

My Benefits: Standard Enrollment

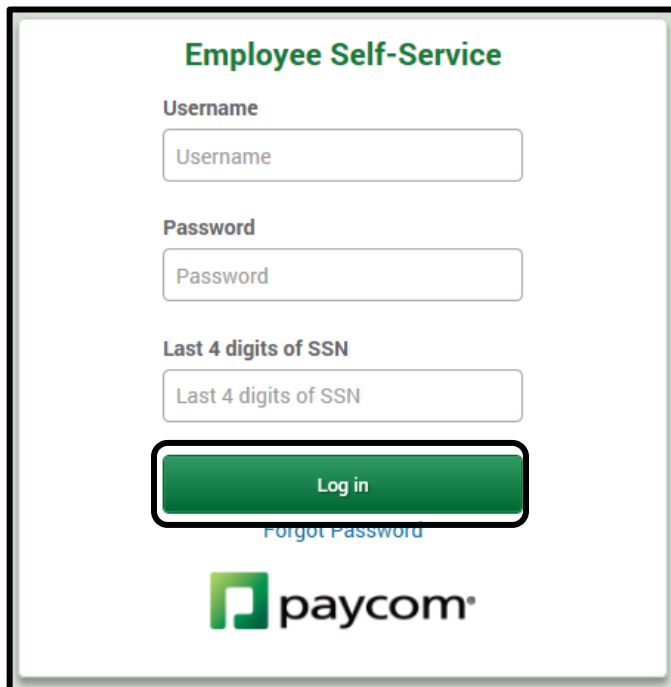


Standard Enrollment

Enrolling in Benefits is simple through Paycom's Employee Self-Service feature. To access the Paycom Employee Self-Service website go to www.Paycom.com. Then select "Employee."

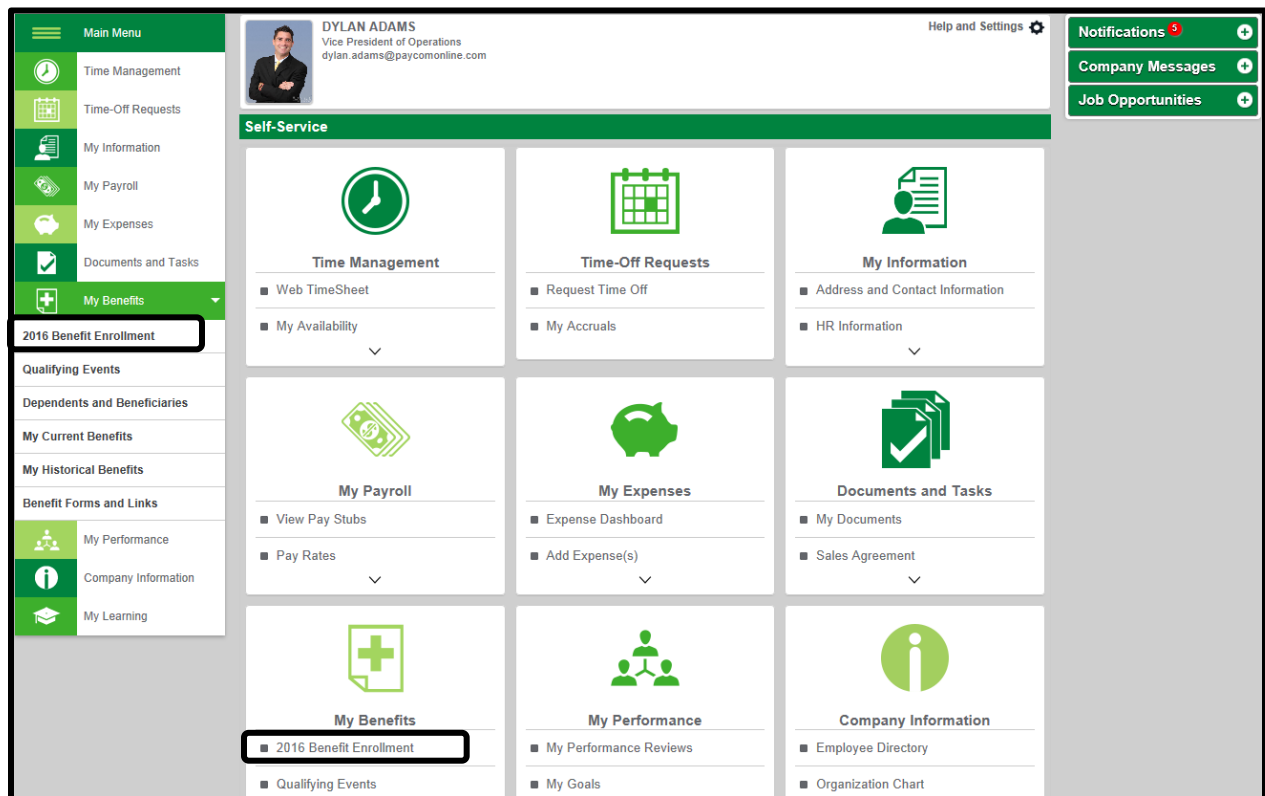


Enter your Username, password and the last four digits of your Social Security number. Then select "Log In."



