

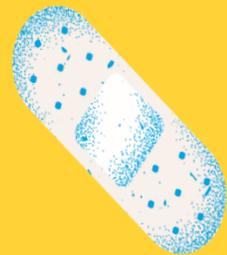
SPARC
SIMON PROPERTIES AUTHENTIC RETAIL CONCEPTS

HEALTHY
Living

AÉROPOSTALE Brooks Brothers EDDIE BAUER FOREVER 21 LUCKY*BRAND NAUTICA Reebok

BENEFIT ENROLLMENT

Dayforce Step-by-Step Guide



STARTING YOUR ENROLLMENT

- To start, navigate to Dayforce Website after Open Enrollment launches

- ❑ <https://aeropostale.dayforce.com/mydayforce/mydayforce.aspx>

- You can access the Benefits page in two ways:

- ❑ Option 1:

- Click on the **Menu Bar**  in the top-left corner of the screen

- Select  from the drop-down menu

- ❑ Option 2:

- Click on the **Benefits** icon on your homepage



STARTING YOUR ENROLLMENT

- Select "**Start Enrollment**" to open your available benefit enrollment window

The screenshot displays a web interface for managing enrollments. At the top, there are navigation tabs: Overview (selected), History, Current Elections, Forms, and Dependent Verification. Below the tabs, the main heading is 'Enrollments', followed by a 'Refresh' button. A descriptive text states: 'Below is a listing of available Enrollments. To access an Enrollment select "Start/Continue Enrollment"'. A single enrollment entry is shown in a white box with an orange border on the left. The entry is titled 'US - Annual Enrollment 2025' and indicates it is 'Due in 29 day(s)'. To the right of the entry, there is a 'Pending' status with a play button icon and a 'Start Enrollment' button. The 'Start Enrollment' button is circled in red, and a large red arrow points to it from the right side of the screen.

Overview History Current Elections Forms Dependent Verification

Enrollments Refresh

Below is a listing of available Enrollments. To access an Enrollment select "Start/Continue Enrollment"

US - Annual Enrollment 2025 Due in 29 day(s) Pending Start Enrollment

INTRODUCTION

- The first page of your enrollment will display a welcome message with helpful information
- Take a moment to review it and click "Next" when you're ready to start the enrollment process

Introduction Profile Elections Confirmation Summary

 **US - Annual Enrollment 2025**
Due in 29 day(s) - 10/31/2024

Close

HEALTHY Living

Welcome to Annual Enrollment 2025!

Annual Enrollment will run from Monday, October 14, 2024, through Friday, October 25, 2024.

Enrollment
Medical Insurance

Next

Current Dependent Information

- Any dependents currently covered under your benefit plans will automatically appear in the current dependent information section
 - ❑ Review your dependent(s) to ensure the information is accurate
 - ❑ You can **View/Edit, Add** or **Remove** dependents on this page as needed
 - ❑ Social Security Number (SSN) is required for any new dependents
- Once all information is entered and verified, click "**Continue**"

Add New Dependent ✕

Personal Information * Required Field

First Name *

Middle Name

Last Name *

Gender *

Relationship *

Birth Date *

National ID Number*

Tobacco/Smoker *

Date last used Tobacco/Smoked

Student

Disabled

Marital Status

Primary Address + Add

Your address will be used as the dependent's primary address, unless a new address is entered.

Other Address + Add

Phone Number + Add

Currently does not have a phone number.

Continue
Cancel

Current Dependent Information

Below is the list of your current dependents. You have the ability to Add, Edit, and/or Remove dependent(s).

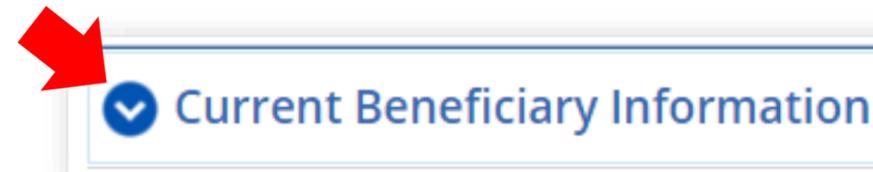
+ Add

Name	Relationship	Birth Date	
<input type="text" value="Name"/>	Child	<input type="text" value=""/>	View/Edit Remove
<input type="text" value="Name"/>	Spouse	<input type="text" value=""/>	View/Edit Remove

