



YOUR
SUCCESS
IS OUR
BUSINESS

Benefits How-To:
Benefits Enrollment in Connect
Reference Guide for Canadian Employees



**Our
Values**



Integrity



Respect



Agility



Courage



Ownership

Enroll Now

Do you already have a company-issued email address?

YES



Use Single Sign-On

1. Click on the Connect icon  on your desktop or enter connect.samuel.com in the address bar of your web browser of your Samuel laptop or desktop computer.

If you have a company-issued phone, the Connect icon  will be available on that device as well.

2. Click on the blue 'Company Single Sign-On' button.

Company Single Sign-On

3. If prompted, enter your Samuel-issued email address (User ID) and the password you normally use to login to your computer.

Helpful Hints - IMPORTANT

- Only connect.Samuel.com should be entered! (Do NOT include www or http:// in the URL.)
- Recommend using Chrome or Firefox browsers (not Internet Explorer)

Technical Support

If you need to update your personal email or have any difficulties logging in, please contact IT at 866-281-6060 or itservicedesk@samuel.com
(available 7am-7:30pm EST)

Failure to provide this information may limit your ability to participate in other company programs.

NO



Use Personal Email Address

1. Enter connect.samuel.com in the address bar of your web browser of your desktop or any other mobile device. You will need a personal email address, your user name and password to log in.
2. **If you don't know your personal email address on record with Samuel**, contact your HR representative. If they are unavailable, contact 'Technical Support'.
3. **If you don't know your user name**, click on the 'Forgot Password' link. You can also contact your HR representative or email connect@samuel.com

- Enter your personal email address that you have a record with Samuel. Select '*Forgot user name*', and 'Submit'. You will receive an email confirming your user name.

Forgot Password
samuel-employee@gmail.com
 Forgot user name
 Forgot password
Submit Cancel

4. **If you don't know your password**, click on the 'Forgot Password' link. You can also contact your HR representative or email connect@samuel.com
- Enter your personal email address, select '*Forgot password*', and 'Submit'. You will receive an email with a link to reset your password.

Forgot Password
samuel-employee@gmail.com
 Forgot user name
 Forgot password
Submit Cancel

5. Once your password is reset, return to Connect. (connect.samuel.com)
6. Enter user name & password, and click on the 'Sign In' button.

From Connect My Goals Dashboard screen, click on 'Home'



Click home to start enrollment as a new hire

My Goals Dashboard

Immediate Action - (Red) Needs Alignment - (Yellow) On Track - (Green)

* Review Period Name Person User Name

From Connect home screen, click on 'Benefits'

Good morning, Zack!

The screenshot shows the Connect home screen. At the top left, the 'Me' tab is highlighted with a red box. Below the header, there are two columns of icons. The 'QUICK ACTIONS' column on the left includes: Notification Settings, Personal Details, Document Records, Additional Person Info, Identification Info, Contact Info, Family and Emergency Contacts, My Organization Chart, and My Public Info. The 'APPS' column on the right includes: Directory, Journeys, Pay, Absences, Career and Performance, Personal Information, Learning, Benefits, Current Job Openings, and My Goals Dashboard. The 'Benefits' icon, which shows a gift box with a heart, is highlighted with a red box. A blue arrow points from a blue-bordered box containing the text 'Click here' to the 'Benefits' icon. At the bottom left of the screen, there is a 'Show More' link.

Click on the button to enroll in Benefits.

Click here to
enroll / re-enroll in
Benefits

The screenshot shows a user interface for Zack Smith. At the top, there is a circular profile picture with the initials 'ZS' and the name 'Zack Smith'. Below the name, a message reads: 'Before you enroll, review Your Benefits, and visit samuel-benefits.ca'. A red-bordered button labeled 'Start Enrollment' is highlighted, with a blue arrow pointing to it from a callout box on the left. Below this, there are five white cards with blue icons and text:

- Pending Actions**: Address your open items to complete enrollment.
- Your Benefits**: See your current, past, and future enrollments.
- Report a Life Event**: Record a life event for enrollment opportunities.
- Document Records**: Upload documents required to complete Benefit Enrollment.
- Review Employee Resources**: Review enrollment guidelines before you enroll.

