

Dear Daemen Employees & Faculty,

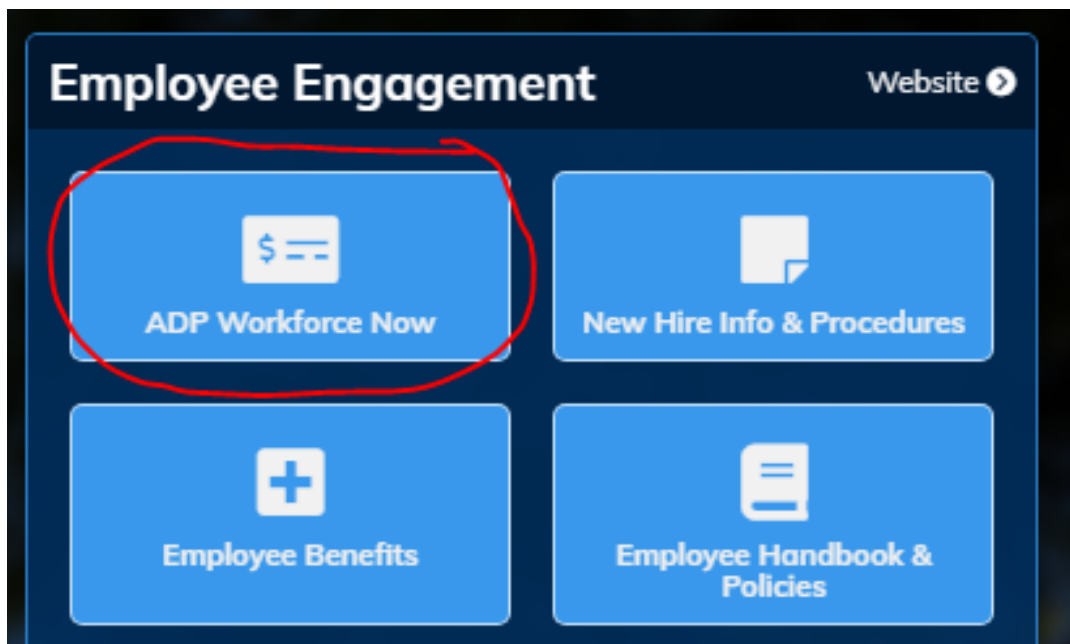
We are excited to announce the start of Open Enrollment on the *Employee Self Service** website.

This guide explains what you need to do to complete your 2021-2022 enrollments. The Open Enrollment period will last 3 weeks, starting **Monday, April 12th** and ending **Friday, April 30th**.

All changes to your benefits must be completed by end of the day **April 30th 2021**. The changes that you make to your benefits will take effect on **Tuesday, June 1st 2021**.

Steps for a Successful Benefits Open Enrollment

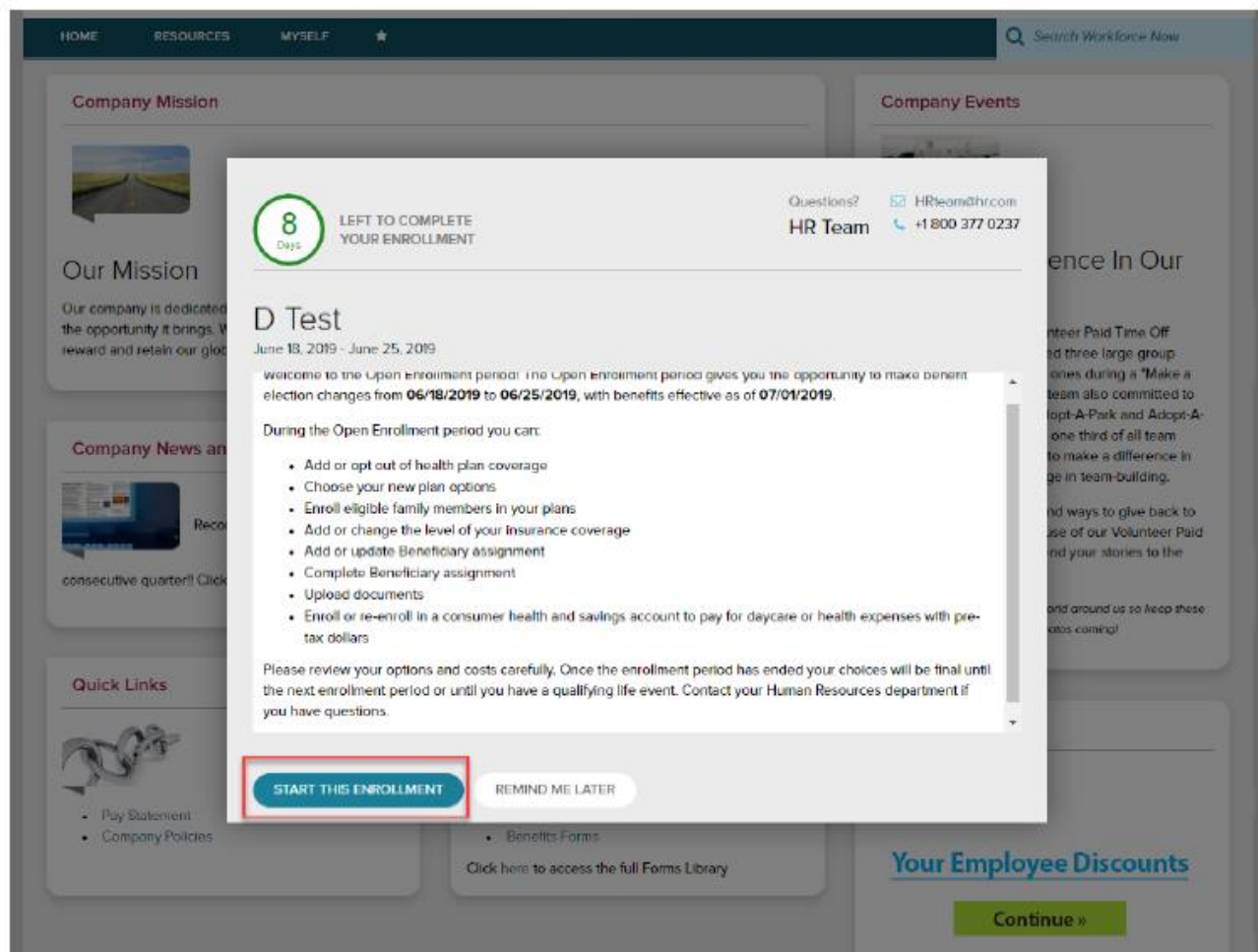
- ☐ Log in to the MyDaemen website.
- ☐ Access the ADP WorkForce Now box which will automatically sign you into ADP via our single sign in access:



Note: If you are having difficulty logging into the ADP Workforce Now page, please contact the EE Office at 716-839-8325 or hr@daemen.edu.

