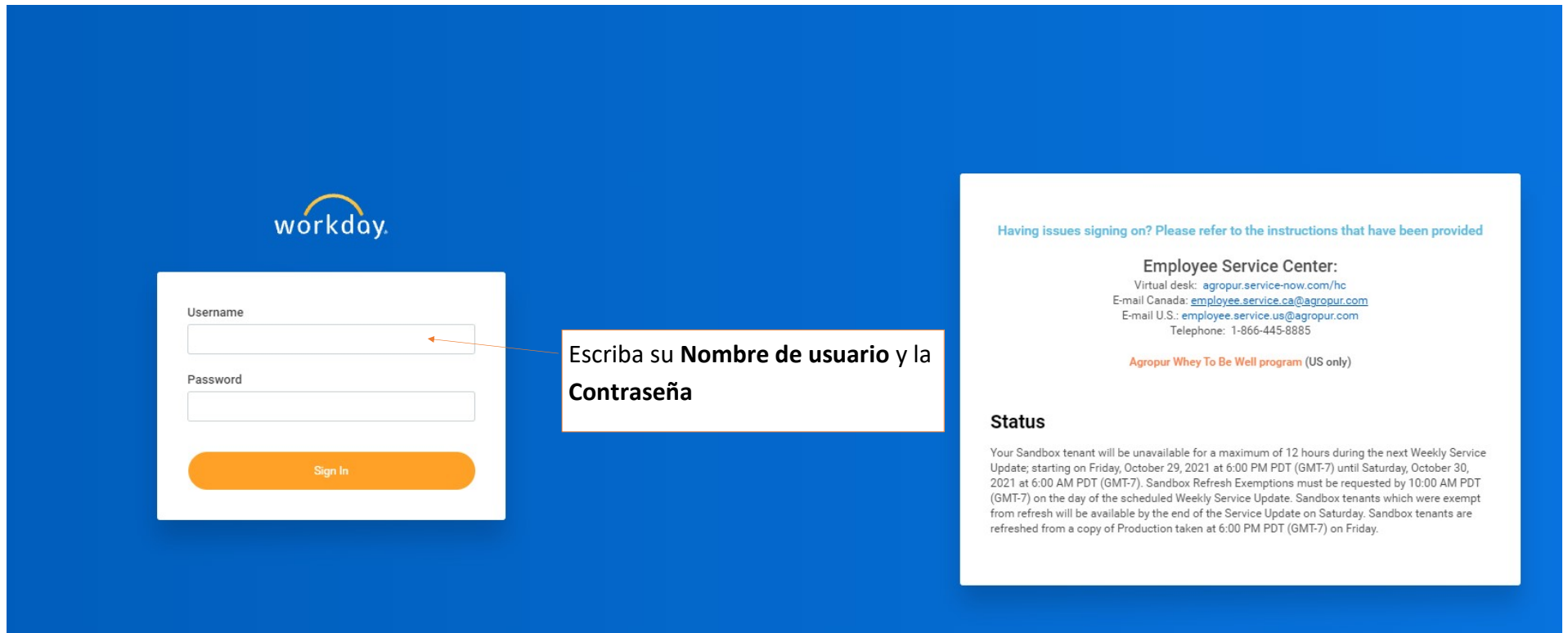


Guía paso a paso de la Inscripción Abierta

Introducción: Paso 1 de 2

Inicie sesión en Workday en: <https://wd3.myworkday.com/agropur>



The screenshot shows the Workday login interface. At the top center is the Workday logo. Below it is a white sign-in form with two input fields: 'Username' and 'Password'. An orange 'Sign In' button is at the bottom of the form. To the right of the form, a red arrow points from a text box to the 'Username' field. The text box contains the instruction: 'Escriba su Nombre de usuario y la Contraseña'. To the right of the sign-in form is a white box containing the following text: 'Having issues signing on? Please refer to the instructions that have been provided', 'Employee Service Center:', 'Virtual desk: agropur.service-now.com/hc', 'E-mail Canada: employee.service.ca@agropur.com', 'E-mail U.S.: employee.service.us@agropur.com', 'Telephone: 1-866-445-8885', 'Agropur Whey To Be Well program (US only)', 'Status', and a paragraph about the Sandbox tenant availability during a service update.

workday.

Username

Password

Sign In

Escriba su Nombre de usuario y la Contraseña

Having issues signing on? Please refer to the instructions that have been provided

Employee Service Center:
Virtual desk: agropur.service-now.com/hc
E-mail Canada: employee.service.ca@agropur.com
E-mail U.S.: employee.service.us@agropur.com
Telephone: 1-866-445-8885

Agropur Whey To Be Well program (US only)

Status

Your Sandbox tenant will be unavailable for a maximum of 12 hours during the next Weekly Service Update; starting on Friday, October 29, 2021 at 6:00 PM PDT (GMT-7) until Saturday, October 30, 2021 at 6:00 AM PDT (GMT-7). Sandbox Refresh Exemptions must be requested by 10:00 AM PDT (GMT-7) on the day of the scheduled Weekly Service Update. Sandbox tenants which were exempt from refresh will be available by the end of the Service Update on Saturday. Sandbox tenants are refreshed from a copy of Production taken at 6:00 PM PDT (GMT-7) on Friday.



