



2017 BENEFITS OPEN ENROLLMENT

PLEASE READ THE IMPORTANT INFORMATION BELOW

Having read the online and written benefit materials that have been provided to me, including the summary of benefits and coverage ("SBC"), ***I authorize Piedmont Healthcare, Inc., with my electronic signature (unique user ID and Password) to provide the benefits that I select and to take the appropriate corresponding before and/or after-tax deductions (as specified in the enrollment materials) as voluntary payroll deductions.***

By clicking "**I agree**", I also acknowledge that I understand the following:

I understand that benefit information provided via PeopleSoft ESS is in summary format and not intended to replace the summary plan descriptions or certificates of coverage available on the Piedmont intranet or by contacting Human Resources. If any information conflicts with the detailed plan documents, the plan documents are the authority. Although Piedmont Healthcare intends to continue providing these plans, it reserves the right to amend, modify, or terminate the plans in whole or in part at any time.

I understand that this is a "passive" open enrollment, meaning that only if I wish to change my benefit selections from the current year and/or if I wish to enroll in a Flexible Spending Account for 2017, I must make my elections during the open enrollment period for coverage effective January 1, 2017.

I understand that I may enroll in eligible benefits or modify my benefit selections only during the open enrollment period, and during open enrollment I may change my selections via ESS as often as necessary. However, once the open enrollment period expires on November 14, 2016, my most recent elections submitted via ESS will be BINDING for the 2017 plan year. In order for changes to be considered after November 14, 2016, I understand that I must submit such changes in writing to Piedmont Healthcare by the deadline explained in the cover memo in order for such changes to be considered.

I understand the elections I make now will remain in effect through the end of the 2017 calendar year. Under federal law, my selection for any benefits paid with pre-tax dollars will remain in effect for the full plan year unless I experience a qualifying life event or change in my job or family status. Qualifying life events include:

- Marriage or divorce/legal separation
- Death of spouse or child
- Birth, adoption, or legal change of custody
- Loss or gain of medical coverage under my spouse's group plan for me or my eligible dependents
- Loss of eligible dependent status or eligible dependent status change
- Change from FT to PT, PT to FT, PRN to FT/PT, or FT/PT to PRN, if such change results in a change of eligibility.

If I experience a qualifying life event and wish to review/modify my applicable benefit selections, I understand that I must contact Piedmont's HR Service Center at 678-503-1900 (M-F, 8:30 a.m. – 5 p.m.) within 31 days after such event. If I fail to contact the HR Service Center within 31 days after such event, I understand that I will have to wait until the next open enrollment period to update my benefits for the following plan year. I also understand that any change in my status may result in a change in my premiums.

I understand that I may elect coverage for my eligible dependents for certain benefits offered. I am aware eligible dependents are defined as set forth in the applicable plans. Generally they must be either SPOUSE, DOMESTIC PARTNER or DEPENDENT and described as follows:

SPOUSE - the lawful spouse of the Employee evidenced by official documentation.

DOMESTIC PARTNER – the domestic partner of the Employee as evidenced by satisfying requirements on the Piedmont Healthcare affidavit of domestic partnership.

DEPENDENT - as defined by the applicable plan document.

I understand that in order to cover my eligible spouse, domestic partner or dependent(s), I must enter all information during open enrollment. Piedmont Healthcare utilizes the services of a third-party to verify the eligibility of my dependents for health benefits coverage. I also understand it is my responsibility to notify Piedmont's HR Service Center when any dependent is no longer eligible for coverage. I know that any misrepresentation of this information may result in disciplinary action, including termination of coverage (retroactively as allowed by law).

I understand that if my spouse or domestic partner is employed in a position that provides health benefits, he/she is not eligible to participate in Piedmont's *MyHealth360* medical plan.

