

## EMPLOYEE SELF-SERVICE GUIDE

### UPDATING YOUR BENEFIT ENROLLMENT THROUGHOUT THE YEAR

Whether you experience a qualified life event (see list below), need to change your health savings account (HSA) contribution, or update your life insurance / beneficiaries, you can now take these actions in the employee portal without needing to contact Benefits!

#### **Qualified Life Events Include:**

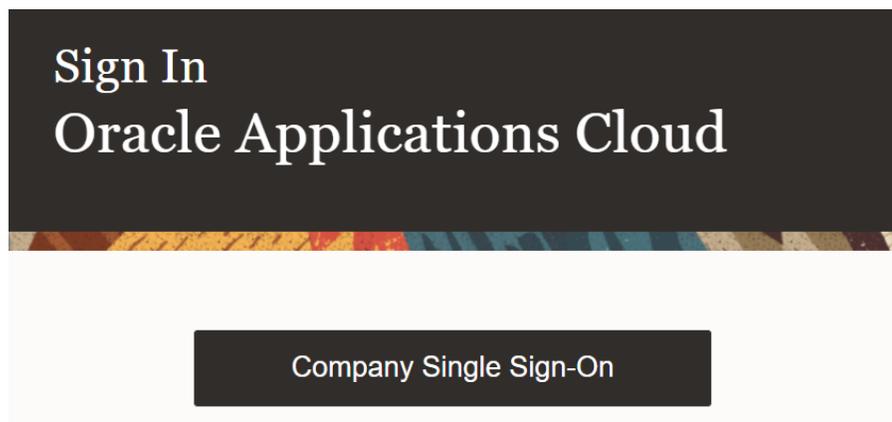
- Change of employee's legal marital status, including marriage, death of spouse, divorce, legal separation, or annulment
- Change in the number of employee's dependents due to birth, adoption, placement of adoption, or death
- Change in employment status of employee or spouse
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- Change in place of residence (out of plan's service area) of employee, spouse, or dependent

*\*Please remember for a life event, you will have 30 days from the date of your life event to make changes to your benefit elections. If you miss this deadline, then you will need to wait until the next annual benefits open enrollment to make changes to your benefit elections*

#### **Accessing the *Global Employee Portal*:**

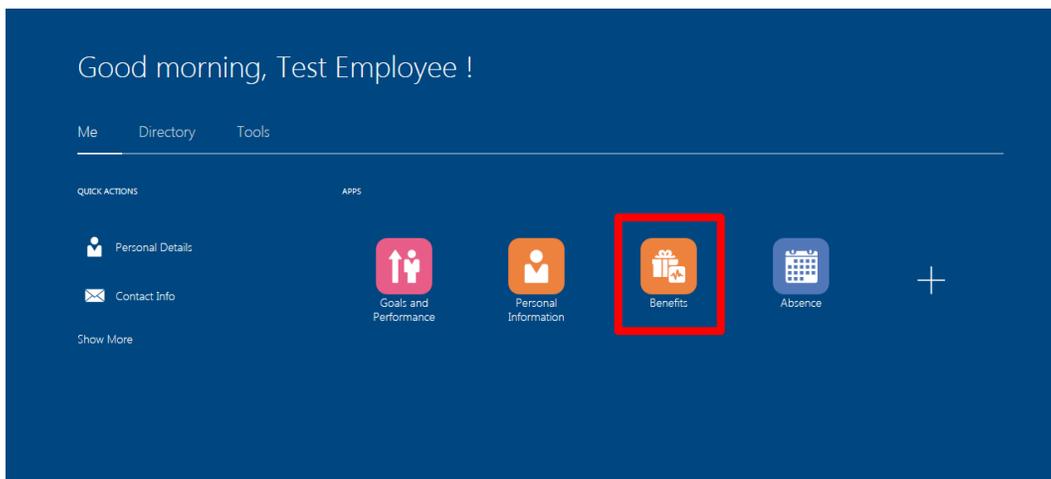
1. Found under Favorites → Global Employee Portal → Sign In
2. Link- [Global Employee Portal](#)

From the welcome screen, please use the "Company Single Sign-On" option noted below; do not enter any other information on this screen. You will be taken to the home page of the employee portal.

