



CHANGING BENEFIT ELECTIONS DUE TO A QUALIFYING EVENT

ADD A DEPENDENT

STEP ACTION

1 Log into HRconnect at <https://portal.adp.com>. Click on the *Benefits Enrollment* tab.

Click on the *Add Dependent* link in the 'Dependents' box.

2 *Note: You can add a person to your list of dependents or change/update their information at any time. But you cannot add a dependent to your benefits unless there is a valid qualifying event.*

The screenshot shows the HRconnect portal interface. On the left, there is a 'Thank you for visiting the Benefits Enrollment tool' message. The main content area is divided into three sections: 'Enrollment', 'Dependents', and 'Change Your Benefits'. The 'Dependents' section contains three links: 'Add Dependent' (highlighted with a green box), 'Change Dependent Information', and 'Delete Dependent'. The 'Change Your Benefits' section contains two links: 'Change Benefits' and 'Annual Enrollment - 01/01/2010'. On the right, there are 'My Links' (Document Library, Glossary) and 'Summaries' (View Election Confirmation).

3 (a) Use the drop-down list to choose the reason for adding this dependent to your benefits and (b) enter the date the reason for the change occurred. (c) Click **Submit**.

The 'Manage Dependents' form contains the following fields and elements:

- (a)** A drop-down menu labeled 'Please select the reason why you would like to add a dependent or dependents:' with a list of reasons including 'Please Select', 'Please Select', 'Add Domestic Partner', 'Adoption', 'Birth of Child', 'Death of Spouse', 'Dependent Loses Other Coverage', 'Divorce', 'Establish Legal Guardianship', 'Marriage', 'Other Reason', and 'Spouse Loses Other Coverage'.
- (b)** A text input field labeled 'Please enter the date when the reason for the change occurred:'.
- (c)** Two buttons: 'Submit' and 'Cancel'.

4 The next screen shows your current dependents. Click on the **Add Dependent** button (if applicable) or **Submit** to continue. **IF YOU DO NOT NEED TO ADD DEPENDENTS, SKIP TO STEP 8.**

The 'Manage Dependents' form displays a table of current dependents and an 'Add Dependent' button circled in blue. An orange arrow points to the 'Submit' button at the bottom.

First Name	M	Last Name	Birth Date	SSN	Relationship	Gender	Disabled	Full Time Student
John		Smith	01/01/1970		Spouse	Male	No	No
Jane		Smith	01/01/1998		Child	Female	No	No
Billy		Smith	01/10/2000		Child	Male	No	No

Buttons: Delete Dependent, Submit, Cancel.





5

Enter the requested information about your dependent in the fields on the next screen (see below). Fields with a red arrow preceding them are required. If you need to add more than one dependent, click **Add Another** after each one. When you have added the last dependent, click **Done**.

Add Dependents

Enter information about your dependent in the fields below. Click Done when you have completed entering the information or click Add Another dependent. If you want to clear all the fields at any point, click Reset.

First Name: ▸ Hope Middle Name: Last Name: ▸ Smith Su

Birth Date: ▸ 10/15/2009 (mm/dd/yyyy) Social Security Number: 123456789

Gender: ▸ Female Relationship: ▸ Child

Full Time Student

Disabled

Disability Date: (mm/dd/yyyy)

Done **Add Another** **Reset** **Cancel**

6

You will return to the screen that's illustrated in Step 4 above. A note at the top will indicate that you added your dependent successfully. Confirm that the information is correct and click **Submit**.

Manage Dependents



Hope Smith has been added successfully.
You may add another dependent or click **Submit** and begin making elections.

Your dependent(s) are listed below. You can click Add Dependent to tell us about another dependent, click Update next to a dependent

7

You will now have the opportunity to enroll the new dependent(s) in your benefits.

8

Your current elections are displayed. Only those benefits to which you are allowed to make a change will be highlighted. The rest will be grayed out. Click on the first benefit to which the dependent(s) should be added. (We'll use medical as our example.)

Benefit	Plan Election	Coverage	Semi-Monthly Cost	Employer Contribution
Medical	HRA1 w/o CCN	Associate + Family Self, John, Jane, Billy	\$144.50 *	\$355.50
Dental	Delta PPO	Associate + Family Self, John, Jane, Billy	\$27.49 *	\$15.03
Vision	VSP	Associate + Family Self, John, Jane, Billy	\$10.20 *	\$0.00
Company-Paid Life & AD&D	Company-Paid Life & AD&D		\$0.00 **	\$3.15
Associate Supplemental Life & AD&D	Waive			\$0.00

9

The option for that benefit in which you are currently enrolled will be the only one highlighted. In the **Coverage Information** section, click in the **Cover** box for the new dependent(s) and click **'Done'** at the bottom of the screen. Repeat this process for each benefit to which you are eligible to add the new dependent(s).





