

Oracle ESS - BENEFITS

While you can view your benefits in ESS at any time, you may only enroll or make changes to your benefits selections during open enrollment or when you have a qualifying life event, such as marriage, divorce, or the birth of a child. (There may be other circumstances which may be considered a qualifying life event, contact the Benefit Advocate Center with questions at (844) 225-6864).

Please note that you may not enroll in or make changes for 401(k), Deferred Compensation, MetLife Pet, Auto, or Home Insurance through ESS. You must enroll and make changes directly through the vendor. Refer to your benefits guide for more information.

Step 1: To log in via the Landry's Employee Portal, go to https://erpapp12.ldry.com/OA_HTML/AppsLogin and select Oracle Employee Self Service. You may also access complete ESS instructions via the Employee Portal.



For those with access to the Company intranet, you may also access ESS via the intranet by selecting Applications, then Oracle ERP.

A login prompt will appear for you to enter your Username and Password. Your username and initial password are as follows:

- Username: Your Username is your first initial followed by your last name.
Example: John Doe's username would be JDoe
- In the event that more than one individual has the same first initial and last name, the usernames will be differentiated by a trailing number: Example: John Doe would be JDoe, JDoe2, JDoe3, etc.
- Password: The first time you log in to Oracle, you will use a preset password, which is your last name and the last 4 digits of your Social Security Number (i.e., doe1234).

Del Frisco's hourly employees will use ESS for benefits enrollment purposes only.

If you have difficulty accessing Oracle ERP, contact 1-800-493-1010.

Step 2: Select **Employee Self Service Standard**



Step 3: Select **Benefits**



Step 4: Your current dependents and beneficiaries are displayed. Select **Add Another Person** to add a new dependent/beneficiary. Add any dependents for which you will elect benefits coverage. Eligible Dependents include children under the age of 26 and spouses not eligible for medical coverage through their employer or as a retiree (applicable to medical coverage only, all spouses are eligible for coverage other than medical).

Dependents and Beneficiaries

Name Dana James

The information below reflects data currently on file in the Benefits Department. Please be sure to add all of your dependent/beneficiary information on this page.

- To add a dependent or beneficiary select the Add Another Person button.
- To update the information on an individual below select the pencil icon.

If this information is correct, select the Next button to begin the enrollment process.

Click **Add Another Person** if you would like to add a dependent/beneficiary.

Add Another Person | | | |

Name	Relationship	Social Security Number	Birth Date	Update
John Doe	Spouse	<input type="text"/>	<input type="text"/>	

Step 5: When adding dependents, you must enter an Effective Date (DD-MMM-YYYY).

- During Open Enrollment, use today's date
- During new hire enrollment, new hires should use their hire date.
- Click on the **Apply** button when your entries are complete.
- Click **Next** to continue to move to the enrollment screen

Add Dependents and Beneficiaries

Name R12 Testing Cancel

- FOR OPEN ENROLLMENT 2015, USE SYSTEM DATE AS THE RELATIONSHIP START DATE.
- If you are a New Hire, please enter Relationship Start Date as the New Hire Date.

* Indicates required field

Name and Relationship

* Relationship

* Relationship Start Date

Select the applicable relationship.

TIP:

* FirstName

Middle Name

* LastName

(example: Jr.)

Please Note:

- If you are completing your new hire enrollment, the effective date of all of your dependents/beneficiaries must equal your date of hire.
- If you are changing your current enrollment due to a family status change, you must use the same effective date for each dependent or beneficiary you add during one status change.
- FOR OPEN ENROLLMENT 2015, PLEASE USE TODAY'S DATE AS THE EFFECTIVE DATE

Enter Effective Date in (DD-MMM-YYYY) format.

Step 6: The Benefits Certification will automatically display and must be completed before you can continue to the enrollment process. Under Enrollment Details, select whether you choose to enroll or decline enrollment. **ALL employees who are eligible for benefits are required to complete this step.**

Step 7: Under Spouse Coverage Details, you will need to select one of the options even if waiving coverage.

Employee Details

Employee Number Last 4 Digits SSN

Employee Name

Enrollment Details

Per our Code of Conduct, supplying false or misleading information may result in disciplinary action, including termination. Truthful completion of this Certification is considered a condition of employment.