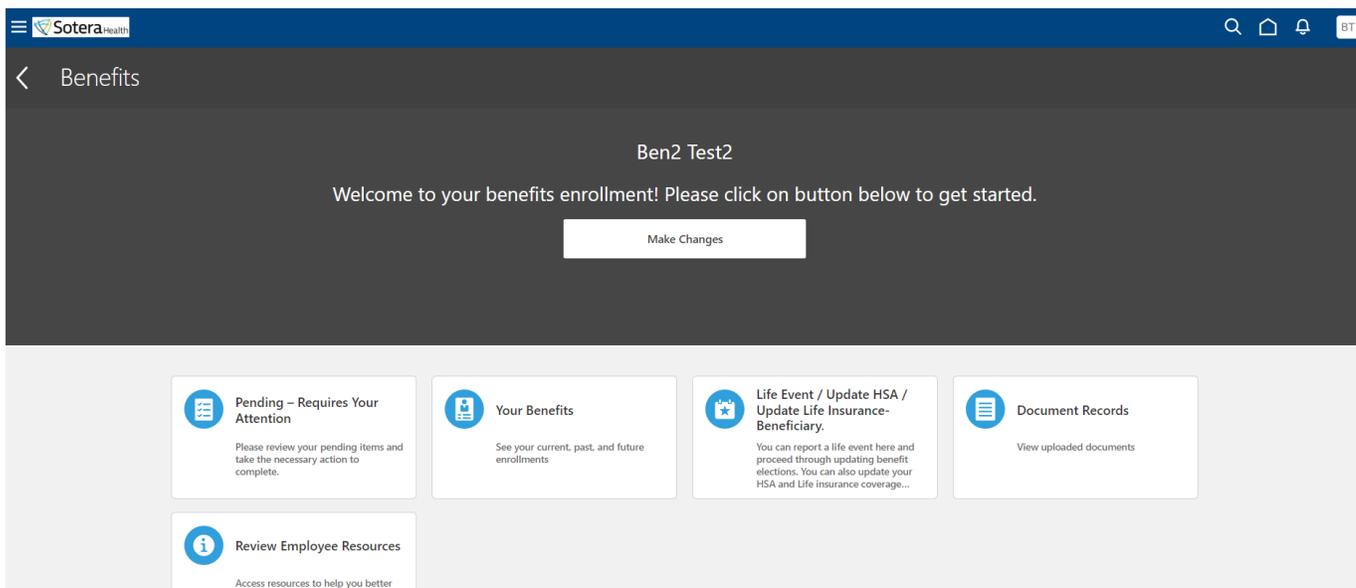


Please contact [HRIS@soterahealth.com](mailto:HRIS@soterahealth.com) if you have issues logging into the employee portal.

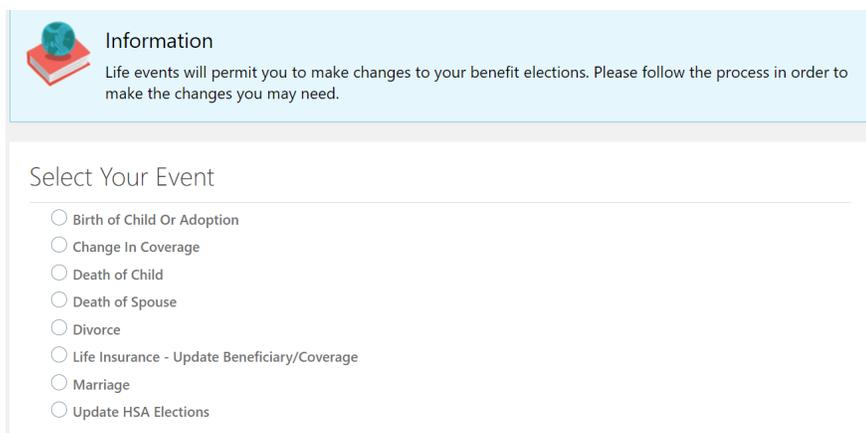
Click on the “Benefits” tile to access your benefit information.



