

GT Talent Services

BENEFITS | COMPENSATION | HRIS | OPERATIONS | PROGRAMS & POLICIES
STAFF INTEGRATION | TALENT ACQUISITION | WELLNESS



CONNECTING YOU,
CONNECTING US

2025 OPEN ENROLLMENT

*For Benefits Effective January 1 –
December 31, 2025*

Open Enrollment 2025: Essential Information



Open Enrollment Dates:

Monday, October 14th at 9 am ET – Monday, October 28th at 6 pm ET

Where to Enroll: **GT Workday** at <http://gtworkday.gtlaw.com/>



- Log on to GTWorkday to complete Open Enrollment even if you do not want to make changes to your benefits.
- **FSA elections do not roll over** from year to year. Continuation of this benefit requires re-enrollment annually. Additionally, HSA maximum contribution limits also change each year.



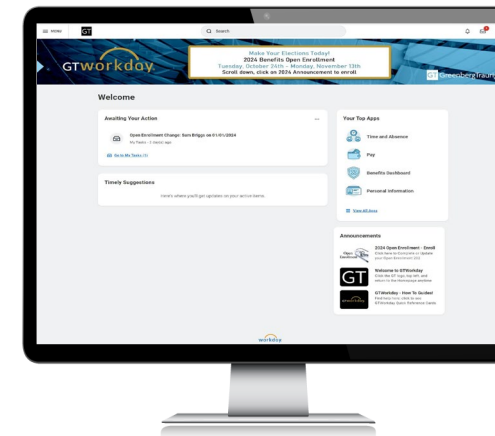
Dependent and Beneficiary Information:

- Verify dependent information and eligibility.
- You will need your dependent's correct SSN and Date of Birth when enrolling, as well as your life insurance beneficiary information.



- New physical ID cards will **only** be mailed to new enrollees or current enrollees who have opted out of paperless communications from UHC.
 - If you want physical ID cards mailed, you will need to ensure paperless is turned off in your UHC account settings by visiting www.myuhc.com or using the mobile app.

[GTWorkday](#) is your source for everything benefits enrollment!



2025 New Programs and Annual Reminders!

Level2 Diabetes Management

- **NEW!**
- Help members lower glucose to improve **type 2 diabetes**.
- No-cost continuous glucose monitor (CGM) to see your glucose in new ways.
- Receive virtual access to a clinical care team, coaches, and a step-by-step method to build new habits and feel better
- Learn more about this program during our live OE session on 10/16 at 12 PM EST

Calm/Calm Health

- **For all employees!**
- The Calm App through the Optum EAP helps tackle stress, get a good night's sleep, and feel more present in your life.
- **For UHC medical plan members!**
- Calm Health provides personalized, self-paced programs, courses, and tools designed to strengthen the connection between body and mind.

Family Planning and Life Journey Resources

- **Expanding GT's Maven Programs!**
- The largest virtual clinic for women's and family health
- Offers continuous, holistic support for fertility*
- Family building through maternity, adoption and surrogacy**, parenting, pediatrics, and menopause
- **Learn more about Maven:**
- More information in the 2025 Benefits Brochure
- Attend our live Maven OE session on 10/23 at 2:00 PM EST

HSA and FSA Maximums

- **2025 HSA / FSA Updates!**
- Health Savings Account (HSA) contribution maximum increases:
 - Individual: \$4,300
 - Family: \$8,550
 - Catch up contributions for those age 55+ remain at \$1,000
- Health Care Flexible Spending Account (FSA)
 - ***Expected to increase to \$3,300
 - *** Rollover amount expected to increase to \$660

*Health care fertility benefits are available under the Tiered PPO and One Step plans only and are administered by UHC/Optum through the Fertility Solutions program.

