

Niagara County HR Portal

eSuite

The Employee Portal to Human Resource, Payroll & Benefit Information and Enrollment.

10/30/2014

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Activating Your Account

Activate Your Account' and 'Forgot password? If you forgot your password you can reset it using the link below. [Reset Password](#)'. The 'Activate Your Account' link is circled in red."/>

NIAGARA COUNTY HR Portal
Powered by NWS

Employee Login

Employees may log into the Human Resources portal using the form below.

Username

Password

Remember me next time.

[LOGIN](#)

Need a login?
I am an employee, but do not have a username and password.
[Activate Your Account](#)

Forgot password?
If you forgot your password you can reset it using the link below.
[Reset Password](#)

Fill in your Username and Password. If this is your first time logging in, you will need to click “Activate Your Account.”

NIAGARA COUNTY HR Portal
Powered by NWS

Activate Your Account

Complete the form below to begin the account activation process.

Verify Your Identity

LAST NAME

SSN

CONFIRM SSN

[CONTINUE...](#)

Enter your last name and SSN and click “Continue.”



Activate Your Account

Complete the form below to begin the account activation process.

Create Your Account

USERNAME	<input type="text" value="janesmith"/>	
PASSWORD	<input type="password" value="••••••"/>	<i>Must be between 5 and 25 characters</i>
CONFIRM PASSWORD	<input type="password" value="••••••"/>	<i>Must be between 5 and 25 characters</i>
<input type="button" value="CONTINUE..."/>		

Create a username and password you will remember and click "Continue."



Activate Your Account

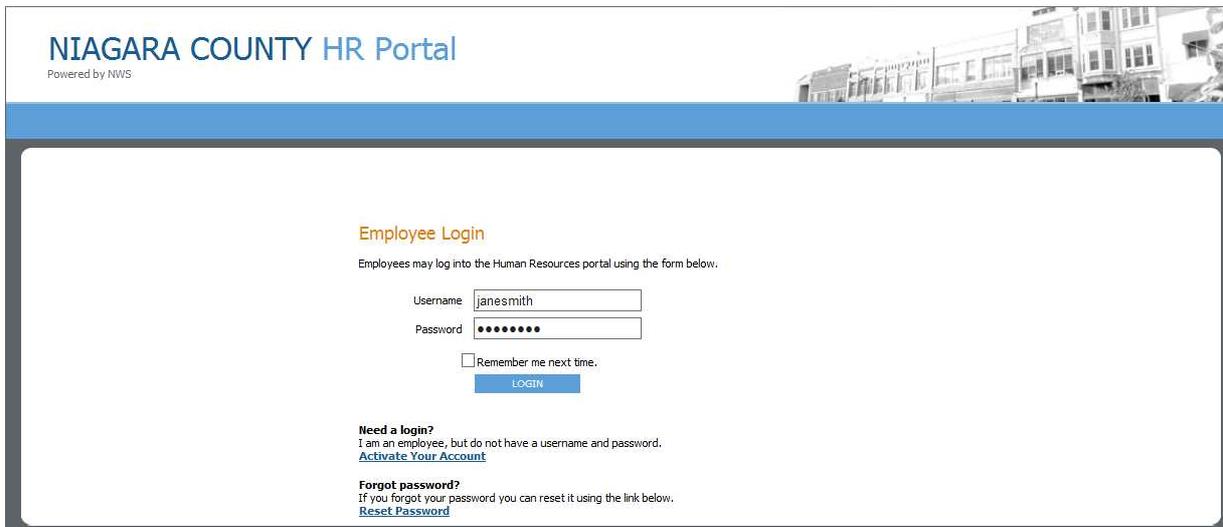
ACCOUNT CREATED

Your Account has been activated.

[Click to login.](#)

You will receive a confirmation that your account has been activated. Click "Click to login" to login.

