



# 2021 Annual Benefits Election via the Employee Self Service Portal (ESS)



# Enrollment via the Employee Self-Service Portal (ESS)

- Enrollment Timeframe
- Accessing the Employee Self Service Portal (ESS)
- Enrollment Process
- Reviewing & Saving Elections
- Printing Confirmation Statements
- Voluntary Benefits

# *When to Utilize ESS?*

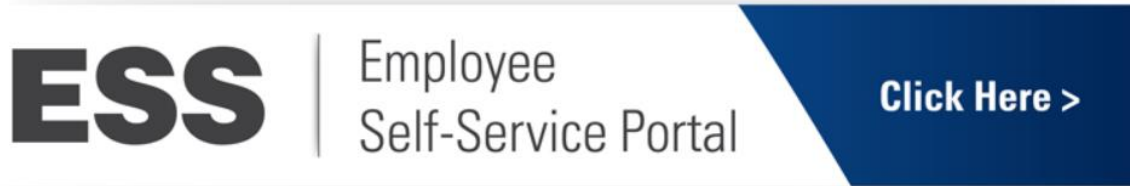
## *2021 Annual Benefits Election*

- November 2, 2020 through November 13, 2020
- Benefits are effective January 1, 2021



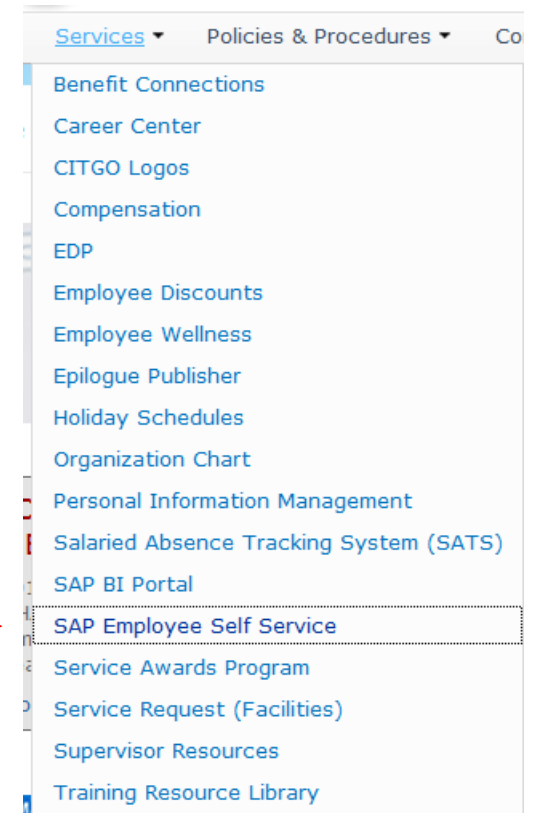
# How to Utilize ESS for Annual Benefits Election

- Go to the CITGO Intranet Home Page
- Click on the Employee Self-Service Portal tile on the Home Page



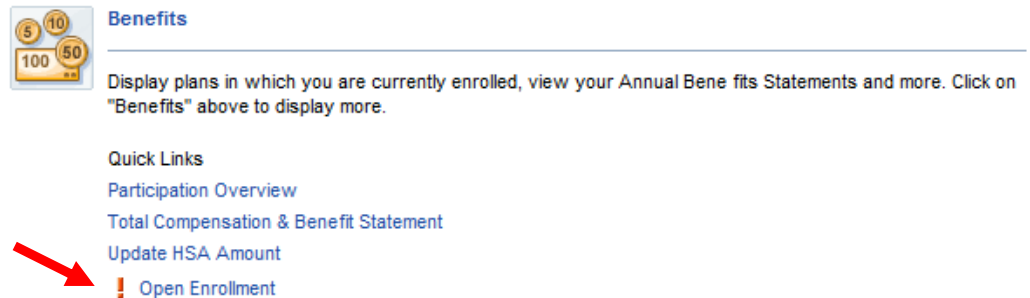
OR

- Click on SAP Employee Self Service under Services



# Accessing the ESS System for Annual Benefits Election

- To begin the Annual Benefits Election process:
  - Click on “Open Enrollment” under Benefits.



**NOTE: You may receive a “locked” message on the following days:**

- **November 4**
- **November 5**
- **November 9**
- **November 10**

This is due to payroll processing. ***Please try back at a later time.***

# Navigating the Employee Self-Service Portal (ESS)

## Step 1 – Personal Profile

- After accepting the Terms and Conditions, you will be at the first Open Enrollment screen.
- Here you may review your Personal Profile.
- Select “Next” to proceed to Step 2.

