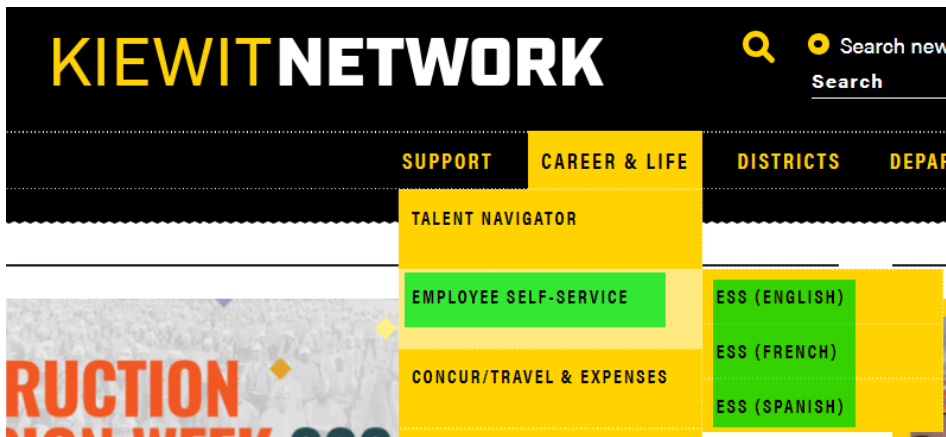
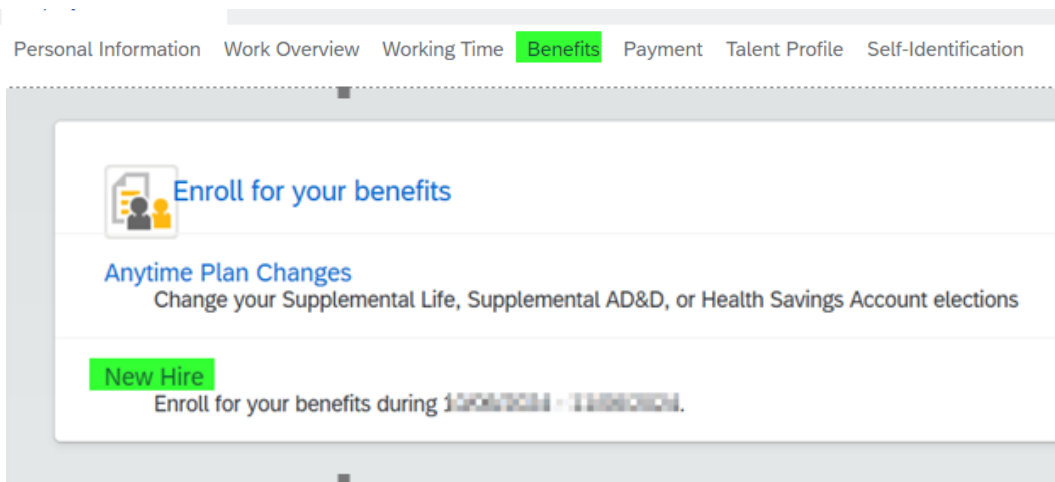


NEW HIRE/REHIRE ENROLLMENT EMPLOYEE SELF-SERVICE INSTRUCTIONS

Go to the KiewitNetwork (<https://kiewitnetwork.kiewit.com/>) > click on Career & Life > Employee Self-Service > ESS English, French, Spanish.



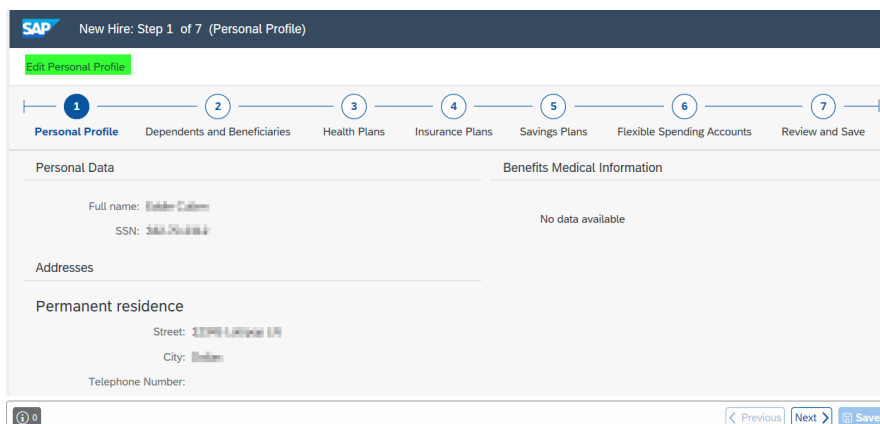
Once in ESS, click on **Benefits** and **Enroll for your benefits** and then **New Hire/Rehire**.