**Available to all US benefits-eligible employees. Medical plan enrollment not required.

***Healthcare Flexible Spending Accounts (FSA). The IRS has not yet confirmed 2025 maximums.

Changes for 2025

Medical Benefits

Network Plan:

- In-Network Primary Care Physician office visit copay for **Tier 2** providers changes from \$40.00 to \$50.00
- In-Network Specialist copay for **Tier 1** providers changes from \$45 to \$50
- Emergency Room copay changes from \$250 to \$500
- Outpatient Hospital services copay changes from \$250 + deductible + 20% coinsurance to \$500 copay + deductible + 20% coinsurance

Tiered PPO:

- Out-of-Pocket maximums increase to match HSA maximum increase

One Step PPO:

- In-Network and Out-of-Network deductibles / out-of-pocket maximums increase to match HSA maximum increase

Contributions

- Minimal increases to medical contributions and dental contributions

Understanding Your Benefits Basics

Copay	<ul style="list-style-type: none">▪ A predetermined (flat) fee that you pay for health care services.▪ For example, in the Network Plan, you pay a \$25 copay for Tier 1 physician charges related to a Primary Care office visit. The plan covers the rest of the cost for that visit.
Deductible	<ul style="list-style-type: none">▪ The amount you pay before the insurance company starts paying for eligible expenses.▪ For example, if you have a \$2,500 deductible and a \$3,000 medical bill, you pay the first \$2,500 and your insurance starts to cost share with on the remaining \$500.
Coinsurance	<ul style="list-style-type: none">▪ The percentage of a covered medical expense that you pay after meeting your deductible. It's a cost-sharing arrangement between the insured and the plan.▪ For example, in the Tiered PPO Plan, once you have satisfied your deductible you pay 20% toward the charges for an office visit and the plan pays 80%.
Out of Pocket Maximum (OOPM)	<ul style="list-style-type: none">▪ The most you will pay for eligible medical services in a plan year.▪ For example, if your in-network OOPM is \$4,300, you pay \$4,300 (this includes the in-network deductible) and the plan will pay 100% of additional eligible expenses.

Understanding Out-of-Network Benefits

- **In-Network Providers** have agreed to contracted fees with UHC for their services and cannot “balance bill” you for fees above their contracted amount with UHC. The eligible costs you pay are applied to your In-Network Deductible and In-Network Out-of-Pocket maximum.
- If you receive treatment from an **Out-of-Network (OON)** provider, your eligible costs will be applied to the Out-of-Network deductible and Out-of-Pocket maximum.
 - OON providers do not have contracted fees with UHC for their services and may be reimbursed differently than In-Network providers. This may result in higher out-of-pocket costs for you.
 - OON providers may “balance bill” you for charges deemed “ineligible” under the medical plan. Out-of-pocket costs that you pay for balance billed or ineligible amounts do not apply to your plan deductible or to your plan out-of-pocket maximum.
- If you do use an OON provider, GT has a third-party advocacy service available at no additional cost to you through your UnitedHealthcare plan benefits.
 - Naviguard will attempt to negotiate an appropriate amount with the provider when a member is balance billed.
 - Call the number on the back of your member ID card and UnitedHealthcare Member Services will initiate your case with Naviguard.

Find UHC Choice/Choice Plus In-Network Providers Online at www.myuhc.com

UHC Medical Plan Comparison

Important 2025 plan updates noted in red

BENEFITS	NETWORK PLAN Choice Network	TIERED PPO PLAN Choice Plus Network		ONE STEP PPO PLAN* Choice Plus Network	
	In-Network Only	In-Network	Out-of-Network**	In-Network	Out-of-Network**
Calendar Year Deductible	\$750 Ind / \$1,500 Fam	\$2,500 Ind / \$5,000 Fam	\$4,000 Ind / \$8,000 Fam	\$4,300 Ind / \$8,550 Fam	\$4,300 Ind / \$8,550 Fam
Out-of-Pocket Maximum	\$2,000 Ind / \$4,000 Fam	\$4,300 Ind / \$8,550 Fam	\$6,000 Ind / \$12,000 Fam	\$4,300 Ind / \$8,550 Fam	\$6,000 Ind / \$12,000 Fam
Coinsurance (you pay after deductible)	20%	10% or 20%	30%	0%	30%
Preventive Care (eligible services)	No charge	No charge	30% after ded.	No charge	30% after ded.
Primary Care Physician (PCP) / Specialist	Tier 1 PCP: \$25 copay Tier 2 PCP: \$50 copay Tier 1 Specialist: \$50 copay Tier 2 Specialist: \$75 copay	Tier 1: 10% after ded. Tier 2: 20% after ded.	30% after ded.	0% after ded.	30% after ded.
Telemedicine	\$25 copay	10% after ded.	Not Covered	0% after ded.	Not covered
Urgent Care	\$75 copay	20% after ded.	30% after ded.	0% after ded.	30% after ded.
Emergency Room	\$500 copay	20% after ded.	20% after ded.	0% after ded.	0% after ded.
Hospital Inpatient / Outpatient	\$500 copay, then 20% after ded. / \$500 copay , then 20% after ded.	20% after ded.	30% after ded.	0% after ded.	30% after ded.

