Annual Benefits Enrollment

Complete your Benefits Annual Enrollment online in MyADP using your mobile device (e.g. smartphone, tablet), personal computer, or work computer.
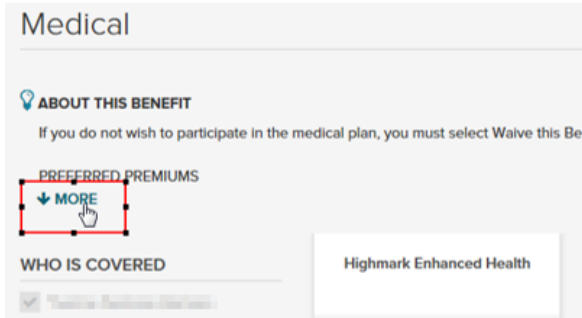
Access MyADP
From computer/mobile device

1. Visit https://my.adp.com from a web browser on your computer or mobile device or visit the MyADP mobile application.
2. First-time users must register for MyADP. Visit the **Payroll** section of the Laitram intranet for instructions.
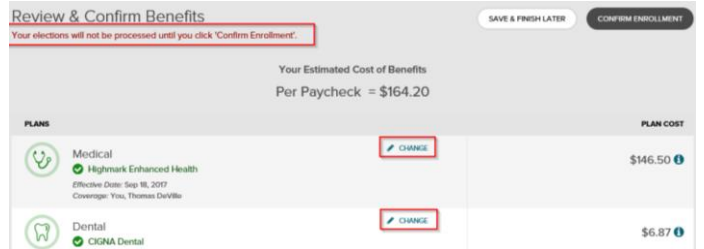3. Existing users login using your MyADP Username and Password.

Completing Annual Enrollment

1. Login to MyADP and click on the **Benefits** tab.

2. Select the **Annual Enrollment** event on your benefits dashboard. This event is only available during the Annual Enrollment window. You must complete your elections and submit any supporting documentation during the Annual Enrollment window.

   Annual Enrollment

   ⏱ 29 day(s) left to enroll

   ✏ ENROLL NOW

3. Add all eligible spouse and child dependents *even if you do not intend to enroll them in medical or dental coverage*. Laitram provides free Dependent Life coverage for eligible dependents, but your dependents must be listed in MyADP. **Social Security Number** and **Date of Birth** are required for all dependents.

4. Review each benefit and make your elections. Detailed information about each benefit is available at the top of the benefit election area. Read all information carefully.
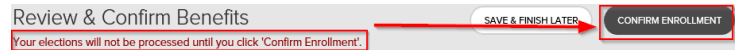
   Medical

   💡 ABOUT THIS BENEFIT
   If you do not wish to participate in the medical plan, you must select Waive this Ber
   PREFERRED PREMIUMS
   ⬇ MORE
   WHO IS COVERED   Highmark Enhanced Health

5. Once you have reviewed and selected all benefits, click **"Complete Enrollment"** to review a summary of your elections. Click "**Change**" next to any benefit to make any further changes.
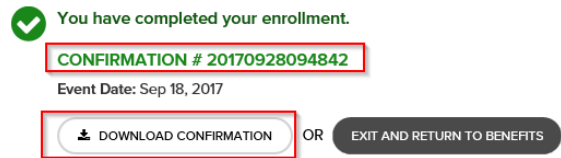   **NOTE: This is your summary/review screen ONLY. You have not yet completed your enrollment!**

   Review & Confirm Benefits   SAVE & FINISH LATER   CONFIRM ENROLLMENT
   Your elections will not be processed until you click 'Confirm Enrollment'.

   Your Estimated Cost of Benefits
   Per Paycheck = $164.20

PLANS		PLAN COST
Medical ✓ Highmark Enhanced Health *Effective Date: Sep 18, 2017* Coverage: You, Thomas DeVille	✏ CHANGE	$146.50 ⓘ
Dental ✓ CIGNA Dental	✏ CHANGE	$6.87 ⓘ

6. You must click **Confirm Enrollment** to complete your enrollment.

   Review & Confirm Benefits   SAVE & FINISH LATER   CONFIRM ENROLLMENT
   Your elections will not be processed until you click 'Confirm Enrollment'.