¡Consejo útil!

Este procedimiento está diseñado para la versión web de la Inscripción Abierta. Puede completar la Inscripción Abierta mediante la aplicación de Workday en su teléfono inteligente. Vea el ícono del teléfono y los cuadros azules a lo largo del procedimiento para obtener consejos para la aplicación móvil.

Introducción: Paso 2 de 2

Vaya a su bandeja de entrada de Workday y busque el elemento de acción **Cambio en la Inscripción Abierta**.

The screenshot shows the Workday dashboard. At the top, there is a search bar and navigation icons for home, notifications (102), and messages (29). Below the navigation bar is a banner image showing two workers in a factory setting. The main content area is divided into two sections: 'Awaiting Your Action' and 'Announcements'. In the 'Awaiting Your Action' section, there is a card titled 'Open Enrollment Change:' with a sub-header 'My Tasks - 4 hour(s) ago'. An orange arrow points from a text box to this card. In the 'Announcements' section, there is a card titled 'New! Benefits and Pay App' with a sub-header 'We are delighted to introduce a new App on yo...'. At the bottom of the screen, there is a mobile app navigation bar with icons for home, notifications (22), messages (4), and a grid icon. An orange circle highlights the notifications icon in this bar, with an arrow pointing from a text box to it.

Search

Good Afternoon,

Awaiting Your Action

Open Enrollment Change:
My Tasks - 4 hour(s) ago

Announcements 1 of 4 < >

New! Benefits and Pay App
We are delighted to introduce a new App on yo...

En la aplicación móvil, la **Bandeja de entrada** estará ubicada en la parte inferior de la pantalla.

Para acceder a su bandeja de entrada, haga clic en el ícono de la bandeja de entrada en la parte superior derecha o inferior izquierda.

Tarea de la bandeja de entrada de Workday

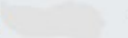
All Items

29 items

Search: All Items

↑↓

 [Advanced Search](#)

Open Enrollment Change:  10/11/2024 
on 01/01/2025
Effective: 01/01/2025



Created: 10/11/2024 | Effective: 01/01/2025

Change Benefits for Open Enrollment

Open Enrollment USA 10/11/2024-10/11/2024

Choose new plans or re-enroll in the plans you currently have.

Let's Get Started

Haga clic en **Comencemos** para empezar a realizar selecciones.

Selección de sus beneficios: Pantalla principal de la inscripción abierta

Open Enrollment USA

Projected Total Cost (Semimonthly)
\$0.00

Projected Total Credits
\$0.00

¡Consejo útil!

Si ya cuenta con cobertura previa, sus elecciones y dependientes se completarán automáticamente con sus elecciones actuales. Haga clic en **Administrar** debajo de cada mosaico para revisar o hacer cambios en la cobertura. Las contribuciones a las HSA y FSA no se transfieren de un año a otro.

Si desea contribuir a una cuenta HSA o FSA, debe inscribirse e ingresar el monto de su contribución para el 2025.

Health Care and Accounts



Medical - USA
Waived

Enroll



Dental - USA
Waived

Enroll



Vision - USA
Waived

Enroll



Accident Insurance - USA
Waived

Enroll



Critical Illness - USA
Waived

Enroll



HSA (Family) - (USA)
Waived

Enroll



FSA - Medical USA
Waived

Enroll

Haga clic en **Inscribirse o Administrar** en cada mosaico y complete la siguiente información:

Inscribirse, administrar o renunciar a la cobertura.

Agregar o eliminar dependientes que cumplan con los requisitos.

Inscribirse en los planes HSA o FSA e ingresar los montos de sus contribuciones.

Asegúrese de revisar cada mosaico para garantizar que las coberturas sean correctas.



La aplicación móvil es similar a la pantalla anterior, haga clic en los mosaicos para ver los planes y hacer elecciones.

Selección de sus beneficios: Inscribirse a los planes y agregar sus dependientes



Medical - USA

Projected Total Cost (Semimonthly) \$214.11
Projected Total Credits \$70.00

Plans Available

Select a plan or Waive to opt out of Medical - USA. The displayed cost of waived plans assumes coverage for Employee + Spouse (USA).

