

# ENROLLING IN BENEFITS FOR THE FIRST TIME



## 1. Login to ADP

Welcome to ADP

USER ID [Administrator Sign In](#)

Remember User ID

PASSWORD

LOGIN

[Forgot your ID/Password?](#)

First Time User? [REGISTER NOW](#)

## 2. Select Benefits and then click on Welcome

PIMA COUNTY

Home Time & Attendance Pay & Taxes Personal Information Benefits

Welcome

What's New

## 3. Select "here"

PIMA COUNTY

Home Time & Attendance Pay & Taxes Personal Information

Welcome

Welcome to your Benefits, where you can:

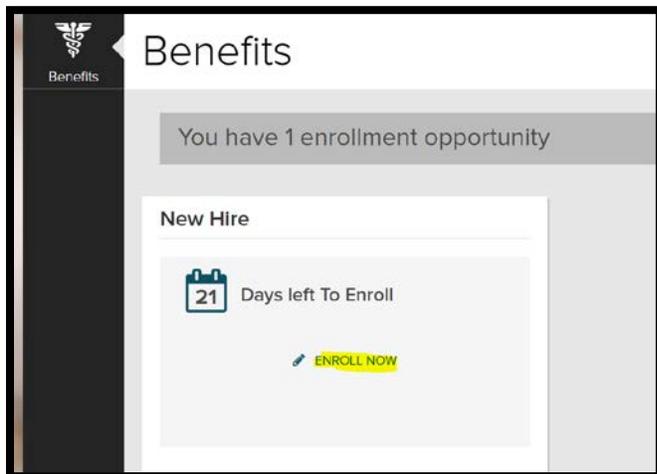
- Access your Benefits information
- View your Benefits Summary
- Modify your Dependent information

Click [here](#) to access your Benefits Information.

# ENROLLING IN BENEFITS FOR THE FIRST TIME



## 4. Select **Enroll Now** in the **New Hire Event**



## 5. **Health Savings Account Eligibility Survey**

*The eligibility requirements apply only to you when making your decision. For example, if your spouse is on Medicare but you are not then you would still be HSA Eligible. If you are HSA Eligible, you can use HSA funds to pay for qualified medical, dental and vision expenses for you and your qualified dependents, regardless if they are covered on our plans. Be sure to review IRS Publication 969 for more details.*

### Survey Questions

#### Health Savings Account Eligibility

Please answer the following in regard to your eligibility for a Health Savings Account.

I have reviewed the IRS requirements ([Publication 969](#)) for Health Savings Accounts (HSA) and I certify that I am:

- HSA Eligible
- HSA Not Eligible

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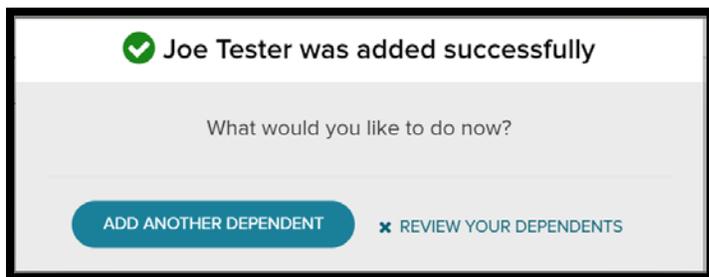
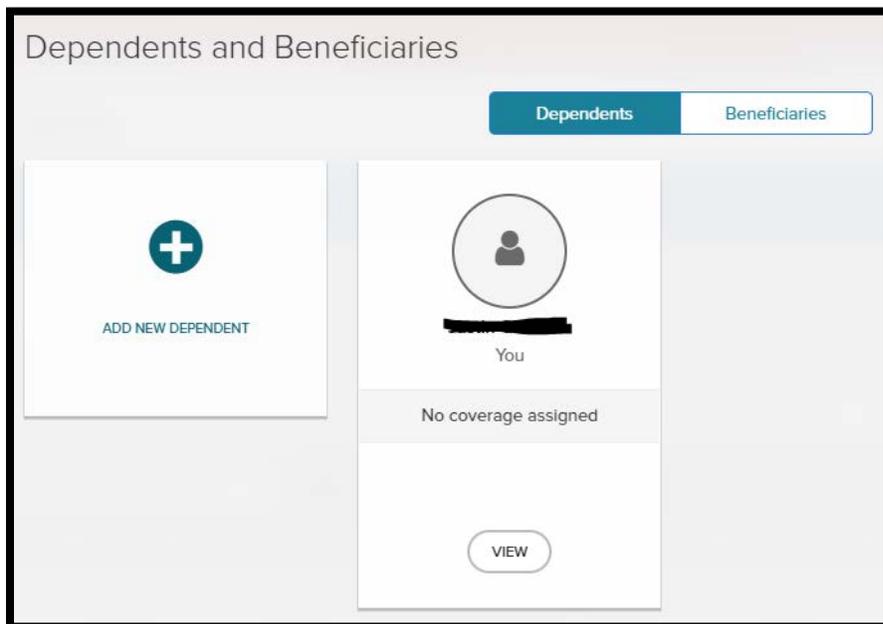


