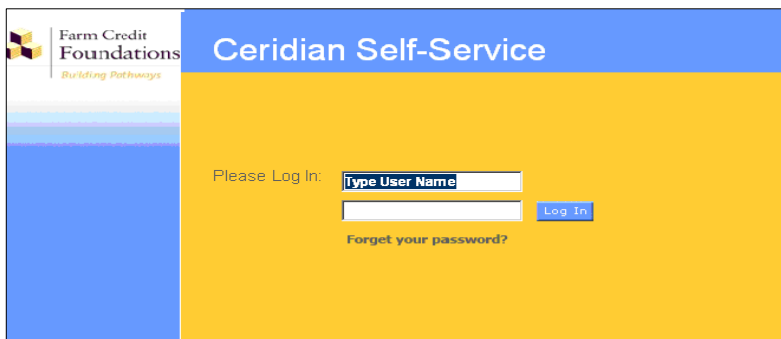


## Step by Step Guide - Annual Enrollment 2009

If you don't make any changes, all of your 2008 benefits will continue EXCEPT your Flexible Spending Account(s) or Health Savings Account. If you do not want to make changes, please review all benefits and dependents covered.

### Step 1: Logging On and Accessing Benefits Annual Enrollment


1. Log onto Ceridian Self-Service at <https://sss2.ceridian.com/foundations>.
2. To access your account use your User Name (this is your six digit clock number) and password
  - If you do not know your User Name, contact your Benefits Coordinator.
  - If you forgot your password, enter in your User Name and click the "Forgot Your Password?" link. A system-generated password will be e-mailed to you.




**NOTE:** After five unsuccessful password attempts, your account will be disabled and you will have to wait for a system administrator to enable your account. If your account is disabled, an e-mail is automatically sent to [HRIS@FarmCreditFoundations.com](mailto:HRIS@FarmCreditFoundations.com) and a Foundations staff member will reset your new password and send you an e-mail.

**IMPORTANT:** After 10 minutes of inactivity, your session will time out and your elections will NOT be saved. You will receive notification of the time out, and you will need to go back in and re-enroll.

A new link will appear on the Self-Service Home Page. When you are ready to make your 2009 elections, click on the link "**Please enroll now**" under the Enrollment Notice and follow the steps outlined in this document.

 **Enrollment Notice:**  
You haven't completed Open Enrollment for 2009. It ends in 55 days: [Please enroll now](#).



To Do

- You have **1** [Documents pending your approval](#)
- You have **0** [Requests in process](#)
- You have **0** [Documents saved for later](#)
- [All Documents](#)

### Step 2: Reviewing Your Dependents

Verify that the dependent(s) listed on this screen are correct. If all of your dependent(s) information is correct, press **Next** and skip to *Step 3* on *page 3*. If you need to add or remove any dependent(s), click the "**Dependents**" link and follow the instructions below:

Your benefit elections will be effective 1/1/2009.

TO ENROLL IN BENEFITS, COMPLETE THE FOLLOWING TASKS IN THE ORDER THEY ARE SHOWN.

**IMPORTANT:** If you want to cover a dependent under any benefit plan, you must add them to the database. Click on the [Dependents](#) link below the "Page to Change section", to add, remove, or edit dependents.

You have until 11/18/2008 to elect your benefits.

**Benefits Information**

Dependent	Relationship
Enrolled, Nita	Child
Enrolled, Tim	Spouse

Benefits Information	Your Information	Page to Change
Dependents	(Listed above)	<a href="#">Dependents</a>

## To Add Dependent(s):

1. To Add Dependents click **Add**.

To View or Change a Dependent's Information:

Click the dependent's name.

Name	Relationship to Employee	Effective Date if Deleting	Delete
Enrolled, Nita	Child	<input type="text"/>	<input type="checkbox"/>
Enrolled, Tim	Spouse	<input type="text"/>	<input type="checkbox"/>

[View Current Benefit Statement](#)

**Add** **Save** **Cancel**

2. Fill in the necessary information. Red asterisks indicate fields that are required. Enter today's date in the "Effective Date" field.

**New Dependent**

To add a dependent, enter the following information and click **Save**. An \* indicates that the field is required.

