



Infor

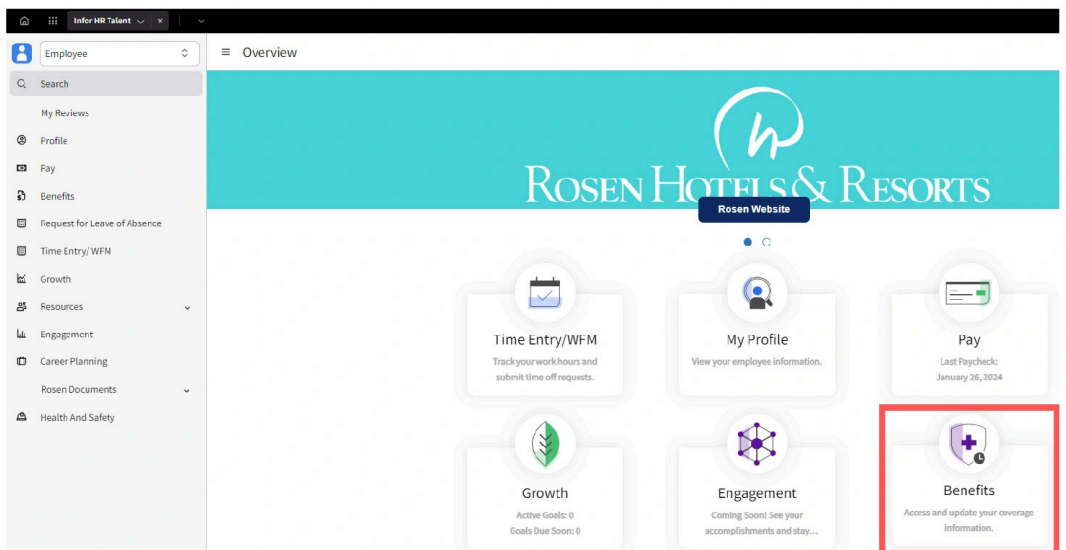
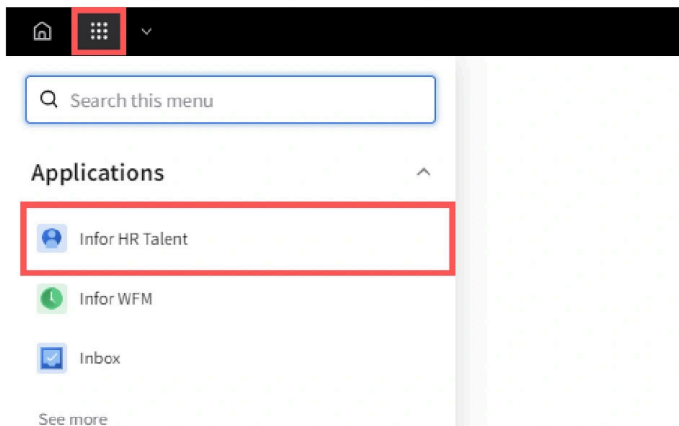
Open Enrollment

This guide offers detailed instructions for completing your Open Enrollment for the 2025 benefits (desktop version).



1

Log in to the Infor website. Then, click on the **navigation icon** and then on **Infor HR Talent**. Lastly, click on **Benefits**.



2

Review your current benefits and **Enrolled Dependents**. Click on **View Beneficiaries** for Company Paid Life.

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 EMCO Associate Only	Enrolled Dependents	6.00	0.30
C Current Benefit Plans Vision Plan VSP 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 EDI: 20,000.00 Coverage Amount: 20,000.00	View Beneficiaries	6.00	0.30

3

View your Company Paid Life Beneficiaries. To change your beneficiaries' percentage or primary / contingent designation, click **Change Designation**. To remove your chosen beneficiary, click **Withdraw**. To select a new beneficiary from your Not Designated list, click **Designate** next to that beneficiary. Click on the drop down menu and choose Primary or Contingent and the percentage amount. (Amounts must total 100%).

Company Paid Life Insurance

Enrolled
January 1, 2024Coverage
38,006.00

Primary Total Percent

100%

Primary total equals 100%

Contingent Total Percent

100%

Contingent total equals 100%

Primary

AC Upcune

Add ...

Percent 100%

[Change Designation](#)[Withdraw](#)

Contingent

MR

Add ...

Percent 100%

[Change Designation](#)[Withdraw](#)

Not Designated

AC

Designate

EC Child[Designate](#)

4

To add a new name to your beneficiary profile, click **Add**. Choose **Primary** or **Contingent** and percentage. Complete First Name, Last Name, Relationship, Birth Date, Gender and either phone number or address. Click **Submit**.

Create Beneficiary

Beneficiaries

Name	Relationship	Birthdate	Identification Number
Add ...			

Primary Or Contingent *

Percent Or Amount

Percent

Percent

Cancel **Submit**

5

Lastly, click **Designate** next to your new beneficiary to designate them. Click on the drop-down menu and choose **Primary** or **Contingent** and the percentage amount. Click **Submit**.

Not Designated

AC		Designate
EC	Child	Designate

6

Scroll up and click on **Start Enrollment**.

≡ Benefits

Open Enrollment 2025

Start Enrollment

Current **Dependents and Beneficiaries** Life Events Information

7

View links and enrollment instructions. To continue, click **Next**.

Employee

Open Enrollment 2025

Next

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.

Click **Return to Enrollings** 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 Alliance 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

Review and update your personal information, if needed. To continue, click **Enroll**.

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

@outlook.com

Email

@rosenhoteles.com

Email

Emergency Contacts

Add Contact Change Contact Delete ...

