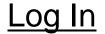


Employee Instructions ~ Enrolling in Benefits

Utilizing the Online Employee Resource Center (ERC)



Craford Benefit Consultants	Forgot Password?
Home Contact Us	
Welcome to the Benefits Service Center	
Visited this site before? To proceed, please enter your User ID and Password.	The sales
New to this site? Please refer to your New Hire Packet or Open Enrollment Communications for your initial Login ID, password, and the date you will be able to access the site.	The state of the s
User Id Password Fornot User Id? Fornot Password? Sign In	

To login you must enter your employee number plus the last four digits of your Social Security Number as your **User ID**. Your initial **password** is the last four digits of your Social Security Number.

Terms of Service



Welcome, . Last Login: Nov 13 2014 12:17PM

Agreement and Authorization - Terms of Service

The following Terms of Service shall govern my transactions transmitted via this Web site and any and all of my uses of the information, tools and other content accessible via this Web site (the "Web Services"). With respect to these Terms of Service, credentals shall mean, without limitation, my personal user ID, password, security answers, and/or any other identifier ("Credentials"). These terms and conditions shall survive any termination of my access to this Web site.

By entering my Credentials, I represent that I have properly identified myself and understand and agree that the entry of my Credentials is the method this Web site uses to verify my identify for access to this Web site and to other third party web sites using this Web site's single sign on functionality.

By signing or logging in to this Web site, I agree to the following:

Provision of the Services

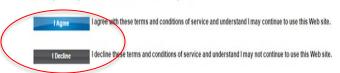
- I understand that I must provide all Internet, telephone and other equipment
- Empyrean Benefit Solutions, Inc. ("Empyrean") may terminate my access to
- Empyrean continues to innovate in order to provide the best possible expendure of the Web site which Empyrean provides may change from time to
- I agree that I will not engage in any activity that interferes with or disrupts then the think that are connected to this Web site).

Use of the Services

- Any instructions, choices, or requests I make on this Web site will be considered to provide information or conduct transactions on my behalf in accordance.
- In the event of any conflict or inconsistencies between the information on the
 understand that the applicable plan document or administrative practices of
 control.
- I am responsible for reviewing any confirmation statements provided to me requests that I make through this Web site and for reviewing all such inform am responsible for correcting them using the tools available to me on this \(\) inaccurations.
- I am solely responsible for any loss of privacy or confidentiality of any pers
 and/or other identifier to a third party other than as permitted by my accept
 that "personal information" means, without limitation, data that is unique to
 address, benefit elections, dependent information, bank account number o
 Service Center immediately at 1-888-45-4044 if I have reason to believe!
 answers, or any other identifier.

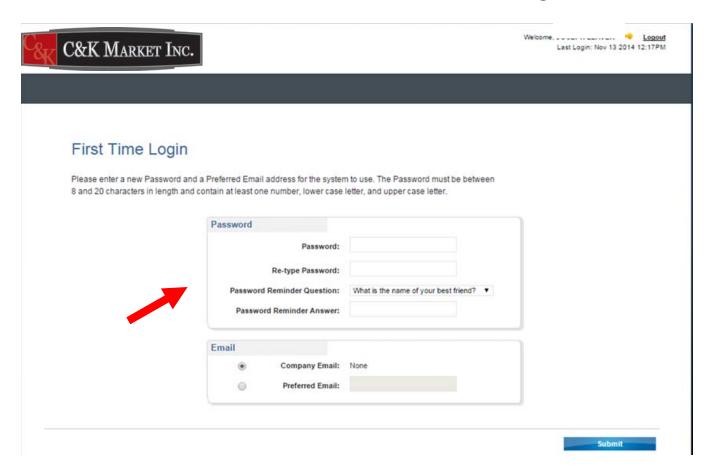
- I understand that this Web site may not perform as intended at all times. I agree that C&K Market, its plans, Empyrean and/or the Benefits Service
 Center are not responsible for any error, omission, interruption or delay in operation of or transmission through this Web site, communication line
 failure, or other circumstances beyond their control.
- I acknowledge that I may consent to receive benefit plan communications electronically by providing my consent within this Web site.
- lacknowledge that e-mail, like most, if not all, non-encrypted Internet communications, may be accessed and viewed by other Internet users, without my knowledge and permission, while in transit between me and C&K Market, Empyrean and/or the Benefits Service Center. For that reason, to protect my privacy, I will not use e-mail to communicate personal information to C&K Market, Empyrean and/or the Benefits Service Center that I consider confidential.
- This website provides links to other third party web sites, not owned or controlled by C&K Market, Empyrean and/or the Benefits Service Center, that may be useful or of interest to me. By providing my Credentials and signing in to this Web site, I acknowledge and understand that this Web site may present my Credentials to their third party web sites for my access to the third party web sites. I acknowledge and agree that C&K Market, its plans, Empyrean and/or the Benefits Service Center, are not responsible for the privacy practices used by other web site owners or the content or accuracy of those other web sites. I also acknowledge and agree links to various third party web sites do not constitute or imply endorsement by C&K Market, its plans, Empyrean and/or the Benefits Service Center of these third party web sites, any products or services described on these sites, or day other material contained in them.

