OVERVIEW

Use the ADP Self Service Portal to select your benefit elections.

Before You Begin

If you are adding dependents, you will need to have the birth dates and Social Security Numbers for each dependent available before you begin the enrollment process. The Shared Services Center (SSC) recommends using Internet Explorer or Firefox when selecting your benefit elections. There are reports that the form cannot be submitted correctly when using Google Chrome.

Important: 2015 Change – Employee and Dependent Tobacco User Status

You will need to indicate if you or any of your covered dependents 18 years or older are currently using tobacco products. “Tobacco products” include but are not limited to cigarettes, e-cigarettes, cigars, pipes, and chewing tobacco. If you are not a tobacco user and you fail to select the correct option, a charge of $75 will be added to your monthly medical insurance premium. You will have the ability to correct the Tobacco User Status at any time; however, the effective date will be the first of the month following the correction. The BOR will not allow refunds.

Need Assistance

If you need assistance with these instructions, receive an error message at any step in the process or have any concerns once you are logged in, please contact our Shared Services Center (SSC) Customer Support team for assistance. Our normal business hours are Monday through Friday 8:00 A.M. – 5:00 P.M. except holidays. You can call us toll free at (855) 214-2644 or email us at helpdesk@ssc.usg.edu.

Process Outline

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INSTRUCTIONS

1. Access the ADP Portal at https://portal.adp.com
   a) Click USER SIGN IN.
   b) Enter your ADP Portal User name and Password.
   c) Click OK.

2. Portal Home Page
   a) Depending on your access, you may or may not see the Employee/Manager tab on your home page. If the Employee/Manager tab is displayed, ensure Employee is selected.
   If you are a Manager, point to the Manager tab and click Employee.
b) Point to the **Benefits** tab and click **Welcome**.

c) Click **My Benefits**.

d) Read the bulleted information under **Please remember...**

e) Click **Continue**.

**Note:** You may need to click the **Maximize** button in order to see the **Continue** icon on your screen.

### 3. Benefit Elections

a) On the **Main Menu**, click **Newly Eligible**.
3.1. **Add Dependent Information**

a) For each dependent, complete the dependent information in the **Dependent Maintenance** section and click **Add**.

**Note:** When adding a dependent to your coverage, submit the appropriate dependent documentation to your institution HR/Benefits office within **30 days from your date of hire**.

Changes to your benefits coverage outside of New Hire and Open Enrollment can be made after a Qualifying Event. Please contact your institution’s Benefits office or the Shared Services Center if you have questions concerning a Qualifying Event or need to update your benefits coverage due to a Qualifying Event.

b) When you are finished adding your dependents, click **Continue**.

3.2. **Beneficiary Information**

a) For each beneficiary, complete the beneficiary information in the **Beneficiary Maintenance** section and click **Add**.

b) When you are finished adding your beneficiaries, click **Continue**.
3.3. **Medical Coverage**

   a) Select a **Plan Option**.
   
   b) Select all dependents you wish to cover.
   
   c) Click **Continue**.
   
   d) You will receive a message with the plan option you selected. If the information is correct, click **OK**. To change your election, click **Cancel**.

3.4. **Dental Coverage**

   a) Select a **Plan Option**.
   
   b) Select all dependents you wish to cover.
   
   c) Click **Continue**.
   
   d) You will receive a message with the plan option you selected. If the information is correct, click **OK**. To change your election, click **Cancel**.

3.5. **Vision Coverage**

   a) Select a **Plan Option**.
   
   b) Select all dependents you wish to cover.
   
   c) Click **Continue**.
   
   d) You will receive a message with the plan option you selected. If the information is correct, click **OK**. To change your election, click **Cancel**.
3.6. **Annual Spending Account Elections**

You have the opportunity to contribute to the following spending accounts:

- Flexible Spending Account Health (FSA)
- Flexible Spending Account Limited Purpose (Available if you elect the Consumer Choice HSA plan and only to be used for eligible dental and vision expenses.)
- Flexible Spending Account Dependent Care

If you elected the high deductible medical plan (Consumer Choice HSA), you will be eligible to participate in the Health Savings Account (HSA) and will see this option first.