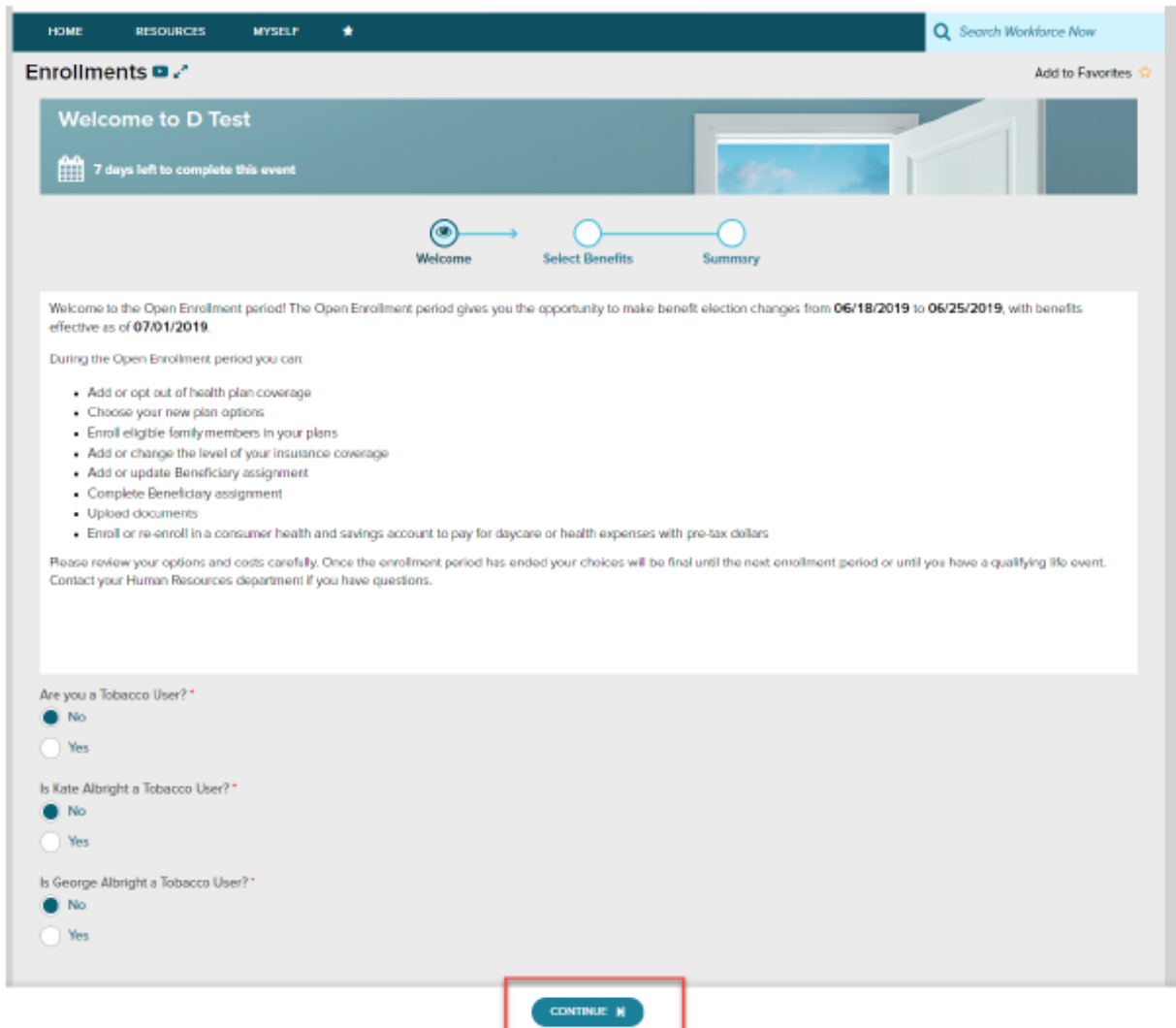
Upon logging in, you will be presented with a pop-up showing important information about this Open Enrollment period. You can click **Start This Enrollment** or **Remind Me Later**.

This pop-up is displayed each time you log in during the Open Enrollment period until you complete your selections.



To start, click **Enroll Now** in the Open Enrollment card. You will be brought back to the Welcome Note and Introduction page.

Please review all information on this page, as there are often important references for your Open Enrollment options.



HOME RESOURCES MYSELF

Search Workforce Now

Enrollments

Add to Favorites

Welcome to D Test

7 days left to complete this event

Welcome Select Benefits Summary

Welcome to the Open Enrollment period! The Open Enrollment period gives you the opportunity to make benefit election changes from **06/18/2019** to **06/25/2019**, with benefits effective as of **07/01/2019**.

During the Open Enrollment period you can:

- Add or opt out of health plan coverage
- Choose your new plan options
- Enroll eligible family members in your plans
- Add or change the level of your insurance coverage
- Add or update Beneficiary assignment
- Complete Beneficiary assignment
- Upload documents
- Enroll or re-enroll in a consumer health and savings account to pay for daycare or health expenses with pre-tax dollars

Please review your options and costs carefully. Once the enrollment period has ended your choices will be final until the next enrollment period or until you have a qualifying life event. Contact your Human Resources department if you have questions.

