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EMPLOYEE SELF SERVICE

Open Enrollment Instructions

ADP Workforce Now CV



ADP On-line Open Enrollment Instructions

Open Enrollment selections and changes will be made via the ADP WorkforceNow site. These instructions will guide you on what you need to do to complete your enrollments. The Open Enrollment period will last 16 days starting **11/6/2018** and ending **11/19/2018**. All changes to your benefits must be completed by Midnight on **11/19/2018**. The changes that you make to your benefits will take effect on **1/1/2019**.

ACTIVE ENROLLMENT: You must enroll in these plans in order to have coverage

Blue Care Elect Plan is being terminated 12/31/2018. Employees will default to the PPO High Plan for 1/1/2019 effective date. All FSA Plans must re-enroll for 2019 benefit

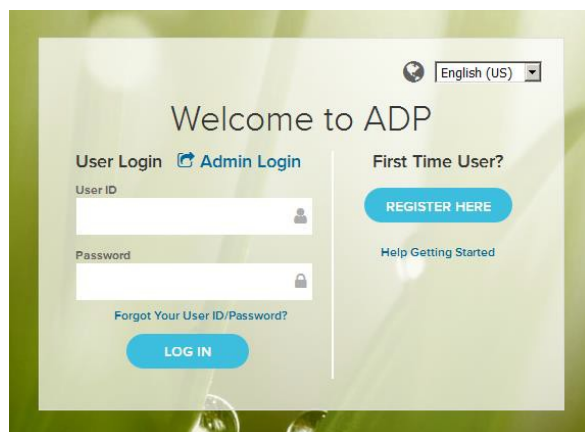
PASSIVE ENROLLMENT: No action needed, your current election will remain unless you make a change

PPO High Plan, PPO Low Plan, Dental, Vision Plans

***IMPORTANT NOTE:** If you elect and enroll in ADP any of the UNUM Voluntary plans (Voluntary Life, Whole Life, Accident and/or Critical Illness) you must also complete UNUM required enrollment paperwork by going to <https://www.plane.biz/Logons/AcaciaCommunications2019/default.htm>

Log In to Your Web Site

- 1 Access <https://workforcenow.adp.com>.
- 2 Click **User Login**.



- 3 Enter your **User ID** and **Password**.

Note: To retrieve a lost user ID or password, click the appropriate link for online Help.



- 4 Click **Log In**.

To View Your Current Enrollment Details

Starting Point: **Myself > Benefits > Enrollments**

- 1 You will see all of the plans you are currently enrolled in along with coverage level and your monthly cost for 2019 coverage. If you want more detail or want to see your per pay period cost click a plan name on the Enrollments page.
- 2 On the Enrollment Details page, review enrollment information for the plan you selected.
- 3 When you have completed your review, click **Done**.
(You can select other plans to review as needed.)

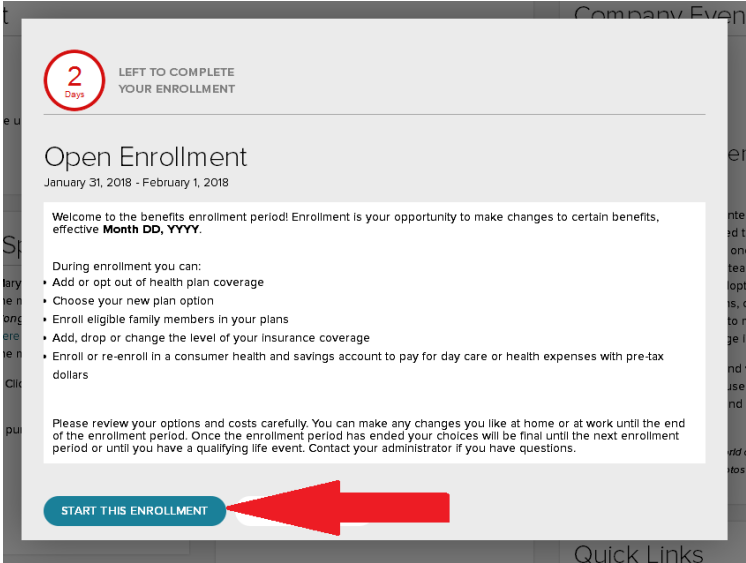
Tip: The  icon and the Full Screen  icon display on the top right of the page:

- Click the Full Screen  icon to expand the page you are viewing, click the Restore  icon to return to the normal view.