Accessing the HR Portal



The screenshot shows the 'Employee Login' page of the NIAGARA COUNTY HR Portal. The page has a blue header with the title 'NIAGARA COUNTY HR Portal' and 'Powered by NWS'. Below the header is a white login form. The form includes a 'Username' field with 'janesmith' entered, a 'Password' field with masked characters, a 'Remember me next time' checkbox, and a 'LOGIN' button. Below the form are links for 'Need a login?' (Activate Your Account) and 'Forgot password?' (Reset Password).

NIAGARA COUNTY HR Portal
Powered by NWS

Employee Login

Employees may log into the Human Resources portal using the form below.

Username:

Password:

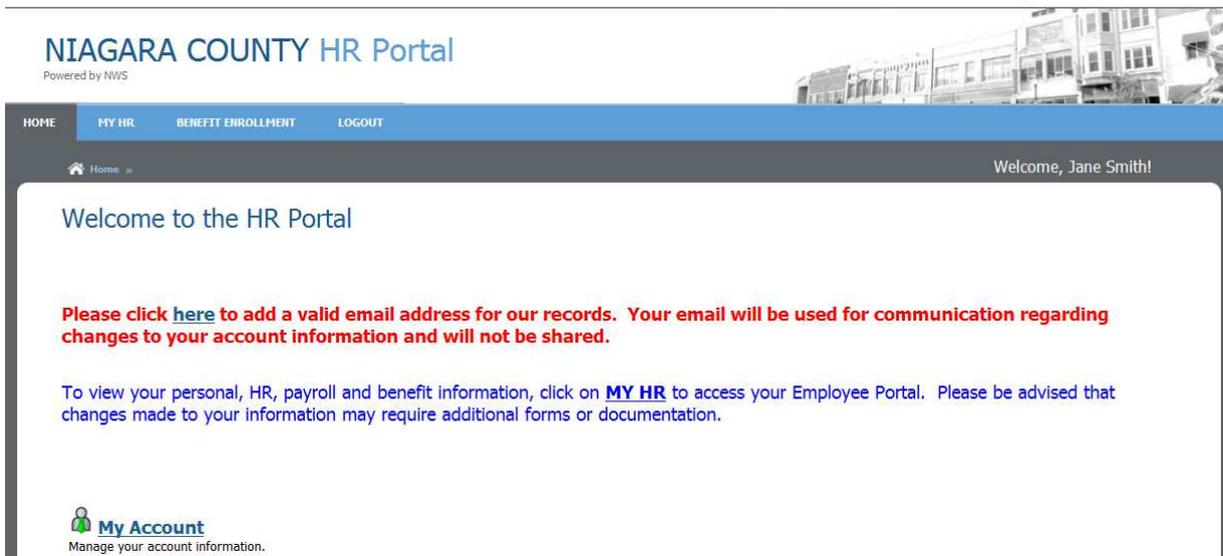
Remember me next time.

[LOGIN](#)

Need a login?
I am an employee, but do not have a username and password.
[Activate Your Account](#)

Forgot password?
If you forgot your password you can reset it using the link below.
[Reset Password](#)

Login using the username and password you created. If you ever forget your username or password, simply click on the “Reset Password” link on the Employee Login screen.



The screenshot shows the 'Home' page of the NIAGARA COUNTY HR Portal. The page has a blue header with the title 'NIAGARA COUNTY HR Portal' and 'Powered by NWS'. Below the header is a navigation menu with 'HOME', 'MY HR', 'BENEFIT ENROLLMENT', and 'LOGOUT'. The main content area is white and contains a welcome message, a red announcement about adding an email address, and a blue announcement about accessing the Employee Portal. At the bottom, there is a 'My Account' link with a person icon and the text 'Manage your account information.'.

NIAGARA COUNTY HR Portal
Powered by NWS

HOME MY HR BENEFIT ENROLLMENT LOGOUT

Home » Welcome, Jane Smith!

Welcome to the HR Portal

Please click [here](#) to add a valid email address for our records. Your email will be used for communication regarding changes to your account information and will not be shared.

To view your personal, HR, payroll and benefit information, click on **MY HR** to access your Employee Portal. Please be advised that changes made to your information may require additional forms or documentation.

