



Always Designing
for People™

Employee Self -Service Guide

Sample Employee Open Enrollment Communication and Instruction

ADP Benefits & Talent Solutions



Overview

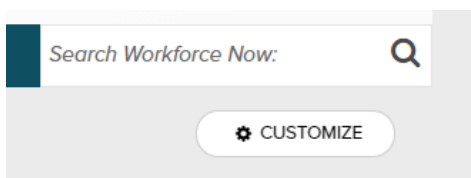
Open Enrollment Communication

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 you find text that is formatted as follows:

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

You can also place customized instructions on the Home page, which allows you to provide your employees with additional information and directions. To customize instructions, click the **Customize** icon.



Here you can select **Add New Tile** to add a customized tile for your upcoming Open Enrollment.

<div> <div>+ ADD NEW TILE</div> <div>✕ REORDER TILES</div> </div>				
TITLE ↕	DESCRIPTION	TYPE ↕	SECURITY PROFILES	STATUS
<div> <div>▼</div> <div>Company Mission and Vision</div> </div>		Custom		<div> <div>+</div> <div>ADD CONTENT</div> </div>
<div> <div>Open Enrollment Message</div> </div>	--	Custom	4	<div> <div>✓</div> <div>Active</div> </div>



Sample Communication

Dear Employee,

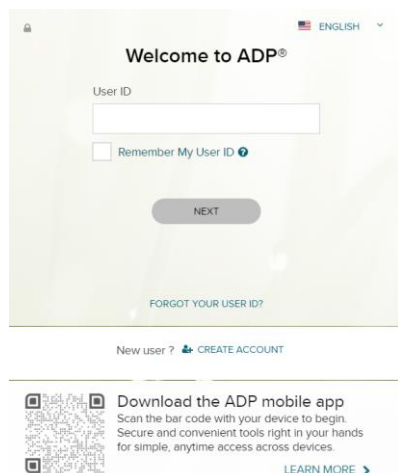
We are excited to announce the start of Open Enrollment on the *Employee Self Service** website.

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:

Access the Employee Self-Service* website.

<https://workforcenow.adp.com>



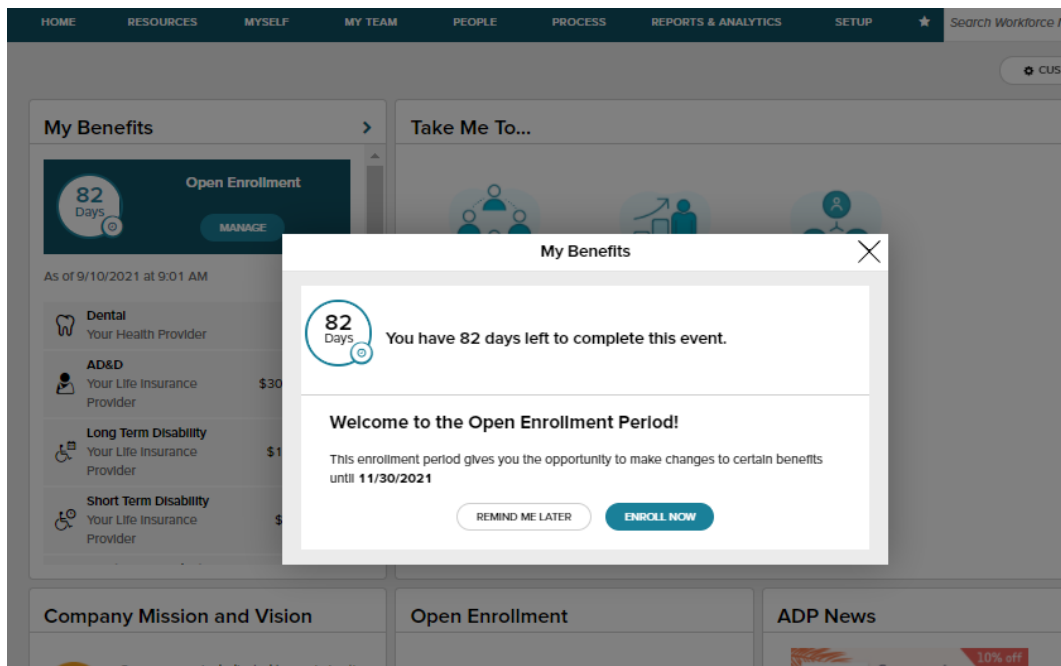
The screenshot shows the ADP Employee Self-Service login page. At the top, it says "Welcome to ADP®" with a language dropdown set to "ENGLISH". Below this is a "User ID" input field, a "Remember My User ID" checkbox, and a "NEXT" button. A link for "FORGOT YOUR USER ID?" is at the bottom. Below the login section, there is a "New user? CREATE ACCOUNT" link. At the bottom, there is a QR code and text encouraging users to download the ADP mobile app for secure and convenient access.

