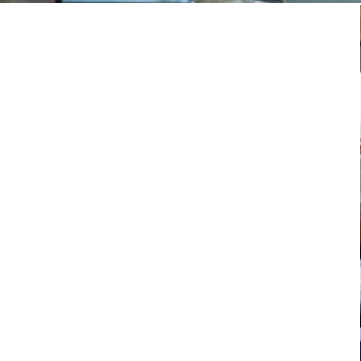




Navigating the enrollment wizard



How to enroll



Your 4 to-dos ...

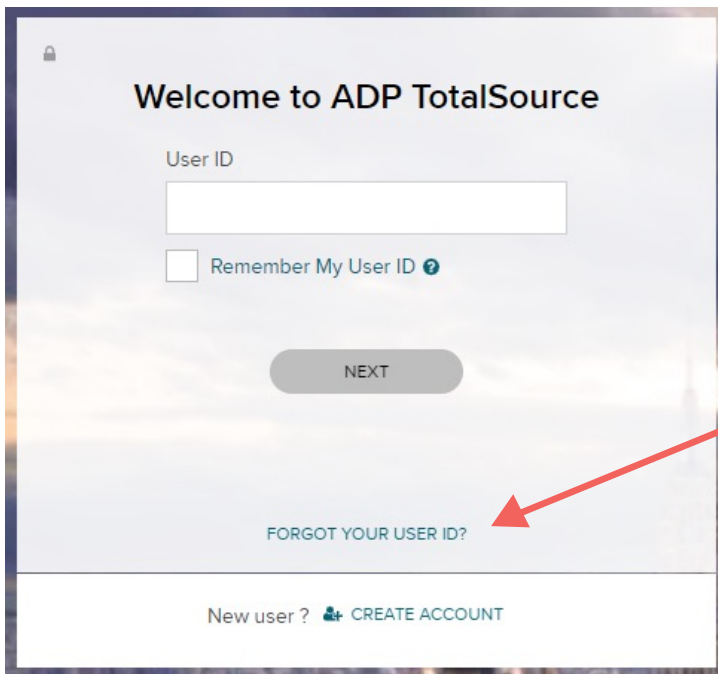
Review your benefits – in your personalized enrollment video, on My TotalSource®, or in your print enrollment package

Get answers on the MyLife website (MyLife-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

User ID

☐ Remember My User ID ⓘ

NEXT

[FORGOT YOUR USER ID?](#)

New user ?  [CREATE ACCOUNT](#)

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

Start your online benefits enrollment (cont.)



ADP Welcome, [Name]

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](#)

Site Feedback Legal Privacy Requirements Security Notice

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Click "GET STARTED"

Review your family information



ADP Welcome, Irene Test Support Log out

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				

Finish Later

Save Cancel

Go to Medical

Employee Info

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

Benefit Enrollment

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

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

My Elections You Pay \$522.43

You are automatically enrolled in the life and/or disability plan 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

