

Krapf Group is pleased to announce an enrollment opportunity for Transamerica's Voluntary Benefits for all eligible employees at our upcoming benefits enrollment! These benefits can help you pay out of pocket expenses which medical insurance may not cover. These benefits are an important part of protecting you and your family's financial future.

The plans listed below will be offered with NO MEDICAL QUESTIONS during our annual enrollment! You cannot be declined for coverage for this enrollment.

Option 1

Critical Illness w/Cancer Plan - The **Transamerica Critical Illness w/Cancer** plan pays a lump sum cash benefit up to 100% of your chosen face amount if you or a covered family member is diagnosed with a covered critical illness including cancer, heart attack, sudden cardiac arrest, stroke, major organ failure, end-stage renal failure, coronary artery disease, etc. The benefit can be used any way you choose, and you do not have to be disabled or terminally ill to receive benefits. There is an annual **\$50 Wellness Benefit** included in this plan. Employee, Spouse and Child coverage is available, and the plan is portable if you leave your employment.

Benefit Face Amounts are \$10,000, \$20,000 or \$30,000 for Employees and 50% of the Employee face amount for Spouses and Children if Dependent coverage is elected.

Option 2

Hospital Indemnity Plan - The **Transamerica Hospital Indemnity** plan pays you a lump sum cash benefit when you are hospitalized for a covered injury or illness (pregnancy included). The money can help you pay for the portion of your medical bills that may not be covered by medical insurance, such as deductibles, coinsurance and copays. There are no pre-existing condition limitations to this plan. Pregnancy is covered, with NO Waiting Period. There is an annual **\$50 Wellness Benefit** included in this plan. Employee, Spouse and Child coverage is available, and the plan is portable if you leave your employment.

Please refer to **Carrier Plan Design Information** on page 8 of this document.

How Do I Enroll?

During Open Enrollment in UKG! You may enroll in the Transamerica Critical Illness w/Cancer Plan and/or Hospital Indemnity Plan. Elect the appropriate coverage, add your banking information and close out this second window once complete.

Please see detailed instructions below.

1. Log Into your UKG enrollment system.
2. Click on the Transamerica enrollment link to review and enroll on the Critical Illness and Hospital Indemnity sections of your Open Enrollment session:
Please Note: This will open a new window to the Transamerica portal in your browser, outside of your Open Enrollment session in UKG to complete enrollment.
 - Your username is either your six-digit Employee ID, or your social security number with dashes (ie 123-45-6789).
 - Your password is the last four of your social and the last two digits of the birth year

The screenshot shows the Transamerica Employee Benefits Enrollment Site. At the top, there are logos for Transamerica Employee Benefits and Krapf School Bus. The main heading is "Enrollment Site". Below this, there is a section for login with fields for "Employee ID or SSN" and "PIN", and a "Forgot Password" link. A "Log in" button is at the bottom of the login section. To the right of the login fields, there is a disclaimer: "To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department." At the bottom of the page, there are links for "Security Info", "Privacy Policy", and "Admin Site".

This screenshot shows the same login page as the previous one, but with sample data entered. The "Employee ID or SSN" field contains "123456". The "PIN" field contains "*****". The "Forgot Password" link is still visible. The "Log in" button is at the bottom right.

3. Once you login, the following page will appear. Click **Next** to begin your enrollment.

The screenshot shows the "Welcome to Your Benefit Enrollment for Plan Year 2025" page. The text reads: "At Krapf Group, we know that benefit requirements change. That's why we have an open enrollment period each year. For most benefits, Open Enrollment is the only time of year you are allowed to make changes in your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year. Benefit enrollment is easy! Just follow these steps." Below this, there is a bulleted list of steps: "First, review and contact HR to update personal information about you or your covered dependents.", "Review each of your benefit elections and make your choices.", and "Sign the Enrollment Confirmation form to complete your enrollment." Below the list, it says "Click Next to begin." At the bottom, there is a line of text: "Press Next to review personal information and begin enrollment." and an orange "Next >" button.

