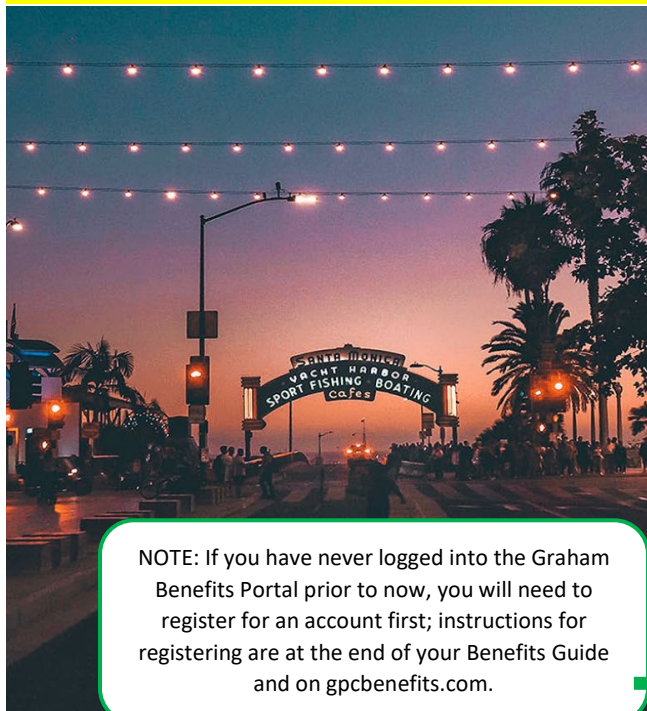


Enrollment Guide for the Graham Benefits Portal

If you have any questions throughout this process, contact the Graham Benefits Center
at 877-878-9898, Monday – Friday 8am – 5pm CT.

1. Visit the Graham Benefits Portal (enrollment site) at www.gpcbenefits.com, enter your site password, and then click the “Graham Benefits Portal” link at the top right corner of the page. Login using your personalized User ID and Password. **If you need to reset your password and have issues resetting your password, you must contact the Graham Benefits Center at 877-878-9898 Monday – Friday 8am – 5pm CT.**



Welcome to the Graham Benefits Portal

This easy-to-use application places the power of managing your own benefits at your fingertips. As a Graham employee, you will find detailed information regarding each plan that is available to you. Then, select the plan that's right for you and your family.

We encourage you to explore this application and discover all it has to offer. It is designed to be helpful, convenient, and accessible—giving you 24/7 access to your information, benefit elections, insurance need estimators, and more.

Already registered? Enter your User ID and Password into the space provided. If you do not have a User ID or Password, click Register to create one.

If you have any questions or issues logging in, please contact Graham Benefits Center at 1-877-878-9898, from 8:00 a.m. to 5:00 p.m. Central Time, Monday through Friday.



Did you forget your User ID?



Did you forget your Password?





English ▼

2. Once logged in, you will immediately see a pop up for you to start your Open Enrollment changes. Click Continue to review/make changes to your benefits.

Welcome 

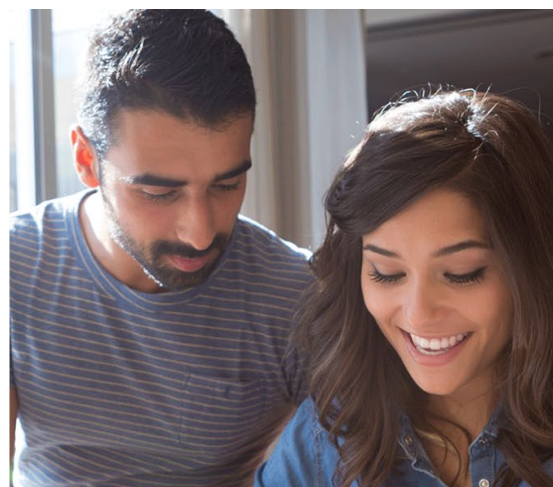
OPEN ENROLLMENT EVENT

 You must complete your enrollment by 11/09/2022.

Annual Enrollment is the perfect time to review your benefit coverage, ensure that you have your dependent information up to date, and confirm that your beneficiary information is current. Changes you make to your benefits during the Annual Enrollment period become effective January 1, 2023 and remain in effect until December 31, 2023, unless you experience a qualified life event during the 2023 Plan Year.

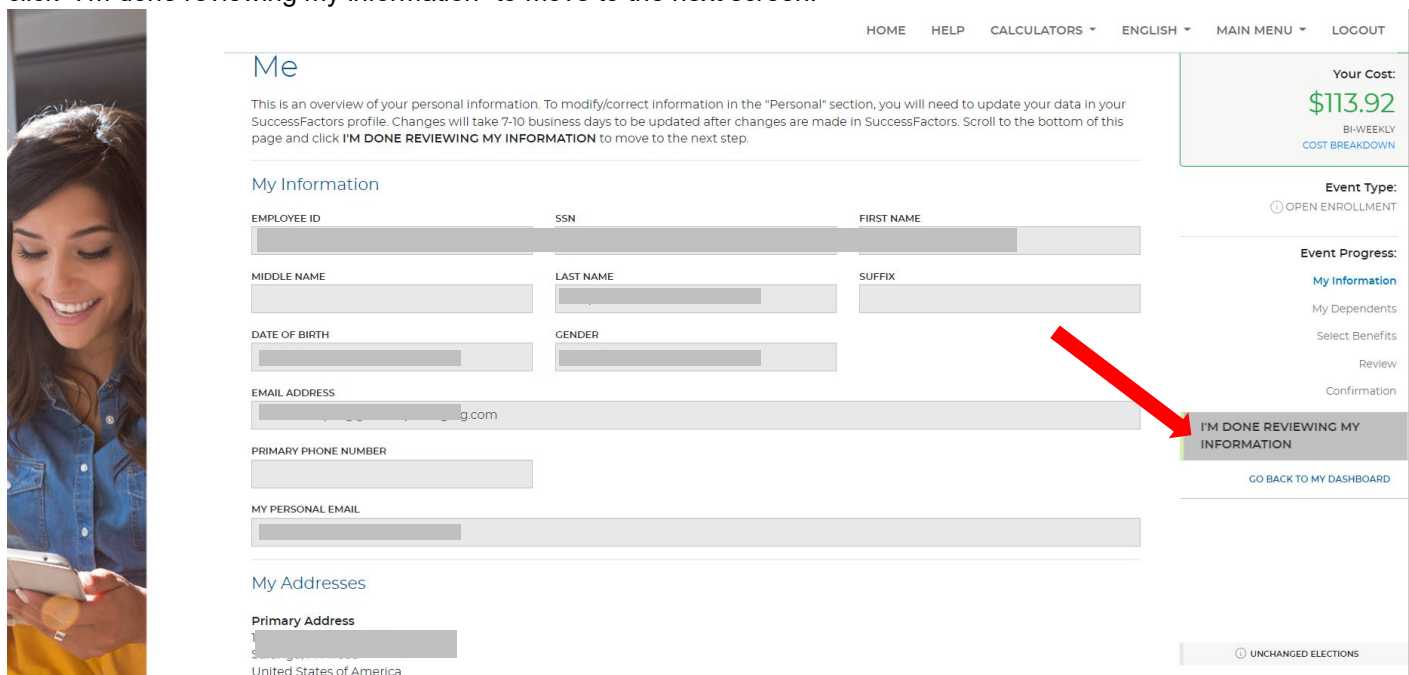


CANCEL AND CONTINUE TO MY DASHBOARD >>



Enrollment Guide for the Graham Benefits Portal

- Review your personal information. *Note, if information on this screen is incorrect, it MUST be fixed in SuccessFactors in order to pass electronically to the benefits system.* Once you have reviewed your information, click “I’m done reviewing my information” to move to the next screen:



Me

This is an overview of your personal information. To modify/correct information in the "Personal" section, you will need to update your data in your SuccessFactors profile. Changes will take 7-10 business days to be updated after changes are made in SuccessFactors. Scroll to the bottom of this page and click **I'M DONE REVIEWING MY INFORMATION** to move to the next step.

