

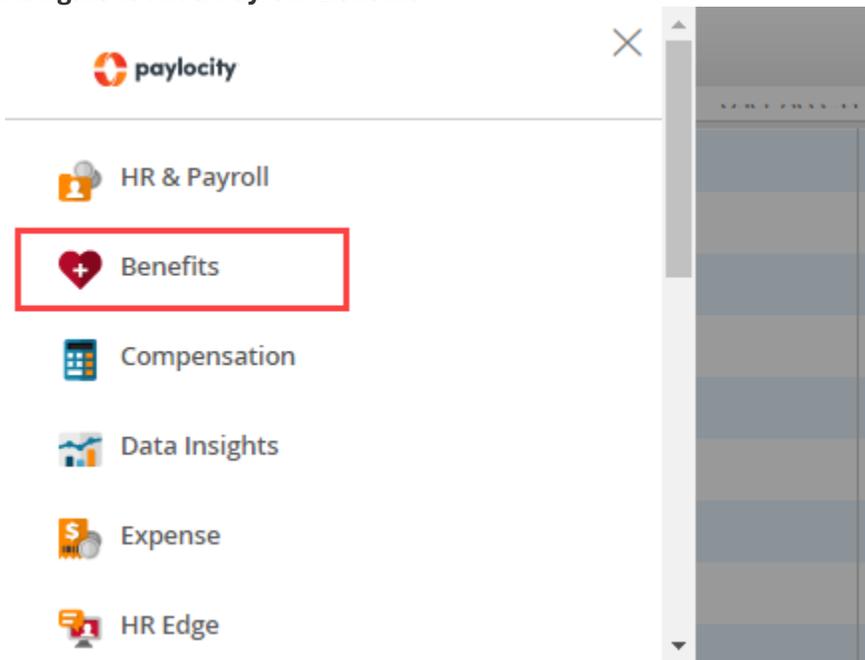
Paylocity Benefits Enhanced Rollout

Good morning!

We are excited to announce that we are moving our benefits platform over to Paylocity Benefits Enhanced. While using Benefits Enhanced you will be able to access a new hire enrollment, make updates during your Open Enrollment Window, and create a life event. In addition, you will be able to review current elections as well as access important documents that break down the plan offerings.

Below are instructions on how to access and then navigate around the system.

1. **Log into your Paylocity Employee Self Service Account**
2. **Navigate to HR & Payroll>Benefits.**



All employee and dependent enrollment data gets stored in the employee's Benefits Enhanced user account.

1. Access Benefits Enhanced
2. Select **My Current Coverage** in the sidebar menu.
3. Adjust the **Viewing coverage of** field, as necessary.
4. Select the necessary **Plan Name** to view the coverage details for the plan.
5. Select **Expand All** to view the coverage details for all plans.
6. Select **View PDF** to view or print the Enrollment Confirmation Statement outlining all enrollment information as of the specified date.

Paylocity Benefits Enhanced Rollout

TU Test User1

[My Current Coverage](#)

[Enrollment History](#)

[Change My Coverage](#)

[Family Info](#)

[Beneficiaries](#)

[Document Center](#)

My coverage as of **1/2/2019** Viewing coverage as of **1/2/2019**

Approved Pending

The elections below are pending approval.

My Estimated Costs
\$55.58 [View PDF](#)

[Expand All](#)

Medical Employee + Spouse
Medical HDHP [^] **\$12.50**

Effective Date 10/01/2018
Provider BCBS

My Estimated Costs per pay period
Employee Contribution \$12.50
Employer Contribution \$28.85

Family Coverage

Name	Relationship	Is Covered
Test User1 (Myself)	Employee	Covered 10/01/2018
Test Spouse	Spouse	Covered 10/01/2018
Test Child	Child	⊘ Not Covered

Additional information can be found in the following PEAK Articles. PEAK can be accessed by either logging into ESS on your desktop or using Paylocity Mobile.

1. Log into the Paylocity Mobile App.
2. Tap **More**.
3. Tap **Help** to open the In App Browser.
4. Identify desired information:
 - The **All-Topics** dropdown provides a list of topics to view.
 - The search bar is available for searching key words.
 - Scrolling through the page will provide suggested topics.
5. Exit the In App Browser to return to the **More** menu. Returning to PEAK will not resume PEAK session.