**Open Enrollment: Step 1 of 8 (Personal Profile)**

Previous | Next | Save | Edit Personal Profile

1 Personal Profile | 2 Dependents and Beneficiaries | 3 Benefits Summary | 4 Health Plans | 5 Insurance Plans | 6 Savings Plans | 7 Flexible Spending Accounts | 8 Review and Save

**Personal Data**

Full name:

**Addresses**

**Permanent residence**

Street Name:

City:

Telephone Number:

# Step 2 – Dependents and Beneficiaries

- Your current dependents will appear. **If your dependents are not listed on this screen, you will need to call the Benefits HelpLine at 1-888-443-5707 or email [Benefits@citgo.com](mailto:Benefits@citgo.com).**
- Although there is an option to “Edit Dependents and Beneficiaries,” **you are unable to change, add or delete dependents in ESS and must call or email the Benefits HelpLine.**
- Click “Next” to go to Step 3.

**Open Enrollment: Step 2 of 8 (Dependents and Beneficiaries)**

◀ Previous | Next ▶ | Save | Edit Dependents and Beneficiaries

1 Personal Profile    2 **Dependents and Beneficiaries**    3 Benefits Summary    4 Health Plans    5 Insurance Plans    6 Savings Plans    Flexible Sp

**Dependents**

**Child**

Name:

Date of Birth:

**Emergency contact**

Name:

If your dependents are not listed on this screen, you will need to call the Benefits HelpLine at 1-888-443-5707 or email [benefits@CITGO.com](mailto:benefits@CITGO.com).

# Step 3 – Benefit Summary

- Here you are able to review your currently elected 2020 benefits, along with the plans that you are not enrolled in.
- Click “Next” to go to Step 4.

**Open Enrollment: Step 3 of 8 (Benefits Summary)**

< Previous   Next >   Save

1 Personal Profile   2 Dependents   **3 Benefits Summary**   4 Health Plans   5 Insurance Plans   6 Savings Plans   7 Flexible Spending Accounts   8 Review and Save

### Benefit Elections Summary


Plan Type	Starts On	Status	Plan Name	Option	Credit Amount	Coverage
Medical	01/01/2021	Current	<a href="#">Self Directed Health Plan</a>	Self Directed Health Plan		Family
Dental	01/01/2021	Current	<a href="#">Dental</a>	Dental Plus		Family
Vision	01/01/2021	Current	<a href="#">Vision Plan</a>	Vision Plus		Family
Optional Life	01/01/2021	Current	<a href="#">Salaried Optional Life</a>	3X Base Pay		
Dependent Life	01/01/2021	Current	<a href="#">Dependent Life Spouse</a>	Spouse Coverage		
Dep Life Child	01/01/2021	Current	<a href="#">Dependent Life Children</a>	\$5000 Option		

### Plans not Enrolled In

Plan Type
Personal Acc
Health Savings
Health Spending
Dep Spending



# Step 4 – Health Plans







- In this step you are able to review your current Health plans and edit your current elections.
- To change a plan selection, click on the “Edit” icon  next to the Plan you wish to change.

**Open Enrollment: Step 4 of 8 (Health Plans)**

< Previous   Next >   Save   Cancel

1 Personal Profile   2 Dependents   3 Benefits Summary   **4 Health Plans**   5 Insurance Plans   6 Savings Plans   7 Flexible Spending Accounts   8 Review and Save

**Enroll in Health Plans**

Acti...	Plan Type	Starts On	Status	Plan Highlights	Plan Name	Option	Coverage
 	Medical	01/01/2021	Current	<a href="#">Medical Plan Highlights</a>	<a href="#">Self Directed Health Plan</a>	Self Directed Health Plan	Family
 	Dental	01/01/2021	Current	<a href="#">Dental Plan Highlights</a>	Dental	Dental Plus	Family
 	Vision	01/01/2021	Current	<a href="#">Vision Plan Highlights</a>	Vision Plan	Vision Plus	Family

# Step 4 – Health Plans – Changing Plans

- After clicking on the “Edit” icon, the following screen will appear which will allow you to change your plan.







Select a Medical Plan ☐ ✕

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Medical	PPO	Participant only	102.00 USD Monthly	
Medical	PPO	Participant/Children	242.00 USD Monthly	
Medical	PPO	Participant & Spouse	260.00 USD Monthly	
Medical	PPO	Family	401.00 USD Monthly	
Medical	EPO	Participant only	129.00 USD Monthly	
Medical	EPO	Participant/Children	308.00 USD Monthly	


Enroll Dependents

Add Cancel

- To change or add a plan, simply select the new plan desired to highlight it and click “Add.” Remember to check the box by each dependent you want on the plan.
- Your new selection will now show in the enrollment summary with the status of “New.”