Click on the “Life Event / Update HSA / Update Life Insurance - Beneficiary” box to begin the process.



Next you will see the screen of reportable options available to you based on your personal circumstances. Select the event that you would like to report to make updates to your benefit elections.





Please enter the date your life event occurred. If you are updating your HSA contribution or Life Insurance, please enter the current date. You will only be able to report as of the current date and prior. You won't be able to report future-dated events. Please contact [benefits@soterahealth.com](mailto:benefits@soterahealth.com) to report a future-dated event.

Once you enter the effective date, click "continue" to proceed through the process.

Life Event

Continue Cancel

**Information**  
Life events will permit you to make changes to your benefit elections. Please follow the process in order to make the changes you may need.

Select a Life Event

- Birth of Child Or Adoption
- Death of Spouse
- Divorce
- Life Insurance - Update Beneficiary/Coverage
- Marriage
  - \*When did this event occur?  
6/4/23
- Update HSA Elections

June 2023						
SUN	MON	TUE	WED	THU	FRI	SAT
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1

Today

Confirm the event and effective date once the box appears.

**Confirmation**

The life event Marriage was created for 6/4/23.

OK

Next you will see the screen that will show you the dependents that are already in the system on your record. This is also where you will add any NEW dependents and/or beneficiaries that you plan to add to your benefits or will want to elect as a beneficiary for your life insurance. Click on the "Add" button to add your dependent and/or beneficiary information.

Before You Enroll



**Action Required**

**What you need to do before you enroll:**

**ADD your Dependent(s):** If you plan on covering your domestic partner/spouse or dependent children, and they are NOT already listed here, you need to add them now!. Please ADD them in the Dependent(s) and Beneficiary(ies) section so they are available to select as you go through the enrollment process.

**ADD your Beneficiary(ies):** IT IS REQUIRED that you report your beneficiary(ies) for your Company provided Life and AD&D Insurance, as well as for any supplemental coverage you may elect. If NOT already listed, please ADD your individual beneficiary(ies) now in the Dependent(s) and Beneficiary(ies) section so they are available to assign to your life insurance as you go through the enrollment process.

If your beneficiary is an organization or trust, please ensure that this information is captured in the section labeled Beneficiary Organizations or Trusts.

Dependent(s) and Beneficiary(ies)

Add your dependent and/or beneficiary information to the fields as requested. Please provide as much information as possible and make sure you provide the date of birth and social security numbers for your dependents as the insurance carriers require this information. Once all information is entered, click on the "Submit" button.

New Contact

Basic Information

<p>*Last Name Employee</p> <p>*First Name Wife</p> <p>Suffix</p> <p>Middle Name</p> <p>*Relationship Spouse</p> <p>*What is the start date of this relationship? 3/5/15</p>	<p>Honors</p> <p>Preferred Name</p> <p>Previous Last Name</p> <p>*Gender Female</p> <p>Date of Birth 8/9/74</p> <p><input checked="" type="checkbox"/> This person is an emergency contact</p>
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**Designate an Emergency Contact:** Please also note that you can designate any of your dependents as your Emergency Contact by simply checking the box next to the option as you are entering your dependent's information as shown below.

