



Employee Instructions ~ Enrolling in Benefits

Utilizing the Online Employee Resource Center (ERC)

Log In

Craford
Benefit Consultants

Home Contact Us

Welcome to the Benefits Service Center

Visited this site before? To proceed, please enter your User ID and Password.

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.

User Id

Password

[Forgot User Id?](#) [Forgot Password?](#) [Sign In](#)

Forgot your password? Click [here](#) to reset your password. If you have problems with this site, please contact the Benefits Service Center at 1-888-845-4044.

Preferred browsers for accessing this site are
Internet Explorer 7, 8, 9 Chrome, Firefox, Safari

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.

www.crafordbenefitenroll.com

Terms of Service

Craford
Benefits Consultants

Welcome, [User Name]
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, credentials 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 identity 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 experience nature 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 the networks that are connected to this Web site).

Use of the Services

- Any instructions, choices, or requests I make on this Web site will be consistent with the information on this Web site and for reviewing all such information am responsible for correcting them using the tools available to me on this Web site.
- I am responsible for reviewing any confirmation statements provided to me through this Web site and for reviewing all such information am responsible for correcting them using the tools available to me on this Web site.
- I am solely responsible for any loss of privacy or confidentiality of any personal information to a third party other than as permitted by my acceptance that "personal information" means, without limitation, data that is unique to address, benefit elections, dependent information, bank account number or Service Center immediately at 1-888-645-4044 if I have reason to believe I have answered, 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.
- I acknowledge 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 other 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 of any other material contained in them.

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

I Agree I agree with these terms and conditions of service and understand I may continue to use this Web site.

I Decline I decline these terms and conditions of service and understand I may not continue to use this Web site.

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

Change Initial Password

Welcome, [Logout](#)
Last Login: Nov 13 2014 12:17PM

First Time Login

Please enter a new Password and a Preferred Email address for the system to use. The Password must be between 8 and 20 characters in length and contain at least one number, lower case letter, and upper case letter.

Password

Password:

Re-type Password:

Password Reminder Question: What is the name of your best friend? ▼

Password Reminder Answer:

Email

Company Email: None

Preferred Email:

[Submit](#)

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

Home Page

C&K MARKET INC.

Welcome, . . . [Logout](#)
Last Login: Nov 13 2014 12:17PM

[My Benefits](#) [My Account](#) [Resources](#) [Contact Us](#)

Welcome!

Did you know...
Controlling all your
benefit options
would be so easy?

Open Enrollment
This event still needs to be completed.

Change Your Current Benefits
Moved? Got married? Had a child? Submit information about any change in your family.

Welcome

Welcome to the Benefits enrollment site. Here you may review your current benefit elections, initiate changes for qualifying events, update your Life Insurance Beneficiaries, review resource materials and more. We hope you will find this site useful and informative.

My Notifications

Open Enrollment
Complete your pending Open Enrollment event.

Tools and Resources

Forms
Calculators

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

Required Documents

The screenshot shows the C&K Market Inc. Open Enrollment interface for January 1, 2015. The navigation bar includes 'My Benefits', 'My Account', 'Resources', and 'Contact Us'. The main content area features a progress bar with steps: 'Required Documents' (highlighted), 'Review Personal Information', 'Review Dependent Information', 'Review Elections', 'Review Beneficiaries', 'Final Review', and 'Confirmation'. A 'Your Cost: \$0.00 / Pay Period' box with a 'View Per-Year Costs' link is visible. The 'Required Documents' section contains the text: 'You must submit the following documents for your requested change to take effect.' followed by 'No documents required. Click next to continue.' A red arrow points to the 'Next' button at the bottom right.

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

The screenshot shows the C&K Market Inc. Open Enrollment website. The header includes the company logo and navigation links: My Benefits, My Account, Resources, and Contact Us. The main content area is titled 'Open Enrollment January 1, 2015' and features a progress bar with steps: Required Documents, Review Personal Information (highlighted), Review Dependent Information, Review Elections, Review Beneficiaries, Final Review, and Confirmation. A 'Your Cost: \$0.00 / Pay Period' section with a 'View Per-Year Costs' link is also present. The 'My Personal Information' section contains three form panels: 'My Information' with fields for First Name, Last Name, Date of Birth, and Marital Status; 'My Address' with fields for Address Line 1, Address Line 2, City, State, and Zip Code; and 'My Additional Info' with fields for Alternate E-mail, Alternate Phone Number, and Best Time to Contact (a dropdown menu). A red arrow points to the 'Next' button at the bottom right of the page.