Are you a Tobacco User? *

☒ No

☐ Yes

Is Kate Albright a Tobacco User? *

☒ No

☐ Yes

Is George Albright a Tobacco User? *

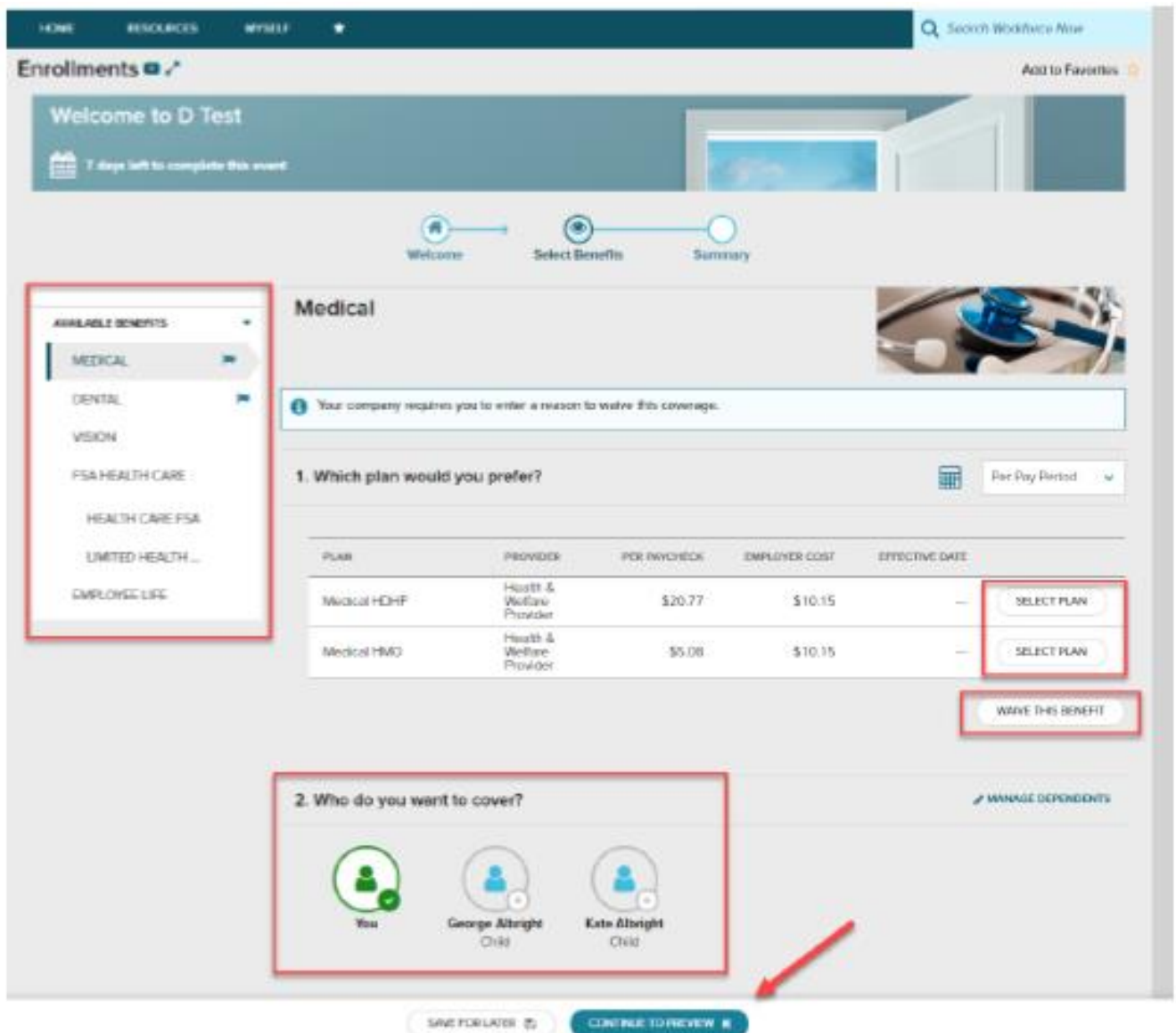
☒ No

☐ Yes

CONTINUE

The left side of the screen will indicate the different plan types that are available to enroll in.

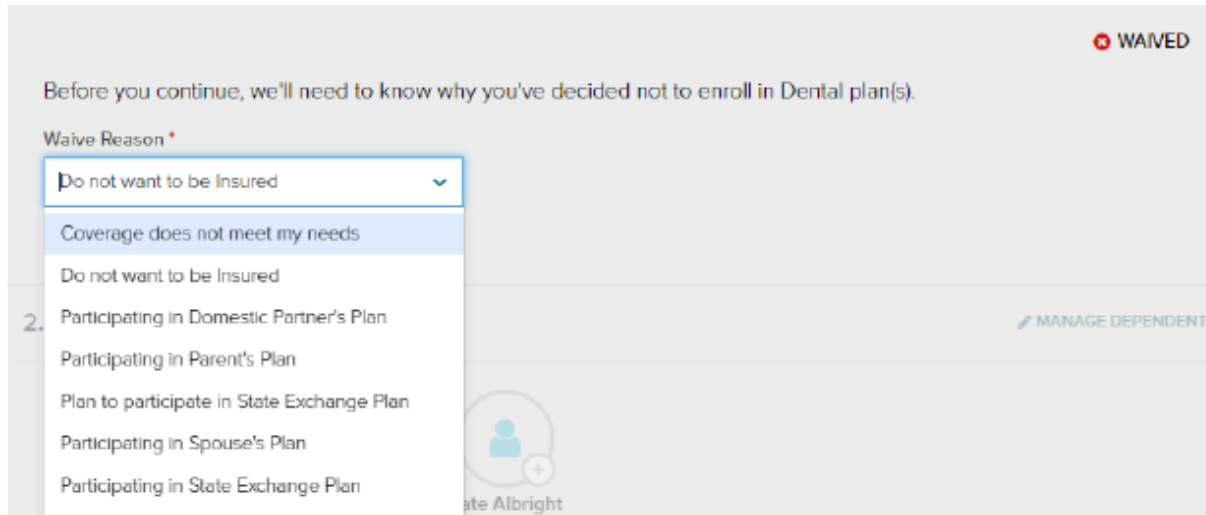
When you are viewing the selected plan type, all enrollment options will be displayed on screen.



The screenshot shows the 'Enrollments' page for a user named 'D Test'. The page has a dark blue header with navigation links: HOME, RESOURCES, MYSELF, and a search bar. Below the header, there's a 'Welcome to D Test' banner with a calendar icon indicating '7 days left to complete this event'. A progress bar shows three steps: Welcome, Select Benefits (current), and Summary. On the left, a sidebar titled 'AVAILABLE BENEFITS' lists options: MEDICAL (selected), DENTAL, VISION, FSA HEALTH CARE, HEALTH CARE FSA, UNITED HEALTH..., and EMPLOYEE LIFE. The main content area is titled 'Medical' and includes a message: 'Your company requires you to enter a reason to waive this coverage.' Below this, a question asks '1. Which plan would you prefer?' with a 'Per Pay Period' dropdown. A table lists two plans: 'Medical HDHP' and 'Medical HMO', both with 'Health & Welfare Provider' and an effective date of '—'. Each plan has a 'SELECT PLAN' button. Below the table is a 'WAVE THIS BENEFIT' button. The next question is '2. Who do you want to cover?' with three options: 'You' (selected), 'George Albright Child', and 'Kate Albright Child'. A red arrow points to the 'CONTINUE TO PREVIEW' button at the bottom right.

| PLAN | PROVIDER | PER PAYCHECK | EMPLOYER COST | EFFECTIVE DATE |
|--------------|---------------------------|--------------|---------------|----------------|
| Medical HDHP | Health & Welfare Provider | \$20.77 | \$10.15 | — |
| Medical HMO | Health & Welfare Provider | \$5.08 | \$10.15 | — |

You may choose to click **Select Plan** for the desired enrollment or **Waive This Benefit**. If you choose to waive a benefit, you may be required to select a waive reason.