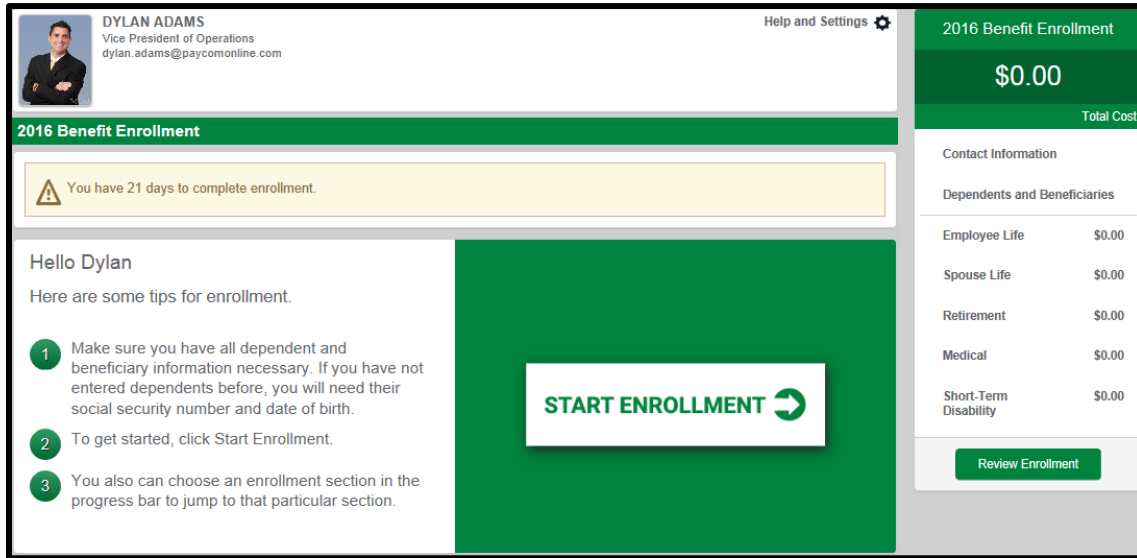
Enrolling in Benefits

After logging into Employee Self-Service, if you are eligible to enroll, you will have an option under the “My Benefits” tile in the center of the screen or on the left side of the page for “2016 Benefit Enrollment.” Click this button to be taken through the enrollment process.



The first screen you see provides an explanation of the enrollment process. The progress bar on the right side of the screen will list the benefits in which you are eligible to enroll.

Select “Start Enrollment” to begin the enrollment process.



2016 Benefit Enrollment

\$0.00

Total Cost

Contact Information

Dependents and Beneficiaries

Employee Life	\$0.00
Spouse Life	\$0.00
Retirement	\$0.00
Medical	\$0.00
Short-Term Disability	\$0.00

[Review Enrollment](#)