My Information

EMPLOYEE ID: [Redacted] SSN: [Redacted] FIRST NAME: [Redacted]

MIDDLE NAME: [Redacted] LAST NAME: [Redacted] SUFFIX: [Redacted]

DATE OF BIRTH: [Redacted] GENDER: [Redacted]

EMAIL ADDRESS: [Redacted]@g.com

PRIMARY PHONE NUMBER: [Redacted]

MY PERSONAL EMAIL: [Redacted]

My Addresses

Primary Address

[Redacted]
United States of America

Your Cost:
\$113.92
BI-WEEKLY
COST BREAKDOWN

Event Type:
OPEN ENROLLMENT

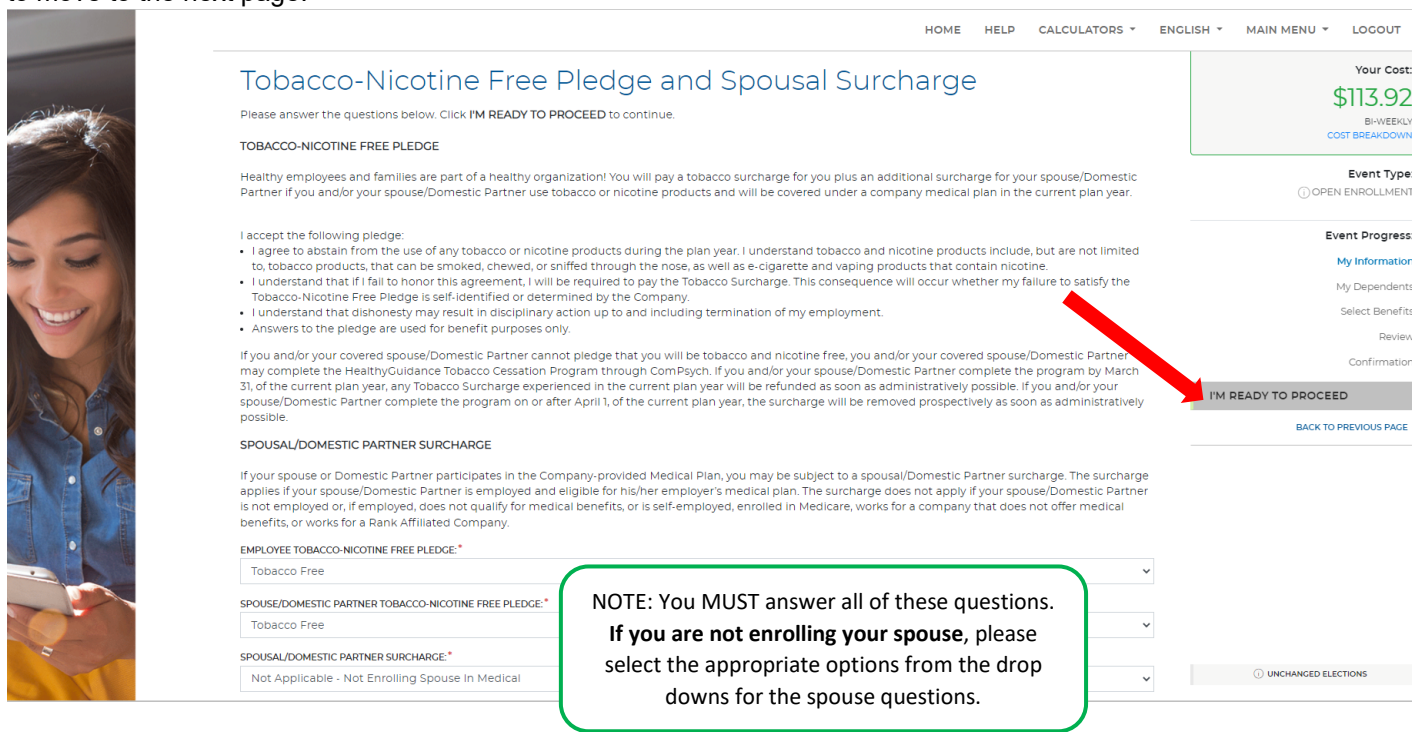
Event Progress:
My Information
My Dependents
Select Benefits
Review
Confirmation

I'M DONE REVIEWING MY INFORMATION

GO BACK TO MY DASHBOARD

UNCHANGED ELECTIONS

- Review your **Tobacco-Nicotine Free Pledge** and **Spousal/Domestic Partner Surcharge** elections. *Read each section carefully and answer the questions that follow honestly.* Once you are finished click “I’m ready to proceed” to move to the next page:



Tobacco-Nicotine Free Pledge and Spousal Surcharge

Please answer the questions below. Click **I'M READY TO PROCEED** to continue.

TOBACCO-NICOTINE FREE PLEDGE

Healthy employees and families are part of a healthy organization! You will pay a tobacco surcharge for you plus an additional surcharge for your spouse/Domestic Partner if you and/or your spouse/Domestic Partner use tobacco or nicotine products and will be covered under a company medical plan in the current plan year.

I accept the following pledge:

- I agree to abstain from the use of any tobacco or nicotine products during the plan year. I understand tobacco and nicotine products include, but are not limited to, tobacco products, that can be smoked, chewed, or sniffed through the nose, as well as e-cigarette and vaping products that contain nicotine.
- I understand that if I fail to honor this agreement, I will be required to pay the Tobacco Surcharge. This consequence will occur whether my failure to satisfy the Tobacco-Nicotine Free Pledge is self-identified or determined by the Company.
- I understand that dishonesty may result in disciplinary action up to and including termination of my employment.
- Answers to the pledge are used for benefit purposes only.

If you and/or your covered spouse/Domestic Partner cannot pledge that you will be tobacco and nicotine free, you and/or your covered spouse/Domestic Partner may complete the HealthyGuidance Tobacco Cessation Program through ComPsych. If you and/or your spouse/Domestic Partner complete the program by March 31, of the current plan year, any Tobacco Surcharge experienced in the current plan year will be refunded as soon as administratively possible. If you and/or your spouse/Domestic Partner complete the program on or after April 1, of the current plan year, the surcharge will be removed prospectively as soon as administratively possible.

SPOUSAL/DOMESTIC PARTNER SURCHARGE

If your spouse or Domestic Partner participates in the Company-provided Medical Plan, you may be subject to a spousal/Domestic Partner surcharge. The surcharge applies if your spouse/Domestic Partner is employed and eligible for his/her employer's medical plan. The surcharge does not apply if your spouse/Domestic Partner is not employed or, if employed, does not qualify for medical benefits, or is self-employed, enrolled in Medicare, works for a company that does not offer medical benefits, or works for a Rank Affiliated Company.

EMPLOYEE TOBACCO-NICOTINE FREE PLEDGE:*

Tobacco Free

SPOUSE/DOMESTIC PARTNER TOBACCO-NICOTINE FREE PLEDGE:*

Tobacco Free

SPOUSAL/DOMESTIC PARTNER SURCHARGE:*

Not Applicable - Not Enrolling Spouse In Medical

NOTE: You MUST answer all of these questions. If you are not enrolling your spouse, please select the appropriate options from the drop downs for the spouse questions.