 **My Account**
Manage your account information.

The Home screen will display welcome information and announcements. Be sure to read this page and check often for updates.



HOME **MY HR** BENEFIT ENROLLMENT LOGOUT

Home » Welcome, Jane Smith!

Welcome to the HR Portal

Please click [here](#) to add a valid email address for our records. Your email will be used for communication regarding changes to your account information and will not be shared.

To view your personal, HR, payroll and benefit information, click on **MY HR** to access your Employee Portal. Please be advised that changes made to your information may require additional forms or documentation.

 **My Account**
Manage your account information.

Click on the “MY HR” tab at the top of the screen.

NIAGARA COUNTY HR Portal

Powered by NWS

HOME MY HR BENEFIT ENROLLMENT LOGOUT

Home » My HR Welcome, Jane Smith!

Employee Portal

<p>Accrual Information A glance at your accrued overtime, vacation and personal time.</p>	<p>Benefits A summary of your current and historical benefits.</p>
<p>Contacts/Dependents Manage your personal contacts for emergencies and other purposes.</p>	<p>Deductions A summary of your current and historical deductions.</p>
<p>Direct Deposits Manage your direct deposit distributions.</p>	<p>Pay Rate View your current pay rate.</p>
<p>Paychecks View your recent and previous paychecks.</p>	<p>Positions View your current position.</p>
<p>Personal Information Manage your personal information such as address, contact information, etc.</p>	<p>Print 1099 Forms Print your 1099 Forms.</p>
<p>Print W2 Forms Print your W2 Forms.</p>	<p>Taxes View a summary of your current tax withholdings.</p>

Click on any of the topics listed to view your information. Please note that history of your information begins in 2013, therefore 1099 and W-2 information will not be available until 2014. Some pages such as Contacts/Dependents, Direct Deposits and Personal Information will allow you to make changes to your information. **All changes, with the exception of email address and phone number, will require approval from HR, Payroll or Risk and may require additional documentation. You will be notified of change approvals/denials by the email you provide under Personal Information.**

Personal Information

NIAGARA COUNTY HR Portal

Powered by NWS



HOME MY HR BENEFIT ENROLLMENT LOGOUT

Home » My HR » Personal Information Welcome, Jane Smith!

My Personal Information

Your human resources department has the following information on file. To make changes simply click the Make Changes button and submit a change request.

Information On File

Name Jane Smith

Phone Number ^{Home} Main - (716) 555-5555

Address ^{Home} Home - 123 Main Street
Lockport, NY 14094

Indicates Primary

[MAKE CHANGES](#)

The Personal Information page will display the information HR currently has on file for you. If you need to update this information or add additional information, such as an email address, click “Make Changes.”

Personal Information Change Request

Some changes to personal information require HR approval.

Change Request Form

EFFECTIVE DATE *
10/04/2013

Name
TITLE: [] FIRST: Jane MIDDLE: [] LAST: Smith SUFFIX: []

Phone
PHONE TYPE * Main (555)1231203 * EXTENSION: [] PRIMARY: DELETE:
[Add Phone Number](#)

Email
EMAIL TYPE: [] EMAIL ADDRESS: [] PRIMARY: DELETE:
[Add Email Address](#)

Address
EFFECTIVE DATE * 10/04/2013 ADDRESS TYPE * Home PRIMARY: DELETE:
STREET ADDRESS 1 * 123 Main Street
STREET ADDRESS 2: []
STREET ADDRESS 3: []
CITY * Lockport STATE * NY ZIP * 14094
[Add Address](#)

[SUBMIT CHANGES](#)

To add information to your file, click on link for the information you wish to add.

Personal Information Change Request

Some changes to personal information require HR approval.