7. You will receive a success message with a confirmation number.

   ✅ You have completed your enrollment.
   CONFIRMATION # 20170928094842
   Event Date: Sep 18, 2017
   ⬇ DOWNLOAD CONFIRMATION OR EXIT AND RETURN TO BENEFITS

8. Print and/or digitally save a copy of your **Confirmation Statement** for your records.

New Hire & Life Event Coordination

If you experience a New Hire or Qualifying Life Event near the Annual Enrollment window, complete all pending events to update both current year and next year's benefits.
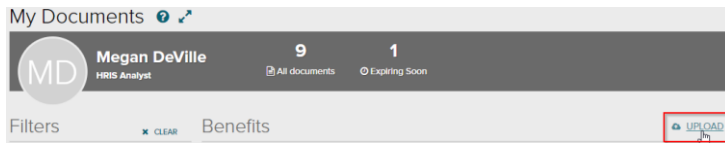
Who	Qualifying Life Event	New Hire Enrollment	Annual Enrollment
New Hire Benefits Eff **Current Year**	N/A	YES	YES
New Hire Benefits Eff **Next Year**	N/A	YES	NO
Life Event **Before** Open Enrollment	YES	N/A	YES
Life Event **During** Open Enrollment	YES	N/A	YES
Life Event **After** Open Enrollment	YES	N/A	YES

Submitting Benefits Documents

1. Login to MyADP and click on the **Benefits** tab.
2. Select **Submit Benefits Documents** in the **Benefits Links** tile. This will open a new browser window.

Benefits Links

☑ Submit Benefit Documents

♨ Highmark BCBS

♨ Cigna Dental
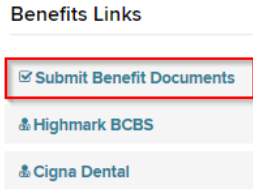
3. The new window should indicate **My Documents** at the top, with your name and job title just below. Click **Upload** at the top right to upload documents.

My Documents ❓ ↗

MD **Megan DeVille** 9 1
HRIS Analyst All documents Expiring Soon

Filters ✕ CLEAR Benefits ⬆ UPLOAD

4. When you have uploaded a document, you will be asked to update the document properties by:
   a. Naming your document
   b. Selecting the correct category:
      i. Dependent Verification
      ii. Evidence of Insurability
   c. Providing an Effective Date
      i. This is the date of the event (e.g. date of birth, marriage, date coverage was lost)
   d. Click **Save** when complete

Document properties

Display Name

Job Aid_Apply Internally

Category / Subcategory

Category / Subcategory ⌄

Effective Date   Expiration Date

📅   📅

Tags

Tags

CANCEL   SAVE ⌄

Pending Elections
Dependent Verification Required

You must provide documentation verifying eligibility of any dependent that you are adding to coverage for the first time.

! Your dependents will ___NOT___ be added to your benefits unless appropriate documentation is received **during the Annual Enrollment period**.

Dependent Verification Document Requirements	
Spouse	• Marriage Certificate (State or Religious) • Current Tax Return with Spouse Name Listed
Child	• Birth certificate with name of employee listed • Hospital birth letter with name of employee listed • Adoption certificate • Current tax return with dependent name listed • Court order establishing legal guardianship

Evidence of Insurability/Statement of Health Required

If you are adding or increasing Optional Employee or Spouse Life coverage, you may be required to complete and submit a Statement of Health (AKA: Evidence of Insurability). You will receive a warning notification during Annual Enrollment if you are required to submit a statement of health.

Understanding Beneficiaries

- You must designate one or more primary beneficiaries for **Employer Paid Life** (and **Optional Life** if applicable).
- Review your beneficiaries during Annual Enrollment and any time you have a major life change to ensure that your life insurance is distributed according to your wishes.

Primary Beneficiar(ies)	Receive specified percentage of your life insurance in the event of your passing.
Secondary Beneficiar(ies)	Receive specified percentage of your life insurance in the event that both you and the primary beneficiar(ies) pass.

Example

Your spouse is your **primary** beneficiary, receiving 100% of your insurance. Your 2 children are your **secondary** beneficiaries. Each will receive 50% of your life insurance.

Scenario 1: You pass. Your spouse will receive 100% of your life insurance because (s)he is the primary beneficiary.
Scenario 2: You and your spouse pass in the same accident. Your children will receive the specified shares of your life insurance because the primary beneficiary has also passed.
Scenario 3: Your spouse passed already and you have not updated your beneficiary information to replace your spouse. You pass. Your children will receive the specified shares of your life insurance because your primary beneficiary has already passed.