Enroll in Health Plans							
Acti...	Plan Type	Starts On	Status	Plan Highlights	Plan Name	Option	Coverage
 	Medical	01/01/2021	New	<a href="#">Medical Plan Highlights</a>	Medical	PPO	Family
 	Dental	01/01/2021	Current	<a href="#">Dental Plan Highlights</a>	Dental	Dental Plus	Family
 	Vision	01/01/2021	Current	<a href="#">Vision Plan Highlights</a>	Vision Plan	Vision Plus	Family

# Step 4 – Health Plans – Changing Plans




- To remove a plan, click on the trash can icon  under Actions.

Open Enrollment: Step 4 of 8 (Health Plans)

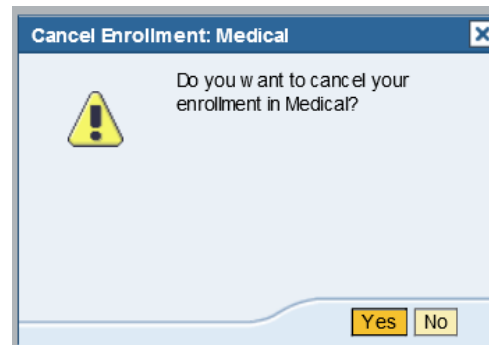
< Previous Next > Save

1 Personal Profile 2 Dependents 3 Benefits Summary 4 Health Plans 5 Insurance Plans 6 Savings Plans 7 Flexible Spending Accounts 8 Review and Save

Enroll in Health Plans


Plan Type	Starts On	Status	Plan Highlights	Plan Name	Option	Coverage
 Medical	01/01/2020	New	<a href="#">Medical Plan Highlights</a>	<a href="#">Self Directed Health Plan</a>	Self Directed Health Plan	Family
 Dental	01/01/2020	New	<a href="#">Dental Plan Highlights</a>	Dental	Dental	Participant/Children
 Vision	01/01/2020	New	<a href="#">Vision Plan Highlights</a>	<a href="#">Vision Plan</a>	Vision Plus	Participant & Spouse

- A dialogue box will appear asking you to confirm deletion of your plan. Click “Yes” to confirm or “No” to cancel.
- If you delete a plan, the status will change to Waived.



- Changes to your dental and vision plans will follow the same steps.
- After completing your changes, press “Next” to go to the next step.

# Step 5 – Insurance Plans








- In this Step you can review your life and accident insurance plans and edit your current elections.
- Similar to the Health Plans, to change a plan selection, click on the “Edit” icon  next to the Plan you wish to change.

**Open Enrollment: Step 5 of 8 (Insurance Plans)**

< Previous   Next >   Save   Cancel

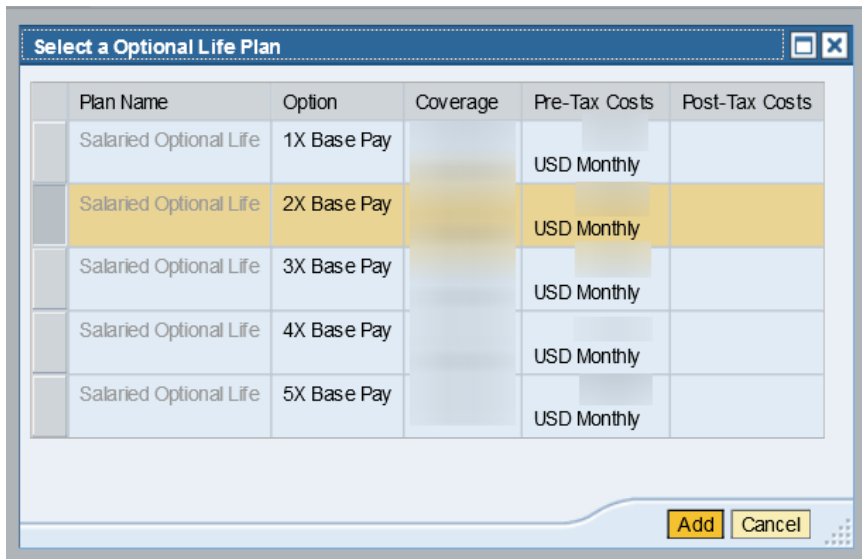
1 Personal Profile   2 Dependents   3 Benefits Summary   4 Health Plans   **5 Insurance Plans**   6 Savings Plans   7 Flexible Spending Accounts   8 Review and Save

**Enroll in Insurance Plans**

Acti...	Plan Type	Starts On	Status	Plan Name	Option	Coverage
 	Optional Life	01/01/2021	Current	<a href="#">Salaried Optional Life</a>	3X Base Pay	
 	Dependent Life	01/01/2021	Current	<a href="#">Dependent Life Spouse</a>	Spouse Coverage	
 	Dep Life Child	01/01/2021	Current	<a href="#">Dependent Life Children</a>	\$5000 Option	
	Personal Acc	01/01/2021				

