

Employee Self -Service Guide – Ditech Inc.

Open Enrollment Communication and Instruction

Dear Employee,

We are excited to announce the start of Open Enrollment on the *ADP Employee Self Service* website.

This letter explains what you need to do to complete your enrollments. The Open Enrollment period will last 24 days, starting **November 18, 2020** and ending **December 11, 2020**. All changes to your benefits must be completed by December 11th at 11:59pm. The changes that you make to your benefits will take effect on **January 1, 2021**.

Log in to your website:

Access the Employee Self-Service website.

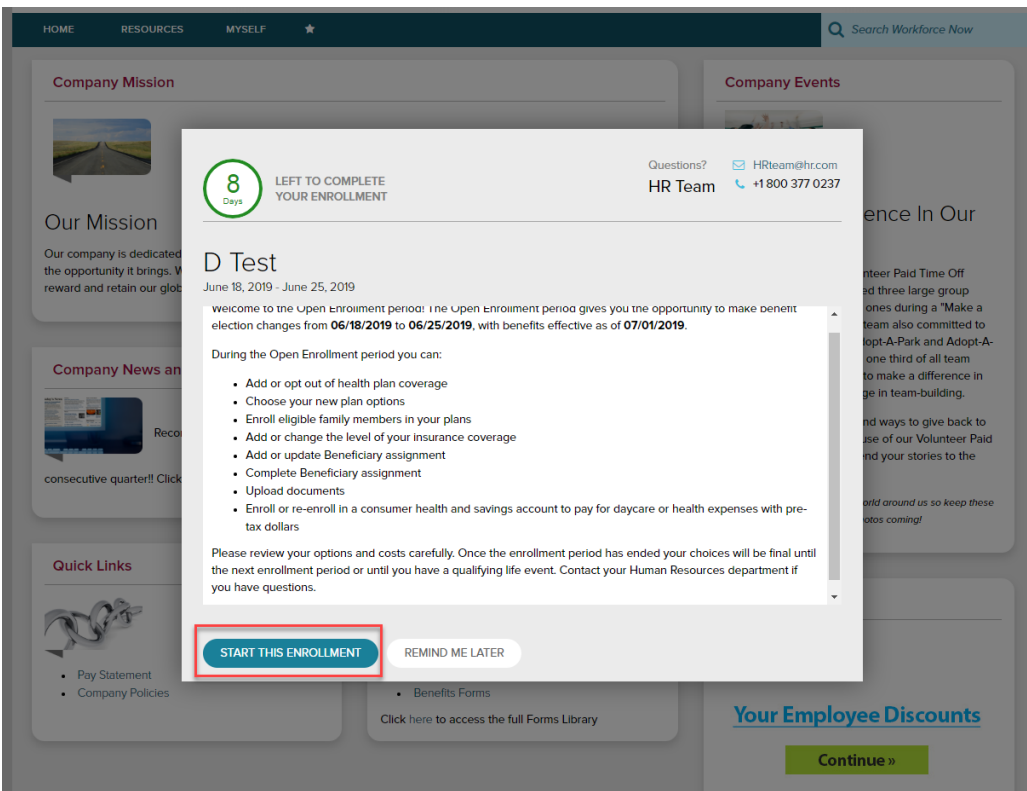
<https://workforcenow.adp.com>

Enter your User ID and password, and then click **Sign In**.

Note: If this is your first time logging in, click **Sign Up**. If you are unsure of the registration