I am in receipt of the Benefits Annual Enrollment materials. I have read and understand the information as well as the above statement, and:

I INTEND TO ENROLL in at least one of the medical coverages offered to me for the 2020 Benefit Plan year; or

I am DECLINING ENROLLMENT OF ALL MEDICAL COVERAGES FOR MYSELF AND ALL ELIGIBLE DEPENDENTS. I understand that by selecting this option I will not have the option to participate in these plans until the next annual enrollment period unless I have a qualifying factor. I also understand that if I do not currently have coverage and I do not log into Oracle Employee Self Service (ESS), or provide a paper application to the Benefits Department to elect my medical benefits during the annual enrollment period, my medical benefit will be deemed to be declined.

Spouse Coverage Details

Medical benefits are offered to full-time employees, and on most plans, their eligible dependent children (up to age 26). Medical coverage for spouses is only available if your spouse is also employed by the Company, regardless of eligibility with another employer.

Should you enroll in Medical coverage for your spouse, the Company reserves the right to request documentation to validate your enrollment attestation, and reserves the sole and exclusive right to determine if you enrolled and/or continued to maintain coverage for your spouse when they otherwise had coverage available through their employer or as a retiree, you may be required to provide the following:

THIS DOES NOT APPLY TO ME; or

I INTEND TO ENROLL MY SPOUSE in at least one of the medical coverages for the 2020 Benefit Plan year and I attest that my spouse is either unemployed or

AM NOT ENROLLING MY SPOUSE in medical coverage

Step 5: Under **Tobacco Use Details**, select **Yes** or **No** from the drop down and check the applicable box below:

Tobacco Use Details

You must verify your tobacco status before enrolling in Medical coverage by completing the bottom of this form. If you choose the option of being a tobacco user with no intention of stopping or completing a tobacco cessation program are smoked (e.g., cigarettes, cigars, pipes, electronic cigarettes (vaping), etc.), applied to the gums (e.g., dipping, chewing tobacco, snuff, etc.), and/or inhaled.

The below tobacco Usage status has been retrieved from previous submission. Please modify the flag if there is any change in your Tobacco Usage.

Tobacco User: **No** ▼

I certify that I am enrolled or intend to enroll in a Company health plan and am not a tobacco user as defined in the Declaration section below, therefore making me eligible for the non-tobacco premium.

I certify that I have completed an approved tobacco cessation program within the last 12 months, therefore making me eligible for the non-tobacco premium. (Attach documentation of program completion.)

I am a tobacco user and have not completed an approved tobacco cessation program. I understand that I will not be eligible to receive the non-tobacco premium in 2020 unless I complete the approved to

I understand that if I begin to use tobacco products, I am no longer eligible to receive the premium discount and must report this change to the Employee Benefits Department immediately.

I understand that if I begin using tobacco products and do not notify the Employee Benefits Department immediately, or if I falsify my "tobacco-user" status on this Benefits Certification Form, I may face disciplinary action, up to

Step 7: Under **Declaration**, check the box, enter the date, scroll to the right and click **Apply**.

Step 8: You will receive confirmation that you have successfully completed the disclaimer. Scroll to the right and select **Return to Enrollment Page** which will take you back to the Dependents and Beneficiaries screen:



Step 9: At the Dependents and Beneficiaries screen, select **Next** to review current benefits and enroll.

ENROLLING IN BENEFITS:

Step 1: At the Benefit Enrollments screen, review your current elections, if applicable, and click **Update Benefits** in the upper right corner to enroll or make changes.

Benefit Enrollments

Name: _____ Program: Landry's Benefit Program

Event Name: _____ Enrollment Period: 11/22/2019 - 12/09/2019

Note: Select the Update Benefits button to update your current benefits.