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

Welcome, JOSEPH LEAVER [Logout](#)
Last Login: Nov 13 2014 12:17PM

My Benefits My Account Resources Contact Us

Open Enrollment
January 1, 2015

Your Cost: \$0.00 / Pay Period
[View Per-Year Costs](#)

Required Documents Review Personal Information **Review Dependent Information** Review Elections Review Beneficiaries Final Review Confirmation

View Dependents

Click [Edit](#) to change an existing dependent's information.
Click [Add New Dependent](#) to add a new dependent.

Add New Dependent

My Dependents

You have no dependents on file.

Previous Next

Zoom View

Add Dependent

Fill out the dependent information and click [Submit](#) to save the information.

My Dependent

* Dependent First Name * SSN

Dependent Middle Initial * Dependent Birthdate

* Dependent Last Name * Dependent Gender

* Dependent Relation

Address

..... address that should be used for this dependent. [Add an Address](#)

1700 Potomac Ct
Crescent City, CA 95531-8356

Important Note: By clicking the checkbox, you understand that adding this dependent will not automatically enroll them in coverage. To cover this dependent, please proceed through the enrollment process to select the benefits and this dependent for coverage.

I acknowledge the above statement.

You must enter a SSN for each dependent older than 2 years of age. If your dependent does not have a SSN, please contact the Benefits Service Center at 888-645-4044.

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

Open Enrollment
January 1, 2015

Your Cost: \$0.00 / Pay Period
[View Per-Year Costs](#)

Required Documents | Review Personal Information | Review Dependent Information | **Review Elections** | Review Beneficiaries | Final Review | Confirmation

Select Your Benefits

View all of your available benefit options below. Click Change to update your election. Click Next Benefit when you are satisfied with the current benefit and wish to continue making elections.

My Benefits

- Medical
- Dental
- Vision
- Basic Life and AD&D
- Supplemental Child Life
- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account
- Employee Assistance Program

My Bottom Line

	Per Pay Period	Per Year
Total Pre-Tax Deductions	\$0.00	\$0.00
Total Post-Tax Deductions	\$0.00	\$0.00
Total Cost of Benefits	\$0.00	\$0.00

Medical

What's my plan?

Plan	Selected for
Waive Coverage	Waive Coverage

Your cost per pay period is \$0.00

Who's Covered?

Dependents: None

Change

Next Benefit ▶

Previous

Next

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

C&K MARKET INC.

Open Enrollment
January 1, 2015

Your Cost: \$707.16 / Pay Period
[View Per-Year Costs](#)

Required Documents | Review Personal Information | Review Dependent Information | **Review Elections** | Review Beneficiaries | Final Review | Confirmation

Medical Benefit Options

Review the Medical plans you're eligible for and make a selection by pressing select. If you waive coverage, you will be required to

To download a C&K Market Affidavit of Domestic Partnership form, please click on the Resources link in the tool bar above.

Select	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<input type="radio"/>	Waive Coverage	N/A	N/A	N/A	N/A
<input checked="" type="radio"/>	Low Deductible	\$55.38	\$360.16	\$304.75	\$609.53
<input type="radio"/>	High Deductible	\$25.38	\$269.65	\$223.64	\$466.98

Previous Next

Select the Medical Plan you would like to enroll in and click “**Next**”.

Eligible Dependents

Open Enrollment
January 1, 2015

Your Cost: \$55.38 / Pay Period
[View Per-Year Costs](#)

Required Documents | Review Personal Information | Review Dependent Information | **Review Elections** | Review Beneficiaries | Final Review | Confirmation

Eligible Dependents

Mark the checkbox next to each dependent that you want covered under this plan.

Click on the radio button to select coverage for all dependents listed below. You may also individually select dependents for coverage.

Cover Dependents		
Select	Name	Relationship
<input type="checkbox"/>	Jane Smith	Spouse

[Previous](#) [Next](#)

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.

Review Beneficiaries

Welcome, _____

C&K MARKET INC.

