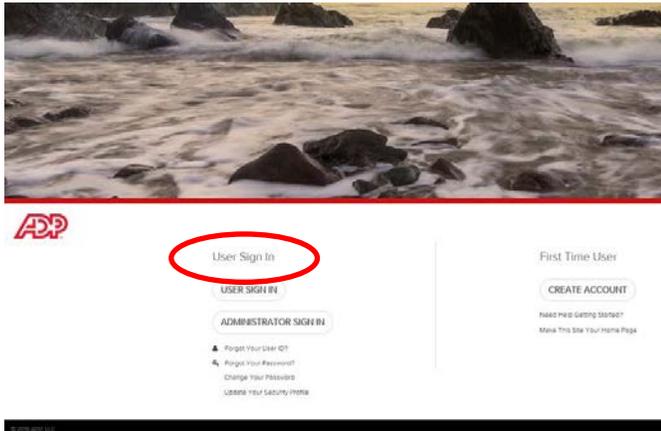
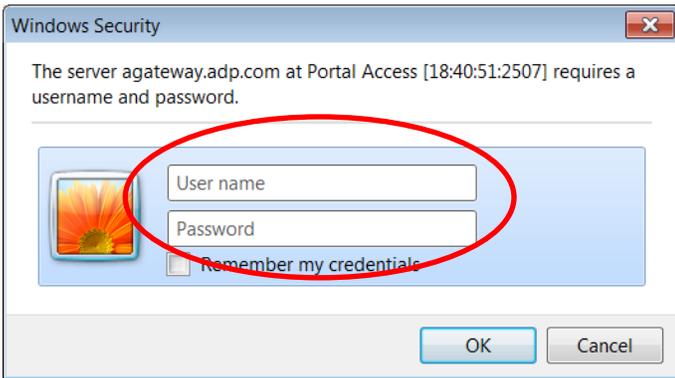


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1. Go to <https://portal.adp.com> Click on User Sign In.



2. Enter your User Name and Password.

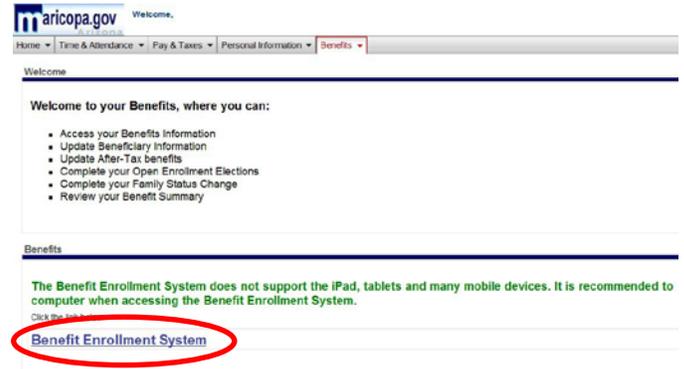


If you have not previously registered in the ADP Self Service Portal:

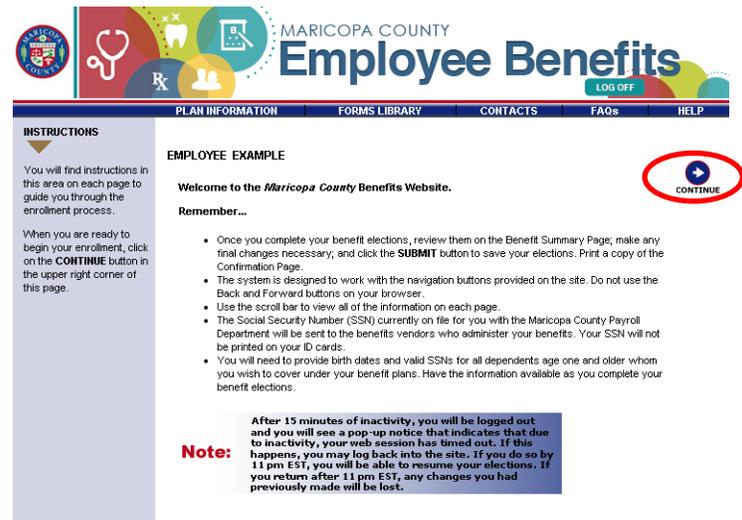
- a. Access the ADP Self Service Portal at <https://portal.adp.com>
 - b. Click on “Create Account”
 - c. Contact your HR Liaison or Employee Benefits to obtain the registration code
 - d. Enter your name as it appears on the Enrollment Worksheet mailed to your home
 - e. Enter your Social Security Number and click “Confirm”
 - f. Follow the prompts for any additional information
3. Once you are logged in, click on the “Benefits” tab then click “Welcome.”