**During Annual Enrollment you do not need to complete a Status Change Form to enroll your dependent in benefits for the 2009 plan year. Follow the enrollment instructions to add dependents to your 2009 benefit enrollment.**

This does NOT enroll the dependent in any benefits. You must complete and return a Status Change Form to your Benefit Coordinator within 31 days of the qualifying event. This form can be found on [www.FarmCreditFoundations.com](http://www.FarmCreditFoundations.com) or under the Company Information section of the home page of Self Service.

**The system will prompt you to confirm your changes. You MUST click SAVE a second time to confirm your changes.**

Effective Date

Effective Date (mm/dd/yyyy) - Please enter a date of today for adding dependents for 2009 elections \*

Dependent's Personal Information

First Name \*   
Middle Name   
Last Name \*   
Birth Date (mm/dd/yyyy) \*   
Social Security Number (999-99-9999)

3. Click **Save**.

4. Click **Save** again to confirm your changes.

5. You will receive a confirmation that your changes have been saved. Click **OK**.

**IMPORTANT:** Adding a dependent's information does **NOT** enroll them in any benefit plans. You **MUST** add them to each benefit when going through the enrollment process.

## To Delete Dependent(s):

**NOTE:** If you are deleting a dependent that will need continuation of benefits coverage (such as a college student), you **MUST** contact your Benefits Coordinator to initiate continuation paperwork.

1. Enter Dec. 31, 2008, in the "Effective Date if Deleting" field for the dependent you wish to delete.

Click the dependent's name.

Name	Relationship to Employee	Effective Date if Deleting	Delete
Enrolled, Nita	Child	<input type="text"/>	<input type="checkbox"/>
Enrolled, Tim	Spouse	<input type="text"/>	<input type="checkbox"/>

[View Current Benefit Statement](#)

**Add** **Save** **Cancel**

2. Check the box marked "Delete."

3. Click **Save**.

4. You will receive a confirmation notice. Click **OK**.

5. Click **Cancel** to return to the *Benefits Information Page*.

6. Click on **Next** to continue enrollment.

**NOTE:** The dependent you deleted will still appear under Dependent Information until the Annual Enrollment period is closed.

**IMPORTANT:** Deleting a dependent's information does **NOT** remove them from any benefit plans. You **MUST** remove them from each benefit when going through the enrollment process.

You can use the "Jump To" Box to help you navigate through each of these benefits.

## Step 3: Changing Medical, Dental and Vision

### Medical, Dental and Vision Insurance Enrollment

1. Click **Change** to enroll/make changes for 2009. If you do not make changes to your medical, dental and vision insurance plan, it will default to the benefit plan and coverage level you elected in 2008.

**Medical Insurance**

Click Change to elect Medical Insurance. [Top](#) **Change** Refresh Page

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**Dental Insurance**

Click Change to elect Dental Insurance. [Top](#) **Change** Refresh Page

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**Vision Insurance**

Click Change to elect Vision Insurance. [Top](#) **Change** Refresh Page

2. Select the benefit plan and coverage level you want to enroll in and click **Save**.

**NOTE:** Select “**Waive Coverage**” if you do not wish to enroll in any of the medical benefits.

**NOTE:** Under the “**Employee Cost/Credit Per Pay**” the “+” under the Consumer Choice PPO Plan denotes an employee rebate which will be deposited into the employee’s HSA account. The “()” denotes a deduction that will be taken through payroll.

Has	Elect	Benefit	Coverage	Tax	Employee Cost/Credit Per Pay	Employee Cost/Credit Annual
	<input type="radio"/>	Consumer Choice-Dom Partner	Employee + Domestic Partner	After	(\$2.50)	(\$60.00)
	<input type="radio"/>	Consumer Choice Plan	Employee	Before	+\$16.50	+\$396.00
	<input type="radio"/>	Consumer Choice Plan	Employee + Spouse	Before	+\$14.00	+\$336.00
	<input type="radio"/>	Consumer Choice Plan	Employee + Children	Before	+\$15.00	+\$360.00
	<input checked="" type="radio"/>	Consumer Choice Plan	Employee + Family	Before	+\$10.50	+\$252.00
	<input type="radio"/>	Premium PPO Plan	Employee	Before	(\$40.00)	(\$960.00)
	<input type="radio"/>	Premium PPO Plan	Employee + Spouse	Before	(\$100.00)	(\$2,400.00)
	<input type="radio"/>	Premium PPO Plan	Employee + Children	Before	(\$85.00)	(\$2,040.00)
	<input type="radio"/>	Premium PPO Plan	Employee + Family	Before	(\$160.00)	(\$3,840.00)
	<input type="radio"/>	Standard PPO Plan	Employee	Before	(\$15.50)	(\$372.00)
	<input type="radio"/>	Standard PPO Plan	Employee + Spouse	Before	(\$50.50)	(\$1,212.00)
	<input type="radio"/>	Standard PPO Plan	Employee + Children	Before	(\$42.00)	(\$1,008.00)
	<input type="radio"/>	Standard PPO Plan	Employee + Family	Before	(\$86.00)	(\$2,064.00)
	<input type="radio"/>	Waived Medical Insurance	Employee	After	+\$0.00	+\$0.00

