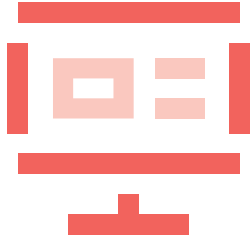




Navigating the enrollment wizard

How to enroll

Your 4 to-dos ...



1

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

2

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

3

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

4

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

Home Myself My Company Setup

Wednesday
Stay

New!

Personal Information

- Personal Profile
- Employment Profile

Pay

- Pay Statements
- W2 Statements
- Direct Deposit
- Tax Withholding
- Total Compensation

Benefits

- Benefit Programs
- My Benefits
- Benefit Enrollment
- Life Events
- Leave of Absence
- Benefits Resource Center
- Commuter Benefits
- Spending Accounts
- Retirement Program

Talent Development

- Performance Review
- TotalSource University

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

OE enrollment

Welcome, [redacted]

Support | iLearn@ADP | Log out

Home | Myself | My Company | Setup

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

- Open Enrollment View in Spanish
- In/Out of Network View in Spanish

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

Support Log out

Search

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			
<input type="text" value="John"/>	<input type="text" value="Smith"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Spouse"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Easy to use
Benefits Enrollment
Wizard

Add, delete and
modify dependents

Compare and choose your benefits



Sort plan options by deductible or cost

Benefit Enrollment

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

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

My Elections \$522.43

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

Sort By: Select an option

Compare 0 plans

Plan Overview	In Network	Out
Deductible Individual/Family	\$4,000/\$8,000 non-emb	\$3,000/\$9,000
Primary Care Visit	100% after ded	\$30/\$30
Specialist Visit	100% after ded	\$30/\$60
Calendar Year Out-of-Pocket Max Individu...	\$5,000/\$10,000 non-emb	None exd ded/None exd ded
Hospitalization Inpatient/Outpatient	100% aft ded/100% aft ded	100% aft ded/100% aft ded
Prescription Copays	Ded then \$15/Dad/\$35/20% s...	\$15/\$35/20% Spec Rx/\$50/25% Spec Rx...

View summary of benefits and coverage

Coverage Breakdown (Monthly)

\$62.00 \$390.00 \$273.00 \$485.00

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)

My Elections \$522.43 You Pay

Choose a Coverage Level

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

United Health \$300.00 Monthly
UHC-HDRP-4L3-4005...
[Compare](#) [Enroll](#)

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
<input checked="" type="checkbox"/> Stacy Test	show	Employee	04/1977		
<input checked="" type="checkbox"/> Joey Test	show	Spouse	04/1977	No	

[Add or modify family members](#)

Plan Overview

Plan Overview	In Network	Out of Network
Desirable Individual/Family	\$4,900/\$8,000 non-emo	
Primary Care Visit	100% after/ded	
Specialist Visit	100% after/ded	
Calendar Year Out-of-Pocket Max Individual	\$5,900/\$10,000 non-emo	
Hospitalization Inpatient/Outpatient	100% off/ded/100% off/ded	
Prescription Copays	Ded then \$15/Ded/\$35/20% s...	
If you choose to enroll in an HSA your emp...	\$500.00/month for employee \$1,000.00...	

[View summary of benefits and coverage](#)

Coverage Breakdown (Monthly)

Employee Only	Employee and Spouse	Employee and Children	Employee and Family	Waive Coverage
\$62.00	\$306.00	\$273.00	\$465.00	

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

Select your medical plan (continued)

Plan Selection Complete

You have chosen to enroll:

- Irene Test
- John Smith

To continue, choose [Go to Dental](#) below.