## 6. Select Continue To Benefits



## 7. Dependents and Beneficiaries

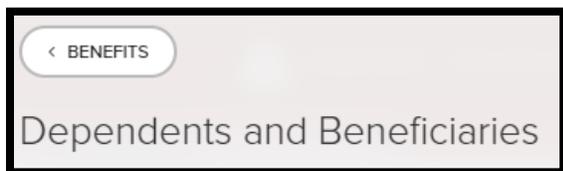
Add any dependents that you will be adding to one or more coverages. You can also add any beneficiaries for life insurance using the beneficiaries tab. Dependents will automatically be added as possible beneficiaries.



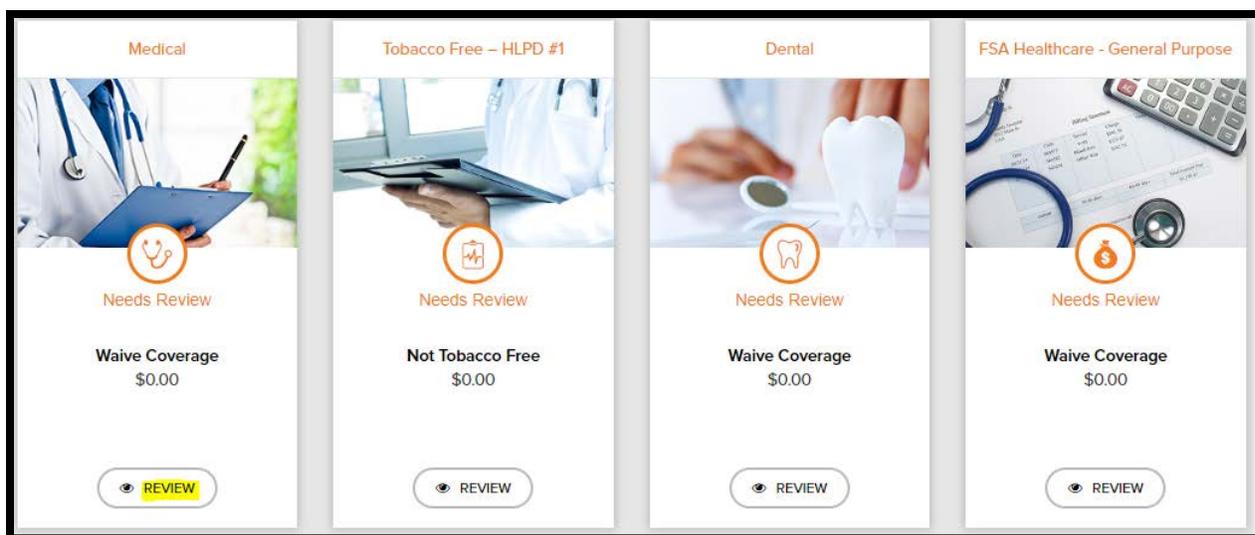
# ENROLLING IN BENEFITS FOR THE FIRST TIME



