



## Welcome to WorkSiteCommerce.com

The Website that connects you to your plan benefits.

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### Login

Company Code:

User ID:

PIN #:

In order to use worksitecommerce, your browser must be configured to allow a secure connection.

**SSL Security is enabled**

Keep your PIN# a secret.

You should avoid giving someone else your PIN# at all costs.

**Forgot your PIN#?**  
Please call 1-888-866-4015, enter your company code and identification number, and follow the prompts for forgotten password.

**Benefits Customers:**  
Please dial 0 at the initial voice prompt.

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[Participant Services](#)

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November 28, 2008

#### Participant

Micky Participant  
10 East Street  
Suite 77  
Honeoye Falls, NY 14472

SSN: 999-99-9999  
Emp ID: 287534-P

#### Dependent/Beneficiary

[Edit](#)

Dependent

Beneficiary

Frank Participant  
Susan Participant  
John Participant  
Karen Participant

#### 2008 Open Enrollment

#### 2007 Status Change

#### 2007 Benefits Review

#### Miscellaneous Event

#### Document Library

Your 2008 annual enrollment period is from November 4 through November 16, 2007. The changes you make during this period will take effect January 1, 2008. If you do not enroll in your benefits, you will receive the Default Benefits Coverage as shown on your 2008 Benefits Enrollment Worksheet. You will not be able to change your benefits again until the following plan year unless you have a qualifying event.

You will need the following information in order to complete enrollment:

- Dependent Information
- Primary Care Physician Name or ID number
- Dental Clinic ID number

[Begin 2008 Open Enrollment](#)

[2008 Open Enrollment Guide](#)

[2007 Open Enrollment Guide](#)

[Summary Plan Description](#)

[504 Attachment](#)

[Employee Discount Programs](#)

[HIPAA](#)

[BCBS References](#)

[Cigna References](#)

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[Copyright Info](#)

Participant	Dependent/Beneficiary	Edit
Micky Participant 10 East Street Suite 77 Honeoye Falls, NY 14472	SSN: 999-99-9999 Emp ID: 287534-P	
	Dependent	Beneficiary
	Frank Participant Susan Participant John Participant Karen Participant	

**Enrollment Progress** 10%

<input checked="" type="checkbox"/> Dependent/Beneficiary	<input checked="" type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision
<input type="checkbox"/> Supplemental Life	<input type="checkbox"/> Supplemental Spouse Life	<input type="checkbox"/> Supplemental Child Life	<input type="checkbox"/> Group Short Term Disability
<input type="checkbox"/> Group Long Term Disability	<input type="checkbox"/> Flexible Spending Accounts		

**Medical Enrollment**

**Step 1 Select Your Medical Plan**

Medical Plan	Single Coverage	Single +1 Coverage	Family Coverage
<a href="#">BC/BS Core EPO Plan</a> plus <a href="#">Cigna RX</a>	\$16.30 <input type="radio"/>	\$32.56 <input type="radio"/>	\$47.60 <input type="radio"/>
<a href="#">BC/BS Buyup EPO Plan</a> plus <a href="#">Cigna RX</a>	\$23.15 <input type="radio"/>	\$46.30 <input type="radio"/>	\$72.50 <input type="radio"/>
<a href="#">BC/BS Buyup PPO Plan</a> plus <a href="#">Cigna RX</a>	\$23.15 <input type="radio"/>	\$46.30 <input type="radio"/>	\$72.50 <input type="radio"/>
<input type="radio"/> Waive Coverage			

**Step 2 Select Your Dependents**  
To add or change eligible dependents, you may use the Edit Dependent/Beneficiary button.

Name	Relation	Enrolled
Mickey Participant	Self	Yes
Frank Participant	Husband	<input type="checkbox"/>
Susan Participant	Daughter	<input type="checkbox"/>
John Participant	Son	<input type="checkbox"/>
Karen Participant	Daughter	<input type="checkbox"/>
<a href="#">Edit Dependent/Beneficiary</a>		

**Submit**

**Document Library**

- 2008 Open Enrollment Guide
- 2007 Open Enrollment Guide
- Summary Plan Description
- 504 Attachment
- Employee Discount Programs
- HIPAA
- BCBS References
- Cigna References
  - Cigna Dental
  - Cigna Prescription
  - Cigna Prescription Drug
  - Certificate of Coverage
  - Cigna Prescription Three Tier Formulary Drug List
  - Cigna Prescription Drug Plan Brochure
  - Cigna Prescription Drug Claim Form
  - Cigna Prescription Tel-Drug Plan (Home Delivery) Brochure
  - MyCigna
- P&A References
- Unum References
- VSP Vision Reference

