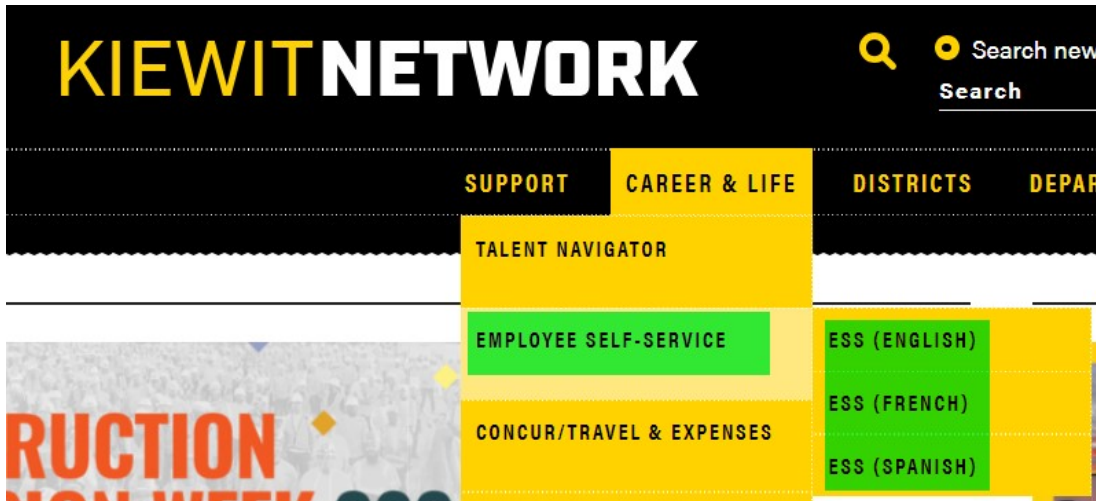
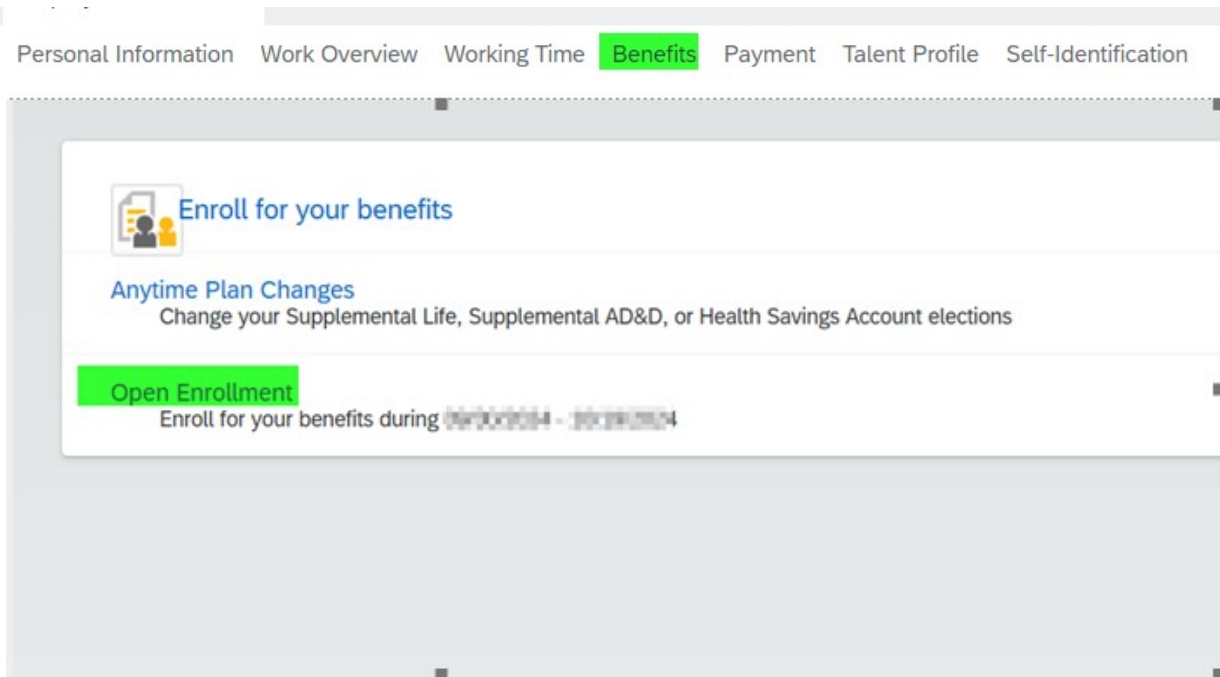


OPEN ENROLLMENT EMPLOYEE SELF-SERVICE INSTRUCTIONS

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 **Open Enrollment**.



