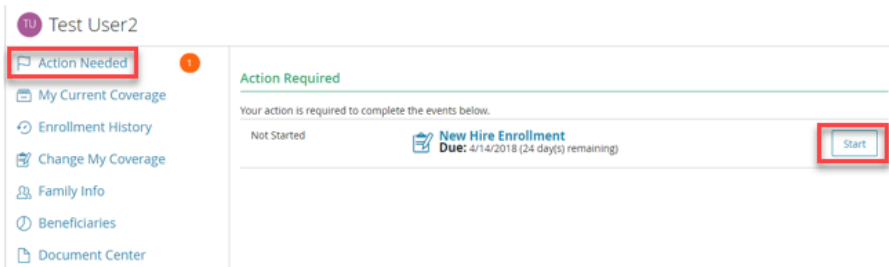
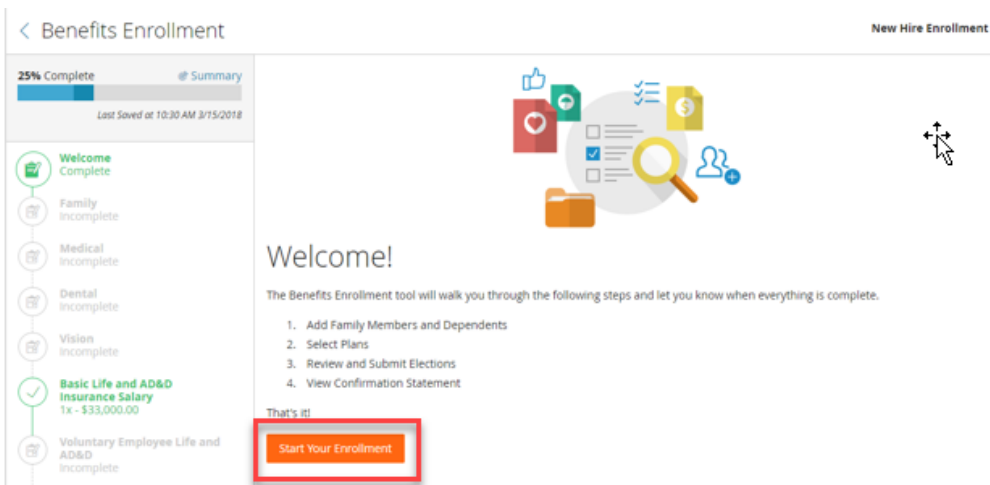


Article ID: PCTY-69007

Complete an Enrollment Event in Benefits Enhanced**Internal****Company Admin****Client Employee****1. Access Benefits Enhanced.**

2. Select **Action Needed** in the sidebar menu. This option only appears if an enrollment event is available.

3. Select Start.**4. Select Start Your Enrollment.****5. Review Family Information.**

- Select **Add Family Member** to enter a new dependent.
- Select an existing dependent to change the dependent's demographic information.

- **Select Continue.**

< Benefits Enrollment Special Enrollment

42% Complete [Summary](#)

Last Saved at 11:29 AM 1/4/2019

- Welcome Complete
- Family Complete
- Medical Incomplete
- Dental Incomplete
- Vision Incomplete
- Basic Life and A&D \$75,000.00
- Voluntary Employee Life and AD&D Incomplete

Tell us about your family

My Estimated Costs per pay period

\$0.00

[My Benefit Elections](#)

Your Family

TS

Test Spouse Spouse

+

Add Family Member

Previous
Continue

6. Answer any questions, if applicable.

< Benefits Enrollment Open Enrollment

54% Complete [Summary](#)

Last Saved at 8:33 AM

- Welcome Complete
- Family Complete
- Questionnaire Complete
- Medical Blue Cross Blue Shield HDHP
- Health Care Savings Account (HSA) \$1,130.00

Tell us about yourself

My Estimated Costs per pay period

\$61.76

[My Benefit Elections](#)

Questions

Do you or any family members use tobacco products? Check all that apply

EA Employee (Myself)

Is your Spouse or Domestic Partner offered Medical/Health insurance through their employer?

Yes No

Previous
Continue

7. Enter Benefit Elections.

- Medical, Dental, Vision Plans
 1. Select the dependents to cover. The system will calculate a coverage tier and cost based on the dependents selected.
 2. Select the **checkmark** next to the appropriate **Plan** or **Waive** option.

3. Select **Continue**.

Who do you want to cover on this plan?

<input checked="" type="checkbox"/> TU Test User1 (Myself) Employee	<input type="checkbox"/> TS Test Spouse Spouse	<input type="checkbox"/> CU Child User1 Child
--	---	--

Choose a Plan

<input checked="" type="checkbox"/>	HSA Open Access Plus Choice ^	Employee Only \$67.46						
	Provider: Cigna	<table border="1"> <tr> <th colspan="2">My Estimated Costs per pay period</th> </tr> <tr> <td>Employee Contribution</td> <td>\$67.46</td> </tr> <tr> <td>Employer Contribution</td> <td>\$101.78</td> </tr> </table>	My Estimated Costs per pay period		Employee Contribution	\$67.46	Employer Contribution	\$101.78
My Estimated Costs per pay period								
Employee Contribution	\$67.46							
Employer Contribution	\$101.78							
<input type="checkbox"/>	Open Access Plus Choice v	Employee Only \$81.01						
<input type="checkbox"/>	Waive Medical							

Previous

Continue

- Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs)
 1. Select the **checkmark** next to the appropriate **Plan** or **Waive** option.
 2. Enter the appropriate **Employee Per Pay Period** or **Total Annual Contribution** amount.
 - Employees must enroll in the HSA to receive any applicable employer contribution, if enrolled in a qualified medical plan.
 - Enter a **\$0 Employee Per Pay Period** amount to receive the employer contribution without an employee contribution.
 - The amount that employees can contribute to the account gets limited by any contribution that the employer makes as well as the IRS annual limit.
 3. Select **Continue**.