8. **Select Benefits** in the top left corner when you have finished adding dependents and beneficiaries

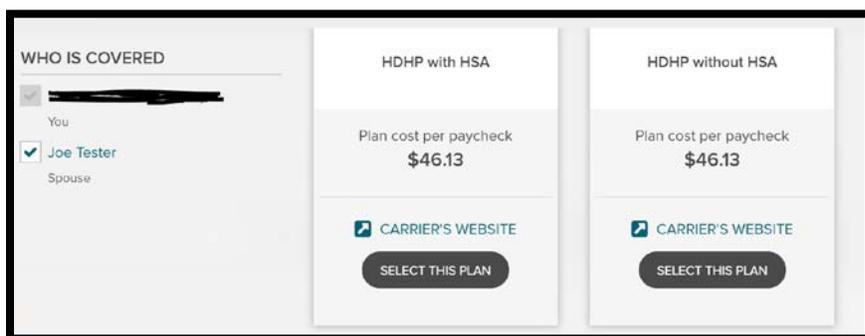


9. **Select Review** on the Medical tab to begin enrolling for benefits



10. **Medical**

*Use the checkbox on the left to select which dependents you would like to have on the coverage and select the plan you want. If you do not want to enroll in medical, select "Waive This Benefit" at the bottom of the screen.*



# ENROLLING IN BENEFITS FOR THE FIRST TIME



11. **Verify** the plan and dependents you selected are correct and press **Save**

Save Your Election ✕

YOU ARE ENROLLING IN  
Medical - HDHP with HSA

PER PAYCHECK	COSTS
PLAN COST:	\$46.13 ⓘ
TOTAL PER PAYCHECK:	\$46.13 ⓘ

COVERED INDIVIDUALS - MEDICAL

- MJ You
- JT Joe Tester Spouse

[SAVE AND CONTINUE TO TOBACCO FREE – HLPD #1](#) [SAVE AND RETURN TO ALL BENEFITS](#)

12. **HLPD #1 – Tobacco Free**

✔ SELECT YOUR COVERAGE

BENEFIT OPTION COST PER PAYCHECK

TOBACCO FREE = -\$20.00

13. **Verify** that your election is correct and press **Save**

Save Your Election ✕

YOU ARE ENROLLING IN  
Tobacco Free – HLPD #1 - Tobacco Free

BENEFIT OPTION: TOBACCO FREE

PER PAYCHECK	COSTS
PLAN COST:	-\$20.00 ⓘ
TOTAL PER PAYCHECK:	-\$20.00 ⓘ

[SAVE AND CONTINUE TO DENTAL](#) [SAVE AND RETURN TO ALL BENEFITS](#)

# ENROLLING IN BENEFITS FOR THE FIRST TIME



## 14. Dental

Select the plan that best fits you and your dependents. In this example, our employee is waiving the coverage by selecting "Waive This Benefit" at the bottom of the window.

The screenshot shows a web interface for selecting dental plans. On the left, under "WHO IS COVERED", there are checkboxes for "You" (checked) and "Joe Tester" (unchecked, Spouse). In the center, there are two plan cards. The first is "Employers Dental Services" with a cost of \$2.02 per paycheck and a "SELECT THIS PLAN" button. The second is "Pima County Dental" with a cost of \$10.23 per paycheck and a "SELECT THIS PLAN" button. At the bottom right, there is a yellow button with a red 'X' icon and the text "WAIVE THIS BENEFIT".

## 15. Confirm that your election is correct and press **Save**

The screenshot shows a "Waive Enrollment" dialog box. At the top left is the title "Waive Enrollment" and a close button (X). Below the title is a red warning icon followed by the text "You are Waiving Your Dental Benefit". At the bottom, there are two buttons: "SAVE AND CONTINUE TO HEALTH SAVINGS ACCOUNT" and "SAVE AND RETURN TO ALL BENEFITS".

