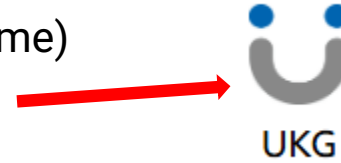


UKG Open Enrollment Navigation Instructions

UKG Login Instructions

Access UKG from a Lifetime computer:

- Open Google Chrome (Green Chrome not Red Chrome)
- Select the UKG link from the Intralife home page.



Access UKG from a home computer:

- Open your browser and go to <https://lifetime-dl.ultipro.com>

The image is a screenshot of the UKG login page. It features a dark teal border. Inside, the UKG logo is at the top left. Below it is the text 'Welcome, come on in!'. There are two input fields: 'Username or email*' and 'Password*'. The password field has an eye icon to its right. Below the fields are two links: 'Forgot your password?' and 'Can't Remember Your Username?'. At the bottom is a blue 'Sign in' button.

Enter your Username or email address.
Your username is your last name and the last 4 numbers from your ssn.

The email address is what we have on file for you, a Lifetime email address or your personal email address. (If this needs to be changed contact Meloney Hodgson at 801-708-1415 or go to the Payroll office in D11.)

Enter your Password. If you don't remember your UKG password or need additional information for logging in. Please refer to the UKG Computer Login Information guide available on LLS.

To begin your online Open Enrollment, select Myself from the menu and click on Open Enrollment.

The screenshot displays the LIFETIME Home dashboard. On the left is a navigation menu with a top bar containing a heart icon, a person icon (highlighted with a red box), and a close icon. The menu items are: Myself (with a search bar), Personal, My Company, Jobs, Career & Education, Career Development, Pay, Benefits, Open Enrollment (highlighted with a red box), Documents, Home (selected), Inbox, and Logout. The main content area has a teal header with the LIFETIME logo, a back arrow, and the word 'Home'. Below the header is a user profile section with a circular avatar containing 'BB' and the text 'Hello, Becky'. The main content area features a 'To do' section with an 'Inbox' link and the message 'There are no to dos.'. Below this are three tiles: 'Direct Deposit' with a bank icon, 'Contacts' with a phone icon, and 'Reviews' with a speech bubble icon. At the bottom is an 'Add' button with a plus icon.

From the Open Enrollment page, select the Description link of the available open enrollment session.

**Open Enrollment**

Open Enrollment


print help

Description	Session Open Date	Session Close Date	Status	
Open Enrollment				

Review the information provided in the About Open Enrollment section. Click the next button to continue.

Employee Open Enrollment

2026 Open Enrollment

About Open Enrollment

Verify Beneficiary And Dependent Information

Medical

Health Savings Account

Dental

Vision

Disability

About Open Enrollment

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Welcome to Lifetime Products Open Enrollment Session. You will be making elections for the 2026 calendar year. This is an ACTIVE enrollment session so you must enroll or decline all plans before submitting your changes.

As you are going through your session, you may click on the draft button at any time and close out of the window. This will save your progress and allow you to come back at your convenience to finish your elections. The session will be available 11/9/2025 through 11/17/2025 at 10:00 pm MST. When you are satisfied with your choices, make sure you SUBMIT your changes. When you have submitted your elections you may print a copy of the confirmation page for your records.

If you have general questions or need assistance with your enrollment session you can contact Andrea Bartle at 801-678-4745, Tina Ashby 801-643-7178 or Mary Dow 801-787-6419. You may also contact your HR manager or go to Bldg. D11 and someone there will be able to assist you.

Click the Next button to continue.

Verify your Beneficiary and Dependent Information. Only dependents listed in this section will be available for selection in this open enrollment session. Click the Next button to continue.

About Open Enrollment

Verify Beneficiary And Dependent Information

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Verify Beneficiary and Dependent Information

This is a view only screen. It shows your dependents and beneficiaries. If any additions need to be made, please contact Andrea Bartle, *Benefits Administrator*, (801-678-4745). Dependent verification is required.

Find by

Status ▾

Active ▾

Name ↑	Relationship	Designation	⌵
	Child living at home	☒ Beneficiary ☒ Dependent ☐ Emergency contact	

All plan pages will show your current plan information in the gray box on the right side of the screen. Click on the arrow to expand the section and view detailed information on what plan you are currently enrolled in.

