00	0.30
C Current Benefit Plans Vision Plan USP Associate Coverage Only	Enrolled Dependents	1.58	0.30
C Current Benefit Plans 401(K) Savings Plan		3.00	0.30
C Current Benefit Plans EAP Employee Assistance Program		6.00	0.30
C Current Benefit Plans Company Paid Life Insurance Coverage Including Amount Subject To EOL: 20,000.00 Coverage Amount: 20,000.00	View Beneficiaries	6.00	0.30

3

Gade benefisyè ou pou asirans de vi ke konpayi a peye an. Pou chanje pousantaj benefisyè aktyèl yo oswa chwa prensipal/kontenjan, Klike sou **Change Designation**. Pouw retire yon benefisyè out e chwazi klike sou **Withdraw**. Pou chwazi yon nouvo benefisyè nan lis ou pa deziyen klike sou **Designated** akote benefisyè sa a. klike sou meni a epi chwazi **Primary** oswa **Contingent** ak kantite pousantaj, (Tout kantite lajan yo dwe egal a 100%).

Company Paid Life Insurance -

Enrolled
January 1, 2024Coverage
30,000.00Primary Total Percent
100%

Primary total equals 100%

Contingent Total Percent
100%

Contingent total equals 100%

Primary

AC Upone	Add	Percent 100%	Change Designation	Withdraw
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Contingent

MR	Add	Percent 100%	Change Designation	Withdraw
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Not Designated

AC	Add	Designate
EC Child		Designate

4

Pou ajoute yon nouvo non nan pwofil benefisyè ou a, klike sou **Add**. Chwazi **Primary** oswa **Contingent** ak pousantaj. Konplete non, siyati, relasyon dat nesans, sèks ak nimewo telfòn oswa adrès. Klike sou **Submit**.

Beneficiaries

Name	Relationship	Birthdate	Identification Number
Add ...			

Create Beneficiary

Primary Or Contingent *

Percent Or Amount

Percent

Cancel

Submit

5

Pou fini klike sou **Designate** akote nouvo benefisyè ou a pou chwazi yo. Klike sou meni a epi chwazi **Primary** oswa **Contingent** ak montan pousantaj la.

Not Designated

AC

EC Child

Designate

Designate

6

Monte pi wo epi klike sou **Kòmanse Enskripsyon**.

≡ Benefits

Open Enrollment 2025

Start Enrollment

Current

Dependents and Beneficiaries

Life Events

Information

7

Gade lyen avèk enstriksyon yo bay sou enkripsyon asirans yo. Pou w kontinye, klike sou **Next**.

Employee

Open Enrollment 2025

Next

h

Welcome to Open Enrollment for your 2025 benefits!

Changes are effective January 1.

You have until November 22, 2024 at 11:59p.m. to complete your enrollment. You can make changes as often as you need until the deadline.

Enrollment Period

Order Enrollment Guide

Access Resources

Supplemental Enrollment Document

Click **Access** to begin in the upper right-hand corner at any time to go back.

To view plan information, click on the benefit plan you have selected. Then click on **View Plan Document**.

To view and enroll in disability, life insurance, and Accident Benefits, visit the supplemental benefits enrollment site by clicking the link above. Then return to this page to complete enrollment in all other benefits.

Click **Next** to begin.

8

Revize epi mete ajou enfòmasyon pèsonèl ou yo si w ta bezwen fè sa

Open Enrollment 2025 For

...

Back

Enroll

Addresses

Add Address Change Address ...

Orlando, FL 32819

Mailing address
Residential address

Active

Contact Information

Add Phone Add Email Add IM ...

Landline - Home

Preferred

Email
@outlook.com

Email
@rosenhoteles.com

Emergency Contacts

Add Contact Change Contact Delete ...

Preferred

9

Gade tout opsyon ou genyen pou asirans yo. Gade sou bò goch ekran an wap wè fason pou w antre nan chapit ki pale sou asirans yo.

Open Enrollment: 2025 For

Return To Beginning Back ...

Enrollment

Enrollment
Health

Previous Next

Refresh Selected Benefits ...

