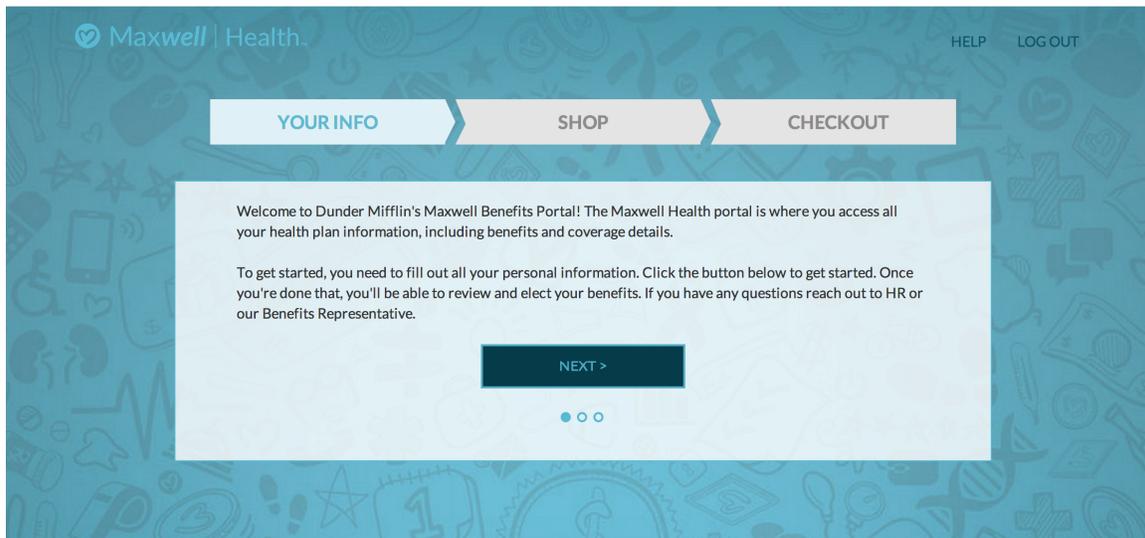
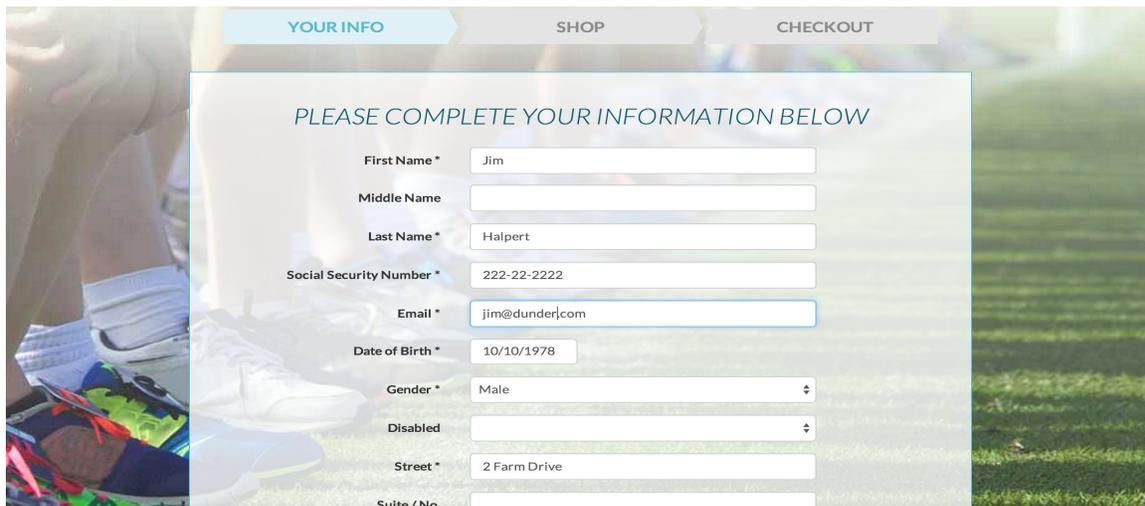


# Maxwell Health: Employee Guide

1. **Log in.** You will receive a welcome email from your employer prompting you to log in to your Maxwell Health Portal.
2. **Read your welcome message.** Read this message and select “Next.”



3. **Complete “Your Info”.** Complete your personal information. Be sure to enter all required and additional information. Once complete, select “Next.”