Validate the information in 'People to Cover' page.



Information

Before you proceed, add people you wish to select as dependent and / or beneficiaries Please add your dependents and beneficiaries before you proceed to the enrollment page. People to select as dependent and / or beneficiaries, add them now before you enroll.

Note: Smoker or Non-Smoker status must be selected for dependent spouse. Smoker status includes the use, in any form whatsoever, of tobacco nicotine, or cannabis mixed with tobacco in the last 12 months. This will be used for any Spousal Optional Life Insurance if applied for.

Dependent means:

- Your spouse, legal, common-law or former spouse.
- Your unmarried children under age 22, or under age 26 if they are full-time students. Children under age 22 are not covered if they are working more than 30 hours a week, unless they are full-time students.

Children who are incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder begins before they turn 22, or while they are students under 26, and the disorder has been continuous since that time.

Scenario 1.

If the 'People to Cover' page is accurate and complete, click 'Continue'.

Continue

Cancel

People to Cover

Spouse X
Spouse

Child X
Child

Scenario 2.

If you need to add a new dependent/beneficiaries, click on '+Add' button.

Please assign smoker/non status for Dependent "Spouse" under '+Add' button

Please Add all dependent/beneficiaries before skipping to next page

+ Add

Select a Program

Select a Benefit



Canada Harmony

- 
- Select Canada Harmony to view and elect your benefits
 - Click Canada Pension to view only



Canada Pension

Read the article carefully and click on 'Accept' if you'd like to continue. Now you will need to go into each individual plan.

By completing the enrollment process:

- **You acknowledge and agree to comply with the terms and conditions** regarding benefit plans, including limitations, as described in the Benefit Enrollment Guide, Plan Booklets, Plan Documents, and Quick Reference Guide. While the online enrollment process may provide you with some information regarding the terms and conditions of the available benefit plans, you acknowledge that this information should not be construed or interpreted as adding or revising any plan terms, and that the official plan documents (including the Quick Reference Guide) are controlling.
- **Plan Booklets and Quick Reference Guide can be found on Samuel's benefit website:** <https://samuel-benefits.ca/Resources/Contact>
- **Once effective, legal restrictions do not allow you to change your elections** outside of the enrollment period, unless you experience a qualified life event during the year or in the event Samuel, Son & Co., Limited is required to comply with an applicable court order. Your Health Spending Account will change to the corresponding medical level that you have chosen. Your Health Spending Account will be adjusted accordingly.
- **You authorize any payroll deductions** necessary for your coverage and any changes you make to your coverage in the future.
- **You certify that all dependent and beneficiary information is correct and complete**, and that enrolled dependents meet the eligibility requirements described in the applicable Plan Booklet.
- **If you do not submit all required documentation**, your submitted elections may not become (or remain) effective. With respect to dependent coverage, Samuel, Son & Co., Limited may require that you provide information verifying dependent eligibility. You acknowledge that the failure to provide such verifying documentation within the time period allotted may result in the denial of coverage for your dependents. Documentation may be required in other circumstances as well, such as an evidence of insurability (EOI) form for certain life insurance coverages, before elections can take effect.
- **You acknowledge** that any fraudulent statements, intentional misrepresentations, or material omissions of relevant information may result in the loss of coverage and disciplinary action, including up to termination of employment.
- **It is your responsibility to contact the Health & Retirement Department, at benefits.ca@samuel.com**, within **31 days** of when any enrolled dependent ceases to be eligible or to add any newly eligible dependents.
- **Samuel, Son & Co., Limited reserves the right to modify, amend, suspend, or terminate** its benefit plans, including the right to replace or cancel current coverages offered. You acknowledge that the benefits offered during this open enrollment are in no way promised benefits and are subject to change or termination in the sole discretion of Samuel, Son & Co., Limited.