By clicking on the I Agree or I Decline buttons below, I acknowledge that



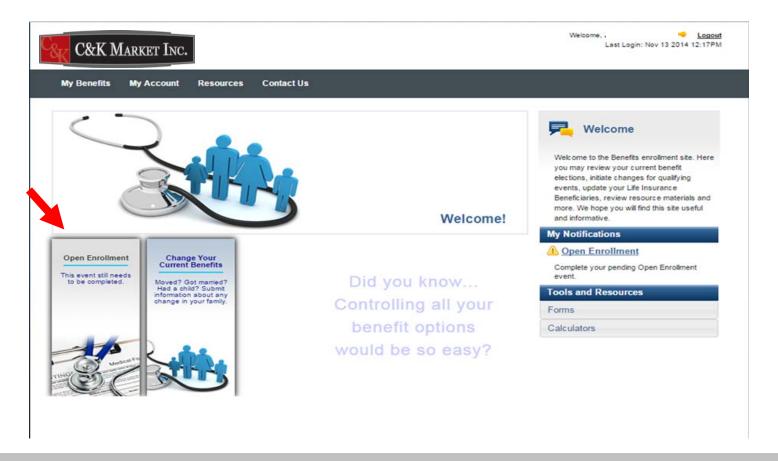
Review the Terms of Service and click "I Agree" to proceed with your enrollment.

Change Initial Password



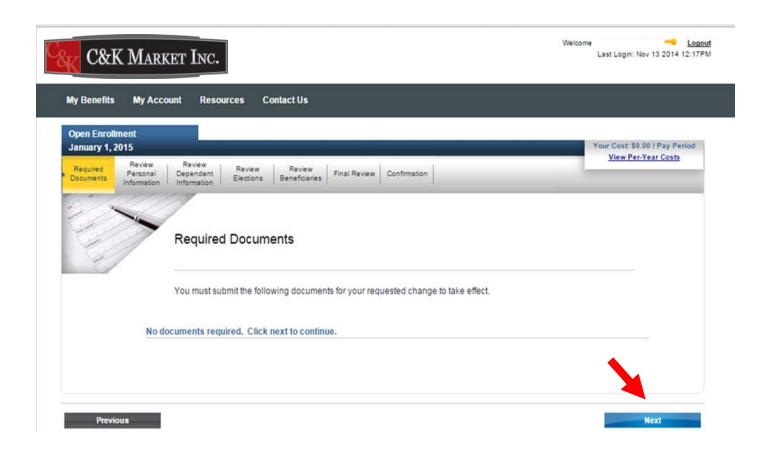
The website will prompt you to change your password. This password should remain confidential.