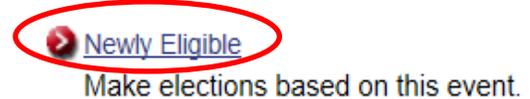
4. Click on the “Benefit Enrollment System” link.



5. At the Welcome page, read the information, then click “Continue.”



6. When the Main Menu opens click “Newly Eligible.”



7. Once you click on the Newly Eligible link, the system will walk you through each step to ensure you complete the entire enrollment process.

8. **Dependents** - Add your eligible dependents. To add a new dependent enter your dependent’s name, relation, gender, date of birth, Social Security Number (you must provide birth dates and valid

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SSN's for all dependents age one and older whom you wish to cover under your benefit plans), and disability status in the Dependent Maintenance section. Click "Add." Once all eligible dependents have been added, click "Continue."

When you add a dependent to your coverage for the first time you will be required to provide verification that the individual is an eligible dependent. A request for proof of eligibility will be mailed to your home address with instructions on how and when to submit the necessary documents. If you do not submit these documents your dependent will be dropped from coverage.

- 9. Beneficiaries** - Next, you will add your beneficiaries and make your beneficiary elections. If dependents were added on the previous screen, they will already be listed on the beneficiary page and their information does not need to be entered again. To add an additional beneficiary, complete the information in the Beneficiary Maintenance section and click "Add." Repeat this step until all beneficiaries are listed and then click "Continue."

The Beneficiary Designation screen allows you to select the percentage of life insurance designated to each beneficiary. You may designate multiple beneficiaries, however your Primary Beneficiary benefit disbursement values must add up to 100%, and your Contingent Beneficiary benefit disbursement values must also add up to 100%. Once your beneficiaries have been designated, click "Continue."

- 10. Benefits** - Click "Continue" after you complete each screen in the Benefits section. As you continue, a pop-up prompt will ask you to confirm your elected benefit choice. If the benefit election you want appears in the pop-up screen click "OK." If it is not what you want, click "Cancel" and re-enter your benefit election before clicking "Continue" again. The screens will display in the following order:

Medical

- If currently enrolled in medical, or before selecting a medical plan, it is important to indicate which of your dependents you will cover by placing a check mark in the box to the left of your dependents' names.

Plan Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
<input type="radio"/> Cigna HMO	\$40.39	\$77.74	\$61.85	\$106.41
<input type="radio"/> UnitedHealthcare FPO	\$51.79	\$112.80	\$93.51	\$156.64
<input checked="" type="radio"/> UnitedHealthcare HDHP with H.S.A.	\$32.79	\$43.10	\$38.49	\$57.32
<input type="radio"/> Waived Medical	\$0.00	\$0.00	\$0.00	\$0.00

- If you elect the Cigna HMO you will need to select a Primary Care Physician (PCP).
- If you elect the UnitedHealthcare HDHP with H.S.A., you will have the opportunity to make contributions to a Health Savings Account.
- If you elect the UnitedHealthcare HDHP with H.S.A., you may provide consent for the County to open a bank account on your behalf by agreeing to the **Health Savings Account Affirmation Statement**. If you do not provide consent during enrollment, you can open your account by visiting www.optumbank.com. You will be asked to provide the group number which is "901632." If you previously elected the UnitedHealthcare HDHP with H.S.A. and have already agreed to the terms of the Health Savings Account Affirmation Statement, you will not be prompted to agree to the statement again.

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MARICOPA COUNTY Employee Benefits

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INSTRUCTIONS

Read the Health Savings Account Affirmation Statement and indicate whether you consent to having the County open a bank account on your behalf.

