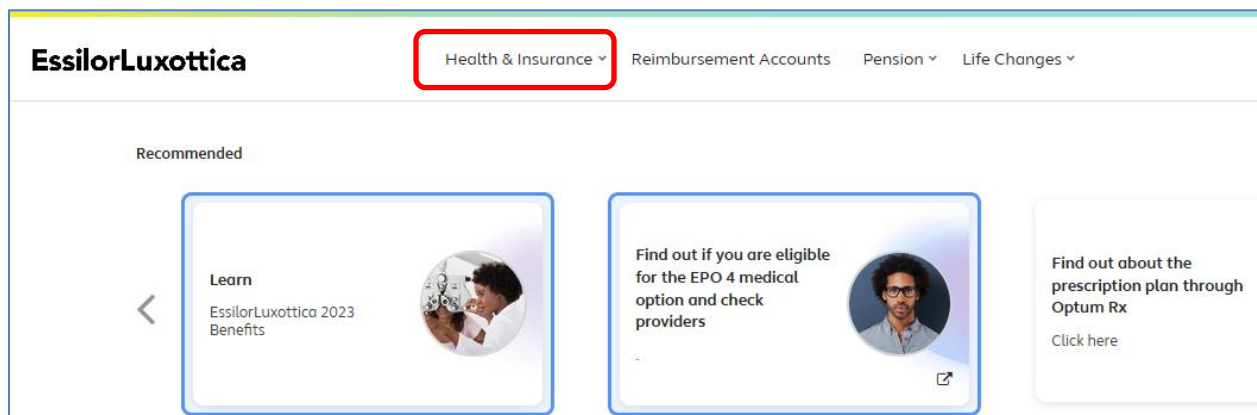


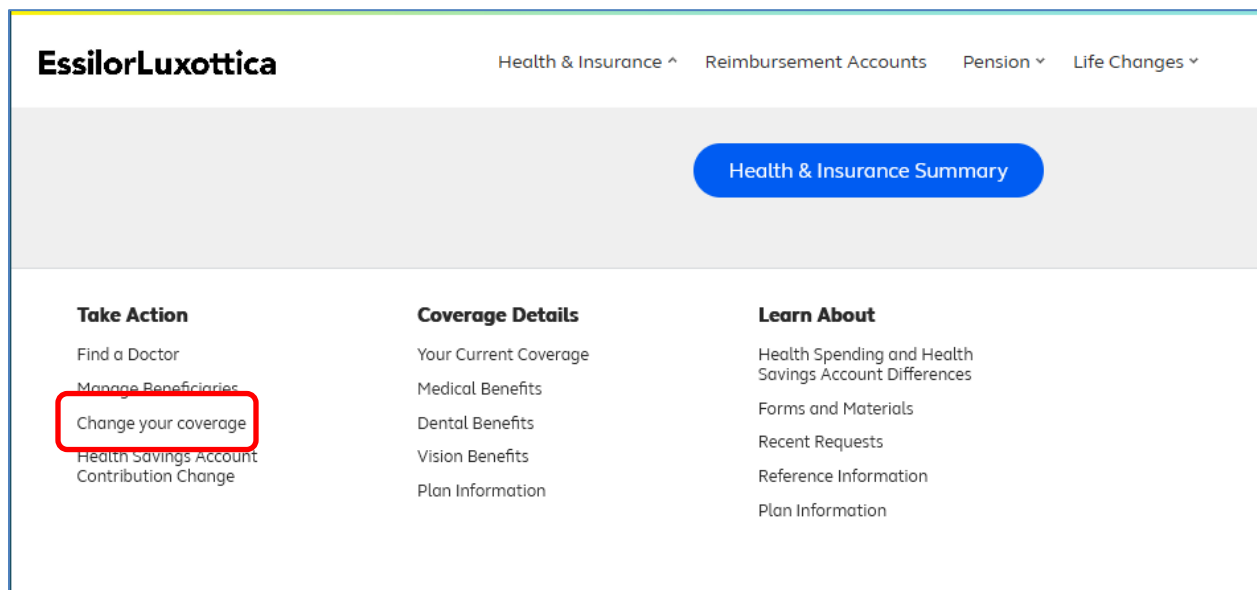
In collaboration with the OneSight EssilorLuxottica Foundation the Benefits Team has enabled the per paycheck pledge via the Benefit’s portal. The pledge may be adjusted at any time and will not require annual renewal.