3 items

Benefit Plan	*Selection			
Anthem Blue Cross Blue Shield WI PPO CoPay Wisconsin	☐ Select ☒ Waive			0.00
Anthem Blue Cross Blue Shield WI PPO - HDHP 1 Wisconsin	☐ Select ☒ Waive	\$192.50	\$404.42	\$70.00
Anthem Blue Cross Blue Shield WI PPO - HDHP 2 Wisconsin	☐ Select ☒ Waive	\$132.50	\$410.44	\$70.00

Para **Seleccionar** o **Renunciar** a un plan, haga clic en **Seleccionar** o **Renunciar** para cada opción de plan que aparece en la lista.

Haga clic en **Confirmar y continuar** para pasar a la siguiente pantalla; aquí puede agregar y seleccionar a sus dependientes si es necesario.

Confirm and Continue

Cancel

4:14 86%

Medical - USA

Medical - USA Information

☐ Anthem Blue Cross Blue Shield WI PPO CoPay Wisconsin
Semimonthly Cost \$190.00
Coverage Employee + Spouse (USA)
DETAILS

☒ Anthem Blue Cross Blue Shield WI PPO - HDHP 1 Wisconsin
Semimonthly Cost \$122.50
Coverage Employee + Spouse (USA)
DETAILS
EDIT

☐ Anthem Blue Cross Blue Shield WI PPO - HDHP 2 Wisconsin
Semimonthly Cost \$62.50
Coverage Employee + Spouse (USA)
DETAILS



Asegúrese de leer todo el texto debajo de cada plan, aquí se incluye información importante sobre el plan.

Health Care Instructions

General Instructions

[Benefit Guide English](#) - For your reference while making elections.
[Benefit Guide Spanish](#) - For your reference while making elections.
For additional information please refer to the Agropur US [Benefits Website](#).

Health Care Plan - Please Select or Waive each Benefit Plan, you may only enroll in one of the two Health Plan options.

Medical - The cost of medical benefits is shared between the employees and Agropur. Agropur pays a generous portion of the healthcare premiums. Employees have a choice between two high deductible medical plans: HDHP1 and HDHP2.

- o **HDHP1**
\$ **Deductible**: \$3,000/single - \$6,000/family (in-network) Embedded Deductible \$3,200/individual
\$ **Out-of-Pocket Max**: \$3,700/single - \$7,400/family (in-network)
- o **HDHP2**
\$ **Deductible**: \$4,000/single - \$8,000/family (in-network) Embedded Deductible \$4,000/individual
\$ **Out-of-Pocket Max**: \$5,000/single - \$10,000/family (in-network)

Deductibles and out-of-pocket max amounts are based on a calendar year from Jan 1 - Dec 31.

- **Accident** - All employees electing either Anthem of WI BCBS medical plan receive this benefit. **If you are electing either Anthem of WI BCBS medical plan, you are required to "Select" this benefit.** Agropur pays for the entire cost of this benefit. This plan includes a \$100 wellness benefit for receiving an annual preventive visit.

* Benefits Credits listed below will apply to your 2024 payroll semi-monthly medical deductions. **

Important Note - Please be sure the "Select" box is checked for all dependents you would like enrolled on your plan.

Health Care Plan - Please Select or Waive each Benefit Plan.

En la aplicación móvil, tendrá que hacer clic en el **Círculo azul** para seleccionar el tipo de plan. Una vez que seleccione un plan, se le llevará a la pantalla para agregar dependientes si corresponde; cuando haya terminado, haga clic en la marca de verificación azul en la esquina superior derecha. Si hace clic en un mosaico y necesita volver sin hacer cambios, utilice la flecha de retroceso en la parte superior de la página.

Selección de sus beneficios: Navegación por la pantalla del plan

Medical - USA - Anthem Blue Cross Blue Shield WI PPO - HDHP 1 Wisconsin

Projected Total Cost (Semimonthly) \$244.24
Projected Total Credits \$70.00

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Employee + Spouse (USA)

Plan cost (Semimonthly) \$192.50

Add New Dependent

1 item

Select	Dependent
☒	

La cobertura y el costo del plan se actualizarán al Nivel de cobertura correcto a medida que agregue o elimine dependientes. El precio figura como bi-mensual.

Preste especial atención a las **Instrucciones generales**, donde se detallará información importante sobre el plan.

General Instructions

[Benefit Guide English](#) - For your reference while making elections.

[Benefit Guide Spanish](#) - For your reference while making elections.

For additional information please refer to the Agropur US [Benefits Website](#).

Cost of WI Medical Plans - The cost of medical benefits is shared between the employees and Agropur. Agropur pays a generous portion of the healthcare premiums.

You have the option to choose from the following medical plans:

Available plans: HDHP1 and HDHP2.

HDHP1 includes prescription drug coverage.