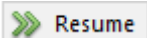
To Make Open Enrollment Selections

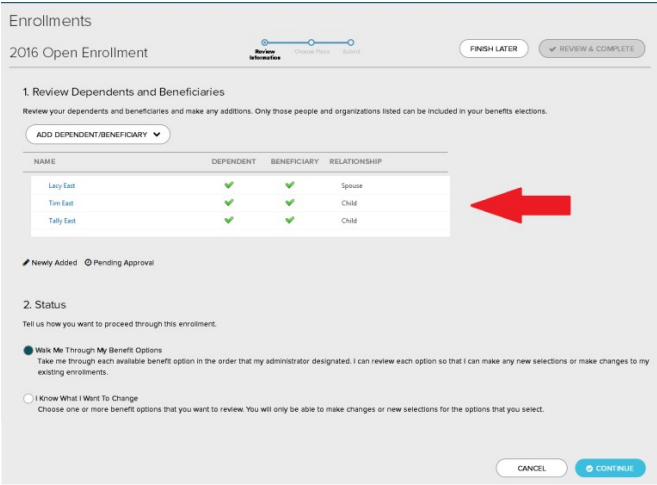
Starting Point: **Login>Splash Page>Start This Enrollment**

- 1 Once you Login to the portal, a splash page or pop-up message will appear. Click **Start this Enrollment** to proceed to the next step of the enrollment. If you click remind me later the window will close (proceed to step 2 to continue with the enrollment).



Starting Point: Myself>Benefits>Enrollments> Open Enrollment

- 2 On the Enrollments page, click **Start**  or **Resume**  next to your Open Enrollment plan. (Resume is available when you are returning to complete your enrollment.)
- 3 Review dependents and beneficiaries (dependents and beneficiary will appear on all plans, to make them a dependent or beneficiary please refer to Step 10).
Note: You can click on a dependent’s or beneficiary’s name to view their information).



If you need to add or update a dependent or beneficiary, do the following. If not, go to Step 5. 4

Add or update a dependent or beneficiary.

- a. On the Enrollments page, in the Add a Dependent/Beneficiary field, select **Dependent/Beneficiary**.
- b. Enter the new dependent's information and when complete, click **Done**.
Note: Although the fields may appear light in color, you may enter information and use selection lists as needed.

The screenshot shows the 'Enrollments' page with a progress bar at the top indicating the current step is 'Review Information'. Below the progress bar, there are two buttons: 'FINISH LATER' and 'REVIEW & COMPLETE'. The main heading is 'Open Enrollment'.

1. Review Dependents and Beneficiaries
Review your dependents and beneficiaries and make any additions. Only those people and organizations listed can be included in your benefits elections.

ADD DEPENDENT/BENEFICIARY ▼

NAME	DEPENDENT	BENEFICIARY	RELATIONSHIP
No data match the selected search criteria.			

Newly Added Pending Approval

2. Status
Tell us how you want to proceed through this enrollment.

- Walk Me Through My Benefit Options**
Take me through each available benefit option in the order that my administrator designated. I can review each option so that I can make any new selections or make changes to my existing enrollments.
- I Know What I Want To Change**
Choose one or more benefit options that you want to review. You will only be able to make changes or new selections for the options that you select.
- I Do Not Want To Make Any Changes**
I do not want to make any changes. Keep my current selections.

