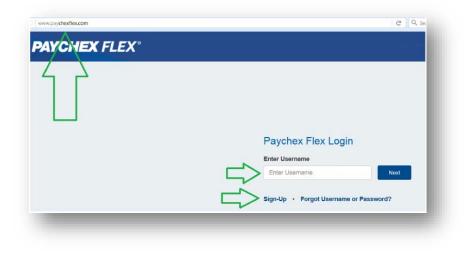
Paychex Flex<sup>™</sup> Benefits Administration allows you to **ENROLL** in or **DECLINE** your employer's benefits as a New Hire, when a qualified life change event occurs, or during an Open Enrollment period.

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.

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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.

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Band/ts Administration     That User Name & Passent is considered as your "bettors bysnure" and a rest controllation of the accuracy of the interviews barg submitted     That User Name & Passent is considered as your "bettors bysnure" and the second server as your continuition of the accuracy of the interviews barg submitted     The User Name & Passent is considered as your "bettors bysnure" and the second server as your continuition of the accuracy of the interviews barg submitted     The User Name & Passent is considered as your "bettor bysnure" and the second server as your continuition of the accuracy of the interviews barg submitted     The User Name & Passent is considered as your the interviews and the second server and the second second server as the set power is a control accuracy of the interviews and the second second server and the second second server as the set power is a control accuracy of the interviews and the second second server and the second	
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2. You understand that all benefits are contrigent upon your enrollment and acceptance by your HR representative and by your insurance carrier or benefit provider	
<ol> <li>You understand that during the process you will have the apportunity to serve a summary illustrating the status of your benefit electrons as approved by this system and that if you wish to obtain a copy of the statement in paper them, it is your separately to print the summary unbia loang this system.</li> </ol>	

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**.

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N Dashboard	SAMPLE COMPANY     XXX899	69					\$
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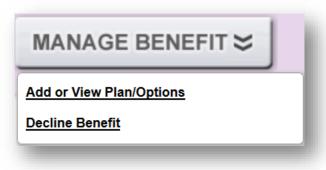
5. To add family members you wish to include in your benefits, Click on ADD SPOUSE or ADD FAMILY MEMBER (for children). Once you have all of your family members added, click on PROCEED TO MY BENEFITS. Please note, if you have not added family members you wish to include, they will not show up later when you are choosing whom to cover.

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	Name SSN Address DOB Gen	nder Contact Approved		
	Dependents	1A31A Tactly Incide: 1A31 Secure 1 ROCEED TO MY BENEFITS +		

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

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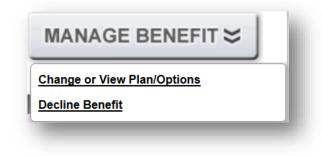
- 7. Depending on the benefit and any election already in place, your options will be determined by where you are in the process. Generally, the elections will appear as follows but others may apply depending upon the benefit:
  - a. For *New Enrollees*, the options indicated below will be presented 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.

	MANAGE BENEFIT 🜫	
<u>c</u>	hange or View Plan/Options	
	ecline Benefit	

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

 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.

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refully review the inform	nation below be	efore finaliz	zing						
Transaction Type:									
* Reason:	Open Enrollment		•						
* Event Date:	6/1/2018								
Comment:	Change or View Plan	n/Options							
Transaction Date:	6/1/2018								
Included:	John Adam (Employ	/ee)							
Product:	Aetna PPO Plan								
Group Number:	0878955-201-AO PP	0 CA							
Coverage Level:									
	\$421.65 (Monthly)								
Employee Cost: r all of the Employee portion of pre	\$60.04 (Semi-Monthly								
Life, Accidental Death & Person HMO, QPOS®: Aetna Health Inc Company Dental: Aetna Life Insurance Co 2. The plan documents (Schedi govern even if they conflict will 3. I understand and agree that agents nor employees of Aetna NOTICE: Any person who ke for insurance or statement concerning any fact materia	c., Aetna Health Of Ca ompany, Aetna Health ule of Benefits, Group th any benefits competent with the exception of a. The availability of a nowingly and with it t of claim containing	lifornia Inc., Aet Inc., Aetna Den O Agreement, Gru arisons, summar Aetna Rx Home ny particular pro Intent to injure g any materially	tna Health o ntal Inc., Ae roup Policy, ry or other Delivery®, oduct canno e, defraud ly false inf	f the Carolinas In tha Dental of Calif and Certificate of description of the all participating p ot be guaranteed i or deceive any formation or who	iornia Inc. Coverage) will o plan. roviders and ver and provider net <b>insurance com</b> to conceals for	determine ndors are work com npany or r the purj	my rights ar independen position is s other pers	nd respo t contra ubject to son file sleadir	onsibilities and will ctors and are neither o change. s an application ng, information

