



Always Designing  
for People™

# Employee Self-Service Guide

## Employee Open Enrollment Communication and Instruction

ADP Benefits & Talent Solutions



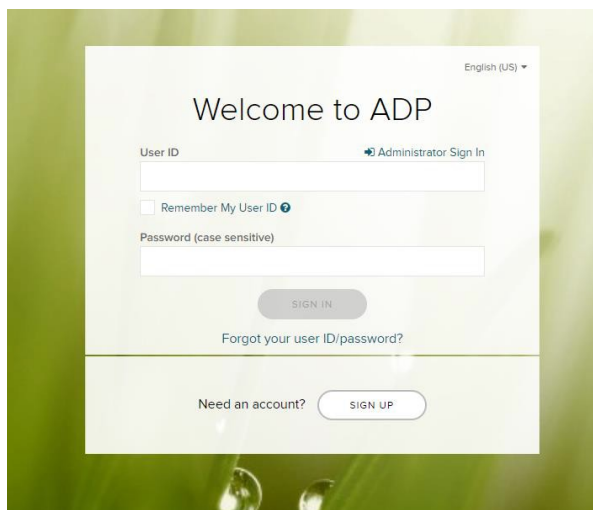
Dear Employee,

We are excited to announce the start of Open Enrollment on the The Arc Eastern Connecticut's ADP Employee Self-Service website.

This letter explains what you need to do to complete your enrollment. The Open Enrollment period will start on December 1, 2020 and end on December 14, 2020. **Even if you are not making any changes for 2021, you must log onto ADP and complete a 2021 enrollment. All changes to your benefits must be completed by December 14, 2020.** The changes that you make to your benefits will take effect on January 1, 2021.

Log in to your website:

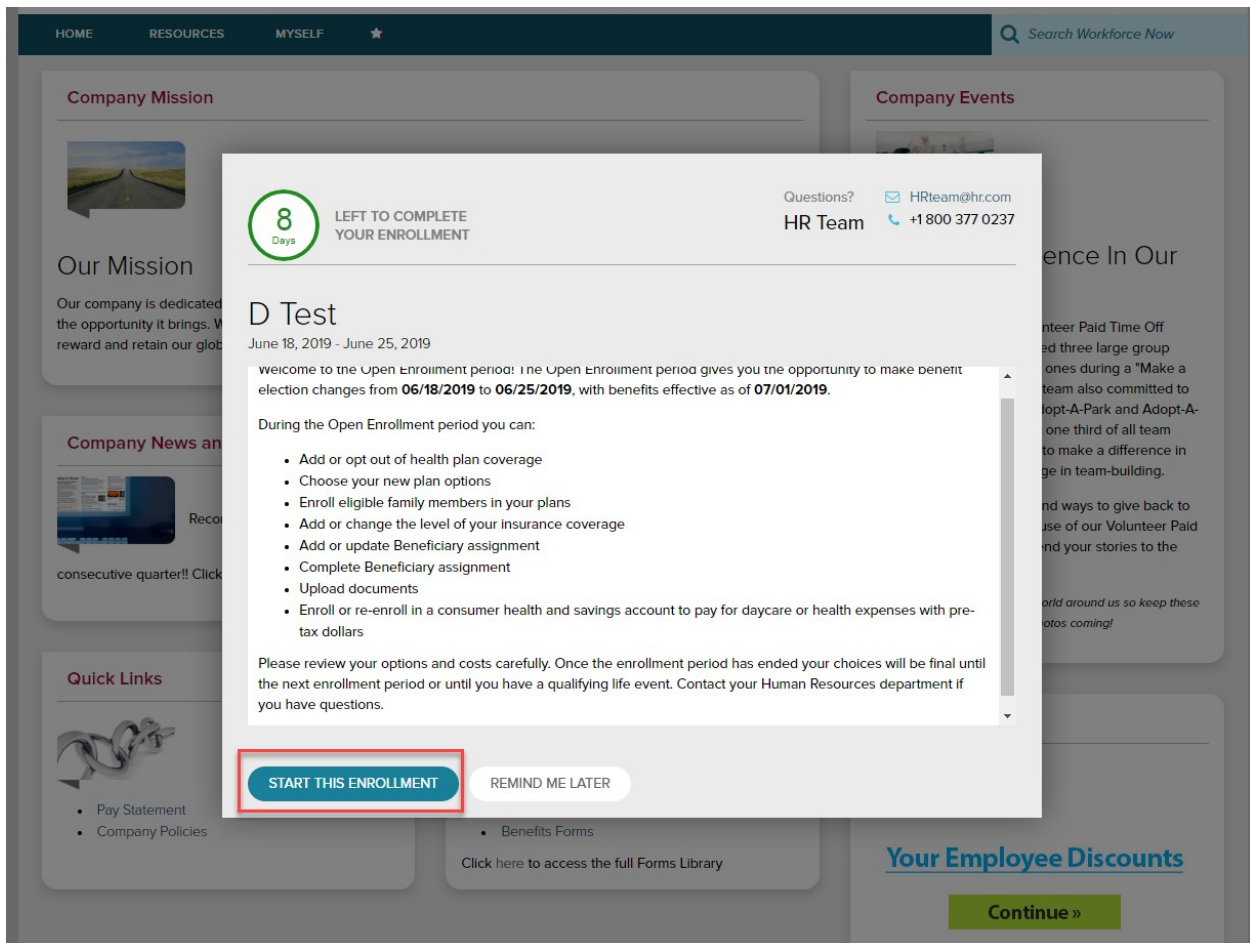
- 1) Access the ADP Employee Self-Service website. <https://workforcenow.adp.com>



