

Navigating the Enrollment Wizard

HOW TO ENROLL

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@adpts.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®

User ID [Administrator Sign In](#)

Remember My User ID [?](#)

Password (case sensitive)

SIGN IN

[Forgot your user ID/password?](#)

Need an account? [SIGN UP](#)

Can't Log In?

Reset your password quickly by clicking **Forgot Password** on the My TotalSource login screen

Start Your Online Benefits Enrollment

Myself > Benefit Enrollment

The screenshot shows a web application interface with a navigation bar at the top containing 'Home', 'Myself', 'My Company', and 'Setup'. The 'Myself' menu is expanded, showing several categories: 'Personal Information', 'Pay', 'Benefits', and 'Talent Development'. The 'Benefits' category is further expanded, listing options such as 'Benefit Programs', 'My Benefits', 'Benefit Enrollment', 'Life Events', 'Leave of Absence', 'Benefits Resource Center', 'Commuter Benefits', 'Spending Accounts', and 'Retirement Program'. The 'Benefit Enrollment' option is highlighted with a blue box. A blue callout box on the right points to this option with the text: 'Select Benefit Enrollment under the Myself pull-down menu'.

Select
Benefit Enrollment
under the **Myself**
pull-down menu


OE Enrollment

ADP Welcome, [redacted]

Support iLearn@ADP Log out

Home Myself My Company Setup Search

Benefit Enrollment



Welcome to TotalSource Benefits!

You're eligible to make benefit elections until **02/23/2018**

- We make it easy to view and compare your plan options.
- We'll guide you through your enrollment step by step.


GET STARTED ▶

Open Enrollment elections are effective from **06/01/2018 – 05/31/2019**

Your next benefit enrollment period begins on **06/01/2019**

New to Enrollment?

Take advantage of our comprehensive video library and tools designed to aid in your enrollment decisions



What do I need to enroll?

- Have social security number and date of birth information for your dependents
- Review your current benefit plans & elections

What's New?

- Health Care Reform: How does it impact the benefit election choices for you and your family? [Learn More](#)
- Need to insure your pet? Do you want to find out about life insurance, legal or other voluntary benefits? [Learn More](#)

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Click "Get Started"



Review Your Family Information

Welcome, Irene Test

Home Myself My Company Setup

Benefit Enrollment

Review Family Information Elect Benefits Review and Submit Elections Confirmation

Employee Info

Review Family Information

All family members (dependents) that you plan to enroll in benefits must be listed below.

Add Family Member

First Name	Last Name	Birth Date	SSN	Relationship	Gender	Marital Status	Disabled	Tax Dep
Irene	Test	9/4/1977	show	Employee	Female			
John	Smith			Spouse			<input type="checkbox"/>	<input type="checkbox"/>

Finish Later

Save Cancel

Go to Medical

Name Irene Test
File Number 000097
Benefit Plan Year 02/01/2014-05/31/2014
Waiting Period 30 Days
Class Cd A

Site Feedback Legal Privacy Requirements

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Easy to use
Benefits Enrollment
Wizard

Add, delete and
modify dependents

Compare and Choose Your Benefits

Sort plan options by deductible or cost

The screenshot shows the 'Benefit Enrollment' interface with the following components:

- Navigation:** Review Family Information, Elect Benefits (active), Review and Submit Elections, Confirmation.
- Categories:** Medical, Dental, Vision, Life & Disability, Flexible Spending Account (FSA).
- Account Info:** My Elections, \$522.43 You Pay.
- Alert:** You are automatically enrolled in the life and/or disability plans your employer offers. The elections have been added to your cart.
- Choose a Coverage Level:**
 - Employee Only
 - Employee and Spouse
 - Employee and Children
 - Employee and Family
 - Waive Coverage
- Comparison Table:**

Plan Name	Monthly Cost
United Health HDHP (4.2 4000...)	\$300.00
United Health POS (CP 8.0 3000/10...)	\$457.00
United Health POS (CP 8.0 1000/00...)	\$513.00
- Buttons:** Compare, Enroll, Select an option, Compare 0 plans, Back to Review Family Information, Finish Later, Go to Dental.

