

Open Enrollment in MyADP

STEP 1

• Log into https://my.adp.com or the ADP Mobile Solutions App

STEP 2

• Navigate to the benefits panel on the left side of the screen and click enroll now under the annual enrollment heading

Annual Enrollment 31 day(s) left to enroll in benefits.		
Your Benefits		
Annual Enrollment	View Your Benefits	Report a Qualifying Change
⊙ 31 day(s) left to enroll	Current Benefits > Review your current benefits. > All Benefits = Review benefits from previous years or for future > changes. >	Add/remove a dependent or report any event that allows you to make changes outside of the yearly enrollment period.
Additional Benefits	Forms & Plan Documents Find benefit forms and plan documents you need	Benefits label

STEP 3

• Review/Add Dependents and life insurance beneficiaries (life insurance beneficiaries are required to complete the election process)

< BENEFITS	
Dependents and Beneficiaries	
ADD NEW DEPENDENT ADD NEW BENEFICIARY	
★ YOU	2 Benefits
COVERED FOR:	BENEFICIARY ALLOCATIONS: ALLOCATION NOT AVAILABLE FOR PRIMARY INSURED



STEP 4

• Review each benefits offering to add or remove benefits. Then click "Next: Review Elections" in top right corner to finalize your selections.

Æ	BENEFITS			BW
W	Annual Enrollment			1 BENEFIT NEEDS REVIEW 31 DAYS LEFT TO MAKE CHANCES
	Step 1 - Select Your Benefits			FINSH LATER NEXT: REVIEW BLECTIONS
	Estimated Costs Per Paycheck × = \$52.95			
	Please take a moment to review and make changes to your benefits. You ca	annot complete your enrollment unless you take action on the benefits that n	eed review.	
	Dental	Medical	Health Reimbursement Account	Vision
	WAIVE THIS RENEFIT	Blue Shield PPO \$34.49	HRA Contribution - Employee \$0.00	WAIVE THIS BENEFIT \$0.00
	\$0.00	You are covered		
	· REVIEW		No action required	
	Basic Life	Basic AD&D	Voluntary Life	Voluntary Spouse Life
		1 mm		

STEP 5

• Review your elections and click "Next: Confirm Elections" if they are correct.

Step 2 - Re	eview Your E	lections				FINISH LATER NEXT: CONFIRM ELECTIONS
This is o Your ele	only a Review . ections will not be	processed until you complete the step	when you select 'Confirm Elections'.			
Estimated C	Cost	PER PAYCHECK \$55.62	PER MONTH \$120.52	PER YEAR \$1,446.28		
🛕 This estima	ate is based on th	e cost of the plan today, it may change	e in the future. For example, when benefits that are sho	own as 'pending' change status.		
PLANS						PLAN COST
V	Medical Blue Shield F Effective Date: Jan 1, Coverage: You	PO 2021		₽ CHAN	CE	\$34.49 0
Â	Health Reimbu	ursement Account			IMORE	\$0.00 🖲

STEP 6

• Click "I Agree and Confirm Elections" in the Pop-Up window

Agree and Confirm Elections
I certify that any documentation or certification required and provided for this enrollment, election or election change is true, accurate and complete, and that my employer may rely on the information. I acknowledge that the provision of false, misleading or incomplete information may result in adverse consequences under the terms of my employer's Plan or Plans, including without limitation, termination or rescission of coverage, recovery of benefits paid, fines and penalities under law. Many of your plan option choices are subject to additional terms and conditions, for example arbitration agreements or banking terms. By enrolling in such plan options you are subject to those additional terms, which can be located in the Forms and Plans Documents Furthermore, I, the undersigned, authorize my employer to deduct from my wages the amounts required to pay my share of the premiums and/or contributions for the benefits elected under my employer's pension and benefit plan(s). I further understand that any credit provided by my employer, not represented in the cost calculation, will reduce the amount deducted from my wages. Where elected by me or required by plan design, these deductions shall occur on a pre-tax basis. All the other deductions shall be taken on a post-tax basis. Such deduction amounts may only be changed at my employer's open enrollment or in accordance with applicable regulations and plan design.
LAGREE AND CONFIRM ELECTIONS X CANCEL



If there is an issue with any of your elections, you will receive an error banner. Correct any issues and then click "Review: Confirm Elections" again

STEP 7

• Click "Download Confirmation" and save the confirmation statement for your records

Annual Enrol Enrollment Effective: Jan	lment			31 Days left to m	ake chanç
Estimated Cost		PER MONTH	PER YEAR		
A This estimate is based	on the cost of the plan today, it may chang	# 120.52 e in the future. For example, when benefits that are shown as	pending' change status.		
You have complete	eted your enrollment.				
CONFIRMATION	# 20200930123654				
Event Date: Jan 01, Last Confirmed Dat	2021 ie: Sep 30, 2020				
	INFIRMATION OR EXIT AND RETURN TO B	ENERTS			
PLANS					P
Medical					\$3
Effective Date	ield PPO : Jan 1, 2021				
Health Re	imbursement Account				
J. Healurike	indusement Account				\$
		Confi An	rmation Statement nual Enrollment		
				Confirmation 20200930123654 on Sep 30, 2020 12:36:54 PM EDT Event on Jan 01, 2021	
This sta Date col https://n	tement confirms the lumn below based o ny.adp.com or notify	benefits you have select on your waiting period. If y Human Resources.	ed. They will be effective as /ou need to make changes p	s of the date displayed in the Effective please return to the ADP system at	
		Per Pa	aycheck = \$55.62		
	This es	stimate is based on the co	ost of the plan today, it may	change in the future.	
Your ele	cted and employer g proof of your ever	provided benefits are listent or the dependents adde	ed below. Depending on the ed to coverage in order for y	event, you may be responsible for our elections to go into effect. When	
providin making this stat the Forn	a change due to a c ement carefully. Add ns and Plan Docum	ditional information includ ents on MyADP.	ing the EOI form and list of	ctive Date of Coverage. Please review approved items for proof can be found in	
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