

# Eligibility & Enrollment

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## ELIGIBILITY

All regular full-time employees working a minimum of 30 hours per week are eligible for benefits. Eligible family members can also enroll in medical, dental, vision and supplemental life coverage.

### Eligible dependents include:

- Your legal spouse or domestic partner
- Your children up to age 26 or your domestic partner's children

Contact [benefits@Karyopharm.com](mailto:benefits@Karyopharm.com) to fill out a domestic partner affidavit for benefit coverage.

## CHANGING BENEFITS AFTER ENROLLMENT

Open Enrollment is available each year in November. During that time, you have the opportunity to make changes to your benefit elections for the next plan year. Changes outside of the Open Enrollment period may only be made if you experience a qualifying event, such as a birth, marriage, divorce or loss of coverage.\* You will have 30 days from the date of your qualifying event to email [benefits@Karyopharm.com](mailto:benefits@Karyopharm.com) to request to make changes.

*\*Qualifying life events include: marriage or divorce; legal separation; domestic partnership status change; birth or adoption of a child; change in child's dependent status; death of spouse, child, or other qualified dependent; change in residence due to an employment transfer for you or your spouse or domestic partner; commencement or termination of adoption proceedings; or a change in your spouse's benefits or employment status.*

## ENROLLMENT

**New Hires:** You are given the opportunity to elect your benefits within 30 days after your date of hire. Most benefits coverage begins on your date of hire; however, vision coverage begins the first of the month following your date of hire. Coverage is effective through December 31st unless you have a qualifying life event.

**Annual Enrollment:** Held in November, this is your once per year opportunity to select or update the employee health benefits that matter to you and your family. The coverage you elect during this period is effective January 1st through December 31st unless you have a qualifying life event. You will enroll in benefits through Sage People.

## WHEN COVERAGE ENDS

When you terminate your employment, your medical, dental, and vision coverage end at the end of the month in which you terminate. You will then be offered continued coverage through COBRA. Your life insurance coverage ends on the date of termination. Contact [benefits@Karyopharm.com](mailto:benefits@Karyopharm.com) for information about applying for personal direct billed life insurance.



### IMPORTANT NOTE

If you wish to request a change in your coverage due to a qualifying event, you must email the HR Team at [benefits@Karyopharm.com](mailto:benefits@Karyopharm.com) within (30) days of the date of the event.

# Life Insurance Coverage



## BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

**Basic Life Insurance** covers you for 2x your base annual salary up to \$500,000 in the event of your untimely death.

**Note:** The IRS requires Karyopharm to tax the cost of the amount of basic life coverage greater than \$50,000. You will see a notation on your paycheck as well as on your W2 at the end of the year.

**Basic AD&D Insurance** covers you for 2x your base annual salary up to \$500,000 in the event of your untimely death from an accidental injury. AD&D also pays a benefit if you are severely injured and suffer a loss, such as the loss of a limb or eyesight.

**Note:** In the event of accidental death, both Basic Life and AD&D will be applicable.



### IMPORTANT NOTE

Make sure to indicate your life insurance beneficiaries online in Sage People when you enroll in your benefits.

VOLUNTARY LIFE PER PAYCHECK PREMIUMS		
AGE RANGE	EMPLOYEE PER \$10,000 COVERAGE	SPOUSE PER \$5,000 COVERAGE
0 - 24	\$0.255	\$0.1275
25 - 29	\$0.290	\$0.1450
30 - 34	\$0.380	\$0.1900
35 - 39	\$0.570	\$0.2850
40 - 44	\$0.860	\$0.4300
45 - 49	\$1.340	\$0.6700
50 - 54	\$1.960	\$0.9800
55 - 59	\$2.835	\$1.4175
60 - 64	\$3.690	\$1.8450
65 - 69	\$5.310	\$2.6550
70-74	\$10.030	\$5.0150
75+	\$31.335	\$15.6675

VOLUNTARY LIFE PER PAYCHECK PREMIUMS	
AGE RANGE	CHILD PER \$2,000 COVERAGE
Child(ren)	\$0.380

VOLUNTARY AD&D PER PAYCHECK PREMIUMS		
TIER	COVERAGE AMOUNT	COST
Employee	per \$10,000 coverage	\$0.135
Spouse	per \$5,000 coverage	\$0.0725
Child(ren)	per \$2,000 coverage	\$0.025

# Life Insurance Coverage



## VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

**Voluntary Employee Life Insurance:** You can elect additional benefit amounts in \$10,000 increments up to the lesser of 5x your Base Annual Earnings to a maximum of \$500,000. As a newly eligible employee you can elect up to \$200,000. This amount is called Guarantee-Issue (GI). Any election over the GI amount, or any future increased election, will require approval from our vendor through an online health questionnaire. Once the vendor has approved the additional amount, we will add it to your benefits coverage.

**Voluntary Spouse Life Insurance:** You can elect to cover your spouse or domestic partner in \$5,000 increments up to 100% of your employee election. You can elect up to \$50,000 for your spouse as a newly eligible employee. This amount is called Guarantee Issue (GI). Any election over the GI amount, or any future increased election, will require approval from our vendor through an online health questionnaire. Once the vendor has approved the additional amount, we will add it to your benefits coverage.

**Voluntary Child(ren) Life Insurance:** You can elect to cover your dependent children up to age 26 in \$2,000 increments up to the lesser of 100% of the Employee election or \$10,000. All dependent children are covered under one elected amount.



**Voluntary Employee AD&D Insurance:** You can elect additional benefit amounts in \$10,000 increments up to the lesser of 5x your Base Annual Earnings to a maximum of \$500,000.

**Voluntary Spouse AD&D Insurance:** You can elect to cover your spouse or domestic partner in \$5,000 increments up to 100% of your Employee election.

**Voluntary Child(ren) AD&D Insurance:** You can elect to cover your dependent children up to age 26 in \$2,000 increments up to the lesser of 100% of the Employee election or \$10,000. All dependent children are covered under one elected amount.



### IMPORTANT NOTE

Make sure to indicate your life insurance beneficiaries online in Sage People when you enroll in your benefits.

# Disability Coverage



## SHORT TERM DISABILITY (STD)

After an elimination period of 7 calendar days, STD benefits will begin. STD coverage provides you with 60% of your Base Weekly Earnings for the length of your recovery up to 13 weeks.

## LONG TERM DISABILITY (LTD)

If your disability lasts longer than 13 weeks or 90 days, you may be eligible for Long Term disability. LTD provides you with 60% of your Base Monthly Earnings up to a maximum benefit of \$13,000 per month. Benefits continue while you are disabled up to age 65 or longer if the disability occurs after age 65. The cost of these benefits is added to your W2 to provide tax-free benefits when needed.

## LEAVE OF ABSENCE

You must apply for STD or LTD benefits as well as any state or government-related benefits for which you may qualify, including FMLA.



### IMPORTANT NOTE

Contact [benefits@karyopharm.com](mailto:benefits@karyopharm.com) should you need to take a leave of absence.

## PARENTAL LEAVE

After six (6) months of regular full-time employment, you will be eligible to receive up to twelve (12) weeks of paid Parental leave for the purpose of bonding with a newborn, adopting a child eighteen (18) years or younger, or adopting a mentally or physically disabled child age twenty-three (23) or younger. (For birthing parents, this is in addition to 6 – 8 weeks of STD leave for childbirth recovery, for a total of 18 – 20 weeks of leave.)