* The One Step PPO Plan is closed to new members. Only current participants may remain in the plan.

** Out-of-network covered benefits are processed by UHC on a reference-based pricing methodology that, per UHC, is objectively derived, market-based and defensible.

Certain benefits such as fertility / infertility treatment and bariatric surgery are not available on the Network plan. This is a summary of benefits only. Additional coverage information can be found in the Benefits Brochure accessible through GTWorkday.

Medical Contributions - Monthly

Business Staff

	NETWORK PLAN	TIERED PPO PLAN	ONE STEP PPO PLAN**
Employee Only	\$93.31	\$93.31	\$361.44
Employee + Spouse	\$387.25	\$387.25	\$927.42
Employee + DP*	\$1,006.52	\$989.04	\$1,343.59
Employee + Child(ren)	\$287.67	\$287.67	\$762.40
Employee + Child(ren) + DP*	\$1,200.85	\$1,183.38	\$1,744.52
Employee + Family	\$635.09	\$635.09	\$1,437.63

Managers

	NETWORK PLAN	TIERED PPO PLAN	ONE STEP PPO PLAN**
Employee Only	\$96.50	\$96.50	\$371.81
Employee + Spouse	\$402.07	\$402.07	\$954.05
Employee + DP*	\$1,009.71	\$992.23	\$1,353.96
Employee + Child(ren)	\$298.69	\$298.69	\$784.28
Employee + Child(ren) + DP*	\$1,211.87	\$1,194.40	\$1,766.40
Employee + Family	\$659.40	\$659.40	\$1,478.89

Directors

	NETWORK PLAN	TIERED PPO PLAN	ONE STEP PPO PLAN**
Employee Only	\$184.02	\$184.02	\$601.76
Employee + Spouse	\$656.38	\$656.38	\$1,377.48
Employee + DP*	\$1,097.23	\$1,079.75	\$1,583.91
Employee + Child(ren)	\$481.73	\$481.73	\$1,112.95
Employee + Child(ren) + DP*	\$1,394.91	\$1,377.44	\$2,095.07
Employee + Family	\$1,025.59	\$1,025.59	\$2,076.64

Associates

	NETWORK PLAN	TIERED PPO PLAN	ONE STEP PPO PLAN**
Employee Only	\$203.56	\$203.56	\$665.64
Employee + Spouse	\$726.07	\$726.07	\$1,523.74
Employee + DP*	\$1,116.77	\$1,099.29	\$1,647.79
Employee + Child(ren)	\$532.89	\$532.89	\$1,231.12
Employee + Child(ren) + DP*	\$1,446.07	\$1,428.60	\$2,213.24
Employee + Family	\$1,134.48	\$1,134.48	\$2,206.70

Shareholders

	NETWORK PLAN	TIERED PPO PLAN	ONE STEP PPO PLAN**
Employee Only	\$423.56	\$423.56	\$833.62
Employee + Spouse	\$975.26	\$975.26	\$1,809.26
Employee + DP*	\$1,336.77	\$1,319.29	\$1,815.77
Employee + Child(ren)	\$817.44	\$817.44	\$1,634.88
Employee + Child(ren) + DP*	\$1,730.62	\$1,713.15	\$2,617.00
Employee + Family	\$1,580.92	\$1,580.92	\$2,610.47

