



Online Enrollment Guide

Step-by-step instructions on viewing, enrolling and updating your benefits, covered dependents and beneficiaries for life, AD&D and long-term disability using myACI Benefits self-service.

Use the buttons to navigate
through the Guide.



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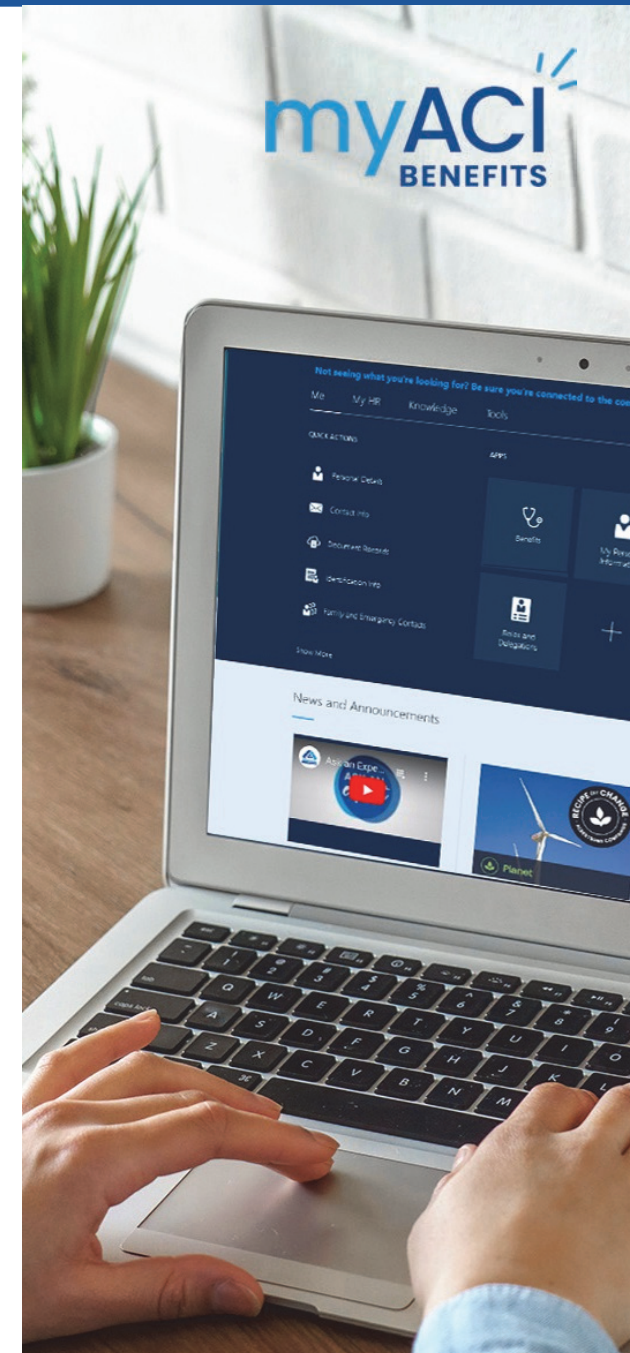


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About This Guide

Use this Guide to help you enroll in your benefits as a new hire or an associate newly eligible for benefits or update your benefits if you have a qualified life event (such as the birth of a child). This Guide is designed for onscreen viewing and navigation. Use the buttons and hotlinks to navigate through the Guide to find the information you are looking for.





What is myACI?

myACI is Albertsons' Human Resources platform, which allows you to view and update your personal information, access information about your compensation and performance, view absence balances and your training, keep up to date on ACI news and more.

With **myACI Benefits**, you can view your current benefits information and the family members you cover. New hires will enroll in their benefits and current associates will be able to report qualified life events and make any corresponding changes to their benefits. You can also view and update beneficiary information for life insurance and long-term disability benefits (if enrolled).

You can access **ALEX**, our online benefits counselor, along with a variety of other benefits resources through myACI. **ALEX** can help you learn about your benefits and choose the best options based on your needs and budget. See [page 7](#).

NOTE: Only associates eligible for Company health and welfare plans can access myACI Benefits.

myACI Support Resources

In addition to this Guide, you have access to a variety of tools and resources to help you learn about myACI and how to use the system to manage your personal information and benefit elections.

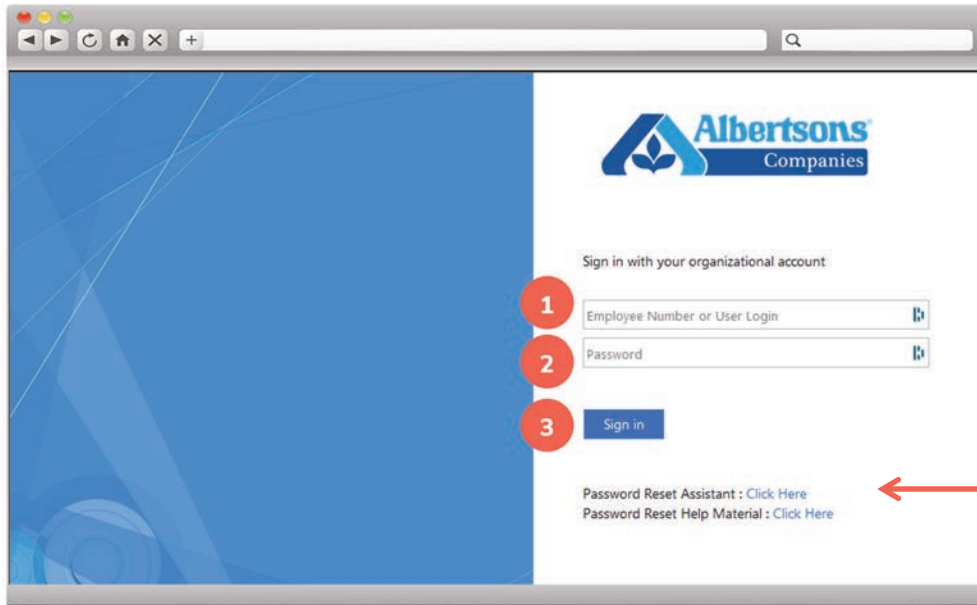
- Access a library of **myACI Knowledge Articles** with **Quick Reference Guides (QRGs)** and **Frequently Asked Questions (FAQs)**. Log in to myACI at myACI.albertsons.com. Select the **Knowledge** tab then click on the **My Knowledge** tile.
- Call the **Associate Experience Center (AEC)** M-F, 6 a.m. to 6 p.m. AZ time at **888-255-2269**. Press 2, then press 2 again to speak with a **Benefits Service Center Agent**.

Information and resources about your benefits are available on the **Benefits Resources** page in myACI. See [page 7](#) for more information.





Sign in to myACI



To get started, sign in to myACI at myACI.albertsons.com.

- 1 **Corporate, Pharmacy, Backstage & Supply Chain Associates:**
Enter your **LDAP**
Retail Associates:
Enter your **EmployeeID**
- 2 Enter your **password**.
- 3 Click on the **Sign In** button.

If you forget your password and need to reset it, follow the instructions on the log in screen.

If you are signing in for the first time, you can find [step-by-step instructions here](#).

About Your Password

If you did not receive your password, all new associates are assigned the following temporary password:

- First letter of first name (upper case)
- First letter of last name (upper case)
- 2-digit month of birth
- 2-digit day in the month of birth
- First 3 digits of Social Security Number (SSN)
- @ symbol as the last character of the password

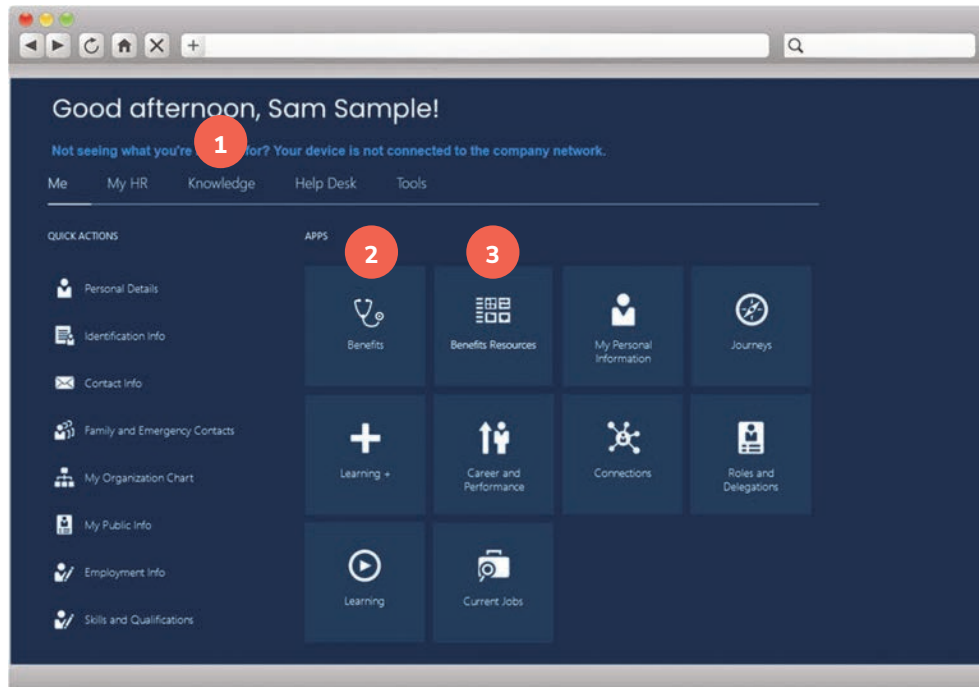
Password Example

Name: John Test
Birth Date: May 06
SSN: 332-11-0000

Password is **JT0506332@**

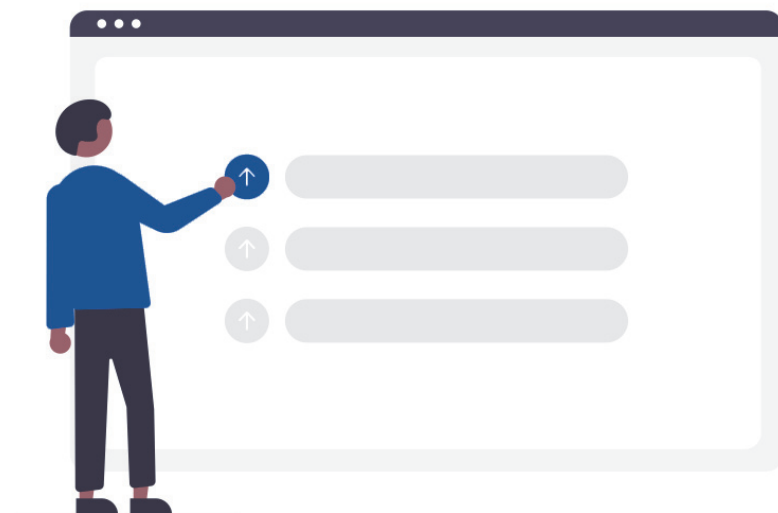
If you experience issues with your temporary password, contact the **Service Desk** at **877-286-3200**.

