

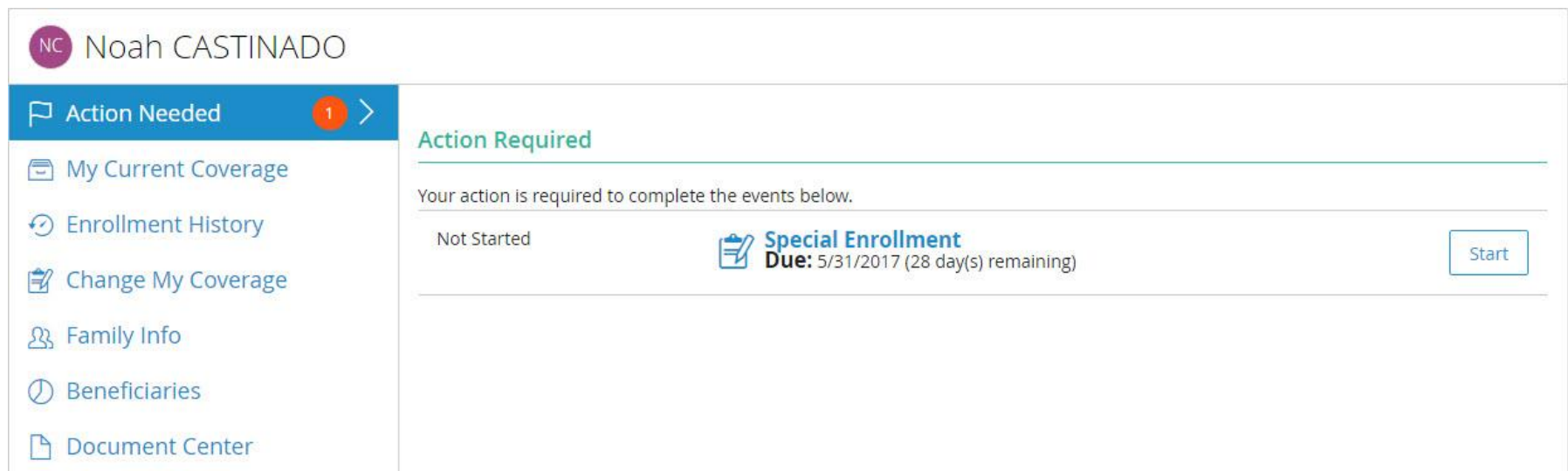
# Enrolling in Benefits

## THIS GUIDE WILL HELP YOU IF:

- It's **Open Enrollment** time and you need to make your benefit elections.
- You are a new employee and you have a **Special Enrollment** assigned to you, enabling you to enroll in benefits outside of the open enrollment window.

## HOW TO ENROLL:

- You will have an **Action Needed** item when you log into Web Benefits.
- Under **Action Required**, you will see the type of enrollment that is pending (**Open Enrollment, Special Enrollment**).
- To start your enrollment, click **Start** and then on the next screen, click on **Start Your Enrollment**.



The screenshot displays the Paylocity Web Benefits interface for user Noah CASTINADO. The user's name and initials 'NC' are shown at the top left. A navigation menu on the left includes 'Action Needed' (highlighted with a red notification badge), 'My Current Coverage', 'Enrollment History', 'Change My Coverage', 'Family Info', 'Beneficiaries', and 'Document Center'. The main content area is titled 'Action Required' and contains the message: 'Your action is required to complete the events below.' Below this, a row shows 'Not Started' for a 'Special Enrollment' with a due date of '5/31/2017 (28 day(s) remaining)' and a 'Start' button.

# Enrolling in Benefits Cont'd

## YOUR FAMILY

- If you have family members to have, click on **Add Family Member**, and complete all **Required Fields** and any other applicable information.
- Click **Save**.
- Click **Continue** to advance to the next step (even if you do not have family member to add).