Plan Details
\$ **Deductible** \$1,500/single - \$3,000/family (in-network)
\$ **Out-of-Pocket Max** \$3,000/single - \$6,000/family (in-network)

Office Visit and Rx copays

Eligible for Employee FSA Medical Savings Contributions

HDHP1

\$ **Deductible** \$3,300/single - \$6,600/family (in-network)

\$ **Out-of-Pocket Max** \$4,000/single - \$8,000/family (in-network)

Eligible for Employee HSA Savings Contributions

HDHP2

\$ **Deductible** \$5,000/single - \$10,000/family (in-network)

\$ **Out-of-Pocket Max** \$6,000/single - \$12,000/family (in-network)

Eligible for Employee HSA Savings Contributions

Deductibles and out-of-pocket max amounts are based on a calendar year from Jan 1 - Dec 31.

**** Benefits Credits listed below will apply to your 2025 payroll semi-monthly medical deductions. ****
Health Care Plan - Please Select or Waive each Benefit Plan.

Utilice el botón **Guardar** para guardar los cambios y pasar a la siguiente pantalla.

Save

Cancel

Utilice el botón **Cancelar** para volver a la pantalla de inicio; si utiliza el botón Atrás del navegador de Internet, también regresará a la pantalla de inicio.

¡Consejo útil!

Si visualiza la burbuja emergente de  **1 Error**, haga clic en ella para obtener más detalles. El error o los errores deben corregirse para poder continuar. Si necesita ayuda con un error o con el proceso de inscripción, comuníquese con el Centro de Servicio al Empleado al 866-445-8885.

Selección de sus beneficios: Inscribirse a los planes y agregar nuevo dependiente

Medical - USA - Blue Cross

Projected Total Cost (Semimonthly)
\$85.75

Dependents

Add a new dependent or select an existing dependent

Coverage
★ Employee (USA)

Plan cost (Semimonthly)
\$85.75

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
☒	James Test	Spouse	10/02/1988

Save

Cancel

Haga clic en **Agregar nuevo dependiente** para crear un nuevo dependiente para su plan.

Los dependientes actuales y los dependientes recién agregados al plan se enumerarán como en la tabla a continuación: haga clic en la marca de verificación azul para eliminarlos o agregarlos a los planes.

Luego de agregar los dependientes, o si no necesita agregar ninguno, haga clic en **Guardar** para continuar revisando otros planes.

Utilice la **Flecha** para volver a la pantalla de inicio.

Haga clic en el ícono de ⓘ para obtener información importante sobre el plan.

El **Costo** y la **Cobertura** se detallarán en cada plan.

Haga clic en **Detalles** para obtener información sobre el plan.

Haga clic en **Editar** para ver o agregar dependientes.

Asegúrese de revisar la información útil debajo de cada plan.

Las páginas 8 y 9 le explicarán cómo agregar un dependiente.

Selección de sus beneficios: Cómo agregar un nuevo dependiente

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Employee + Spouse (USA)

Plan cost (Semimonthly) \$175.56

Haga clic en **Agregar nuevo dependiente**.

Add New Dependent

Add My Dependent From Enrollment

Adding a new dependent to your benefit plans?

If you are entering a dependent who has not previously been enrolled in an Agropur medical, dental or vision plan, you will be required to provide applicable documentation prior to coverage being issued. Documentation may include but is not limited to a birth certificate or marriage certificate.

****Please contact the Employee Service Center if you have questions or are waiting for dependant documentation to arrive. Dependents must be enrolled within 30 days of the event date without exception.**

Who may I enroll under my benefit plans?

You may enroll your legal spouse, dependent children (includes step-children) up to the age of 26, dependent children under your's or your spouse's legal guardianship, legally adopted children under age 26 and physically or mentally disabled children beyond age 26 if meeting specific

Important Note: Dependents should not be entered more than one time. Dependents will be available to choose in your list of depe

OK

Cancel

En **Agregar mi dependiente desde la inscripción**, haga clic en **Aceptar** para continuar.

Aplicación móvil: haga clic en "Agregar dependiente" y luego haga clic en la flecha para continuar. Complete todos los campos que tengan un * rojo y haga clic en "Aceptar".

✕ Dependents ✓

Anthem Blue Cross Blue Shield WI PPO - HDHP
1 Wisconsin
\$122.50
Semimonthly Cost

Coverage
Employee + Spouse (USA)

+ Add New Dependent

Existing Dependents

Selección de sus beneficios: Cómo agregar un nuevo dependiente

Add My Dependent From Enrollment

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Complete toda la información que tenga una **estrella roja*** a su lado.

Personal Information

Relationship *

Date of Birth *

Age 11 years, 0 months, 19 days

Gender *

Payroll Dependent ☒

Tobacco Use Uses Tobacco

* ☐ Yes ☒ No

Full-time Student ☐

Student Status Start Date

Student Status End Date

Allow Duplicate Name ☐

Check this box only when there is more than one dependent with the same name.

National IDs

Click the Add button to enter one or more National IDs.

En **Identificaciones nacionales**, seleccione **Agregar** para ingresar el número de seguro social del dependiente.

Add

Address

Use Existing Address

Country *

Address Line 1 *

En **Dirección y Teléfono y correo electrónico**, seleccione **Utilizar existente** para seleccionar una dirección o un teléfono que ya tenga en Workday.

Si el dependiente tiene una dirección o teléfono diferente, ingrese el teléfono o la dirección en los campos provistos.

Phone & Email

Use Existing Phone

Country Phone Code

Phone Number *

Haga clic en **Guardar** una vez que se haya agregado la información del dependiente.

Save

Cancel

Selección de los beneficios: Navegar por la pantalla de inicio y revisar las selecciones

Open Enrollment USA

Projected Total Cost (Semimonthly)
\$244.24

Projected Total Credits
\$70.00

Health Care and Accounts

 Medical - USA Anthem Blue Cross Blue Shield WI PPO - HDHP 1 Wisconsin REVIEWED Cost (Semimonthly) \$192.50 Coverage Employee + Spouse (USA) Dependents 1 Manage	 Dental - USA MetLife Cost (Semimonthly) \$16.19 Coverage Employee + Spouse (USA) Dependents 1 Manage	 Vision - USA MetLife Cost (Semimonthly) \$5.42 Coverage Employee + Spouse (USA) Dependents 1 Manage
 Accident Insurance - USA Waived Enroll	 Critical Illness - USA Waived Enroll	 Hospital Indemnity - USA Waived Enroll
 HSA (Family) - (USA) Waived Enroll	 FSA - Medical USA Waived Enroll	 FSA - Limited Med USA Waived Enroll
 FSA - Dependent Care USA Waived Enroll	 LegalShield - USA Waived Enroll	

Una vez realizadas las selecciones, los cambios se reflejan en la pantalla de inicio: aquí verá el costo, la cobertura, la cantidad de dependientes y los planes rechazados.

Para hacer cambios en los planes en los que ya se ha inscrito, haga clic en **Administrar**.

Nota: Las contribuciones a HSA y FSA no se transfieren de un año a otro. Si desea contribuir a una cuenta HSA o FSA, debe inscribirse e ingresar el monto de su contribución para el 2025.

Luego de revisar los planes de salud, Legal Shield y HSA/FSA, desplácese hacia abajo para revisar la sección de **Seguros** de la Inscripción Abierta.

Selección de sus beneficios: Revisión del seguro

NOTA: Debe agregar un beneficiario para su seguro de vida. Esta información se conserva únicamente en Workday. Ni Agropur ni Metlife conservan copias impresas de las designaciones de beneficiarios.

Se pueden designar beneficiarios en el Seguro de vida básico para empleados de EE. UU.

Si desea inscribirse en coberturas adicionales de vida y AD&D para usted, su cónyuge o sus hijos, seleccione **Inscribirse** para seleccionar el monto de cobertura y designar un beneficiario por separado si es necesario.

Insurance

 Employee Basic Life - USA MetLife (Employee) Cost (Semimonthly) Included Coverage 1 X Salary Manage	 Employee Voluntary Life - USA MetLife Voluntary Life and AD&D USA (Employee) Cost (Semimonthly) \$22.19 Coverage 1 X Salary Manage	 Spousal Voluntary Life - USA MetLife Voluntary Life and AD&D USA (Spouse) Cost (Semimonthly) \$7.94 Coverage \$25,000 Manage
 Child Voluntary Life - USA Waived Cost (Semimonthly) Included Coverage 1 X Salary Enroll	 Employee Basic AD&D - USA MetLife (Employee) Cost (Semimonthly) Included Coverage 1 X Salary Manage	 Short Term Disability - USA MetLife (Employee) Cost (Semimonthly) Included Coverage 60% of Salary Manage
 Long Term Disability - USA MetLife (Employee) Cost (Semimonthly) Included Coverage 60% of Salary Manage		

Las páginas 12 a 15 le explicarán cómo agregar un beneficiario.

Selección de sus beneficios: Cómo agregar un beneficiario



Employee Basic Life - USA
Metlife (Employee)

Cost
(Semimonthly)

Coverage

Included

Manage

En **Seguro de vida básico para empleados de EE. UU.**, seleccione **Administrar**.

Employee Basic Life - USA

Projected Total Cost (Semimonthly) Projected Total Credits

Plans Available

1 item

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Metlife (Employee)	☒ Select ☐ Waive	Included	\$2.63

Insurance Instructions

General Instructions

[Benefit Guide English](#) - For your reference while making elections.
[Benefit Guide Spanish](#) - For your reference while making elections.
For additional information please refer to the Agropur US [Benefits Website](#).