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

SUMMATION - Amounts per (Bi-V	Veekly) pay period	<u>10 10</u> ;
Total Cost of Elections:	\$7.52	<b>REVIEW &amp; FINALIZE</b>
		<u>To Tor</u>

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	(i) Supporting Track
Employee: Address:	
Address:	
	Drag the curso
	invent to capture
Plan Elections Amounts shown are per (Bi-Weekly) pay period	
Benefit Category	Plan Description
Medical	
Working Spouse Surcharge	
Prescription Drug	
Vision	
Dental	
Medical Care FSA	
Dependent Care FSA	
Legal	
-	
<b>O</b> urran a transmission and the transmission of transmission of the transmission of transm	
Summation Amounts shown are per (Bi-Weekly) pay period	
	Total out of pocket expense:
Your Employer is contributing to your B	enefit Package.
	enefit Package.
Your Employer is contributing to your B Family Members Name	enefit Package. Relation
Family Members	
Family Members Name	-
Family Members Name There are no covered dependents	Relation
Family Members Name There are no covered dependents elect these benefits and authorize my employer to take payroll deductions. Medical, pl	Relation harmacy, dental, vision and flexible spendir
Family Members Name There are no covered dependents elect these benefits and authorize my employer to take payroll deductions. Medical, pl Based on IRS Section 125 rules, mid-year election changes require a corresponding Q	Relation harmacy, dental, vision and flexible spendii ualifying Event (QE). Without a QE, change
Family Members Name There are no covered dependents elect these benefits and authorize my employer to take payroll deductions. Medical, pl Based on IRS Section 125 rules, mid-year election changes require a corresponding Q	Relation harmacy, dental, vision and flexible spendii ualifying Event (QE). Without a QE, change
Family Members Name There are no covered dependents Lelect these benefits and authorize my employer to take payroll deductions. Medical, pl Based on IRS Section 125 rules, mid-year election changes require a corresponding Q certain circumstances as outlined in the Summary Plan Description); my employer may As a Paychex employee I understand that falsifying documents including but not limited	Relation harmacy, dental, vision and flexible spendir ualifying Event (QE). Without a QE, change take retroactive after-tax deductions, base
Family Members Name There are no covered dependents I elect these benefits and authorize my employer to take payroll deductions. Medical, pl Based on IRS Section 125 rules, mid-year election changes require a corresponding Q certain circumstances as outlined in the Summary Plan Description); my employer may As a Paychex employee I understand that falsifying documents including but not limited coverage offered constitutes such an offense.	Relation harmacy, dental, vision and flexible spendir ualifying Event (QE). Without a QE, change take retroactive after-tax deductions, base
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Family Members Name There are no covered dependents I elect these benefits and authorize my employer to take payroll deductions. Medical, pl Based on IRS Section 125 rules, mid-year election changes require a corresponding Q certain circumstances as outlined in the Summary Plan Description); my employer may As a Paychex employee I understand that falsifying documents including but not limited coverage offered constitutes such an offense. 5/18/2018 11:43:12 AM	Relation harmacy, dental, vision and flexible spendir ualifying Event (QE). Without a QE, change take retroactive after-tax deductions, base d to employee benefit records will be subje

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