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

If you forgot your ADP User ID or password, email the Help Desk at [HelpDesk@thearcct.org](mailto:HelpDesk@thearcct.org) or call 860.889.4435 xt 132.

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 Open Enrollment splash page. At the top, there is a navigation bar with links for HOME, RESOURCES, MYSELF, and a search bar labeled "Search Workforce Now". Below the navigation bar, the page is divided into several sections: "Company Mission", "Company Events", "Our Mission", "Company News and Events", "Quick Links", and "Your Employee Discounts". A central modal window is displayed, titled "8 Days LEFT TO COMPLETE YOUR ENROLLMENT". It includes contact information for the HR Team (Email: HRteam@hr.com, Phone: +1 800 377 0237) and a list of actions that can be taken during the Open Enrollment period. At the bottom of the modal, there are two buttons: "START THIS ENROLLMENT" (highlighted with a red box) and "REMIND ME LATER".

**8 Days LEFT TO COMPLETE YOUR ENROLLMENT**

Questions? [HRteam@hr.com](mailto:HRteam@hr.com)  
HR Team [+1 800 377 0237](tel:+18003770237)

### Open Enrollment Period

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** REMIND ME LATER

• Benefits Forms  
Click here to access the full Forms Library

**Your Employee Discounts**  
Continue »

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.

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**.

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Are you a Tobacco User? \*
☒ No
☐ Yes