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

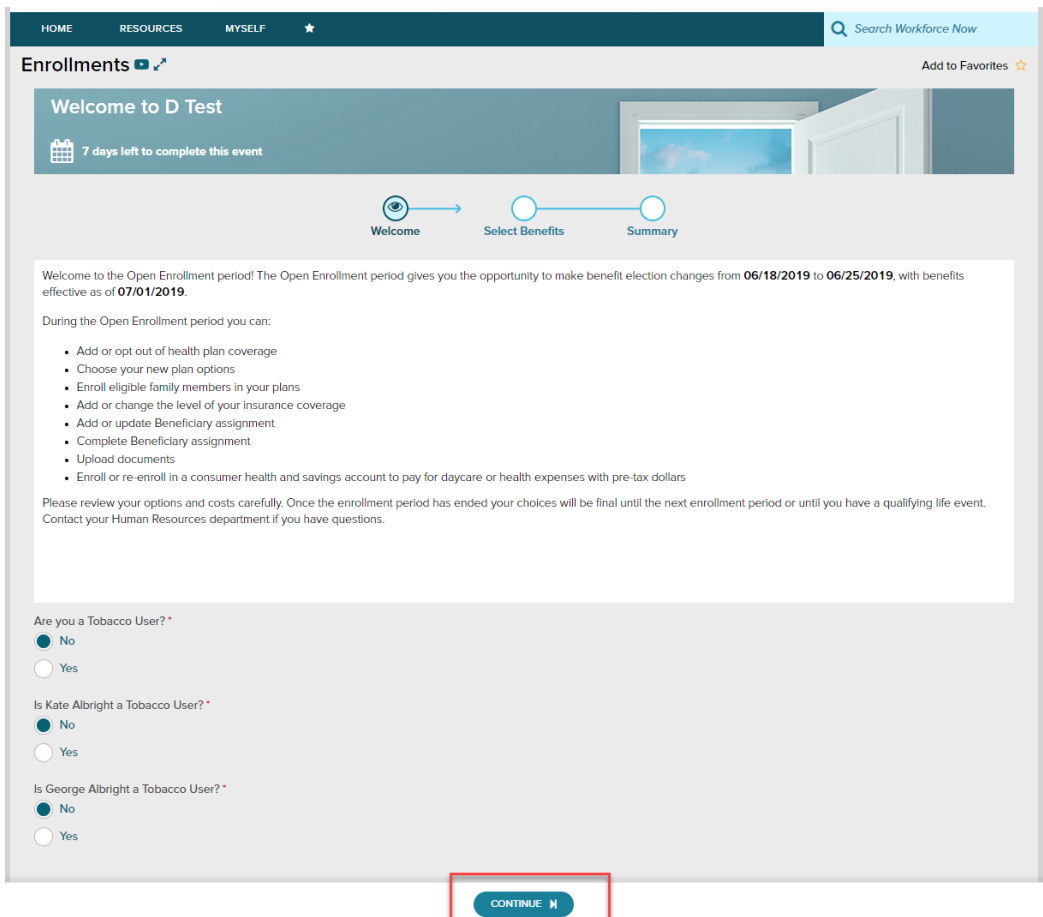
Note: If this is your first time logging in, click **Sign Up**. If you are unsure of the registration code, please contact your HR team.



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**. This pop-up is displayed each time you log in during the Open Enrollment period until you complete your selections.



To start, click **Enroll Now** in the Open Enrollment card. You will be brought back to the Welcome Note and Introduction page. Please review all information on this page, as there are often important references for your Open Enrollment options. If any tobacco attestation requirements are in place, you must provide the information as indicated before clicking **Continue**.



The screenshot shows the ADP Open Enrollment interface. At the top is a navigation bar with 'HOME', 'RESOURCES', 'MYSELF', and a search bar labeled 'Search Workforce Now'. Below the navigation bar is a header section titled 'Enrollments' with a star icon and an 'Add to Favorites' button. The main content area has a blue banner that says 'Welcome to D Test' and '7 days left to complete this event'. Below the banner is a progress bar with three steps: 'Welcome' (active), 'Select Benefits', and 'Summary'. The main text area contains a welcome message, a list of actions you can take during the Open Enrollment period, and a warning about the finality of choices. At the bottom, there are three tobacco attestation questions, each with 'No' and 'Yes' radio button options. The 'No' option is selected for all three. A red box highlights the 'CONTINUE' button at the bottom right.

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

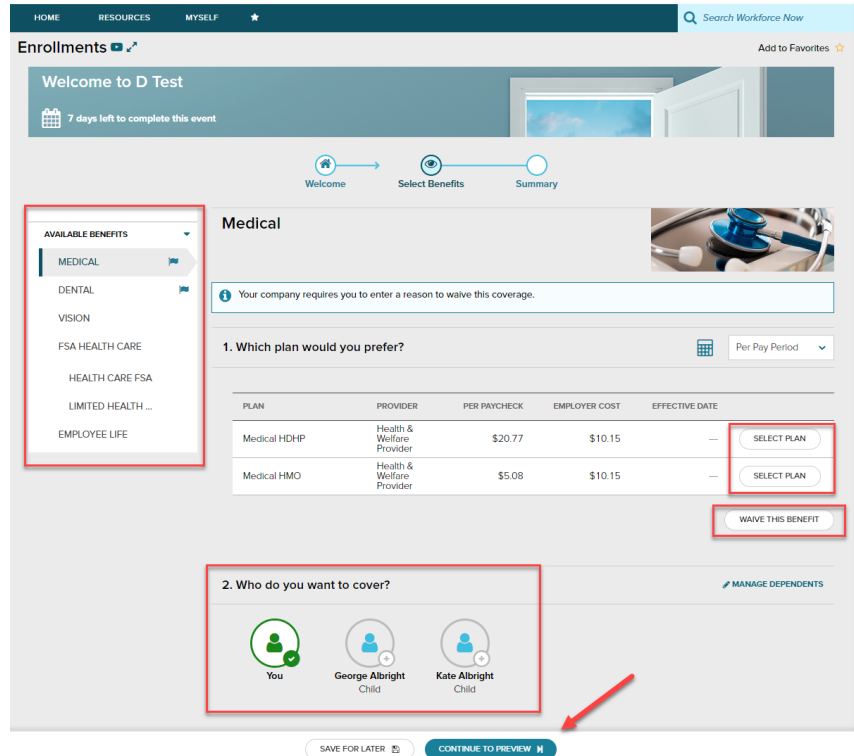
Is George Albright a Tobacco User? *

☒ No ☐ Yes

CONTINUE



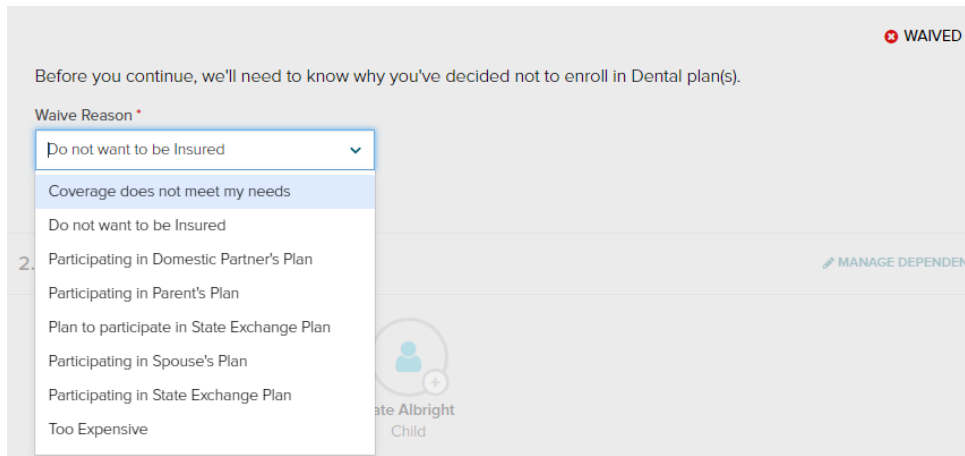
The left side of the screen will indicate the different plan types that are available to enroll in. When you are viewing the selected plan type, all enrollment options will be displayed on screen.