Compare up to three plans and view in- and out-of-network details

Access summary of benefits coverage for detailed information



Select Your Medical Plan

Easily enroll dependents
Link to find a doctor

Benefit Enrollment

Review Family Information | **Elect Benefits** | Review and Submit Elections | Confirmation

Medical | Dental | Vision | Life & Disability | Flexible Spending Account (FSA)

Choose a Coverage Level

Employee Only | Employee and Spouse | Employee and Children | Employee and Family | Waive Coverage

3 Available Plan(s) Sort by: Select an option. Compare 6 plans

United Health \$300.00 Monthly
Compare Enroll

Find your doctor (PCP)

Plan Overview	In Network	Out
Deductible Individual/Family	\$4,900/\$8,000 non-em	
Primary Care Visit	100% after ded	
Specialist Visit	100% after ded	
Calendar Year Out-of-Pocket Max Individual	\$5,900/\$10,000 non-em	
Hospitalization Inpatient/Outpatient	100% all ded/100% all ded	
Prescription Copays	Ded then \$15/Ded/\$35/20% a	

If you choose to enroll in an HSA, your emp...
view summary of benefits and coverage

Coverage Breakdown (Monthly)

Employee Only	Employee and Spouse	Employee and Children	Employee and Family
\$82.00	\$306.00	\$273.00	\$465.00

Who to Enroll

Based on the coverage you elect, please indicate who you would like to enroll in this plan and enter your PCP number. Next, click the "Go to Dental" button at the bottom of this page to continue enrollment.

Find your doctor (PCP)

Name	SSN	Relationship	Birth Date	Tax Dep	PCP's Number
Stacy Test	show	Employee	04/1977		
Joey Test	show	Spouse	04/1977	No	

Add or modify family members

Cancel Sum

Go to Dental

Select Your Medical Plan (continued)

Review Family Information | **Elect Benefits** | Review and Submit Elections | Confirmation | Employee Info

Medical | Dental | Vision | Life & Disability | Flexible Spending Account (FSA)

Choose a Coverage Level

Employee Only

Employee and Spouse

Employee and Children

Employee and Family

Waive Coverage

I have other coverage

Another Reason

4 Available Plans | 2 for Comparison | Sort by: Monthly Cost

Kaiser Permanente \$197.00 Monthly
KALHMO 1000-South
HMO | [Find your doctor \(PCP\)](#)

Plan Overview In Network [Out](#)

Deductible Individual/Family \$1,000/\$2,000

Primary Care Visit \$30

Specialist Visit \$30

Calendar Year Out-of-Pocket Max \$3,000/\$6,000

Hospitalization Inpatient/Outpatient 70% after ded/70% after ded

Prescription Copays \$10 copay/\$30 aft \$100/Not Covered/Not

[View summary of benefits and coverage](#)

Coverage Breakdown (Monthly)

\$86.00	\$197.00	\$162.80	\$257.40

[Compare](#) [Enroll](#)

Plan Selection Complete

You have chosen to enroll:

- Irene Test
- John Smith

To continue, choose Go to Dental below.

[Change Dependents](#) [Change Plan](#)

My Elections **\$197.00** You Pay

Medical	\$197.00
Life	\$0.00
Long Term Disability	\$0.00
Benefits Cost	\$197.00
FSA Contribution	\$0.00
Your Total Cost	
Monthly	\$197.00
Per Pay Period	\$98.50

You are automatically enrolled in the life and/or disability plans your employer offers. The elections have been added to your cart.