Me Page



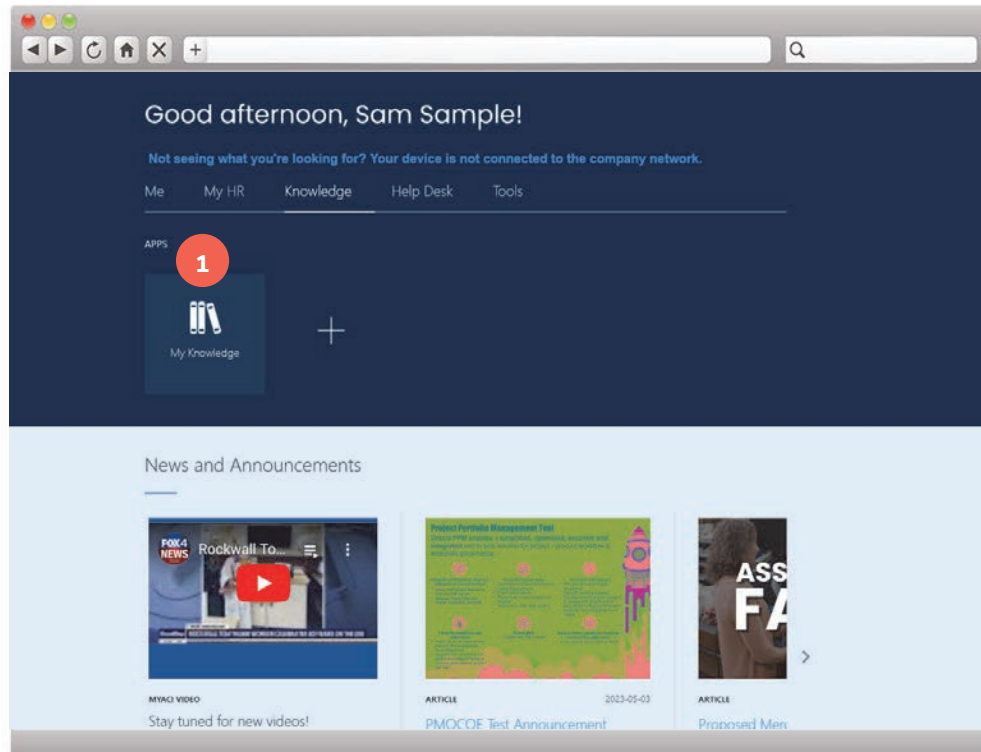
Once you successfully sign in, you will land on the **Me page**. The tabs and tiles on the Me page that relate to benefits self-service include the following:

- 1 Access the Knowledge tab to find **myACI Knowledge Articles** to help enroll or complete other benefits tasks.
- 2 To access benefits self-service, click on the **Benefits tile**. This is where you will enroll or change your benefit elections, add, remove or update covered dependent information and designate beneficiaries for life, accidental death and dismemberment (AD&D) and long-term disability benefits.
- 3 Click on the **Benefits Resources tile** to access the resources about your benefits. See [page 7](#) for more information.





Knowledge Page



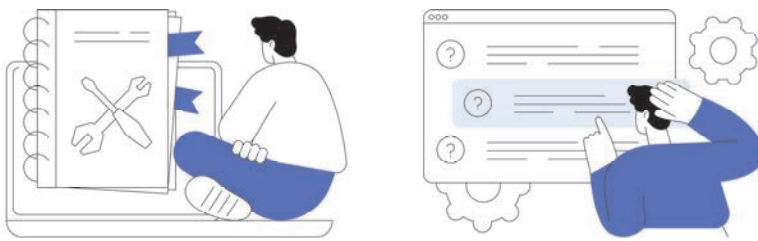
Familiarize yourself with the tiles and information on the Knowledge page.

- 1 **My Knowledge tile:** Access **myACI Knowledge Articles** for instructions and assistance in completing a variety of benefits self-service tasks.
 - **Quick Reference Guides (QRGs)** provide screenshots and click-by-click instructions to help you complete Benefits tasks.
 - **Frequently Asked Questions (FAQs)** provide quick answers to many common questions.

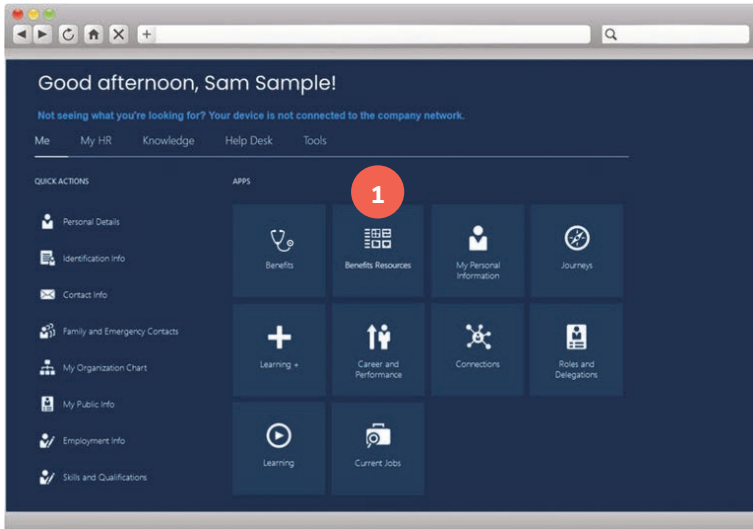
Once you click the **My Knowledge tile**, enter a search term in the search bar at the top of the page to find **Knowledge Articles**. You can search for terms like "Benefits", "Dependents", "Qualifying Life Event", etc.

myACI Knowledge Quick Reference Guide Examples

- How to Use Help Desk Tickets
- How to Add a Dependent
- How to Designate Dependents and Beneficiaries
- How to Update Benefit Elections
- How to Record a Qualifying Life Event—Birth/Adoption
- How to Record a Qualifying Life Event—Marriage
- How to Record a Qualifying Life Event—Divorce
- How to Upload Proof of Dependent Eligibility



Benefits Resources Page



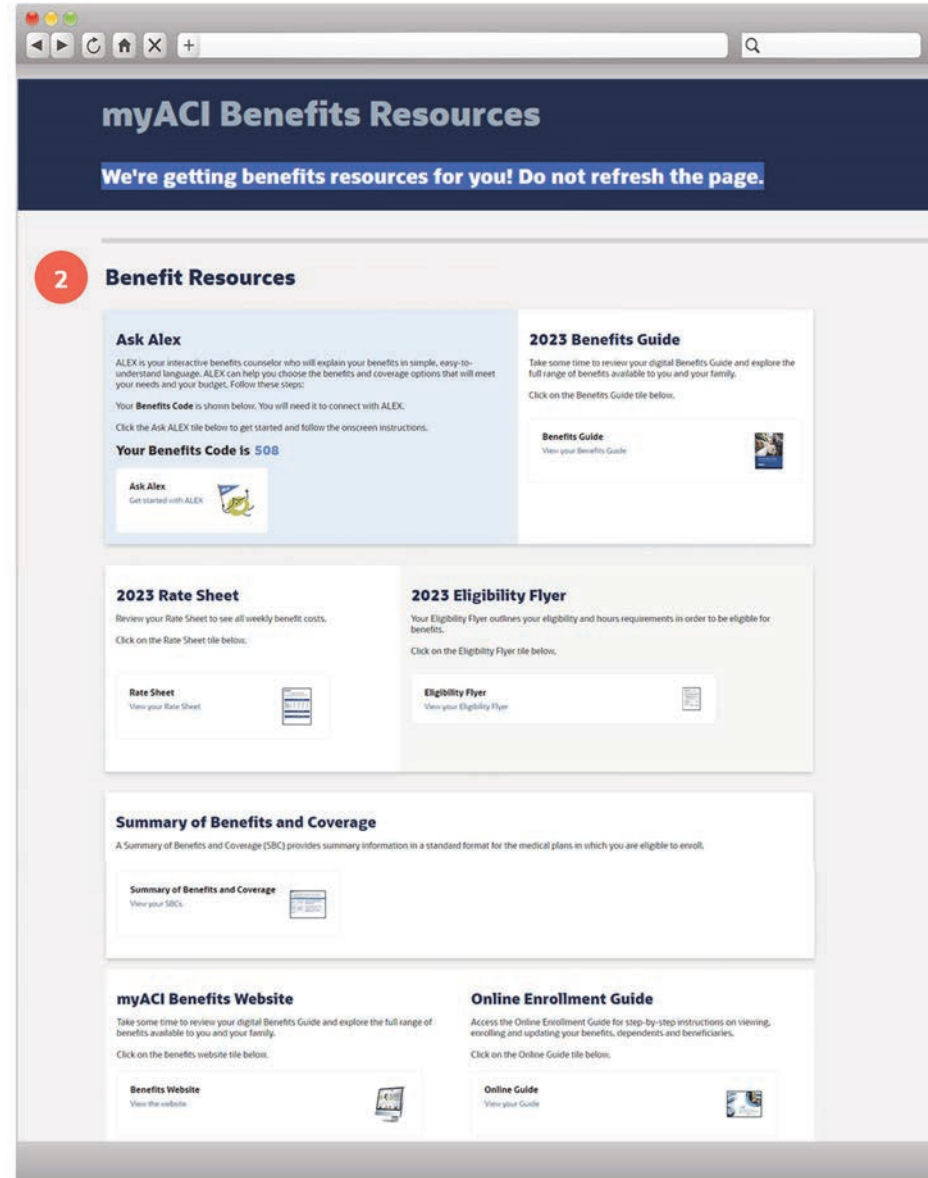
You can access benefits information and tools on the **Benefits Resources** page.

