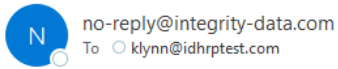


New Employee Benefit Elections

Listed below, are **examples** of New Employee Benefit Elections

The new employee's eligible for Benefits will receive the following email

Ginger's Pet Care - Benefits Enrollment Invitation: Lynn, Kelli (220)



Ginger's Pet Care

Invitation for: Lynn, Kelli (220)

Benefits Enrollment Name: New Hire

Please follow the below link to start your benefits enrollment.

<https://demo.idhrp.com/Secure/Employee/Benefits/OpenEnrollmentSelection.aspx?OEData=MTIzNDU2ODAhQSFCIUMhTkUHQSFClUMhMy8xLzlwMjIhQSFCIUMh>

The link will take the employee to the Integrity Data HRP Sign In screen



Sign In

When you sign in, you will see Begin Enrollment

Open Enrollment

New Hire

Begin Enrollment

After clicking on Begin Enrollment, you will see the Welcome note, click on Next

New Hire

1 Introduction 2 Personal 3 Dependents 4 Medical 5 Dental 6 Vision 7 Beneficiaries 8 Basic Life 9 HSA 10 Voluntary Life 11 Review

Step 1 - Introduction

Welcome to your New Hire Enrollment!

Next

Review your information and make changes if needed and then click Next

Step 2 - Personal Information

First Name * Kelli	Middle Name Middle Name	Last Name * Lynn
Birthdate * 02/14/1964	Gender * Female	
SSN * 123-45-6789	Marital Status * Single	
Address Line 1 * 1512 S 7th Street		
Address Line 2 Address Line 2		
City * Brazil	State * US - INDIANA	Zip * 48159
Primary Medical Care Provider Primary Medical Care Provider		
Do you use tobacco products? *		
No		Yes

Back **Next**

You can add dependents on Step 3 or click next if they don't have any to add

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Step 3 - Dependents

Verify your dependent information below. Click on a row to view or edit details or to delete a dependent. Click the + button below to add a new dependent. You'll be able to pick from those who are listed here when choosing your plans.

Name	Relationship
No dependents on file. Click the + button below to add dependents, as necessary.	
+	

Back [Next](#)

Dependent Info

NEW RECORD

Dependent is a Beneficiary? No Yes

Relationship Type *
Child

First Name *
Harrison

Middle Name
Ford

Last Name *
Lynn

Gender
Male

SSN *
987-45-6123

Birthdate *
03/02/2016

Insured? No Yes

Student? No Yes

Disabled? No Yes

Tobacco User? No Yes

Notes
Notes

Dependent Contact Info

Address Line 1
1512 S 7th Street

Address Line 2
Address Line 2

City
Brazil

State
US - INDIANA

Zip
48159

Home Phone
812.450.1234

Work Phone
123.456.7890 x123

Cell Phone
812.259.4321

Email
your.email@domain.com

[Save](#) [Cancel](#)

When information is complete, click Save. You will be taken back to the add Dependent's screen. You can add more dependents or click next

1 Introduction 2 Personal 3 Dependents 4 Medical 5 Dental 6 Vision 7 Beneficiaries 8 Basic Life 9 HSA 10 Voluntary Life 11 Review

Step 3 - Dependents

Verify your dependent information below. Click on a row to view or edit details or to delete a dependent. Click the + button below to add a new dependent. You'll be able to pick from those who are listed here when choosing your plans.

Name	Relationship
Harrison Lynn	Child

+
Back Next

After clicking Next, you will be presented with the first benefit option. The employee is automatically checked but you must check the box next to your dependent/s if you want them to be enrolled. The plan must be selected or the check box next to decline must be checked, then click on Next.



Notice that the employee's amount per pay and the employer's amount per pay is shown to the right.

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Step 4 - Choose a Medical Plan

Who do you want to cover?
 You Harrison (Child)

Select a Plan

<input checked="" type="radio"/>	2022 BC/BS BCBS	Health plan 1	\$62.31 / paycheck Cost to employer: \$41.54
----------------------------------	--------------------	---------------	---

I decline medical coverage

Back Next

The second option will be presented. The employee will make their selections and click Next

1 Introduction 2 Personal 3 Dependents 4 Medical 5 Dental 6 Vision 7 Beneficiaries 8 Basic Life 9 HSA 10 Voluntary Life 11 Review

Step 5 - Choose a Dental Plan

Who do you want to cover?
 You Harrison (Child)

Select a Plan

<input checked="" type="radio"/>	2022 Dental Delta Dental	Dental 1	\$12.12 / paycheck Cost to employer: \$5.19
----------------------------------	-----------------------------	----------	--

I decline dental coverage

Back Next

The 3rd option will be presented. The employee will make their selections and click Next