Follow the 8-steps below to adjust your pledge today.

1. Log into the Benefits portal: [Benefits-portal](#)
2. Upon login select **“Health & Insurance”**



3. From the Take Action list, select **“Change your coverage”**





- From the Change your Current Coverage page,
  - Select “**Mid-year change in after-tax plans**” from the dropdown menu.
  - Keep** the Date of your Life change as “today’s” date, which is currently populated.
  - Review the certify information, click “**I agree**” and click “**Continue**”

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## Change Your Current Coverage

All fields are required unless indicated as optional.

If you've had more than one life change within a 30-day period, change your coverage each change in the order it occurred. When you're finished changing your coverage, come back to this page to make changes based on the change that occurred.

If the life change occurred more than 30 days ago, you must wait until the next enrollment period, or until you have another qualified change in status, to change your coverage.

Choose the reason for your change in status. If the reason for your change is not listed here, call the EssilorLuxottica Human Resource Service Center at 1-866-431-6:00 p.m. Eastern time, Monday through Friday).

**Life Change Type**

Mid-year change in after-tax plans

**Provide the Date of Your Life Change**

January 23 2023

Your employer may require you to provide documentation regarding the date of your life change. Intentionally providing false information may be considered grounds for other legal action.

Benefit plans must follow certain rules when administering status changes. If you do not follow your employer's plan provisions, you're permitted to change your coverage during your next enrollment experience certain life changes as described in the [Summary Plan Description](#) of a child or marriage.

By choosing Continue, you certify that:

- You've read the life change information in the Summary Plan Description.
- The information you're about to provide is true and correct.
- You understand that any fraudulent statement, falsification, or material omission of information may subject you to discipline up to and including termination of employment.

I agree

**Continue** Cancel



5. On the Dependent Information page click "**Continue**"

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## Your Dependent Information

Review the information we have for your dependents.

| Dependent | Birth Date | Relationship | SSN/ITIN |
|-----------|------------|--------------|----------|
|-----------|------------|--------------|----------|

[Add Dependent](#)

[Continue](#) [Cancel](#)

6. On the Your Benefits Summary page, scroll to the bottom to find OneSight EssilorLuxottica Foundation, Click "**View/Change**".

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## OneSight EssilorLuxottica Foundation

| Benefits Before Coverage Change |                      | New Benefits Coverage effective Jan 23, 2023 |                      |
|---------------------------------|----------------------|----------------------------------------------|----------------------|
| Donation                        | Your Pay Period Cost | Donation                                     | Your Pay Period Cost |
| \$6.00                          | \$6.00               | \$6.00                                       | \$6.00               |

[View/Change](#)



7. Make the updates, and click **“Continue”**

EssilorLuxottica

OneSight EssilorLuxottica Foundation

Choose Your Coverage

**Your Current Coverage** As of Today

| Option   | Coverage Amount | Your Pay Period Cost |
|----------|-----------------|----------------------|
| Donation | \$6             | \$6.00               |

**Your Coverage** Beginning Jan 23, 2023

Pay Period Annual

| Option                                    | Your Pay Period Cost       |
|-------------------------------------------|----------------------------|
| <input type="radio"/> No Donation         | \$0.00                     |
| <input checked="" type="radio"/> Donation | \$1.00 per \$1 of coverage |

**Amount of Coverage** Amount

Enter the pay period donation amount you want in increments of \$1  \$0 to \$9,999  
Enter 0 if you do not want to donate.

**Continue**

8. Review the final updates, read footnote and click **“Confirm”**.

EssilorLuxottica

|                                      | Donation | Your Pay Period Cost | Donation | Your Pay Period Cost |
|--------------------------------------|----------|----------------------|----------|----------------------|
| OneSight EssilorLuxottica Foundation | \$6.00   | \$6.00               | \$6.00   | \$6.00               |

[View/Change](#)

**Total Cost**

[Read Footnote](#)

After you select Confirm, you may want to print the next page for your records. If you're unable to print the page, you may request a paper confirmation by calling the EssilorLuxottica Human Resource Service Center.

**Confirm** Quit

The update is completed. Changes will take effect within 1-2 pay periods.