

Benefits – How to Enroll in Benefits

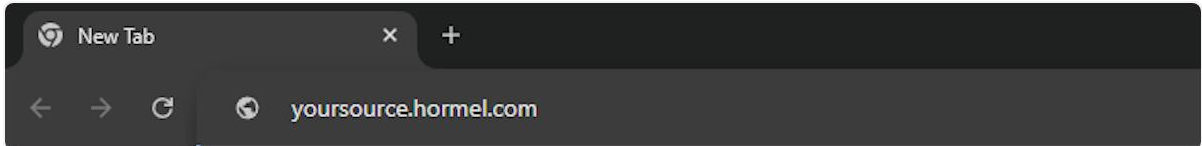
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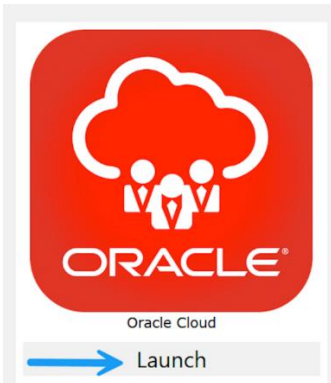
This Quick Reference Guide has been created to assist team members in enrolling in their new hire benefits.

1. There are 2 ways to access Oracle

- i. Access Oracle site: **yoursource.hormel.com** add to the address bar.



- ii. Click on the launch under the Oracle Cloud in Tech Central.



2. Log into Oracle by clicking on the **Company Email**

ORACLE Cloud

hormelfoodSORACLEcloud

User Name is Employee ID - OR - Use the Company
Email Button

Identity domain ⓘ

User Name

User name or email

Password

Password

[Forgot Password?](#)