Next

CURRENT BENEFICIARY INFORMATION

- You must designate at least one beneficiary for the company-provided life insurance and AD&D plans
 - ❑ Click the down arrow next to "Current Beneficiary Information"
 - ❑ Your current beneficiary details will appear.
 - ❑ Review your Beneficiary(s) to ensure the information is accurate
 - ❑ You can **View/Edit, Add** or **Remove** Beneficiary(s) on this page as needed
 - ❑ Provide the beneficiary's name and their relationship to you
 - ❑ SSN is not required for beneficiaries
- Click "**Continue**", then click "**Next**" to proceed with enrollment



Add New Beneficiary ✕

Personal Information * Required Field

First Name*

Middle Name

Last Name*

Gender

Relationship*

Birth Date

National ID Number

Primary Address

No Primary Address

Other Address

Phone Number

Currently does not have a phone number.

⬆️ Current Beneficiary Information

Current Beneficiary(s)

Below is the list of your current beneficiary(s). You have the ability to Add or Remove a beneficiary. Limited editing is also available.

+ Add
 ✕ Remove

Beneficiary	Relationship	Birth Date	View/Edit
	Sibling		✎ View/Edit
	Spouse		✎ View/Edit

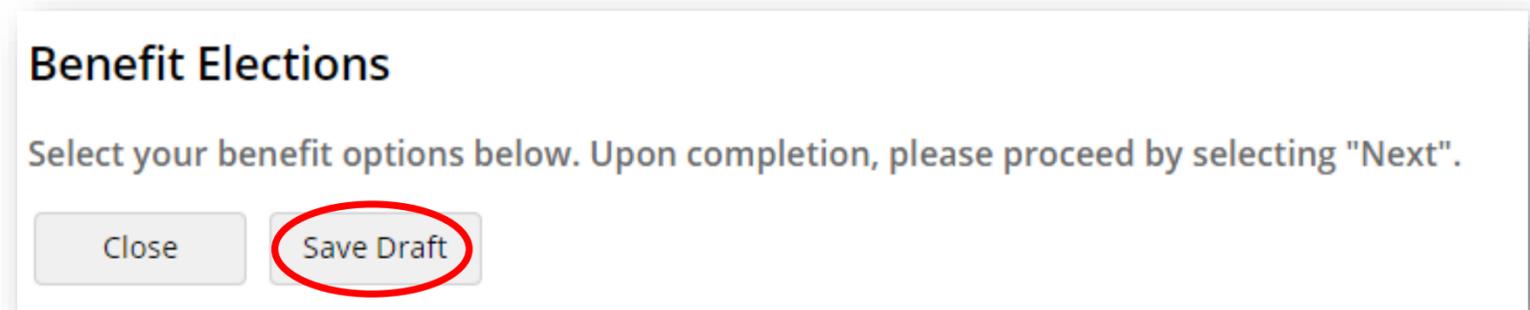
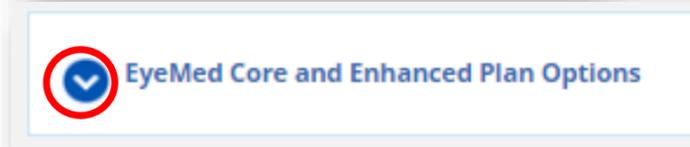
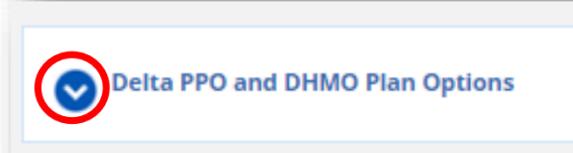
Close
Save Draft
Back
Next

HELPFUL TIPS BEFORE PROCEEDING

- This enrollment period allows you to choose your benefits for the upcoming year, giving you the opportunity to review, update, or change your selections
 - ❑ Click the down arrow next to each benefit plan to expand and view all the coverage levels available to you
 - ❑ As you complete your enrollment, please remember that you must select an option for each section, even if that option is to waive benefits

- During an Annual Enrollment, your current benefit selections will be pre-selected
 - ❑ The benefit selections marked with a green circle and check mark represent your current benefit election

- Remember to click "Save Draft" periodically throughout the process to save your progress.



