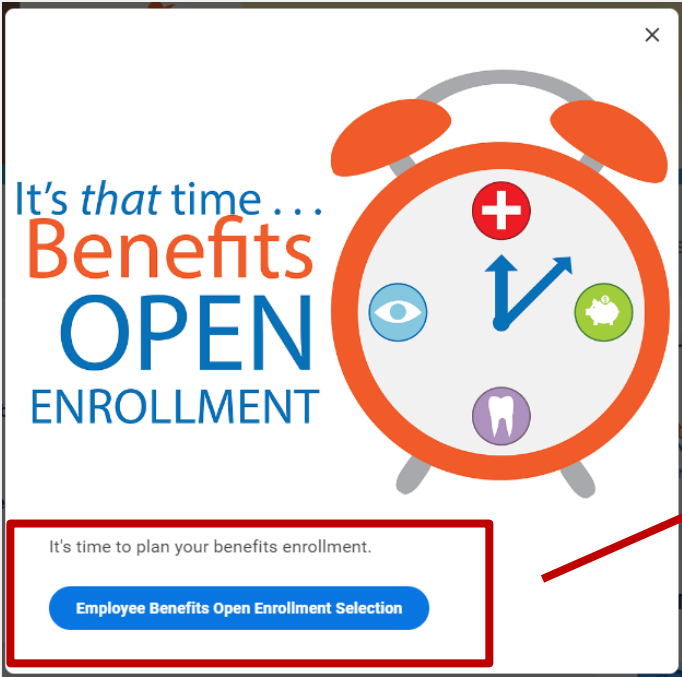


How to Complete Your Open Enrollment Task in Workday

Click on the *Benefits Open Enrollment* link located in the Open Enrollment Announcement, then *Continue* to begin.

OR

Click on the *Open Enrollment Change* task located in your My Tasks, then *Let's Get Started* to begin.

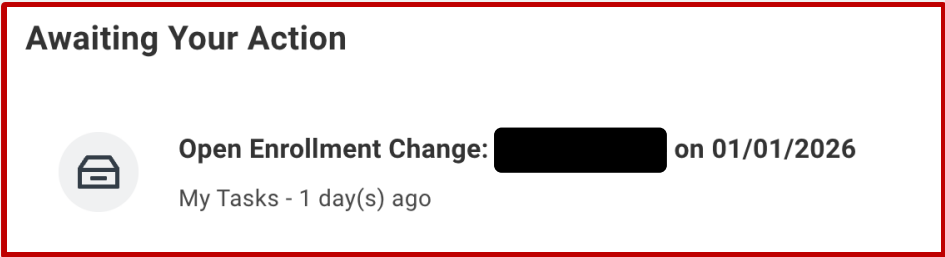


Rakuten Open Enrollment 2026

Submit Elections By 11/07/2025

Status Not Started

Continue



Change Benefits for Open Enrollment

Rakuten Open Enrollment 10/27/2025 - 11/07/2025

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

Let's Get Started

First, answer the Smoker/Non-Smoker question. This question applies to the Critical Illness benefit only.

Answer *Yes* or *No* and click *Continue*.

On the Information Updated screen, click *Continue* to move forward to the benefits enrollment screen.

Update Your Information

Health Information

Tobacco Use

IMPORTANT: The Smoker/Non-Smoker question below applies to the **Critical Illness** benefit only.

Question Have you used tobacco in any form in the past 12 months?

Answer * ☐ Yes
☒ No

Continue Cancel

Information Updated

Thanks for updating your information.

Next up, you'll confirm benefits you'd like to keep the same, or add any changes you'd like to make.


Continue Cancel

When you begin, your current (2025) benefits will automatically populate your 2026 enrollment, except for the FSA plans. The FSA plans **MUST** actively be re-elected each year, as required by the IRS.

Each card represents a type of coverage allowing you to see all your options on one page and elect any plan in any order.

Click *Manage* or *Enroll* on each card to review or enroll in that plan.

Health Care and Accounts

**Medical**
Aetna HDHP


Cost (Semimonthly)

Included

Coverage

Employee Only

Manage

**Dental**
Delta Dental


Cost (Semimonthly)

\$5.00

Coverage

Employee Only

Manage

**Vision**
VSP


Cost (Semimonthly)

\$1.00

Coverage

Employee Only

Manage

**Accident**
Hartford Employer


Cost (Semimonthly)

Included


Coverage

Employee Only

Manage

**Critical Illness**
Waived


Enroll

**HSA**
HealthEquity


Contribution (Semimonthly)

\$192.50


Manage

**Healthcare FSA**
Waived

Enroll

**Dependent Care FSA**
Waived

Enroll

**Limited Purpose FSA**
Waived

Enroll

The **Instructions** area contains important plan information and enrollment instructions to assist you with your enrollment. Please review the instructions very carefully.

Click on the links in the **Benefit Plan** column to view plan documents and additional details.

Plans Available			
Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee + Family (Spouse).			
2 items			
Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Aetna HDHP	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$145.00	\$1,129.79
Aetna PPO	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$370.00	\$1,356.08

Page 1: Plans Available

Important Information:

- If you enroll in the HDHP medical plan, you **must** enroll in the HSA plan **and** the Company-Paid Accident plan.
- If you enroll in the PPO or HMO medical plan, or waive the medical plan, you may voluntarily enroll in the Healthcare FSA plan and the Voluntary Accident plan.

