

Oldham County Fiscal Court Enrollment Guide

To access the system, log into Paylocity's website with the username and password you use to view your payroll information. On the top left corner, click on the HR/Payroll bar and then Enterprise Benefits, this will take you to your Web Benefits home page.

****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.**

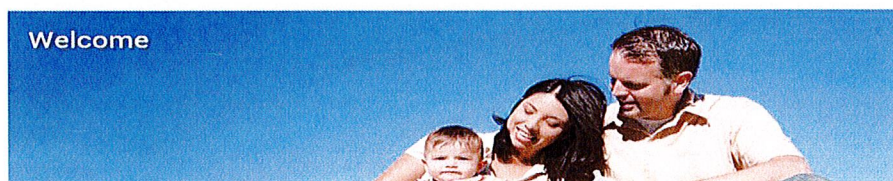
From the Home Page, click on **START YOUR ENROLLMENT**.

Welcome to your enrollment!

Your Status **Not Started**
Start Your Enrollment

Welcome,
Test OE19 Full Time
Employees

My Profile ^
Edit my profile
Edit dependent profiles



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 currently 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

\$100.09

Your Cost per pay period

PLAN 1) HDHP Core / [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](#)

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

Health Savings Account

PLEASE NOTE – THE AMOUNT ENTERED HERE IS AN ANNUAL AMOUNT AND WILL BE DIVIDED OVER 24 PAY PERIODS OR THE NUMBER OF PAY PERIODS REMAINING IN THE PLAN YEAR IF YOU ARE ELECTING OUTSIDE THE OPEN ENROLLMENT PERIOD.

[View Plan Details](#)

Current Plan

Health Savings Account - Core
Optum Financial

Selected

Employee Contribution Amount:

\$ annually [Calculate Costs](#)

Minimum Annual Contribution Amount: \$0.00

Maximum Annual Contribution Amount: \$9,300.00

Once you enter the **annual** contribution amount, click “View Plan Details” to access the link to create your account with Optum Financial. Click the **Enrollment Button** located in *Plan Links & Documents* and you will be redirected to the Optum Financial site for enrollment.

Health Savings Account

Editable Text Field

PLEASE NOTE – THE AMOUNT ENTERED HERE IS AN ANNUAL AMOUNT AND WILL BE DIVIDED OVER 24 PAY PERIODS OR THE NUMBER OF PAY PERIODS REMAINING IN THE PLAN YEAR IF YOU ARE ELECTING OUTSIDE THE OPEN ENROLLMENT PERIOD.

CLICK THE ENROLLMENT BUTTON TO CREATE YOUR ACCOUNT WITH OPTUM FINANCIAL

1 plans available

Current Plan

Health Savings Account - Core

Optum Financial

Keep Selection

Selected

Plan Links & Documents

Enrollment Button

PRINT

Basic Life Plan

- You will automatically be enrolled into this plan.
- 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

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	<input type="text" value="100"/> %
Spouse Test (Spouse)	<input type="text"/> %
Child Test (Child)	<input type="text"/> %

- 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

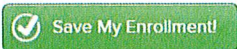
- Once you've completed your review, check the **I agree and I am finished with my enrollment** box at the bottom of the page and click the "Save My Enrollment!" button at the bottom of this page

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

Print out your confirmation of your elections or you can save your confirmation statement as well if you would like to save a



Your enrollment is complete!



You may make changes to your elections until **December 9, 2017**

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.

 VIEW

 PRINT

copy.