Job Aid – ADP – Reporting a Qualified Life Event (QLE)

Follow the instructions below to make a benefits election change in myADP as a result of a qualified life event (QLE). Remember, you have thirty-one (31) calendar days from the event to make your elections.

1. Go to Portal → MyADP

   *If you are not logging in through Citrix, go to **myADP.com** using your User ID and Password.
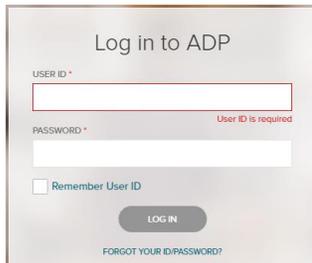
Links

** DocuSign Login Page
** Athletico COVID-19 Official Site
Athletico Remote Work Setup
Athletico.com
Change Password
Corporate Email
FOTO
Athletico Sharepoint
ADP Vantage / Classic
My ADP

2. From your Dashboard, go to the **Benefits** page select **Declare an Event** on the **Report a Qualifying Change** tile.

   Note: Any dependent you wish to add must meet the eligibility requirements. Instructions to complete the required Dependent Verification Process begin on page 4 of this document.
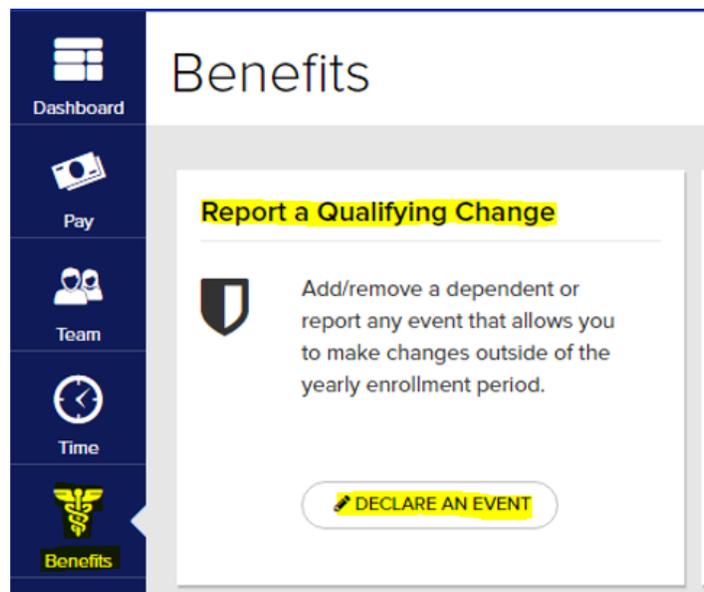
3. Review the list of events and select the one that applies to you. Enter the date of the event and select **continue**.

   Note: Supporting documentation is required to verify the qualified life event. See page 4.

Report a Qualifying Change

Have you had a major change in your life recently? Select a life event from the menu to get started

- Add Domestic Partner
- Adoption
- Birth of Child
- Change in After Tax Benefits
- Change in Dependent Care Cost
- Commuter Benefit Elections

4. The '**Date of Event**' is the date the event occurred. For example, if your other coverage terminated on May 1st, the date of your life event is May 1st.

   Please note, the date you enter must be <u>on or after</u> the date of the event (**it cannot be in the future**). For example, if your life event occurred on May 1st, you can enter the life event beginning on May 1st and no later than June 1st, which is 31 days from the date of the event. Select "**Continue**" once you have entered the date.

null
DATE OF EVENT

Valid dates for this life event are between 03/31/2020 and 04/30/2020.

MM/DD/YYYY 📅

5. Depending on the life event type, you will have an opportunity to review each of your benefits elections and decide whether to add or make changes as a result of your life event. **Be sure to review each benefit carefully.**

   *The online **Decision Support Tool** can help you choose the medical plan option that is best for you. To use the tool, click **Help with Choosing Your Options**, then select **Yes, tell me more**.*

Medical

High Deductible Plan 1 - Non-To...
$103.01

You and Anthony Roback are covered

✏ CHANGE

6. When adding a dependent to coverage, review the election to ensure their name is checked on the left side of the screen under the **Who is Covered** section. **If the dependent's name is not checked, they will not be added to the benefit.**

WHO IS COVERED

☑ You

✔ John Doe
Child

7. When you are finished with making your election changes, you must select **NEXT: REVIEW ELECTIONS** at the top of the screen.

FINISH LATER   NEXT: REVIEW ELECTIONS

8. Then select **NEXT: CONFIRM ELECTIONS** to confirm your elections.

FINISH LATER   NEXT: CONFIRM ELECTIONS
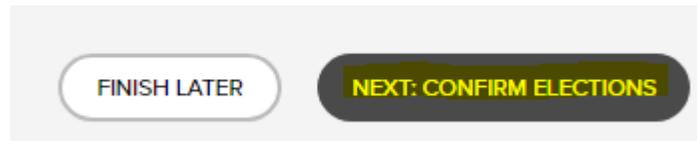
9. To finalize, please select the orange button "**I Agree and Confirm Enrollment**"

Agree and Confirm Enrollment

I certify that any documentation or certification required and provided for this enrollment, election or election change is true, accurate and complete, and that my employer may rely on the information. I acknowledge that the provision of false, misleading or incomplete information may result in adverse consequences under the terms of my employer's Plan or Plans, including without limitation, termination or rescission of coverage, recovery of benefits paid, fines and penalties under law. Furthermore, I, the undersigned, authorize my employer to deduct from my wages the amounts required to pay my share of the premiums and/or contributions for the benefits elected under my employer's pension and benefit plan(s). I further understand that any credit provided by my employer, not represented in the cost calculation, will reduce the amount deducted from my wages. Where elected by me or required by plan design, these deductions shall occur on a pre-tax basis. All the other deductions shall be taken on a post-tax basis. Such deduction amounts may only be changed at my employer's open enrollment or in accordance with applicable regulations and plan design.