Plan pages display on the left side of the screen. You can click on any Heading to go directly to that page.

About Open Enrollment

Verify Beneficiary And Dependent Information

Medical

Health Savings Account

Dental

Vision

Disability

Medical

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Select a Plan

Use the options below to choose a plan.

Please click on the arrow to the right to view your current coverage.

Select the plan you would like and then select an option.

If you do not want medical coverage then you will choose Medical Waived and select the Waived Coverage option.

Current Plan

as of 12/31/2025

▶ Select Value Traditional 2000/4000

Current Plan

as of 12/31/2025

▼ Select Value Traditional 2000/4000

Your cost

\$204.42 Biweekly

Option

Employee plus child(ren)

Plan Dependents

The submit button on the navigation bar will not be available until you have elected or declined all plans in the session.

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printhelp

Once you have made your decision of which plan you would like to enroll in, select the button next to the plan. Then select the Option you would like. Finally, select the dependents to enroll in the plan if applicable.

☒ HDHP3 Value Network 3500/7000

\$173.88 Biweekly*

Options

☒ Employee and Spouse

\$173.88

☐ Employee

\$90.14

☐ Employee plus child(ren)

\$176.56

☐ Family

\$270.33

Coverage start date*: 01/01/2026

*Estimated values

 Enroll dependents

You must enroll between 1 and 1 dependents in the plan.

☐

☒ Medical Waived
 \$0.00 Biweekly*

Options

☒ Waived Coverage \$0.00

Coverage start date*: 01/01/2026

**Estimated values*

You can enroll in a Health Saving Account on this page. Read the important information provided for annual limits and enrollment eligibility. Click on Read more to see all the information. You **MUST** enroll in a Health Savings Account if you selected a High Deductible Health plan on the Medical page. You **CANNOT** enroll in a Health Savings Account if you declined Medical or selected the Traditional Health plan on the Medical page.

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Critical Illness Spouse

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Confirm Your Elections Or Changes

Health Savings Account

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Select a Plan

Use the options below to choose or decline a plan.

If you have elected an HDHP you must also enroll in the Health Savings Account.

The annual HSA contribution limit for a single plan is \$4,400.

The annual HSA contribution limit for a family plan is \$8,750.

If you are covered by any Medicare, Tricare Insurance, or you are participating in the Select Value Plan, you are not eligible to contribute or have contributions made to your HSA.

If you do not want to make a personal contribution to your HSA account, please

Read more

☐ I decline Health Savings Account plans.

☒ HSA Individual

\$5.00 Biweekly*

Enter amount for:

☐ Contribution per pay check

\$5.00

☒ Annual contribution

\$130.00

Enter a value that is less than or equal to \$4,300.00

Coverage start date*: 01/01/2026

Remaining pay checks*: 26 ⓘ

HSA Individual Plan Information

Select this plan if you have elected Employee Only coverage on an HDHP.

If you selected a High Deductible Health plan on the Medical page and you elected coverage for yourself only, enroll in HSA Individual.

If you selected a High Deductible Health plan on the Medical page and you elected coverage for you and dependents enroll in HSA Family.

If you are over 55 you can enroll in the Catch-up plans which have a higher annual contribution limit.

Once you have made your decision of which plan you would like to enroll in, select the button next to the plan. Then select the button next to Contribution per pay check or Annual contribution. Finally, enter the amount you wish to contribute.

☒

HSA Individual

\$20.00 Biweekly*

Enter amount for:

☒

Contribution per pay check

☐

Annual contribution

Coverage start date*: 01/01/2026

Remaining pay checks*: 26 ⓘ

*Estimated values

\$20.00

\$520.00

HSA Individual Plan Information

Select this plan if you have elected Employee Only coverage on an HDHP.

If you do not want to enroll in a Health Savings Account. Select the button next to I decline Health Savings Account plans.

☒ I decline Health Savings Account plans.

If you have an HDHP please do not decline the Health Savings Account. If you do not want to contribute then enter 0 in the amount per pay period.

Lifetime offers Dental coverage for full time employees who have met the 12 month eligibility requirement to have dental coverage at no additional cost.

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Critical Illness Spouse

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Accident Insurance

Hospital Indemnity

Dental

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Select a Plan

Use the options below to choose or decline a plan.