### 3.6.1. Health Savings Account (HSA)

You will see this option only if you elected the high deductible medical plan (Consumer Choice HSA).

**Note:** The HSA spending account balance will carry over from year to year.

a) Enter your **Annual Contribution Amount**.
b) Click **Continue**.
c) You will receive a message with the plan option you selected. If the information is correct, click **OK**. To change your election, click **Cancel**.
3.6.2. Flexible Spending Account Health (FSA)

**Note:** The Health (FSA) spending account balance will **not** carry over from year to year.

a) Optional - Complete the Contribution Worksheet to determine your expected annual expense. Click **Update**.

b) Enter your **Annual Contribution Amount**.

c) Click **Continue**.

d) You will receive a message with the plan option you selected. If the information is correct, click **OK**. To change your election, click **Cancel**.

3.6.3. Flexible Spending Account Limited Purpose

If you elected the Consumer Choice HSA, you will be eligible to participate in the Limited Purpose Account.

**Note:** The Limited Purpose spending account balance will **not** carry over from year to year.

a) Optional - Complete the Contribution Worksheet to determine your expected annual expense. Click **Update**.

b) Enter your **Annual Contribution Amount**.

c) Click **Continue**.

d) You will receive a message with the plan option you selected. If the information is correct, click **OK**. To change your election, click **Cancel**.
3.6.4. **Flexible Spending Account Dependent Care**

**Note:** The Dependent Care spending account balance will not carry over from year to year.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Optional - Complete the Contribution Worksheet to determine your expected annual expense. Click <strong>Update</strong>.</td>
</tr>
<tr>
<td>b)</td>
<td>Enter your <strong>Annual Contribution Amount</strong>.</td>
</tr>
<tr>
<td>c)</td>
<td>Click <strong>Continue</strong>.</td>
</tr>
<tr>
<td>d)</td>
<td>You will receive a message with the plan option you selected. If the information is correct, click <strong>OK</strong>. To change your election, click <strong>Cancel</strong>.</td>
</tr>
</tbody>
</table>

3.7. **Basic Life with Accidental Death and Dismemberment (AD&D)**

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>Coverage Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life</td>
<td>$10,000</td>
</tr>
<tr>
<td>Basic Life with AD&amp;D</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

**Note:** You must designate a beneficiary. If you have not designated a beneficiary, you will be prompted to do so.
b) To add a beneficiary, complete the beneficiary information in the **Beneficiary Maintenance** table and click **Add**.

c) To update a beneficiary, click on the beneficiary’s number, edit the information and click **Update**.

### 3.8. Beneficiary Designations

a) Enter a percentage value (1% to 100%) in the **Percent** field for each beneficiary.

b) In the **Designation** field, select “Primary” or “Secondary”.

**Note:** If you designate more than one person as “Primary”, the total percentage for all primary designations must equal 100%. The same applies if you designate more than one person as "Secondary".

**Examples:**

1. One primary beneficiary designation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Percent</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>Spouse</td>
<td>100%</td>
<td>Primary</td>
</tr>
</tbody>
</table>

2. Multiple primary beneficiary designations:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Percent</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>Spouse</td>
<td>50%</td>
<td>Primary</td>
</tr>
<tr>
<td>Jim Doe</td>
<td>Child</td>
<td>25%</td>
<td>Primary</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>Child</td>
<td>25%</td>
<td>Primary</td>
</tr>
</tbody>
</table>

3. One primary and one secondary beneficiary designation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Percent</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>Spouse</td>
<td>100%</td>
<td>Primary</td>
</tr>
<tr>
<td>Jim Doe</td>
<td>Child</td>
<td>100%</td>
<td>Secondary</td>
</tr>
</tbody>
</table>
4. One primary and multiple secondary beneficiary designations:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Percent</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>Spouse</td>
<td>100%</td>
<td>Primary</td>
</tr>
<tr>
<td>Jim Doe</td>
<td>Child</td>
<td>50%</td>
<td>Secondary</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>Child</td>
<td>50%</td>
<td>Secondary</td>
</tr>
</tbody>
</table>