United Health UHC-RHBP 4L3 4000... Monthly	United Health UHC-CP 9J3 300010... Monthly	United Health UHC-CP 9J1 100050... Monthly
\$300.00	\$457.00	\$513.00
Compare Enroll	Compare Enroll	Compare Enroll
HDHP Find your doctor (PCP)	POS Find your doctor (PCP)	POS Find your doctor (PCP)
Plan Overview In Network Out	Plan Overview In Network Out	Plan Overview In Network Out
Deductible Individual/Family \$4,000/\$8,000 non-emb	Deductible Individual/Family \$3,000/\$9,000	Deductible Individual/Family \$1,000/\$3,000
Primary Care Visit 100% after ded	Primary Care Visit \$30/\$30	Primary Care Visit \$25/\$25
Specialist Visit 100% after ded	Specialist Visit \$30/\$60	Specialist Visit \$25/\$50
Calendar Year Out-of-Pocket Max Individu... \$5,000/\$10,000 non-emb	Calendar Year Out-of-Pocket Max Individu... None exd ded/None exd ded	Calendar Year Out-of-Pocket Max Individu... \$3,000 exd ded/\$9,000 exd ded
Hospitalization Inpatient/Outpatient 100% aft ded/100% aft ded	Hospitalization Inpatient/Outpatient 100% aft ded/100% aft ded	Hospitalization Inpatient/Outpatient 80% aft ded/80% aft ded
Prescription Copays Ded then \$15/Ded/\$35/20% s...	Prescription Copays \$15/\$35/20% Spec Rx/\$50/25% Spec Rx...	Prescription Copays \$15/\$35/20% Spec Rx/\$50/25% Spec Rx...
If you choose to enroll in an HSA your emp... \$500.00/month for employee \$1,000.00...		
View summary of benefits and coverage	View summary of benefits and coverage	View summary of benefits and coverage
Coverage Breakdown (Monthly)	Coverage Breakdown (Monthly)	Coverage Breakdown (Monthly)
\$62.00 \$300.00 \$273.00 \$465.00	\$155.00 \$457.00 \$419.00 \$712.00	\$181.00 \$513.00 \$471.00 \$793.00
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 | **Select 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 Healthcare \$300.00 Monthly
Compare Enroll

Plan Overview In Network Out of Network

Deductible 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% aft ded/100% aft 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 \$1,000.0...

[View summary of benefits and coverage](#)

Coverage Breakdown (Monthly)

Employee Only	Employee and Spouse	Employee and Children	Employee and Family
\$62.00	\$300.00	\$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
<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](#)

Cancel Save

[Go to Dental](#)

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

Pay-per-period cost



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
KAI-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/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](#)

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

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 \$197.00

My Elections 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.

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

Enroll in other benefits



Benefit enrollments may include FSA

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

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

Life & Disability

Please review your life and disability benefits.

Aetna Life Insurance... \$0.00
Basic TX AGU
[View summary of benefits and coverage](#)
Coverage 1x Salary

Aetna Life Insurance... \$0.00
LTD 1 60% \$5,000mo-180
[View summary of benefits and coverage](#)
Monthly Benefit 60%
Max Monthly Benefit \$5,000
Elimination Period 180 days

Life Beneficiaries
+ Add Beneficiary

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

[Back to Vision](#) [Finish Later](#)

[Go to Flexible Spending Account \(FSA\)](#)

Employee Info

\$218.02
My Elections You Pay

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

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

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View
life and disability
insurance offerings

Select and modify
beneficiaries

Be sure to choose the correct FSA

The screenshot shows the 'Elect Benefits' section of a benefits portal, specifically the 'Flexible Spending Account (FSA)' page. The page has a blue header with navigation tabs: 'Review Family Information', 'Elect Benefits', 'Review and Submit Elections', and 'Confirmation'. Below the header, there are sub-tabs for 'Medical', 'Dental', 'Vision', 'Life & Disability', and 'Flexible Spending Account (FSA)'. The 'Flexible Spending Account (FSA)' tab is active. On the right, there's a shopping cart icon and a balance of '\$0.00 You Pay'. The main content area is titled '\$ Flexible Spending Account (FSA)' and includes a note: '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.' Below this, there are three columns for different FSA types: 'Health Care FSA', 'Limited Health Care FSA', and 'Dependent Care FSA'. Each column has a 'My Annual Contribution' section with a text input field set to '\$ 0' and a maximum value of '\$2,550' for Health Care and Limited Health Care, and '\$5,000' for Dependent Care. Below the input fields, there's a brief description of each FSA. At the bottom, there are three callout boxes with red lines pointing to the respective FSA options: 'Select the Health Care FSA if NOT enrolling in an HDHP', 'Select the Limited Health Care FSA if you are enrolled in an HDHP', and 'Choose the Dependent Care FSA to pay for qualified child care costs'. A green button labeled 'Review and Submit Elections' is at the bottom right.

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

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

My Annual Contribution

\$ 0
Max. \$2,550

You will receive a Health Care FSA debit card to use for your eligible health care expenses.