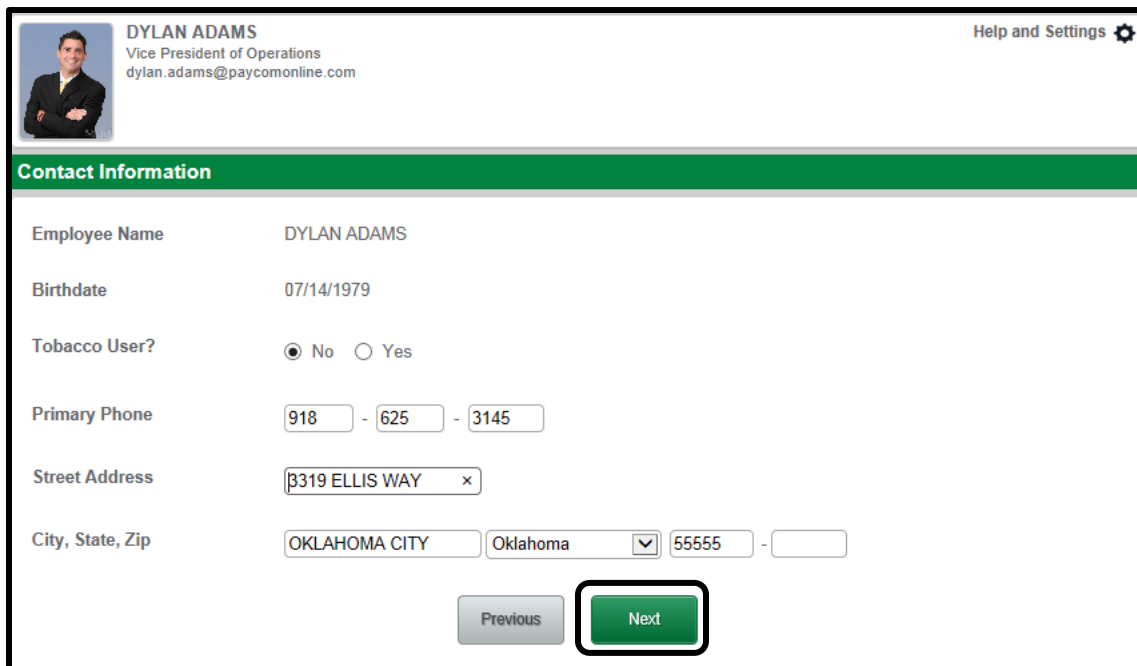
START ENROLLMENT

1 Make sure you have all dependent and beneficiary information necessary. If you have not entered dependents before, you will need their social security number and date of birth.

2 To get started, click Start Enrollment.

3 You also can choose an enrollment section in the progress bar to jump to that particular section.

If your employer allows you to edit your information within Employee Self-Service, the first screen in the enrollment process will give you the opportunity to update any phone or address information, as well as add any dependents you want to enroll into a plan. Update your personal information first, if necessary, and then select “Next.”



Contact Information

Employee Name: DYLAN ADAMS

Birthdate: 07/14/1979

Tobacco User? ☒ No ☐ Yes

Primary Phone: 918 - 625 - 3145

Street Address: 3319 ELLIS WAY

City, State, Zip: OKLAHOMA CITY Oklahoma 55555

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To add dependents, select “Add Dependent” and enter the applicable information. You can also edit the dependent information by selecting the pencil icon in the “Edit” column or delete the dependent altogether by selecting the trash can icon in the “Delete” column.

Once finished, select “Next” to continue.

Please note: If your employer gave you the option, and you’ve previously enrolled in benefits, you can speed up the enrollment process by electing the same plan as last year. To do so, simply select “Yes” to the Pre-Enrollment Question.

Family Member (Dependent) Setup

Please verify your family members on file.
To add a family member, simply click the 'Add Dependent' button.
You may also add them later once you have learned more about a particular benefit plan and enrolled.

First Name	Last Name	Social Security Number	Gender	Relationship	Birth Date	Documents	Edit	Delete
MARTHA	ADAMS	1232	Female	Spouse	08/14/1980	0		
MARY	ADAMS	3214	Female	Son or Daughter	01/27/2002	0		

Add Dependent

Pre-Enrollment Questions

Do you want to re-enroll in the same benefits you did last year?

☐ Yes ☒ No

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Each benefit screen will have two check boxes: one to enroll and one to decline. You can review the details of this plan within the “Plan Description” section. If there are forms or links attached to this plan, they will be located in a “Plan Information” drop-down option.

If you need to leave the page and continue the enrollment process later, you have that option. Once logged back in, simply select “Continue Enrollment.” If you’ve already made elections, the total will display in the Benefit Enrollment bar.

Updated: Oct. 27, 2016

Check the box to enroll or decline coverage for this plan, and select if you are a tobacco user. Some of the plans you choose to enroll in, such as life insurance or 401(k), may require beneficiaries. Enroll in the plan just as you would any other plan. Dependents who have already been added will appear as an option to include as beneficiaries. To add more beneficiaries, click “Add Beneficiary.”



DYLAN ADAMS
Vice President of Operations
dylan.adams@paycomonline.com
(918) 625-3145

Help and Settings

2016 Benefit Enrollment: Life

☒ Employee Life

Plan Information

Coverage Amount

\$114,400.00
 Guaranteed Amount: \$300,000.00
 Does the insured use tobacco? ☒ No ☐ Yes
 Cost per Pay Period: \$34.32

Plan Description

Beneficiaries

Beneficiary/Dependent	Relationship	Primary	Percentage	Secondary	Percentage
MARTHA ADAMS	Spouse	☐	0.00 %	☐	0.00 %
MARY ADAMS	Son or Daughter	☐	0.00 %	☐	0.00 %

Add Beneficiary

☐ Decline Coverage

Previous

Enroll

2016 Benefit Enrollment

\$200.00

Total Cost

☒ Contact Information
☒ Dependents and Beneficiaries

Employee Life	\$0.00
☒ Spouse Life	\$0.00
Retirement	\$0.00
☒ Medical	\$200.00
☒ Short-Term Disability	\$0.00

Review Enrollment

If you are adding a new beneficiary, enter their information and select “Add Beneficiary.”