Change Request Form

Effective Date *	<input type="text" value="10/04/2013"/>				
Name	TITLE	FIRST *	MIDDLE	LAST *	SUFFIX
	<input type="text"/>	<input type="text" value="Jane"/>	<input type="text"/>	<input type="text" value="Smith"/>	<input type="text"/>
Phone	PHONE TYPE *	(5551231203) *	EXTENSION	PRIMARY	DELETE
	<input type="text" value="Main"/>	<input type="text" value="7165555555"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Add Phone Number				
Email	EMAIL TYPE	EMAIL ADDRESS	PRIMARY	DELETE	
	<input type="text" value="Work"/>	<input type="text" value="jane.smith@niagaracounty.com"/>	<input checked="" type="checkbox"/>	Cancel Add	
	Add Email Address				
Address	EFFECTIVE DATE *	ADDRESS TYPE *	PRIMARY	DELETE	
	<input type="text" value="10/04/2013"/>	<input type="text" value="Home"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	STREET ADDRESS 1 *				
	<input type="text" value="123 Main Street"/>				
	STREET ADDRESS 2				
	<input type="text"/>				
	STREET ADDRESS 3				
	<input type="text"/>				
	CITY *	STATE *	ZIP *		
	<input type="text" value="Lockport"/>	<input type="text" value="NY"/>	<input type="text" value="14094"/>		
	Add Address				
	<input type="button" value="SUBMIT CHANGES"/>				

Once you have added your information, click “Submit Changes.” Be sure to mark your primary information. To update your current information, simply edit the information displayed and click “Submit Changes.”

My Personal Information

Your human resources department has the following information on file. To make changes simply click the Make Changes button and submit a change request.

Your change request has been submitted. Some changes are pending approval as indicated below.

Information On File

Changes Pending Approval

Name Jane Smith

Phone Number * Main - (716) 555-5555

Email * Work - jane.smith@niagaracounty.com

Address * Home - 123 Main Street
Lockport, NY 14094

* Home - 444 Some Street
Lockport, NY 14094

* Indicates Primary

If your change request requires approval, a page will be displayed showing your change request in red. At this point you may still edit or cancel changes. Once approved by HR, your information will be updated and you will receive an email notification.

Contacts/Dependents

NIAGARA COUNTY HR Portal
Powered by NWS

HOME MY HR BENEFIT ENROLLMENT LOGOUT

Home » My HR » Contacts/Dependents Welcome, Jane G Smith!

Contacts/Dependents

Your contacts may be used by HR in the event of an emergency or for other purposes.

Contact Name	Primary Phone	Primary Contact	Emergency Contact	Beneficiary	Dependent	Options
SMITH, JOHN <small>*Primary Contact</small>	(716) 555-5556	Yes	Yes		Yes	EDIT DELETE
SMITH, JOE					Yes	EDIT DELETE

[<< ADD A NEW CONTACT >>](#)

2 Active Contacts

The Contacts/Dependent page will display the contact information HR currently has on file for you and will display if any of your contacts are or were dependents at any point during your employment. To update a contact's address or phone number, click "Edit." To add a new Emergency Contact, click "Add A New Contact." If the contact is also a dependent or you need to make changes to a dependent, you must contact the Risk department.

Direct Deposit

Direct Deposits

Changes to your Direct Deposit information will not be accepted until we receive a signed copy of a direct deposit form and a copy of a voided check. Click [here](#) to download Direct Deposit and other payroll forms.

Interested in going green? Click "Make Changes" and check the "Paperless Direct Deposit" box below to go paperless! You will stop receiving a hard-copy of your direct deposit.

Information on File

Paperless Direct Deposit

Frequency	Sequence	Bank	Account	Deposit Type	Amount
All Checks	999	*First Niagara	Checking - xxxxxxx6789	Percent	100.0000%

[MAKE CHANGES](#)

The Direct Deposit page will display the current direct deposit set up on file with payroll. You may click "Make Changes" to edit this information, however, Payroll will require a Direct Deposit form and voided check **no later than noon on Tuesday of pay week** if you are adding a new account. **If you are currently enrolled with direct deposit, we strongly encourage you to take advantage of our paperless option by checking the box for Paperless Direct Deposit.** You will no longer receive a physical pay stub. Instead, you can login to the HR Portal and view/print copies of your paystubs by going to MYHR/Paychecks.

