

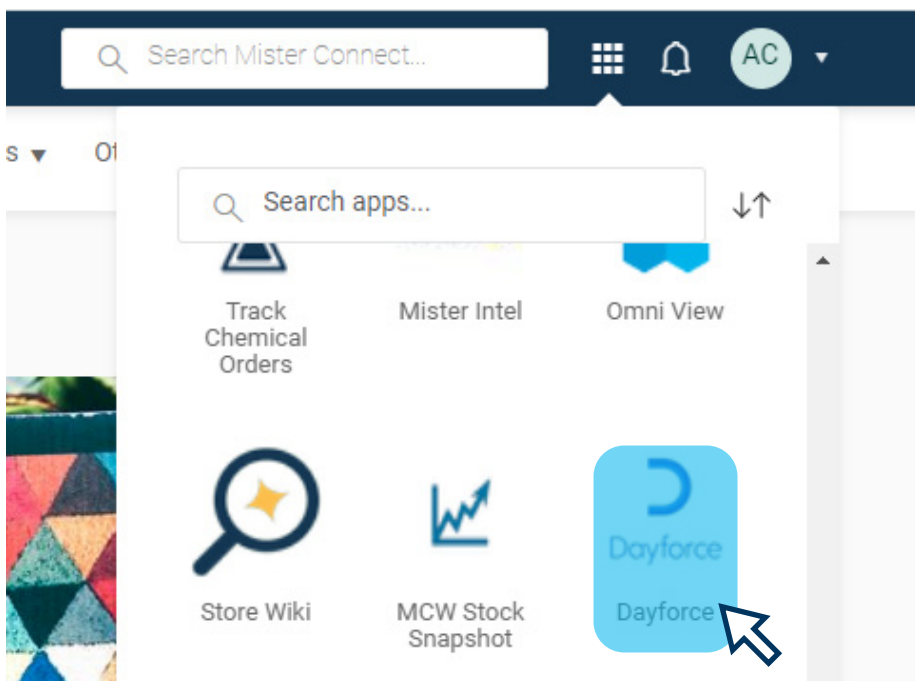
BENEFITS ENROLLMENT

STEP-BY-STEP

At Mister Car Wash, we are proud of the flexible, comprehensive benefit choices we offer to meet your unique needs and to support the well-being of the people who make our company successful - YOU! This is your time to make benefit choices for the coming plan year.

Let's get started!

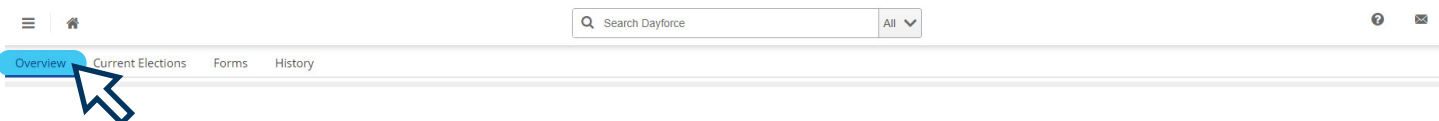
STEP 1: Click the launchpad in Mister Connect and select **"Dayforce"**



STEP 2: Click the **"Benefits"** icon in the blue section at the top of the screen.



STEP 3: Click the **"Overview"** from the menu at the top left of the screen.



Need help?

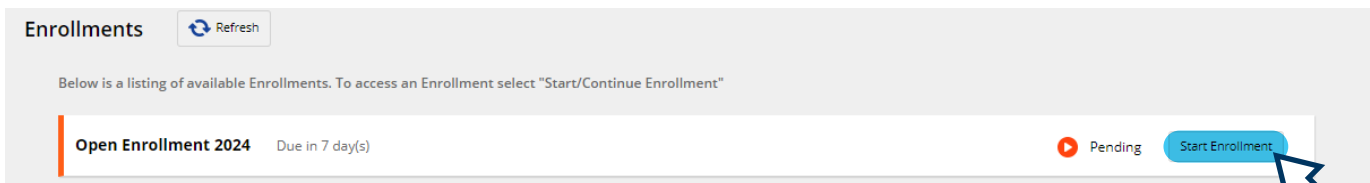
Call the HR Helpline at 844-529-7392 or email us hrhelpmistercarwash.com

Call the Care Coordinators of Quantum at 888-971-7277

Scan the QR Code to learn more about our benefits!