I AGREE AND CONFIRM ENROLLMENT   ✘ CANCEL

10. You will receive a **confirmation number** to confirm the completion of your enrollment. To download your confirmation statement for your records, select "**Download Confirmation**". A confirmation statement will also be emailed to your personal email address on file.
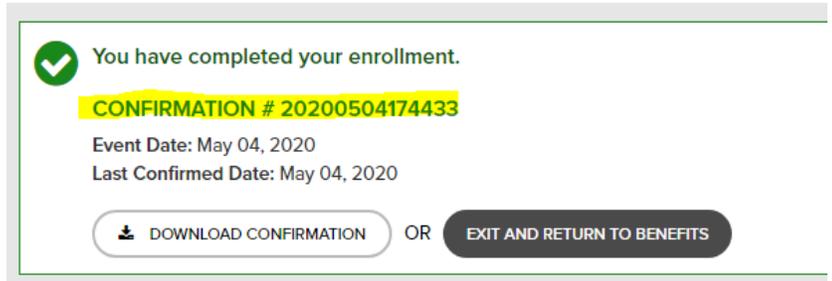
   Please note: If you do not receive a confirmation number your enrollment is not complete and will not be processed. All life events must be submitted within 31 days of the event. Please retain a copy of the confirmation statement for your records.

Important Note: If you are reporting a Qualifying Life Event **after** the start of the Annual Enrollment period, and **before** the start of the new plan year (January 1), additional action *may* be required to update your elections for the plan year ending December 31 and the new plan year beginning January 1. Once you have completed your life event enrollment, the myADP system will prompt you to review your annual enrollment and make changes. You **must** select **Review Annual Enrollment** and make change accordingly. **If you do not re-complete your Annual Enrollment event**, your previous Annual Enrollment elections will become effective. Employees are strongly advised to contact Benefits@Athletico.com immediately to review your changes if they have any questions or concerns.

ACTION REQUIRED

Dependent Verification Process: Providing Supporting Documentation for your Qualified Life Event

At Athletico, we are committed to continuing to provide comprehensive and affordable health plan options for our employees and dependents. To manage the cost of those plans, we have partnered with ADP Dependent Verification Services (DVS) to ensure that only eligible dependents of our employees are enrolled in the health plans. Employees will also need to submit supporting documentation to verify the qualified life event reported.

Your verification must be submitted to ADP by the due date displayed on the letter you receive to your personal email and home address on file from ADP Verification Services. Please note, non-response will result in the termination of health benefits coverage for you and/or your dependents, so we ask that you respond in a timely manner.

11. From the Benefits page, select **View Status** under the **View Verification Status** tile.
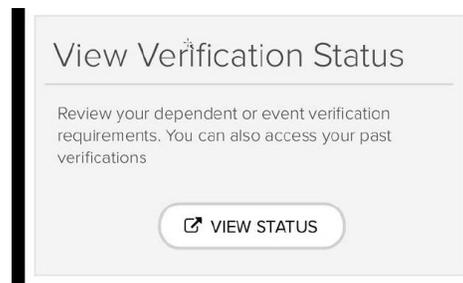
12. Once you are in the Portal, four tiles will appear:
    - **Submit Documents**: Select this tile to submit the required documents.
    - **View letters**: Selecting this tile will display letters and/or emails that have been sent to you regarding your verification.
    - **Required Documents**: Select this tile to learn more about what documents are required to verify dependents.
    - **Document History**: Selecting this tile will provide you a list of documents ADP Verification Services has received from you.
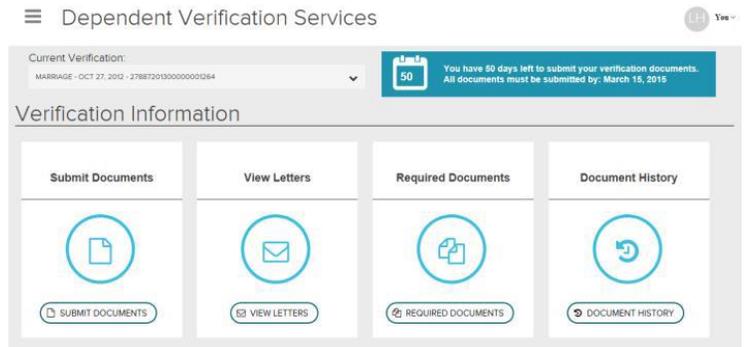
13. To upload proof documents, select the **Submit Documents** tile. Follow the steps to select a documents type, the dependents/events for which the document applies, and select a document to upload. When you are finished, view the confirmation.

    Questions? Please contact ADP HR Resource Center at (844) 692-8426 or reach out to Benefits@Athletico.com.