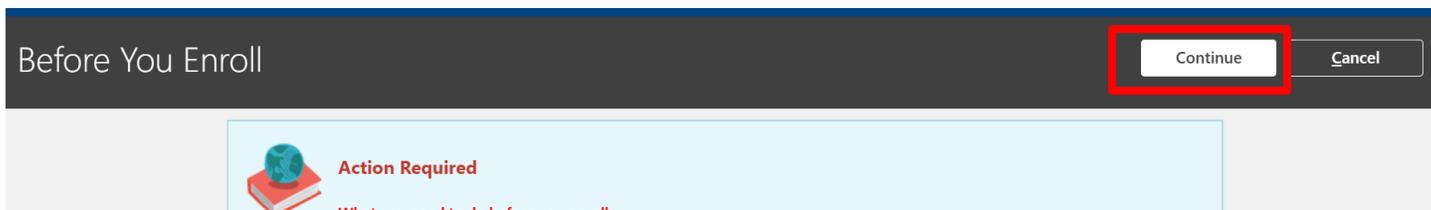
\*Gender

Date of Birth

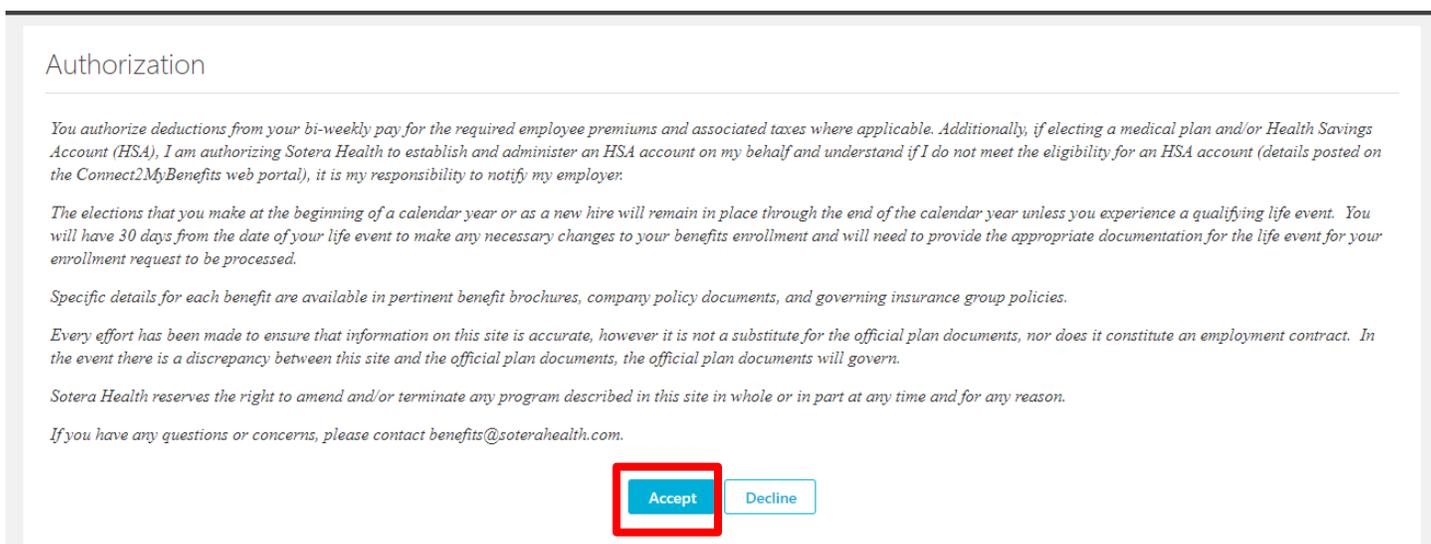
This person is an emergency contact



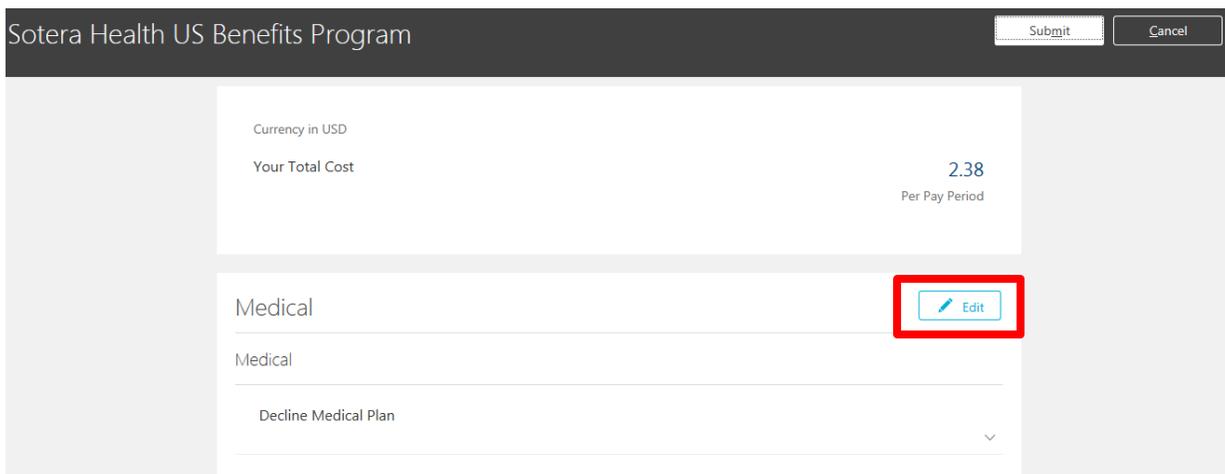
If you are adding more than one dependent and/or beneficiary then please click on the “Add” button again and repeat the process until you have entered all your new dependents and/or beneficiaries. Click on the “Continue” button once all your dependents and/or beneficiaries are entered.



Next you will see the Authorization page. Please read the contents on this page and when finished select “Accept” to move forward with your enrollment process.



For each benefit, you will need to click on the “Edit” button to make your election and assign your dependents to the benefit.





Let's use the medical benefit as the example of how the election for all the benefits listed on this page will work.

After clicking on the "Edit" button, you will see the medical plans and tiers you are eligible for.

For this example, I have selected the Gold medical plan, Employee + Family coverage.

Sterigenics Gold Medical Plan	
<input type="checkbox"/> <b>Employee Only</b> 1,741.44 Annually	66.98 Employee Cost
Employer Cost 172.01	
<input type="checkbox"/> <b>Employee + Spouse</b> 4,145.28 Annually	159.43 Employee Cost
Employer Cost 341.95	
<input type="checkbox"/> <b>Employee + Child(ren)</b> 3,299.52 Annually	126.90 Employee Cost
Employer Cost 316.40	
<input type="button" value="OK"/> <input type="button" value="Cancel"/>	