MAKING BENEFIT ELECTIONS

- You will have the opportunity to enroll or waive your medical, dental, and vision plan coverage

- If you're adding/dropping dependents
 - ❑ Select the relevant plan option and click "**Show Details**" to open a window
 - ❑ If you entered dependent information earlier, it should be pre-populated
 - ❑ If not, click "**Add**" and then the plus icon next to each dependent you want to cover
 - ❑ Click "**Save**" to proceed

- Ensure that you check all the dependents you are covering if you have more than one

Option	
<input type="checkbox"/> Delta DHMO Employee + Spouse Start Date: 1/1/2025 Show Details	\$8.71
<input type="checkbox"/> Delta DHMO Employee Only (No DP) Start Date: 1/1/2025	\$5.07
<input type="checkbox"/> Delta PPO Employee + Spouse Start Date: 1/1/2025 Reference Attachments Show Details	\$14.24
<input checked="" type="checkbox"/> Delta PPO Employee Only (No DP) Start Date: 1/1/2025 Reference Attachments	\$7.64
<input type="checkbox"/> Waive Dental Start Date: 1/1/2025	\$0.00

Option Details

Delta DHMO Employee + Spouse

Dependents
Please select dependents to be enrolled.

- Minimum number of Dependent(s): 1
- Maximum number of Dependent(s): 1

[+ Add](#)

Dependents	Remove

Your Cost: \$8.71

Estimated Total Annual Amount: \$226.44

Your Current Elections

Health

3. Premium PPO Plan Employee + Employee's Child You \$160.28
Employer \$452.61

Effective Start: 4/12/2024 Every Regular Run

Dependents: 1 Person

Delta PPO Employee Only (No DP) You \$7.42
Employer \$10.90

Effective Start: 4/12/2024 Every Regular Run

EyeMed Standard - Employee Only (No DP) You \$3.00
Every Regular Run

Effective Start: 4/12/2024

No; Neither myself nor my dependents use Tobacco

Effective Start: 4/12/2024

No; Neither myself nor my dependents use Tobacco/Waived Medical

Effective Start: 4/12/2024

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

HEALTH CARE SPENDING AND SAVINGS ACCOUNTS

- If you choose the **Anthem Essential CDHP**, you are eligible to contribute to a **Health Savings Account (HSA)** and a **Limited Purpose Flexible Spending Account (LPFSA)**
- Employees enrolled in the **Anthem Standard PPO, Premium PPO, or Kaiser HMO (CA only)** are eligible for a **Health Care Flexible Spending Account (FSA)**
- Once you select the appropriate reimbursement account option:
 - ❑ An **"Option Details"** window will appear
 - ❑ You can adjust your annual contribution by typing the amount, using the slider bar, or clicking the plus/minus buttons
 - ❑ Once you click outside the text box, the system will calculate your pay period contribution, displayed as **"Your Cost"**
 - ❑ Click **"Save"** to proceed

The screenshot displays the HSA selection process. At the top, an 'Option' dropdown menu is open, showing three choices: 'HSA EE Only 2025' (selected), 'HSA Employee + Family 2025', and 'Waive HSA'. The 'HSA Employee + Family 2025' option is highlighted, and its 'Show Details' button is circled in red. Below this, the 'Option Details' window for 'HSA Employee + Family 2025' is shown. It includes a 'Contribution' section with a slider bar and a text input field set to '3,000', both circled in red. The 'Annual Contribution' is displayed as '\$3,000.00'. At the bottom of the details window, a box shows 'Your Cost: \$115.38' and 'Estimated Total Annual Amount: \$3,000.00', both circled in red. To the right, the 'Your Current Elections' window is visible, showing 'Health Equity FSA Employee 2024' with a cost of \$168.42 and 'Waive HSA' with an effective start date of 4/12/2024. At the bottom right, a 'Save' button is circled in red.