Please click on the arrow to the right to view your current coverage.

Select the plan and then select an option.

☐ I decline Dental plans.

Dental

Options

☐ Employee

\$0.00

☐ Employee plus 1

\$11.23

☐ Family

\$19.96

Current Plan

as of 12/31/2025

Dental

If you do not want to enroll in Dental. Select the button next to I decline Dental plans.

To enroll in Dental, select the button next to Dental and select the Option you would like. Then select the dependents to enroll in the plan if applicable.

Dental

\$11.23 Biweekly*

Options

☐ Employee

\$0.00

☒ Employee plus 1

\$11.23

☐ Family

\$19.96

Coverage start date*: 01/01/2026

*Estimated values

 Enroll dependents

You must enroll between 1 and 1 dependents in the plan.

☐

☐

- About Open Enrollment
- Verify Beneficiary And Dependent Information
- Medical
- Health Savings Account
- Dental
- Vision**
- Disability
- Critical Illness Employee
- Critical Illness Spouse
- Critical Illness Children
- Optional Emp-Pd Coverage*
- Accident Insurance
- Hospital Indemnity

Select a Plan

Use the options below to choose or decline a plan.

Please click on the arrow to the right to view your current coverage.

Select or decline this plan. There is not an option for direct billing to or from providers.

The Vision Reimbursement Plan will allow an annual benefit of up to \$500 in coverage per year per enrolled member.

☐ I decline Vision plans.

- Vision Basic

Options

☐ Employee	\$2.97
☐ Employee plus 1	\$5.46
☐ Family	\$8.12

Current Plan
as of 12/31/2025

- ▶ **Vision Waived**

[←](#) [→](#) | [✓](#) | [📄](#) [↺](#) [⊗](#) | [🖨](#) [?](#)
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Vision Basic Plan Information

If you do not want to enroll in Vision. Select the button next to I decline Vision plans.

☒ I decline Vision plans.

To enroll in Vision, select the button next to Vision Basic and select the Option you would like. Then select the dependents to enroll in the plan if applicable.

 Vision Basic

\$5.46 Biweekly*

Options

☐ Employee \$2.97

☒ Employee plus 1 \$5.46

☐ Family \$8.12

Coverage start date*: 01/01/2026

*Estimated values

Enroll dependents

You must enroll between 1 and 1 dependents in the plan.

☐☐

Lifetime Products provides Disability coverage at no cost to all full time employees after the first of the month following one year of employment. You cannot decline this benefit. Select the button next to Disability.

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Critical Illness Spouse

Critical Illness Children

Disability

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Select a Plan

Use the options below to choose a plan.

Lifetime Products provides Disability coverage through Lincoln Financial Group at no cost to all full time employees after the first of the month following one year of employment.

Select the plan below.

Current Plan
as of 12/31/2025

- ▶ **Disability**

- Disability

\$0.00 Biweekly*

Coverage start date*: 01/01/2026

*Estimated values

This page allows you to enroll in Critical Illness coverage for yourself. You can elect a coverage amount of \$10,000, \$15,000, or \$20,000. The following pages will allow you to select coverage for your spouse or children.

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Give Em Five

Critical Illness Employee

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Select a Plan

Use the options below to choose or decline a plan.

Critical Illness Cash Benefit plan

You can choose \$10,000, \$15,000, or \$20,000 for yourself and up to half of the amount you selected for your spouse and/or child(ren).

☐ I decline Critical Illness Employee plans.

Critical Illness Employee \$10,000

Benefit amount

Benefit amount

\$10,000.00

Critical Illness Employee \$15,000

Benefit amount

Benefit amount

\$15,000.00

Current Plan

as of 12/31/2025

No current plans for this type.

To enroll in the Critical Illness Employee plan, select the button next to the amount of coverage that you would like.

Critical Illness Employee \$10,000

\$12.22 Biweekly*

Benefit amount

Benefit amount

\$10,000.00

Coverage start date*: 01/01/2026

*Estimated values

Critical Illness Employee \$15,000

Benefit amount

Benefit amount

\$15,000.00

If you do not want to enroll in the Critical Illness Employee plan. Select the button next to I decline Critical Illness Employee plans.

☒ I decline Critical Illness Employee plans.