OR

1. Log into ESS via your desktop computer.
2. Select HELP on the top right of the Navigation Bar and then select Knowledge Base for Employees

HR & Payroll Employees HR Payroll User Access Reports & Analytics Help

Self-Service Portal Home Directory Impressions Teams Commu Knowledge Base for Employees Release Notes

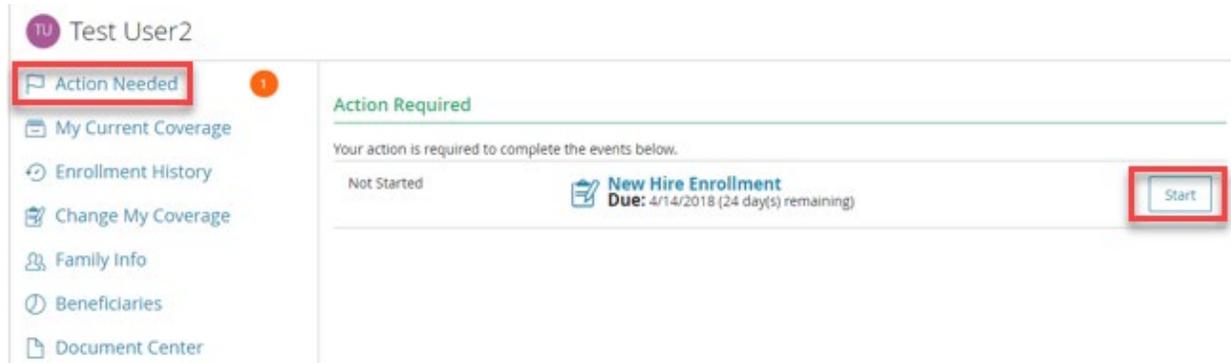
Paylocity Benefits Enhanced Rollout

How to Complete Enrollment

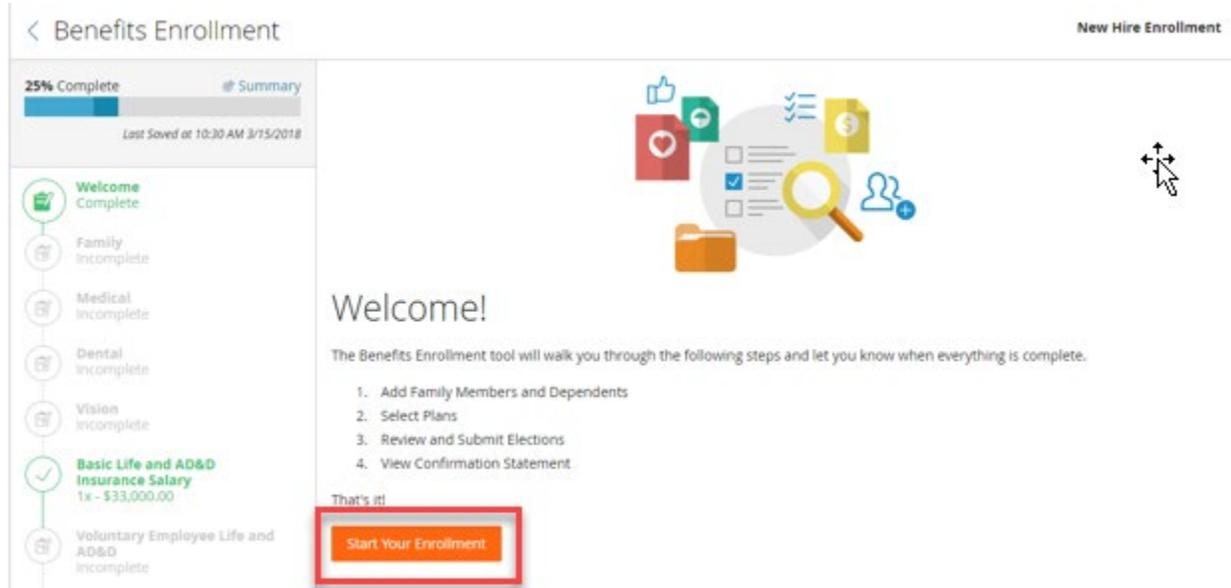
[Access Benefits Enhanced.](#)

Select **Action Needed** in the sidebar menu. This option only appears if an enrollment event is available.

Select **Start**.



Select **Start Your Enrollment**.



Review **Family** Information.

Select **Add Family Member** to enter a new dependent.

Select an existing dependent to change the dependent's demographic information.

Paylocity Benefits Enhanced Rollout

Select **Continue**.

< Benefits Enrollment Special Enrollment

42% Complete [Summary](#)
Last Saved at 11:29 AM 1/4/2019

Wellcome Complete
Family Complete
Medical Incomplete
Dental Incomplete
Vision Incomplete
Basic Life and A&D \$75,000.00
Voluntary Employee Life and AD&D Incomplete

Tell us about your family

My Estimated Costs per pay period
\$0.00
[My Benefit Elections](#)

Your Family

TS
Test Spouse Spouse

+ Add Family Member

Previous **Continue**

Answer any questions, if applicable.

