

DISCLAIMER



- This presentation contains highlights of programs and campaigns offered to Cummins health plan participants. The information presented does not represent a binding promise to you or create any right to benefits.
- Cummins benefit programs are governed by legal plan documents. Cummins reserves the right to modify or amend the provisions of the plans as permissible by law. If there is any difference between the content in this presentation and the plan documents, the plan documents will govern.
- **If you are a bargained employee**, please consult your Collective Bargaining Agreement to confirm your eligibility and specific plan details.

For more detailed information on the topics discussed in this presentation, please contact the Cummins Health Benefits Service Center by dialing (877) 377-4357 and choosing Option 1, followed by Option 2. Representatives are available from 7:00 AM to 7:00 PM CT, Monday through Friday. You may also review your Summary Plan Descriptions (SPDs) or your Summary of Benefits and Coverage (SBCs) listed on the resources section of empoweringyou.cummins.com.



Health and Welfare Overview for **2024 New Hires**

Confidential - Internal to Cummins ONLY – Not for External Use or Sharing



BEFORE YOU ENROLL...

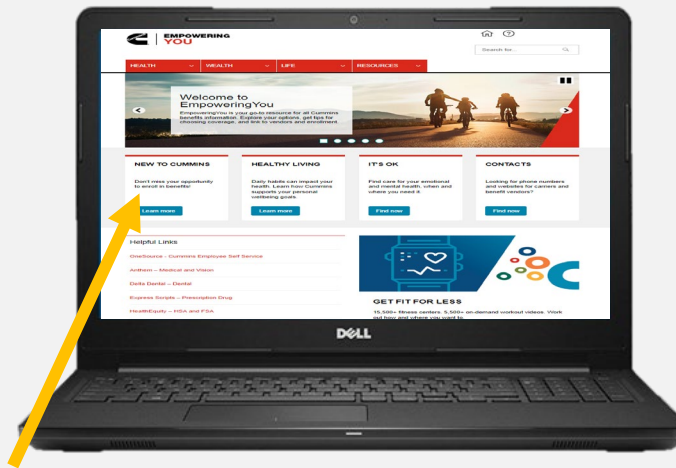
Spend time learning about our benefits



Visit EmpoweringYou

empoweringyou.cummins.com

Your online resource for our benefits. Explore your options, use the tools for help choosing coverage, and quick links to our vendors



TIP: Visit the New to Cummins Page

New Hire Enrollment Event

- You are eligible for benefits effective your **HIRE OR REHIRE DATE** with Cummins – no waiting period for your benefits.
- Be on the lookout for an **ENROLLMENT NOTIFICATION** from our Cummins Health Benefits (CHB) Service Center which includes enrollment instructions and helpful reminders.
- You have **31 DAYS** from your date of hire/rehire to elect your benefits online using the CHB site or by calling the CHB to enroll over the phone.
- **ELECTIONS ARE LOCKED IN** until the next Open Enrollment event or if you experience a qualified Life Event and follow the change in enrollment rules.

NEED HELP?

CHB Service Center

Representatives available
7:00 AM to 7:00 PM CT,
Monday through Friday at
1-877-377-4357

Provided by Cummins at **NO COST TO YOU**

- **Disability Benefits** - Short and Long Term
- **Basic Life and AD&D Insurance** - 1x base salary
- **EAP** - mental wellbeing and work/life resources
- **Paid Parental Leave** - 6 or 12 week paid leave
- **Teladoc Medical** - expert second option



You have the
FLEXIBILITY to
build a benefit
package that's
right for **YOU**

Consider your options

- Which dependents to cover
- Medical/Vision/Prescription Drug
- Supplemental medical benefits (Critical Illness, Accident and Hospital Indemnity Insurance)
- Dental
- Health Savings Account
- Flexible Spending Accounts
- Life insurance

Dependent Eligibility

You Can Cover

- Your legal or common law spouse
- Same or opposite-sex Domestic Partner (DP)
- Your child or Spouse/DP child up to age 26

Proof of Eligibility

Required for each dependent

- Spouse: Marriage Certificate
- Domestic Partner: Affirmation form
- Child: Birth Certificate



Use the CHB to upload your documents. Access through EmpoweringYou or login directly to the CHB site at cumminshealthbenefits.com

Dual Cummins Employees

Double Coverage in Cummins Benefits

Our Cummins employee benefits program does not allow Cummins employees to take double coverage in Cummins medical, dental and life insurance benefits.

