

## Employee Self-Service Walkthrough

Log in to your website:

1) Access the Employee Self-Service\* website.

<https://workforcenow.adp.com>



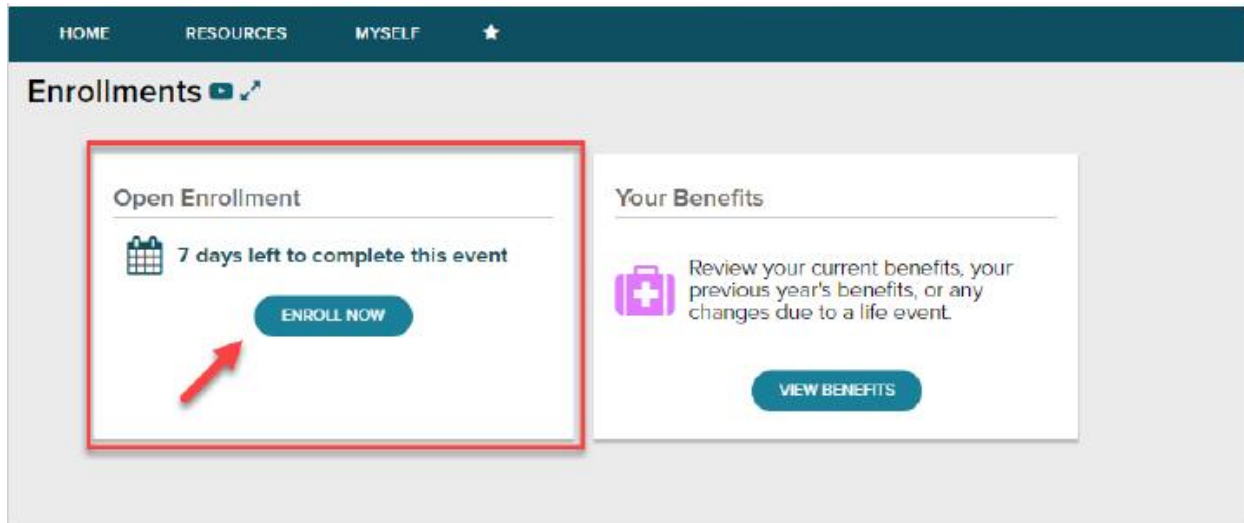
2) Enter your User ID and Password, and then click Sign In.

Note: If this is your first time logging in, click the Sign Up button. If you are unsure of the registration code, please contact your HR team.

Upon logging in, you will be presented with a splash page showing important information about this Open Enrollment period. You may click Start This Enrollment or Remind Me Later. The splash page will continue to be displayed each time you log in for the duration of the Open Enrollment Period until you complete your selections.

The screenshot shows an employee portal splash page for an Open Enrollment period. The page features a navigation bar with 'HOME', 'RESOURCES', and 'MYSELF' tabs, and a search bar labeled 'Search Workforce Now'. The main content area is divided into several sections: 'Company Mission', 'Our Mission', 'Company News and Events', 'Quick Links', and 'Your Employee Discounts'. A central modal window is displayed, titled 'Open Enrollment Period' with a sub-header 'D Test'. The modal includes a countdown timer showing '8 Days LEFT TO COMPLETE YOUR ENROLLMENT'. It provides contact information for the HR Team: 'Questions? HRteam@hr.com' and '+1 800 377 0237'. The main text of the modal reads: 'Welcome to the Open Enrollment period! The Open Enrollment period gives you the opportunity to make benefit election changes from 06/18/2019 to 06/25/2019, with benefits effective as of 07/01/2019.' Below this, it lists actions that can be taken during the period: 'Add or opt out of health plan coverage', 'Choose your new plan options', 'Enroll eligible family members in your plans', 'Add or change the level of your insurance coverage', 'Add or update Beneficiary assignment', 'Complete Beneficiary assignment', 'Upload documents', and 'Enroll or re-enroll in a consumer health and savings account to pay for daycare or health expenses with pre-tax dollars'. A note at the bottom of the modal states: 'Please review your options and costs carefully. Once the enrollment period has ended your choices will be final until the next enrollment period or until you have a qualifying life event. Contact your Human Resources department if you have questions.' At the bottom of the modal, there are two buttons: 'START THIS ENROLLMENT' (highlighted with a red box) and 'REMIND ME LATER'. The background page also shows a 'Continue »' button at the bottom right.

You will be routed to the Enrollments page, where you have the option to either start the Open Enrollment process or review your current benefits.



To start, click Enroll Now in the Open Enrollment box. You will be brought back to the Welcome Note and Introduction screen. Please review all information on this screen, as there are often important references for your Open Enrollment options.