< Benefits Enrollment Open Enrollment

54% Complete [Summary](#)
Last Saved at 8:33 AM

Wellcome Complete
Family Complete
Questionnaire Complete
Medical Blue Cross Blue Shield HDHP
Health Care Savings Account (HSA) \$1,130.00

Tell us about yourself

My Estimated Costs per pay period
\$61.76
[My Benefit Elections](#)

Questions

Do you or any family members use tobacco products? Check all that apply

EA Employee (Myself)

Is your Spouse or Domestic Partner offered Medical/Health insurance through their employer?

Yes No

Previous **Continue**

Enter Benefit Elections:

Medical, Dental, Vision Plans

Select the dependents to cover. The system calculates a coverage tier and cost based on the dependents selected.

Select the **checkmark** next to the appropriate **Plan** or **Waive** option.

Paylocity Benefits Enhanced Rollout

Select **Continue**.

Who do you want to cover on this plan?

<input checked="" type="checkbox"/> TU Test User1 (Myself) Employee	<input type="checkbox"/> TS Test Spouse Spouse	<input type="checkbox"/> CU Child User1 Child
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Choose a Plan

<input checked="" type="checkbox"/>	HSA Open Access Plus Choice ^	Employee Only \$67.46
	Provider Cigna	My Estimated Costs per pay period Employee Contribution \$67.46 Employer Contribution \$101.78
<input type="checkbox"/>	Open Access Plus Choice v	Employee Only \$81.01
<input type="checkbox"/>	Waive Medical	

Previous	Continue
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Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs)

Select the checkmark next to the **Plan** or **Waive** option.

Paylocity Benefits Enhanced Rollout

Enter an amount in **Employee Per Pay Period** or **Total Annual Contribution**.

Contribute to a Health Care Savings Account (HSA)?

Total Annual Contribution | \$1,108.33
\$100.00

HSA ^

Contribution Amount	
Employee Paid to Date	--
Employee Per Pay Period	<input type="text" value="\$100.00"/>
Remaining Pay Periods	9
<hr/>	
Employee Annual Contribution	\$900.00
Employer Annual Contribution ⓘ	\$208.33
<hr/>	
Total Annual Contribution ⓘ	<input type="text" value="\$1,108.33"/>

Annual Limits	
Min Annual Contribution Amount	--
Max Annual Contribution Amount	\$3,550.00

Provider	United Healthcare
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Total Contribution To Date

Employee Contribution Amount	--
Employer Contribution Amount	--
<hr/>	
Total Contributions To Date	--

Employees must enroll in the HSA to receive any applicable employer contribution, if enrolled in a qualified medical plan.

Enter a **\$0 Employee Per Pay Period** amount to receive the employer contribution without an employee contribution.

The amount that employees can contribute to the account gets limited by any contribution that the employer makes as well as the IRS annual limit or other limit required by the Provider.

Paylocity Benefits Enhanced Rollout

Select **Continue**.

Contribute to a Flexible Spending Account (FSA)?

<input checked="" type="checkbox"/>	FSA ^	Total Annual Contribution \$900.00	
		\$100.00	
Contribution Amount			
Employee Paid to Date	--	Total Contribution To Date	
Employee Per Pay Period	<input type="text" value="\$100.00"/>		Employee Contribution Amount --
Remaining Pay Periods	9		Employer Contribution Amount --
Employee Annual Contribution	\$900.00		Total Contributions To Date --
Employer Annual Contribution ⓘ	--		
Total Annual Contribution ⓘ	<input type="text" value="\$900.00"/>		
Annual Limits			
Min Annual Contribution Amount	\$1.00		
Max Annual Contribution Amount	\$2,750.00		
Provider	Ameriflex		
<input type="checkbox"/>	Waive Medical FSA		

Voluntary Employee, Spouse, Domestic Partner, or Child Life and AD&D plans

Select the **checkmark** next to the appropriate **Plan** or **Waive** option.

Select the appropriate **Coverage Amount** in the dropdown menu, if electing coverage.

Paylocity Benefits Enhanced Rollout

Select **Continue**.

Voluntary Employee Life and AD&D

My Estimated Costs per pay period

\$5.17

[My Benefit Elections](#)

Choose a Plan

<input type="checkbox"/>	Voluntary Employee Life and AD&D ^	
Desired Coverage Range Select a range to view coverage amounts <input type="text"/>		My Estimated Costs per pay period Employee Contribution -- Employer Contribution --
Coverage options available from \$10,000.00 to \$300,000.00.		
Coverage Amount -- Select -- <input type="text"/>		
Provider	Standard	
Links	Medical History Statement link	
<input type="checkbox"/>	Waive Voluntary Employee Life and AD&D	Waive Coverage \$0.00

[Previous](#)

[Continue](#)

Voluntary Disability

Select the **checkmark** next to the appropriate **Plan** or **Waive** option.