MetLife Basic Life - Agropur pays the entire cost of this benefit for the employees and enrollment is automatic. Employees are covered for 1X their salary up to \$150,000.

El plan ya está preseleccionado para usted, no olvide revisar las **Instrucciones generales** para obtener información útil.

Seleccione **Confirmar y continuar** para ir a la pantalla de designación de beneficiarios.

Confirm and Continue

Cancel

Selección de sus beneficios: Cómo agregar un beneficiario

Employee Basic Life - USA - Metlife (Employee)

Projected Total Cost (Semimonthly) Projected Total Credits

Coverage

Calculated Coverage

Coverage 1 X Salary

Plan cost (Semimonthly) Included

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also

*Primary Beneficiaries: 4 Items

Beneficiary	Percentage
+ Search ← Create Add New Beneficiary or Trust	0
× Test Testerson	0

Secondary Beneficiaries: 0 Items

Beneficiary	Percentage
-------------	------------

Haga clic en el signo + para agregar una nueva fila, y luego haga clic en el cuadro blanco para que aparezcan las opciones.

Puede hacer clic en **Personas beneficiarias existentes** para utilizar una persona que ya tiene en Workday, o hacer clic en **Agregar nuevo beneficiario o fideicomiso** para agregar un nuevo nombre.

[Benefit Guide English](#) - For your reference while making elections.

[Benefit Guide Spanish](#) - For your reference while making elections.

For additional information please refer to the Agropur US [Benefits Website](#).

[MetLife Basic Life](#) - Agropur pays the entire cost of this benefit for the employees and enrollment is automatic. Employees are covered for 1X their salary up to \$150,000.

Beneficiary Designation

[MetLife Basic Life](#) - Employees must elect a beneficiary for MetLife Basic Life.

[MetLife Basic AD&D, MetLife Voluntary Life and AD&D](#) - A separate beneficiary election is optional for employee Basic AD&D, Voluntary Life and AD&D benefits. If you do not elect a separate beneficiary, your Basic Life Beneficiary will default as the beneficiary for all Life and AD&D Plan elections.

[Fidelity 401\(k\)](#) - Beneficiary elections and changes for your 401(k) account must be made on the Fidelity website. Beneficiary elections are maintained by Fidelity at [www.netbenefits.com](#).

[Click to Update Update or Review Your 401k Beneficiary](#)

Si tiene beneficiarios actuales, estos ya aparecerán en los **Beneficiarios principales**.

Add New Beneficiary or Trust

A beneficiary is the person or entity you name to receive this benefit. A trust is an arrangement that allows a third party, or trustee, to hold assets on behalf of a beneficiary or beneficiaries.

Would you like to add a new beneficiary or trust?

☒ Add New Beneficiary

☐ Add New Trust

Cancel

Continue

Luego de hacer clic en **Agregar nuevo beneficiario o fideicomiso**, aparecerá este cuadro; marque el círculo **Agregar nuevo beneficiario** o el círculo **Agregar nuevo fideicomiso** y presione **Continuar**.

Selección de sus beneficios: Cómo agregar un beneficiario

Add New Beneficiary or Trust

Relationship * ✕ Grand parent

Date of Birth 02/05/1955

Age 66 years, 8 months, 21 days

Gender Male

Allow Duplicate Name ☐

Legal Name ✕ United States of America

Prefix

First Name * Ken

Middle Name

Last Name * Test

Suffix

OK **Cancel**

Seleccione **Aceptar** una vez que se haya agregado la información de su beneficiario.

En **Agregar nuevo beneficiario o fideicomiso**, complete toda la información que tenga una **estrella roja*** a su lado.

Luego de completar la Relación y el Nombre legal, haga clic en la pestaña **Información de contacto** para agregar el teléfono y la dirección de su beneficiario.

Add New Beneficiary or Trust

Relationship * ✕ Grand parent

Date of Birth 02/05/1955

Age 66 years, 8 months, 21 days

Gender Male

Allow Duplicate Name ☐

Legal Name ✕ United States of America

Phone

Add

Address

Add

Seleccione el botón **Agregar** en **Teléfono y Dirección** para usar una dirección o un teléfono existentes o agregar una dirección o un teléfono nuevos.

Selección de sus beneficios: Cómo agregar un beneficiario

Employee Basic Life - USA - Metlife (Employee)

Projected Total Cost (Semimonthly) Projected Total Credits

Coverage

Calculated Coverage

Coverage 1 X Salary

Plan cost (Semimonthly) Included

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

*Primary Beneficiaries 1 item

Beneficiary	Percentage
Test Testerson	100

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Save

Cancel

Una vez que se haya agregado el beneficiario, ingrese un número en el campo **Porcentaje** (esto designa cuánto de esa póliza desea que se pague a esa persona si tiene más de un beneficiario, y el porcentaje debe ser igual al 100 %). Haga clic en "Guardar" cuando haya terminado.