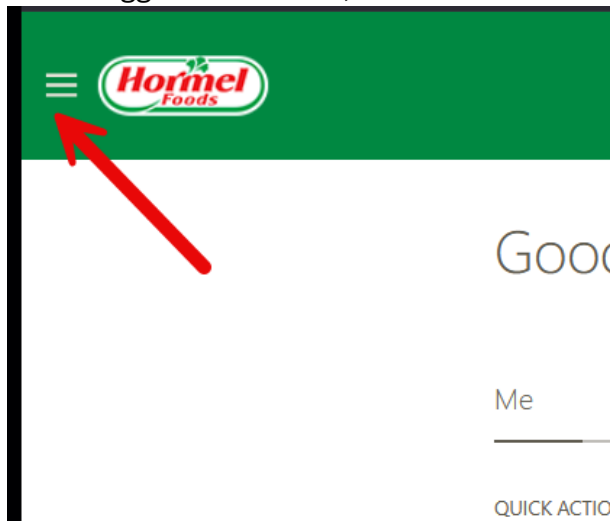
Sign In

Or sign in with

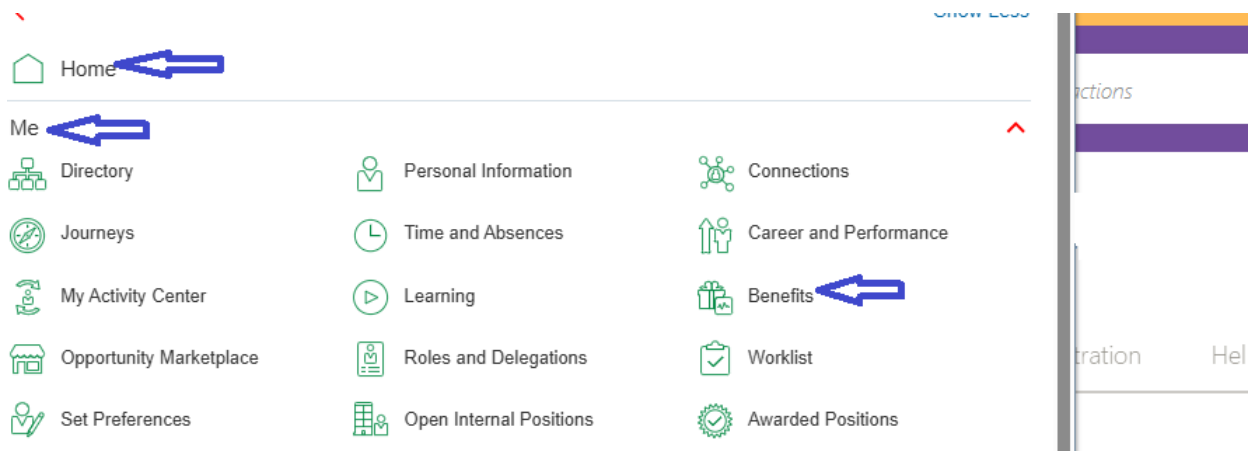
 Company Email

[Need help signing in?](#)

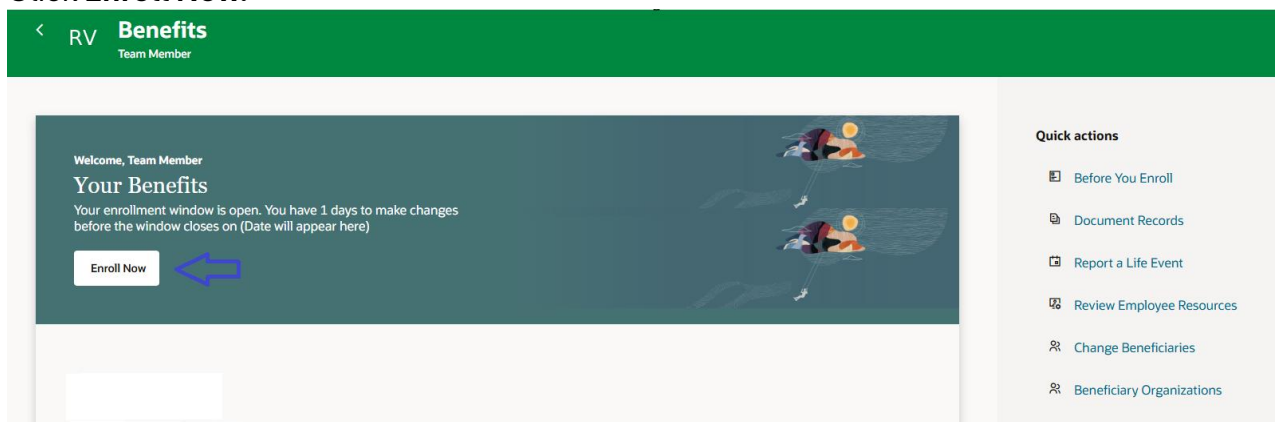
3. When logged into Oracle, click the *three lines* on the top left side of the page.



4. Click **Home**, **Me** and Select **Benefits**.



5. Click **Enroll Now**.



6. You will be able to choose how you want to enroll.
- Discovery** goes through each benefit individually. This will allow you to review each benefit individually and make changes as needed.
 - Express** will allow you to review your current elections and then pick and choose which benefits you'd like to change or if no changes are needed you can simply submit your enrollments. Once selected, click **Continue**.

Team Member
Self-Service Enrollment
Your enrollment window is open. You have 1 days to make changes before the window closes on (Date will appear here)

Before you enroll Tasks Viewed 2 of 3

Choose how you want to enroll
Visited On
Required

Express
Review your current enrollment, submit as is, or make changes.

Discovery
Analyze all available benefits thoroughly before making selections.

Continue

7. You will enter the people you would like to add to your coverage under **My Contacts**. If this section is blank, click on the + sign and proceed as prompted, click **Submit**. If you have a beneficiary organization/trust, you can add or see them here. If this section is blank, click on the + sign and proceed as prompted, click **Submit**. Click **Continue** when done.