<b>!</b> You need to designate dependents or beneficiaries for your selected offerings.	
<b>Sterigenics Gold Medical Plan</b> Employee + Family	217.70 Employee Cost
Annual Amount 5,660.16	Employer Cost 517.21
Who do you want to cover?	

You will receive the message that you need to add your dependents to the plan (if applicable). Please click in front of each dependent's name that you want to cover on the medical plan, a check mark will appear for your selected dependents.

Click "OK" when complete.

<input type="button" value="OK"/> <input type="button" value="Cancel"/>	
<b>!</b> You need to designate dependents or beneficiaries for your selected offerings.	
<b>Sterigenics Gold Medical Plan</b> Employee + Family	217.70 Employee Cost
Annual Amount 5,660.16	Employer Cost 517.21
Who do you want to cover?	
<input checked="" type="checkbox"/> Wife Employee (Spouse)	
<input checked="" type="checkbox"/> Child Employee (Child)	



Once you are done with one benefit section please click on “Continue” at the top of the page to bring you back to the benefit summary page where you can move to the next benefit and go through the same process outlined in the prior example.

Medical		Continue	Cancel
Currency in USD			
Your Total Cost		217.70	
		Per Pay Period	

### Health Savings Account (HSA) vs Health Care FSA

When you get to the HSA and FSA section, please note that you CANNOT be enrolled in both a Health Savings Account (HSA) and a Health Care Flexible Spending Account (FSA).

