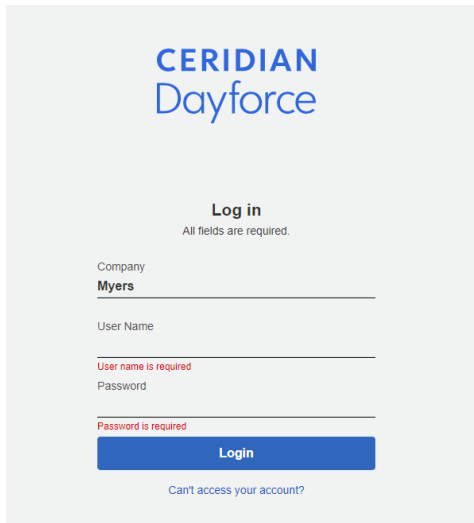


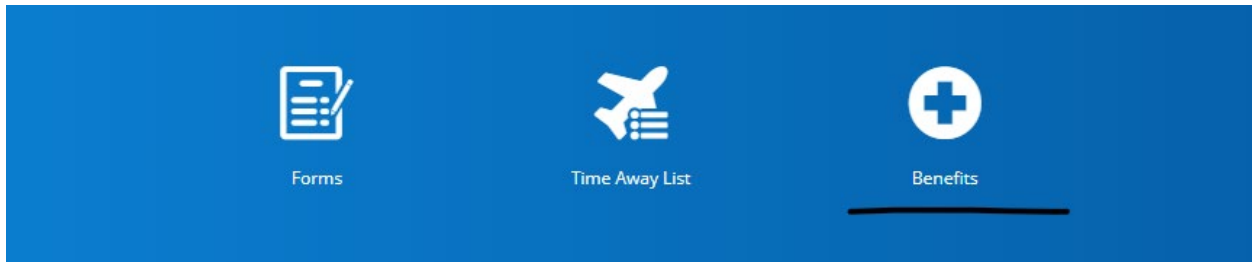
Step By Step Guide for Enrolling for Benefits

Log in to Ceridian Dayforce

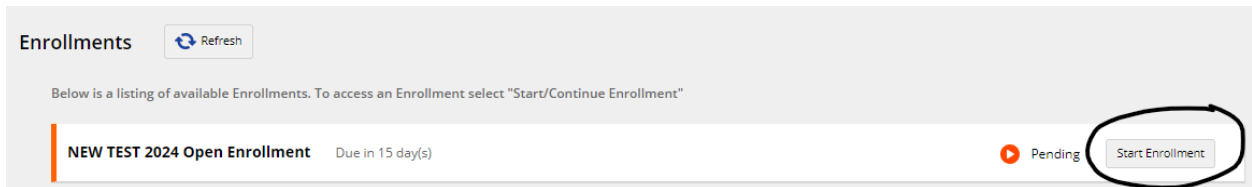


The login screen for Ceridian Dayforce. At the top, the logo "CERIDIAN Dayforce" is displayed. Below it, the text "Log in" is centered, followed by "All fields are required." There are three input fields: "Company" with the value "Myers", "User Name" (which has a red error message "User name is required"), and "Password" (which has a red error message "Password is required"). A blue "Login" button is at the bottom, and a link "Can't access your account?" is below it.

Click on Benefits Icon – if you don't see the Benefits icon, click on the Setting button and add to your favorites



You will see Open Enrollment listed and click on Start Enrollment



The "Enrollments" section of the interface. It includes a "Refresh" button and a message: "Below is a listing of available Enrollments. To access an Enrollment select 'Start/Continue Enrollment'". A table lists an enrollment: "NEW TEST 2024 Open Enrollment" with a status of "Pending" and a due date of "Due in 15 day(s)". A "Start Enrollment" button is circled in black.

Enrollment Name	Status	Due Date	Action
NEW TEST 2024 Open Enrollment	Pending	Due in 15 day(s)	Start Enrollment

Introduction



Welcome to your NEW TEST 2024 Open Enrollment !

Open Enrollment is Here! Open enrollment will run from 10/30/2023 thru 11/10/2023

If you want benefits in 2024, you **must** enroll during Open Enrollment. All changes will be applied for the benefits plan year beginning January 1, 2024.

Be sure to visit [My Myers Benefits](#) Open Enrollment Page to find information regarding all the great benefits offered through Myers Industries.

2024 Plan Changes include:

- Myers HSA 3000 will now be called Enhanced HSA and the HSA 6000 will now be called Core HSA
- Enhanced HSA deductible will increase to \$3,200 for Single and \$6,400 for family. This will keep our plan compliant with IRS Regulations.
- STD Benefit will be increasing to a weekly maximum of up to \$500 for hourly employees.