Add a Beneficiary

* Indicates Required Field

Relationship

First Name

Middle Name

Last Name

SSN

Address

Street

City

State

Zip Code

Phone Number

Email Address

ADAMS

- -

☒ Same as Employee

3319 ELLIS WAY

OKLAHOMA CITY

Oklahoma

55555

- -

Add Beneficiary

7

Updated: Oct. 27, 2016

Once all of your beneficiaries have been added, select whether you would like them to be listed as a Primary or Contingent beneficiary by checking the box in the appropriate column. A Contingent beneficiary is the person who will receive the benefits if the Primary beneficiary has died at the time the benefit is to be paid. Beneficiaries can either be Primary or Contingent, but not both. As you check the boxes the percentage column will automatically recalculate to evenly distribute across the beneficiaries selected. You can change the percentage amounts, but be sure the total amount equals 100 percent.

Once finished, select “Enroll.” Based on the requirements of the plan, you will need to add the appropriate number of beneficiaries and the amounts will need to equal 100 percent before you can continue. Columns will show in red if there are outstanding items to complete.

Beneficiaries

Beneficiary/Dependent	Relationship	Primary	Percentage	Secondary	Percentage
MARTHA ADAMS	Spouse	☒	100.00 %	☐	0.00 %
MARY ADAMS	Son or Daughter	☐	0.00 %	☒	100.00 %

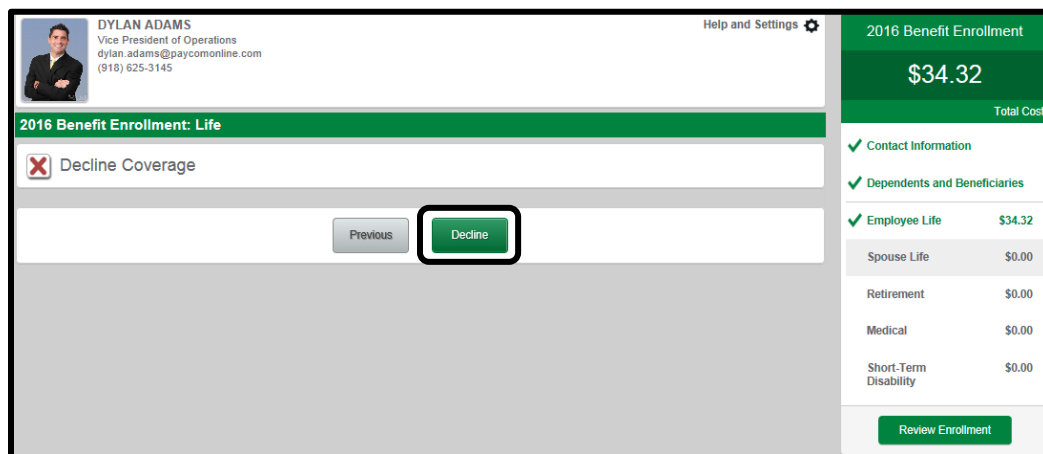
Add Beneficiary

☐ Decline Coverage

Previous

Enroll

The next plan is the Spouse Life plan. In this example, we will decline this plan and select “Decline.”



2016 Benefit Enrollment: Life

☒ Decline Coverage

[Previous](#) [Decline](#)

