July 6, 2022

solved

Adaptive Employee Experience

Employee User Guide

Help Docs

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General Login and Navigation

Navigate to the isolved Adaptive Employee Experience (AEE) website using a web browser of your choice.



1. Key in your Username (this is your Self-Service email address).

 Click on the Next icon after entering your username.
 Note: If you entered your username incorrectly, choose "This is not my username," which brings you back to the main login page.

- Key in your Password.
 Note: If you have forgotten your password, choose "Forgot my password" which allows you to reset after answering your security questions.
- 4. Click on the Next icon which logs you into Adaptive Employee Experience.

Logging in on a SmartPhone

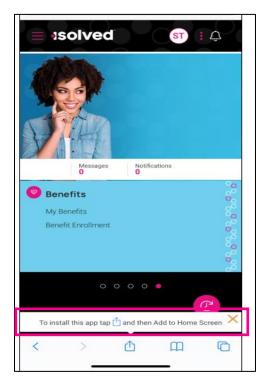
You may log in to AEE on a mobile device in two different ways:

1. Log into ESS and select the "Try our new look" link.



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The screen below appears:



- 2. Key in the URL of the ESS plus "/cloudservice.com." This opens AEE where you can select to add it to your Home Page (see above image).
 - a. For example, my normal ESS login is <u>https://myisolved.com</u>. For AEE I would use <u>https://myisolved.com/cloudservice</u>.
 - b. Select if you'd like to add to the home screen:

Сору	ß
Add to Reading List	00
Add Bookmark	Ш
Add to Favorites	\$
Find on Page	Q
Add to Home Screen	+
Markup	\odot
Print	Ē
Edit Actions	



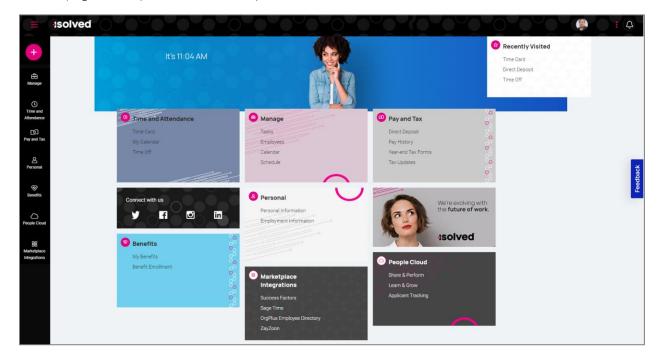
After you select the "Add to Home Screen" option, the screen below becomes available:

Cancel	Add	to Home	Screen		Add
0	isolved				0
	https://tra	aining.my	isolved.co	om/clou	ds
	I be added to cess this web		e Screen so	you can	
quickly doc	read trills wet				
"isolve	d″	is		isn'i	
q w	e r	t y	/ u	i o	р
as	a d	f g	h j	k	I
۵Z	x	c v	b n	m	\bigotimes
123		space		do	one
;;;					Ŷ
	_	_			

Click Add at the top of the phone screen.

Welcome Page Navigation

The Welcome page allows you to see all items you have access to in one screen.



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Each card is geared towards the general task you are looking to complete:

- **Time and Attendance:** Used for all standard time functions such as viewing and verifying your Time Card, requesting time off, and viewing your schedule.
- **Personal:** Used to update your personal information such as address, emergency contacts, dependents, beneficiaries, and federal reporting data.
- Pay and Tax: Used to view and edit direct deposit, pay history, year-end tax forms, and update your tax withholdings.
- Benefits: Used to view your benefits summary and link you to benefits enrollment.
- People Cloud: Has links to access Learn & Grow, Share and Perform, Benefit Services, and Applicant Tracking.
- Marketplace Integrations: Links you to any 3rd party or legacy isolved applications your company might use.

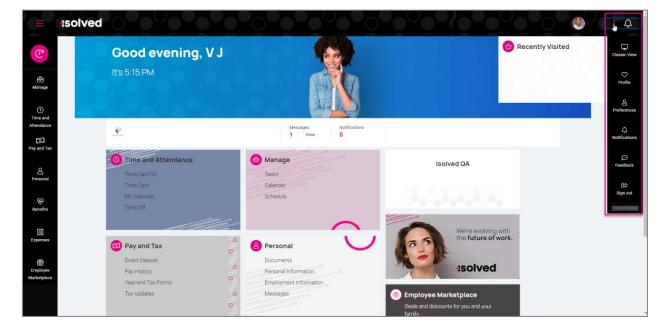
To navigate, you can use the icons on the left-hand side of the screen, click on the cards in the center, or use the recently visited card in the top right-hand corner which is populated by the cards you have visited recently.