Important Reminders:

- **Open Enrollment is Active.** This means you must elect your benefits for the 2024 benefit year. Current elections will not automatically roll over.
- If you do not make any benefit elections during Open Enrollment, your current elections will end 12/31/2023
- Any new dependents added to coverage will need dependent verification, go to <https://mymyersbenefits.com/enrollment/> for a list of the approved documents
- Do not forget to update your beneficiaries - you will be asked to identify beneficiaries for all Life and AD&D plans, both the Basic plans provided by Myers and any Optional Coverage you elect.
- If you wish to enroll in any of the Myers voluntary plans please call or email:
 - Phone: 216-243-7520
 - Email: VoluntaryBenefits@MyMyersBenefits.com
- For additional plan information please visit <https://mymyersbenefits.com/voluntary>

Dayforce will walk you through the election process. Click Next to begin.

Be sure to click [Read More](#) at the top of each page for additional details.

[Cancel](#)

[Start](#)

Click Start to begin

Personal Information

Please review your personal information. Contact your administrator if you need to update this information before continuing with the enrollment.

Full Name

Birth Date

Address

Do you use tobacco products?*

Yes No

[Finish Later](#)

[Back](#)

[Continue](#)

Verify your personal information and click Continue

If you need to add a dependent, please do so by clicking Add Dependent.

Dependent Information

A dependent is a person who is eligible for coverage under the benefits you elect. Please add all dependents that should be covered under any of your benefit plans for the year.

Dependents

No Dependents Added

+ Add Dependent

Finish Later Back Continue

If no dependents are needed or are already listed, please click Continue

**TEST 1 - 2024 Open Enrollment
Benefit Decision Support**



Need help choosing the right medical option?

Just answer four simple questions about your likely medical needs for the coming year, and we'll analyze your available medical health plan options to give you a better idea of the total expected costs under each plan. It shouldn't take more than five minutes. Your responses will not be shared or stored.

Finish Later Back Skip Help Me Decide

If you want to use the Benefit Decision Support tool, click on Help Me Decide. If you don't want to use the tool, you can click on Skip and you will bypass the questions.

Benefits Decision Support Disclaimer ✕

IMPORTANT:

The health plan selection tool is for informational purposes only and it should not be construed as legal, financial, accounting, medical or benefits advice. The selection tool estimates expected use of medical services and out-of-pocket plan expenses based on responses to the questionnaire and outcomes will vary. However, there are many additional factors that the selection tool cannot access or evaluate that may go into this decision.

The selection tool will provide information that you can use to evaluate various plan alternatives but it will not forecast your actual use, or evaluate all of the factors that may be important to you in making a selection, such as availability of in-network providers or facilities, coverage of specific procedures or medications or availability of coverage under the plan of an employer of a spouse. You should review all of your circumstances and available coverage options before choosing a medical plan option.

If you need specific advice regarding your benefit selections you are urged to seek an appropriately qualified advisor. The decision as to your benefit selections is yours alone.

Decline Agree

Review the disclaimer and click Agree to move on or Decline to stop the process.

If you agree, you will answer the questions on the next few slides.

Help Me Decide ×

Step 1 of 5
Who do you plan to cover?
 Employee Only
Zip code

We start with the basics: who are you insuring, and where are you located? Every family is unique, and the next few questions will help clarify your specific situation. Your answers will help us estimate your total expected costs: both your premium payroll deduction and out-of-pocket expenses at time of service.

We use advanced statistics to quantify the type and number of health care services you and your family will need. Our cost estimates will also be customized based on your geographic region.

[Cancel](#) [Continue](#)

Help Me Decide ×

Step 3 of 5
Select any medical events or needs you consider likely to arise during the coverage year for you and others covered by your benefits:

- Birth of a child
- An inpatient hospital stay (besides childbirth)
- A significant surgery (outside of a doctor's office)
- 5 or more prescription drugs for any individual
- High-cost specialty / biological drugs ⓘ
- Kidney dialysis
- Seeing a doctor for difficulty becoming pregnant ⓘ

Your last response let us know what general type of user you are, but sometimes there are anticipated medical events that are pretty likely, so we want to make sure we plan for them. Check as many as apply to you; most responders will not expect any of these events.

The next question will cover any conditions you may have, so don't worry if you don't select any checkboxes but think that you'll be visiting the doctor regularly.