Select the plan you want to enroll in. When finished, click **Confirm and Continue**. You will enroll your dependents on the next screen. If you waive the plan, you will return to the main enrollment page.

- Plan descriptions, rates, and provider websites can be accessed by clicking on the Benefit Plan name in the **Benefit Plan** column.
- The **You Pay** column is the amount you will pay each paycheck. Plans that state **Included** means this plan is completely paid for by the company.
- The **Company Contribution** column is the premium the company pays each paycheck on your behalf.

Page 2: Dependents

Select an existing dependent from the list or click **Add New Dependent** to add a new dependent. When finished, click **Save** to return to the main enrollment page.

- The **Coverage** and **Plan Cost** per paycheck fields will change as you add or remove dependents.
- Ensure the **Relationship** and **Date of Birth** are correct for each enrolled dependent.
- The **Plan Description** and link to the **Provider Website** are located above the General Instructions.

Within each coverage type, you will select the plan you want to enroll in. When finished, click *Confirm and Continue*.

You will enroll your dependents on the next screen. If you waive all the plans, you will return to the main enrollment page.

Plans Available

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

2 items

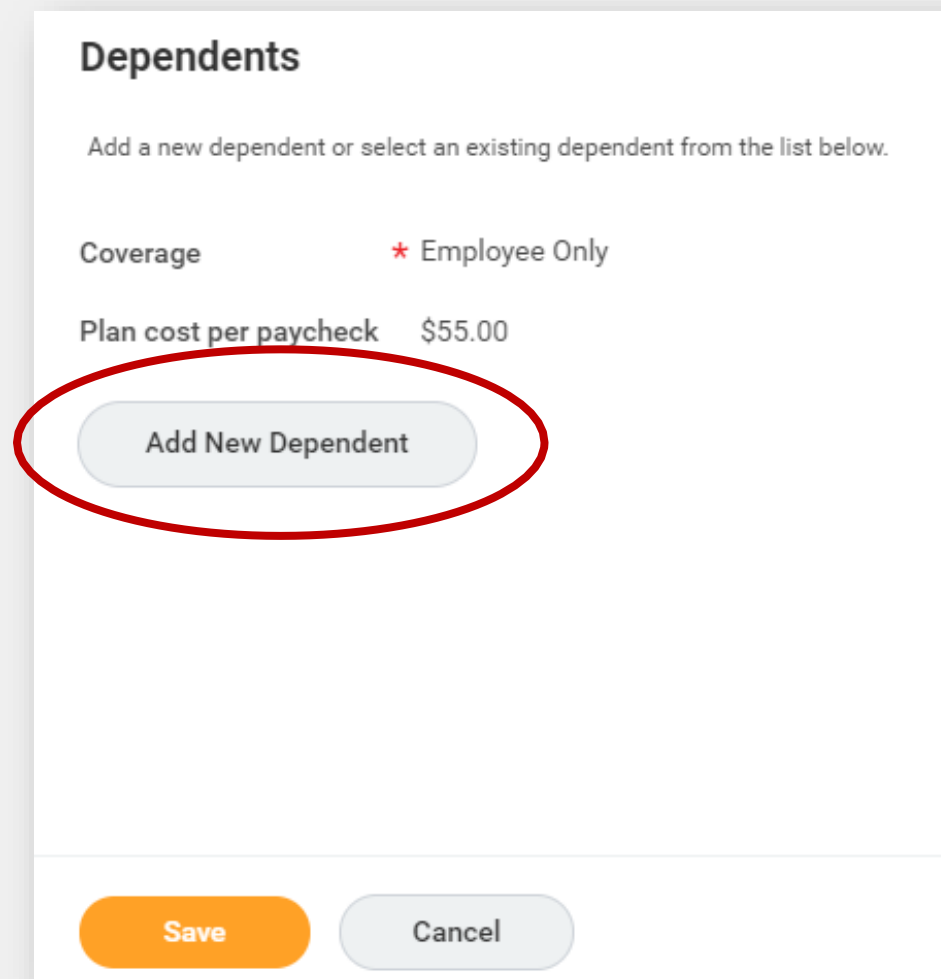
Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Aetna HDHP	<div><input type="radio"/> Select</div> <div><input checked="" type="radio"/> Waive</div>	\$145.00	\$1,129.79
Aetna PPO	<div><input type="radio"/> Select</div> <div><input checked="" type="radio"/> Waive</div>	\$370.00	\$1,356.08

Confirm and Continue

Cancel

On the **Dependents** page, you will add a new dependent or select an existing dependent from the list.

If your dependent is not listed, click *Add New Dependent*.



Dependents

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

Coverage * Employee Only

Plan cost per paycheck \$55.00

Add New Dependent

Save **Cancel**

Be sure to review the options when adding a new dependent to avoid entering a dependent twice. **Do not enroll yourself as a dependent.**

If your dependent is already listed in Workday as an existing beneficiary or emergency contact, select their name in the *Use an Existing Beneficiary or Emergency Contact* field. Checkmark the *Use as Beneficiary* box and click *OK* to continue.

<Continued on Next Page>

Add My Dependent From Enrollment

☒ Use an Existing Beneficiary or Emergency Contact

☐ Create Dependent

Search

☐ Example Child

☐ Mom Beneficiary

Use as Beneficiary

☒

Instructions:

If your dependent is already listed in Workday as an existing beneficiary or emergency contact, select their name in the *Use an Existing Beneficiary or Emergency Contact* field. Checkmark the *Use as Beneficiary* box and click *OK* to continue.

If your dependent is not listed within the existing list of beneficiaries or emergency contacts, select *Create Dependent*. Checkmark the *Use as Beneficiary* box and click *OK* to continue.

If your dependent does not exist in Workday and you do not have an existing list of beneficiaries or emergency contacts, checkmark the *Use as Beneficiary* box and click *OK* to continue.

Do not enroll yourself as a dependent.

OK

Cancel

If your dependent is not listed within the existing list of beneficiaries or emergency contacts, select *Create Dependent*. Checkmark the *Use as Beneficiary* box and click *OK* to continue.

If your dependent does not exist in Workday and you do not have an existing list of beneficiaries or emergency contacts, checkmark the *Use as Beneficiary* box and click *OK* to continue.

Add My Dependent From Enrollment

☐ Use an Existing Beneficiary or Emergency Contact

☒ Create Dependent

Use as Beneficiary ☒

Instructions:

If your dependent is already listed in Workday as an existing beneficiary or emergency contact, select their name in the *Use an Existing Beneficiary or Emergency Contact* field. Checkmark the *Use as Beneficiary* box and click *OK* to continue.

If your dependent is not listed within the existing list of beneficiaries or emergency contacts, select *Create Dependent*. Checkmark the *Use as Beneficiary* box and click *OK* to continue.

If your dependent does not exist in Workday and you do not have an existing list of beneficiaries or emergency contacts, checkmark the *Use as Beneficiary* box and click *OK* to continue.

Do not enroll yourself as a dependent.

OK **Cancel**

Add My Dependent From Enrollment

Use as Beneficiary ☒

Instructions:

If your dependent is already listed in Workday as an existing beneficiary or emergency contact, select their name in the *Use an Existing Beneficiary or Emergency Contact* field. Checkmark the *Use as Beneficiary* box and click *OK* to continue.

If your dependent is not listed within the existing list of beneficiaries or emergency contacts, select *Create Dependent*. Checkmark the *Use as Beneficiary* box and click *OK* to continue.

If your dependent does not exist in Workday and you do not have an existing list of beneficiaries or emergency contacts, checkmark the *Use as Beneficiary* box and click *OK* to continue.

Do not enroll yourself as a dependent.

OK **Cancel**

Fill in the required fields for your dependent:

- First Name
- Last Name
- Relationship to you
- Date of Birth
- Gender
- Tobacco Usage

Select *Add* under National IDs to add your dependent's Social Security Number.

The image shows a web form titled "Add My Dependent From Enrollment". The form is divided into two main sections: "Name" and "Personal Information".

Name Section:

- Country:
- Prefix:
- First Name:
- Middle Name:
- Last Name:
- Suffix:
- Allow Duplicate Name: ☐
- Check this box only when there is more than one dependent with the same name.

Personal Information Section:

- Relationship:
- Date of Birth:
- Age: 41 years, 9 months, 20 days
- Gender:
- Primary Nationality:
- Citizenship Status:
- Tobacco Use:
- Full-time Student: ☐
- Student Status Start Date:
- Student Status End Date:
- Disabled: ☐

National IDs Section:

Click the Add button to enter one or more National Identifiers for this dependent.

Modal for Adding National IDs:

Click the Add button to enter one or more National Identifiers for this dependent.

- Country:
- National ID Type:
- Current ID: (empty)
- Add/Edit ID:
- Issued Date:
- Expiration Date:
- Issued By:
- Series:
- Verification Date: 10/21/2021
- Verified By:
-
-

Your address will auto-populate your dependent's address fields.

If your dependent does not live with you, remove the existing address and complete the required fields.

When finished, click *Save*.

Address

Use Existing Address 1010 That Street for [redacted] Spouse

Country * United States of America

Address Line 1 1010 That Street

Address Line 2

City Anywhere

State Utah

Postal Code 84124

County

Phone & Email

Use Existing Phone (801) [redacted] 275 for [redacted] Spouse

Country Phone Code United States of America (+1)

Phone Number (801) [redacted] 275

Address

Use Existing Address

Country * United States of America

Address Line 1 * 1010 This Street

Address Line 2

City * Anywhere

State * Utah

Postal Code * 84123

County

Save **Cancel**

The *Coverage level* and *Employee Plan Cost* fields update to include the selected dependent.

As you enroll more dependents, the *Coverage level* and *Employee Plan Cost* fields will adjust accordingly.

When finished, click *Save* and you will return to the main enrollment page.

Coverage★ Employee + Child(ren)

Plan cost (Semimonthly) \$10.00

Add New Dependent

2 items

Select	Dependent
<input type="checkbox"/>	Example Spouse
<input checked="" type="checkbox"/>	Example Child

Save

Cancel

Coverage★ Employee + Family (Spouse)

Plan cost (Semimonthly) \$30.00

Add New Dependent

2 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Example Spouse	Spouse	01/01/1980
<input checked="" type="checkbox"/>	Example Child	Child	01/01/2010

Save

Cancel

Pay close attention to the pop-up notifications throughout the enrollment process.

Once you have saved your medical insurance enrollment, you will receive a notification that your changes have been updated but not submitted.

Employees who enroll in the HDHP medical plan will be required to also enroll in the Health Savings Account (HSA) plan **and** the Company-Paid Accident Plan.