My Benefits My Account Resources Contact Us

Open Enrollment
January 1, 2015

Your Cost: \$0.00 / Pay Period
[View Per-Year Costs](#)

Required Documents Review Personal Information Review Dependent Information Review Elections **Review Beneficiaries** Final Review Confirmation

Beneficiaries

Click the **Edit** link next to the beneficiary's name to edit their information. Click the **Add New Beneficiary** button to add a new beneficiary.

Add New Beneficiary

My Beneficiaries

Delete	Name	Relationship	Address	Date of Birth	SSN
--------	------	--------------	---------	---------------	-----

My Allocations

- Basic Life and AD&D Insurance

Basic Life and AD&D Insurance

Primary Beneficiaries

You currently have no primary beneficiaries for this plan.

Secondary Beneficiaries

You currently have no secondary beneficiaries for this plan.

Previous **Next**

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

Review Beneficiaries

C&K MARKET INC.

My Benefits Admin My Account Resources Contact Us

Open Enrollment
January 1, 2015

Your Cost: \$0.00 / Pay Period
[View Per-Year Costs](#)

Required Documents Review Personal Information Review Dependent Information Review Elections **Review Beneficiaries** Final Review Confirmation

Add Beneficiary

Please add your beneficiary information below.

Click "Next" to continue.

My Beneficiary

Beneficiary SSN	<input type="text"/>	* Name	<input type="text"/>
Address 1	<input type="text"/>	Address 2	<input type="text"/>
City	<input type="text"/>	State	Select One... <input type="button" value="v"/>
Zip	<input type="text"/>	Country	USA
Sex	Select One... <input type="button" value="v"/>	Date of Birth	<input type="text"/> <input type="button" value="calendar"/>
* Relationship	Select One... <input type="button" value="v"/>		

Previous Next

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

Review Beneficiaries

C&K MARKET INC.

Open Enrollment
January 1, 2015

Your Cost: \$0.00 / Pay Period
[View Per-Year Costs](#)

Required Documents | Review Personal Information | Review Dependent Information | Review Elections | **Review Beneficiaries** | Final Review | Confirmation

Beneficiaries

Click the Edit link next to the beneficiary's name to edit their information. Click the **Add New Beneficiary** button to add a new beneficiary.

Add New Beneficiary

My Beneficiaries						
Edit	Delete	Name	Relationship	Address	Date of Birth	SSN
		NOK	Other			

My Allocations

- Basic Life and AD&D Insurance

Basic Life and AD&D...

Primary Beneficiaries

You currently have no primary beneficiaries for this plan.

Secondary Beneficiaries

You currently have no secondary beneficiaries for this plan.

Change Allocations

Previous **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.

Review Beneficiaries

Open Enrollment
January 1, 2015

Your Cost: \$153.01 / Pay Period
[View Per-Year Costs](#)

Required Documents | Review Personal Information | Review Dependent Information | Review Elections | **Review Beneficiaries** | Final Review | Confirmation

Beneficiary Allocations

Associate your beneficiaries to this benefit.

Basic Life and AD&D Insurance				
Name	Primary Beneficiaries		Secondary Beneficiaries	
John Smith	<input type="text" value="0"/>	%	<input type="text" value="0"/>	%
Jane Smith	<input type="text" value="0"/>	%	<input type="text" value="0"/>	%
TOTAL	0	%	0	%

Previous Next

Enter the percentage for each Beneficiary and then click on **“Next”**.

Final Review

Open Enrollment
January 1, 2015

Your Cost: \$0.00 / Pay Period
[View Per-Year Costs](#)

Required Documents | Review Personal Information | Review Dependent Information | Review Elections | Review Beneficiaries | **Final Review** | Confirmation

Review Elections

Please take a moment to review all of your benefit selections to ensure they are correct. Click **Edit** next to any benefit that you wish to change. If you have no further edits, click the **Save Elections** button.