5. If a beneficiary is designated but is not intended to receive a share of this benefit, assign a percentage of 0%:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Percent</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>Spouse</td>
<td>100%</td>
<td>Primary</td>
</tr>
<tr>
<td>Jim Doe</td>
<td>Child</td>
<td>0%</td>
<td>Secondary</td>
</tr>
</tbody>
</table>

- Click **Continue**.
- You will receive a message with the plan option you selected. If the information is correct, click **OK**. To change your election, click **Cancel**.

3.9. **Supplemental Life with Accidental Death and Dismemberment (AD&D)**

- a) Select a **Plan Option**.
- b) To add or update a beneficiary for your Supplemental Life and AD&D insurance, click **Beneficiary Information**.
- c) If you make a selection you **must** designate a beneficiary.
d) If you want the same beneficiary you designated for Basic Life, enter the percentage and designation.

e) To add a beneficiary, complete the beneficiary information in the Beneficiary Maintenance table and click Add.

f) To update a beneficiary, click on the beneficiary’s number, edit the information and click Update.

g) To designate a beneficiary, refer to step 3.8 Beneficiary Designations.

3.10. Spouse Life

a) Select a Coverage Level.

Note: You must have a spouse on file to elect Spouse Life coverage. To add your spouse, click Cancel to go back to Benefit Summary and click Add Dependent.

b) Click Continue.

c) You will receive a message with the plan option you selected. If the information is correct, click OK. To change your election, click Cancel.
### 3.11. Child Life

a) **Select a Plan Option.**

   **Note:** You must have a child on file to elect Child Life coverage. To add your child, click **Cancel** to go back to **Benefit Summary** and click **Add Dependent.**

b) Click **Continue.**

c) You will receive a message with the plan option you selected. If the information is correct, click **OK.** To change your election, click **Cancel.**

### 3.12. Employee Accidental Death and Dismemberment (AD&D)

a) **Select Coverage Amount.**

b) **Select Coverage Level.**
c) To add a beneficiary, complete the beneficiary information in the Beneficiary Maintenance table and click Add.
d) To update a beneficiary, click on the beneficiary’s number, edit the information and click Update.

e) To designate a beneficiary, refer to step 3.8 Beneficiary Designations.

3.13. Long-Term Disability

a) Select a Plan Option.
b) Click Continue.
c) You will receive a message with the plan option you selected. If the information is correct, click OK. To change your election, click Cancel.

3.14. Short-Term Disability

a) Select a Plan Option.
b) Click Continue.
c) You will receive a message with the plan option you selected. If the information is correct, click OK. To change your election, click Cancel.
3.15. Lifestyle Benefits

a) Select a Plan Option or waive coverage.
b) Click Continue.

4. Employee and Dependent Tobacco User Status

Note: Some institutions offer options specific to the institution only. If your institution offers any additional options you will be required to elect or waive these options prior to this step.

a) You are required to indicate if you or any of your covered dependents 18 years or older are currently using tobacco products. “Tobacco products” include but are not limited to cigarettes, e-cigarettes, cigars, pipes, and chewing tobacco. Click OK.

b) Select the appropriate Option.
   Note: If you select yes, $75 per tobacco user will be added to your monthly medical election.
c) Click Continue.
d) Read the acknowledgement and click OK.
6. Certification Statement
   a) The Certification Statement will appear. Read the Certification Statement.
   b) To certify your information, click **I Agree**.

7. 20XX Benefit Confirmation
   a) Your confirmation page will appear.
   b) Click the **Print** icon if you would like a printed copy of this page.

   **Note:** You will also receive a confirmation statement in the mail delivered to the mailing address displayed on this page.

8. Logout of My Benefits
   a) Click **Logout**.