Team Member
Self-Service Enrollment
Your enrollment window is open. You have 1 days to make changes before the window closes on (Date will appear here)

Before you enroll Tasks Viewed 2 of 3

Choose how you want to enroll
Visited On 9/11/25
Required

Verify people you'd like to cover
Visited On 9/11/25
Required

My contacts

Mary Lamb
Friend

Farmer Joe
Spouse

Beneficiary Organizations

After you add beneficiary organizations, you can see them here.

Continue

8. Click **Enroll in benefits that matter to you** and click **Edit**.

Team Member

Self-Service Enrollment

Your enrollment window is open. You have 1 days to make changes before the window closes on (Date will appear here)

Before you enroll

Tasks Viewed 3 of 5

Choose how you want to enroll

Visited On 9/11/25

Required

Verify people you'd like to cover

Visited On 9/11/25

Required

Enroll in benefits that matter to you

Visited On 9/11/25

Required

Enrollment period ends on 9/12/25

Hormel Foods Benefits Program

Edit

View Enrollments

Continue

9. You will **Review Legal Disclaimer** and **Accept** to move forward.

Hormel Foods Benefits Program

RV

Review Legal Disclaimer

Authorization

I understand that I must complete this enrollment in its entirety and provide all requested documents. I understand that if I have elected to waive (not receive) one or more of the benefits offered, I cannot change my election until the next open enrollment period, unless I have a permitted election change event or a special enrollment event under the company benefit plans. If I have such an event, I will only be permitted to make benefit election changes that are consistent with that event. I understand that I may be required to provide supporting documentation in connection with the benefit change, and if my employer does not receive the required documentation in the requested time frame, any benefit election changes will be denied.

I elect a voluntary pre-tax and/or post-tax reduction in the amount of the required contribution(s) for any contributory benefit program in which I enroll, as set forth in the Summary Plan Description. Any benefit contributions due to the company will be deducted from any pay (regular checks, vacation pay, bonuses, etc.) I receive from the company.

I understand that I am responsible for payment of my contributions for weeks I do not receive a paycheck if I remain enrolled in the company benefit plans during those weeks. I consent to the company deducting the amount of the owed benefit contributions from any future payments made to me by the company. I further agree to repay any owed benefit contributions to the company even if I leave employment.

I state that to the best of my knowledge the information provided is complete and true, and I understand that falsification by me will allow my employer's group health plan to recover payments made, cancel my coverage, and/or refuse payments of claims. I understand that falsification of any information may be grounds for termination.

Decline

Accept

10. Review and select your choices in **Health Care & WEX Accounts**. You can use the drop-down box to go to a specific section of your enrollment. This section will include **Medical, Dental & Vision, HSA, FSA, DCFSA, and LPFSA**. When done with this section, click **Continue**.

Normal Foods Benefits Program

RV Health Care & WEX Accounts

If you are putting dependent(s) on health care coverage, you need to supply verification documents for each dependent. Please see this knowledge article to confirm documents needed. [Click here for required dependent documentation.](#)

Health Savings Account:

By enrolling in the Health Savings Account (HSA) you agree to the following: [WEX Health Savings Account Disclosures.](#)

- **Even, have Employees Only for Medical Health Savings Plan:**
 - 2025 Limit is \$4,500 if you are under age 55, and \$5,300 if you are age 55 and over.
 - 2026 Limit is \$4,400 if you are under age 55, and \$5,400 if you are age 55 and over.
- **If you have Dependents enrolled in Medical Health Savings Plan:**
 - 2025 Limit is \$8,550 if you are under age 55, and \$9,250 if you are age 55 and over.
 - 2026 Limit is \$8,750 if you are under age 55, and \$9,750 if you are age 55 and over.

Flexible Spending - DCFSA:

This account is ONLY for child care/Day care expenses for children under age 13 and qualifying elder care. By electing to enroll in the dependent daycare flexible spending account, you acknowledge you have a child under age 13 that qualifies for child care/day care reimbursement expenses or you have a qualified dependent for elder care.

