

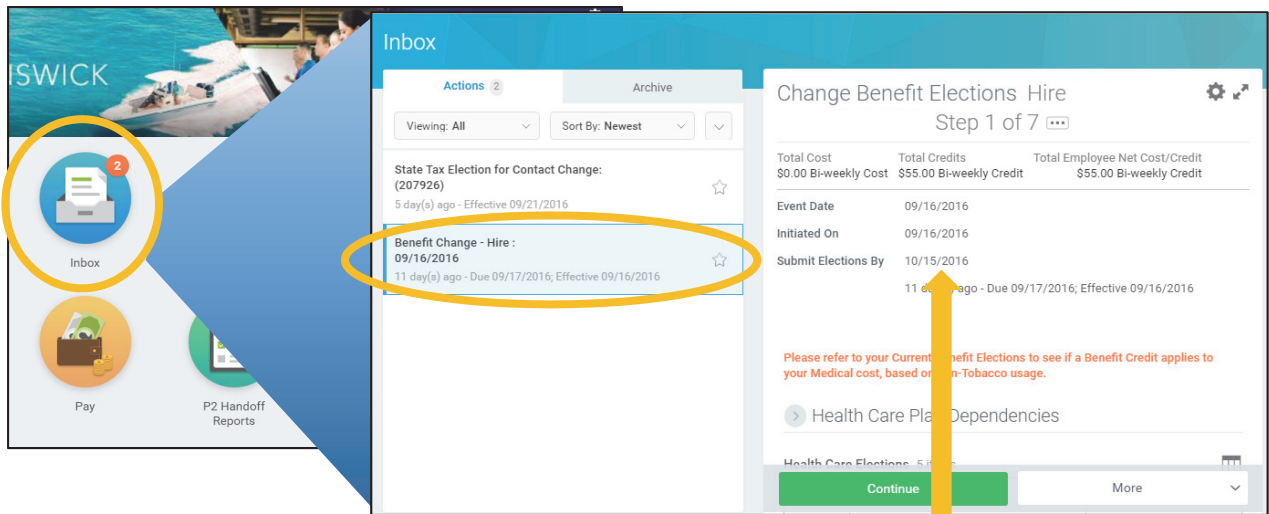
## Enrolling in Benefits for New Hires

If you are a benefits-eligible new hire, you will enroll in your Brunswick benefits through Workday. You must complete your benefit elections and provide supporting documentation **within 30 calendar days** of your hire date or else wait until the next open enrollment (held in the fall) to enroll in Brunswick benefits.

You will be required to provide supporting documentation to verify your dependent's eligibility. Your benefit elections will not go into effect until your supporting documentation is received and approved.

Brunswick 401(k) contributions can be elected on Vanguard's website at <https://retirementplans.vanguard.com>. Vanguard will also send you a welcome kit in the mail.

1. Once logged into Workday, click on the **Inbox** worklet on your home page.



2. Select the Benefit Change – Hire message. Then use the viewing pane on the right-hand side to start electing your benefits.

Refer to your Summary Plan Description for details about the Brunswick benefit options.

The deadline to submit your benefit elections is listed in the Workday message.

Click **Continue** to move through the enrollment steps. The next several pages will review these enrollment steps.

See next page for additional steps.

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3. Select **Elect** or **Waive** for each of the benefit plans/programs.

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Bi-weekly)	Employer Contribution (Bi-weekly)	Benefit Credit (Bi-weekly)
Medical - BCBS of IL Basic Health Plan	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text"/>	Employee Only	\$85.00	\$132.59	0.00
Medical - BCBS of IL Health Savings Plan	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00
Brunswick Dental - Delta Dental	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00
Vision - VSP	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00
Tobacco Election - Brunswick	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Non			55.00

**Enroll Dependents**

search

Existing Dependents

**Add My Dependent From Enrollment**

4. Then click the prompt icon (☰) under Enroll Dependents to add your eligible dependents, if applicable.

Refer to your Summary Plan Description for the definition of an eligible dependent. Dependents over the applicable age limits will be automatically dropped from your Brunswick benefits coverage. You will receive notifications in your Workday inbox prior to coverage being dropped.

5. Select if the dependent you are adding will also be a beneficiary.

Use your new dependent as a beneficiary?

Yes

No

See next page for additional steps.

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6. Then complete the Add My Dependent Form Enrollment page.