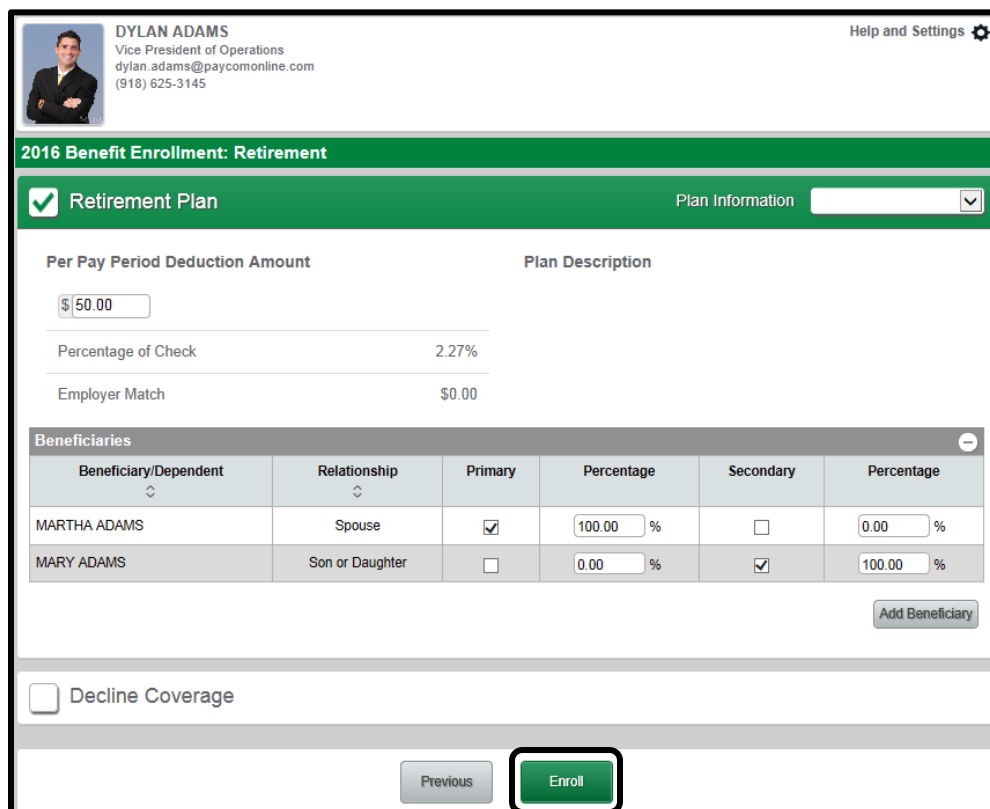
2016 Benefit Enrollment

\$34.32
Total Cost

- ✓ Contact Information
- ✓ Dependents and Beneficiaries
- ✓ Employee Life **\$34.32**
 - Spouse Life \$0.00
 - Retirement \$0.00
 - Medical \$0.00
 - Short-Term Disability \$0.00

[Review Enrollment](#)

The next plan we will go over is the Retirement plan. Check the box to enroll in or decline the plan, then enter the percentage or dollar amount you would like to contribute in the Per Period Deduction Amount field. The “Percentage of Check” and “Employer Match” (if applicable) amounts will automatically pre-populate based on the number you enter. Select the appropriate beneficiaries or add any new beneficiaries, and select “Enroll.”



2016 Benefit Enrollment: Retirement

☒ Retirement Plan [Plan Information](#)

Per Pay Period Deduction Amount **Plan Description**

Percentage of Check 2.27%

Employer Match \$0.00

Beneficiaries

Beneficiary/Dependent	Relationship	Primary	Percentage	Secondary	Percentage
MARTHA ADAMS	Spouse	☒	100.00 %	☐	0.00 %
MARY ADAMS	Son or Daughter	☐	0.00 %	☒	100.00 %

[Add Beneficiary](#)

☐ Decline Coverage

[Previous](#) [Enroll](#)

The last plan we will cover is a Medical plan. If you select to enroll in this plan, additional options will become available so you can choose the specific coverage level for which you would like to enroll. Select the level of coverage you would like for this plan.

If you have chosen a coverage level that has dependents (e.g., Employee and Spouse, Employee and Children or Employee and Family), you will select/enter those on the following screen. Check the boxes next to the dependents who will be included in this plan or select “Add Dependent” to add additional dependents not in the list. Once finished, select “Enroll.”



DYLAN ADAMS
Vice President of Operations
dylan.adams@paycomonline.com
(918) 625-3145

Help and Settings 

2016 Benefit Enrollment: Medical

☒ Medical Plan

Choose Your Coverage Level

Does anyone enrolled in this plan use tobacco?

☒ No ☐ Yes

☐ Employee Only \$75.00
☒ Employee and Spouse \$200.00
☐ Employee and Children \$275.00
☐ Employee and Family \$400.00

Plan Description

Dependents

Select	First Name	Last Name	Social Security Number	Gender	Relationship	Birth Date	Dependent Age on Coverage Start Date	Documents
☐	MARTHA	ADAMS	1232	Female	Spouse	08/14/1980	36	0

Add Dependent

☐ Decline Coverage

Previous

Enroll

2016 Benefit Enrollment

\$84.32

Total Cost

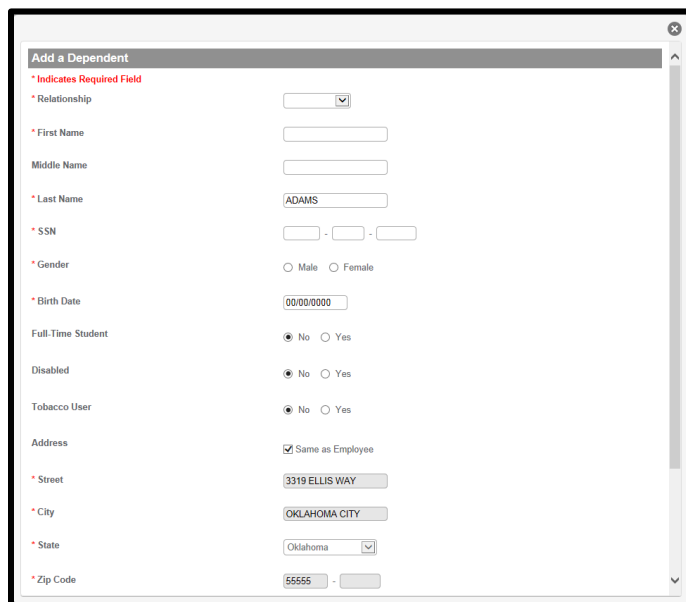
☒ Contact Information
☒ Dependents and Beneficiaries
☒ Employee Life \$34.32
☒ Spouse Life \$0.00
☒ Retirement \$50.00