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.

The screenshot shows the SAP Open Enrollment interface for Step 1 of 8, titled "Personal Profile". At the top, there is a dark blue header with the SAP logo and the text "Open Enrollment: Step 1 of 8 (Personal Profile)". Below the header, a green button labeled "Edit Personal Profile" is visible in the top left corner. A progress bar at the top of the main content area shows seven steps: 1. Personal Profile (selected), 2. Dependents and Beneficiaries, 3. Benefits Summary, 4. Health Plans, 5. Insurance Plans, 6. Savings Plans, and 7. Flexible Spending Accounts. The main content area is divided into two columns: "Personal Data" and "Benefits Medical Information". Under "Personal Data", there are fields for "Full name" (with a redacted value), "SSN" (with a redacted value), "Addresses", "Permanent residence" (with fields for Street, City, and Telephone Number), and "Emergency address" (with fields for Street, City, and Telephone Number). The "Benefits Medical Information" column shows "No data available". At the bottom of the page, there is a footer with an information icon, a "Previous" button, a "Next" button, and a "Save" button.

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.

The screenshot shows the SAP Open Enrollment interface for Step 2 of 8, titled "Dependents and Beneficiaries". At the top, there is a dark blue header with the SAP logo and the text "Open Enrollment: Step 2 of 8 (Dependents and Beneficiaries)". Below the header, a green button labeled "Add/Edit Dependents and Beneficiaries" is visible in the top left corner, with a red arrow pointing to it. A progress bar at the top of the main content area shows eight steps: 1. Personal Profile, 2. Dependents and Beneficiaries (selected), 3. Benefits Summary, 4. Health Plans, 5. Insurance Plans, 6. Savings Plans, 7. Flexible Spending Accounts, and 8. Review and Save. Below the progress bar, there is an "IMPORTANT NOTICE" in red text: "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." At the bottom of the page, there is a footer with an information icon, a "Previous" button, a "Next" button, and a "Save" button.

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.

The screenshot shows the SAP 'Dependents and Beneficiaries' interface. On the left, under 'Family Members / Dependents', there is a table with three rows: 'Spouse', 'Child', and another 'Child'. The 'Spouse' row shows 'Name: Bill Thompson' and 'Date of Birth: 12/12/1977'. The first 'Child' row shows 'Name: Bill Taylor' and 'Date of Birth: 12/24/2001'. The second 'Child' row shows 'Name: Bill Williams' and 'Date of Birth: 12/24/2001'. An 'Add' button is highlighted in green above the table. A dropdown menu is open, listing options: 'Domestic Partner', 'Child of Domestic Partner', 'Child', 'Stepchild', 'Other Person(s)', and 'Court Ordered Child'. On the right, under 'External Organizations', it says 'No data available'.

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

The screenshot shows a form for adding a dependent. It is divided into several sections: 'Name' with fields for 'First Name', 'Last Name', and 'Initials'; 'Data At Birth' with fields for 'Date Of Birth' and a 'Gender' dropdown set to 'Female'; and 'Other Personal Data' with a field for 'Social Security Number'. At the bottom right, there are four buttons: 'Close', 'Save and Back' (highlighted in green), 'Save', and 'Cancel'.

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

The screenshot shows the bottom bar of the dependent information form. On the left, there is a green icon with a checkmark. On the right, there is a green 'Close' button.

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

Review what Benefits you are currently enrolled in under Benefits Summary, there is no action required on this step, only to review and click **Next**.

SAP Open Enrollment: Step 3 of 8 (Benefits Summary)

1 Personal Profile 2 Dependents and Beneficiaries **3 Benefits Summary** 4 Health Plans 5 Insurance Plans 6 Savings Plans 7 Flexible Spending Accounts 8 Review and Save

This is just a summary of your current benefits. You **MUST** continue through the Benefit Enrollment Steps to add your elections and/or dependents and beneficiaries to your benefit plans. Once you have completed all the steps, you will be able to view your new elections and save.

Benefit Elections Summary

Plan Type	Starts On	Status	Plan Name	Option	Credit Amount	Coverage	Dependents	Primar...	Post-Tax Costs	Contingent Beneficiaries	Pre-Tax...
Medical	01/01/2025	New	Health Savings Plan	Coverage Elected		EE+Spouse+Child(ren)	Suzannah Hill, Tallen Hill, Melantha Hill				71.3600 USD4 Weekly
Dental	01/01/2025	Current	Dental Plan	Coverage Elected		EE+Spouse+Child(ren)	Suzannah Hill, Tallen Hill, Melantha Hill				12.5700 USD4 Weekly
Vision	01/01/2025	Current	Staff Vision Plan	Coverage Elected		EE+Spouse+Child(ren)	Suzannah Hill, Tallen Hill, Melantha Hill				1.8000 USD4 Weekly
Basic Life	01/01/2025	Current	Basic Employee Life	Company Provided	300,000.0000 USD4						
Basic AD&D	01/01/2025	Current	Basic AD&D	Company Provided	300,000.0000 USD4						
Health Sav Acct	01/01/2025	New	Health Savings Account								150.0000 USD4 Weekly

Previous Next Save

STEP 4

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 Open Enrollment: Step 4 of 8 (Health Plans)

1 Personal Profile 2 Dependents and Beneficiaries 3 Benefits Summary **4 Health Plans** 5 Insurance Plans 6 Savings Plans 7 Flexible Spending Accounts 8 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	Post-Tax Costs
	Medical	01/01/2025	Current	Health Savings Plan	Coverage Elected	Employee Only		18.9300 USD4 Weekly	
	Dental	01/01/2025	Current	Dental Plan	Coverage Elected	Employee Only		3.9100 USD4 Weekly	
	Vision	01/01/2025	Current	Staff Vision Plan	Coverage Elected	Employee Only		0.5000 USD4 Weekly	

Previous Next Save

Select a Medical Plan

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Health Savings Plan	Coverage Elected	EE+Spouse+Child(ren)	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(ren)	98.9400 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

- Suzannah Hill (Spouse)
- Tallen Hill (Child)
- Melantha Hill (Child)

Add Cancel

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	8.9400 USD4 Weekly	
Dental Plan	Coverage Elected	EE+Spouse+Child(ren)	12.5700 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

- Suzannah Hill (Spouse)
- Tallen Hill (Child)
- Melantha Hill (Child)

Add Cancel

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	1.0500 USD4 Weekly	
Staff Vision Plan	Coverage Elected	EE+Spouse+Child(ren)	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

- Suzannah Hill (Spouse)
- Tallen Hill (Child)
- Melantha Hill (Child)

Add Cancel

STEP 5

To add or update beneficiaries for Basic Life and AD&D, click on the Pencil icons.

Open Enrollment: Step 5 of 8 (Insurance Plans)

1 Personal Profile 2 Dependents and Beneficiaries 3 Benefits Summary 4 Health Plans 5 Insurance Plans 6 Savings Plans 7 Flexible Spending Accounts 8 Review and Save

Acti...	Plan Type	Starts On	Status	Plan Name	Option	Coverage	Primary Beneficiaries	Pre-Tax Costs	Post-Tax Costs
	Basic Life	01/01/2025	Current	Basic Employee Life	Company Provided	258,000.0000 USD4			
	Basic AD&D	01/01/2025	Current	Basic AD&D	Company Provided	258,000.0000 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 (%)
Demetrius Williams	Child	50	0
Demetrius Williams	Child	50	0
Demetrius Williams	Child	0	0
Total		100	0

Add Cancel

To add any of the Voluntary protection plans you will click on the **Paper** icon. To make changes to an existing election, click on the **Pencil**.