Before you continue, we'll need to know why you've decided not to enroll in Dental plan(s).

WAIVED

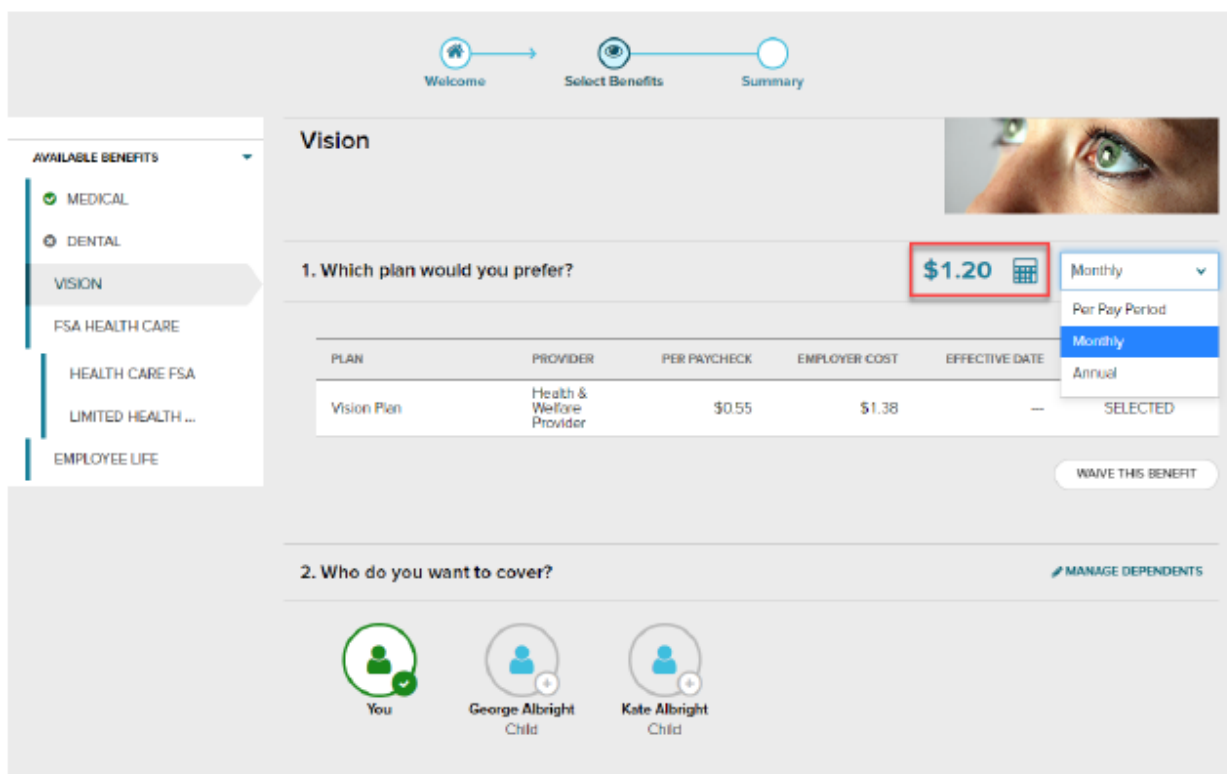
Waive Reason *

- Do not want to be Insured
- Coverage does not meet my needs
- Do not want to be Insured
- 2. Participating in Domestic Partner's Plan
- Participating in Parent's Plan
- Plan to participate in State Exchange Plan
- Participating in Spouse's Plan
- Participating in State Exchange Plan

MANAGE DEPENDENT

Kate Albright

When you choose to enroll in a plan, you may review your costs on a **Per Pay Period**, **Monthly**, or **Annual** basis by selecting the desired view in the calculator drop-down. The rate displayed to the left will be updated based on your selection, and it will also be updated if dependents are added for coverage.



Welcome Select Benefits Summary

AVAILABLE BENEFITS

- MEDICAL
- DENTAL
- VISION
- FSA HEALTH CARE
- HEALTH CARE FSA
- LIMITED HEALTH ...
- EMPLOYEE LIFE

Vision

1. Which plan would you prefer?

\$1.20

Monthly

Per Pay Period

Monthly

Annual

SELECTED

| PLAN | PROVIDER | PER PAYCHECK | EMPLOYER COST | EFFECTIVE DATE |
|-------------|---------------------------|--------------|---------------|----------------|
| Vision Plan | Health & Welfare Provider | \$0.55 | \$1.38 | — |

WAIVE THIS BENEFIT

MANAGE DEPENDENTS

2. Who do you want to cover?

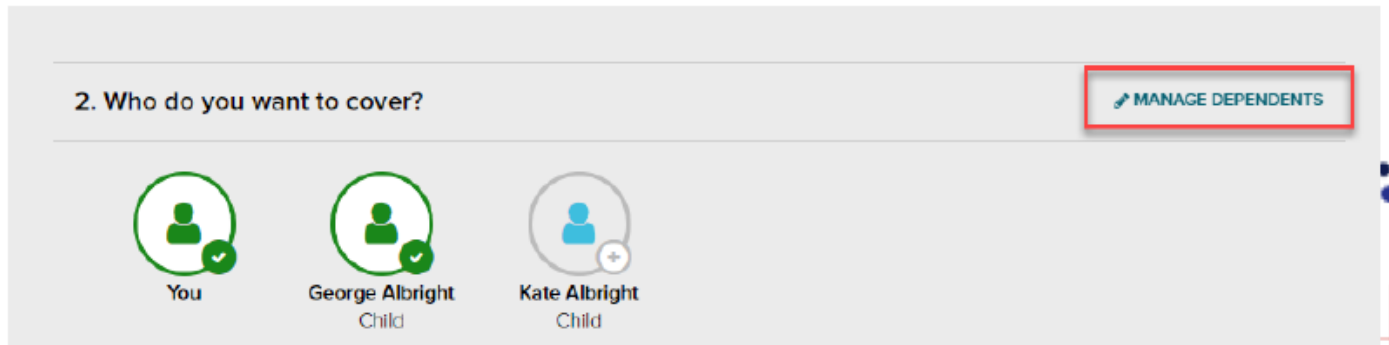
You

George Albright Child

Kate Albright Child


While enrolling in a plan, please be sure to indicate which dependents should be covered in Step 2, if applicable. If you need to update or add a dependent, you may click the **Manage Dependents** link in step 2.