- Health
- Dental
- Vision
- Company Paid Employee Life
- LegalShield Legal and ID Theft
- Gym Memberships
- Review your elections and click Submit.



RosenCare Health Plan

Selected

Coverage: Associate Only
Coverage Amount: 0.00

Withdraw



RosenCare Health Plan

Coverage: Associate + Child
Coverage Amount: 0.00

Select



RosenCare Health Plan

Coverage: Associate + Spouse
Coverage Amount: 0.00

Select



RosenCare Health Plan

Coverage: Associate + Children
Coverage Amount: 0.00

Select



Health Plan - Waive Coverage

Si w kalifye pou asirans sante a, wap ka wè sa. Gadelis tout asirans yo (ansanm avèk sa ke w te pran déjà yo) Si w pap fè chanjman nan asirans sante ya, klike sou **Next**. Si w bezwen fè chanjman, chwazi nouvo plan asirans lan a epi klike sou **Select** (Nan gid sa, nap sèvi avèk tèm sa « Associate + Spouse ») Lè w fini, ckike sou plan an. Pou w ka wè plis enfòmasyon avèk rezime plan asirans lan wap bezwen klike sou **View Plan Document**. Lè w fini, klike sou **Close**. Pou w refize oswa anile, klike sou **Health Plan Waive Coverage**.

Open Enrollment 2025 For

Return To Beginning Back

Enrollment

Enrollment
Health

Previous **Next**

Health

Dental

Vision

Company Paid Employee Life

LegalShield Legal and ID Theft

Gym Memberships

Review your elections and click Submit.

Refresh Selected Benefits



RosenCare Health Plan

Coverage: Associate Only
Coverage Amount: 0.00



RosenCare Health Plan

Coverage: Associate + Child
Coverage Amount: 0.00



RosenCare Health Plan

Coverage: Associate + Spouse
Coverage Amount: 0.00



RosenCare Health Plan

Coverage: Associate + Children
Coverage Amount: 0.00

Withdraw

Select

Select

Select



Health Plan - Waive Coverage

Open Enrollment 2025 For

Enrollment

Enrollment
Health

Health

Dental

Vision

Company Paid Employee Life

LegalShield Legal and ID Theft

Gym Memberships

Review your elections and click Submit.



RosenCare Health Plan

Minimum number of dependents not set.

Coverage: Associate + Spouse
Coverage Amount: 0.00



RosenCare Health Plan

Coverage: Associate Only
Coverage Amount: 0.00



RosenCare Health Plan

Coverage: Associate + Child
Coverage Amount: 0.00

Resolve Errors Withdraw

Select

Select

Avan w enskri oswa ajoute yon depandan nan asirans lan, ou dwe mete yo nan sistèm nan avan . Pou w fè sa, wap bezwen klike sou **Create New Dependent**. Mete **prenon, Sinyati, Dat nesans epi Relationship (savledi kisa moun ou vle ajoute a ye pou wou)** epi klike sou **Submit**. Si w pa gen pèsòn wap ajoute, pa antre nan lòt seksyonkap vini aprè a (Enroll Dependents), pa manyen l.

Health

Minimum number of dependents not selected; Please select at least 1

This Plan	Current Plan
RosenCare Health Plan	RosenCare Health Plan
Coverage: Associate + Spouse	Coverage: Associate Only
Coverage Amount: 0.00	Coverage Amount: 0.00

Enrolled Dependents

No Dependents Enrolled

[Enroll Dependents](#)

Create New Dependent

[View Plan Document](#)

Additional Information

[View Plan Document](#)