Note: You are required to complete the fields with a red asterisk (\*), as well as the National IDs section. National IDs are more commonly known as Social Security numbers.

Then click **OK**.

Note: Complete steps 4 – 6 in this job aid for each dependent you wish to add to your Brunswick benefits coverage.

The screenshot shows a web form for adding a dependent. The 'Name' section includes fields for Country (United States of America), Prefix, First Name, Middle Name, Last Name, and Suffix. The 'Personal Information' section includes Relationship, Date of Birth, Age, Gender, Primary Nationality, Full-time Student (checkbox), Student Status Start Date, and Student Status End Date. The 'National IDs' section has an 'Add' button circled in yellow and a callout box with fields for Country, National ID Type, Identification #, Issued Date, and Expiration Date. The 'Address' section includes Use Existing Address, Country, Address Line 1, Address Line 2, City, and State. The 'Phone & Email' section includes Use Existing Phone. The 'OK' button at the bottom is circled in yellow.

**Adding a dependent over age 19?** Be sure to check the “full-time student” checkbox and upload or provide HR the appropriate documentation.

**Need to update your dependent’s full-time student status?** Call the HR Service Center at 1-888-735-4767 or email [hrrservicecenter@brunswick.com](mailto:hrrservicecenter@brunswick.com).

7. Once your dependents are added (if applicable), you can continue to review and change your benefit elections by clicking **Continue**.

The screenshot shows three buttons: 'Continue' (highlighted with a green circle), 'Save for Later', and 'Cancel'.

If you need to stop the enrollment process and return at a later time, click **Save for Later**. It is important that you complete and submit your enrollment within the 30 calendar days.

See next page for additional steps.

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- 8. If you elect the Health Savings Plan for medical coverage, you are eligible to contribute to a health savings account. This amount will be divided among the remaining pay periods and automatically deducted from your paycheck. If you wish to not contribute at this time, you can enter \$0.00. You may change your health savings account contribution amount at any time.

Benefit Plan	*Elect / Waive	Contribution Range (Annual)	Supporting Information
Health Savings Account - Health Equity	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year 7  Your estimated contributions made this year 0.00  How much do you want to contribute for the total year? 0.00  How much do you want to contribute per paycheck (bi-weekly)? 0.00	Maximum Contribution (Annual) \$3,350.00

If you wish to accelerate your health savings account contributions to reach the IRS limits prior to the end of the year, you must contact the HR Service Center at 1-888-735-4767 or email [hrrservicecenter@brunswick.com](mailto:hrrservicecenter@brunswick.com).

Brunswick contributes to your health savings account (\$500 for employee only coverage and \$1,000 for all other coverage levels). Half of the contribution is funded in January; the other half in July. Keep this in mind when electing the amount you wish to contribute. Your contributions plus Brunswick's contributions should not exceed IRS limits.

- 9. Similar to the health savings account, the amount you enter for your flexible spending accounts (FSAs) will be divided among the remaining pay periods and be automatically deducted from your paycheck.

Benefit Plan	*Elect / Waive	Contributions	Supporting Information
Health Care FSA - ADP	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year 7  Your estimated contributions made this year 0.00  How much do you want to contribute for the total year? 500.00  How much do you want to contribute per paycheck (bi-weekly)? 71.43	Minimum Contribution (Annual) \$260.00 Maximum Contribution (Annual) \$2,550.00
Dependent Care FSA - ADP	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 7  Your estimated contributions made this year 0.00  How much do you want to contribute for the total year? 0.00  How much do you want to contribute per paycheck (bi-weekly)? 0.00	Minimum Contribution (Annual) \$0.00 Maximum Contribution (Annual) \$0.00

If you enroll in the Health Savings Plan for medical coverage, you are not eligible for the health care flexible spending account. However, you are eligible to contribute to the dependent care flexible spending account to pay for eligible childcare expenses on a pre-tax basis.

IRS limits are listed to the right side for your convenience.

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- 10. Once you have enrolled in your health benefit elections, you can review and select your life insurance coverage (step 4 of 7 in the Workday enrollment process).

Click on the prompt icons (☰) to select coverage levels and/or dependents you wish to cover.