If you made an election under Critical Illness Employee, you can select up to half the amount you selected for your spouse. If you did not elect coverage for yourself you must decline this plan.

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Confirm Your Elections Or Changes

Critical Illness Spouse

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Select a Plan

Use the options below to choose or decline a plan.

Critical Illness Cash Benefit plan

If you made an election under Critical Illness Employee, you can select up to half the amount you selected for your spouse.

If you declined Critical Illness Employee, you must decline Critical Illness Spouse.

☐ I decline Critical Illness Spouse plans.

Critical Illness Spouse \$5,000

Benefit amount

Benefit amount

\$5,000.00

☐ Critical Illness Spouse \$7,500

Benefit amount

Benefit amount

\$7,500.00

Current Plan

as of 12/31/2025

No current plans for this type.

To enroll in the Critical Illness Spouse plan, select the button next to the amount of coverage that you would like and then select your spouse from the Enroll Dependents section.

☒ Critical Illness Spouse \$5,000

\$6.11 Biweekly*

Benefit amount

Benefit amount

\$5,000.00

Coverage start date*: 01/01/2026

*Estimated values

Enroll dependents

You must enroll between 1 and 1 dependents in the plan.

☐

If you do not want to enroll in the Critical Illness Spouse plan. Select the button next to I decline Critical Illness Spouse plans.

☒ I decline Critical Illness Spouse plans.

If you made an election under Critical Illness Employee, you can select up to half the amount you selected for your child(ren). If you did not elect coverage for yourself you must decline this plan.

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Give Em Five

Confirm Your Elections Or Changes

Critical Illness Children

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Select a Plan

Use the options below to choose or decline a plan.

Critical Illness Cash Benefit plan

If you made an election under Critical Illness Employee, you can select up to half the amount you selected for your child(ren).

If you declined Critical Illness Employee, you must decline Critical Illness Child.

☐ I decline Critical Illness Children plans.

Critical Illness Child(ren) \$5,000

Benefit amount

Benefit amount

\$5,000.00

Critical Illness Child(ren) \$7,500

Benefit amount

Benefit amount

\$7,500.00

Current Plan

as of 12/31/2025

No current plans for this type.

To enroll in the Critical Illness Child(ren) plan, select the button next to the amount of coverage that you would like and then select the dependents to enroll in the plan.

Critical Illness Child(ren) \$5,000

\$1.15 Biweekly*

Benefit amount

Benefit amount

\$5,000.00

Coverage start date*: 01/01/2026

*Estimated values

🎁

Enroll dependents

You may enroll a maximum of 99 dependents in the plan.

☐

If you do not want to enroll in the Critical Illness Children plan. Select the button next to I decline Critical Illness Children plans.

☒ I decline Critical Illness Children plans.

Lifetime offers Optional Employee-Paid Coverage. The first plan available in this section is Accident Insurance.

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Critical Illness Spouse

Critical Illness Children

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Accident Insurance

Hospital Indemnity

Optional Emp-Pd Coverage

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Select a Plan

Use the options below to choose or decline a plan.

Cash Benefit Plans

Decline coverage or choose option for coverage. If you are enrolling dependents, you will need to select them from the drop down list. If your dependent does not show for selection, please contact Ardrea Bartle at 801-678-4745

☐ I decline the Accident Insurance plan.

☐ Accident Insurance

Options

Employee

Employee and Spouse

Employee plus child(ren)

Family

\$4.27

\$7.23

\$8.10

\$10.97

Accident Insurance Plan Information

Cash benefit for covered injuries.

Current Plan

as of 12/31/2025

No current plans for this type.

If you do not want to enroll in the Accident Insurance plan. Select the button next to I decline Accident Insurance plan.

☒ I decline the Accident Insurance plan.

To enroll in the Accident Insurance plan, select the button next to Accident Insurance, then select the option you would like. Finally select the dependents to enroll in the plan if applicable.

☒ Accident Insurance

\$10.97 Biweekly*

Options

☐ Employee

\$4.27

☐ Employee and Spouse

\$7.23

☐ Employee plus child(ren)

\$8.10

☒ Family

\$10.97

Coverage start date*: 01/01/2026

*Estimated values

👤 Enroll dependents

You must enroll between 2 and 99 dependents in the plan.