<Continued on Next Page>

Rakuten Open Enrollment



Project
\$70.67

Your Medical changes have been updated, but not submitted

Next steps: You must also enroll in one of these: Accident -
Hartford Employer, HSA - HealthEquity

[View Details](#)

Health Care and Accounts



REVIEWED

Medical
Aetna HDHP

Cost
(Semimonthly)

\$30.00

Coverage

Employee + Family (Spouse)

Dependents


3

[Manage](#)

If you enroll in the HDHP medical plan, you must also enroll in the Accident Hartford Employer plan.

The **Coverage Tier** and enrolled **Dependents** must match on both plans.

Pay close attention!! If you change the Coverage Tier and Dependents on one plan, the system will automatically update the other plan to match.




Medical
Aetna HDHP

Cost (Semimonthly) \$30.00

CoverageEmployee + Family (Spouse)

Dependents3

Manage



UPDATED
Accident
Hartford Employer

Cost (Semimonthly) Included


CoverageEmployee + Family (Spouse)

Dependents3

Manage

If you enroll in the HDHP medical plan, you must also enroll in the Health Savings Account (HSA) plan.

The annual maximum amount for the HSA is listed on the **Contribute** page and is based on your age and medical plan coverage level.



HSA

Waived

Enroll

HSA

Projected Total Cost Per Paycheck

\$30.00

Plans Available

Select a plan or Waive to opt out of HSA.

1 Item

*Selection	Benefit Plan	You Contribute (Semimonthly)
<div><div><input checked="" type="radio"/> Select</div><div><input type="radio"/> Waive</div></div>	HealthEquity	

Confirm and Continue

Cancel

Contribute

Per Paycheck

0.00

Annual

0.00

Total Paychecks

24

Maximum Annual Amount: \$8,550.00

Summary

Total Annual HSA Contribution

\$0.00

Cancel

Save

You can either enter the annual amount you want **OR** the per paycheck amount you want deducted and the other field will update based on 24 paychecks in the year.

When finished, click *Save*.

HSA - HealthEquity

Projected Total Cost Per Paycheck
\$238.33

Contribute

Per Paycheck

208.33

Annual

5,000.00

Total Paychecks

24

Maximum Annual Amount: \$8,550.00

Summary


Total Annual HSA Contribution	\$5,000.00
-------------------------------	------------

Save

Cancel

If you enroll in the PPO or HMO medical plan, or waive medical insurance, you may enroll in the Healthcare Flexible Spending Account (FSA) plan.

The annual maximum amounts for the FSA plans are listed on the **Contribute** page.

 **FSA Healthcare**
Waived

Enroll

Healthcare FSA

Projected Total Cost Per Paycheck
\$238.33

Plans Available

Select a plan or Waive to opt out of Healthcare FSA.

1 item

*Selection	Benefit Plan	You Contribute (Semimonthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	HealthEquity	

Confirm and ContinueCancel

Contribute

Per Paycheck

Annual

Total Paychecks

24


Minimum Annual Amount: \$50.00
Maximum Annual Amount: \$3,400.00

Summary

CancelSave

If you enroll in the High Deductible Health Plan (HDHP), you may enroll in the Limited Purpose Flexible Spending Account (FSA) plan.

The annual maximum amount for the Limited Purpose FSA plan is listed on the **Contribute** page.

 **Limited Purpose FSA**
Waived

Enroll

Limited Purpose FSA

Projected Total Cost Per Paycheck
\$238.33

Plans Available

Select a plan or Waive to opt out of Limited Purpose FSA.

1 item

*Selection	Benefit Plan	You Contribute (Semimonthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	HealthEquity	

Confirm and ContinueCancel

Contribute

Per Paycheck

0.00

Annual

0.00

Total Paychecks

24

Minimum Annual Amount: \$50.00
Maximum Annual Amount: \$3,400.00


Summary

CancelSave

Note: the Limited Purpose FSA plan is used in conjunction with the HSA plan and is used for dental and vision services.

You may enroll in the Dependent Care FSA plan regardless of which medical plan you enroll in.

The annual maximum amounts for the FSA plans are listed on the **Contribute** page.

 **FSA Dependent Care**
Waived

Enroll

Dependent Care FSA

Projected Total Cost (Semimonthly)
\$0.00

Plans Available

Select a plan or Waive to opt out of Dependent Care FSA.

1 item

*Selection	Benefit Plan Details	You Contribute (Semimonthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	HealthEquity	

Confirm and ContinueCancel

Contribute

Per Paycheck

Annual

Total Paychecks

24

Minimum Annual Amount: \$50.00
Maximum Annual Amount: \$7,500.00

Summary

CancelSave

Note: the FSA Dependent Care plan is to pay for daycare, NOT to pay for your dependent's healthcare costs.

For any of the Flexible Spending Accounts, you can either enter the annual amount you want **OR** the per paycheck amount you want deducted and the other field will update based on 24 paychecks in the year.

When finished, click *Save*.

Healthcare FSA - HealthEquity

Projected Total Cost Per Paycheck
\$321.66

Contribute

Per Paycheck

83.33

Annual

2,000.00

Total Paychecks

24

Minimum Annual Amount: \$50.00

Maximum Annual Amount: \$3,400.00

Summary

Total Annual Contribution \$2,000.00


Save

Cancel

The **Insurance** section contains the company-paid Basic Life and AD&D plans, company-paid Short-Term and Long-Term Disability plans, and Voluntary Life and AD&D Insurance plans.