1 From the **Me** page, click on the **Benefits Resources** tile.

Be patient—after you click on the **Benefits Resources** tile, it may take up to 30 seconds for your Benefits Resources to display in your web browser.

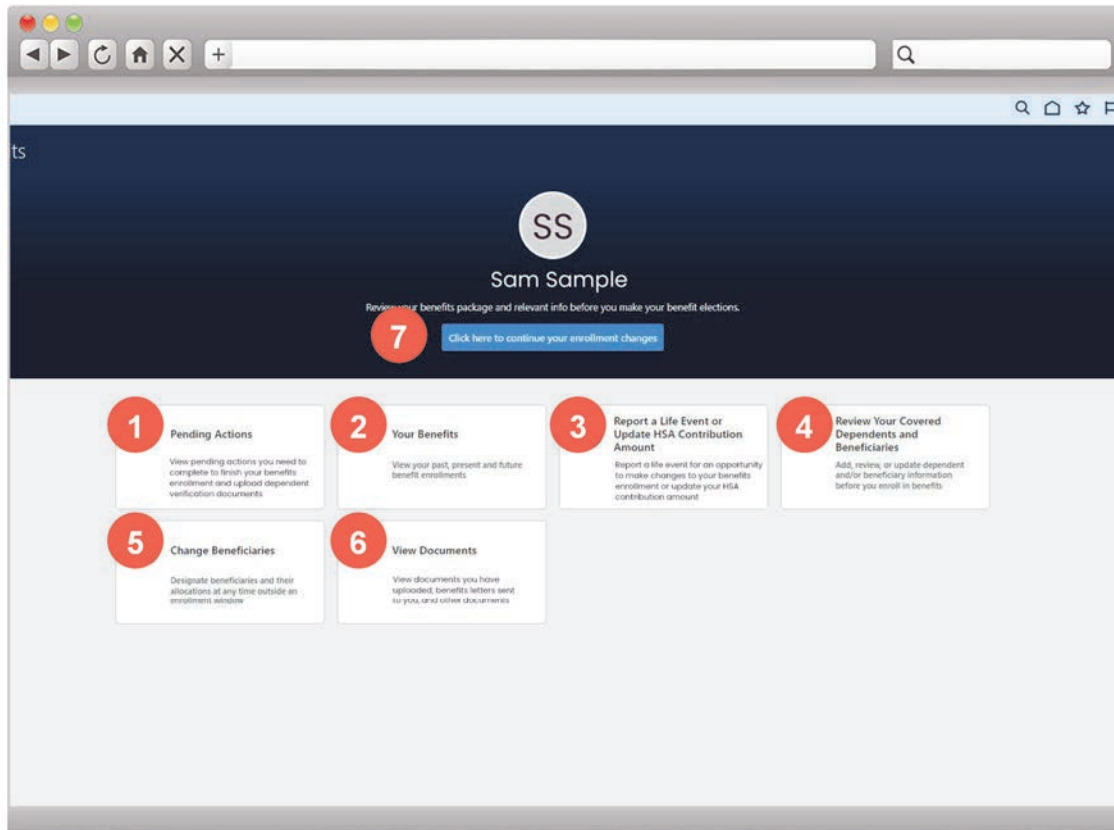
2 Click on a tile to access the following resources:

- **Ask ALEX:** Your interactive benefits counselor
- **2023 Benefits Guide**
- **2023 Rates Sheet**
- **2023 Eligibility Flyer**
- **Summary of Benefits and Coverage**
- **myACI Benefits Website**
- **Online Enrollment Guide**





Benefits Page

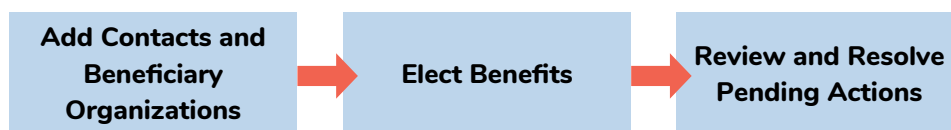


Familiarize yourself with the tiles on the Benefits page.

- 1 Pending Actions**
View any pending actions that need to be completed to finish your benefits enrollment and upload dependent verification documents.
- 2 Your Benefits**
View your past, present and future benefits enrollments.
- 3 Report a Life Event or Update HSA Contribution Amount**
Report a life event for an opportunity to make changes to your benefits enrollment or update your health savings account (HSA) contribution amount.
- 4 Review Your Covered Dependents and Beneficiaries**
Add, review or update dependent and/or beneficiary information **before** you enroll in benefits.
- 5 Change Beneficiaries**
Designate or update beneficiary information for life I AD&D insurance and long-term disability (if enrolled) at any time outside an enrollment window. **You cannot use this page if you are in an enrollment window.**
- 6 View Documents**
View documents you have uploaded, benefits letters sent to you, and other documents.
- 7 Click the Blue Button to Continue Your Enrollment**
Once you have added the dependents you wish to cover under your insurance and you have added individuals or other life insurance beneficiaries, click on the blue button to continue.

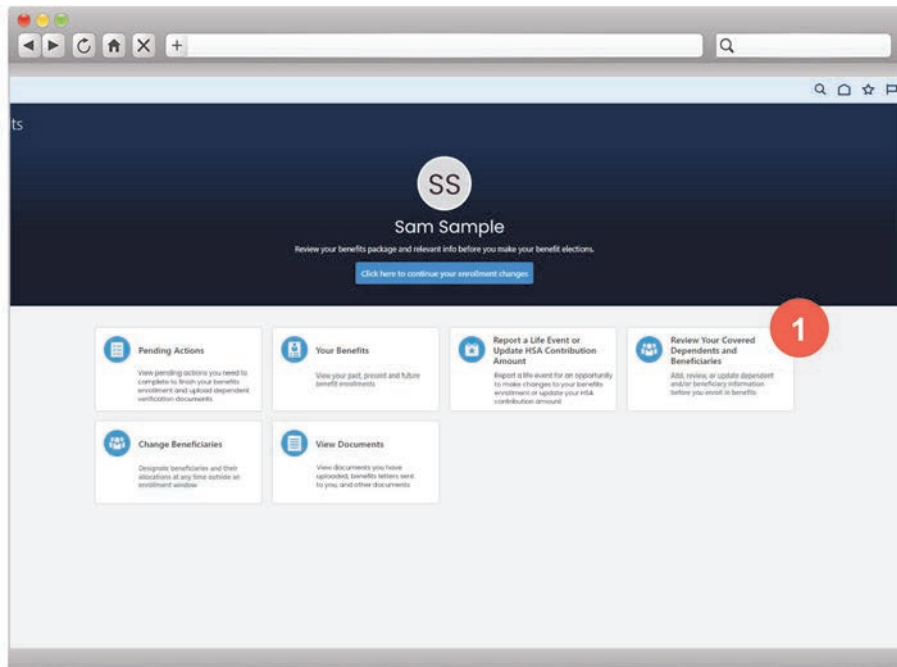
How You Enroll in Benefits

To enroll in benefits, you will complete three main steps:





Covered Dependents and Beneficiaries

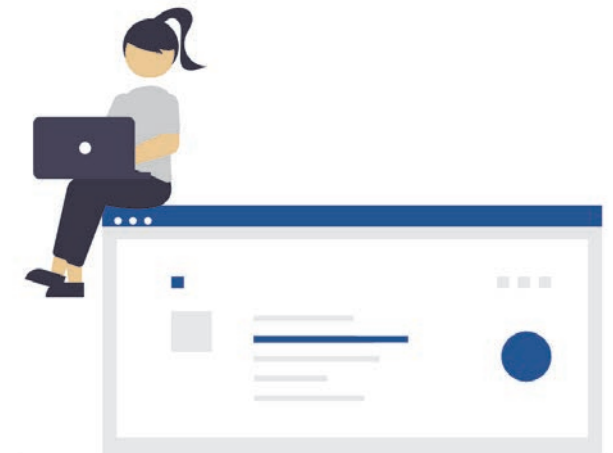
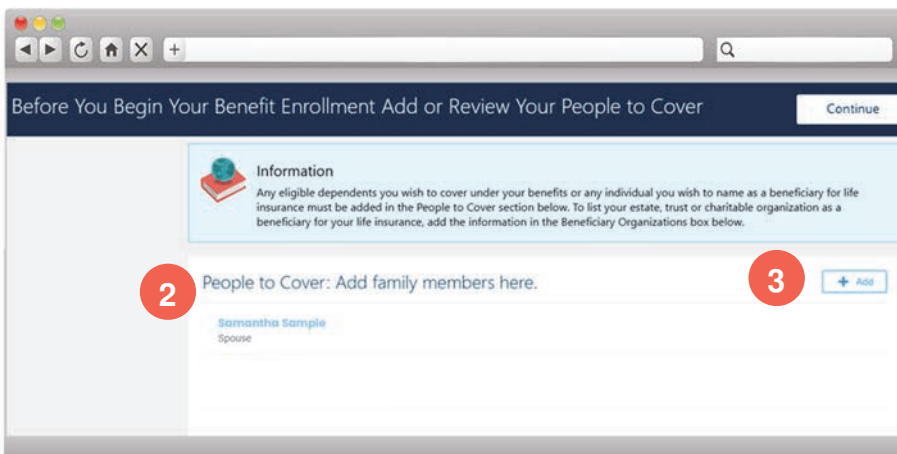


People to Cover

Before you begin making your benefit elections, add or update all of the dependents you wish to cover and list the people or organizations you wish to name as beneficiaries for your life, accidental death & dismemberment (AD&D) insurance and long-term disability (if eligible) through the Company.