CANCEL CONTINUE



Dependent/Beneficiary

Personal Information

First Name* Middle Name Last Name*

Generation Suffix Professional Suffix Birth Date* mm/dd/yyyy Age XX Years XX Months

Gender*

Check All That Apply Fulltime Student

Relationship Information Relationship*

Tax Information

Tax ID Type

Tax ID

National Identifier

Dependent Contact Information

Dependent Address Use Employee Address

Country* USA - United States

Address Line 1* 123 Main Street

Address Line 2

Address Line 3

City* Elk Grove Village

Country

State/Territory* IL - Illinois

Zip Code* 60007

Phone Numbers are outside the U.S. and Canada

Home Phone Area Code Dial Number

Personal Mobile Area Code Dial Number

Email Address

CANCEL DONE

- c. Newly entered dependents will display with the Newly Added icon by their name. **Note:** You can edit newly added dependents by clicking on their name. To edit a previously entered dependent, you must select **Myself > Personal Information > Dependents & Beneficiaries**. (You can click **Finish Later** to save your current updates, then return to finish your enrollments later.)

1 Review Dependents and Beneficiaries

Review your dependents and beneficiaries and make any corrections or additions. Only those people and organizations listed can be included in your benefits elections.

Add Dependent/Beneficiary | Newly Added | Pending Approval

Name	Dependent	Beneficiary	Relationship
Lacy East	✓	✓	Spouse
Tim East	✓	✓	Child
Tally East	✓	✓	Child
Mary East	✓	✓	Child



5 Start your enrollment by selecting **Walk Me Through My Benefit Options** or **I Know What I Want to Change**

Enrollments

Open Enrollment

1. Review Dependents and Beneficiaries

Review your dependents and beneficiaries and make any additions. Only those people and organizations listed can be included in your benefits elections.

ADD DEPENDENT/BENEFICIARY

NAME	DEPENDENT	BENEFICIARY	RELATIONSHIP
No data match the selected search criteria.			

Newly Added Pending Approval

2. Status

Tell us how you want to proceed through this enrollment.

- Walk Me Through My Benefit Options**
Take me through each available benefit option in the order that my administrator designated. I can review each option so that I can make any new selections or make changes to my existing enrollments.
- I Know What I Want To Change**
Choose one or more benefit options that you want to review. You will only be able to make changes or new selections for the options that you select.
- I Do Not Want To Make Any Changes**
I do not want to make any changes. Keep my current selections.

CANCEL CONTINUE

6 If you select “I Know What I Want To Change”, you can select the benefit options, and then click **Continue** to go to the plans available in the selected options.

1. Review Dependents and Beneficiaries

Review your dependents and beneficiaries and make any additions. Only those people and organizations listed can be included in your benefits elections.

ADD DEPENDENT/BENEFICIARY

NAME	DEPENDENT	BENEFICIARY	RELATIONSHIP
Manager Marty	✓	✓	Spouse
Brandon Example	✓	✓	Child

Newly Added Pending Approval

2. Status

Tell us how you want to proceed through this enrollment.


- Walk Me Through My Benefit Options**
Take me through each available benefit option in the order that my administrator designated. I can review each option so that I can make any new selections or make changes to my existing enrollments.
- I Know What I Want To Change**
Choose one or more benefit options that you want to review. You will only be able to make changes or new selections for the options that you select.

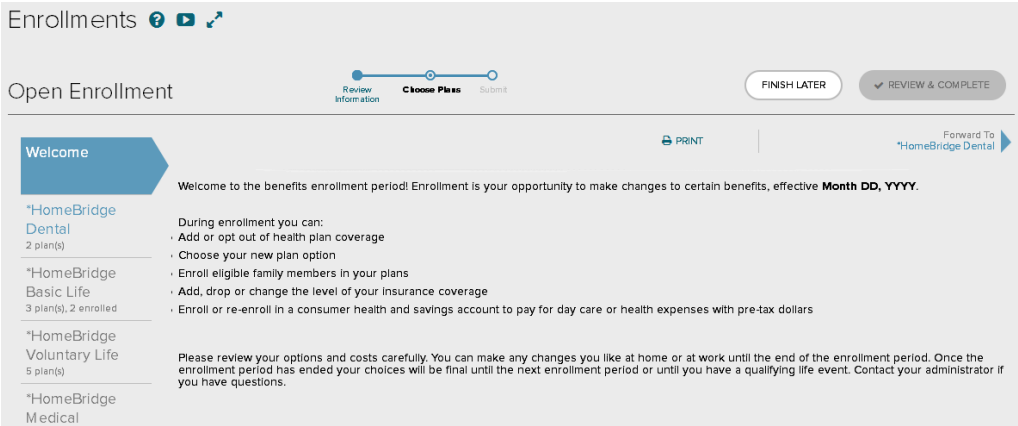
- Medical Plan
- Flexible Spending Account - Health Care FSA
- Long Term Disability
- Health Savings Account - HSA
- Flexible Spending Account - Dependent Care FSA
- Insurance - Employee Life
- Dental
- Commuter Benefit Plans
- Accidental Death and Dismemberment - AD&D.

CANCEL CONTINUE

7 If you select "Walk Me Through My Benefit Options", Select a benefit plan from the list on the left. **This is the option that we recommend.**

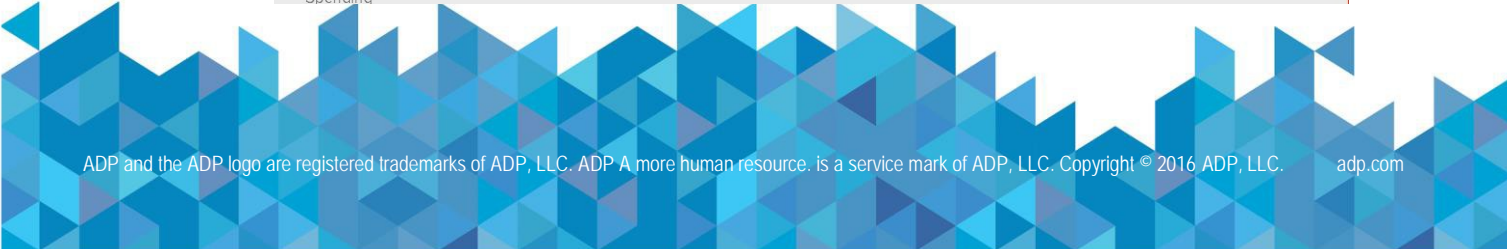
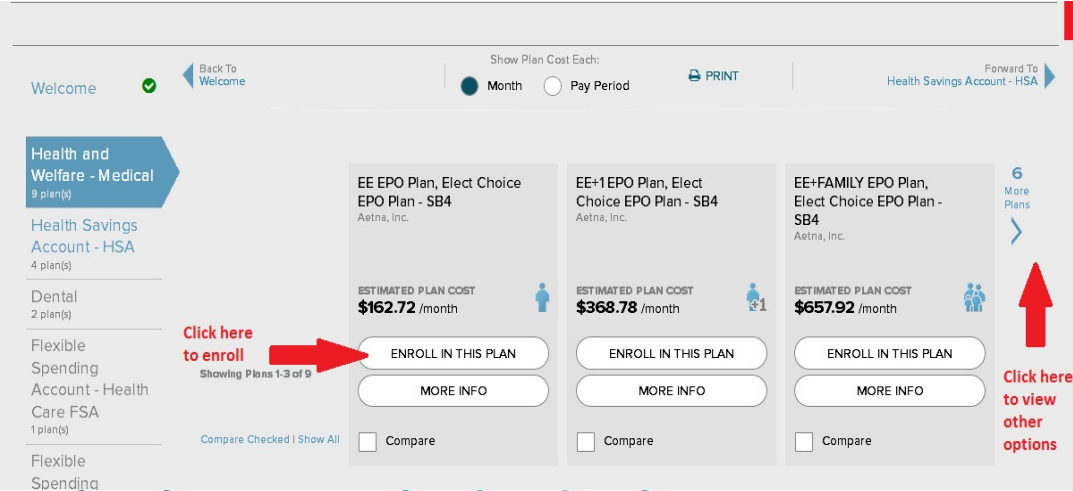
Tip: You must go through the plan categories in the order presented either clicking a plan name on the left (going from top to bottom) or using

the **Forward To** option at the top of the screen  to move to the next plan category.