[Back to Review Family Information](#) [Finish Later](#) [Go to Dental](#)

The shopping cart shows a running total of your monthly and per pay period costs

Enroll in Other Benefits

Benefit enrollments may include FSA

The screenshot displays the 'Elect Benefits' step of the enrollment process. The 'Life & Disability' section is highlighted with a blue box. It shows two Aetna Life Insurance options, both at a cost of \$0.00. The first option is 'Basic 1X ABE' with 1x Salary coverage. The second option is 'LTD1 60% \$5,000/mo-180' with 60% monthly benefit, a \$5,000 max monthly benefit, and a 180-day elimination period. Below this is a 'Life Beneficiaries' section with a table listing three beneficiaries: John Smith (Spouse), Scott Test (Domestic Son), and Ben Test (Friend). A 'Go to Flexible Spending Account (FSA)' button is visible at the bottom right of the main content area.

Medical	Dental	Vision	Life & Disability	Flexible Spending Account (FSA)

Medical	Dental	Vision	Life	Long Term Disability
\$197.00	\$19.77	\$1.25	\$0.00	\$0.00
Benefits Cost \$218.02				
FSA Contribution \$0.00				
Your Total Cost				
Monthly	\$218.02			
Per Pay Period	\$109.01			

View life and disability insurance offerings

Select and modify beneficiaries

Be Sure to Choose the Correct FSA

Review Family Information | Elect Benefits | Review and Submit Elections | Confirmation | Learning Center

Medical | Dental | Vision | Life & Disability | **Flexible Spending Account (FSA)** | My Elections | \$0.00 You Pay

Flexible Spending Account (FSA)

To enroll and contribute towards a Flexible Spending Account (FSA), enter an annual contribution below. If you do not want to contribute, select the "Go to Review and Submit Elections" button to continue.

Health Care FSA	Limited Health Care FSA	Dependent Care FSA
My Annual Contribution \$ 0 Max. \$2,550	My Annual Contribution \$ 0 Max. \$2,550	My Annual Contribution \$ 0 Max. \$5,000
You will receive a Health Care FSA debit card to use for your eligible health care expenses.	You will receive a Health Care FSA debit card to use for your eligible health care expenses.	

Back to Life & Disability | Finish Later | Go to Review and Submit Elections

Select the **Health Care FSA** if **NOT** enrolling in an HDHP

Select the **Limited Health Care FSA** if you are enrolled in an HDHP

Choose the **Dependent Care FSA** to pay for qualified child care costs

Review and Submit Your Elections

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

One click to modify selections

Review Family Information
Elect Benefits
Review and Submit Elections
Confirmation
Employee Info

Review Your Elections for 02/01/2014-05/31/2014

After you have enrolled or waived in all coverage options, read and accept the acknowledgments at the bottom of the page and select submit.

Medical (edit) Kaiser Permanente KAI-HMO 1000-South HMO Employee and Spouse View summary of benefits and coverage	\$197.00	Who's Covered			
		Name	Relationship	Tax Dep	Medical
		Irene Test	Employee		<input checked="" type="checkbox"/>
		John Smith	Spouse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		⚠ Coverage for non-tax dependents is subject to imputed income.			
		Life Beneficiaries			
		Name	Relationship	Beneficiary Type	%
		John Smith	Spouse	Primary	100
Dental (edit) Aetna Dental AET-APPO DEN 2,000-California Dental - PPO Employee and Spouse View summary of benefits and coverage	\$19.77				
Vision (edit) VSP VSP-Choice Vision Plan Employee Only View summary of benefits and coverage	\$1.25				
Life & Disability (edit) Aetna Life Insurance Life View summary of benefits and coverage Aetna Life Insurance Long Term Disability View summary of benefits and coverage	\$0.00 \$0.00				
Flexible Spending Account (FSA) (edit) Health Care FSA	\$625.00				
Monthly Totals					
Benefits Cost		\$218.02			
FSA Contribution		\$625.00			
You Pay					
Monthly		\$843.02			
Per Pay Period		\$421.51			

You must click on each of the links below, read and accept the terms to submit your elections.

