



Delivering Flexible Benefits

Tips to enrol fact sheet

Sysco[®]
At the heart of
food and service

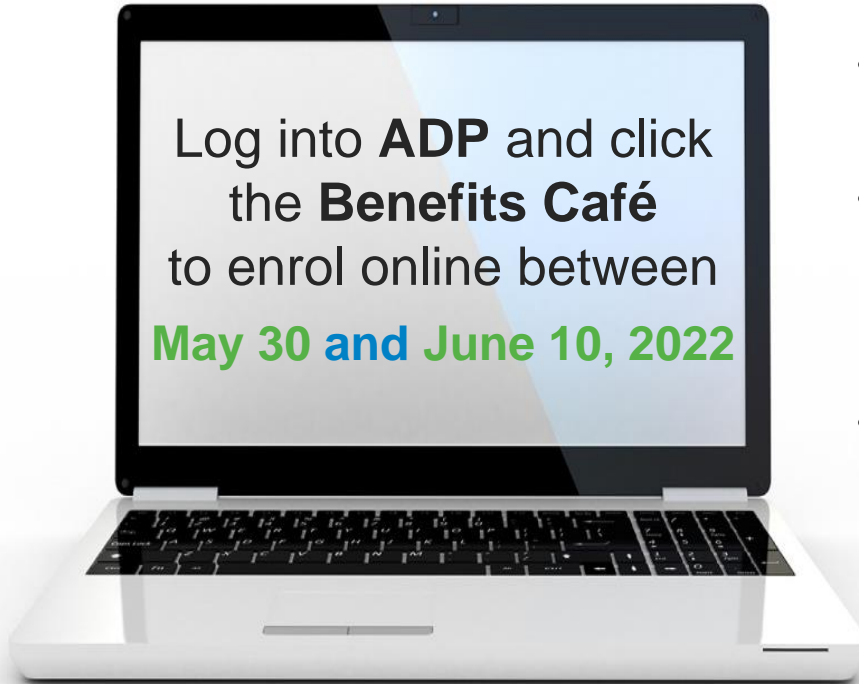


Get ready to enrol

- ✓ **We're moving to biennial enrolment for the July 1, 2022 to June 30, 2024 plan years!**
- ✓ Think about your claims history.
- ✓ Anticipate your future needs.
- ✓ Decide which health option is right for you for the next two years.



Log into
ADP



- If you don't have access to a computer, use the kiosks at your location to enrol.
- If you're not at work during the open enrolment period, or if you need to access the enrolment tool outside of ADP, ask HR for the enrolment tool's website address.
- If you don't have a Sysco email address, provide HR with your personal email. It'll be added to your personal information so that you'll receive communication and to ensure successful enrolment.

You must actively enrol even if you wish to keep your current coverage.



Log into the
enrolment
tool



Enter your Login ID

- This is your nine-character associate ID that includes both numbers and letters and is located near the bottom of your pay statement.

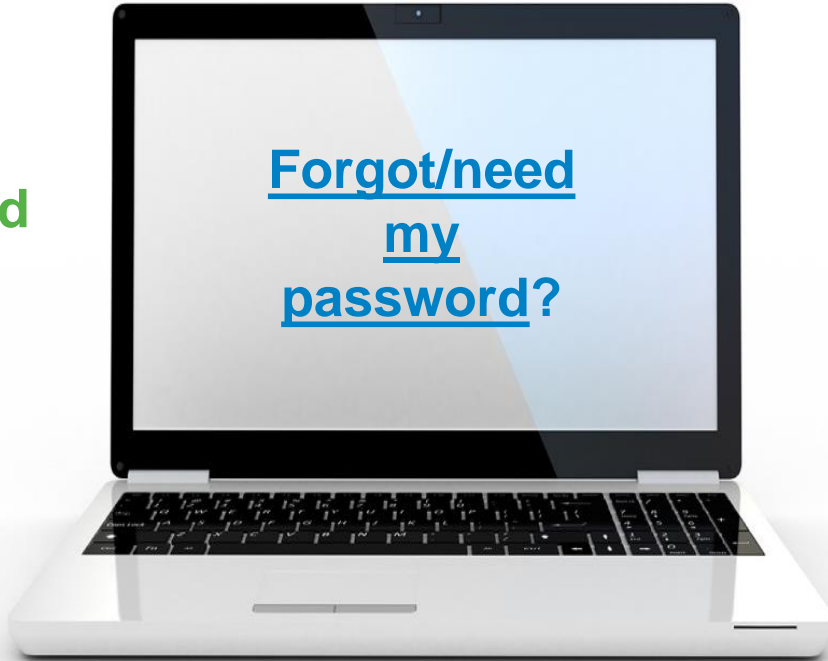
Enter your Password

- If you're enrolling for the first time or if you need to re-set your password, you can click the "Forgot/Need my Password."
- To re-set your password, you will need to have a personal or company email address set up in ADP.





