

MyADP – The ADP Experience

Getting Started with MyADP



DP and the ADP logo are registered trademarks of ADF, LLC. ADP – A more human resource. is a service mark of ADP, LLC. Copyright © 2016 ADP, LLC. 1.18 my.adp.com

Self-Registration for First Time Users

If this is your first time using ADP services, follow the self-registration process below. Otherwise, use your existing credentials.

- 1. Go to my.adp.com
- 2. Click Register Now.
- 3. Enter the registration code provided by your company and click **Go**.
- 4. Enter your name and other requested information and click **Confirm**.
 - If the prompt indicates that your record was found, click **Register Now**.
 - If the prompt indicates your record could not be found, contact your administrator or help desk.
- 5. On the Register for Services page, enter your contact information.
- 6. View or create (if permitted) a user ID.
- 7. Create a password.
- 8. Select and answer security questions.
- 9. If prompted, read the terms and conditions and select the **I Agree** check box.
- 10. Click Register (or Register Now).
- 11. Activate your contact devices by following the instructions in the two emails you will receive.
- 12. You can now log in to your ADP service.

For further assistance, contact your Human Resources Department at 973-359-8300

st Time Users ng ADP services, follow the self-registratio ng credentials.

Signing In

Q.

REGISTER NOW

Welcome to ADP

Forgot Your Username? | Forgot Your Password?

Usemame

Password

First Time User?

- 1. Go to my.adp.com
- 2. Enter your User Name.
 - Your user name is the user ID you received when you completed self-registration.
- Enter your **Password**.
 Your password is the one you created during self-registration.
- 4. Click Sign In.

Welcome to MyADP: Managing Your Data and Information

Now you have one central location to access and update personal, payroll, and tax information.

Depending on which ADP services your company uses, you may also be able to access your time and attendance activities, benefits information, pay, and much more.



Managing Your Benefits

If you have MyADP enabled for Benefits Administration, you can access the Benefits landing page, which provides quick access to all your benefits information with easy-to-use navigation.



(1) If applicable, access an open event (New Hire, Annual Enrollment, incomplete Life Events, and so forth) at the top of the page or the corresponding event tile below to begin or continue the enrollment process.

(2) View the benefits you are currently enrolled in and applicable paycheck deductions. Access benefits confirmation statements.

(3) Declare a Life Event, such as marriage, divorce, adoption, birth, and so forth.

(4) Access additional benefits offered by your company.

(5) View or update dependent and beneficiary information, allocations or coverage (with a qualifying event).

(6) Access forms and documents related to your benefits.



Employee Landing Pages

New Hire – If you are a new hire, you will see the New Hire page.



Annual Enrollment – If you have an opportunity to enroll during annual enrollment, you will see the Annual Enrollment page.

Justin J. -

Benefits



No Opportunity to Enroll – If you have no opportunity to enroll in benefits, you can view your current benefits, access forms and plan documents, report a qualifying life event, manager your dependents and beneficiaries and view additional benefits.



Multiple Opportunity to Enroll- If you have multiple opportunities to enroll in benefits, you will see the available events at the top of the page.



Select Benefits

Begin enrollment using an open event (for example, annual enrollment or new hire) or declare a life event (for example, marriage, birth, etc.).

Annual Enrollment Enrollment Effective: Jan 1, 2017	(Participant)		10 DAY(S) LEFT TO ENROLL
3 Benefits Need Review	v	SAVE & FINISH LATER	
	Health & Welfare Benefits	Additional Benefits	
Contributions Per Paycheck ×	= \$83.05		
Please take a moment to review and mak Please note that you will also not be able	e changes to your benefits. You cannot comp to make changes to any company provided t	ilete your enrollment unless you take action (penefits.	on the benefits that need review.
Dependent Care Spending Account	Business Travel Accident Insurance	Personal Accident Insurance	Medical Benefits
Needs Review	Needs Review	Needs Review	Selected
No Contribution	Company-Provided Business Tr \$0.00	No Coverage	Aetna (\$275 Deductible) \$30.90
			You are covered
· REVIEW	• REVIEW	REVIEW	CHANGE

Medical – Click Select this Plan to choose a new medical plan or click Continue with Selected Plan to choose the current election.