En la aplicación móvil, haga clic en la flecha cuando haya terminado con los beneficiarios para volver a la página de inicio.

Provider Website www.metlife.com/mybenefits

General Instructions

[Benefit Guide English](#) - For your reference while making elections.

[Benefit Guide Spanish](#) - For your reference while making elections.

For additional information please refer to the Agropur US [Benefits Website](#).

MetLife Basic Life - Agropur pays the entire cost of this benefit for the employees and enrollment is automatic. Employees are covered for 1X their salary up to \$150,000.

Beneficiary Designation

MetLife Basic Life - Employees must elect a beneficiary for MetLife Basic Life.

MetLife Basic AD&D, MetLife Voluntary Life and AD&D - A separate beneficiary election is optional for employee Basic AD&D, Voluntary Life and AD&D benefits. If you do not elect a separate beneficiary, your Basic Life Beneficiary will default as the beneficiary for all Life and AD&D Plan elections.

Fidelity 401(k) - Beneficiary elections and changes for your 401(k) account must be made on the Fidelity website. Beneficiary elections are maintained by Fidelity at www.netbenefits.com.

[Click to Update Update or Review Your 401k Beneficiary](#)

Employee Basic Life - USA

Employee Basic Life - USA Information

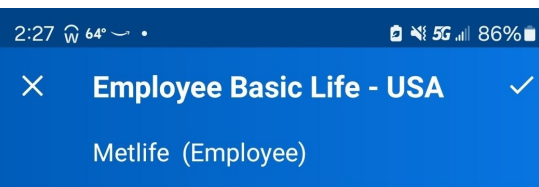
☒ Metlife (Employee)

Coverage Level 1 X Salary

[DETAILS](#)

[VIEW](#)

En la aplicación móvil, seleccione el mosaico **Seguro de vida básico para empleados de EE. UU.** para ver detalles o actualizar el beneficiario, y luego seleccione **Ver** para hacer cambios.



Beneficiaries

En **Ver**, seleccione el ícono de **Lápiz** para hacer cambios o agregar un beneficiario; cuando haya terminado con los cambios, haga clic en la **marca de verificación** en la esquina superior derecha para guardar.

Selección de sus beneficios: Beneficios adicionales y Revise y Firme

Agropur le proporciona **Beneficios adicionales** sin costo alguno para usted, no es necesario hacer nada en estos mosaicos.

Additional Benefits

 Benefit Hub - USA BenefitHub Benefit Hub Manage	 Homethrive - USA Homethrive Cost (Semimonthly) Included Manage	 Employee Assistance Program - USA MetLife Cost (Semimonthly) Included Manage
 Will Prep, Estate Resolution, and Digital Estate Planning. MetLife Cost (Semimonthly) Included Manage	 Will Center, Grief Counseling, Funeral Planning Services and Travel Assistance. MetLife Cost (Semimonthly) Included Manage	 HealthCheck360 - USA HealthCheck360 Cost (Semimonthly) Included Manage

[Review and Sign](#)

[Save for Later](#)

Seleccione **Revisar y firmar** una vez que haya terminado con las selecciones de beneficios.

Si en algún momento desea guardar sus selecciones de beneficios y reanudarlas más tarde, seleccione **Guardar para más tarde** (la tarea estará en su bandeja de entrada de Workday).

Nota: Guardar para más tarde no envía sus selecciones de beneficios; debe volver a iniciar sesión en Workday para completar la función **Revisar y firmar** para finalizar sus selecciones de beneficios.

En la aplicación móvil, seleccione el botón **Ver resumen** para revisar las selecciones de beneficios antes de enviar.

[View Summary](#)



Selección de sus beneficios: Ver resumen y documentos adjuntos

View Summary

Projected Total Cost (Semimonthly) Projected Total Credits

Benefit Review

Please review all benefit elections and benefit coverages you waived carefully. Agropur is required to follow certain IRS rules to protect the tax advantages of our benefit plans. These rules affect when employees may change benefits and what changes may be made.

- *Be sure you have elected all coverages you would like to be enrolled in.
- *Be sure the coverage and dependents shown for each benefit are correct.

Employees may only change their benefit elections outside of the open enrollment period for qualifying life events such as:

- * Birth or Adoption of a Child
- * Legal Marital Status Change
- * Spouse's or Dependent's Employer's Open Enrollment

Life Event Note: All qualifying life event elections must be completed within 30 days of the life event.