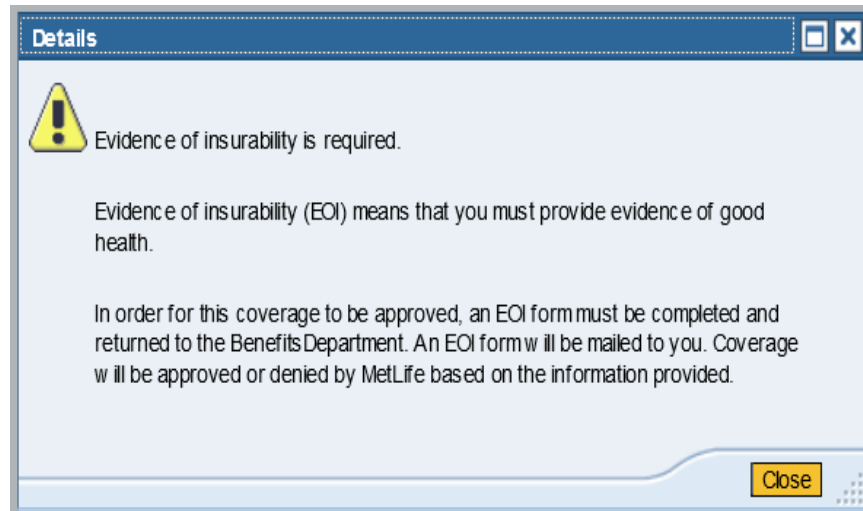
# Step 5 – Insurance Plans – *Salaried Optional Life*

- If you are not currently enrolled in Salaried Optional Life, salaried employees may elect up to 5 times their annual salary.
- If you are increasing your coverage **more than** 1 time you will be subject to complete a Statement of Health (SOH) (also known as Evidence of Insurability).
- **Your new coverage will not begin until the SOH is approved by MetLife.**



The screenshot shows a dialog box titled "Select a Optional Life Plan" with a table of options. The table has five columns: Plan Name, Option, Coverage, Pre-Tax Costs, and Post-Tax Costs. The second row, representing a 2X Base Pay option, is highlighted in yellow. At the bottom of the dialog are "Add" and "Cancel" buttons.

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Salaried Optional Life	1X Base Pay		USD Monthly	
Salaried Optional Life	2X Base Pay		USD Monthly	
Salaried Optional Life	3X Base Pay		USD Monthly	
Salaried Optional Life	4X Base Pay		USD Monthly	
Salaried Optional Life	5X Base Pay		USD Monthly	



The screenshot shows a "Details" dialog box with a yellow warning triangle icon. The text inside reads: "Evidence of insurability is required. Evidence of insurability (EOI) means that you must provide evidence of good health. In order for this coverage to be approved, an EOI form must be completed and returned to the Benefits Department. An EOI form will be mailed to you. Coverage will be approved or denied by MetLife based on the information provided." A "Close" button is located at the bottom right.

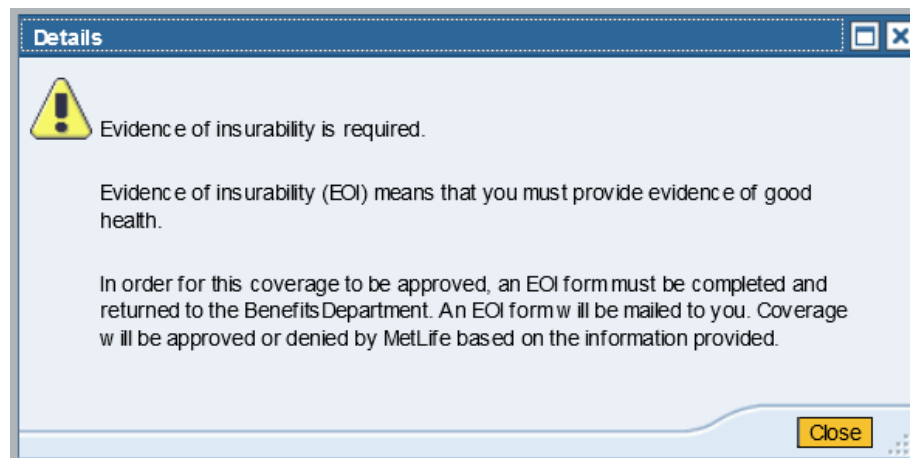
**!** Evidence of insurability is required.

Evidence of insurability (EOI) means that you must provide evidence of good health.