1 Introduction 2 Personal 3 Dependents 4 Medical 5 Dental 6 Vision 7 Beneficiaries 8 Basic Life 9 HSA 10 Voluntary Life 11 Review

Step 6 - Choose a Vision Plan

Who do you want to cover?
 You Harrison (Child)

Select a Plan

<input type="radio"/>	2022 VSP Vision Sunidian		\$0.00 / paycheck Cost to employer: \$0.00
-----------------------	-----------------------------	--	---

I decline vision coverage

Back Next

Beneficiaries will be presented. You can add beneficiaries by clicking on the + or click Next

New Hire

1 Introduction 2 Personal 3 Dependents 4 Medical 5 Dental 6 Vision 7 Beneficiaries 8 Basic Life 9 HSA 10 Voluntary Life 11 Review

Step 7 - Beneficiaries

Verify your beneficiary information below. Click on a row to view or edit details or to delete a beneficiary. Click the + button below to add a new beneficiary. You'll be able to pick from those who are listed here when choosing your plans.

Name	Relationship
No beneficiaries on file. Click the + button below to add beneficiaries, as necessary.	
+	

Back Next

At a minimum you must complete the required fields

Step 7 - Beneficiaries

Beneficiary Info

NEW RECORD

Relationship Type *

First Name *

Middle Name

Last Name *

Gender

SSN *

Birthdate *

Notes

Beneficiary Contact Info

Address Line 1

Address Line 2

City

State

Zip

Home Phone

Work Phone

Cell Phone

Email

Save Cancel

When you have entered the information, click on Save

If you want to add another Beneficiary, click on the + again and enter their information and click Save again and then click Next

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Step 7 - Beneficiaries

Verify your beneficiary information below. Click on a row to view or edit details or to delete a beneficiary. Click the + button below to add a new beneficiary. You'll be able to pick from those who are listed here when choosing your plans.

Name	Relationship
Jessica Smith	Sibling
Mitzi Fuller	Parent
+	

Back Next

You will be presented with the 4th option. In this example it is a Basic Life plan provided by your employer, enrollment is automatic and will be selected for you. You will be required to provide at least one beneficiary. You are required to mark the beneficiary as primary or contingent and add a percentage that totals 100%. When you have added the information, click Next

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Step 8 - Choose a Basic Life Plan

Who are your beneficiaries?

<input checked="" type="checkbox"/> Jessica (Sibling)	<input checked="" type="checkbox"/> Mitzi (Parent)
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Primary
% 100.00	% Percent of Benefit
<input type="checkbox"/> Contingent	<input checked="" type="checkbox"/> Contingent
% Contingent Percent	% 100.00

Select a Plan

<input checked="" type="checkbox"/> Basic Life Medical of Omaha Life Insurance Amount: \$600,000.00	\$0.00 / paycheck <small>Coverage effective 01/15/22</small>
---	---

Back Next

In this example the 5th option presented is an HSA. If the employee elects a contribution amount that will exceed the contribution limits for the year, you will receive a warning and must make corrections to proceed

Your contribution amount, when combined with your employer's monthly contribution amount of \$600.00, would exceed the annual combined contribution limit of \$7,300.00. Please select a lower monthly contribution amount.

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Step 9 - Choose an HSA Plan

Who is covered? Contribution \$ (monthly)

Family 100.00

Who are your beneficiaries?

<input checked="" type="checkbox"/> Jessica (Sibling)	<input type="checkbox"/> Mitzi (Parent)
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Primary
% 100.00	% Percent of Benefit
<input type="checkbox"/> Contingent	<input type="checkbox"/> Contingent
% Contingent Percent	% Contingent Percent

Select a Plan

<input checked="" type="checkbox"/> 2022 HSA First Financial Bank
--

I decline the HSA program

Back Next

Click Next

In this example the 6th option will be presented

1 Introduction 2 Personal 3 Dependents 4 Medical 5 Dental 6 Vision 7 Beneficiaries 8 Basic Life 9 HSA 10 Voluntary Life 11 Review

Step 10 - Choose a Voluntary Life Plan

Who do you want to cover?
 You Harrison (Child)

Who are your beneficiaries?