If you are enrolled in one of the company’s high deductible health care medical plans (Gold, Silver, and Bronze plans), you are automatically set up for a Health Savings Account (HSA) and are not eligible to enroll in the Health Care FSA.

The company will fund a portion of your HSA, you can also elect to make your contributions to the HSA but do not have to. *\*Note: you can make changes to your HSA contribution amount at any time throughout the year though the employee portal.*

HSA and FSA		Continue	Cancel
Currency in USD			
Your Total Cost		192.31	
		Per Pay Period	
<p>You cannot enroll in both a Health Savings Account (HSA) and a Healthcare Flexible Spending Account (FSA). Employees enrolled in an HSA medical plan are not eligible for participation in the Healthcare FSA.</p>			

If you are not enrolled in a company medical plan, then you would be eligible to enroll in the Health Care FSA.

### Life Insurance and Beneficiaries

If you do not have a beneficiary on your Life insurance, the system will have an alert such as the alert noted below. Click on the "Edit" button to assign your beneficiary to this coverage.

Life / STD / LTD

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Basic Life Insurance

You haven't picked any beneficiaries yet.

**US Basic Life and AD&D**  
Coverage ▼

You then need to click on the pencil within the Basic Life Insurance and your beneficiary options will appear. The Primary and Contingent Beneficiaries need to both total 100%. Click on "OK" once your beneficiaries are assigned.

Basic Life Insurance

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US Basic Life and AD&D

<input checked="" type="checkbox"/>	<b>Coverage</b>		<span style="border: 2px solid red; padding: 2px;"></span>
	Coverage Amount	Employer Cost	
	100,000.00	2.08	
	Primary Beneficiaries	Contingent Beneficiaries	
	Wife Employee(100%)	Child Employee (100%)	

Basic Life Insurance

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US Basic Life and AD&D

**OK** Cancel

You need to designate dependents or beneficiaries for your selected offerings.

**US Basic Life and AD&D**  
Coverage

Coverage Amount 100,000.00	Employer Cost 2.08
<b>Primary Beneficiaries</b>	<b>Contingent Beneficiaries</b>
<input checked="" type="checkbox"/> Wife Employee <input type="text" value="100"/> %	<input checked="" type="checkbox"/> Wife Employee <input type="text" value=""/> %
<input checked="" type="checkbox"/> Child Employee <input type="text" value=""/> %	<input checked="" type="checkbox"/> Child Employee <input type="text" value="100"/> %
<div style="background-color: #0070c0; width: 100%; height: 10px; margin-bottom: 5px;"></div> 0% left	<div style="background-color: #ffcc00; width: 100%; height: 10px; margin-bottom: 5px;"></div> 0% left



If you elect new or additional employee supplemental life insurance, you will need to assign beneficiaries to this coverage as well and you will need to complete Evidence of Insurability. Your coverage will be suspended until your additional life insurance is approved by Voya.

*Note: You will have an alert in your final benefits summary that your coverage is suspended if you need Evidence of Insurability (EOI) on the life insurance coverage you elect. You will receive an email from VOYA with a link to complete the EOI needed for the additional coverage requested.*

Below shows that both the Employee Supplemental Life and the Spouse Life need EOI.

Life / STD / LTD

**US Basic Life and AD&D Coverage**  
Primary Beneficiaries: Wife Employee (100%)  
This plan is suspended. Complete your pending actions to resume coverage.

**Supplemental Life and AD&D**  
1 x Annual Salary  
Primary Beneficiaries: Child Employee (50%), Wife Employee (50%)  
This plan is temporary. Coverage continues until you complete pending actions.

**Decline Supplemental Life and AD&D**  
Who's covered? You  
This plan is suspended. Complete your pending actions to resume coverage.

**Supplemental Spouse Life and AD&D Coverage**  
Who's covered? You, Wife Employee  
This plan is temporary. Coverage continues until you complete pending actions.