Contribution Adjustments Disclaimer:
Contributions for highly compensated employees may be subject to reduction or refund based on annual nondiscrimination testing results. Any excess contributions will be treated as taxable income.

Flexible Spending - HCFSA & Flexible Spending - LPFSA:

- **Substantiation Requirement Disclaimer:**
All claims must be substantiated with third-party documentation. Failure to provide adequate substantiation may result in denial of reimbursement and tax consequences.
- **Use It Or Lose It Disclaimer:**
Unused funds at the end of the plan year will be forfeited unless the plan includes a grace period or carryover provision.

\$0.00 | \$0.00
Total Cost per Pay Period

Medical

Traditional Plan
Employee Only
You must enroll in the new Wellness plan if you are enrolled in the Traditional Plan.
Enroll View Details

Health Savings Plan
Employee Only
If you are enrolled in the Health Savings Plan, you cannot enroll in the Medical Care Flexible Spending Account. You must enroll in the new Wellness plan if you are enrolled in the Health Savings Plan.
Enroll View Details

Waive Medical
You must Waive Wellness if not enrolled in a medical plan.
Unenroll

Dental & Vision

Dental & Vision
Employee Only
Enroll View Details

Waive Dental & Vision
Unenroll

Wellness

Basic Wellness
Coverage
Enroll View Details

Waive Wellness
Unenroll

Wellness Surcharge

Waive Tobacco/Nicotine Surcharge
Unenroll

Health Savings Account

Health Savings Account
Coverage
To enroll in a Health Savings Account, you must also be enrolled in the Health Savings Plan.
Enroll View Details

Waive Health Savings Account
Unenroll

Flexible Spending - HCFSA

Health Care Flexible Spending Account
Coverage
Enroll View Details

Waive Health Care Flexible Spending Account
Unenroll

Flexible Spending - DCFSA

Dependent Day Care Flexible Spending
Coverage
Enroll View Details

Waive Dependent (Day Care) Flexible Spending
Unenroll

Flexible Spending - LPFSA

Limited Purpose Flexible Spending Account
Coverage
You must be enrolled in the Health Savings Plan in order to enroll in the Limited Purpose Flexible Spending Account.
Enroll View Details

Waive Limited Purpose Flexible Spending Account
Unenroll

Cancel Continue

Review Legal Disclaimer
Health Care & WEX Accounts
Life Insurance and AD&D
Voluntary Benefits
Review and Submit

11. Select your choices in **Life Insurance and AD&D**. This section will include **Basic Life Insurance and AD&D, Optional Life Insurance, Survivor Life Insurance, Disability and Optional AD&D**. When done with this section, click **Continue**.

Hormel Foods Benefits Program

RV Life Insurance and AD&D

Note - If eligible, Survivor Life Insurance requires dependents to enroll.

\$0.00 | \$0.00
Total Cost per Pay Period

Plan All

Basic Life Insurance and AD&D

Optional Life - Employee

Survivor Life Insurance

Disability

Optional AD&D

Review Legal Disclaimer

Health Care & WEX Accounts

Life Insurance and AD&D

Voluntary Benefits

Review and Submit

Cancel Continue

12. Select your choices in **Voluntary Benefits**. This section will include **Critical Illness, Hospital Indemnity, Accident and Injury, and Legal Services**. When done with this section, click **Continue**.



RV

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Hormel Foods Benefits Program

RV

Voluntary Benefits

Critical Illness:
When enrolling in Critical Illness - Employee option, children are included at 50% of employee election at no additional cost.
You must be enrolled in Critical Illness - Employee to enroll in Critical Illness - Spouse. Spouse coverage MUST be 50% of employee election.

Hospital Indemnity:
This is a Placeholder.