code, please contact your HR team at HR@DITECHINC.NET

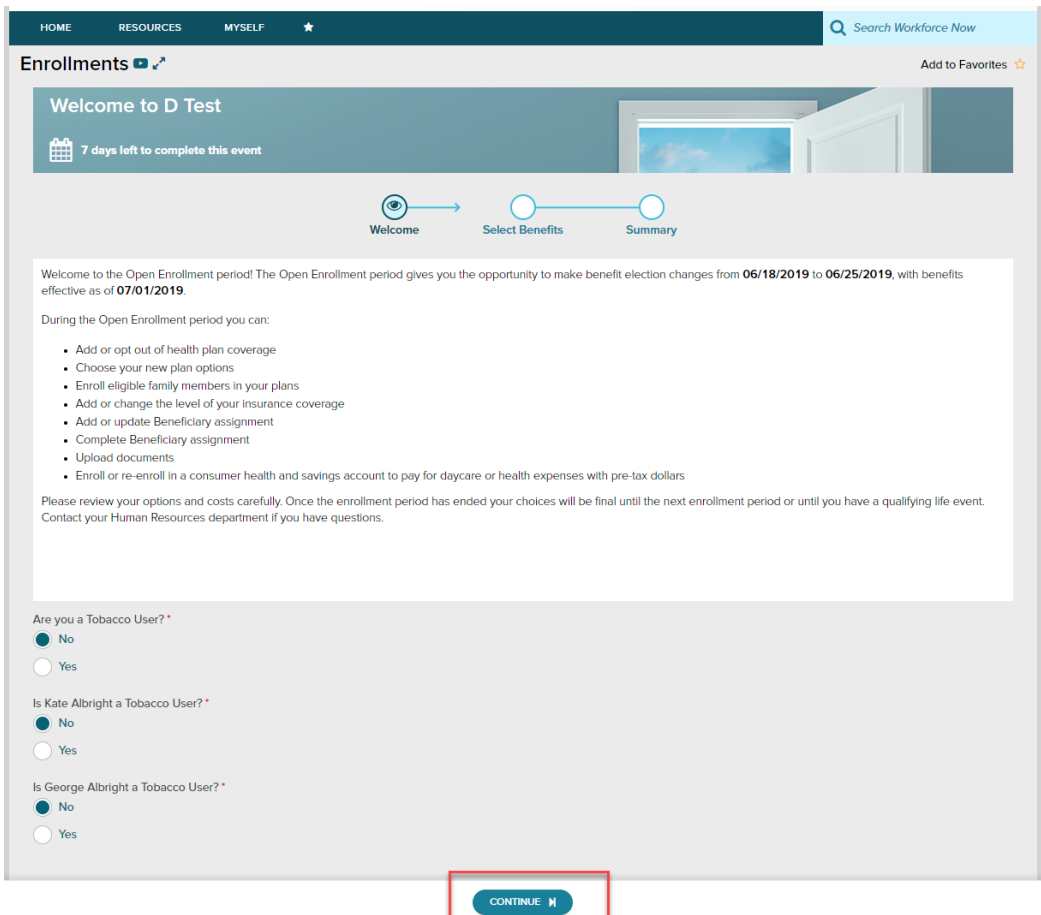
Upon logging in, you will be presented with a pop-up showing important information about this Open Enrollment period. You can click **Start This Enrollment** or **Remind Me Later**. This pop-up is displayed each time you log in during the Open Enrollment period until you complete your selections.



The screenshot shows the ADP Workforce Now dashboard with a central pop-up window for Open Enrollment. The pop-up features a green circle with the number '8' and the text 'LEFT TO COMPLETE YOUR ENROLLMENT'. It includes contact information for the HR Team: 'Questions? HR Team', 'Email: HRlearn@hr.com', and 'Phone: +1800 377 0237'. The main heading is 'Open Enrollment Test' with dates 'June 18, 2019 - June 25, 2019'. The text explains the enrollment period and lists actions users can take, such as adding or changing health plan coverage, enrolling family members, and updating beneficiary assignments. At the bottom of the pop-up, there are two buttons: 'START THIS ENROLLMENT' (highlighted with a red box) and 'REMIND ME LATER'. The background dashboard shows sections for 'Company Mission', 'Company News', 'Quick Links', and 'Your Employee Discounts'.



To start, click **Enroll Now** in the Open Enrollment card. You will be brought back to the Welcome Note and Introduction page. Please review all information on this page, as there are often important references for your Open Enrollment options. If any tobacco attestation requirements are in place, you must provide the information as indicated before clicking **Continue**.



HOME RESOURCES MYSELF ★ Search Workforce Now

Enrollments Add to Favorites

Welcome to D Test
7 days left to complete this event

Welcome Select Benefits Summary

Welcome to the Open Enrollment period! The Open Enrollment period gives you the opportunity to make benefit election changes from **06/18/2019** to **06/25/2019**, with benefits effective as of **07/01/2019**.

During the Open Enrollment period you can:

- Add or opt out of health plan coverage
- Choose your new plan options
- Enroll eligible family members in your plans
- Add or change the level of your insurance coverage
- Add or update Beneficiary assignment
- Complete Beneficiary assignment
- Upload documents
- Enroll or re-enroll in a consumer health and savings account to pay for daycare or health expenses with pre-tax dollars

Please review your options and costs carefully. Once the enrollment period has ended your choices will be final until the next enrollment period or until you have a qualifying life event. Contact your Human Resources department if you have questions.

Are you a Tobacco User? *

No
 Yes

Is Kate Albright a Tobacco User? *

No
 Yes

Is George Albright a Tobacco User? *

No
 Yes

CONTINUE



The left side of the screen will indicate the different plan types that are available to enroll in. When you are viewing the selected plan type, all enrollment options will be displayed on screen.

