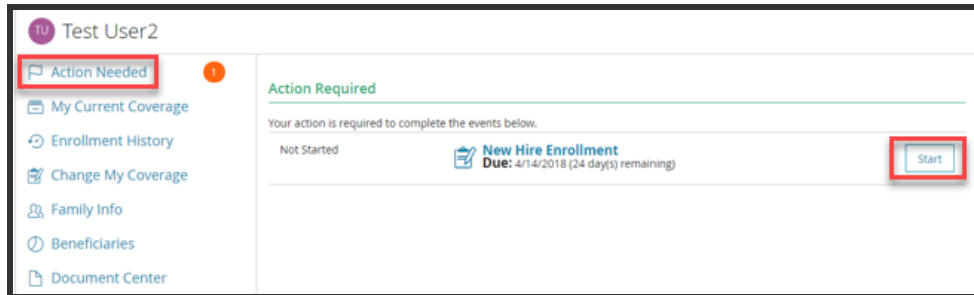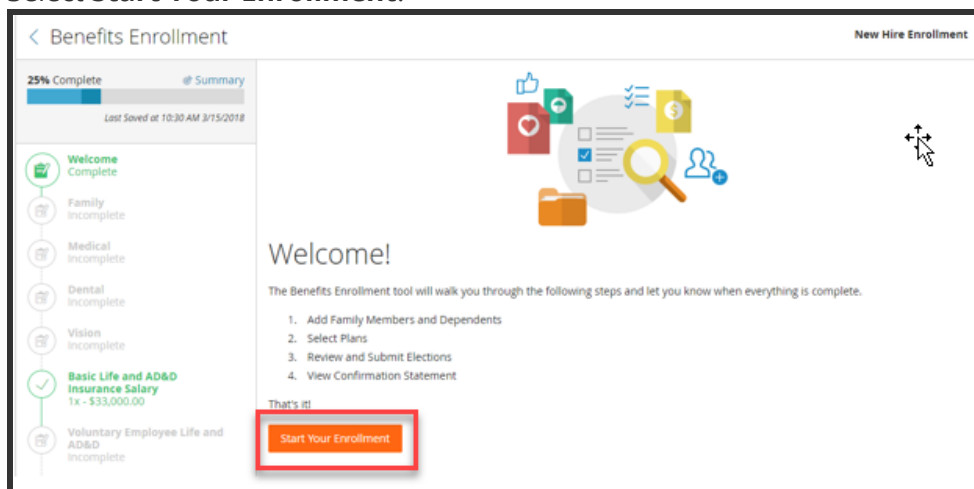Article ID: PCTY-69007
# Complete an Enrollment Event in Benefits Enhanced

1. Access Benefits Enhanced.
2. Select **Action Needed** in the sidebar menu. This option only appears if an enrollment event is available.
3. Select **Start**.

4. Select **Start Your Enrollment**.

5. Review **Family** Information.
    - Select **Add Family Member** to enter a new dependent.
    - Select an existing dependent to change the dependent's demographic information.
    - Select **Continue**.
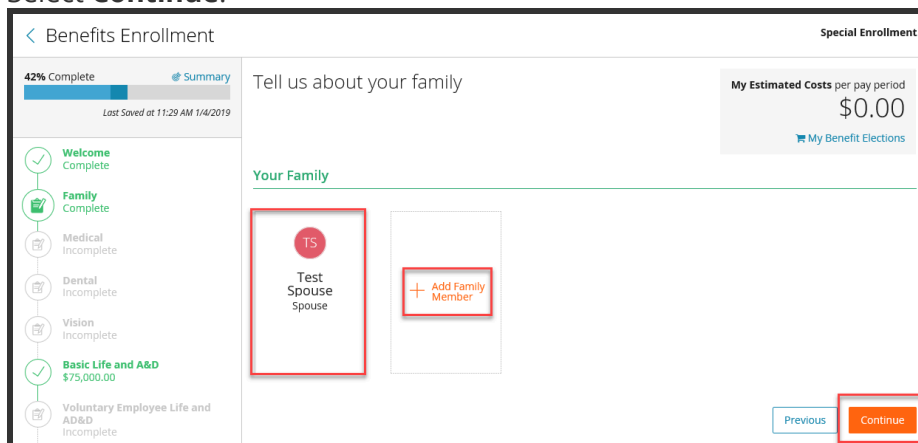
6. Answer any questions, if applicable.