4. Enter your personal information. Click **Next** to continue.

KRAPF SCHOOL BUS

Status (0% Complete)

Home You & Your Family My Benefits Payment Information Sign & Submit

Personal Information

If any personal information needs to be updated, please contact the HR Department. Click the **Next** button to continue.
* marked fields are required.

Personal Info

* Name:
First MI Last

Date of Birth:

* SSN:

* Gender: ☐ Male ☐ Female ☐ Other



5. On this page, please enter your Dependent information. Click **Add Dependent**. Click **Next** to continue.

Spouse & Dependents

Click **Add** ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan.
Click the **Next** button when you are finished.

Dependents

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	Uploads	+
No Items found.						

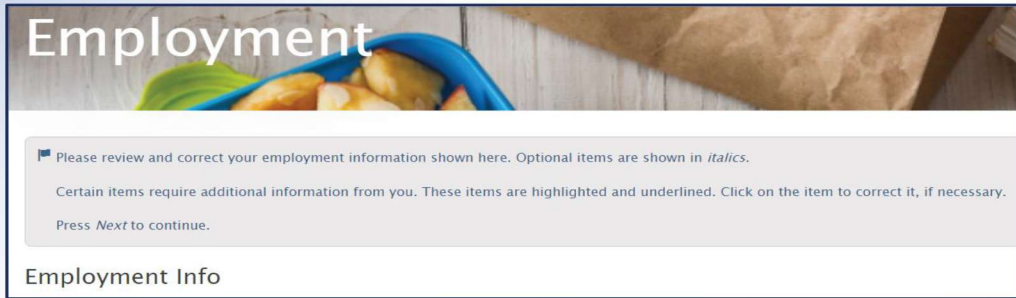
Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the **Add Dependent** button below.

+ Add Dependent

< Back **Next >**

6. Please review your employment information. Click **Next** to continue.



Employment

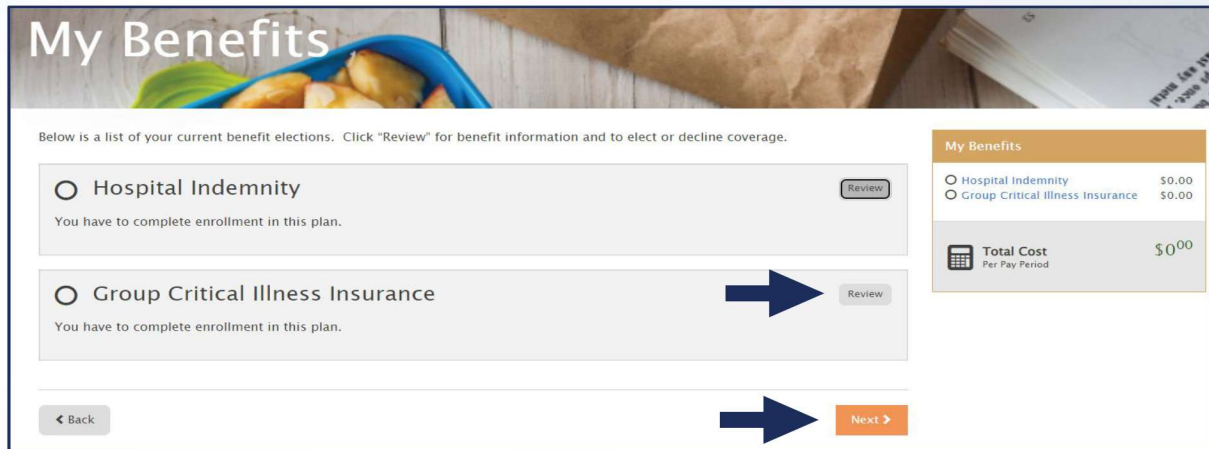
Please review and correct your employment information shown here. Optional items are shown in *italics*.

Certain items require additional information from you. These items are highlighted and underlined. Click on the item to correct it, if necessary.

Press **Next** to continue.

Employment Info

7. You may now begin your enrollment in voluntary benefits. Click **Review** for benefit information and to elect or decline coverage.



My Benefits

Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.