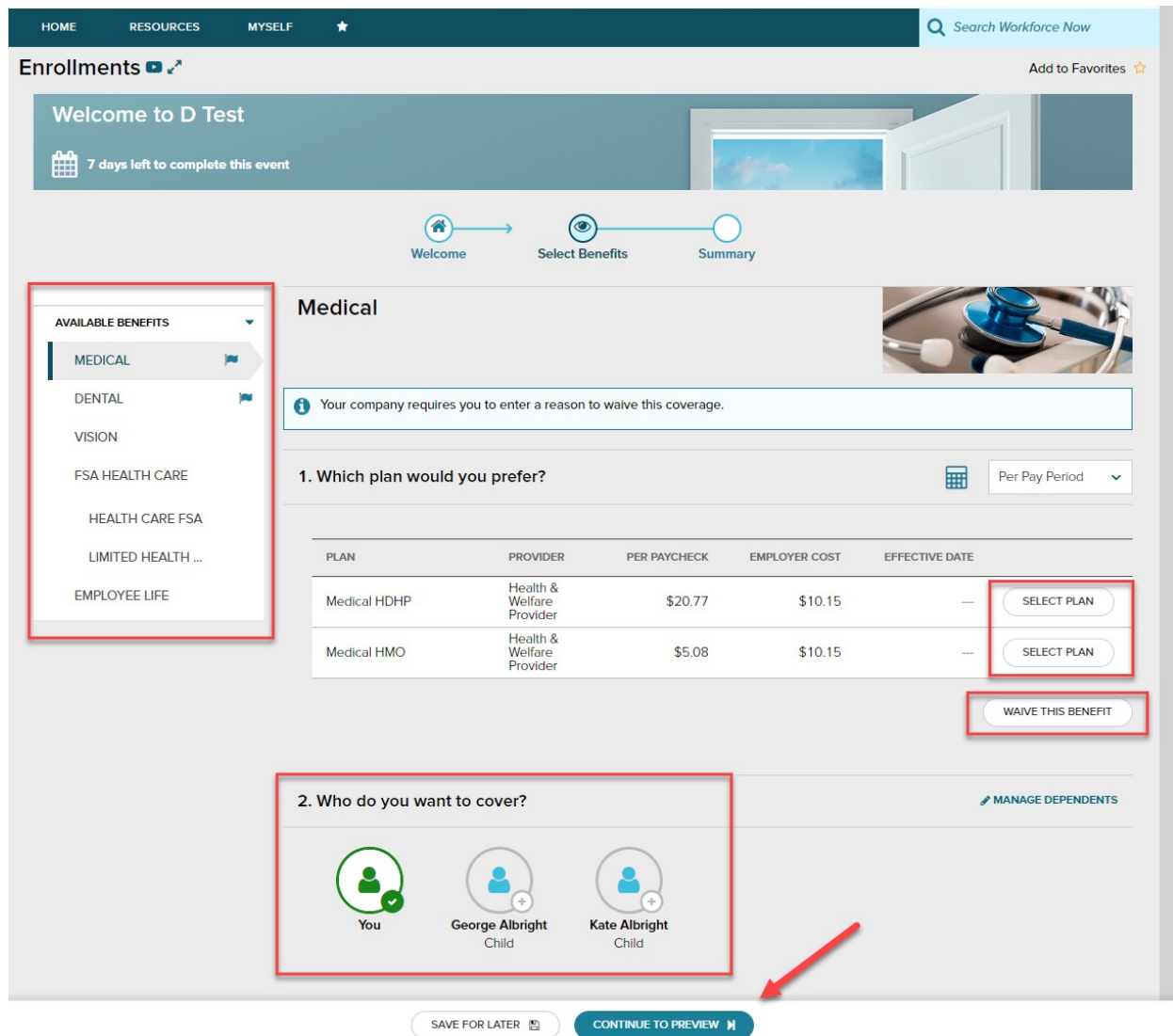
Is Kate Albright a Tobacco User? \*
☒ No
☐ Yes



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**









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



1. Which plan would you prefer?  Per Pay Period 

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	---	



2. Who do you want to cover? 

 You 
 George Albright Child 
 Kate Albright Child

You may choose to click **Select Plan** for the desired enrollment or **Waive This Benefit**. If you chose to waive a benefit, you will 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? 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
<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 Life Elections and Beneficiaries:

When electing Company-Paid Life Insurance, you will need to select your beneficiaries as well. Start by clicking **Select Plan**.


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

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%)

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 %

25.00 %

100.00% (total must equal 100%)

[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.

-  **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

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

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.