I'M READY TO PROCEED

BACK TO PREVIOUS PAGE

Your Cost:
\$113.92
BI-WEEKLY
COST BREAKDOWN

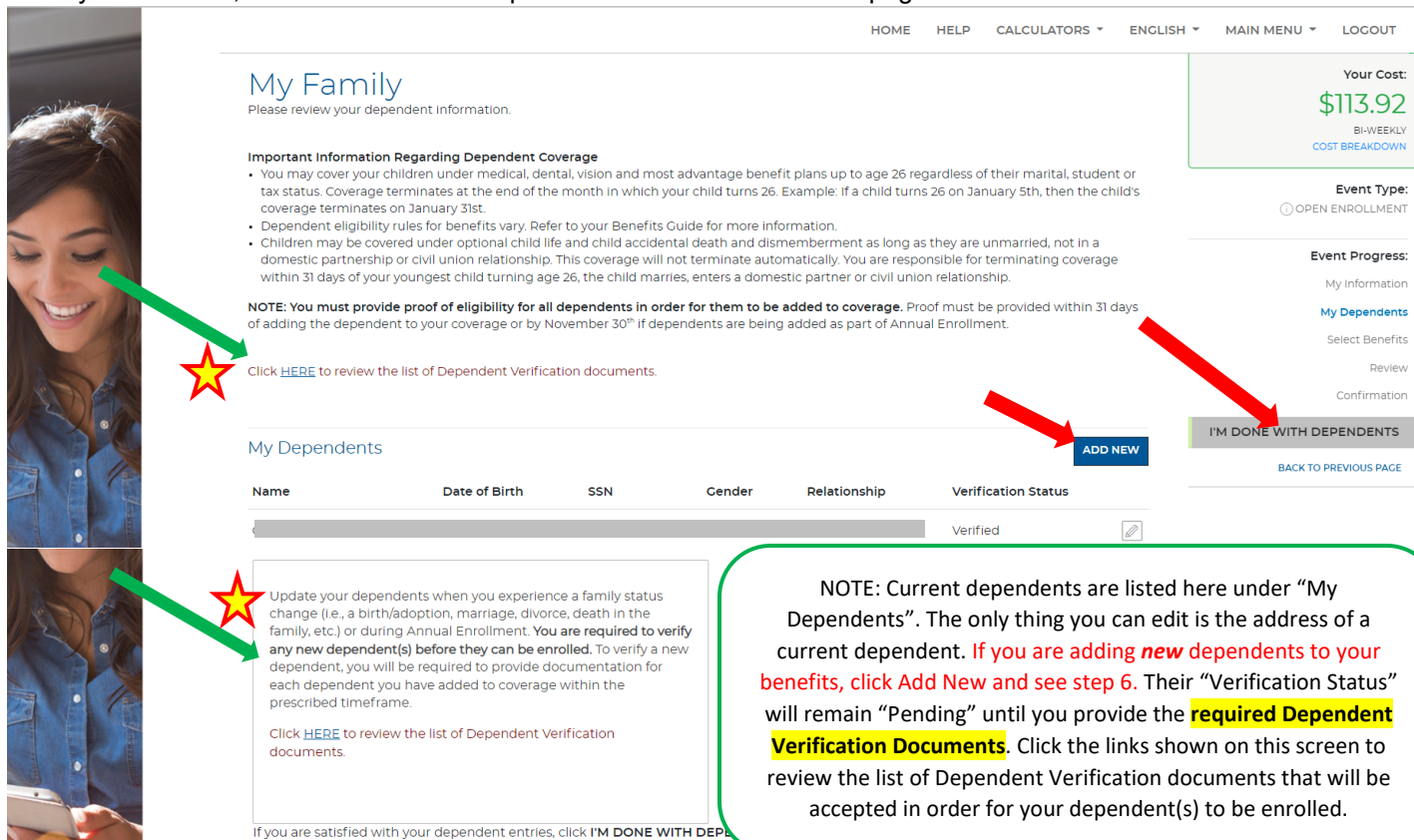
Event Type:
OPEN ENROLLMENT

Event Progress:
My Information
My Dependents
Select Benefits
Review
Confirmation

UNCHANGED ELECTIONS

Enrollment Guide for the Graham Benefits Portal

5. Review all of your dependent information. **This is NOT the page where you will remove your dependent(s) from coverage if that is what you intend to do.** This page is only for you to ensure their information is correct, or if you need to add a dependent (see step 6) not currently listed, so you can then add them to your benefits. Once you are done, click "I'm done with dependents" to move to the next page:



My Family
Please review your dependent information.

Important Information Regarding Dependent Coverage

- You may cover your children under medical, dental, vision and most advantage benefit plans up to age 26 regardless of their marital, student or tax status. Coverage terminates at the end of the month in which your child turns 26. Example: If a child turns 26 on January 5th, then the child's coverage terminates on January 31st.
- Dependent eligibility rules for benefits vary. Refer to your Benefits Guide for more information.
- Children may be covered under optional child life and child accidental death and dismemberment as long as they are unmarried, not in a domestic partnership or civil union relationship. This coverage will not terminate automatically. You are responsible for terminating coverage within 31 days of your youngest child turning age 26, the child marries, enters a domestic partner or civil union relationship.

NOTE: You must provide proof of eligibility for all dependents in order for them to be added to coverage. Proof must be provided within 31 days of adding the dependent to your coverage or by November 30th if dependents are being added as part of Annual Enrollment.

Click [HERE](#) to review the list of Dependent Verification documents.

My Dependents

Name	Date of Birth	SSN	Gender	Relationship	Verification Status
					Verified

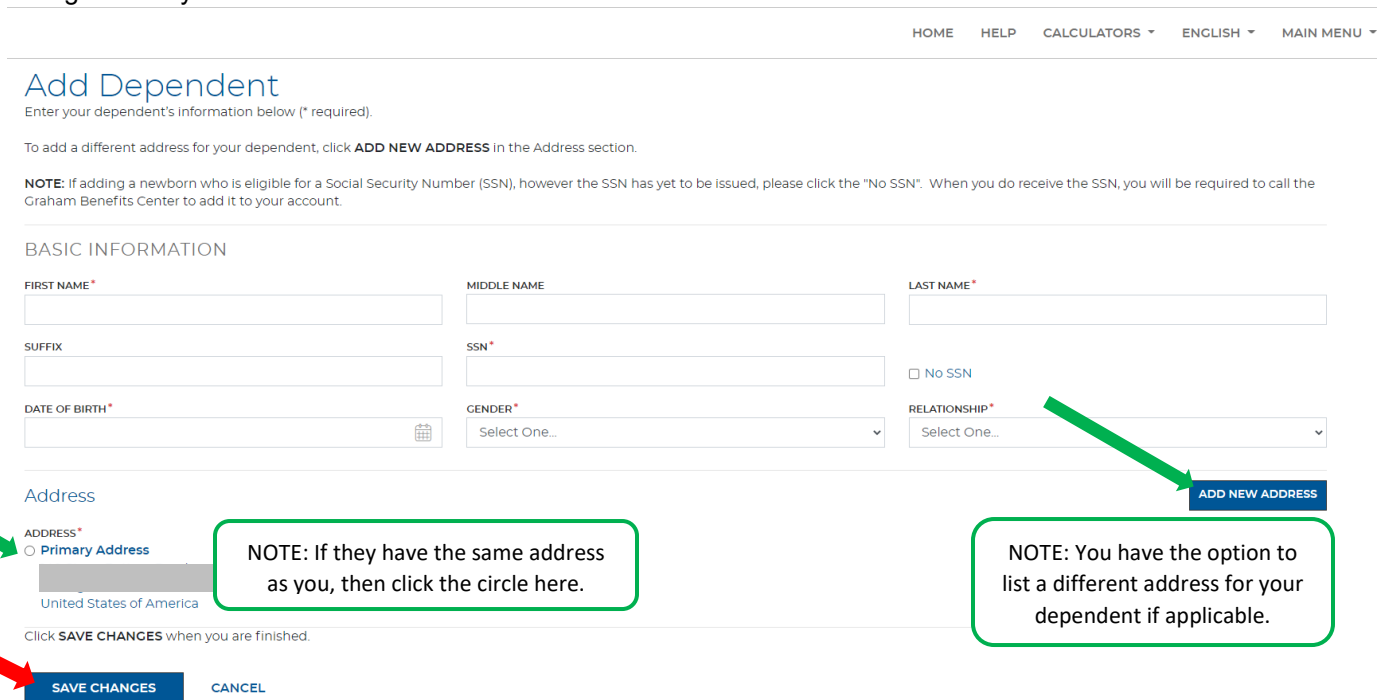
ADD NEW

I'M DONE WITH DEPENDENTS

[BACK TO PREVIOUS PAGE](#)