Limited Health Care FSA

My Annual Contribution

\$ 0
Max. \$2,550

You will receive a Health Care FSA debit card to use for your eligible health care expenses.

Dependent Care FSA

My Annual Contribution

\$ 0
Max. \$5,000

◀ Back to Life & Disability | Review and Submit Elections ▶

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

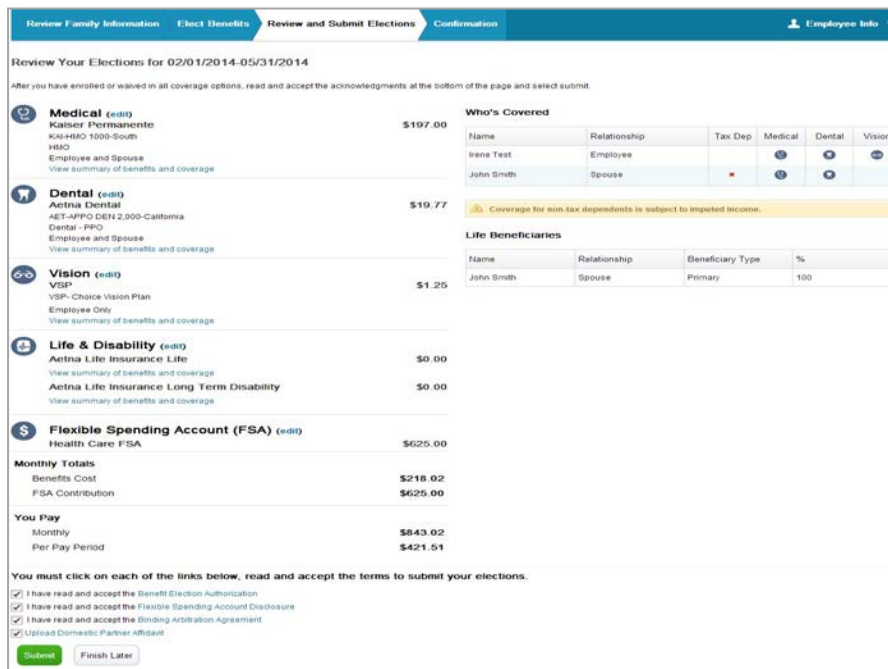
Select the **Limited Health Care FSA** if you are enrolled in an HDHP

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	\$197.00
Kaiser Permanente 1000-South HMO		
Employee and Spouse		
View summary of benefits and coverage		
Dental (edit)	Aetna Dental	\$19.77
AET-APPO DEN 2,000-California Dental - PPO		
Employee and Spouse		
View summary of benefits and coverage		
Vision (edit)	VSP	\$1.25
VSP-Choice Vision Plan Employee Only		
View summary of benefits and coverage		
Life & Disability (edit)	Aetna Life Insurance Life	\$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) (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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
John Smith	Spouse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Life Beneficiaries

Name	Relationship	Beneficiary Type	%
John Smith	Spouse	Primary	100

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

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

Submit **Finish Later**

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.

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

Medical
Aetna (National) \$134.00
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

Print this temporary insurance card

Print your temporary insurance card

Temporary Medical Insurance Card ADP TotalSource

Insurer: Aetna (National)
Name: Irene Test
Employee ID: 0501
Group: 326321
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:

(Leave blank)

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



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](#)

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

Beneficiary Type	%
Primary	100
Secondary	100

Confirmation Page

HSA Enrollment

Complete HSA enrollment (if applicable)



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

ADP Welcome, Another Arimatea

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 Covered \$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.

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



Step 2: Enrollment path (continued)

Just a few clicks...



➤ Voluntary Benefits Program

Click > Learn more about these products and your eligibility to enroll


Benefits Resource Center

- Core Benefits
- Wealth Management
- Tax Advantage
- **Voluntary Benefits Program**
- Life Management
- Legal Disclosures and Plan Documents

Voluntary Benefits Program

Peace of mind when you can't work.