Enrollment Options

- You may enroll together in the same plan or
- Each choose your own plan
- Children can only be covered under one Cummins plan



Medical

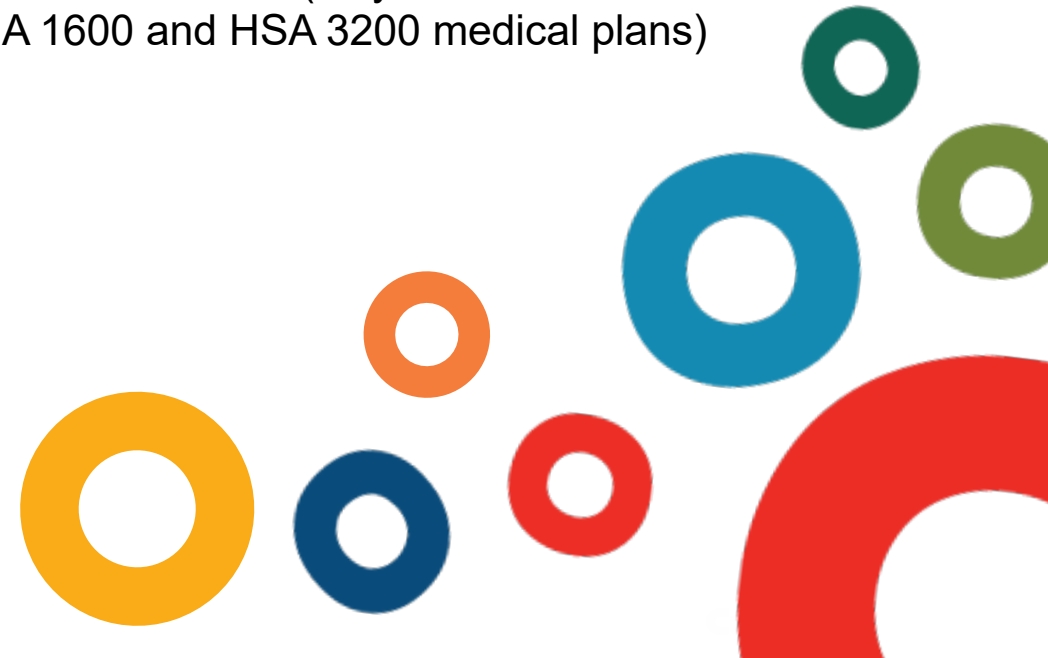
Anthem - PPO, HSA 1600 and HSA 3200

How they're alike

- Preventive care covered at 100% when using an in-network provider (e.g., annual physical, mammograms, well-child care)
- Vision and Prescription drug benefits are included
- Same network of health care providers, hospitals and facilities through Anthem Blue Cross Blue Shield
- Same covered services (e.g., doctor office visits, hospital stays, etc.)
- Annual out-of-pocket limits for the maximums on amount you pay for health care services each year
- Carrum surgical benefit for select planned procedures at "Centers of Excellence" facilities

How they're different

- The amount you pay in employee premiums
- The amount you pay when you receive care
- Access to a Health Savings Account (HSA) with money from Cummins (only available if enrolled in the HSA 1600 and HSA 3200 medical plans)



Medical Employee Premiums



	PPO Plan	HSA 1600	HSA 3200
Employee Only			
Semi-Monthly	\$89.57	\$81.43	\$38.60
Bi-Weekly	\$82.68	\$75.16	\$35.63
Weekly	\$41.34	\$37.58	\$17.81
Employee + Spouse/Domestic Partner			
Semi-Monthly	\$148.08	\$134.59	\$52.02
Bi-Weekly	\$136.66	\$124.23	\$48.84
Weekly	\$68.33	\$62.12	\$24.01
Employee + Child(ren)			
Semi-Monthly	\$129.45	\$117.68	\$45.33
Bi-Weekly	\$119.49	\$108.63	\$41.84
Weekly	\$59.75	\$54.31	\$20.92
Employee + Family			
Semi-Monthly	\$188.63	\$171.48	\$58.74
Bi-Weekly	\$174.12	\$159.28	\$54.22
Weekly	\$87.06	\$79.14	\$27.11

Medical

Compare your in-network costs



Plan Features ¹	PPO Plan Individual / Family	HSA 1600 Individual / Family	HSA 3200 Individual / Family
Preventive Care \$0 (no cost) Cummins pays 100% of the cost when using In-Network providers			
Calendar-Year Deductible	\$750 / \$1,500 [\$750 Individual Limit]	\$1,600 / \$3,200	\$3,200 / \$6,400 [\$3,200 Individual Limit]
Doctor's Office Visits	\$25 (\$40 specialist)	20% after deductible	20% after deductible
Emergency Room (waived if admitted directly to hospital)	\$150 copay	20% after deductible	20% after deductible
Most Other Medical Services	20% after deductible	20% after deductible	20% after deductible
Calendar-Year Out-of-Pocket Maximum	\$3,250 / \$6,500 [\$3250]	If your annual base salary is: < \$50,000: \$2,000 / \$4,000 \$50,000 - \$60,000: \$2,500 / \$5,000 \$60,000 - \$70,000: \$3,500 / \$7,000 > \$70,000: \$4,500 / \$9,000	If your annual base salary is: < \$50,000: \$3,500 / \$7,000 [\$3,500] \$50,000 - \$60,000: \$4,000 / \$8,000 [\$4,000] \$60,000 - \$70,000: \$4,500 / \$9,000 [\$4,500] > \$70,000: \$5,500 / \$11,000 [\$5,500]

¹ Coverage levels and benefits are different if you use a non-network provider

² The PPO Plan and HSA 3200 have an individual deductible level even with family coverage. The individual deductible may save you money if one individual in your family has major health care needs and others do not.