Medical \$0.00

Short-Term Disability \$0.00

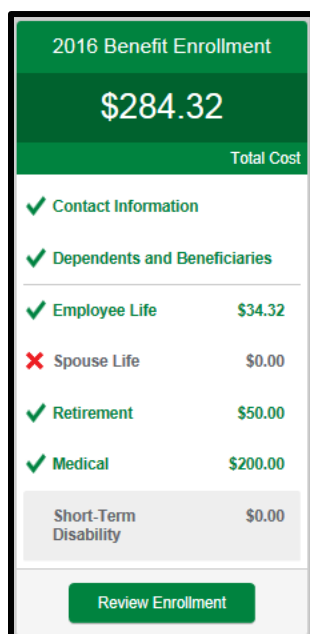
Review Enrollment

If you are adding a new dependent, enter their information and select “Add Dependent.”



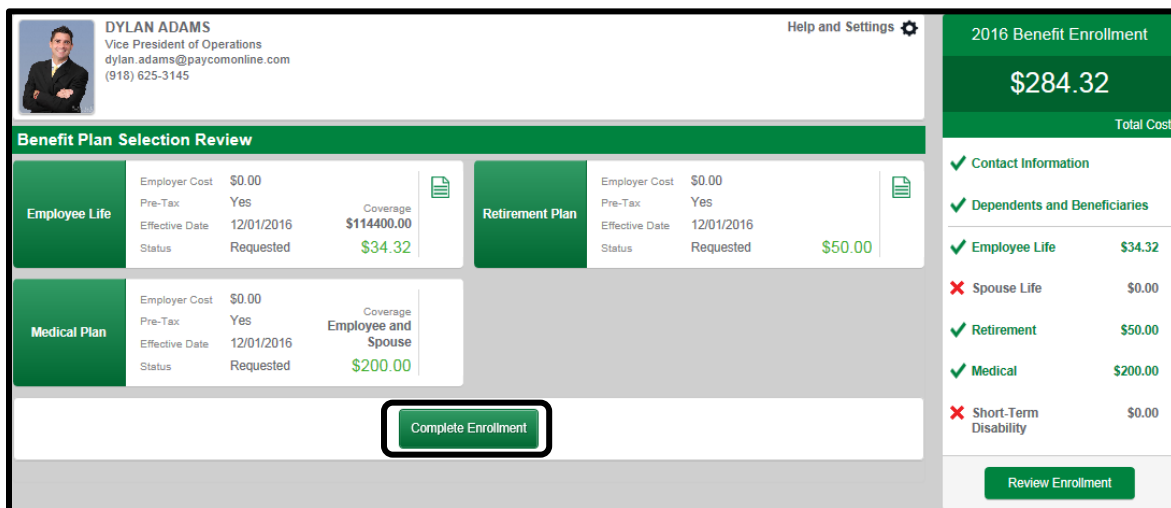
Continue through the enrollment process by choosing whether you would like to enroll or decline coverage in each of the available plans.

As you progress through the enrollment process, you can keep track of which benefits you have elected or declined from the Progress Bar on the right side of the screen. Green check marks mean you have enrolled, and the cost will be in the column to the right of the plan name. A red “X” means you selected to decline the plan. You can make edits to a plan by clicking the plan name.



2016 Benefit Enrollment	
\$284.32	
Total Cost	
✓ Contact Information	
✓ Dependents and Beneficiaries	
✓ Employee Life	\$34.32
✗ Spouse Life	\$0.00
✓ Retirement	\$50.00
✓ Medical	\$200.00
Short-Term Disability	\$0.00
Review Enrollment	

Once you have made a selection for each plan, you will be brought to the “Benefit Plan Selection Review” screen. This will give you a snapshot of the plans for which you have elected to enroll. Select any links from the Progress Bar to make changes. Once you are satisfied with your selections, check “Complete Enrollment.”



Benefit Plan Selection Review

Plan Type	Employer Cost	Pre-Tax	Effective Date	Status	Coverage	Cost
Employee Life	\$0.00	Yes	12/01/2016	Requested	\$114400.00	\$34.32
Retirement Plan	\$0.00	Yes	12/01/2016	Requested		\$50.00
Medical Plan	\$0.00	Yes	12/01/2016	Requested	Employee and Spouse	\$200.00