[Back](#) [Continue](#)

Help Me Decide ×

Step 4 of 5
Select any medical conditions you consider likely to require treatment during the coverage year for you and others covered by your benefits:


- Cancer (not in remission)
- Heart condition requiring medication
- Narrowed arteries requiring blood thinners
- Diabetes or other endocrine (hormonal) disorders
- Autoimmune disorder or immune system deficiency ⓘ
- Significant brain or spinal cord disorder
- Lung disorder ⓘ
- Other conditions requiring multiple office visits ⓘ
- Other conditions requiring advanced testing/imaging ⓘ

The presence of one or more of these conditions typically leads to significant medical services, and when combined with certain events (such as surgery), may increase the overall complexity (and cost) of the anticipated health event.

Do not select a checkbox if your condition does not require significant ongoing treatment (e.g., very mild arthritis, or slightly elevated blood pressure or cholesterol easily managed by generic prescription medication). As with our earlier question regarding events, many individuals will not select any conditions.

[Back](#) [Continue](#)

Help Me Decide X



Step 5 of 5

Let us know about other annual health expenses.

The amount you enter helps us recommend an annual contribution amount to an applicable Reimbursement Account based on your estimated out-of-pocket health care costs. It does not impact our recommendations for medical plans. Enter the total annual amount of costs you think you may incur that are in addition to your covered medical expenses. Examples include: Routine Eye care, Corrective Eye Surgery, Glasses and/or Contacts, Routine Dental Work, Specialty Dental Work, Orthodontia, Over-the-Counter Drugs, and/or Eligible Medical Equipment.

Other Eligible Expenses

Your Tax Rates Ⓜ

Federal Income Tax Rate %

State & Local Tax Rate %

[Back](#) [Finish](#)

For Health Savings Account (HSA) plans, we can help optimize your contribution amount. We consider several factors, such as estimated out-of-pocket health care costs, federal limits, your tax bracket, and employer contribution match, in order to provide you with contribution recommendations.

Select Finish when you've answered the questions.

Medical Plans

Medical and Prescription Coverage

Myers offers three different health plans to meet the needs of you and your family. Your healthcare needs are unique. That's why you have a choice of health plans that vary by premium, deductible, and coinsurance so you can find the fit that is right for you. All plans include:

- Access to a network of providers that is one of the largest in the nation, BlueCross BlueShield.
- Prescription drug coverage with a money-saving mail service option.
- Free preventive care, including annual checkups and immunizations.
- Personalized health services and online tools to help you manage your health, health decisions, and health care dollars.

The PPO plan is a preferred provider plan that includes a copay for in-network visits and a coinsurance percentage for all other care until you reach the annual out-of-pocket maximum. A deductible must be met before the plan pays its share of coinsurance. Copays do not go towards your deductible; they do apply to the annual out-of-pocket maximum.

There are two high deductible health plans (HDHPs) that are compatible with a tax-favored savings account, called a Health Savings Account (HSA). You pay all non-preventive care costs, including prescription drugs, up to the annual deductible. Once the annual deductible is met the plan pays its share of coinsurance until the annual out-of-pocket maximum is reached.

Money put into the HSA are pre-tax dollars that can be used to help pay your expenses. Myers makes an annual contribution towards your HSA, \$500 for those enrolled in single coverage and \$1000 for anyone enrolled in coverage that has at least one dependent.

For additional information and a detailed description of each medical plan please visit <https://mymyersbenefits.com/medical/>

Wellness Credits:

As a reminder, Wellness Credits are not reflected in the costs below. The wellness program year ends on 10/31/2023. Wellness Rates will be reflected once the 2024 plan year begins. Wellness rates can be found in the Benefits Guide which is located at <https://mymyersbenefits.com/openenrollment/>

The Benefits Decision Support Tool will show all 3 medical options and based upon the answers you provided, will indicate which options may be best for you and your family. **PLEASE NOTE**, the decision is ultimately yours to make.