- 1 Covered Dependents and Beneficiaries**
Click on the **Covered Dependents and Beneficiaries** tile.
- 2 People to Cover**
This section lists your contacts that can be designated as dependents and/or beneficiaries.
- 3** To add a new dependent, click on the **Add button**.

[Continued on next page](#)



Update Covered Dependents and Beneficiaries

New Contact

Submit Cancel

Basic Information

1

*First Name
Steven

*Last Name
Sample

Middle Name
Shawn

Preferred First Name
Steven

Previous Last Name

Suffix
Select a value

Title
Select a value

2

*Relationship
Child

3

*What is the effective date of this Life Event?
05/01/2023

4

*Gender
Male

5

*Date of Birth
05/01/2023

6

*My Spouse/DP is
Not Applicable

7

Disability Type
No

Enter the information requested on the **New Contact** page. Note that fields marked with “*” are required. Providing the requested information will ensure that the contact is available to be covered as a dependent for medical, dental and vision and/or designated as a beneficiary for life and AD&D insurance.

- 1 Enter name information**
Enter first, last and middle names.
- 2 Relationship**
Enter **Child** from the Relationship dropdown box.
- 3 What is the effective date of the life event?**
Enter your hire date or your dependent child's date of birth (whichever is later).
- 4 Gender**
Enter the gender of the dependent.
- 5 Date of Birth**
Enter the date of birth of the dependent.
- 6 My Spouse/DP is**
Select Not Applicable from the dropdown since we are entering information about a child.
- 7 Disability Type**
Leave the default answer “No.”

[Continued on next page](#)

Update Covered Dependents and Beneficiaries

New Contact

National Identifiers

- 1 Country: United States
- 2 *National ID Type: Social Security Number
- 3 *National ID: 554-68-1022
- 4 Issue Date: 05/10/2023
Expiration Date: mm/dd/yyyy

New Contact

Address

☐ Use My Address
☒ Enter a New Address

- 5 {
Country: United States
*Type: Home Address
*Address Line 1: 1234 Delaware Ave
Address Line 2:
Address Line 3:
*ZIP Code: 92120
*City: San Diego
*State: CA
*County: San Diego

Submit **Cancel**

National Identifier

If you have a **Social Security Number** for your dependent, enter it here. Note that if you are entering a newborn who does not yet have a Social Security Number, you can leave this section blank.

IMPORTANT: If you move your cursor into any field under National Identifier, then all fields in this section will be required.

- 1 **Country**
Select United States from the DropDown.
- 2 **National ID Type**
Select Social Security Number from the DropDown.
- 3 **National ID**
Enter your dependent's Social Security Number.
- 4 **No Other Fields are Required in This Section**
You can leave Issue Date and Expiration Date blank.

Address

If a dependent lives with you, select "Use My Address." Otherwise select "Enter a New Address" and complete the information requested.

- 5 **If You Select Enter a New Address**
Enter the information requested.
- 6 **Submit**
After all information for your dependent is entered, click on the **Submit** button.

[Continued on next page](#)



Update Covered Dependents and Beneficiaries

Before You Begin Your Benefit Enrollment Add or Review Your People to Cover

Information

Any eligible dependents you wish to cover under your benefits or any individual you wish to name as a beneficiary for life insurance must be added in the People to Cover section below. To list your estate, trust or charitable organization as a beneficiary for your life insurance, add the information in the Beneficiary Organizations box below.

People to Cover: Add family members here.

1

Samantha Sample
Spouse

Steven Sample
Child

2

+ Add

Before You Begin Your Benefit Enrollment Add or Review Your People to Cover

Information

Any eligible dependents you wish to cover under your benefits or any individual you wish to name as a beneficiary for life insurance must be added in the People to Cover section below. To list your estate, trust or charitable organization as a beneficiary for your life insurance, add the information in the Beneficiary Organizations box below.

People to Cover: Add family members here.

Samantha Sample
Spouse

Steven Sample
Child

3

Beneficiary Organizations: Add your estate, trust or charitable organization here...

+ Add

There's nothing here so far.

People to Cover

- 1 The dependent you added now displays in the **People to Cover** section.
- 2 **Add a Person as a Beneficiary**
To add a person you wish to name as a beneficiary, follow the same steps for adding a dependent. If your beneficiary is someone other than your spouse or a child, enter **"Other"** for relationship.

National Identifier

National Identifier Information is not required for a person being designed as a beneficiary who is not also designated as a dependent.

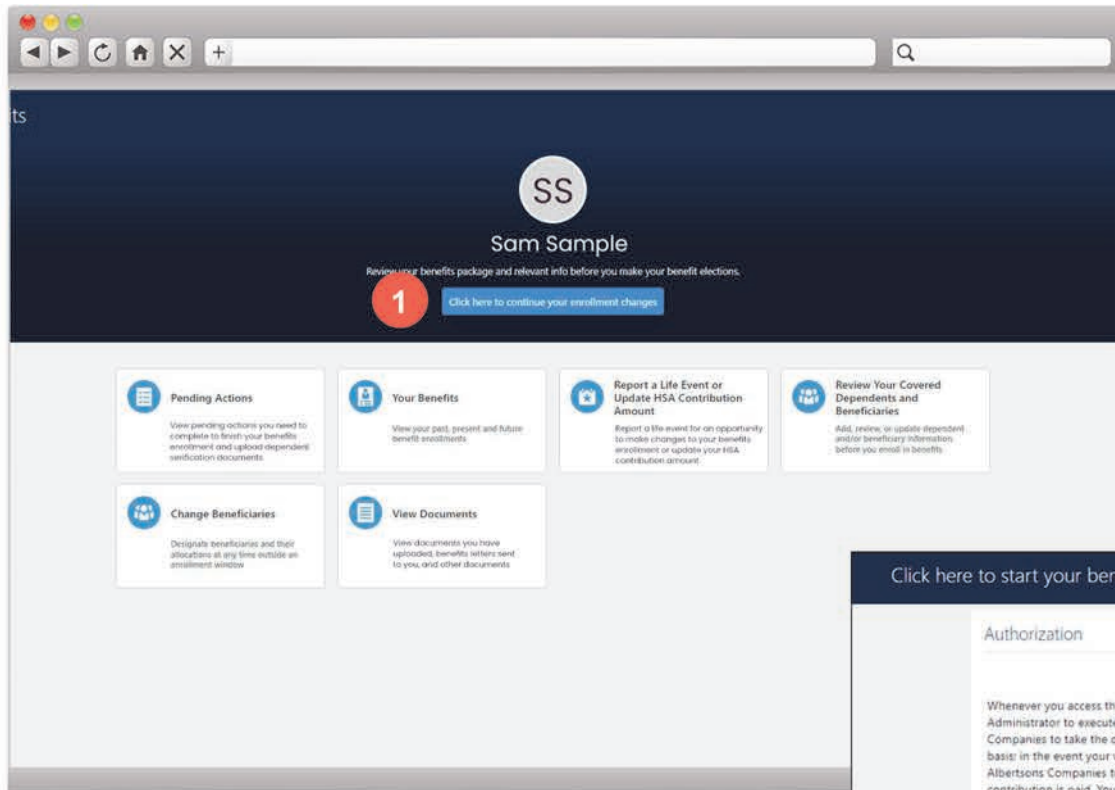
IMPORTANT: If you move your cursor into any field under **National Identifier**, then all fields in this section will be required.

- 3 **Add Organization as a Beneficiary**
To add a beneficiary organization such as a trust or charity, click on the **Add button** and follow the onscreen instructions.
- Note:** When you add an individual or beneficiary organization as a contact, use your date of hire as the effective date of the life event. If you use a date after the current enrollment window end date, your contact will not be added.

See [page 30](#) for information on how and when to use the **Change Beneficiaries** tile.



Enroll or Make Changes to Your Benefits



After you have entered all of your dependent and beneficiary information, click on the blue button to enroll in your benefits.

- 1 Click here to continue your enrollment changes**
Click on the blue button to enroll in or make changes to your benefits.
- 2 Benefits Terms and Conditions**
Click on the **Accept** button to accept the benefits terms and conditions and continue to your benefits enrollment.

Click here to start your benefit enrollment Cancel

Authorization

Benefits Terms and Conditions

Whenever you access the benefits enrollment website, or a Benefit Service Center representative to initiate a transaction, you are authorizing the Plan Administrator to execute each transaction as if you had given written, signed authorization to do so. When applicable, you are authorizing Albertsons Companies to take the deduction of the weekly payroll contribution amount required by the Plan for the benefits you elected on a before-tax or after-tax basis; in the event your wages are not sufficient to cover the full weekly payroll contribution amount required by the Plan, you are also authorizing Albertsons Companies to roll any remaining contribution forward to be deducted from the next payroll check or subsequent payroll checks until the full contribution is paid. You understand that the weekly amount will be deducted regardless of the day of the week on which your employment terminates or coverage begins or ends for you and for any of your dependents.

You understand that you will only be allowed to make certain benefit changes if you experience a life or work event that is defined as a qualified change by the Internal Revenue Service. Further, you are certifying that the information you provide is true and complete to the best of your knowledge and that you are creating an official Albertsons Companies record. Providing any information that is not true is a falsification of company records and when applicable, a violation of the Code of Conduct subject to disciplinary action.

While we attempt to make the benefits enrollment website available 24 hours a day and the Interactive Voice Response System available during specified business hours, occasionally they may be unavailable or it may not be possible to execute transactions for other reasons. The Company and its agents will not be responsible for transactions that cannot be initiated or executed. You should refer to the Summary Plan Description for a more detailed explanation of Plan provisions and procedures.

By Clicking '**Accept**', you are acknowledging that you understand the terms and conditions and will be allowed to move forward with your benefit enrollment.