Coverage Information ?

Cover	Name	Relationship
<input checked="" type="checkbox"/>	Mary C. Smith	Self
<input checked="" type="checkbox"/>	John Smith	Spouse
<input checked="" type="checkbox"/>	Jane Smith	Child
<input checked="" type="checkbox"/>	Billy Smith	Child

Taxation ?

Deduct the benefit cost from my paycheck before taxes are withheld ([pretax](#)).

CONFIRM BENEFIT ELECTIONS – AFTER ADDING A DEPENDENT

- 10 On the summary screen confirm that:
- All desired elections have been recorded
 - All benefit elections show the dependents you wish to have covered on each benefit

- 11 If you are satisfied with your elections, select *Confirm Elections* at the bottom of the page.
Note: If you do not select 'CONFIRM ELECTIONS,' changes WILL NOT be recorded.

beneficiary, then any distribution shall be payable to a default beneficiary in accordance with the terms of the plan. If no primary beneficiary survives me, the contingent beneficiary(ies) shall acquire the designated share of my benefit. In addition, by clicking the Confirm button below I am agreeing that I am the insured individual under the applicable life insurance policy and that this action constitutes an electronic signature signifying my agreement to the terms (including any changes in designations) above.

- 12 The next screen will display the *Certification Statement*. Click on the **I agree** button to continue the confirmation of your elections.

Certification Statement

I hereby enroll for coverage under my employer's Associate Benefit Plans and authorize the appropriate deductions to be taken from my earnings, if any. I understand that I am eligible to enroll for the coverage listed above, and may choose to waive my eligibility by selecting "Waive" in the appropriate sections.

I authorize any providers, insurers or other parties with any information related to me or my dependents' health status or condition, to release same to the Plans for any purpose related to this election. I understand this authorization expires upon written revocation, 60 days after execution or when I terminate coverage. I understand that I have the right to revoke this authorization at any time by sending written notification to our designated Privacy Office. I understand revocation is not effective for information previously disclosed or redisclosed by the recipient. My enrollment and eligibility under the Plans cannot be conditioned upon signing, and I may refuse to sign.

- 13 The next screen will ask if you want an email sent notifying you that your elections have been accepted. Complete the fields as appropriate and click **Submit**.

- 14 Once elections are confirmed, you will receive a confirmation number. Retain this for your records. **Print your confirmation statement.**

- 15 **Print your confirmation statement.** Once elections are confirmed, you will receive a confirmation number. Retain this for your records.





DELETE A DEPENDENT

STEP ACTION

- 1 Log into HRconnect at <https://portal.adp.com>. Click on the *Benefits Enrollment* tab.
Click on the *Delete Dependent* link in the 'Dependents' box.
- 2 *Note: You can delete a person from your list of dependents or change/update their information at any time. But you cannot delete a dependent from your benefits unless there is a valid qualifying event.*

The screenshot shows the HRconnect portal interface. On the left, there is a 'Thank you for visiting the Benefits Enrollment tool' message. The main content area is divided into three sections: 'Enrollment', 'Dependents', and 'Change Your Benefits'. The 'Dependents' section contains a list of actions: 'Add Dependent', 'Change Dependent Information', and 'Delete Dependent'. The 'Delete Dependent' link is highlighted with a blue box. Below it, there is a 'Change Your Benefits' section with a 'Change Benefits' link. On the right, there are 'My Links' and 'Summaries' sections.

- 3 Use the drop-down list to (a) choose the reason for deleting this dependent to your benefits and (b) enter the date that the reason for the change occurred. (c) Click **Submit**.

The screenshot shows the 'Manage Dependents' form. At the top, there is a title 'Manage Dependents' and a subtitle 'In the fields below, select the reason why you would like to delete a dependent(s) and enter the date when the reason for the change occurred. Submit.' Below this, there are two input fields: 'Please select the reason why you would like to delete your dependent(s):' with a dropdown menu showing 'Divorce' (labeled (a)), and 'Please enter the date when the reason for the change occurred:' with a date input field showing '10/14/2009' (labeled (b)). At the bottom, there are two buttons: 'Submit' (labeled (c)) and 'Cancel'.

