

## Steps to Enroll: Open Enrollment

Benefits-eligible employees can enroll in Brunswick benefits through Workday. Benefit elections must be completed and submitted by the communicated deadline. After the deadline, no changes can be made until next year's Open Enrollment period, unless there is a qualifying event, such as a marriage, divorce or birth of child.

Supporting documentation verifying your dependents' eligibility is required for adding dependents. Benefit elections will not go into effect until required supporting documentation is received and approved by the date indicated from Human Resources. If supporting documentation is not provided for newly added dependents within the allotted timeframe, dependents will not be added to the coverage.

**Refer to your Summary Plan Description on Brunswick Connect for details about the Brunswick benefit options.**

### Non-Tobacco User Credit

If you do not log in to Workday, select your tobacco user status, save your tobacco user election and complete the Open Enrollment process, you will not receive the non-tobacco user credit for medical coverage. You also won't be eligible for the tobacco cessation program to reduce your medical rates. If you elect "Do Not Disclose" or "Tobacco User," you will not receive the credit but will qualify for the tobacco cessation program and will become eligible upon completion of the program for reduced medical rates.

### Be Your Best Credit

Complete the health check survey and confirm you have fulfilled two preventive care activities through the Be Your Best website or app by December 1, 2024, to be eligible for the 2025 Be Your Best wellness credit. To sign up, go to [join.virginpulse.com/beyourbest](https://join.virginpulse.com/beyourbest).



You can also access the Be Your Best site by scanning the QR code above with your smartphone.

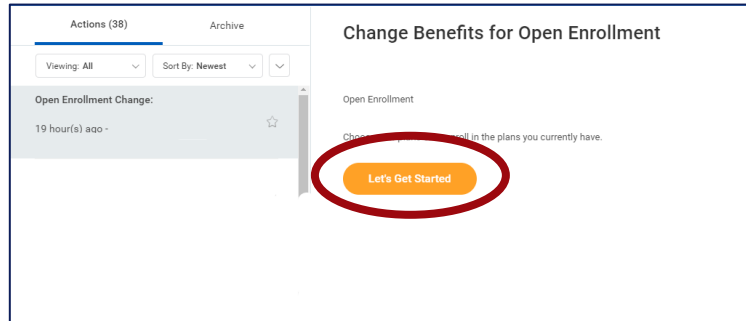
(!) Note: Starting January 1, 2025, Virgin Pulse will be rebranded to Personify Health.

New hire, rehire or employees newly eligible for benefits from July 1, 2024 to December 31, 2024, will automatically be eligible for the 2025 Be Your Best wellness credit. New hires will still need to complete Open Enrollment and select tobacco user status to determine if they are eligible for the non-tobacco user credit.

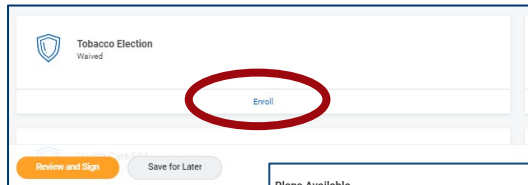
# BRUNSWICK

1. Go to your Workday **Inbox** and click on the **Open Enrollment Change** message on the **Actions** tab.

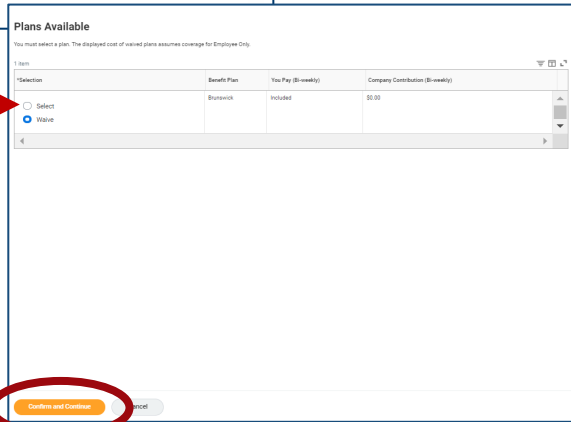
Then click **Let's Get Started**.



2. Each year during Open Enrollment, you **must** elect your tobacco user status. Click **Enroll** in the Tobacco Election box.

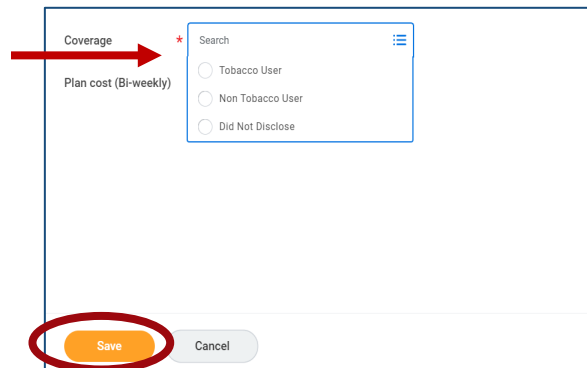


Click **Select** and then click the **Confirm and Continue** button.



Select your tobacco user status from the drop-down menu and then click **Save**.

Selecting "Non Tobacco User" if eligible will prompt the resulting medical plan contribution discount.

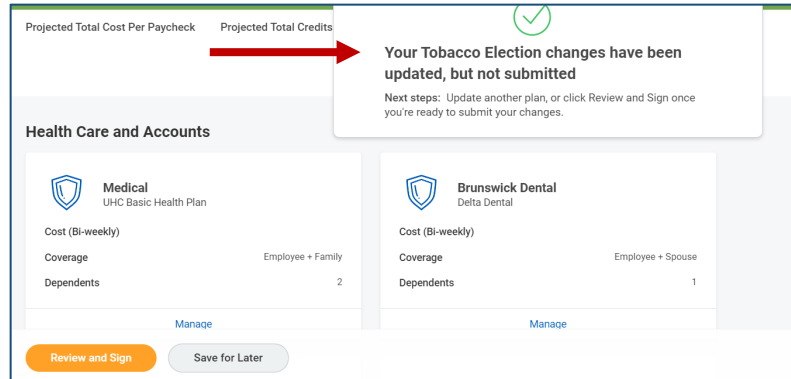


**Tobacco Election.** A tobacco user is someone who has used any tobacco product four or more times per week (on average) within six months prior to Open Enrollment.

If you select "Tobacco User" or "Did Not Disclose," you will pay an additional \$55 per bi-weekly paycheck for medical coverage (already included in the medical contribution rates listed on the first election screen). You will be credited the \$55 bi-weekly amount should you complete the tobacco cessation program in the following year. If you do not submit your elections, you will not be eligible to participate in the tobacco cessation program to earn the credit.

# BRUNSWICK

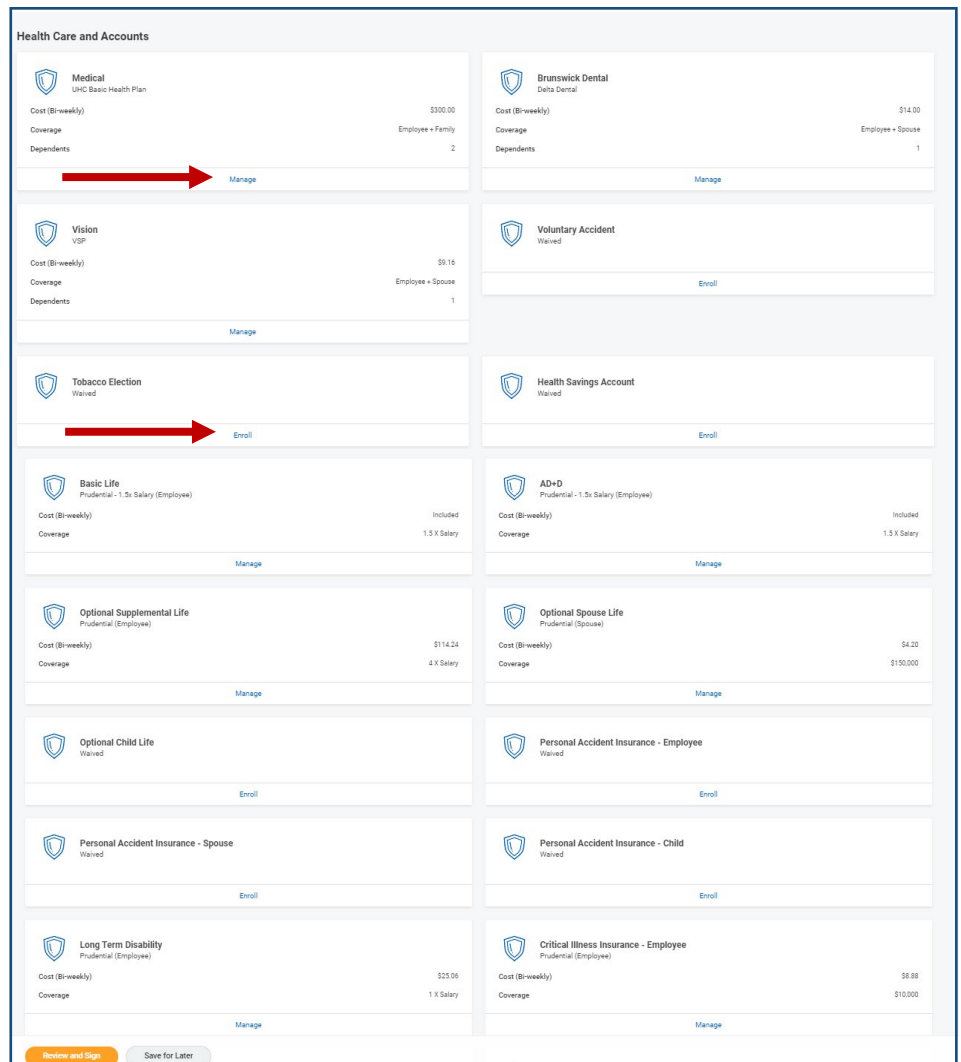
If your tobacco election is successfully saved, you will see a pop-up box on the Open Enrollment page. Your tobacco election **is not submitted** until you finish Open Enrollment.



### 3. From the Open Enrollment page you can review your benefit options.

You can add benefits coverage by selecting **Enroll** or make changes to your current elections by selecting **Manage** under each eligible benefit option.

If you do not make a change, your current benefit election will continue for next year – except for your tobacco election and any flexible spending accounts, which must be elected annually.



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- To elect or change your coverage level, click on the benefit option box. Check that you have elected **Select** and then click **Confirm and Continue**.

**Plans Available**

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee Only.

2 Items

Benefit Plan	*Selection	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)	Credits (Bi-weekly)
UHC Basic Health Plan	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$126.00	\$237.39	\$25.00
UHC Health Savings Plan	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$108.00	\$241.56	\$25.00

**Confirm and Continue** **Cancel**

- On the next page, use the **Coverage** drop-down menu to select your coverage level.
- To add a dependent to your coverage, click **Add New Dependent**.
  - Select **Existing Beneficiary or Emergency Contact** to add coverage for a dependent that you already have in the system.
  - Select **Create Dependent** to add a new dependent. Refer to your Summary Plan Description for the definition of eligible dependents (spouse, children, etc.).

Then click **OK**.

- If you select **Create Dependent**, complete the Add Dependent form.

Be sure to complete all required fields, as well as the National IDs section. National IDs are more commonly known as Social Security numbers.

Click **Save** once you've completed the dependent form.

**Add My Dependent From Enrollment**

**Name**

Country \*

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

**Personal Information**

Relationship \*

Date of Birth \*

Age (empty)

Gender \*

Primary Nationality

Full-Time Student

Student Status Start Date

Student Status End Date

Disabled

**National IDs**

**Save** **Cancel**

See next page for additional steps.

# BRUNSWICK

8. Once your dependents are added (if applicable), click **Save**. **Each time you click in a different benefit plan, you will need to re-select your dependents.**

See the Benefit Change for Life Event Job Aid — click on the Benefit icon in Workday — for more information on how to add dependents. See your Summary Plan Description for the definition of an eligible dependent.

9. If you elect the Health Savings Plan for medical coverage, you are eligible to contribute to a health savings account (HSA). You can elect a per-paycheck or annual amount. The annual amount will be divided equally among your remaining pay periods and automatically deducted from your paychecks. For employee only coverage, the maximum amount is \$4,300, and for all other coverage levels, the maximum amount is \$8,550.

**If you wish to not contribute at this time, leave as “Waive.” You will still be eligible for the company contribution. Do not elect a zero contribution.**

**Health Savings Account**

Projected Total Cost Per Paycheck: \$158.50  
Projected Total Credits: \$25.00

**Plans Available**  
Select a plan or Waive to opt out of Health Savings Account.

1 item

*Selection	Benefit Plan	You Contribute (Bi-weekly)	Company Contribution (Bi-weekly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Health Equity	\$32.50	

If you wish to accelerate your HSA contributions to reach the IRS limits prior to the end of the year, contact the HR Shared Service Center at 866-278-6942

**Your contributions plus Brunswick’s contributions cannot exceed IRS limits.**

Brunswick contributes to your HSA:

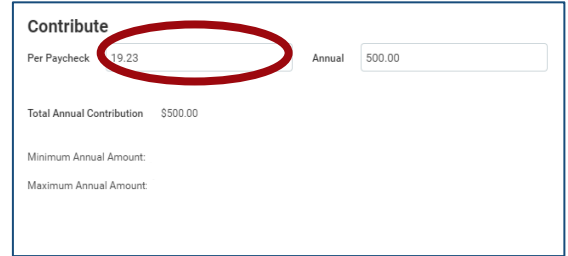
- \$500 for employee only coverage
- \$1,000 for all other coverage levels.

Keep this in mind when electing the amount you wish to contribute.

# BRUNSWICK

10. If you wish to have flexible spending accounts (FSAs) next year, you must enter the annual amount you wish to contribute. Similar to the HSA, the amount you enter for your flexible spending accounts will be divided among your remaining pay periods and automatically deducted from your paychecks.

Otherwise you will default to waive coverage for the spending accounts.



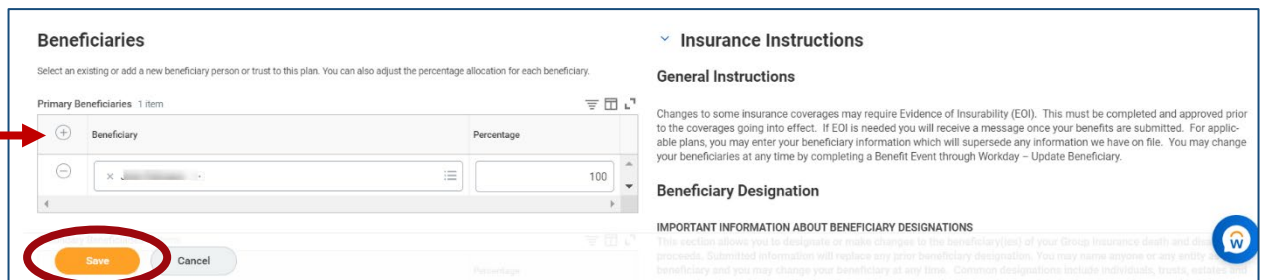
<b>Contribute</b>	
Per Paycheck	19.23
Annual	500.00
Total Annual Contribution	\$500.00
Minimum Annual Amount:	
Maximum Annual Amount:	

If you enroll in the Health Savings Plan for medical coverage, you are not eligible for the health care FSA. However, you are eligible to contribute to the dependent care FSA to pay for eligible childcare expenses on a pre-tax basis.

11. For life insurance, some options may be grayed out because they are automatically provided to you and fully paid by the company. If you make any changes to your life insurance coverage, you may be required to submit evidence of insurability.

Note: You may be required to submit evidence of insurability for certain life insurance coverage. Your life insurance coverage will not go into effect until the applicable evidence of insurability is received and approved.

For company provided Life and AD&D coverages, you can add your beneficiaries by clicking on **Manage** and adding your beneficiaries. Elect or change beneficiaries by using the plus or minus buttons. When finished click **Save** at the bottom of the page.



**Beneficiaries**

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries	Percentage
<input type="button" value="+"/>	100

**Insurance Instructions**

**General Instructions**

Changes to some insurance coverages may require Evidence of Insurability (EOI). This must be completed and approved prior to the coverages going into effect. If EOI is needed you will receive a message once your benefits are submitted. For applicable plans, you may enter your beneficiary information which will supersede any information we have on file. You may change your beneficiaries at any time by completing a Benefit Event through Workday - Update Beneficiary.

**Beneficiary Designation**

**IMPORTANT INFORMATION ABOUT BENEFICIARY DESIGNATIONS**

This section allows you to designate or make changes to the beneficiary(ies) of your Group Insurance death and disability proceeds. Submitted information will replace any prior beneficiary designation. You may name anyone or any entity as beneficiary and you may change your beneficiary at any time. Common designations include individuals, trusts, estates, etc.

This step may be skipped during Open Enrollment as you are able to add or update your beneficiaries any time throughout the year. Please refer to the Changing or Viewing Your Beneficiaries Job Aid in the Employee Job Aid link on your Workday home page.

# BRUNSWICK

12. Once you have enrolled in your benefit elections click on **Review and Sign**.

Health Care and Accounts

<b>Medical</b> UNC Basic Health Plan Cost (Bi-weekly) \$300.00 Coverage Employee + Family Dependents 2 Manage	<b>Brunswick Dental</b> Delta Dental Cost (Bi-weekly) \$14.00 Coverage Employee + Spouse Dependents 1 Manage
<b>Vision</b> VSP Cost (Bi-weekly) \$9.16 Coverage Employee + Spouse Dependents 1 Manage	<b>Voluntary Accident</b> Waived Enroll
<b>Tobacco Election</b> Waived Enroll	<b>Health Savings Account</b> Waived Enroll

Review and Sign Save for Later

13. You will have the opportunity to review your benefits and your covered dependents before you submit them. Be sure to review any special messages at the top of the review page, such as a reminder for evidence of insurability.



