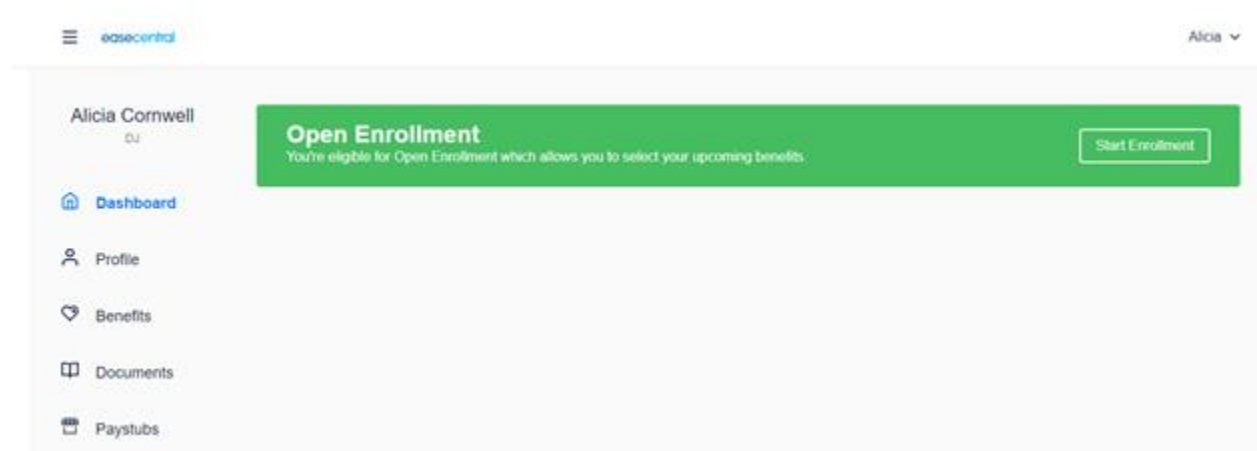


Employee Enrollment Experience

From your Dashboard






1. Click **Start Enrollment**.

The Sample Company > Benefits Enrollment [Exit](#)



Benefits Enrollment

You're about to begin enrollment. Please note the following:

 Takes 10-15 mins ... or a cup of coffee	 Good to have ready Information about your dependents, Medicare, and previous coverage (if applicable)	 Your progress will be saved Exit and finish later if you need to
--	--	---

[Start](#)

2. Click **Start**.

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
- 5 Benefits
- 6 Coverage
- 7 Summary
- 8 Sign Forms
- 9 Finish

Personal Information

First Name *	Middle Name
<input type="text" value="Alicia"/>	<input type="text" value="Middle Name"/>
Last Name *	
<input type="text" value="Cornwell"/>	
Sex *	Birth Date (30) *
<input type="text" value="Female"/>	<input type="text" value="1/1/1989"/>
SSN *	
<input type="text" value="Show"/>	
Marital Status *	
<input type="text" value="Select"/>	
Tobacco User (Last 12 Months) *	
<input type="text" value="Select"/>	
Disabled? *	
<input type="text" value="Select"/>	

[Need Help?](#) [Get support](#)

3. Enter/Update **Personal Information**.

- Those marked with an * are required.

4. Click **Continue**.

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
- 5 Benefits
- 6 Coverage
- 7 Summary
- 8 Sign Forms
- 9 Finish

Dependents

If you have any dependents (e.g. spouse, domestic partner, children) please add them here. If you do not have any dependents please click 'Continue'.

Add a Dependent

Add

Continue

[Need Help?](#) [Get support](#)

5. If dependents to be enrolled in benefits are not listed, click **Add**.

6. Complete **Add Dependent** information.

7. Click **Add Dependent**.

8. Click **Continue**.

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
- 5 Benefits
- 6 Coverage
- 7 Summary
- 8 Sign Forms
- 9 Finish

Documents

Please review and sign the following documents if applicable. Once you've reviewed each document please click 'Continue'.