If any tobacco attestation requirements are in place, you must populate the information as indicated before clicking Continue.

Enrollments Add to Favorites 

## Welcome to D Test

 7 days left to complete this event

Welcome to the Open Enrollment period! The Open Enrollment period gives you the opportunity to make benefit election changes from **06/18/2019** to **06/25/2019**, with benefits effective as of **07/01/2019**.

During the Open Enrollment period you can:

- Add or opt out of health plan coverage
- Choose your new plan options
- Enroll eligible family members in your plans
- Add or change the level of your insurance coverage
- Add or update Beneficiary assignment
- Complete Beneficiary assignment
- Upload documents
- Enroll or re-enroll in a consumer health and savings account to pay for daycare or health expenses with pre-tax dollars

Please review your options and costs carefully. Once the enrollment period has ended your choices will be final until the next enrollment period or until you have a qualifying life event. Contact your Human Resources department if you have questions.

Are you a Tobacco User?\*

- No  
 Yes

Is Kate Albright a Tobacco User?\*

- No  
 Yes

Is George Albright a Tobacco User?\*

- No  
 Yes

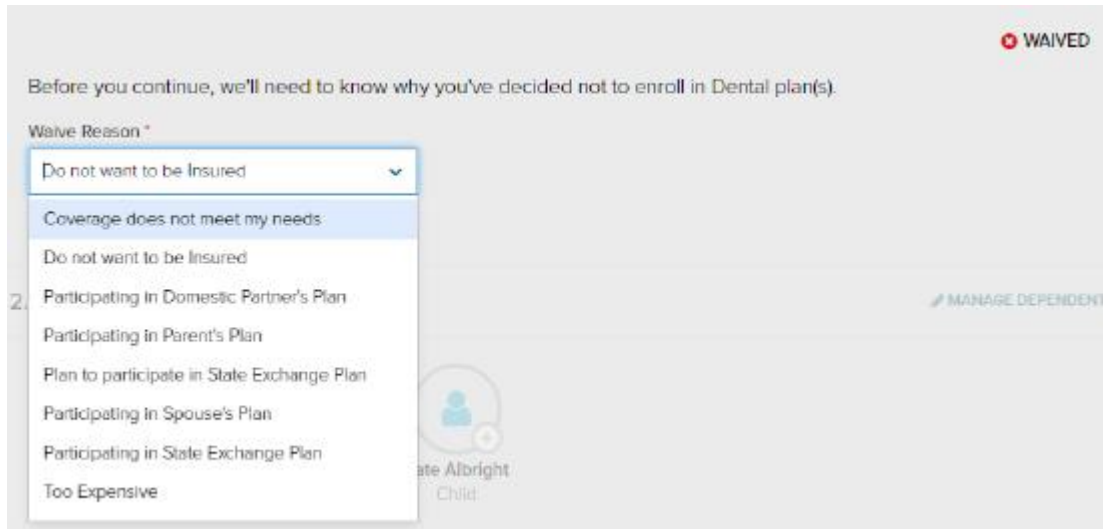
CONTINUE 

The left side of the screen will indicate the different plan types that are available to enroll in. When you are viewing the selected plan type, all enrollment options will be displayed on screen.

