



June 2021

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HCM Benefits

Employee Self-Service Guide

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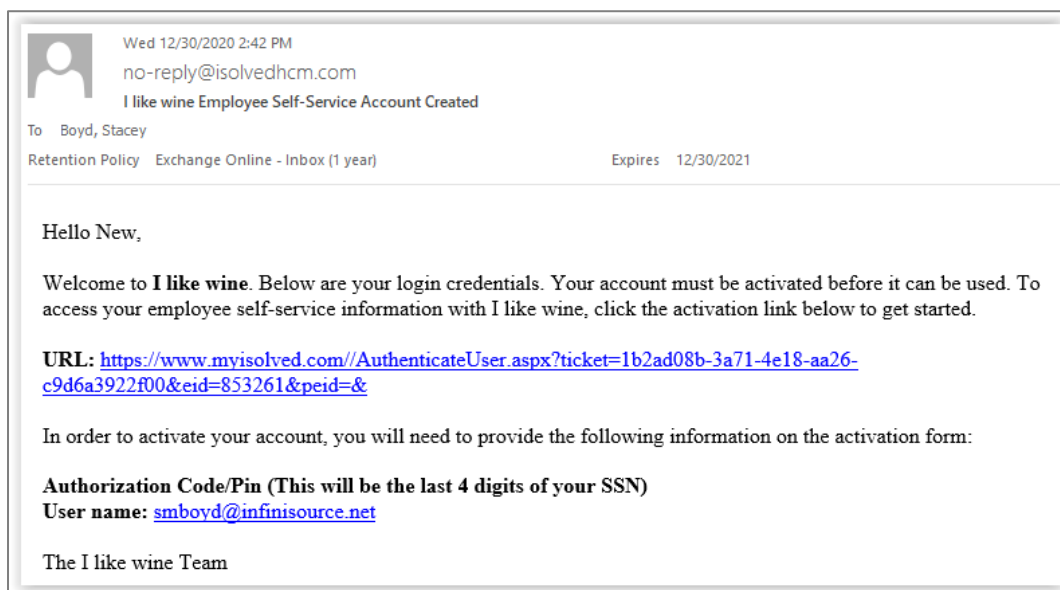
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Introduction

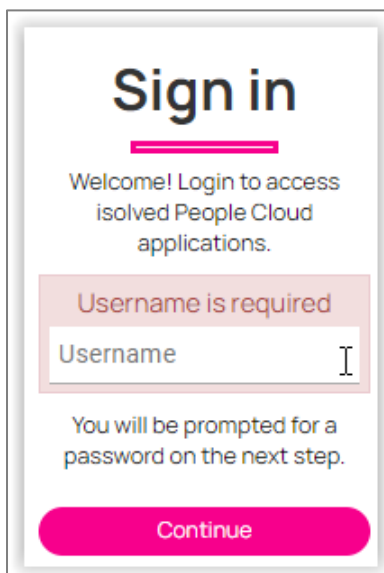
This article will provide assistance to using the Employee Self-Service for the Benefit items.

Activation

If you do not have an employee self-service account set up currently, you will receive an email from no-reply@isolvedhcm.com to activate your Self-Service account. You must activate this before you can sign up for benefits. Follow the instructions outlined in the email.



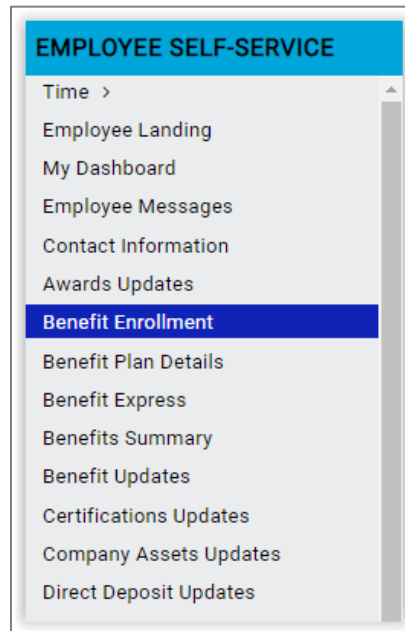
Once you have activated your Employee Self-Service account, you are able to login using the username (your email address) and password.



Help Docs

Employee Landing Page

Once you login, you will land on the Employee Welcome Page. On the left-hand side, choose where you want to go. Your company administrator will determine the options available to you under the Employee Self-Service directory to the left.