<input checked="" type="checkbox"/> Jessica (Sibling) <input checked="" type="checkbox"/> Primary % 100.00 <input type="checkbox"/> Contingent % Contingent Percent	<input checked="" type="checkbox"/> Mitzi (Parent) <input type="checkbox"/> Primary % Percent of Benefit <input checked="" type="checkbox"/> Contingent % 100.00
---	--

Select a Plan

<input checked="" type="radio"/> Employee Voluntary Life Mutua of Ontario Life	Employee Coverage Amount \$150,000	Spouse Coverage Amount	Children Coverage Amount \$20,000	\$10.62 / paycheck <small>Cost to employee: \$1.00</small>
---	---------------------------------------	------------------------	--------------------------------------	---

decline voluntary life coverage

Back Next

You will see a summary of your election and be asked to sign the acknowledgment authoring your elections and clicking on submit

New Hire

1 Introduction 2 Personal 3 Dependents 4 Medical 5 Dental 6 Vision 7 Beneficiaries 8 Basic Life 9 HSA 10 Voluntary Life 11 Review

Step 11 - Review & Submit Elections

Benefits Summary

- Medical:** 2022 BCBS / Employee Plus Children Health plan 1 **\$82.51 /payroll**
1 covered by election
Coverage starts: January 1, 2023
- Dental:** 2022 Delta / Employee Plus Children Dental 1 **\$12.12 /payroll**
1 covered by election
Coverage starts: January 1, 2023
- Vision Waiver**
Reason you are declining coverage: "Not interested"
- Basic Life:** Basic Life / Employee Only **\$0.00 /payroll**
Insurance Amount: \$50,000.00
1 covered by election
Coverage starts: January 1, 2023
- HSA:** 2022 HSA / Whole Family **Employee contributing \$100.00 (monthly), Employer matching \$100.00 (monthly) for Whole Family**
1 covered by election
Coverage starts: January 1, 2023
- Voluntary Life:** Employee Voluntary Life / Employee Plus Children **\$10.62 /payroll**
Insurance Amount: \$150,000 coverage for the employee, \$20,000 coverage for one or more children
1 covered by election
Coverage starts: January 1, 2023

Your total cost: **\$16.65** /payroll
Employee's Benefits

Thank you for completing our New Hire Enrollment.

Acknowledgment

I authorize the elections above along with any parent/guardians required for them.

Kelli Lynn
Signed On: 02/23/23

Back Submit Elections

You will see the Summary that you submitted and be given the option to make changes if needed

Open Enrollment

New Hire

Make Changes

Medical: 2022 BC/BS / Employee Plus Children Health plan 1 \$62.31 / paycheck
2 enrolled: You, Harrison
Coverage starts: Saturday, January 1, 2022

Dental: 2022 Dental / Employee Plus Children Dental 1 \$12.12 / paycheck
2 enrolled: You, Harrison
Coverage starts: Saturday, January 1, 2022

Vision: Waived
Reason you are declining coverage: Not Interested

Basic Life: Basic Life / Employee Only \$0.00 / paycheck
Insurance Amount: \$500,000.00
2 beneficiaries: Jessica (primary: 100.00%), Mitzi (contingent: 100.00%)
Coverage starts: Saturday, January 1, 2022

HSA: 2022 HSA / Whole Family Employee contributing \$100.00 (monthly); Employer matching \$100.00 (monthly) for Whole Family.
1 beneficiary: Jessica (primary: 100.00%)
Coverage starts: Saturday, January 1, 2022

Voluntary Life: Employee Voluntary Life / Employee Plus Children \$10.62 / paycheck
Insurance Amount: \$150,000 coverage for the employee; \$20,000 coverage for one or more children.
2 enrolled: You, Harrison
2 beneficiaries: Jessica (primary: 100.00%), Mitzi (contingent: 100.00%)
Coverage starts: Saturday, January 1, 2022

Your total cost: \$85.05 per paycheck (Biweekly)

If everything is ok, you can click on the Integrity Data logo in the upper left corner to get back to your home page



If you are interrupted and don't complete your enrollment the first time you log in and need to go back to finish it or if you want to make a change prior to your enrollment period end, you can go to My HR and My Benefits/Open Enrollment

The screenshot shows the Integrity Data HRP portal dashboard. At the top, there is a navigation bar with the logo, 'My HR - Quick Links - Manager Service', and a user profile for Kelli Lynn. Below the navigation bar is a search bar containing 'Ginger's Pet Care (GMPC)' and an 'employee search' link. The main content area is divided into several sections: 'My Employment Summary' (with links for Compensation, Custom Form, Dependent, Document, Emergency Contact, and Summary), 'My Payroll' (with links for Direct Deposit, Pay History, W-2, and W-4), 'My Personal History' (with links for Achievement, Certificates, Classes, Education, I-9, Licenses, Property, Reviews, Skills, and Time Off), 'My Expenses' (with links for Expense Details and Expense Reports), 'My Benefits' (with a highlighted 'Open Enrollment' link), 'My Miscellaneous' (with links for Home, Alternate Rate, Company Directory, In-App Message, and Position Organization), and 'Support' (with a link for Knowledge Base).

Click on Continue Enrollment

The screenshot shows the 'Open Enrollment' section of the portal. It features a header 'Open Enrollment' and two buttons: a grey 'New Hire' button and a blue 'Continue Enrollment' button with yellow text.

This will allow you to go through each step again and make any changes you need to make and click on Submit Enrollment again