3. Click **Cover Dependents** to enroll dependent(s).

**Medical Insurance**

Click Change to elect Medical Insurance. [Top](#) **Change** Refresh Page

**Consumer Choice Plan (Employee + Family) NEW** **Cover Dependents**

Tax: Before

Per Pay: +\$10.50

Annual: +\$252.00

Employer Per Pay: (\$440.50)

Employer Annual: (\$10,572.00)

Primary Care Provider Code:

Primary Care Provider Name:

Covered Dependents: Primary Care Provider

There are no covered dependents.

4. For each dependent, you must:
  - Choose a dependent from the drop down box.
  - Click the Cover box.
  - When all dependents are added, click **Save**.

**NOTE:** If you just deleted a dependent, you **MUST** remove them at this point in the enrollment process. If you just added a dependent and would like them enrolled in your medical, dental and vision insurance plan, you **MUST** add them at this point.

**Cover Dependents and Elect Beneficiaries**

**Elect Covered Dependents**

Consumer Choice Plan - Employee + Family

Cover	Dependent
<input checked="" type="checkbox"/>	Enrolled, Nita
<input checked="" type="checkbox"/>	(none)

**Save** **Cancel**

\*\*\* Repeat Steps 1-4 of **Medical Insurance Enrollment** to elect **Dental and Vision Coverage**. Be sure to attach all dependents you want enrolled to each individual benefit plan.

## Step 4: Electing Tax Advantage Accounts

### Health Savings Account, Limited Purpose FSA and FSA Health Care

If you elect the Consumer Choice PPO Plan, you can ONLY elect to participate in the HSA and/or FSA Limited Purpose. You are NOT eligible to participate in FSA Health Care. The HSA and FSA Limited Purpose may be elected individually or together.

#### HSA Enrollment

1. Click the **Change** button for Health Savings Accounts (HSA) and Flexible Spending (FSA).

Health Savings (HSA) and Flexible Spending (FSA)

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Click Change to elect Health Savings (HSA) and Flexible Spending (FSA) **Change** Refresh Page

[Top](#)

2. Elect Health Savings Account and enter the annual pre-tax amount you want to contribute for 2009. The amount you enter is in addition to the employer's contributions.

3. Click **Save**.

Health Savings (HSA) and Flexible Spending (FSA)

Has	Elect	Account	Tax	Annual Contribution	Min	Max
	<input type="checkbox"/>	FSA Limited Purpose	Before	0.00	\$120.00	\$2,500.00
	<input type="radio"/>	FSA Healthcare	Before	0.00	\$120.00	\$5,000.00
	<input checked="" type="radio"/>	Health Savings Account	Before	5000	\$0.00	\$6,698.00
	<input type="radio"/>	Waive Election				

**Save** **Cancel**

**Note:** Your contribution, in addition to the employer's contribution, cannot exceed the IRS limitations. For 2009 the maximum single coverage contribution is \$3,000 and the maximum family coverage contribution is \$5,950. In 2009, if you are 55 or older, you are able to contribute an additional \$1,000 in HSA catch-up contributions.

### Flexible Spending Account (FSA) Limited Purpose Enrollment

1. Click the **Change** button for Health Savings (HSA) and Flexible Spending (FSA).

Health Savings (HSA) and Flexible Spending (FSA)

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Click Change to elect Health Savings (HSA) and Flexible Spending (FSA) **Change** Refresh Page

[Top](#)

2. Elect FSA Limited Purpose and enter the annual pre-tax amount you want to contribute for 2009. The maximum amount is \$2,500.