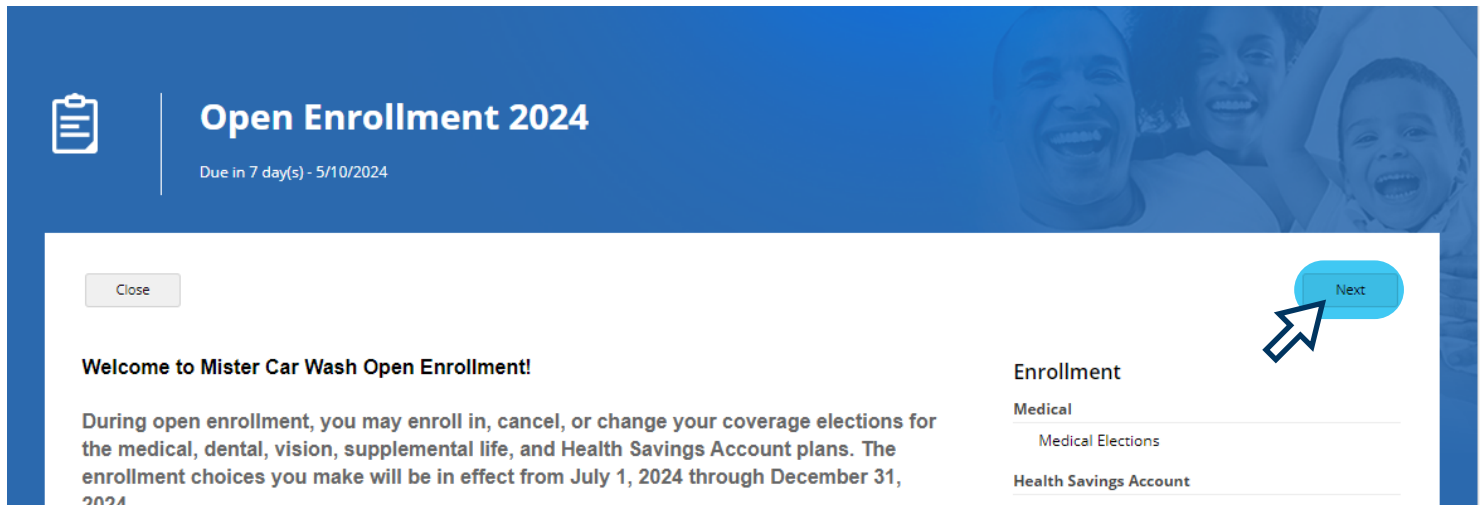


STEP 4: Click the **“Start Enrollment”** from the Enrollment section at the top of the page.



The screenshot shows a header with the word "Enrollments" and a "Refresh" button. Below the header is a message: "Below is a listing of available Enrollments. To access an Enrollment select 'Start/Continue Enrollment'". A card displays "Open Enrollment 2024" with a subtext "Due in 7 day(s)". To the right of the card, there is a "Pending" status indicator and a blue "Start Enrollment" button. A mouse cursor is pointing at the "Start Enrollment" button.

STEP 5: At the Welcome Screen, review the message and click **“Next”** to start making your benefits



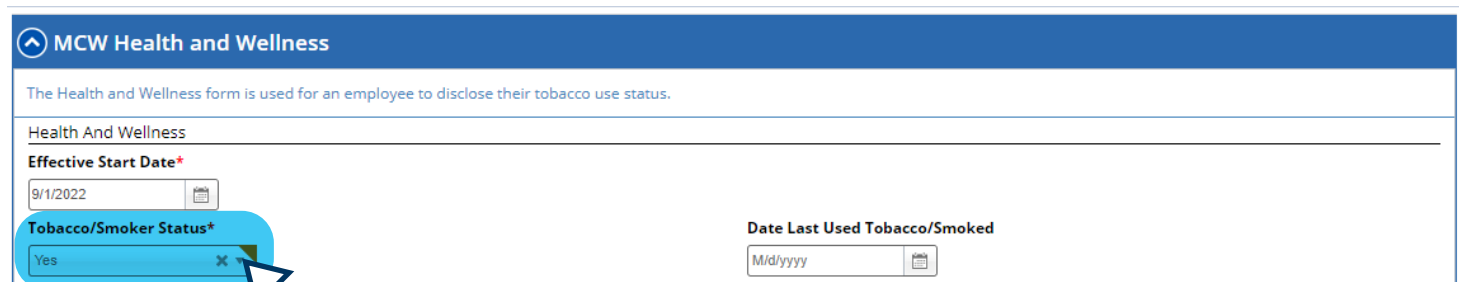
The screenshot shows a blue header with a clipboard icon and the text "Open Enrollment 2024" and "Due in 7 day(s) - 5/10/2024". Below the header is a white content area with a "Close" button in the top left. The main text reads: "Welcome to Mister Car Wash Open Enrollment! During open enrollment, you may enroll in, cancel, or change your coverage elections for the medical, dental, vision, supplemental life, and Health Savings Account plans. The enrollment choices you make will be in effect from July 1, 2024 through December 31, 2024". On the right side, there is a section titled "Enrollment" with sub-sections for "Medical", "Medical Elections", and "Health Savings Account". A blue "Next" button is located in the top right corner of the content area, with a mouse cursor pointing at it.