# ENROLLING IN BENEFITS FOR THE FIRST TIME



## 16. Health Savings Account

The HSA calculator will use the number of paychecks left in the calendar year to compute the annual amounts. Your contributions can be changed at any time throughout the year. If you do not wish to contribute at this time, select \$0 as your amount.

### Health Savings Account

[Visit Carrier's Website](#)

If you are enrolled in the HDHP with HSA, please elect your contribution amount below.

Your employer will contribute **\$615.38** to your Health Savings Account.

FOR THE REMAINDER OF THE YEAR, I WANT TO:

- Change to the maximum yearly goal **\$6,384.62**  
(\$798.08 x 8 paychecks)
- Change my yearly goal amount **\$200.00**  
(\$25.00 x 8 paychecks)

ANNUAL AMOUNT	PER PAYCHECK	PAYCHECKS
\$ 200	= \$ 25	x 8

Contributed so far **\$0.00**

Remaining amount **\$200.00**

Employer contribution **\$615.38**

**TOTAL CONTRIBUTION \$815.38**

MAX: \$7,000.00

## 17. Confirm that your election is correct and press Save

### Save Your Election

YOU ARE ENROLLING IN HEALTH SAVINGS ACCOUNT

Your contribution	<b>\$200.00</b>
Amount per paycheck	\$25.00 x 8 paychecks
Employer contribution	<b>\$615.38</b>
Total contribution	<b>\$815.38</b>

# ENROLLING IN BENEFITS FOR THE FIRST TIME



## 18. Limited Purpose FSA

*A Limited Purpose FSA allows you to set aside pre-tax contributions to spend on qualified dental and vision expenses only. Remember that you can use HSA funds to pay for qualified dental and vision costs so factor that in when making your decision. You can only change this contribution amount in November effective the first of January. You cannot make changes to this contribution until the end of the calendar year.*

### FSA Healthcare - Limited Purpose

[Visit Carrier's Website](#)

Limited Purpose FSA is for qualified dental and vision expenses only. In accordance with IRS regulations, any unused balance in excess of \$500.00 at the end of the calendar year will be forfeited. Participation in the Limited Purpose FSA requires enrollment each calendar year.

FOR THE REMAINDER OF THE YEAR, I WANT TO:

<input type="radio"/> Change to the maximum yearly goal	\$2,700.00 (\$337.50 x 8 paychecks)
<input type="radio"/> Change my yearly goal amount	\$2,700.00 (\$xxx.xx x 8 paychecks)
Contributed so far	\$0.00
Remaining amount	\$0.00
<b>TOTAL CONTRIBUTION</b>	<b>\$0.00</b>

MAX: \$2,700.00

## 19. Confirm that your election is correct and press **Save**

### Waive Enrollment

**⚠ You are Waiving Your FSA Healthcare - Limited Purpose Benefit**

[SAVE AND CONTINUE TO FSA DEPENDENT CARE](#) [SAVE AND RETURN TO ALL BENEFITS](#)

# ENROLLING IN BENEFITS FOR THE FIRST TIME



## 20. Dependent Care FSA

*You can only change this contribution amount in November effective the first of January unless your dependent care costs change. Otherwise, the contribution remains in effect for the calendar year.*

The screenshot shows the "FSA Dependent Care" enrollment page. At the top right, there is a link "Visit Carrier's Website". Below this, a paragraph states: "Participation in the Dependent Care FSA requires enrollment each calendar year. In accordance with IRS regulations, any unused balance at the end of the calendar year will be forfeited." Underneath, a section titled "FOR THE REMAINDER OF THE YEAR, I WANT TO:" contains two radio button options. The first option, "Change to the maximum yearly goal", is selected and shows a contribution of \$5,000.00 (\$625.00 x 8 paychecks). The second option, "Change my yearly goal amount", shows a contribution of \$5,000.00 (\$xxx.xx x 8 paychecks). Below these options, a summary table shows: "Contributed so far" as \$0.00, "Remaining amount" as \$0.00, and "TOTAL CONTRIBUTION" as \$0.00. At the bottom right, a progress bar indicates the maximum contribution is \$5,000.00.