I understand that when I enroll, I'm electing benefits for the following two plan years and my elections are binding and subject to change in accordance with the plan provisions and applicable provincial and federal laws. The confirmation statement provided is not an employment agreement.

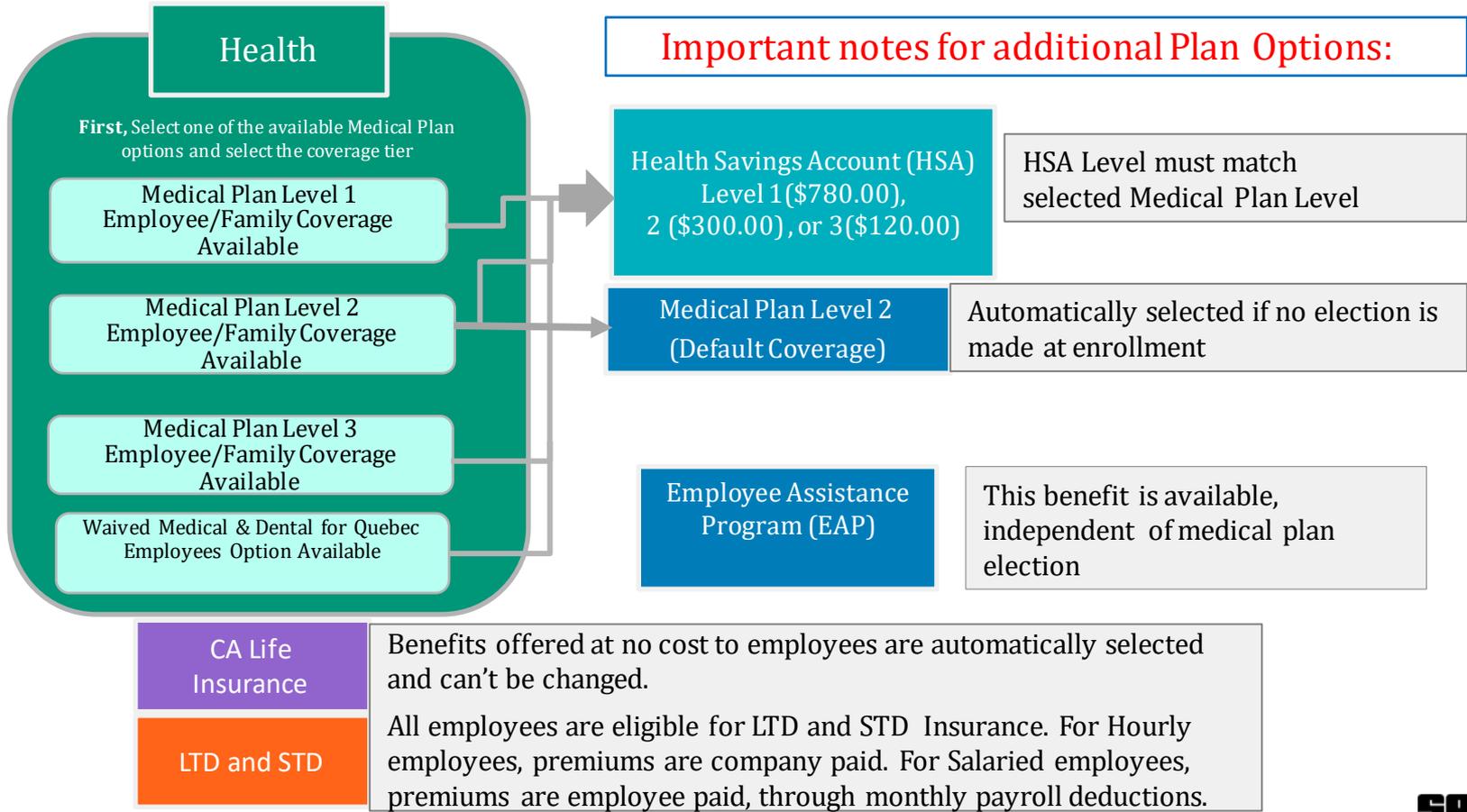
Accept

Decline

Following accepting authorizations, you will elect your benefits, for each of the following sections separately:

- Health and Dental
- Health Saving Account
- CA Life Insurance
- Short Term Disability (STD)
- Long Term Disability (LTD)
- Employee Assistance Program (EAP)

Plan Selection Rules



Health And Dental

Health Savings Account

CA Life Insurance

LTD and STD

Employee Assistance Program

Health and Dental

 Edit

Health

Med Plan Level 3

Family

Who's covered?

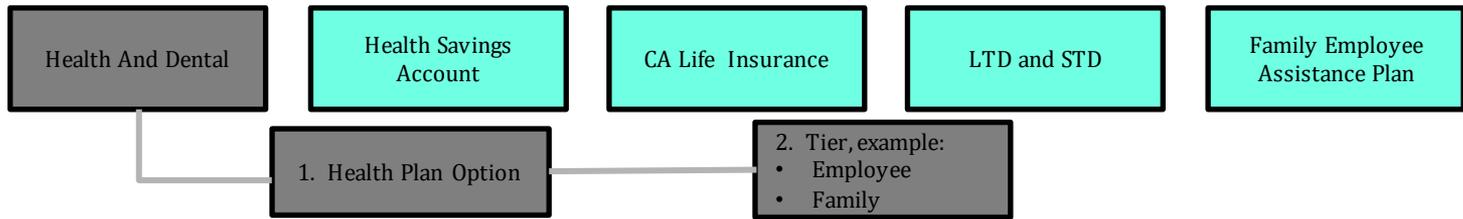
You

Click on 'Edit' button to choose plan level.

CA Dental

CA Dental

Covered



Health

Med Plan Level 1

Employee Only

Family

Med Plan Level 2

Employee Only

Family

Med Plan Level 3

Employee Only

Family

Select Plan under each benefit section, then select the coverage tier (☑)

- Employee Only
- Family (when you have two or more dependents)

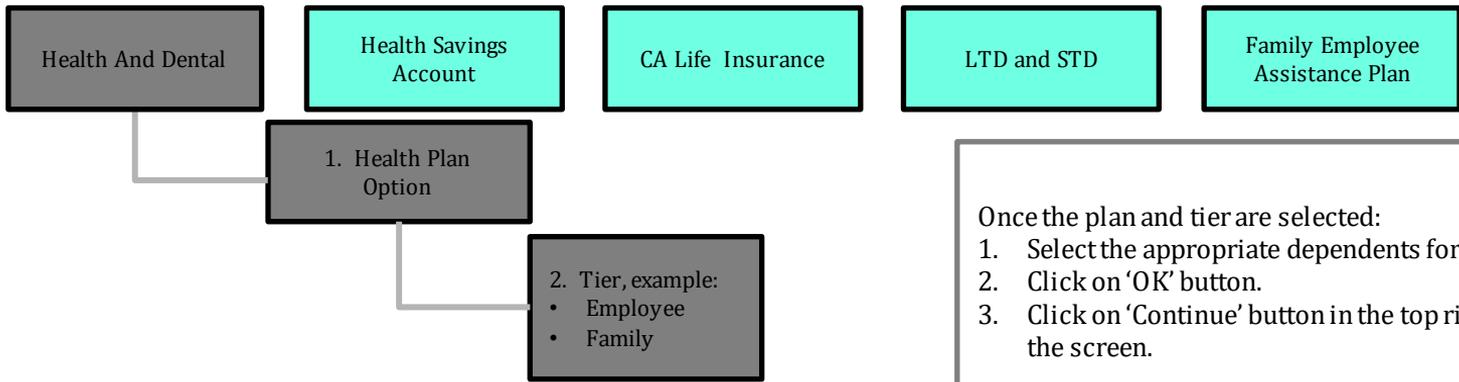
You haven't picked any dependents yet.