Benefit Enrollment Instructions

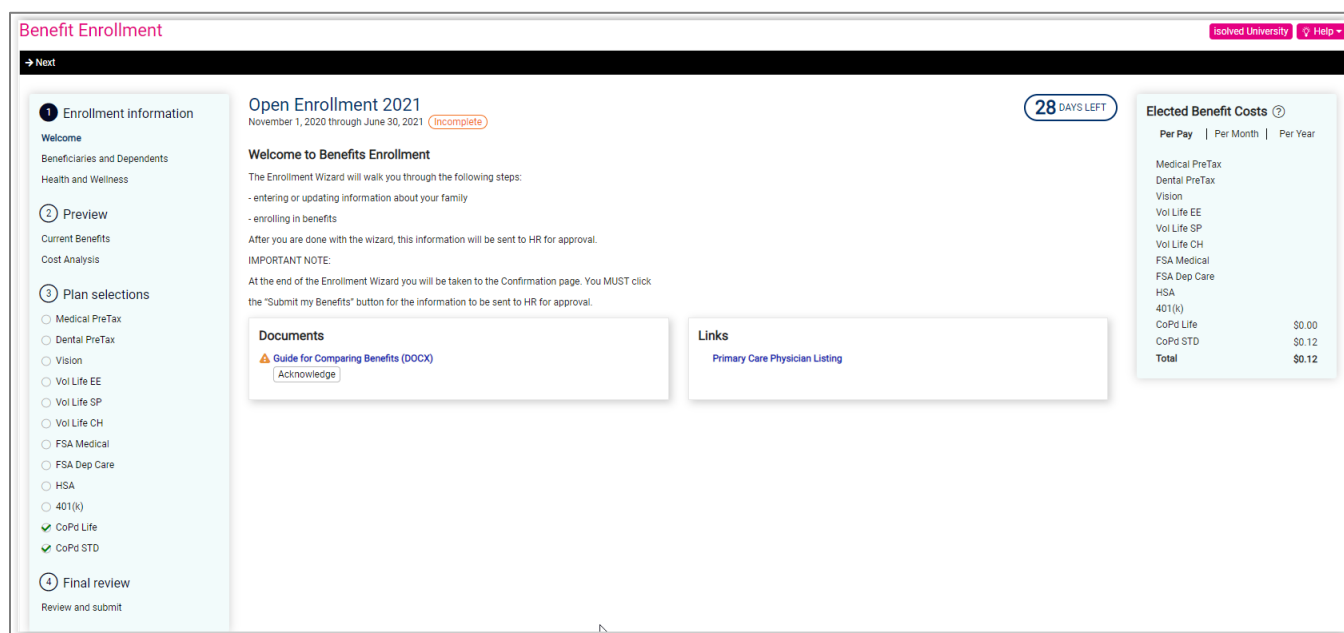
Navigate to Employee Self-Service > Benefit Enrollment. The information found within the Benefit Enrollment is unique to your employer's benefit plans. So, the benefit plans and some features listed below may not be included in your enrollment. Your enrollment will be configured according to your employer's plans and requirements.

The enrollment is in four sections; Enrollment information, Preview, Plan selections, and Final review

Use the  in various areas to view helpful information.

Section 1: Enrollment Information

- **Welcome Screen:** This is the first page of the enrollment and where you will get start to navigate through the benefit enrollment.
 - This screen may be customized with a message, attached document(s) and/or included link(s), be sure to review them thoroughly.
 - The documents may be configured to require your acknowledgement so you would need to open, thoroughly review the document(s) & select to acknowledge before you can complete the enrollment.
 - In the upper right corner, you will find how many days remain in the current enrollment period. Be mindful of this date as you may not be able to enroll if attempting to after the enrollment is closed.
 - Also in the upper right, you will find the Elected Benefit Costs which may be viewed per pay, per month or per year.
- **Note:** As you navigate through your enrollment, this will update to show the costs of the benefits you are electing so you can see a total as you move through enrollment.
- Use the **Next** button to move to the next step of the enrollment.



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☐ Dental PreTax

☐ Vision

☐ Vol Life EE

☐ Vol Life SP

☐ Vol Life CH

☐ FSA Medical

☐ FSA Dep Care

☐ HSA

☐ 401(k)

☒ CoPd Life

☒ CoPd STD

4 Final review

Review and submit

Open Enrollment 2021
November 1, 2020 through June 30, 2021 Incomplete

Welcome to Benefits Enrollment

The Enrollment Wizard will walk you through the following steps:

- entering or updating information about your family
- enrolling in benefits

After you are done with the wizard, this information will be sent to HR for approval.

IMPORTANT NOTE:

At the end of the Enrollment Wizard you will be taken to the Confirmation page. You MUST click the "Submit my Benefits" button for the information to be sent to HR for approval.

Documents

[Guide for Comparing Benefits \(DOCX\)](#)

[Acknowledge](#)

Links

[Primary Care Physician Listing](#)

28 DAYS LEFT

Elected Benefit Costs ⓘ

	Per Pay	Per Month	Per Year
Medical PreTax			
Dental PreTax			
Vision			
Vol Life EE			
Vol Life SP			
Vol Life CH			
FSA Medical			
FSA Dep Care			
HSA			
401(k)			
CoPd Life			\$0.00
CoPd STD			\$0.12
Total			\$0.12

- **Beneficiaries and Dependents:** Add or update Dependents and Beneficiaries Contacts here. You must have each contact added here and flagged as a dependent if they will be covered by any of the benefit plans. If you do not add them here, you won't be able to select them to be included in the coverage(s).
 - Select the + (plus sign) to add a new contact.
 - Add in the correct name.
 - Select the appropriate relationship type.