Medical



Prescription coverage (in-network)

PPO prescription drug expenses do not count toward the annual deductible but count toward the annual out-of-pocket maximum

HSA 1600 and 3200 costs for Medical/Rx count towards combined deductible and toward the annual out-of-pocket maximum

PLAN FEATURES		PPO Plan	HSA 1600	HSA 3200
Retail Rx up to 34-day supply	Generic	\$10 copay	Deductible then \$8 copay	
	Formulary	\$40 copay	Deductible then 20% (\$30 - \$150)	
	Non-Formulary	\$80 copay	Deductible then 50% (\$65 - \$180)	
CVS, Walgreens or Mail Order Rx 90-day supply	Generic	\$20 copay	Deductible then \$20 copay	
	Formulary	\$80 copay	Deductible then \$75 copay	
	Non-Formulary	\$160 copay	Deductible then \$180 copay	
Specialty Rx		\$60 copay	Deductible then \$60 copay	

Health Savings Account

HSA 1600 and 3200 plans are eligible to make employee and receive employer contributions into a tax-favored account

Medical



Consider the features that are important to you

	PPO Plan	HSA 1600	HSA 3200
Pay up front. You have higher employee premium contributions but general less out-of-pocket as you receive care.	✓		
Pay as you go. You have lower employee premium contributions but may pay more out of pocket if/when you receive care.		✓	✓
Receive money from Cummins in a tax-free account. Coverage is paired with a Health Savings Account (HSA) to help cover out-of-pocket costs and/or save for future health care costs — tax free. Cummins contributes, and you can too.		✓	✓
Pay fixed-dollar copays. Deductible and coinsurance do not apply for office visits and prescriptions	✓		
Pay the deductible first for non-preventive medical and prescriptions. After the deductible, you pay a fixed amount or percentage of the cost, depending on the type.		✓	✓

Need help choosing your plan? When enrolling, you'll be asked critical questions about your family's healthcare needs to help you make the right decision. You can also click the *Help Me Pick a Plan* button from the benefits menu to answer the survey questions.

Vision

EyeMed/Blue View Vision



Plan features:

- 100% of your annual eye exam every 12 months
- Allowance for glasses or contacts every 12 months
- Other discounts and benefits on optional items like lens upgrades, additional pairs of glasses, and various accessories

PLAN FEATURES (EVERY 12 MONTHS)		IN-NETWORK MEMBER COSTS
<u>Eyeglass Frames</u>		\$150 allowance, then 20% off remaining balance
<u>Eyeglass Lenses</u> (<i>In lieu of contact lenses</i>) Single, bifocal, or trifocal lenses		\$20 copay
<u>Eyeglass Lens Enhancements</u>	Transitions lenses	\$75 Adult / \$0 Child copay
	Standard polycarbonate	\$40 Adult / \$0 Child copay
	Factory scratch coating	Varies
<u>Contacts</u> (<i>In lieu of lenses</i>)	Elective conventional lenses; OR	\$150 allowance, then 15% off remaining balance
	Elective disposable lenses; OR	\$150 allowance (no additional discount)
	Non-elective contact lenses	Covered in full

Voya Supplemental Medical Benefits

Financial support and some peace of mind



Three options through Voya

Accident Insurance

Provides you and your eligible family members with payment for injuries due to a covered accident, such as fractures, burns, concussions and more. The benefit amount depends on the type of injury and care received. It also pays if you undergo testing, receive medical services, treatment or care for any of more than 150 covered events, including hospitalization resulting from an accident.

Critical Illness Insurance

Provides a lump-sum payment if you are diagnosed with a covered illness such as cancer, a heart attack or stroke to help with the significant financial burden of a serious medical illness. Payment is made directly to you to spend however you like.

Hospital Indemnity Insurance

Pays a lump sum for covered hospital stays, critical care unit or rehabilitation facility. Your benefit payment can be used to cover a variety of associated expenses, including expenses not covered by your medical plan, food and lodging expenses for family members, household bills and more.

Coverage options and rates available on CHB during enrollment

Dental

Delta Dental

PLAN FEATURES	IN-NETWORK COVERAGE
Annual Deductible (Individual / Family)	\$50 / \$150
Annual Maximum Benefits for non-preventive care	\$1,700 per covered person
Basic Services (amount plan pays after annual deductible) <ul style="list-style-type: none"> • Fillings, Extractions and Oral surgery 	80%
Major Services (amount plan pays after annual deductible) <ul style="list-style-type: none"> • Dentures, Crowns and Bridges 	50%
Orthodontia Services (amount plan pays after annual deductible)	50%
Lifetime Orthodontia Maximum Benefit	\$2,000 per eligible covered person



Cummins contracts with both the Delta Dental Premier and Delta Dental PPO networks

Each covered dependent receives up to 2 preventive care visits per person year (includes exams, cleaning and x-rays) covered at 100% if using a Delta network provider.

