



My Pay & Hours



My Personal Information



My Human Resources



My Corporate Programs



My Benefits



UAW Notifications



Help Documents



COVID-19 Screening Tool



Search for an application



Enter Search Text

[Home](#) >> **My Benefits**



Sedgwick Claim Management
Services



Benefit Connect



Supplemental Unemployment
Benefits (SUB)



Michigan QHC Letter (Auto
Insurance PIP)



Online Authorization

2. For applicable health & welfare plans, unless it is during the annual enrollment period or I experience a qualified status change as described in the Summary Plan Description for the applicable plan, my benefit choices and payroll authorization may not be changed or revoked during a calendar year.

3. If I am reporting a qualified status change, I certify that the qualified event is truthful and accurate. FCA reserves the right to request appropriate and/or legal documentation reflecting the proof of my qualified status change event.

4. I am aware that the plan(s) I may choose to enroll in have prescribed benefits, exclusions, and other limitations.

5. Should my employment terminate, I authorize FCA to make any required payroll deductions associated with my benefit elections from my final paycheck.

6. Any material omission or misrepresentation in answering the questions in this system may result in the denial of benefits, termination of coverage and enrollment for me and my dependents and/or disciplinary action including and up to separation of employment.

7. FCA reserves the right to alter, amend, terminate, or modify any of its employee benefit plans, programs or policies at any time.

[Privacy Notice](#)

Cancel

Accept

Health Benefits

View My 1095-C



Qualifying Life Event



View My 2023 Benefit Details



Vendor Contact List



Retirement Benefits

View Retirement Models



How Much Do I Have Today?



Messages

My Profile

Contact Us

2023 Benefit Details

Disease Management: YOU,
Disease Management Coverage - Conifer (Two
Party) \$0.00

Dental: YOU,
Delta Dental PPO (Two Party) \$0.00

Vision: YOU,
VSP (Two Party) \$0.00

Dependent Care Flexible Spending Account:
No Coverage \$0.00

**Employee Group Life:
(VALUE HERE) \$0.00**

Accidental Death & Personal Loss:
\$22,500 \$0.00

Optional Group Life:
No Coverage \$0.00

Dependent Group Life Spouse/CP:
No Coverage \$0.00

Dependent Group Life Child:
No Coverage \$0.00

Optional Group Accident:
No Coverage \$0.00

Voluntary Extended Disability: \$0.00