Dear Employee,

We are excited to announce the start of Open Enrollment on the *Employee Self Service* website.

This letter explains what you need to do to complete your enrollments. The Open Enrollment period will last **2** weeks, starting **December 2**, **2024** and ending **December 13**, **2024**. All changes to your benefits must be completed by end of business day, December 13th. The changes that you make to your benefits will take effect on **January 1**, **2025**.

ADP Step by Step instructions:

Log in to Workforce Now to access the Employee Self-Service website.

⋒	English (US) ✔
,	Welcome to ADP®
Use	r ID Remember User ID 0
	Next
	Forgot your user ID?
	New user ? 🎍 Create account
	Download the ADP mobile app Scan the QR code with your device to begin (If your employer supports the mobile experience). Secure and convenient tools right in your hands for simple, anytime access across devices.

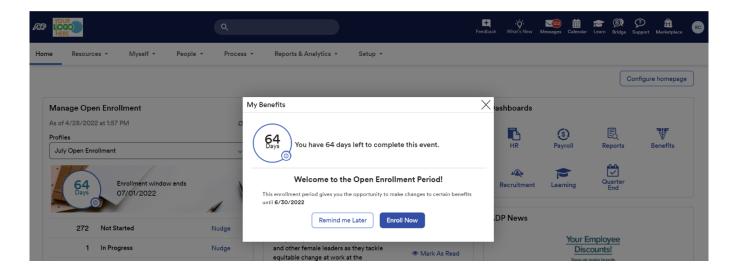
https://workforcenow.adp.com

Enter your User ID and password, and then click Sign In.

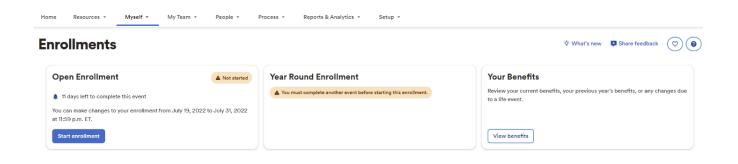
Note: If this is your first time logging in, click **Create account**. If you are unsure of the registration code, please contact your HR team.

Upon logging in, you will be presented with a pop-up showing important information about this Open Enrollment period. You can click **Enroll Now** or **Remind Me Later**.

Note: This pop-up is displayed each time you log in during the Open Enrollment period. 24-hours after submitting your selections the pop-up will no longer display.



Select **Enroll Now** will bring you to the Myself – Benefits – Enrollments screen where you can click **Start Enrollment**.



You will be taken to the *Welcome Note*. Please review all information on this page, as there are often important details regarding your Open Enrollment options. Click Next after reviewing the Welcome Note to move to Manage

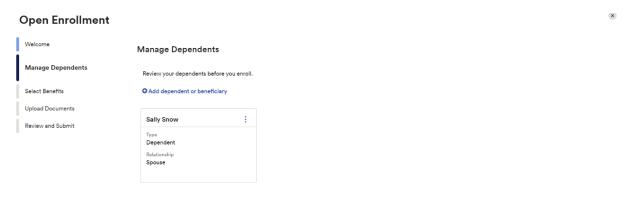
Open Enrollment		×
Welcome	Welcome	
Manage Dependents	Welcome to the Open Enrollment period. This enrollment period gives you the opportunity to make election changes for certain benefits. During this enrollment period you can:	
Select Benefits	Make changes to plan contributions, such as health savings account (HSA) or retirement plans	
Upload Documents	Add or change the level of your insurance coverage Add or update Beneficiary assignment	
Review and Submit	Complete Beneficiary assignment 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.	



Dependents

The Manage Dependents page is where you can add/view/edit your dependent and beneficiaries. Select "Add dependent or beneficiary" to add a new dependent/beneficiary.

You would use the 3-dot action icon to view/edit an existing dependent/beneficiary





Click Next to proceed to Surveys.

The **Survey** screen will prompt **only** if applicable based on the settings within the enrollment profile itself. If any tobacco attestation is required you must acknowledge the attestation ("I agree that all the information provided about my dependents and my tobacco usage is true and correct") in order for **Next** to be available and allow you to continue to the **Select Benefits** page.

Employee Self Service is split up into three sections: Action Required, Selected Plans and Eligible Benefits.

• Action Required – These are items that need to be reviewed to move forward. These plans could require a beneficiary to be designated or a waive reason to be provided.

Open Enrollment				×
Welcome	Select Benefits			
Manage Dependents				
Surveys	i 11 days left to enroll	Employer cost per payoheck	Your cost per paycheck	Go to section 🔹
Select Benefits	Effective: August 1, 2022	Ų I I II O	VIIIOIO	
Review and Submit	Action Required These plans need your attention. You can confirm details for this plan or click View	w all plans to select another plan. You can also waive the benefit.		
	₩ Dental		Waive benefit	View all plans
	Multiple available options You have 3 benefit options available to choose from. See what is right for you	ut		

• Selected Plans – These are benefit plans that you are already enrolled in and can make changes to. This section also displays any enrollments that are pending additional approval.