Your Benefit Selections

Benefit	Plan	Selected For	Cost Per Period	Edit
Medical	Waive Coverage	Waive Coverage	\$0.00	
Dental	Waive Coverage	Waive Coverage	\$0.00	
Vision	Waive Coverage	Waive Coverage	\$0.00	
Basic Life and AD&D	Basic Life and AD&D	Coverage	\$0.00	
Supplemental Child Life	Waive Coverage	Waive Coverage	\$0.00	
Health Care Flexible Spending Account	Waive Coverage	\$0.00	\$0.00	
Dependent Care Flexible Spending Account	Waive Coverage	\$0.00	\$0.00	
Employee Assistance Program	Employee Assistance	Coverage	\$0.00	


My Bottom Line

	Per Pay Period	Per Year
Total Pre-Tax Deductions	\$0.00	\$0.00
Total Post-Tax Deductions	\$0.00	\$0.00
Total Cost of Benefits	\$0.00	\$0.00

Beneficiary Coverages

Benefit Name	Beneficiary	Type	Relationship	%	Date Added
Basic Life and AD&D Insurance					

[Previous](#) [Save Elections](#)



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

Open Enrollment
January 1, 2015

Your Cost: \$0.00 / Pay Period
[View Per-Year Costs](#)

Required Documents | Review Personal Information | Review Dependent Information | Review Elections | Review Beneficiaries | Final Review | **Confirmation**

Confirmation

Thank you for submitting your benefit elections.
Your confirmation number is 558291113.
Please print this summary sheet for your records.

Your Entries

Confirmation #: 558291113
Date: _____
Name: _____
Employee Id: 24381
Event: Open Enrollment
Event Date: 01/01/2015

[Home](#) [Print this page](#)

Your Benefit Selections

	Plan	Selected For	My Cost	Change Effective Date
Medical:	Waive Coverage	Waive Coverage	\$0.00	01/01/2015
Dental:	Waive Coverage	Waive Coverage	\$0.00	01/01/2015
Vision:	Waive Coverage	Waive Coverage	\$0.00	01/01/2015
Basic Life and AD&D:	Basic Life and AD&D	Coverage	\$0.00	01/01/2015
Supplemental Child Life:	Waive Coverage	Waive Coverage	\$0.00	01/01/2015
Health Care Flexible Spending Account:	Waive Coverage	\$0.00	\$0.00	01/01/2015
Dependent Care Flexible Spending Account:	Waive Coverage	\$0.00	\$0.00	01/01/2015
Employee Assistance Program:	Employee Assistance	Coverage	\$0.00	01/01/2015

My Bottom Line

	Per Pay Period	Per Year
Total Pre-Tax Deductions	\$0.00	\$0.00
Total Post-Tax Deductions	\$0.00	\$0.00
Total Cost of Benefits	\$0.00	\$0.00

Beneficiary Coverages

Benefit Name	Beneficiary	Type	Relationship	%	Date Added
Basic Life and AD&D Insurance					

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

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Benefit Consultants

Home Contact Us

Login
[Forgot Password?](#)

Welcome to the Benefits Service Center

Visited this site before? To proceed, please enter your User ID and Password.

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.

User id

Password

[Forgot User id?](#) [Forgot Password?](#)

Forgot your password? Click [here](#) to reset your password. If you have problems with this site, please contact the Benefits Service Center at 1-888-845-4044.

Preferred browsers for accessing this site are Internet Explorer 7, 8, 9 Chrome, Firefox, Safari

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




[Login](#)
[Forgot Password?](#)

[Home](#) [Contact Us](#)

Reset Password

Please enter your user id so we can look up your security question.

* User Id:

* Birth Date: 

* Last Four Digits of SSN: *** **

[Previous](#)

[Next](#)



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



[Login](#)
[Forgot Password?](#)

[Home](#) [Contact Us](#)

Security Question

Please answer the security question you set up when your account was created.

Security Question: What is the name of your high school?

* Security Answer:

[Previous](#)

[Next](#)



Enter required security information

Reset New Password



 [Login](#)
[Forgot Password?](#)

[Home](#) [Contact Us](#)

Reset Password

Enter a new password and verify it by re-typing it. You can also choose a new password reminder question, if desired.

* New Password

* Confirm Password

[Previous](#)

[Submit](#)



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



 [Login](#)
[Forgot Password?](#)


[Home](#) [Contact Us](#)

Welcome to the Benefits Service Center

Visited this site before? To proceed, please enter your User ID and Password.

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.



 Please login using your new password.

User Id

Password

[Forgot User Id?](#) [Forgot Password?](#)

[Sign In](#)

Forgot your password? Click [here](#) to reset your password. If you have problems with this site, please contact the Benefits Service Center at 1-888-645-4044.

Preferred browsers for accessing this site are Internet Explorer 7, 8, 9 Chrome, Firefox, Safari

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