Preferred

9

View your enrollment options. The navigation menu is located on the left side of the screen. **You can access the navigation menu at any moment.**

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

You will see the Health Plan page if you are eligible for coverage. View coverage options (including your current one). If you don't have changes to **Health**, click **Next**. To change, select the new coverage by clicking **Select** (for this guide, we will use Associate + Spouse). Then, click on the plan to view additional information and the plan summary by clicking **View Plan Document**. Lastly, click **Close**. To **decline or cancel coverage**, click Health Plan Waive Coverage.

Open Enrollment 2025 For

Enrollment

Health

Dental

Vision

Company Paid Employee Life

LegalShield Legal and ID Theft

Gym Memberships

Review your elections and click Submit.

Enrollment Health

Return to Beginning

Back

Next

Refresh

Selected Benefits

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

Open Enrollment 2025 For

Enrollment

Health

Dental

Vision

Company Paid Employee Life

LegalShield Legal and ID Theft

Gym Memberships

Review your elections and click Submit.

Enrollment Health

Minimum number of dependents not set

Coverage: Associate + Spouse
Coverage Amount: 0.00

Resolve Errors

Withdraw

RosenCare Health Plan

Coverage: Associate Only
Coverage Amount: 0.00

Select

RosenCare Health Plan

Coverage: Associate + Child
Coverage Amount: 0.00

Select

To create a new dependent, click **Create New Dependent**. Fill out **First Name**, **Last Name**, **Relationship**, and **Birthday**. Click **Submit**. Skip to the next step if you don't need to create a new dependent.

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](#)

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](#)

Click on **Enroll Dependents** to add your dependents. Click on the **triangle down icon**, then select your dependent(s). To continue, click **Submit**. Lastly, click **Next**.

The screenshot shows a 'Health' plan selection interface. A modal window is open with the title 'Health'. It contains a warning message: 'Minimum number of dependents is not selected. Please select at least 1'. Below this, there are two columns: 'This Plan' and 'Current Plan'. The 'This Plan' column shows 'RoscoeCare Health Plan' with 'Coverage: Associate + Spouse' and 'Coverage Amount: 0.00'. The 'Current Plan' column shows 'RoscoeCare Health Plan' with 'Coverage: Associate Only' and 'Coverage Amount: 0.00'. Below the plan information, there is a section titled 'Enrolled Dependents' which states 'No Dependent is Enrolled'. A red box highlights the 'Enroll Dependents' button. Below this button is a 'Create New Dependent' button. At the bottom of the modal, there is an 'Additional Information' section with a 'View Plan Document' link and a 'Close' button.

The screenshot shows the 'Enroll Dependent' modal. It has a title 'Enroll Dependent' and a subtitle 'Select Dependents To Enroll *'. A red box highlights the dropdown menu. Below the dropdown, there are 'Cancel' and 'Submit' buttons. The background shows the same plan selection interface as the previous screenshot.

The screenshot shows the 'Enroll Dependent' modal with the dropdown menu open. The dropdown list shows 'All' at the top, followed by a search bar and a list of dependents: 'John Doe' and 'Jane Doe'. There are checkboxes next to each name. At the bottom of the list, it says '0 selected (20 maximum)'. A red box highlights the entire dropdown menu area. The background shows the same plan selection interface as the previous screenshots.

Coverage Amount: 0.00 Coverage Amount: 0.00

dependents Pre Tax: 47.29

Spouse 0

Enroll

No Dependents

Enroll Dependents

Enroll Dependent

Select Dependents To Enroll *

Jane Doe ▼

Cancel **Submit**

Coverage: As overage: As overage Am re Tax: 45.54

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

15

Company Paid Life Insurance: Click on the plan and view beneficiaries. To **Resolve Warnings** or change beneficiaries, click **Select Beneficiary**, choose a **Beneficiary** by clicking on the **magnifying glass icon**. Choose **Primary or Contingent, Percent**, then click **Submit**. Click on **Submit** again. To remove a beneficiary, click **Deselect Beneficiary** and follow above steps to choose your new beneficiary. Lastly, click **Next**.

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

Select Beneficiary

Beneficiary *

Primary Or Contingent *

Percent Or Amount *

Cancel

Submit

Company Paid Employee Life

This Plan

Company Paid Life Insurance

Current Plan

Company Paid Life Insurance

Enrolled Beneficiaries

SPOUSE Jane Doe

December

Primary

100.000%

Select Beneficiary

Deselect Beneficiary

Additional Information

[View Plan Document](#)

Cancel

Submit

Company Paid Life Insurance

No beneficiaries have been selected

Company Paid Life Insurance

Selected

16 View LegalShield Legal and ID Theft Plans, including your current one. To complete this section follow **Step 10**. If no changes are needed, click **Next**. To decline or waive this plan, select the LegalShield Waive plan.

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 View Gym Membership options, including your current one. To complete this page follow **Step 10**. To skip enrollment, click **Next**. Proceed to **Step 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

To review your selected benefits, click on **Selected Benefits**. Carefully review all your selected benefits, then click **Close**. Lastly, click **Next** to continue.

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

Select


Selected Pay Period Total: 48.87

Refresh



Company Paid Life Insurance

Selected




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

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

Review the cost summary of your chosen plans. Click **Submit** to continue. **Type your first and last name to electronically sign, and type today's date.** Click **Submit** to finalize your Open Enrollment. Lastly, click **View Confirmation** and review for accuracy.

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

■

Print Download Copy

■



Your Enrollment Has Been Submitted

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

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

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

View Confirmation

[Return to Enrollment](#)