[Need Help?](#) [Get support](#)

Handbook Acceptance

170 B

[Review](#)

SPD

29.6 KB

[Review](#)

[Continue](#)

9. Click **Review** and acknowledge receipt for each document.

10. Click **Continue**.

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
- 5 Benefits
- 6 Coverage
- 7 Summary
- 8 Sign Forms
- 9 Finish

Medicare

If you or any of your dependents applying for coverage have Medicare Coverage please add that information here. Otherwise please click 'Continue'.

[Need Help?](#) [Get support](#)

Add Medicare Coverage

[Add](#)

[Continue](#)

11. If Medicare Coverage is enabled, click **Add**.

12. Complete Add Medicare Coverage information.

13. Click **Add Medicare Coverage**.

14. Click **Continue**.



Holly Busch
Account Manager

Dashboard

Profile

Benefits

Documents

Time Off

Calendar

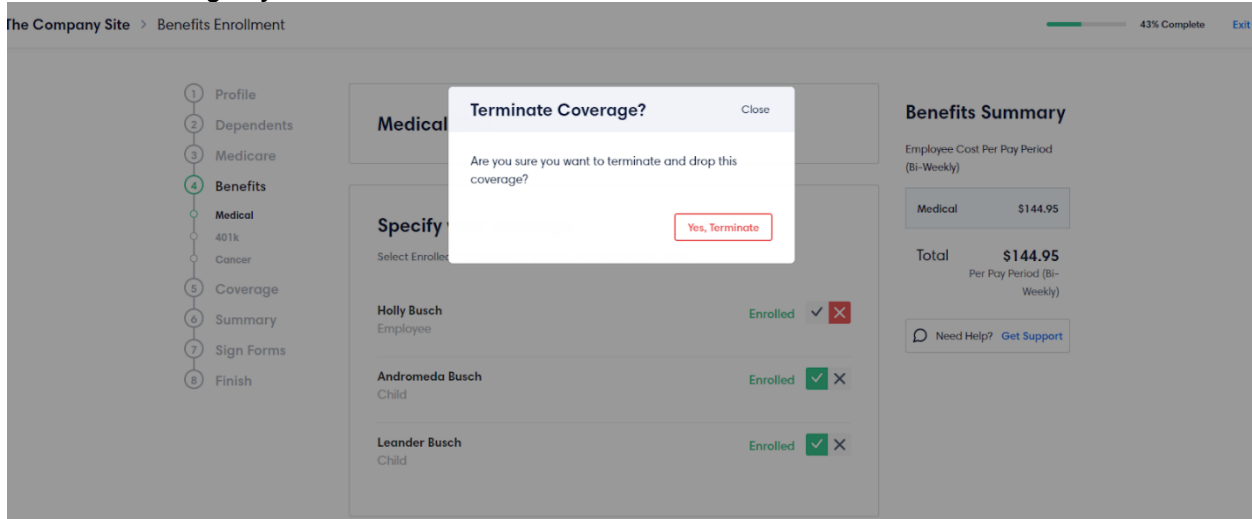
Directory

Benefits Information

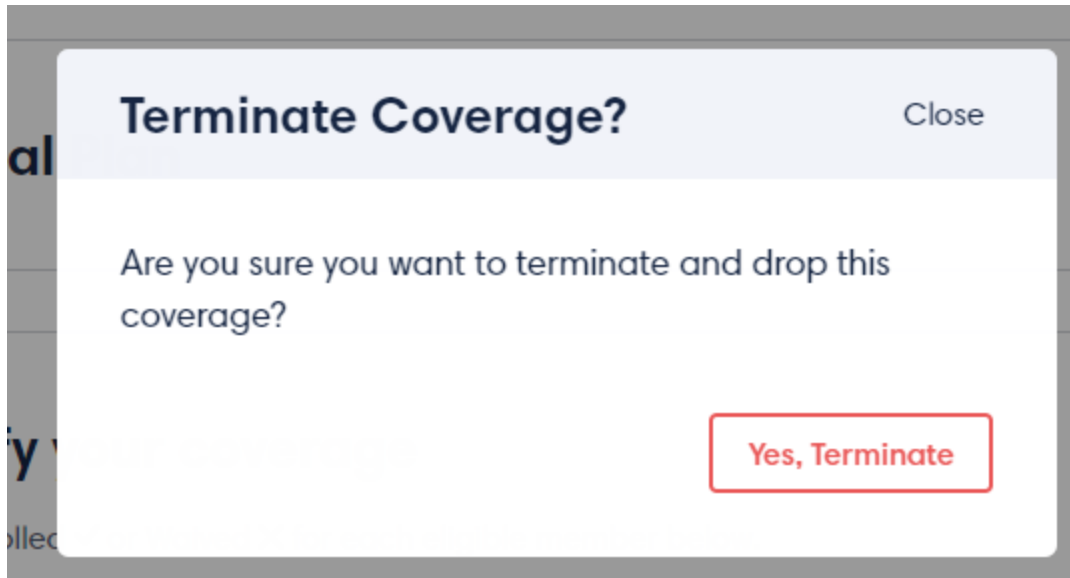
Change My Benefits

Plan	Coverage Details	Cost Details
Medical Carrier: Blue Shield of CA Plan: Blue Shield PPO 6300 Effective Date: 5/1/2019	Enrolled: Holly Busch - 5/1/2019 Leander Busch - 5/1/2019 Andromeda Busch - 5/1/2019	\$144.95, Pre-Tax
Total Employee Cost Per Pay Period (Bi-Weekly)		\$144.95, Pre-Tax

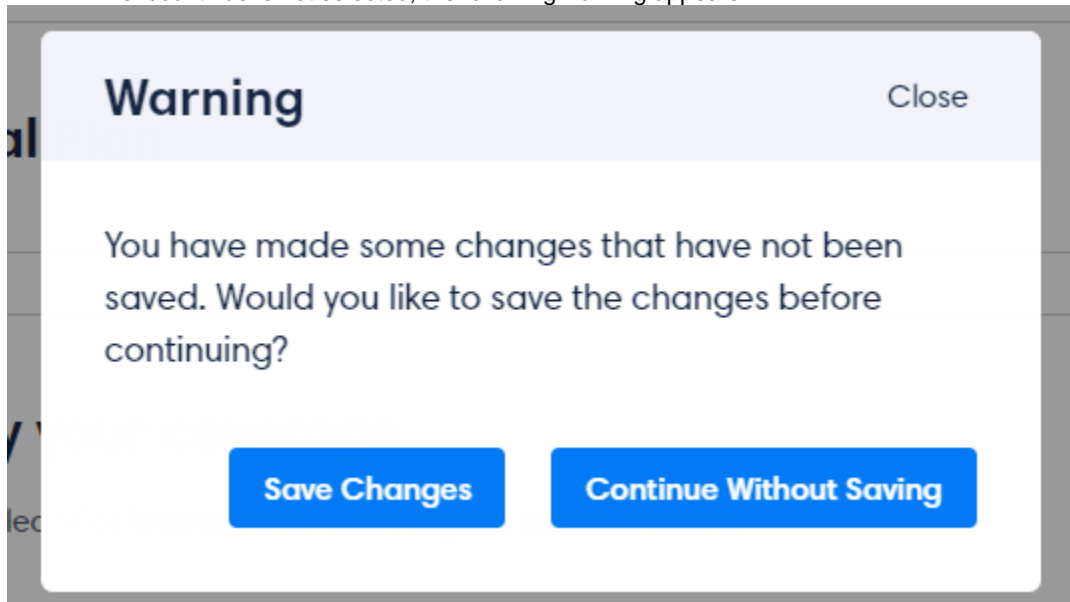
1. Click **Change My Benefits**.



1. Click **"X"** next to plan to be terminated.
 - Prompt to ensure terminating active coverage is desired.



1. Click **Yes, Terminate**.
2. If next/continue is not selected, the following warning appears:



1. Click **Save Changes**.

End of Procedure