Your Enrollment Progress:

Dependents > Beneficiaries > **Benefits** > Submit

Health Savings Account Affirmation Statement

Appointment of Maricopa County as Authorized Agent to Open an H.S.A.

By clicking the "I Agree" button below, I appoint Maricopa County as my agent to act on my behalf in order to open a Health Savings Account (H.S.A.) with Optum Bank. I also authorize Maricopa County to send and receive information to and from Optum Bank in order to accomplish this purpose.

I certify that I am eligible to contribute to an H.S.A. in accordance with Internal Revenue Code Publication 968. To qualify for an H.S.A., I must meet the following requirements:

- Covered under a High Deductible Health Plan (HDHP) on the first day of the month
- Have no other health coverage except what is permitted by the IRS
- Not be enrolled in Medicare
- Cannot be claimed as a dependent on someone else's tax return

I understand and instruct Optum Bank, unless otherwise notified, to provide the Custodial and Deposit Agreement and all other H.S.A. notices, disclosures, and information related to and governing my H.S.A. to me via www.optumbank.com, or by my calling the phone number listed on the back of my H.S.A. debit card.

I understand that federal law requires that Optum Bank obtain, verify, and record information that identifies each person who opens an account. Accordingly, I authorize Maricopa County to forward to Optum Bank information such as my Name, Address, Phone Number, Date of Birth, Social Security Number, County of Citizenship, and any other pertinent personal information. I also authorize Optum Bank to make any inquiries that it considers appropriate to determine if it should open and maintain my H.S.A.

By clicking the "I Agree" option, I consent for Maricopa County to remain my agent until my Health Savings Account is opened or until: (i) I submit written notice to Maricopa County that I intend to terminate this appointment and Maricopa County has a reasonable period of time to act on such notice; or (ii) I inform Maricopa County that I am no longer an H.S.A. eligible individual.

Options

- You may elect or waive vision coverage. If enrolling in the vision plan, it is important to indicate which of your dependents you will cover by placing a check mark in the box to the left of your dependents' names.

Dental

- You may elect or waive dental coverage. If enrolling in the dental plan, it is important to indicate which of your dependents you will cover by placing a check mark in the box to the left of your dependents' names.
- If you elect the Cigna Pre-Paid Dental Plan you will be required to select a Primary Care Dentist (PCD). Enter the PCD ID# for your dentist, for yourself and each covered dependent.

Attestation of Dependent Eligibility

- You must attest that each of the dependents you listed meets the coverage eligibility rules. If one or more does not, you will need to uncheck their name under each of the benefits.

- You will be asked if you or your dependents are enrolled in Medicare. The Medicare Secondary Payer Mandatory Insurer Reporting Requirements of Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 requires the collection and reporting of the Social Security Number (or Medicare Health Insurance Claim Number "HICN") for active covered individuals. Active covered individuals are:
 - a) employees and covered family members age 45 to 64
 - b) employees and covered spouses age 65 and older
 - c) employees and covered dependents who receive kidney dialysis or have a kidney transplant, and
 - d) any covered individual that the plan sponsor knows to be entitled to Medicare
- Prescription and Behavioral Health benefits are bundled with your Medical. You will see screens listing coverage for these benefits, and the dependents you elected to have medical, prescription, and behavioral health coverage.

Vision

MARICOPA COUNTY Employee Benefits

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INSTRUCTIONS

Read the Attestation of Dependent Eligibility Statement and indicate whether your dependents meet eligibility requirements.

Your Enrollment Progress:

Dependents > Beneficiaries > **Benefits** > Submit

Attestation of Dependent Eligibility

Maricopa County's Benefits Plan is available to Employees and their **Eligible Dependents**. This includes:

- Your legal spouse, and
- Your dependent children up to age 25

An eligible dependent child must either be the Employer's natural child, stepchild, legally adopted child, child placed with the Employer by court order for adoption, or a child who is permanently and totally disabled of any age provided he/she was medically certified as being permanently and totally disabled prior to his or her 26th birthday. Persons **ineligible** for County-provided health benefits include brothers, sisters, parents, grandparents, grandchildren, aunts, uncles, nieces, nephews, ex-spouses, partners, and children of partners and ex-spouses. It is a fraudulent practice to add eligible dependents to County-provided health benefits, fail to timely notify the Benefits office of a change in status (within 30 calendar days of event), or misrepresent dependents in any manner.