Home Page



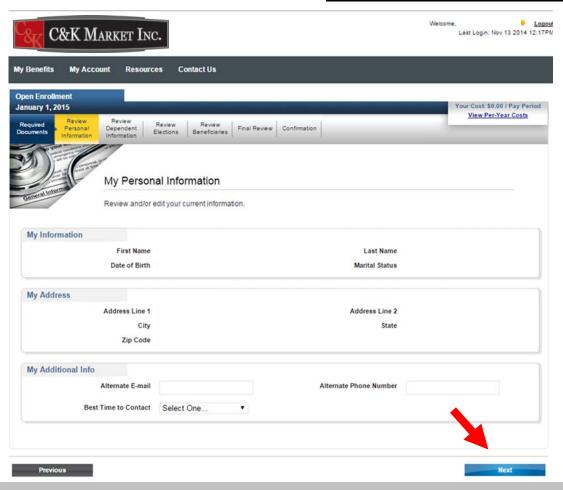
To enroll, you must click on the **Open Enrollment** tab located on the left middle of this page.

Required Documents



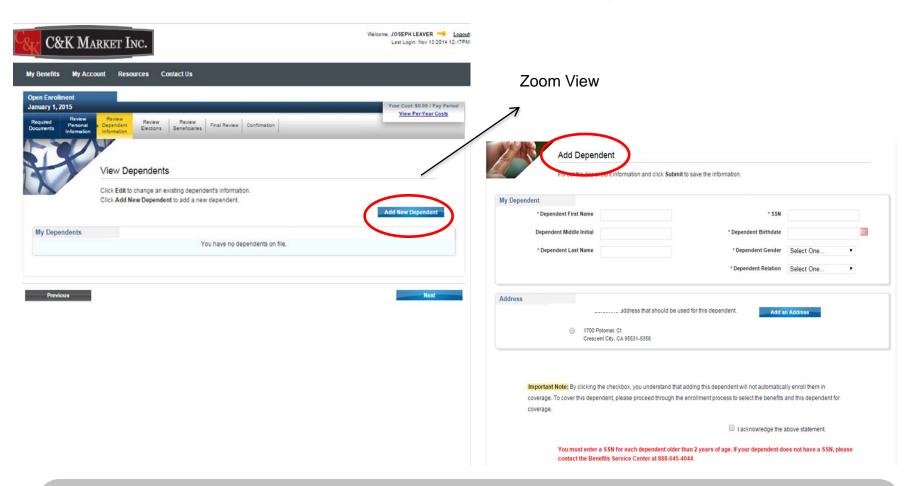
You may bypass the Required Document screen as there are no required documents needed to complete your Open Enrollment elections. However, if you are adding an additional dependent to your plan(s), you will need to submit a "Dependent Verification" form. Click on "**Next**" to continue.

Review Personal Information



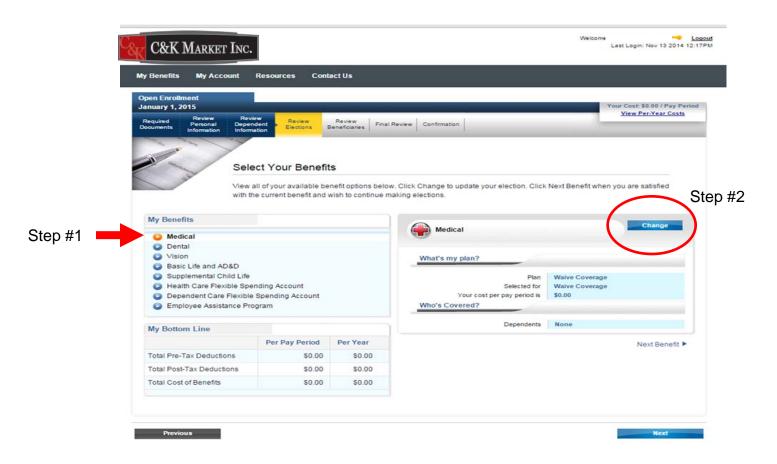
Review your personal information. If your address is incorrect please contact your location manager or Human Resource Department. You can add information under the "My Additional Info" section. Once complete, click on "Next," located on the bottom of the page.

