



Navigating the enrollment wizard

How to enroll from your computer



Always Designing
for People

Your 4 to-dos ...

Review your benefits – in your personalized enrollment video, on My TotalSource®.

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 through MyTotalSource.com by your deadline.

Log in 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](#)

Reset your password here.

Plan enrollment



Myself > Benefit Enrollment

The screenshot shows a web interface with a top navigation bar containing 'Home', 'Myself', 'My Company', and 'Setup'. The 'Myself' tab is selected. Below the navigation bar, there are several sections:

- Personal Information**
 - Personal Profile
 - Employment Profile
- Pay**
 - Pay Statements
 - W2 Statements
 - Direct Deposit
 - Tax Withholding
 - Total Compensation
- Benefits**
 - Benefit Programs
 - My Benefits
 - Benefit Enrollment** (highlighted)
 - 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.

Plan enrollment (continued)



Welcome [Name]

Home Myself My Company Setup

Benefits 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.
- What guides 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-Cat of Network: View in Spanish

What do I need to enroll?

- Have valid 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 © 2018 ADP, LLC

Click here.

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	04/12/77	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

Employee Info

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

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Add, delete and modify dependents.

Compare and choose your benefits



Sort plan options by deductible or cost.

The screenshot shows the 'Benefits Enrollment' interface with three plan options side-by-side for comparison. The plans are:

- United Health \$300.00 Monthly**
- United Health \$457.00 Monthly**
- United Health \$513.00 Monthly**

Each plan card includes a 'Compare' button, a 'Final' button, and a 'Plan Overview' section. The 'Coverage Breakdown (Monthly)' for each plan is as follows:

Plan	Monthly Cost	Primary Care Visit	Specialist Visit	Calendar Year Out-of-Pocket Max (Individual)	Prescription Copays
United Health \$300.00	\$300.00	100% after \$0	100% after \$0	\$5,000 (Individual)	\$0 (with \$1,000 OOP)
United Health \$457.00	\$457.00	\$30/\$0	\$0/\$0	None (with \$0 OOP)	\$15/\$0 (with \$0 OOP)
United Health \$513.00	\$513.00	\$0/\$0	\$0/\$0	\$3,000 (with \$0 OOP)	\$15/\$0 (with \$0 OOP)

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.

The screenshot shows the 'Benefits Enrollment' web application. The top navigation bar includes 'Review Family Information', 'Select Benefits', 'Review and Submit Elections', and 'Confirmation'. Below this, there are tabs for 'Medical', 'Dental', 'Vision', 'Life & Disability', and 'Flexible Spending Account (FSA)'. A shopping cart icon shows a total of \$522.43. A yellow notification box states: 'You are automatically enrolled in the life and/or disability plans your employer offers. The elections have been added to your cart.'

The main content area is titled 'Choose a Coverage Level'. It features five radio button options: 'Employee Only', 'Employee and Spouse', 'Employee and Children', 'Employee and Family', and 'None Coverage'. The 'Employee and Spouse' option is selected.

Below the coverage level selection, there are two main sections:

- United Health \$300.00 monthly:** This section includes a 'Compare' button and a 'View' button. Below these are details for the 'United Health' plan, including a 'Find your doctor group' link. The plan details include:
 - Plan Overview: Individual/Family
 - Primary Care Visit: 100% after ded
 - Specialist Visit: 100% after ded
 - Calendar Year Out-of-Pocket Max: \$5,000
 - Hospitalization: 100% all deductibles
 - Prescription Copay: \$10
- Who to Enroll:** This section contains a table for listing dependents. The table has columns for Name, SSN, Relationship, Birth Date, Tax Dep, and PCP's Number. Two dependents are listed: 'Stacy Test' (Employee) and 'Judy Test' (Spouse). Below the table is a 'Link to find a doctor' link and 'Cancel' and 'Save' buttons.

At the bottom of the page, there are navigation buttons: 'Back to Review Family Information', 'Finish Later', and 'Go to Dental'.

Select your medical plan (continued)



Review Family Information | **Select Benefits** | Review and Medical Selections | Confirmation

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

Choose a Coverage Level

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

Kaiser Permanente \$197.00 Monthly

Plan Overview | In Network | **ADD**

Benefit: Individual/Family | \$1,000,000

Primary care visit: 300

Specialist Visit: 600

Calendar Year Out-of-Pocket Max: \$2,000/\$5,000

Eligibility: 70% after 90 days

Prescription: \$10 copay/\$10 off

View summary of benefits and coverage

Coverage Breakdown (per year)

Medical	\$187.00
Life	\$0.00
Long Term Disability	\$0.00
YOUR TOTAL COST	\$0.00

Monthly: \$187.00 | Per Pay Period: \$70.83

Plan Selection Complete

You have chosen to enroll in:

- Irona Test
- John Smith

To continue, choose Go to Dental below.

Change Dependents | Change Plan

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

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 Insuranc... Basic Life ADP	\$0.00	Aetna Life Insuranc... LTDI 6% 35-60/40-50	\$0.00
View summary of benefits and coverage		View summary of benefits and coverage	
Coverage: 1x Salary		Monthly Benefit: 60%	
		Max Monthly Benefit: \$6,000	
		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
Bob	Test	show	Husband	None	0

[Back to Vision](#) [Finish Later](#) [Go to Flexible Spending Account \(FSA\)](#)

Shopping Cart: **\$218.02**

- Medical: \$137.00
- Dental: \$19.77
- Vision: \$1.25
- Life: \$0.00
- Long Term Disability: \$0.00
- Benefit Cost: \$218.02**
- FSA Contribution: \$0.00**
- Your Total Cost:**
- Monthly: \$218.02
- Per Pay Period: \$139.81

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

View life and disability insurance offerings.
Select and modify beneficiaries.