Direct Deposit - Change Form

Changes to your Direct Deposit information will not be accepted until we receive a signed copy of a direct deposit form and a copy of a voided check. Click [here](#) to download Direct Deposit and other payroll forms.

Interested in going green? Check the box below to go paperless! You will stop receiving a hard-copy of your direct deposit.

Paperless Direct Deposit

DELETE X

BANK	*First Niagara - 222370440	ACCOUNT TYPE	Checking	
Sequence	999	ACCOUNT #	123456789	
Amount Type/Amount	Percent of Net	100.00%	FREQUENCY	ALL - All Checks

ADD A DISTRIBUTION

BANK	*First Niagara - 222370440	ADD DISTRIBUTION
------	----------------------------	----------------------------------

[SUBMIT CHANGES](#)

To add a new account, select a bank from the dropdown under Add a Distribution and click "Add Distribution." **Currently, you may deposit into two separate accounts.**

Paperless Direct Deposit

DELETE X				
BANK	*First Niagara - 222370440	ACCOUNT TYPE	Checking	
Sequence	66	ACCOUNT #	0009042524	
Amount Type/Amount	Amount	\$400.00	FREQUENCY	ALL - All Checks

DELETE X				
BANK	*First Niagara - 222370440	ACCOUNT TYPE	Savings	
Sequence	999	ACCOUNT #	1004002065	
Amount Type/Amount	Balance of Net		FREQUENCY	ALL - All Checks

ADD A DISTRIBUTION	
BANK	<input type="text"/>
<input type="button" value="ADD DISTRIBUTION"/>	

The fields for entering direct deposit information may be a little confusing. The following definitions and sample have been included to help you better understand the information.

Sequence: Order in which direct deposits are to be made. The numbers can range from 1 -999. Two active direct deposits cannot have the same number. **The lower the sequence number, the higher the priority.**

Amount Type/Amount: The Amount Type identifies whether the deposit will be an Amount, Percentage (100% of net pay is to be entered if depositing into one account only) or Balance (of net pay). The Amount is the dollar amount or percentage of net pay, depending on selection in Amount Type field.

Frequency: This determines how often you want the distribution to occur. **Select ALL CHECKS.**

Paperless Direct Deposit

DELETE X				
BANK	*First Niagara - 222370440	ACCOUNT TYPE	Checking	
Sequence	999	ACCOUNT #	123456789	
Amount Type/Amount	Balance of Net		FREQUENCY	ALL - All Checks

DELETE X				
BANK	*First Niagara - 222370440	ACCOUNT TYPE	Savings	
Sequence	66	ACCOUNT #	789456123	
Amount Type/Amount	Amount	\$200.00	FREQUENCY	ALL - All Checks

ADD A DISTRIBUTION	
BANK	<input type="text"/>
<input type="button" value="ADD DISTRIBUTION"/>	

In the sample above, we entered the sequence order to deposit \$200 in a savings account first (66), then the Balance of Net pay to checking (999).

Direct Deposits

Changes to your Direct Deposit information will not be accepted until we receive a signed copy of a direct deposit form and a copy of a voided check. Click [here](#) to download Direct Deposit and other payroll forms.

Interested in going green? Click "Make Changes" and check the "Paperless Direct Deposit" box below to go paperless! You will stop receiving a hard-copy of your direct deposit.

Pending Change Request

Paperless Direct Deposit

Frequency	Sequence	Bank	Account	Deposit Type	Amount
All Checks	999	*First Niagara	Checking - xxxxxxx6789	Balance of Net pay	
All Checks	66	*First Niagara	Saving - xxxxxxx6123	Amount	\$200.00

EDIT CHANGES

CANCEL CHANGES

Once you click "Submit Changes" you will be brought back to a screen showing you the Pending Change Request that was submitted to payroll. At this point you may still edit or cancel changes as it will not be approved until you submit a Direct Deposit form.

Your direct deposit will go through a pre-note process the first payroll after approval. The following payroll will be direct deposited into your account/s.

Go Paperless Note: If you elect to go paperless, you will receive a Payroll Confirmation e-mail showing the dollar amount of deposit. You must have an e-mail address set up in order to receive this notification.