NOTE: Current dependents are listed here under "My Dependents". The only thing you can edit is the address of a current dependent. **If you are adding new dependents to your benefits, click Add New and see step 6.** Their "Verification Status" will remain "Pending" until you provide the **required Dependent Verification Documents**. Click the links shown on this screen to review the list of Dependent Verification documents that will be accepted in order for your dependent(s) to be enrolled.

6. If you need to add a new dependent, see below. All fields with a red asterisks (*) is a required field. Save all changes once you are done.



Add Dependent
Enter your dependent's information below (* required).

To add a different address for your dependent, click **ADD NEW ADDRESS** in the Address section.

NOTE: If adding a newborn who is eligible for a Social Security Number (SSN), however the SSN has yet to be issued, please click the "No SSN". When you do receive the SSN, you will be required to call the Graham Benefits Center to add it to your account.

BASIC INFORMATION

FIRST NAME*
MIDDLE NAME
LAST NAME*

SUFFIX
SSN*
☐ No SSN

DATE OF BIRTH*
GENDER*
Select One...

RELATIONSHIP*
Select One...

Address

ADDRESS*
☐ Primary Address
United States of America

NOTE: If they have the same address as you, then click the circle here.

NOTE: You have the option to list a different address for your dependent if applicable.

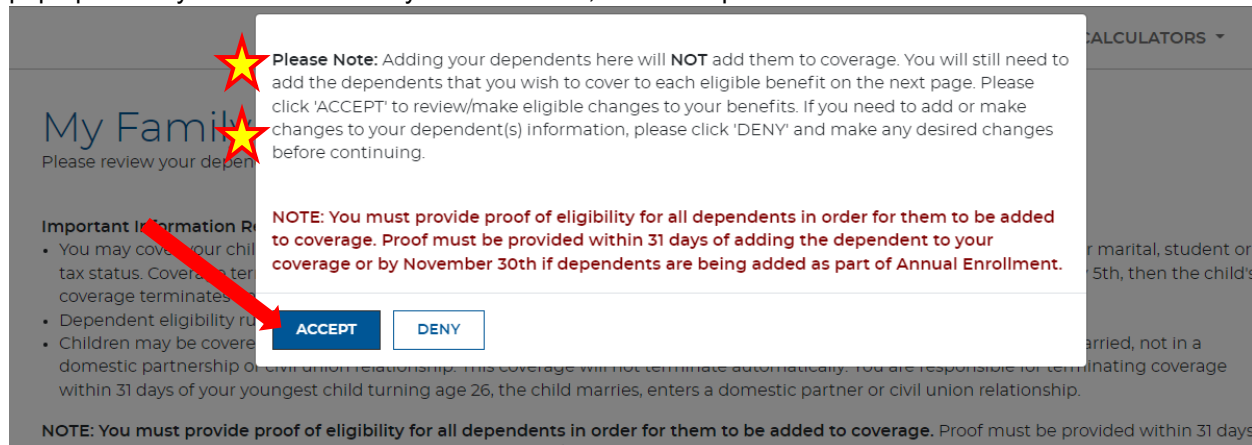
ADD NEW ADDRESS

Click **SAVE CHANGES** when you are finished.

SAVE CHANGES **CANCEL**

Enrollment Guide for the Graham Benefits Portal

7. **STOP & READ!!** Once you click “I’m done with dependents” from step 5 above, you will see the below pop up. Once you have read and you understand, click Accept.



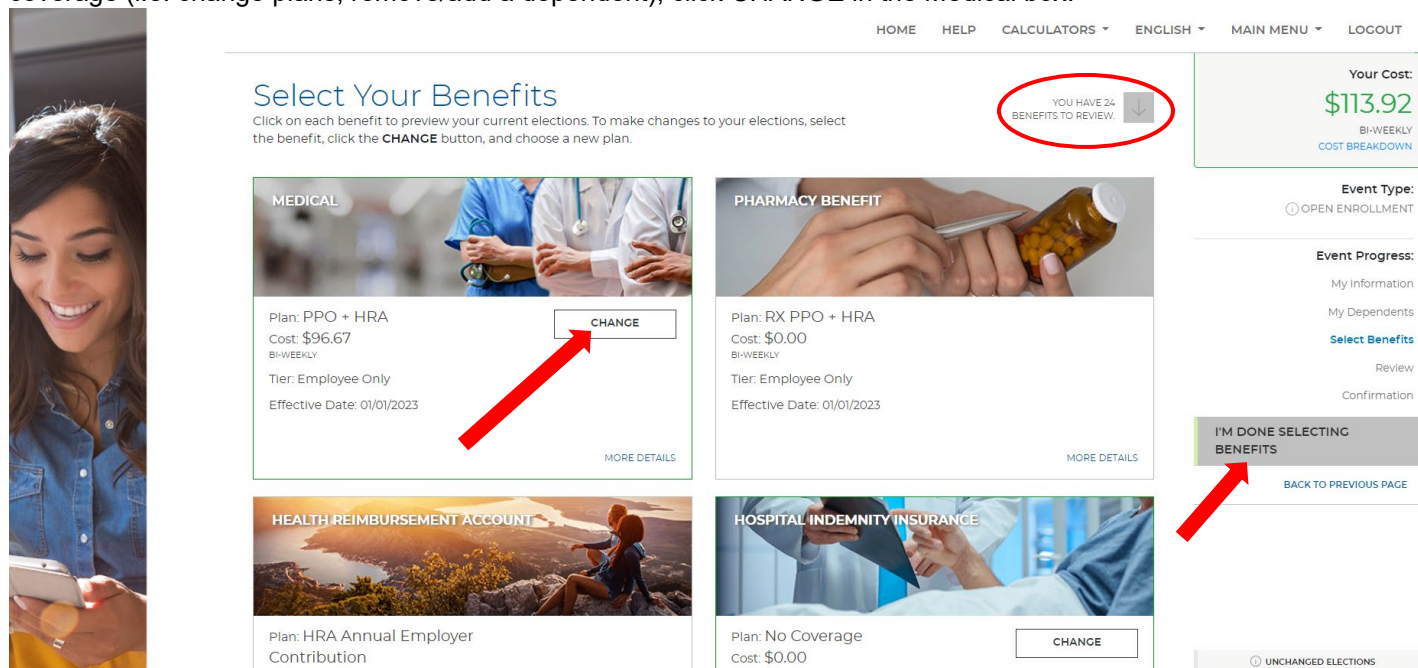
Please Note: Adding your dependents here will **NOT** add them to coverage. You will still need to add the dependents that you wish to cover to each eligible benefit on the next page. Please click 'ACCEPT' to review/make eligible changes to your benefits. If you need to add or make changes to your dependent(s) information, please click 'DENY' and make any desired changes before continuing.