3. Click **Save**.

Health Savings (HSA) and Flexible Spending (FSA)

Has	Elect	Account	Tax	Annual Contribution	Min	Max
	<input checked="" type="checkbox"/>	FSA Limited Purpose	Before	\$2,500.00	\$120.00	\$2,500.00
	<input type="radio"/>	FSA Healthcare	Before	0.00	\$120.00	\$5,000.00
	<input checked="" type="radio"/>	Health Savings Account	Before	\$5,000.00	\$0.00	\$6,698.00
	<input type="radio"/>	Waive Election				

**Save** **Cancel**

**Note:** FSA Limited Purpose expenses are limited to dental and vision care/products that meet the IRS definition of medical care.

## Flexible Spending Account (FSA) Health Care Enrollment

If you elect the Premium PPO Plan, Standard PPO Plan, or an HMO, you can ONLY elect to participate in the FSA Health Care.

1. Click the **Change** button for Health Savings (HSA) and Flexible Spending (FSA).

Health Savings (HSA) and Flexible Spending (FSA)

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Click Change to elect Health Savings (HSA) and Flexible Spending (FSA). [Change](#) [Refresh Page](#)

[Top](#)

2. Elect FSA Health Care and enter the annual pre-tax amount you want to contribute for 2009. The minimum is \$120 and maximum is \$5,000.

Health Savings (HSA) and Flexible Spending (FSA)

Has	Elect	Account	Tax	Annual Contribution	Min	Max
	<input type="checkbox"/>	FSA Limited Purpose	Before	0.00	\$120.00	\$2,500.00
	<input checked="" type="radio"/>	FSA Healthcare	Before	5000	\$120.00	\$5,000.00
	<input type="radio"/>	Health Savings Account	Before	0.00	\$0.00	\$6,598.00
	<input type="radio"/>	Waive Election				

[Save](#) [Cancel](#)

3. Click **Save**.

## Flexible Spending Account (FSA) Dependent Care Enrollment

FSA Dependent Care pays for childcare or adult dependent care expenses that are necessary to allow you or your spouse to work, look for work, or attend school full time.

1. Click the **Change** button for Dependent Care Flexible Spending Accounts.

Dependent Care Flexible Spending Accounts

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Click Change to elect Dependent Care Flexible Spending Accounts. [Change](#) [Refresh Page](#)

[Top](#)

2. Elect FSA Dependent Care and enter the annual pre-tax amount you want to contribute for 2009. The maximum contribution is \$5,000\*.

Dependent Care Flexible Spending Accounts

Has	Elect	Account	Tax	Annual Contribution	Min	Max
	<input checked="" type="checkbox"/>	FSA Dependent Care	Before	5,000	\$120.00	\$5,000.00

[Save](#) [Cancel](#)

3. Click **Save**.

\* Per IRS regulations, the maximum amount you can contribute to the FSA Dependent care is \$5,000 per household (\$2,500 if married and filing separately).

## Step 5: Changing Voluntary AD&D Insurance

### Voluntary AD&D Insurance

You may elect Voluntary AD&D Insurance coverage for yourself only or for yourself and your family. You can elect coverage amounts from \$25,000 - \$750,000, in \$25,000 increments. However, your election cannot exceed 10x your base salary.

1. Click **Change** to enroll/make changes for 2009. If you do not make changes to your Voluntary AD&D Insurance, it will default to the benefit plan and coverage amount you elected in 2008.

AD&D Insurance

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Click Change to elect AD&D Insurance. [Top](#) Change [Refresh Page](#)

2. Elect the benefit plan you would like to enroll in. Click the drop down box and select the coverage amount and click **Save**.

**NOTE:** Select "Waive Coverage" if you do not wish to enroll in any of the Voluntary AD&D benefits.

AD&D Insurance

Has	Elect	Benefit	Coverage	Tax	Employee Cost/Credit Per Pay	Employee Cost/Credit Annual
	<input type="radio"/>	Voluntary ADD Employee Only	(Select a coverage amount)	Before	\$ .00	\$ .00
	<input checked="" type="radio"/>	Voluntary ADD Family	\$175,000.00	Before	(\$2.80)	(\$67.20)
	<input type="radio"/>	Waived Voluntary ADD	\$0.00	After	+\$0.00	+\$0.00

Save
Cancel

### Summary

The summary section shows the per pay period and annual payroll deductions for the benefits you've selected. **NOTE:** Per pay period and annual costs for domestic partners, age-rated benefits and salary-based benefits will not appear correctly until 2009. Be sure to view your Jan. 15 earnings statement to confirm benefit deduction amounts.

