New Hire Benefit Enrollment

Upon accessing the ADP Web Portal, you will be reminded that you are within your New Hire Enrollment period for Medical (including prescription), Dental, Vision, and Flexible Spending Accounts.

When you're ready to begin your enrollment election, select **Start This Enrollment**. You will be brought through the New Hire Enrollment workflow, which walks you through the process of reviewing and selecting your benefits coverage, or opting out of coverage.



Regardless of whether or not you are enrolling, you must complete the ADP New Hire Enrollment process. <u>Employees that do not enroll for benefits on-line, within 30 days of his/her date of hire, will be considered to have waived coverage. Your next opportunity to enroll will be at the next annual Open Enrollment period.</u>

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Getting Started:

- 1. The first step in the process is to Review Dependent and Beneficiary information:
 - If you have Dependents to add, select the Add Dependent/ Beneficiary button. Note: If you wish to enroll any legal dependents to your benefit coverage, they must be designated as "Dependent & Beneficiary."
 - If you do not have any Dependents to enroll, you do not need to enter any information here.

New Hire	©	Choose Plans Submit	FINISH LATER
1. Review Dependents and	Beneficiaries		
Review your dependents and beneficiar	ries and make any additions. Only those	e people and organization	ons listed can be included in your benefits elections.
There are no records	DEPENDENT BEN	EFICIARY RELATIONS	
Newly Added O Pending Approval			



Please note: ADP is not our system of record for Beneficiary information. HVCU offers several benefits that require a Beneficiary designation: Anthem Group Term Life/Accidental Death and Dismemberment (AD&D), Cigna Business Travel, and Principal 401(k). You can make changes to these Beneficiaries at any time but will need to complete the forms below for the Anthem and/or Cigna policies. For Principal, you can make beneficiary updates in your Participant Account at <u>www.principal.com</u>:

- <u>Cigna Business Travel Insurance Beneficiary</u>
- Anthem Group Term Life (need to link)
- Once your Dependent and Beneficiary information is complete, you will be able to indicate how to
 proceed to the New Hire Enrollment workflow. It is recommended that you leave the setting at the
 default "Walk Me through My Benefit Options" so that you're able to review all options made
 available by HVCU. Select the blue Continue button to proceed.



Welcome/Workflow Overview:

The **Welcome** screen will provide a brief overview of the workflow process. At any point in the workflow, you can:

- Select **Finish Later** to save your spot in the workflow and return at a later time.
- Navigate to a specific coverage-step using the menu to the left of the page. Edits can be made to any plan election throughout the workflow.
- Advance to the next step in the workflow by selecting the **Forward** arrow in the upper-right of the page.

HOME RESOURCES	Myself	Search	Q
Enrollments	0 D x ²		
New Hire	Review Choose Plans Section	FINISH LATER	✓ REVIEW & COMPLETE
Welcome	ə	PRINT	Forward To Medical
Medical 2 pian(s)	Welcome to your New Hire benefits enrollment period! This is your opportunity to mak These plans include Medical and Prescription, Dental, Vision and Flexible Spending Acco first day of the month after fifty five days of employment.	e elections for your Health and ount plans. These enrollments	d Welfare benefit plans. s will be effective on the
Dental 3 plants)	You will have thirty days from your date of hire to make the following enrollments:		
Vision 1 plan(s)	Add or opt out of Health and Welfare plan coverage.		
Flexible Spending Account - Health Care 1 plan(s)	 Choose your new plan options. Enroll eligible family members in your plans. Enroll in a Flexible Spending Account to be reimbursed for day care/elder care of necked events on the text dellars. 	or eligible medical, prescription	n, dental, and vision out-of-
Flexible Spending Account - Dependent Care Tpian(s)	Please review your options and costs carefully. You can make any changes you like at h The enrollment period will end thirty days after your date of hire. Once this enrollment rest of the plan year. Mid-year changes are only permitted with an IRS Qualifying Event experience an IRS Qualifying Event before then, your next opportunity to enroll will be Please feel free to contact any member of the Human Resources Benefit Team if you ha	ome or at work until the end o t period has ended, your electi t. If you do not enroll in benef during our Annual Open Enrol we questions at benefits@hvfc	of the enrollment period. ions will be in effect for the fits at this time, unless you Iment for a 1/1 start date.

Flexible Spending Account (FSA) – Dependent Care & Health Care:

Flexible Spending Accounts allow you to set aside pre-tax dollars from your paycheck to pay for eligible out-of-pocket expenses.