NOTE: You must provide proof of eligibility for all dependents in order for them to be added to coverage. Proof must be provided within 31 days of adding the dependent to your coverage or by November 30th if dependents are being added as part of Annual Enrollment.

ACCEPT **DENY**

NOTE: You must provide proof of eligibility for all dependents in order for them to be added to coverage. Proof must be provided within 31 days of adding the dependent to your coverage or by November 30th if dependents are being added as part of Annual Enrollment.

8. This next screen is where you will view all of your current benefit options AND add any dependents to your coverage. From this screen, you will click “CHANGE” for the benefits you wish to make a change to for the new plan year such as adding or dropping a dependent. For example, if you need to make a change to your medical coverage (i.e. change plans, remove/add a dependent), click CHANGE in the Medical box:



Select Your Benefits
Click on each benefit to preview your current elections. To make changes to your elections, select the benefit, click the **CHANGE** button, and choose a new plan.

Medical
Plan: PPO + HRA
Cost: \$96.67
BI-WEEKLY
Tier: Employee Only
Effective Date: 01/01/2023
CHANGE
MORE DETAILS

Pharmacy Benefit
Plan: RX PPO + HRA
Cost: \$0.00
BI-WEEKLY
Tier: Employee Only
Effective Date: 01/01/2023
CHANGE
MORE DETAILS

Health Reimbursement Account
Plan: HRA Annual Employer Contribution
Cost: \$0.00
BI-WEEKLY
CHANGE
MORE DETAILS

Hospital Indemnity Insurance
Plan: No Coverage
Cost: \$0.00
BI-WEEKLY
CHANGE
MORE DETAILS

YOUR COST: \$113.92
BI-WEEKLY
COST BREAKDOWN

Event Type:
① OPEN ENROLLMENT

Event Progress:
My Information
My Dependents
Select Benefits
Review
Confirmation

I'M DONE SELECTING BENEFITS
BACK TO PREVIOUS PAGE

① UNCHANGED ELECTIONS

Once you are done reviewing **ALL** of your elections/changes made, click “I’m done selecting benefits”.

Enrollment Guide for the Graham Benefits Portal

9. On the next screen you will see (1) your dependents and (2) all of your medical plan options.
 - a. (1) **First review if you wish to remove or add a dependent.** You will do this by checking or unchecking the box in section 1. If you missed adding a dependent in step 5/6 above you can do this here by clicking “Add Dependent”. *Note, dependents and coverage for that dependent will remain “Pending” until you provide the required dependent verification documents for that dependent to be approved and officially enrolled.*
 - b. (2) Next, your current plan option will show. This is where you will either remain in that same plan or move to another plan if you wish to do so. If you wish to change plans, “Select” the plan you wish to move to.
 - c. (3) Lastly, click “I’m done with my selection” at the bottom of the screen once you confirm the correct dependents are selected and your plan is selected.

Menu

Select Your Medical Plan

Your Medical Plan determines your in-network and out-of-network health care providers, facilities, and costs for annual check-ups, office visits, urgent care services, emergency room visits, surgeries and procedures, hospital stays, and more. Note: You may only change your medical plan for certain qualified life events.

1. Select who you want to cover for your Medical

Choose the dependent(s) that will be covered by this plan, and then click **I'M DONE WITH MY SELECTION**.

☒  ☐

☒ ☐

☒ ☐

DOB: 05/06/1992

DOB: 07/02/1990
Verified

DOB: 07/01/2019
Pending

UNSELECT ALL

ADD DEPENDENTS

2. Review and select your plan

Your Current Benefit Plan: PPO + HRA, Employee Only

PPO

TIER: EMPLOYEE + FAMILY

\$

Bi-Weekly

SELECT

CURRENT

PPO + HRA

TIER: EMPLOYEE + FAMILY

\$

Bi-Weekly

YOUR SELECTION

PPO + HSA

TIER: EMPLOYEE + FAMILY

\$

Bi-Weekly

SELECT

No Coverage

Select This Option To Waive Coverage.

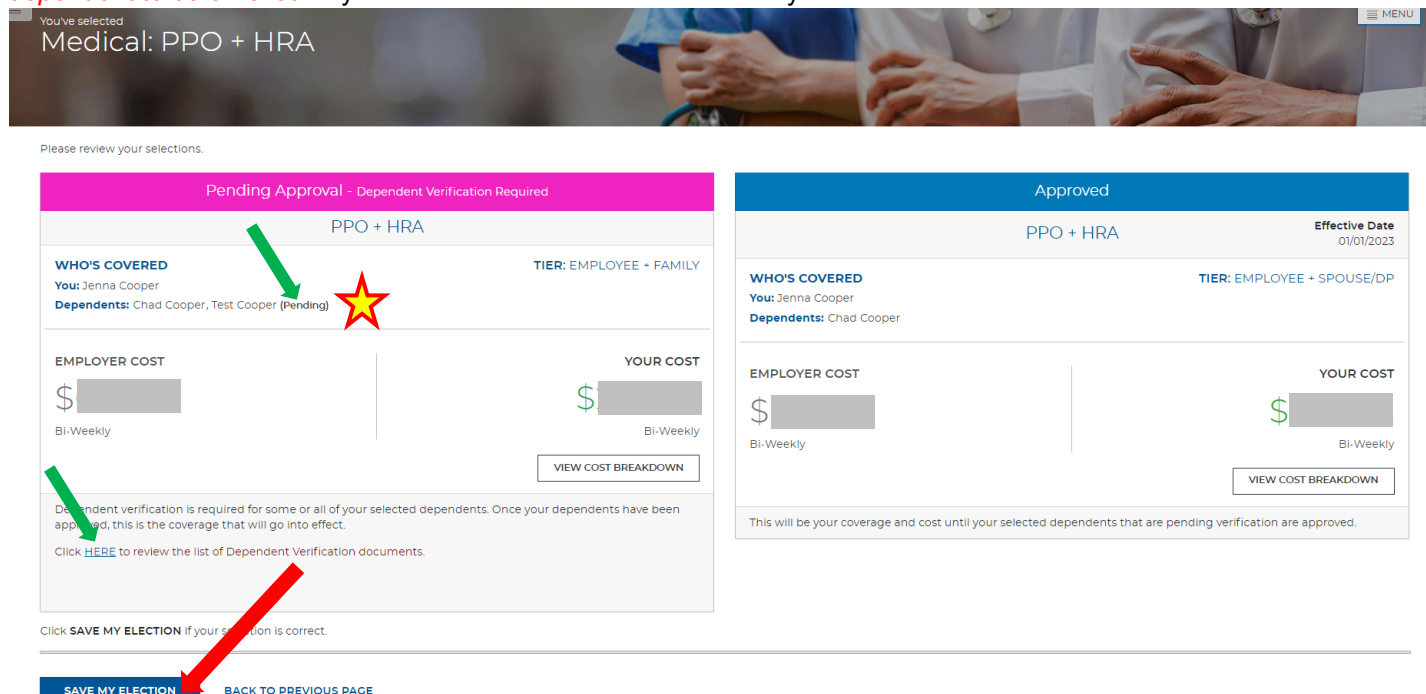
SELECT

I'M DONE WITH MY SELECTION

BACK TO PREVIOUS PAGE

Enrollment Guide for the Graham Benefits Portal

10. The next page will show you the changes you made and if anything is in a pending status. Something might be pending because you are required to provide **dependent verification documentation** or an Evidence of Insurability (EOI) is required (for life insurance and/or disability changes). *If you added any new dependent during this process, you will see your current Approved coverage and the coverage that is Pending Approval and/or Pending Dependents. You can click the "HERE" link to view what documents are required in order for you dependent to be enrolled.* If your selection is correct click "Save my election" to move forward:



Please review your selections.