2016 Benefit Enrollment

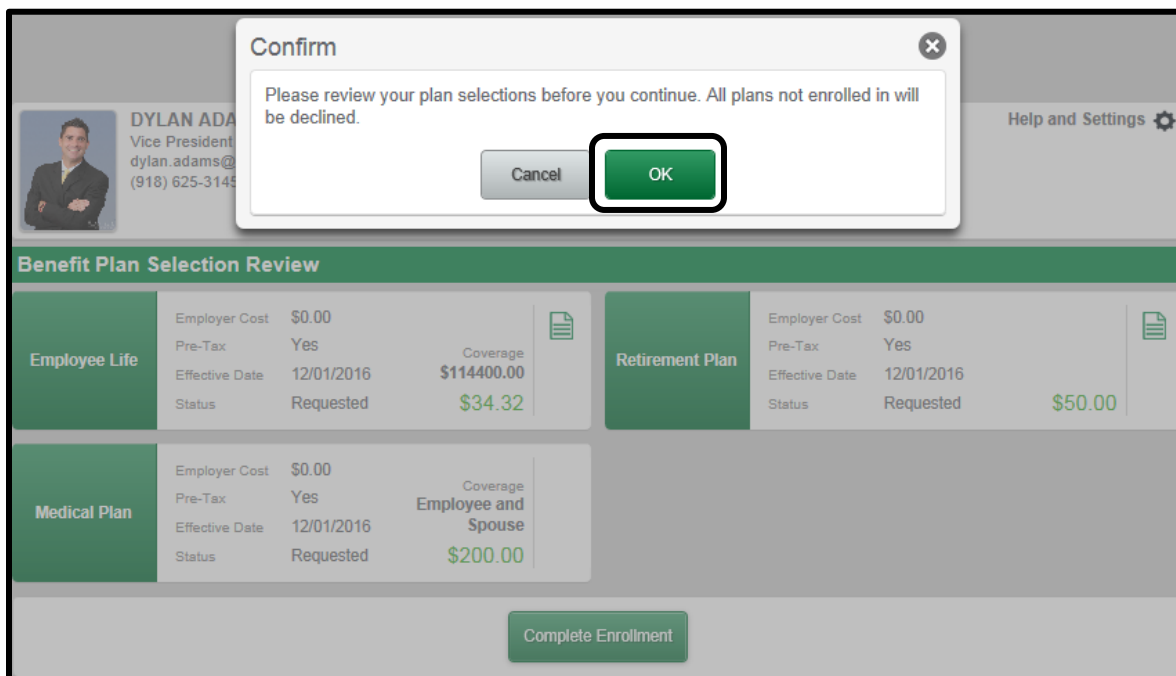
\$284.32 Total Cost

- ✓ Contact Information
- ✓ Dependents and Beneficiaries
- ✓ Employee Life \$34.32
- ✗ Spouse Life \$0.00
- ✓ Retirement \$50.00
- ✓ Medical \$200.00
- ✗ Short-Term Disability \$0.00

Complete Enrollment

Review Enrollment

A pop-up window will ask you to confirm if you want to complete enrollment. *Note: All plans not enrolled in will be declined.* Select “OK” to continue.



Confirm

Please review your plan selections before you continue. All plans not enrolled in will be declined.

Cancel **OK**

Benefit Plan Selection Review

Plan Type	Employer Cost	Pre-Tax	Effective Date	Status	Coverage	Cost
Employee Life	\$0.00	Yes	12/01/2016	Requested	\$114400.00	\$34.32
Retirement Plan	\$0.00	Yes	12/01/2016	Requested		\$50.00
Medical Plan	\$0.00	Yes	12/01/2016	Requested	Employee and Spouse	\$200.00

Complete Enrollment

When you select “Complete Enrollment” you will be brought to the “Sign and Submit” screen. A printable confirmation page is available to you. Once you are ready to submit your enrollment, click “Sign and Submit.”



DYLAN ADAMS
Vice President of Operations
dylan.adams@paycomonline.com
(918) 625-3145

Help and Settings

Sign and Submit

If you are satisfied with your enrollment, click sign and submit.

Benefit Confirmation / Deduction Authorization - ADAMS, DYLAN

Employee Information

Name	Date of Birth	Primary Phone	Secondary Phone	Address
ADAMS, DYLAN	07/14/1979	(918) 625 - 3145		3319 ELLIS WAY OKLAHOMA CITY, OK 55555

Employee ID	Hire Date	Gender	E-mail Address
A016	06/08/2006	F	dylan.adams@paycomonline.com

Company Name	Location(s)	Department Code	Reason(s) for Completing Form
ABC OF OKC	OK	200	Open Enrollment

Job Class	Title
	Vice President of Operations

Requested Benefits

Plan Code	Plan Name	Deduction Start Date	Deduction Frequency	Tax Treatment	Tobacco Rates	Coverage Level	Employer Cost	Employee Deduction
LIF1	Employee Life	12/01/2016	Every Payroll	PRE	No	\$114,400.00	\$0.00	\$34.32
RET1	Retirement Plan	12/01/2016	Every Payroll	PRE	N/A	\$1,300.00	\$0.00	\$50.00
UHC2	Medical Plan	12/01/2016	Every Payroll	PRE	N/A	Employee and Spouse	\$0.00	\$200.00
Total							\$0.00	\$284.32