☐ Hospital Indemnity
You have to complete enrollment in this plan. **Review**

☐ Group Critical Illness Insurance
You have to complete enrollment in this plan. **Review**

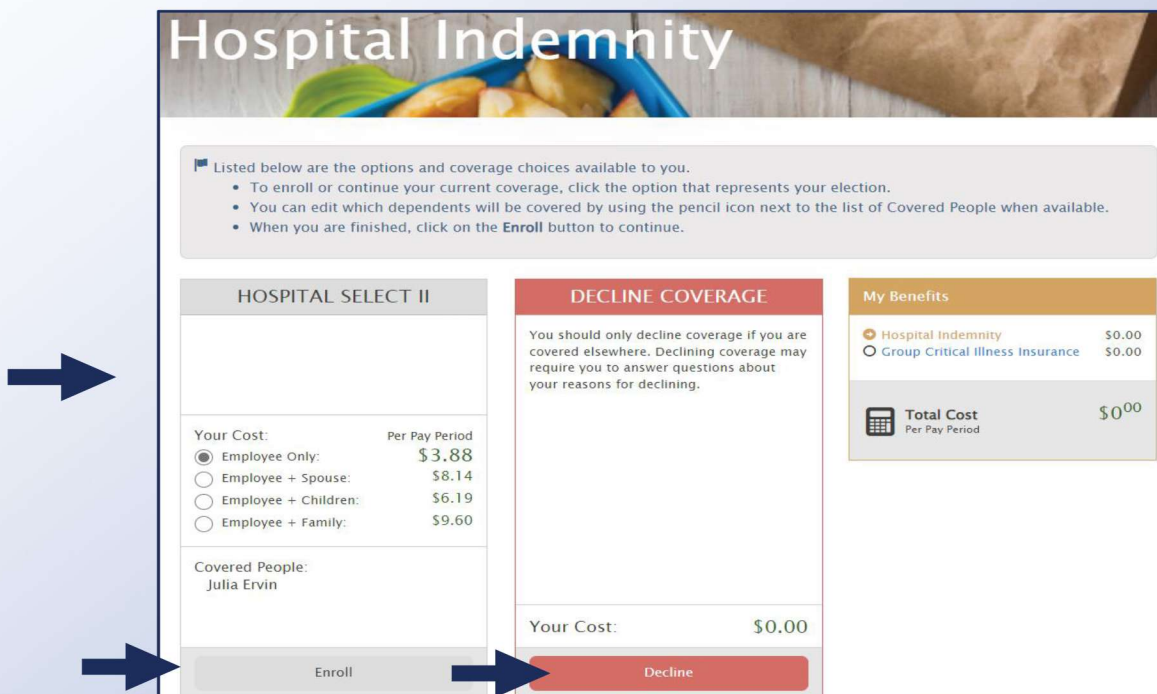
My Benefits

☐ Hospital Indemnity \$0.00
☐ Group Critical Illness Insurance \$0.00

Total Cost \$0.00
Per Pay Period

Navigation: Back (left arrow), Next (right arrow)

8. Click **Enroll** or Decline to continue and move to the next benefit option, Group Critical Illness Insurance.



Hospital Indemnity

Listed below are the options and coverage choices available to you.

- To enroll or continue your current coverage, click the option that represents your election.
- You can edit which dependents will be covered by using the pencil icon next to the list of Covered People when available.
- When you are finished, click on the **Enroll** button to continue.

HOSPITAL SELECT II

Your Cost: Per Pay Period

☒ Employee Only: \$3.88
☐ Employee + Spouse: \$8.14
☐ Employee + Children: \$6.19
☐ Employee + Family: \$9.60

Covered People:
Julia Ervin

DECLINE COVERAGE

You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.

Your Cost: \$0.00

My Benefits

☒ Hospital Indemnity \$0.00
☐ Group Critical Illness Insurance \$0.00

Total Cost \$0.00
Per Pay Period

Navigation: Enroll (left arrow), Decline (right arrow)

9. Elect coverage tier and benefit amount by using the **Application_Benefit Amounts** bar to increase coverage. Click **Next** to continue.

Group Critical Illness Insurance

Listed below are the options and coverage choices available to you.

- To enroll or continue your current coverage, click on the option next to the cost which represents your election.
- When you are finished, click on the "NEXT" button to continue.

