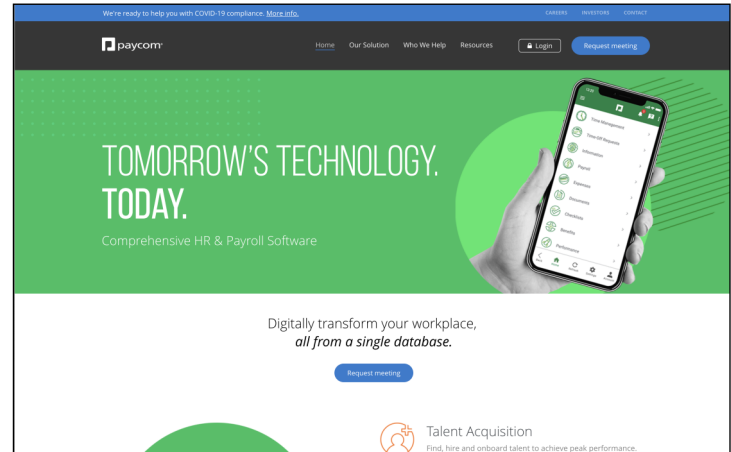


Inscripción En Línea a Través de Paycom

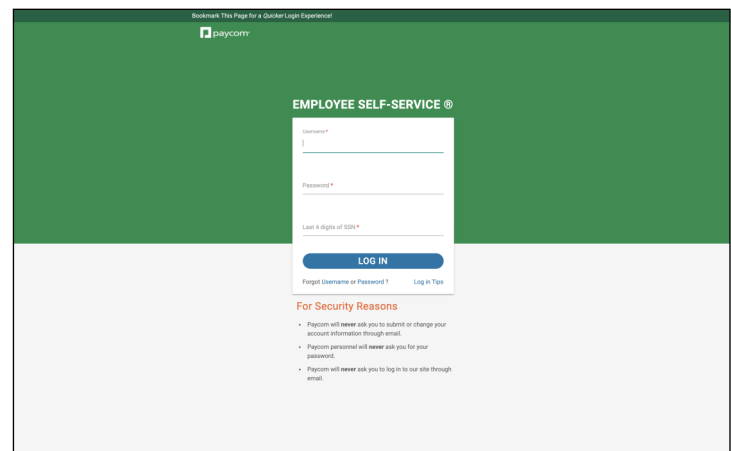
Siga los pasos a continuación para inscribirse en línea en nuestros planes de beneficios.

Vaya a www.Paycom.com. Pase el cursor sobre “Login” y seleccione “Employee” en el menú desplegable

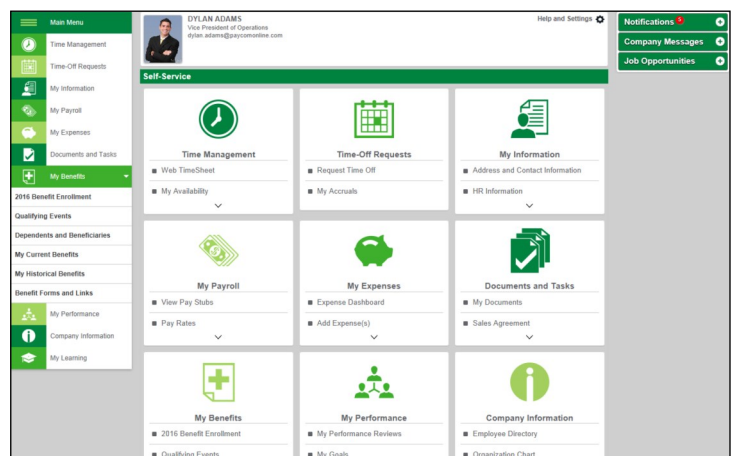


Ingrese su Nombre de usuario, contraseña y los últimos cuatro dígitos de su número de Seguro Social. Luego, seleccione “Log In.”

Una vez que haya iniciado sesión en el sitio web, puede revisar sus opciones de plan, elegibilidad y más.



Después de iniciar sesión en el Autoservicio del Empleado, si usted es elegible para inscribirse, tendrá una opción bajo el recuadro “My Benefits “ para ser llevado por el proceso de inscripción.