Benefit Decision Support [Modify Answers](#)

Value scores and estimated total costs have been added to the recommended options below to help you make your selection(s). The plan with the best value for your situation is: **Core HSA w/ Rx Employee**

Select a Plan
Employee Only

<input checked="" type="radio"/> Core HSA w/ Rx Employee	<input type="radio"/> Enhanced HSA w/ Rx Employee	<input type="radio"/> PPO 1500 w/Rx Employee																																																																								
<table border="1"> <tr><td>Your Cost</td><td>\$36.10</td></tr> <tr><td>Frequency</td><td>Every Pay</td></tr> <tr><td>Value Score</td><td>93</td></tr> <tr><td>Best Value</td><td></td></tr> <tr><td>Estimated Total Cost</td><td>\$1,415.89</td></tr> <tr><td>Lowest Cost</td><td></td></tr> <tr><td>View Details</td><td></td></tr> <tr><td>Plan Information</td><td></td></tr> <tr><td>Deductible</td><td></td></tr> <tr><td>In-Network: \$6,000</td><td></td></tr> <tr><td>Out Of Pocket Max</td><td></td></tr> <tr><td>In-Network: \$6,000</td><td></td></tr> </table>	Your Cost	\$36.10	Frequency	Every Pay	Value Score	93	Best Value		Estimated Total Cost	\$1,415.89	Lowest Cost		View Details		Plan Information		Deductible		In-Network: \$6,000		Out Of Pocket Max		In-Network: \$6,000		<table border="1"> <tr><td>Your Cost</td><td>\$51.48</td></tr> <tr><td>Frequency</td><td>Every Pay</td></tr> <tr><td>Value Score</td><td>88</td></tr> <tr><td>Estimated Total Cost</td><td>\$2,215.21</td></tr> <tr><td>View Details</td><td></td></tr> <tr><td>Plan Information</td><td></td></tr> <tr><td>Deductible</td><td></td></tr> <tr><td>In-Network: \$3,200</td><td></td></tr> <tr><td>Out Of Pocket Max</td><td></td></tr> <tr><td>In-Network: \$6,400</td><td></td></tr> </table>	Your Cost	\$51.48	Frequency	Every Pay	Value Score	88	Estimated Total Cost	\$2,215.21	View Details		Plan Information		Deductible		In-Network: \$3,200		Out Of Pocket Max		In-Network: \$6,400		<table border="1"> <tr><td>Your Cost</td><td>\$93.87</td></tr> <tr><td>Frequency</td><td>Every Pay</td></tr> <tr><td>Value Score</td><td>70</td></tr> <tr><td>Estimated Total Cost</td><td>\$4,919.49</td></tr> <tr><td>View Details</td><td></td></tr> <tr><td>Plan Information</td><td></td></tr> <tr><td>Primary Care</td><td></td></tr> <tr><td>Physician Office Visit: \$30</td><td></td></tr> <tr><td>Specialist Visit</td><td></td></tr> <tr><td>Specialist Office Visit: \$50</td><td></td></tr> <tr><td>Deductible</td><td></td></tr> <tr><td>In-Network: \$3,000</td><td></td></tr> <tr><td>Out Of Pocket Max</td><td></td></tr> <tr><td>In-Network: \$11,000</td><td></td></tr> </table>	Your Cost	\$93.87	Frequency	Every Pay	Value Score	70	Estimated Total Cost	\$4,919.49	View Details		Plan Information		Primary Care		Physician Office Visit: \$30		Specialist Visit		Specialist Office Visit: \$50		Deductible		In-Network: \$3,000		Out Of Pocket Max		In-Network: \$11,000	
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<input checked="" type="radio"/> Selected	Select	Select																																																																								

Click Continue

Dental Plans

Good dental health is critical to your overall well-being. You may purchase dental insurance that is designed to prevent problems before they occur. Delta Dental is our dental care provider.

- There is no deductible for the dental plan, and preventive and diagnostic services are paid at 100%
- In addition, the plan pays 85% of therapeutic and restorative services
- Major/complex services are paid at 60% and orthodontic services at 50% (with a lifetime limit of \$1,500 on the base plan and \$2,500 on the buy-up)
- Keep in mind, the plan has an annual maximum limit of \$1,500 per person on the base plan and \$2,000 on the buy-up

For additional dental plan information please visit <https://mymyersbenefits.com/dental/>

[Show Less](#)

