

1. Log In into your ADP Vantage Account www.adpvantage.adp.com

	Welcome to ADP Vantage English (USA)
	User Login Admin Login
36 N. 6	Enter your user ID and password to Log In
	User ID
	Password Log In
	(Forgot your User ID?) (Forgot your password?)
	First Time User?
	Register Here Help Getting Started

2. Select Myself & Enrollment



3. Select Enroll 🖂 🛍 🖽 🛛 search du Home My Company Myself Enrollments Enrollments Open Events Data Change Data Chang You now have the opportunity to update your benefits due to Event Date: 03/29/2015 Status: Oper a recent change in data. You have until midnight Eastern Time on 04/27/2015 to make your elections. Enroil Benefits Overview My Links Current Election 😹 View Printable Confirmation Report an Event Report a marriage, birth, or other changes Plan Election 8enefit Coverage Document Library MEDICAL Waive Medica DENTAL Waive Denta VISION Waive Vision Medical Expense Reimbursement Walve Dependent Care FSA Walve

Waive Parking Coverage

Waive Transit Coverage

Parking

Transit

4. Add Dependents or Skip to Step 6

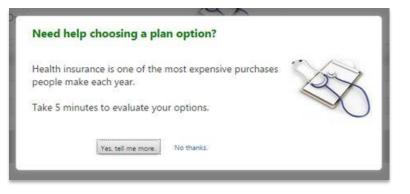




5. Enter Dependent Information

equired Fields	ther dependent or to clear all field ent	103		
st Name*	0	Middle Name:		1
t Name"	0	Suffix:		L
th Date:"	0	Social Security Number:		
nder:"	0 -	Relationship:"	0 •	J
Full Time Student Disabled Disability Date:* Dose dependent's comm	unication address:			

6. Plan Election Help Support



7. Medical – Select Election or Waive Coverage

Dependents MED/GAL	MEDICAL				
DENTAL	View my cost amounts: Biwe	ekly O Monthly O Annually			
VISION Medical Expense Reimbursement FSA	Enter or change your selections in the s Options	sections below.			
Dependent Care FSA Short Term Disability Parking	Need help choosing a pla Go to Help with Choosing		S		
Transit Summary	Plan Options	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
onfirmation	O HDHP Plan	\$9.90	\$94.63	\$84.43	\$137.77
	O EPO Low Plan	\$14.67	\$134.64	\$120.12	\$196.02
	O EPO Mid Plan	\$25.49	\$152.78	\$121.80	\$246.09
	O POS	538.25	\$163.86	\$128.79	\$255.60
	Waive Medical				
	Coverage Information				
	Name	Relationship			
		Self			
		Legend			

8. Dental – Select Election or Waive Coverage

MEDICAL	DENTAL				
DENTAL	View my cost amounts:	eekly OMonthly Annually			
VISION Medical Expense Reimbursement	Enter or change your selections in the Options	sections below.			
FSA Dependent Care FSA	Plan Options	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Short Term	O Low POS	\$1.70	\$5.87	\$6.21	\$9.3
Disability arking	O High POS	55.61	\$14.87	\$15.82	\$19.5
ansit ummary onfirmation	Waive Dental				
	Coverage Information				
	Name	Relationship			
		Self			
		Legend			



9. Vision – Elect or Waive Coverage

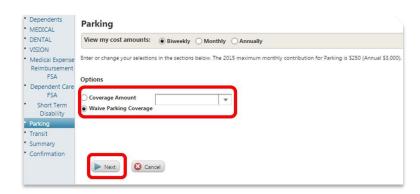
Dependents MEDECAL	VISION				
DENTAL VISION	View my cost amounts:	ekly OMonthly OAnnually			
Medical Expense Reimbursement	Enter or change your selections in the	sections below			
FSA Dependent Care	Options				
FSA Short Term	Plan Options	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Disability	O Vision Plan	\$1.54	\$3.06	\$2.78	\$4.62
Parking Transit Summary Confirmation	Walve Vision				
	Coverage Information				
	Name	Relationship			
		Self			
		Lege	nd		
	Next Sancel				