7. Enter Benefit Elections:
   - Medical, Dental, Vision Plans
     1. Select the dependents to cover. The system calculates a coverage tier and cost based on the dependents selected.
     2. Select the **checkmark** next to the appropriate **Plan** or **Waive** option.
     3. Select **Continue**.

   - Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs)
     1. Select the checkmark next to the **Plan** or **Waive** option.
     2. Enter an amount in **Employee Per Pay Period** or **Total Annual Contribution.**

1. Employees must enroll in the HSA to receive any applicable employer contribution, if enrolled in a qualified medical plan.
2. Enter a *$0* **Employee Per Pay Period** amount to receive the employer contribution without an employee contribution.
3. The amount that employees can contribute to the account gets limited by any contribution that the employer makes as well as the IRS annual limit or other limit required by the Provider.

8. Select **Continue**.

Contribute to a Flexible Spending Account (FSA)?

☑ FSA ⌃   Total Annual Contribution | $900.00
                                                        $100.00

Contribution Amount

			Total Contribution To Date	
Employee Paid to Date	--		Employee Contribution Amount	--
Employee Per Pay Period	$100.00		Employer Contribution Amount	--
Remaining Pay Periods	9		Total Contributions To Date	--
Employee Annual Contribution	$900.00			
Employer Annual Contribution ⓘ	--			
Total Annual Contribution ⓘ	$900.00			

Annual Limits

Min Annual Contribution Amount	**$1.00**
Max Annual Contribution Amount	**$2,750.00**

Provider   Ameriflex

☐ Waive Medical FSA

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9. Voluntary Employee, Spouse, Domestic Partner, or Child Life and AD&D plans
10. Select the **checkmark** next to the appropriate **Plan** or **Waive** option.
11. Select the appropriate **Coverage Amount** in the dropdown menu, if electing coverage.
12. Select **Continue**.

Voluntary Employee Life and AD&D

My Estimated Costs per pay period
$5.17
🛒 My Benefit Elections

Choose a Plan

☐ Voluntary Employee Life and AD&D ⌃

Desired Coverage Range

[Select a range to view coverage amounts ⌄]

Coverage options available from $10,000.00 to $300,000.00.

Coverage Amount

[-- Select -- ⌄]

		My Estimated Costs per pay period	
		Employee Contribution	--
		Employer Contribution	--

Provider   Standard

Links   Medical History Statement link

☐ Waive Voluntary Employee Life and AD&D   Waive Coverage **$0.00**

[Previous] [Continue]

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13. Voluntary Disability

- Select the **checkmark** next to the appropriate **Plan** or **Waive** option.
- Select the appropriate **Coverage Amount** in the dropdown menu, if electing coverage.
- Select **Continue**.

14. Employer Provided Benefits: Employees do not need to make an election in these plans, as the employer provides these benefits at no cost to the employee.
15. Information Only Plans:
    - Employees do not enroll in these plans in the Benefits Enhanced system.
    - These plans provide employees with the information necessary to enroll elsewhere if applicable.

16. Designate Beneficiaries.
    - Any dependents already in the system automatically show as possible beneficiaries.
    - Some Providers require companies to load beneficiary information into the system. The system does not allow enrollment until the user adds beneficiary information in these instances.
    - Select **Add Beneficiary** to enter additional beneficiaries.
    - Enter a **Primary Beneficiary %** for all listed plans.
    - There must be a number listed in Secondary Beneficiary even if that number is 0.
    - Select **Continue**.

17. Review all enrollment information.
    - Select **Expand All** to display the details of each election.

○ Select a **Plan Type** in the Sidebar menu to make any necessary changes.

18. Select **Submit** to complete the enrollment.
19. Enroll in benefits for the next plan year, if applicable.
    ○ Select **Continue** to complete the enrollment for the next plan year now.
    ○ Select **I'll do this later** to complete the enrollment for the next plan year later.

20. Select View PDF to view or print and save an Enrollment Confirmation Statement outlining the benefit elections made. Save a copy of enrollment elections each year.

If electing coverage over the Guaranteed Issue Amount or enrolling in coverage after the initial new hire enrollment period, employees may need to submit an Evidence of Insurability form.

Contact a Benefits Representative for additional assistance

You can view this article at:

https://paylocity.egain.cloud/system/templates/selfservice/pctycss/help/customer/locale/en-US/portal/308600000001009/content/PCTY-69007