*Please note: The coverage level for your enrollment (Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family) is driven by which dependents you select to enroll.




2. Who do you want to cover?

[MANAGE DEPENDENTS](#)

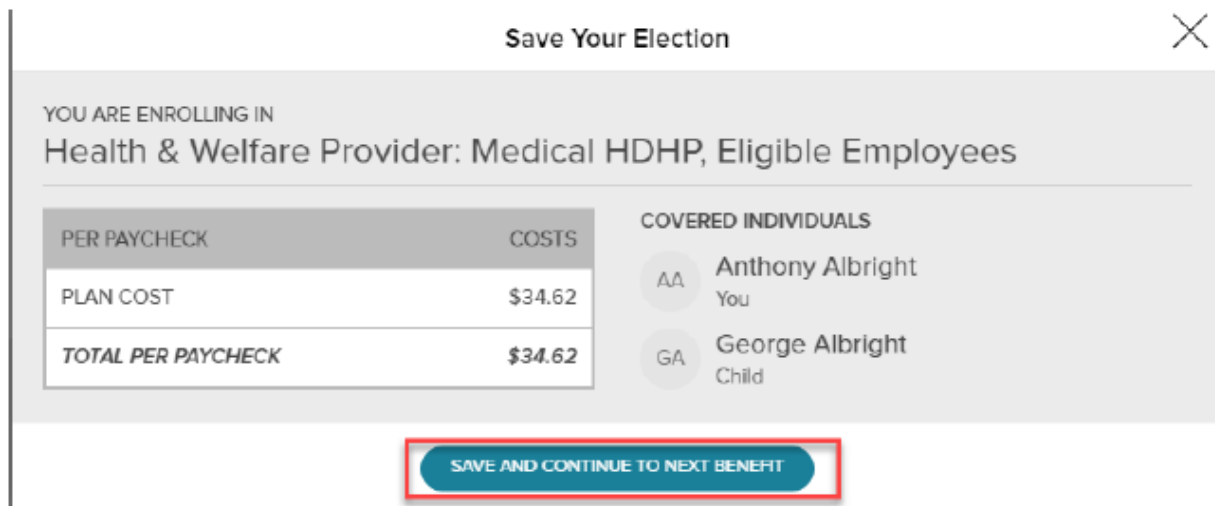
 You

 George Albright
Child

 Kate Albright
Child

Click **Continue to Preview**.

Review your enrollment, costs, and covered individuals carefully. Then click **Save and Continue to Next Benefit** to continue making your desired selections.



Save Your Election

YOU ARE ENROLLING IN
Health & Welfare Provider: Medical HDHP, Eligible Employees

| PER PAYCHECK | COSTS |
|---------------------------|----------------|
| PLAN COST | \$34.62 |
| TOTAL PER PAYCHECK | \$34.62 |

COVERED INDIVIDUALS

- AA Anthony Albright
You
- GA George Albright
Child

[SAVE AND CONTINUE TO NEXT BENEFIT](#)

Voluntary Life Elections and Beneficiaries:

When you elect Voluntary Life, you will also need to select your beneficiaries. Start by clicking **Select Plan**, and then choose the amount of coverage you want to elect.

| PLAN | PROVIDER | PER PAYCHECK | EMPLOYER COST | EFFECTIVE DATE | |
|-------------|---------------|--------------|---------------|----------------|--------------------------|
| EE Vol Life | Guardian Life | \$0.00 | \$0.92 | --- | <div>SELECT PLAN ⓘ</div> |

If the amount selected is over the Guarantee Issue amount, an approval will be required and you will be asked to collect an **Evidence of Insurability** (EOI) and submit it to your employer. Your full election amount will not be approved until this document is received.

The Guaranteed Issue amount for new voluntary life insurance is \$20,000 for employee only and newly elected spouse/child(ren) coverage is \$10,000.

If you are already enrolled in Voluntary Life insurance and would like to increase your coverage, the maximum an employee can increase for self is by \$20,000, and \$10,000 for spouse before an Evidence of Insurability would be required.

Next, select your **beneficiaries**, including **Primary** and **Secondary**, if applicable. All beneficiary delegation percentages combined must equal 100% for each category (Primary or Secondary).

2. Who would you like to assign as your beneficiaries? [MANAGE BENEFICIARIES](#)

You can select as many beneficiaries as you would like as long as the total equals 100%.

Select your **Primary** beneficiaries

| Beneficiary | Relationship | Percentage |
|------------------|--------------|------------|
| Alice Albright | Spouse | 100.00 % |
| Anthony Albright | Child | 0.00 % |
| Maggie Albright | Child | 0.00 % |
| Randy Albright | Child | 0.00 % |
| Joanna Anthony | Child | 0.00 % |

-100.00% (total must equal 100%)

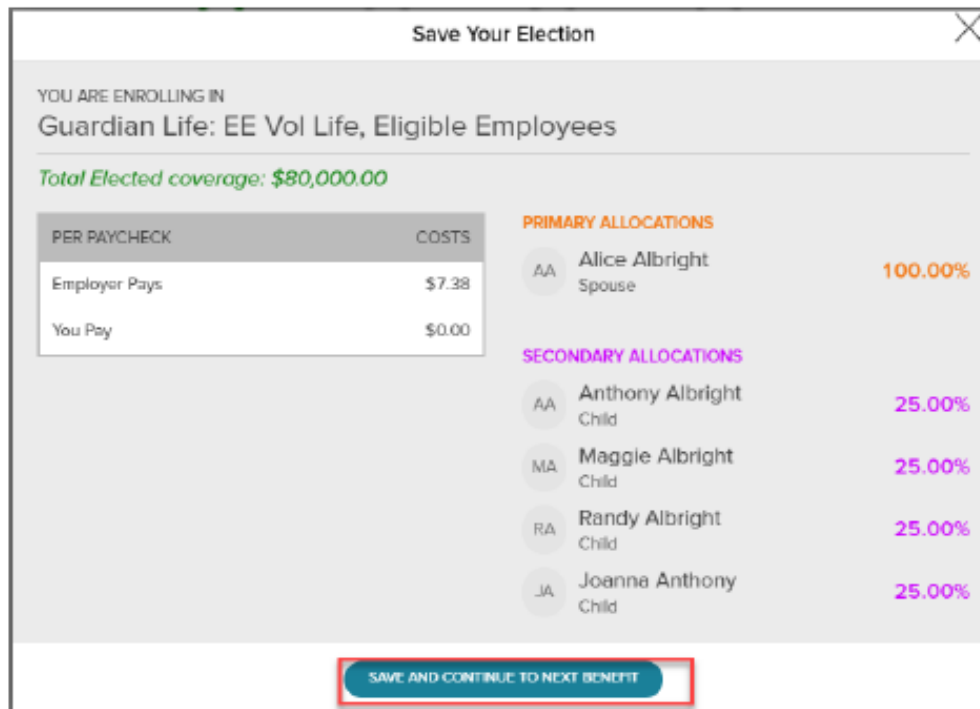
Do you want to add **Secondary** beneficiaries?

| Beneficiary | Relationship | Percentage |
|------------------|--------------|------------|
| Alice Albright | Spouse | 0.00 % |
| Anthony Albright | Child | 25.00 % |
| Maggie Albright | Child | 25.00 % |
| Randy Albright | Child | 25.00 % |
| Joanna Anthony | Child | 25.00 % |

-100.00% (total must equal 100%)

[SAVE FOR LATER](#) [CONTINUE TO PREVIEW](#)

Click **Continue to Preview** and review your selection and beneficiary delegations. Then click **Save and Continue to Next Benefit**.



Save Your Election

YOU ARE ENROLLING IN
Guardian Life: EE Vol Life, Eligible Employees

Total Elected coverage: \$80,000.00

| PER PAYCHECK | COSTS |
|---------------|--------|
| Employer Pays | \$7.38 |
| You Pay | \$0.00 |

PRIMARY ALLOCATIONS





| Allocation | Percentage |
|--------------------------|------------|
| AA Alice Albright Spouse | 100.00% |

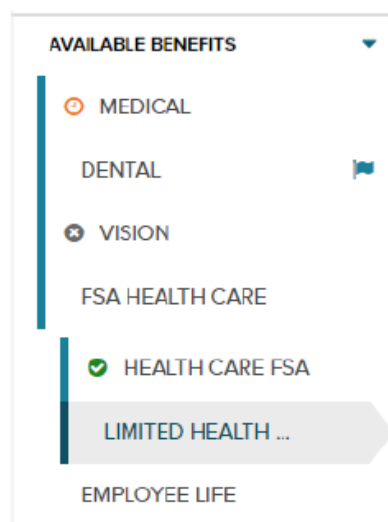
SECONDARY ALLOCATIONS

| Allocation | Percentage |
|---------------------------|------------|
| AA Anthony Albright Child | 25.00% |
| MA Maggie Albright Child | 25.00% |
| RA Randy Albright Child | 25.00% |
| JA Joanna Anthony Child | 25.00% |






SAVE AND CONTINUE TO NEXT BENEFIT

In the Open Enrollment flow, the following visual indicators are displayed to show different steps taken, action items, or enrollment statuses:

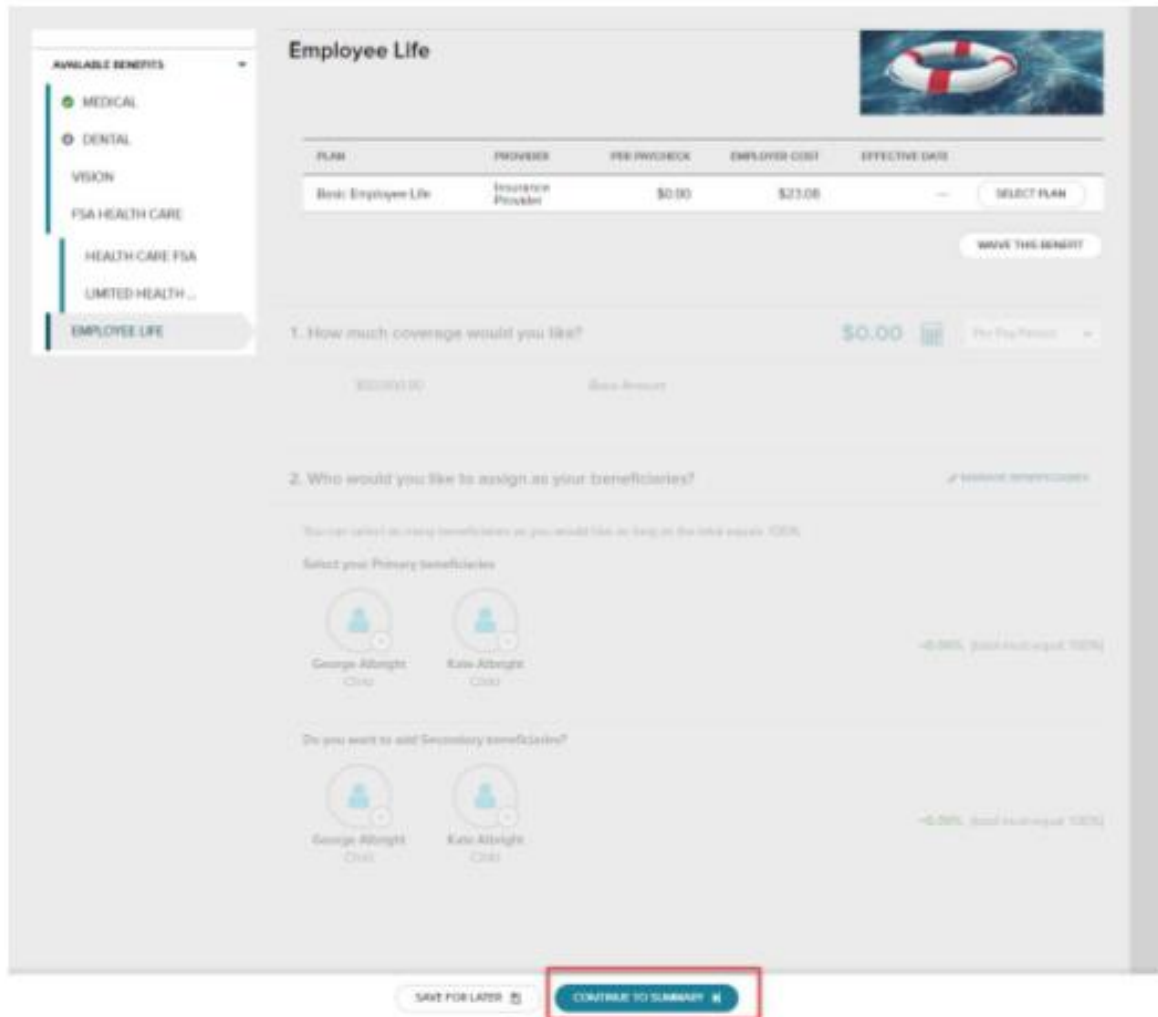
| Symbol | Meaning |
|---|--|
|  (flag icon) | The plan needs your attention. |
|  (green check mark) | This is a current plan that you are enrolled in. |
|  (gray X) | This plan has been waived. |
|  (orange clock icon) | This plan is pending approval. |



AVAILABLE BENEFITS

-  MEDICAL
- DENTAL 
-  VISION
- FSA HEALTH CARE
-  HEALTH CARE FSA
- LIMITED HEALTH ... 
- EMPLOYEE LIFE

Continue through each step until all elections are complete and the **Continue to Summary** button is activated.



Employee Life

| PLAN | PROVIDER | PER PAYCHECK | EMPLOYER COST | EFFECTIVE DATE |
|---------------------|--------------------|--------------|---------------|----------------|
| Basic Employee Life | Insurance Provider | \$0.00 | \$23.08 | — |

[SELECT PLAN](#)

[WAIVE THIS BENEFIT](#)

1. How much coverage would you like? **\$0.00** [Per Pay Period](#)

2. Who would you like to assign as your beneficiaries? [View and manage coverage](#)

You can select as many beneficiaries as you would like as long as the total equals 100%.

Select your Primary beneficiaries

George Albright [View](#) Kate Albright [View](#) **-0.00% (total must equal 100%)**

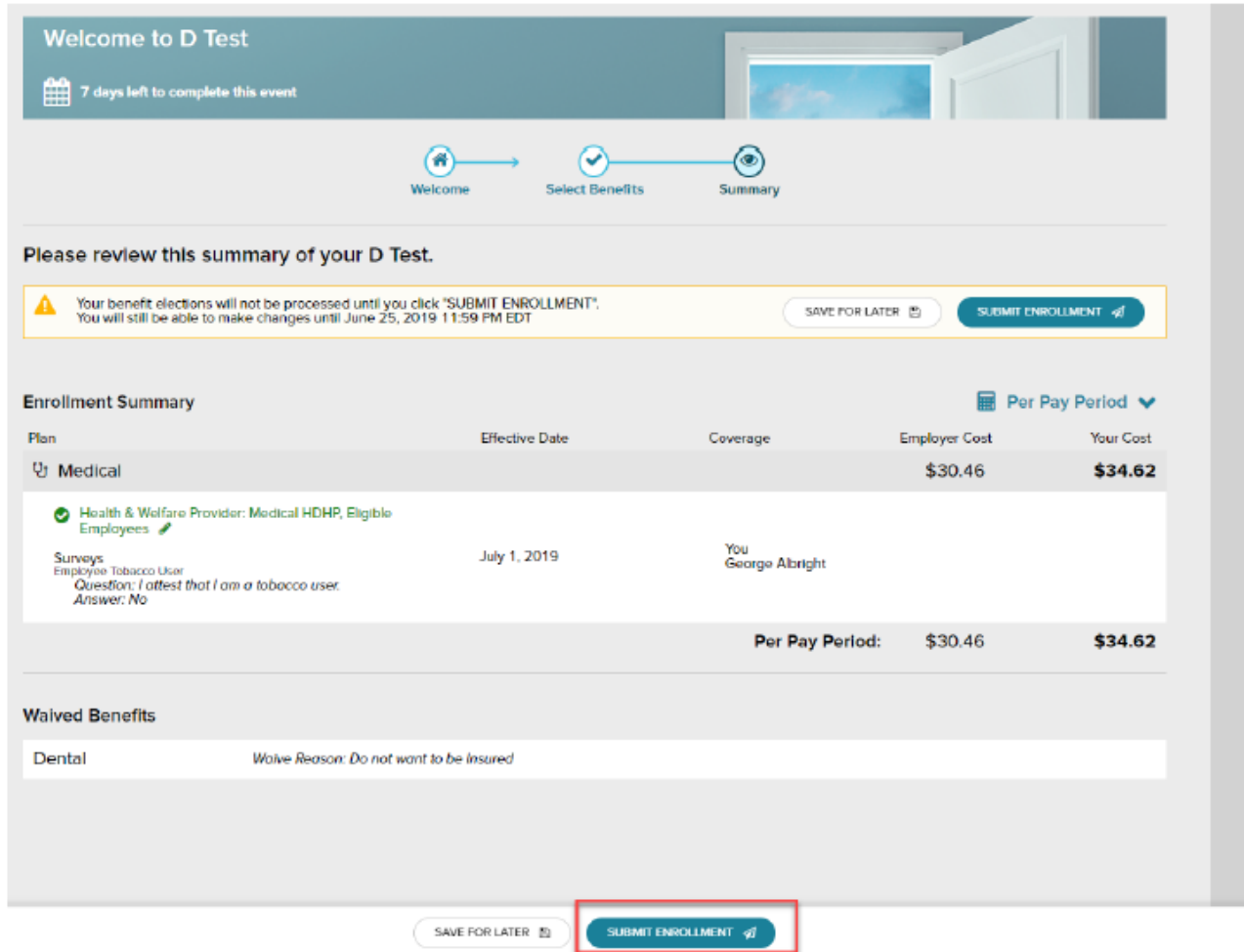
Do you want to add Secondary beneficiaries?

George Albright [View](#) Kate Albright [View](#) **-0.00% (total must equal 100%)**

[SAVE FOR LATER](#) [CONTINUE TO SUMMARY](#)

Review all of your selections. When you have confirmed them, click **Submit Enrollment**.

Note that your benefit elections will not be processed until you click **Submit Enrollment**. If you click **Save for later** instead, these enrollments will not be submitted to your Employee Engagement team until you fully submit the enrollment.



Welcome to D Test

7 days left to complete this event

Welcome → Select Benefits → Summary

Please review this summary of your D Test.