Employee Only	Employee + Children	Employee + Spouse	Employee + Family
☒ \$1.88	☐	☐ \$2.78	☐

Application_BenefitAmounts: \$5,000

Deduction_Description

☒ I wish to apply for this coverage

☐ I wish to DECLINE this coverage

10. You will then need to answer eligibility questions. Click **Next**.

Eligibility Questions

Read the following statements carefully. These are important declarations and required notices that you are agreeing to by completing the electronic enrollment process. By submitting this application, I confirm that I have read and understand the representation statement, fraud warning, and conditions for coverage becoming effective as set forth below.

Click yes, yes, then **Next**.

STATEMENTS AND AGREEMENTS:

I **have** read or had read to me the completed enrollment form. I **represent** that all statements and answers made on or attached to this enrollment form are true to the best of my knowledge and belief. I realize that any false statements herein which materially affect the acceptance of the risk or the hazard assumed may result in loss of coverage under the policy/certificate. I have read the Fraud Warning for my state shown on the back of this form.

☒ Yes ☐ No

I **understand** that completion of this enrollment form in no way implies that I will be accepted for insurance coverage. I **understand** that coverage will take effect only if this enrollment form is approved by the Insurer and the first month's premium has been received by the Insurer, provided that I meet any eligibility or coverage effective date requirements listed in the policy/certificate. The policy provides limited benefits. Review your certificate carefully.

I **acknowledge** that I have read the required attestations, notices, disclosures, statements and agreements listed in the linked attestation document and agree to apply my signature to the completed document. (Click the following hyperlink to access this information. Please print or download a copy for your records.) [TransAmerica Accident Certifications](#)

☒ Yes ☐ No

Friendly Reminder! These benefits are not deducted via UKG payroll deductions. You will need to enter your bank information on the next page.

11. Click **I agree** to continue and enter your Payment Provider information including Bank Name, Account Type, Routing Number and Account Number. Click **Continue**.

Payment Provider

EFT Authorization

NOTE: Before submitting any information to us please read, understand and agree to the following document: [Authorization and Disclaimer](#).

I agree

I disagree

Powered By Paylogix®

12. Review your elections and click **Next** to sign forms to complete enrollment.

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- **Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- **Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu at the left.

Your Benefits

Plan	Description	Employee Pretax Cost	Employee Posttax Cost
Hospital Indemnity	Hospital Select II; ES	\$0.00	\$8.14
Group Critical Illness Insurance	\$10,000; ES	\$0.00	\$4.01
Total		\$0.00	\$12.15

Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
☒ Benefit Verification	Unsigned	



Next >

13. Review your **Benefit Verification / Deduction Confirmation Form**. Scroll down to the bottom of the screen to enter your PIN you used to sign-in and click **Sign Form** to complete your enrollment.

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN.

PIN:

Sign Form

CONGRATULATIONS!! Your enrollment is now complete!

Congratulations!

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

Recap of Your Elections

Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. **Scroll down to the bottom of this screen to view a list of your completed enrollment forms.**

