

PAYLOCITY ENROLLMENT



****Screenshots to go along with instructions found on the following pages****

1. Access Benefits Enhanced
2. Select **Action Needed** in the sidebar menu, then select **Start**
3. Select **Start Your Enrollment**
4. Review family Information
 - Select **Add Family Member** to add a dependent or select an existing dependent to edit information
 - Select **Continue**, answer any applicable questions
5. Enter Benefit Elections
 - Select dependents to cover, and the checkmark next to the appropriate **Plan** or **Waive** option, and then continue
6. Follow the steps until you reach the Employer Provided Benefits, no election is necessary here
7. Designate Beneficiaries
 - If you want to name a beneficiary who is not already one of your listed dependents, select **Add Beneficiary**
 - Enter a **Primary Beneficiary %** for all listed plans
8. Review all enrollment information
 - Select **Expand All** to display the details of each selection
9. Select **Submit** to complete the enrollment
10. Enroll in benefits for the next plan year, if applicable
11. Select **View PDF** to view or print and save an Enrollment Confirmation Statement

Who do you want to cover on this plan?

☒ TU Test User1 (Myself) Employee ☐ TS Test Spouse Spouse ☐ CU Child User1 Child

Choose a Plan

☒ 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

☐ Open Access Plus Choice ^ Employee Only \$81.01

☐ Waive Medical

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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

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93% Complete [Summary](#)

Last Saved at 11:29 AM 1/8/2019

- Welcome Complete
- Family Complete
- Medical Medical HDHP
- Health Care Savings Account (HSA) \$2,400.00
- Dental Waive Dental
- Vision Waive Vision
- Basic Life and AD&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 Family Information

Name	Tobacco	Full-Time Student
TU Test User1 (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 ^

My Estimated Costs per pay period

\$13.88

[My Benefit Elections](#)

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](#)

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

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

Viewing coverage as of 6/1/2018

 The elections below are pending approval.

My Estimated Costs

\$193.92

[View PDF](#)

[Expand All](#)