

Show Me How

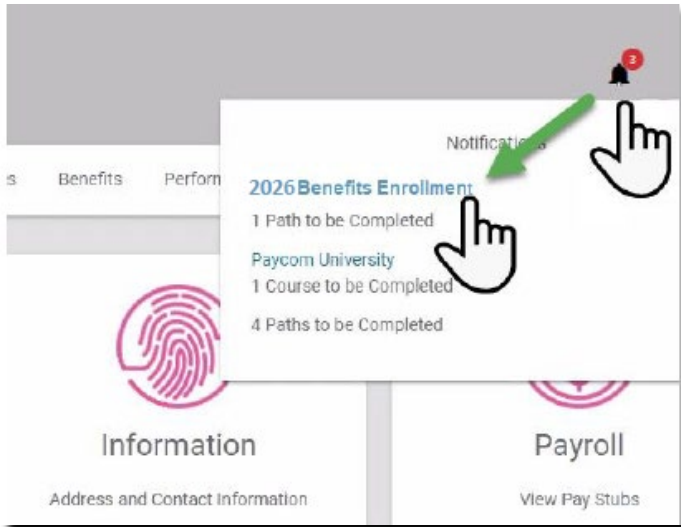
to Enroll in Benefits

Open Enrollment: 2026 Benefits Enrollment

Using a computer is recommended when enrolling or making benefit changes



Begin 2026 Benefits Enrollment



Welcome to Open Enrollment



Complete & Verify Information

Employee Name
Your Name

Birth Date
Your Birth Date

Tobacco User
☐ Yes
☒ No

Primary Phone
Your Primary Phone

Street Address
Your Address

City
Your City

State
Your State

Zip
Your Zip

Personal Email
Your Personal Email



Answer Pre-Enrollment Question

Pre-Enrollment Questions

Are you a tobacco user?

☐ Yes ☒ No

Do you want to re-enroll in the same benefits you did last year?

☐ Yes ☒ No

If yes, click Save and Next then Finalize & move to Step 9



Update Dependents & Beneficiaries

Dependents and Beneficiaries

Please Note:

- You must add in order to select dependents for all offered plans
- Only dependent family members can be added
- Each Full-Time employee must add at least one dependent

As you proceed to select your benefits, the Coverage Information for family members designated under "Dependents to be Covered" will modify the available coverage options.



Selecting Medical Plan

Medical

Plans

☐ Decline All Medical Options

Dependents to Cover on F

Smith, John x Smith, Patty x

Remove Dependents by clicking "x" above if Employee only Medical



Make Enrollment Selections

Medical Plan 1

NFSQI provides comprehensive medical and prescription coverage for you and your eligible dependents. Our self-insured coverage means that Newcomer is the insurance company and coverage is administered by UMR under the UnitedHealthCare Choice Plus network. A complete per pay period cost breakdown can be viewed in the Full-Time Benefit Guide located within the Plan Documents. An abridged prescription formulary is available as well.

\$113.41 PER PAY PERIOD Employee Only

Plan Details Enroll

Medical Plan 2

\$83.11 PER PAY PERIOD Employee Only

Plan Details Enroll



Repeat Process for each Elected Plan

Medical \$83.11 ✓

FSA Medical

FSA Dependent Care

Dental Plan

Vision Plan

Long Term Disability

Short Term Disability

Basic Life and AD&D \$0.00 ✓

Employee Voluntary Life

Accident

Employee Critical Illness (Children included)

Legal

Pet Insurance

✓ = Enrolled
X = Declined



Sign and Finalize

Sign and Finalize

Press Sign and Submit to complete your enrollment. Once completed, you will receive an Enrollment Confirmation email.

Draw Type X Clear



Sign and Finalize