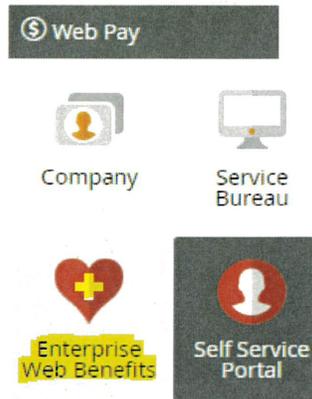


## Oldham County Fiscal Court Enrollment Guide

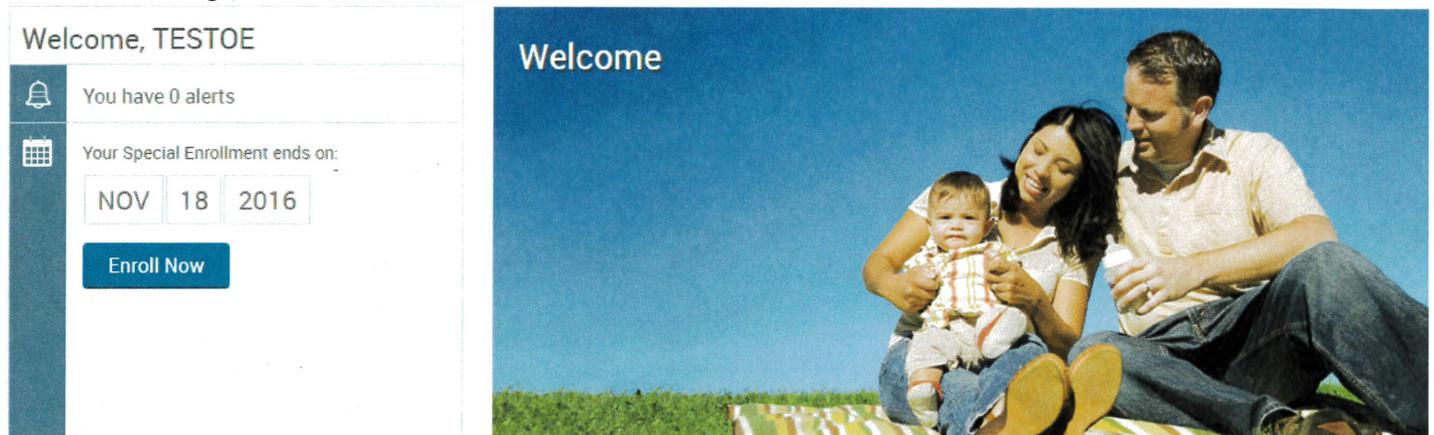
To access the system, log into WebPay as you would to view your payroll information. On the top left corner, click on the Applications bar and then Enterprise Web Benefits, this will take you to your Web Benefits home page.



This site supports the following browsers: Microsoft Internet Explorer, version 6.0 and up, Mozilla Firefox version 2.0.0.4 and up, Google Chrome and Safari version 4.0.1 and up. We encourage you to keep your browser updated.

**\*\*For successful navigation of the site, do NOT use the "back" button in your internet browser, as this will automatically log you out of the site. To navigate through the site, use the navigation bar located on the left hand side of the screen.**

From the Home Page, click on **ENROLL NOW**.



Annual enrollment is broken down into the following 4 steps/tabs. You will be taken through each tab to make changes or confirm your information on file and choose your benefits for the new plan year.

1. Employee (Personal Information)
2. Family (Family Information)
3. Enroll
4. Confirm

### Verify your Personal Associate Information

- Before beginning your enrollment, please verify the accuracy of all of your personal information (e.g., address, DOB, etc.)
- If you need to make any changes, you will need to make those in WebPay (or Payroll) and that change will be reflected here within 48 hours
- When done, check "I agree" at the bottom of the page and click "Continue"

**Please Note: Any field that has an asterisk next to it is required.**

## Employee Information

Sometime before beginning enrollment, all of your personal and family information must be complete. Please complete any required fields below, or, if the information has already been entered, please make sure it is accurate. You'll need to agree to the information and then click Continue

### Demographics

First Name TESTOE  
Middle Initial  
Last Name Full Time Employees  
Social Security Number 000-00-0001  
Date of Birth 7/17/1982  
Gender Male  
\* Tobacco User  No

- 1 Your Info  
Employee Information  
Family Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Continue

### Verify your Family Information

- You will want to add all dependents that you wish to cover under your benefits in this tab before proceeding to the next section
- Click on the [Add dependents](#) link to add dependents, when all of your family information is accurate, check "I agree" and click "Continue."