Enroll in other benefits (continued)

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 childcare costs.



Review and submit your elections

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

Click once to modify selections.

Review Your Elections for 2024/2025

Review Your Elections for 2024/2025

Medical (Total) \$197.00

Dental (Total) \$10.00

Vision (Total) \$1.00

Life & Disability (Total) \$0.00

Flexible Spending Account (FSA) (Total) \$0.00

Monthly Totals: \$208.00

Year Total: \$2496.00

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

Submit | Back

Plan	Relationship	Enroll	Cancel	Dental	Vision
John Doe	Employee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Jane Doe	Spouse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Plan	Relationship	Plan/Service Type	AC
John Doe	Employee	Health	Yes

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.

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.

Benefit	Cost
Medical (Individual)	\$134.88
Dental (Individual)	
Vision (VSP)	\$9.68
Life & Disability (Individual)	\$0.00
Flexible Spending Account (FSA)	

Name	Relationship	Plan	Medical	Dental	Vision
John Doe	Employee				
Jane Doe	Spouse				
Mary Ann	Spouse				

Benefit	Cost
Medical	\$134.88
Dental	
Vision	\$9.68
Life & Disability	\$0.00
FSA	

Monthly Totals

Ultimate Cost	\$137.30
FSA Contribution	\$9.68

You Pay

Annually	\$1,647.60
Monthly	\$137.30
Per Pay Period	\$48.66

Print this temporary insurance card.

Temporary Medical Insurance Card

Employee Name: John Doe
Employee ID: 12345678
Employee Address: 123 Main St, Anytown, CA 90210
Employee Date of Birth: 01/01/1980
Employee Social Security: 123-456789

Covered Dependents:

Notice to Members and Providers: The 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.

Print your temporary insurance 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.

Enroll in your HSA



Confirmation

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

Click here to view and use your Temporary Insurance Card.

Medical
Medical (National) \$124.00

Dental
Dental (Vision)

Vision
Vision (VSP)

LIFE & DISABILITY
LIFE & DISABILITY \$6.00
LIFE & DISABILITY \$6.00

Flexible Spending Account (FSA)

Category	Amount
Monthly Total	
Benefits Cost	\$127.00
FSA Contribution	\$0.00
You Pay	
Monthly	\$127.00
Monthly Net Cost	\$127.00

Name	Relationship	Tax Type	Medical	Dental	Vision
John Doe	Spouse				
Gracie Sam	Daughter				

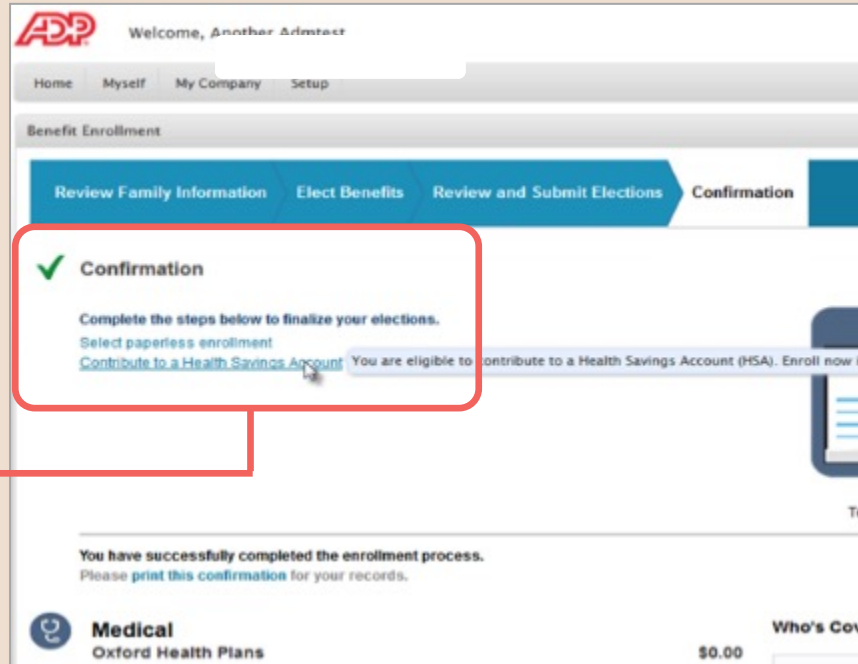
Category	Beneficiary Type	%
John Doe	Primary	40%
Gracie Sam	Secondary	60%

OK

Confirmation Page

HSA Enrollment

Complete HSA enrollment (if applicable)



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

Important!

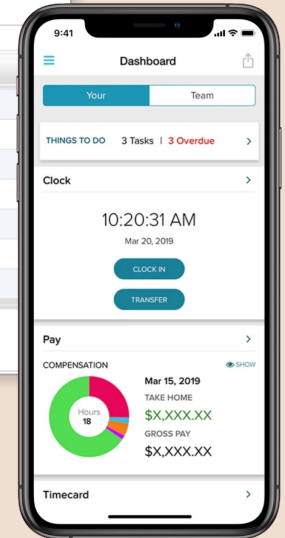
When contributing to an HSA, you are responsible for ensuring your contributions don't exceed the annual limits. If your employer contributes to your HSA, you **MUST** ensure the total employer contribution + your total personal contribution doesn't exceed the limit.

View elections on My TotalSource® and ADP mobile app



Current and future elections displayed

	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!