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

Med Plan Level 3
Family

Who do you want to cover?

- Spouse X (Spouse)
- Child X (Child)



Once the plan and tier are selected:

1. Select the appropriate dependents for each tier.
2. Click on 'OK' button.
3. Click on 'Continue' button in the top right corner of the screen.



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

Med Plan Level 3
Family

Your Dependents are applicable for health & dental plan but will only show under health plan

Who do you want to cover?

- Spouse X (Spouse)
- Child X (Child)

Health and Dental

Health Savings
Account

CA Life Insurance

LTD & STD

Family Employee
Assistance Plan

Health Saving Account

Click on 'Edit' button.



HSA

HSA Health Plan level 3
Covered

• IMPORTANT *
**The HSA Level must match
the Medical Plan Level previously elected**



Health and Dental

Health Savings Account

CA Life Insurance

LTD & STD

Family Employee Assistance Plan

Based on the tier you've selected,
1. Select the desired annual contribution amount from the drop down.
2. Click on 'Continue' button in the top right corner of the screen.

Currency in CAD

Your Total Cost 0.00 Per Pay Period

Continue **Cancel**

2

HSA

HSA Health Plan level 1

Covered
Coverage Amount 780.00

HSA Health Plan level 2

Covered
Coverage Amount 300.00

HSA Health Plan level 3

Covered
Coverage Amount 120.00

1

The HSA Level must match the Medical Plan Level previously elected

Health and Dental

Health Savings Account

CA Life Insurance

LTD & STD

Family Employee Assistance Plan

- 1. Life Insurance
- 2. AD&D
- 3. Health Out of Country

 Edit

CA Life Insurance

Life Insurance

 You haven't picked any beneficiaries yet.

Basic Life
1.5 X Annual Salary Covered



AD&D

 You haven't picked any beneficiaries yet.

AD&D Plan
1.5 X Annual Salary Covered



Health Out of Country

Out of Country/Province Emergency Coverage
Covered



click on 'Edit' to see coverage amount and Optional Life Coverage Available

Health and Dental

Health Savings Account

CA Life Insurance

LTD & STD

Family Employee Assistance Plan

Basic Life

 You haven't picked any beneficiaries yet.

1.5 X Annual Salary Covered

Coverage Amount
90,000.00

Employer paid
19.98



Optional Employee Life

Covered

Coverage Amount
10,000.00

Select the option(s) you want to enroll in. Within each option,
1. Select the desired coverage amount from the drop down.
2. Select dependents who need to be covered.
3. Click on 'OK' button.
4. Click on 'Continue' button in the top right corner of the screen.

Optional Spousal Life

Covered
6.72 Annually

Coverage Amount
10,000.00

0.56
Employee paid monthly

click on 'Pencil' to assign beneficiaries for Default Basic Life Coverage



Health and Dental

Health Savings Account

CA Life Insurance

LTD & STD

Family Employee Assistance Plan

Basic Life

OK Cancel

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

Basic Life

1.5 X Annual Salary Covered

Coverage Amount
90,000.00

Employer paid
19.98

Primary Beneficiaries

-  Spouse X
-  Child X

<input type="text" value="50"/>	%
<input type="text" value="50"/>	%

 0% left

Assign beneficiaries with more than 0% allocation or leave blank



Health and Dental

Health Savings Account

CA Life Insurance

LTD & STD

Family Employee Assistance Plan

Optional Employee Life



Covered
4.68 Annually

Coverage Amount
10,000.00

Primary Beneficiaries
Spouse X(50%), Child X(50%)

0.39

Employee paid monthly

Optional Employee Life is defaulted as non-smoker rate. If smoker, please contact HR admin to see the correct rate

Optional Spousal Life



Covered
6.72 Annually

Coverage Amount
10,000.00

Who's covered?
You, Spouse X

Optional Life rates are dependent on the Insured Person's age and tobacco use. Please contact HR admin for details.