Close

Add Dependent

Name

* First Name * Middle Name * Last Name *

☐ Additional Naming Options

Personal Information

Relationship * Birthdate * Gender *

Identification Number

Country/Jurisdiction Identification Number

us

Telephone Numbers

Home Phone

Work Phone Work Extension

Address

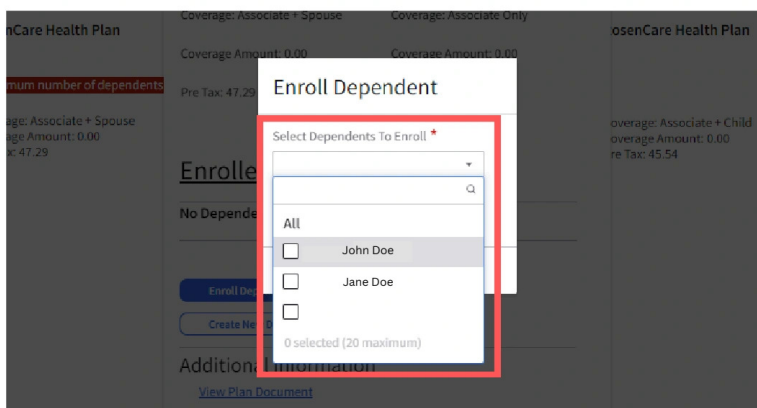
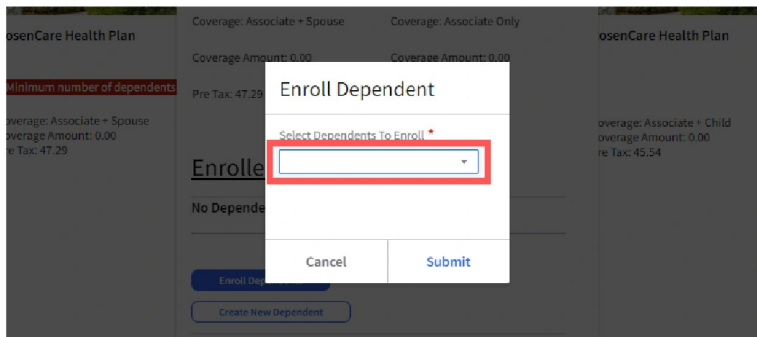
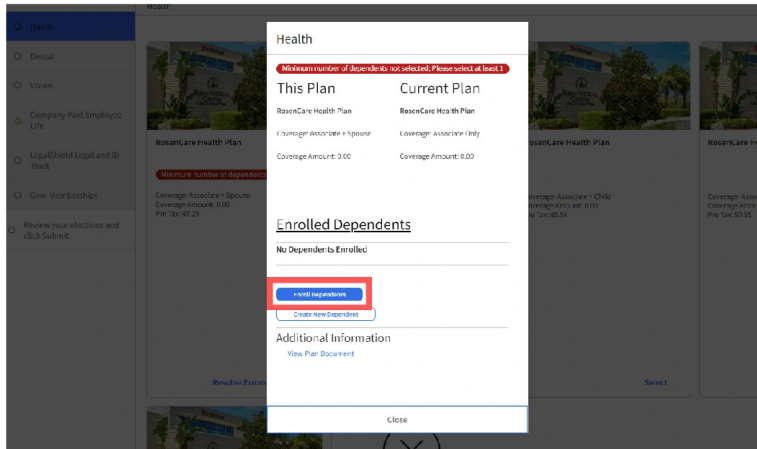
Email Address

Address

☐ Other Address ☒ Same As Resource Residence Address ☐ Same As Resource Mailing Address

Cancel **Submit**

Pou enskri oswa mete yon moun sou asirans ou, klike sou **Enroll Dependents**. Klike sou **flèch** sa pou ka ouvri menu an, epi chwazi moun nan ke w te déjà mete nan sistèm nan epi klike sou **Submit**. Pou w fini, klike sou **Next**.



Coverage Amount: 0.00

Coverage Amount: 0.00

dependents

Pre Tax: 47.29

Spouse

0

Enroll

No Depend

Enroll Dep

overage: As

overage Am

re Tax: 45.54

Enroll Dependent

Select Dependents To Enroll *

Jane Doe

Cancel

Submit

Enrollment
Health

Previous **Next**

Refresh Selected Benefits ...



RosenCare Health Plan

Selected
All eligible dependents are enrolled
Coverage: Associate + Spouse
Coverage Amount: 0.00

Withdraw



RosenCare Health Plan

Coverage: Associate Only
Coverage Amount: 0.00

Select



RosenCare Health Plan

Coverage: Associate + Child
Coverage Amount: 0.00

Select



RosenCare Health Plan

Coverage: Associate + Children
Coverage Amount: 0.00

Select

13

Gade plan asirans dantè ya. Genyen 2 opsyon : HMO avèk PPO. Pou w enskri nan asirans dantè ya, swiv enstriksyon ki nan **nimewo #10 la**. Siw pa vle pran asirans dantè ya oswa si w bezwen anile l, ale sou **Dental Waive**. Si w pap chanje anyen, klike sou **Next**.