## Family Information

Please enter all family information before beginning your enrollment regardless of whether the family members are to be covered by your benefits or not. To do so, click Add Dependent. To verify or edit the information of a family member who has already been entered, click on the person's name. If you do not have any family members, click Continue.

### TESTOE Full Time Employees

Male Employee  
34 years old (7/17/1982)  
SSN: 000-00-0001

[Edit >](#)

### Spouse Test

Female Spouse  
37 years old (5/1/1979)  
SSN: 123-11-1111

[Edit >](#)

### Child Test

Male Child  
9 years old (3/10/2007)  
SSN: 123-11-1113

[Edit >](#)



Add Dependents

- 1 Your Info  
Employee Information  
Family Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Continue

I agree that the above information is accurate.

I agree

## Enrolling into Benefits

- Start your enrollment by clicking on the “Enroll” tab, this will take you to your first incomplete benefit
- Any benefits that are auto enrolled and do not require beneficiary designations will already have a green check mark, you can click the plan name to learn more about this benefit



# Medical

\$217.82   
Your Cost per pay period

PLAN 3) PPO / Humana / [View plan details](#)

COVERAGE Employee + Child(ren)

TESTOE Full Time Employees	Employee	 Cover
Spouse Test	Spouse	 Waive
Child Test	Child	 Cover

 Completed

[I don't want this benefit \(waive\)](#) [View Plan Options](#)

## Medical, Dental and Vision

- You can choose to elect the benefit or waive out
- To elect the benefit, please select the dependent(s) to cover and then the plan you wish to enroll in
- Coverage level will be determined based on the dependents you cover and once you click next you can review this and all cost associated with the plan you have selected

## Who will be covered by this plan?

- TESTOE Full Time Employees Employee  Spouse Test Spouse  Child Test Child [+ Add Dependents](#)

[Back](#)

[Continue](#)

1) HDHP Core

Humana

[View plan details](#)

Your Cost per pay period:

\$100.09 

Tier: Employee + Child(ren)

[Select](#)

2) HDHP Buy Up

Humana

[View plan details](#)

Your Cost per pay period:

\$146.11 

Tier: Employee + Child(ren)

[Select](#)

CURRENT PLAN

3) PPO

Humana

[View plan details](#)

Your Cost per pay period:

\$217.82 

Tier: Employee + Child(ren)

 Selected

[Keep Selection](#)

Click Save and Continue enrollment to go on to the next benefit plan. Medical will now show as complete with a green checkmark, and the next benefit plan will appear

 **Medical** \$217.82   
Your Cost per pay period

PLAN **3) PPO** / Humana / [View plan details](#)

COVERAGE **Employee + Child(ren)**

TESTOE Full Time Employees	Employee	<input checked="" type="checkbox"/> Cover
Spouse Test	Spouse	<input type="checkbox"/> Waive
Child Test	Child	<input checked="" type="checkbox"/> Cover