0.56

Employee paid monthly

- Coverage for the Optional Employee is max of \$350K
- Optional Spouse coverage is available up to max of \$350K
- Evidence of Insurability is required. See Pending Actions following election submission

Health and Dental

Health Savings Account

CA Life Insurance

LTD & STD

Family Employee Assistance Plan

AD&D Plan

 You haven't picked any beneficiaries yet.

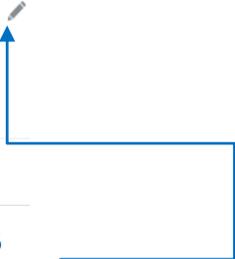
<input checked="" type="checkbox"/>	1.5 X Annual Salary Covered		
	Coverage Amount 90,000.00	Employer paid 1.26	

Optional Employee AD&D

<input type="checkbox"/>	Covered 1.92 Annually		0.16 Employee paid monthly
	Coverage Amount 10,000.00		

Optional Family AD&D

<input type="checkbox"/>	Covered 2.88 Annually		0.24 Employee paid monthly
	Coverage Amount 10,000.00		



click on 'Pencil' to assign beneficiaries for Default AD&D Plan Coverage

Health and Dental

Health Savings Account

CA Life Insurance

LTD & STD

Family Employee Assistance Plan

AD&D Plan

OK Cancel

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

AD&D Plan

1.5 X Annual Salary Covered

Coverage Amount
90,000.00

Employer paid
1.26

Primary Beneficiaries

 Spouse X

 Child X

%
 %

 0% left

Assign beneficiaries with more than 0% allocation or leave blank

Health and Dental

Health Savings Account

CA Life Insurance

LTD & STD

Family Employee Assistance Plan

Optional Employee AD&D

You haven't picked any beneficiaries yet.

Covered
1.92 Annually

Coverage Amount
10,000.00

0.16
Employee paid monthly

Optional Employee AD&D Rate is dependent on coverage amount Only

- Optional employee AD&D Coverage is available up to max of \$350K
- Optional Family AD&D Coverage is available up to max of \$350K

Optional Family AD&D

You haven't picked any dependents yet.

Covered
2.88 Annually

Coverage Amount
10,000.00

0.24
Employee paid monthly

Optional Family AD&D Rate is dependent on coverage amount only

Health and Dental

Health Savings Account

CA Life Insurance

LTD & STD

Family Employee Assistance Plan

Optional Employee AD&D

Covered

Coverage

10000

Annual Amount

1.92

Primary Beneficiaries

Spouse X

Child X

50 %
50 %

0% left

OK Cancel

0.16

Employee paid monthly

Assign beneficiaries with more than 0% allocation or leave blank

Health and Dental

Health Savings Account

CA Life Insurance

LTD & STD

Family Employee Assistance Plan

Optional Family AD&D

OK Cancel

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

Optional Family AD&D

Covered

0.24
Employee paid monthly

Coverage

10000

Annual Amount

2.88

Who do you want to cover?

- Spouse X (Spouse)
- Child X (Child)

Assign Depended for Optional Family AD&D Plan

Health and Dental

Health Savings Account

CA Life Insurance

LTD & STD

Family Employee Assistance Plan

LTD and STD

STD

STD Plan Covered

Edit

Click on 'Edit' button to see details.