In order for this coverage to be approved, an EOI form must be completed and returned to the Benefits Department. An EOI form will be mailed to you. Coverage will be approved or denied by MetLife based on the information provided.

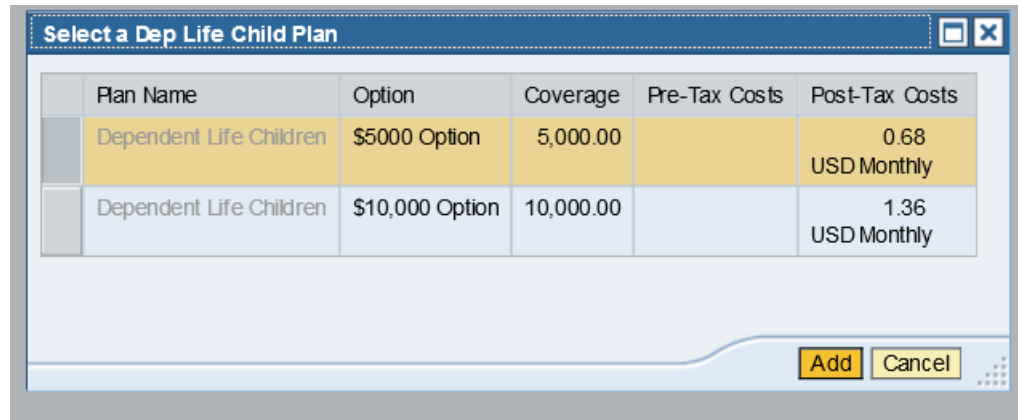
## Step 5 – Insurance Plans – *Salaried Dependent Spouse Life*

- To elect or make changes to your Dependent Spouse Life plan:
  - Click on the “Edit” or “Add” icon
  - Enter a number (0 - 24) in the highlighted “Additional Unit” space
  - Select “Add”
- A Statement of Health (Evidence of Insurability) will be required if you previously did not have Dependent Spouse Life insurance or increase the coverage amount.
- Further, your spousal insurance cannot exceed more than 50% of the combined amount of your Basic & Optional life insurance.
- **New coverage will not begin until the SOH is approved by MetLife.**



# Step 5 – Insurance Plans – *Salaried Dependent Child Life*

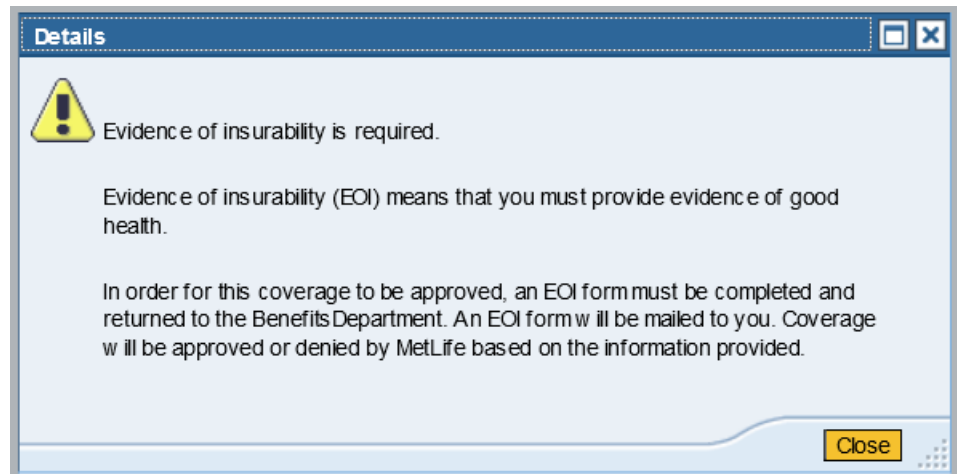
- You may elect to cover your eligible child(ren) at either:
  - \$5,000 or
  - \$10,000
- A Statement of Health (Evidence of Insurability) will be required if you previously did not have Dependent Child Life insurance or increase coverage from \$5,000 to \$10,000.
- **New coverage will not begin until the SOH is approved by MetLife.**



The screenshot shows a dialog box titled "Select a Dep Life Child Plan". It contains a table with the following data:

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Dependent Life Children	\$5000 Option	5,000.00		0.68 USD Monthly
Dependent Life Children	\$10,000 Option	10,000.00		1.36 USD Monthly

At the bottom right of the dialog box, there are two buttons: "Add" and "Cancel".



The screenshot shows a dialog box titled "Details" with a yellow warning icon. The text inside reads:

Evidence of insurability is required.

Evidence of insurability (EOI) means that you must provide evidence of good health.

In order for this coverage to be approved, an EOI form must be completed and returned to the Benefits Department. An EOI form will be mailed to you. Coverage will be approved or denied by MetLife based on the information provided.