Review Dependent Information



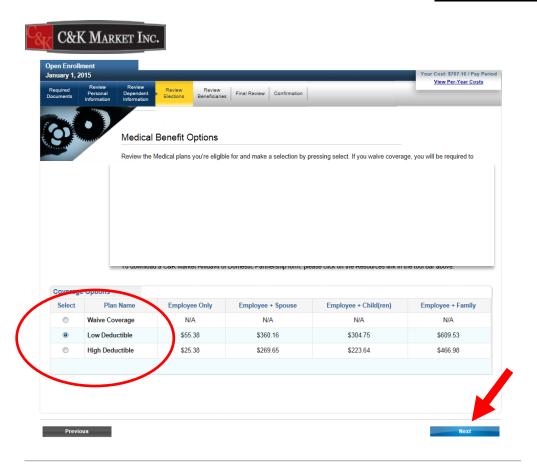
If available, your dependents have been listed here. If you need to add a **dependent**, click on "**Add New Dependent**". Remember that a "Dependent Verification" form is required. The form is located under the "Resource" tool bar above. Forms should be submitted to HR. Click on "**Next**" to continue.

Select Your Benefits



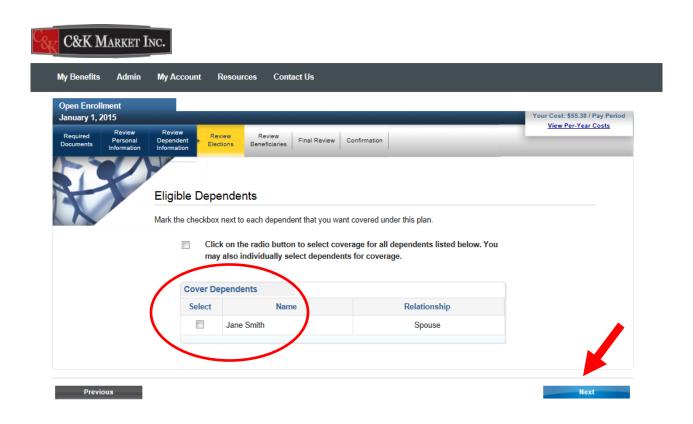
View your benefit options by clicking on each benefit. In order to enroll in coverage, you must click on the benefit listed (step #1 above) and then click "**Change**" (step #2 above). Remember that Medical, Dental and Vision coverage are bundled when enrolling in Medical.

Select Your Benefits

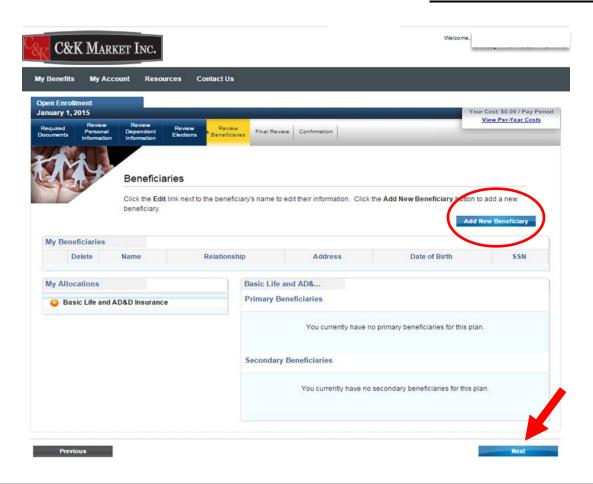


Select the Medical Plan you would like to enroll in and click "Next".