After accepting the terms and conditions follow the steps below:

STEP 1

Verify all your information is correct. If not, click on **Edit Personal Profile** top left corner and make changes. If everything is correct, click on **Next** located bottom right of page.



STEP 2

Your current dependents/beneficiaries will be displayed (if applicable). To add new dependents, click on **Add/Edit Dependents and Beneficiaries** and a new window will pop up.

SAP New Hire: Step 2 of 7 (Dependents and Beneficiaries)

Add/Edit Dependents and Beneficiaries

1 Personal Profile 2 Dependents and Beneficiaries 3 Health Plans 4 Insurance Plans 5 Savings Plans 6 Flexible Spending Accounts 7 Review and Save

Family Members / Dependents External Organizations

No data available No data available

IMPORTANT NOTICE: Once you have added your new dependent and/or beneficiary under Step 2, you MUST continue through the Benefit Enrollment Steps above to actually add the new dependents and/or beneficiaries to your benefit plans. EXAMPLE: to add a newborn child to your health plan, click on the Health Plan Step 4 above. Click on "pencil icon" next to plan you want to update, select your new coverage and be sure to check the box next to your new dependent to add.

0 Previous Next Save

You will NOT delete any dependent/beneficiaries on this step. You will only add any new dependent/beneficiary information on this step. To ADD new dependent/beneficiary information click on the **Add** button. If you don't see the Add button, make the screen bigger. If you don't need to add any dependent/beneficiary, skip this step.

SAP Dependents and Beneficiaries

Family Members / Dependents Add

Spouse

Name: [Redacted]

Date of Birth: [Redacted]

Child

Name: [Redacted]

Date of Birth: [Redacted]

Child

Name: [Redacted]

Date of Birth: [Redacted]

External Organizations Add

No data available

- Domestic Partner
- Child of Domestic Partner
- Child
- Stepchild
- Other Person(s)
- Court Ordered Child

Add the dependent information and click on **Save and Back**

Name

* First Name: [Text Field]

* Last Name: [Text Field]

Initials: [Text Field]

Validation of Union

Data At Birth

* Date Of Birth: [Text Field]

Gender: Female

Other Personal Data

* Social Security Number: [Text Field]

0 Close Save and Back Save Cancel

When you are done adding dependents, click **Close**.

1 Close

Please Note: In this step, you have only added information about the new dependent. Once you have added a new dependent, you must continue through the enrollment steps to add them to the appropriate benefit plans.

STEP 3

Make changes to your medical, dental and vision plans by clicking the **Pencil** icon under actions. When you have chosen your plans and what dependents to cover if applicable, review your elections and click **Next**.

SAP New Hire: Step 3 of 7 (Health Plans)

1 Personal Profile 2 Dependents and Beneficiaries **3 Health Plans** 4 Insurance Plans 5 Savings Plans 6 Flexible Spending Accounts 7 Review and Save

To add new dependents to medical/dental/vision plans, click on the "pencil icon" next to the Plan Type you want to update.

Please go to www.myjobbenefits.com to view the different medical plan choices.