Benefit Enrollment

Click on the tab labeled "Benefit Enrollment."

HOME MY HR **BENEFIT ENROLLMENT** LOGOUT

Home »

Welcome to the HR Portal

2015 **Open Enrollment** is available October 31st - November 14th.

To view your personal, HR, payroll and benefit information, click on **MY HR** to access your Employee Portal. Please be advised that changes made to your information may require additional forms or documentation.

Interested in going green? Click [here](#) to learn how to go paperless with your direct deposit!

Please click [here](#) to update/add a valid email address for our records. Your email will be used for communication regarding changes to your account information and will not be shared.

My Account
Manage your account information.

HOME MY HR TIME ENTRY **BENEFIT ENROLLMENT** REQUEST FOR ACTION LOGOUT

Home » Benefit Enrollment

Welcome, Jane G Smith!

2015 Open Enrollment

Welcome to your 2015 Open Enrollment! Open enrollment begins on October 31st and ends on November 14th.

Click on "Continue to Enrollment" to begin the enrollment process. For more information on the plans, click on "Plan Documents."

[CONTINUE TO ENROLLMENT](#)

Pre-Enrollment

- Welcome Message
- Plan Documents

Enrollment

CATEGORY	YOUR COST
<input checked="" type="checkbox"/> FSA Dependent Care Reimbursement	\$0.00
<input checked="" type="checkbox"/> FSA Medical Reimbursement	\$0.00
<input checked="" type="checkbox"/> Medical	\$0.00
TOTAL COST (PER PAYMENT)	\$0.00

Finish

- Submit & Complete Enrollment
- Print Confirmation Statement

If you are eligible for a current open enrollment, information regarding that enrollment will be displayed. From this page you can click to view plan documents or see the list of benefit categories you are eligible to select. Click "Continue to Enrollment" to begin selecting your plans.

Plan Documents

If there is a document icon next to the plan, that means there is documentation available for that plan. Click on that icon to view the documentation.

Pre-Enrollment

- Welcome Message
- Plan Documents

Enrollment

CATEGORY	YOUR COST
FSA Dependent Care Reimbursement	\$0.00
FSA Medical Reimbursement	\$0.00
Medical	\$0.00
TOTAL COST (PER PAYMENT)	\$0.00

Finish

- Submit & Complete Enrollment
- Print Confirmation Statement

Plan Documentation

FSA Medical Reimbursement

- [Flex Eligible Expenses](#)
- [Flex Spending Worksheet](#)
- [FSA, D/V and HRA Reimbursement Form](#)
- [HRA Eligible Expenses](#)

Medical

- [\\$0 Co-Pay Flyer](#)
- [CHIPRA Notification](#)
- [Exchange Notification](#)
- [Mental Health Parity Waiver Notification](#)
- [NCHP Enrollment/Change Form](#)
- [NCHP Non-Bargaining Benefit Summary](#)
- [Non-Bargaining Healthcare Waiver Form](#)
- [Women's Health and Cancer Rights Act of 1998 Notification](#)

CONTINUE TO ENROLLMENT

FSA Enrollment

Pre-Enrollment

- Welcome Message
- Plan Documents

Enrollment

CATEGORY	YOUR COST
FSA Dependent Care	\$0.00
FSA Medical Reimbursement	\$0.00
Medical	\$0.00
TOTAL COST (PER PAYMENT)	\$0.00

Finish

- Submit & Complete Enrollment
- Print Confirmation Statement

FSA Dependent Care Reimbursement Enrollment

Please enter the annual amount you wish to pledge in your Dependent Care Flexible Spending Account in the box below. The Per Payment amount will calculate the deduction that will be taken from each paycheck. If you do not wish to enroll, please check the box to decline coverage at the bottom of the page.

