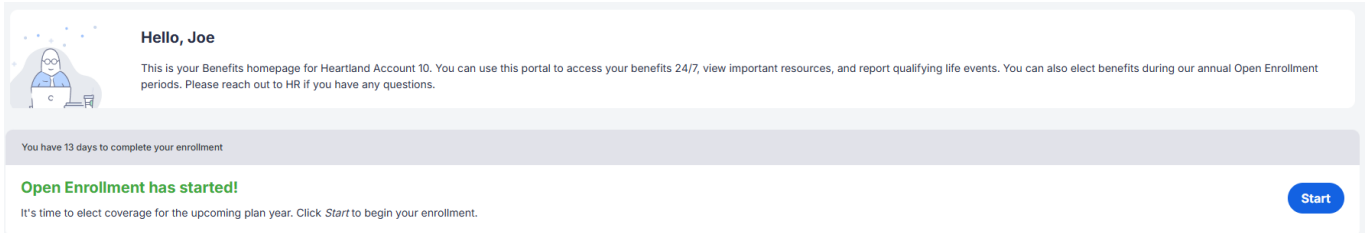


Employee Enrollment

1. Log in from the link provided by your employer.
2. If an administrator has unlocked your Enrollment window, you will see a notification to begin your enrollment process.



Hello, Joe

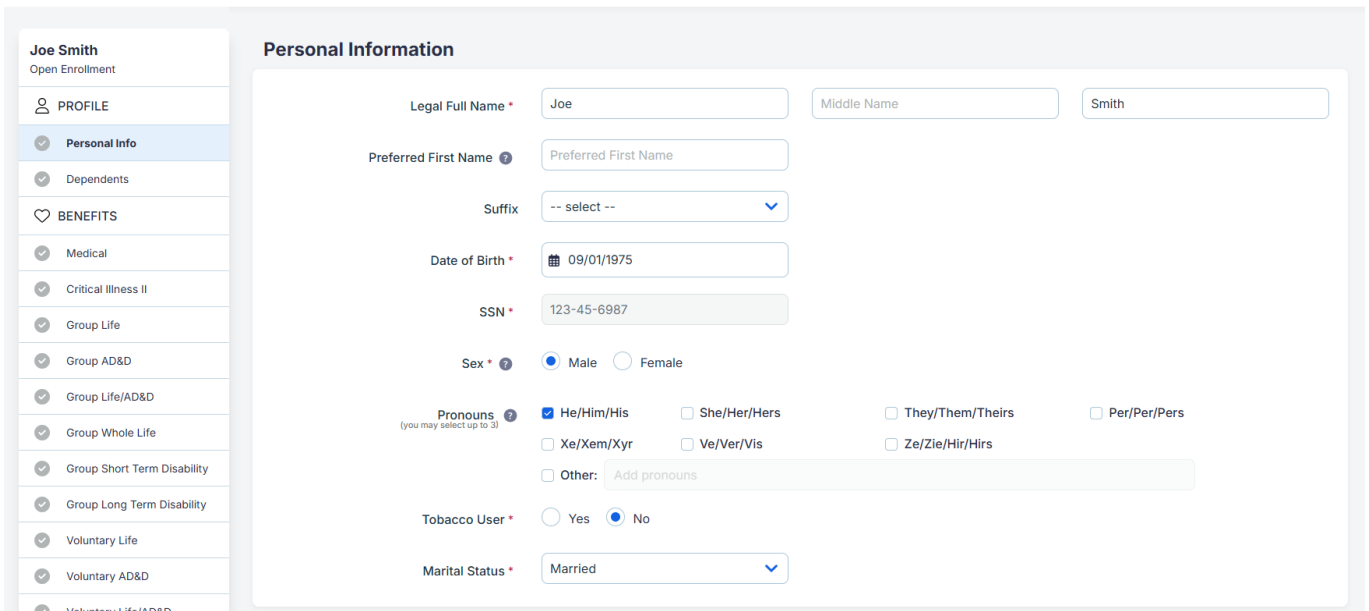
This is your Benefits homepage for Heartland Account 10. You can use this portal to access your benefits 24/7, view important resources, and report qualifying life events. You can also elect benefits during our annual Open Enrollment periods. Please reach out to HR if you have any questions.

You have 13 days to complete your enrollment

Open Enrollment has started!
It's time to elect coverage for the upcoming plan year. Click **Start** to begin your enrollment.

