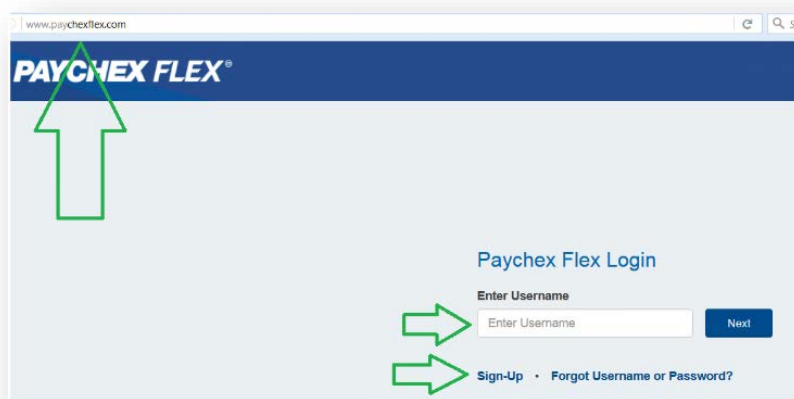


Benefits Enrollment – Paychex Flex

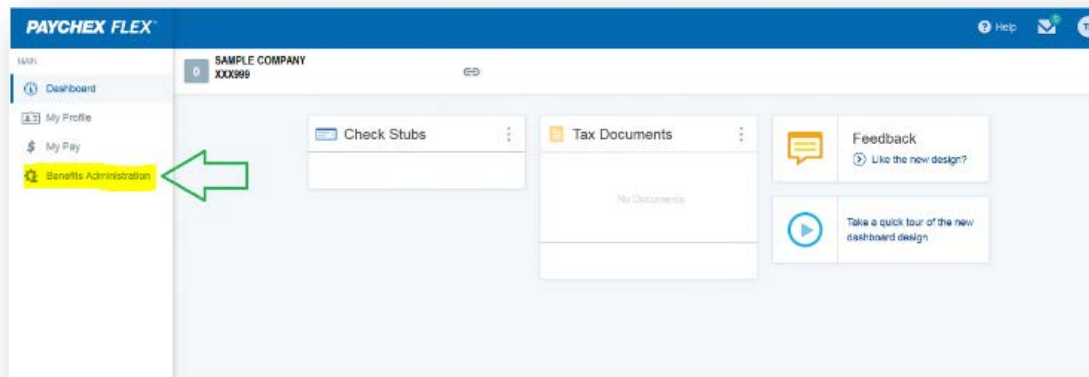
Paychex Flex™ Benefits Administration allows you to **ENROLL** in or **DECLINE** your employer's benefits as a New Hire, when a qualified life change event occurs, or during an Open Enrollment period.

This step-by-step guide will assist you in enrolling in your benefits. Please contact Human Resources if you need additional help.

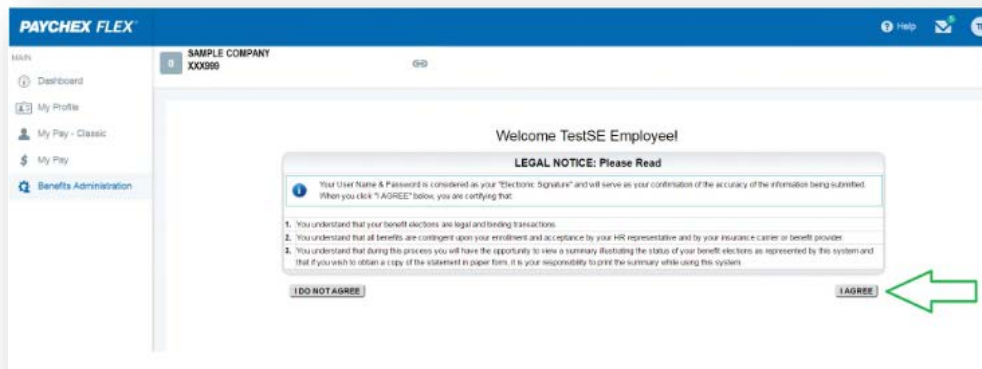
1. Be sure you have registered in your Paychex Flex account (using Sign-Up shown below) and subsequently been given access so that you can log in, or, if you are an existing user, log in to your account (beginning with Entering User Name).