Tenga en cuenta: Si necesita abandonar la página y continuar el proceso de inscripción más tarde, tiene esa opción. Una vez que haya iniciado sesión, simplemente seleccione “Continue Enrollment.” Si ya ha realizado sus elecciones, el total se mostrará en la barra de “Benefit Enrollment”.



DYLAN ADAMS'

Vice President of Operations
dylan.adams@paycomonline.com
(916) 625-3145

2016 Benefit Enrollment

 You have 21 days to complete enrollment.

Hello Dylan

Here are some tips for enrollment.

- ➊ Make sure you have all dependent and beneficiary information necessary. If you have not entered dependents before, you will need their social security number and date of birth.
- ➋ To get started, click Continue Enrollment.
- ➌ You also can choose an enrollment section in the progress bar to jump to that particular section.

CONTINUE ENROLLMENT ➡

\$0.00

Total Cost

- ✔ Contact Information
- ✔ Dependents and Beneficiaries

Employee Life	\$0.00
Spouse Life	\$0.00
Retirement	\$0.00
Medical	\$0.00
Short-Term Disability	\$0.00

[Review Enrollment](#)

A continuación, se le guiará a través del proceso de inscripción para cada uno de sus planes de beneficios disponibles. En este primer ejemplo, lo guiaremos a través del proceso para inscribirse en un plan médico.



DYLAN ADAMS
 Vice President of Operations
 dylan.adams@paycomonline.com

[Help and Settings](#)

Contact Information

Employee Name

DYLAN ADAMS

Birthdate

07/14/1979

Tobacco User?

☒ No
 ☐ Yes

Primary Phone

- -

Street Address

City, State, Zip

-

Previous

Next

Si ha elegido un nivel de cobertura que tiene dependientes (por ejemplo, Empleado y Cónyuge, Empleado e Hijos o Empleado y Familia), seleccionará/ingresará esos en la siguiente pantalla. Marque las casillas junto a los dependientes que se incluirán en este plan o seleccione “Add Dependent” para agregar dependientes adicionales que no estén en la lista. Una vez que ha terminado, seleccione, “Enroll.”



DYLAN ADAMS
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(918) 825-3145

[Help and Settings](#)

2016 Benefit Enrollment: Life

☒ **Employee Life**

Plan Information

Coverage Amount	Plan Description
\$114,400.00	
Guaranteed Amount: \$300,000.00	
Cost per Pay Period: \$34.32	

☐ **Decline Coverage**

Previous

Enroll

2016 Benefit Enrollment
\$0.00
Total Cost

☒ **Contact Information**
☒ **Dependents and Beneficiaries**

Employee Life	\$0.00
Spouse Life	\$0.00
Retirement	\$0.00
Medical	\$0.00
Short-Term Disability	\$0.00

Review Enrollment



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Help and Settings 

2016 Benefit Enrollment: Medical

☒ Medical Plan

Choose Your Coverage Level

Does anyone enrolled in this plan use tobacco?

☒ No
☐ Yes

☐ Employee Only \$75.00

☒ Employee and Spouse \$200.00

☐ Employee and Children \$275.00

☐ Employee and Family \$400.00

Plan Description

2016 Benefit Enrollment

\$84.32

Total Cost

☒ Contact Information

☒ Dependents and Beneficiaries

☒ Employee Life \$34.32

☒ Spouse Life \$0.00

☒ Retirement \$50.00

Medical \$0.00

Short-Term Disability \$0.00

Review Enrollment

Decline Coverage

Select

First Name

Last Name

Social Security Number

Gender

Relationship

Birth Date

Dependent Age on Coverage Start Date

Dependents

☐	MARTHA	ADAMS	1232	Female	Spouse	08/14/1980	36	0
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Add Dependent

Previous

Enroll

Si está agregando a un nuevo dependiente, ingrese su información y seleccione “Add Dependent.”

Add a Dependent

* Indicates Required Field

* Relationship

* First Name

Middle Name

* Last Name

* SSN - -

* Gender ☐ Male ☐ Female

* Birth Date

Full-Time Student ☒ No ☐ Yes

Disabled ☒ No ☐ Yes

Tobacco User ☒ No ☐ Yes

Address ☒ Same as Employee

* Street

* City

* State

* Zip Code -

Una vez que ha terminado, seleccione “Enroll.”

Dependents								
Select	First Name	Last Name	Social Security Number	Gender	Relationship	Birth Date	Dependent Age on Coverage Start Date	Document
☐	MARTHA	ADAMS	1232	Female	Spouse	08/14/1980	36	0

[Add Dependent](#)

☐ Decline Coverage

[Previous](#)
[Enroll](#)

Continúe con el proceso de inscripción eligiendo si desea inscribirse (“enroll”) o rechazar (“decline”) la cobertura en cada uno de los planes disponibles.

A medida que avanza en el proceso de inscripción, puede realizar un seguimiento de los beneficios que ha elegido o rechazado desde la Barra de Progreso en el lado derecho de la pantalla. Las marcas de verificación verdes significan que se ha inscrito, y el costo estará en la columna a la derecha del nombre del plan. Una “ X “ roja significa que seleccionó rechazar el plan. Puede realizar ediciones en un plan haciendo clic en el nombre del plan.

2016 Benefit Enrollment

\$284.32

Total Cost

✓ Contact Information

✓ Dependents and Beneficiaries

✓ Employee Life	\$34.32
✗ Spouse Life	\$0.00
✓ Retirement	\$50.00
✓ Medical	\$200.00
Short-Term Disability	\$0.00

Review Enrollment

Una vez que haya hecho una selección para cada plan, se le llevará a la pantalla “Benefit Plan Review” (Revisión del Plan de Beneficios). Esto le dará una instantánea de los planes para los que ha elegido inscribirse. Seleccione cualquier enlace de la Barra de Progreso para realizar cambios. Una vez que esté satisfecho con sus selecciones, marque “Complete Enrollment.”

Benefit Plan Selection Review

Plan Type	Employer Cost	Pre-Tax	Effective Date	Status	Coverage	Cost
Employee Life	\$0.00	Yes	12/01/2016	Requested	\$114400.00	\$34.32
Retirement Plan	\$0.00	Yes	12/01/2016	Requested		\$50.00
Medical Plan	\$0.00	Yes	12/01/2016	Requested	Employee and Spouse	\$200.00

Complete Enrollment

2016 Benefit Enrollment

Total Cost: \$284.32

- ✓ Contact Information
- ✓ Dependents and Beneficiaries
- ✓ Employee Life \$34.32
- ✗ Spouse Life \$0.00
- ✓ Retirement \$50.00
- ✓ Medical \$200.00
- ✗ Short-Term Disability \$0.00

Review Enrollment

Una ventana emergente le pedirá que confirme si desea completar la inscripción. Nota: Se rechazarán todos los planes a los que no esté inscrito. Seleccione “OK” para continuar.

Confirm

Please review your plan selections before you continue. All plans not enrolled in will be declined.

Cancel **OK**

Benefit Plan Selection Review

Plan Type	Employer Cost	Pre-Tax	Effective Date	Status	Coverage	Cost
Employee Life	\$0.00	Yes	12/01/2016	Requested	\$114400.00	\$34.32
Retirement Plan	\$0.00	Yes	12/01/2016	Requested		\$50.00
Medical Plan	\$0.00	Yes	12/01/2016	Requested	Employee and Spouse	\$200.00

Complete Enrollment

Cuando seleccione “Complete Enrollment”, se le llevará a la pantalla “Sign and Submit” (Firmar y Enviar). Una página de confirmación imprimible está disponible para usted. Una vez que esté listo para enviar su inscripción, haga clic en “Sign and Submit.”

¡Felicitaciones! Su inscripción ya está completa. La siguiente pantalla proporcionará un resumen de sus elecciones, incluyendo quién está cubierto bajo cada plan y sus beneficiarios nombrados. Para salir, seleccione “Return Home”. Para imprimir una página de confirmación, seleccione el icono de impresora en la parte superior de la pantalla.

Sign and Submit

Benefit Confirmation / Deduction Authorization - ADAMS, DYLAN

Employee Information

Name	First Initial	Primary Phone	Secondary Phone	Address
ADAMS, DYLAN		(918) 625-3145		12345 Main St, Oklahoma City, OK 73101

Requested Benefits

Plan Code	Plan Name	Effective Date	Termination Frequency	Termination Status	Termination Date	Coverage Level	Employee Cost	Employer Deduction
EL01	Employee Life	12/01/2016	None	Active		\$114400.00	\$0.00	\$34.32
RP01	Retirement Plan	12/01/2016	None	Active		\$50.00	\$0.00	\$50.00
MD01	Medical Plan	12/01/2016	None	Active		Employee and Spouse	\$0.00	\$200.00

Approved Benefits

Plan Code	Plan Name	Effective Date	Termination Frequency	Termination Status	Termination Date	Coverage Level	Employee Cost	Employer Deduction
EL01	Employee Life	12/01/2016	None	Active		\$114400.00	\$0.00	\$34.32
RP01	Retirement Plan	12/01/2016	None	Active		\$50.00	\$0.00	\$50.00
MD01	Medical Plan	12/01/2016	None	Active		Employee and Spouse	\$0.00	\$200.00

Declined/Deferred Benefits

Plan Code	Plan Name	Effective Date	Termination Frequency	Termination Status	Termination Date	Coverage Level	Employee Cost	Employer Deduction
SL01	Spouse Life	12/01/2016	None	Declined		\$0.00	\$0.00	\$0.00
ST01	Short-Term Disability	12/01/2016	None	Declined		\$0.00	\$0.00	\$0.00

Terminated Benefits

Plan Code	Plan Name	Effective Date	Termination Frequency	Termination Status	Termination Date	Coverage Level	Employee Cost	Employer Deduction
				Terminated				

Sign and Submit

Employee Signature and Totals

Employee Name	Date Electronically Signed	Total Employee Cost	Total Employer Deduction
ADAMS, DYLAN		\$284.32	\$0.00

Sign and Submit

Sign and Submit

Benefit Confirmation / Deduction Authorization - ADAMS, DYLAN

Employee Information

Name	First Initial	Primary Phone	Secondary Phone	Address
ADAMS, DYLAN		(918) 625-3145		12345 Main St, Oklahoma City, OK 73101

Requested Benefits

Plan Code	Plan Name	Effective Date	Termination Frequency	Termination Status	Termination Date	Coverage Level	Employee Cost	Employer Deduction
EL01	Employee Life	12/01/2016	None	Active		\$114400.00	\$0.00	\$34.32
RP01	Retirement Plan	12/01/2016	None	Active		\$50.00	\$0.00	\$50.00
MD01	Medical Plan	12/01/2016	None	Active		Employee and Spouse	\$0.00	\$200.00

Approved Benefits

Plan Code	Plan Name	Effective Date	Termination Frequency	Termination Status	Termination Date	Coverage Level	Employee Cost	Employer Deduction
EL01	Employee Life	12/01/2016	None	Active		\$114400.00	\$0.00	\$34.32
RP01	Retirement Plan	12/01/2016	None	Active		\$50.00	\$0.00	\$50.00
MD01	Medical Plan	12/01/2016	None	Active		Employee and Spouse	\$0.00	\$200.00

Declined/Deferred Benefits

Plan Code	Plan Name	Effective Date	Termination Frequency	Termination Status	Termination Date	Coverage Level	Employee Cost	Employer Deduction
SL01	Spouse Life	12/01/2016	None	Declined		\$0.00	\$0.00	\$0.00
ST01	Short-Term Disability	12/01/2016	None	Declined		\$0.00	\$0.00	\$0.00

Terminated Benefits

Plan Code	Plan Name	Effective Date	Termination Frequency	Termination Status	Termination Date	Coverage Level	Employee Cost	Employer Deduction
				Terminated				

Sign and Submit

Employee Signature and Totals

Employee Name	Date Electronically Signed	Total Employee Cost	Total Employer Deduction
ADAMS, DYLAN		\$284.32	\$0.00

Sign and Submit