Select a Plan

Employee Only

<input type="radio"/> Basic Dental Employee	<input type="radio"/> Buy-Up Dental Employee	<input type="radio"/> Waive Dental																												
<table border="1"> <tr><td>Your Cost</td><td>\$5.25</td></tr> <tr><td>Frequency</td><td>Every Pay</td></tr> <tr><td>Plan Information</td><td></td></tr> <tr><td>Orthodontia</td><td></td></tr> <tr><td>\$1,500 Lifetime Maximum</td><td></td></tr> <tr><td>Other Services</td><td></td></tr> <tr><td>Annual Maximum: \$1,500 per person</td><td></td></tr> </table>	Your Cost	\$5.25	Frequency	Every Pay	Plan Information		Orthodontia		\$1,500 Lifetime Maximum		Other Services		Annual Maximum: \$1,500 per person		<table border="1"> <tr><td>Your Cost</td><td>\$6.05</td></tr> <tr><td>Frequency</td><td>Every Pay</td></tr> <tr><td>Plan Information</td><td></td></tr> <tr><td>Orthodontia</td><td></td></tr> <tr><td>\$2,500 Lifetime Maximum</td><td></td></tr> <tr><td>Other Services</td><td></td></tr> <tr><td>Annual Maximum: \$2,000 per person</td><td></td></tr> </table>	Your Cost	\$6.05	Frequency	Every Pay	Plan Information		Orthodontia		\$2,500 Lifetime Maximum		Other Services		Annual Maximum: \$2,000 per person		<p>Select this option to waive the coverage</p>
Your Cost	\$5.25																													
Frequency	Every Pay																													
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\$2,500 Lifetime Maximum																														
Other Services																														
Annual Maximum: \$2,000 per person																														
Select	Select	Select																												

Select the Dental plan that is suitable for you and your family or select Waive. Click Continue.

Vision Plans

Your eyesight is one of your most important senses, therefore Myers has partnered with Anthem Blue View Vision to be our eye care provider. This benefit includes:

- Vision examinations are covered once every calen

... Show More

Select a Plan

Employee Only

<input type="radio"/> Waive Vision <i>Currently Enrolled</i>	<input type="radio"/> Basic Vision Employee	<input type="radio"/> Buy-Up Vision Employee
Select this option to waive the coverage	Your Cost \$1.44 Frequency Every Pay	Your Cost \$1.89 Frequency Every Pay
	Plan Information Frames \$130 allowance Contacts/Lenses \$130 allowance Other Services Vision Examination Copayment: \$20	Plan Information Frames \$150 allowance Contacts/Lenses \$150 allowance Other Services Vision Examination Copayment: \$10
Select	Select	Select

Select the Vision plan that is suitable for you and your family or select Waive. Click Continue.

You are automatically provided life insurance through Myers. Make sure to designate beneficiaries for all life insurance plans you are enrolled in.

Beneficiary Information

A beneficiary is a person who you designate to receive the benefits from your insurance/retirement plans. Please add any beneficiary who is not already specified as a dependent.

Dependents

No Dependents Added

Additional Beneficiaries

No Beneficiaries Added

+ Add Beneficiary

Finish Later

Back

Continue

Once you have added or verified your beneficiaries, click Continue

Myers Paid Basic Life Insurance Plan

While you are working, financial security for you and your family is based on regular income from your job. If you should die, that income would be lost. Life insurance is an excellent way to protect your family's financial security.

Each employee receives basic life insurance funded entirely by Myers Industries. The amounts of coverage are:

- Hourly and Salaried Employees – One (1) times base annual earnings not to exceed \$250,000.
- Commission Sales Representatives – One (1) times three-year commission average not to exceed \$250,000

You must designate your beneficiaries for this plan.

For additional information please visit <https://mymyersbenefits.com/life/>

Primary Beneficiaries
 A primary beneficiary is the first person(s) entitled to receive the benefits from your insurance policy.

<input checked="" type="checkbox"/>	[REDACTED]	Allocation: 50 %
<input checked="" type="checkbox"/>	[REDACTED]	Allocation: 50 %

Remaining Allocation : 0 % [Confirm](#)

Contingent Beneficiaries
 Select your primary beneficiaries first.

[Finish Later](#) [Back](#) [Continue](#)

Enter the percentage amounts for your primary beneficiary(ies). Must equal 100%. Then do the same if you have a contingent beneficiary(ies). Click Continue when finished.

Optional Employee Life

In addition to the basic life insurance (\$250,000 maximum) Myers provides, you can purchase Optional Life Insurance in the following amounts:

- **Option 1** – Additional one (1) times annual earnings
- **Option 2** – Additional two (2) times annual earnings

(Combined Basic and Optional Life Insurance maximum is \$750,000) You should read the plan for details.

During Open Enrollment certain Voluntary Benefits under Unum have Guarantee Issue amounts. This means you can elect the plan or increase your benefit amount **without** providing Evidence of Insurability (EOI). This includes:

- Increasing the benefit amount on your Voluntary Life plan up to \$500,000
- Electing Voluntary Life for your dependents

Evidence of Insurability will be required when:

- Electing a Voluntary Life increase over \$500,000
- If you choose to increase your plan, you will have to complete the Evidence of Insurability form. You can complete an Evidence of Insurability form by visiting the Life and AD&D page on the My Myers Benefits Website. Please note some coverage and amounts may require a brief medical exam, a blood test, urinalysis, and/or EKG.