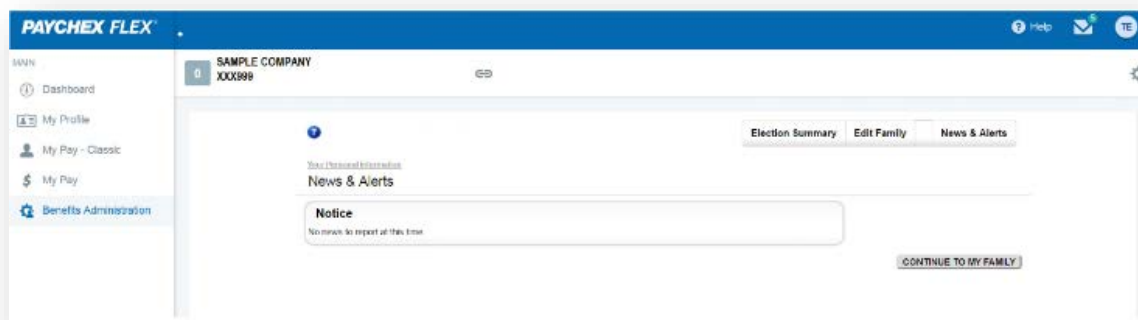
2. From the menu, select **Benefits Administration**. Please note, your menu may not show and you will need to click on the three (3) lines at the top left to reveal the menu.



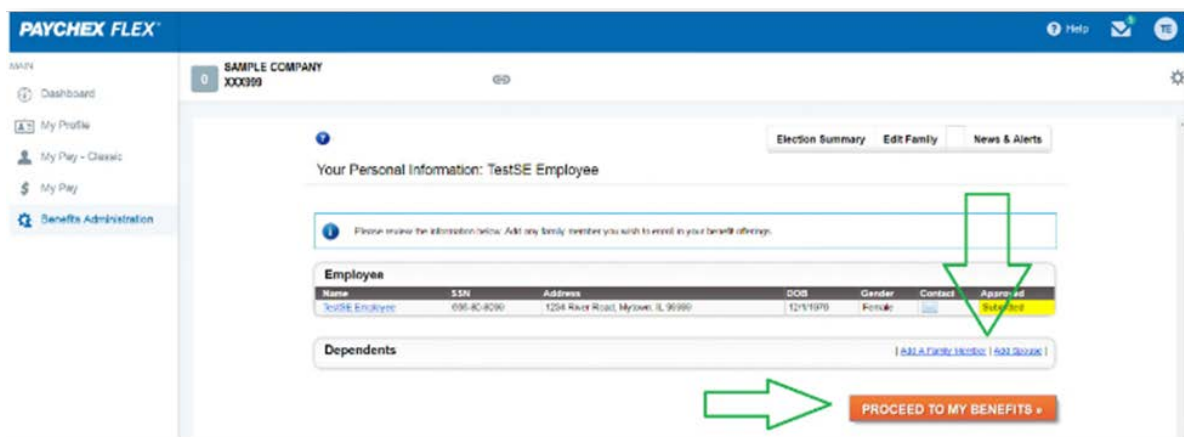
3. Each time you log in you will receive a legal notice explaining that your election of benefits in this application constitutes a legally binding, electronic signature. You must click **I AGREE** to continue.