A screenshot of the Maxwell Health portal's "Your Info" form. The background is a blurred image of a person's legs and feet in athletic gear. At the top, there is a navigation bar with three tabs: "YOUR INFO" (highlighted in light blue), "SHOP", and "CHECKOUT". Below the navigation bar is a white box with a light blue border. The title of the form is "PLEASE COMPLETE YOUR INFORMATION BELOW". The form contains several input fields with labels and asterisks indicating required fields: "First Name \*" with the value "Jim", "Middle Name", "Last Name \*" with the value "Halpert", "Social Security Number \*" with the value "222-22-2222", "Email \*" with the value "jim@dunderj.com", "Date of Birth \*" with the value "10/10/1978", "Gender \*" with a dropdown menu showing "Male", "Disabled" with a dropdown menu, "Street \*" with the value "2 Farm Drive", and "Suite / No." with an empty field.

4. **Enter dependent information.** Be sure to enter all dependent information even if you don't intend to add them to your benefits at this time. **It is very important to include all required AND additional information including dependent SSNs.** Select "+ Add Dependent" for each additional dependent before moving forward. Once all of your dependent information has been added and reviewed, select "Complete."

PLEASE ENTER YOUR DEPENDENTS' INFORMATION

ADD ALL DEPENDENT INFORMATION, EVEN IF YOU DON'T INTEND TO ADD THEM TO YOUR BENEFITS AT THIS TIME.

DEPENDENT - Remove Dependent

First Name \*

Last Name \*

Date of Birth \*

Gender \*

Disabled

Relationship to You \*

Social Security Number

+ Add Dependent

< PREVIOUS COMPLETE

5. **Shop for your benefits.** Your employer-specific benefit options will appear for your selection. You will follow the left-hand toolbar as you select or waive each product.

Maxwell | Health

SHOP BY BUNDLE SHOP BY PRODUCT 🛒 \$0.00 JIM'S ACCOUNT HELP

✓ YOUR INFO SHOP CHECKOUT

BROWSE PRODUCTS

- 1 Medical Insurance\*
- 2 Dental Insurance\*
- 3 Vision Insurance\*
- 4 Financial Products\*
- 5 Other Insurance Products
- 6 Extras
- 7 REVIEW YOUR CHOICES

MEDICAL PLANS I don't want Medical Insurance



**aetna**

AETNA HDHP

High Deductible    HSA Qualified

**aetna**

AETNA HMO

HMO    No Deductible

6. **Select coverage level for each product.** You will be prompted to select from multiple options. Be sure to select the option that applies for that particular product. You will also be prompted to confirm which family members will be covered before saving your selection.

**SELECT COVERAGE LEVEL**

Please select the family members you would like this product to cover:

**1** Coverage Level: Just you and your spouse

**2** Covered Individuals: × Pam Halpert × Jim Halpert

CANCEL SAVE

7. **Add beneficiary information.** If your employer offers a plan that requires beneficiary information, the “Edit Beneficiary Information” button will appear at the bottom of your summary screen. This is not required by the portal, but may be required by your employee. **Be sure to select “Edit Beneficiary Information” before submitting enrollment.**

Your total monthly premiums:	\$1,086.52
- Your employer's contribution:	\$1,030.96
<b>YOUR TOTAL :</b>	<b>\$55.56</b>

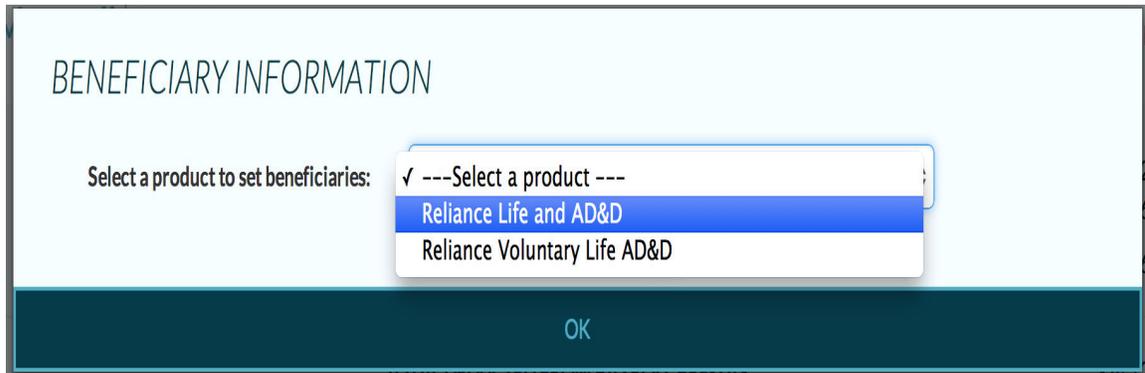
TOTAL DEDUCTED FROM PAYROLL PRE-TAX: PER PAY PERIOD:	\$24.72
TOTAL DEDUCTED FROM PAYROLL POST-TAX: PER PAY PERIOD:	\$0.92