Dental Employee Premiums



Employee Only	
Semi-Monthly	\$6.75
Bi-Weekly	\$6.23
Weekly	\$3.12
Employee + Spouse/Domestic Partner	
Semi-Monthly	\$13.46
Bi-Weekly	\$12.42
Weekly	\$6.21
Employee + Child(ren)	
Semi-Monthly	\$15.00
Bi-Weekly	\$13.85
Weekly	\$6.92
Employee + Family	
Semi-Monthly	\$21.79
Bi-Weekly	\$20.12
Weekly	\$10.06



Health Savings Account (HSA)

HealthEquity

Offers an opportunity to save tax-free for your CURRENT AND FUTURE qualified health care expenses if you are enrolled in the HSA 1600 or HSA 3200 plan

Essential coverage with tax savings. The HSA 1600 and 3200 plans work together with an HSA to provide coverage for the care you need and opportunities to save on taxes.

Puts your money to work for you. With tax-free interest and potential investment returns, it's a great way to grow your dollars to pay for your qualified health care expenses.

Builds over time. Money in your account rolls over each year, building up over time to use for future needs.



You cannot make or receive HSA contributions if:

- You are covered by another medical plan that is not a high deductible health plan
- You or your spouse contributes to a health care FSA
- You are enrolled in Medicare or TRICARE
- You have received non-preventive medical care from the VA in the last three months unless you have a disability rating from the VA.

Health Savings Account (HSA)



Funding your HSA

Both you and Cummins contribute to the HSA provided you are enrolled in a Cummins HSA medical plan and you meet the IRS eligibility criteria.

IRS HSA contributions limits for 2024*	\$4,150 for individual coverage or \$8,300 for family coverage. Those 55 and older can contribute an additional \$1,000 as a catch-up contribution.
Cummins contribution:	Prorated based off your medical coverage level and your date of hire. If you are not eligible to contribute to the HSA, Cummins will make the same contribution to an HRA on your behalf.
Your contributions:	<p>You can elect HSA employee contributions be deducted from your Cummins payroll “pre-tax” and funded into your HealthEquity account.</p> <p>HealthEquity also allows direct funding into your account. These are known as "after-tax" contributions and reflect on your year-end taxes.</p>

* The annual Cummins contribution to your HSA and any funding you are making through payroll contributions and after-tax contributions count towards the IRS limits for the year.

Flexible Spending Accounts (FSAs)

HealthEquity



Save on taxes by paying yourself back for eligible health care and/or dependent day care expenses with tax-free dollars

Health Care FSA*

- Use pre-tax dollars to pay for eligible health care expenses throughout the year
- Contribute up to \$3,200 for 2024

Dependent Care FSA

- Use pre-tax dollars to reimburse yourself for eligible dependent care or elder care expenses
- Contribute up to \$5,000 per household for 2024

**Not available if you enroll in HSA 1600 or HSA 3200 coverage.*

Use it or lose it:
You forfeit any unused contributions at the end of the year

Funds are not transferrable

Any money left in the account if you leave Cummins forfeited.

Using Your Account



Getting started

- **HSA** – account automatically created if you enroll in our HSA 1600 or 3200 medical plan and you declare yourself as HSA eligible
- **FSA** – account automatically created if electing to contribute
- Watch your mail for welcome letter and debit card

Manage your account

Login to your account at HealthEquity.com or download the app

HealthEquity debit card

Use HSA or HC-FSA debit card for eligible health care expenses at doctor offices, pharmacies, and stores, pay a provider bill online or reimburse yourself



Life and AD&D Insurance

New York Life

Don't skip extra financial security for your family

Employee Contributory Life

- Elect policy amounts between 1 to 8 times your annual salary
- EOI required if electing over 3 times or more than \$300,000

Spouse Life

- Elect policy amounts \$10,000 to \$200,000
- EOI required if electing over \$50,000

Dependent Life

- Elect a \$5,000 or \$10,000 policy

Use CHB to designate your Beneficiary

- Beneficiaries can be one or more individuals or an organization, a charity or a trust



**Don't skip extra
financial
security for
your family**



READY TO ENROLL?

Use this step-by-step guide for electing your New Hire Benefits

Confidential - Internal to Cummins ONLY – Not for External Use or Sharing



ENROLLMENT OVERVIEW



New Hire Enrollment

- Be on the lookout for an enrollment notification from our Cummins Health Benefits (CHB) Service Center which includes enrollment instructions, helpful reminders and explains your deadline to enroll.
- Enroll in Cummins benefits using the Cummins Health Benefits (CHB) at cumminshealthbenefits.com or by phone at 1-877-377-4357 and choosing Option 1 then 2.
- If you do not enroll in your benefits within 31 days of your hire, you will receive only the Cummins provided Basic Life, Disability, and Employee Assistance Program (EAP) benefits.

