

# ORACLE ESS INSTRUCTIONS – General

## Direct Deposit – Pay Cards – W-4 – Address – Benefits – Email – Discount Program

Oracle Employee Self Service (ESS) is available to all employees as noted below:

- Electronic Pay – Enroll, make changes to, or cancel direct deposit or a pay card
- Benefits – enroll and make changes
- Change your address
- Discount Program – enroll or cancel participation
- Add or change your personal email address
- Add or change Emergency Contacts
- Change your Federal or State tax elections
- Time Off – request time off and check balances - see separate instructions (not available for restaurant hourly employees)

## How to Access ESS and Log In

To log in via the Landry's Employee Portal, go to <https://employees.ldry.com> and select **Oracle Employee Self Service**. For detailed instructions on how to complete tasks in ESS, select All Other Human Resources Information.



A login prompt will require you to enter your Username and Password as follows:

### Username:

- Your username is either your first initial followed by your last name - Example: John Doe's username would be "jdoe", or your first name + last name "johndoe".
- If more than one individual has the same name, the usernames will be differentiated by a trailing number - Example: jdoe2, jdoe3 or johndoe2, johndoe3, etc.
- New hires will receive an email from the I.T. Department with their Username if the employee has provided a personal email address.
- Hourly restaurant employees may ask a manager for their specific Username.

### Password:

- The first time you log in to Oracle, you will use a preset password, which is Welcome followed by the first 3 letters of your birth month and the last digit of your Social Security Number (i.e., Welcomejan4). Only the "W" is capitalized.

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

**ESS will automatically log off after 10 minutes of inactivity. However, always log out after using Oracle to ensure no one with access to the computer will have access to your personal information.**

# Change Password

ESS will prompt you to change your password every 90 days. However, there may be occasions when you need to change your password outside of that timeframe.

**Step 1.** Click the Gear icon in the upper right-hand corner of the Oracle home page and select **Preferences**.



**Step 2.** Scroll down the page to **Change Password**. Enter your current password in the Old Password field, enter your new password twice, then select **Apply** in the bottom right corner of the screen.

## Personal Information Changes

On the Oracle home page, select **Landry's Employee Self-Service, Standard** and a drop down will appear with the following options:



### Personal Information Changes:

- Marital Status – You must make this change prior to adding or dropping spousal benefits coverage. Changing your marital status will not change your income tax withholding. You must complete a W-4 in ESS to change your income tax withholding.
- Tobacco Use flag
- Phone Numbers and Personal Email Address
- Home Address – Select the **Update** button located on the right, select **Next**. Enter the change type as **Primary Home Country Address**.
- Emergency Contacts
- Dependents and Beneficiaries – you may only update or remove dependents and beneficiaries on this screen. To add dependents and beneficiaries, you must do so under the Benefits section.

To edit information, select the **Update**, **Remove**, or **Add** button within the area you need to change.

### Benefits:

Change or enroll in benefits (restrictions apply). Contact Benefit Advocates with questions at 844-225-6864.

### Employee Federal and State Tax Exemptions:

Make changes to your Federal W-4 and/or State Tax elections.

### Employee Direct Deposit:

Add, delete, or change Direct Deposit elections, or cancel pay card participation.

### Discount Program:

Enroll or cancel participation in the Discount Program.

### Pay Card Enrollment:

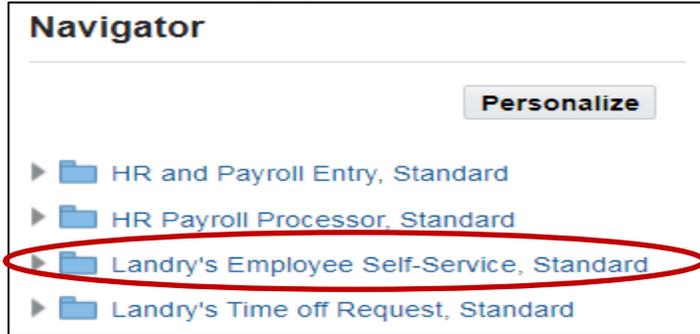
Enter the Proxy ID from your pay card packet to enroll in electronic pay via pay card.

# BENEFITS

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

Note - you may not enroll or make changes to 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 eligibility and more information.