If you choose to enroll in Optional Life Insurance, be sure to designate your beneficiaries.

Select a Plan

<input type="radio"/> Optional Life Employee 1X <hr/> <table border="0"> <tr> <td>Requested Coverage</td> <td>\$79,000.00</td> </tr> <tr> <td>Guaranteed Coverage ⓘ</td> <td>\$0.00</td> </tr> </table> <hr/> <table border="0"> <tr> <td>Your Cost</td> <td>\$0.00</td> </tr> </table> <hr/> <p>Plan Information If this option is chosen your beneficiary(ies) would receive a total of 1x your annual salary. Click the "Show Details" button and designate your beneficiaries.</p> <p>Select</p>	Requested Coverage	\$79,000.00	Guaranteed Coverage ⓘ	\$0.00	Your Cost	\$0.00	<input type="radio"/> Optional Life Employee 2X <hr/> <table border="0"> <tr> <td>Requested Coverage</td> <td>\$158,000.00</td> </tr> <tr> <td>Guaranteed Coverage ⓘ</td> <td>\$0.00</td> </tr> </table> <hr/> <table border="0"> <tr> <td>Your Cost</td> <td>\$0.00</td> </tr> </table> <hr/> <p>Plan Information If this option is chosen your beneficiary(ies) would receive a total of 2x your annual salary. Click the "Show Details" button and designate your beneficiaries.</p> <p>Select</p>	Requested Coverage	\$158,000.00	Guaranteed Coverage ⓘ	\$0.00	Your Cost	\$0.00	<input type="radio"/> Waive- Optional Life Employee <hr/> <p>Select this option to waive the coverage</p> <p>Select</p>
Requested Coverage	\$79,000.00													
Guaranteed Coverage ⓘ	\$0.00													
Your Cost	\$0.00													
Requested Coverage	\$158,000.00													
Guaranteed Coverage ⓘ	\$0.00													
Your Cost	\$0.00													

[Finish Later](#) [Back](#) [Continue](#)

Once you have selected a plan for the Optional Life insurance, click Continue

Basic AD&D Insurance

Myers Paid Basic Accidental Death & Dismemberment Plan

Each employee receives basic AD&D funded entirely by Myers Industries for one (1) times your annual salary, rounded up to the nearest \$1,000

- Be sure to designate your beneficiaries for this plan.

For additional information please visit <https://mymyersbenefits.com/life/>

Beneficiary Designation : Basic AD&D

Primary Beneficiaries

A primary beneficiary is the first person(s) entitled to receive the benefits from your insurance policy.

[Redacted Name]

[Redacted Name]

Remaining Allocation : 100 %

Confirm

Contingent Beneficiaries

Select your primary beneficiaries first.

Finish Later

Back

Continue

Make sure to elect your beneficiary(ies) for your company paid AD&D insurance. Then click Continue.

If you want to elect additional optional AD&D coverage, pick from the selection and click continue.

Optional AD&D

Optional Accidental Death & Dismemberment Plan

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against certain injuries resulting from a covered accident in the course of business or pleasure. This includes accidents on or off the job; in or away from the home; commuting and traveling by train, airplane, automobile, or other public and private conveyances.

The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident, subject to certain limitations (see exclusions / limitations in the plan document.)

You can purchase optional AD&D through Zurich American Insurance Company. Under this coverage, you may elect to purchase a principal sum amount from one (1) to ten (10) times your annual salary, rounded up to the nearest \$1,000 to maximum of \$1,000,000. Excluding overtime, commission and bonuses.

For additional information please visit <https://mymyersbenefits.com/life/>

If you choose to enroll in Optional AD&D, be sure to designate your beneficiaries.

Select a Plan

<input type="radio"/> Optional AD&D Family Coverage	<input type="radio"/> Optional AD&D Single Coverage	<input type="radio"/> Waive - Optional AD&D
How many times base coverage would you like? Multiplier 1	How many times base coverage would you like? Multiplier 1	Select this option to waive the coverage
Coverage \$79,000.00	Coverage \$79,000.00	
Your Cost \$1.42	Your Cost \$0.91	
Frequency Every Pay	Frequency Every Pay	
Plan Information Click Show Details to see your coverage amount options and designate your beneficiaries.	Plan Information Click Show Details to see your coverage amount options and designate your beneficiaries.	
Select	Select	Select

Long term disability is an automatic plan offered by Myers. Click continue.