Reminders

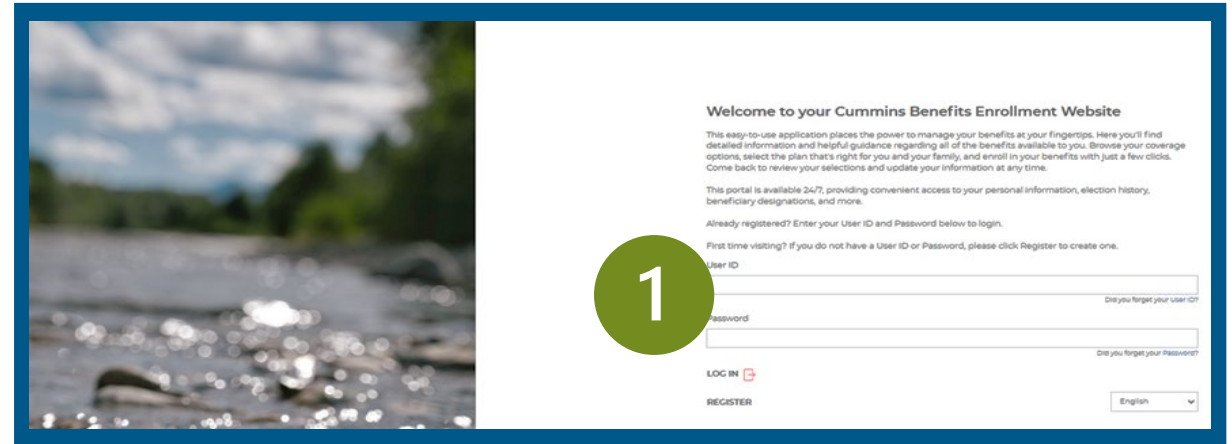
- Make your elections within 31 days of your hire date.
- Upload proof of eligibility documentations if enrolling dependents.

ACCESS THE CHB SITE

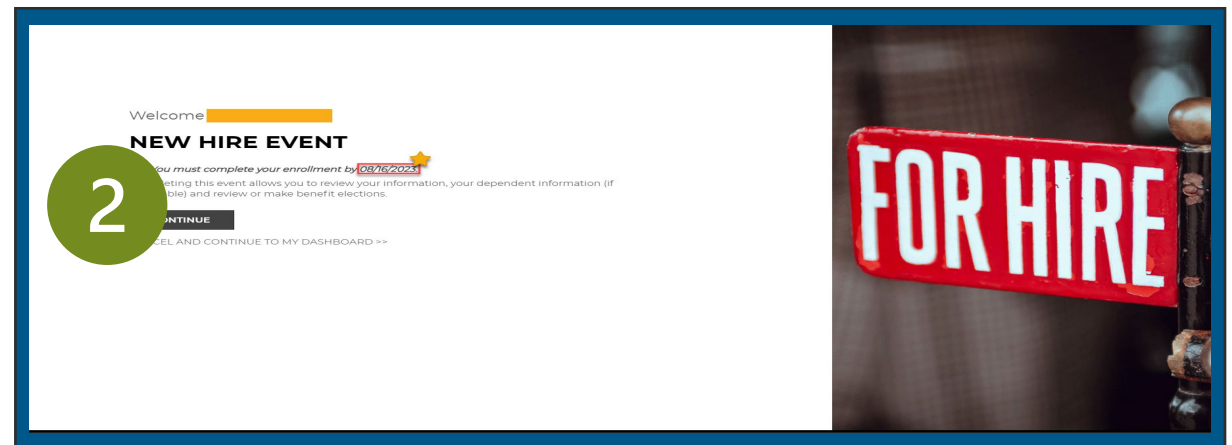


Access the CHB website via empoweringyou.cummins.com (under Resources or Helpful Links) or login directly at cumminshealthbenefits.com

- STEP 1** - Enter your User ID and Password then click **LOG IN**
- First time users should select **REGISTER** to create a personalized user ID and password.
 - Review Empyrean Terms of Use conditions of service then select the appropriate acknowledge box at the bottom of the page.



- STEP 2** - The New Hire Event page should appear next. Click the **Continue** button to proceed



MY INFORMATION PAGE



STEP 3 - Review your personal information.

Use the OneSource link if corrections or updates are needed.

Option available to add your personal email using the Edit link

When finished, click **I'M DONE REVIEWING MY INFORMATION**

The screenshot shows the 'Me' My Information page. At the top left, it says 'Me' and 'Please review your personal information. Corrections/modifications to your personal information must be completed in [OneSource](#).' A large green circle with the number '3' is overlaid on the page. The 'My Information' section contains several input fields: EMPLOYEE ID, SSN, FIRST NAME, MIDDLE NAME, LAST NAME, SUFFIX, DATE OF BIRTH, GENDER (Male), HOME TELEPHONE, and EMAIL ADDRESS. An 'EDIT' button is located next to the EMAIL ADDRESS field. Below this is the 'Add Personal Email' section with a text area for 'PERSONAL EMAIL'. At the bottom is the 'My Addresses' section with a 'Primary Address' field. On the right side, there is a 'Your Cost' section showing '\$0.00 SEMIMONTHLY COST BREAKDOWN', an 'Event Type' section with 'NEW HIRE' selected, and an 'Event Progress' section with 'My Information' selected. A red button labeled 'I'M DONE REVIEWING MY INFORMATION' is visible, with a green arrow pointing to it from the text on the left. Below the button is a link 'GO BACK TO MY DASHBOARD'.

DUAL CUMMINS EMPLOYEES



Dual Cummins employees cannot take double coverage in Cummins benefits. This means you can't be covered as a Cummins employee and be enrolled in a Cummins benefit as a dependent under another Cummins employee. Also, dependent children can only be covered under one Cummins employee.

