

## Welcome to Employee Benefits Enrollment!

During a benefit elections enrollment, you are given the opportunity to update your dependents, beneficiaries, and benefit elections offered through your company.

When navigating through each benefit enrollment screen you will need to carefully read the instructions on each screen which are provided by your Human Resources department.

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To access an enrollment event, you may do the following:

- 1 Sign in through [www.paycor.com](http://www.paycor.com), then hover over **Me** and select, "Profile Summary".
- 2 Open the **Company** menu on the left, and select "Benefit Elections".
- 3 Your current enrolled, waived, and past benefit elections will be displayed here.
- 4 If there is an enrollment in progress, click the link at the top of the screen.
- 5 This will open your enrollment event, proceed through each of the screens.

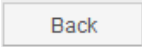


The screenshot shows the 'Benefit Elections' page for Michele Smith. The interface includes a navigation menu on the left (callout 2), a main content area with a 'Medical' section (callout 3) showing enrollment status for various plans, and a 'Plan Details' section for 'Health Plan E 2015'. A yellow banner at the top indicates 'Enrollment is in progress. Choose and submit your benefit elections.' (callout 4). A modal window is open in the foreground (callout 5), titled 'Welcome to Open Enrollment!', with a 'Get Started' button. The modal contains instructions and a list of options: Overview, Personal Information, Dependents, Beneficiaries, VolLife (SP), Medical, and Summary.

The benefits enrollment process also collects any changes that you may need to make to your personal (general), dependent and beneficiary information. Any changes made in these screens will be updated upon the closing of an enrollment event. Any changes made to benefit enrollments will be effective when the benefit plan(s) go into effect.

## Personal Information

- Verify your personal information.

Field	Value	Field	Value
Name	Michele Smith	SSN	323-55-8745
Address	2222 Main St Loveland OH 45140	Birth Date	8/10/1966 Age: 49
Gender	Female	Tobacco User	No
Home Phone			

Click  to return to the previous page (without saving changes),  when you are ready to continue or  to save changes so you can complete the enrollment later. To navigate within the enrollment event, you can also click on any of the blue tabs to the left of your screen.

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**Note:** If you have personal information that needs to be updated before the end of the enrollment event period, you should make sure to alert your HR administrator of those changes.

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## Dependents

- Verify/update any dependent information.

Dependents can be added by clicking **Add Dependent**.

Dependents entered on this page can be enrolled in benefits later during this enrollment event. If you are planning on adding a dependent to any benefit plans, you must add them on this page first.

Smith, Michele  
Step 3 of 7

Overview  
Personal Information  
Dependents  
Beneficiaries  
VolLife (SP)  
Medical  
Summary

Dependent 1

First Name\* Paul  
Middle Name  
Last Name\* Smith  
Relationship\* Child  
SSN\* 124-89-4576  
Birth Date\* 10/05/2003  
Age 12  
Date of Adoption:  
Gender\* Male

Student No  
Tobacco User No  
Disability Status  
Home Address 2222 Main St  
City Loveland  
State OH  
Zip/Postal Code 45140  
Country

Back Add Dependent Save & Close Next

Click **Back** to return to the previous page (without saving changes), **Next** when you are ready to continue or **Save & Close** to save changes so you can complete the enrollment later.

## Beneficiaries

- Verify/update any beneficiary information.

Beneficiaries can be added by clicking **Add Beneficiary**.

Beneficiaries entered on this page can be attached to benefits later during this enrollment event. If you are planning on assigning beneficiaries to any benefit plans, you must add them on this page first.

Smith, Michele

Step 4 of 7

Overview

Personal Information

Dependents

**Beneficiaries**

VolLife (SP)

Medical

Summary

Note: A contingent beneficiary is someone who becomes your beneficiary in the event of the death of your primary beneficiary.

Beneficiary 1

First Name \* Paul

Middle Name

Last Name \* Smith

Relationship \* Child

SSN \* 124-89-4576

Street 2222 Main St

Zip/Postal Code

City Loveland

State OH

Country/Region 45140

Back Add Beneficiary Save & Close Next

Click **Back** to return to the previous page (without saving changes), **Next** when you are ready to continue or **Save & Close** to save changes so you can complete the enrollment later.

## Benefit Plans

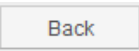


- Indicate your elections for the benefit plans included in this enrollment event.

If you have a choice between various benefit plans, all of the plans in that type will appear on the same page. In this example, there are two medical plans available, a Basic and a High Deductible. Information about the plan provider can be found within the gray boxes to the right of the plan. Select the coverage level/volume within the plan in which you wish to enroll.

If the plan allows dependents to be enrolled (such as with most medical plans), any dependents provided earlier on the Dependents page or that already existed in the system are now available for you to enroll. Select the checkbox next to the dependents you want to enroll.

The screenshot shows the enrollment interface for Michele Smith, Step 6 of 7. The left sidebar lists navigation options: Overview, Personal Information, Dependents, Beneficiaries, VolLife (SP), Medical (highlighted), and Summary. The main content area is divided into three sections: Option A, Option B, and Option C. Option A has a radio button for 'Decline all coverage'. Option B and Option C each have a table of medical plan options with radio buttons for selection. Option B is 'Medical Plan - HDHP' and Option C is 'Medical Plan - PPO'. Both tables list coverage levels (Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family) and their corresponding Deduction (Per Pay). To the right of each table is a gray box containing plan details: Provider (Anthem BCBS), Phone (800-555-5555), Co-Pay (\$0.00 for HDHP, \$30.00 for PPO), and Website (Anthem Online). Below the tables is a 'Covered Dependents' section with a table for selecting dependents. The table has columns for Name, Relationship, Age, SSN, PCP ID, and Existing Patient. One dependent, Paul Smith (Child, Age 12, SSN 785-42-0908), is listed with a checked checkbox and a 'No' dropdown for Existing Patient. At the bottom right, there are buttons for 'Back', 'Save & Close', and 'Next'.

Name	Relationship	Age	SSN	PCP ID	Existing Patient
<input checked="" type="checkbox"/> Smith, Paul	Child	12	785-42-0908		No

Click  to return to the previous page (without saving changes),  when you are ready to continue or  to save changes so you can complete the enrollment later.

## Summary

- Review your changes and elections; then click the Print Summary button to print this screen for your records.

Once you are finished verify/updating your information, click  from the last page of enrollment event to save and submit your elections/changes.

Smith, Michele

Carefully review your benefit election information below. If you would like to make any changes, click the "Back" button to return to the previous screens.

If the information below is correct, click the "Submit" button to confirm your selections and submit them to the Human Resources department. You will be notified via email when your open enrollment elections have been approved. Please print a copy of this page for your records using the "Print" button.

**Personal Information**

Name	Michele Smith	SSN	323-55-8745
Address	2222 Main St Lorain OH 45140	Birth Date	8/10/1966 Age: 49
Gender	Female	Tobacco User	No
Home Phone			

**Dependents**

Name	Smith, Paul	SSN	124894576
Address	2222 Main St Lorain OH 45140	Birth Date	10/05/2003 Age: 12
Gender	Male	Tobacco User	No
Disability Status		Date Of Adoption	
Student	No	Relationship	Child

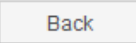
**Beneficiaries**


Name	Smith, Paul	SSN	124894576
Address	2222 Main St Lorain OH 45140	Relationship	Child

**Benefit Elections**

<b>Current VolLife (\$P)</b>		<b>VolLife (\$P) Election</b>		<b>Deduction</b>
No coverage		No coverage		
<b>Current Medical</b>		<b>Medical Election</b>		<b>Deduction</b>
Plan	2012 Medical Plan - HDHP	Plan	Medical Plan - HDHP	\$49.94
Effective Dates	1/1/2012 -	Effective Dates	5/1/2015 -	
Coverage Level	Employee Only	Coverage Level	Employee + Family	
Plan Enrollees	None	Plan Enrollees		
		Name	Smith, Paul	

Total Per-Paycheck Employee Cost: \$49.94

Click  to return to the other enrollment screens. You can return to this page at any time by going to Me > Profile Summary > Company > Benefit Elections. You are able to restart the enrollment event process any time **before** the enrollment period closes.

Click the  button to submit your election choices to your HR administrator for approval.

## **Email Notification (approval)**

Once your enrollment elections/changes have been approved by Human Resources, you will receive an email notifying you of the approval. Follow the link included with the email to return to your enrollment confirmation page.

## **Email Notification (action required)**

If further action is required before HR can approve your elections/changes, you may receive an "ACTION REQUIRED" email that includes specific instructions from your HR department. Follow the link included with the email to return to the first page of the enrollment event.