

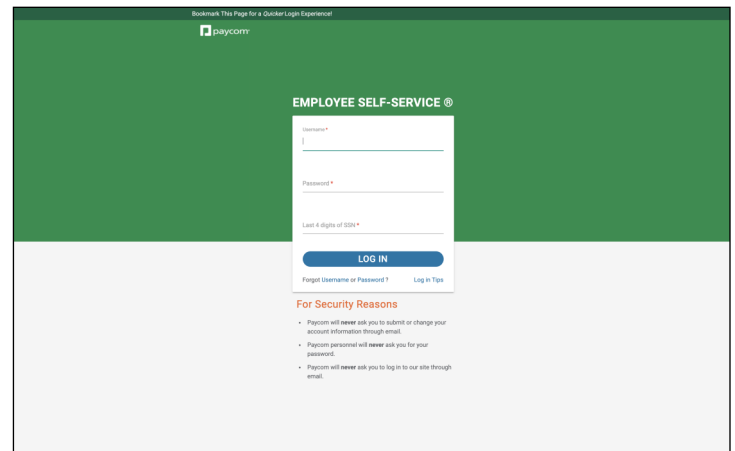
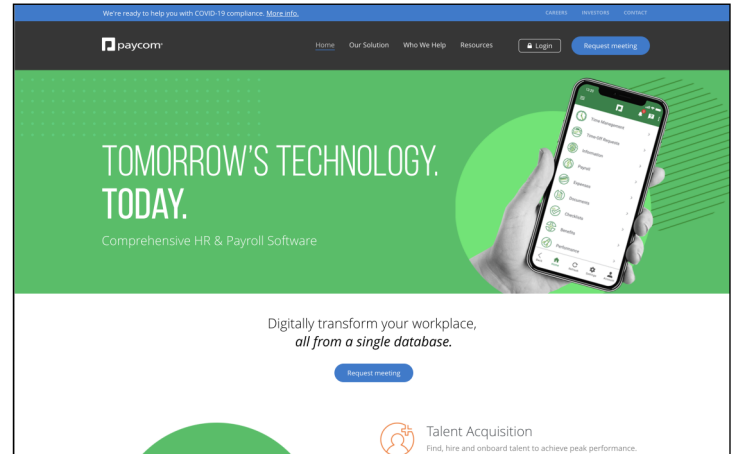
Online Enrollment Through Paycom

Follow the steps below to enroll in our benefit plans online.

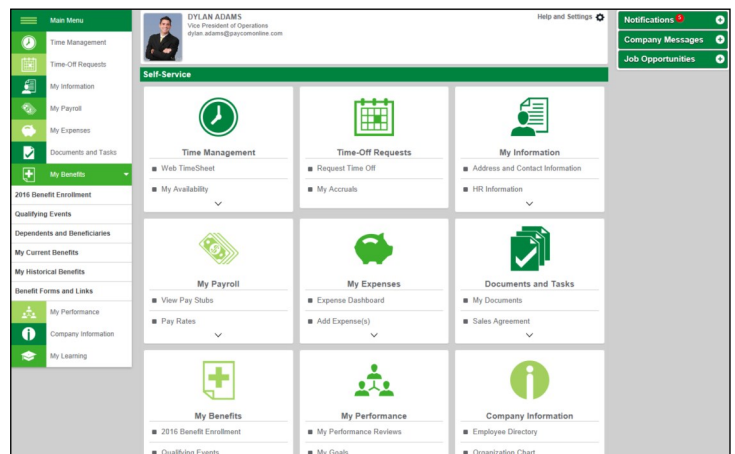
Go to www.paycom.com. Hover over Login and select “Employee” from the drop down menu

Enter your Username, password and the last four digits of your Social Security number. Then select “Log In.”

Once you've logged into the website, you can review your plan options, eligibility and more.



After logging into Employee Self-Service, if you are eligible to enroll, you will have an option under the “My Benefits” tile to be taken through the enrollment process.



Please Note: If you need to leave the page and continue the enrollment process later, you have that option. Once logged back in, simply select "Continue Enrollment." If you've already made elections, the total will display in the Benefit Enrollment bar.



DYLAN ADAMS
Vice President of Operations
dylan.adams@paycomonline.com
(918) 826-2145

Help and Settings

2016 Benefit Enrollment

\$0.00

Total Cost


You have 21 days to complete enrollment.