\$0.00 | \$0.00
Total Cost per Pay Period

Plan
All

Accident & Injury

Accident & Injury Insurance
Employee Only

Enroll View Details

Enrolled

Waive Accident & Injury Insurance

Unenroll

Critical Illness - Employee

Critical Illness Insurance - Employee
\$10,000 - Tobacco User

Enroll View Details

Critical Illness Insurance - Employee
\$10,000 - Non-Tobacco User

Enroll View Details

Critical Illness Insurance - Employee
\$20,000 - Tobacco User

Enroll View Details

Critical Illness Insurance - Employee
\$20,000 - Non-Tobacco User

Enroll View Details

Critical Illness Insurance - Employee
\$30,000 - Tobacco User

Enroll View Details

Critical Illness Insurance - Employee
\$30,000 - Non-Tobacco User

Enroll View Details

Enrolled

Waive Critical Illness Insurance - Employee

Unenroll

Legal Services

Legal Services
Coverage

Enroll View Details

Enrolled

Waive Legal Services

Unenroll

Cancel

Continue

Review Legal Disclaimer

Health Care & WEX Accounts

Life Insurance and AD&D

Voluntary Benefits

Review and Submit

13. Select your choices in **Tobacco/Nicotine Attestation**. When done with this section, click **Continue**.

Hormel

Home | My Account | Settings | Help

Hormel Foods Benefits Program

JGTobacco/Nicotine Attestation

Definitions
Non-Tobacco/Nicotine User:
An individual who has not used any Tobacco/Nicotine product in the past 90 days. This includes, but is not limited to:

- Cigarettes
- E-cigarettes or vaping devices
- Pipes or cigars
- Chewing tobacco or snuff
- Any other smoking or smokeless Tobacco/Nicotine products

Tobacco/Nicotine User:
An individual who has used any Tobacco/Nicotine product within the past 90 days.

Tobacco/Nicotine Surcharge:
A per pay period surcharge applies to individuals enrolled in a medical plan who are identified as tobacco/nicotine users. The surcharge amounts are:

- \$15 per pay period for an Employee who is a Tobacco/Nicotine User.
- \$15 per pay period for a Spouse/Domestic Partner who is a Tobacco/Nicotine User.
- Up to a combined total of \$30 per pay period if both the Employee and Spouse/Domestic Partner are subject to the surcharge.

Tobacco/Nicotine Surcharge Avoidance
To avoid up to a \$30 per pay period surcharge, you must:

- Attest below that you and your Spouse/Domestic Partner (if applicable) are Tobacco/Nicotine-free,
or
- If either of you are Tobacco/Nicotine users, each user must register and complete the American Lung Association's free cessation program (Freedom From Smoking®) by December 12, 2025.¹
- You are responsible for submitting any certificates of completion for both yourself and your Spouse/Domestic Partner.
- Email certificates to: hresolutioncenter@hormel.com
- Register for the American Lung Association's free cessation program using the following Hormel provided link: [Freedom From Smoking®](#)

* Notice Regarding Reasonable Alternative Standard

If you or your Spouse's/Domestic Partner's physician determines that quitting Tobacco/Nicotine or completing the American Lung Association's free cessation program (Freedom From Smoking®) is not medically appropriate for you and your Spouse/Domestic Partner (if applicable), we will provide a reasonable alternative standard that accommodates the recommendations of your physician with regard to medical appropriateness. Contact hresolutioncenter@hormel.com for further information

\$0.00 |

Total Cost per Pay Period

Plan All

Tobacco/Nicotine Attestation - Employee

Tobacco/Nicotine - Employee
[Redacted]
Attesting as a Tobacco/Nicotine User and enrolled in a Medical plan
Enroll View Details

Tobacco/Nicotine - Employee
Attesting as a Tobacco/Nicotine User and not enrolled in a Medical plan
Enroll

[Enabled] Tobacco/Nicotine - Employee
Attesting as a Non-Tobacco/Nicotine User
Unenroll

Tobacco/Nicotine Attestation - Domestic Partner

Tobacco/Nicotine - Domestic Partner
[Redacted]
Attesting as a Tobacco/Nicotine User and enrolled in a Medical plan
Enroll View Details