Pending Approval - Dependent Verification Required

PPO + HRA

WHO'S COVERED
You: Jenna Cooper
Dependents: Chad Cooper, Test Cooper (Pending)

TIER: EMPLOYEE + FAMILY

EMPLOYER COST
\$0.00
Bi-Weekly

YOUR COST
\$0.00
Bi-Weekly

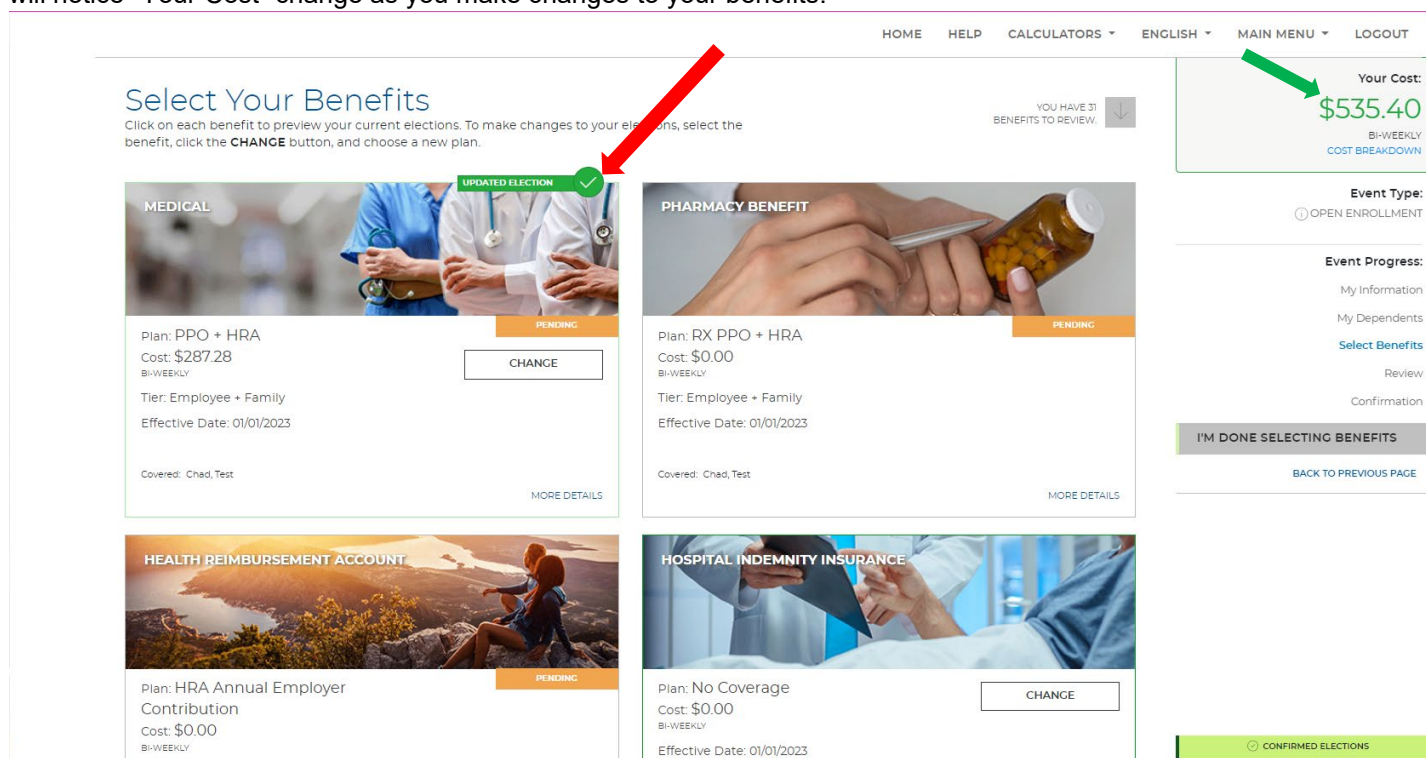
[VIEW COST BREAKDOWN](#)

Dependent verification is required for some or all of your selected dependents. Once your dependents have been approved, this is the coverage that will go into effect.
Click [HERE](#) to review the list of Dependent Verification documents.

Click **SAVE MY ELECTION** if your selection is correct.

SAVE MY ELECTION [BACK TO PREVIOUS PAGE](#)

11. Each time you make a change, it will be noted back on the main screen that shows all of your benefit options. You will notice "Your Cost" change as you make changes to your benefits:



HOME HELP CALCULATORS ENGLISH MAIN MENU LOGOUT

Select Your Benefits
Click on each benefit to preview your current elections. To make changes to your elections, select the benefit, click the **CHANGE** button, and choose a new plan.

YOU HAVE 31 BENEFITS TO REVIEW.

Medical **UPDATED ELECTION** 

Plan: PPO + HRA
Cost: \$287.28
Bi-Weekly
Tier: Employee + Family
Effective Date: 01/01/2023
Covered: Chad, Test
[CHANGE](#) [MORE DETAILS](#)

Pharmacy Benefit

Plan: RX PPO + HRA
Cost: \$0.00
Bi-Weekly
Tier: Employee + Family
Effective Date: 01/01/2023
Covered: Chad, Test
[CHANGE](#) [MORE DETAILS](#)

Health Reimbursement Account

Plan: HRA Annual Employer Contribution
Cost: \$0.00
Bi-Weekly
[CHANGE](#)

Hospital Indemnity Insurance

Plan: No Coverage
Cost: \$0.00
Bi-Weekly
Effective Date: 01/01/2023
[CHANGE](#)

Your Cost: \$535.40
Bi-Weekly
[COST BREAKDOWN](#)

Event Type:
① OPEN ENROLLMENT

Event Progress:
My Information
My Dependents
[Select Benefits](#)
Review
Confirmation

I'M DONE SELECTING BENEFITS
[BACK TO PREVIOUS PAGE](#)

CONFIRMED ELECTIONS

Enrollment Guide for the Graham Benefits Portal

12. After you go through all of your benefits that you wish to make a change to, click “I’m done selecting my benefits” on the right side of the page:

Event Type:
① OPEN ENROLLMENT

Event Progress:

- My Information
- My Dependents
- Select Benefits
- Review
- Confirmation

I'M DONE SELECTING BENEFITS

[BACK TO PREVIOUS PAGE](#)

② UNCONFIRMED ELECTIONS

13. On the next page you will verify all of your beneficiary elections. All beneficiary names are listed at the very top under “My Beneficiaries”. If you need to add a new beneficiary name to this list, this is where you will add them before moving on to selecting their allocations. Click “Add New Beneficiary” if you need to do this.

HOME HELP CALCULATORS ▾ ENGLISH ▾ MAIN MENU ▾ LOGOUT

Review Beneficiary Allocation

Please review your beneficiary information. Ensure the people that are most important to you are made your beneficiaries to be provided with the coverage they need.

My Beneficiaries

Beneficiaries can be one or more individuals or organizations, such as a charity or trust. It is important to update your beneficiary designations whenever you experience a family status change.

Name	Date of Birth	SSN/EID/TIN	Type	Relationship
				Parent  
				Parent  
				Spouse  
				Child  

[ADD NEW BENEFICIARY](#)

My Allocations

BASIC LIFE [CHANGE ALLOCATION](#)

Name	Type	Percentage
	Primary	100%
	Secondary	100%

OPTIONAL EMPLOYEE LIFE [CHANGE ALLOCATION](#)

Name	Type	Percentage

Your Cost:
\$535.40
BI-WEEKLY
COST BREAKDOWN

Event Type:
① OPEN ENROLLMENT

Event Progress:

- My Information
- My Dependents
- Select Benefits
- Review**
- Confirmation

I'M DONE WITH BENEFICIARIES

[BACK TO PREVIOUS PAGE](#)

③ CONFIRMED ELECTIONS

Enrollment Guide for the Graham Benefits Portal

Adding a New Beneficiary:

[HOME](#) [HELP](#) [CALCULATOR:](#)

Add Beneficiary

Fill in the Beneficiary fields (*required). Tax Identifier is the SSN.