Hello Dylan

Here are some tips for enrollment.

- 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.
- To get started, click Continue Enrollment.
- You also can choose an enrollment section in the progress bar to jump to that particular section.

CONTINUE ENROLLMENT




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

Next, you will be guided through the enrollment process for each of your available benefit plans. In this first example, we will walk you through the process to enroll in a medical plan.

Each benefit screen will have two check boxes: one to enroll and one to decline. You can review the details of this plan within the “Plan Description” section. If there are forms or links attached to this plan, they will be located in a “Plan Information” drop- down option.



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

918 - 625 - 3145

Street Address

B319 ELLIS WAY 

City, State, Zip

OKLAHOMA CITY  55555 -

Previous

Next



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

Help and Settings

2016 Benefit Enrollment

☐
 Employee Life

Plan Information

Coverage Amount

\$114,400.00

Guaranteed Amount: \$300,000.00

Cost per Pay Period: \$34.32

Plan Description

☐ 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

If you have chosen a coverage level that has dependents (e.g., Employee and Spouse, Employee and Children or Employee and Family), you will select/enter those on the following screen. Check the boxes next to the dependents who will be included in this plan or select “Add Dependent” to add additional dependents not in the list. Once finished, select “Enroll.”



DYLAN ADAMS
 Vice President of Operations
 dylan.adams@paycomonline.com
 (918) 625-3145

Help and Settings 

2016 Benefit Enrollment

\$84.32

Total Cost

✓ Contact Information

✓ Dependents and Beneficiaries

✓ Employee Life \$34.32

✗ Spouse Life \$0.00

✓ Retirement \$56.00

Medical \$0.00

Short-Term Disability \$0.00

Review Enrollment

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

Dependents

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

Add Dependent

☐ Decline Coverage

Previous

Enroll

If you are adding a new dependent, enter their information and select “Add Dependent.”

Add a Dependent

* Indicates Required Field

* Relationship

* First Name

Middle Name

* Last Name

ADAMS

* SSN

* Gender

Male

Female

* Birth Date

00/00/0000

Full-Time Student

No

Yes

Disabled

No

Yes

Tobacco User

No

Yes

Address

☒ Same as Employee

* Street

3319 ELLIS WAY

* City

OKLAHOMA CITY

* State

Oklahoma

* Zip Code

55555

Once finished, select “Enroll.”

Dependents

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

Add Dependent

☐ Decline Coverage

Previous

Enroll

Continue through the enrollment process by choosing whether you would like to enroll or decline coverage in each of the available plans.

As you progress through the enrollment process, you can keep track of which benefits you have elected or declined from the Progress Bar on the right side of the screen. Green check marks mean you have enrolled, and the cost will be in the column to the right of the plan name. A red “X” means you selected to decline the plan. You can make edits to a plan by clicking the plan name.

2016 Benefit Enrollment

\$284.32

Total Cost

✓ Contact Information

✓ Dependents and Beneficiaries

✓ Employee Life

✗ Spouse Life

✓ Retirement

✓ Medical

Short-Term Disability

\$34.32

\$0.00

\$50.00

\$200.00

\$0.00

Review Enrollment

Once you have made a selection for each plan, you will be brought to the “Benefit Plan Review” screen. This will give you a snapshot of the plans for which you have elected to enroll. Select any links from the Progress Bar to make changes. Once you are satisfied with your selections, check “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
Medical Plan	\$0.00	Yes	12/01/2016	Requested	Employee and Spouse	\$200.00
Retirement Plan	\$0.00	Yes	12/01/2016	Requested		\$50.00

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

[Complete Enrollment](#) [Review Enrollment](#)

A pop-up window will ask you to confirm if you want to complete enrollment. Note: All plans not enrolled in will be declined. Select “OK” to continue.

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
Medical Plan	\$0.00	Yes	12/01/2016	Requested	Employee and Spouse	\$200.00
Retirement Plan	\$0.00	Yes	12/01/2016	Requested		\$50.00

[Complete Enrollment](#)

When you select “Complete Enrollment” you will be brought to the “Sign and Submit” screen. A printable confirmation page is available to you. Once you are ready to submit your enrollment, click “Sign and Submit.”