Enroll in Health Plans

Acti...	Plan Type	Starts On	Status	Plan Name	Option	Coverage	Dependents	Pre-Tax Costs
	Medical	10/06/2024	Current	Traditional Plan	Coverage Elected	Employee Only		27,7500 USD4 Weekly
	Dental	10/06/2024	Current	Dental Plan	Coverage Elected	Employee Only		3,9100 USD4 Weekly
	Vision	10/06/2024	Current	Waive Vision	Waived Coverage	Waive Coverage		

Select a Medical Plan

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Health Savings Plan	Coverage Elected	EE+Spouse+Child (ret)	71,3600 USD4 Weekly	
Traditional Plan	Coverage Elected	Employee Only	30,5300 USD4 Weekly	
Traditional Plan	Coverage Elected	EE + Children	63,6000 USD4 Weekly	
Traditional Plan	Coverage Elected	EE + Spouse	70,6700 USD4 Weekly	
Traditional Plan	Coverage Elected	EE+Spouse+Child (ret)	98,8400 USD4 Weekly	
Waive Medical	Waived Coverage	Waive Coverage		

Choose the plan name and coverage option you want above.

To enroll the dependents, if applicable, click the box next to the dependent(s) below you wish to add.

Enroll Dependents

Subraman MB (Spouse)
 Talbot HR (Child)
 Mahalinga MB (Child)

Select a Dental Plan

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Dental Plan	Coverage Elected	Employee Only	3,9100 USD4 Weekly	
Dental Plan	Coverage Elected	EE + Children	7,3900 USD4 Weekly	
Dental Plan	Coverage Elected	EE + Spouse	8,8400 USD4 Weekly	
Dental Plan	Coverage Elected	EE+Spouse+Child(ret)	12,3700 USD4 Weekly	
Waive Dental	Waived Coverage	Waive Coverage		

Choose the plan name and coverage option you want above.

To enroll the dependents, if applicable, click the box next to the dependent(s) below you wish to add.

Enroll Dependents

Subraman MB (Spouse)
 Talbot HR (Child)
 Mahalinga MB (Child)

Select a Vision Plan

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Staff Vision Plan	Coverage Elected	Employee Only	0,5000 USD4 Weekly	
Staff Vision Plan	Coverage Elected	EE + Children	1,1200 USD4 Weekly	
Staff Vision Plan	Coverage Elected	EE + Spouse	1,0900 USD4 Weekly	
Staff Vision Plan	Coverage Elected	EE+Spouse+Child(ret)	1,8000 USD4 Weekly	
Waive Vision	Waived Coverage	Waive Coverage		

Choose the plan name and coverage option you want above.

To enroll the dependents, if applicable, click the box next to the dependent(s) below you wish to add.

Enroll Dependents

Subraman MB (Spouse)
 Talbot HR (Child)
 Mahalinga MB (Child)

STEP 4

Kiewit provides you with Basic Life and AD&D coverage. To add beneficiaries for Basic Life and AD&D, click on the **Pencil** icons.

SAP New Hire: Step 4 of 7 (Insurance Plans)

1 Personal Profile 2 Dependents and Beneficiaries 3 Health Plans **4 Insurance Plans** 5 Savings Plans 6 Flexible Spending Accounts 7 Review and Save

Enroll in Insurance Plans

Acti...	Plan Type	Starts On	Status	Plan Name	Option	Coverage	Primary Beneficiaries	Pre-Tax Costs
	Basic Life	10/06/2024	Current	Basic Employee Life	Company Provided	104,000,0000 USD4		
	Basic AD&D	10/06/2024	Current	Basic AD&D	Company Provided	104,000,0000 USD4		

Once you click on the **Pencil** icon a new window will pop up where you can designate your beneficiaries and/or add the coverage. Once you have made the changes, click **Add** to continue.

Select a Basic Life Plan

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Basic Employee Life	Company Provided	258,000,0000		

Designate Beneficiaries

Name	Relationship	Primary Percentage (%)	Contingent Percentage (%)
Devon Babin	Child	50	0
Julian Babin	Child	50	0
Isiah Babin	Child	0	0
Total		100	0

In addition to the Kiewit-provided policies, you have the option to purchase supplemental life insurance and/or AD&D insurance through payroll deduction for you and your family. Click on the **Paper** icon to add Supplemental Life or AD&D coverage. A new window will pop up and you will need to choose how many units (amount of coverage) you want to elect and designate beneficiaries.

The screenshot shows the SAP New Hire: Step 4 of 7 (Insurance Plans) interface. The navigation bar includes: 1 Personal Profile, 2 Dependents and Beneficiaries, 3 Health Plans, 4 Insurance Plans (active), 5 Savings Plans, 6 Flexible Spending Accounts, and 7 Review and Save. The main content area is titled 'Enroll in Insurance Plans' and contains a table of insurance plans. A modal window titled 'Select a Sup Emp Life Plan' is open, showing a table with columns: Plan Name, Option, Coverage, Pre-Tax Costs, and Post-Tax Costs. The 'Supplemental Employee Life' option is selected with a coverage of 0.0000. Below the table, there is a section for 'Additional Coverage' with a text input for 'Additional Units' (value: 10) and a dropdown for 'Coverage' (value: 10,000.0000 USD4). A 'Calculate' button is present, and the 'Total Insurance Coverage' is displayed as 100,000.0000. The modal also has 'Add' and 'Cancel' buttons.

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Supplemental Employee Life	Coverage Elected	0.0000		

Additional Coverage

Additional Units: 10 x Coverage: 10,000.0000 USD4

Total Insurance Coverage: 100,000.0000

Kiewit also offers three voluntary protection plans through payroll deduction for you and your family – accident, hospital and critical illness. Click on the **Paper** icon to add any of the protection plans or all plans.

For the critical illness plan, you have three coverage options: EE Critical ILL (employee-only coverage), Spouse Crt III (spouse coverage) and Dep Critical II (dependent coverage).

The screenshot shows the SAP New Hire: Step 4 of 7 (Insurance Plans) interface. The navigation bar includes: 1 Personal Profile, 2 Dependents and Beneficiaries, 3 Health Plans, 4 Insurance Plans (active), 5 Savings Plans, 6 Flexible Spending Accounts, and 7 Review and Save. The main content area is titled 'Enroll in Insurance Plans' and contains a table of insurance plans. The table has columns: Acti..., Plan Type, Starts On, Status, Plan Name, Option, and Coverage. The 'EE Critical Ill' plan is highlighted with a green background.

Acti...	Plan Type	Starts On	Status	Plan Name	Option	Coverage
	Basic Life	10/06/2024	Current	Basic Employee Life	Company Provided	104,000.0000 USD4
	Basic AD&D	10/06/2024	Current	Basic AD&D	Company Provided	104,000.0000 USD4
	Sup Emp Life	10/06/2024				
	Sup Child Life	10/06/2024				
	Sup AD&D	10/06/2024				
	EE Critical Ill	10/06/2024				
	Dep Critical II	10/06/2024				
	Vol Accident	10/06/2024				
	Vol Hospital	10/06/2024				

Navigation: < Previous, Next >, Save

When clicking on EE Critical I and/or Spouse Crt III, you will get a pop up where you must select which coverage plan option you wish to enroll in **AND** whether you use Tobacco . You will need to be sure you are selecting the correct plan.

Select an EE Critical Ill Plan 🔗 ✕

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
<input checked="" type="radio"/> EE Critical Illness	Employee Tobacco user Option 1	5,000.0000		3,7385 USD4 Weekly
<input type="radio"/> EE Critical Illness	Employee Tobacco user Option 2	10,000.0000		7,4769 USD4 Weekly
<input type="radio"/> EE Critical Illness	Employee Tobacco user Option 3	20,000.0000		14,9538 USD4 Weekly
<input type="radio"/> EE Critical Illness	Employee NON-Tobacco Option 1	5,000.0000		2,1115 USD4 Weekly
<input type="radio"/> EE Critical Illness	Employee NON-Tobacco Option 2	10,000.0000		4,2231 USD4 Weekly
<input type="radio"/> EE Critical Illness	Employee NON-Tobacco Option 3	20,000.0000		8,4462 USD4 Weekly

Designate Beneficiaries

Name	Relationship	Primary Percentage (%)	Contingent Percentage (%)
Susanna Hill	Spouse	0	0
Timothy Hill	Child	0	0
Michael Hill	Child	0	0
Total		0	0

Add **Cancel**

Select a Spouse Crt Ill Plan 🔗 ✕

Plan Name	Option	Enroll in One Plan	Coverage	Pre-Tax Costs	Post-Tax Costs
<input checked="" type="radio"/> Spouse Critical Illness	Spouse Tobacco user Option 1	EE Critical Illness	2,500.0000		1,4377 USD4 Weekly
<input type="radio"/> Spouse Critical Illness	Spouse Tobacco user Option 2	EE Critical Illness	5,000.0000		2,8755 USD4 Weekly
<input type="radio"/> Spouse Critical Illness	Spouse Tobacco user Option 3	EE Critical Illness	10,000.0000		5,7509 USD4 Weekly
<input type="radio"/> Spouse Critical Illness	Spouse NON-Tobacco Option 1	EE Critical Illness	2,500.0000		0,9057 USD4 Weekly
<input type="radio"/> Spouse Critical Illness	Spouse NON-Tobacco Option 2	EE Critical Illness	5,000.0000		1,8113 USD4 Weekly
<input type="radio"/> Spouse Critical Illness	Spouse NON-Tobacco Option 3	EE Critical Illness	10,000.0000		3,6226 USD4 Weekly

Designate Beneficiaries

Name	Relationship	Primary Percentage (%)	Contingent Percentage (%)
Jane Hill	Child	0	0
Emily Hill	Employee	0	0
Total		0	0

Add **Cancel**

If you wish to have coverage on your dependents, click which coverage option.

Select a Dep Critical II Plan 🔗 ✕

Plan Name	Option	Enroll in One Plan	Coverage	Pre-Tax Costs	Post-Tax Costs
<input checked="" type="radio"/> Dependent Critical Illness	Dependent Crit Illnes Option 1	EE Critical Illness	1,250.0000		0,0462 USD4 Weekly
<input type="radio"/> Dependent Critical Illness	Dependent Crit Illnes Option 2	EE Critical Illness	2,500.0000		0,0923 USD4 Weekly
<input type="radio"/> Dependent Critical Illness	Dependent Crit Illnes Option 3	EE Critical Illness	5,000.0000		0,1846 USD4 Weekly

Add **Cancel**

If you wish to enroll in the voluntary accident or hospital indemnity protection plans, you have four options: employee-only, employee plus spouse, employee plus children or family.

Select a Vol Accident Plan 🔗 ✕

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
<input checked="" type="radio"/> Voluntary Accident Ins	Employee Only	0.0000		2,2454 USD4 Weekly
<input type="radio"/> Voluntary Accident Ins	Employee + Spouse	0.0000		3,5862 USD4 Weekly
<input type="radio"/> Voluntary Accident Ins	Employee + Children	0.0000		2,8662 USD4 Weekly
<input type="radio"/> Voluntary Accident Ins	Family	0.0000		4,2069 USD4 Weekly

Select a Vol Hospital Plan 🔗 ✕

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
<input checked="" type="radio"/> Voluntary Hospital Ins	Employee Only	0.0000		3,7892 USD4 Weekly
<input type="radio"/> Voluntary Hospital Ins	Employee + Spouse	0.0000		9,8585 USD4 Weekly
<input type="radio"/> Voluntary Hospital Ins	Employee + Children	0.0000		7,8208 USD4 Weekly
<input type="radio"/> Voluntary Hospital Ins	Family	0.0000		14,8038 USD4 Weekly

Add **Cancel**

Be sure you are designating beneficiaries for any of the employee protection plans you choose. You are automatically the beneficiary on your spouse / dependent plans.

Once you have made the changes, click **Add** to continue and then **Next**.

STEP 5

If you elected the health savings medical plan option in Step 3, you can elect your weekly contribution by clicking on **Paper** icon to add your weekly contribution.

The screenshot shows the SAP interface for Step 5 of 7, titled "Savings Plans". A progress bar at the top indicates the current step. Below it, a table titled "Enroll in Savings Plans" lists the selected plan. The table has columns for Action, Plan Type, Starts On, Status, Plan Name, Primary Beneficiaries, Pre-Tax Costs, and Post-Tax Costs. The selected plan is "Health Sav Acct" starting on 10/06/2024. At the bottom right, there are "Previous", "Next", and "Save" buttons.

Acti...	Plan Type	Starts On	Status	Plan Name	Primary Beneficiaries	Pre-Tax Costs	Post-Tax Costs
	Health Sav Acct	10/06/2024					

Once you have made the changes, click **Add** to continue and then **Next**

The dialog box "Enter Health Sav Acct Plan Information" shows the "Select Plan" section with "Health Savings Account" selected. The "Regular Contribution" section shows the "Period" set to "Weekly" and the "Pre-Tax Amount" set to "0.0000 USD4". The "Add" button is highlighted in green.

STEP 6

If you want to enroll in a flexible spending account for the plan year, click on the **Paper** icon and enter your **annual** contribution.

The screenshot shows the SAP interface for Step 6 of 7, titled "Flexible Spending Accounts". A progress bar at the top indicates the current step. Below it, a table titled "Enroll in Flexible Spending Accounts" lists the selected plans. The table has columns for Action, Plan Type, Starts On, Status, Plan Name, and Pre-Tax Costs. The selected plans are "Medical FSA" and "Dep Daycare FSA", both starting on 10/06/2024 with a Pre-Tax Cost of 0.00. Below the table, the "Enter Medical FSA Plan Information" dialog box is open, showing the "Select Plan" section with "Healthcare FSA Plan" selected. The "Details" section shows the "Annual Contribution Amount" set to "3,000.0000 USD4" and the "Amount per Paycheck" set to "250.0000 USD4". The "Calculate" button is highlighted in blue.

Acti...	Plan Type	Starts On	Status	Plan Name	Pre-Tax Costs
	Medical FSA	10/06/2024			0.00
	Dep Daycare FSA	10/06/2024			0.00

Enter Medical FSA Plan Information

Select Plan

Plan Name	Enroll in All Plans
<input checked="" type="radio"/> Healthcare FSA Plan	Health Savings Account
<input type="radio"/> Healthcare Limited Purpose FSA	Health Savings Account

Details: Annual Contribution for Healthcare FSA Plan for period 01/01/2024 - 12/31/2024

Annual Contribution Amount: USD4 (Minimum 72.0000 USD4 - Maximum 3,050.0000 USD4)

Amount per Paycheck: USD4

Once you have added your annual election amount, click **Add** to continue.

STEP 7

Review all your changes and click **Save** bottom right page. If you do not click save your elections will NOT save.

SAP New Hire: Step 7 of 7 (Review and Save)

To save your changes, please click Save below

1 Personal Profile 2 Dependents and Beneficiaries 3 Health Plans 4 Insurance Plans 5 Savings Plans 6 Flexible Spending Accounts 7 **Review and Save**

Please review your benefit plans and beneficiary selections below. You must hit the Save icon at the bottom of the page in order for these elections to process.

Unchanged Plans

Plan Type	Starts On	Status	Plan Name	Option	Credit Amount	Coverage	Dependents	Primar...	Post-Tax...	Pre-Tax...
Medical	10/06/2024	Current	Traditional Plan	Coverage Elected		Employee Only				27.7500 USD4 Weekly
Dental	10/06/2024	Current	Dental Plan	Coverage Elected		Employee Only				3.9100 USD4 Weekly
Vision	10/06/2024	Current	Waive Vision	Waived Coverage		Waive Coverage				
Basic Life	10/06/2024	Current	Basic Employee Life	Company Provided		104,000.0000 USD4				
Basic AD&D	10/06/2024	Current	Basic AD&D	Company Provided		104,000.0000 USD4				

0 Previous Next Save

Once you click on Save if you elected the Health Savings Plan you will see a pop up and you will need to click on **Yes** to authorize the opening of the HSA with the vendor.

Affirmation Statement for HSA Accounts

Terms & Conditions – 3rd Party Record Keeper

Simple HSA Service – 3rd Party Provider

Fidelity Brokerage Services LLC, Member NYSE, SIPC 900 Salem Street, Smithfield, RI 02917

731459.5.0

By selecting "Yes" below, you agree to the following:


- I am eligible to open a health savings account. I am a U.S. citizen or tax resident with a valid U.S. street address, and I am of legal age to enter into an agreement in my state of residence. I request to open a new Fidelity HSA® with Fidelity Brokerage Services LLC ("Fidelity") for which Fidelity Personal Trust Company, FSB will serve as custodian. I understand that this request will be processed as soon as administratively feasible upon Fidelity's receipt of required information. A Fidelity HSA opened through this Simple HSA Service will accept contributions and allow me to request distributions, but will otherwise be restricted, and I will not have the ability to place trades, designate beneficiaries, and indicate my communication preferences, until I go to Fidelity's website and provide additional information that is accepted by Fidelity, and will promptly do so. If I already have or open a nonmanaged Fidelity HSA prior to Fidelity receiving this request, notwithstanding my election below, my request to open a Fidelity HSA through this Simple HSA Service shall be disregarded. I authorize my employer to disclose information about me to Fidelity as needed to open my account. I have provided my employer with current and accurate information about me and agree to promptly update Fidelity with changes thereto. Fidelity may communicate with me based on this information, including electronically to my employer email address.
- I can access, retain, have read, understand and agree to be bound by these terms and the [Fidelity HSA Documents](#), the [Electronic Delivery Agreement](#) and the [Terms and Conditions](#). I have internet access and a web-browser that is Java-script enabled. I can access documents provided in HyperText Markup Language (HTML), Portable Document Format (PDF) or other compatible formats. If I do not have the ability to access or retain these documents, or do not consent to receive them electronically, I will contact Fidelity at **800-544-3716** for a free paper copy. By proceeding I confirm my device is equipped to access these documents.
- My name, legal address, date of birth, and government issued identification number are required by federal law to verify my identity. Fidelity may not open, or may restrict and/or close my Fidelity HSA if it cannot obtain and verify information to confirm my identity. Fidelity will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if my account is restricted or closed.
- I agree to notify Fidelity if I am or become employed by or associated with a broker-dealer, stock exchange, exchange member firm, the Financial Industry Regulatory Authority (FINRA) or a municipal securities dealer. Absent such notice from me, I represent and warrant to Fidelity that this does not apply. If I am so affiliated, I understand that Fidelity must obtain consent and report my trading activity and other account data to my employer or other affiliated company. I understand that my account will continue to be restricted until such consent is received by Fidelity.
- I agree to notify Fidelity if I am or become, or an immediate family/household member is or becomes, a director, corporate officer, or 10% shareholder of a publicly held company or a control person of a public traded company under SEC Rule 144. Absent such notice from me, I represent and warrant to Fidelity that this does not apply.

Yes No

To see an overview and print your benefit selections, click Benefit Elections Summary.

SAP New Hire ?

What do you want to do next?

[Print Benefit Elections Summary](#) 

[Go to Enrollment](#)

[Go to Benefits Participation Overview](#)

Here is a summary of your saved elections. You can Print a Benefit Election Summary to review and SAVE FOR YOUR RECORDS.

If you have questions, please call the Benefits Office at 855-329-7907.

Benefit Elections Summary

Plan Type	Starts On	Status	Plan Name	Option	Credit Amount	Coverage	Dependents	Primary Beneficiaries	Pre-Tax Costs	Post-Tax Costs
Medical	10/06/2024	Current	Traditional Plan	Coverage Elected		Employee Only			27.7500 USD4 Weekly	
Dental	10/06/2024	Current	Dental Plan	Coverage Elected		Employee Only			3.9100 USD4 Weekly	
Vision	10/06/2024	Current	Waive Vision	Waived Coverage		Waive Coverage				
Basic Life	10/06/2024	Current	Basic Employee Life	Company Provided	104,000.0000 USD4					
Basic AD&D	10/06/2024	Current	Basic AD&D	Company Provided	104,000.0000 USD4					
Basic LTD	10/06/2024	Current	Basic Long Term Disability	Company Provided	31,200.0000 USD4					
Basic STD	10/06/2024	Current	Basic Short Term Disability	Company Provided	0.0000 USD4					
401(k)	12/01/2024	Current	Kiewit 401k Plan							

Benefits Confirmation

Employee Information

Employee ID: 50867677
 Name: [Redacted]
 Address: [Redacted]

Date

10/17/2024

Type of offer	
Offer from	to

Personnel number	50867677
Personnel area	02222 TIC-TX-Westlake

Name of employee	[Redacted]
Org. Unit	50867677