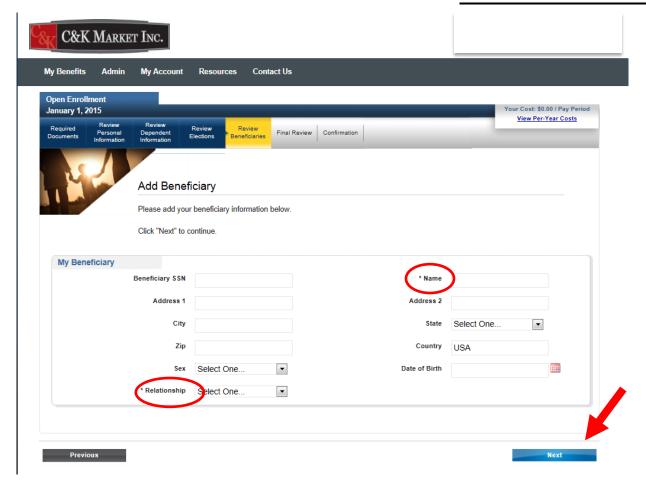
Eligible Dependents



Select the Eligible Dependents you would like to cover under your Medical, Dental and Vision Plans. If you have not added your Dependents under the Dependent screen, they will not appear here. Click "Next" to continue or "Previous" to go back to the Dependent screen.

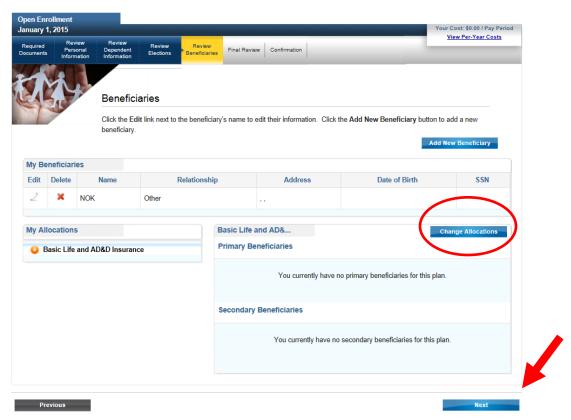


To designate a Beneficiary, click on "Add New Beneficiary". Once complete, click on "Next," located on the bottom of this page.

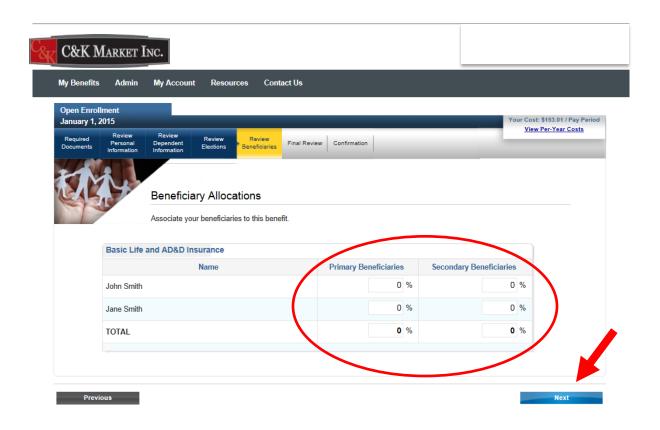


Complete all or only the required fields (Name and Relationship) and click "Next".





Your Beneficiary has been added. To allocate your life insurance benefits, click on "Change Allocations". Once complete, click on "Next," located on the bottom of this page.



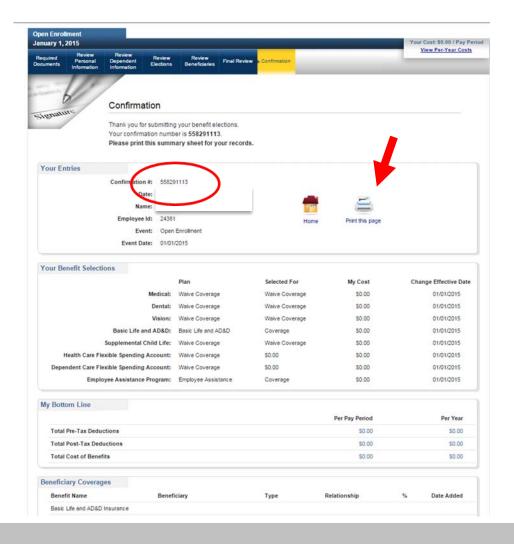
Enter the percentage for each Beneficiary and then click on "Next".