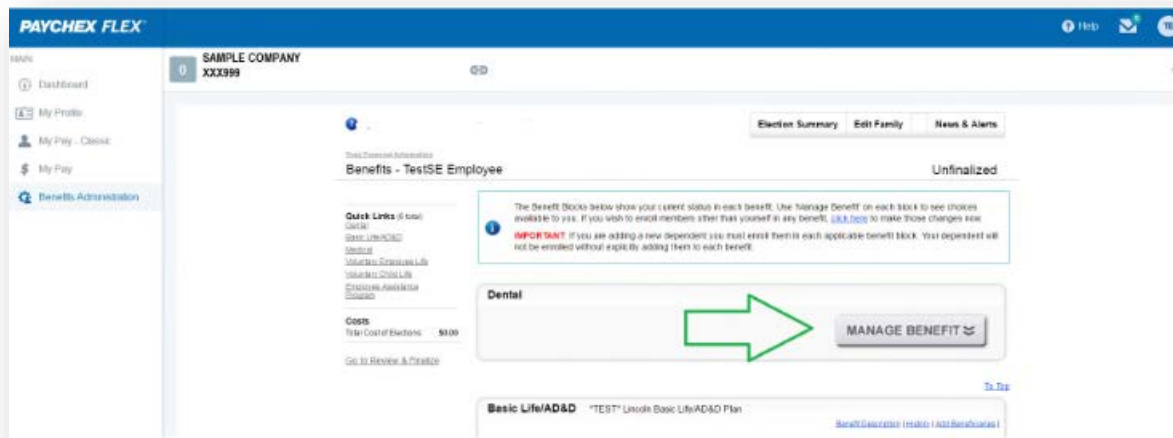
4. The legal notice will disappear and you will see the screen shown below. This is where the Company may place news and information pertinent to your benefits. To move on, click on **CONTINUE TO MY FAMILY**.



5. To add family members you wish to include in your benefits, Click on **ADD SPOUSE** or **ADD FAMILY MEMBER** (for children). Once you have all of your family members added, click on **PROCEED TO MY BENEFITS**. Please note, if you have not added family members you wish to include, they will not show up later when you are choosing whom to cover.

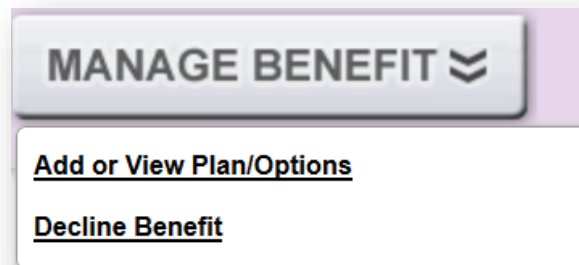


6. For initial enrollment, qualifying life events or during open enrollment, click on **MANAGE BENEFIT** for each type of coverage.



7. Depending on the benefit and any election already in place, your options will be determined by where you are in the process. Generally, the elections will appear as follows but others may apply depending upon the benefit:

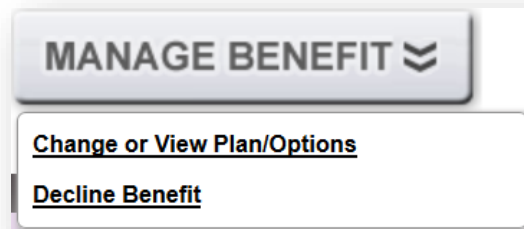
- a. For **New Enrollees**, the options indicated below will be presented when you click on **MANAGE BENEFIT**.



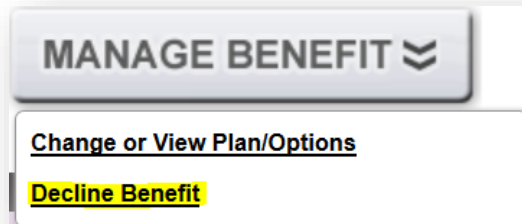
- b. For **New Hires**, the options indicated below will be presented when you click on **MANAGE BENEFIT**



- c. For *Changes to Enrollments*, the following options will be presented when clicking the **MANAGE BENEFIT** button during *Open Enrollment*.



- d. To *Decline* or *Terminate* a benefit in which you are currently enrolled, select **Decline Benefit** from the **MANAGE BENEFIT** drop down.



Note: *If you choose decline benefit, the system will skip to step 9 below.*

8. Once you have chosen *Add or View Plan/Options* or *Change or View Plan/Options* you will enroll in the plan at the level you want (employee only, employee and spouse, employee and child/ren, or employee and family). Check the family members you wish to enroll and follow the prompts.

You will repeat from step 7 for each benefit to choose all of your coverages.

