

You can change your HSA contribution at any time by calling the Lubrizol Benefits Center at (844) 747-1641 or online at <http://go.lubrizol.com/BenefitsEnrollment>, the benefits administration site. If you need assistance with the transaction once you log on, call the Benefits Center.

The screenshot shows the Lubrizol website interface. At the top left is the Lubrizol logo. To its right is a search bar with the text "How may we help you, Wendy?". Below the search bar is a navigation menu with "Health & Insurance" highlighted in a green box, and other options: "Life Events", "Health", "Financial", "Balance", and "Tools & Resources". Below the navigation menu is a link for "Health & Insurance Summary". The main content area is divided into two columns. The left column is titled "Take Action" and contains links for "Health Savings Account Contribution Change" (highlighted in a green box), "Manage Beneficiaries", and "Change Your Coverage". The right column is titled "Coverage Details" and contains links for "Your Coverage", "Medical Benefits", "Dental Benefits", "Vision Benefits", and "Plan Information".

The screenshot shows the enrollment process page. At the top is a navigation bar with "Your Coverage", "Life Events", "Health", and "More...". A "Print" button is in the top right corner. On the left, there is a green hourglass icon and the text "It's Time to Enroll in Your Benefits!". In the center, there is a blue box with the text "Ready to Enroll?" and "Complete your enrollment in just 3 easy steps. Allow yourself about 10 minutes to complete your enrollment. When you are ready to begin click the **Continue** button below to be guided through the enrollment process." Below this box is a "Continue" button, which is highlighted with a green circle. On the right, there is a "NOTE" section with a life preserver icon and the text "You may exit the enrollment system at any time. Any elections made up until that point will automatically be saved." The background of the page features a photo of a man and a woman looking at a laptop.

Review Your Information

Please verify the information below. Click the **Change** link to the right if updates are needed, otherwise click the **Save and Continue** button below to proceed.

Marital status indicated is not maintained and cannot be updated. It does not impact taxation or benefits.

Note: Some fields are not editable. If you need to update your address or phone number complete a personnel action request (PAR) using Employee Self-Service on the Lubrizol News.

Please note: The alternative email address entered here will be used for health and welfare correspondence only. It will not be used to update Lubrizol systems.

Your Details

Full Name: [Redacted]
Gender: [Redacted]
Date of Birth (mm/dd/yyyy): [Redacted]
Marital Status: Unknown

Mailing Addresses

Your preferred mailing address will be used for benefits communications.

Preferred **Primary Residence:** [Redacted]
Alternate Address: [Redacted]

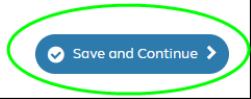
Phone Numbers

Preferred **Home Phone:** [Redacted]
Work Phone: [Redacted]
Extension: [Redacted]
Mobile Phone: [Redacted]

Email Addresses

Your preferred email address will be used for electronic communications.

Preferred **Work Email:** [Redacted]
Personal Email: [Redacted]





Summary of Your Benefit Elections

Elections

Below is a summary of your benefit elections. You can either use the **Take Me Through Each Benefit** button to the right to review and/or make changes to all of your benefits, or you can select individual benefits by using the **View / Change** buttons.

[Take Me Through Each Benefit](#)

Elections are saved throughout the enrollment process. However, it is important that you complete the election process and confirm your elections at the end of your review.

Once you are satisfied with your enrollment choices, select the **Complete Enrollment** button below to submit your elections. By completing this enrollment, you authorize Lubrizol to withhold the pre-tax and post-tax contributions via payroll deductions in accordance with your enrollment elections and consent to those contributions being withheld from your pay.

Your Current Benefits

Your Benefits

Starting 01/01/2022

[Pay Period](#) [Annual](#)

Medical



Your Pay Period Costs
\$66.00

[Details](#)

Plan Cost
Tobacco User Surcharge



Your Pay Period Costs

[Details](#)

Plan Cost
Tobacco User Surcharge

HSA - Medical

Lubrizol Corporation - Health Savings Account

Your Pay Period Costs

[UPDATE](#)

[i](#) annual employer contribution

Lubrizol Corporation - Health Savings Account
\$3,650.00 Annually

Your Pay Period Costs

[i](#) annual employer contribution

Benefit Starting 02/07/2022

[View / Change](#)

Your Current Benefit

Lubrizol's Contribution

Your employer contributes a lump sum to your HSA based on your plan election and coverage level

Manage Future Contributions

Your Annual Contribution

This amount will be divided across and deducted from your paychecks for the plan year.

\$ Minimum / Maximum

\$140.38 Per Pay Period

Total Annual Contribution

(Your Contribution + Employer Contribution)

[+ HSA Terms and Conditions](#)

I acknowledge that I have read and agree to the entirety of the HSA terms and conditions outlined on this page.

[Save and Continue](#)