✔ Hospital Indemnity

Enrollment Details

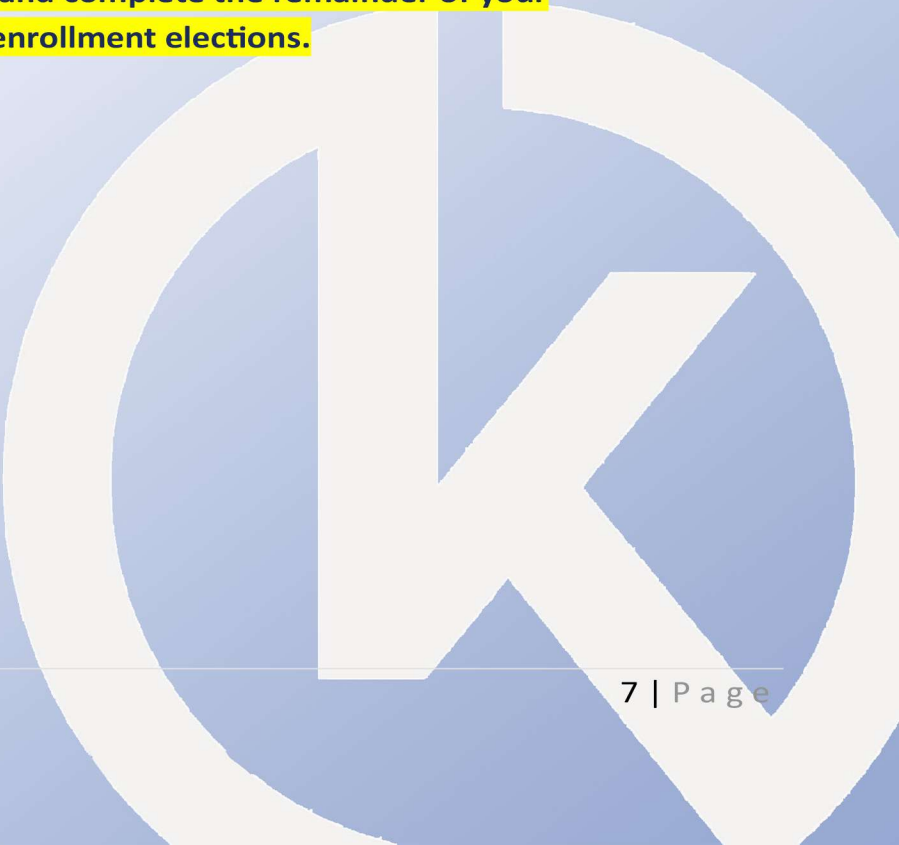
Product Name: Hospital Select II

Coverage Level: Employee Only

First Name	MI	Last Name	DOB	Sex	Relationship
Starbucks		Coffee		F	Employee

*You are not done yet.* 

Return to the UKG window and complete the remainder of your 2025 open enrollment elections.



Carrier Plan Design Information:

Hospital Indemnity Plan:

Benefit	Payable Benefits
Initial Hospital Admission	\$750 x 3 per year, per covered person
Daily Hospital Stay	\$150 x 60 days per confinement; Waiver of Observation Unit Exclusion
Initial Intensive Care Unit Admission	\$1,500 once per year, per covered person
Daily Hospital Intensive Care Unit Stay	\$150 x 60 days per year
Pre-Existing Condition Limitation	None
Benefit Waiting Period	None
Maternity Delivery Covered	Included
Annual Wellness Benefit	\$50 per covered person
Coverage Type	24 Hour

Critical Illness w/Cancer Plan:

Covered Conditions	% of Face Amount Paid to Employee
Invasive Cancer/ Carcinoma in Situ - Non-Invasive	100%/25%
Heart Attack/ Sudden Cardiac Arrest	100%
Stroke/ Transient Ischemic Attack (TIA)	100%/10%
Coronary Invasive	100%
Coronary Artery Bypass Graft/Surgery	25%
Coronary Artery Angioplasty & Stent Insertion	10%
Major Organ Transplant	100%
End Stage Renal Failure	100%
Separate Skin Cancer Initial/Recurrent	\$750/\$375
Bone Marrow Transplant	100%
Alzheimer's Disease	100%
Amyotrophic Lateral Sclerosis (ALS)	100%

Covered Conditions	% of Face Amount Paid to Employee
Loss of Sight, Speech or Hearing	100%
Paralysis	Up to 100%
Severe Burns	100%
Cerebral Aneurysm	25%
Multiple Sclerosis	100%
Parkinson's Disease	100%
Abdominal/ Thoracic Aortic Aneurysm/ Cerebral Aneurysm/ Renal Aneurysm	25%
Carotid Artery Disease	100%
Lupus, Primary Sclerosing Cholangitis, Benign Brain Tumor, Benign Spinal Cord Tumor, Anthrax, Cholera, Rocky Mountain Spotted Fever, Encephalitis/Bacterial Meningitis, Typhoid Fever, Tuberculosis, Malaria, Osteomyelitis, SARS – CoV-2	100%
Childhood Benefits: Down Syndrome, Cystic Fibrosis, Cerebral Palsy , Cleft Lip or Palate (50%)	100%