

## **Open Enrollment**

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





4:29	)	.11	5G 🔳
$\bigcirc$	Infor HR	Talent	G
≡ Be	enefits		•••
Open E	nrollment 202	25	
Start E	nrollment		
Current	Dependents and	Beneficiaries	Li
Benefits			••••
Current B RosenCar Option: A	<b>enefit Plans</b> e Health Plan ssociate Only		
Current B Delta Den Option: A	<b>enefit Plans</b> tal HMO ssociate Only		
Current B Vision Pla Option: A	<b>enefit Plans</b> n VSP ssociate Coverage Only	ý	
Current B 401(K) Sa	<b>enefit Plans</b> vings Plan		
Current B EAP Empl	<b>enefit Plans</b> oyee Assistance Progra	am	
< >	>		$\heartsuit$

2

Scroll down to view links and enrollment instructions. To continue, scroll up and tap on Next.

4:30Il 5G 🛾	<b>_</b> ,	4:30		.11 5G 🔳	4:30		.11 5G 🔲
Infor HR Talent	6	$\bigcirc$	Infor HR Talent	G	$\bigcirc$	Infor HR Talent	6
■ Open Enrollment 2025 For Yur Next		Open often as you Enrollment Period	Enrollment 2025 F u need until the d	For Yur eadline.	≡ Ope	n Enrollment 2025	For Yur
Welcome to Open Enrollment for your 2025 benefits!		Schedule an a Benefits Webs Supplemental As you advance Benefits to view Beginning or Ba any time to go b To view plan inf have selected. T	ppointment for help ite Benefits Enrollment Site to each benefit plan, cli y your current elections. ack in the upper right-ha back. formation, click on the b Then click on <u>View Plan</u> .	ck <i>Selected</i> Click <i>Return to</i> Ind corner at enefit plan you <i>Document</i> .	Welcon Enrolln benefit	he to Open hent for your 2 s!	025
Changes are effective January 1. You have until November 22, 2024 at 11:59p.m. to complete your enrollment. You can make changes a often as you need until the deadline. Enrollment Period		To view and enr Allstate Benefits enrollment site to this page to c benefits. Click <b>Next</b> to be	oll in disability, life insu s, visit the supplemental by clicking the link belo omplete enrollment in a gin.	rance, and benefits w. Then return Ill other	Changes You have 11:59p.m enrollme often as y Enrollment Per	are effective Janua until November 22 . to complete your nt. You can make cl ou need until the d	ry 1. , 2024 at nanges as leadline.
< >	$\heartsuit$	< >		$\heartsuit$	< >		$\diamond$

Review your current benefits. Tap <b>Dependents and Beneficiaries</b> to view a list of dependents and beneficiaries that you can choose for your benefit plans. Instructions to enroll your dependents is included in this guide in the Enrollment section. To add a new beneficiary to your profile for Company Paid Life Insurance, scroll down to Beneficiaries and tap on the <b>ellipsis ()</b> , then <b>Add.</b> Fill in First Name, Last Name, Relationship, Birth Date, Gender and either phone number or address. Tap <b>Submit</b> .						
Infor HR Talent	G	Infor HR Talent	G	Infor HR Talent	Ċ	
■ Benefits		■ Benefits		≡ Benefits		
Open Enrollment 2025 Start Enrollment		Dependents and Beneficiaries Life Even Identification Number:	•	Add Beneficiary		
Current Dependents and Beneficiaries	•	Beneficiaries		Add a Will or Trust as Beneficiary		
Benefits Current Benefit Plans RosenCare Health Plan Option: Associate + Spouse		AC Age: Relationship: Spo Birthdate: Identification Num Saved Searches	•	Name First Name		
<b>Current Benefit Plans</b> Delta Dental HMO Option: Associate + Spouse		AC Relationship: Birthdate: Identification Num Drill Around®	•	Last Name		
<b>Current Benefit Plans</b> Vision Plan VSP Option: Associate Coverage Only		MR Relationship: Birthdate: Identification Number:		Additional Naming Options		
< >	$\heartsuit$	EC Age:	$\heartsuit$	Cancel Submit		

Later in the Enrollment section, see instructions to change your Company Paid Life beneficiary. To begin, tap **Start Enrollment.** 



Review and update your personal information, if needed. To update, tap on the ellipsis icon (...), then tap on Add or Change. To continue, tap on Enroll.