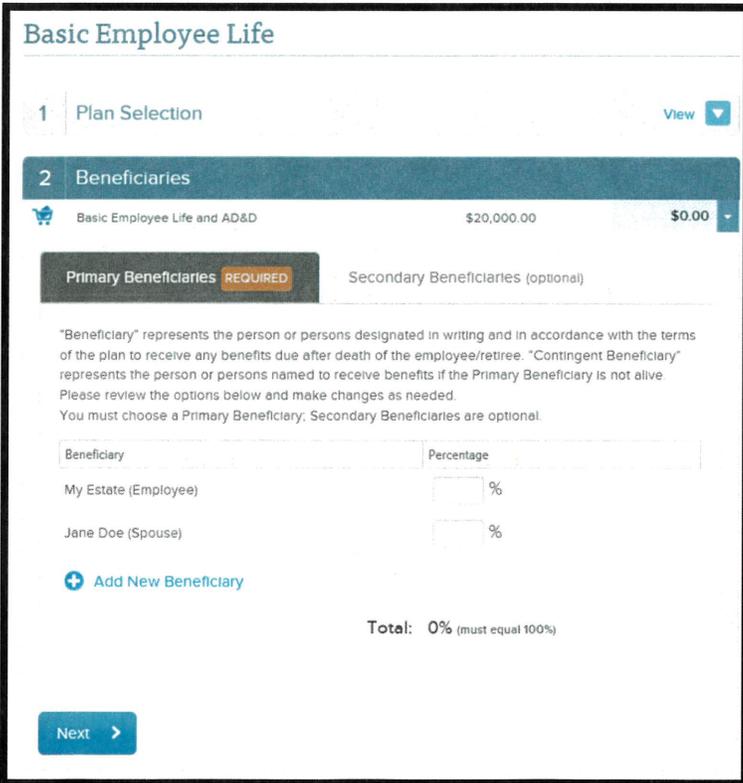
Completed

[I don't want this benefit \(waive\)](#) [View Plan Options](#)

**PLEASE NOTE – IF YOU DO NOT WISH TO CONTRIBUTE TO AN HSA, BUT DO WANT TO RECEIVE THE EMPLOYER CONTRIBUTION: SELECT THE PLAN AND ENTER 0 IN THE EMPLOYEE CONTRIBUTION AMOUNT BOX.**

### Basic Life Plan

- You will be automatically enrolled into these two plans.
- For basic life you will be asked to make your beneficiary assignments. Your dependents on file will automatically be listed as beneficiaries. Enter your assignments to total 100 %. When done, click 'Continue.' If you would like to add another beneficiary, click on the 'Add Beneficiary' box to be taken to the Beneficiary Maintenance page.



**Basic Employee Life**

1 Plan Selection View 

2 Beneficiaries

 Basic Employee Life and AD&D \$20,000.00  \$0.00 

Primary Beneficiaries **REQUIRED** Secondary Beneficiaries (optional)

"Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any benefits due after death of the employee/retiree. "Contingent Beneficiary" represents the person or persons named to receive benefits if the Primary Beneficiary is not alive. Please review the options below and make changes as needed. You must choose a Primary Beneficiary; Secondary Beneficiaries are optional.

Beneficiary	Percentage
My Estate (Employee)	<input type="text"/> %
Jane Doe (Spouse)	<input type="text"/> %

[+ Add New Beneficiary](#)

Total: 0% (must equal 100%)

[Next >](#)

- If at any time, you want to review, change your elections, or find more information about the plan, click on the plan name on the left.
- Once you have completed the enrollment for each benefit plan you will be taken to the final review step

## Almost Finished!

- Review all of your benefit elections and covered dependents
- Once you've completed your review, check the **I agree and I am finished with my enrollment** box at the bottom of the page and click the "Save My Enrollment!" button at the bottom of this page

Once You've Reviewed All Your Selections:

**Participation**

I understand that the choices I've made are in effect for one full benefit plan year and cannot be changed until the next enrollment period unless I have a qualified status change. If I do have a qualified family status change, I have 30 days from the date of the life event to make changes to my benefit plans, and that I may be required to furnish proof of the event and/or be asked to furnish evidence of insurability for my eligible dependents or myself. Finally, I authorize payroll deductions, if required, for my contributions in the cost of the coverage I have selected.

I agree, and I'm finished with my enrollment.



## Confirmation

It is highly recommended that you send yourself an e-mail confirmation of your elections. To do so, click on the envelope icon on the top right side. If you don't have an e-mail address in the system, please print out the confirmation page before you leave the site by clicking on printer icon also on the top right side. You will be also prompted to save your confirmation statement as well if you would like to save a copy.



### Your enrollment is complete!



You may make changes to your elections until **November 18, 2016**

You have completed your enrollment. Click the picture of a printer to printer friendly copy of your Confirmation Statement for your records or email yourself a copy of the Statement. If you would like to make changes to your enrollment, click on the Enrollment Complete button.

#### Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