Click on *Manage* or *Enroll* and read through the general instructions and plan provisions very carefully.

Insurance



Basic Life

Hartford (Employee)


Cost per paycheck

Included

Coverage

2 X Salary

Manage



Basic AD&D

Hartford (Employee)


Cost per paycheck

Included

Coverage

2 X Salary

Manage



Short-Term Disability

Larkin (Employee)


Cost per paycheck

Included

Coverage

60% of Salary

Manage



Long-Term Disability

Hartford (Employee)


Cost per paycheck

Included

Coverage

60% of Salary


Manage



Voluntary Life and AD&D

Waived


Enroll



Spouse Life and AD&D

Waived

Enroll



Child Life and AD&D

Waived

Enroll

General Instructions

Page 1: Plans Available

You are automatically enrolled in the following company-paid benefits:

- Basic Life Insurance
- Basic Accidental Death and Dismemberment Insurance
- Short-Term Disability
- Long-Term Disability

Click **Confirm** and **Continue** to select your beneficiaries. You will only designate a beneficiary to the Basic Life insurance plan as this beneficiary is also the beneficiary for your Accidental Death and Dismemberment insurance plan.

To enroll in the Voluntary Life and Accidental Death and Dismemberment insurance, choose **Select** and **Confirm** and **Continue** to select the amount you want to elect for the year and select your beneficiaries. If you waive the plan, you will return to the main enrollment page.

Page 2: Coverage and Beneficiaries

The company-paid Basic Life and Accidental Death and Dismemberment insurance policies are provided by The Hartford. Select your beneficiaries. When finished, click **Save** to return to the main enrollment page.

- The company provides Basic Life and Accidental Death and Dismemberment insurance in the amount of 2 times your base annual earnings. These policies are completely paid for by the company. The policy amounts are reduced by 35% at age 70, and by 50% at age 75.
- A Basic Life insurance benefit of \$50,000 or more is a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck.
- The company provides Short-Term and Long-Term Disability Insurance. Short-Term Disability compensates a percentage of your income for up to 180 days if you are unable to work due to accident, illness, or maternity. Long-Term Disability compensates a percentage of your income after 180 days of disability if you are unable to work due to accident, illness, or maternity.

The Voluntary Life and Accidental Death and Dismemberment insurance policies are provided by The Hartford. Select the coverage amount you want to elect and select your beneficiaries. When finished, click **Save** to return to the main enrollment page.

- Voluntary Life:** In \$10,000 increments, you can elect up to the lesser of \$500,000 or 5 times your annual salary for yourself. Evidence of Insurability will be required for any new election amount made during open enrollment.
- Spouse Life:** In \$5,000 increments, you can elect up to the lesser of \$100,000 or 100% of your voluntary Term Life insurance election for your spouse. Evidence of Insurability will be required for any new election amount made during open enrollment.
- Child Life:** In \$1,000 increments, you can elect up to \$10,000 on your dependent child(ren).
- In order to elect coverage for your spouse or your child(ren), you must elect coverage for yourself. You are the primary beneficiary of your spouse and child(ren) policies.
- Coverage amounts for you and your spouse are reduced by 35% when you reach age 70, and by 50% when you reach age 75.
- If you are making a change to your Voluntary Life or Spouse Life election, you will be required to complete an Evidence of Insurability (EOI) form for any additional amount. The electronic EOI form will be emailed to you directly from The Hartford shortly after open enrollment ends.


Go to [MyBenefits.Life](#) to view the Benefits Guide and additional plan documents. Enter Employer Key: **rakuten** and click **View as a Guest**.

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You are **automatically enrolled** in the company-paid Basic Life Insurance and Basic AD&D Insurance.

Click *Manage* on the **Basic Life** card to review or designate your beneficiary for **both** the Basic Life and the Basic AD&D Insurance. You will not designate a beneficiary directly on the Basic AD&D plan.

<Continued on Next Page>



Basic Life
Hartford (Employee)


Cost per paycheck

Included

Coverage

2 X Salary

[Manage](#)



Basic AD&D
Hartford (Employee)

Cost per paycheck

Included

Coverage

2 X Salary

[Manage](#)

Basic Life

Projected Total Cost Per Paycheck

\$5.00

Plans Available

1 item

*Selection	Benefit Plan	You Pay (Semimonthly)	Company
<div><div><input checked="" type="radio"/> Select</div><div><input type="radio"/> Waive</div></div>	Hartford (Employee)	Included	\$5.25

Confirm and Continue

Cancel

Coverage

Calculated Coverage

\$210,000.00

Coverage

2 X Salary

Plan cost per paycheck

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 0 items


+ Beneficiary	Percentage
No Data	

*Secondary Beneficiaries 0 items

+ Beneficiary	Percentage
No Data	

Save

Cancel



22

Next, you will assign beneficiaries to your company-paid Basic Life insurance plan.

To add a beneficiary, click the *Add* icon to add a row.

Coverage

Calculated Coverage \$210,000.00

Coverage 2 X Salary

Plan cost per paycheck 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 Beneficiary

+

−

Existing Beneficiary Persons

Existing Trusts

Add New Beneficiary or Trust

Search

Percentage

0

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Save

Cancel

Click inside the *Beneficiary* box.