Participant	Dependent/Beneficiary <span style="float: right;">Edit</span>										
Micky Participant 10 East Street Suite 77 Honeoye Falls, NY 14472 SSN: 999-99-9999 Emp ID: 287534-P	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Dependent</th> <th style="width: 50%;">Beneficiary</th> </tr> <tr> <td>Frank Participant</td> <td></td> </tr> <tr> <td>Susan Participant</td> <td></td> </tr> <tr> <td>John Participant</td> <td></td> </tr> <tr> <td>Karen Participant</td> <td></td> </tr> </table>	Dependent	Beneficiary	Frank Participant		Susan Participant		John Participant		Karen Participant	
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2008 Open Enrollment	2007 Status Change	2007 Benefits Review	Miscellaneous Event	Document Library
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Frank Participant											
Susan Participant											
John Participant											
Karen Participant											

**Enrollment Progress** 0%

<input type="checkbox"/> Dependent/Beneficiary	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision
<input type="checkbox"/> Supplemental Child Life	<input type="checkbox"/> Flexible Spending Accounts		

Dependent/Beneficiary	Document Library																																			
<p>Listed below are the dependents we have on file. Please make sure all personal data for yourself and dependents is complete and accurate. If any of the information is incorrect or incomplete, now is the time to update your information to ensure coverage for your family. Please verify that your dependents are eligible for coverage. You may be asked to submit documentation to support your election for dependent coverage.</p> <p>All dependents that are to be covered under your benefits are listed below. If not, add dependents now.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 15%;">Dependent</th> <th style="width: 15%;">Beneficiary</th> <th style="width: 15%;">Relationship</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td><b>Frank Participant</b></td> <td></td> <td></td> <td>Spouse</td> <td style="text-align: right;"><a href="#">edit</a> <a href="#">delete</a></td> </tr> <tr> <td><b>Susan Participant</b></td> <td></td> <td></td> <td>Daughter</td> <td style="text-align: right;"><a href="#">edit</a> <a href="#">delete</a></td> </tr> <tr> <td><b>John Participant</b></td> <td></td> <td></td> <td>Son</td> <td style="text-align: right;"><a href="#">edit</a> <a href="#">delete</a></td> </tr> <tr> <td><b>Karen Participant</b></td> <td></td> <td></td> <td>Daughter</td> <td style="text-align: right;"><a href="#">edit</a> <a href="#">delete</a></td> </tr> <tr> <td colspan="5">Add Dependent/Beneficiary <input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="5" style="text-align: right;"><div style="border: 1px solid black; padding: 5px; display: inline-block;">Submit</div></td> </tr> </tbody> </table>	Name	Dependent	Beneficiary	Relationship		<b>Frank Participant</b>			Spouse	<a href="#">edit</a> <a href="#">delete</a>	<b>Susan Participant</b>			Daughter	<a href="#">edit</a> <a href="#">delete</a>	<b>John Participant</b>			Son	<a href="#">edit</a> <a href="#">delete</a>	<b>Karen Participant</b>			Daughter	<a href="#">edit</a> <a href="#">delete</a>	Add Dependent/Beneficiary <input style="width: 100%;" type="text"/>					<div style="border: 1px solid black; padding: 5px; display: inline-block;">Submit</div>					<ul style="list-style-type: none"> <li>2008 Open Enrollment Guide</li> <li>2007 Open Enrollment Guide</li> <li>Summary Plan Description</li> <li>504 Attachment</li> <li>Employee Discount Programs</li> <li>HIPAA</li> <li>BCBS References</li> </ul>
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Date

Participant	SSN: 999-99-9999 Emp ID: 287534-P	Dependent/Beneficiary		Edit
Micky Participant 10 East Street Suite 77 Honeoye Falls, NY 14472		Dependent	Beneficiary	
		Frank Participant		
		Susan Participant		
		John Participant		
		Karen Participant		

**Enrollment Progress** 0%

<input type="checkbox"/> Dependent/Beneficiary	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision
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**Enrollment Progress** 10%