Note The monthly cost is the defaulted option. To view the costs per pay period select per pay period at the top of the screen.

8 To enroll in a plan, click **Enroll in This Plan** for the appropriate benefit plan.



If you are currently enrolled in the plan you will see the screen shown in Step 17 and should follow those instructions.

9 Choose a coverage level for the selected plan.

EE EPO Plan, Elect Choice EPO Plan - SB3
Aetna, Inc.

YOUR PLAN COST	DEDUCTION INFORMATION ⓘ	COVERAGE STARTS
\$126.56 /month	\$63.28 SemiMonthly	January 1, 2016

1 Choose A Coverage Level
Choose the level of coverage that meets your needs and budget.

Coverage Level	Your Plan Cost
<input checked="" type="radio"/> EMPLOYEE	\$126.56

2 Choose Dependents
Review or select who will be covered under this plan. Some may be unavailable or pre-selected for you based on your choice of coverage level.

Enroll	Name	Relationship
<input type="checkbox"/>	Manager Marty	Spouse

CANCEL ENROLL

10 Choose (Enroll) Dependents (if applicable)

EE+1 EPO Plan, Elect Choice EPO Plan - SB3
Aetna, Inc.

YOUR PLAN COST \$295.02 /month	DEDUCTION INFORMATION ⓘ \$147.51 SemiMonthly	COVERAGE STARTS January 1, 2016
------------------------------------------	-------------------------------------------------	------------------------------------


1 Choose A Coverage Level
Choose the level of coverage that meets your needs and budget.

Coverage Level	Your Plan Cost
<input checked="" type="radio"/> EMPLOYEE + 1	\$295.02

2 Choose Dependents
Review or select who will be covered under this plan. Some may be unavailable or pre-selected for you based on your choice of coverage level.

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Manager Marty	Spouse
<input type="checkbox"/>	Brandon Example	Child

Note: For additional assistance, click the **Help** icon ⓘ.

11 Once you are finished with the enrollment for the plan click  at the bottom of the screen.

12 **Follow these same instructions for each plan in which you wish to enroll.**

13 After reviewing all plans and making your selections, click **Review & Complete**



Note: You cannot select Review & Complete until all plans have been reviewed.


14 Review your benefits elections.





Click **Return to Choose Plan** if you want to make changes now.

Click **Finish Later** to make changes later.

1 Select Companies

Please review your benefits elections below. Your choices will not be processed until you click Complete Enrollment.

PLAN	COVERAGE LEVEL	YOUR COST	EFFECTIVE DATE
Health and Welfare - Medical			
EE+1 EPO Plan, Elect Choice EPO Plan - SB3 Aetna, Inc.	 EMPLOYEE + 1	\$147.51/pay period	1/1/16
Insurance - Employee Life			
Basic Life - Sun Life, BOLI Non Participant Sun Life Insurance		\$0.00/pay period	1/1/16
Accidental Death and Dismemberment - A.D.&D.			
AD&D - Sun Life Insurance, Enrolled Sun Life Insurance		\$0.00/pay period	1/1/16
		TOTAL \$147.51/pay period	

 Newly Added  Change To Current Enrollment  Removed From Enrollment  Pending Approval

2 Choose Waive Reasons

You elected to not enroll in one or more plan types listed below. Please choose a reason below to waive coverage.

PLAN TYPE	WAIVE REASON
Health and Welfare - Dental	<input type="text"/>

3 Complete Your Enrollment

You can complete this enrollment, finish later by saving your progress or return to your plan choices.

[< RETURN TO CHOOSE PLANS](#) [FINISH LATER](#) [COMPLETE ENROLLMENT](#)



15 If the **Choose Waive Reasons** section displays, you have not enrolled in the plan types listed.

- If this is correct, select a Waive Reason, for each plan type.
- If this is not correct, click **Return to Choose Plans** and enroll in the appropriate plans.

1 Select Companies
Please review your benefits elections below. Your choices will not be processed until you click Complete Enrollment.

PLAN	COVERAGE LEVEL	YOUR COST	EFFECTIVE DATE
Health and Welfare - Medical			
EE+1 EPO Plan, Elect Choice EPO Plan - SB3 Aetna, Inc.	EMPLOYEE + 1	\$147.51 /pay period	1/1/16
Insurance - Employee Life			
Basic Life - Sun Life, BOLI Non Participant Sun Life Insurance		\$0.00 /pay period	1/1/16
Accidental Death and Dismemberment - A.D.&D.			
AD&D - Sun Life Insurance, Enrolled Sun Life Insurance		\$0.00 /pay period	1/1/16
		TOTAL \$147.51 /pay period	

Newly Added Change To Current Enrollment Removed From Enrollment Pending Approval

2 Choose Waive Reasons
You elected to not enroll in one or more plan types listed below. Please choose a reason below to waive coverage.

PLAN TYPE	WAVE REASON
Health and Welfare - Dental	<input type="text"/>

3 Complete Your Enrollment
You can complete this enrollment, finish later by saving your progress or return to your plan choices.

[RETURN TO CHOOSE PLANS](#) [FINISH LATER](#) [COMPLETE ENROLLMENT](#)

- 16 After reviewing your benefits election selections, do one of the following:
 - a. Click **Return to Choose Plan** to make changes now.
 - b. Click **Finish Later** to make changes later.
 - c. Click **Complete Enrollment** to finish your enrollment.

- 17 To change your coverage level or enrollment information for a dependent, return to the plan selection page and do the following:
 - a. Select the plan type, then **Edit Plan/More Info** and select **Edit Plan**.

Enrollments

2016 Open Enrollment

Review Information Choose Plans Summary

SAVED FINISH LATER REVIEW & COMPLETE

Welcome [BACK TO Welcome](#)

Show Plan Cost Each: Month Pay Period [PRINT](#) Forward To [Health Savings Account - HSA](#)

- Health and Welfare - Medical 9 plan(s), 1 enrolled
- Health Savings Account - HSA 4 plan(s)
- Dental 2 plan(s)
- Flexible Spending Account - Health Care FSA 1 plan(s)
- Flexible Spending Account -

Showing Plans 1-3 of 3

ENROLLED Effective January 1, 2016	EE EPO Plan, Elect Choice EPO Plan - SB3 Aetna, Inc.	EE+FAMILY EPO Plan, Elect Choice EPO Plan - SB3 Aetna, Inc.
YOUR PLAN COST \$147.51 /pay period	ESTIMATED PLAN COST \$63.28 /pay period	ESTIMATED PLAN COST \$269.13 /pay period
REMOVE ENROLLMENT	ENROLL IN THIS PLAN	ENROLL IN THIS PLAN
EDIT PLAN/MORE INFO	MORE INFO	MORE INFO
<input type="checkbox"/> Compare	<input type="checkbox"/> Compare	<input type="checkbox"/> Compare



- b. Change enrollment information as needed and click **Done**.
Important: Ensure that you have correctly selected the eligible dependents who should be covered under this plan.

EE+1 EPO Plan, Elect Choice EPO Plan - SB3
Aetna, Inc.


YOUR PLAN COST \$295.02 /month	DEDUCTION INFORMATION \$147.51 SemiMonthly	COVERAGE STARTS January 1, 2016
------------------------------------------	------------------------------------------------------	-------------------------------------------

1 Choose A Coverage Level
Choose the level of coverage that meets your needs and budget.

Coverage Level	Your Plan Cost
EMPLOYEE + 1	\$295.02

2 Choose Dependents
Review or select who will be covered under this plan. Some may be unavailable or pre-selected for you based on your choice of coverage level.

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Manager Marty	Spouse
<input type="checkbox"/>	Brandon Example	Child



CANCEL ENROLL

18 After reviewing all plans and making your selections, click **Review & Complete**



- 19 Then do one of the following:
 - a. Click **Return to Choose Plan** to make changes now.
 - b. Click **Finish Later** to make changes later.
 - c. Click **Complete Enrollment** to finish your enrollment.

For additional questions or concerns, please send email to cshea@acacia-inc.com