If a dependent was previously marked as Use as Beneficiary, they will be listed under *Existing Beneficiary Persons*. If not, you will need to add them as a new beneficiary. You may add a Trust as well.

To create a new beneficiary, choose *Add New Beneficiary*.

Existing Beneficiary Persons

Example Spouse

Search

Existing Trusts

Example Trust

Search

Beneficiaries

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

***Primary Beneficiaries** 1 item

	Beneficiary	Percentage

Secondary Beneficiaries

	Beneficiary	Percentage

No Data

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

Continue

Cancel

Fill in the required fields for your beneficiary (under Legal Name):

- First Name
- Last Name
- Relationship to you

Fill in the required fields for your beneficiary (under Contact Information):

- Address

When finished, click *OK*.

This screenshot shows the 'Legal Name' tab of a beneficiary form. The 'Legal Name' tab is highlighted with a red box. Above it, the 'Relationship' dropdown is set to 'Parent' and 'Use as Beneficiary' is checked. The 'Date of Birth' field is empty with a calendar icon. The 'Age' field is '(empty)' and the 'Gender' dropdown is 'select one'. The 'Allow Duplicate Name' checkbox is unchecked. Below the tabs, the 'Country' dropdown is set to 'United States of America'. The 'Prefix' field is empty. The 'First Name' field contains 'Mom', the 'Middle Name' field is empty, and the 'Last Name' field contains 'Beneficiary'. The 'Suffix' field is empty. At the bottom are 'OK' and 'Cancel' buttons.

This screenshot shows the 'Contact Information' tab of a beneficiary form. The 'Contact Information' tab is highlighted with a red box. The 'Phone' section has an 'Add' button. The 'Address' section includes a 'Use Existing Address' dropdown, a 'Country' dropdown set to 'United States of America', and fields for 'Address Line 1' (2020 Their Street), 'Address Line 2' (empty), 'City' (Anywhere), 'State' (Utah), 'Postal Code' (84124), and 'County' (empty). The 'Usage' section has a 'Type' dropdown set to 'Home'. At the bottom, the 'OK' button is circled in red, and the 'Cancel' button is next to it.

Next, add the percentage of the life insurance coverage amount the beneficiary should receive. The percentage for each section (primary and secondary) must total 100%.

When finished, click *Save*.

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
+		
-	× Example Spouse ...	100

Secondary Beneficiaries 2 items

	Beneficiary	Percentage
+		
-	× Example Child ...	50
-	× Mom Beneficiary ...	50

Save Cancel

For the Voluntary Life Insurance, you will choose the coverage level you want to purchase for yourself or your dependents.

The *Calculated Coverage* and *Plan Cost per Paycheck* fields will adjust based on the Coverage level you select.

<Continued on Next Page>

Voluntary Life and AD&D

Projected Total Cost Per Paycheck
\$5.00

Plans Available

Select a plan or Waive to opt out of Voluntary Life Insurance

1 item

*Selection

Select

Waive

Confirm and Continue

Coverage

Your guaranteed coverage amount for Voluntary Life and AD&D - Hartford (Employee) is \$100,000. Submit your Evidence of Insurability to Hartford to be considered for the coverage amount of \$250,000.

Calculated Coverage

\$250,000.00

Coverage

× \$250,000

Plan cost per paycheck

\$22.50

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

0 items

+

Beneficiary

Percentage

No Data

Secondary Beneficiaries

0 items

+

Beneficiary

Percentage

No Data

Insurance Instructions

General Instructions

Save

Cancel

You will be notified here if your elected coverage requires **Evidence of Insurability (EOI)**.

If Evidence of Insurability is required, you will receive a task in your My Tasks with a link to complete your electronic EOI form one week after open enrollment ends.

<Continued on Next Page>

Voluntary Life and AD&D

Projected Total Cost Per Paycheck
\$5.00

Plans Available

Select a plan or Waive to opt out of Voluntary Life

1 item

*Selection

☒ Select

☐ Waive

Confirm and Continue

Coverage

Your guaranteed coverage amount for Voluntary Life and AD&D - Hartford (Employee) is \$100,000. Submit your Evidence of Insurability to Hartford to be considered for the coverage amount of \$250,000.

Calculated Coverage

\$250,000.00

Coverage

*

×

\$250,000

Plan cost per paycheck

\$22.50

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

0 items

+

Beneficiary

Percentage

No Data

*Secondary Beneficiaries

0 items

+

Beneficiary

Percentage

No Data

Insurance Instructions

General Instructions

Save

Cancel

28


When finished, click *Save*.

If you are enrolling in **both** the Legal Services plan **AND** the ID Protection plan, select the bundled Legal Services and ID Protection plan.

If you are enrolling in **either** the Legal Services plan **OR** the ID Protection plan, select the individual plan you want to enroll in.


<Continued on Next Page>

Additional Benefits




Legal Services
Waived

Enroll



Identity Protection
Waived

Enroll



Legal Services & Identity Protection
Waived

Enroll

Review and Sign

Save for Later

Click *Enroll* to elect the plan and choose your *Coverage* level. If you elect the Family coverage, you will **NOT** enroll your dependents in Workday. Instead, you will enroll your dependents directly with the vendors once your account with them is established.

When finished, click *Save*.

Legal Services & Identity Protection

Projected Total Cost Per Paycheck
\$46.57

Plans Available

Select a plan or Waive to opt out of Legal Services & Identity Protection.

