

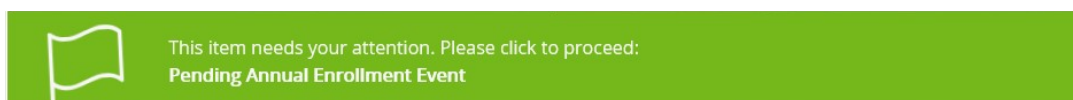


Instructions for Online Enrollment

Below are instructions on how to complete your 2018 Annual Enrollment online using the new K-C Benefit Compass site from Empyrean. You can access the K-C Benefit Compass site three ways:

1. From the “**Enroll Now**” button on mykcbenefits.com,
2. By selecting the **Health & Welfare** button on the [@myHR](https://twitter.com/myHR) homepage, or
3. By going directly to kcbenefitcompass.com.

After logging in, begin the enrollment process by clicking on the **green notification bar** on your home screen:



If you need help at any time during your online enrollment or if you prefer to enroll by phone, call the K-C Benefits Information Line at **800-551-2333** and choose the Annual Enrollment option. Empyrean representatives are available Monday through Friday, 9 a.m. to 5 p.m. ET.

What You'll See

What You'll Need to Do

Kimberly-Clark

Welcome, Kelly Hudson

Annual Enrollment - \$102.67 Semi-Monthly

STEP 1 OF 7

My Information

If your personal information such as Date of Birth, Gender, or SSN is incorrect, please send your change via AskHR on the @myHR portal. Other changes such as name change, address change or a phone number change can be made easily by going to Workday on the @myHR portal.

My Information	
SSN	First Name
*****1177	Kelly
Middle Name	Last Name
Carrie	Hudson
Suffix	Date of Birth
	12/31/1986
Gender	Primary Email
Female	kelly.hudson@kcc.com
Home Telephone	
555-962-5210	

My Communications Profile

Secondary Email
kelly.hudson@kcc.com

EDIT

My Addresses

ADD NEW

(Primary Address)
3131 Main St
LENOIR CITY, TN 37773
United States of America

PREVIOUS

Your Elections have not been confirmed. Continue to get a confirmation number and finalize your Elections.

NEXT

Step 1: Verify your personal information.

On this screen you can add a secondary email to ensure you receive important benefit communications from Empyrean and opt in for electronic communication.

Click **Edit** under My Communications Profile to edit your communication preferences.

After checking your information and updating your communication preference (if needed), select the **Next** button at the bottom of the screen.

What You'll See

What You'll Need to Do

Annual Enrollment - STEP 1 OF 7 \$102.67 Semi-Monthly

Questions

#1 - Eligibility for Health Savings Account

A Health Savings Account (HSA) is a great way to build up tax-free savings for eligible health care expenses. To qualify for an HSA and make contributions to your account, you must meet all of the following requirements:

- You're enrolled in or will enroll in a qualifying high-deductible health plan like K-C's CDHP with HSA options,
- You're not enrolled in a separate non-high-deductible individual or group health plan such as an HMO or PPO,
- You're not enrolled in Medicare, Medicaid, or TRICARE,
- You will not receive medical benefits from the VA other than preventive care or medical services received by a veteran with a service-related disability,
- You can't be claimed as a dependent on another person's federal tax return, and
- If married, your spouse does not have a General Purpose Flexible Spending Account (whether or not you're covered by your spouse's medical plan).

By choosing Yes below, you certify that you meet all of the eligibility requirements.

HSA Questionnaire*
Yes

#2 - Tobacco-Use Status

Select the status below that best describes tobacco use by you and all covered dependents during the past 12 months. Please note that "tobacco" includes cigarettes, electronic cigarettes, vaporizers, cigars and chewing tobacco.*

Non-Tobacco User: Neither you, nor any covered dependents have used tobacco products in the past 12 months

PREVIOUS Your Elections have not been confirmed. Continue to get a confirmation number and finalize your Elections. NEXT

Step 1 (Continued)

On the next screen, read the **HSA restrictions listed** and then **click the drop-down arrow** to select yes or no based on your eligibility.

Then read the **Tobacco-Use status** and then **click the drop-down arrow** to select Tobacco User, Non-Tobacco User, or Enrolled in Cessation Program.

After selecting your HSA eligibility and Tobacco-Use status, select the **Next** button at the bottom of the screen.

Annual Enrollment - STEP 2 OF 7 \$97.54 Semi-Monthly

My Family

This page is where you can add information for family members (dependents) that you plan to enroll in your benefits coverage, if eligible. There is a separate page where you can add information for non-dependents that you would like to name as a beneficiary.