If you have dependents, they will be listed under the WHO IS COVERED column to the left. Please be sure to check the box next to any dependents you wish to cover.

Medical	
ABOUT THIS BENEFIT	
Enter or update your Media employer, regardless of the considered secondary cove MORE	cal selections in e level of coven erage. If your s
WHO IS COVERED	
You	
Joe Smith	
Spouse	

Save Your Election – Click 'Save and Continue to Dental Benefits' or click 'Save and Return to All Benefits'

Save Your Election			×
YOU ARE ENROLLING IN Medical - CORE PLA	N		
If you are covering a spouse on y selection. You will not be able to	/our medical plan, you must a) Confirm your elections until	ccess the Spouse Coverage Information area and make a you have provided this information	
PER PAYCHECK	COSTS	COVERED INDIVIDUALS - MEDICAL	
PLAN COST:	\$45.06 🕄	MP You	
TOTAL PER PAYCHECK:	\$45.06 🕄		
SAVE	AND CONTINUE TO DENTAL	C SAVE AND RETURN TO ALL BENEFITS	

Continue these steps for each benefit tile: Medical, Dental, Basic Life and AD&D, Long Term Disability, Health Care FSA, Dependent Care FSA, etc.

Important information if you have a spouse: If you are covering a Spouse, you will need to attest to whether or not your spouse is eligible for other coverage. There is a separate benefit tile called "Spouse Coverage Information".

If you are covering a spouse on your medical plan, you must access the Spouse Coverage Information area and make a selection. You will not be able to Confirm your elections until you have provided this information..

Click on "Change"

Spouse Coverage Information
Selected
Spouse is not elig for other cov \$0.00
CHANGE

You will then select "Spouse is elig for other coverage" or "Spouse is not elig for other coverage".

Spouse Coverage Information

ABOUT THIS BENEFIT

Enter or change your selections in the sections below.

SELECT YOUR COVERAGE

BENEFIT OPTION	COST PER PAYCHECK
NO COVERAGE	× = \$ 0.00
SPOUSE IS ELIG FOR OTHER COVERAGE	
SPOUSE IS NOT ELIG FOR OTHER COVERAGE	2

Waive Benefits

Select the benefit tile you want to waive. Scroll to the bottom of the page and click "I DON'T WANT THIS BENEFIT".

Waive Benefits for all benefit areas with a Waive feature appears as follows.

Waive Enrollment	×
A Waive this benefit SAVE AND CONTINUE TO VISION PLAN	SAVE AND RETURN TO ALL BENEFITS

If you are waiving medical benefits, you will be prompted to select a waiver reason.



Once you've completed making your elections, scroll to the bottom of the page and you may click on "Save & Finish Later" or "Complete Enrollment".



Once you click the Confirm Enrollment button, the following appears.

Confirm Enrollment

By submitting the changes I have requested, I am certifying that the information I have provided in support of my requested change in election is true, accurate, and complete and I am providing the information with the intention that it may be relied upon by the Plan Administrator for purposes of effecting changes in my coverage elections under the Plans. I understand that falsification of any of the information provided to the Plan Administrator may result in my termination from coverage under the Plans, or termination of the coverage of my spouse and/or dependents. In addition, the Company reserves the right to demand reimbursement for benefits paid to me or anyone receiving benefits through me based on falsified claims. Furthermore, I, the undersigned, authorize my employer to deduct from my wages the amounts required to pay my share of the premiums and/or contributions for the benefits elected under my employer's pension and benefit plan(s). I further understand that any credit provided by my employer, not represented in the cost calculation, will reduce the amount deducted from my wages. Where elected by me or required by plan design, these deductions will occur on a pre-tax basis. All the other deductions shall be taken on a post-tax basis. Such deduction amounts may only be changed at my employer's open enrollment or in accordance with applicable regulations and plan design.