1 item

*Selection	Benefit Plan	You Pay (Semimonthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	LegalShield	

[Confirm and Continue](#) [Cancel](#)

Coverage

Select the coverage that you would like for this plan.

Coverage *

Plan cost per paycheck \$14.45

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

The final page is a summary of your elections.

Carefully review your selected benefits and waived benefits for accuracy. Ensure the dependents, beneficiaries, and coverage amounts are correct. If anything looks incorrect, click *Cancel* to return to the main enrollment page.

<Continued on Next Page>

View Summary

Projected Total Cost Per Paycheck
\$136.70

Benefit Elections Review

This page shows a summary of the changes you are about to make. Please verify your changes **carefully** before submitting them. If you need to make any edits you can do so by selecting **Cancel** to return to the main enrollment page.

When you are satisfied with your elections, review the Legal Notice carefully and click **Submit** when you are finished.

Your new premiums will begin on the first paycheck you receive in January.

Insurance ID cards will arrive at your home mailing address during the month of December. Please make sure your home address is up to date in Workday to ensure the timely delivery of insurance ID cards.

Attachments are not required on this page.

Evidence of Insurability

If you receive a message below that Evidence of Insurability is required for a life insurance election, you will receive an email directly from The Hartford with the electronic Evidence of Insurability form.

Selected Benefits 4 of 7 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents
Basic Life	01/01/2022	01/01/2022	2 X Salary	
Hartford (Employee)				
Basic AD&D	01/01/2022	01/01/2022	2 X Salary	
Hartford (Employee)				

Waived Benefits 12 items

Dental

Vision

Submit

Save for Later

Cancel

R

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If applicable, please review the *Messages* section.

If Evidence of Insurability is required, you will receive a task in your My Tasks with a link to complete your electronic EOI form one week after open enrollment ends.

Messages

Turn on the new tables view

2 items

Plan	Information
Spouse Life and AD&D - Hartford (Spouse)	You must submit evidence of insurability for the \$100,000 election. Your election will be reduced to \$25,000 until evidence of insurability is received and approved.
Voluntary Life and AD&D - Hartford (Employee)	You must submit evidence of insurability for the \$250,000 election. Your election will be reduced to \$100,000 until evidence of insurability is received and approved.

All Items1 item

Search: All Items

Advanced Search

Complete Evidence of Insurability: Open Enrollment Change: on 01/01/2025

Effective: 01/01/2025

Created: 10/14/2024 | Effective: 01/01/2025

Complete To Do

Complete Evidence of Insurability

For

Overall Process

Open Enrollment Change: on 01/01/2025

Overall Status

Successfully Completed

Instructions

Do not submit this task until you have completed the following action.

Your benefit enrollment contains an election for life insurance coverage that requires Evidence of Insurability (EOI). Please click on the Hartford Evidence of Insurability link below to complete the Evidence of Insurability form on the Hartford website. Once you have completed the Evidence of Insurability form, return to this TO DO task and click Submit to clear the task from your My Tasks.

Hartford Evidence of Insurability

Submit

Save for Later

Close

R

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Review the *Total Benefits Cost*. (The Company Contribution is the amount the company pays to the insurance vendors for the benefits you have elected.)

Messages

Turn on the new tables view

2 items

Plan	Information
Spouse Life and AD&D - Hartford (Spouse)	You must submit evidence of insurability for the \$100,000 election. Your election will be reduced to \$25,000 until evidence of insurability is received and approved.
Voluntary Life and AD&D - Hartford (Employee)	You must submit evidence of insurability for the \$250,000 election. Your election will be reduced to \$100,000 until evidence of insurability is received and approved.

Turn on the new tables view

Total Benefits Cost 1 item

Company Contribution	Employee Cost	Net Cost
\$906.51	\$218.59	\$218.59

Once everything looks correct, scroll down to the *Electronic Signature* section, read the legal notice, and check mark the *I Accept* box.

When finished, click *Submit*.

Electronic Signature

Legal Notice: Please Read! Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within 30 days after your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within 30 days after the marriage, birth or adoption.

I Accept ☒

Submit

Cancel

You will receive a confirmation when you have successfully submitted your enrollment.

Click *View 2026 Benefits Statement* to print a summary of your elections for your records.

When finished, click *Done*.

You've submitted your elections.

Click [View 2026 Benefits Statement](#) to view your completed enrollment. Save a copy of your 2026 Benefits Statement for your records.

If you need to make any changes to your elections, you can edit your Open Enrollment event within the [Benefits, Pay and Compensation](#) app located on your Workday homepage. All changes must be made by **11/7/2025**.

Well-being@Rakuten

The company provides the following robust Well-being benefits. You are automatically enrolled in these benefits and they are 100% company-paid.

- Modern Health | Mental Well-being
- Personify Health | Social & Physical Well-being
- Care@Work by Care.com | Career Well-being
- LearnLux | Financial Well-being

Don't Forget Your Reimbursements!

You are automatically enrolled in Rakuten's Well-being Reimbursement program, which provides reimbursement for qualified fitness and financial expenses. The program is administered by HealthEquity and will reimburse 100% of your eligible expenses up to \$350 per year. The claims submission deadline for 2025 expenses is January 31, 2026.

Go to [Rakuten MyBenefits.Life](#) to learn more about the **Well-being@Rakuten** benefits, as well as how to access each benefit via the vendor's mobile app or website.