If at any point, you need to step away before you complete the enrollment process, click **“Save Draft”** so you can pick up where you left off.



The image shows two buttons: a grey "Close" button and a blue "Save Draft" button. A mouse cursor is pointing at the "Save Draft" button.

STEP 6: Select your tobacco/Smoker Status. This status is defaulted to **“Yes.”** If you are not a tobacco user, click the drop-down arrow to change this to **“No.”**



The screenshot shows the "MCW Health and Wellness" form. The title is "MCW Health and Wellness" with a back arrow. Below the title is a description: "The Health and Wellness form is used for an employee to disclose their tobacco use status." The form has a section titled "Health And Wellness" with a sub-section "Effective Start Date*" containing a date field with "9/1/2022" and a calendar icon. Below that is a "Tobacco/Smoker Status*" dropdown menu with "Yes" selected and a mouse cursor pointing at the dropdown arrow. To the right is a "Date Last Used Tobacco/Smoked" field with a date format "M/d/yyyy" and a calendar icon.

STEP 7: Click the “**Current Dependent Information**” section, and add all dependents you wish to cover on your benefits (spouse and/or dependent children).

If you do not wish to cover any dependents on your benefits, skip this section and move to Step 8. Click “**Add**” and complete all required fields (marked with *), then click “**Continue**”.

Current Dependent Information

Current Dependent Information

Below is the list of your current dependents. You have the ability to Add, Edit, and/or Remove dependent(s).



Add New Dependent

Personal Information * Required Field

First Name*

Middle Name

Last Name*

Gender*

Relationship*

Birth Date*

SSN

Tobacco/Smoker

Date last used Tobacco/Smoked

Student

Disabled

Marital Status

Primary Address + Add

Your address will be used as the dependent's primary address, unless a new address is entered.

Other Address + Add

Phone Number + Add

Currently does not have a phone number.

Continue **Cancel**

Repeat this process for each dependent who you want to cover on your benefits plans.

Name Susie Smith	Relationship Child	Birth Date 3/6/2007	Remove View/Edit
Name Joe Smith	Relationship Spouse	Birth Date 5/4/1976	Remove View/Edit


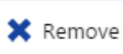
STEP 8: Click the “**Current Beneficiary Information**” section and add all beneficiaries you wish to include for life insurance.

Since Mister provides basic life and AD&D coverage for all benefits-eligible employees, you must complete this section. Click “**Add**” and complete all required fields (marked with *), then click “**Continue**”.

Current Beneficiary Information

Current Beneficiary(s)

Below is the list of your current beneficiary(s). You have the ability to Add or Remove a beneficiary. Limited editing is also available.

Add New Beneficiary

Personal Information * Required Field

First Name*

Middle Name


Last Name*

Gender


Relationship*


Birth Date

SSN


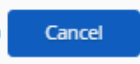
Primary Address 

No Primary Address

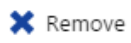
Other Address 


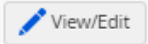
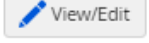
Phone Number 

Currently does not have a phone number.

Repeat this process for each beneficiary you want to add to your life/AD&D insurance.

Beneficiary	Relationship	Birth Date	View/Edit
 Susie Smith	Child	3/6/2007	
 Joe Smith	Spouse	5/4/1976	

When you’ve finished adding all your dependents and beneficiaries, click “Next” to start making your benefits elections.

STEP 9: Make your benefits elections.