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

Open Enrollment: Step 5 of 8 (Insurance Plans)

1 Personal Profile 2 Dependents and Beneficiaries 3 Benefits Summary 4 Health Plans 5 Insurance Plans 6 Savings Plans 7 Flexible Spending Accounts 8 Review and Save

Acti...	Plan Type	Starts On	Status	Plan Name	Option	Coverage	Primary Beneficiaries	Contingent Beneficiaries	Pre-Tax Costs	Post-Tax Costs
	Basic Life	01/01/2025	Current	Basic Employee Life	Company Provided	300,000.0000 USD4				
	Basic AD&D	01/01/2025	Current	Basic AD&D	Company Provided	300,000.0000 USD4				
	EE Critical Ill	01/01/2025								
	Spouse Crt Ill	01/01/2025								
	Dep Critical II	01/01/2025								
	Vol Accident	01/01/2025								
	Vol Hospital	01/01/2025								

Kiewit provides Basic Life and AD&D coverage for employees. It is important to designate beneficiaries for all plans, click on pencil icon next to Basic Life/Basic AD&D plan.

In addition to the Kiewit provided policies, you have the option to purchase Supplemental Life and Supplemental AD&D and Voluntary Protection Plans (Accident, Critical Illness and Hospital) through payroll deduction for you and family if applicable. You can enroll in the Protection Plans at time of hire or when you have a qualified life event. If enrollment is not elected during that time, your next opportunity to enroll will be the next annual open enrollment period.

Please note, if enrolling in Critical Illness you MUST designate whether a tobacco or non-tobacco user. Click on the "Add" icon to enroll, or pencil icon to change election. It is important to designate beneficiaries for these plans as well.

For more information go to www.myjobbenefits.com

0 | < Previous **Next** > Save

When clicking on EE Critical Ill and/or Spouse Crt Ill, 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 a 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 (%)
Jessamyn Hill	Spouse	0	0
Travis Hill	Child	0	0
Madeline 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 (%)
Jess Hill	Child	0	0
Ellen 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 Ill 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.

STEP 6

If you elected the health savings medical plan option in Step 4, you can elect your weekly contribution by clicking on **Paper** icon or if you are already enrolled you can click on the **Pencil** icon to change your weekly contribution.

SAP Open Enrollment: Step 6 of 8 (Savings Plans)

1 Personal Profile 2 Dependents and Beneficiaries 3 Benefits Summary 4 Health Plans 5 Insurance Plans 6 **Savings Plans** 7 Flexible Spending Accounts 8 Review and Save

Enroll in Savings Plans

Acti...	Plan Type	Starts On	Status	Plan Name	Primary Beneficiaries	Pre-Tax Costs	Post-Tax Costs
	Health Sav Acct	01/01/2025					

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

Enter Health Sav Acct Plan Information

Select Plan

Plan Name

Health Savings Account

Regular Contribution

Period: Weekly

Pre-Tax Amount: USD4 (Minimum 0.0000 USD4 - Maximum 4,800.0000 USD4)

Add Cancel

STEP 7

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

SAP Open Enrollment: Step 7 of 8 (Flexible Spending Accounts)

1 Personal Profile 2 Dependents and Beneficiaries 3 Benefits Summary 4 Health Plans 5 Insurance Plans 6 Savings Plans 7 **Flexible Spending Accounts** 8 Review and Save

Enroll in Flexible Spending Accounts

Acti...	Plan Type	Starts On	Status	Plan Name	Pre-Tax Costs	Post-Tax Costs
	Medical FSA	01/01/2025			0.00	
	Dep Daycare FSA	01/01/2025			0.00	

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

Enter Medical FSA Plan Information

Select Plan

Plan Name Enroll in One Plan

Healthcare FSA Plan Traditional Plan, Craft Non-Union Plan > 12, Traditional Plan Hawaii, Global Plan, Waive Medical

Healthcare Limited Purpose FSA

Details: Annual Contribution for Healthcare FSA Plan for period 01/01/2025 - 12/31/2025

Annual Contribution Amount: USD4 (Minimum 72.0000 USD4 - Maximum 3,200.0000 USD4)

Amount per Paycheck: USD4 **Calculate**

Add Cancel

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

STEP 8

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

SAP Open Enrollment: Step 8 of 8 (Review and Save)

To save your changes, please click Save below

1 Personal Profile 2 Dependents and Beneficiaries 3 Benefits Summary 4 Health Plans 5 Insurance Plans 6 Savings Plans 7 Flexible Spending Accounts 8 **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.