Open Enrollment			×
	Selected Plans You are enrolled in the following plans. You can make changes until the enrollment period closes.		
		ve benefit View all pla	ns
	HDHP2021 Effective: July 1, 2022	() Pending Approva	
	Who is covered? You, Spouse Name, Child Name and Child Name	Per Payche \$138.0	
	Miscellaneous	ve benefit View all pla	
	Custom Medical 2022	Selected	5
	Effective: January 1, 2022 Who is covered? You, newchildnew test, Child Name, Child Name and Spouse Name	Per Payche \$2.31	ok
		Ş2.31	

• Eligible Benefits – These are other benefit plans that are available for you to enroll in. If you select a benefit plan in the eligible benefits section, the enrollment will be moved to the Enrolled Benefits section.

Open Enrollment		*
	Eligible Plans	
	You're eligible to enroll in the following plans.	
	© Vision	View all plans
	Vision, All Employee You have 1 benefit options available to choose from. See what is right for you!	
	a Health Savings Account	View all plans
	RC HSA You have 1 benefit options available to choose from. See what is right for you!	
	st FSA Health Care	View all plans
	Multiple available options	

Waive benefit should only display for benefit plan types that require a waive reason. Employees should only select **Waive benefit** if you do not want to continue enrollment in a benefit or are not enrolled currently and a waive reason is required.

If you chose to *waive* a benefit, you will be required to select a Waive Reason.

	Waive Benefit	8	
	Are you sure you want to waive Dental benefit?		
	A Waiving this benefit means you do not require coverage. You ca	n still enroll in the plan while the enrollment period is open.	
	Naive Reason		
	Select a reason •		
	Coverage does not meet my needs		
	Do not want to be Insured	No, cancel Yes, waive benefit	
	Participating in Domestic Partner's Plan		'
	Participating in Parent's Plan		
	Plan to participate in State Exchange Plan	Employer cost per paycheck	Y
ər	Participating in Spouse's Plan	\$13.85	ŝ
	Participating in State Exchange Plan		
	Too Expensive		W

View all plans will allow the employee to view the plans that are available in that plan grouping.

EI	igible Plans		
Yo	u're eligible to enroll in the following plans.		
,	ਰਾ Medical	Waive benefit	View all plans
	Multiple available options You have 3 benefit options available to choose from. See what is right for you!		

While enrolling in a plan, please be sure to indicate which dependents should be covered in the **Covered Individuals** section, if applicable. Then proceed with your enrollment.

Available Plans

Medical

Select the plan that meets your needs and add the dependents you want to cover.

Covered Individuals John Snow (You) Sally Snow (Spouse)		
Plans Available +* Plan comparison		
Aetna Choice PPO		
	Employer cost per paycheck	Your cost per payched
(1 individual selected) Provider Aetna Inc.	Employer cost per paycheck \$245.90	Your cost per payched
Provider		
Provider Aetna Inc.		

Note: The coverage level for your enrollment (Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family) is driven by which dependents you enroll.

When you choose to enroll in a plan, it will display the **Per Paycheck** cost for the employee and employer.



Confirm details may include some additional information needed (i.e. PCP-ID).

Confirm Details

Aetna Inc.: RC PPO			
Covered Individual You			
Primary Care Physician Details			
John Snow Enter Primary Care Physician Details			
First Name	Last Name	ID Number]
Per Paycheck Costs Total Cost Per Paycheck \$57.00			
			Back Confirm

Review your enrollment, costs, and covered individuals carefully before clicking on **Confirm**. Once confimed, you will receive a confirmation message that you are now enrolled and the enrollment will be displayed under **Selected Plans**.

×

Select Benefits

ou enrolled in RC PPO, Medical PPO.			
47 days left to enroll Effective: October 1, 2022	Employer cost per paycheck \$60.00	Your cost per paycheck \$57.00	Go to section 🔹
elected Plans			
ou are enrolled in the following plans. You can make changes	s until the enrollment period closes.		
ਦੇ Medical		Waive ber	View all plans
반 Medical RC PPO Effective: October 1, 2022		Waive ber	View all plant
		Waive ber	

Voluntary Life Elections and Beneficiaries:

When you elect Voluntary Life, you will also need to designate your beneficiaries. Start by clicking **View all plans**, and then choose the amount of coverage you want to elect from the drop down.

ailable Plans		
overed Individual		
John Snow (You)		
an Available		
r - Voluntary Life ndividual selected) svider Jardian Life		
Select Coverage Amount Additional Coverage \$240,000.00 Total Actual Coverage Amount \$240,000.00		
Evidence of Insurability will be required for this enrollment.		
Over The Limit - Approval Required		
Over The Limit - Approval Required The Total Actual Coverage Amount is over the guarantee issue amount of \$150,000.00. That amount requires Evidence	e of Insurability (EOI) and approval from t Employer cost per paycheck	he insurance carrier. Your cost per paycheck

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

Next you will want to enter your beneficiary designation. Including **Primary** and **Secondary**, if applicable. All beneficiary delegation percentages combined must equal 100% for each category (Primary or Secondary).