- Select if this contact is a dependent (meaning they may be added to a benefit plan) and if they are a full-time student or disabled.
 - When selecting dependent, additional informational fields will display to the right that are necessary for the dependent type.
 - Note:** The birthdate is required to add a contact as a dependent.
 - Add the SSN, birth date and gender.
- Select if they are a beneficiary for benefits such as Employee Life or a retirement plan.
- Select **Use Employee's Address** if appropriate, if not, uncheck this and add in their address.
- Save and repeat as needed until all contacts are added.

	Per Pay	Per Month	Per Year
Medical PreTax			
Dental PreTax			
Vision			
Vol Life EE			
Vol Life SP			
Vol Life CH			
FSA Medical			
FSA Dep Care			
HSA			
401(k)			
CoPd Life			\$0.00
CoPd STD			\$0.12
Total			\$0.12

- Select **Edit** or **Delete** to update an existing contact.

Name	Relationship	Beneficiary	Dependent	Birth Date	
Jane Hopkins	Child	✓	✓	01/01/2021	Edit Delete
Tina Hopkins	Spouse	✓		01/01/1970	Edit Delete

- Select **Next** when finished.
- **Health and Wellness Page:** This may/may not be part of your enrollment process as it is unique for each group. If this is within your enrollment, check the box(es) for those that are a tobacco user(s), if any.
 - Select **Next** when finished.

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☐ Dental PreTax

☐ Vision

☐ Vol Life EE

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28 DAYS LEFT

Elected Benefit Costs ?

	Per Pay	Per Month	Per Year
Medical PreTax			
Dental PreTax			
Vision			
Vol Life EE			
Vol Life SP			
Vol Life CH			
FSA Medical			
FSA Dep Care			
HSA			
401(k)			
CoPd Life			\$0.00
CoPd STD			\$0.12
Total			\$0.12

Health and Wellness

Select the box below for any individual who should be designated as a tobacco user for insurance premium purposes. Any changes in tobacco use status is effective as of the later of the plan year benefit start date or the life event initiating this enrollment.

Name	Relationship
<input type="checkbox"/> Noah Hopkins	Employee
<input type="checkbox"/> Jane Hopkins	Child
<input type="checkbox"/> Tina Hopkins	Spouse

Section 2: Preview

- **Current Benefits:** This page will show the plans that you are currently enrolled in.
- **Cost Analysis:** This page will show the costs of benefit deductions. Some coverage's (such as life, disability, etc) may show the cost per coverage amount.
 - Select **Expand** to see all or select each one individually.
 - Select **Next** to move to the next step of the enrollment.

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☐ Vol Life EE

☐ Vol Life SP

☐ Vol Life CH

☐ FSA Medical

☐ FSA Dep Care

☐ HSA

☐ 401(k)

☒ CoPd Life

☒ CoPd STD

4 Final review

Review and submit

Open Enrollment 2021
November 1, 2020 through June 30, 2021 Incomplete

28 DAYS LEFT

Elected Benefit Costs ?

	Per Pay	Per Month	Per Year
Medical PreTax			
Dental PreTax			
Vision			
Vol Life EE			
Vol Life SP			
Vol Life CH			
FSA Medical			
FSA Dep Care			
HSA			
401(k)			
CoPd Life			\$0.00
CoPd STD			\$0.12
Total			\$0.12

Cost Analysis ?

Medical PreTax

Monthly deduction amounts are displayed below.

Plans	EE ONLY	EE+SP	EE+CH(REN)	EE+FAM
Med PPO	\$0.00	\$125.00	\$200.00	\$510.00
Med HMO	\$0.00	\$100.00	\$200.00	\$300.00
Med HDHP	\$0.00	\$100.00	\$200.00	\$300.00

Dental PreTax

Monthly deduction amounts are displayed below.

Plans	EE ONLY	EE+SP	EE+CH(REN)	EE+FAM
Dent	\$25.00	\$50.00	\$75.00	\$100.00

Vision

Monthly deduction amounts are displayed below.

Plans	EE ONLY	EE+SP	EE+CH(REN)	EE+FAM
Vision	\$0.00	\$0.00	\$0.00	\$0.00

Vol Life EE

Based on individual rate factors, sample coverage and monthly deduction amounts are displayed below.

Plans	Sample Coverage Amount	EE ONLY
Voluntary Life EE	10,000	\$4.50
	20,000	\$9.00
	40,000	\$18.00
	50,000	\$22.50
	70,000	\$31.50
	80,000	\$36.00
	100,000	\$45.00
	110,000	\$49.50
	130,000	\$58.50

Section 3: Plan Selections

Some Basics about Choosing Your Plans

- The options you see here may be different than what is included in this guide but will function the same way.
- You may find messages on the right along with any documents &/or links your company administrator has included.
 - Review these as they may include information you would find helpful to make a decision on what coverage is best for you.
 - The documents may be configured to require your acknowledgement so you would need to open, thoroughly review the document(s) & select to acknowledge before you can complete the enrollment.
- This may be configured in a way to auto-select the plans based on your current plan elections; however, you are able to change your elections in each plan in the following sections, as desired.