Should decide that you do not accept these terms and conditions, please click '**Decline**' and will be taken back to your Benefits Self Service page.

2 Accept Decline

Medical

Medical

Continue Cancel

PLEASE NOTE

If you enroll in the **HSA Plan** or the **Kaiser California High Deductible Plan**, you can enroll in a Health Savings Account on the Spending Accounts enrollment screen.

Once you submit your benefits enrollment, be sure to review the Confirmation page to verify that your enrollment elections are correct. You will also be notified of any additional actions you must complete before your enrollment takes effect.

1 Medical

HSA Plan

<input type="checkbox"/>	Associate Only 966.16 Annually	18.58 Associate Weekly Cost
	Employer Weekly Cost 107.09	
<input type="checkbox"/>	Associate + Spouse 3,588.00 Annually	69.00 Associate Weekly Cost
	Employer Weekly Cost 232.61	
<input type="checkbox"/>	Associate + Child(ren) 2,032.68 Annually	39.09 Associate Weekly Cost
	Employer Weekly Cost 187.11	
<input type="checkbox"/>	Associate + Family 4,654.00 Annually	89.50 Associate Weekly Cost

Choose Your Medical Plan

- 1 Choose your medical plan from the options available.
- 2 If you select a coverage tier with dependents (associate + spouse, associate + child(ren), or associate + family), indicate which dependents you wish to cover.
- 3 Click the **OK button** to continue.

3 OK Cancel

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

HSA Plan
Associate + Family
89.50
Associate Weekly Cost

Annual Amount
4,654.00

Employer Weekly Cost
312.64

2 Who do you want to cover?

☒ Samantha Sample (Spouse)

☒ Steven Sample (Child)



Spousal Surcharge

The screenshot shows a web browser window with the title "Albertsons Companies Benefit Program". The interface includes a search bar and a "Submit" button. The main content area displays the following information:

- Currency in USD**
- Your Total Cost**: 148.61 (Per Pay Period)
- Medical** section with an "Edit" button.
- HSA Plan**: Associate + Family, 89.50.
- Who's covered?**: You, Samantha Sample, Steven Sample.
- Spousal Surcharge** section with a note: "Check box below to cover your spouse if they can also get medical coverage through their employer. Surcharge applies."
- Spousal Surcharge**: ☒ (labeled with a red circle 1), 85.00 (Associate Weekly Cost).

A spousal surcharge may apply if your spouse or domestic partner has medical coverage available through his or her employer but you choose to cover your spouse or domestic partner under your Albertsons medical plan.

- 1 Check the box if the spousal surcharge applies to you.
- 2 Click the **Submit button** to continue.



Dental & Vision Coverage

The screenshot shows a web browser window with the title "Albertsons Companies Benefit Program". The interface is divided into two main sections: "Dental" and "Vision".

Dental Section:

- Step 1: A red circle with the number "1" is next to the "Dental" heading.
- Step 2: A red circle with the number "2" is next to the "Delta Dental Basic Associate + Family" plan, which has a cost of 10.45. Below the plan name is a dropdown menu for "Who's covered?" with the selected option "You, Samantha Sample, Steven Sample".
- Step 5: A red circle with the number "5" is next to the "Submit" button at the top right of the form.

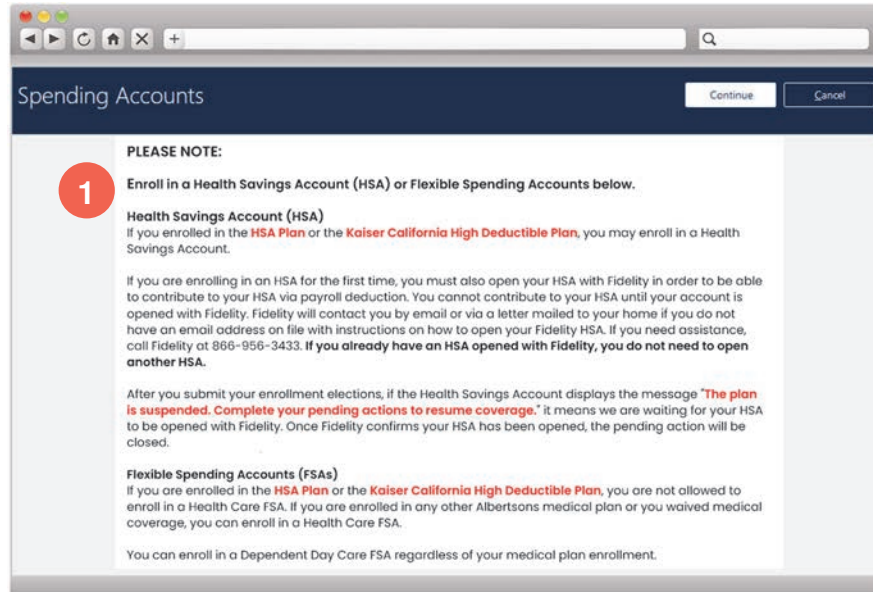
Vision Section:

- Step 3: A red circle with the number "3" is next to the "Vision" heading.
- Step 4: A red circle with the number "4" is next to the "VSP Premier Associate + Family" plan, which has a cost of 6.54. Below the plan name is a dropdown menu for "Who's covered?" with the selected option "You, Samantha Sample, Steven Sample".

Choose Your Dental & Vision Plans

- 1 Choose your **dental plan** from the options available.
- 2 If you select a coverage tier with dependents (associate + spouse, associate + child(ren), or associate + family), indicate which dependents you wish to cover.
- 3 Choose your **vision plan** from the options available.
- 4 If you select a coverage tier with dependents (associate + spouse, associate + child(ren), or associate + family), indicate which dependents you wish to cover.
- 5 Click the **Submit button** to continue.

Spending Accounts



Spending Accounts

Continue Cancel

PLEASE NOTE:

1 Enroll in a Health Savings Account (HSA) or Flexible Spending Accounts below.

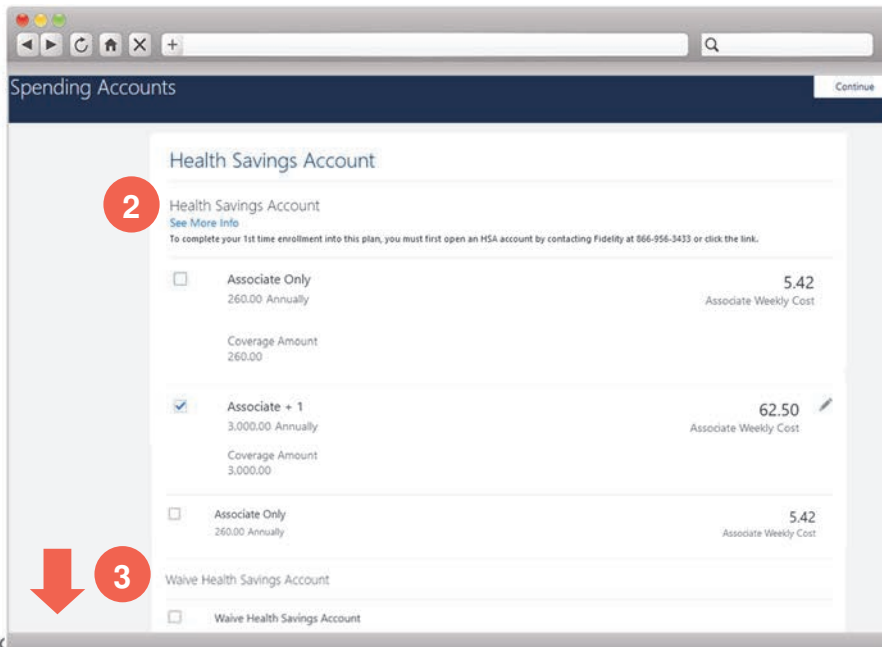
Health Savings Account (HSA)
If you enrolled in the **HSA Plan** or the **Kaiser California High Deductible Plan**, you may enroll in a Health Savings Account.

If you are enrolling in an HSA for the first time, you must also open your HSA with Fidelity in order to be able to contribute to your HSA via payroll deduction. You cannot contribute to your HSA until your account is opened with Fidelity. Fidelity will contact you by email or via a letter mailed to your home if you do not have an email address on file with instructions on how to open your Fidelity HSA. If you need assistance, call Fidelity at 866-956-3433. **If you already have an HSA opened with Fidelity, you do not need to open another HSA.**

After you submit your enrollment elections, if the Health Savings Account displays the message **"The plan is suspended. Complete your pending actions to resume coverage."** it means we are waiting for your HSA to be opened with Fidelity. Once Fidelity confirms your HSA has been opened, the pending action will be closed.

Flexible Spending Accounts (FSAs)
If you are enrolled in the **HSA Plan** or the **Kaiser California High Deductible Plan**, you are not allowed to enroll in a Health Care FSA. If you are enrolled in any other Albertsons medical plan or you waived medical coverage, you can enroll in a Health Care FSA.

You can enroll in a Dependent Day Care FSA regardless of your medical plan enrollment.



Spending Accounts

Continue

2 Health Savings Account

See More Info

To complete your 1st time enrollment into this plan, you must first open an HSA account by contacting Fidelity at 866-956-3433 or click the link.

<input type="checkbox"/>	Associate Only 260.00 Annually	5.42 Associate Weekly Cost
<input checked="" type="checkbox"/>	Associate + 1 3,000.00 Annually	62.50 Associate Weekly Cost
<input type="checkbox"/>	Associate Only 260.00 Annually	5.42 Associate Weekly Cost

3 Waive Health Savings Account

☐ Waive Health Savings Account

Choose Spending Accounts

- 1** If you enrolled in the HSA Plan or the California High Deductible Plan for medical, you may enroll in a Health Savings Account. **Read the onscreen instructions.**
- 2** Select the amount you wish to contribute to a Health Savings Account.
- 3** If you **did not** enroll in the HSA Plan or the California High Deductible Plan for medical, you cannot enroll in a Health Savings Account. Scroll down to the **Health Care FSA section.**

[Continued on next page](#)



Spending Accounts (continued)

Spending Accounts

Health Care FSA

Health Care FSA

☒ Health Care FSA
1,200.00 Annually
Coverage Amount
1,200.00
Associate Weekly Cost 25.00

Waive Health Care FSA

☐ Waive Health Care FSA

Health Care Flexible Spending Account (FSA)

You can enroll in a Health Care FSA if you are not enrolled in the HSA Plan or the California High Deductible Plan for medical.