- I have read and accept the [Benefit Election Authorization](#)
- I have read and accept the [Flexible Spending Account Disclosure](#)
- I have read and accept the [Binding Arbitration Agreement](#)
- Upload Domestic Partner Affidavit



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

Benefit Enrollment

Confirmation

You have successfully completed the enrollment process. Please print this confirmation for your records.

[Click here to view and print your Temporary Insurance Card.](#)

Medical
Aetna (National) \$134.80
Employee Only
[View summary of benefits and coverage](#)

Dental
Waived

Vision
VSP \$2.50
Employee and Spouse
[View summary of benefits and coverage](#)

Life & Disability
Aetna Life Insurance \$0.00
[View summary of benefits and coverage](#)
Aetna Life Insurance Long Term Disability \$0.00
[View summary of benefits and coverage](#)

Flexible Spending Account (FSA)

Monthly Totals	
Benefits Cost	\$137.30
FSA Contribution	\$0.00

You Pay	
Annually	\$1,647.60
Monthly	\$137.30
Per Pay Period	\$68.65

[Exit](#)

Who's Covered

Name	Relationship	Tax Dep	Medical	Dental	Vision
Irene Test	Employee		☑		☑
John Smith	Spouse	×			☑
Stacey Test	Daughter	✓			

Life Beneficiaries

Name	Relationship
John Smith	
Stacey Test	

Temporary Medical Insurance Card

Covered Dependents:

[Print this temporary insurance card](#)

Print your temporary insurance card

Notice to Members and Providers: This Temporary Insurance Card should be used for identification purposes only and does not prove membership nor guarantee coverage. For verification of benefits, please contact Member Services at the number indicated on the card.

Please Note: This temporary insurance card should be used for identification purposes only and does not prove membership or guarantee coverage. For verification of benefits, please contact Member Services at the number indicated on the card.

Now Enroll in HSA and/or Voluntary Benefits

Benefit Enrollment

Review Family Information | Elect Benefits | Review and Submit Elections | **Confirmation** | Learning Center | Employee Info

Confirmation

You have successfully completed the enrollment process. Please print this confirmation for your records. [Click here to view and print your Temporary Insurance Card.](#)

Medical
Active (National) \$134.80

Who's Covered

Name	Relationship	Tax Dep	Medical	Dental	Vision
Heire Test	Employee		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
John Smith	Spouse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stacey Test	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dental
Volant

Vision
VSP

Life & Disability
Aetna Life Insurance

Flexible Spending Account (FSA)

Monthly Totals

Benefit Cost	\$137.30
FSA Contribution	\$0.00

You Pay

Annually	\$1,647.60
Monthly	\$137.30
Per Pay Period	\$68.65

EXIT

Confirmation Page

HSA Enrollment

TotalChoice
Voluntary Benefits
Enrollment

Complete HSA Enrollment (if applicable)

The HSA enrollment link is shown when you complete your HDHP elections

ADP Welcome, A

Home Myself My Company Setup

Benefit Enrollment

Review Family Information Elect Benefits Review and Submit Elections **Confirmation**

✓ **Confirmation**

Complete the steps below to finalize your elections.

Select paperless enrollment

[Contribute to a Health Savings Account](#) You are eligible to contribute to a Health Savings Account (HSA). Enroll now in

You have successfully completed the enrollment process.
Please [print this confirmation](#) for your records.