- If you are paid **semi-monthly**, multiply the monthly amount above by 12 and divide by 24 to determine your per pay period pre-tax payroll deduction
- If you are paid **bi-weekly**, multiply the monthly amount above by 12 and divide by 26 to determine your per pay period pre-tax payroll deduction

CVS Caremark Rx Coverage

	NETWORK PLAN	TIERED PPO PLAN	ONE STEP PPO PLAN*
Formulary	Value	Advanced Control	Standard
Deductible	No deductible	Medical deductible applies (excludes preventive care medications)	Medical deductible applies (excludes preventive care medications)
Retail Pharmacy (30-day supply) Generic / Preferred Brands / Non-preferred brands	Copays: \$12 / \$60	Copays: \$10 / \$50 / \$100	Member pays cost of Rx until deductible / out-of-pocket is met. Then Plan pays 100%.
Mail Order (90-day supply)	Copays: \$24 / \$120	Copays: \$20 / \$100 / \$200	Plan pays 100% after deductible
PrudentRx Specialty Rx**	Copay: \$0	Not Available	
Human Growth Hormone Rx	Not covered	Covered 50% after deductible with prior authorization until out-of-pocket maximum is reached, then covered 100%	Covered 100% after deductible with prior authorization
Fertility Rx	Not covered	50% after deductible to maximum of \$10,000 Lifetime (Requires coordination with UHC Fertility Solutions)	50% to \$10,000 lifetime Rx maximum (Requires coordination with UHC Fertility Solutions)

* The One Step PPO Plan is closed to new members. Only current enrollees may remain in the plan.

** If you voluntarily opt-out of the PrudentRx program, you will pay a 30% copay for your Specialty Rx.

Pharmacy benefits are only available through In-Network participating pharmacy providers such as CVS Retail, Walgreens, Ralphps, Walmart, Wegmans, HEB, Duane Reade, Kroger, Publix. Find In-Network pharmacies at www.caremark.com

Reminder: You will have a separate ID card from CVS Caremark for the Rx Program

Cigna Dental Plans

BENEFITS	ACCESS PLUS DHMO*	TOTAL DPPO 1**		TOTAL DPPO 2**	
	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible (Ded.) Individual / Family	N/A	\$100 / \$300	\$100 / \$300	\$50 / \$150	\$50 / \$150
Annual Maximum (per person)	None	Year 1: \$1,000, Year 2: \$1,100, Year 3: \$1,200, Year 4: \$1,300***		Year 1: \$2,500, Year 2: \$2,600, Year 3: \$2,700, Year 4: \$2,800***	
Preventive Services	Copay schedule	100%, ded. waived	100%, ded. waived	100%, ded. waived	100%, ded. waived
Basic Services		80%	80%	80%	80%
Major Services		50%	50%	50%	50%
Orthodontia (child and adult)	\$2,400 copay, limitations apply****	50%		50%	
Orthodontia Lifetime Maximum	None	\$1,000		\$2,500	
Out-of-Network Maximum Allowable Amount	N/A	Maximum Allowable In-Network Charge (MAC)		90 th Percentile of Reasonable and Customary Allowance	

* DHMO is NOT available in AK, ME, MO, NH, NM, ND, SD, VT, WY.

** DPPO Plan names in Texas are known as Dental Choice 1 and Dental Choice 2.

*** Increase contingent upon receiving Preventive Services in the previous plan year.

**** See plan documents for additional information.

DMO:

- You must choose a primary care dentist to coordinate all your care (smaller network than the dental PPO network)
- Benefits based on a copay schedule

PPO:

- May receive care from In-Network or Out-of-Network dentists
- Out-of-Network dentists in DPPO1 are paid at a lower reimbursement rate than Out-of-Network dentists in DPPO2 which may increase your out-of-pocket costs
- **Remember** – The annual maximum for the DPPO plans will increase yearly!
 - (This increase is done on an individual basis, only family members that receive preventive dental care under the GT dental plan in 2024 will get the increase for 2025)

To search for a dentist on Cigna.com, visit the site and click "Find a Doctor"

