



Always Designing
for People™

Employee Self-Service Guide

Sample Employee Open Enrollment Communication and Instruction

ADP Benefits & Talent Solutions



Overview

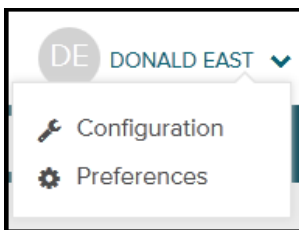
Open Enrollment Communication

ADP has provided a sample template for communicating Open Enrollment information to your employees. Keep in mind that Employee Self Service contains an Enrollment Wizard that walks employees through Open Enrollment.

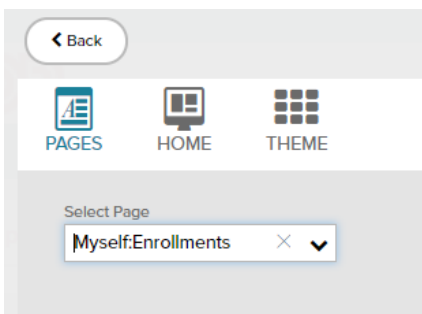
Please customize this template for your company where text is formatted as follows:

- * Indicates areas where you may refer to the website in a different way. Please change, if appropriate.
- ** Indicates areas where you may need to enter your company-specific information.

You can also place customized instructions on the Employee Self Service enrollment page, to provide your employees with additional information and directions. To customize instructions, click the **Configuration** icon and select **Pages**.



In the **Select Page** list, select **Myself: Enrollments**. Use the instructions on the page or in the online Help to add or edit the content.



Sample Communication

Dear Employee,

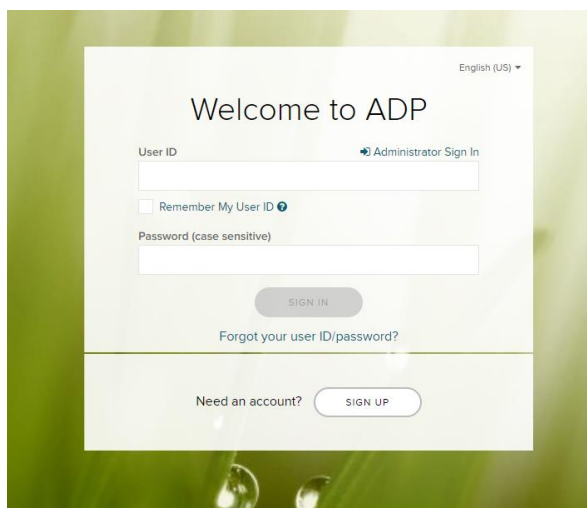
We are excited to announce the start of Open Enrollment on the *Employee Self Service** website.

This letter explains what you need to do to complete your enrollments. The Open Enrollment period will last <<**ENTER DURATION**>> starting <<**ENTER DATE**>> and ending <<**ENTER DATE**>>. All changes to your benefits must be completed by <<**ENTER TIME and DATE**>>. The changes that you make to your benefits will take effect on <<**ENTER BENEFIT EFFECTIVE DATE****>>.

Log in to your website:

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

<https://workforcenow.adp.com>



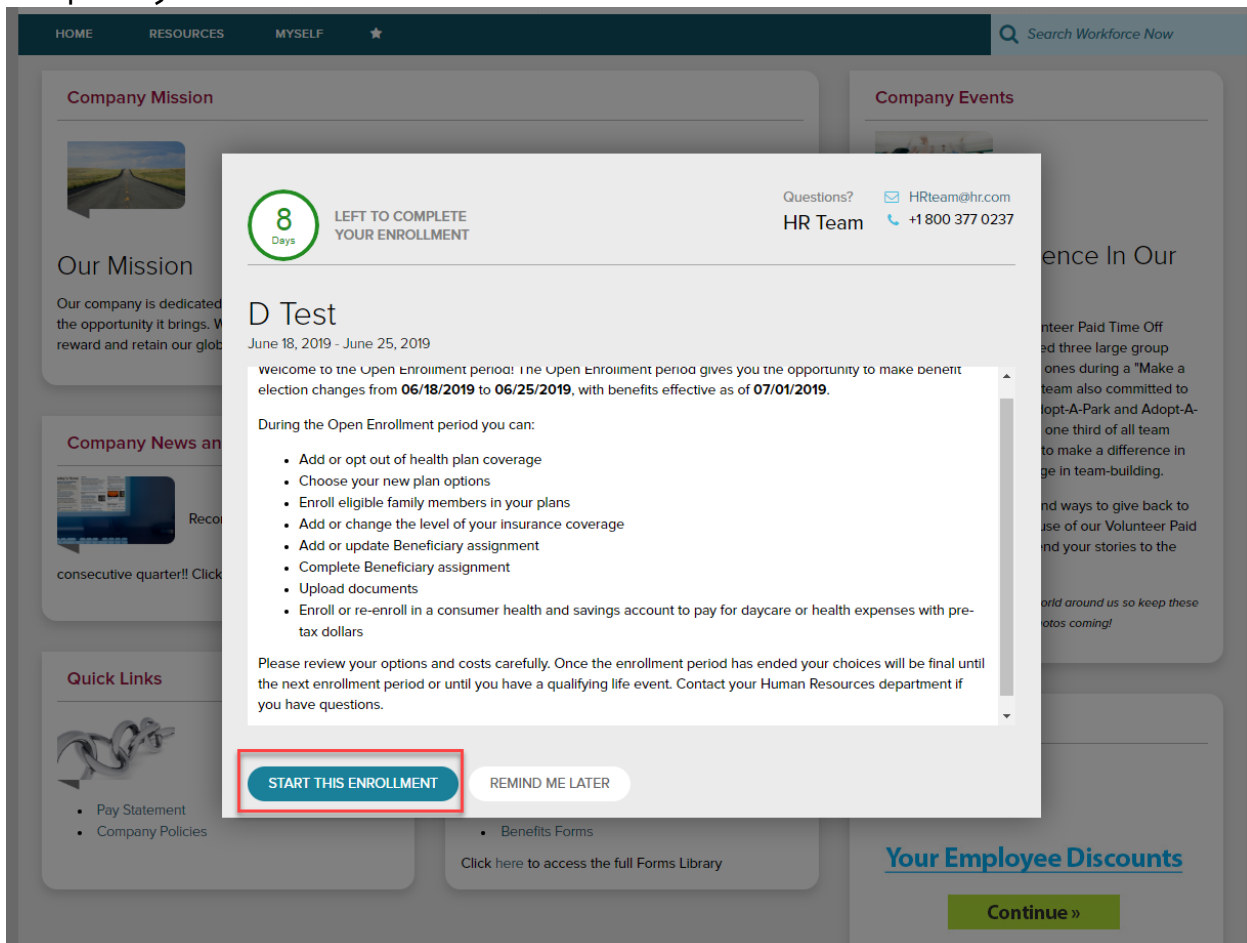
The screenshot shows the ADP Employee Self-Service login page. At the top right, there is a language dropdown menu set to "English (US)". The main heading is "Welcome to ADP". Below this, there is a "User ID" input field with a link for "Administrator Sign In". A checkbox labeled "Remember My User ID" is present. Below the User ID field is a "Password (case sensitive)" input field. A "SIGN IN" button is located below the password field. A link "Forgot your user ID/password?" is positioned below the "SIGN IN" button. At the bottom, there is a "Need an account?" link and a "SIGN UP" button. The background of the page is a green image with water droplets.



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.

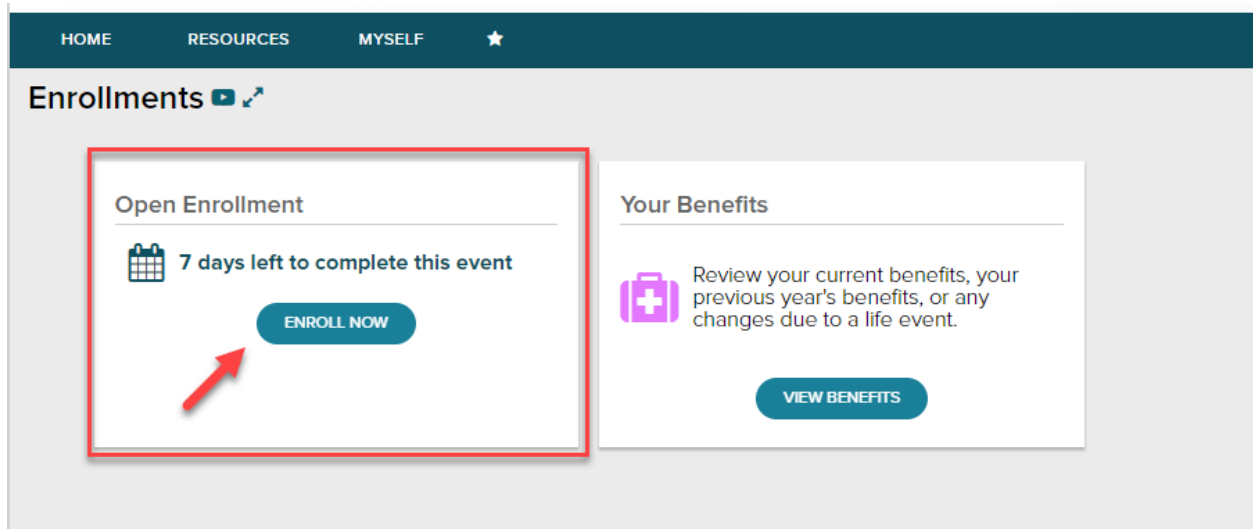


The screenshot shows the ADP Workforce Now splash page. A central modal window is displayed with the following content:

- 8 Days LEFT TO COMPLETE YOUR ENROLLMENT**
- Questions?** HR Team | HRteam@hr.com | [+1 800 377 0237](tel:+18003770237)
- D Test**
June 18, 2019 - June 25, 2019
- 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.
- START THIS ENROLLMENT** (highlighted with a red box) | REMIND ME LATER

The background splash page includes sections for Company Mission, Company Events, Our Mission, Company News, Quick Links, and Your Employee Discounts.

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**.




[HOME](#) [RESOURCES](#) [MYSELF](#) [★](#)


Search Workforce Now

Enrollments 

Add to Favorites 

Welcome to D Test

 7 days left to complete this event



Welcome

Select Benefits

Summary

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.

Enrollments [Add to Favorites](#)

Welcome to D Test
7 days left to complete this event

Welcome Select Benefits Summary

Medical

AVAILABLE BENEFITS

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

Medical

1. Which plan would you prefer?

Your company requires you to enter a reason to waive this coverage.

PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE	
Medical HDHP	Health & Welfare Provider	\$20.77	\$10.15	—	SELECT PLAN
Medical HMO	Health & Welfare Provider	\$5.08	\$10.15	—	SELECT PLAN

WAIVE THIS BENEFIT

2. Who do you want to cover?

MANAGE DEPENDENTS

You **George Albright Child** **Kate Albright Child**

SAVE FOR LATER **CONTINUE TO PREVIEW**

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.

✖ WAIVED


Before you continue, we'll need to know why you've decided not to enroll in Dental plan(s).

Waive Reason *

Do not want to be Insured

Coverage does not meet my needs
 Do not want to be Insured
 Participating in Domestic Partner's Plan
 Participating in Parent's Plan
 Plan to participate in State Exchange Plan
 Participating in Spouse's Plan
 Participating in State Exchange Plan
 Too Expensive

2. MANAGE DEPENDENT


 Kate Albright
Child

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.

Welcome → Select Benefits → Summary

AVAILABLE BENEFITS

- ☒ MEDICAL
- ☐ DENTAL
- ☒ VISION
- ☐ FSA HEALTH CARE
- ☐ HEALTH CARE FSA
- ☐ LIMITED HEALTH ...
- ☐ EMPLOYEE LIFE

Vision

1. Which plan would you prefer?

\$1.20

Monthly

Per Pay Period

Monthly


Annual


PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE
Vision Plan	Health & Welfare Provider	\$0.55	\$1.38	---


SELECTED

WAIVE THIS BENEFIT

2. Who do you want to cover?


 You


 George Albright
Child


 Kate Albright
Child

MANAGE DEPENDENTS





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
TOTAL PER PAYCHECK	\$34.62

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	---	<div>SELECT PLAN</div>

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.


EE Vol Life	Guardian Life	\$0.00	\$7.38	---	SELECTED
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WAIVE THIS BENEFIT

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

\$80,000.00  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

 %

Anthony Albright
Child

Maggie Albright
Child

Randy Albright
Child

%

=100.00% (total must equal 100%)

Joanna Anthony
Child

Do you want to add Secondary beneficiaries?

Alice Albright
Spouse

Anthony Albright
Child

 %

Maggie Albright
Child

 %

Randy Albright
Child

 %

%

=100.00% (total must equal 100%)

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	Maggie 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



AVAILABLE BENEFITS ▼

MEDICAL

DENTAL

VISION

FSA HEALTH CARE

HEALTH CARE FSA

LIMITED HEALTH ...

EMPLOYEE LIFE




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
Basic Employee Life	Insurance Provider	\$0.00	\$23.08	—

SELECT PLAN

WAIVE THIS BENEFIT

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

\$50,000.00 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%)


SAVE FOR LATER

CONTINUE TO SUMMARY

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





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
<p> Health & Welfare Provider: Medical HDHP, Eligible Employees </p> <p>Surveys Employee Tobacco User Question: I attest that I am a tobacco user. Answer: No</p>				
	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.