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

Shopping Cart Summary:

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

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

Plan Details:

Kaiser Permanente \$197.00 Monthly
KPA-HMO 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/Outpati... 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)

Employee Only	Employee and Spouse	Employee and Children	Employee and Family
\$86.00	\$197.00	\$162.60	\$257.40

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

[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 shows the 'Elect Benefits' step of an enrollment process. The 'Life & Disability' section is highlighted with a red box. It displays two Aetna Life Insurance options, both at a cost of \$0.00. The first is 'Basic 1X ABE' with '1x Salary' coverage. The second is 'LTD 1 60% \$5,000/mo-180' with a 'Monthly Benefit' of 60% and a 'Max Monthly Benefit' of \$5,000. Below this is a table for 'Life Beneficiaries' with three entries: John Smith (Spouse), Scott Test (Domestic Son), and Ben Test (Friend). A summary table on the right shows a total cost of \$218.02, with a breakdown of monthly and per-pay-period costs. A yellow warning box indicates automatic enrollment in life and/or disability plans.

Plan Name	Cost
Aetna Life Insuranc... Basic 1X ABE	\$0.00
Aetna Life Insuranc... LTD 1 60% \$5,000/mo-180	\$0.00

Beneficiary	First Name	Last Name	SSN	Relationship	Beneficiary Type	%
1	John	Smith	show	Spouse	None	0
2	Scott	Test	show	Domestic Son	None	0
3	Ben	Test	show	Friend	None	0

Category	Cost
Medical	\$197.00
Dental	\$19.77
Vision	\$1.25
Life	\$0.00
Long Term Disability	\$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

The screenshot shows the 'Flexible Spending Account (FSA)' election page. The navigation bar includes 'Review Family Information', 'Elect Benefits', 'Review and Submit Elections', and 'Confirmation'. The current step is 'Elect Benefits', with sub-tabs for 'Medical', 'Dental', 'Vision', 'Life & Disability', and 'Flexible Spending Account (FSA)'. The page title is '\$ Flexible Spending Account (FSA)'. Below the title, there is a instruction: '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.' Three FSA options are listed, each with a 'My Annual Contribution' field set to '\$ 0' and a maximum value:

- Health Care FSA**: Max. \$2,550. Description: 'You will receive a Health Care FSA debit card to use for your eligible health care expenses.'
- Limited Health Care FSA**: Max. \$2,550. Description: 'You will receive a Health Care FSA debit card to use for your eligible health care expenses.'
- Dependent Care FSA**: Max. \$5,000. Description: 'You will receive a Health Care FSA debit card to use for your eligible health care expenses.'

Three callout boxes provide selection instructions:

- Health Care FSA**: Select the **Health Care FSA** if **NOT** enrolling in an HDHP
- Limited Health Care FSA**: Select the **Limited Health Care FSA** if you are enrolled in an HDHP
- Dependent Care FSA**: 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 KaiserMO 1000-South HMO Employee and Spouse View summary of benefits and coverage	\$197.00
 Dental (edit) Aetna Dental AET-PPPO 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

Who's Covered

Name	Relationship	Tax Dep	Medical	Dental	Vision
Irene Test	Employee				
John Smith	Spouse				

 Coverage for non-tax dependents is subject to imputed income.

Life Beneficiaries

Name	Relationship	Beneficiary Type	%
John Smith	Spouse	Primary	100

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

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.

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

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	Spouse
Stacey Test	Daughter

Click here to view and print your Temporary Insurance Card.

[Print this temporary insurance card](#)

Print your temporary insurance card

Temporary Medical Insurance Card

ADP TotalSource

Insurer: Aetna (National)
Name: Irene Test | Group: 226321
Employer: PECO51 Company Name 7986
Effective Date: 02/01/2014

For member services, call 1-800-323-9930
To pre-certify, call 1-800-323-9930

Covered Dependents:

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
Aetna (National) \$134.80

Employee Only
[View summary of benefits and coverage](#)

Dental
Waived

Vision
VSP
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				

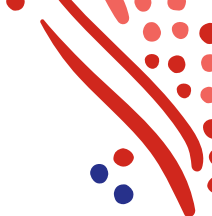
Beneficiary Type

Beneficiary	Type	%
Stacey Test	Daughter	
	Primary	100
	Secondary	100

Confirmation Page

HSA Enrollment

Complete HSA enrollment (if applicable)



