

Navigating the enrollment wizard

How to enroll



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Your 4 to-dos ...







Review your benefits – in your personalized enrollment video, on My TotalSource[®], or in your print enrollment package

Get answers on the MyLife website (MyLife-ts.adp.com) and/or by calling a MyLife Advisor (800-554-1802)



Gather dependents' SSNs and **choose** primary care doctors, if needed



Enroll on My TotalSource (MyTotalSource.com) by your deadline



Login to My TotalSource



Welcome to ADP TotalSource®	
٩	Can't Log In?
Remember My User ID 🕢 Password (case sensitive)	Reset your password quickly by clicking Forgot Password on the My TotalSource
SIGN IN	login screen
Forgot your user ID/password?	
Need an account? SIGN UP	



Start your online benefits enrollment



Myself > Benefit Enrollment Home Myself Wedne Personal Information Benefits Stay Personal Profile Benefit Programs Benefits Resource Center Employment Profile Select My Benefits Commuter Benefits Pay Benefit Enrollment New! Benefit Enrollment Spending Accounts W2 Statements under the Myself Pay Statements pull-down menu Life Events Retirement Program Tax Withholding Direct Deposit Leave of Absence Total Compensation **Talent Development** New! Performance Review TotalSource University

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OE enrollment







Review your family information



Welcon	me, Irene Test									Support 🗙 Log out
Home Myself I	My Company Setup)							馬	Search Q
Benefit Enrollment										κ ³⁷
Review Family	Information Ele	ect Benefits Rev	iew and Submit	Elections	Confirm	nation				
All family members (d	amily Information energents) that you of per	N Ian to enroll in benefits	must be listed below	w						Name Irene Test File Number 000097 Benefit Plan Year 02/01/2014-05/31/2014 Waiting Period 30 Days
First Name	Last Name	Birth Date	SSN	Relationship	G	ender	Marital Status	Disabled 🕕	Tax Dep 🕕	Class Cd A
Irene John	Test Smith	9/4/1977	show	Employee Spouse	F	emale				Save Cancel
Finish Later										Go to Medical ►
Site Feedback	Legal Privacy	Requirements							© Copyright 20	14 Automatic Data Processing, Inc.

Easy to use Benefits Enrollment Wizard

Add, delete and modify dependents

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Compare and choose your benefits



7

Select your medical plan









Select your medical plan (continued)

	on Life & Disability	y Flexible Spending	Account (FSA)		My Elec	tions You Pay
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Kaiser Permane KALHMO 1000-South	ente \$197.00 Monthly		Plan Sele	ction Complete	and/or disability plans y elections have been ad	your employer offers. The ded to your cart.
Plan Overview	In Network Out	 You have chosen to e Irene Test 	nroll:			
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The shopping cart shows a running total of your monthly and per pay period costs





Enroll in other benefits

Benefit enrollments may include FSA

Review Family Information Elect Benefit	s Review and Su	bmit Elections Cont	firmation		1 Er	nployee Info 🔹	
Medical Dental Vision Life & Disa	bility Flexible Sp	ending Account (FSA))		My Elections	\$218.02 🛞	
Life & Disability Please review your life and disability benefits. Acting Life Insuranc \$0 Base 1X Ate View summary of benefits and cover Coverage 1x Salary Life Beneficiaries	D0 Actina i Lttp: epk Workby E Benefit Eliminati	Ife Insuranc \$5,000ms-160 mmary of benefits and c senefit 60% hty \$5,000 on Period 180 days	\$0.00 overage		Medical Dental Vision Life Long Term Disability Benefits Cost FSA Contribution Your Total Cost Monthy Per Pay Period A you are automatically enrol and/or disability plans your emp elections have been added to your	\$197.00 \$19.77 \$1.25 \$0.00 \$218.02 \$0.00 \$218.02 \$109.01 led in the life lower offers. The pur cart.	View life and disability
Add Beneficiary							
First Name Last Name	SSN	Relationship	Beneficiary Type	%			Select and modify
John Smith	show	Spouse	None	•			heneficiaries
Scott Test	show	Domestic Son	None	0			
Ben Test	show	Friend	None	0	2 0		
Back to Vision Finish Later					Go to Flexible Spending A	ccount (FSA) 🕨	
Site Feedback Legal Privacy Requirem	ents				© Copyright 2014 Automati	c Data Processing, Inc.	