**Summary**

	Per Pay	Annual
<b>Total Credits</b>	+\$0.00	+\$0.00
<b>Total Before Tax Cost</b>	(\$526.10)	(\$12,626.48)
<b>Total After Tax Cost</b>	+\$0.00	+\$0.00
<b>Total Employee Costs</b>	(\$526.10)	(\$12,626.48)
<b>Total Employer Costs</b>	(\$458.50)	(\$11,004.00)

[Top](#)

Note: Total costs in summary above are not reflective of changes shown throughout guide and are for process use only.

## Step 6: What's Next?

After making your elections the following options are available to you:

Complete Enrollment

Save Selections and Enroll Later

Start Over

Cancel

- **Complete Enrollment** - Select the **Complete Enrollment** button when you have made all selections and are ready to complete the enrollment process.
- **Save Selections and Enroll Later** - Select this option if you have made elections but would like to wait to submit your enrollment. To return to *Self-Service Enrollment* click the "**Please enroll now**" link from the *Self-Service Home Page*.
- **Start Over** - Select the **Start Over** button if you want to reset all choices back to your 2008 benefit elections and begin again.
- **Cancel** - Select the **Cancel** button to exit *Self-Service Enrollment* and return to the home page. Any changes that you have made prior to clicking cancel will not be saved.

## Step 7: Completing Enrollment

**IMPORTANT: Your elections will not be effective unless you have completed all of Step 7.**

1. When you have reviewed your elections and are ready to submit them, click on the **Complete Enrollment** button.
2. You will see that your changes have been saved. Click **OK**.

3. You will return to the *Self-Service Home Page*, you will also have another screen pop up. In the screen there will be the summary information of all pending benefits. You will want to click on the **Print** to print off a copy for your records. This will also remove the pop-up screen and return you to the *Self-Service Home Page*.
4. Once you have confirmed that all of your elections are correct, scroll to "**Benefits**" and click on the "**Annual Enrollment Review Confirmation**" link on the *Self-Service Home Page*.

These are your pending benefit elections that have not yet taken effect. The effective date(s) for these benefits are listed below. Review the information carefully. If you have any questions, contact your benefit administrator.

Personal Information						
Social Security Number	101-33-1212					
Name	Enrolled, Imma	Birth Date	10/12/1971			
Address	101 Enrollment Street Coverland, OH 45943		Hire Date	9/1/2008		
Pending Benefits						
Benefit	Tax	Effective	Employee Per Pay	Employee Annual	Employer Per Pay	Employer Annual
Dependent Care Flexible Spending Accounts	Before	1/1/2009			N/A	N/A
FSA Dependent Care			(\$208.33)	(\$5,000.00)		
Health Savings (HSA) and Flexible Spending (FSA)	Before	1/1/2009			N/A	N/A
FSA Limited Purpose			(\$104.17)	(\$2,500.00)		
Health Savings Account	Before	1/1/2009			N/A	N/A
			(\$208.33)	(\$5,000.00)		
AD&D Insurance	Tax	Effective	Employee Per Pay	Employee Annual	Employer Per Pay	Employer Annual
Voluntary ADD Family (\$175,000.00)	Before	1/1/2009	(\$2.80)	(\$67.20)	+\$0.00	+\$0.00
Dental Insurance	Tax	Effective	Employee Per Pay	Employee Annual	Employer Per Pay	Employer Annual
Basic Dental Plan (Employee + Spouse)	Before	1/1/2009	(\$7.50)	(\$180.00)	(\$18.00)	(\$432.00)
Medical Insurance	Tax	Effective	Employee Per Pay	Employee Annual	Employer Per Pay	Employer Annual
Consumer Choice Plan (Employee + Family)	Before	1/1/2009	+\$10.50	+\$252.00	(\$440.50)	(\$10,572.00)

Annual Enrollment Review Confirmation

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**Annual Enrollment Review Confirmation**

I have indicated my benefit choices and I understand that I will not be able to change these benefit elections until the next annual enrollment period unless I experience a qualifying election change event as defined in the Plan.