A screenshot of a web form titled "Does your dependent work for Cummins?". The form contains several sections: "Medical/Dental/Vision benefits:", "Life Insurance:", and a question "DO YOU CURRENTLY HAVE A SPOUSE, DOMESTIC PARTNER OR CHILD THAT WORKS FOR CUMMINS AND IS ALSO BENEFITS ELIGIBLE? *". A green circle with the number "4" is overlaid on the dropdown menu for this question, which is currently set to "Select One...". The dropdown menu is open, showing "Select One...", "Yes", and "No". To the right of the form, there is a "Your Cost:" section showing "\$0.00 SEMIMONTHLY COST BREAKDOWN", an "Event Type:" section with a radio button for "NEW HIRE", and an "Event Progress:" section with links for "My Information", "My Dependents", "Select Benefits", "Review", and "Confirmation". At the bottom of the form, there is a red button labeled "I'M READY TO PROCEED" and a link for "BACK TO PREVIOUS PAGE".

STEP 4 – Select response from drop down

Click **I'M READY TO PROCEED**



MY FAMILY PAGE

NEED HELP?
CHB Service Center
1-877-377-4357

If not adding spouse, domestic partner or child, click **I'M DONE WITH MY DEPENDENTS** and skip to STEP 6

STEP 5 – Click **ADD NEW** if adding a dependent then enter the dependents information (* is required).

Click **ADD NEW ADDRESS** if dependent does not share your primary address or select **Primary Address** if it is the same.

Answers additional questions if adding a spouse or domestic partner

Click **SAVE CHANGES**

My Family
Please review your dependent information. To add a new dependent, click **ADD NEW**.

Important Information Regarding Dependent Coverage

You may provide coverage for your:

- spouse
- domestic partner
- child/domestic partner child up to age 26 regardless of their marital, student, or tax status. All coverage for a child terminates on their 26th birthday, unless they are disabled

NOTE: You must provide proof of eligibility for all dependents in order for them to be added to coverage. See below for detail on the required documentation. You can upload documents at the end of this event.

If your child is disabled and over the age of 26, please contact the Cummins Health Benefits Service Center by dialing (877) 377-4357 and choosing Option 1, followed by Option 2.

My Dependents **5** **ADD NEW**

Your Cost:
\$0.00
SEMI-MONTHLY
COST BREAKDOWN

Event Type:
 NEW HIRE

Event Progress:
My Information
My Dependents
Select Benefits
Review
Confirmation

I'M DONE WITH DEPENDENTS
BACK TO PREVIOUS PAGE

Add Dependent
Enter your dependent's information below (* required).

To add a different address for your dependent, click **ADD NEW ADDRESS** in the Address section.

If your dependent is not a U.S. resident/citizen and does not have a Social Security Number (SSN), please enter their Individual Taxpayer Identification Number (ITIN). If neither a SSN or ITIN is available, please contact the Cummins Health Benefits Service Center at 1-877-377-4357, option 1 followed by option 2.

BASIC INFORMATION

FIRST NAME* MIDDLE NAME LAST NAME*

SUFFIX SSN* No SSN

DATE OF BIRTH* GENDER* RELATIONSHIP*

Select One... Select One... Select One...

Address

ADDRESS*

Primary Address

ADD NEW ADDRESS

SAVE CHANGES **CANCEL**

MY FAMILY PAGE

NEED HELP?
CHB Service Center
1-877-377-4357

Click **ADD NEW** for next dependent record.

Once your dependent(s) are built, be sure to review the information for accuracy. Use the pencil icon if corrections are needed.

Verification Status will be “Pending” until the required dependent documentation has been submitted and approved.

Click **I’M DONE WITH MY DEPENDENTS**

If prompted, review warning message and select your action.

My Family
Please review your dependent information. To add a new dependent, click ADD NEW.

Your Cost:
\$0.00
SEMI-MONTHLY
COST BREAKDOWN

Event Type:
NEW HIRE

Event Progress:
My Information
My Dependents
Select Benefits
Review
Confirm

I'M DONE WITH DEPENDENTS

My Dependents ADD NEW

Name	Date of Birth	SSN	Gender	Relationship	Verification Status	
					Pending	
					Pending	

Required Dependent Verification:
Spouse: Marriage Certificate, showing actual date of marriage, employee and spouse's names
Domestic Partner: Affirmation of Domestic Partnership
Child: Birth Certificate showing date of birth and employee/spouse's name. Decree of Adoption or temporary order of custody pending finalization of adoption.

Need to upload documents later? You can upload required verification documents by clicking the link on the home page. Documents must be submitted by the specified deadline.

Please ensure all dependents have a valid Social Security Number (SSN). An SSN allows carriers to accurately administer coverage.

You must submit required documentation for all newly added dependents. If you do not submit documentation, your dependent will be not be added to coverage.

KEEP GOING **GO BACK**

SELECT YOUR BENEFITS

STEP 6 – The benefits you are eligible for as a new hire will be listed.