4:30		ıll 5G 🔳	4:30		.11 <b>1</b> 5G 🔳
	or HR Talent	G	$\square$	Infor HR Talent	G
■ Open Enrol	llment 2025 Fo	r Yur	≡ Ope	n Enrollment 202	5 For Yur
Back			Back		
Enroll			Enroll		
Addresses			Addresses		
Mailing address Residential address	Drlando, FL 32819	Active	Mailing addro Residential a	Orlando, FL Ad ess ddress Ch Ad	d Address ange Address d Address
Contact Informati	on		Contact In	formation Ina	activate
&1 Landline - Home		Preferred	&1 Landline - Ho	me Op	tions •
☑ @outlook.co Email	om		⊠ @ Email	Dr. Dr	ill Around®
☑ @rosenhot Email	els.com		⊠ Email	⊉rosenhotels.com	
Emergency Conta	cts		Emergency	/ Contacts	

6

View your enrollment options. To open the navigation menu, tap on the three lines icon, then select an enrollment section. You can open the navigation menu at any moment.

G

1.51			1.31		
		$\sim$	4.51	IR Talent	
	·· ··				4_
$\equiv$ Open Enrollment 202	25 For Yur	≡	Open Enrollme	ent 2025 For Yur	••••
: <mark>≓</mark> Enrollment <sub>Health</sub>		lter	ns to Complete		
Brun		0	Enrollment		^
	hi des	0	Health		
ROSEN MERCAL CENTER CENTER	-	0	Dental		
		0	Vision		
enCare Health Plan			Company Paid Emp	loyee Life	
Associate Only		0	LegalShield Legal ar	nd ID Theft	
erage Amount: 0.00		0	Gym Memberships		
		0	Review your elections	and click Submit.	
Save and Close	Next		Save and Close	Continue	
· >	$\heartsuit$	<	>		$\heartsuit$