If Voya does ultimately approve your request for the additional life insurance, Voya will notify the benefit administrator of the coverage approval amount. The pending coverage in the system will be approved and active as of the Voya approval date. If Voya does not approve the additional life insurance, then the administrator will deny the suspended coverage in the portal and your current coverage will remain in place.

Once you are satisfied with your enrollments please click on the "Submit" button at the top of your screen.

Sotera Health US Benefits Program

Submit Cancel

Currency in USD  
Your Total Cost: 476.82 Per Pay Period

**Please note that if you want to save your elections and come back to your enrollment at a different time, you will still need to click on Submit.**



You will see a confirmation that your benefit elections have been saved and you can print your benefit election summary if you would like a confirmation of your benefits enrollment.

### Uploading Dependent Documents

If you need to upload your dependent's documentation, please do so under the **“Pending – Requires Your Attention”** card from your main benefits screen.

Please click on the link that shows the type of document required. *Note: You only need to upload each document requested one time (the system will show the requirements for each coverage applicable).*

## Sotera Health US Benefits Program

### Dental

[Birth certificate: Child Employee](#)

US Premier Plan - Employee + Family

Required

[Marriage certificate: Wife Employee](#)

US Premier Plan - Employee + Family

Required

In the “Drag Files here” area click on the down arrow to upload the necessary document. Once the file has been added to the record, click on the “Submit” button.

### Document Details

Document Type  
Birth certificate  
  
Category  
Benefits  
  
Subcategory

Country  
All Countries  
  
\*Code  
  
  
Context Value

Attachments

 Drag files here or click to add attachments

*\*Please note: Your newly elected benefits will NOT be effective until you upload the required documentation and Benefits approves that documentation. Your prior coverage will remain in place until the documentation is received and approved.*

### Viewing Your Benefit Enrollments

You can view your benefits summary at any time in the “Your Benefits” card.



### Your Benefits

See your current, past, and future enrollments

Once you select the time frame you would like to see your benefits summary for then click on “Sotera Health US Benefits Program” to see your benefit elections on the selected point in time.

My Benefits Print

Select a Benefit

See Benefits as of Date or Event

Today

Specific date

Sotera Health Benefit Programs

You can click on the down arrow next to each benefit to see more information about that benefit.

### Medical

**Sterigenics Gold Medical Plan**  
Employee + Family  
Who's covered?  
You, Child Employee , Wife Employee

217.70



In the expanded view, you will see any pending items or actions that need to be resolved for your benefit elections along with additional details about your coverage on that selected plan.

### Medical

**Sterigenics Gold Medical Plan**  
Employee + Family  
Coverage Start Date  
1/1/20  
Annual Amount  
5,660.16  
Employer Cost  
517.21  
Who's covered?  
You, Child Employee , Wife Employee

217.70

Pending Action Items

Birth certificate: Child Employee  
Marriage certificate: Wife Employee



You can also print a summary of your benefits from here. Select the date you want to view your benefit elections as of and click on the "Print" button.

My Benefits

See Benefits as of Date or Event:  Today  
Today  
Specific date

Sotera Health Benefit Programs

*Note: The back arrow at the top of each screen will take you back to your prior screen.*

Sotera Health US Benefits Program  
Test Employee



Please contact [Benefits@soterahealth.com](mailto:Benefits@soterahealth.com) if you encounter any issues while trying to report your own event and/or throughout the enrollment process.

Please visit the Connect2MyBenefits website below to access a wealth of information about your benefit plans. You will have access to more detailed information about each benefit plan Sotera Health offers, summary documents, and contact information / links to all benefit providers.

The referral code is **TYCLUM** for your initial access to the website. Please create your account for future access.

[soterahealth.benefithub.com](https://soterahealth.benefithub.com)

You can also find a link to this portal by clicking on the “Review Employee Resources” box.

Please click on the links provided to access the various benefit resources outlined.