9. For each benefit type, once you have chosen the benefit, you will be prompted to enter an effective date. Enter the date and click **CONTINUE**. This will take you to a screen where you will need to choose a reason for the enrollment or change to enrollment as well as to enter the effective date. Click the drop down arrow for **Reason** and choose a reason. Then click the drop down for the **Event Date** and enter the effective date.

Open Enrollment > Search Results > Benefits > [Add Employee](#) EE Search >> Search All Sites

Manage Medical: Change or View Plan/Options

Required

Carefully review the information below before finalizing

Transaction Type:	Change Coverage
* Reason:	Open Enrollment
* Event Date:	6/1/2018
Comment:	Change or View Plan/Options
Transaction Date:	6/1/2018
Included:	John Adam (Employee)
Product:	Aetna PPO Plan
Group Number:	0878955-201-AO PPO CA
Coverage Level:	Employee Only
Total Premium:	\$421.65 (Monthly)
Employee Cost:	\$60.04 (Semi-Monthly)

Part or all of the Employee portion of premium has been designated as pre-tax.

1. I understand that coverage is being provided by the following companies:
Traditional Choice®, Open Choice® and Managed Choice®: Aetna Life Insurance Company
Life, Accidental Death & Personal Loss, Disability: Aetna Life Insurance Company
HMO, QPOS®: Aetna Health Inc., Aetna Health Of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc., Corporate Health Insurance Company
Dental: Aetna Life Insurance Company, Aetna Health Inc., Aetna Dental Inc., Aetna Dental of California Inc.

2. The plan documents (Schedule of Benefits, Group Agreement, Group Policy, and Certificate of Coverage) will determine my rights and responsibilities and will govern even if they conflict with any benefits comparisons, summary or other description of the plan.

3. I understand and agree that with the exception of Aetna Rx Home Delivery®, all participating providers and vendors are independent contractors and are neither agents nor employees of Aetna. The availability of any particular product cannot be guaranteed and provider network composition is subject to change.

NOTICE: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or who conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

CANCEL << GO BACK I AGREE

When finished, click **I AGREE** at the bottom

10. When you have chosen all of your benefits, scroll to the bottom and click on **REVIEW & FINALIZE**

[To Top](#)

SUMMATION - Amounts per (Bi-Weekly) pay period

Total Cost of Elections:	\$7.52
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[REVIEW & FINALIZE](#)

[To Top](#)

11. A summary of your elections will appear. Review these elections. If you want to make additional changes, click **RETURN TO MY BENEFITS**. Make the changes and click **REVIEW & FINALIZE** again, Step 10. Once all changes you want are made, click **AGREE TO ABOVE AND FINALIZE MY ELECTIONS**.

Election Summary

Employee:

Address:

Plan Elections

Amounts shown are per (Bi-Weekly) pay period

Benefit Category	Plan Description
Medical	<input type="text"/>
Working Spouse Surcharge	
Prescription Drug	
Vision	
Dental	
Medical Care FSA	
Dependent Care FSA	
Legal	

Summation

Amounts shown are per (Bi-Weekly) pay period

Total out of pocket expense:

Your Employer is contributing to your Benefit Package.

Family Members

Name	Relation
There are no covered dependents	

I elect these benefits and authorize my employer to take payroll deductions. Medical, pharmacy, dental, vision and flexible spending account (FSA) contributions will be deducted from my pay. (Note: FSA contributions are subject to IRS Section 125 rules, mid-year election changes require a corresponding Qualifying Event (QE). Without a QE, changes to certain circumstances as outlined in the Summary Plan Description); my employer may take retroactive after-tax deductions, based on the amount of my contributions, to cover the cost of the benefits provided during the period of my election changes.

As a Paychex employee I understand that falsifying documents including but not limited to employee benefit records will be subject to disciplinary action. Falsification of benefit coverage offered constitutes such an offense.

5/18/2018 11:43:12 AM

[RETURN TO MY BENEFITS](#) [LOG OUT](#) [AGREE TO ABOVE AND FINALIZE MY SELECTIONS](#)

This completes your enrollment or changes to elections. If you have any problems, please contact Human Resources.