Below is a list of dependents you elected to cover under the County-provided health benefits. It is your responsibility to ensure that your dependent(s) meet eligibility requirements, and that you provide truthful information. You may be subject to a dependent verification audit. Failure to provide truthful information, respond to a dependent verification audit, and/or provide notice of a change in status may result in retroactive termination of the dependent's coverage, you being financially responsible for any claims he/she may have incurred, and possible legal action.

Dependent Coverage	
Name	Relationship
DEPENDENT ONE	SPOUSE
DEPENDENT TWO	LEGAL GUARDIANSHIP

Options

All of my dependents meet eligibility requirements.

At least one of my dependents does not meet the requirements.

Life Insurance

- Basic Life Insurance of 1X your Annual Base Salary is provided to you at no cost. You have the option to elect Additional Life Insurance up

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to 5X your Annual Base Salary. Rates vary based on your annual base salary, your age, and whether or not you are a tobacco user.

- Basic Accidental Death and Dismemberment (AD&D) Insurance of 1X your Annual Base Salary is provided to you at no cost. You have the option to elect Additional AD&D Insurance up to 5X your Annual Base Salary for Employee Only or Employee plus Family.
- Spouse Life Insurance can be elected as long as your spouse is not a benefits-eligible Maricopa County employee. You will need to respond to a question asking if you have a spouse who is also a Maricopa County employee. Coverage levels can be elected in increments of \$10,000 up to \$100,000. The rates vary based on your spouse's age and whether or not your spouse is a tobacco user.

INSTRUCTIONS

Step 1: Select from the Spouse Life Insurance options in the table to the right. You are not eligible for Spouse Life Insurance if your spouse is enrolled for Basic Life Insurance as a Maricopa County employee.

Step 2: Click on the CONTINUE button when you are finished.

You must have a spouse listed as a dependent to elect Spouse Life Insurance.

When a new spouse is added, the displayed cost is an estimate based on your current age, rather than your spouse's. Your mailed Confirmation Statement will contain the actual cost of Spouse Life Insurance coverage based on your spouse's age.

Options designated with the icon require Evidence of Insurability (EOI). If you elect one of these options an EOI form will be mailed to your home address. Complete the form and return it to the address indicated on the form.

Your Enrollment Progress:
Dependents > Beneficiaries > **Benefits** > Submit

Spouse Life Insurance
2016 - 2017 election: Waived Spouse Life Insurance
Costs shown are per pay period amounts.

I have a spouse who is also a Maricopa County employee:
 Yes No Yes, but my spouse is not eligible for benefits Does not apply

Coverage Levels	
Level	Cost
<input checked="" type="radio"/> Non Tobacco User	\$1.60
<input type="radio"/> Tobacco User	\$2.60

Plan Options	
Option	Coverage Amount
<input type="radio"/> \$10,000	\$10,000
<input type="radio"/> \$20,000	\$20,000
<input type="radio"/> \$30,000	\$30,000
<input type="radio"/> \$40,000	\$40,000
<input type="radio"/> \$50,000	\$50,000
<input type="radio"/> \$60,000	\$60,000
<input type="radio"/> \$70,000	\$70,000
<input type="radio"/> \$80,000	\$80,000
<input type="radio"/> \$90,000	\$90,000
<input checked="" type="radio"/> \$100,000	\$100,000
<input type="radio"/> Waived Spouse Life Insurance	\$0

- Child Life Insurance can be elected in increments of \$5,000 up to \$20,000.

- Specific coverage levels for Additional Life Insurance, Spouse Life Insurance, and Child Life Insurance require Evidence of Insurability (EOI) and approval by ReliaStar Life Insurance Company. An EOI form will be mailed to your home address. Complete the form and return it to the address or fax number indicated.