Benefit Selections

Plan	Option	Coverage Start Date	Coverage	Pre-Tax	After-Tax
Health - Health Insurance (Pre Tax)	Employee + Spouse	01/01/2019		327.24	0.00
Dental - Dental Insurance (Pre Tax)	Employee + Spouse	01/01/2019		31.64	0.00
Vision Plan - Vision	Employee Only	01/01/2019		2.52	0.00
Voluntary Life - Waive Voluntary Life		03/01/2017		0.00	0.00
Voluntary Spouse Life - Waive Voluntary Spouse Life		03/01/2017		0.00	0.00
Voluntary Dependent Life - Waive Voluntary Dependent Life		03/01/2017		0.00	0.00
Short Term Disability - STD		01/16/2019	623.08	0.00	10.35
Basic Life and AD&D - Basic Life \$50,000 & AD&D		01/01/2019	50,000.00	0.00	0.00
Long Term Disability - LTD		01/01/2020	2,699.99	0.00	0.00
Health Care Flexible Spending - Waive Health Care Spending Account		03/01/2017		0.00	0.00
Dependent Care Flexible Spending - Waive Dependent Care Spending Account		03/01/2017		0.00	0.00
			Total	361.40	10.35

Update Benefits

Step 2: Select **all benefits plans you would like to participate in and include any dependent coverage.**

- If you select Health – Health Insurance (Pre Tax), you must elect Basic Life and AD&D as well as Long Term Disability – LTD in order to proceed. Basic Life and LTD are provided free of charge if you enroll in the Cigna EPO plan.
- If you do not elect Short-Term Disability and/or Voluntary Life when you first became eligible and you would like to elect coverage later, you must complete an Evidence of Insurability (EOI) form (found on

the Intranet under Forms/Benefits). The Customer Access Code is 4Q1J4R5). Pre-existing conditions are applicable and coverage will not go into effect until/unless approved by Unum.

- If enrolling in FSA, note that Healthcare FSA is for health-related expenses and a Dependent Care FSA is for daycare expenses you incur. Dependent Care Flexible Spending Account elections are irrevocable unless the employee has a valid status life event per IRS regulation §1.125-4(a).
- Make your benefits selections by clicking on the **Select** checkbox next to the desired option (in some sections, you will need to enter a coverage amount). If you do not want a specific benefit, then you will need to check the **WAIVE coverage** box. Scroll down the page to view all benefits selections.

Once elections are made, select the **Recalculate** button in the bottom left side of screen to show your annual and per pay check costs. Verify accuracy and select **Next**.

Step 3: At the next screen titled Additional Data, no action required, select **Next**.

Step 4: On the Cover Dependents screen, check the box next to all dependents you want to cover. If the box is NOT checked, that individual will be excluded from coverage in the applicable benefit program.

Step 5: Add Beneficiaries screen - designate primary and contingent beneficiaries if applicable and the percentage you would like to designate to each beneficiary. The total for each plan must equal 100%. Select **Next**.

- Click on the Recalculate button at any point to determine your current percentage designations.

Step 6: Confirmation Page - shows your selections as well as the cost per pay period. Scroll down to view dependent coverage and beneficiary designations. Review the confirmation statement carefully. If any of your selections are incorrect, or you would like to make additional changes, select the **Back** button.

- Click on **Printable Page** to print your elections for your records
- Click on **Confirmation Statement** for more specific information and confirmation of your elections.

Update Enrollments Update Enrollments Additional Data Cover Dependents Update Beneficiaries Confirmation Statement

Warning

1. I acknowledge that I have reviewed and understand the Benefits plans that are offered to me and the elections I have selected. Dependent(s) covered under my elected plan(s) only include my legal spouse and/or child(ren) who is/are under 26 years of age. The elections that I have made cannot be changed unless I have a qualified family status change or during Open enrollment. I authorized my employer to take the payroll deductions for the elected benefits. Please refer to the Summary Plan Descriptions (SPD) for more detail information on Benefits plans that are available to you.
2. Basic Life \$50,000 & AD&D - <Optional> - Designate Beneficiary

Confirmation Statement ☆

Back Printable Page Confirmation Statement Finish

Select the **Finish** button to complete the enrollment/update process. By clicking on the **Finish** button, you are authorizing the applicable amount for the selected benefits to be deducted from your paycheck.

Please make sure to check your first paystub after coverage begins to verify that the correct deductions are coming out. If there are any issues, please contact the benefits department immediately.