The screenshot shows the ADP Enrollments page. On the left, a sidebar titled "AVAILABLE BENEFITS" lists options: MEDICAL, DENTAL, VISION, FSA HEALTH CARE, HEALTH CARE FSA, LIMITED HEALTH ..., and EMPLOYEE LIFE. The "Medical" plan is selected. The main content area shows a "Welcome to D Test" banner with a 7-day deadline. Below this is a progress bar with "Welcome", "Select Benefits", and "Summary" steps. The "Medical" section includes a message: "Your company requires you to enter a reason to waive this coverage." Below this is a question: "1. Which plan would you prefer?" with a "Per Pay Period" dropdown. A table lists two plans: "Medical HDHP" and "Medical HMO". Each plan has a "SELECT PLAN" button. Below the table is a "WAIVE THIS BENEFIT" button. A second question, "2. Who do you want to cover?", shows three options: "You", "George Albright Child", and "Kate Albright Child". At the bottom, there are "SAVE FOR LATER" and "CONTINUE TO PREVIEW" buttons.

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

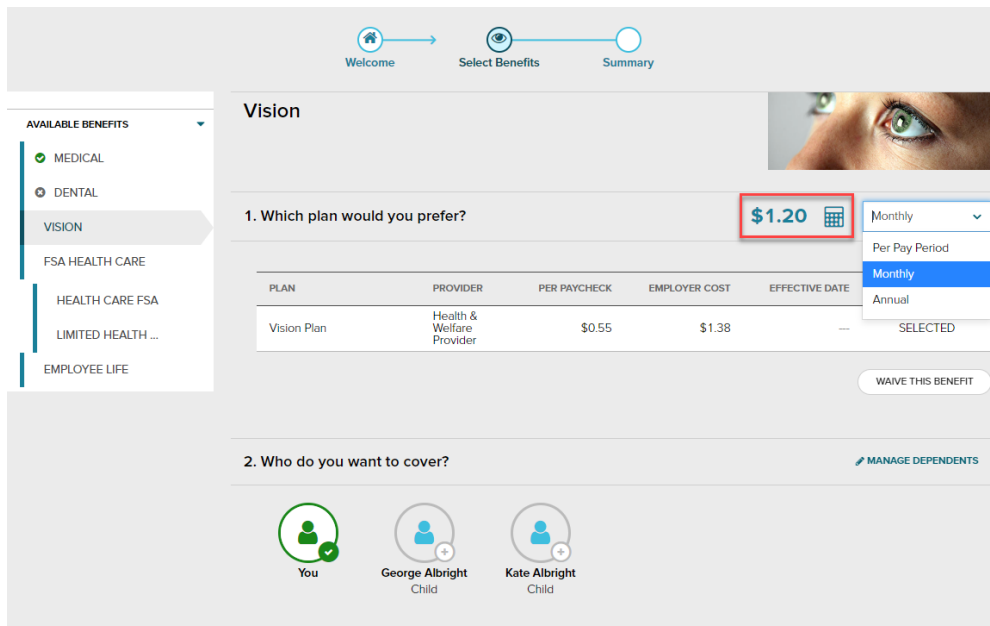
You may choose to click **Select Plan** for the desired enrollment or **Waive This Benefit**. If you choose to waive a benefit, you may be required to select a waive reason.



The screenshot shows the "WAIVED" screen. It prompts the user to provide a reason for waiving the Dental plan. A dropdown menu for "Waive Reason" is open, showing options: "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", and "Too Expensive". The "Do not want to be Insured" option is selected. The background shows a partial view of the "2. Who do you want to cover?" section with the "George Albright Child" and "Kate Albright Child" options.



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.



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	—

2. Who do you want to cover?

MANAGE DEPENDENTS

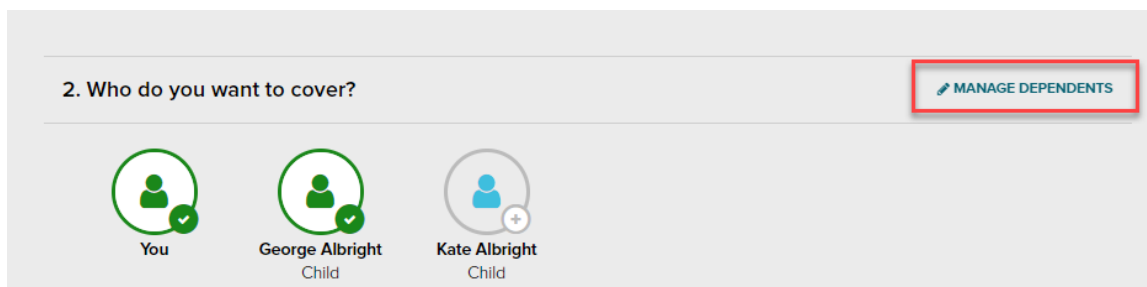
You

George Albright Child

Kate Albright Child

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

Voluntary Life Elections and Beneficiaries:

When you elect Voluntary Life, you will also need to select your beneficiaries. Start by clicking **Select Plan**, and then choose the amount of coverage you want to elect.


PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE	
EE Vol Life	Guardian Life	\$0.00	\$0.92	---	<div style="border: 2px solid red; padding: 5px; display: inline-block; background-color: #f0f0f0; border-radius: 10px;"> SELECT PLAN </div> i



If the amount selected is over the Guarantee Issue amount, 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 document 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 ▼

▼ 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 or 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%)


 Joanna Anthony
Child
 %

[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	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:

Symbol	Meaning
 (flag icon)	The plan needs your attention.
 (green check mark)	This is a current plan that you are enrolled in.
 (gray X)	This plan has been waived.
 (orange clock icon)	This plan is pending approval.

AVAILABLE BENEFITS

 MEDICAL

 DENTAL

 VISION

FSA HEALTH CARE

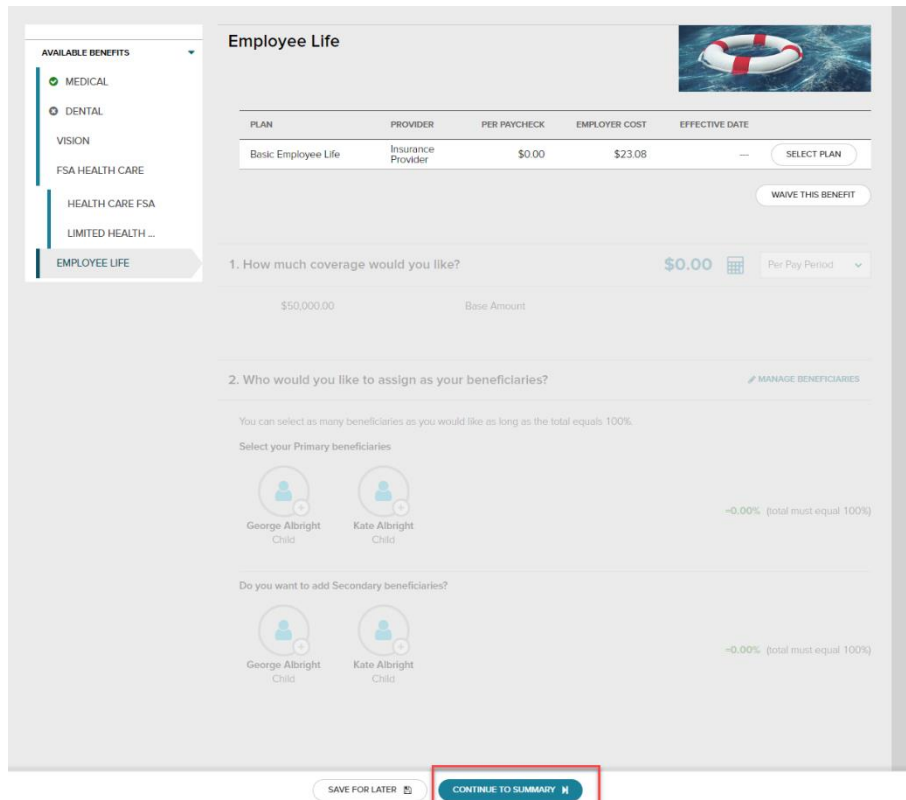
 HEALTH CARE FSA

LIMITED HEALTH ...

EMPLOYEE LIFE



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



Employee Life

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

[SELECT PLAN](#) [WAVE 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 your selections. 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.



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
<div>Medical</div> <div> <div> Health & Welfare Provider: Medical HDHP, Eligible Employees </div> <div> Surveys Employee Tobacco User Question: I attest that I am a tobacco user. Answer: No </div> </div>	July 1, 2019	You George Albright	\$30.46	\$34.62
Per Pay Period:			\$30.46	\$34.62

Waived Benefits

Dental	Waive Reason: Do not want to be Insured
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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. You may also navigate by finding the **My Benefits** tile on the homepage.