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage
Basic Life - Prudential - 1.5x Salary (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	1.5 X Salary		\$60,000.00
AD+D - Prudential - 1.5x Salary (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	1.5 X Salary		\$60,000.00
Optional Supplemental Life - Prudential (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Optional Spouse Life - Prudential (Spouse)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive			
Optional Child Life - Prudential (Child)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Personal Accident Insurance - Prudential - 1-4 X Salary (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Personal Accident Insurance - Prudential - Child Coverage Up to 10% of Employee PAI Coverage (Child)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Personal Accident Insurance - Prudential - Child Coverage Up to 15% of Employee PAI Coverage (Child)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			

- 11. You can then add your beneficiaries (step 5 of 7 in the Workday enrollment process) by clicking on the add icon (+). You can also enter a percentage for each beneficiary to receive.

Benefit Plan	Requires Beneficiary	*Beneficiary	*Primary Percentage / Contingent Percentage
Basic Life - Prudential - 1.5x Salary (Employee)	+		
AD+D - Prudential - 1.5x Salary (Employee)	+		

Note: You may be required to submit evidence of insurability for certain life insurance coverage. Your life insurance coverage will not go into effect until the applicable evidence of insurability is received and approved.

You can add or update your beneficiaries at any time. Refer to the “Changing or Viewing Your Beneficiaries” job aid.

See next page for additional steps.

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12. Once you review and enroll in the life insurance section, you will see the additional benefit elections section (step 6 of 7 in the Workday enrollment process). This section is mostly grayed out because you are automatically enrolled in these programs (such as the employee assistance program, Health Advocate, etc.).

Additional Benefits Elections 3 items							
Benefit Plan	*Elect / Waive	Coverage	Amount (Bi-weekly)	Percent	Employee Cost (Bi-weekly)	Employer Contribution	
EAP - Health Advocate	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		0.00	0			
Employee Advocacy - Health Advocate	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		0.00	0			
Salary Continuation - Brunswick	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		0.00	0			

13. Then you will have the opportunity to review your benefits before you submit them. Be sure to review any special messages at the top of the review page, such as a reminder for evidence of insurability.

Evidence of Insurability 1 item	
Benefit Plan	Message
Optional Spouse Life - Prudential (Spouse)	You must submit evidence of insurability for the \$30,000 election. Your election will be reduced to \$20,000 until evidence of insurability is received and approved.

Elected Coverages 7 items									
Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employer Contribution (Bi-weekly)	Benefit Credit (Bi-weekly)	
Tobacco Election - Brunswick	09/16/2016	09/24/2016	Non Tobacco User					\$55.00	
Basic Life - Prudential - 1.5x Salary (Employee)	09/16/2016	09/24/2016	1.5 X Salary	\$128,000.00			\$10.75		
AD+D - Prudential - 1.5x Salary (Employee)	09/16/2016	09/24/2016	1.5 X Salary	\$128,000.00			\$1.54		
EAP - Health Advocate	09/16/2016	09/24/2016					\$0.46		
Employee Advocacy - Health Advocate	09/16/2016	09/24/2016					\$0.58		
Salary Continuation - Brunswick	09/16/2016	09/24/2016							
<b>Total:</b>							13.33	55.00	

[Waived Coverages](#)  
[Beneficiary Designations](#)

**Benefit Credits Summary**

Current Benefit Credits 2 items	
Benefit Credits	Total
Tobacco Election	\$55.00
<b>Total:</b>	<b>55.00</b>

Attachments 0 items

See next page for additional steps.

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14.

After you review your benefit elections, check the “I Agree” box at the bottom of the page to provide your electronic signature.

Electronic Signature

Authorization:  
I hereby elect coverage under the selected Benefit Programs offered under the Brunswick Umbrella Employee Welfare Benefit Plan (the “Plan”) on behalf of myself and my listed eligible dependents. If this is an election change, I hereby certify that the election change is pursuant to a special enrollment event, or a qualified change in status event and my election change is consistent with the event.

I also certify that I have read and understand the eligibility requirements for each Benefit Program set forth in summary plan description (“SPD”) and that each individual that I have enrolled meets the applicable requirements. I also understand that I may be asked at any time to provide documentation verifying an individual’s dependent status and I agree to notify the Human Resources promptly if an individual I have enrolled no longer meets applicable eligibility requirements. I understand that enrolling an ineligible individual or otherwise failing to comply with the plan’s requirements for eligibility may constitute fraud or an intentional misrepresentation of a material fact that will trigger retroactive termination of coverage and I may be liable for benefits already paid.