At the bottom right of the dialog box, there is a "Close" button.

# Step 5 – Insurance Plans – Hourly Pre- and Post-Retirement Life

- **Hourly** employees may elect a combined total of 3Xs their annual base pay under Pre- and Post-Retirement Life Insurance.
- You may only elect a maximum of 2Xs your annual base pay for the Post-Retirement Life.
- The system will allow you to choose more; **however**, once you click on “Review Enrollment,” you will receive an error message at the top of the screen “Condition for combined coverage limit 3SAL for plan LH21 not fulfilled.”
- Please adjust your elections to reflect the **3Xs** maximum coverage:
  - Click on “Review Enrollment” located at the bottom of the screen to review your update.

**Open Enrollment: Step 5 of 8 (Insurance Plans)**

< Previous   Next >   Save   Cancel

1 Personal Profile   2 Dependents   3 Benefits Summary   4 Health Plans   **5 Insurance Plans**   6 Savings Plans   7 Flexible Spending Accounts

**Enroll in Insurance Plans**

Acti...	Plan Type	Starts On	Status	Plan Name	Option
	OptLife Pre1	01/01/2021	New	Pre-Ret Life	Current Coverage Amount
	OptLife Pre1	01/01/2021	Pending	Pre-Ret Life	1X Base Pay
	OptLife Pre2	01/01/2021	New	Pre-Ret Life	Current Coverage Amount
	OptLife Pre2	01/01/2021	Pending	Pre-Ret Life	1X Base Pay
	OptLife Pre3	01/01/2021			
	Dependent Life	01/01/2021			
	OptLife Post1	01/01/2021	New	Post-Ret Life	Current Coverage Amount
	OptLife Post1	01/01/2021	Pending	Post-Ret Life	1X Base Pay
	OptLife Post2	01/01/2021			

**Details**

Evidence of insurability is required.

Evidence of insurability (EOI) means that you must provide evidence of good health.

In order for this coverage to be approved, an EOI form must be completed and returned to the Benefits Department. An EOI form will be mailed to you. Coverage will be approved or denied by MetLife based on the information provided.

Close




# Step 5 – Insurance Plans – *Hourly Dependent Life*

- If you are **not currently enrolled** in this plan, then you may elect it during Open Enrollment if you have pre- or post-retirement life insurance as well.
- A Statement of Health (Evidence of Insurability) will be required if you previously did not have Dependent Life insurance.
- **New coverage will not begin until the SOH is approved by MetLife.**

Dependent Life	01/01/2021			
Dependent Life	01/01/2021	Pending	Dependent Life Active	Option \$7500

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Dependent Life Children Only	Option \$1500	1,500.00		2.28 USD Monthly
Dependent Life Active	Option \$7500	7,500.00		2.28 USD Monthly

**Details**

 Evidence of insurability is required.

Evidence of insurability (EOI) means that you must provide evidence of good health.

In order for this coverage to be approved, an EOI form must be completed and returned to the Benefits Department. An EOI form will be mailed to you. Coverage will be approved or denied by MetLife based on the information provided.

Close

# Step 5 – Insurance Plans – *Personal Accident*

- Choose an option:
  - Employee Only Coverage
  - Family Coverage
- Next, you will need to enter a number (0 – 148) in the highlighted “Additional Unit” space.
- Click “Add.”
- Minimum coverage is \$10,000 and maximum coverage is \$750,000 (Salaried) and \$500,000 (Hourly).

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Salaried Personal Accident	Employee only Coverage	10,000.00	USD Monthly	
Salaried Personal Accident	Family Coverage	10,000.00	USD Monthly	

**Additional Coverage**

Additional Unit:  x  USD

Total Insurance Coverage:

# Step 6 – Savings Plans

- You must elect the amount to be deducted for payroll every year for your HSA. Changes to your current payroll deductions can be made at any time through the Employee Self-Service Portal (ESS).
- Health Savings Account (HSA) annual contribution maximums for 2021 are:
  - \$3,600 Employee Only
  - \$7,200 Employee + One or more
  - If you are 55 or older, “catch-up” contributions of \$1,000 per year are available above these limits.
- When calculating your HSA contributions, it is important to include the amount of the Healthy Rewards Incentives you plan to earn in your calculations.**

## For example:

### Annual Max: \$3,600 Employee Only

- ❖ \$ 500 SDHP Annual Enrollment Incentive
- ❖ \$ 500 CITGO Healthy Rewards Incentive

\$2,600 Individual Annual Payroll Contribution

The “pre-tax amount” you will enter will be \$108.33 (\$2,600 divided by 24 pay periods).