Welcome	Back To Welcome	Show Plan Cost Each: Month Pay P	Flexible Sp	Forward To bending Account - Health Care
Flexible Spending Account -	You cannot unenro	II from a plan in this category.		×
Dependent Care 1 plan(s) Flexible		2016 Flex Spending Dependent Care, Full		
Spending Account - Health Care 1 plan(s)		Time/Commissioned/Part Time over 20 hours The Preferred Group		
Medical 2 plan(s)		YOUR CONTRIBUTION AMOUNT \$- /month		
Dental 3 plan(s)	Showing Plans 1-1 of 1	ENROLL IN THIS PLAN		

The Dependent Care FSA option displays first. This type of account can be used to pay for eligible day care and/or elder care expenses.

- You do not need to be enrolled in medical coverage through HVCU to enroll in a Dependent Care Flexible Spending Account.
- The system defaults to display plan costs for each Month. Update the radio button selection to calculate/display per Pay Period to display pay-period contributions.
- Select **Enroll in This Plan** to view cost estimates based on contribution amount and frequency and determine if you would like to enroll.
- If you do not wish to participate in the Dependent Care FSA option, proceed to the next page using the **Forward** arrow.

The next screen that displays is the Health Care FSA option. This type of account can be used to pay for eligible out-of-pocket medical, prescription, dental, and vision expenses for you and any eligible dependents.

- You do not need to be enrolled in medical coverage through HVCU to enroll in a Health Care Flexible Spending Account.
- Select **Enroll in This Plan** to view cost estimates based on contribution amount and frequency and determine if you would like to enroll.
- If you do not wish to participate in the Health Care FSA option, proceed to the next page using the **Forward** arrow.

Medical:

Medical coverage options/costs will display based upon employment status.

Welcome 🛛	Back To Flexible Spending Account	- Health Care Month	Cost Each: Pay Period		Forward To Dental
Flexible Spending Account -	You cannot unenro	oll from a plan in this category.			×
Dependent Care		Empire Premium Medical, Full Time and Commissioned	Empire Value Medical, Full Time and Commissioned		
Spending Account - Health Care 🛛 🕈 1 plan(s)		Employee's Empire Blue Cross Blue Shield	Employee's Empire Blue Cross Blue Shield		
Medical O		\$50.76 /pay period	\$21.84 /pay period	Ť	
Dental 3 plan(s)	Showing Plans 1-2 of 2	ENROLL IN THIS PLAN	ENROLL IN THIS PLAN	\leq	
Vision 1 plan(s)			MOREINIO		

- Select **Enroll in This Plan** to choose a coverage level and choose/add dependents.
- Select the **Forward** arrow if you do not wish to participate in medical coverage.

Dental:

Dental coverage options/costs will display based upon employment status.

Welcome 오	Back To Medical	Show Plan C Month	Pay Period		Forward To Vision
Flexible Spending Account -	You cannot unenro	oll from a plan in this category.			×
Dependent Care 1 plan(s) Flexible Spending Account - Health		Dental Bronze Plan, Full Time/Commissioned/Part Time: 30+ Tellers 1 Delta Dental of New York	Dental Silver Plan, Full Time/Commissioned/Part Time: 30+ Tellers @ Delta Dental of New York	Dental Gold Plan, Full Time/Commissioned/Part Time: 30+ Tellers e Delta Dental of New York	
Care 1 plan(s) Medical 2 plan(s) Dental	Showing Plans 1-3 of 3	ESTIMATED PLAN COST \$1.63 /pay period	ESTIMATED PLAN COST \$2.44 /pay period ENROLL IN THIS PLAN	ESTIMATED PLAN COST \$3.43 /pay period	•
3 plan(s) Vision 1 plan(s)		MORE INFO	MORE INFO	MORE INFO	$\sum_{i=1}^{n}$

- Select Enroll in This Plan to choose a coverage level and choose/add dependents.
- Select the **Forward** arrow if you do not wish to participate in dental coverage.

Vision:

Enrollments				
New Hire		Review Choose Plans Submit	SAVING FINISH LATER VIEW & COMPLETE	
Welcome	Back To Dental	Show Plan Cost Each: Month Pay Period		
Flexible	You cannot unenre	oll from a plan in this category.		×
Account - Dependent Care		Vision, Full		
Flexible Spending Account - Health		Time/Commissioned/Part Time: 30+ Tellers Empire Blue Cross Blue Shield		
Care Plan(s)		ESTIMATED PLAN COST		
Medical 2 plan(s)		ENROLL IN THIS PLAN		
Dental S plan(s), 1 enrolled	Showing Plans 1-1 of 1	MORE INFO		
Vision 1 plan(s)	•			

Vision coverage options/costs will display based upon employment status.