- Access Plus DHMO: CIGNA DENTAL CARE DHMO > Cigna Dental Care Access Plus
- Total DPPO 1 or Total DPPO 2: DPPO/EPO > Total Cigna DPPO

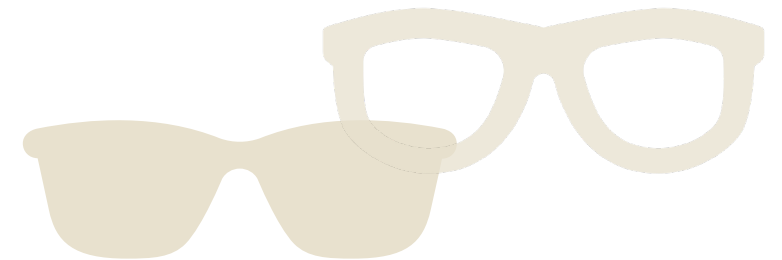


UHC Vision Plan

BENEFIT	VISION PLAN	
	In-Network	Out-of-Network Reimbursement Amount
Exam <i>(Every calendar year)</i>	\$10 copay	Up to \$40
Lenses <i>(Every calendar year)</i> Single / Bifocal / Trifocal	\$25 copay	Up to \$40 / Up to \$60 / Up to \$80
Frames <i>(Every calendar year)</i>	\$150 allowance; 30% off of amounts over \$150	Up to \$45
Contacts – In lieu of frames <i>(Every calendar year)</i>	Conventional: Select Lenses: \$25 copay, up to 4 boxes Non-Select Lenses: up to \$125 allowance Medically Necessary: Covered in full	Conventional: Up to \$125 Medically Necessary: Up to \$210

Find a provider at myuhcvision.com

- **53,000+ providers include major retailers such as Warby Parker, LensCrafters, Pearle Vision, Walmart along with numerous independent providers**



Dental and Vision Contributions - Monthly

Dental Contributions

Changing for 2025

	ACCESS PLUS DHMO	TOTAL DPPO 1	TOTAL DPPO 2
Employee Only	\$16.15	\$32.91	\$57.47
Employee + Spouse	\$29.21	\$64.83	\$113.22
Employee + Child(ren)	\$34.32	\$75.50	\$131.84
Family	\$52.84	\$105.29	\$196.82



Vision Contributions

No changes

Employee Only	\$4.69
Employee + Spouse	\$8.88
Employee + Child(ren)	\$10.43
Family	\$14.66



Optum Bank Health Savings Account (HSA)

Advantages of a Health Savings Account:



- **2025 Contribution Maximums** - \$4,300/individual; \$8,550/family; \$1,000 in catch-up contributions for those age 55+
- **Triple your tax savings*** - No tax on contributions, investment earnings or qualified withdrawals for eligible expenses
- **Using Your Account** - pay for eligible expenses now, save for future expenses, or invest your money for retirement once your balance is \$2,000+
- **It's Your Personal Bank Account** – Use funds for eligible medical expenses even if you switch medical plans, leave GT, retire, or enroll in Medicare.
- **The money follows you** – your **entire** balance rolls over year to year
- **Reminder** - You can't contribute to an HSA if you are enrolled in any part of Medicare per IRS guidelines, but you can use banked HSA funds for eligible expenses!

Enrolling in an HSA for the first time?

Remember to open your personal HSA bank account at optumbank.com using the GT Plan Group#: 711014. GT is unable to deposit your pre-tax payroll deducted contributions until your HSA is active.

Reminder: Under IRS guidelines, Your Health Savings Account may not be used for the expenses of your Domestic Partner or Domestic Partner's dependents unless they are also your tax dependent(s).

*Federal tax savings regardless of your state of residence. State tax savings not available in every state (i.e. CA, NJ). Consult a tax professional for tax-related questions.

Health Equity/WageWorks Flexible Spending Accounts (HCFSA)



Healthcare FSA contributions must be elected annually per IRS guidelines.
 Contribution elections from a prior year do not rollover!

