

Inscripción Abierta

Esta guía ofrece instrucciones detalladas para procesar su inscripción abierta para los beneficios del 2025 (versión móvil)

Rosen Hotels & Resorts



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Open E	nrollment 2025	
Start E	nrollment	
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3 Desplacese hacia abajo para ver los enlaces y las instrucciones para inscribirse. Para continuar, desplacese hacia arriba y toque **Next.**

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Changes are effective January	1.	To view and enroll in Allstate Benefits, vis	n disability, life insura	nce, and	(Changes ar	e effective Janua	ry 1.
You have until November 22, 20 11:59p.m. to complete your enrollment. You can make char often as you need until the dea	024 at nges as dline.	enrollment site by c to this page to comp benefits. Click Next to begin.	licking the link below.	other		You have u 11:59p.m. t enrollment often as yo	ntil November 22, to complete your t. You can make ch u need until the d	, 2024 at nanges as eadline.
Enrollment Period					E	Enrollment Perio	d	
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Toque **Dependents and Beneficiaries** para ver la lista de dependientes y beneficiarios que puede elegir para sus planes y beneficios. Las instrucciones para inscribir a sus dependientes se incluyen en esta guía en la sección de Enrollment. Para adicionar un beneficiario nuevo a su perfil del Seguro de vida pagado por la empresa, desplácese hacia abajo hasta Beneficiaries y toque en los **3 puntos**, luego **Add**. Complete el (primer nombre) First Name, (apellido) Last Name, (parentesco) Relationship, (fecha de nacimiento) Birth Date, (genero) Gender y un número de teléfono o dirección. Toque **Submit.**

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Open Enrollment 2025 Start Enrollment		Dependents and Beneficiaries Life E Identification Number:	ven 🛛 🗸	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 Search	25	Name First Name
Current Benefit Plans Delta Dental HMO Option: Associate + Spouse		AC Relationship: Birthdate: Identification Num Options Drill Around®	>	Last Name
Current Benefit Plans Vision Plan VSP Option: Associate Coverage Only		MR Relationship: Birthdate: Identification Number:		Additional Naming Options Cancel Submit

Más Adelante, en la seccion Enrollment, encontrará instrucciones sobre cómo cambiar el beneficiario de su seguro de vida pagado por la empresa. Toque **Current Benefits** el menú principal, luego toque **Start Enrollment.**



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Revise y actualice su información persona, si es necesario. Para actualizar toque el icono de elipsis (...), luego toque Add o Change. Para continuar toque Enroll.

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@rosenhotels.com Email		☑ @rosenhotels Email	s.com	
Emergency Contacts		Emergency Contact	s	

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Vea su opciones de inscripción. Para abrir el menu de navegación toque el icono de las tres líneas, luego seleccione una sección de inscripción. Podra abrir el menu de navegación en cualquier momento.

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		C) Vision			
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verage: Associate Only		C) LegalShie	ld Legal and ID Thef	t	
Coverage Amount: 0.00		C) Gym Mem	berships		
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Vera la pagina del plan de salud si es elegible para cobertura. Vea las opciones de cobertura (incluyendo la actual) deslizándose hacia abajo. Si no tiene cambios a Health, toque **Next.** Para cambiar, seleccione la cobertura nueva tocando **Select** (para esta guia, usaremos Associado + conyugue). Luego toque el plan para ver información adicional y el resumen del plan tocando **view plan document.** Por ultimo, toque **close.** Para declinar o cancelar cobertura, deslícese hacia abajo y toque **Health Plan Waive Coverage.**



Para crear un dependiente nuevo, toque Create New Dependent. Luego llene (primer nombre) First Name, (apellido) Last Name, (parentesco) Relationship, y (fecha de nacimiento) Birthday. Por ultimo, toque Submit. Salte al proximo paso si no hay necesidad de crear un dependiente nuevo.

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Additional Information View Plan Document			Personal Inform Relationship *	ation Ξα	
Close			Cancel	Subm	it
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Toque **Enroll Dependents** para adicionar sus dependientes. Para seguir, toque **el icono de la flecha hacia abajo**, luego seleccione su dependiente(s). Para continuar haga toque **Submit.** Por último, toque **Next.**



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Vea las opciones dentales de HMO y PPO, incluyendo su plan actual. Para completar esta sección siga el **paso 7.** Para declinar o cancelar cobertura, seleccione el **Dental Waive plan.** Si no necesita ningún cambio, haga clic en **Next.**

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Vea las opciones de cobertura del plan de visión, incluyendo la actual. Para completar esta página siga el **paso 7.** Para declinar o cancelar cobertura, seleccione **Vision Waive plan.** Si no requiere cambios haga clic en **Next.**

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Seguro de vida pagado por la empresa: Toque el plan y vea los beneficiaros. Desplacese hacia abajo.Para Resolve Warnings (resolver alertas) o cambiar beneficiarios, toque **Select Beneficiary**, para escoger un Beneficiary toque el **icono de la lupa**. Escoja (primario) Primary or (contingente) Contingent, (porcentaje) Percent, luego toque **Submit.** Toque **Submit** nuevamente. Por ultimo toque **Next.**



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Primary Or Co	=a ntingent *				
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Vea Legal Shield Legal y ID Theft Plans, incluyendo el que tiene actualmente. Para completar esta sección siga el **paso 7.** Si no necesita ningún cambio, haga clic en **Next.** Para declinar o renunciar a este plan, seleccione el **Legal Shield Waive plan.**

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14 Vea las opciones de membresía de gimnasio, incluyendo la que tiene actualmente. Para completar esta página siga el **paso 7.** Para saltarse la inscripción, haga clic en **Next.** Proceda al **paso 16**.



Para revisar sus beneficios seleccionados, toque el icono de elipsis (...), luego toque Selected Benefits. Revise cuidadosamente los beneficios seleccionados y desplacese hacia abajo, luego toque Close. Por último haga clic en Next para continuar.



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RosenCa	re Health Plan	1	
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Revise el resumen de costo de los planes que eligió. Haga clic en **Submit** para continuar. **Escriba su primer nombre y apellido para firmar electrónicamente**, y la fecha de hoy. Haga clic en **Submit** para finalizar su inscripción abierta. Por último, haga clic en **View Confirmation** y revise para comprobar la exactitud.

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Submit Your Enro	llment				
You must click SUBMIT to fir	nish your enrollment.				
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