- Select More Info to view a comparison of plan costs based on coverage level.
- Select Enroll in This Plan to choose a coverage level and choose/add dependents.
- Select the **Forward** arrow if you do not wish to participate in vision coverage.
- Once each plan option has been reviewed, you will see a green check next to each plan coveragestep in the menu, and you will be able to select the **Review & Complete** button in the upper-right of the page.

Long Term Disability:

If your status is Full-Time, you are automatically enrolled in Long Term Disability coverage after 30 days of employment, and HVCU covers the entire cost of the coverage. No further action is required.

If your status is Part-Time, you may enroll in Long Term Disability coverage. Fifty percent of the premium is paid by HVCU; the other fifty percent will be paid by you. This cost is dependent on your earnings and averages approximately \$1 per bi-weekly payroll.

If you wish to enroll, you will need to make your election in the ADP web portal within your New Hire Election Window. Employees that do not enroll for this benefit on-line, within 30 days of thier date of hire, will be considered to have waived this coverage.

Please note: if you decline this coverage when you are first eligible, but wish to enroll later, you will be required to apply and complete Evidence of Insurability (medical underwriting).

Review & Complete:

- Review each plan election that you made. If necessary, click Return to Choose Plans at the bottom of the page to update elections.
- Choose Waive Reason If any plan options were left unenrolled, you will need to indicate your reason for waiving each/all options.
- Complete Your Enrollment Once you've selected and reviewed your benefit elections, select Complete Enrollment to submit.

	Infor	hation		
	Show Plan Cos	Each: Pay Period		
1 Review Your Benefits Elec	ctions			
Please review your benefits elections b	elow. Your choices will not be	processed until you click Complete Er	nrollment.	
PLAN	COVERAGE LEVEL	YOUR COST	EMPLOYER PAYS	EFFECTIVE DA
Dental				
Dental Bronze Plan, Full Time/Commissioned/Part Time: 30+ Tellers Delta Dental of New York		\$1.63/pay period	\$31.77/month	12/1/2016
Vision				
Vision, Full Time/Commissioned/Part Time: 30+ Tellers Empire Blue Cross Blue Shield		\$0.45/pay period	\$4.05/month	12/1/2016
	т	OTAL \$2.08/pay period	\$35.82/month	
	it Enrollment 🛱 Removed Fro	m Enrollmont. O Pending Approval		
Newly Added Change To Curren Choose Waive Reasons You elected to not enroll in one or more	plan types listed below. Plea	se choose a reason below to walve co	verage.	
Newly Addso Change To Current Choose Waive Reasons You elected to not enrol in one or more PLAN TYPE	plan types listed below. Piea	se choose a reason below to waive co VAIVE REASON +	verage.	
Change To Current Change To Current	e plan types listed below. Plea V Sent Care	se choose a reason below to walve co IAIVE REASON +	verage.	
Preevy Addres Change To Current Change To Current Choose Waive Reasons You elected to not erroll to one or more PLAN TYPE Rextible Spending Account - Depen Health and Welfare - Medical	plan types listed below. Plea v Sent Care	se choose a reason below to waive co	verage.	
Choose Walve Reasons You elected to not errol in one or mor FLAN TYPE Restble Spending Account - Depen Health and Welfare - Medical GOmplete Your Enrollmen	t plan types listed below. Pleas v v dent Care	se choose a reason below to waive co	verage.	

Enrollment:

Once submitted, you will receive an enrollment confirmation, and your Open Enrollment 'action' will be listed as **Start**.

• If necessary, you can select the start button to review/edit your benefits elections during the 30day New Hire Enrollment window.

Enrollments			
Your changes have bee	n submitted.		
You have successfully completed your New Hire elections.	e enrollment session. You will have thirty days from	our date of hire to go back in an	d make changes to these
Please note, if you are enrolling a spouse in the Information) along with a copy of your marriage	medical plan, you are required to provide a complet e license within 30 days from your date of hire.	ed affidavit (located on the InfoN	let under Human Resources/ Benefits
Please feel free to contact any member of the H	luman Resources Benefit Team if you have question	at benefits@hvfcu.org.	
Thank you!			
	S VIEW W		FITS STATEMENT
Change Your Enrollments			Need Help With
NAME	START DATE	END DATE ACTIO	Your
New Hire			Enrollments?
✓ New Hire	09/26/2016	10/25/2016 STAR	T Compare Benefit Plans Compare your available bene plans side by side to help
Year Round Enrollment			decide which works best for you.

If **Finish Later** is selected at any point throughout the workflow, the 'action' will read **Finish** and will allow you to resume where you left off.