Health Savings Account ^

Total Annual Contribution | \$0.00
\$0.00

Contribution Amount

Employee Paid to Date	--
Employee Per Pay Period	\$0.00
Remaining Pay Periods	12

Employee Annual Contribution --

Employer Annual Contribution ⓘ --

Total Annual Contribution ⓘ \$0.00

Total Contribution To Date

Employee Contribution Amount	--
Employer Contribution Amount	--
Total Contributions To Date	--

Annual Limits

Min Annual Contribution Amount	--
Max Annual Contribution Amount	\$3,550.00

Provider HSA Bank

Waive Health Savings Account

Previous
Continue

- Voluntary Employee, Spouse, Domestic Partner, or Child Life and AD&D plans
 1. Select the **checkmark** next to the appropriate **Plan** or **Waive** option.
 2. Select the appropriate **Coverage Amount** in the dropdown menu, if electing coverage.
 3. Select **Continue**.

Voluntary Employee Life ^

Coverage Amount

-- Select --
v

Provider Cigna

My Estimated Costs per pay period

Employee Contribution	--
Employer Contribution	--

Waive Voluntary Employee Life

Waive Coverage
\$0.00

Previous
Continue

- Voluntary Disability
 1. Select the **checkmark** next to the appropriate **Plan** or **Waive** option.
 2. Select the appropriate **Coverage Amount** in the dropdown menu, if electing coverage.

3. Select **Continue**.

Short Term Disability ^

Coverage Amount

-- Select --

Coverage Amount	Cost
0.6x - \$685.00	\$26.41

My Estimated Costs per pay period

Employee Contribution --

Employer Contribution --

- **Employer Provided Benefits:** Employees do not need to make an election in these plans, as the employer provides these benefits at no cost to the employee.
- **Information Only Plans:**
 1. Employees will not enroll in these plans in the Benefits Enhanced system.
 2. These plans provide employees with the information necessary to enroll elsewhere.

Plan

Travel Assistance ^

Provider Mutual of Omaha

Documents [Travel Assistance](#)

7. Designate Beneficiaries.

- Any dependents already in the system show as possible beneficiaries.
- Select **Add Beneficiary** to enter additional beneficiaries.
- Enter a **Primary Beneficiary %** for all listed plans.
- Select **Continue**.

Beneficiaries

ST

Spouse Tester

Spouse (Family Member)

CT

Child Tester

Child (Family Member)

Add Beneficiary

Beneficiary Designation

Group Term Life and AD&D Apply to All

Name	Primary Beneficiary %	Secondary Beneficiary % (optional)
Spouse Tester	0.00	0.00
Child Tester	0.00	0.00
Totals	0.000	0.000

8. Review all enrollment information.

- Select **Expand All** to display the details of each election.

https://paylocity.egain.cloud/system/templates/selfservice/pcty/help/agent/locale/en-US/portal/30860000001000/content-version/PCTY-69007/PCTY-... 5/8

- Select a **Plan Type** in the Sidebar menu to make any necessary changes.

93% Complete [Summary](#)

Last Saved at 11:29 AM 1/4/2019

- ✓ Welcome Complete
- ✓ Family Complete
- ✓ Medical Complete
Medical HDHP
- ✓ Health Care Savings Account (HSA)
\$2,400.00
- ✓ Dental Waive Dental
- ✓ Vision Waive Vision
- ✓ Basic Life and A&D
\$75,000.00

Enrollment Summary

Please review your family information and benefit elections to make sure all information is correct. If not, you may make corrections at this time. You must **Submit Enrollment** at the bottom of the page to complete your benefits enrollment.

My Estimated Costs per pay period

\$13.88

[My Benefit Elections](#)

My Family Information

	Name	Tobacco	Full-Time Student
TU	Test User3 (Myself) Employee	No	N/A
TS	Test Spouse Spouse	No	N/A

My Benefit Elections

Please review your benefit elections below to make sure all information is correct.

[Expand All](#)

Medical Medical HDHP ▼	Employee + Spouse \$12.50
--	-------------------------------------

9. Select **Submit** to complete the enrollment.
10. Enroll in benefits for the next plan year, if applicable.
 - Select **Continue** to complete the enrollment for the next plan year now.
 - Select **I'll do this later** to complete the enrollment for the next plan year later.

One More Step...

Your enrollment has been submitted, but you also need to **enroll in benefits for the next plan year.**

To make that process easier, we're applying your current elections to that enrollment.

Continue

I'll do this later

11. Select **View PDF** to view or print and save an Enrollment Confirmation Statement outlining the benefit elections made.

✓ Success: Your enrollment is 100% complete and is pending approval.

My coverage as of **6/1/2018** Viewing coverage as of

🕒 The elections below are pending approval.

My Estimated Costs



\$193.92

[Expand All](#)

View PDF

Important Information:

- Employees may need to submit an Evidence of Insurability form, if electing coverage over the Guaranteed Issue Amount, or if enrolling in coverage after the initial new hire enrollment period.
- Contact the Human Resources (HR) department for any additional assistance.

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