## 21. Confirm that your election is correct and press **Save**

The screenshot shows a "Waive Enrollment" dialog box with a close button (X) in the top right corner. A red warning triangle icon is followed by the text "You are Waiving Your FSA Dependent Care Benefit". At the bottom, there are two buttons: "SAVE AND CONTINUE TO VISION" (highlighted in blue) and "SAVE AND RETURN TO ALL BENEFITS".

## 22. Vision

The screenshot shows the "Vision" enrollment page. Under the heading "ABOUT THIS BENEFIT", there is a paragraph: "Elect your benefit by clicking the button for the desired plan and coverage level. Your current enrollment information is displayed in bold text. Click the icon next to the plan name to access the carrier website for additional information or to view the provider directory." On the left, under "WHO IS COVERED", there are checkboxes for "Melissa M. Juergensmeyer" (You) and "Joe Testler" (Spouse). On the right, a card for the "Davis Vision Plan" shows a "Plan cost per paycheck" of \$2.60. Below the card, there is a checked checkbox for "CARRIER'S WEBSITE" and a "SELECT THIS PLAN" button.

# ENROLLING IN BENEFITS FOR THE FIRST TIME



23. **Confirm** that your election is correct and press **Save**

Save Your Election

YOU ARE ENROLLING IN  
Vision - Davis Vision Plan

PER PAYCHECK	COSTS
PLAN COST:	\$2.60 ⓘ
TOTAL PER PAYCHECK:	\$2.60 ⓘ

COVERED INDIVIDUALS - VISION

MJ You

SAVE AND CONTINUE TO SUPPLEMENTAL LIFE INSURANCE

SAVE AND RETURN TO ALL BENEFITS

## 24. Supplemental Life Insurance

*Use the dropdown to select the level of coverage you would like. As a new hire, you are guaranteed up to 4x your annual salary (up to \$500,000) without completing an EOI. If you elect a higher amount, you will need to submit an EOI. Even if the EOI is denied, you are still guaranteed 4x your annual salary (up to \$500,000) as a new hire.*

Supplemental Life Insurance

Visit Carrier's Website

ABOUT THIS BENEFIT

You may purchase additional Supplemental Life Insurance coverage. Make your election by clicking the button for the desired amount. Your current coverage is shown in bold text.

MORE

SELECT YOUR COVERAGE

BENEFIT OPTION: SUPPLEMENTAL LIFE - 4X COST PER PAYCHECK: \$5.72

SELECT YOUR BENEFICIARIES

Divide the proceeds of your benefits between as many beneficiaries as you like. Primary beneficiaries are mandatory but secondary beneficiaries are optional. The total proceeds must equal 100%.

BENEFICIARIES	PRIMARY	SECONDARY
JT Joe Tester Spouse	0%	0%
TOTAL: MUST EQUAL 100%	0%	0%

ADD PERSON

ADD ORGANIZATION OR TRUST

SELECT WAIVE THIS BENEFIT

# ENROLLING IN BENEFITS FOR THE FIRST TIME



Supplemental Life Insurance

[Visit Carrier's Website](#)

**ABOUT THIS BENEFIT**  
You may purchase additional Supplemental Life Insurance coverage. Make your election by clicking the button for the desired amount. Your current coverage is shown in bold text.

↓ MORE

**SELECT YOUR COVERAGE**

BENEFIT OPTION: SUPPLEMENTAL LIFE - 8X COST PER PAYCHECK: \$11.39

**Evidence of Insurability**  
Supplemental Life Insurance Supplemental Life - 8X requires Evidence Of Insurability (EOI). **You are Guaranteed Supplemental Life Insurance Supplemental Life - 4X.**

**SELECT YOUR BENEFICIARIES**  
Divide the proceeds of your benefits between as many beneficiaries as you like.  
**Primary** beneficiaries are mandatory but **secondary** beneficiaries are optional. The total proceeds must equal 100%.