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☐ FSA Medical

☐ FSA Dep Care

☐ HSA

☐ 401(k)

☒ CoPd Life

☒ CoPd STD

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Medical PreTax [?](#)

Plan selections

Med PPO
BCBS Select Plan

Med HMO
BCBS Select Plan

Med HDHP
BCBS Select Plan

Waive Coverage Waive

28 DAYS LEFT

Elected Benefit Costs [?](#)

Per Pay	Per Month	Per Year
Medical PreTax		
Dental PreTax		
Vision		
Vol Life EE		
Vol Life SP		
Vol Life CH		
FSA Medical		
FSA Dep Care		
HSA		
401(k)		
CoPd Life		\$0.00
CoPd STD		\$0.12
Total		\$0.12

Messages

Summary of Benefits and Plan Description [^](#)

Please use the attached document and link for more information.

Documents (1) [Forms](#) [Links \(1\)](#)

[Summary Plan Description \(DOCX\)](#)

Attention if Waiving [v](#)

- To select a plan, simply click **Select Plan**.
 - If you do not see a dependent or beneficiary in the list, you must navigate back to Beneficiaries and Dependents section (as described above) and add them in or check that the “dependent” box is checked (or beneficiary for plans requiring this).
- To see the other coverages, you may select “Deselect” to go back to the previous screen.

Help Docs

- To waive coverage, select Coverage Waived, you may be required to select a reason for waiving.
- As you navigate through the enrollment, the page will update to have a green check mark. If it is not green, you may have missed something that requires acknowledgment.

Choosing Your Plans for Medical, Dental, and Vision Type Plans

- This allows you to select the level of coverage and select all that should be included in the coverage from the list of contacts that have been added as a dependent.

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Medical PreTax

Plan selections

Med PPO

BCBS

Deselect

Plan Information

*Coverage

EE ONLY

EE+SP

EE+CH(REN)

EE+FAM

Med HMO

BCBS

Select Plan

Med HDHP

BCBS

Select Plan

Waive Coverage

Waive

Elected Benefit Costs

Per Pay | Per Month | Per Year

Medical PreTax		
Dental PreTax		
Vision		
Vol Life EE		
Vol Life SP		
Vol Life CH		
FSA Medical		
FSA Dep Care		
HSA		
401(k)		
CoPd Life		\$0.00
CoPd STD		\$0.12
Total		\$0.12

Messages

Summary of Benefits and Plan Description

Please use the attached document and link for more information.

Documents (1) Forms Links (1)

Summary Plan Description (DOCX)

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Medical PreTax

Plan selections

Med PPO

BCBS

Deselect

Plan Information

*Coverage

EE ONLYEE+SPEE+CH(REN)EE+FAM

Per pay amount

\$235.38

Frequency

Covered Participants

Participant Name

Noah Hopkins

Tina Hopkins

Jane Hopkins

Covered

☐

☒

☐

Med HMO

BCBS

Select Plan

Med HDHP

BCBS

Select Plan

Waive Coverage

Waive

Elected Benefit Costs

Per PayPer MonthPer Year

Medical PreTax

\$235.38

Dental PreTax

Vision

Vol Life EE

Vol Life SP

Vol Life CH

FSA Medical

FSA Dep Care

HSA

401(k)

CoPd Life

CoPd STD

Total

\$235.50

Messages

Summary of Benefits and Plan Description

Please use the attached document and link for more information.

Documents (1)FormsLinks (1)

Summary Plan Description (DOCX)

Choosing Your Plans for Life, Short Term Disability and Long-Term Disability Plans

- This will allow you to select the coverage amount.
- The per pay deduction will be calculated and show when the amount is selected.
- If Evidence of Insurability (EOI) is required, you will be prompted with a red warning showing what actual coverage amount is until EOI has been approved through your insurance provider.

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✓ Vision
○ Vol Life EE
○ Vol Life SP
○ Vol Life CH
○ FSA Medical
○ FSA Dep Care
○ HSA
○ 401(k)
✓ CoPd Life
✓ CoPd STD

4 Final review

Open Enrollment 2021
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Vol Life EE ?
Plan selections

Voluntary Life EE
Guardian Deselect

Plan Information
*Coverage **EE ONLY**

Per pay amount
\$0.00

Covered Participants

Participant Name	Covered	*Requested Amount	Actual Amount	Age-reduced Amount
Noah Hopkins	<input checked="" type="checkbox"/>	100,000	0	Not applicable

Beneficiaries

Beneficiary Name	Selected	Primary	Contingent
Tina Hopkins	<input checked="" type="checkbox"/>	100	

Waive Coverage Waive

Elected Benefit Costs ?