- 1 Select the amount you wish to contribute to a Health Care FSA or Waive the Health Care FSA.
- 2 Click the **Continue button** when you have made your election.

Spending Accounts

Dependent Care FSA

Dependent Care FSA

☒ Dependent Care FSA
1,200.00 Annually
Coverage Amount
1,200.00
Associate Weekly Cost 25.00

Waive Dependent Care FSA

☐ Waive Dependent Care FSA

Dependent Care Flexible Spending Account (FSA)

You can enroll in a Dependent Care FSA no matter which medical plan you choose, or whether you enroll in medical or not.

- 3 Select the amount you wish to contribute to a Dependent Care FSA or Waive the Dependent Care FSA.
- 4 Click the **Continue button** when you have made your election.



Basic Life Insurance

The screenshot shows a web browser window with the title "Life Insurance and AD&D". The main content area is titled "Basic Life" and contains the following information:

- Basic Life - Company Paid**
PLEASE NOTE: If your coverage amount is over \$50,000, you will incur imputed income, which will reflect as a post tax deduction on your paycheck.
- ☐ \$50,000
- Coverage Amount: 50,000.00
- Employer Weekly Cost: 1.20

Below this, there is a yellow warning box that says: "You need to designate dependents or beneficiaries for your selected offerings."

Under the warning box, the following information is displayed:

- Basic Life - Company Paid**
2X Salary
Y
- Coverage Amount: 52,000.00
- Employer Weekly Cost: 1.25

The screen is divided into two columns for designating beneficiaries:

Primary Beneficiaries		Contingent Beneficiaries	
<input checked="" type="checkbox"/> Samantha Sample	<input type="text" value="100"/> %	<input checked="" type="checkbox"/> Samantha Sample	<input type="text" value=""/> %
<input type="checkbox"/> Steven Sample	<input type="text" value=""/> %	<input type="checkbox"/> Steven Sample	<input type="text" value=""/> %
<input type="checkbox"/> Selena Sample	<input type="text" value=""/> %	<input type="checkbox"/> Selena Sample	<input type="text" value="100"/> %

At the bottom, there are two progress bars: a blue bar for Primary Beneficiaries and a red bar for Contingent Beneficiaries, both labeled "0% left".

- 1 If you are eligible, you automatically receive Basic Life Insurance in the amount shown onscreen paid by Albertsons. If the coverage amount is greater than \$50,000, you have the option to elect \$50,000 in coverage to avoid imputed income tax.

Imputed income tax is calculated based on the cost of insurance above \$50,000 that is paid by Albertsons. Imputed income tax is usually a small amount.

Designate a Beneficiary

- 2 Designate one or more beneficiaries to receive your life insurance benefit in the event of your death.

You can designate both primary and contingent beneficiaries. A primary beneficiary is the first in line to receive benefits in the event of your death. A contingent beneficiary receives a benefit if the primary beneficiary is deceased before payment from the insurance policy is made.

The total percentage paid to all primary beneficiaries and all contingent beneficiaries must total 100%.

IMPORTANT: Your beneficiaries must first be added in the Covered Dependents and Beneficiaries tile before you can designate them here.



Optional Employee Life Insurance

Option	Annual Cost	Coverage Amount	Associate Weekly Cost
<input type="checkbox"/> 1X Salary	191.70 Annually	75,000.00	3.69
<input type="checkbox"/> 2X Salary	380.84 Annually	149,000.00	7.32
<input type="checkbox"/> 3X Salary	572.54 Annually	224,000.00	11.01
<input type="checkbox"/> 4X Salary	761.69 Annually	298,000.00	14.65
<input checked="" type="checkbox"/> 5X Salary	953.39 Annually	373,000.00	18.33

- 1 You can enroll yourself in Optional Employee Life or waive coverage.

If you elect a coverage amount that is greater than 3X your annual base salary or \$1,000,000 (whichever is less) when first eligible or you are enrolling for coverage after your initial eligibility period, evidence of insurability and approval by The Hartford is required before coverage is approved.

For more information, see [After You Enroll—Pending Actions on page 27](#).

Designate a Beneficiary

- 2 Designate one or more beneficiaries to receive your life insurance benefit in the event of your death.

You can designate both primary and contingent beneficiaries. A primary beneficiary is the first in line to receive benefits in the event of your death. A contingent beneficiary receives a benefit if the primary beneficiary is deceased before payment from the insurance policy is made.

The total percentage paid to all primary beneficiaries and all contingent beneficiaries must total 100%.

IMPORTANT: Your beneficiaries must first be added in the Covered Dependents and Beneficiaries tile before you can designate them here.



Optional Spouse & Child Life Insurance

Optional Spouse Life

- 1 You can enroll your spouse or domestic partner in Optional Spouse Life or waive coverage.

If you elect a coverage amount that is greater than \$50,000 when first eligible or you are enrolling for coverage after your initial eligibility period, evidence of insurability and approval by The Hartford is required before coverage is approved.

For more information, see [After You Enroll—Pending Actions](#)

Optional Child Life

- 2 You can enroll your child(ren) in Optional Child Life or waive coverage. The weekly cost shown is the cost to cover all eligible children.
- 3 Click the **Continue** button.

NOTE: You are automatically the beneficiary for Optional Spouse or Child Life Insurance.

Optional AD&D Insurance

Choose your Optional AD&D coverage or waive coverage. If you elect coverage, be sure to name a beneficiary to receive your benefits in the event of your accidental death. You are automatically the beneficiary if you cover family members.



Disability

The screenshot shows a web browser window with a search bar and navigation icons. The page title is "Disability". At the top right, there is a red circle with the number "3" next to a "Continue" button and a "Cancel" button. Below this, the page is divided into two main sections. The first section, labeled with a red circle and the number "1", is titled "Short Term Disability - Employer Paid". It contains a sub-section "Short Term Disability - The Hartford" with a checked checkbox and the text "Employer Weekly Cost: 0.47". The second section, labeled with a red circle and the number "2", is titled "Long Term Disability". It contains a sub-section "Long-Term Disability (The Hartford)" with a checked checkbox, the text "Long-Term Disability (The Hartford)", "820.36 Annually", and "Associate Weekly Cost: 15.78". Below this, there is a "Coverage Amount: 58,640.88" and a "Waive LTD" section with an unchecked checkbox and the text "Waive LTD".

Short-Term Disability

- 1 If you are eligible, Short-Term Disability is paid by Albertsons and no election is required by you.

Long-Term Disability

- 2 If you are eligible, you can elect Long-Term Disability as a new hire or during a subsequent enrollment event. If you elect coverage after your initial enrollment window, evidence of insurability and approval by The Hartford is required before coverage is approved.
- 3 Click the **Continue** button.



Supplemental Health Plans & Submit Your Elections

The screenshot shows the 'Albertsons Companies Benefit Program' website. The 'Supplemental Health Plans' section is highlighted with a red circle 1. It lists several options: 'Critical Illness - Employee' (with a value of 8.29), 'Critical Illness - Spouse', 'Waive Critical Illness - Spouse', 'Hospital Indemnity', 'Waive Hospital Indemnity', 'Group Accident', and 'Waive Group Accident Insurance'. Each option has an 'Edit' button. A red circle 2 points to the 'Edit' button for the 'Group Accident' option. A red circle 3 points to the 'Submit' button at the top right. A red circle 4 points to an 'Error' pop-up window that appears when there are errors with the benefit elections. The error message states: 'IRS rules do not allow you to be enrolled in a Health Savings Account (HSA) and a Healthcare Flexible Spending Account (FSA) at the same time. If you enrolled in the HSA Plan or the Kaiser California High Deductible HSA Plan for medical, you can enroll in a Health Savings Account. If you are enrolled in any other medical plan or you waived medical coverage, you can enroll in a Healthcare FSA. Click OK to close this error message, then edit your Spending Accounts election.' The pop-up has an 'OK' button.

Choose Your Aflac Supplemental Health Plans

To enroll in Aflac supplemental health plans including critical illness, hospital indemnity and group accident insurance, click on the **Edit button** and select the plans you wish to enroll in.

- 1 Select the **Edit button** to enroll in supplemental health plans.

Employee Assistance Program

- 2 The Employee Assistance Program (EAP) is a Company-provided benefit for associates eligible for Company plans. No election is required on your part.

Submit Your Elections

- 3 When you have finished making all of your benefit elections, click on the **Submit button**.
- 4 If there are any errors with your benefit elections, you will see an Error pop-up. Read the pop-up message and make any required enrollment changes, then submit your benefit elections again.



Confirmation

1 Confirmation
Albertsons Companies Benefit Program

2 Print

Confirmation
Your benefit elections were saved.
You can make changes until 11:59 PM MST, 06/01/2023.

About This Page
This page shows you your benefit enrollments and cost per pay period in USD (\$)

Currency in USD
Your Total Cost Each Pay Period **66.19**

Medical

This plan is suspended. Complete your pending actions to resume coverage.

HSA Plan 89.50
Associate + Family
Coverage Start Date: 05/01/2023
Annual Amount: 4,654.00
Employer Weekly Contribution: 312.64
Who's covered?: You, Samantha Sample, Steven Sample

Pending Action Items

Birth/Adoption certificate(s): Steven Sample

This plan is temporary. Coverage continues until you complete pending actions.

Waive Medical Plan
Coverage Start Date: 05/01/2023

Your Benefit Elections are Saved

- 1** When you see the Confirmation page, it means your benefit elections have been saved.
If you **do not** see the Confirmation page, you must fix any errors in order to complete your enrollment and save your elections.
- 2** Click the **Print button** to print a copy of your enrollment confirmation.