Be sure to choose the correct FSA







Review and submit your elections

View all benefit elections prior to submission, including dependents and beneficiaries

One click to modify selections

After yo	ou have enrolled or waived in all coverage options, read and accept the	acknowledgments at the botto	m of the page and sel	lect submit.				
Q	Medical (edit)		Who's Covere	d				
_	Kaiser Permanente KAI-HMO 1000-South	\$197.00	Name	Relationship	Tax Dep	Medical	Dental	Visio
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Review and print your confirmation

Important!

Your enrollment is **not complete** until you see this screen

You will receive an email notification indicating which benefits you elected

Review Family Information Elect Benefits Review and	Submit Elections Confirmation			us Leam	ng Center •	Employee into	Print vo	ur
Continnation a have successfully completed the enrolment process. Please print	this confirmation for your records.			Click here to view a	nd print your Tempora	ry Insurance Card.	tempora	ry card
Medical Aetna (National)	\$134.80 W	Vho's Covered	Inship	Tax Medical Dep	Dental	Vision		
View summary of benefits and coverage Dental Weived	Jr Jr	ene Test Employ ohn Smith Spouse Stacey Test Daught	5-6 5-7	 (2) (2) (3) (4) (4)		8		
Vision Vsp Employee and Spouse View summary of here fits and opverage	\$2.50 Lit	ife Beneficiaries Name ohn Smith	Relation	st			Notice to This Term	Members and Providers: orary Insurance Card shoul
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Flexible Spending Account (FSA)				1-800-321	-9930 1-8	00-323-9930		
Benefits Cost FSA Contribution	\$137.30 \$0.00			Print this ter	nporary insurance	card		
ou Pay Annually Monthly Per Pay Period	\$1,647.60 \$137.30 \$68.65			c	Plea s identifica	se Note: tion purpos	This temporary insurance card should be uses only and does not prove membership or ion of benefits, please contact Member Se	ised for guarantee rvices at the



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Complete HSA enrollment (if applicable)



Important!

When contributing to an HSA, you are responsible for ensuring your contributions don't exceed the annual limits. If your employer contributes to your HSA, you MUST ensure the total employer contribution + your total personal contribution doesn't exceed the limit.



Enrolling in Voluntary Benefits



User should complete enrollment in all Core benefits before entering the Common Benefits site. Enrollment in Voluntary Benefits occurs on the **Common Benefit Enrollment Site**. Users are directed to the enrollment site via

Single Sign On (SSO)



Step 1: Enrollment Path Just a few clicks...



> Myself

- Benefit Resource Center
- Voluntary Benefits Program





eligibility to enroll

Step 2: Enrollment Path Just a few clicks...

Voluntary Benefits Program

Click > Learn more about these products and your

MetLife





Note: This is the final page on the ADP TotalSource Benefits site.

Benefits Resource Center



Step 3: Entering the Common Benefits Enrollment website

From the **Home Page**, Users can view a video tutorial of the enrollment platform as well as informational videos about each benefit

Note: The videos do not lead to enrollment and is for informational purposes only.

MetLife

To Enroll, simply click Benefits



Step 4: Choose the coverage

You

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its det

Click on the Coverage Name, or "Review" to proceed with enrollment.



r Enrollment	Start Your Information	Dependent(s)	Benefits	Summary		
	Available (6)					^
o ails. its	MetLife Voluntary AD&D					Review
	Hyatt Legal					Review
	MetLife Critical Illness					Review
	MetLife Group Accident					Review
	MetLife Hospital Indemni	ty				Review
	MetLife Voluntary STD					Review

Thank you!