Enrollment
Dental

Previous **Next**

Refresh Selected Benefits ...

 Delta Dental HMO Selected Coverage: Associate Only Coverage Amount: 0.00 Withdraw	 Delta Dental HMO Coverage: Associate + Child Coverage Amount: 0.00 Select	 Delta Dental HMO Coverage: Associate + Children Coverage Amount: 0.00 Select	 Delta Dental HMO Coverage: Associate + Spouse Coverage Amount: 0.00 Select
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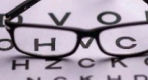
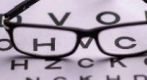
14

Gade opsyon ou genyen pou Vision Plan (asirans Zye). Si w pa t genyen l déjà epi ou vle enskri ladan l, swiv enstriksyon ki nan **nimewo #10 la**. Siw pa vle pran asirans Zye ya oswa si w bezwen anile l, ale sou **Vision Waive**. Si w pap chanje anyen, klike sou **Next**.

Enrollment
Vision

Previous **Next**

Refresh Selected Benefits ...

 Vision Plan VSP Selected Coverage: Associate Coverage Only Coverage Amount: 0.00 Withdraw	 Vision Plan VSP Coverage: Associate + Family Coverage Amount: 0.00 Select	 Vision Plan - Waive Coverage Coverage: Coverage Amount: 0.00 Select
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15

Company Paid Life Insurance (Asirans de Vie konpayi an peye pou wou a). Klike sou li pou w ka wè non moun ou mete kòm benefisyè w la. Si toutfw a ou ta wè yon mesaj konsa : **Resolve Warnings**, savledi genyen yon bagay ki bezwen korije, petèt se non benefisyè w yo ou te bliye mete oswa yon lòt bagay.

Enrollment
Company Paid Employee Life

Previous Next

Refresh Selected Benefits ...



Company Paid Life Insurance

No beneficiaries have been selected

Resolve Warnings

Company Paid Employee Life

No beneficiaries have been selected

This Plan

Current Plan

Company Paid Life Insurance

Company Paid Life Insurance

Enrolled Beneficiaries

No Beneficiaries Selected

Select Beneficiary

Additional Information

View Plan Document

Cancel

Submit

This Plan

Company Paid Life Insurance

Enrolled Beneficiaries

No Beneficiaries Selected

Select Beneficiary

Additional Information

View Plan Document

Select Beneficiary

Beneficiary *

Primary Or Contingent *

Percent Or Amount *

Cancel

Submit

16

LegalShield and ID Theft Asirans ki bay aksè a poze yonavoka kèk kesyon si w ta bezwen konnen kisa pou w fè nan nenpòt sityasyon ki genyen rapò avèk lalwa jiridik, epitou si yo ta vòlè idantite wavèk anpil lòt bagay . Si w pa t genyen LegalShield déjà epi ou vle enskri ladan l, swiv enstriksyon ki nan nimewo **#10** la. Siw pa vle pran asirans LegalShield la oswa si w bezwen anile l, ale sou **Legalshield Waive** . Si w pap chanje anyen, klike sou **Next**.

Enrollment
LegalShield Legal And ID Theft

Previous **Next**

Refresh Selected Benefits ...



Legal Shield

Coverage: Legal Only - Individual Coverage
Coverage Amount: 0.00

Select



Legal Shield

Coverage: Legal Only - Family Coverage
Coverage Amount: 0.00

Select



Legal Shield

Coverage: ID Shield - Individual Coverage
Coverage Amount: 0.00

Select



Legal Shield

Coverage: ID Shield - Family Coverage
Coverage Amount: 0.00

Select

17

Gade opsyon Manm Gym ou yo, ki gen ladan youn ou genyen kounye a. Pou ranpli paj sa a, swiv **Etap 10**. Pou sote enskripsyon, klike sou Pwochen. Ale nan **Etap 18**.