BENEFICIARY INFORMATION

EDIT BENEFICIARY INFORMATION

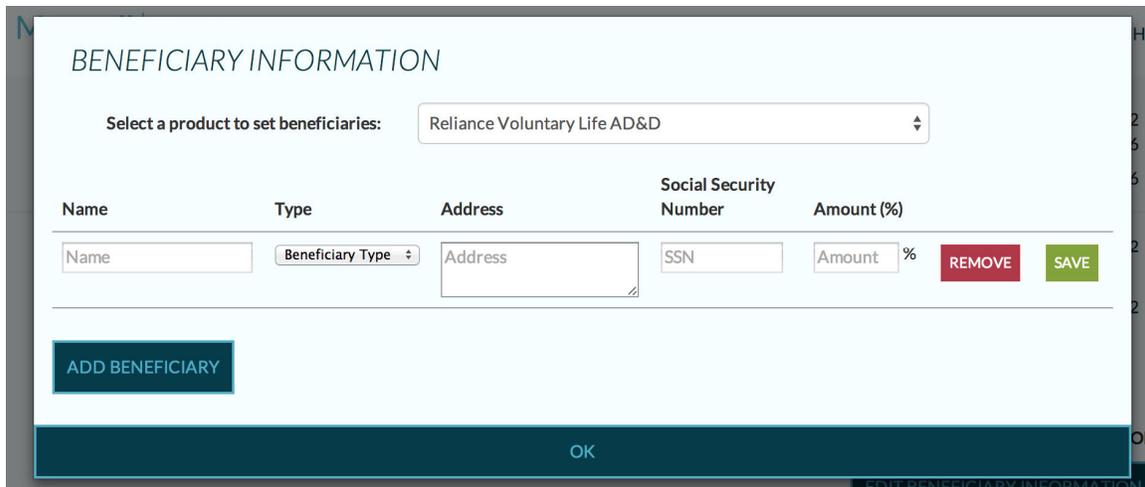
SUBMIT ENROLLMENT >

8. **Select a product.** Be sure to set beneficiaries for all applicable products.



The screenshot shows the 'BENEFICIARY INFORMATION' form. At the top, it says 'BENEFICIARY INFORMATION'. Below that, there is a label 'Select a product to set beneficiaries:' followed by a dropdown menu. The dropdown menu is open, showing three options: '---Select a product ---', 'Reliance Life and AD&D' (which is highlighted in blue), and 'Reliance Voluntary Life AD&D'. At the bottom of the form, there is a dark blue bar with the text 'OK' in white.

9. **Enter beneficiary details.** Enter the name, beneficiary type (primary, secondary), address, SSN and Amount (%) and select "Save."



The screenshot shows the 'BENEFICIARY INFORMATION' form. At the top, it says 'BENEFICIARY INFORMATION'. Below that, there is a label 'Select a product to set beneficiaries:' followed by a dropdown menu that has 'Reliance Voluntary Life AD&D' selected. Below this, there is a table with five columns: 'Name', 'Type', 'Address', 'Social Security Number', and 'Amount (%)'. Each column has a corresponding input field: 'Name' (text box), 'Type' (dropdown menu), 'Address' (text box), 'Social Security Number' (text box labeled 'SSN'), and 'Amount (%)' (text box labeled 'Amount %'). To the right of the 'Amount (%)' field are two buttons: 'REMOVE' (red) and 'SAVE' (green). Below the table, there is a dark blue button labeled 'ADD BENEFICIARY'. At the bottom of the form, there is a dark blue bar with the text 'OK' in white.

10. **Review benefit summary.** Review your benefit summary and total monthly premiums. You can change or remove products at this time.

11. **Checkout.** Once you have reviewed your benefits, select “Checkout.”

YOUR TOTAL MONTHLY PREMIUMS		
Total:	\$69.24	monthly
- Your employer's contribution:	\$13.68	monthly
Your total:	\$55.56	monthly
TOTAL DEDUCTED FROM PAYROLL PRE-TAX:		\$24.72
	<i>Per pay period</i>	
TOTAL DEDUCTED FROM PAYROLL POST-TAX		\$0.92
	<i>Per pay period</i>	
		

11. After checkout, you can view your summary of benefits via Maxwell Health at any time.

12. If you have selected products that require electronic form submission, you will receive notification via email and the Maxwell portal letting you know when your form(s) are ready to sign electronically.

Any questions during this processing can be directed to your Advisor, HR Administrator, or Maxwell Health at [1\(866\) 629-7445](tel:18666297445) and [support@maxwellhealth.com](mailto:support@maxwellhealth.com).