Current Election

FSA Dependent Care Reimbursement - \$5,000.00

Per Payment Deduction
\$192.31

Specify Spending Allowance

Please enter plan information below:

Flexible Spending Account

Your Cost (Per Payment)

Enter the amount you would like to allocate for Annual Allowance

Maximum Allowed \$5,000.00

If you do not wish to enroll in a plan at this time, please click below:

If this box is checked, you are declining coverage. Please enter a pledge amount or make a selection above to enroll in a benefit plan.

SAVE AND CONTINUE...

The Current Election will display the election information you are currently enrolled in. All benefit categories will be marked declined unless an amount is entered (FSA) or a category is selected (Medical).

Pre-Enrollment

- Welcome Message
- Plan Documents

Enrollment

CATEGORY	YOUR COST
FSA Dependent Care	\$0.00
FSA Medical Reimbursement	\$0.00
Medical	\$0.00
TOTAL COST (PER PAYMENT)	\$0.00

Finish

- Submit & Complete Enrollment
- Print Confirmation Statement

FSA Dependent Care Reimbursement Enrollment

Please enter the annual amount you wish to pledge in your Dependent Care Flexible Spending Account in the box below. The Per Payment amount will calculate the deduction that will be taken from each paycheck. If you do not wish to enroll, please check the box to decline coverage at the bottom of the page.

Current Election

FSA Dependent Care Reimbursement - \$5,000.00

Per Payment Deduction
\$192.31

Specify Spending Allowance

Please enter plan information below:

Flexible Spending Account

Your Cost (Per Payment)

Enter the amount you would like to allocate for Annual Allowance: \$115.38

Maximum Allowed \$5,000.00

If you do not wish to enroll in a plan at this time, please click below:

If this box is checked, you are declining coverage. Please enter a pledge amount or make a selection above to enroll in a benefit plan.

SAVE AND CONTINUE...

Once you enter an annual pledge amount, the system will calculate the amount to be deducted from each paycheck. If you are satisfied with this amount, click "Save and Continue." You will then be brought to the next benefit category on your list.

Medical Enrollment

Pre-Enrollment

- Welcome Message
- Plan Documents

Enrollment

CATEGORY	YOUR COST
FSA Dependent Care Reimbursement	\$119.38
FSA Medical Reimbursement	\$19.23
Medical	\$0.00
TOTAL COST (PER PAYMENT)	\$134.61

Finish

- Submit & Complete Enrollment
- Print Confirmation Statement

Medical Enrollment

Please make a selection for your Medical Coverage. The Per Payment amount will calculate the deduction (if applicable) from each paycheck. For more information regarding plans, click on Plan Documents.

Current Election

Value - Family Per Payment Deduction \$54.01
 Dependents Covered
 Self
 Smith, Joe
 Smith, Jack
 Smith, John

Enrollment in Plan

Please choose the plan you'd like to enroll in below:

Plan Name	Employer Cost (Per Payment)	Your Cost (Per Payment)
Core (HRA \$220 S/\$440 F)		
<input type="radio"/> Single	\$246.78	\$27.42
<input type="radio"/> Family	\$617.61	\$68.62
Medical Buy-Out (\$500 S/\$1000 F)		
<input type="radio"/> Single	\$0.01	\$0.00
<input type="radio"/> Family	\$0.01	\$0.00
Premium (No HRA)		
<input type="radio"/> Single	\$271.21	\$30.13
<input type="radio"/> Family	\$676.27	\$75.14
Value (HRA \$425 S/\$850 F)		
<input type="radio"/> Single	\$231.26	\$25.70
<input type="radio"/> Family	\$544.43	\$60.49
First Choice (HRA \$425 S/\$850 F)		
<input type="radio"/> Single	\$270.00	\$30.00
<input type="radio"/> Family	\$540.00	\$60.00

The medical enrollment will display all plans you are eligible to elect. When selecting a medical option, you will simply click the plan you choose. If there is any cost to you, it will be displayed in the last column. Click "Save and Continue" after making your selection.

**If you are changing your medical plan or newly enrolling in the Medical Buy-Out , please be sure to complete the NCHP Enrollment/Change Form available under "Plan Documents" and return to your department payroll clerk.