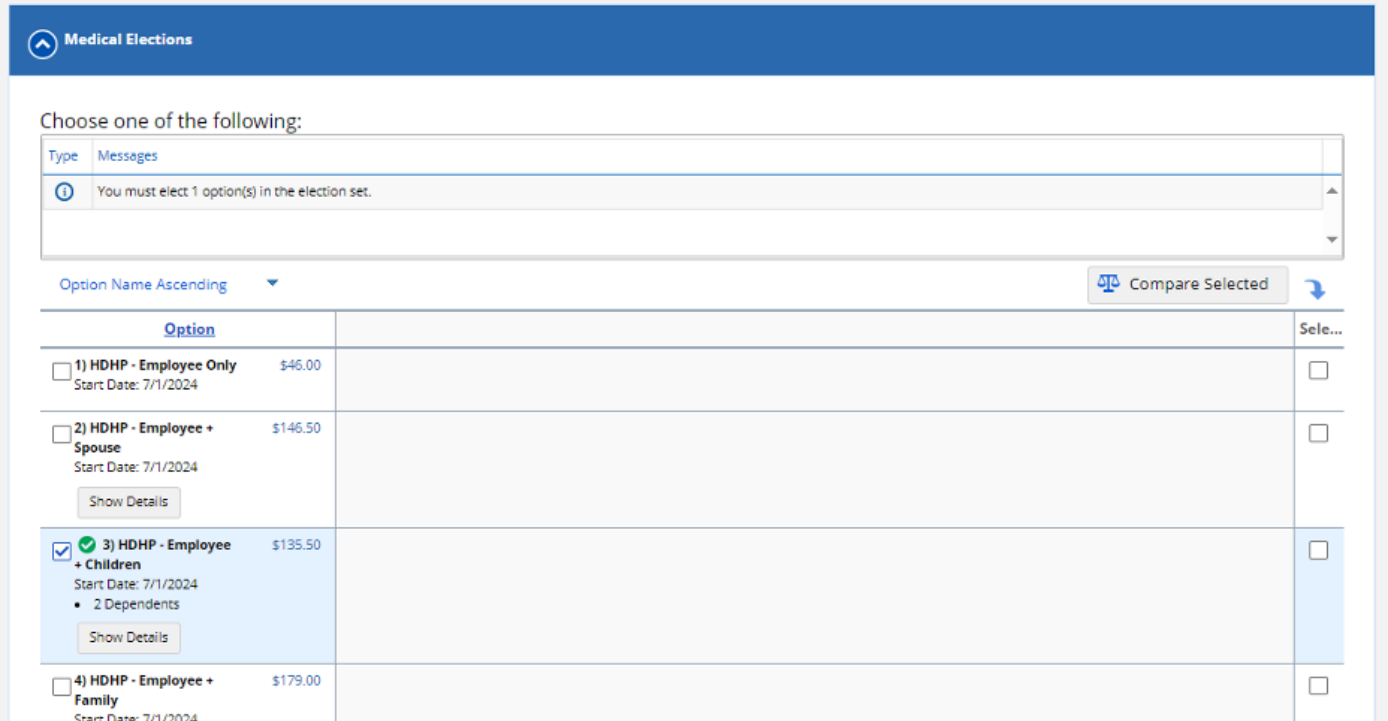
START WITH MEDICAL ELECTIONS: click the  in each section to see your options for that benefit.

Medical

Mister Car Wash offers two medical plan options. The plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will save money by choosing a United Healthcare Choice Plus network provider.

If you're not sure which health insurance plan to choose, take the [Mister Learn course](#) *Investing in Yourself: Which Health Insurance Plan Is Right for You?*


Call 888-971-7277 or [Click Here](#) to contact a Quantum Care Coordinator to locate a network provider or for help with benefits questions.







Medical Elections

Choose one of the following:

Type Messages

 You must elect 1 option(s) in the election set.

Option Name Ascending   Compare Selected 

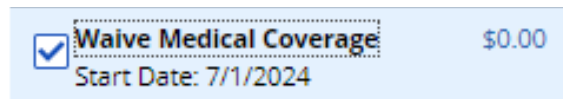
Option		Sele...
<input type="checkbox"/> 1) HDHP - Employee Only Start Date: 7/1/2024	\$46.00	<input type="checkbox"/>
<input type="checkbox"/> 2) HDHP - Employee + Spouse Start Date: 7/1/2024 Show Details	\$146.50	<input type="checkbox"/>
<input checked="" type="checkbox"/>  3) HDHP - Employee + Children Start Date: 7/1/2024 • 2 Dependents Show Details	\$135.50	<input type="checkbox"/>
<input type="checkbox"/> 4) HDHP - Employee + Family Start Date: 7/1/2024	\$179.00	<input type="checkbox"/>

Choose the plan and level of coverage you want by checking the box to the left of the option.



 3) HDHP - Employee + Children \$135.50
Start Date: 7/1/2024
• 1 Dependent
[Show Details](#)

If you don't want to enroll in a particular benefit, click the **"Waive Coverage"** option in that section.



Waive Medical Coverage \$0.00
Start Date: 7/1/2024



Any coverage that requires dependents or beneficiaries will prompt you to select them from a list of those you entered in the previous step.

You must make an election in each section, or you won't be able to complete your enrollment.

Click **"Next"** when you have completed all your selections.

Close Save Draft

Back **Next**

STEP 10: Submit your enrollment elections.

After you've made elections in each section of Step 9 and clicked "**Next**", a confirmation page will show on the screen. Review your elections, dependents and beneficiaries to ensure you made all the selections you intended to.

You will also see the per-paycheck amount of each benefit you've enrolled in.

If you are not quite ready to finalize your elections, click "**Save Draft**" to save your elections and come back to make changes later.

If you want to make changes, click "**Back**". If you want to print a copy of your confirmation page, click "**Print**". When you are done and want to finalize your elections, click "**Submit Enrollment**".

Confirmation

Please review the summary of your elections. You are not enrolled until you click the 'Submit Enrollment' button and your choices are approved.



When you see this message, you know your elections have been saved:

