Benefits Electronic Enrollment Directions

- 1. Log onto https://workforcenow.adp.com/workforcenow/login.html
- 2. Under the 'New Hire' box, select 'Enroll Now' to begin.



- 3. You will be presented with the 'Welcome to NH Benefits Enrollment' page. Please read through the page and select 'Continue' at the bottom of the page to proceed.
- 4. The first benefit you will be brought to is Medical Insurance as pictured below:

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vailable Benefits	- 1	Medical					
IEALTH AND WELFARE -) IEDICAL	~ _						
HEALTH AND WELFARE - VISION	e	Your company requires y	ou to enter a reason to w	vaive this coverage.			
HEALTH AND WELFARE - DENTAL	1	. Which plan would y	ou prefer?			I	Per Pay Period 🗸
NSURANCE - EMPLOYEE LIFE	H						
SURANCE - SPOUSE LIFE	H	PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE	
ISURANCE - CHILD LIFE	-	Signature CoPay 1, FACULTY	Univera	\$22.99			SELECT PLAN
		Signature Deductibl FACULTY	e 3, Univera	\$5.32			SELECT PLAN
							WAIVE THIS BENEFIT
	2	. Who do you want to	o cover?			(MANAGE DEPENDENTS

Here, you will be able to select which plan you would like, see the per pay period cost, and add dependents. Dental, Vision and Life Insurance will look similar to this.

- **To select a plan**, click 'Select Plan' on the far right next to the desired plan. You will only be able to select one plan.
- The **per pay period amount** is listed under the "Per Paycheck" amount. You are able to view the monthly/annual amount by Selecting a plan, and clicking the drop down box to the right of "Which plan would you prefer?"
- If you are Waiving Medical Insurance, <u>you will need to upload a copy of your</u> <u>existing Medical Insurance card</u>. There will be an upload box towards the end of the enrollment process.
- To Add a Dependent Click 'Manage Dependents' and select 'Add New', Select your 'Relationship' to the individual with the drop down menu and fill in the demographics. Ensure to include the SSN of all of your dependents. The per pay period amount will change once a dependent has been added to the family coverage rate.
- 5. Voluntary Life If interested, this benefits allows you to select your desired coverage amount. There are a few things to note:
 - There is a guaranteed initial enrollment amount of \$150,000 *Your elected coverage amount cannot exceed 5 times your annual salary (\$250,000 maximum) <u>Any amount exceeding \$150,000 will require an Evidence of Insurability to be completed.</u>
 - Spouse Coverage Initial Enrollment guaranteed issue amount is \$10,000. You are eligible to elect up to 50% of your own Voluntary Life coverage. <u>Anything</u> <u>over \$10,000 will require an Evidence of Insurability to be completed.</u>
 - **Child Coverage** Dependent Children aged 19 (up to 25 if full time student) are eligible for \$10,000 in coverage for \$2.00 per month.
- **6.** Upload Documents Once you have completed your elections, you will be prompted with the 'Upload Documents' Screen:

pload Documents	
ou are required to upload a copy of your Health Insurance Card if you are waiving coverage.	
Drag the file here to upload or	
Allowed file formats: DOC, DOCX, PDF, XLSX, XLS, TXT, JPG, JPEG, BMP, PNG, TIF, TXT, HTML, PPTX, PPT, GIF and CSV. Maximum file size: 5MB	
SAVE	

• You are required to upload a copy of your Health Insurance Card if you are waiving coverage.

 Please review your elections on the 'Summary' screen found after the upload screen. Once satisfied with your selections, hit 'Submit' at the bottom of the page. You are all set!

*Please note: FSA/DCA and HSA elections must be made separately from this Enrollment process. Please contact the Benefits Coordinator, Bianca Gowanny, for more information.