Long Term Care

Rakuten offers universal life and long term care insurance through Trustmark. More information about the long term care plan is available on [R-Space](#).

401(k)

The 401(k) plan is open to monthly enrollments and is not part of the open enrollment process. You can enroll in the 401(k) plan at any time during the year via your Fidelity account at [www.401k.com](#). More information about the 401(k) plan can be found on [R-Space](#).

Beneficiaries

Remember to assign a beneficiary to your 401(k) and HSA, if applicable.

- HSA Account: Visit your HealthEquity portal and navigate to Manage Account > Beneficiaries.
- 401(k): Visit your Fidelity portal and navigate to Profile & Settings > Beneficiaries.

Thank you!!

Important Dates:

Benefits go into effect	01/01/2026
Final day to update benefits	10/25/2025

[View 2026 Benefits Statement](#)

Done

Important Dates:

Benefits go into effect	01/01/2026
Final day to update benefits	10/25/2025

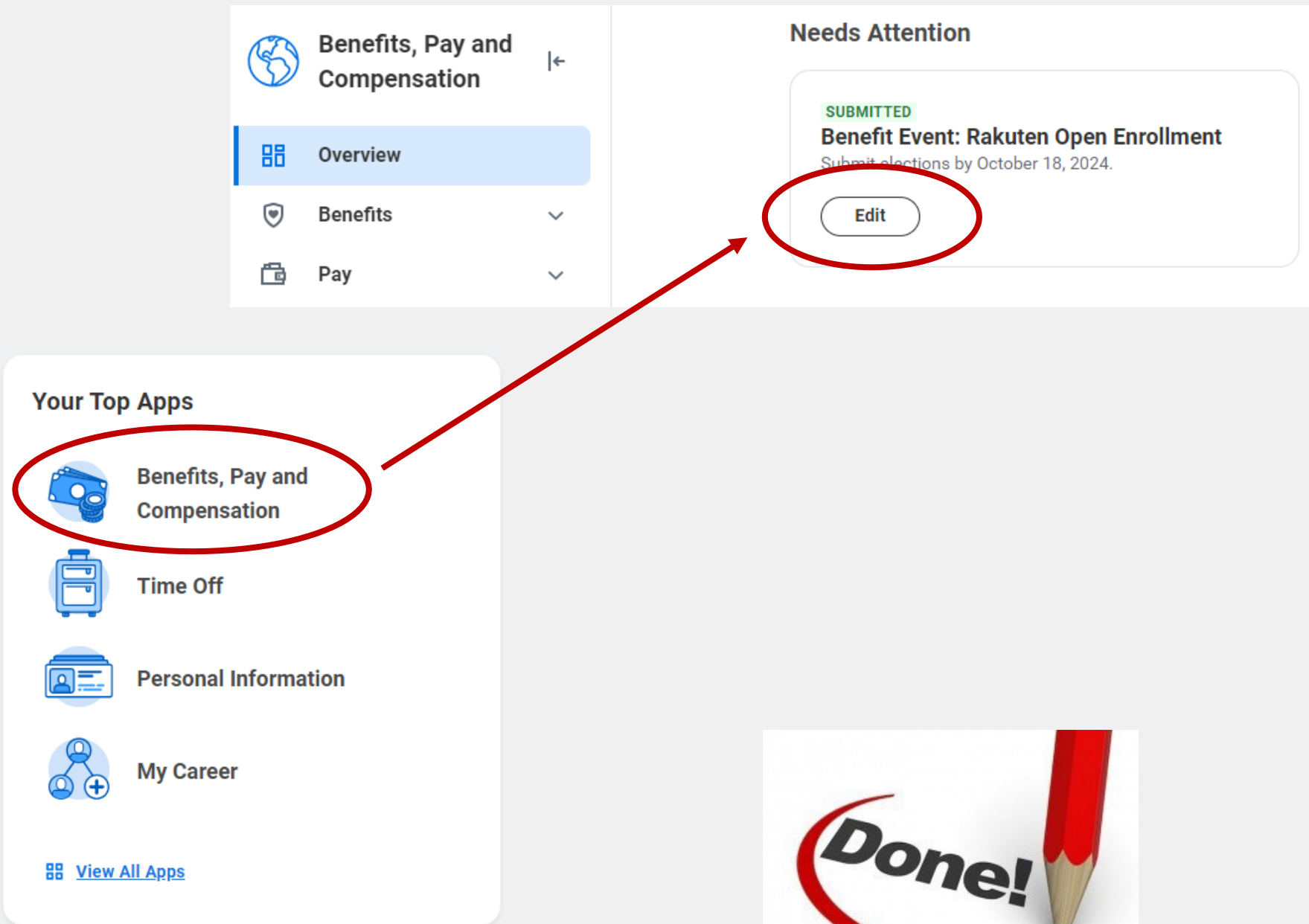
[View 2026 Benefits Statement](#)



If you submit your elections and later decide that you need to make a change, you can edit your elections from within the *Benefits, Pay and Compensation* app.

You have until the last day of open enrollment to make changes.

Thank you!!!



Rakuten

The Rakuten logo is centered on a solid red background. It features the word "Rakuten" in a bold, white, sans-serif typeface. A white, stylized swoosh underline is positioned beneath the letters "aku", starting from the bottom of the 'a' and extending to the right, ending under the 'u'.