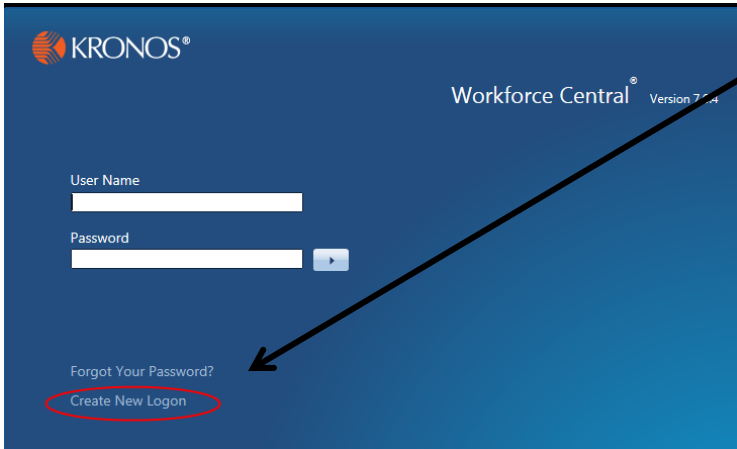
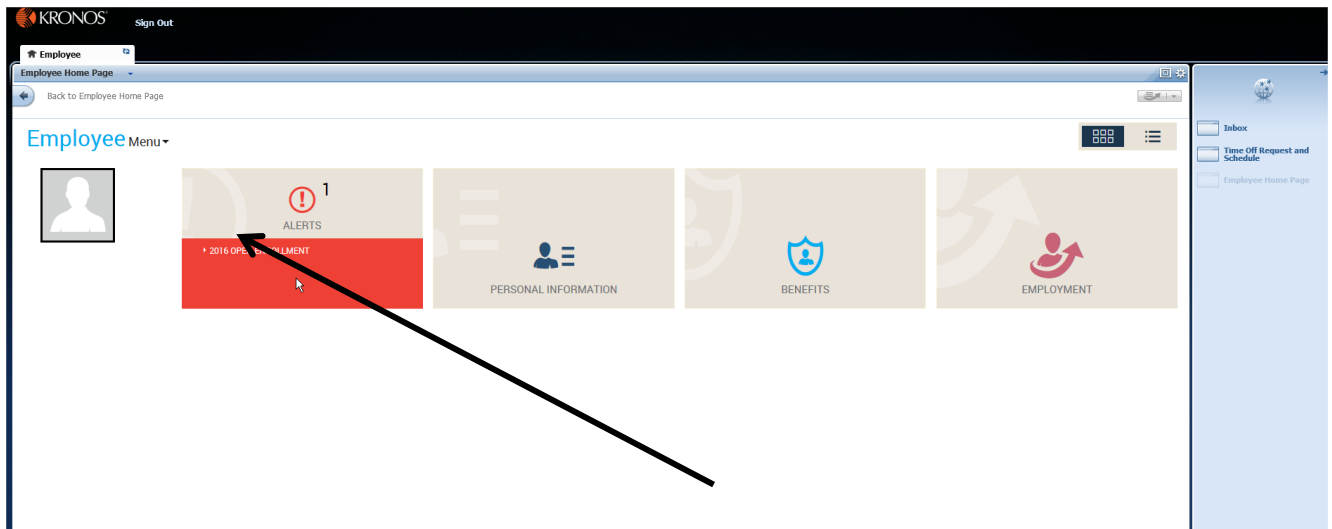


1. Go to: <https://mercyic.kronos.net/wfc/navigator/logon>
2. If this is your first time logging in, create a username and password by clicking “create new logon” - If you’ve logged in before, skip to step 3.
 - a. Enter social security number (with dashes), employee last name and date of birth. Click submit.
 - b. On the next page, create a username and password.
 - c. Once you’ve created a username and password, login to Kronos.

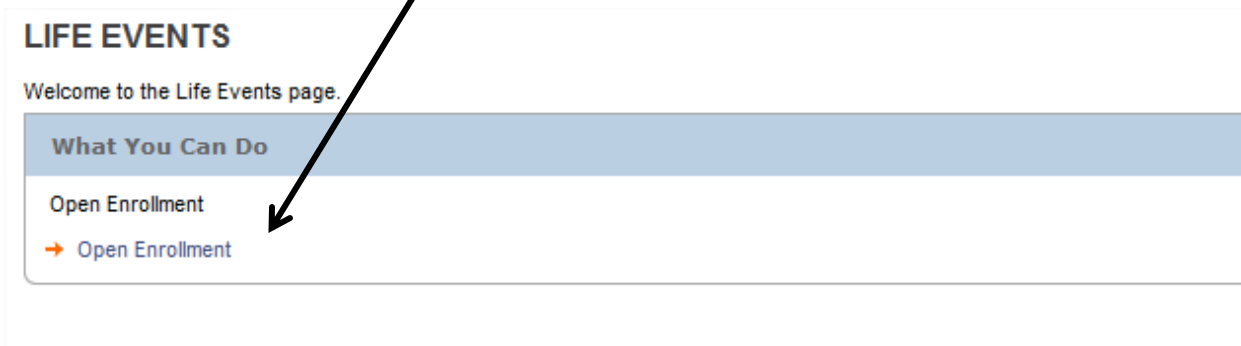


3. If you’ve logged in before, enter your username and password to access the system.



4. Once logged in, you will be brought to the employee home page (pictured above). You can always click “Employee Home Page” on the side navigation panel to be brought back to this page. Hover over the Alerts box and you will see the Open Enrollment option. Click the Open Enrollment text to begin the enrollment process.