Medical
Oxford Health Plans Who's Cov

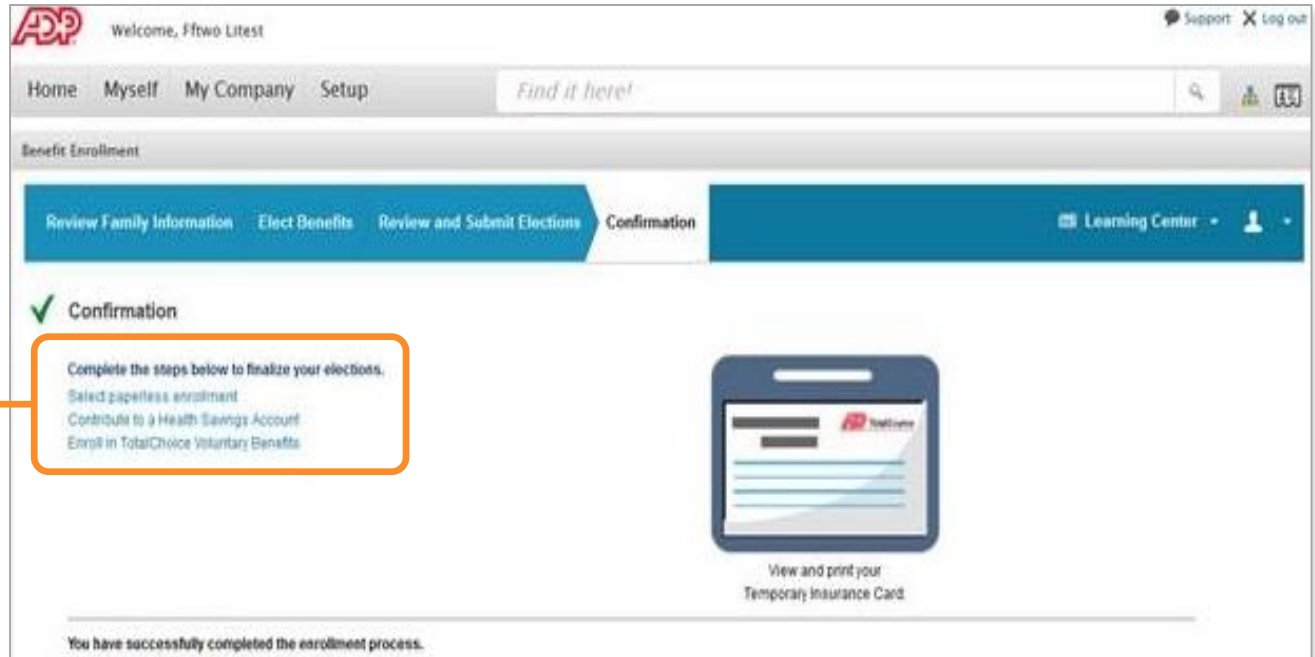
\$0.00

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.

Complete Voluntary Benefits Enrollment

The “Enroll in TotalChoice Voluntary Benefits” link on the Confirmation page will take you to the TotalChoice enrollment system



Enrolling on TotalChoice Voluntary Benefits Program

One-stop resource center for product information, videos and rates

Easy to get enrollment started

WELCOME TO THE ADP TOTALSOURCE VOLUNTARY BENEFITS PROGRAM

ADP TotalSource has partnered with Mercer Voluntary Benefits to provide an on-line marketplace that allows you to shop, compare, and purchase your TotalChoice products.

IMPORTANT MESSAGE: Before you "Get Started" with the enrollment process be sure to browse the [Resource Center](#) tab above for specific product information.

TotalChoice Product Offerings include:

- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Group Legal Services
- Auto/Home Insurance

Accidental Death and Dismemberment (AD&D)

- Pet Insurance
- Identity Theft
- Voluntary Term Life Insurance
- Short Term Disability: (Enrollment via [Call Center Only](#) - (800) 557-1038 option 3 All other benefit inquiries - between 8:00 a.m. - 5:00 p.m. CT, Monday - Friday) Be sure to have your Employee ID number available.

For enrollment or quotes for Auto/Home, GUL, and AD&D click the appropriate link in [External Links](#) below. For enrollment in Pet Insurance, click the link in the [Important Information](#) box on this page.

Questions? Be sure to have your Employee ID number available. Call an experienced benefits counselor at (800) 557-1038 between 7:00 a.m. - 9:00 p.m. ET, Monday - Friday.