### New Family Member ✕

First Name (required) <input style="width: 90%;" type="text"/>	Address <input style="width: 90%;" type="text" value="7001 SKYLES WAY"/>
Middle Name <input style="width: 90%;" type="text"/>	City <input style="width: 90%;" type="text" value="KOHLER"/>
Last Name (required) <input style="width: 90%;" type="text"/>	State <input style="width: 90%;" type="text" value="Texas"/>
Suffix <input style="width: 90%;" type="text"/>	Zip Code <input style="width: 90%;" type="text" value="77057"/>
Date of Birth (required) <input style="width: 90%;" type="text"/>	Phone <input style="width: 90%;" type="text"/>
Relationship (required) <input style="width: 90%;" type="text" value="-- Select --"/>	Email <input style="width: 90%;" type="text"/>
Gender (required) <input style="width: 90%;" type="text" value="-- Select --"/>	Disabled <input type="checkbox"/> No
SSN (required) <input style="width: 90%;" type="text"/>	Tobacco User <input type="checkbox"/> No

Save
Cancel Changes

<
Benefits Enrollment
Special Enrollment

20% Complete @ Summary

Last Saved at 10:47 AM

### Tell us about your family

+ Add Family Member

My Estimated Costs per pay period

+ \$25.00

My Benefit Elections

### Your Family

---

Previous
Continue

✔
Welcome Complete

📁
Family In Progress

📁
Medical Incomplete

📁
Vision Incomplete

📁
Dental Incomplete

✔
Employer Provided Life \$10,000.00

📁
VLF Multiples Incomplete

📁
Voluntary Employee Life Incomplete

📁
Voluntary Employee Life Flats Contingency Incomplete

📁
Summary Incomplete

## BENEFIT ELECTIONS

- Make your **Medical, Vision, Dental** and **Voluntary** Elections by clicking the **check mark** next to the option you choose.
- Click **Continue** to advance to the next step.
- Click **Previous** to go back and make any changes to your previous steps.

You can view your progress on the top left of the screen. It will display the percentage of your enrollment that you completed.

< Benefits Enrollment

**30% Complete** [Summary](#)

*Last Saved at 11:21 AM*

### Medical

Who do you want to cover on this plan?

**NC** Noah CASTINADO (Myself)  
Employee

Choose a Plan

<input type="checkbox"/>	Blue Cross HDHP <span style="float: right;">Employee Only <b>\$37.50</b></span>
<input type="checkbox"/>	Cigna HMO <span style="float: right;">Employee Only <b>\$75.00</b></span>
<input type="checkbox"/>	Cigna PPO <span style="float: right;">Employee Only <b>\$125.00</b></span>
<input checked="" type="checkbox"/>	Waive <span style="float: right;">Credit <b>\$25.00</b></span>

**My Estimated Costs** per pay period

+**\$25.00**

[My Benefit Elections](#)

Previous

Continue

## ENROLLMENT SUMMARY AND SUBMITTAL

- Review your elections for accuracy.
- Click on the **name** of an election to review its details.
- Click **Previous** to go back and make any changes to your previous steps.
- Click **Submit** when you are ready to complete your enrollment.

Your estimated costs per pay period will appear on the top right corner of the screen.

< Benefits Enrollment
Special Enrollment

91% Complete @ Summary

Last Saved at 12:02 PM

- Welcome Complete
- Family Complete
- Medical Blue Cross HDHP
- Health Care Savings Account (HSA) \$0.00
- Vision Basic Vision
- Dental Basic Dental
- Employer Provided Life \$10,000.00
- VLF Multiples Waive
- Voluntary Employee Life Waive
- Voluntary Employee Life Flats Contingency Waive
- Summary In Progress

### 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

\$75.00

[My Benefit Elections](#)

#### My Family Information

Name	Gender	DOB	Tobacco	Full-Time Student
Noah CASTINADO (Myself) Employee		10/31/1978 (38)	No	N/A

#### My Benefit Elections

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

Expand All

Blue Cross HDHP ▾	Employee Only <b>\$37.50</b>
Health Care Savings Account (HSA)	Waived Coverage
Basic Vision ▾	Employee Only <b>\$12.50</b>
Basic Dental ▾	Employee Only <b>\$25.00</b>
Employer Provided Life ▾	\$10,000.00 Coverage <b>\$0.00</b>
VLF Multiples	Waived Coverage
Voluntary Employee Life	Waived Coverage
Voluntary Employee Life Flats Contingency	Waived Coverage

Previous
Submit