Congratulations! Your enrollment is now complete. The following screen will provide a recap of your elections, including who is covered under each plan and your named beneficiaries. To exit, select “Return Home.” To print a confirmation page, select the printer icon at the top of the screen.

Sign and Submit

Benefit Confirmation - Deduction Authorization - ADAMS, DYLAN

Employee Information

Name	Date of Birth	Primary Phone	Secondary Phone	Address
ADAMS, DYLAN	07/14/1975	(918) 625-3145		1245 E. 10th Ave., Oklahoma City, OK 73106

Dependents

Dependent ID	First Name	Last Name	Relationship	DOB	Gender	E-mail Address
AD15						

Requested Benefits

Plan Code	Plan Name	Effective Start Date	Effective Frequency	Pre-Tax	Cost	Coverage Level	Employee Cost	Employer Deduction
EL17	Employee Life	12/01/2016	Once Per Year	Yes	\$0.00	\$114,400.00	\$0.00	\$34.32
ME11	Medical Plan	12/01/2016	Once Per Year	Yes	\$0.00	\$200.00	\$0.00	\$200.00
RE12	Retirement Plan	12/01/2016	Once Per Year	Yes	\$0.00	\$50.00	\$0.00	\$50.00
						Total	\$0.00	\$284.32

Approved Benefits

Plan Code	Plan Name	Effective Start Date	Effective Frequency	Pre-Tax	Cost	Coverage Level	Employee Cost	Employer Deduction
						Total	\$0.00	\$0.00

Declined/Deferred Benefits

Plan Code	Plan Name	Effective Start Date	Effective Frequency	Pre-Tax	Cost	Coverage Level	Employee Cost	Employer Deduction
						Total	\$0.00	\$0.00

Terminated Benefits

Plan Code	Plan Name	Effective Start Date	Effective Frequency	Pre-Tax	Cost	Coverage Level	Employee Cost	Employer Deduction
						Total	\$0.00	\$0.00

Dependent Information

Name	Relationship	DOB	Benefit Effective Date	Benefit End Date	Dependent Status
ADAMSON, ADAMS	Spouse	08/01/1972	12/01/2016	11/30/2017	Dependent

Employee Signature and Totals

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

[Return Home](#) [Print Confirmation](#)

Sign and Submit

Benefit Confirmation - Deduction Authorization - ADAMS, DYLAN

Employee Information

Name	Date of Birth	Primary Phone	Secondary Phone	Address
ADAMS, DYLAN	07/14/1975	(918) 625-3145		1245 E. 10th Ave., Oklahoma City, OK 73106

Dependents

Dependent ID	First Name	Last Name	Relationship	DOB	Gender	E-mail Address
AD15						

Requested Benefits

Plan Code	Plan Name	Effective Start Date	Effective Frequency	Pre-Tax	Cost	Coverage Level	Employee Cost	Employer Deduction
EL17	Employee Life	12/01/2016	Once Per Year	Yes	\$0.00	\$114,400.00	\$0.00	\$34.32
ME11	Medical Plan	12/01/2016	Once Per Year	Yes	\$0.00	\$200.00	\$0.00	\$200.00
RE12	Retirement Plan	12/01/2016	Once Per Year	Yes	\$0.00	\$50.00	\$0.00	\$50.00
						Total	\$0.00	\$284.32

Approved Benefits

Plan Code	Plan Name	Effective Start Date	Effective Frequency	Pre-Tax	Cost	Coverage Level	Employee Cost	Employer Deduction
						Total	\$0.00	\$0.00

Declined/Deferred Benefits

Plan Code	Plan Name	Effective Start Date	Effective Frequency	Pre-Tax	Cost	Coverage Level	Employee Cost	Employer Deduction
						Total	\$0.00	\$0.00

Terminated Benefits

Plan Code	Plan Name	Effective Start Date	Effective Frequency	Pre-Tax	Cost	Coverage Level	Employee Cost	Employer Deduction
						Total	\$0.00	\$0.00

Dependent Information

Name	Relationship	DOB	Benefit Effective Date	Benefit End Date	Dependent Status
ADAMSON, ADAMS	Spouse	08/01/1972	12/01/2016	11/30/2017	Dependent

Employee Signature and Totals

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

[Return Home](#) [Print Confirmation](#)