- 4 The next screen shows your current dependents. Click the box in the **Remove** column for the dependent(s) to be deleted. Click on the **Delete Dependent** button and **Submit** to continue.

The screenshot shows the 'Manage Dependents' table. At the top, there is a title 'Manage Dependents' and a subtitle 'To delete a dependent, select the dependent and click Delete Dependent. Your dependent will be deleted and will no longer appear in your list of dependents. If you do not want to delete the dependent selected, click Cancel.' Below this, there is a table with columns: 'Remove', 'First Name', 'M', 'Last Name', 'Birth Date', 'SSN', 'Relationship', 'Gender', 'Disabled', and 'Full Time'. The table contains four rows of dependent information. An orange arrow points to the 'Remove' column. Below the table, there are two buttons: 'Delete Dependent' and 'Submit' (labeled (c)).

Remove	First Name	M	Last Name	Birth Date	SSN	Relationship	Gender	Disabled	Full Time
<input checked="" type="checkbox"/>	John		Smith	01/01/1970		Spouse	Male	No	No
<input type="checkbox"/>	Jane		Smith	01/01/1998		Child	Female	No	No
<input type="checkbox"/>	Billy		Smith	01/10/2000		Child	Male	No	No
<input type="checkbox"/>	Hope		Smith	10/15/2009	***-**-****	Child	Female	No	No

- 5 A note at the top will indicate that you deleted your dependent successfully. This will remove all coverage for the indicated dependent(s).





Manage Dependents ?

You have successfully deleted John. You may delete another dependent or click **Submit** and begin making elections.

To remove a dependent, select the dependent and click Delete Dependent. Your dependent will be deleted and will no longer be enrolled in benefits. If you do not want to delete the dependent selected, click Cancel.

Remove	First Name	M	Last Name	Birth Date	SSN	Relationship	Gender	Disabled	Full Time Student	
<input type="checkbox"/>	Jane		Smith	01/01/1988		Child	Female	No	No	
<input type="checkbox"/>	Billy		Smith	01/10/2000		Child	Male	No	No	
<input type="checkbox"/>	Hope		Smith	10/15/2009	***-**-****	Child	Female	No	No	





CHANGE BENEFIT ELECTIONS

STEP ACTION

- 1 Log into HRconnect at <https://portal.adp.com>. Click on the *Benefits Enrollment* tab.
- 2 Click on the *Change Benefits* link in the 'Change Your Benefits' box to add coverage for yourself and dependents due to a valid Qualifying Event.

The screenshot shows the 'Change Your Benefits' section of the HRconnect portal. A red box highlights the 'Change Benefits' link, which is described as: 'You may report an event that may allow you to change your benefits. For example, a marriage or birth of a child.' Other sections include 'Enrollment', 'Dependents', and 'My Links'.

- 3 (a) Use the drop-down list to choose the reason for changing your benefits at this time and (b) enter the date the reason for the change occurred. (c) Click **Submit**.

Change Benefits

In the fields below, select the reason why you would like to change your benefits and enter the date when the reason for the change occurred. When you Submit.

(b) Please select the reason why you would like to change your benefits:

(c) Please enter the date when the reason for the change occurred:

(a)

- Please Select
- Add Domestic Partner
- Adoption
- Birth of Child
- Change in Dependent Care Cost
- Death of Dependent
- Death of Domestic Partner
- Death of Spouse
- Dependent Gains Eligibility
- Dependent Gains Other Coverage
- Dependent Loses Eligibility
- Dependent Loses Other Coverage
- Divorce
- Domestic Partner Dissolution
- Establish Legal Guardianship
- HSA Election
- Marriage
- Spouse Gains Other Coverage
- Spouse Loses Other Coverage

- 4 The next screen shows your current dependents. Click on the **Add Dependent** button and **Submit** to continue. Or, if you aren't making changes to dependents, simply click **Submit** to continue.

Manage Dependents

Your dependent(s) are listed below. Click Add Dependent to tell us about another dependent. Click Submit to save the information.

First Name	M	Last Name	Birth Date	SSN	Relationship	Gender	Disabled	Full Time Student
John		Smith	01/01/1970		Spouse	Male	No	No
Jane		Smith	01/01/1998		Child	Female	No	No
Billy		Smith	01/10/2000		Child	Male	No	No

- 5 To add dependents, reference the **ADDING DEPENDENTS** Quick Reference Guide and follow steps 5-15.