Health Care Flexible Spending Accounts

Standard HCFSA	Limited Purpose HCFSA**
Available to employees that <u>do not</u> contribute to a Health Savings Account (HSA)	Available to Tiered PPO and One Step PPO Plan Members who also contribute to an HSA
Use for medical, dental and vision expenses	Use for eligible dental and vision care expenses; once medical plan deductible is met, you can use funds for eligible medical expenses*
Contribute up to \$3,300/year** - (Currently \$3,200 for 2024)	
Roll over a maximum of \$660** in unused contributions for use in the next Plan Year (Currently \$640 for 2024)	
HealthEquity / WageWorks Debit Card Included Claims may also be filed online at www.wageworks.com or via the EZReceipts app HealthEquity may request verification of healthcare service eligibility	

Reminder: Under IRS guidelines, your Health Care Flexible Spending Account may not be used for the expenses of your Domestic Partner or Domestic Partner's dependents unless they are also your tax dependent.

**Contribution Maximum amount and Maximum Roll Over amount shown are projections only and are pending IRS confirmation. If you elect the maximum and IRS limits are less than predicted, we will automatically adjust your election to the IRS maximum.

* Notify the GT Benefits Team HRBenadmin@gtlaw.com when you've met your deductible so that your Limited Purpose account can be re-set to Standard

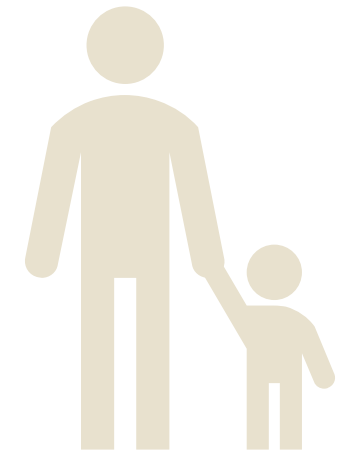
Health Equity/WageWorks Dependent Care Flexible Spending Accounts (DCFSA)

Dependent Care FSA contributions must be elected annually per IRS guidelines.
Contribution elections from a prior year do not rollover!

HealthEquity | WageWorks

- Contribute up to **\$5,000** per household, if married and filing joint tax return; **\$2,500** if married and filing separately
- **Use it or lose it** - use funds by December 31 or they are forfeited
- No rollover of unused funds
- When using for children - benefits end the date the child turns age 13 unless disabled and a tax dependent
- May also use for elder care or care of tax dependent relatives living with you. Consult your tax advisor for guidance before electing contributions
- Debit card not included; file claims online or via mobile app

Reminder: Under IRS guidelines, your Dependent Care Flexible Spending Account may not be used for the expenses of your Domestic Partner or Domestic Partner's dependents unless they are also your tax dependent(s).

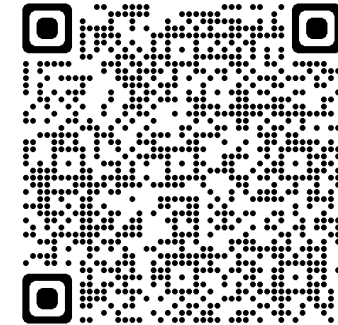


Sun Life Voluntary Benefits



Find the Link in the Benefits Brochure to the Sun Life Benefits Explorer created just for GT or use the QR Code you see here. You'll find in-depth benefits information, helpful videos, and FAQs to help you decide if GT's voluntary offerings will help you create a comprehensive suite of valuable benefits for you and your family.

Visit the Sun Life GT Benefits Explorer Dashboard



Voluntary Optional Life Insurance*

- **For yourself:** purchase up to \$1,450,000
- **For your spouse:** purchase up to \$250,000 (you must also elect coverage)
- **For your children:** purchase up to \$50,000 (you must also elect coverage)

Voluntary Accident Insurance – 2 Options to Choose From

- If you have a covered accident, provides lump-sum benefit to use as you need
- **Coverage includes a \$100 wellness screening benefit with either option**

Critical Illness Insurance

- Provides a lump-sum benefit if you're diagnosed with certain serious medical conditions including, but not limited to heart attack, stroke and certain types of cancer
- Pre-Existing Condition Exclusions apply to this program
- Available only during Annual Enrollment; no medical underwriting required
- **Coverage includes a \$100 wellness screening benefit**

If you were enrolled in Accident or Critical Illness insurance in 2024 – don't forget to claim your \$100 wellness benefit!