**Hourly employees need to divide by 26 (Lemont and Lake Charles) or 24 (Corpus only) pay periods depending on your work location.**

Enter Health Savings Plan Information

Select Plan

Plan Name
Health Savings Account

Regular Contribution

Period: Semi-monthly

Pre-Tax Amount:  USD ( Minimum 0.00 USD - Maximum 300.00 USD )

Add Cancel

# Step 7 – Flexible Spending Accounts

- Your last enrollment choices will be for the Flexible Spending Accounts (FSA). You must elect your FSA amounts **annually**:
  - For the Dependent Day Care elect a minimum of \$120 to a maximum of \$5,000 per year
  - For the Health Care Flexible Spending Account elect a minimum of \$120 to a maximum of \$2,750 per year
  - For the Limited Health Care Flexible Spending Account elect a minimum of \$120 to a maximum of \$2,750 per year
- Select the spending account and then enter your “Annual Contribution Amount” in the box and click “Calculate” to determine your contribution per pay period. Then click on “Add” to confirm.
- Select “Next” after completing your selections.

**Enter Health Spending Plan Information** ☐ ×

---

**Select Plan**

Plan Name	Enroll in One Plan
Health Care Spending Account	
Limited Flex Spending Account	Self Directed Health Plan

Details: Annual Contribution for Health Care Spending Account for period 01/01/2021 - 12/31/2021

Annual Contribution Amount:  USD ( Minimum 120.00 USD - Maximum 2,750.00 USD )

Amount per Paycheck:  USD

# Step 8 – Review and Save

- Once you have completed making all of your 2021 benefit elections, you will proceed to Step 8, **Review and Save**.
- This step will allow you to **review your elections** to ensure that you have completed all your desired changes for 2021.

**Open Enrollment: Step 8 of 8 (Review and Save)**

< Previous   Next >   Save   Cancel

1 Personal Profile   2 Dependents   3 Benefits Summary   4 Health Plans   5 Insurance Plans   6 Savings Plans   7 Flexible Spending Accounts   8 **Review and Save**

**Plans to be Added**

Plan Type	Starts On	Status	Plan Name	Option	Credit Amount	Coverage
Health Savings	01/01/2021	New	<a href="#">Health Savings Account</a>			
Health Spending	01/01/2021	New	<a href="#">Limited Flex Spending Account</a>			

**Plans to be Changed**

Plan Type	Starts On	Status	Plan Name	Option	Credit Amount	Coverage
Medical	01/01/2021	Current	<a href="#">Self Directed Health Plan</a>	Self Directed Health Plan		Family
	01/01/2021	New	<a href="#">Self Directed Health Plan</a>	Self Directed Health Plan		Participant only
Vision	01/01/2021	Current	<a href="#">Vision Plan</a>	Vision Plus		Family
	01/01/2021	New	<a href="#">Vision Plan</a>	Vision		Family
Optional Life	01/01/2021	Current	<a href="#">Salaried Optional Life</a>	3X Base Pay		
	01/01/2021	New	<a href="#">Salaried Optional Life</a>	4X Base Pay		
Dependent Life	01/01/2021	Current	<a href="#">Dependent Life Spouse</a>	Spouse Coverage		
	01/01/2021	New	<a href="#">Dependent Life Spouse</a>	Current Coverage Amount		
Dep Life Child	01/01/2021	Pending	<a href="#">Dependent Life Spouse</a>	Spouse Coverage		
	01/01/2021	Current	<a href="#">Dependent Life Children</a>	\$5000 Option		
	01/01/2021	Pending	<a href="#">Dependent Life Children</a>	\$10,000 Option		

**Unchanged Plans**

Plan Type	Starts On	Status	Plan Name	Option	Credit Amount	Coverage
Dental	01/01/2021	Current	<a href="#">Dental</a>	Dental Plus		Family

# Step 8 – Review and Save

- It is **very important** that you thoroughly review your 2021 benefit elections.
- Your plan selections can **only** be saved at this time.
- You will need to:
  - Click the “Save” button located at the top of the screen.

**Open Enrollment: Step 8 of 8 (Review and Save)**

< Previous   Next >   **Save**   Cancel

1 Personal Profile   2 Dependents   3 Benefits Summary   4 Health Plans   Insu

### Plans to be Added

Plan Type	Starts On	Status	Plan Name
Health Savings	01/01/2021	New	<a href="#">Health Savings Account</a>
Health Spending	01/01/2021	New	<a href="#">Limited Flex Spending Account</a>

