

# Top Things to Know for Open Enrollment

You can start, save, and submit your Open enrollments easily between ADP Workforce Now® Self-Service Portal and ADP Mobile App

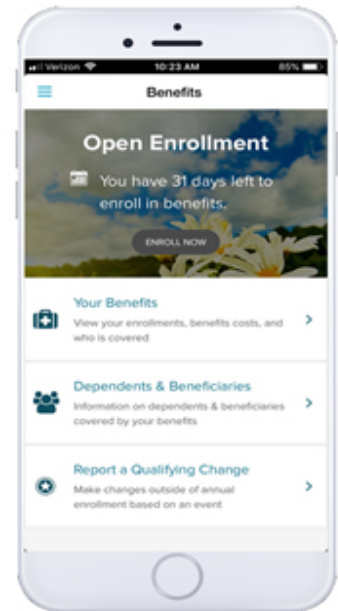
Open Enrollment period will start **October 11, 2021** and end **October 31, 2021**. All changes to your benefits must be completed by **11:59 on October 31, 2021**. The changes that you make will take effect January 1, 2022.

1. Access the portal <https://workforcenow.adp.com>, enter your User ID and Password
2. 1st time logging in you will need an Organizational Registration Code: <Insert your organization's registration code> (Or) A Personal Registration Code that you receive in an email from [SecurityServices\\_NoReply@adp.com](mailto:SecurityServices_NoReply@adp.com)

Download the ADP Mobile App and access your information on the go!



If you forget your login information in the future, you can use the "Forgot Your User ID/Password?" link on the login page.



From the ADP Mobile App access the Benefits page and follow the enrollment steps

Review the Open Enrollment splash page upon login then select **Enroll Now** or **Remind Me Later**. Complete the steps as prompted. Access the Enrollment page anytime from **ADP Workforce Now** portal select > **Myself** > **Benefits**> **Enrollments**

The screenshot shows the 'Enrollments' page in the ADP Workforce Now portal. It features a navigation bar with 'HOME', 'RESOURCES', and 'MYSELF'. The main content area is titled 'Enrollments' and includes a 'Welcome to D Test' message with a '7 days left to complete this event' timer. A progress bar shows 'Welcome' and 'Select Benefits' steps. The 'Medical' section is active, displaying a table of available plans. A sidebar on the left lists 'AVAILABLE BENEFITS' including Medical, Dental, Vision, FSA, and Health Care. The table lists two plans: 'Medical HDHP' and 'Medical HMO'. Below the table, there are sections for '1. Which plan would you prefer?' and '2. Who do you want to cover?'. The 'Who do you want to cover?' section shows options for 'You', 'George Albright Child', and 'Kate Albright Child'. A red arrow points to the 'CONTINUE TO PREVIEW' button at the bottom.

PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE	
Medical HDHP	Health & Welfare Provider	\$20.77	\$10.15		SELECT PLAN
Medical HMO	Health & Welfare Provider	\$5.08	\$10.15		SELECT PLAN

## Enrollments

1. From the Available Benefits pane, click a Benefit
2. Select the plan for desired enrollment or **Waive This Benefit**
3. Compare plans as needed
4. If applicable, indicate which dependents should be covered.
5. If you need to add a dependent, click the **Manage Dependents** link

Note: The coverage level for your enrollment (Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family) is driven by which dependents you select to enroll.

Continue to preview your elections

# Top Things to Know for Open Enrollment

2. Who would you like to assign as your beneficiaries? [MANAGE BENEFICIARIES](#)

You can select as many beneficiaries as you would like as long as the total equals 100%.

Select your Primary beneficiaries

Alice Albright Spouse 100.00 %

Anthony Albright Child 25.00 %

Maggie Albright Child 25.00 %

Randy Albright Child 25.00 %

Joanna Anthony Child 25.00 %

~100.00% (total must equal 100%)

Do you want to add Secondary beneficiaries?

Alice Albright Spouse 25.00 %

Anthony Albright Child 25.00 %

Maggie Albright Child 25.00 %

Randy Albright Child 25.00 %

Joanna Anthony Child 25.00 %

~100.00% (total must equal 100%)

SAVE FOR LATER CONTINUE TO PREVIEW

## Beneficiaries

When electing Company-Paid/Voluntary Life Elections, you will need to select your beneficiaries, including Primary and Secondary, if applicable.

All beneficiary delegation percentages combined must equal 100% for each category (Primary and Secondary).

Open Enrollment

Dependents & Beneficiaries

Only the dependents and beneficiaries listed here can be included in your benefits elections.

Dependents Beneficiaries

3 Dependent(s)

Sarah Cooper Spouse

Cindy Cooper Child

Katie Cooper Child

PREV FINISH LATER NEXT

Welcome to D Test

7 days left to complete this event

Welcome Select Benefits Summary

Please review this summary of your D Test.

Your benefit elections will not be processed until you click "SUBMIT ENROLLMENT". You will still be able to make changes until June 25, 2019 11:59 PM EDT.

SAVE FOR LATER SUBMIT ENROLLMENT

Enrollment Summary

Plan	Effective Date	Coverage	Employer Cost	Your Cost
Medical			\$30.46	\$34.62
Health & Welfare Provider: Medical HDHP, Eligible Employees				
Surveys Employee Tobacco User Question: I attest that I am a tobacco user. Answer: No				
Per Pay Period:			\$30.46	\$34.62

Waived Benefits

Dental Waive Reason: Do not want to be Insured

SAVE FOR LATER SUBMIT ENROLLMENT

## Review your Summary & Submit

Once completed review all selections. When you are ready to confirm, click Submit Enrollment. Please note that your benefit elections will not be processed until you click Submit Enrollment. If Save for later is selected, these enrollments will not be submitted to the HR team until you fully submit the enrollment.