Under each benefit click **MORE DETAILS** to learn more or **CHANGE ELECTION** to select a plan. Repeat for each desired benefit.

★ EAP requires you to enroll your dependents. Be sure to add your them to this valuable and free plan.

Click **I'M DONE WITH SELECTING MY BENEFITS** when finished.

Select Your Benefits

Scroll to view the benefits that you are eligible for and your current benefit elections. Click **MORE DETAILS** on any benefit to learn more.

To make changes to your elections, click the **CHANGE ELECTION** button, and choose a new plan.

Your EAP plan is provided by Cummins, but requires you to enroll your dependents. Please be sure to add your dependents to this valuable plan.

6 YOU HAVE 9 BENEFITS TO REVIEW

Your Cost: **\$0.00** WEEKLY
COST BREAKDOWN

Event Type: NEW HIRE

Event Progress: My Information, My Dependents, **Select Benefits**, Benefits, Confirm

I'M DONE WITH SELECTING BENEFITS
BACK TO PREVIOUS PAGE

Benefit Category	Plan Name	Cost	Effective Date	Action
MEDICAL	Plan: Waive Coverage	Cost: \$0.00 WEEKLY	Effective Date: 07/17/2023	CHANGE ELECTION / MORE DETAILS
HEALTH CARE FLEXIBLE SPENDING ACCOUNT	Plan: Waive Coverage	Cost: \$0.00 WEEKLY	Effective Date: 07/17/2023	CHANGE ELECTION / MORE DETAILS
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT	Plan: Waive Coverage	Cost: \$0.00 WEEKLY	Effective Date: 07/17/2023	CHANGE ELECTION / MORE DETAILS
DENTAL	Plan: Waive Coverage	Cost: \$0.00 WEEKLY	Effective Date: 07/17/2023	CHANGE ELECTION / MORE DETAILS
BASIC EMPLOYEE LIFE AND AD&D INSURANCE	Plan: Basic Employee Life and AD&D Insurance Provided Amount: \$41,000.00	Effective Date: 07/17/2023	No Beneficiaries allocated	MORE DETAILS
VOLUNTARY EMPLOYEE LIFE AND AD&D INSURANCE	Plan: Waive Coverage	Cost: \$0.00 WEEKLY	Effective Date: 07/17/2023	CHANGE ELECTION / MORE DETAILS
SHORT TERM DISABILITY	Plan: Coverage	Effective Date: 07/17/2023		MORE DETAILS
LONG TERM DISABILITY	Plan: Coverage	Effective Date: 07/17/2023		MORE DETAILS
EMPLOYEE ASSISTANCE PLAN (EAP)	Plan: Coverage Tier: Coverage	Effective Date: 07/17/2023		CHANGE ELECTION / MORE DETAILS



LIFE INSURANCE BENEFICIARY



STEP 7 – Use this page to review and designate your beneficiary. Select **ADD NEW BENEFICIARY** if needed. Allocate the beneficiary type (Primary or Secondary) and the percentage of benefits that your beneficiary will receive.

Click **I'M DONE WITH BENEFICIARIES** or **READY TO PROCEED** when finished.

Review Beneficiary Allocation
Please review your beneficiary information. Ensure the people that are most important to you are made your beneficiaries to be provided with the coverage.
Beneficiaries added replace any/all beneficiaries previously allocated via a beneficiary form submitted to Cummins.

7

ADD NEW BENEFICIARY

My Beneficiaries
Beneficiaries can be one or more individuals or organizations, such as a charity or trust. It is important to update your beneficiary designations whenever you experience a family status change.

Name	Date of Birth	SSN/EID/TIN	Type	Relationship
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

My Allocations

BASIC EMPLOYEE LIFE AND AD&D INSURANCE
You currently have no beneficiaries for this benefit. **CHANGE ALLOCATION**

VOLUNTARY EMPLOYEE LIFE AND AD&D INSURANCE
You currently have no beneficiaries for this benefit. **CHANGE ALLOCATION**

I'M DONE WITH BENEFICIARIES **BACK TO PREVIOUS PAGE**

Allocate Beneficiaries
It is optional to add beneficiaries to this benefit. Allocate the beneficiary type (Primary or Secondary) and the percentage of benefits that your beneficiary will receive.

SPLIT PERCENTAGE **ADD NEW BENEFICIARY**

Name	Date of Birth	Relationship	Type	Percentage
[REDACTED]	[REDACTED]	[REDACTED]	Not Allocated	
[REDACTED]	[REDACTED]	[REDACTED]	Not Allocated	

I'M READY TO PROCEED **BACK TO PREVIOUS PAGE**



VERIFICATION



STEP 8 - Some elections require additional steps before your elected coverage is effective. This page will list what is needed and how to complete.

Click **I'M READY TO FINALIZE MY ELECTIONS** when finished reviewing.

Verification
Some of your elections may require additional verification steps be completed before your elected coverage is effective.

- If your life insurance election requires Evidence of Insurability (EOI), click the [NYL EOI](#) link below to connect to New York Life and complete your EOI. Once the EOI is approved by NYL, your elected coverage will be processed and your payroll deductions updated.
- If your newly added dependent requires verification documents be submitted, click the link below to upload the required document(s). Your dependent will not be added to your coverage until the required documents are submitted and approved.
- If your event requires a verification document, click the link below to upload the required document(s). Your event will not be processed until the required documents are submitted and approved.