I understand that any contributions to the Limited Purpose Flexible Spending Account, Flexible Spending Health Care and/or Flexible Spending Dependent Care Account are subject to the IRS use it or lose it rule and may be forfeited if expenses are not incurred and reimbursed according to the plan rules.

By choosing to receive the benefits available through the Farm Credit Foundations Flexible Benefit Plan and by selecting yes and checking the Save button, I authorize my employer to reduce my salary by the amount necessary to pay for my share of the cost for these benefits. I understand that this will reduce my taxable compensation. Depending on my compensation level, I may pay less Social Security tax and this may have some effect on the amount of my Social Security retirement benefits.

**1. I have reviewed and agree to the benefits I have elected.**

Yes  
 No

5. Read the instructions carefully and click on one of the radio buttons. Click on **Save**.
- Note:** After you have read the statement and clicked on **Save**, it will bring the same page up again asking you to confirm one more time that this is your intention.
6. Confirm by clicking **Save**.
  7. You will see a confirmation that your changes have been saved. Click **OK**.
  8. Once enrollment is completed you will also receive and e-mail confirmation. The e-mail will be submitted to your work e-mail address.
- Note:** Your elections will **not** be submitted if the **Complete Enrollment** button is not clicked.

Should you notice an election is incorrect or you decide to change your elections during the Annual Enrollment period, all you will need to do is click on the [Reset your benefits enrollment](#) link on the home page of Ceridian Self-Service. By clicking on this link you will **reset** all of your 2008 elections.

Benefits elected during Annual Enrollment are effective Jan. 1, 2009, and your deductions will start with your Jan. 15, 2009 paycheck. Your elections will remain in effect for 2009 unless you notify your Benefits Coordinator of a qualifying event that allows a change in your benefit elections.

## Step 8: Making Changes to Benefits Outside Ceridian Self-Service

### Optional Basic Term Life/AD&D Insurance, Employee Group Universal Life, Spouse Group Universal Life, Child Term Life, AFLAC and 401(k) Plan

The benefits listed below are NOT available through Self-Service Enrollment. If you would like to make changes to these benefits, please follow the instructions below AFTER you have completed Self-Service enrollment.

#### Optional Basic Term Life/AD&D Insurance

If you would like to make changes to your Optional Basic Employee Term Life/AD&D, you will need to complete an Optional Basic Employee Term Life and AD&D Election Form. You can find a link to this form by clicking on the “**FarmCreditFoundations**” link on the *Self-Service home page*. Once on the FarmCreditFoundations home page, click on the Forms tab.

#### Child Term Life Insurance

If you would like to make changes to your Child Term Life Insurance, you will need to complete a Child(ren) Life Insurance Application and Evidence of Insurability Form. You can find a link to this form by clicking on the “**FarmCreditFoundations**” link on the *Self-Service home page*. Once on the FarmCreditFoundations Home page click on the Forms tab.

#### Employee Group Universal Life

If you would like to make changes to your Employee Group Universal Life, log onto [www.lifebenefits.com](http://www.lifebenefits.com) and complete an online application. You can find this link by clicking on the “**Group Universal Life**” link on the *Self-Service home page*.

#### Spouse Group Universal Life

If you would like to make changes to your Spouse Group Universal Life, log onto [www.lifebenefits.com](http://www.lifebenefits.com) and complete an online application. You can find this link by clicking on the “**Group Universal Life**” link on the *Self-Service home page*.

#### AFLAC

AFLAC Supplemental coverage is available for yourself, your spouse and/or your family. To elect AFLAC coverage, complete the on-line application at [www.kansas-afl.com/foundations](http://www.kansas-afl.com/foundations).

#### 401(k) Plan

To make changes to your 401(k) that will be effective on the first check of 2009 (January 15<sup>th</sup> paycheck), you **MUST** complete the changes through Benefits Complete, [www.bcomplete.com](http://www.bcomplete.com) or by calling the Participant Service Center at 1-800-294-3575 by 3 p.m. (Central) on Dec. 31, 2008. You can find this link by clicking on the “**Update 401(k)**” link on the *Self-Service home page*.