Plan Type	Starts On	Status	Plan Name	Option	Credit Amount	Coverage	Dependents	Primary Be...	Post-Tax Costs	Pre-Tax Costs
Medical	01/01/2025	Current	Health Savings Plan	Coverage Elected		Employee Only				18.9300 USD4 Weekly
Dental	01/01/2025	Current	Dental Plan	Coverage Elected		Employee Only				3.9100 USD4 Weekly
Vision	01/01/2025	Current	Staff Vision Plan	Coverage Elected		Employee Only				0.5000 USD4 Weekly
Basic Life	01/01/2025	Current	Basic Employee Life	Company Provided		258,000.0000 USD4				
Basic AD&D	01/01/2025	Current	Basic AD&D	Company Provided		258,000.0000 USD4				
EE Critical Ill	01/01/2025	Current	EE Critical Illness	Employee NON-Tobacco Option 2		10,000.0000 USD4			9.4154 USD4 Weekly	
Vol Accident	01/01/2025	Current	Voluntary Accident Ins	Employee Only		0.0000 USD4			2.2454 USD4 Weekly	
Vol Hospital	01/01/2025	Current	Voluntary Hospital Ins	Employee Only		0.0000 USD4			3.7892 USD4 Weekly	
Health Sav Acct	01/01/2025	Current	Health Savings Account							45.0000 USD4 Weekly

Plans not Enrolled In

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.

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

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	Contingent Beneficiaries	Pre-Tax Costs	Post-Tax Costs
Medical	01/01/2025	Current	Health Savings Plan	Coverage Elected		EE+Spouse+Child (ren)	Spouse's HI, Talbot HI, Malena HI			71.3600 USD4 Weekly	
Dental	03/31/2014	Current	Dental Plan	Coverage Elected		EE+Spouse+Child (ren)	Spouse's HI, Talbot HI, Malena HI			12.5700 USD4 Weekly	
Vision	01/01/2016	Current	Staff Vision Plan	Coverage Elected		EE+Spouse+Child (ren)	Spouse's HI, Talbot HI, Malena HI			1.8000 USD4 Weekly	
Basic Life	03/31/2014	Current	Basic Employee Life	Company Provided		300,000.0000 USD4		Spouse's HI (20%) Talbot HI (20%)			
Basic Dep Life	03/31/2014	Current	Basic Dependent Life	\$10,000 Spouse, \$5,000 Child		5,000.0000 USD4					
Basic AD&D	03/31/2014	Current	Basic AD&D	Company Provided		300,000.0000 USD4		Spouse's HI (20%) Talbot HI (20%)			
Basic LTD	03/31/2014	Current	Basic Long Term Disability	Company Provided		72,000.0000 USD4					
Basic STD	03/31/2014	Current	Basic Short Term Disability	Company Provided		0.0000 USD4					
Health Sav Acct	01/01/2025	Current	Health Savings Account							150.0000 USD4 Weekly	
401(k)	01/28/2023	Current	Kiewit 401k Plan								
401(k) AfterTax	01/28/2023	Current	Kiewit Staff 401k After Tax								5.00000 % Weekly

Benefits Confirmation

<p><i>[Faded text]</i></p>	<p>Date 09/30/2024</p>				
<table border="1" style="margin: auto;"> <tr> <td colspan="2">Type of offer</td> </tr> <tr> <td style="width: 50%;">Offer from</td> <td style="width: 50%;">to</td> </tr> </table>		Type of offer		Offer from	to
Type of offer					
Offer from	to				

Personnel number 000-00000	Name of employee <i>[Faded name]</i>
Personnel area 01008 MWA-NE-Omaha	Org. Unit 50604390