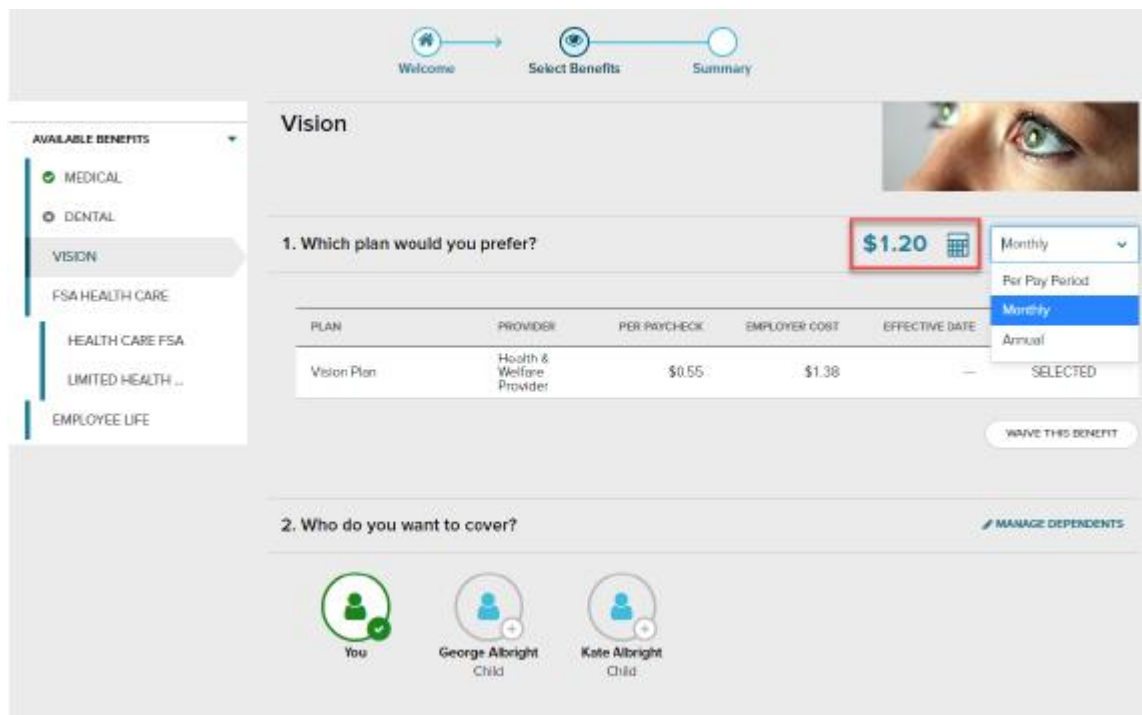
The screenshot displays the 'Enrollments' page in Workforce Now. The navigation bar includes 'HOME', 'RESOURCES', 'MYSELF', and a search bar. The main header shows 'Enrollments' and 'Add to Favorites'. A banner for 'D Test' indicates '7 days left to complete this event'. A progress bar shows 'Welcome', 'Select Benefits', and 'Summary' steps. A sidebar on the left lists 'AVAILABLE BENEFITS' with 'MEDICAL' selected. The main content area is titled 'Medical' and includes a notice: 'Your company requires you to enter a reason to waive this coverage.' Step 1, 'Which plan would you prefer?', features a table with two options: 'Medical HDHP' and 'Medical HMO'. Each row has a 'SELECT PLAN' button. A 'WAIVE THIS BENEFIT' button is also present. Step 2, 'Who do you want to cover?', shows 'You' selected and 'George Albright' and 'Kate Albright' as children. A red arrow points to the 'CONTINUE TO PREVIEW' button at the bottom.

PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE	
Medical HDHP	Health & Welfare Provider	\$20.77	\$10.15	---	<input type="button" value="SELECT PLAN"/>
Medical HMO	Health & Welfare Provider	\$5.08	\$10.15	---	<input type="button" value="SELECT PLAN"/>

You may choose to click Select Plan for the desired enrollment or Waive This Benefit. If you chose to waive a benefit, you may be required to select a waive reason.



When you choose to enroll in a plan, you may review your costs on a Per Pay Period, Monthly, or Annual basis by selecting the desired view in the calculator drop-down. The rate displayed to the left will be updated based on your selection, and it will also be updated if dependents are added for coverage.



While enrolling in a plan, please be sure to indicate which dependents should be covered in Step 2, if applicable. If you need to update or add a dependent, you may click the Manage Dependents link in step 2.

\*Please note: The coverage level for your enrollment (Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family) is driven by which dependents you select to enroll.

2. Who do you want to cover? [MANAGE DEPENDENTS](#)

You  George Albright Child  Kate Albright Child

Click Continue to Preview.

Review your enrollment, costs and covered individuals carefully. Then click Save and Continue to Next Benefit to continue making your desired selections.

Save Your Election

YOU ARE ENROLLING IN  
Health & Welfare Provider: Medical HDHP, Eligible Employees

PER PAYCHECK	COSTS
PLAN COST	\$34.62
<b>TOTAL PER PAYCHECK</b>	<b>\$34.62</b>

COVERED INDIVIDUALS

- AA Anthony Albright  
You
- GA George Albright  
Child

[SAVE AND CONTINUE TO NEXT BENEFIT](#)

## Company-Paid/Voluntary Life Elections and Beneficiaries:

When electing Voluntary Life, you will need to select your beneficiaries as well. Start by clicking Select Plan, and then choose the amount of coverage you would like to elect.

PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE	
EE Vol Life	Guardian Life	\$0.00	\$0.92	---	<b>SELECT PLAN</b>

If the amount selected is over the Guarantee Issue amount, an approval will be required and you will be asked to collect an Evidence of Insurability (EOI) and submit it to your employer. Your full election amount will not be approved until this is received.

PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE	
EE Vol Life	Guardian Life	\$0.00	\$7.38	---	SELECTED

WAIVE THIS BENEFIT

1. How much coverage would you like? **\$0.00** Per Pay Period

Additional Amount

**\$80,000.00** Total Elected coverage

**Over The Limit - Approval Required**  
The additional amount of coverage is over the guarantee issue amount of \$50,000.00. The amount over the limit will be subject to the approval of the plan administrator and/or the insurance carrier.