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<p><b>Medical Enrollment</b></p> <p><b>Step 1 Select Your Medical Plan</b></p> <table border="1"> <thead> <tr> <th>Medical Plan</th> <th>Single Coverage</th> <th>Single +1 Coverage</th> <th>Family Coverage</th> </tr> </thead> <tbody> <tr> <td><u>BC/BS Core EPO Plan</u> plus <u>Cigna RX</u></td> <td>\$16.30 <input type="radio"/></td> <td>\$32.56 <input type="radio"/></td> <td>\$47.60 <input type="radio"/></td> </tr> <tr> <td><u>BC/BS Buyup EPO Plan</u> plus <u>Cigna RX</u></td> <td>\$23.15 <input type="radio"/></td> <td>\$46.30 <input type="radio"/></td> <td>\$72.50 <input type="radio"/></td> </tr> <tr> <td><u>BC/BS Buyup PPO Plan</u> plus <u>Cigna RX</u></td> <td>\$23.15 <input type="radio"/></td> <td>\$46.30 <input type="radio"/></td> <td>\$72.50 <input type="radio"/></td> </tr> <tr> <td colspan="4"><input type="radio"/> Waive Coverage</td> </tr> </tbody> </table> <p><b>Step 2 Select Your Dependents</b> To add or change eligible dependents, you may use the Edit Dependent/Beneficiary button.</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Relation</th> <th>Enrolled</th> </tr> </thead> <tbody> <tr> <td>Mickey Participant</td> <td>Self</td> <td>Yes</td> </tr> <tr> <td>Frank Participant</td> <td>Husband</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Susan Participant</td> <td>Daughter</td> <td><input type="checkbox"/></td> </tr> <tr> <td>John Participant</td> <td>Son</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Karen Participant</td> <td>Daughter</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>Edit Dependent/Beneficiary <span style="float: right;">Submit</span></p>	Medical Plan	Single Coverage	Single +1 Coverage	Family Coverage	<u>BC/BS Core EPO Plan</u> plus <u>Cigna RX</u>	\$16.30 <input type="radio"/>	\$32.56 <input type="radio"/>	\$47.60 <input type="radio"/>	<u>BC/BS Buyup EPO Plan</u> plus <u>Cigna RX</u>	\$23.15 <input type="radio"/>	\$46.30 <input type="radio"/>	\$72.50 <input type="radio"/>	<u>BC/BS Buyup PPO Plan</u> plus <u>Cigna RX</u>	\$23.15 <input type="radio"/>	\$46.30 <input type="radio"/>	\$72.50 <input type="radio"/>	<input type="radio"/> Waive Coverage				Name	Relation	Enrolled	Mickey Participant	Self	Yes	Frank Participant	Husband	<input type="checkbox"/>	Susan Participant	Daughter	<input type="checkbox"/>	John Participant	Son	<input type="checkbox"/>	Karen Participant	Daughter	<input type="checkbox"/>	<p><b>Document Library</b></p> <ul style="list-style-type: none"> <li>2008 Open Enrollment Guide</li> <li>2007 Open Enrollment Guide</li> <li>Summary Plan Description</li> <li>504 Attachment</li> <li>Employee Discount Programs</li> <li>HIPAA</li> <li>BCBS References</li> </ul>
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Micky Participant 10 East Street Suite 77 Honeoye Falls, NY 14472	SSN: 999-99-9999 Emp ID: 287534-P	Dependent Beneficiary
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Enrollment Progress **100%**

Benefits Summary	Document Library																																										
<p><b>New Hire Benefits - Effective 1/1/2008</b></p> <p>For your convenience, we have filled the table below with your current benefit selections, (gray rows). To make changes to your benefits for the 2007 plan year, click on the benefit link below and follow the necessary steps to initiate a change in that plan. Light</p> <table border="1"> <thead> <tr> <th></th> <th>Coverage Level</th> <th>Per Pay Period</th> </tr> </thead> <tbody> <tr> <td><b>Medical</b> BC/BS Core EPO Plan w/Cigna RX</td> <td>Family Coverage</td> <td>\$0.00</td> </tr> <tr> <td><b>Dental</b> Cigna Dental PPO</td> <td>Family Coverage</td> <td>\$0.00</td> </tr> <tr> <td><b>Vision</b> Waive Coverage</td> <td>Waive Coverage</td> <td>\$0.00</td> </tr> <tr> <td><b>Supplemental Life Insurance</b> UNUM Lifestyle Life</td> <td>\$50,000</td> <td>\$0.00</td> </tr> <tr> <td><b>Supplemental Spouse Life Insurance</b> UNUM Lifestyle Life</td> <td>\$25,000</td> <td>\$0.00</td> </tr> <tr> <td><b>Supplemental Child Life Insurance</b> UNUM Lifestyle Life</td> <td>\$2,000 For Each Child</td> <td>\$0.00</td> </tr> <tr> <td><b>Group Short Term Disability Insurance</b> First UNUM</td> <td>60% to \$250/wk for 26 weeks</td> <td>\$0.00</td> </tr> <tr> <td><b>Group Long Term Disability Insurance</b> UNUM Provident</td> <td>50% of Monthly Salary</td> <td>\$0.00</td> </tr> <tr> <td><b>Flexible Spending Accounts</b></td> <td></td> <td></td> </tr> <tr> <td>Health Care</td> <td>Enrolled</td> <td>\$0.00</td> </tr> <tr> <td>Dependent Care</td> <td>Enrolled</td> <td>\$0.00</td> </tr> <tr> <td>Adoption Assistance</td> <td>Not Enrolled</td> <td>\$0.00</td> </tr> <tr> <td></td> <td><b>Total</b></td> <td><b>\$0.00</b></td> </tr> </tbody> </table> <p style="text-align: right;"><input type="button" value="Submit"/></p>		Coverage Level	Per Pay Period	<b>Medical</b> BC/BS Core EPO Plan w/Cigna RX	Family Coverage	\$0.00	<b>Dental</b> Cigna Dental PPO	Family Coverage	\$0.00	<b>Vision</b> Waive Coverage	Waive Coverage	\$0.00	<b>Supplemental Life Insurance</b> UNUM Lifestyle Life	\$50,000	\$0.00	<b>Supplemental Spouse Life Insurance</b> UNUM Lifestyle Life	\$25,000	\$0.00	<b>Supplemental Child Life Insurance</b> UNUM Lifestyle Life	\$2,000 For Each Child	\$0.00	<b>Group Short Term Disability Insurance</b> First UNUM	60% to \$250/wk for 26 weeks	\$0.00	<b>Group Long Term Disability Insurance</b> UNUM Provident	50% of Monthly Salary	\$0.00	<b>Flexible Spending Accounts</b>			Health Care	Enrolled	\$0.00	Dependent Care	Enrolled	\$0.00	Adoption Assistance	Not Enrolled	\$0.00		<b>Total</b>	<b>\$0.00</b>	<p>2008 Open Enrollment Guide</p> <p>2007 Open Enrollment Guide</p> <p>Summary Plan Description</p> <p>504 Attachment</p> <p>Employee Discount Programs</p> <p>HIPAA</p> <p>BCBS References</p>
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**Participant**