Short-Term Disability

- You may enroll in Short-Term Disability Coverage at salary replacement options of 40%, 50%, or 60% of your salary.

Flexible Spending Accounts

- The Health Care, Dependent Care, and Limited Scope Flexible Spending Accounts allow you to set aside pre-tax dollars to use for payment of eligible health care or dependent care expenses. You will elect an annual contribution in which 24 deductions are taken in equal amounts for the Plan Year (July 1 – June 30)
- The Health Care and Limited Scope Flexible Spending Accounts allow annual contributions of \$240 - \$2,550.
- If you elected the United Healthcare HDHP with H.S.A., you will be directed to the Limited Scope Flexible Spending Account Screen. You may use this account to pay for eligible dental or vision expenses for you and your dependents.
- The Dependent Care Flexible Spending Account allows an annual contribution of \$240 - \$5,000.

Group Legal

- You may enroll in Group Legal Service through METLAW.
- Once you have made all your benefit elections, a Benefit Summary Page will appear. Review the Benefit Summary and make any necessary corrections. If everything is correct, click "SUBMIT."

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MARICOPA COUNTY Employee Benefits

INSTRUCTIONS

Step 1: Carefully review your elections for accuracy. Elections are irreversible following the end of the enrollment period.

Step 2: To make a change to one of your dependents, click on the name of the dependent you want to change in the Dependents Table to the right. To add a dependent, click on the Add Dependent button. Do not add duplicate dependents.

Step 3: To make a change to your benefit elections, click on the name of the benefit you want to change in the Benefit Elections table to the right.

Step 4: To make a change to your beneficiary designations, click on the name of the benefit you want to change in the Beneficiary Designation table to the right.

Click on the Beneficiary Information button to add or update a beneficiary.

Step 5: When you are finished, click on the SUBMIT button to save your elections.

Your Enrollment Progress:
 Dependents > Beneficiaries > Benefits > **Submit**

2016 - 2017 Benefit Summary

Personal Information

Name: _____ Address: _____
 Birth Date: _____
 Base Salary: _____

Dependents

Name	Relationship	Birth Date
	CHILD	
	SPOUSE	

Benefit Elections

Benefit	Plan Election	Coverage	Employee Cost Per Pay Period	Employer Cost Per Pay Period
Medical	UnitedHealthcare HCHP with H.S.A.	Employee plus Children	\$38.49	\$444.78
Health Reimbursement Allowance Statement	I Decline		\$0.00	\$0.00
HICN Collection	Neither I nor any of my dependents are enrolled in Medicare	No HICN	\$0.00	\$0.00
Prescription	OptumRx HCHP Prescription Plan	Employee plus Children	\$0.00	\$0.00
Behavioral Health	United Behavioral Health	Employee plus Children	\$0.00	\$0.00
Wellness Vendor Consent	Already Designated		\$0.00	\$0.00
Vision	Eyewest Vision Plan	Employee plus Family	\$1.95	\$7.06
Dental	Cigna Pre-Paid Dental Plan (DHIIC)	Employee plus Family	\$6.44	\$5.02
Assignment of Dependents' Eligibility	I attest that my dependents meet eligibility requirements.			
Basic Life Insurance	1 times Annual Base Salary	Company Paid		\$1.44
Additional Life Insurance	5 times Annual Base Salary	Non Tobacco User	\$6.72	\$0.00
Basic Accidental Death & Dismemberment	1 times Annual Base Salary	Company Paid		\$0.36
Additional Accidental Death & Dismemberment	Waived Additional Accidental Death and Dismemberment	No Coverage	\$0.00	\$0.00

- Next you will be asked to read the Certification Statement and click “I Agree.” A pop-up prompt will ask for your e-mail address if you want your confirmation number emailed to you. If you do not want an e-mail confirmation, click “Cancel.” Otherwise enter your e-mail address and click “OK.”
- Print your Confirmation Page with your confirmation number.
- A Confirmation Statement will be mailed to your home address.
- The benefits enrollment process is complete. Click “Continue” to receive the “Thank You” message.