BENEFICIARIES	PRIMARY	SECONDARY
JT Joe Tester Spouse	0 %	0 %
<b>▲ TOTAL: MUST EQUAL 100%</b>	0%	0%

## 25. Beneficiaries

*Primary beneficiaries will receive the life insurance benefit when you pass away. A secondary beneficiary would receive the benefit if your primary beneficiary is also deceased.*

**SELECT YOUR BENEFICIARIES**  
Divide the proceeds of your benefits between as many beneficiaries as you like.  
**Primary** beneficiaries are mandatory but **secondary** beneficiaries are optional. The total proceeds must equal 100%.

BENEFICIARIES	PRIMARY	SECONDARY
JT Joe Tester Spouse	0 %	0 %
<b>▲ TOTAL: MUST EQUAL 100%</b>	0%	0%

+ ADD PERSON      + ADD ORGANIZATION OR TRUST

# ENROLLING IN BENEFITS FOR THE FIRST TIME



**SELECT YOUR BENEFICIARIES**

Divide the proceeds of your benefits between as many beneficiaries as you like.  
**Primary** beneficiaries are mandatory but **secondary** beneficiaries are optional. The total proceeds must equal 100%.

BENEFICIARIES	PRIMARY	SECONDARY
JT Jane Tester Other	0 %	100%
JT Joe Tester Spouse	100%	0 %
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

+ ADD PERSON      + ADD ORGANIZATION OR TRUST

**26. Confirm** that your elections is correct and press **Save**

Select *“Download Forms”* for directions on submitting the Evidence of Insurability

Save Your Election

YOU ARE ENROLLING IN  
**Supplemental Life Insurance - Supplemental Life – 8X : \$235,000.00**

Pending: Waiting for EOI form submission

BENEFIT OPTION: SUPPLEMENTAL LIFE – 8X : \$235,000.00

PER PAYCHECK	COSTS
PLAN COST:	\$11.39 ⓘ
<b>TOTAL PER PAYCHECK:</b>	<b>\$11.39 ⓘ</b>

**PRIMARY ALLOCATIONS**

JT Joe Tester Spouse	100%
-------------------------	------

**SECONDARY ALLOCATIONS**

JT Jane Tester Other	100%
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Supplemental Life Insurance Supplemental Life – 8X requires Evidence Of Insurability (EOI). You are Guaranteed Supplemental Life Insurance Supplemental Life – 4X.

[DOWNLOAD FORMS](#)

# ENROLLING IN BENEFITS FOR THE FIRST TIME



[You are guaranteed the coverage below until the pending coverage is approved and becomes effective.](#)

BENEFIT OPTION: SUPPLEMENTAL LIFE – 4X : \$118,000.00

PER PAYCHECK	COSTS
PLAN COST:	\$5.72 ⓘ
TOTAL PER PAYCHECK:	\$5.72 ⓘ

[SAVE AND CONTINUE TO VOLUNTARY AD&D INSURANCE](#) [SAVE AND RETURN TO ALL BENEFITS](#)

## 27. Voluntary AD&D Insurance

*This option will only be available if you elected at least 1x of Supplemental Life coverage.*

### Voluntary AD&D Insurance

[Visit Carrier's Website](#)

**ABOUT THIS BENEFIT**  
You may purchase voluntary AD&D insurance coverage only if you have purchased supplemental life insurance.  
If you choose to waive supplemental life insurance, and you have a current voluntary AD&D election, it will be cancelled automatically.  
[↓ MORE](#)

**SELECT YOUR COVERAGE**

BENEFIT OPTION:  COVERAGE:  COST PER PAYCHECK = \$1.89

**SELECT YOUR BENEFICIARIES**  
Divide the proceeds of your benefits between as many beneficiaries as you like.  
**Primary** beneficiaries are mandatory but **secondary** beneficiaries are optional. The total proceeds must equal 100%.