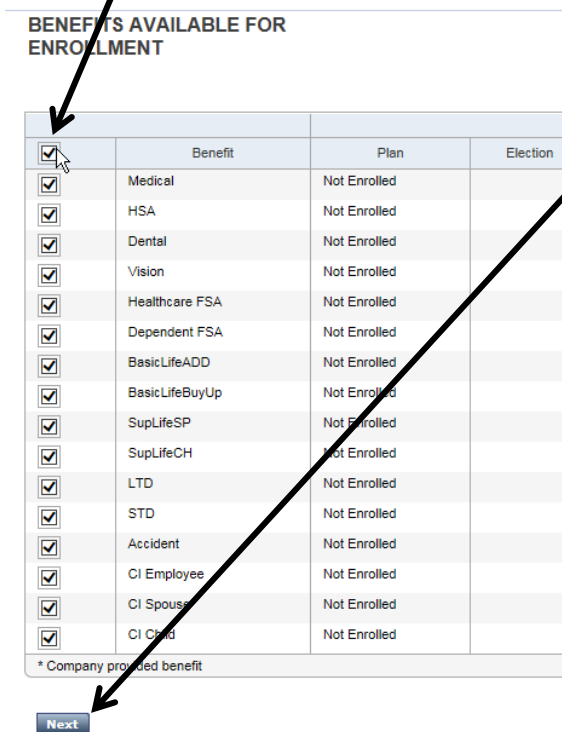
5. Select "Open Enrollment" to access Open Enrollment elections



6. Read the information on the Welcome page and click next to continue.

7. You will then go through a series of pages where you can verify your dependents listed in the system, your address and emergency contact information. Update as necessary.

8. Eventually you will come to the Benefits Available for Enrollment screen. Here you can select the benefits you are wanting to adjust. By clicking the first box, you will select all benefits or you can select just the boxes for the benefits you need to change. Then click "Next". The system will now walk you through each benefit to make your elections.



Employees must re-elect HSA and FSA elections each year. Current contributions will not carry over. If you just need to update your HSA or FSA, click the box next to that benefit and click next.

9. On each page, select the benefit you would like to enroll in along with the coverage.

If the dependent(s) you need enrolled in the benefit are not listed on the page, click “Add Dependent” to add to the system. Check the box for each dependent you want enrolled in the plan.

Click “Save and Continue” after making elections on each page.

MEDICAL
CURRENT ELECTIONS

Benefit	Plan	Election	Election
Medical	Medical HSA FT		Family

Plan	Election	Semi-monthly Deduction
<input checked="" type="radio"/> Medical HSA FT	<input type="radio"/> Single <input checked="" type="radio"/> Family	\$19.97 \$47.08 \$0.00
<input type="radio"/> Medical Waived		

Add Dependent

Dependent	Relationship	Birth Date	SS#	Enroll	Edit
Child Test	Dependent	1/1/2015		<input checked="" type="checkbox"/>	Medical
Son Test	Dependent	5/1/2015		<input checked="" type="checkbox"/>	Medical
Spouse Test	Spouse	10/1/1945	123-45-6789	<input checked="" type="checkbox"/>	Medical

Save & Continue

10. The final page will show all benefits you enrolled in for next year. Review this page carefully and make edits if necessary.

11. **Print this page for your records.**

12. Click “Submit Changes” to submit elections.

18 Page

BENEFIT SUMMARY Print

Angie L Kraushaar

Enrollment Date: 1/1/2016
This is a list of the benefits you have selected. Please review carefully for accuracy. When you have completed the enrollment changes, click Submit Changes below.

Benefit	Plan	Election	Coverage	Semi-monthly Deduction	Employer Contribution
Medical	Medical HSA FT	Family		\$47.08	\$506.84
HSA	Family HSA	\$41.67		\$41.67	
Dental	Dental Option 1 FT	Family		\$16.88	\$28.50
Vision	Vision Avesis	Employee + Spouse		\$9.06	
Healthcare FSA	Not Enrolled				
Dependent FSA	Dependent FSA	\$5,000.00		\$208.33	
BasicLifeADD	Basic Life and AD&D Core	\$0.00	\$53,000.00	\$0.00	\$2.99
BasicLifeBuyUp	Not Enrolled				
SupLifeSP	Not Enrolled				
SupLifeCH	Not Enrolled				
LTD	Long Term Disability Buy Down	\$0.00	\$2,200.00		\$3.75
STD	Not Enrolled				
Accident	Not Enrolled				
CI Employee	Not Enrolled				
CI Spouse	Not Enrolled				
CI Child	Not Enrolled				

* Company provided benefit

DEPENDENTS

Dependent Name	Relationship	Birth Date	SS#	Enrolled In
Child Test	Dependent	1/1/2015		Medical, Dental
Son Test	Dependent	5/1/2015		Medical, Dental
Spouse Test	Spouse	10/1/1945	123-45-6789	Medical, Dental, Vision

BENEFICIARIES

Beneficiary Name	Relationship	SS#	Enrolled In	Primary
Josh Kraushaar	Spouse		BasicLifeADD 100 %	Primary

Save for Later **Submit Changes**