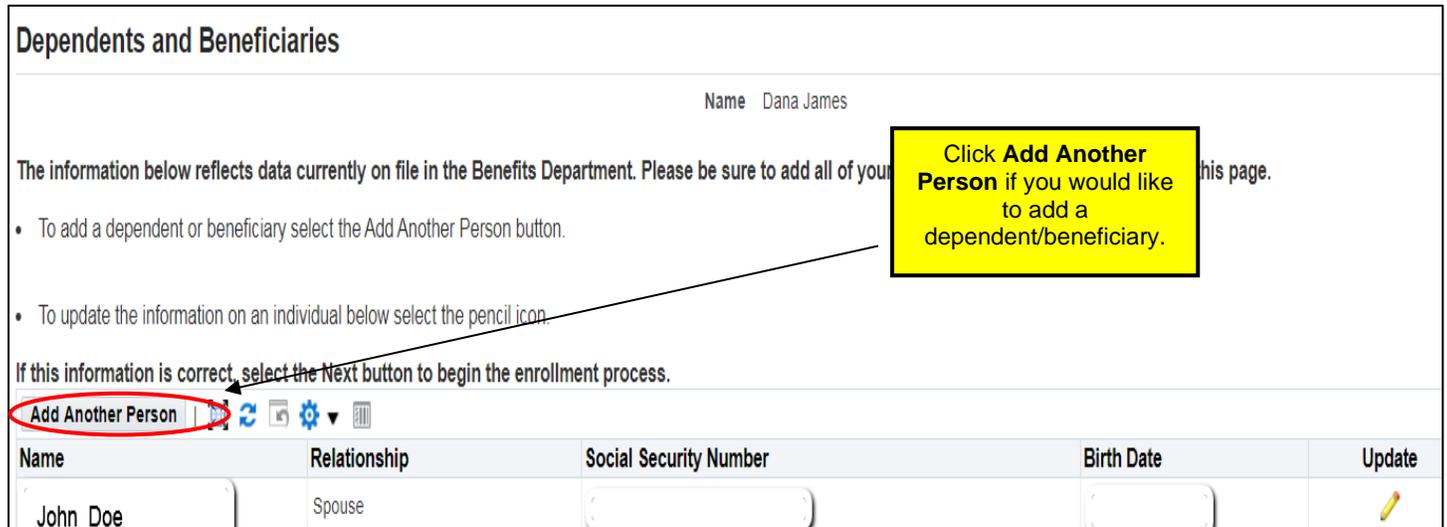
## Step 1: Select **Employee Self Service Standard**



## Step 2: Select **Benefits**



**Step 3:** If applicable, your current dependents and beneficiaries are displayed. Select **Add Another Person** to add a new dependent/beneficiary (add 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 (applies only to medical coverage; spouses are eligible for coverage other than medical).



## Step 4: When adding dependents, you must enter an Effective Date (DD-MMM-YYYY).

- During Open Enrollment, use current 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.

**Step 5:** The Benefits Certification will display and must be completed before you can continue the enrollment process. Under Enrollment Details, select whether you will enroll or decline enrollment. **ALL employees who are eligible for benefits are required to complete this step.**

**Step 6:** Under **Enrollment Details** and **Spouse Coverage Details**, select an option 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 enrollment.

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 terminated.

**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 not currently covered by another employer, 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 that 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 such documentation.

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 not currently covered by another employer, or

I AM NOT ENROLLING MY SPOUSE in medical coverage

**Step 7:** 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, you are considered a tobacco user. Tobacco users are not eligible for the non-tobacco premium. Tobacco users are defined as anyone who uses tobacco products (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

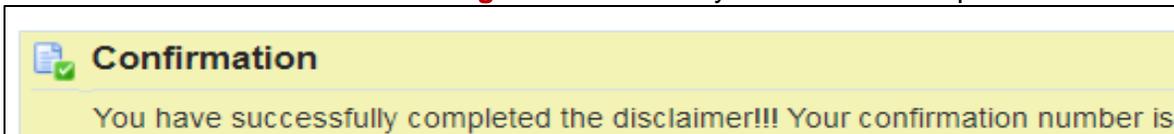
I certify that I am enrolled or intend to enroll in a Company health plan and am not a tobacco user as defined in the Declaration section below, therefore making me eligible for the non-tobacco premium.

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

**Step 8:** Under **Declaration**, check the box, enter the date, scroll to the right and click **Apply**.

**Step 9:** 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 10:** 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

Event Name

Note: Select the Update Benefits button to update your current benefit

**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 Short-Term Life - Waive Voluntary Short-Term Life		01/01/2017		0.00	0.00

**Update Benefits**

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

- If you select Health Insurance (Pre Tax), you must elect Basic Life/AD&D and Long Term Disability – LTD to proceed. Basic Life and LTD (not applicable to hourly restaurant employees) are provided free of charge if you enroll in the BCBS/AmeriBen plan.
- If you do not elect Short-Term Disability and/or Voluntary Life when you first become eligible and would like to elect coverage later, you must complete an [Evidence of Insurability](#) found on sunlife-usa.net. The group policy number is 951257. Pre-existing conditions are applicable and coverage will not go into effect until/unless approved by SunLife.
- Benefits eligible employees, excluding hourly restaurant employees, may enroll in a Healthcare Flexible Spending Account (FSA) for health-related expenses and a Dependent Care FSA for daycare expenses. Dependent Care FSA elections are irrevocable unless the employee has a valid qualified life event per IRS regulation §1.125-4(a).
- Make your benefits selections by clicking 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, 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 paycheck 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 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 and the cost per pay period. Scroll down to view dependent coverage and beneficiary designations. Review the confirmation carefully. If any 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 **Finish** to complete the process. By clicking **Finish**, you are authorizing the applicable amount for the selected benefits to be deducted from your paycheck. **Check your first paystub after coverage begins to verify the correct deductions are coming out. If there are any issues, please contact the Benefits Department immediately.**