You will see the enrollment confirmation (including confirmation number). You can download your confirmation statement from this page.

Benefits	Benefits		MARK M. ~
	Annual Enrollment Enrollment Effective: Jan 1, 2017	North and the second se	and the
	You have completed your enrollment. CONFIRMATION # 20161221124544 Image: Confirmation on the confirmation of the confirmation o		
	Your Estimated Cost of Benefits		
	Per Paycheck = \$86.38		
	PLANS	PRE-TAX	POST-TAX
	Medical Benefits Aetna (\$275 Deductible) Effective Date: Jan 1, 2017 Coverage: You	\$30.90	\$0.00
	Dental Benefits S Walved	\$0.00	\$0.00
	Good Vision Plan Image: Vision Service Plan Effective Date: Jan 1, 2017 Coverage: You	\$4.15	\$0.00
	Health Care Spending Account Annual Contribution: \$1,200.00 Lifective Date: Jan 1, 2017	\$48.00	\$0.00
	Dependent Care Spending Account	\$0.00	\$0.00
	Life Insurance Company-Provided Life Insurance : \$386,000.00 Lifective Date: Jan 1, 2017 Beneficiaries: The Salvation Army	\$0.00	\$0.00
	Accidental Death & Dismemberment Insurance Company-Provided AD&D Insurance : \$386,000.00 Effective Date: Jan 1, 2017 Beneficiaries: The Salvation Army	\$0.00	\$0.00
	Long Term Disability Insurance , Pending O Long-Term Disability Insurance ; \$10,000.00	\$0.00	\$0.00



The information listed here will reflect your most recent coverage elections.



To download your confirmation statement page, click on 'VIEW ALL STATEMENTS' or 'DOWNLOAD THIS STATEMENT'



Declare a Life Event

To Declare an event, simply select the appropriate Life Event.

+ BENEFITS	
Declare a Life Eve	nt
Loss of Coverage Elsewhere	Heve you had a major change in your life recently? Select a life event from the menu to get started.
Marriage	
Birth of Child	
Adoption	
Gain of Child Coverage Elsewhere	
FSA Correction Event	
Death of Cheld	
Commute Benefit Enrollment	
HSA Correction Event	
Other Medical Coverage	

You will be prompted to enter the DATE OF EVENT



Important: You can delete life events any time before the event is confirmed (meaning you have not left the Review and Manage Dependent area on the enrollment hub). Any dependents added as part of the event are removed when the event is deleted. For example, select Delete from the tile.



You are prompted to click the Delete button to delete the event. If you click the Delete button, the action cannot be canceled.



Click Cancel from the tile to cancel the action.

5 Select Dependents and Beneficiaries



Click the Dependents button to view Dependent information



Click the Beneficiaries button to view Beneficiary information.



Clicking the View/Edit button under a dependent or beneficiary displays the following.



Click the Edit button to change dependent information

v Joseph JusJen In	fo		(11
Name	Joseph JusJen		
Covered For	♥ Medical	•	
	🕅 Dental	•	
Assigned Allocations	BASICLIFE	0%	
	0 Supplemental Life	50%	
	& LTD	0%	
	PRIMARY SECONDARY		
Address	102 Flower Street		
	Bridgeport, Connectic United States	ut, 06601	
Relationship	Son		
Gender	Male		
Contact	PHONE (OPTIONAL) (203)004-6388		
	email (optional) dev1@rover.workscap	e.net	
Social Security#	xxx-xx-xxxx	Reveal	
Date Of Birth	XXXXXX	Reveal	
Status	Fulltime Student	Disabled	
(Uptional)			

Beneficiary designations must equal 100%

Confirm Enrollments and View Confirmation

Once all benefits are elected or waived the following page appears.