NOTE: Enter as much information as you can for your beneficiary, but the fields with a red asterisks (*) is required. If you don't have the other info now that is OK but we recommend gathering it and then you can come back at any time to update this information.

Basic Information

TYPE Person	NAME* 	TAX IDENTIFIER
RELATIONSHIP* Select One...	DATE OF BIRTH 	GENDER Select One...
TELEPHONE 		

Address

ADDRESS 1 	ADDRESS 2 	ADDRESS 3
CITY 	COUNTRY Select One...	STATE/PROVINCE Select One...
ZIP/POSTAL CODE 	COUNTY 	

Click **Save Changes** when you are finished.

SAVE CHANGES

[CANCEL](#)

14. Once you are done reviewing your beneficiary elections click "I'm done with beneficiaries":

Event Type:

[OPEN ENROLLMENT](#)

Event Progress:

[My Information](#)

[My Dependents](#)

[Select Benefits](#)

[Review](#)

[Confirmation](#)

I'M DONE WITH BENEFICIARIES

[BACK TO PREVIOUS PAGE](#)

Enrollment Guide for the Graham Benefits Portal

15. On the Verification page, you will see if you are required to complete an EOI or dependent verification documentation is required.
- (1) For elections that require you to complete an Evidence of Insurability, click the link under the column "Complete EOI" and that will bring you to a new page to complete this.
 - (2) For any dependents you are required to submit documentation for, you can load them now by clicking Upload Documentation (see next step for screen shot). If you don't load them now, you will need to log back in to load them by the deadline of November 30th.
 - (3) Once you are finished reviewing, click "I'm ready to finalize my elections":

HOME
HELP
CALCULATORS
ENGLISH
MAIN MENU
LOGOUT

Verification

At this time, we will review the requirements of your elections to ensure no additional action is needed on your part.

You are required to provide documentation of your newly added dependents within 31 days of his/her benefit eligibility date or by November 30th if being added as part of Annual Enrollment.

A list of acceptable dependent verification documents is available [HERE](#).

You may also call us at 1-877-878-9898 from 8:00 AM to 5:00 PM CT, Monday through Friday to review the required documents.

If there are no issues, click **I'M READY TO FINALIZE MY ELECTIONS** to confirm your elections.

Your Cost:

\$535.40

BI-WEEKLY
COST BREAKDOWN

Event Type:

OPEN ENROLLMENT

Event Progress:

My Information

My Dependents

Select Benefits

[Review](#)

Confirmation

Election Validation

These Elections Require Evidence of Insurability

Benefit	Plan	Elected Amount	Approved Amount	Complete EOI
Optional Employee Life	2 X Salary		\$0.00	Voya EOI
Spouse/DP Life	Coverage		\$0.00	Voya EOI
Employee Group Universal Life Insurance	1 X Annual Base Pay		\$0.00	Prudential EOI
Long-Term Disability				Cigna EOI

Dependent Verification

These Elections Require Dependent Verification

[UPLOAD DOCUMENTATION](#)

Benefit	Plan	Dependent	Relationship
Medical	PPO + HRA		Child
Pharmacy Benefit	RX PPO + HRA		Child
Health Reimbursement Account	HRA Annual Employer Contribution		Child
Dental	Delta Dental		Child

I'M READY TO FINALIZE MY ELECTIONS

[BACK TO PREVIOUS PAGE](#)

Enrollment Guide for the Graham Benefits Portal

16. If you are able to load documentation now, you will click Upload Documentation and load the documents here for each dependent with a verification status of "Pending". Once you do this, click Close Window.

Dependent Documentation

You are required to provide documentation of your newly added dependents within 31 days of his/her benefit eligibility date or by November 30th if being added as part of Annual Enrollment.

A list of acceptable dependent verification documents is available [HERE](#).

You may also call us at 1-877-878-9898 from 8:00 AM to 5:00 PM CT, Monday through Friday to review the required documents.

DEPENDENT VERIFICATION STATUS

Name	Date of Birth	Relationship	Verification Status
[REDACTED]	[REDACTED]	Spouse	Verified
[REDACTED]	[REDACTED]	Child	Pending

 **UPLOAD DOCUMENTATION**

RECEIVED DOCUMENTATION

We have not received any dependent verification documentation.

CLOSE WINDOW

17. On this next page, review all of the elections you made that will take effect January 1st. It will show you all benefits that are pending due to either requiring an EOI or dependent verification document. Once you review your elections and everything looks good, click "Submit my elections":

HOME
HELP
CALCULATORS
ENGLISH
MAIN MENU
LOGOUT

Review Elections

Please take a moment to review all of your benefit selections to ensure they are correct. Click the **EDIT PENCIL** next to any benefit that you wish to change. If you have no further edits, click the **SUBMIT MY ELECTIONS** button.

Your Cost:
\$535.40
BI-WEEKLY COST BREAKDOWN

Event Type:
OPEN ENROLLMENT

Your Benefit Selections

YOU HAVE BENEFITS PENDING APPROVAL

Medical PPO + HRA Effective 01/01/2023 Tier: Employee + Spouse/DP VIEW PENDING APPROVAL	
DEPENDENTS COVERED 07/02/1990 COST BREAKDOWN EMPLOYER COST: \$477.49 PRE-TAX COST: \$203.02	Bi-Weekly Cost
Pharmacy Benefit RX PPO + HRA Effective 01/01/2023 Tier: Employee + Spouse/DP VIEW PENDING APPROVAL	
DEPENDENTS COVERED 07/02/1990	\$0.00 Bi-Weekly Cost
Health Reimbursement Account HRA Annual Employer Contribution Effective 01/01/2023 Tier: Employee + Spouse/DP VIEW PENDING APPROVAL	
DEPENDENTS COVERED 07/02/1990 COST BREAKDOWN	\$0.00 Bi-Weekly Cost

SUBMIT MY ELECTIONS
BACK TO PREVIOUS PAGE

Enrollment Guide for the Graham Benefits Portal

Your Benefit Selections Pending Approval

 PENDING APPROVAL

Additional verification is required for the following election(s). You will have the coverage displayed above until you have been approved, at which time the coverage shown in this Pending Approval section will go into effect.

Medical – PPO + HRA – Tier: Employee + Family

DEPENDENTS COVERED

 07/02/1990

Test Cooper – Child – 07/01/2019

COST BREAKDOWN

EMPLOYER COST: \$675.66

Pre-tax Cost: \$287.28

Bi-Weekly Cost

Pharmacy Benefit – RX PPO + HRA – Tier: Employee + Family

DEPENDENTS COVERED

 07/02/1990

Test Cooper – Child – 07/01/2019

\$0.00

Bi-Weekly Cost

Health Reimbursement Account – HRA Annual Employer Contribution – Tier: Employee + Family

DEPENDENTS COVERED

 07/02/1990

Test Cooper – Child – 07/01/2019

\$0.00

Bi-Weekly Cost

COST BREAKDOWN

Dental – Delta Dental – Tier: Employee + Family

18. Read the below information carefully and click Accept or Deny. If you click Deny, your elections will not be submitted.