MET LIFE VOLUNTARY PLANS

CRITICAL ILLNESS, ACCIDENT INSURANCE AND HOSPITAL INDEMNITY

- You can choose to enroll in the Critical Illness, Accident, and Hospital Indemnity plans or opt to waive them
- Depending on the plan you select, you may have the option to cover your dependents. The process for adding dependents is the same as outlined in previous slides
- Click "**Save**" to proceed

Option Details

Critical Illness 15K Employee + Family

Coverage Amount
Your Coverage has been preset to the following amount.
\$15,000.00

Dependents
Please select dependents to be enrolled.

- Minimum number of Dependent(s): 2
- Maximum number of Dependent(s): 98

+ Add

Dependents	Remove
Birth Date:	×
Birth Date:	×

Your Cost: \$7.06

Estimated Total Annual Amount: \$183.60

Your Current Elections

Life and Disability

US Business Travel Accident

Effective Start
4/12/2024

Coverage Amount

Voya Basic AD&D Insurance Employer \$0.67

Effective Start
1/1/2024

Coverage Amount

Beneficiaries
2 People

Voya Basic Life Insurance Employer \$2.60

Effective Start
1/1/2024

Coverage Amount

Beneficiaries
2 People

VOYA FMLA Employer \$0.00

Effective Start
1/1/2024

Coverage Amount \$0.01

Voya Long Term Disability - Core Employer \$1.15

Save
Cancel

VOYA LIFE INSURANCE AND AD&D

➤ You will be automatically enrolled in Basic Life and Basic AD&D insurance at no cost. These options will be pre-selected for you.

- ❑ Click "**Show Details**" under each benefit to assign at least one beneficiary for each plan (If you added beneficiaries earlier, they will be shown here)
- ❑ To designate beneficiaries, click "**Type**" and select from the dropdown menu
- ❑ Each dependent should be allocated a specific percentage, ensuring that the overall total equals 100%

➤ Please note that **voluntary coverages** may require an **Evidence of Insurability (EOI)** to be completed

- ❑ Your elected coverage amount may not appear in Dayforce until the EOI is finalized
- ❑ If an EOI is needed, Voya will automatically contact you with instructions to complete the process

Option

✔ **Voya Basic AD&D Insurance**

\$0.00

Start Date: 1/1/2025

- Coverage preset at
- 2 Beneficiaries

Show Details

✔ **Voya Basic Life Insurance**

\$0.00

Start Date: 1/1/2025

- Coverage preset at
- 2 Beneficiaries

Show Details

Option Details

Voya Basic AD&D Insurance

Coverage Amount

Your Coverage has been preset to the following amount.

- Your previously elected coverage was

Beneficiaries

You must designate at least one Primary beneficiary. You may designate any percentage amount greater than 0.00% to each beneficiary, as long as the total for each beneficiary type equals 100%.

+ Add

Beneficiaries	Type*	Percentage*	Remove
Birth Date:	Primary	100.00	✕
Birth Date:	Conting...	100.00	✕

Primary

Contingent

SHORT-TERM AND LONG-TERM DISABILITY PLANS

- **Employees working in CA, NJ, NY, RI and PR** are automatically enrolled in Short Term Disability insurance per state regulations (This option is automatically selected and cannot be modified)
- For employees in other states, enrolling in **Voluntary Short-Term Disability (STD)** insurance is optional, and you **must select** it if you wish to enroll
- All employees are automatically enrolled in a **Core Long-Term Disability (LTD)** Plan
- You have the option to enroll in the **Voluntary LTD Buy-Up** for additional coverage

Disability Insurance

Short-Term Disability (STD) and Long-Term Disability (LTD) insurance replace a portion of your weekly earnings for up to 26 weeks in the event you are unable to work due to illness, injury, or recovery after giving birth. The STD benefit amount is up to 66% of your weekly earnings up to a maximum of \$650 during the time you are disabled.

Voluntary Short Term Disability

Long Term Disability - Core Plan

Voluntary Long Term Disability - Buy-Up Plan

LEGAL SUPPORT BENEFIT & IDENTITY THEFT PROTECTION

- Enrollment in the Legal Plan and Identity Theft Protection plans is optional

- You can choose to enroll or waive these plans

- Click "**Next**" to proceed

Identity Theft Plan

Identity Theft Management is available to you through Allstate. The program provides comprehensive monitoring and alerts, notifications for new and emerging threats or scams, social media monitoring, IP address monitoring, and more. Identity theft is a risk that can affect anyone, which is why SPARC is offering two coverage options (Pro+ or Pro+ Cyber). Learn more by visiting: myaip.com.