BENEFICIARIES	PRIMARY	SECONDARY
JT Jane Tester Other	<input type="text" value="100%"/>	<input type="text" value="0 %"/>
JT Joe Tester Spouse	<input type="text" value="0 %"/>	<input type="text" value="100%"/>
TOTAL	100%	100%

[+ ADD PERSON](#) [+ ADD ORGANIZATION OR TRUST](#)

# ENROLLING IN BENEFITS FOR THE FIRST TIME



28. **Confirm** that your elections is correct and press **Save**

### Save Your Election

YOU ARE ENROLLING IN  
**Voluntary AD&D Insurance - Optional AD&D – 4X : \$118,000.00**

BENEFIT OPTION:	OPTIONAL AD&D – 4X : \$118,000.00	<b>PRIMARY ALLOCATIONS</b>	
COVERAGE LEVEL:	Employee Only	JT Jane Tester Other	100%

PER PAYCHECK	COSTS
PLAN COST:	\$1.89 <b>i</b>
TOTAL PER PAYCHECK:	\$1.89 <b>i</b>

<b>SECONDARY ALLOCATIONS</b>	
JT Joe Tester Spouse	100%

[SAVE AND CONTINUE TO SPOUSE LIFE](#) [SAVE AND RETURN TO ALL BENEFITS](#)

## 29. Spouse Life Insurance

Select the level of coverage you would like. As a new hire, you are guaranteed the \$10,000 coverage without completing an EOI. If you elect a higher amount, you will need to submit an EOI. Even if the EOI is denied, you are still guaranteed the \$10,000 benefit as a new hire.

### Spouse Life

**ABOUT THIS BENEFIT**  
You may purchase life insurance for your Spouse/Domestic Partner (DP). Make your election by clicking the button for the desired coverage amount. Your current coverage is shown in bold text.

↓ MORE

**WHO IS COVERED**

Joe Tester  
Spouse

<b>\$10,000</b> Plan cost per paycheck <b>\$1.15</b> CARRIER'S WEBSITE <a href="#">SELECT THIS PLAN</a>	<b>\$25,000</b> Plan cost per paycheck <b>\$2.88</b> CARRIER'S WEBSITE <a href="#">SELECT THIS PLAN</a>	<b>\$50,000</b> Plan cost per paycheck <b>\$5.77</b> CARRIER'S WEBSITE <a href="#">SELECT THIS PLAN</a>
<b>\$100,000</b> Plan cost per paycheck <b>\$11.54</b> CARRIER'S WEBSITE <a href="#">SELECT THIS PLAN</a>		

# ENROLLING IN BENEFITS FOR THE FIRST TIME



30. **Confirm** that your elections are correct and press **Save**

A screenshot of a web application dialog box titled "Save Your Election" with a close button (X) in the top right corner. The main heading is "YOU ARE ENROLLING IN Spouse Life - \$10,000". Below this is a table with two columns: "PER PAYCHECK" and "COSTS". The table contains two rows: "PLAN COST:" with a value of "\$1.15" and "TOTAL PER PAYCHECK:" with a value of "\$1.15". To the right of the table is a section titled "COVERED INDIVIDUALS - SPOUSE LIFE" which shows a profile icon with the initials "JT" and the name "Joe Tester" with "Spouse" listed below it. At the bottom of the dialog, there are two buttons: a blue button labeled "SAVE AND CONTINUE TO LEGAL AND FINANCIAL PLANNING SERVICES" and a grey button labeled "SAVE AND RETURN TO ALL BENEFITS".