10. Medical FSA – Elect or Waive Coverage

 Dependents MEDICAL DENTAL VISION 	Medical Expense Reimburs	
 Medical Expense Reimbursement FSA 	Annual Contribution Amount:	Calculate Cost
Dependent Care FSA	Waive	
• Short Term Disability	(Note: Minimum contribution is \$1.00. Maximu	um contribution is \$2,550.00.)
Parking		
 Transit Summary Confirmation 	Next Scancel	

Dependents MEDICAL	Dependent Care FSA
• DENTAL	Enter the total amount you want to contribute to your spending account for the c
VISION Medical Expense Reimbursement FSA	Dependent Care Spending Account (DCSA) contribution limits (\$5,000 if married a of contributions made to any DCSA plan during the tax year by both you and/or y Internal Revenue Service as noted above, you must include all contributions previ- your spouse. If applicable, to any DCSA plan of any former or current employer in
 Dependent Care FSA 	
 Short Term Disability 	Deductions
 Parking Transit Summary 	Annual Contribution Amount: Calculate Cost Waive
Confirmation	(Note: Minimum contribution is \$1.00. Maximum contribution is \$5,050.00.)

12. Parking FSA – Elect or Waive Coverage





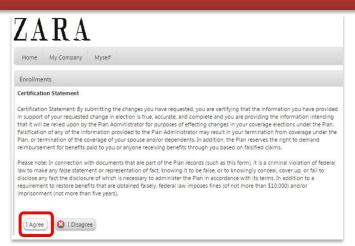
10. Transit FSA – Elect or Waive Coverage

Dependents MEDICAL	Transit
DENTAL	View my cost amounts:
 VISION Medical Expense Reimbursement 	Enter or change your selections in the sections below. The 2015 maximum monthly contribution for Transit is \$130 (Annual \$1,560).
FSA	Options
 Dependent Care FSA Short Term Disability 	Coverage Amount
Parking Transit	
Summary	
Confirmation	Next Cancel

11. Review & Confirm Elections

MEDICAL DENTAL VISION Medical Ecoente	Summary Review your selected benefits and dependent	information carefully.			
Reimbursement FSA	Click Save and Return Later to complete your	enrollment at another time. Olck Confirm D	lections to complete your enr	oliment now.	
Dependent Care	Personal Information				
Short Term	Name:				
Disability	Address 1: Address 2:				
Parking Transit	Address 2: City:				
Summary Confirmation					
	Dependents				
	Manage Dependents Reveal				
	Name #	elationship Birth Date			
	There are currently no entries.				
			Laperid		
	Benefit Elections				
	forestas	Plan Dection	Coverage	Biweekly Cost Employe	Contribution
	MEDICAL	Waive Medical			\$0.00
	DENTAL	Walve Dental			\$0.00
	VISION	Waive Vision			\$0.00
	Medical Expense Reinbursement PEA	Waive			
		Wales Wales			
	Medical Expense Reinbursement PEA			\$0.00 A	\$0.88
	Medical Expense Reinbursement FEA Dependent Care FSA	Water		\$0.00 ^A	
	Medical Expense Reimbursement FSA Dependent Care FSA Short Term Disability	Waive Short Term Disability		\$0.00 A	\$0.80 \$0.00
	Medical Expense Reinbarsement FEA Dependent Care ISA Short Teim Disability Parking	Walve Short Term Disability Walve Parking Coverage		\$0.00 ^A	\$0.00
	Medical Exposer Reinburgement FEA Dependent Care FEA Short Term Disability Parking Transf Nature Feat	Walve Short Term Disability Walve Parking Coverage			\$0.00
	Medical Expension Reindustement FEA Dependent Care FEA Sourt Term Disability Parking Transit Sealant and Care Transit Teach Pre-tase Care	Walve Short Term Disability Walve Parking Coverage		51 50 50 50	\$0.00
	Medical Exposer Reinburgement FEA Dependent Care FEA Short Term Disability Parking Transf Nature Feat	Walve Short Term Disability Walve Parking Coverage		55.05	\$0.00