### Plans to be Changed

Plan Type	Starts On	Status	Plan Name
Medical	01/01/2021	Current	<a href="#">Self Directed Health Plan</a>
	01/01/2021	New	<a href="#">Self Directed Health Plan</a>
Vision	01/01/2021	Current	<a href="#">Vision Plan</a>
	01/01/2021	New	<a href="#">Vision Plan</a>
Optional Life	01/01/2021	Current	<a href="#">Salaried Optional Life</a>
	01/01/2021	New	<a href="#">Salaried Optional Life</a>
Dependent Life	01/01/2021	Current	<a href="#">Dependent Life Spouse</a>
	01/01/2021	New	<a href="#">Dependent Life Spouse</a>
	01/01/2021	Pending	<a href="#">Dependent Life Spouse</a>
Dep Life Child	01/01/2021	Current	<a href="#">Dependent Life Children</a>
	01/01/2021	Pending	<a href="#">Dependent Life Children</a>

### Unchanged Plans

Plan Type	Starts On	Status	Plan Name
Dental	01/01/2021	Current	<a href="#">Dental</a>

# Printing Confirmation Statement

- After saving your elections, you will have an opportunity to print a confirmation statement.
- Please review it for accuracy and retain it for your records.
- Click on the link: “Print Benefit Elections Summary” under “What do you want to do next?” to print your Confirmation Statement.

## Open Enrollment

✔ Data saved successfully

**What do you want to do next?**

[Print Benefit Elections Summary](#)

[Go to Enrollment](#)

[Go to Benefits Participation Overview](#)

### Benefit Elections Summary

Plan Type	Starts On	Status	Plan Name
Medical	01/01/2021	Current	<a href="#">Self Directed Health Plan</a>
Dental	09/01/2020	Current	<a href="#">Dental</a>
Vision	01/01/2021	Current	<a href="#">Vision Plan</a>
Other Plans	09/01/2020	Current	<a href="#">Employee Assistance Program</a>
Basic Life	01/01/2012	Current	<a href="#">Basic Life</a>
Optional Life	01/01/2021	Current	<a href="#">Salaried Optional Life</a>
Dependent Life	01/01/2021	Current	<a href="#">Dependent Life Spouse</a>
Dependent Life	01/01/2021	Pending	<a href="#">Dependent Life Spouse</a>
Dep Life Child	01/01/2012	Current	<a href="#">Dependent Life Children</a>
Dep Life Child	01/01/2021	Pending	<a href="#">Dependent Life Children</a>
Long Term Dis	06/16/1999	Current	<a href="#">Long Term Disability</a>
Occ Acc Death	06/16/1999	Current	<a href="#">Occupational Accidental Death</a>
Catch Up Contri	01/01/2020	Current	<a href="#">RASP Catch-up Contribution</a>
DC Savings Plan	01/01/2020	Current	<a href="#">RASP 401(k) Plan</a>
Health Savings	01/01/2021	Current	<a href="#">Health Savings Account</a>
DB Retirement	11/01/1999	Current	<a href="#">Salaried Pension Plan</a>
Health Spending	01/01/2021	Current	<a href="#">Limited Flex Spending Account</a>



# Confirmation Statement

- It is important for you to review your final Confirmation Statement for any administrative errors.
- CITGO administrative errors must be reported within 31 days of the first payroll deduction or invoice issued by contacting the **Benefits Helpline at 1-888-443-5707 or by email at [Benefits@CITGO.com](mailto:Benefits@CITGO.com)**.
- It is highly encouraged that all employees retain a copy of the final Confirmation Statement for your records and review your first 2021 payroll benefit deductions for accuracy.





# Voluntary Benefits

- CITGO employees may enroll in the following voluntary benefits which become effective January 1, 2021 with premiums to be paid in full by the employee through payroll deductions.
  - Critical Illness insurance offered by TransAmerica and managed by Mercer
  - Accident insurance offered by TransAmerica and managed by Mercer
  - Pre-paid Legal Services offered by Hyatt/MetLaw and managed by Mercer
- To enroll, visit <https://citgo.e.paylogix.com> or call 1-877-649-6624 for more details.
- **CITGO does not maintain or endorse these voluntary benefit programs.** Additional information regarding enrollment in these voluntary benefits will be sent directly from the providers and will be available at [www.hr.citgo.com](http://www.hr.citgo.com).
- If you are already enrolled in these voluntary benefits, your coverage will continue to 2021 and until you cancel the coverage.

# Annual Benefits Election Process

*Congratulations!* You have now completed the **2021 Annual Benefits Election** process.

You are welcome to make additional changes to your elections during the Annual Benefits Election period of:

**November 2, 2020 through November 13, 2020**

**All changes must be made by 11:59 pm on Friday, Nov 13, 2020.**

If you have any questions regarding your benefit elections, contact:

## Benefits

1-888-443-5707 *Helpline*

[Benefits@CITGO.com](mailto:Benefits@CITGO.com) *Email*