Allocate the percentages of your be	enefits payout. You can divide the percent paid to as	Add benefic many beneficiaries as you want, but the total must equal 100%.
Beneficiary	Primary	Secondary
Sally Snow Spouse	100 %	0 %
Total	100.00%	0.00%

Click **Confirm details** and review your selection and beneficiary delegations.

Then click **Confirm** to continue with your enrollment elections.

Confirm Details

Guardian Life	e: BT - Voluntary Life	
Covered Individ	lual	
You		
Coverage		
Total Actual Coverag	ge Amount	
\$240,000.0	0	
Beneficiaries		
Sally Snow (Spous	ie)	Primary (100.00%)
Per Paycheck C	osts	
Employer Cost	Your Cost	
\$0.00	\$17.50	
-	-	
		Back

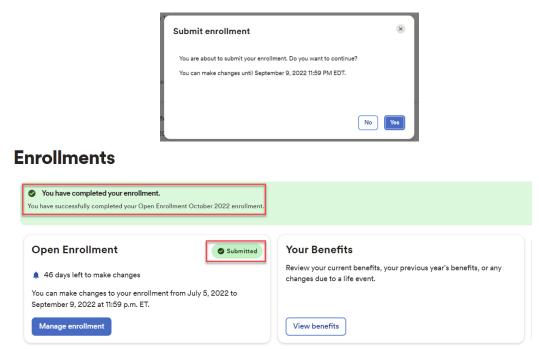
Continue through each step until all elections are complete and all tasks under the **Action Required** section are addressed. When ready to proceed to the Summary page, click **Next** to proceed to **Review and Submit** step.

Open Enrollment				×
Welcome	Select Benefits			
Manage Dependents				
Surveys	🖬 46 days left to enroll	Employer cost per paycheck	Your cost per paycheck	io to section 🝷
Select Benefits	Effective: October 1, 2022	ŞJJJ.20	\$293.17	
	Selected Plans			
Review and Submit	You are enrolled in the following plans. You can make changes until the enrollment peri	iod closes.		
	रे Medical		Waive benefit	View all plans
	Actna Choice PPO Effective: October 1, 2022			Selected
	Who is covered? You and Sally Snow			Per Paycheck \$253.17
	₩ Dental			View all plans
			Finish later	Back

Review all of your selections/changes. When you have confirmed them, click **Submit Enrollment**. Note that your benefit elections will not be processed until you click **Submit Enrollment**. If you click **Save for later** instead, these enrollments will not be submitted to your HR team until you fully submit the enrollment changes.

Open Enrollment				
Welcome	Review and Submit			
Manage Dependents				
Surveys	46 days left to enroll	Employer cost per paych	102	293.17
Select Benefits	Effective: October 1, 2022	Ş 3 33.20	4	293.17
Review and Submit	Your benefit elections will not be effective until you click Submit enrollment.			
•	Enrolled plans			
	You are enrolled in the following plans. You can make changes until the enrollment period closes.			
	양 Medical			C Enrolled
	Effective: October 1, 2022			
	Aetna Choice PPO			\$253.17 Per Paycheck
	Who is covered? You and Sally Snow			
	(I) Dented			
		Finish later	Back	Submit enrollment

There will be a pop-up confirming your submission notating the date and time of submission. Please ensure you receive the confirmation note indicating your elections have been submitted.



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 **Manage Enrollment** option in the Open Enrollment box. This will bring you back to the beginning of the profile to make any desired election changes.

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Home Resources *	Myself 👻					
			My Information	Pay	Time & Attendance	Talent
			Profile	Personal Accrued Time	My Time Entry	Performance Dashboard
			Personal Information	Calculators	My Timecard	Performance Goals
			Dependents & Beneficiaries	Payment Options	Actual vs Scheduled	Compensation Notices
			Employment	Tax Withholdings	My Schedule	Career Center
			Organizational Chart	Total Rewards	Annual Summary	My Learning
			My Documents	Pay & Tax Statements	Holiday List	Benefits
			Surveys		Attendance	Enrollments
					Time Off	Employee Discounts - LifeMart
		Open Enro			Submitted	
		47 days left to make changes The enrollment period is still open. You can make changes until				
		Manage enrol	122 at 11:59 p.m. ET.	nt		

You may also navigate by finding the **My Benefits** tile on the homepage and select **Manage**. The tile will also reflect the "Submitted" status with the date and time of submission