Final Review

equired cuments	Review Personal Information	Review Dependent Information	Review Elections	Review Beneficiaries	Final Review	Confirmation		view Per-	Year Costs
Ignatu	ne,	Please take		review all of y		ections to ensure t	they are correct.	ve Elections button.	
Your Be	nefit Selecti	ons							
		Benefit			Plan		Selected For	Cost Per Period	Edit
Medical			Waive	Coverage	Wais	ve Coverage	\$0.0	0 2	
Dental			Waive	Coverage	Wais	ve Coverage	\$0.0	0 2	
Vision			Waive	Coverage	Waiv	Waive Coverage		0	
Basic Life and AD&D			Basic	Life and AD&I	Cov	erage	\$0.0	0	
Supplemental Child Life			Waive	Waive Coverage		ve Coverage	\$0.0	0 2	
Health Care Flexible Spending Account			Waive	Coverage	\$0.0	0	\$0.0	0 2	
Dependent Care Flexible Spending Account			Waive	Coverage	\$0.0	0	\$0.0	0 2	
imployee Assistance Program		Emple	oyee Assistanc	e Cov	erage	\$0.0	0		
My Botto	om Line								
							Per Pay Peri	od P	er Year
Total	Pre-Tax Deduc	ctions					so	.00	\$0.00
Total	Post-Tax Ded	uctions					\$0	.00	\$0.00
Total	Cost of Benef	its					\$0	.00	\$0.00
Beneficia	ary Coverag	es							
Benefi	it Name		Benefic	iary		Туре	Relationship	% Date	Added
Rasie I	Life and AD&D	Insurance							

Review your benefit selections to ensure that they are correct. If you have no further changes, click "Save Elections." On the next screen click "Accept" to confirm and finalize your enrollment.

Confirmation



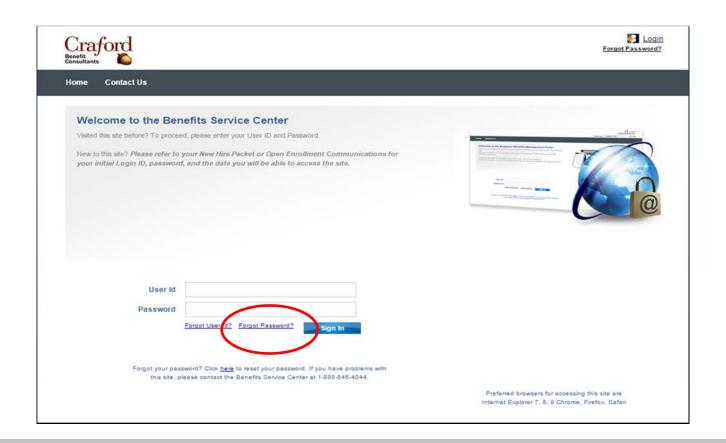
Your **confirmation number** is available on this page. You may **print** out this page, view your bottom line, view dependent coverage or return to the homepage. **Congratulations**, you are done!



Forgot Password?