Pre-Enrollment

- Welcome Message
- Plan Documents

Enrollment

CATEGORY	YOUR COST
✓ FSA Dependent Care Reimbursement	\$115.38
✓ FSA Medical Reimbursement	\$19.23
▶ Medical	\$60.49
TOTAL COST (PER PAYMENT)	\$195.10

Finish

- Submit & Complete Enrollment
- Print Confirmation Statement

Please check all dependents to be covered under your medical plan.

If you wish to add or delete a dependent, please complete a NCHP Enrollment/Change Form and return to your department payroll clerk along with the proper documentation for the change. The NCHP Enrollment/Change Form is available under "Plan Documents".

Select Dependent(s)

- Self SELF
- Smith, Jack SON
- Smith, Joe SPOUSE
- Smith, John SON

SAVE AND CONTINUE...

If you select a Family plan, you will be brought to a screen listing possible dependents. Check all who should be covered under the plan and click "Save and Continue."

**If you are adding or deleting a dependent, please be sure to complete the NCHP Enrollment/Change Form available under "Plan Documents" and return to your department payroll clerk with the proper documentation for the change.

Confirming & Submitting Benefit Elections

Pre-Enrollment

- Welcome Message
- Plan Documents

Enrollment

CATEGORY	YOUR COST
✓ FSA Dependent Care Reimbursement	\$115.38
✓ FSA Medical Reimbursement	\$19.23
✓ Medical	\$60.49
TOTAL COST (PER PAYMENT)	\$195.10

Finish

- Submit & Complete Enrollment
- Print Confirmation Statement

Confirm & Submit

Please carefully review your summary of elections. If your elections are correct, click the "Submit" button below and print a copy of the Confirmation Statement and return to your department payroll clerk.

Summary Of Elections

Category	Plan - Election	Employer Cost (Per Payment)	Your Cost (Per Payment)
FSA Dependent Care Reimbursement	FSA Dependent Care Reimbursement - FSA	\$0.00	\$115.38
FSA Medical Reimbursement	FSA Medical Reimbursement - FSA	\$0.00	\$19.23
Medical	Value (HRA \$425 S/\$850 F) - Family	\$544.43	\$60.49
Covered Individuals			
Smith, Jack			
Smith, Joe			
Smith, John			
Self			

Your Total Cost: \$195.10

Submit To HR

Clicking the submit button below will submit all of your current elections to your HR department. Once you submit your elections you may not make additional changes online.

SUBMIT

Once all benefit categories are completed, a summary of your elections will be displayed. Review them carefully. If you are satisfied with your elections, click "Submit."

Pre-Enrollment

- Welcome Message
- Plan Documents**

Enrollment

CATEGORY	YOUR COST
✓ FSA Dependent Care Reimbursement	\$115.38
✓ FSA Medical Reimbursement	\$38.46
✓ Medical	\$0.00
TOTAL COST (PER PAYMENT)	\$153.84

Finish

- Submit & Complete Enrollment
- Print Confirmation Statement**

Congratulations!

Your benefit elections have been successfully submitted to your HR department. You may browse your elections but you may not make changes at this time.

[PRINT CONFIRMATION STATEMENT](#)

Print and sign the Confirmation Statement and return to your department payroll clerk.

[Print Confirmation](#) [Close Window](#)

Confirmation Statement

Please return a signed copy of this statement to your payroll clerk.

SUMMARY OF ELECTIONS

Jane Smith

Category	Plan - Election	Employer Cost (Per Payment)	Your Cost (Per Payment)
FSA Dependent Care Reimbursement	FSA Dependent Care Reimbursement - FSA	\$0.00	\$115.38
FSA Medical Reimbursement	FSA Medical Reimbursement - FSA	\$0.00	\$19.23
Medical	Value (HRA \$425 S/\$850 F) - Family	\$544.43	\$60.49

Covered Individuals

- Smith, Jack
- Smith, Joe
- Smith, John
- Self

Your Total Cost: \$195.10

RECORD OF SUBMISSION

Benefit elections were submitted on Thursday, October 30, 2014 at 11:45 AM.