☐

☐

The second plan available in this section is Hospital Indemnity.

About Open Enrollment

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Optional Emp-Pd Coverage

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Select a Plan

Use the options below to choose or decline a plan.

Cash Benefit Plans

Decline coverage or choose option for coverage. If you are enrolling dependents, you will need to select them from the drop down list. If your dependent does not show for selection, please contact Andrea Bartle at 801-678-4745.

☐ I decline the Hospital Indemnity plan.

Hospital Indemnity

Options

☐ Employee

\$5.52

☐ Employee plus child(ren)

\$8.48

☐ Employee and Spouse

\$11.74

☐ Family

\$15.33

Hospital Indemnity Plan Information

Cash benefit for accidental injury or sickness.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance.

Read more

If you do not want to enroll in the Hospital Indemnity plan. Select the button next to I decline Hospital Indemnity plan.

☒ I decline the Hospital Indemnity plan.

To enroll in the Hospital Indemnity plan, select the button next to Hospital Indemnity, then select the Option you would like. Finally, select the dependents to enroll in the plan if applicable.

☒ Hospital Indemnity

\$8.48 Biweekly*

Options

☐ Employee

\$5.52

☒ Employee plus child(ren)

\$8.48

☐ Employee and Spouse

\$11.74

☐ Family

\$15.33

Coverage start date*: 01/01/2026

*Estimated values

 Enroll dependents

You must enroll between 1 and 99 dependents in the plan.

☐

The Lifetime Give em Five program is a voluntary employee donation program that will provide resources for employees in need. You can join this plan at any time. Contact your HR Manager for additional details.

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Select a Plan

Use the options below to choose or decline a plan.

You can elect to enroll in the Give em Five plan.

The Lifetime Give em Five program is a voluntary employee donation program that will provide resources for employees in need. You can join this plan at anytime - contact your HR Manager for additional details.

Select or decline this plan.

☐ I decline the Give em Five plan.

Give em Five

Amount Per Pay Period

Enter a bi-weekly value from \$1.00 to \$5.00.

Current Plan

as of 12/31/2025

Give em Five

Give em Five Plan Information

Enter the amount you would like to contribute from \$1 to \$5. This amount is per paycheck.

To enroll in the Give em Five plan, select the button next to Give em Five. Enter an amount from \$1.00 to \$5.00 to contribute each pay period.

Give em Five

\$3.00 Biweekly*

Amount Per Pay Period

3.00

Enter a bi-weekly value from \$1.00 to \$5.00.

*Estimated values

If you do not want to enroll in the Give em Five plan. Select the button next to I decline the Give em Five plan.

☒

I decline the Give em Five plan.

The Confirm Your Elections or Changes page shows a summary of your changes.. Review this page carefully to make sure all your elections are correct. It will display your current benefits first. Be sure to scroll down to review your New Benefits and any plans that you declined. When you are satisfied with your changes, click on the Submit button.

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Confirm Your Elections Or Changes

Confirm Your Elections or Changes

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This page shows a summary of the changes you are about to make. Please verify your changes carefully before submitting. If you need to make any edits you can do so by selecting the plan type or plan description hyperlink to return to the election page. When you are satisfied with your changes, please click the Submit button on the toolbar.

Effective 01/01/2026

Just a reminder . . .
The Group Term Insurance, Supplemental Life and 401k are not part of this Open Enrollment. If you are currently enrolled, everything will stay the same. If you need to make changes, please reach out to Audrey Pitcher for 401k and Andrea Bartle for insurance information.

Personal Information

Name

Personal Cell Phone

Private

Address

Work Cell Phone

Work extension

E-mail

Current Benefits - As of 12/31/2025

Estimated Total Cost: \$236.46

Plan Type	Plan Details	Your bi-weekly cost
Deferred Comp(USA)	401K Base and Catch-up Percent per pay check: 7.00%	
	Covered Family Members	

You will see a list of sections that you need to complete if you did not make all required elections.

Confirm Your Elections or Changes

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Information

Your elections cannot be submitted until elections for the required plan type(s) have been completed:

Dental

Disability

Critical Illness Employee

Critical Illness Spouse

Critical Illness Children

Optional Emp-Pd Coverage

Hospital Indemnity

Miscellaneous

Give em Five