It's easy to claim – just call Sun Life at 1-866-806-3619

*Medical underwriting may be required for approval. Coverage won't be active and deductions won't be taken until approved.

Additional Voluntary Benefits and Resources

Long Term Care Insurance: Unum (www.unuminfo.com/greenberg or 1-800-227-4165)

- Covers care and services in nursing homes, assisted living facilities, and at home
- May purchase for yourself, parents & grandparents (Age 18-80), children (Age 18+)
- Do not need to purchase for yourself in order to purchase for a family member
- Medical underwriting may be required

Pet Insurance: Nationwide Insurance (benefits.petinsurance.com/greenberg-Traurig or 1-800-540-2016)

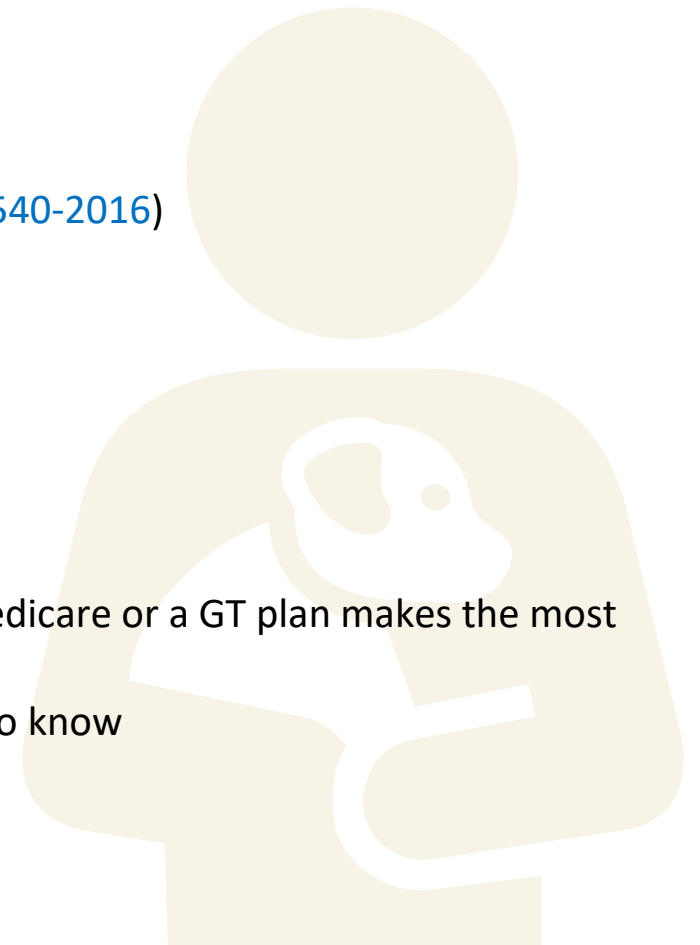
- Choose from two levels of reimbursement: 70% or 50% for your pet
- For additional information or for information on insuring exotic pets contact Nationwide

Milk Stork (No Fees) (<https://www.milkstork.com/GTlaw>)

- Provides breast milk shipping services for working mothers traveling on firm business

Medicare Consulting Service (No Fees)

- Helps Medicare-eligible employees and spouses make informed decisions on whether Medicare or a GT plan makes the most sense for them
- Provides guidance and education on the different parts of Medicare and what you need to know
- No cost for consulting services
- **Email:** James Ryan at james_ryan@opus-pc.com or **Phone:** 914-825-1012



Emotional & Mental Support and Resources

- **Benefits for All Employees and their Household members through the Optum Employee Assistance Program (EAP)**
- **Enrollment in a GT Health Plan is Not Required to Access EAP Services**

Live and Work Well (Optum EAP)

Go to liveandworkwell.com,
password “Greenberg”