ADP TotalSource is pleased to offer voluntary benefits designed exclusively for ADP TotalSource by MetLife, a leader in employee benefits and life insurance. Utilizing MetLife's portal, this value based program provides you access to a wide variety of insurance products and services that offer the advantage of group rates and the convenience of payroll deductions.



Programs and services offered:

Short-Term Disability Coverage
Short-term disability (STD) coverage can help supplement a portion of your base earnings if injury or illness prevents you from working for more than a few days.

Hospital Indemnity Insurance
Out-of-pocket costs for a hospital stay can add up. Hospital Indemnity Insurance provides payment directly to you to help cover expenses if you or a member of your family is hospitalized.

Critical Illness Insurance
If you're diagnosed with a covered illness, such as heart attack, cancer or stroke, critical illness insurance pays a lump sum directly to you to help you cover out-of-pocket medical expenses.

Accident Insurance
Accident insurance allows you and your spouse and/or children to have coverage in the event of an unexpected accidental injury.

Group Legal Services Plan
Need legal help? Enrolling in the Group Legal Services plan gives you access to a variety of legal services at no or low cost within a network of top-quality legal professionals.

Term Life Insurance
Term Life Insurance provides a death benefit as well as additional support, planning, and protection services.

Accidental Death and Dismemberment Insurance
Accidental death and dismemberment insurance provides you and your family with financial protection in case of death or injury from an accident.

[Learn more about these products and your eligibility to enroll](#)



Step 3: Entering the common benefits enrollment website

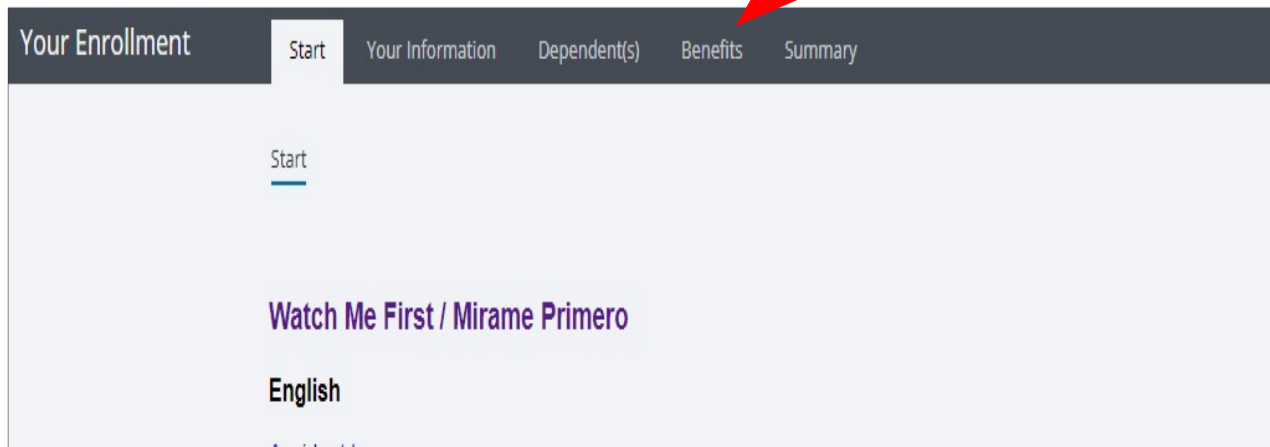


From the **Home Page**, Users can view a video tutorial of the enrollment platform as well as informational videos about each benefit