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

	4:32 •••• 5G	4:32 .11 5G D
Infor HR Talent	Infor HR Talent	Infor HR Talent
■ Open Enrollment 2025 For Yur	■ Open Enrollment 2025 For Yur	■ Open Enrollment 2025 For Yur
≔ Enrollment <sub>Health</sub>	i≕ Enrollment Health	i≡ Enrollment <sub>Health</sub>
Image: Second Secon	RosenCare Health Plan Coverage: Associate + Spouse Coverage Amount: 0.00	<section-header><section-header><section-header><section-header><section-header><section-header><text></text></section-header></section-header></section-header></section-header></section-header></section-header>
	Select	Resolve Errors Vithdraw
Save and Close Next	Save and Close Next	Save and Close Next
$\langle \rangle$ $\otimes$	$\langle \rangle$ $\otimes$	< >
4:33Il 5G	4:33 .11 5G	4:50II 5G
≡ Open Enrollment 2025 For Yur	■ Open Enrollment 2025 For Yur	■ Open Enrollment 2025 For Yur
■ Open Enrollment 2025 For Yur Health	■ Open Enrollment 2025 For Yur Health	<ul> <li>■ Open Enrollment 2025 For Yur</li> <li>Image: Enrollment Health</li> </ul>
<ul> <li>Open Enrollment 2025 For Yur</li> <li>Health</li> <li>Minimum number of dependents not selected;</li> </ul>	■ Open Enrollment 2025 For Yur Health	<ul> <li>■ Open Enrollment 2025 For Yur</li> <li>∷= Enrollment Health</li> <li>Health Plan - Waive Coverage</li> </ul>
<ul> <li>Open Enrollment 2025 For Yur</li> <li>Health</li> <li>Minimum number of dependents not selected;</li> <li>Minimum number of dependents not selected;</li> <li>Current Plan</li> <li>RosenCare Health</li> <li>Plan</li> <li>Coverage: Associate +</li> <li>Coverage:</li> <li>Spouse</li> <li>Associate Only</li> <li>Coverage Amount:</li> <li>0.00</li> <li>0.00</li> </ul>	<ul> <li>Open Enrollment 2025 For Yur</li> <li>Health</li> <li>Enrolled Dependents</li> <li>No Dependents Enrolled</li> <li>Enroll Dependents</li> <li>Create New Dependent</li> <li>Additional Information</li> <li>View Plan Document</li> </ul>	■ Open Enrollment 2025 For Yur Image: Enrollment Health Health Plan - Waive Coverage Coverage: Coverage Amount: 0.00
Open Enrollment 2025 For Yur Health Minimum number of dependents not selected; Minimum number of dependents not selected; Current plan RosenCare Health Plan Coverage: Associate + Coverage: Associate + Coverage: Associate + Coverage Amount: 0.00 Coverage Amount: 0.00 Coverage Amount:	<ul> <li>Open Enrollment 2025 For Yur</li> <li>Health</li> <li>Enrolled Dependents</li> <li>No Dependents Enrolled</li> <li>Enroll Dependents</li> <li>Create New Dependent</li> <li>Additional Information</li> <li>View Plan Document</li> <li>Close</li> </ul>	<ul> <li>Open Enrollment 2025 For Yur</li> <li>Enrollment Health</li> <li>Health Plan - Waive Coverage</li> <li>Coverage: Coverage Amount: 0.00</li> </ul>
Open Enrollment 2025 For Yur Health Minimum number of dependents not selected; Current Dan RosenCare Health RosenCare Health Plan Coverage: Associate + Coverage: Associate + Coverage: Associate + Coverage Amount: Date Coverage Amount: Co	<ul> <li>Open Enrollment 2025 For Yur</li> <li>Health</li> <li>Enrolled Dependents</li> <li>No Dependents Enrolled</li> <li>Enroll Dependents</li> <li>Create New Dependent</li> <li>Additional Information</li> <li>View Plan Document</li> <li>Close</li> </ul>	<ul> <li>Open Enrollment 2025 For Yur</li> <li>Enrollment Health</li> <li>Health Plan - Waive Coverage</li> <li>Coverage: Coverage Amount: 0.00</li> <li>Select</li> </ul>

To create a new dependent, tap on **Create New Dependent**. Then fill out **First Name**, **Last Name**, **Relationship**, and **Birthday**. Lastly, tap **Submit**. Skip to the next step if there is no need to create a new dependent.

Infor HR Talent   Open Enrollment 2025 For Yur     Health     Pre Tax:   Pre Tax:   Pre Tax:   Pre Tax:   No Dependents     Middle Name     * Last Name *   Create New Dependent   Create New Dependent     Create New Dependent     Close     Save and Close     Next     Save and Close     Next     Save and Close     Infor HR Talent     Information	4:33	.11 5G 🗩	4:3	36	
Close   Copen Enrollment 2025 For Yur     Health     Add Dependent     Add Dependent     First Name *     First Name *     Middle Name     * Last Name *     Middle Name     * Last Name *     Create New Dependent     Additional Information     View Plan Document     Close     Save and Close     Next     Save and Close     Next	Infor HR Talent	<u>ل</u>	$\square$	Infor HR	Talent
Health   Pre Tax:   Pre Tax:   Pre Tax:   No Dependents   No Dependents Enrolled   Enroll Dependents   Middle Name   * Last Name *   * Last Name *   Create New Dependent   Additional Information   View Plan Document   Close   Save and Close   Next	■ Open Enrollment 2025 I	For Yur	= C	)pen Enrollmer	nt 2025 For \
Pre Tax: Pre Tax:     Enrolled Dependents     No Dependents Enrolled     Enroll Dependent     Create New Dependent     Additional Information     View Plan Document     Close     Close     Close     Save and Close     Next     Save and Close     Next	Health		Ado	l Dependent	
Enrolled Dependents   No Dependents Enrolled   Enroll Dependents   Create New Dependent   Additional Information   View Plan Document   Close   Close   Save and Close   Next   Save and Close	Pre Tax: Pre Tax:		Nan * First	ne Name *	
No Dependents Enrolled   Enroll Dependents   Create New Dependent   Additional Information   View Plan Document   Close   Close   Close   Save and Close   Next   Save and Close	Enrolled Dependents	<u>S</u>	Middle	e Name	
Enroll Dependents   Create New Dependent   Additional Information   View Plan Document   Close   Close   Save and Close   Next     Save and Close     Next	No Dependents Enrolled	_	* Last	Name *	
Additional Information View Plan Document Close Close Close Next Save and Close Next Cancel Submit	Enroll Dependents Create New Dependent		Ad	ditional Naming Option	ns
Close Close Next Save and Close Next	Additional Information		Pers	sonal Informati	ion
Close Cancel Submit			Birthd	≓q	]
Save and Close Next Save and Close Next	Close			Cancel	Submit
$\sim$ $\sim$	Save and Close	Next	Sav	ve and Close	Next
	$\langle \rangle$	$\heartsuit$	<	>	