Call: 1-866-248-4096

- **FREE**—24/7 resource for all GT employees and household members
- **NO-COST UNLIMITED TELEPHONIC COUNSELING**—help with anxiety, depression, stress,
- **FIVE (5) NO-COST FACE-TO-FACE (in person or telehealth) VISITS**
- **OTHER SERVICES**—work/home/school relationships; babysitter/summer camp resources for kids; financial wellbeing
- **MORE THAN COUNSELING**—help with selling or buying a home, planning a vacation, dealing with lost or stolen luggage, planning for retirement, lifestyle questions, elder care, living wills and more

Substance Use Treatment (SUT) Helpline

24/7 helpline available—call 855-
780-5955

- **FREE**—available to all GT employees and their families
- **CONFIDENTIAL**—immediate help with substance use and addiction issues

2025 Attestations

Annual Tobacco Use and Working Spouse Surcharge Attestation



You (and your spouse) must attest to being tobacco-free or plan to complete a tobacco-cessation program by April 30, 2025, to avoid the additional contribution of \$100 per tobacco user per month through December 31, 2025



You must attest that your enrolled working spouse does not have other employer medical coverage available.

- If your enrolled spouse has employer coverage available but elects GT coverage, you'll pay a \$100 additional monthly contribution for 2025



* The surcharge does not apply if your spouse is self-employed and has an individual health insurance policy, has coverage through a State Exchange policy or is on Medicare or Medicaid

Enrollment Deadline:

6:00pm ET Monday, October 28, 2024

Access GTWorkday from your **GT computer** when signing on for the day or Login to <http://gtworkday.gtlaw.com> from **any computer** with an internet connection using your GT Username and Password. You will not be able to use a mobile device or tablet to complete your enrollment.

You will be required to complete or update the following during Open Enrollment:

- Dependent information **including Social Security Number and Date of Birth**
- Beneficiary information including name, relationship, contact information if it is not already in the GTWorkday system
- Enrollment elections will be saved as you enroll so that if you leave your elections “in progress”, you can pick up where you left off when you return to your enrollment session.
- **Enrollment elections will not be submitted until you click the blue “submit” button when you have finished your elections.**
- Print/Download your 2025 election confirmation for your files
- You have until **October 28th** to make any changes/revisions to your submitted elections. You must click the blue “submit” button when you have completed your changes, or they will not be accepted. **Remember to print/download a copy of your new benefits confirmation if you do make any changes or revisions.**

Need Help?

Open Enrollment Assistance Resources

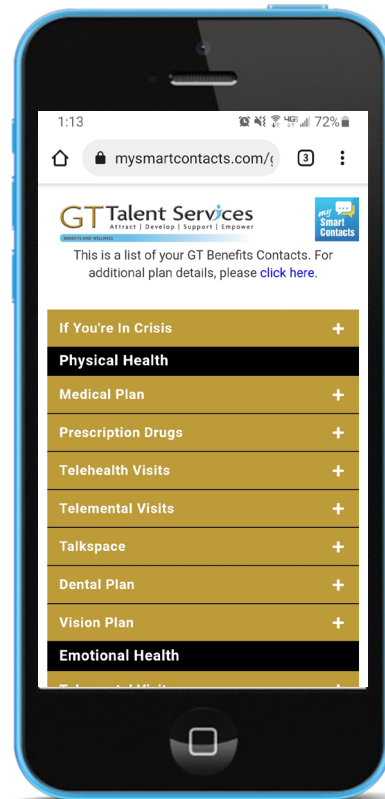
Enrollment Assistance:
Reach Out to Your Local HR or
HRBenadmin@gtlaw.com

Technical Assistance with GTWorkday:
HRIS@gtlaw.com

Assistance Logging In to Your Computer:
GTHelp@gtlaw.com or
1-888-579-0500

GT Benefits: My Smart Contacts

Scan for easy access



Type mysmartcontacts.com/mygtlaw into your phone's browser address bar. Scroll down to the end of the page for instructions on how to add My Smart Contacts to your home page.

It's that easy!

Save to your phone to quickly and easily access GT resources, programs, contact info, and apps, anytime and anywhere.