Password reset



How to re-set your password

- Click the “Forgot/Need my Password” link.
- To re-set your password, you will need to have a personal or company email address set up in ADP.
- You’ll receive a temporary password via email that you can reset by following the simple instructions.





Start enrolment

ENROL **CONFIRM YOUR BENEFITS** **NAVIGATE WITH EASE**

Employee Tester

- Review Personal Profile
- Review Dependent Profile
- Plan Details
- Help
- Logout

WELCOME TO SYSCO FLEX BENEFIT PROGRAM

Your enrolment window is from May 30, 2022 to June 10, 2022. Your selections will be effective on the dates that will be presented to you during your online enrolment.

Welcome to your online benefit plan enrolment. Sysco's benefits program allows you to select the level of coverage that best meets your needs and the needs of your family.

This online benefits enrolment system will help you throughout the process of enrolling in the plan. Most of your questions can be answered by using "Help" or by clicking the hyperlinked text. If you have any other questions, please contact Human Resources. The choices you are about to make may affect you financially, so choose carefully. If you have access to a plan through your spouse/partner, make sure that your choices coordinate properly with their plan.

Benefit coverage and premium deductions that are linked to annual basic earnings such as Life and Disability insurance benefits will adjust through the year based on changes to your annual basic earnings. Changes to premium deductions are effective on the first pay period following your earnings adjustment.

Less...

[I want to enroll](#)

Once you are logged in, select “I want to enrol.”

Note: All screenshots are for illustrative purposes only.



Step One

Review your personal information

- Update if needed.
- Click “Next.”

The screenshot shows the Sysco user interface for reviewing personal information. At the top left is the Sysco logo, and at the top right are language options 'EN | FR'. Below the logo are 'Cancel' and 'Next' buttons. The main section is titled 'Personal Information' and includes a note: 'If your personal information is incorrect, please log into ADP, select Myself on the top scroll bar, then Personal Profile from the drop-down menu. Make changes to your address, or personal information, as needed.' The form contains several input fields: 'Birth Date' and 'Gender' (top row), 'Language' (below Birth Date), 'Phone #' (second row), 'Work:' (below Phone #), 'Email' (third row), 'Work:' and 'Personal:' (below Email), and 'Smoker Status' (fourth row). The 'Smoker Status' section has a note 'You are currently registered as a non-smoker' and two radio buttons: 'I am a non-smoker' (which is selected) and 'I am a smoker'. At the bottom of the form are 'Cancel' and 'Next' buttons. The 'Next' button at the bottom right is circled in blue.





Step Two

Verify/update your dependent information

- Complete additional information about dependents you wish to add.
- Click “Save.”





Step Three

Choose your options

- The tool will pre-populate with your current selections on file for your health options.
- Check the applicable boxes if you wish to make changes that will be effective from July 1, 2022 to June 30, 2024.
- Click “Next.”

Cancel Previous Next

(Step 1 of 6)

HEALTH AND DENTAL

Flex \$ Awarded \$150.00	Flex \$ Remaining \$0.00	Total Per Pay Deductions \$17.03	
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Health and Dental

Option 1: Opt out

Category	Annual Cost	Flex \$ Applied	Per Pay
	\$0.00		

Option 2: Coordination

Category	Annual Cost	Flex \$ Applied	Per Pay
Associate only	\$51.96		

Option 3: Core

Category	Annual Cost	Flex \$ Applied	Per Pay
Associate only	\$139.32	\$0.00	\$5.36

Option 4: Enhanced

Category	Annual Cost	Flex \$ Applied	Per Pay
Associate only	\$494.04		

Note: This benefit is linked to Dental and FICSA. Any change in this coverage will automatically change the coverage on Dental and FICSA.