Before adding dependent information, review the **Dependent Eligibility Rules**. You'll be asked to submit documentation to help verify eligibility for your dependents—watch for more details during Step 5 of your enrollment.

Click NEXT when you're done entering dependent information.

My Dependents
ADD NEW

NONE

Dependent Eligibility Certification

It is your responsibility to understand dependent eligibility rules. By covering dependents, you indicate that:

- You've read and understand the dependent eligibility rules,
- Any dependents that you're covering are eligible dependents,
- You understand that you're responsible for removing ineligible dependents from coverage within 30 days of the dependent becoming ineligible, and
- You can be asked to provide documentation to verify dependent eligibility at any time.

Step 2: Review your eligible dependents.

On this screen, you can add or drop dependents for 2018.

Important Note: If you add a new dependent, you'll be prompted to submit documentation to verify dependent eligibility after enrollment. Documentation must be submitted within 30 days.

When finished, scroll down and select the **Next** button at the bottom of the screen.

Annual Enrollment - STEP 3 OF 7 \$97.54 Semi-Monthly

Select My Benefits

You're eligible for all of the benefits listed on the left side of this page. Click on any benefit or use the **NEXT BENEFIT** button below to scroll through the list.

Information about your coverage will be shown for the selected benefit below—click the **CHANGE** button to make a different election or add new dependents to coverage.

To Review Your Beneficiary Allocation click the **NEXT** button.

1 OF 17 NEXT BENEFIT >

Medical

WHAT'S MY PLAN?

Plan	Anthem BCBS CDHP Blue with HSA
Tier	Individual
Semi-Monthly Cost	\$18.47
Dependents	None

CHANGE

Benefit Overview

This benefit provides coverage for eligible medical services and prescription drugs. You can enroll yourself and any eligible dependents. [Learn More](#)
2018 Summary of Benefits and Coverage—CDHP Blue with HSA

PREVIOUS You are viewing your default elections. This will be your coverage, unless new elections are selected and confirmed. NEXT

Step 3: Make your 2018 benefit elections.

The side bar on the left displays the benefits you're eligible for. You can move from benefit to benefit by clicking the benefit name in the side bar or the green **Next Benefit** button.

Important Note: Don't skip through the various benefits without first reviewing them all. If you select the **Next** button at the bottom before you've reviewed all of your options, it will take you to Step 4 of the enrollment process, causing you to miss out on making all of your 2018 elections.

To change your default coverage on any of your benefits, click **Change**.

WAIT! Do not click until you've reviewed / elected all of your 2018 benefits.

What You'll See

What You'll Need to Do

Step 3 (Continued)

You'll be directed to a new screen (screen not shown) to review and compare your other options, if applicable. You'll then click **Next** to finish the process and select the eligible dependents you'd like to enroll for 2018.

Important Note: If you change your default coverage, your eligible dependents won't have coverage unless you select them.

As you continue with your benefit elections, the box in the upper right-hand corner will calculate your paycheck costs.

Once you've selected the option that's right for your needs and completed the other necessary steps (e.g., select dependents), click **Save Election** to return to the Select My Benefits screen.

When you're done reviewing all of your benefits, click the **Next** button at the bottom of the Select My Benefits screen.

Step 4: Review / update your beneficiaries.

Review and update (if needed) your beneficiaries on file with Emyrean. Keeping this information up-to-date is important in order to protect your family in the event of your death. You can **Add New Beneficiary**, **edit or remove** your existing beneficiaries or **Change Allocation** from this screen.

When finished, scroll down and select the **Next** button at the bottom of the screen.

Important Note: You can go back at any time by clicking the **Previous** button at the bottom of the screen.

Annual Enrollment - STEP 3 OF 7

Welcome, Kelly Hudson

\$96.70 Semi-Monthly

You've selected
Health Savings Account: HSA 2018 Annual Election

Please review your selections.

This will not take effect until your information is submitted and approved.

HSA 2018 ANNUAL ELECTION	
Total Elected Amount	\$2,000.00

\$83.33 Semi-Monthly Cost

CLICK TO VIEW DETAILS

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

PREVIOUS **SAVE ELECTION**

Your Elections have not been confirmed. Continue to get a confirmation number and finalize your Elections.

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COMPASS 2.145

FREQUENTLY USED RESOURCES

- Change HSA Payroll Contribution
- Anthem BCBS
- Caremark
- ConnectYourCare
- Delta Dental

NEED HELP?

K-C Benefits Information Line
Call 800-551-2333 choose Health & Welfare
9 AM to 5 PM ET Monday-Friday

Annual Enrollment - STEP 3 OF 7

Welcome, Kelly Hudson

\$97.54 Semi-Monthly

Select My Benefits

You're eligible for all of the benefits listed on the left side of this page. Click on any benefit or use the **NEXT BENEFIT** button below to scroll through the list.

Information about your coverage will be shown for the selected benefit below—click the **CHANGE** button to make a different election or add new dependents to coverage.

To **Review Your Beneficiary Allocation** click the **NEXT** button.

1 OF 17 **NEXT BENEFIT**

Medical

WHAT'S MY PLAN?

Plan	Anthem BCBS CDHP Blue with HSA
Tier	Individual
Semi-Monthly Cost	\$18.47
Dependents	None

CHANGE

Benefit Overview

This benefit provides coverage for eligible medical services and prescription drugs. You can enroll yourself and any eligible dependents. [Learn More](#)

2018 Summary of Benefits and Coverage—CDHP Blue with HSA

PREVIOUS **NEXT**

You are viewing your default elections. This will be your coverage, unless new elections are selected and confirmed.

Annual Enrollment - STEP 4 OF 7

Welcome, Kelly Hudson

\$102.67 Semi-Monthly

Review Beneficiary Allocation

Please review your beneficiary information. It is important to tell us who should receive your benefits in the event of your death.

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	
John Hudson	10/18/1961	****8452	Person	Other	
Jennifer Hudson	07/03/1963	****4520	Person	Other	

My Allocations

BASIC EMPLOYEE LIFE

You currently have no beneficiaries for this benefit.

BUSINESS TRAVEL ACCIDENT

You currently have no beneficiaries for this benefit.

PREVIOUS **NEXT**

Your Elections have not been confirmed. Continue to get a confirmation number and finalize your Elections.

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COMPASS 2.145.2

What You'll See

What You'll Need to Do

Annual Enrollment -
STEP 5 OF 7

Verification

At this time, we will review the requirements of your elections to ensure no additional action is needed on your part. If there are no issues, click **NEXT** to confirm your elections.

Election Validation

There are no issues with your elections.

Dependent Verification

None of your elections require dependent verification.

PREVIOUS

Your Elections have not been confirmed. Continue to get a confirmation number and finalize your Elections.

NEXT

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COMPASS 2.145

FREQUENTLY USED RESOURCES

- Change HSA Payroll Contribution
- Anthem BCBS
- Caremark
- ConnectYourCare
- Delta Dental

NEED HELP?

K-C Benefits Information Line
Call 800-551-2333 choose Health & Welfare
9 AM to 5 PM ET Monday-Friday

Annual Enrollment -
STEP 5 OF 7

Welcome, Kelly Hudson

\$102.67
Semi-Monthly

Step 5: See if additional action is needed.

If any of your elections, require additional review or documentation, it will display on this screen, including dependent verification.

When finished, select the **Next** button at the bottom of the screen.

Annual Enrollment -
STEP 7 OF 7

Confirmation

Congratulations! Your benefit elections are confirmed and a confirmation number has been generated. Please print a copy of this summary for your records. Annual costs may differ slightly due to rounding.

Kelly Hudson

Confirmation Number: #3621

TAKE SURVEY

PRINT STATEMENT

ANNUAL ENROLLMENT

Your Cost Summary

	SEMI-MONTHLY COST (ELECTED)	ANNUAL COST (ELECTED)	SEMI-MONTHLY COST (APPROVED)	ANNUAL COST (APPROVED)
EMPLOYEE PRE-TAX AMOUNT	\$102.67	\$2,464.04	\$102.67	\$2,464.04
EMPLOYEE POST-TAX AMOUNT	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL COST OF BENEFITS	\$102.67	\$2,464.04	\$102.67	\$2,464.04

Your Benefit Selections

Medical

ANTHEM BCBS CDHP BLUE WITH HSA

Effective Date: 2018-01-01

Tier: Individual

\$18.47
Semi-Monthly Cost

Annual Enrollment -
STEP 7 OF 7

Welcome, Kelly Hudson

\$102.67
Semi-Monthly

Step 6: Review your summary.

It's important that you verify your elections to make sure you have the right coverage for you and your family for 2018.

After reviewing your 2018 coverage, click **Save Elections**. You'll then be asked to **Accept** to confirm your elections or **Deny** to return and modify your benefits (screen not shown).

Once you select **Accept**, you'll then see a confirmation screen letting you know your enrollment has been completed. It's always a good idea to **print** or save this information for your reference.