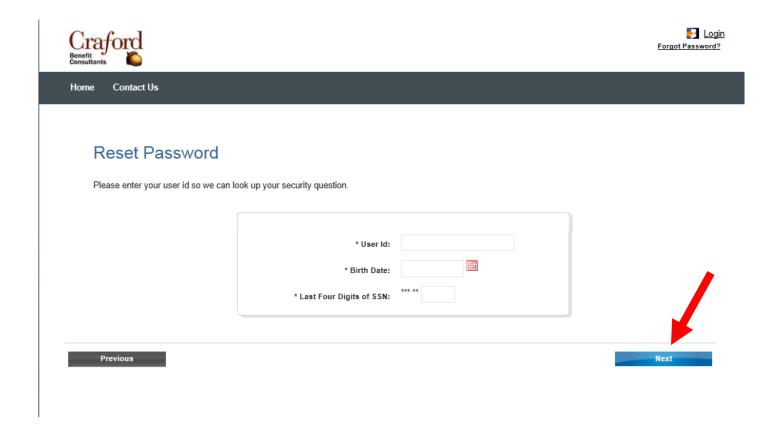
See Next Slides

Forgot Password? Reset Password



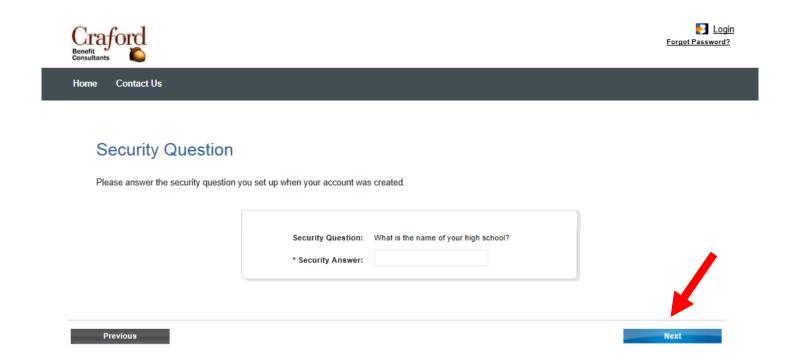
If you forgot your password, click the reset link on the **Log In** page, this will direct you to further instructions to reset password.

Reset Password



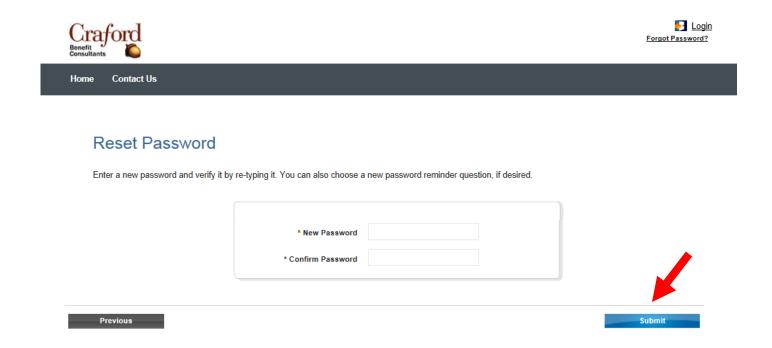
Enter your User ID (employee number plus last four of SSN), your Birth Date and the last four digits of your SSN

Security Question to Reset Password



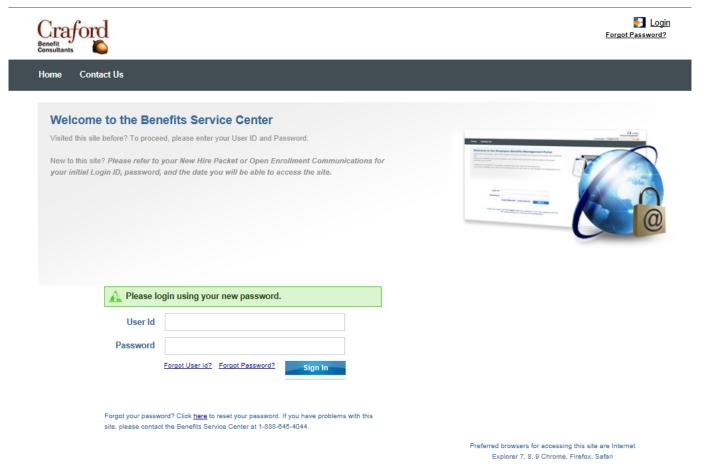
Enter required security information

Reset New Password



Create and confirm new **password** for Log In. Passwords are between 8 and 20 characters in length and contain **at least one** number, lower case letter, and upper case letter.

Password Log In



Your password has been reset, please **log in** using your new password.