Per Pay	Per Month	Per Year
Medical PreTax		\$235.38
Dental PreTax		\$23.08
Vision		\$0.00
Vol Life EE		\$20.76
Vol Life SP		
Vol Life CH		
FSA Medical		
FSA Dep Care		
HSA		
401(k)		
CoPd Life		\$0.00
CoPd STD		\$0.12
Total		\$279.34

Choosing Your Plans for FSA Medical, FSA Limited, FSA Dependent Care, Health Savings Account, Transit and Parking Plans

- This will allow you to add an annual target amount (ie the amount you want to contribute for the year).
- After entering this information in the field, the per-pay deduction amount will be calculated based on what you added for the annual target amount & how many pay periods are left in the plan year.

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✓ Vol Life EE
✓ Vol Life SP
✓ Vol Life CH
○ FSA Medical
○ FSA Dep Care
○ HSA
○ 401(k)
✓ CoPd Life
✓ CoPd STD

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FSA Medical ?
Plan selections

FSA Medical 2021
isolved Deselect

Plan Information
*Coverage **EE ONLY**

Per pay amount
\$0.00

Covered Participants

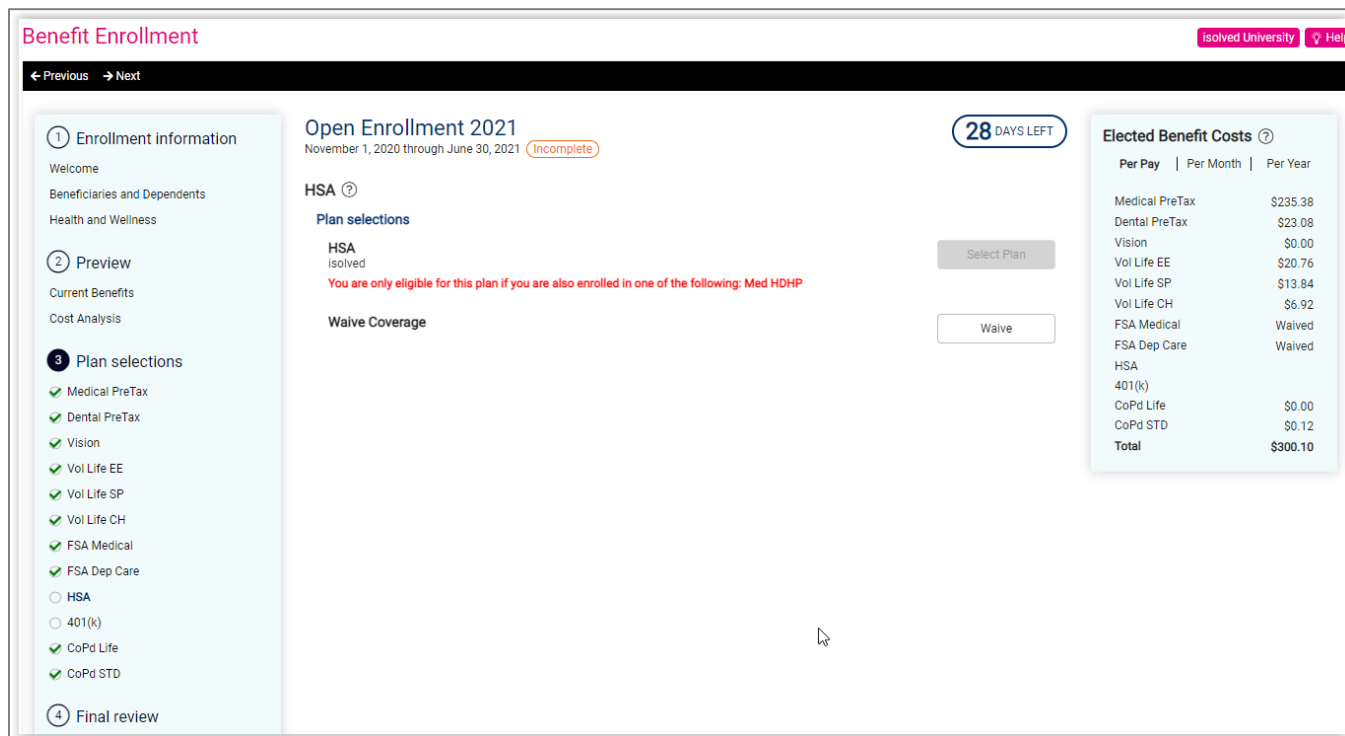
Participant Name	Covered	*Annual Target Amount
Noah Hopkins	<input checked="" type="checkbox"/>	1500

Waive Coverage Waive

Elected Benefit Costs ?

Per Pay	Per Month	Per Year
Medical PreTax		\$235.38
Dental PreTax		\$23.08
Vision		\$0.00
Vol Life EE		\$20.76
Vol Life SP		\$13.84
Vol Life CH		\$6.92
FSA Medical		\$0.00
FSA Dep Care		
HSA		
401(k)		
CoPd Life		\$0.00
CoPd STD		\$0.12
Total		\$300.10

- In some cases, the plan may be based on you having or not having a specific plan so you may see a message specifying as such.



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☒ Vol Life CH
☒ FSA Medical
☒ FSA Dep Care
☒ **HSA**
☐ 401(k)
☒ CoPd Life
☒ CoPd STD

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HSA ⓘ
Plan selections
HSA
isolved
You are only eligible for this plan if you are also enrolled in one of the following: Med HDHP
Waive Coverage

Select Plan
Waive

Elected Benefit Costs ⓘ

Per Pay	Per Month	Per Year
Medical PreTax		\$235.38
Dental PreTax		\$23.08
Vision		\$0.00
Vol Life EE		\$20.76
Vol Life SP		\$13.84
Vol Life CH		\$6.92
FSA Medical	Waived	
FSA Dep Care	Waived	
HSA		
401(k)		
CoPd Life		\$0.00
CoPd STD		\$0.12
Total		\$300.10

Choosing Your Plans for Retirement Plans

- This will allow you to add the amount &/or percent that you want to contribute to your retirement account from each paycheck.
- You may have an option to contribute Pre-Tax & to the Roth (Post-Tax).
- You will not have an option to waive this plan; however, if not wanting to contribute, simply check the box for "I have been informed of the option to make contributions to the 401(k) plan and I elect not to make the contributions to the plan at this time".
- Please note that the elected costs are a projected cost & may vary for each payroll based on the percentage elected.

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☒ Dental PreTax
☒ Vision
☒ Vol Life EE
☒ Vol Life SP
☒ Vol Life CH
☒ FSA Medical
☒ FSA Dep Care
☒ HSA
☐ 401(k)
☒ CoPd Life
☒ CoPd STD

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401(k) [?](#)

Plan selections

401(k)
Guardian Deselect

Plan Information

☐ I have been informed of the option to make contributions to the 401(k) ("Plan") and I elect not to make the contributions to the Plan at this time.

401(k) Roth Amount: 50
401(k) Roth Percent:
401K Amount:
401K Percent: 2

Covered Participants

Participant Name Covered
Noah Hopkins ☒

Beneficiaries

Beneficiary Name Selected Primary Contingent
Tina Hopkins ☒ 100

Elected Benefit Costs [?](#)

Per Pay	Per Month	Per Year
Medical PreTax		\$235.38
Dental PreTax		\$23.08
Vision		\$0.00
Vol Life EE		\$20.76
Vol Life SP		\$13.84
Vol Life CH		\$6.92
FSA Medical		Waived
FSA Dep Care		Waived
HSA		Waived
401(k)		\$90.00
CoPd Life		\$0.00
CoPd STD		\$0.12
Total		\$390.10

Choosing Your Plans for Employer Paid Plans

- If you have any employer paid plans that are included in the enrollment, you may not have an option to waive them, and it will most likely default to have you enrolled.
- You may be required to identify your Beneficiaries.

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☒ Vol Life CH
☒ FSA Medical
☒ FSA Dep Care
☒ HSA
☐ 401(k)
☒ **CoPd Life**
☒ CoPd STD

4 Final review

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CoPd Life [?](#)

Plan selections

Co Pd Life
Guardian Deselect

Plan Information

*Coverage
EE ONLY

Per pay amount
\$0.00

Covered Participants

Participant Name Covered Requested Amount Actual Amount Age-reduced Amount
Noah Hopkins ☒ 75,000 0 Not applicable

Beneficiaries

Beneficiary Name Selected Primary Contingent
Tina Hopkins ☒ 100

Elected Benefit Costs [?](#)

Per Pay	Per Month	Per Year
Medical PreTax		\$235.38
Dental PreTax		\$23.08
Vision		\$0.00
Vol Life EE		\$20.76
Vol Life SP		\$13.84
Vol Life CH		\$6.92
FSA Medical		Waived
FSA Dep Care		Waived
HSA		Waived
401(k)		\$90.00
CoPd Life		\$0.00
CoPd STD		\$0.12
Total		\$390.10

Section 4: Final Review

Benefit Confirmation: The final step of the enrollment wizard is the Benefit Confirmation. Any items that you are required to complete but may have missed will be displayed at the top & indicate "Action Required."

Note: You must complete all items listed here to complete and submit your enrollment. This may include documents that need acknowledged, dependents/beneficiaries need defined, etc.

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✓ HSA
✓ 401(k)
✓ CoPd Life
✓ CoPd STD

4 Final review
Review and submit

Open Enrollment 2021
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Review
 ACTION REQUIRED: There are outstanding items that must be completed in order to submit this benefit enrollment.

Requires document acknowledgement
[Guide for Comparing Benefits \(DOCX\)](#)

Elected Benefit Costs [?](#)

Per Pay	Per Month	Per Year
Medical PreTax		\$235.38
Dental PreTax		\$23.08
Vision		\$0.00
Vol Life EE		\$20.76
Vol Life SP		\$13.84
Vol Life CH		\$6.92
FSA Medical	Waived	
FSA Dep Care	Waived	
HSA	Waived	
401(k)		\$90.00
CoPd Life		\$0.00
CoPd STD		\$0.12
Total		\$390.10

rcqa.isolvedhcm.com says

By signing this acknowledgement, you are certifying you have read and you understand the content of the document you are signing. Please click "OK" if you wish to sign this acknowledgement.

- You will find charts to view the Employee and Employer Annual Contribution
- Scroll down to find a list of each benefit, the selections you made and those that will be covered under each selection.
- On the upper right, you can print this page.
- If all items have been completed, the top will have a button to submit benefits.
 - When selected, you'll be asked to confirm that is what you intend to do.
 - Select **OK** to acknowledge that your benefit enrollment is correct.
 - This will act as an electronic signature.

Benefit Enrollment

isolved University

Previous

1 Enrollment information

Welcome

Beneficiaries and Dependents

Health and Wellness

2 Preview

Current Benefits

Cost Analysis

3 Plan selections

Medical PreTax

Dental PreTax

Vision

Vol Life EE

Vol Life SP

Vol Life CH

FSA Medical

FSA Dep Care

HSA

401(k)

CoPd Life

CoPd STD

4 Final review

Review and submit

Open Enrollment 2021

November 1, 2020 through June 30, 2021 Incomplete

28 DAYS LEFT

Benefit enrollment submission

Benefit Election and Deduction Authorization

By submitting these benefit elections, I understand and agree that:

- I have elected to participate or opt out of the benefit plans as shown below.
- I authorize my Employer to deduct from my pay any premium amounts shown below.
- I understand that most pre-tax elections cannot be changed or revoked prior to the next plan anniversary date unless I experience a "Change In Status" as defined under the Internal Revenue Code.
- Updates to these elections can be made until the final day of the enrollment period.

Submit benefit elections

Annual Benefit Costs

Employee Annual Contribution

Employer Annual Contribution

Plan Information	Effective Date	Coverage	Participants	Beneficiaries	Payroll Information	Start Date
Medical PreTax Med PPO	06/03/2021	EE+RAM	Noah Hopkins Tina Hopkins Jane Hopkins		\$235.38	06/03/2021
Dental PreTax Dent	06/03/2021	EE+SP	Noah Hopkins Tina Hopkins		\$23.08	06/03/2021
Vision Vision	06/03/2021	EE+SP	Noah Hopkins Tina Hopkins		\$0.00	06/03/2021
Vol Life EE Voluntary Life EE	06/03/2021	EE ONLY 100,000 requested	Noah Hopkins	Tina Hopkins (P:100%)	\$20.76	06/03/2021
Vol Life SP Voluntary Life SP	06/03/2021	SP ONLY 50,000 requested	Tina Hopkins		\$13.84	06/03/2021

rcqa.isolvedhcm.com says

By selecting OK, you certify that you have reviewed and verified your benefit elections. Once you submit, a copy of the enrollment confirmation will be available in Employee Documents. Are you sure you wish to submit your benefit elections?

OK

Cancel

- You have completed your benefits enrollment! If you need to make a change while the enrollment period is still open, make your changes and re-submit the enrollment.

Note: Find a copy of the benefit confirmation in Employee Self-Service > Documents on the **Confidential PHI** tab.

Help Docs

Life Event Wizard Instructions

There are many events in life that can qualify you to make a change in current benefit elections. When these events occur, you are able to submit these life event changes through your Employee Self Service account. When you submit a life event via the life event wizard, you may be able to elect benefits. The changes in benefits will be reviewed and approved by your company's administrator.

Navigate to Employee Self-Service > Life Event Wizard.

- **Life Events:** Choose the applicable life event from the drop down of options.
- **Event Date:** Enter the date of the event.
- **Documents:** You can add documentation for your life event here. It is not required at this stage in the process but HR may require evidence of your Life Event change before approving it.
- Click on **Next**.

- The screens that are available depend on the nature life event you choose on the first screen of the Life Event Wizard.
 - For example, if you choose "Birth" as the life event, the system will allow you to add a dependent, and change tax exemptions. If you choose Divorce/Legal Separation, you will be able to edit your current dependent rather than adding a new dependent. Click **Next**.

- Add/Edit the dependent information as necessary and click **Next**.
- Please note that if you are submitting a Life Event for Divorce/Legal Separation, do not change the relationship status at this time but you do need to uncheck the dependent box. Your company administrator can update the relationship at another time.
- With certain life events, the wizard may allow you to update the Name/Address. These changes may have to be approved by HR before the change will take effect. Enter any Name/ Address changes and click **Next**.
- At the end of the wizard, click **Save**.

Life Events Wizard | Life Event: Birth Help

← Previous Save

- Only one contact may be added or edited per Life Event.
- If additional contacts or updates are required complete a Life Event for each one.
- Complete required information or make any necessary changes to existing contacts.
- Once changes are complete click 'Next' to save the Life Event.

Contact Type

*Relationship: Child ?

☐ Emergency Contact

☒ Dependent

☒ Beneficiary

Other Information

☐ Deceased

Dependent Information

☐ Full-time Student

☐ Disabled

General Information

*First Name: Mary

Middle Name:

*Last Name: Training

Prefix:

Suffix:

Personal

SSN:

Update SSN:

Birth Date:

*Update Birth Date: 1/21/2021 📅

Gender: Female ▼

Contact Information

Call Order:

Home:

Mobile:

Office:

Email Address:

Address

☒ Use Employee Address

Street: 123 My House

Zip Code: 49036

Hit Enter Key in zip code field to retrieve city list.