PER PAYCHECK	COSTS
PLAN COST:	\$1.15
TOTAL PER PAYCHECK:	\$1.15

## 31. Legal and Financial Planning Services

A screenshot of a web application page titled "Legal and Financial Planning Services". At the top left, there is a link "Visit Carrier's Website". Below that is a section titled "ABOUT THIS BENEFIT" with a lightbulb icon. The text describes "Ultimate Advisor®" as a service for quick and discounted professional guidance from attorneys and financial partners, available for employee only or employee and family. Below this is a section titled "SELECT YOUR COVERAGE" with a checkmark icon. Underneath, there is a form with a dropdown menu labeled "BENEFIT OPTION" set to "EMPLOYEE ONLY" and a text field labeled "COST PER PAYCHECK" showing "\$8.08".

Visit Carrier's Website

**ABOUT THIS BENEFIT**

Ultimate Advisor®, administered by ARAG®, allows you to get quick and discounted professional guidance from experienced attorneys and financial partners. This benefit is available for employee only or employee and family.

**SELECT YOUR COVERAGE**

BENEFIT OPTION: EMPLOYEE ONLY = COST PER PAYCHECK: \$8.08

## 32. Basic Life & AD&D Insurance

*As a benefits eligible employee, Pima County automatically enrolls you in this County paid benefit. Select your beneficiaries for this policy.*

# ENROLLING IN BENEFITS FOR THE FIRST TIME



Basic Employee Life & AD&D Insurance

[Visit Carrier's Website](#)

ABOUT THIS BENEFIT

SELECT YOUR COVERAGE

BENEFIT OPTION: COVERAGE = COST PER PAYCHECK: \$0.00

SELECT YOUR BENEFICIARIES

Divide the proceeds of your benefits between as many beneficiaries as you like. Primary beneficiaries are mandatory but secondary beneficiaries are optional. The total proceeds must equal 100%.

BENEFICIARIES	PRIMARY	SECONDARY
JT Jane Tester Other	50%	0%
JT Johnny Tester Grandfather	50%	0%
JT Joe Tester Spouse	0%	50%
AC ABC Charity Charity	0%	50%
TOTAL	100%	100%

[ADD PERSON](#) [ADD ORGANIZATION OR TRUST](#)

33. Confirm that your beneficiaries are correct and press **Save**

Save Your Election

YOU ARE ENROLLING IN  
Basic Employee Life & AD&D Insurance - Coverage : \$50,000.00

PER PAYCHECK	COSTS
TOTAL PER PAYCHECK:	\$0.00

PRIMARY ALLOCATIONS

- JT Jane Tester Other 50%
- JT Johnny Tester Grandfather 50%

SECONDARY ALLOCATIONS

- JT Joe Tester Spouse 50%
- AC ABC Charity Charity 50%

[SAVE AND COMPLETE ENROLLMENT](#) [SAVE AND RETURN TO ALL BENEFITS](#)

# ENROLLING IN BENEFITS FOR THE FIRST TIME



## 34. Confirm Enrollment

*You must confirm enrollment for your selections to be accepted. Your window will remain open for your first 30 days of employment so if you change your mind about an election, you can always go back into your new hire event and make a change. In that scenario, ensure that you confirm enrollment.*

New Hire

Review & Confirm Benefits

Your elections will not be processed until you click 'Confirm Enrollment'. [SAVE & FINISH LATER](#) [CONFIRM ENROLLMENT](#)

Your Estimated Cost of Benefits  
Per Paycheck = \$70.57

This estimate is based on the cost of the plan today, it may change in the future.

Confirm Enrollment

By completing this enrollment, you are agreeing to the release and use of your and your dependents information, including personal health information, to Pima County's Health Benefit Plan and its contracted partners for the administration of your health benefits.

[I AGREE](#) [X CANCEL](#)

## 35. Download the confirmation and save it for your records

You have completed your enrollment.

**CONFIRMATION # 2437751**

Event Date: Jul 22, 2019  
Last Confirmed Date: Aug 01, 2019

[DOWNLOAD CONFIRMATION](#) OR [EXIT AND RETURN TO BENEFITS](#)

**You are enrolled!**