ADP Welcome, Another Arlmact

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 \$0.00 Who's Cover

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

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 on TotalChoice voluntary benefits program



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

Easy to get enrollment started

MERCER MARKETPLACE
EMPLOYER BENEFITS 360

ADP

Home
Dependents

MANAGE ACCOUNT

Login Information

QUICK LINKS

- Accidental Death & Dismemberment Benefit
- Group Universal Life Benefit
- Resource Center

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 voluntary benefits.

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

TotalChoice Product Offerings include:

- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Group Legal Services
- Auto/Home Insurance
- Group Universal Life (GUL) 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) 8

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 [Import](#)

Enter 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

[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

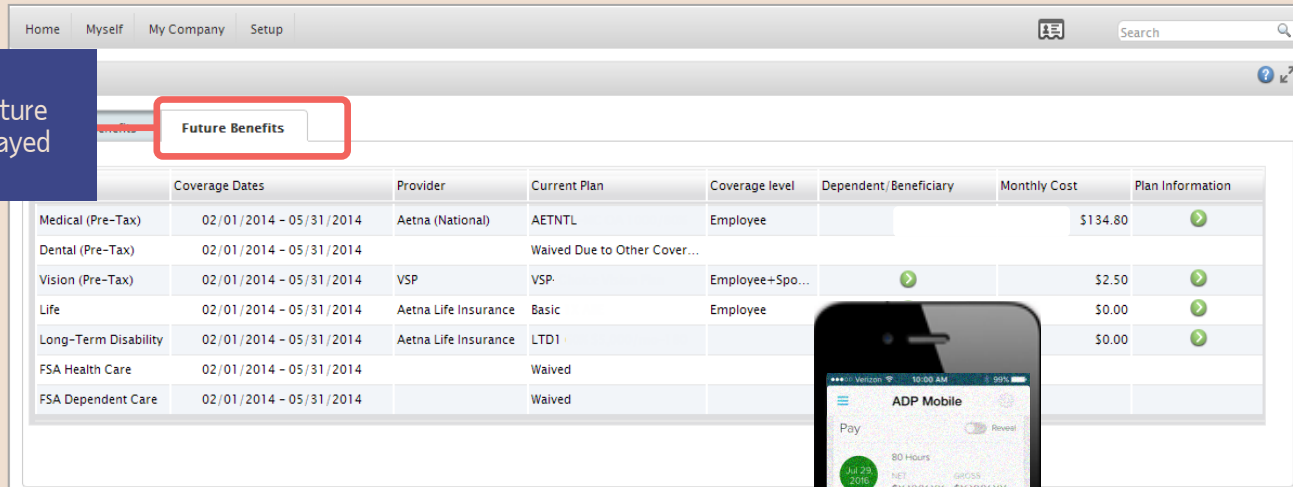
High-touch benefit counselor call center

800-557-1038

Monday - Friday
8 a.m. - 8 p.m. ET

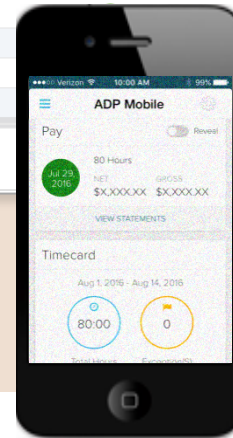
View elections on My TotalSource and ADP Mobile

Current and future elections displayed



The screenshot shows the My TotalSource web interface. At the top, there are navigation tabs: Home, Myself, My Company, and Setup. A search bar is located on the right. Below the navigation, a 'Future Benefits' tab is highlighted with a red box. The main content area displays a table of elections with the following columns: Coverage Dates, Provider, Current Plan, Coverage level, Dependent/Beneficiary, Monthly Cost, and Plan Information.

	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	Employee		\$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!