I understand that the provision of my/our tobacco user status may result in a Tobacco User Surcharge applied for me and/or my spouse/domestic partner (if applicable) under the Piedmont Healthcare group health plan. "Tobacco use" is defined as the use of any tobacco product, including cigarettes, electronic cigarettes, personal vaporizers or electronic nicotine delivery systems, cigars, chewing tobacco, snuff and pipe tobacco four (4) or more times per week within the past six (6) months. If I attest that my spouse/domestic partner and/or I are non-tobacco users, I am separately verifying that we have not used tobacco products four (4) or more times per week within the past six (6) months. If my spouse/domestic partner and/or I are unable to stop using tobacco products because of a medical reason, I understand that an alternate means of compliance (e.g., participation in a smoking cessation program) may qualify us for the discount. Information on such alternatives is available by contacting Piedmont's HR Service Center at 678-503-1900. I further understand that I am on my honor to make a truthful attestation, and falsification of this attestation will void medical coverage and constitutes theft, which may result in disciplinary action, including termination of medical coverage (retroactively, as allowed by law). Furthermore, I understand that I must notify Piedmont's HR Service Center within 30 days if my spouse/domestic partner and/or I begin using tobacco products.

I understand that I may also elect and purchase additional Life Insurance for myself or my eligible dependents within 30 days of employment in a benefits eligible position without having to provide evidence of insurability (domestic partners are required to submit a domestic partner affidavit and comply with all of CIGNA's requirements included in the summary plan description to be eligible for life insurance coverage.) This additional life insurance coverage will supplement the employer provided basic life insurance. If I am beyond my first thirty (30) days of employment and have never elected Optional and/or Spouse Life Insurance coverage, then my spouse and I will be required to submit Evidence of Insurability (EOI) to the carrier. EOI is required and must be approved before my coverage takes effect. If I already have Optional Life Insurance and would like to increase the amount, a one-multiple increase does not require EOI. However, an increase of more than one-multiple will require EOI. This additional life insurance coverage will supplement the employer provided basic life insurance that is effective after the initial waiting period.

I understand that the voluntary benefit plan offerings available to me (Critical Illness, Hospital Indemnity, Whole Life and Accident) are not Piedmont-sponsored plans and they are not available for enrollment using PeopleSoft ESS. These plans are only available for enrollment by contacting a Piedmont Benefits Counselor at 678-503-1900 within 30 days of employment in a benefits eligible position. After the initial enrollment period, some coverage is subject to providing Evidence of Insurability and approval by the insurance carrier.

I understand that PeopleSoft ESS may become unavailable at certain times. It remains my responsibility to print out a confirmation statement as official documentation of my benefit selections, and to “SAVE” my elections throughout the enrollment process. If I fail to click submit “SUBMIT” at the end of the enrollment process, I understand that I will not be able to change my benefit coverage or enroll in a Flexible Spending Account for 2017.

I acknowledge that I have received the following documents online at myhealth360enroll.com or via the Piedmont intranet and that I have the right to receive paper copies of any of these documents at no charge by calling Piedmont’s HR Service Center at 678-503-1900:

1. Summary Plan Description
2. Summary of Benefits and Coverage (SBC)
3. Summary Annual Report (SAR)

I also acknowledge that I can access the following legal notices on the Piedmont intranet and I may contact Piedmont’s HR Service Center to have any questions answered:

- Prescription Drug Coverage and Medicare Notice
- Notice of Privacy Practices
- Medicaid and the Children’s Health Insurance Program Notice
- Women’s Health and Cancer Rights Protection Notice
- COBRA Continuation Coverage Rights Piedmont Flexible Benefits Plan Notice
- Piedmont Healthcare Non-Discrimination Statement for its Employee Health Benefit Programs

I understand that by clicking the "SUBMIT" button, I acknowledge I have read and understand the statements above and that my authorization for benefits enrollment and corresponding payroll deduction is granted. I understand that falsification of the information I provide may result in cancellation of my coverage, termination of employment and/or disciplinary action as allowed by law. I should print and/or e-mail to myself and keep a copy of any changes for my records. By continuing with this process, I hereby consent to the use of my electronic signature, which will have the same status as my hand written signature.