Confirmation Statement

If you have successfully completed your enrollment and your benefit elections were saved, a confirmation statement showing your benefit elections, weekly paycheck deductions, covered dependents and beneficiary designations will be mailed to your home with a digital copy saved in your myACI Benefits Documents folder. You can view your digital documents from the **Benefits** page by clicking on the **View Documents** tile.

The first Confirmation Statement generated in myACI will be distributed to all benefits-eligible associates after the 2024 Open Enrollment window ends on November 17, 2023. A **2024 Open Enrollment Confirmation Statement** will be mailed to homes in mid-December 2023.

New Hire Confirmation Statements and **Qualified Life Event Confirmation Statements** will begin In January 2024.

Albertsons Companies
CONFIRMATION STATEMENT
ALBERTSONS COMPANIES BENEFITS PROGRAM
ALB-CONF-01H

May 18, 2023

10023211
Sam Sample
1234 Anywhere St
San Diego, CA 00000

RE: Birth/Adoption of a Child

Dear Sam:

Enclosed is a summary of your benefit elections under the Albertsons Companies benefits program. These benefits are effective May 1 through December 31, 2023 unless you experience a qualifying life event or cease to meet benefits eligibility requirements.

Updated benefit elections and/or changes to your covered dependents or beneficiaries made by you are indicated on this confirmation statement as **rows highlighted in gray**.

If you added new dependents to your coverage, proof of dependent eligibility (such as a marriage license or birth certificate) must be received within 60 days of the from the event date. If you miss the 60-day deadline to submit documentation as proof of dependent eligibility, you will not be able to add your dependent(s) to your coverage for the remainder of the plan year unless you experience a qualifying life event.

Submit proof of dependent eligibility documents online via myACI. Sign in to your account at myacibenefits.com. Choose the **Benefits** tile then choose the **Pending Actions** tile.

You can also mail your proof of dependent eligibility documents. Be sure to include a cover page with your name and employee ID and mail to:

Albertsons Companies
Benefits Service Center
Attn: Benefits Administration
6081 Tennyson Pkwy, Suite 300
Plano, TX 75224

Albertsons Companies
CONFIRMATION STATEMENT
ALBERTSONS COMPANIES BENEFITS PROGRAM
ALB-CONF-01H

Rows shown in gray below indicate a recent benefit election change.

Personal Information
SAM SAMPLE
10023211

Benefit	Plan	Coverage Level	Effective Date	Per Pay Period Cost
Medical	PACA Plan	Associate + Family	05/01/23	\$55.90
Health Savings Account		\$2,800 annually	05/01/23	\$62.50
Dental	Delta Dental Basic	Associate + Family	05/01/23	\$10.45
Vision	VSP Standard Vision	Associate + Family	05/01/23	\$6.54
Health Care FSA	Waived	Waived	n/a	\$0.00
Dependent Care FSA	Enrolled	\$1,500 annually	01/01/23	\$33.33
Basic Life and AD&D Insurance	2x Base Salary Company paid	\$120,000	01/01/23	\$0.00
Optional Life - Employee	3x Base Salary Pending EOI; 2x Base Salary	Approved: \$180,000 Pending EOI; \$120,000	01/01/23	\$11.91
Optional Life - Spouse/Domestic Partner	No Coverage	Waived	n/a	\$0.00
Optional Life - Child	No Coverage	No Coverage	n/a	\$0.00
Optional AD&D Insurance	No Coverage	No Coverage	n/a	\$0.00
Short-term Disability	Short-term Disability Company paid	100% of avg pay for 4 weeks; 60% of avg pay for 18 weeks	01/01/23	\$0.00
Long-term Disability	Long-term Disability Pending EOI	60% of avg pay up to \$25,000 per month	01/01/23	\$0.00
Hospital Indemnity Insurance	After Hospital Indemnity	High Captain Associate Only	n/a	\$0.00
Accident Insurance	No Coverage	Waived	n/a	\$0.00
Critical Illness Insurance	No Coverage	Waived	n/a	\$0.00
Employee Assistance Program	Enrolled Company paid	n/a	01/01/23	\$0.00
Total Cost Per Pay Period				\$188.00

Coverage is subject to receipt and approval of any required proof of eligibility documents (for dependent coverage) or evidence of insurability (for life insurance above guaranteed issue amounts or long-term disability if you enroll after your initial eligibility period) based on applicable plan rules. Coverage may be changed or cancelled if you experience a qualifying life event or you or a dependent no longer meet plan eligibility criteria.

Please note that inquiries about benefits, questions regarding eligibility, or requests for information will not qualify as a "claim for benefits" under the Plan or ERISA unless the Plan Administrator determines otherwise. The Plan Administrator or its designee has the sole and exclusive discretionary authority to interpret the terms of the Plans, make benefit decisions and factual determinations as to eligibility, or take any action with respect to questions arising in connection with the Plans.

First

Last

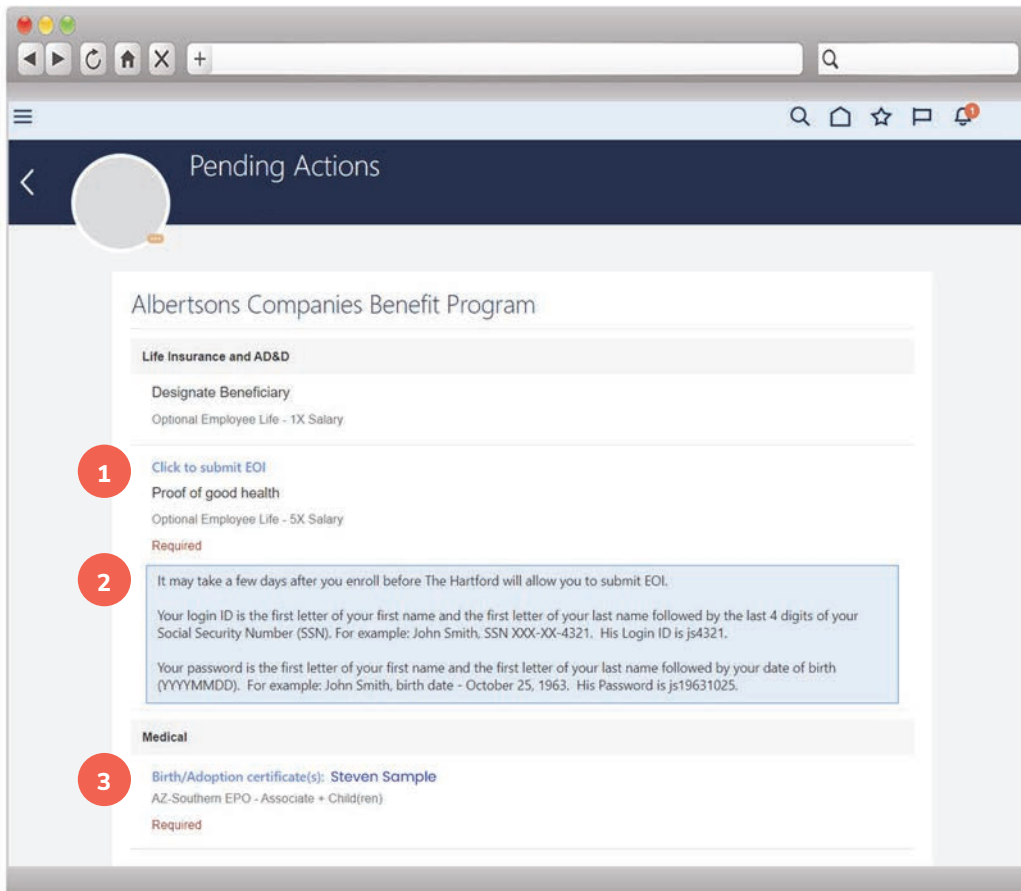
Contents

Previous

Next



After You Enroll—Review Your Pending Actions



Pending Actions

View any pending actions that need to be completed to finish your benefits enrollment.

- 1 **Proof of Good Health** for life insurance or long-term disability coverage. If you elect life insurance greater than the amount that is guaranteed issue, you must provide The Hartford with evidence of insurability.

To submit evidence of insurability select **Click to submit EOI**.

Note that any insurance that requires proof of good health is not effective unless The Hartford approves your evidence of insurability.

- 2 Read the instructions shown here to log in to The Hartford EOI portal. **Note that it may take a few days after you complete your enrollment to be able to access The Hartford EOI portal.**

- 3 If you have a pending action to submit documentation verifying your dependent's eligibility to be covered under an Albertsons medical, dental or vision plan, **click on the document name** to upload a copy of the verification document.

Be sure to submit any documentation required to cover your dependents as soon as possible after you complete your enrollment.

[Continued on next page](#)




After You Enroll—Review Your Pending Actions (continued)

Add Document
Steven Sample

Document Details

Document Type: Birth certificate
Country: All Countries
Category: Benefits
Description: Documents associated with benefits certification - Birth certificate

Context Value:

Attachments:  Drag files here or click to add attachment

Submit **Cancel**

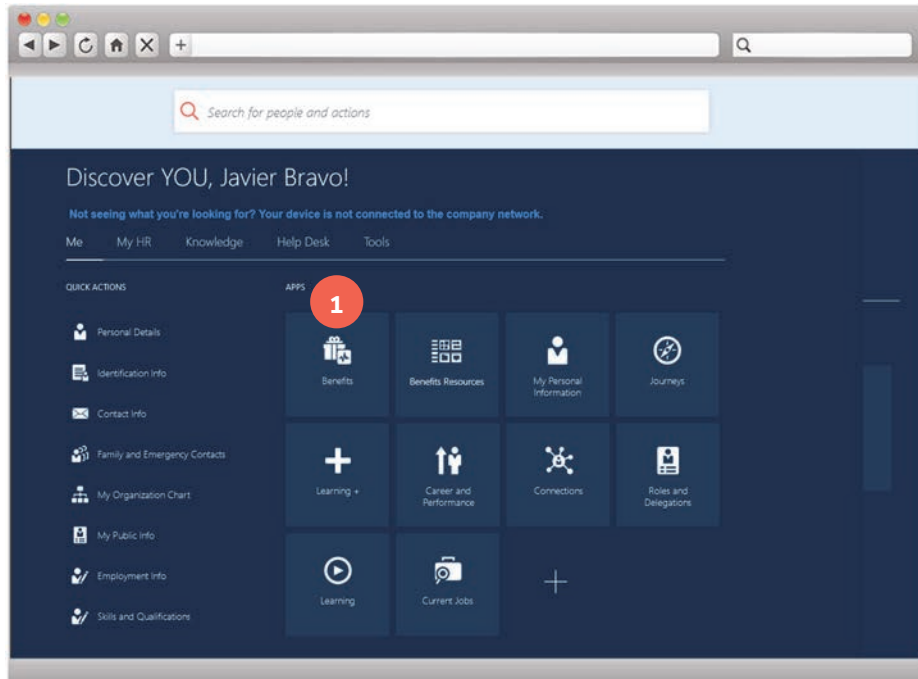
Pending Actions

View any pending actions that need to be completed to finish your benefits enrollment.