[Get started >](#)

Important Messages for You

! You have new benefits being offered to you.

You have 84 days to elect your Current Enrollment benefits.

Additional link to other insurance products such as AD&D, auto/home and group universal life insurance

Voluntary Benefits Enrollment Call Center Support

High-touch benefit counselor call center

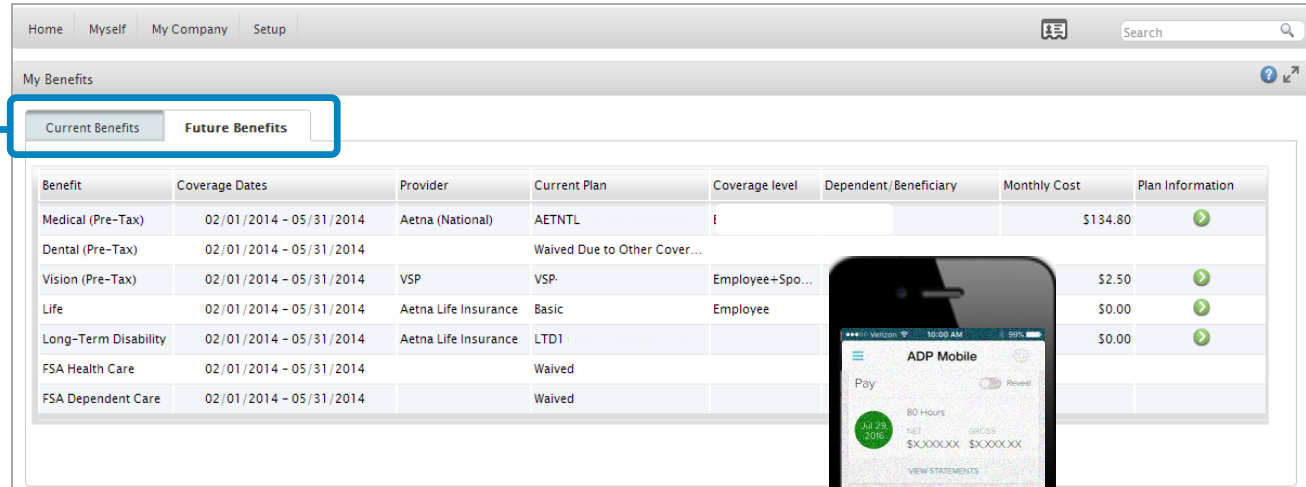
800-557-1038

Monday – Friday
8 a.m. – 8 p.m. ET

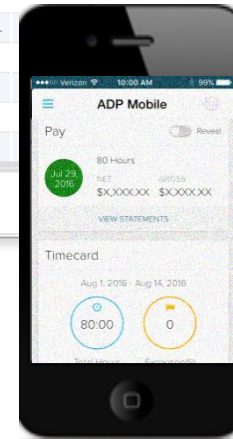


View Elections on My TotalSource and ADP Mobile

Current and future elections displayed



Benefit	Coverage Dates	Provider	Current Plan	Coverage level	Dependent/Beneficiary	Monthly Cost	Plan Information
Medical (Pre-Tax)	02/01/2014 - 05/31/2014	Aetna (National)	AETNTL			\$134.80	>
Dental (Pre-Tax)	02/01/2014 - 05/31/2014		Waived Due to Other Cover...				
Vision (Pre-Tax)	02/01/2014 - 05/31/2014	VSP	VSP-	Employee+Spo...		\$2.50	>
Life	02/01/2014 - 05/31/2014	Aetna Life Insurance	Basic	Employee		\$0.00	>
Long-Term Disability	02/01/2014 - 05/31/2014	Aetna Life Insurance	LTD1			\$0.00	>
FSA Health Care	02/01/2014 - 05/31/2014		Waived				
FSA Dependent Care	02/01/2014 - 05/31/2014		Waived				



Thank You