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



4:49			.11 5G 🔳	ľ	
$\bigcirc$	Infor H	R Talent		G	
≡ Oper	I Enrollme	nt 2025 Fc	or Yur		
Health					
Coverage: A	ssociate +	Coverage:			
spouse		Associate Ont	у		
Coverage Ar	nount:	Coverage Am	ount:		
Enroll [	Depender	nt			
Select Depe	Select Dependents To Enroll *				
Ca	ncel	Sub	mit		
Enroll D Create I	ependents New Dependent			_	
Ca	ncel	Sub	mit		
Save and	d Close	Ν	lext		
< >				$\odot$	

4:33			<b>1 </b> 5G 🕻	<b>D</b> ,		
$\bigcirc$	Infor H	R Talent		G		
≡ Open	Enrollme	nt 2025	For Yur	••••		
Health						
Enroll D	Enroll Dependent					
Select Depen	dents To Enroll	*				
Can	cel		ubmit			
		3	Jubinit			
	Clo	ose				
Save and	Close					
< >				$\heartsuit$		
4:49			<b>1 5</b> G 🕻	,		



4:49			II 5G 🕻	∎_,
$\bigcirc$	Infor HI	R Talent		G
≡ Ope	n Enrollme	nt 2025	For Yur	
Health coverage: Spouse Coverage / Enroll	Associate + Amount: Depender	Coverage: Associate Coverage	Only Amount:	
Select Dep All O select	John Doe Jane Doe ed (20 maximum)	* Q	Jbmit	
Savaar	ancer		Novt	
< >	10-01032		Next	$\heartsuit$

4	1:49	<b>11</b> 50	G
$\bigcirc$	Infor H	R Talent	G
≡	Open Enrollme	ent 2025 For Yu	r
:=	Enrollment <sub>Health</sub>		
Dec	an Caro Health Plan		8
Covi	lected ) eligible dependents are erage: Associate + Spous erage Amount: 0.00	e	
		Withdraw	
	Save and Close	Next	
<	>		$\heartsuit$

View Dental HMO and PPO options, including your current plan. To complete this section follow **Step 7**. To decline or cancel coverage, select the Dental Waive plan. If no changes are necessary, tap **Next**.

10

	4:50	.11 5G 🗩
$\bigcirc$	Infor HR Talent	G
≡	Open Enrollment 2025	5 For Yur
=	Enrollment Dental	
Del Se Cov Cov	ta Dental HMO Heteo erage: Associate Only erage Amount: 0.00	
	Save and Close	Next
<	>	-

11 View Vision Plan coverage options, including your current one. To complete this page follow **Step 7**. To decline or cancel coverage, select the Vision Waive plan. If no changes are required, tap **Next**.

4:50 .11 5G		;	
$\square$	Infor H	R Talent	G
≡	Open Enrollme	ent 2025 For Yur	·
:=	Enrollment <sub>Vision</sub>		
Visi	on Plan VSP Netted erage Arsociate Coverage erage Armount: 0.00	e Only	
:	Save and Close	Next	
<	>		$\heartsuit$

Company Paid Life Insurance: Tap on the plan and view beneficiaries. Swipe down. To **Resolve Warnings** or change beneficiaries, tap **Select Beneficiary**, choose a **Beneficiary** by tapping on the **magnifying glass icon.**, Choose **Primary or Contingent, Percent**, then tap **Submit**. Tap on **Submit** again. Lastly, tap on **Next**.