I understand that to participate in the health savings account (HSA), I must be enrolled in the Health Savings Plan and meet the IRS eligibility criteria. If I do not meet the IRS criteria, I understand that I may be subject to IRS penalties.

Beneficiary Authorization / Signature:  
I authorize my plan administrator to record and consider the individuals/institutions that I have named on this form as beneficiaries for benefits under the applicable employee benefit plans. If designating a trust as a beneficiary, I understand Prudential assumes no obligation as to the validity or sufficiency of any executed Trust Agreement and does not pass on its legality. In making payment to any Trustee(s), Prudential has the right to assume that the Trustee(s) is acting in a fiduciary capacity until notice to the contrary is received by Prudential at its Group Life Claim office. I agree that if Prudential makes any payment(s) to the Trustee(s) before notice is received, Prudential will not make payment(s) again.

I Agree

I certify that all of the information that I have provided on this form is accurate. I understand that if I knowingly make a false statement and my certification is not true, it may constitute either fraud against the plan and/or an intentional misrepresentation of material fact, both of which are prohibited by the terms of the plan. In such case, I may be subject to sanctions up to and including retroactive loss of medical plan coverage and repayment of claims paid.

Availability of Summary Health Information  
I understand that Brunswick has a Summary of Benefits and Coverage (SBC) available online which summarizes important information about the Brunswick medical options. I can access the SBCs online through BC One at <https://bcone.brunswick.com> through the My HR tab. I also understand that should I need a paper copy, I can access a copy free of charge by calling the HR Service Center at 1-888-735-4767.

Additional Terms  
I agree that my compensation will be reduced by the amount of my required contributions and any additional fees for the Benefit Programs I have elected and that such salary reductions will continue for each pay period. I understand that my contributions may be automatically increased or decreased for insignificant cost changes, as determined by the Plan administrator. I also understand the following:

January 1, unless I am entitled to change my election due to a change in status, etc.) and my election change is on account of and is a special enrollment event, any change must be made in accordance with the terms of the plan.

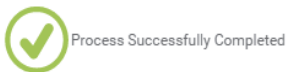
If you enroll or leave the plan in the middle of a pay period, the amount you pay depends on the date of your enrollment.

**Submit** Save for Later More ▾

Then click **Submit**.

**Submit** Save for Later More ▾

You may see one of the following messages:



Process Successfully Completed means the change was accepted.



An error message indicates there is missing information or issues with the information you added.

15.

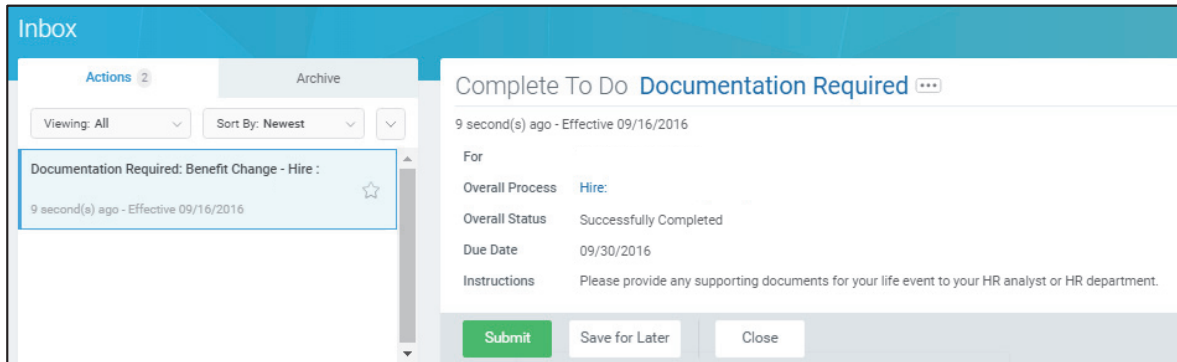
You will have the option to print. Then click **Done**.

**Print** Done

See next page for additional steps.

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16. Check your Workday inbox. You will receive messages about the status of your benefit elections, as well as any requests for documentation.



Your benefit elections will be forwarded to HR for approval. Don't forget to provide supporting documentation for dependent eligibility to HR if you didn't attach it earlier in the process.

Once your benefit elections are approved, you will receive a message in your Workday inbox letting you know your benefits were approved.

If you wish to make any changes to your benefit elections, you may do so until the end of the 30-day enrollment window. **No benefit changes will be accepted after the 30 calendar days.**