- 1 Drag your digital copy of your dependent's verification document here.
- 2 Leave **Content Value** blank.
- 3 Click on the **Submit button**.



How to Change Your HSA Contribution

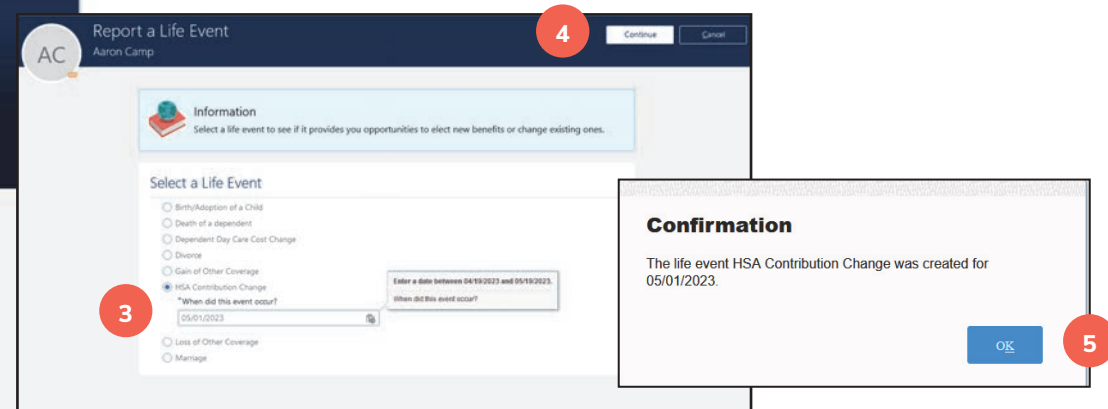
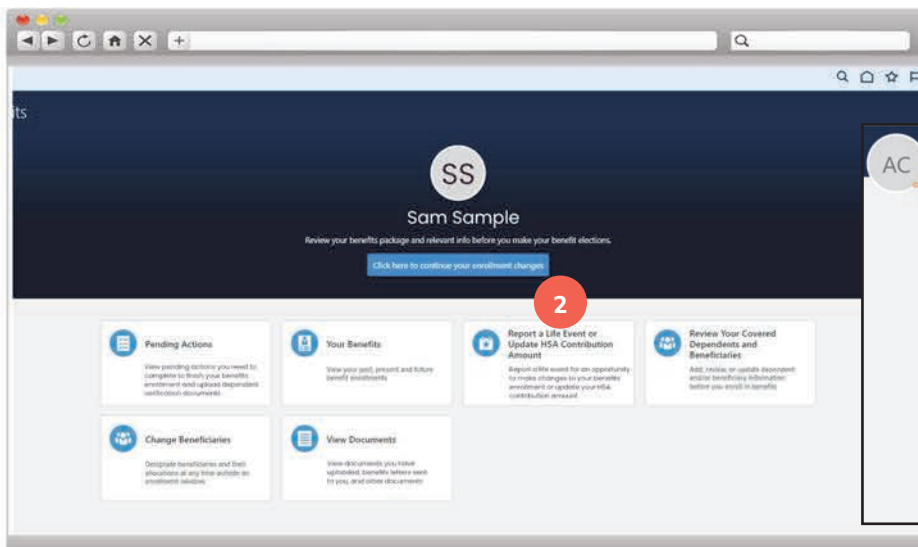


Log in to myACI

To change your HSA contribution amount any time during the year, log in to myACI at myACI.albertsons.com. Enter your **LDAP** or **Employee ID** (retail associates) and password and click on the **Sign In** button.

- 1 From the **Me** page, click on the **Benefits** tile.
- 2 Click on **Report a Life Event or Update HSA Contribution Amount**.
- 3 Under **Select a Life Event**, click next to **HSA Contribution Change** and enter the date you want to change your HSA contribution amount.
- 4 Click **Continue** button at the top of the page.
- 5 You will see a **Confirmation pop-up** indicating the life event HSA contribution change was created. **Click OK**.

[Continued on next page](#)



How to Change Your HSA Contribution (continued)

Spending Accounts 7 Continue Cancel

PLEASE NOTE:
Enroll in a Health Savings Account (HSA) or Flexible Spending Accounts below.

Health Savings Account (HSA)

Health Savings Account
[See More Info](#)
To complete your 1st time enrollment into this plan, you must first open an HSA account by contacting Fidelity at 866-956-3433 or click the link.

☒ Associate Only
2,377.00 Annually

69.94 6
Associate Weekly Cost


Albertsons Companies Benefit Program 8 Submit Cancel

Currency in USD

Your Total Cost

69.94
Per Pay Period

AC 9 Confirmation
Albertsons Companies Benefit Program

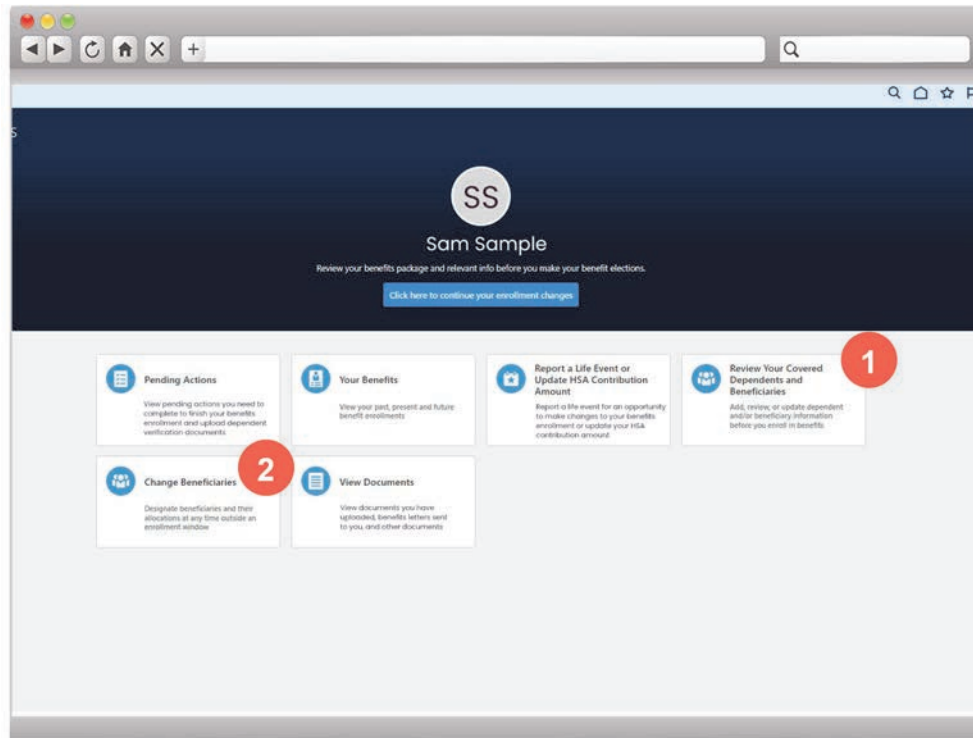
 **Confirmation**
Your benefit elections were saved.
You can make changes until 11:59 PM MST, 05/31/2023.

- 6 To change your weekly HSA contribution amount, click on the pencil in the Health Savings Account section.
- 7 Once you have updated your HSA contribution amount, Click **Continue** at the top of the page.
- 8 Click the **Submit** button.
- 9 When you see the **Confirmation** page, your HSA contribution change has been accepted.





Updating a Beneficiary Outside of an Enrollment Window



To add or update beneficiary information **during an enrollment window**, update the beneficiary information on the enrollment screen for basic life, basic AD&D, optional life, optional AD&D or long-term disability.

You can use the **Change Beneficiaries page** outside of an enrollment event window to change or update beneficiary information for beneficiaries you have previously designated in myACI as a beneficiary for life, accidental death and dismemberment (AD&D) insurance or long-term disability (LTD) coverage (if enrolled).

- 1 To add a new individual or organization as a beneficiary, you must first add them as a Contact in the **Review Your Covered Dependents and Beneficiaries tile**. **Note that you can only add individuals or beneficiary organizations as a Contact during an enrollment event window (such as a new hire enrollment event or annual Open Enrollment event)**. Any new individual or beneficiary organization you wish to designate as a beneficiary must be added as a contact before the date of your most recent enrollment event window closed.
- 2 Once they have been added as a Contact, you can then designate them as a beneficiary here on the **Change Beneficiaries page**.

To add a new beneficiary or update beneficiary information during an enrollment event window, you will add or update your beneficiary information on the enrollment screens for life, AD&D or LTD coverage. **You cannot add or update beneficiary information through the Change Beneficiaries tile while an enrollment event window is open.**

REMINDER: Your beneficiaries must first be added on the **Covered Dependents and Beneficiaries tile** before they can be designated as your beneficiaries. When you add an individual or beneficiary organization as a contact, use your date of hire as the effective date of the life event. If you use a date after the current enrollment window end date, your contact will not be added.