Enrollment
Gym Memberships

Previous Next

Refresh Selected Benefits ...



Gym Membership Fitness CF

Coverage: Single Plus 1 Amenity
Coverage Amount: 0.00

Select



Gym Membership Fitness CF

Coverage: Single Plus All Amenities
Coverage Amount: 0.00

Select



Gym Membership Fitness CF

Coverage: Couple Plus 1 Amenity
Coverage Amount: 0.00

Select



Gym Membership Fitness CF

Coverage: Couple Plus All Amenities
Coverage Amount: 0.00

Select

Pou revize benefis ou chwazi yo, klike sou Benefis Chwazi yo. Revize ak anpil atansyon tout benefis ou chwazi yo, epi klike sou Fèmen. Finalman, klike sou Pwochen pou kontinye.

Enrollment
Gym Memberships

Previous Next

Refresh Selected Benefits

 Gym Membership Fitness CF Coverage: Single Plus 1 Amenity Coverage Amount: 0.00 Select	 Gym Membership Fitness CF Coverage: Single Plus All Amenities Coverage Amount: 0.00 Select	 Gym Membership Fitness CF Coverage: Couple Plus 1 Amenity Coverage Amount: 0.00 Select	 Gym Membership Fitness CF Coverage: Couple Plus All Amenities Coverage Amount: 0.00 Select
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Select

Selected Pay Period Total: 48.87

Refresh

 Company Paid Life Insurance Selected Withdraw	 Delta Dental HMO Selected Coverage: Associate Only Coverage Amount: 0.00 Pre Tax: 0.00 Withdraw	 Vision Plan VSP Selected Coverage: Associate Coverage Only Coverage Amount: 0.00 Withdraw	 RosenCare Health Plan Selected All eligible dependents are enrolled Coverage: Associate + Spouse Coverage Amount: 0.00 Withdraw
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Close

Enrollment
Gym Memberships

Previous Next

Refresh Selected Benefits

 Gym Membership Fitness CF Coverage: Single Plus 1 Amenity Coverage Amount: 0.00 Select	 Gym Membership Fitness CF Coverage: Single Plus All Amenities Coverage Amount: 0.00 Select	 Gym Membership Fitness CF Coverage: Couple Plus 1 Amenity Coverage Amount: 0.00 Select	 Gym Membership Fitness CF Coverage: Couple Plus All Amenities Coverage Amount: 0.00 Select
--	--	--	--

Revize somè pri plan ou chwazi yo. Klike sou Soumèt pou kontinye. Tape non ak prenon ou pou siyen elektwonikman, epi tape dat jodi a. Klike sou Soumèt pou finalize Enskripsyon Ouvo a. Finalman, klike sou Gade Konfirmasyon epi revize pou asire presizyon.

Review your elections and click Submit.

Previous Next



Submit Your Enrollment

You must click **SUBMIT** to finish your enrollment.

Submit

Cost Summary

Pay Period

Type	Cost / Percent	Employee
Health	47.29	
Dental	0.00	
Vision	1.58	
Company Paid Employee Life	0.00	
LegalShield Legal and ID Theft	0.00	
Gym Memberships	0.00	
Pay Period Total	48.87	

Submit Your Enrollment

You must click **SUBMIT** to finish your enrollment.

Submit

Cost Summary

Pay Period

Type	Cost / Percent	Employee
Health	47.29	
Dental	0.00	
Vision	1.58	
Company Paid Employee Life	0.00	
LegalShield Legal and ID Theft	0.00	
Gym Memberships	0.00	
Pay Period Total	48.87	

Submit

Click Submit to confirm you are submitting your benefits

Type your first and last name to electronically sign.

Signature

Date

Cancel

Submit

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Your Enrollment Has Been Submitted

Click [View Confirmation](#) below to see a summary of the benefits you have selected, effective January 1, 2025. [Click for accuracy.](#)

If you need to make updates or changes, click on [Return to Enrollment](#).

To view and enroll in [disability, life insurance and Alstate Benefits](#), visit the [supplemental benefits enrollment site](#). [Click here.](#)

View Confirmation

[Return to Enrollment](#)