This way, you can proactively safeguard your identity and financial well-being against an expanding array of threats.

 [Identity Theft Employee and Family Plan Options](#)

Legal Plan

You can choose to enroll in the Legal Services plan offered through ARAG. With legal support through ARAG, your network attorney fees are 100% paid in full for a wide variety of covered legal matters.

In 2025, Legal Services also includes Caregiving Services that gets you access to personalized guidance from expert Care Coaches, digital educational and support tools, and an integrated care provider support network and community to assist you with your caregiving needs for adult and senior care, in addition to services for Parents and Grandparents.

To see a full list of coverages available under your plan, visit araglegal.com and enter access code: 18851spr.

 [Family Legal Plan Option](#)

CONFIRMATION

You're not done yet!

- Carefully **review** your elections on the confirmation page
- If needed, click "**Back**" to return to a previous page and make any changes
- Before submitting your enrollment, be sure to **PRINT** your confirmation page and keep a copy of your enrollments for your records!
- Once you're ready, click "**Submit Enrollment**"
- Your changes will not be processed until you submit

Introduction Profile Elections **Confirmation** Summary

Confirmation

Please review the summary of your elections. You are not enrolled until you click the 'Submit Enrollment' button and your choices are approved.

Close Save Draft Back Print **Submit Enrollment**

Medical Insurance

Anthem Blue Cross Blue Shield (or Kaiser for CA Employees Only)

