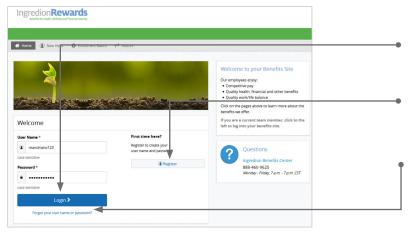
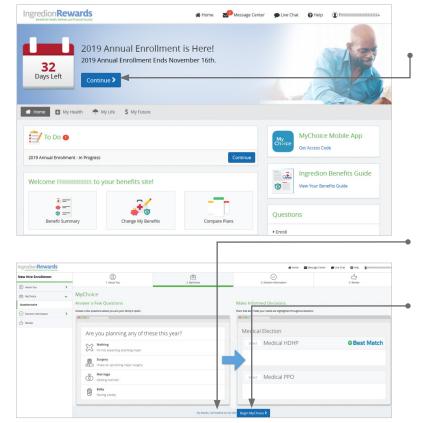
ENROLLING IS EASY





Get started

Visit **www.ingredionbenefits.com** and log in by entering your user name and password.

If you are a first-time user, click on 'Register' to set up your user name, password and security questions. Our 'Company Key' is **Ingredion** (note: it's case sensitive).

Forgot your user name or password?

- 1. Visit **www.ingredionbenefits.com** and click on the 'Forgot your user name or password?' link.
- 2. Enter your social security number, company key and date of birth.
- 3. Answer your Security Phrase.
- 4. Enter and confirm your new password, then click 'Continue' to return to this page and log in.

Begin enrollment

Click 'Start Here' and follow the instructions to enroll in your benefits or waive coverage.

You must make your elections by the deadline on the calendar. If you miss the deadline you will waive any electable benefit coverage, and have to wait until the next annual enrollment period to enroll.

Already know what you want?

Click on 'No Thanks, I know what I want' to skip directly to choosing your benefits.

Need help with your benefit choices?

Click 'Begin MyChoice' to answer a few questions about who you want covered and get customized recommendations based on those answers. These questions will assess your and your dependents' overall health, lifestyle and other factors that can help determine a better recommendation. **These answers are purely for recommendation purposes and are not shared with your employer.**



DOWNLOAD THE MYCHOICE APP NOW!

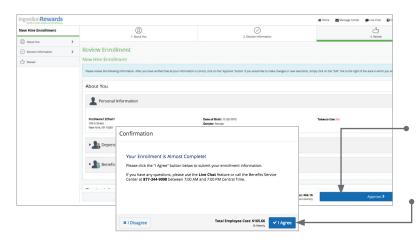
Once you download it, log in to **www.ingredionbenefits.com** to receive your access code.



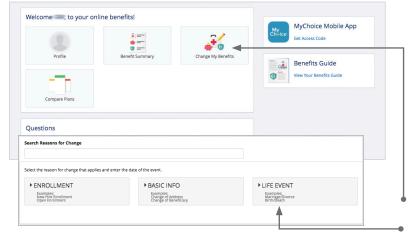


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2019 Annual Enrollment		D 1. About You	2. MyChoice	3. Bection information	A Review	
About You	>			-		
9 MyChoice	~	MyChoice Coverage Recommendations				
Questionnaire		Based on the information you provided in the MyChoice questionnaire, we can recommend the following coverages to best meet your needs.				
Recommendations		Based on the information you provided in	n the MyChoice questionnaire, we can recom	mend the following coverages to best meet ye	our needs.	
Bection Information	>	5 My Health			Why are these plans recommende	
C tores		Benefits that help pay the cost of medical care or support other costs due to a medical event.				
		Medical			O No Thanks	
		Health Savings Plan			\$43.	
		Covered Members: FirstName1 - Edit			and a	
		Plan Details				
					View Other Available Option	
		Semployer Paid Critical Illness			Bundled with: Health Savings	
		Employer Paid Critical Illness			\$0.	



Transaction Complete	⊖ Print Benefit Summary	
our information has been submitted. deter Home to return to your benefits home page or Log Out to end this session. hank You.	Confirmation Number 780-34-05-966	



View your bundle

This page will display your recommended bundle of coverages based on your MyChoice answers.

If you choose to enroll in all of the recommended plans, click 'Start With This Bundle'. This will automatically enroll you in each of the recommended plans.

If you want to see additional options, click 'Go Through Each Election'. This will take you through each plan and show you all of your options.

If you have any questions as you go through enrollment, contact the Benefitsolver Service Center at 866-390-5537.

Use the 'Reference Center' to help you make elections.

Review your elections

Review, edit and approve your personal information, elections, dependents and beneficiaries.

Approve

Once you have reviewed your elections and they are accurate, click 'Approve' to continue.

Confirm your choices

Your enrollment isn't complete until you confirm your benefit elections and cost.

Print

Print your election information and confirmation number for future reference or save it to your Message Center.

MAKE MID-YEAR CHANGES

The benefit elections you make will remain in effect until the end of the plan year, unless you are affected by one of these life changing events:

- · Getting married or divorced
- A change in other coverage (gain/loss) for you or an elgibile dependent
- · Having a baby or adopting a child, or
- An enrolled child turning 26

If you experience any of these qualifying events, you must provide the required supporting documentation and make changes within **30 days**.

- 1. Log in to www.ingredionbenefits.com.
- 2. Click on the 'Change My Benefits' button to make election changes or to update your basic information.
- 3. Select the life event button and the event you wish to file. Then, follow the same election steps above to complete your life changing event.



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