- 6 The screen will show current benefit elections, if there are any. (**NOTE:** If you do not see your current elections, click on the event that you just created in order to view current elections.) Click on the highlighted name of a benefit to be changed. [ex. To change the medical election, click on the Medical link in the *Benefit* column.]

Benefit	Plan Election	Coverage	Semi-Monthly Cost	Employer Contribution
Medical	HRA1 w/o CCN	Associate + Family Self, John, Jane, Billy	\$144.50 *	\$355.50
Dental	Delta PPO	Associate + Family Self, John, Jane, Billy	\$27.49 *	\$15.03
Vision	VSP	Associate + Family Self, John, Jane, Billy	\$10.20 *	\$0.00
Company-Paid Life & AD&D	Company-Paid Life & AD&D		\$0.00 **	\$3.15
Associate Supplemental				

- 7 The screen below will be displayed for that benefit. Select the desired option and **make sure appropriate dependents are checked**. Click 'Done' at the bottom of the screen. Repeat this process for each benefit you want to change.

Enter or update your selections in the sections below. Click Done when you have completed making your elections.

Options

Select	Plan Option	Associate Only	Associate + Child(ren)	Associate + Spouse/Domestic Partner	Associate + Family
<input type="radio"/>	HRA1 w/o CCN	\$31.50	\$97.00	\$115.00	\$144.50
<input type="radio"/>	HRA2 w/o CCN	\$59.50	\$147.50	\$175.50	\$219.50
<input type="radio"/>	HSA w/o CCN	\$28.50	\$90.50	\$108.00	\$135.00
<input type="radio"/>	Waive				

Coverage Information

Cover	Name	Relationship
<input checked="" type="checkbox"/>	Mary C. Smith	Self
<input checked="" type="checkbox"/>	John Smith	Spouse
<input checked="" type="checkbox"/>	Jane Smith	Child
<input checked="" type="checkbox"/>	Billy Smith	Child

Taxation

Deduct the benefit cost from my paycheck before taxes are withheld ([pretax](#)).

Done **Cancel**

- 8 Once you've selected all your benefits, go to the *Summary* screen by clicking on the 'summary' link in the left side bar.

CONFIRM BENEFIT ELECTIONS

- 9 On the summary screen confirm that:
- All desired elections have been recorded
 - All benefit elections show the dependents you wish to have covered on each benefit

- 10 If you are satisfied with your elections, select *Confirm Elections* at the bottom of the page. **Note: If you do not select 'CONFIRM ELECTIONS,' changes WILL NOT be recorded.**

beneficiary, then any distribution shall be payable to a default beneficiary in accordance with the terms of the plan. If no primary beneficiary survives me, the contingent beneficiary(ies) shall acquire the designated share of my benefits. In addition, by clicking the Confirm button below I am agreeing that I am the insured in the plan under the applicable life insurance policy and that this action constitutes an electronic signature signifying my agreement to the terms (including any changes in designations) above.

Save and Return Later **Confirm Elections** **Cancel**





11

The next screen will display the *Certification Statement*. Click on the **I agree** button to continue the confirmation of your elections.

Certification Statement

I hereby enroll for coverage under my employer's Associate Benefit Plans and authorize the appropriate deductions to be taken from my earnings, if any. I understand that I am eligible to enroll for the coverage listed above, and may choose to waive my eligibility by selecting "Waive" in the appropriate sections.

I authorize any providers, insurers or other parties with any information related to me or my dependents' health status or condition, to release same to the Plans for any purpose related to this election. I understand this authorization expires upon written revocation, 60 days after execution or when I terminate coverage. I understand that I have the right to revoke this authorization at any time by sending written notification to our designated Privacy Office. I understand revocation is not effective for information previously disclosed or redisclosed by the recipient. My enrollment and eligibility under the Plans cannot be conditioned upon signing, and I may refuse to sign.

I Agree **I Disagree**

12

The next screen will ask if you want an email sent notifying you that your elections have been accepted. Complete the fields as appropriate and click **Submit**.

13

Once elections are confirmed, you will receive a confirmation number. Retain this for your records. **Print your confirmation statement.**

14

Take your confidential Health Assessment at redbrickhealth.com. Once you've registered, click the *Health Assessment* tab to get started. You'll be eligible for the lower medical premiums only after you've completed your Health Assessment.