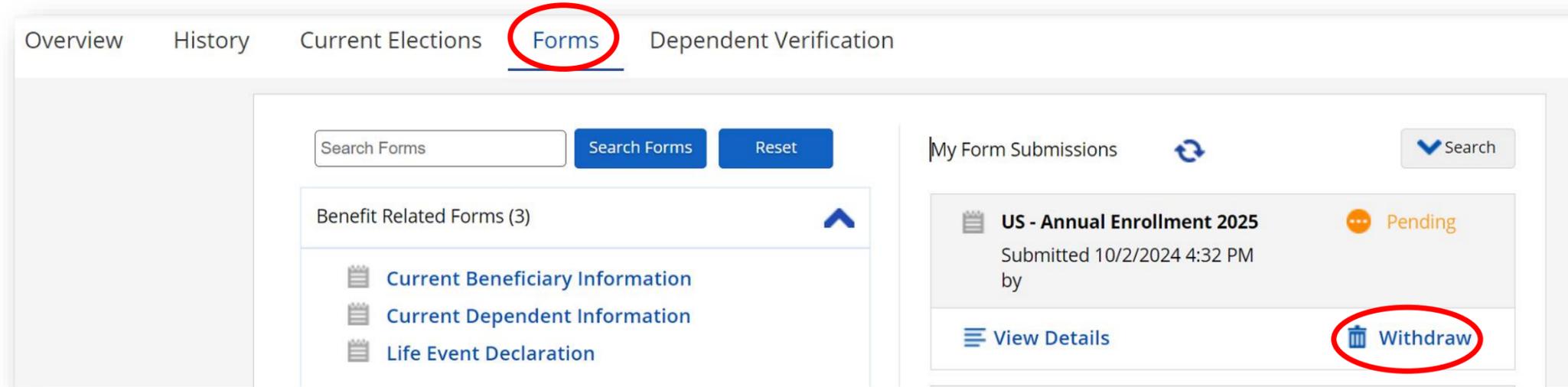
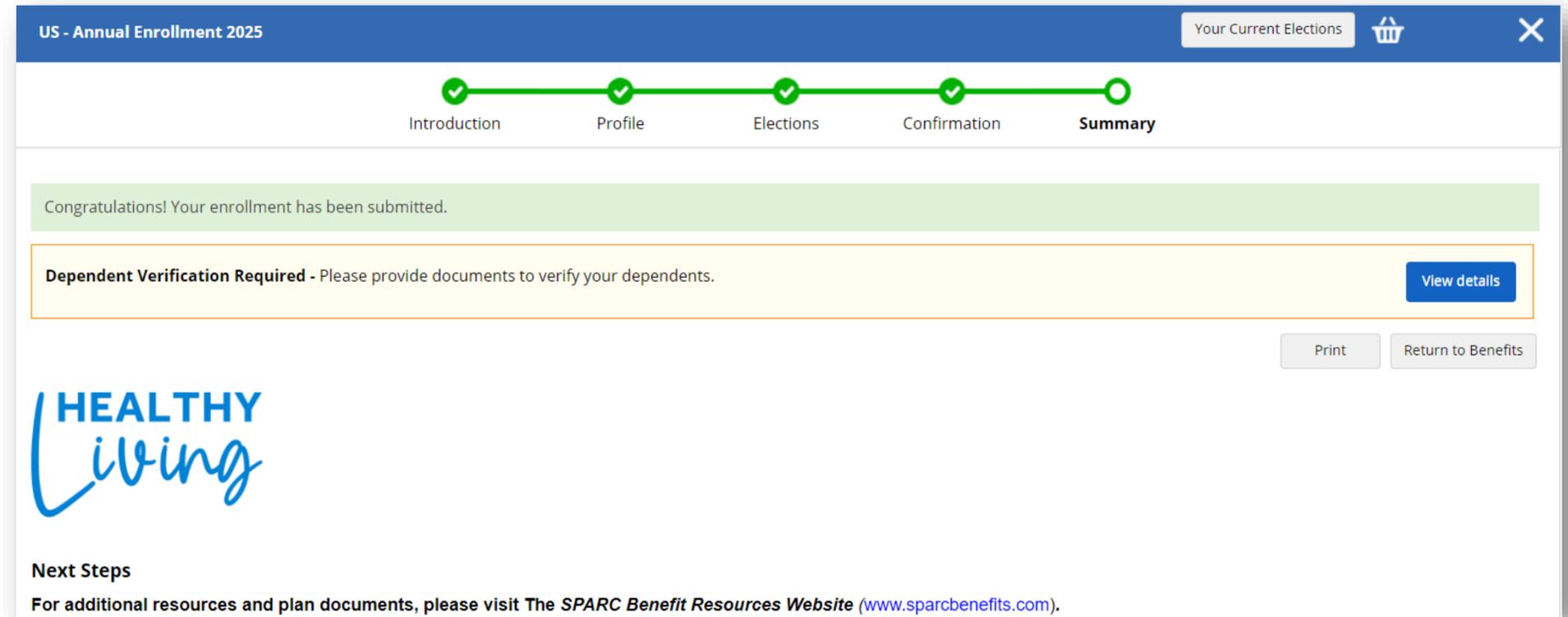
SUMMARY

Congratulations, you're all set!

- On this summary page, you can review the elections you've submitted
- If you've submitted your enrollment but need to make changes during your enrollment window, please email the Benefits Department at benefits@sparcgroup.com

Special Instructions During Annual Enrollment:

- Your election will appear as "**Pending**" on the enrollment homepage until December, when the Benefits team processes all submissions
- To withdraw your enrollment before the deadline, go to "**Benefits**", click on the "**Forms**" tab, and choose "**Withdraw**"
 - You can restart your enrollment after withdrawing your previously submitted application



DEPENDENT VERIFICATION REQUIRED

- If you are enrolling a New Dependents or Domestic Partner (DP) for the first time you will be required to comply with the SPARC Dependent Verification process
- This is a one-time dependent verification process. If you have previously completed it, you will not be required to verify your dependent again
- Additional information can be obtained on the SPARC Benefit Resources Website (www.sparcbenefits.com)
- Refer to the following documents:
 - SPARC Dependent Eligibility Verification Requirements
 - Dependent Verification Step-by-Step Guide

Dependent Verification Required - Please provide documents to verify your dependents.
View details

In Progress

You have requested to cover one or more of your dependents within a benefit option.
Please submit the required supporting documentation for those dependents on or before the Due Date.

Name	Relationship	Status	Due Date	Documentation
▶	Spouse	Pending	10/17/2024	Upload Documents

Completed

The following dependents have completed the dependent verification process.

Name	Relationship	Status