Select the appropriate **Coverage Amount** in the dropdown menu, if electing coverage.

Select **Continue**.

<input checked="" type="checkbox"/>	Short Term Disability ^					
Coverage Amount -- Select -- <input type="text"/> -- Select -- <input type="text"/> <table border="1"><thead><tr><th>Coverage Amount</th><th>Cost</th></tr></thead><tbody><tr><td>0.6x - \$685.00</td><td>\$26.41</td></tr></tbody></table>		Coverage Amount	Cost	0.6x - \$685.00	\$26.41	My Estimated Costs per pay period Employee Contribution -- Employer Contribution --
Coverage Amount	Cost					
0.6x - \$685.00	\$26.41					

Employer Provided Benefits: Employees do not need to make an election in these plans, as the employer provides these benefits at no cost to the employee.

Paylocity Benefits Enhanced Rollout

Information Only Plans:

Employees do not enroll in these plans in the Benefits Enhanced system.

These plans provide employees with the information necessary to enroll elsewhere if applicable.

Plan

Travel Assistance ^

Provider	Mutual of Omaha
Documents	Travel Assistance

[Previous](#) [Continue](#)

Designate Beneficiaries.

Any dependents already in the system automatically show as possible beneficiaries.

Some Providers require companies to load beneficiary information into the system. The system does not allow enrollment until the user adds beneficiary information in these instances.

Select **Add Beneficiary** to enter additional beneficiaries.

Enter a **Primary Beneficiary %** for all listed plans.

There must be a number listed in Secondary Beneficiary even if that number is 0.

Select **Continue**.

Beneficiaries

- Spouse Tester**
Spouse (Family Member)
- Child Tester**
Child (Family Member)

[Add Beneficiary](#)

Beneficiary Designation

Group Term Life and AD&D [Apply to All](#)

Name	Primary Beneficiary %	Secondary Beneficiary % (optional)
Spouse Tester	0.00	0.00
Child Tester	0.00	0.00
Totals	0.000	0.000

[Previous](#) [Continue](#)

Paylocity Benefits Enhanced Rollout

Review all enrollment information.

Select **Expand All** to display the details of each election.

Select a **Plan Type** in the Sidebar menu to make any necessary changes.

93% Complete [Summary](#)
Last Saved at 11:29 AM 1/4/2019

- ✓ Welcome Complete
- ✓ Family Complete
- ✓ **Medical** Medical HDHP
- ✓ Health Care Savings Account (HSA) \$2,400.00
- ✓ Dental Waive Dental
- ✓ Vision Waive Vision
- ✓ Basic Life and A&D \$75,000.00

Enrollment Summary

Please review your family information and benefit elections to make sure all information is correct. If not, you may make corrections at this time. You must **Submit Enrollment** at the bottom of the page to complete your benefits enrollment.

My Estimated Costs per pay period
\$13.88
[My Benefit Elections](#)

My Family Information

	Name	Tobacco	Full-Time Student
TU	Test User3 (Myself) Employee	No	N/A
TS	Test Spouse Spouse	No	N/A

My Benefit Elections

Please review your benefit elections below to make sure all information is correct.

[Expand All](#)

Medical	Medical HDHP	Employee + Spouse	\$12.50
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Select **Submit** to complete the enrollment.

Enroll in benefits for the next plan year, if applicable.

Select **Continue** to complete the enrollment for the next plan year now.

Select **I'll do this later** to complete the enrollment for the next plan year later.

One More Step...

Your enrollment has been submitted, but you also need to **enroll in benefits for the next plan year**.

To make that process easier, we're applying your current elections to that enrollment.

[Continue](#) [I'll do this later](#)

Paylocity Benefits Enhanced Rollout

Select View PDF to view or print and save an Enrollment Confirmation Statement outlining the benefit elections made. Save a copy of enrollment elections each year.

 **Success: Your enrollment is 100% complete and is pending approval.**

My coverage as of **6/1/2018** Viewing coverage as of

 The elections below are pending approval.

My Estimated Costs
\$193.92

 [View PDF](#)

[Expand All](#)

If electing coverage over the Guaranteed Issue Amount or enrolling in coverage after the initial new hire enrollment period, employees may need to submit an Evidence of Insurability form.

Contact the Human Resources (HR) department for any additional assistance.