Medical

Your company requires you to enter a reason to waive this coverage.

1. Which plan would you prefer?

PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE	
Medical HDHP	Health & Welfare Provider	\$20.77	\$10.15	—	SELECT PLAN
Medical HMO	Health & Welfare Provider	\$5.08	\$10.15	—	SELECT PLAN

2. Who do you want to cover?

You, George Albright Child, Kate Albright Child

SAVE FOR LATER | CONTINUE TO PREVIEW

You may choose to click **Select Plan** for the desired enrollment or **Waive This Benefit**. If you choose to waive a benefit, you may be required to select a waive reason.

WAIVED

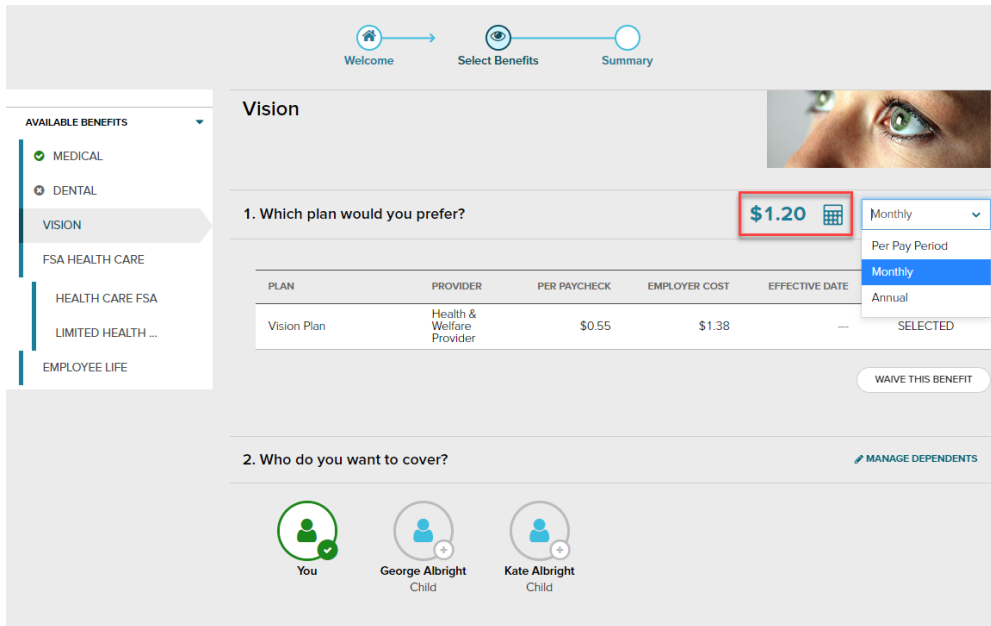
Before you continue, we'll need to know why you've decided not to enroll in Dental plan(s).

Waive Reason *

- Do not want to be Insured
- Coverage does not meet my needs
- Do not want to be Insured
- Participating in Domestic Partner's Plan
- Participating in Parent's Plan
- Plan to participate in State Exchange Plan
- Participating in Spouse's Plan
- Participating in State Exchange Plan
- Too Expensive



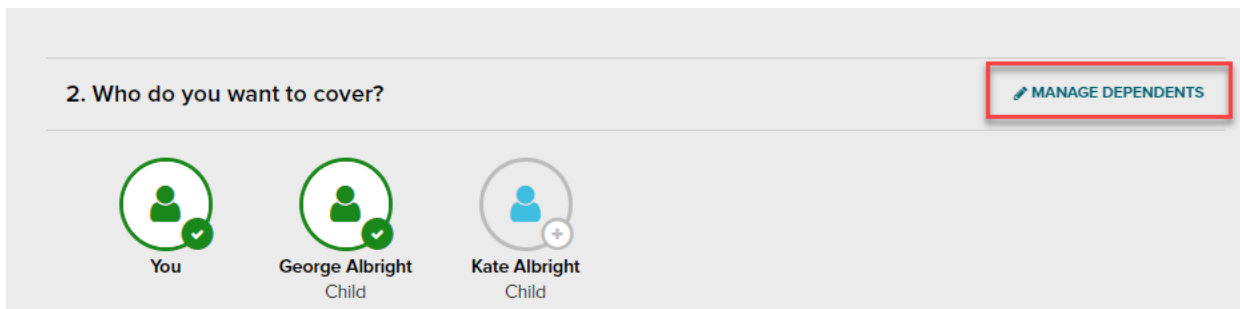
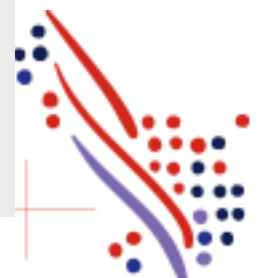
When you choose to enroll in a plan, you may review your costs on a **Per Pay Period**, **Monthly**, or **Annual** basis by selecting the desired view in the calculator drop-down. The rate displayed to the left will be updated based on your selection, and it will also be updated if dependents are added for coverage.



PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE
Vision Plan	Health & Welfare Provider	\$0.55	\$1.38	---

While enrolling in a plan, please be sure to indicate which dependents should be covered in Step 2, if applicable. If you need to update or add a dependent, you may click the **Manage Dependents** link in step 2.

*Please note: The coverage level for your enrollment (Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family) is driven by which dependents you select to enroll.

Click **Continue to Preview**.

Review your enrollment, costs, and covered individuals carefully. Then click **Save and Continue to Next Benefit** to continue making your desired selections.

Save Your Election ✕

YOU ARE ENROLLING IN
Health & Welfare Provider: Medical HDHP, Eligible Employees

PER PAYCHECK	COSTS	COVERED INDIVIDUALS	
PLAN COST	\$34.62	AA	Anthony Albright You
TOTAL PER PAYCHECK	\$34.62	GA	George Albright Child

SAVE AND CONTINUE TO NEXT BENEFIT

Voluntary Life Elections and Beneficiaries:

When you elect Voluntary Life, you will also need to select your beneficiaries. Start by clicking **Select Plan**, and then choose the amount of coverage you want to elect.


PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE	
EE Vol Life	Guardian Life	\$0.00	\$0.92	---	SELECT PLAN i



If the amount selected is over the Guarantee Issue amount, an approval will be required and you will be asked to collect an **Evidence of Insurability (EOI)** and submit it to your employer. Your full election amount will not be approved until this document is received.


EE Vol Life	Guardian Life	\$0.00	\$7.38	---	SELECTED
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[WAIVE THIS BENEFIT](#)

1. How much coverage would you like? **\$0.00**  Per Pay Period v

\$80,000.00 Additional Amount

\$80,000.00 **Total Elected coverage**


 **Over The Limit - Approval Required**
The additional amount of coverage is over the guarantee issue amount of \$50,000.00. The amount over the limit will be subject to the approval of the plan administrator and/or the insurance carrier.


Next, select your **beneficiaries**, including **Primary** and **Secondary**, if applicable. All beneficiary delegation percentages combined must equal 100% for each category (Primary or Secondary).


2. Who would you like to assign as your beneficiaries? [MANAGE BENEFICIARIES](#)


You can select as many beneficiaries as you would like as long as the total equals 100%.


Select your Primary beneficiaries

 Alice Albright Spouse
 %

 Anthony Albright Child


 Maggie Albright Child


 Randy Albright Child


 Joanna Anthony Child


=100.00% (total must equal 100%)


Do you want to add Secondary beneficiaries?

 Alice Albright Spouse

 Anthony Albright Child %

 Maggie Albright Child %

 Randy Albright Child %

 Joanna Anthony Child %

=100.00% (total must equal 100%)

[SAVE FOR LATER](#)

[CONTINUE TO PREVIEW](#)



Click **Continue to Preview** and review your selection and beneficiary delegations. Then click **Save and Continue to Next Benefit**.

Save Your Election ✕

YOU ARE ENROLLING IN
Guardian Life: EE Vol Life, Eligible Employees

Total Elected coverage: \$80,000.00

PER PAYCHECK	COSTS
Employer Pays	\$7.38
You Pay	\$0.00

PRIMARY ALLOCATIONS

- AA Alice Albright Spouse 100.00%

SECONDARY ALLOCATIONS

- AA Anthony Albright Child 25.00%
- MA Maggie Albright Child 25.00%
- RA Randy Albright Child 25.00%
- JA Joanna Anthony Child 25.00%

SAVE AND CONTINUE TO NEXT BENEFIT

In the Open Enrollment flow, the following visual indicators are displayed to show different steps taken, action items, or enrollment statuses:

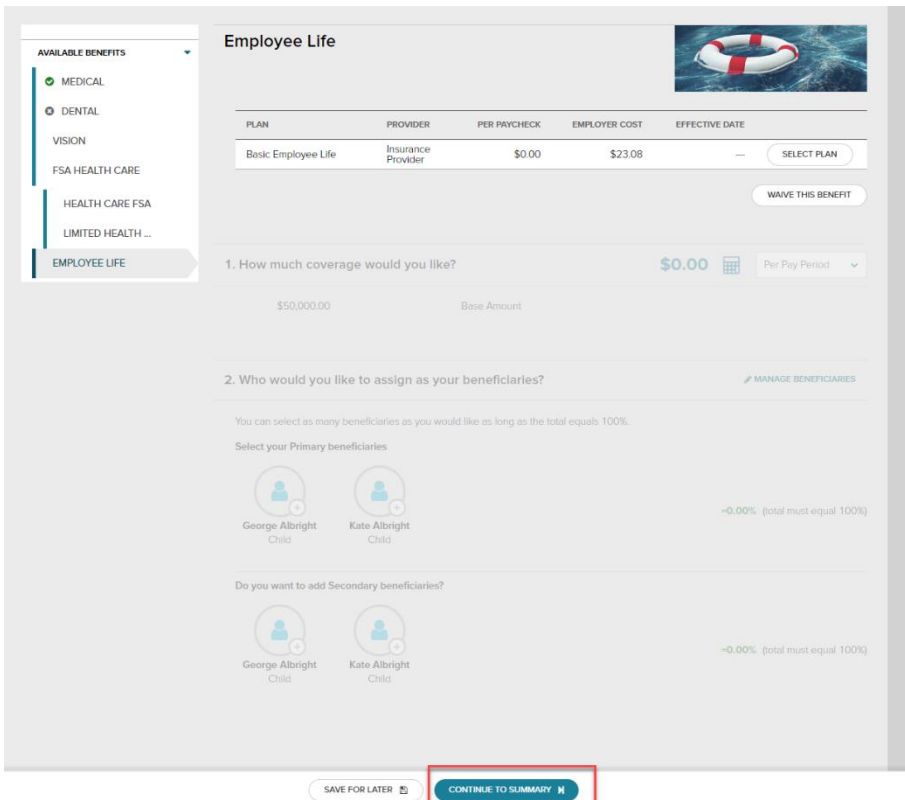
Symbol	Meaning
🚩 (flag icon)	The plan needs your attention.
✅ (green check mark)	This is a current plan that you are enrolled in.
⊗ (gray X)	This plan has been waived.
🕒 (orange clock icon)	This plan is pending approval.

AVAILABLE BENEFITS ▾

- 🕒 MEDICAL
- DENTAL 🚩
- ⊗ VISION
- FSA HEALTH CARE
- ✅ HEALTH CARE FSA
- LIMITED HEALTH ...
- EMPLOYEE LIFE



Continue through each step until all elections are complete and the **Continue to Summary** button is activated.



Employee Life

PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE	
Basic Employee Life	Insurance Provider	\$0.00	\$23.08	---	<input type="button" value="SELECT PLAN"/>

1. How much coverage would you like? **\$0.00** Per Pay Period

\$50,000.00 Base Amount

2. Who would you like to assign as your beneficiaries?

You can select as many beneficiaries as you would like as long as the total equals 100%.

Select your Primary beneficiaries

George Albright Child Kate Albright Child -0.00% (total must equal 100%)

Do you want to add Secondary beneficiaries?

George Albright Child Kate Albright Child -0.00% (total must equal 100%)

Review all of your selections. When you have confirmed them, click **Submit Enrollment**. Note that your benefit elections will not be processed until you click **Submit Enrollment**. If you click **Save for later** instead, these enrollments will not be submitted to your HR team until you fully submit the enrollment.



Welcome to D Test

7 days left to complete this event

Welcome → Select Benefits → Summary

Please review this summary of your D Test.

⚠ Your benefit elections will not be processed until you click "SUBMIT ENROLLMENT". You will still be able to make changes until June 25, 2019 11:59 PM EDT

SAVE FOR LATER | **SUBMIT ENROLLMENT**

Enrollment Summary

Per Pay Period

Plan	Effective Date	Coverage	Employer Cost	Your Cost
Medical			\$30.46	\$34.62
Health & Welfare Provider: Medical HDHP, Eligible Employees				
Surveys Employee Tobacco User Question: I attest that I am a tobacco user. Answer: No	July 1, 2019	You George Albright		
			Per Pay Period:	\$30.46 \$34.62

Waived Benefits

Dental	Waive Reason: Do not want to be Insured
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SAVE FOR LATER | **SUBMIT ENROLLMENT**

Please ensure you receive the confirmation note indicating your elections have been submitted.

✔ You have completed your enrollment.

You have successfully completed your D Test enrollment. Contact your administrator if you have questions.

CLOSE



If you would like to make additional changes or modifications during the Open Enrollment Period, you may log in and navigate to **Myself > Benefits > Enrollments** and click the **Enroll Now** option again in the Open Enrollment box, which will bring you back to the beginning of the profile to make any desired election changes.