Benefit premium payroll deductions and contributions:

- *Payroll deductions for health, dental, and vision benefits are semi-monthly on a pre-tax basis.
- *Payroll contributions for Voluntary Life and AD&D, Voluntary Critical Illness, Voluntary Hospital Indemnity and Voluntary Legal benefits are semi-monthly on a post-tax basis.
- *Payroll contributions elected to a Flexible Spending Account (FSA), and/or a Health Savings Account (H.S.A) are bi-weekly on a pre-tax basis.

**You may enroll in an HSA account outside of a Life Event or change your HSA election amount up to once per month by completing the Workday Benefit event Task - HSA Change. FSA elections may not be changed during the calendar year without a qualifying life event.

** Benefit Credits listed will apply to your 2025 payroll semi-monthly medical deductions. **

Important Note: To finalize your elections you must click the "I agree" check box at the bottom of the page and then click on the orange "Submit" button.

Antes de enviar los beneficios, revise sus selecciones para comprobar que sean correctas.

Proof of Dependency

Be sure to attach applicable "proof of dependent" documentation If you added a new dependent to your Medical, Dental or Vision plan. Acceptable items include a marriage certificate for a spouse or birth, adoption, or legal guardianship document for a child. Failure to provide "proof of dependent" documentation will result in coverage being denied. If you do not have and will need to obtain a copy of the required documentation, reach out to the Employee Service Center.

Selected Benefits 15 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents
Medical - USA	01/01/2025	01/01/2025	Employee + Spouse (USA)	
Anthem Blue Cross Blue Shield WI PPO - HDHP 1 Wisconsin				



Attachments

Drop files here

or

Select files

Adjunte los documentos requeridos. Si ha agregado un nuevo dependiente, debe adjuntar aquí un certificado de nacimiento o matrimonio. Se puede adjuntar un PDF o una foto de buena calidad. Si necesita ayuda o no tiene los documentos, comuníquese con el Centro de Servicio al Empleado al 1-866-445-8885.

Selección de sus beneficios: Firma electrónica y confirmación de elecciones

Electronic Signature

I understand that by submitting these elections I am making a binding agreement concerning the benefits elected and authorize the company to provide information to the relevant authorities. I understand that providing false information or omission of relevant information may result in denial of claims, cancellation or res

I Accept ☒

Lea atentamente los términos que se muestran para la Firma Electrónica y marque **Acepto**.

Process History

- Change Benefits for Open Enrollment- Step Completed
- Change Benefits for Open Enrollment- Not Required
- Change Benefits for Open Enrollment- Awaiting Action

Haga clic en **Enviar** para completar su Inscripción Abierta.

Submit Cancel

Submitted

You've submitted your elections.

You have successfully completed your benefit elections. You may print a copy of this form at the bottom of the screen. When you are finished reviewing, please click "Done" at the bottom of this page.

Important Dates:

- Benefits go into effect 01/01/2025
- Final day to update benefits 11/13/2024

¡Felicitaciones, ha enviado su Inscripción Abierta para 2025!
Haga clic en **Ver declaración de beneficios de 2025** para revisar las selecciones.

View 2025 Benefits Statement

Cómo hacer cambios a la Inscripción Abierta después de haberla enviado

¿Necesita hacer un cambio antes de que cierre la inscripción abierta? **¡Puede hacerlo!** Simplemente vaya a su página de bienvenida, haga clic en Menú en la esquina superior izquierda de su pantalla, luego en Beneficios y Pago, y verá la siguiente pantalla:

The screenshot shows the 'Benefits and Pay' app interface. On the left, a sidebar menu includes 'Overview', 'Benefits', 'Pay', and 'Compensation'. The main content area features a 'Welcome to your Benefits and Pay App!' message, a 'Tasks and Reports' section with buttons for 'Payment Elections', 'Change Benefits', and 'My Tax Documents', and a 'Needs Attention' section with a 'SUBMITTED' status for 'Benefit Event: Open Enrollment USA' and an 'Edit' button. A yellow sticky note with a red pushpin and the word 'Importante' is placed over the 'Edit' button. Below the app interface, a mobile phone is shown with the app open, displaying the same 'Needs Attention' section. A red arrow points from the 'Edit' button in the app to the 'Edit' button on the phone screen. Another red arrow points from the 'Apps' icon in the phone's bottom navigation bar to the 'Beneficios y Pago' app icon on the desktop interface.

Haga clic en el botón **Editar** para hacer sus cambios.

Asegúrese de enviar todos los cambios realizados, ya que cualquier evento que se guarde para más adelante no reflejará las actualizaciones y volverá a su entrega original.

Aplicación móvil: haga clic en “Aplicaciones” en la parte inferior de la pantalla, luego seleccione “Beneficios y pago”. Luego haga clic en “Editar” en “Evento de beneficio: Inscripción abierta en EE. UU.”