Tobacco/Nicotine - Domestic Partner
Attesting as a Tobacco/Nicotine User and not enrolled in a Medical plan
Enroll

[Enabled] Tobacco/Nicotine - Domestic Partner
Attesting as a Non-Tobacco/Nicotine User
Unenroll

Last updated 1 minute ago Cancel Continue

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Health Care & WEX Accounts ✓

Life Insurance and AD&D

Voluntary Benefits ✓

Tobacco/Nicotine Attestation ✓

Review and Submit ✓

14. **Review and Submit** to review your selections before submitting. If you need to make any changes, you can click on the pencil (right side) to go back to that section. When done, click **Submit**.





Hormel Foods Benefits Program

RV

Review and Submit



Total Cost per Pay Period

Pretax

After Tax

Annual Cost

Health Care & WEX Accounts



Medical

Waive Medical

Opted out

Dental & Vision

Waive Dental & Vision

Opted out

Wellness

Waive Wellness

Opted out

Wellness Surcharge

Waive Tobacco/Nicotine Surcharge

Opted out

Health Savings Account

Waive Health Savings Account

Opted out

Flexible Spending - HCFSA

Waive Health Care Flexible Spending Account

Opted out

Flexible Spending - DCFSA

Waive Dependent (Day Care) Flexible Spending

Opted out

Flexible Spending - LPFSA

Waive Limited Purpose Flexible Spending Account

Opted out

Life Insurance and AD&D



Basic Life Insurance and AD&D

Basic Employee Life - 1X Pay

Coverage

Weekly Company Contribution

Automatic

Basic Life Insurance and AD&D

Basic AD&D - 1X Pay

Coverage

Weekly Company Contribution

Automatic

Optional Life - Employee

Waive Optional Employee Life

Opted out

Survivor Life Insurance

Waive Survivor Life Insurance

Opted out

Disability

Basic Short Term Disability

Coverage

Automatic

Disability

Basic Long Term Disability

Coverage

Weekly Company Contribution

Automatic

Optional AD&D

Waive Optional AD&D

Opted out

Voluntary Benefits



Accident & Injury

Waive Accident & Injury Insurance

Opted out

Critical Illness - Employee

Waive Critical Illness Insurance - Employee

Opted out

Legal Services

Waive Legal Services

Opted out

Cancel

Submit

5 | 5

Review Legal Disclaimer

Health Care & WEX Accounts

Life Insurance and AD&D

Voluntary Benefits

Review and Submit

15. You will receive confirmation that your *Enrollment has been submitted*. You can click **View Enrollment** to see your elections. When done, click **Continue**.

The screenshot shows the Hormel Self-Service Enrollment interface. At the top, there's a purple header with the Hormel logo and navigation icons. Below the header, a dark teal banner displays 'Self-Service Enrollment' and a message: 'Your enrollment window is open. You have 1 days to make changes before the window closes on [date]'. The main content area is titled 'Before you enroll' and features a progress bar showing 'Tasks Viewed 3 of 3'. Three tasks are listed, each with a green checkmark and a 'Visited On' date: 'Choose how you want to enroll', 'Verify people you'd like to cover', and 'Enroll in benefits that matter to you'. Below these tasks, a light blue box with an information icon states 'Enrollment submitted' and provides instructions: 'You can go ahead and enroll in other benefits that are available to you. Or you can continue with the rest of the process.' Below this box is a card for the 'Hormel Foods Benefits Program' with an 'Enrollment period ends on [date]' and two buttons: 'Edit' and 'View Enrollments'. At the bottom left, there is a 'Continue' button. Blue arrows point to the 'Enrollment submitted' message, the 'View Enrollments' button, and the 'Continue' button.

16. We encourage you to print or save a copy of your enrollment confirmation to keep for your records.

If you have questions, contact the Horizon Solution Center at hresolutioncenter@hormel.com or call 866-449-7712
7 a.m. to 5 p.m. CST, Monday through Friday.