Start

3. Please review your profile any required changes will need to be made through your Heartland account.



Joe Smith
Open Enrollment

Personal Information

Legal Full Name *

Preferred First Name

Suffix

Date of Birth *

SSN *

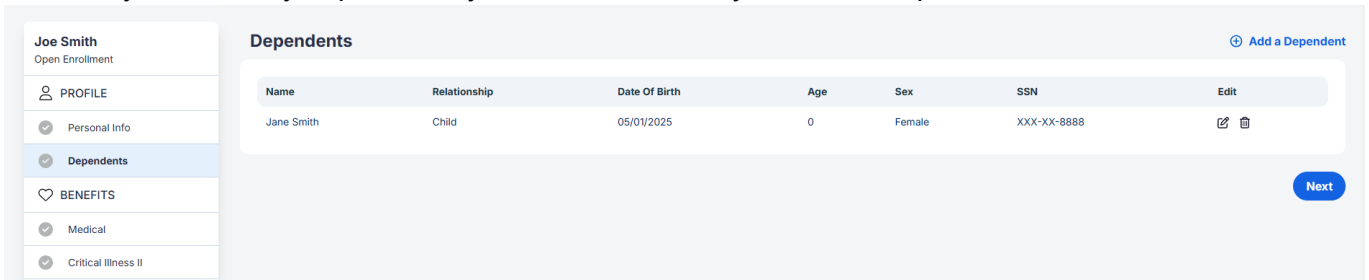
Sex * ☒ Male ☐ Female

Pronouns ☒ He/Him/His ☐ She/Her/Hers ☐ They/Them/Theirs ☐ Per/Per/Pers
☐ Xe/Xem/Xyr ☐ Ve/Ver/Vis ☐ Ze/Zie/Hir/Hirs
☐ Other:

Tobacco User * ☐ Yes ☒ No

Marital Status *

4. If you have any dependents you wish to enroll in your benefits, please add them here.



Joe Smith
Open Enrollment

Dependents [Add a Dependent](#)

Name	Relationship	Date Of Birth	Age	Sex	SSN	Edit
Jane Smith	Child	05/01/2025	0	Female	XXX-XX-8888	

Next

5. Proceed to your benefit elections. If you have entered any dependents into the system, you can select at the top of your screen whom you'd like to enroll. If your employer offers more than one plan for a product (such as multiple medical plans), you can click the box

Pictures used in this guide consist of fictitious names and characters. Benefits, costs, dates, and names are for example purposes only.

next to “Compare” for each plan you are interested in. This will give you the opportunity to view benefit information and price side by side.

Joe Smith
Open Enrollment

PROFILE

Personal Info

Dependents

BENEFITS

Medical

Critical Illness II

Group Life

Group AD&D

Group Life/AD&D

Group Whole Life

Group Short Term Disability

Group Long Term Disability

Voluntary Life

Voluntary AD&D

Voluntary Life/AD&D

Voluntary Whole Life

Voluntary Short Term Disability

Voluntary Long Term Disability

Traditional 401(k)

OTHER COVERAGE

MEDICARE

SUMMARY

Medical

1. Select Dependents

Myself Jane

2. Choose a Plan

Test Medical

AIG (American International Group)

Effective Start Date:
07/01/2025

\$12.50
Your per pay cost
\$12.50
Employer's per pay cost

Select Plan

Plan Details

Compare

Medical test

AIG (American International Group)

Effective Start Date:
07/01/2025

\$20.63
Your per pay cost
\$6.88
Employer's per pay cost

Select Plan

Plan Details

Compare

MedicalINT-809(HSA-Eligible Plan)

ARC Administrators

Effective Start Date:
07/01/2025

\$250.00
Your per pay cost
\$0.00
Employer's per pay cost

Select Plan

Plan Details

Compare

Aetna 2024-2028(HSA-Eligible Plan)

Aetna

Effective Start Date:
07/01/2025

\$37.50
Your per pay cost
\$12.50
Employer's per pay cost

Select Plan

Plan Details


Compare

OR

☐ I want to waive Medical coverage

Save & Next

Your Elected Benefits



Per Pay (Twice a month)\$0.00

6. When you have made your decision, either click the green **Select Plan** button next to the plan you'd like to enroll in, or if available, you can click the box at the bottom to waive this coverage. After your selection, click **Save & Next** to continue.

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Joe Smith

Open Enrollment

PROFILE

Personal Info

Dependents

BENEFITS

Medical

OTHER COVERAGE

MEDICARE

SUMMARY

Open Enrollment Summary

Below is a summary of your elections. Please review your elections carefully to ensure accuracy. You will also be emailed a copy of your summary.

!

To complete your enrollment, you must click the *Acknowledge & Sign* button below.

Product

Carrier

Plan

Coverage Level

Enrolled Members

Effective Date

Cost Per Pay

Medical

Aetna

Aetna 2024-2028

Employee

Joe Smith

07/01/2025

\$37.50

Total Per Pay Cost: **\$37.50**

Acknowledge & Sign

- Proceed through the rest of your elections where you will then come to a summary page of your elections, beneficiaries, your per pay period costs, etc.
- When you are satisfied with your elections, click **Submit** . Another page will pop up to allow you to review your carrier forms and you will be prompted to e-sign. Your elections will not be processed without you E-signature!_____

Agree & Sign

×

!

You must sign to complete your enrollment

Full Name *

Initials *

Signature *

Submit

By clicking Submit, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes, including legally binding contracts.

- Your enrollment is complete! If you decide you would like to make any changes to your submitted elections, please do so within 72 hours.

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