Warning: Your benefit elections will not be processed until you click "SUBMIT ENROLLMENT". You will still be able to make changes until June 25, 2019 11:59 PM EDT

SAVE FOR LATER | **SUBMIT ENROLLMENT**

Enrollment Summary

Per Pay Period

| Plan | Effective Date | Coverage | Employer Cost | Your Cost |
|---------|----------------|----------|---------------|----------------|
| Medical | | | \$30.46 | \$34.62 |

Health & Welfare Provider: Medical HDHP, Eligible Employees

Surveys
Employee Tobacco User
Question: I attest that I am a tobacco user.
Answer: No

July 1, 2019

You
George Albright

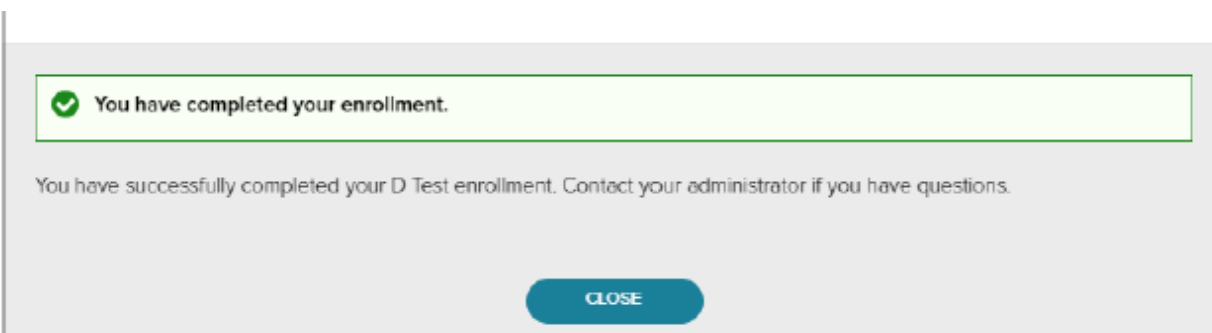
Per Pay Period: \$30.46 **\$34.62**

Waived Benefits

| | |
|--------|---|
| Dental | Waive Reason: Do not want to be insured |
|--------|---|

SAVE FOR LATER | **SUBMIT ENROLLMENT**

Please ensure you receive the confirmation note indicating your elections have been submitted.

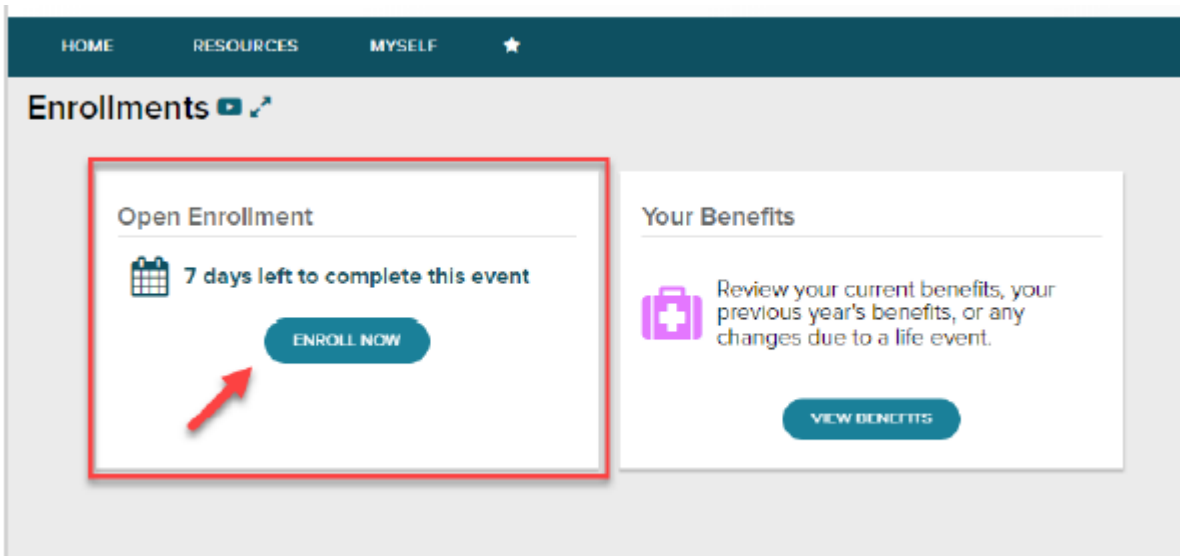
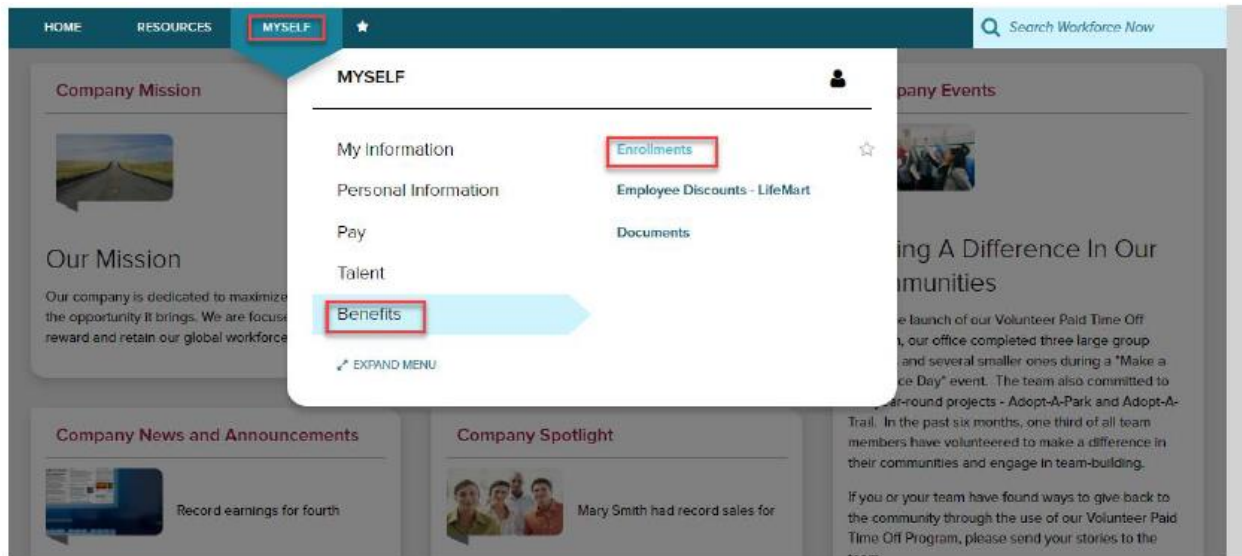


✓ You have completed your enrollment.

You have successfully completed your D Test enrollment. Contact your administrator if you have questions.

CLOSE

If you would like to make additional changes or modifications during the Open Enrollment Period, you may log in and navigate to **Myself > Benefits > Enrollments** and click the **Enroll Now** option again in the Open Enrollment box, which will bring you back to the beginning of the profile to make any desired election changes.



Any questions, please contact Employee Engagement at 716-839-8325 or email at hr@daemen.edu.