4:52		<b>11</b> 50	G 🔲 '			
$\bigcirc$	Infor HF	R Talent	G			
≡ Open	■ Open Enrollment 2025 For Yur					
Compar	Company Paid Employee Life					
Select B	Select Beneficiary					
Beneficiary *		_				
	=Q		- 1			
Primary Or Co	ontingent *		- 1			
Percent Or Ar	nount *		- 1			
	•		- 1			
Can	cel	Submit				
Addition	al Inform	otion				
Can	cel	Submit				
Save and	Close					
< >			$\heartsuit$			

4:51			<b>.11 </b> 56	<b>•</b>
$\Box$	Infor H	R Talent		G
=	Open Enrollme	nt 2025	For Yur	
æ	Enrollment Company Paid Emp	oyee Life		
Con	npany Paid Life Insur	ance		
Nc	beneficiaries have been	selected		
	R	esolve Warı	nings	
5	Save and Close		Next	
<	>			$\heartsuit$



4:51	<b>.111</b> 5G	, ,	
nfc Infc	or HR Talent	G	
≡ Open Enroll	ment 2025 For Yur		
Company Pai	d Employee Life		
No beneficiaries have	e been selected		
This Plan	Current Plan		
Company Paid Life Insurance	Company Paid Life Insurance		
Enrolled Beneficiaries			
Select Beneficiary			
Cancel	Submit		
Save and Close	Next		
< >		$\heartsuit$	

4:53		•	11 5G	∎_'
$\bigcirc$	Infor H	R Talent		G
≡	Open Enrollme	ent 2025 Fo	r Yur	• •••
:=	Enrollment Company Paid Emp	loyee Life		
Cor	npany Paid Life Insu	rance		
Se	elected			
	Save and Close	Ne	ext	
<	>			$\heartsuit$

## View LegalShield Legal and ID Theft Plans, including your current one. To complete this section follow **Step 7**. If no changes are needed, tap on **Next**. To decline or waive this plan, select the LegalShield Waive plan.

13



14 View Gym Membership options including your current one. To complete this page follow **Step 7**. To skip enrollment, click **Next**. Proceed to go to **Step 16**.



To review your selected benefits, tap on the ellipsis icon (...), then tap Selected Benefits. Carefully review all your selected benefits by scrolling down, then tap Close. Lastly, tap Next to continue.

•11 5G+ 🔳

凸

----

.

Next

 $\heartsuit$ 





1:32	.11 5	G+ 🔲
$\bigtriangleup$	Infor HR Talent	G
Select		
RosenCare	Health Plan	
Submitted All eligible Coverage: Ar Coverage An	dependents are enrolled sociate + Spouse nount: 0.00	
	Withdraw	
	K ⊲ Þ >I	20 🔻
	Close	
< >		$\heartsuit$



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

4.5.4		4.50	
4.54		•111 5G (	<b></b>
lr Ir	nfor HR Talent		G
■ Open Enro	ollment 2025	For Yur.	••••••
≔ Review you	ur elections an	d click Sı	ıb
Cost Summary			
Pay Period			
	Cost /		
	Percent		
Гуре	Employee		
lealth			
ental	0.00		
ision			
Company Paid	0.00		
mployee Life	0.00		
egalShield Legal	0.00		
and ID Theft	0.00		
Gym Memberships	0.00		
Pay Period Total			
Save and Close		Next	
< >			$\heartsuit$
_			*

4:54	.ıll 5G 🔲	
Infor H	IR Talent	2
≡ Open Enrollm	ent 2025 For Yur	
≔ Review your ele	ections and click Sub.	
Rosen Hotels & Resorts*		
Submit Your Enroll	ment	
You must click SUBMIT to finis	h your enrollment.	
Submit		
Cost Summary		
Pay Period		
	Cost /	
	Percent	
Type Er	nplovee	
Health		
Dental	0.00	
Vision		
Save and Close	Next	
< >	0	2