Not ready to submit documents? The next time you visit the website, click the reminder link from the Home Page. Your documents must be submitted by the deadline for your changes to be processed.

8

Evidence of Insurability (EOI)
These Elections Require Evidence of Insurability

Benefit	Plan	Elected Amount	Approved Amount	Complete EOI
				NYL EOI

Dependent Verification
These Elections Require Dependent Verification

[UPLOAD DOCUMENTATION](#)

Benefit	Plan	Dependent	Relationship

Your Cost:
\$193.45
BIWEEKLY
[COST BREAKDOWN](#)

Event Type:
 NEW HIRE

Event Progress:
[My Information](#)
[My Dependents](#)
[Select Benefits](#)
[Review](#)
[Confirmation](#)

I'M READY TO FINALIZE MY ELECTIONS
[BACK TO PREVIOUS PAGE](#)

TIP: Use the **UPLOAD DOCUMENTATION** link to provide proof of dependent eligibility documentation

REVIEW



STEP 9 - Review your benefit selections to ensure they are correct. Click the pencil icon next to any benefit to go back to the benefit selection step to make changes. If additional verification is required from you, pay close attention to the PENDING APPROVAL section at the bottom.

Click **SUBMIT MY ELECTIONS** when ready.

A screenshot of a web application interface titled "Review Elections". At the top left, it says "Review Elections" and "Please take a moment to review all of your benefit selections to ensure they are correct. Click the pencil icon next to any benefit to go back to the benefit selection step to make changes." A large green circle with the number "9" is overlaid on the page. Below this is a section "Your Benefit Selections" with a yellow warning banner that says "YOU HAVE BENEFITS PENDING APPROVAL". There are four rows of benefit selections, each with a pencil icon on the right. The first row is "Medical | Cummins PPO/Rx with Vision | Effective 07/17/2023 | Tier: Employee Only" and has a "VIEW PENDING APPROVAL" link. The second row is "Health Care Flexible Spending Account | Waive Coverage | Effective 07/17/2023". The third row is "Dependent Care Flexible Spending Account | Waive Coverage | Effective 07/17/2023". The fourth row is "Dental | Waive Coverage | Effective 07/17/2023". On the right side, there is a "Your Cost: \$193.45 BIWEEKLY COST BREAKDOWN" section. Below that is an "Event Type: NEW HIRE" section. Further down is an "Event Progress" section with links for "My Information", "My Dependents", "Select Benefits", "Review", and "Confirmation". At the bottom right, there is a prominent "SUBMIT MY ELECTIONS" button and a "BACK TO PREVIOUS PAGE" link.



CONFIRM



NEED HELP?
CHB Service Center
1-877-377-4357

STEP 10 - Once complete, you will receive a confirmation # and the option to print a copy of your elected benefits.


Confirmation 10

Congratulations! Your benefit elections have been confirmed and a confirmation number has been generated. Please print a copy of this summary for your records.

Making benefits matter, every day.
Download EmpyreanGO to access your benefits 24/7/365.


Employee
Confirmation #
Event
Requested Event Date
Event Effective Date



YOUR COST SUMMARY

	BIWEEKLY COST (ELECTED)	BIWEEKLY COST (APPROVED)
EMPLOYEE PRE-TAX AMOUNT	\$174.12	\$22.68
EMPLOYEE POST-TAX AMOUNT	\$19.28	\$9.28
TOTAL COST OF BENEFITS	\$193.45	\$91.96

Your Benefit Selections



DEPENDENT DOCUMENTS



Proof of eligibility is required for each dependent you wish to enroll

- Spouse: Marriage Certificate
- Domestic Partner: Affirmation form
- Child: Birth Certificate

Upload required verification documentation

- ★ You can upload documents when enrolling in benefits using the Verification page or
- ★ Come back to CHB later then click the **UPLOAD DOCUMENTATION** link on the home page

Verification
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- If your event requires a verification document, click the link below to upload the required document(s). Your event will not be processed until the required documents are submitted and approved.

Not ready to submit documents? The next time you visit the enrollment website, click the reminder link from the Home Page. Your documents must be submitted by the deadline for your changes to be processed.

Evidence of Insurability (EOI)

These Elections Require Evidence of Insurability

Benefit	Plan	Elected Amount	Approved Amount	Complete EOI
				NYL EOI

Dependent Verification

These Elections Require Dependent Verification

Benefit	Plan	Dependent	Relationship
UPLOAD DOCUMENTATION			

Cummins

Welcome to your Cummins Health Benefits Enrollment Website!

To help be your best at work and at home, Cummins offers a comprehensive benefits program to support your physical health, personal wellbeing and financial security.

- [REPORT A QUALIFIED LIFE EVENT](#)
- [CURRENT BENEFITS](#)
- [BENEFIT HISTORY](#)
- [UPLOAD DOCUMENTATION](#)

Dependent enrollment is suspended until proof of eligibility is provided

