

You can change your HSA contribution at any time by calling the Lubrizol Benefits Center at (844) 747-1641. You can make the change online if you're logged into Lubrizol's network by using Single Sign On to access the benefit administration portal at [Lubrizol.BenefitsNow.com](https://Lubrizol.BenefitsNow.com). If you need assistance with the transaction once you log on, call the Benefits Center.

The screenshot shows the top navigation bar with links for 'Your Coverage', 'Life Events', 'Health', and 'More...'. Below the navigation is a banner titled 'Life Happens' with the text: 'If you have experienced a qualified life status change, such as a birth or marriage, you may be eligible to make certain changes to your benefit plans'. A blue button labeled 'Log an Event' is circled in green. The background of the banner features a woman in a hat sitting in a red car.

The screenshot shows the 'Lubrizol' logo in the top left and the same navigation bar as the previous image. A 'Your Coverage Summary' button is visible. Below the navigation, there are two columns of links. The 'Take Action' column contains 'Health Savings Account Contribution Change' (circled in green), 'Manage Beneficiaries', and 'Change Your Coverage'. The 'Coverage Details' column contains 'Your Coverage', 'Medical Benefits', 'Dental Benefits', 'Vision Benefits', and 'Plan Information'.



It's Time to Enroll in Your Benefits!

### NOTE



You may exit the enrollment system at any time. Any elections made up until that point will automatically be saved.

### Ready to Enroll?

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.

Continue

### 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:

Gender:

Date of Birth (mm/dd/yyyy):

Marital Status:

Unknown

#### Mailing Addresses

Your preferred mailing address will be used for benefits communications.

Preferred

Primary Residence

Alternate Address

#### Phone Numbers

Preferred

Home Phone:

Work Phone:

Extension:

Mobile Phone:

#### Email Addresses

Your preferred email address will be used for electronic communications.

Preferred

Work Email:

Personal Email:

Save and Continue >



## 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

[Details](#)

annual employer contribution

Your Pay Period Costs:

Lubrizol Corporation -  
Health Savings Account  
\$3,850.00 Annually

annual employer contribution

Benefit Starting 02/07/2022

Your Pay Period Costs:

[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](#)

A reduction of your contribution to \$0 may require assistance. If you are unable to select the contributions amount you want, please call the Benefits Center at 844 747-1641.