Micky Participant  
10 East Street  
Suite 77  
Honeoye Falls, NY 14472

SSN: 999-99-9999  
Emp ID: 287534-P

**Print This Page**

**Benefits Confirmation****Confirm Your Benefit Elections**

This is your Benefits Confirmation. Please review your elections. If you would like to change your elections, [return to the Benefits Summary](#). To confirm these elections for your 2007 benefits, click the Submit button at the bottom of the page. You will receive a confirmation tracking number confirming your enrollment confirmation will be forwarded to you.

The cost of your life insurance benefit is based on your current age and salary. Please note that your cost may change mid-year if you report a change in status. When you report a change in status, your benefits costs will recalculate, which may affect your deductions.

**You must click the Submit button or your changes will be discarded!**

**Dependent Information**

Name	Relation	SSN	Date of Birth	Sex	College Student	Handicapped	Medical	Dental	Vision
Micky Participant	Self	000-00-0000	11/5/1979	F	NO	NO	YES	YES	YES
Frank Participant	Husband	000-00-0000	4/23/1965	M	NO	NO	YES	YES	YES
Susan Participant	Daughter	000-00-0000	1/1/2000	F	NO	NO	YES	YES	YES
John Participant	Son	000-00-0000	2/2/2002	M	NO	NO	YES	YES	YES
Karen Participant	Daughter	000-00-0000	3/3/2004	F	NO	NO	YES	YES	YES

**Beneficiary Information**

Name	Relation	SSN	Date of Birth	Sex	Primary Benefit	Contingent Benefit
Micky Participant	Self	000-00-0000	11/5/1979	F	100%	0%
Frank Participant	Husband	000-00-0000	4/23/1965	M	0%	100%

**Benefits Selections**

	Coverage Level	Effective Date	Per Pay Period
<b>Medical</b> BC/BS Core EPO Plan w/Cigna RX	Family Coverage	11/1/2008	\$0.00
<b>Dental</b> Cigna Dental PPO	Family Coverage	11/1/2008	\$0.00
<b>Vision</b> Waive Coverage	Waive Coverage	11/1/2008	\$0.00
<b>Supplemental Life Insurance</b> UNUM Lifestyle Life	\$50,000	11/1/2008	\$0.00
<b>Supplemental Spouse Life Insurance</b> UNUM Lifestyle Life	\$25,000	11/1/2008	\$0.00
<b>Supplemental Child Life Insurance</b> UNUM Lifestyle Life	\$2,000 For Each Child	11/1/2008	\$0.00
<b>Group Short Term Disability Insurance</b> First UNUM	60% to \$250/wk for 26 weeks	11/1/2008	\$0.00
<b>Group Long Term Disability Insurance</b> UNUM Provident	50% of Monthly Salary	11/1/2008	\$0.00
<b>Flexible Spending Accounts</b> Health Care	Enrolled	11/1/2008	\$0.00
Dependent Care	Enrolled	11/1/2008	\$0.00
Adoption Assistance	Not Enrolled	11/1/2008	\$0.00
<b>Total</b>			\$0.00

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