Next, select your beneficiaries, including Primary and Secondary, if applicable. All beneficiary delegation percentages combined must equal 100% for each category (Primary and Secondary).



2. Who would you like to assign as your beneficiaries? MANAGE BENEFICIARIES

You can select as many beneficiaries as you would like as long as the total equals 100%.





Select your Primary beneficiaries

 Alice Albright Spouse 100.00 %	 Anthony Albright Child	 Maggie Albright Child	 Randy Albright Child
---	--	---	--

=100.00% (total must equal 100%)

Joanna Anthony  
Child  
25.00 %

Do you want to add Secondary beneficiaries?

 Alice Albright Spouse	 Anthony Albright Child 25.00 %	 Maggie Albright Child 25.00 %	 Randy Albright Child 25.00 %
---	---	--	---

=100.00% (total must equal 100%)

Joanna Anthony  
Child  
25.00 %

SAVE FOR LATER CONTINUE TO PREVIEW

Click Continue to Preview and review your selection and beneficiary delegations. Then click Save and Continue to Next Benefit

Save Your Election ✕

YOU ARE ENROLLING IN  
Guardian Life: EE Vol Life, Eligible Employees

Total Elected coverage: \$80,000.00

PER PAYCHECK	COSTS
Employer Pays	\$7.38
You Pay	\$0.00

**PRIMARY ALLOCATIONS**





AA	Alice Albright Spouse	100.00%
----	--------------------------	---------

**SECONDARY ALLOCATIONS**

AA	Anthony Albright Child	25.00%
MA	Meggie Albright Child	25.00%
RA	Randy Albright Child	25.00%
JA	Joanna Anthony Child	25.00%

SAVE AND CONTINUE TO NEXT BENEFIT

In the Open Enrollment flow, the following visual indicators are displayed to show different steps taken, action items, or enrollment statuses.

-  **Flag icon** – Plans that need your attention
-  **Green check mark** – Current plans that you have enrolled in
-  **Gray X** – Plans that are waived
- **Blank** - Available benefits
-  **Orange clock** – Pending approval




Continue through each step until all elections are complete and the Continue to Summary button is activated.

**AVAILABLE BENEFITS**

- MEDICAL
- DENTAL
- VISION
- FSA HEALTH CARE
- HEALTH CARE FSA
- LIMITED HEALTH ...
- EMPLOYEE LIFE**

## Employee Life



PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE
Best Employee Life	Insurance Provider	\$0.00	\$23.08	—


1. How much coverage would you like? **\$0.00**

Base Amount


2. Who would you like to assign as your beneficiaries? [MANAGE BENEFICIARIES](#)

You can select as many beneficiaries as you would like as long as the total equals 100%

Select your Primary beneficiaries.




George Albright  
Child




Kate Albright  
Child

+0.00% (total must equal 100%)

Do you want to add Secondary beneficiaries?



George Albright  
Child



Kate Albright  
Child

+0.00% (total must equal 100%)

Review all selections. When you are ready to confirm your selections, click Submit Enrollment. Please note that your benefit elections will not be processed until you click Submit Enrollment. If Save for later is selected, these enrollments will not be submitted to your HR team until you fully submit the enrollment.

Welcome to D Test

7 days left to complete this event

Welcome → Select Benefits → Summary

Please review this summary of your D Test.

Your benefit elections will not be processed until you click "SUBMIT ENROLLMENT". You will still be able to make changes until June 25, 2019 11:59 PM EDT

SAVE FOR LATER | SUBMIT ENROLLMENT

### Enrollment Summary

Per Pay Period


Plan	Effective Date	Coverage	Employer Cost	Your Cost
Medical			\$30.46	\$34.62
Health & Welfare Provider: Medical HDHP, Eligible Employees				
Surveys Employee Tobacco User Question: I attest that I am a tobacco user. Answer: No		July 1, 2019	You George Albright	
Per Pay Period:			\$30.46	\$34.62

### Waived Benefits

Dental	Waive Reason: Do not want to be insured
--------	---

SAVE FOR LATER | SUBMIT ENROLLMENT

Please ensure you receive the confirmation note indicating your elections have been submitted.

 You have completed your enrollment.

You have successfully completed your D Test enrollment. Contact your administrator if you have questions.

CLOSE

If you would like to make additional changes or modifications during the Open Enrollment Period, you may log in and navigate to Myself > Benefits > Enrollments and click the Enroll Now option again in the Open Enrollment box, which will bring you back to the beginning of the profile to make any desired election changes.