Included on this step is a summary of all elections. Be sure to review:

- Benefit Plan
- Coverage
- Calculated Coverage Amount
- Dependents
- Employee Cost

Be sure to review any special messages at the top of the review page, such as a reminder for evidence of insurability.

14. After you review your benefits, check the **I Accept** box at the bottom of the page to provide your electronic signature.

Click **Submit**.

I also understand the following:

- In order to initiate coverage under an insurance policy, I may have to submit evidence of insurability to the applicable insurance company.
- Salary reductions reduce my compensation for Social Security tax purposes. This means that my Social Security benefits could be decreased because of the decreased amount of compensation I receive for Social Security purposes.
- If any unused amounts remain in my Flexible Spending Accounts after reimbursing my eligible expenses incurred during the Plan year, these amounts will be forfeited, in accordance with the Plan.
- During an open enrollment period made available each year, I will be offered the opportunity again to elect coverage under the Benefit Programs for the following Plan year. I understand that my compensation will be reduced by the amount of my required contribution for those Benefit Programs. I understand that I must affirmatively enroll or re-enroll in the Flexible Spending Account each year to have coverage under those Benefit Programs.
- I understand that my rights to welfare benefits are governed by the Plan. If this enrollment information is inconsistent with the Plan document in any way, the Plan document will control. Prudential Corporation reserves the right to amend, modify, change, revise, discontinue or terminate the Plan, or any Benefit Program offered thereunder at any time, with or without advance notice.

I certify that all of the information that I have provided on this form is accurate.

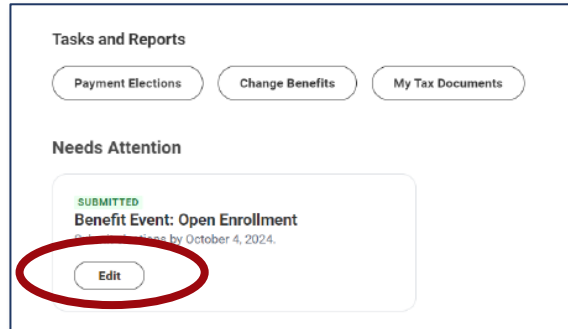
**Beneficiary Authorization / Signature:**  
I authorize my plan administrator to record and consider the individuals/institutions that I have named on this form as beneficiaries for benefits under the applicable employee benefit plan as a beneficiary. I understand Prudential assumes no obligation as to the validity or sufficiency of any executed Trust Agreement and does not pass on its legality. In making payment to an individual, Prudential has the right to assume that the Trustee(s) is acting in a fiduciary capacity until notice to the contrary is received by Prudential at its Group Life Claim office. I agree that if Prudential makes payment(s) before notice is received, Prudential will not make payment(s) again.

I Accept

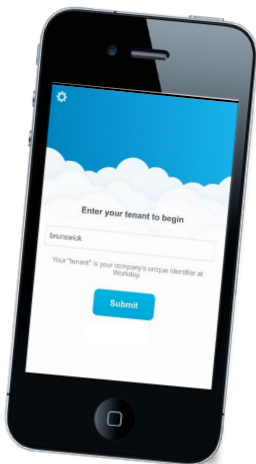
Submit Save for Later Cancel

**!** You **must** click **Submit** prior to the Open Enrollment deadline. If you do not click **Submit**, no changes will be processed. You will also pay a higher medical rate — missing out on the non-tobacco user discount, if eligible.

Once you have submitted your elections, you can go back and change your elections before the Open Enrollment deadline. From the Workday home page, click the **Benefits and Pay** icon (View All Apps). Click **Edit** under Benefit Event: Open Enrollment.



Please note that when you click on the **Edit**, any changes you make to your benefit elections will have to be submitted again. If you do not resubmit, the changes will be disregarded and the previous submission will remain in effect.



## Tips for Enrolling Using Workday Mobile App

- Under tobacco election, it asks about dependent tobacco status. You do not need to select your dependent's tobacco status.
- You will miss out on the Be Your Best credit on medical rates if you don't meet the eligibility requirements and don't submit the survey before end of Open Enrollment.