Basic Long Term Disability

This long term disability plan provides financial protection for you by paying a portion of your income while you are disabled. This base plan is paid for by Myers.

After one year of service, the company provides LTD coverage to employees at no cost. This benefit is provided to you if you meet the definition of disability as defined by the plan. This plan provides a 40% income replacement benefit, with a maximum monthly benefit of \$1,000.

You can choose to elect additional LTD coverage in the next section.

Select a Plan

<input checked="" type="radio"/> Basic LTD Employee <i>Auto Enrolled</i>
Coverage \$2,500.00
Your Cost \$0.00
<input checked="" type="checkbox"/> Selected

[Finish Later](#)

[Back](#)

[Continue](#)

You have the option to elect additional Long Term Disability coverage. Select the buy up option or Waive. Then click continue.

Optional Long Term Disability

An optional 60% benefit, with a maximum monthly benefit of \$10,000, is available if you would like to purchase a higher level of coverage through Long Term Disability Buy-Up.

For a detailed explanation of how LTD coverage works and the cost for the LTD buy-up plan please visit <https://mymyersbenefits.com/disability/>

Evidence of insurability will be required if you have not been hired within the past year. Instructions on how to complete an evidence of insurability form can be found by [clicking here](#).

Select a Plan

<input type="radio"/> Buy-Up LTD (Salaried)	<input type="radio"/> Waive-Optional LTD
Coverage \$6,550.00	Select this option to waive the coverage
Your Cost \$18.74	
Frequency Every Pay	
<input type="button" value="Select"/>	<input type="button" value="Select"/>

You are automatically enrolled in company provided Short Term Disability. Click Continue.

Short Term Disability

Short Term Disability is an income protection benefit plan sponsored by Myers to replace a portion of your income in the event a sickness or injury prevents you from working for a period of time. This Plan does not provide benefits for occupational injuries or sicknesses.

Select a Plan

<input checked="" type="radio"/> STD Salaried <i>Auto Enrolled</i>
<input type="button" value="Selected"/>

If you have dependents (a spouse or child), you may elect optional Dependent Life insurance.

Optional Dependent Life

You also have the option to purchase life insurance on your spouse and dependent children.

The amount of life insurance for a dependent will not be more than 100% of the employee's amount of life insurance.

For a detailed breakdown of the amounts of coverage you can purchase please visit <https://mymyersbenefits.com/life/>

Customize and Select a Plan

<p>Optional Life Spouse (10,000) / Dependent (5,000)</p> <hr/> <p>Covered Dependent None selected</p> <hr/> <table><tr><td>Requested Coverage</td><td>\$10,000.00</td></tr><tr><td>Guaranteed Coverage [?]</td><td>\$0.00</td></tr></table> <hr/> <table><tr><td>Your Cost</td><td>\$1.15</td></tr><tr><td>Frequency</td><td>Every Pay</td></tr></table> <p>Customize</p>	Requested Coverage	\$10,000.00	Guaranteed Coverage [?]	\$0.00	Your Cost	\$1.15	Frequency	Every Pay	<p>Optional Life Spouse (20,000) / Dependent (10,000)</p> <hr/> <p>Covered Dependent None selected</p> <hr/> <table><tr><td>Requested Coverage</td><td>\$20,000.00</td></tr><tr><td>Guaranteed Coverage [?]</td><td>\$0.00</td></tr></table> <hr/> <table><tr><td>Your Cost</td><td>\$2.31</td></tr><tr><td>Frequency</td><td>Every Pay</td></tr></table> <p>Customize</p>	Requested Coverage	\$20,000.00	Guaranteed Coverage [?]	\$0.00	Your Cost	\$2.31	Frequency	Every Pay	<p>Optional Life Spouse (30,000) / Dependent (15,000)</p> <hr/> <p>Covered Dependent None selected</p> <hr/> <table><tr><td>Coverage</td><td>\$30,000.00</td></tr></table> <hr/> <table><tr><td>Your Cost</td><td>\$3.46</td></tr><tr><td>Frequency</td><td>Every Pay</td></tr></table> <p>Customize</p>	Coverage	\$30,000.00	Your Cost	\$3.46	Frequency	Every Pay
Requested Coverage	\$10,000.00																							
Guaranteed Coverage [?]	\$0.00																							
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Frequency	Every Pay																							
Coverage	\$30,000.00																							
Your Cost	\$3.46																							
Frequency	Every Pay																							
<p>Optional Life Spouse (40,000) / Dependent (20,000)</p> <hr/> <p>Covered Dependent None selected</p> <hr/> <table><tr><td>Coverage</td><td>\$40,000.00</td></tr></table> <hr/> <table><tr><td>Your Cost</td><td>\$4.62</td></tr><tr><td>Frequency</td><td>Every Pay</td></tr></table> <p>Customize</p>	Coverage	\$40,000.00	Your Cost	\$4.62	Frequency	Every Pay	<p>Optional Life Spouse (50,000) / Dependent (25,000)</p> <hr/> <p>Covered Dependent None selected</p> <hr/> <table><tr><td>Coverage</td><td>\$50,000.00</td></tr></table> <hr/> <table><tr><td>Your Cost</td><td>\$5.77</td></tr><tr><td>Frequency</td><td>Every Pay</td></tr></table> <p>Customize</p>	Coverage	\$50,000.00	Your Cost	\$5.77	Frequency	Every Pay	<p><input type="radio"/> Waive- Optional Life Spouse/Dependent</p> <hr/> <p>Select this option to waive the coverage</p> <p>Select</p>										
Coverage	\$40,000.00																							
Your Cost	\$4.62																							
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Your Cost	\$5.77																							
Frequency	Every Pay																							