Approved Benefits

Plan Code	Plan Name	Deduction Start Date	Deduction Frequency	Tax Treatment	Status	Carrier Status	Tobacco Rates	Coverage Level	Employer Cost	Employee Deduction
No Approved Benefits										

Declined/Denied Benefits

Plan Code	Plan Name	Deduction Start Date	Deduction Frequency	Tax Treatment	Status	Declination Reason	Comment
SPOU	Spouse Life	12/01/2016	Every Payroll	PRE	EE Declined		
STD1	Short-Term Disability	12/01/2016	Every Payroll	PRE	EE Declined		

Terminated Benefits

Plan Code	Plan Name	Enrollment Date	Deduction Frequency	Tax Treatment	Status	Carrier Status	Tobacco Rates	Coverage Level	Employer Cost	Employee Deduction
No Terminated Benefits										

Benefit elections cannot be changed until next year's Open Enrollment or you have a Qualifying Event.

Dependent Information

Medical Plan (UHC2)

Name	Relationship	SSN	Benefit Effective Date	Benefit End Date	Dependent Status
MARTHA ADAMS	Spouse	XXX-XX-1232	12/01/2016	11/30/2017	

Employee Signature and Totals

Employee Name	Date Electronically Signed	Total Employer Cost	Total Employee Deduction
ADAMS, DYLAN		\$0.00	\$284.32

Terminated benefit values have not been added to the totals
Amount not added to total deduction total, deduction is for record keeping only
Percent values not added to the deduction total

Return Home

Sign and Submit

Congratulations! Your enrollment is now complete. The following screen will provide a recap of your elections, including who is covered under each plan and your named beneficiaries.

To exit, select “Return Home.” To print a confirmation page, select the printer icon.



DYLAN ADAMS
Vice President of Operations
dylan.adams@paycomonline.com
(918) 625-3145

Help and Settings

Sign and Submit

- Congratulations! Your enrollment is complete.
- Below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries.
- To exit, click 'Return Home'.



Benefit Confirmation / Deduction Authorization - ADAMS, DYLAN

Employee Information

Name	Date of Birth	Primary Phone	Secondary Phone	Address
ADAMS, DYLAN	07/14/1979	(918) 625 - 3145		3319 ELLIS WAY OKLAHOMA CITY, OK 55555

Employee ID	Hire Date	Gender	E-mail Address
A016	06/08/2006	F	dylan.adams@paycomonline.com

Company Name	Location(s)	Department Code	Reason(s) for Completing Form
ABC OF OKC	OK	200	Open Enrollment

Job Class	Title
	Vice President of Operations

Requested Benefits

Plan Code	Plan Name	Deduction Start Date	Deduction Frequency	Tax Treatment	Tobacco Rates	Coverage Level	Employer Cost	Employee Deduction
LIF1	Employee Life	12/01/2016	Every Payroll	PRE	No	\$114,400.00	\$0.00	\$34.32
RET1	Retirement Plan	12/01/2016	Every Payroll	PRE	N/A	\$1,300.00	\$0.00	\$50.00
UHC2	Medical Plan	12/01/2016	Every Payroll	PRE	N/A	Employee and Spouse	\$0.00	\$200.00
Total							\$0.00	\$284.32

Approved Benefits

Plan Code	Plan Name	Deduction Start Date	Deduction Frequency	Tax Treatment	Status	Carrier Status	Tobacco Rates	Coverage Level	Employer Cost	Employee Deduction
No Approved Benefits										

Declined/Denied Benefits

Plan Code	Plan Name	Deduction Start Date	Deduction Frequency	Tax Treatment	Status	Declination Reason	Comment
SPOU	Spouse Life	12/01/2016	Every Payroll	PRE	EE Declined		
STD1	Short-Term Disability	12/01/2016	Every Payroll	PRE	EE Declined		

Terminated Benefits

Plan Code	Plan Name	Enrollment Date	Deduction Frequency	Tax Treatment	Status	Carrier Status	Tobacco Rates	Coverage Level	Employer Cost	Employee Deduction
No Terminated Benefits										

Benefit elections cannot be changed until next year's Open Enrollment or you have a Qualifying Event.

Dependent Information

Medical Plan (UHC2)

Name	Relationship	SSN	Benefit Effective Date	Benefit End Date	Dependent Status
MARTHA ADAMS	Spouse	XXX-XX-1232	12/01/2016	11/30/2017	

Employee Signature and Totals

Employee Name	Date Electronically Signed	Total Employer Cost	Total Employee Deduction
ADAMS, DYLAN	10/26/2016	\$0.00	\$284.32

Terminated benefit values have not been added to the totals.
Amount not added to total deduction total, deduction is for record keeping only.
Percent values not added to the deduction total.

Return Home