CAREpath™

Option 1

Category	Annual Cost	Flex \$ Applied	Per Pay
Associate only	\$0.00	\$0.00	\$0.00

EAP

Option 1: EAP

Category	Annual Cost	Flex \$ Applied	Per Pay
Associate only	\$0.00	\$0.00	\$0.00

Cancel Previous Next



Beneficiary Information

Review your life insurance beneficiary information

- Update your information on file, if needed.
- Click “Save.”

Add New Beneficiary x

Add New Beneficiary

Please fill in the fields below for your new beneficiary. If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator. This appointment may not be suitable for all purposes. Do not make a trustee appointment if you are in the province of Quebec because it does not apply for that province. Also, do not make a trustee appointment if you have already, in any document, made a trustee/administrator appointment which might apply. If you are designating a trustee/administrator, we recommend you consult with a legal advisor, and with any proposed trustee/administrator.
Press the 'Add' button when complete.

Beneficiary is:

Person
 Charity
 Estate

* First Name: Initial: * Last Name:

* Relationship: Birth Date:

Trustee:

Beneficiary is:

Revocable
 Irrevocable

Revocable: means that the designation of beneficiary can be changed without the beneficiary's consent.

Cancel
Save





Step Four

You will only see this step if you opt out of health coverage

- Allocate your flex dollars to your Health Spending Account, if applicable.
- Click “Next.”

Sysco INFO LOGOFF

Step 4 of 6

PREVIOUS Your plan is effective from July 1, 2022 to June 30, 2024 Flex \$ Awarded \$150 Flex \$ Remaining \$150 Total Per Pay Deductions \$0.00 NEXT

YOUR FLEX DOLLARS

You have \$150 Flex Dollars remaining. You need to assign all of these dollars before you can continue with the enrollment.

Flex Dollars Remaining	\$150
Health Spending Account (HSA)	<input type="text" value="enter here"/>

PREVIOUS CANCEL NEXT

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Step Five

Review your enrolment summary

- You may go back and make changes, including logging out and returning later during the enrolment window.
- Your data will be saved. You need to hit “**submit**” to **submit your final selections.**

(Step 5 of 6)

Your Enrolment Summary Flex Dollars Pending EOI

	Annual Cost	Flex \$ Applied	Payroll Deductions Per Pay
Health and Dental - Option 3 (Associate only)	\$139.32	\$0.00	\$5.36
EAP - Option 1 (Associate only)	\$0.00	\$0.00	\$0.00
CAREpath™ - Option 1 (Associate only)	\$0.00	\$0.00	\$0.00
Long-Term Disability - Option 1 (\$2,080.00 per month Core Non-Smoker)	\$118.99	\$0.00	\$12.27
Associate Life Insurance - Option 1 (\$50,000.00)	\$0.00	\$0.00	\$0.00
Optional Life Insurance - Associate - Option 1 (No Coverage) ¹	\$0.00	\$0.00	\$0.00
Associate AD&D Insurance - Option 1 (\$30,000.00)	\$0.00	\$0.00	\$0.00
Optional AD&D Insurance - Associate - Option 1 (No Coverage)	\$0.00	\$0.00	\$0.00
Total:	\$458.31	\$0.00	\$17.63

¹ Note: This option has been assigned to you pending approval of your Evidence of Insurability form(s)

Cancel Next

Flex \$ Awarded \$150.00	Flex \$ Remaining \$0.00	Total Per Pay Deductions \$17.63
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Personal Beneficiaries Dependents

If you are satisfied with your choices, click 'Submit' to confirm your enrollment. Otherwise, click 'Cancel' to continue your enrollment.

Cancel Submit



Step Six

Your enrolment process is now complete

- Print a copy of your Confirmation Statement.
- Submit a copy of your signed and dated Beneficiary Form to HR to complete your beneficiary designation request.

Enrolment Process is Now Complete

Thank you.

Your enrolment process is now complete! Your selections have been confirmed and submitted.

Confirmation Statement	View/Print
Your beneficiary designation is not complete until your form is signed, dated and received	
Beneficiary Form	View/Print
These forms are required to apply for your increased coverage	
Long-Term Disability	
Cover Letter	View/Print
Questionnaire	View/Print
Please print both forms. They are <u>required</u> to process your request.	
These forms are required to apply for your increased coverage	
Optional Life Insurance - Associate	
Cover Letter	View/Print
Questionnaire	View/Print
Please print both forms. They are <u>required</u> to process your request.	

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