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

To Enroll, simply click Benefits

Click: Benefits



Step 4: Choose the coverage



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

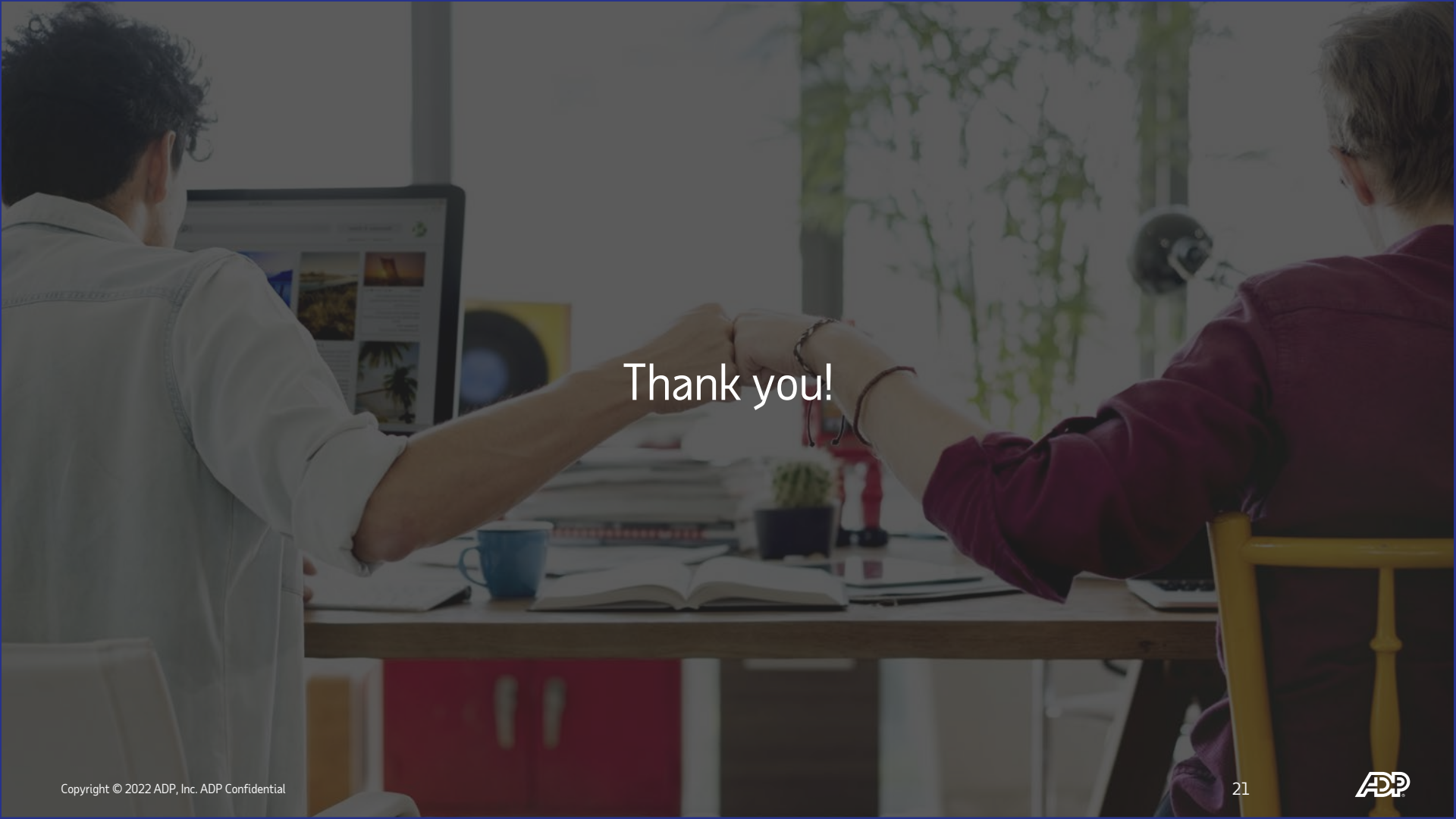
Your Enrollment

Start Your Information Dependent(s) **Benefits** Summary

Available (6)

MetLife Voluntary AD&D	Review
Hyatt Legal	Review
MetLife Critical Illness	Review
MetLife Group Accident	Review
MetLife Hospital Indemnity	Review
MetLife Voluntary STD	Review



A photograph of two people shaking hands over a wooden desk in a bright, modern office setting. The person on the left is wearing a white shirt, and the person on the right is wearing a maroon shirt. On the desk, there is a laptop displaying a website, a blue mug, an open book, and some papers. A window in the background shows green foliage outside.

Thank you!