LTD

LTD Plan Salaried Covered
Coverage Amount 2,875.00
Annual Amount 651.36

• LTD Plan Premium amount is paid by employee for Salaried Employee

54.28

LTD Plan

Hourly Covered

• LTD Plan Premium amount is paid by employer for Hourly Employee so no rate

Health and Dental

Health Savings Account

CA Life Insurance

LTD & STD

Family Employee Assistance Plan

Family Employee Assistance Plan

 Edit

Family Employee Assistance Plan

Family Employee Assistance Plan

Covered

Always set as covered by default



Review each of your elections and deduction amounts, then click on 'Submit'

The screenshot shows the 'Canada Harmony' web interface. At the top right, there is a 'Submit' button highlighted with a red box. A blue callout box points to it with the text: 'Confirm the details of all enrolled plans and click on 'Submit' when you are done.' Below the header, the 'Your Total Cost' is displayed as '\$4.28 Per Month', also highlighted with a red box. A blue callout box points to this amount with the text: 'Be sure to review the total deductions. **Important note:** Your benefits selections will remain in effect until 31/1/2022, unless you experience a qualified life event. If you experience a qualified life event, you must enroll in and submit your benefits elections via Connect within 31 days of the event. (example: Marriage or divorce, Birth or adoption, death of a dependent, etc.)' The main content area shows sections for 'Health and Dental' (with an 'Edit' button), 'Health' (with a warning: 'You haven't picked any dependents yet.'), 'CA Dental', and 'Health Saving Account'.

Confirmation Page in Canada Harmony

Confirmation Canada Harmony

Print



Confirmation

Your benefit elections were saved.

Actions Required (FOR CANADIAN EMPLOYEES ONLY):

1 - Print & Sign Benefit Confirmation Statement:

Click the back button (<) to go back to Benefits screen -> Click Your Benefits -> Press Print to generate your Benefits Confirmation and Summary -> Sign and date, in ink, your printed Benefit Confirmation Summary

2 - Scan & Attach Benefit Confirmation Statement:

Click the back button (<) to go back to Benefits screen -> Click Document Records -> Press Add, then in Document Type dropdown, scroll to select Beneficiary -> Attach your scanned signed and dated Benefit Confirmation Summary, then press Submit.

Alternatively, you can send your scanned Benefit Confirmation and Summary to benefits.ca@samuel.com or you can mail your signed Benefit Confirmation and Summary to the Samuel Son & Co., Limited, Health and Retirement Department. 1900 Ironoak Way, Oakville, Ontario, L6H 0N1.

You can make changes until 11:59 PM EST, 12/17/21.

[Enroll in Other Benefits](#)

Pending Actions

Click on 'Pending Actions' tile to find any pending actions.

zs
Zack Smith
Before you enroll, review Your Benefits, and visit samuel-benefits.com
Make Changes

Pending Actions
Address your open items to complete enrollment

Your Benefits
See your current, past, and future enrollments

Report a Life Event
Record a life event for enrollment opportunities

Document Records
Upload documents required to complete Benefit Enrollment

Review Employee Resources
Review enrollment guidelines before you enroll

You will receive a pending action when:

- You request optional life coverages and are required to complete an evidence of insurability for approval from insurance company
- Forget to Assign Beneficiaries for Life Insurance Coverages
- Forget to assign Dependents for Medical Plan Coverages



HR admin will forward you these forms for any optional coverages requested during enrollment

Report a Life Event within 31 days of the event

ZS
Zack Smith

Before you enroll, review Your Benefits, and visit samuel-benefits.ca

[Make Changes](#)

Pending Actions
Address your open items to complete enrollment

Your Benefits
See your current, past, and future enrollments

Report a Life Event
Record a life event for enrollment opportunities

Document Records
Upload documents required to complete Benefit Enrollment

Review Employee Resources
Review enrollment guidelines before you enroll

Select a Life Event

- Divorce
- Gain Child
- Lose Dependent
- Marriage
- Update Beneficiaries
- Update Optional Plans

>>Select a Life Event
>>People to Add
>>Your Total Cost
>>Submit
>>Print & Sign Benefit Confirmation Statement by following the printing steps

Need Help

Please contact the help desk for trouble connecting to CONNECT.

Other questions, Please e-mail benefits.ca@samuel.com

The End