[Finish Later](#) [Back](#) [Continue](#)

Once you have made your selection, click Continue.

If you are enrolled in either the Enhanced HSA or Core HSA, you have the option to elect to contribute to a Health Savings Account.

Health Savings Account

If you are enrolled in one of the HDHP medical plans, you have access to the Health Savings Account (HSA) Administered by Optum Financial. It is a tax-advantaged personal savings or investment account that individuals can use to save and pay for qualified healthcare expenses, now or in the future.

However, unlike other financial savings vehicles (Roth IRA, Traditional IRA, 401K, etc.), an HSA has the unique potential to offer triple tax savings through:

- Federal & State Tax-deductible contributions to the HSA.
- Tax-free interest or investment earnings.
- Tax-free distributions when used for qualified healthcare expenses

You and/or your employer can contribute to your HSA

- In 2024, Myers will contribute:
 - \$500 for anyone enrolled in single coverage and
 - \$1000 for anyone enrolled in coverage with at least one dependent
- The 2024 HSA contribution limits (employer + employee contributions combined) are:
 - \$4,150 single coverage
 - \$8,300 family coverage
 - Individuals aged 55 and over are eligible to contribute an additional \$1,000 per year

Eligibility

- You must be enrolled in either the Core HSA or Enhanced HSA
- If you enrolled in Medicare, you are not eligible to contribute to an HSA
- You are not eligible for an HSA if you enrolled in the PPO 1500 plan

Even if you were enrolled in the HSA in 2023 you must make an election to continue your contributions in 2024

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT — To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account with Optum, they will ask for your name, address, date of birth, and other information that will allow Optum to identify you. Myers will send enrollment information to Optum. However, Optum may also ask to see your driver's license or other identifying documents if they are unable to verify your identity. Accounts that are not verified cannot be fully opened and your employer contribution **cannot** be funded until your information is verified with Optum.

For additional HSA information, please visit <https://mymyersbenefits.com/hsa/>

Enter an amount to contribute to the HSA and click continue.

Select a Plan

<input type="radio"/> HSA Age 55 and Over Family	<input type="radio"/> Waive Health Savings Account								
<p>Your Annual Contribution</p> <input type="text" value="3500"/> <p>Amount must be between \$0.00 and \$8,300.00</p> <table><tbody><tr><td>Your Payroll Contribution</td><td>\$134.62</td></tr><tr><td>Frequency</td><td>Every Pay</td></tr><tr><td>Employer Annual Contribution</td><td>\$1,000.00</td></tr><tr><td>Combined Annual Contribution</td><td>\$4,500.00</td></tr></tbody></table> <p>Select</p>	Your Payroll Contribution	\$134.62	Frequency	Every Pay	Employer Annual Contribution	\$1,000.00	Combined Annual Contribution	\$4,500.00	<p>Select this option to waive the coverage</p> <p>Select</p>
Your Payroll Contribution	\$134.62								
Frequency	Every Pay								
Employer Annual Contribution	\$1,000.00								
Combined Annual Contribution	\$4,500.00								

[Finish Later](#) [Back](#) [Continue](#)

Next, review the summary of your elections and make any necessary changes.

Please note: The amounts listed under Your Cost do NOT include any wellness credits you may be eligible for.

Once you have reviewed, click Submit. Keep a copy for your records.



Submitted!

Congratulations! Your enrollment has been submitted.



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