By submitting my benefit elections, I certify that the information provided, including social security numbers, dates of birth, dependents claimed as spouse, domestic partner, dependent child(ren) and/or step-child(ren) is complete and truthful. I further understand that providing false information may subject me to a denial of employee benefits and/or disciplinary action up to and including termination of employment. I understand that my elections cannot be revoked or modified during the year unless I experience a qualified life event. I authorize Graham Packaging to reduce my salary, by pre-tax and after-tax deductions for my elected benefits. I understand that while on any unpaid status, I am responsible for paying my benefit premiums. If I fail to pay premiums as required, my benefits may be cancelled and I will be responsible for any paid claims. When I return to a paid status, I may be responsible for premium arrears which may be withheld on a pre-tax or after-tax basis. I give permission to the health plan I select to obtain and/or examine my medical records (and/or those of my dependent(s)) from any health care practitioner or institution in which care is provided while a member, to the extent permitted by law; and I understand the benefits and agree to the provisions as described in the Plan document including Subrogation.

Click **Accept** to confirm your elections.

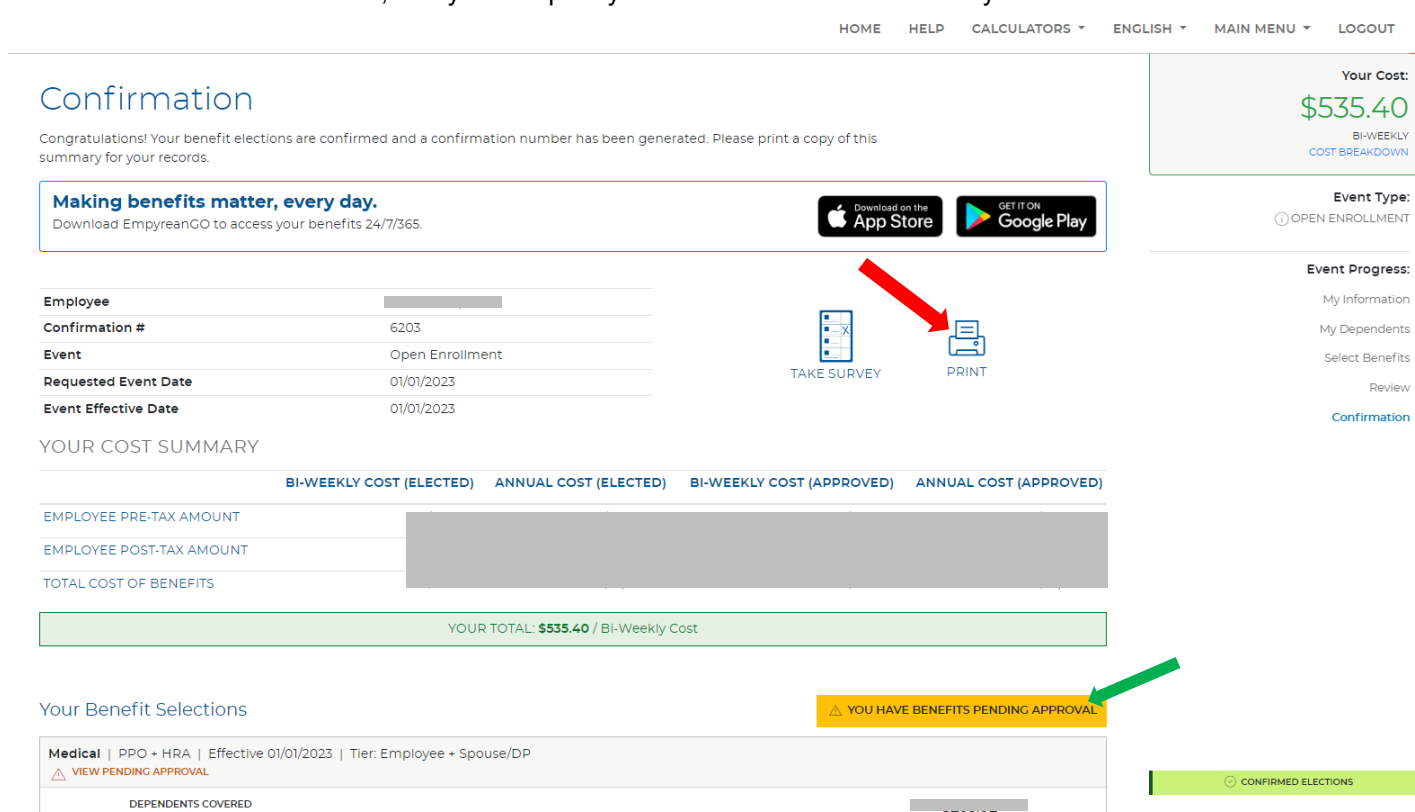
Click **Deny** to return and modify your benefits.

ACCEPT

DENY

Enrollment Guide for the Graham Benefits Portal

19. Your elections will be confirmed, and you can print your confirmation statement for your records.



Confirmation

Congratulations! Your benefit elections are confirmed and a confirmation number has been generated. Please print a copy of this summary for your records.

Making benefits matter, every day.
Download EmpryanGO to access your benefits 24/7/365.

Download on the App Store | GET IT ON Google Play

Employee [REDACTED]
Confirmation # 6203
Event Open Enrollment
Requested Event Date 01/01/2023
Event Effective Date 01/01/2023

TAKE SURVEY **PRINT**

YOUR COST SUMMARY

	BI-WEEKLY COST (ELECTED)	ANNUAL COST (ELECTED)	BI-WEEKLY COST (APPROVED)	ANNUAL COST (APPROVED)
EMPLOYEE PRE-TAX AMOUNT				
EMPLOYEE POST-TAX AMOUNT				
TOTAL COST OF BENEFITS				

YOUR TOTAL: \$535.40 / Bi-Weekly Cost

Your Benefit Selections

Medical | PPO + HRA | Effective 01/01/2023 | Tier: Employee + Spouse/DP
 ⚠️ [VIEW PENDING APPROVAL](#)

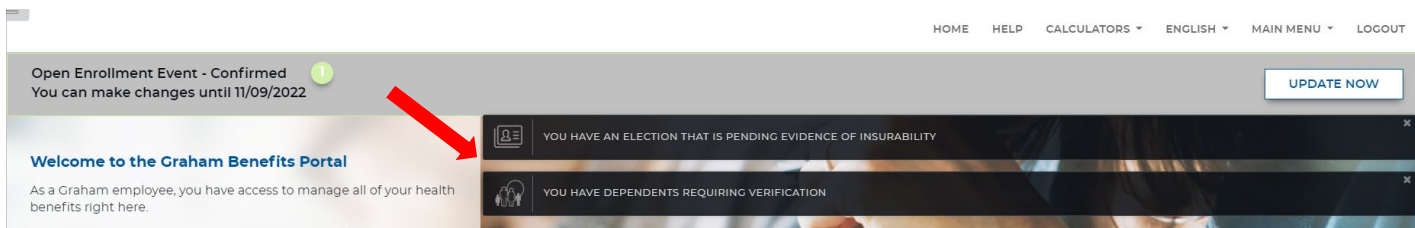
DEPENDENTS COVERED [REDACTED]

Event Type: ① OPEN ENROLLMENT

Event Progress:
 My Information
 My Dependents
 Select Benefits
 Review
Confirmation

CONFIRMED ELECTIONS

20. During Open Enrollment you will be able to update any changes you made during the OE time period by clicking the links below at the top of your home page. Once OE has closed, you will no longer be able to make changes but you will still be able to load the required dependent verification documents through November 30th.



Open Enrollment Event - Confirmed
 You can make changes until 11/09/2022

UPDATE NOW

Welcome to the Graham Benefits Portal
 As a Graham employee, you have access to manage all of your health benefits right here.

YOU HAVE AN ELECTION THAT IS PENDING EVIDENCE OF INSURABILITY

YOU HAVE DEPENDENTS REQUIRING VERIFICATION