12. Select Agree to Confirmation Statement



13. Wait & Print Your Enrollment Confirmation

Confirmation					
You have successfully com	pated your enrolment. Your confi	mation number is . 2015043	220829		
lick Print to print a copy of your elect	fors and your confirmation number	Cick Done to complete the	errolment process.		
erronal Information					
Name:					
Address 1:					
Address 2: Cityl			ate: b/r		Zin Cod
under .					20 010
Dependents lieves					
Cabanitation which		Erth Date			
Name	Reationaria	Briti Della			
Name There are currently no entries.	Restoratio	and and			
	featuring	Legend			
There are currently no entries.		Legend	Plant a Data	Reading Fred	Personal Contribution
There are currently no entries. Benefit Elections Benefits	Par Exclusi	Legend Coverage Employee Only	Effective Date	Breestly Cost	Driproyer Contribution
There are currently no entries. Rewefit Elections Benefits MEDICAL	Par Exter HDHP Par	Legend Coverage Employee Only Set	05/01/2023	29.90	\$12
There are currently no antries. Remefit Elections Banetis MEDICAL DEVTAL	Pari Sector HCHP Pari Low POS	Ligend Coverage Employee Only Set Employee Only Set	05/01/2015 05/01/2015	98.90 ¹ \$1.70 ¹	592 53
There are currently no entries. Rewefit Elections Benefits MEDICAL	PartEestan HCHP Pan Low PCS Vision Pan	Legend Coverage Employee Only Set Employee Only	05/01/2023	10 10 10 10 10 10 10 10 10 10 10 10 10 1	592 53 50
There are currently no antries. Remefit Elections Banetis MEDICAL DEVTAL	Pari Sector HCHP Pari Low POS	Lingend Coverage Bringioges Only Sar Brangese Only Sar Brangese Only Sar Brangese Only	05/01/2015 05/01/2015	11 11 11 11 11 11 11 11 11 11 11 11 11	592 53 50
There are currently no entries. Remefit Elections. Benefits MEDICAL DEVITAL VISION	PartEestan HCHP Pan Low PCS Vision Pan	Lingend Coverage Bringioges Only Sar Brangese Only Sar Brangese Only Sar Brangese Only	05/0L/2015 05/0L/2015	11.50 ¹ 11.70 ¹ 11.54 ¹ 10.00 ⁴	592 53 50 50
There are currently no entries. Investifi Elections Senetits VEDICAL DeVTAL DeVTAL Second Devt Term Duassity.	Par Dector Hohe Pan Low POS Vision Tan Shot Terr Disability	Lingend Coverage Bringioges Only Sar Brangese Only Sar Brangese Only Sar Brangese Only	05/02/2015 05/02/2015 05/02/2015 12/22/2014	93.40 ⁸ 51.70 ⁸ 51.54 ⁴ 5000 ⁴	512 53 50 50 50 50 50
there are currently no entries. Reset III Dections. Benefits MEDICAL DEVTAL DEVTAL DEVTAL DEVTAL Printy Printy	Par Eestan HOMP Pan Low POS Vision Pan Short Terri Draasily Wake Paning Coverge	Lingend Coverage Bringioges Only Sar Brangese Only Sar Brangese Only Sar Brangese Only	05/01/2025 05/01/2025 05/02/2025 12/22/2054 12/22/2054	93.40 ⁸ 51.70 ⁸ 51.54 ⁴ 5000 ⁴	582 53 50 50 50 50 50 50 50 50 50
Here are currently iso entries. Investig Electricists Benefits MEDICAL DEVTAL VIDICH DevTAL Short Ferro Dassing Threat	Par Eestan HOMP Pan Low POS Vision Pan Short Terri Draasily Wake Paning Coverge	Lingend Coverage Bringioges Only Sar Brangese Only Sar Brangese Only Sar Brangese Only	05/01/2025 05/01/2025 05/02/2025 12/22/2054 12/22/2054	98.90 ⁸ 51.70 ¹⁷ 51.34 ³ 5000 ⁴	512 53 50 50 50 50 50
there are currently no entries. Benefit Elections Benefits DOVTAL	Par Eestan HOMP Pan Low POS Vision Pan Short Terri Draasily Wake Paning Coverge	Lingend Coverage Bringioges Only Sar Brangese Only Sar Brangese Only Sar Brangese Only	05/01/2025 05/01/2025 05/02/2025 12/22/2054 12/22/2054	50.00 ¹ 51.70 ¹ 51.34 ¹ 50.00 ⁴	582 53 50 50 50 50