City: Coldwater

State: Michigan ▼

- isolved will then provide links to enter another life event (for example, if you had twins, you need to enter a separate Life Event for each child), go to the benefits enrollment to make changes to your benefits, or go to the Tax Updates Wizard to update your taxes, if desired.

Life Events Wizard

The Life Event has been saved. What would you like to do?

- Enter another Life Event
- Go to Benefit Enrollment
- Go to Tax Updates Wizard

- After you have completed the Life Event Wizard, click on "Go to Benefits Enrollment" to make the benefit election changes for HR approval.

Please refer to the "Benefits Enrollment Wizard Instructions" in this document to make sure you complete the process in its entirety.

Other Employee Self-Service Options

Benefit Plan Summary screen provides an overview of your current benefit plans and current deductions.

Search the menu

EMPLOYEE MANAGEMENT
EMPLOYEE SELF-SERVICE
Awards
Awards Updates
Benefit Enrollment
Benefit Plan Details
Benefit Express
Benefit Plan Summary
Benefit Updates
Certifications
Certifications Updates

Benefits Summary

Annual Cost/Contribution Summary

Dental PreTax	\$600.00
Medical PreTax	\$0.00

Dental PreTax

Plan Name	Coverage Name
Dent	EE+SP
Effective Date	Deduction Amount
1/1/2020	\$23.08
Deduction Schedule	Annual Cost/Contribution
Every Pay	\$600.00
Pre-Tax	
No	

Medical PreTax

Plan Name	Coverage Name
Med HDHP	EE ONLY
Effective Date	Deduction Amount
1/1/2020	\$0.00
Deduction Schedule	Annual Cost/Contribution
Every Pay	\$0.00
Pre-Tax	
No	

Benefit Plan Details Screen which provides more detailed information of your current benefit plans, including any documents, messages and links that may be attached.

Search the menu

EMPLOYEE MANAGEMENT
EMPLOYEE SELF-SERVICE
Awards
Awards Updates
Benefit Enrollment
Benefit Plan Details
Benefit Express
Benefit Plan Summary
Benefit Updates
Certifications
Certifications Updates
COBRA Documents
Company Assets
Company Assets Updates
Direct Deposits
CLIENT MANAGEMENT
PAYROLL PROCESSING
REPORTING
SYSTEM MANAGEMENT

Benefit Plan Details

Benefit Type	Benefit Plan	Coverage Level	Deduction Amount
Dental PreTax	Dent	EE+SP	\$23.08
Medical PreTax	Med HDHP	EE ONLY	\$0.00

BENEFIT PLAN DETAILS

Benefit Plan	Med HDHP
Plan ID	ABC789
GroupID	
Start Date	1/1/2020
Stop Date	
Participant ID	
Coverage Level	EE ONLY
Deduction	
Ded Frequency	Every Pay
Deduction Amount	\$0.00

Messages, Links, and Documents

Messages:
Please use the attached document and link for more information.

Links:

- [Summary Plan Description](#)

Documents:

- [Summary Plan Description](#)

Benefit Updates which may be available based on your company's configuration. This provides access to make changes to certain benefits you have elected, such as:

- Primary Care Physician
- Deferred Compensation election (ie: retirement contribution amount/percent)
- HSA contribution
- HSA banking
- QTB Parking or Transit contribution

Simply select the radial button for the item you'd like to update & select **Next**.

Select **Edit** for the appropriate row.

Edit	Plan Name	Status	Beneficiary Status
	401(k)	Active	2 beneficiaries on file

A contact must exist in your employee contacts and be flagged as a beneficiary in order to designate the contact as a beneficiary for a plan.

Make the desired changes & click **Save**. The changes may go into a pending status until your company administrator approves them.

Please note, you are only able to edit what is already there; you are not able to add new in this area.

Update Beneficiaries

401(k)

	Primary Percent	Contingent Percent
<input checked="" type="checkbox"/> Mary Training	<input type="text"/>	<input type="text" value="50"/>
<input checked="" type="checkbox"/> Thomas Training	<input type="text" value="100"/>	<input type="text" value="50"/>

Save

Cancel

Documents may include stored documents for things such as:

- Personnel
- Payroll
- I-9
- Confidential PHI: in this tab, you will find the Employee Benefit Enrollment Summary for each enrollment you have previously submitted
- Confidential – Other
- Signed Acknowledgements: in this tab, you may find a copy of the Electronic Signature Consent, if your administrator required one & you accepted
- Other
- EE Uploads

Search the menu

EMPLOYEE MANAGEMENT

EMPLOYEE SELF-SERVICE

Documents

Education

Education Updates

Documents

Document Type: All

Upload Date:

Personnel

Payroll

I-9

Confidential PHI

Confidential - Other

Signed Acknowledgements

Other

EE Uploads

Document Type	Document Description	Document Name	Document Upload Date	View Document	Move	Edit	Delete
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