The ellipses icon allows you to navigate to more preferences and items inside of People Cloud

- Switch Companies: If the employee is employed in multiple legal companies for one Client.
- Classic View: Allows you to toggle to the isolved Employee Self-Service "Classic View." This view is only available if you are using a Desktop and is not compatible with other devices. This view requires that the Self-Service classic view roles are set up to view and access any data or items. If this is not set up, the employee receives a message that this view is not configured.
- **Profile:** This allows the employee to view and update their profile information including:
 - o Preferred Name
 - o Pronouns
 - o Mobile number
 - o Password
 - o Security Challenge
- **Preferences:** Allows the employee to update their "Electronic Consent for Communication and Delivery of Tax Forms."
- Notifications: Shows any current company notifications.
- Feedback: Provide Feedback on the site.
- **Sign-out:** Log out of the site.

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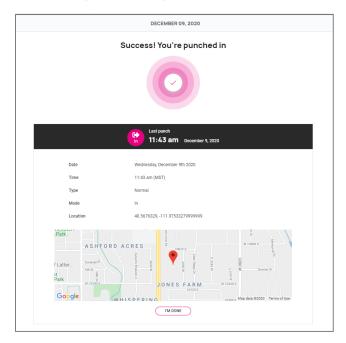


Self-Service Punching

Once logged in, you can immediately create a punch by using the pink 🔊 symbol located at the top-left corner of the page, as seen below. In this menu, a punch can be created using two different methods:

Quick Punch 🐓

If you select "Quick Punch," the system immediately brings you to a page to create a punch for the current date and time, without the option to add punch notes or any other punch options. Once the page loads click the pink + to create the quick punch. Once the punch is created you will see a punch confirmation on the screen as shown below:



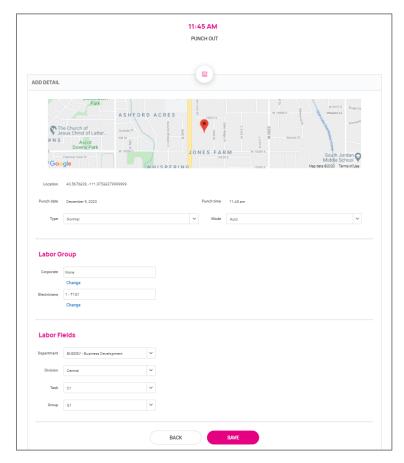
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Detailed Punch 🚍

If you select "Detailed Punch," the system opens a creation screen and displays the current date and time. Note: The Date and Time fields are not editable during Self-Service punching. The punch options available in the detailed punch screen are as follows (options on this screen may differ based on your company permissions).

- a. Type: Allows you to specify the Punch Type for the entry. The options are "Normal," "Meal," and "Break."
- b. Mode: Allows you to specify if the punch is an "IN," "OUT," "AUTO," or "TRANSFER."
 - a. IN means you are clocking in and is typically used when you are first in for the day or coming back from a break or meal.
 - b. OUT means you are clocking out and is typically used when you are leaving for the day or leaving for your break or meal.
 - c. AUTO allows the system to determine the status of the punch.
 - d. TRANSFER allows you to move from one labor value to another without having to create multiple punches. When using the transfer option isolved creates two punches; one clocking you out of your current labor and one clocking you into the labor you transferred to.
- c. **Labor:** If the option to enter labor allocations is enabled, select from the allowed labor levels when creating a punch. If no labor is selected, isolved uses your default labor allocation.
- d. Notes: If notes are entered, anyone looking at the Time Card is able to view the details.





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Time and Attendance > Time Card

The following is a breakdown of the different areas located on the Time Card and their functions:

Time Card				Pay period Week Day	🛞 Not verified 🗸
Summary			< > December 28, 202	20 - January 3, 2021	
Earnings			12a	12p	12a Total
Vacation Holiday Regular		8.00 hours 8.00 hours 18.00 hours	Dec > 28 >		8.00
Labor	No data to display		Dec > 29		10.00
Adjustment			Dec >		8.00
Alerts	No data to display		Dec 31		0.00
	No data to display		Jan > 01 >		8.00
			Jan 02		0.00
			Jan 03		0.00
			 Hours Punch Abse 	nce 🛛 Adjustment 🗨 Break 🗨 Meal 🔶 Holiday	34.00
				MISSING PUNCH	

Time Card Date Range

The default view of the Time Card is automatically set to the current "Pay Period." You can change the view by selecting the "Pay Period," "Week," and "Day" buttons in the top-center of the screen. You can toggle between dates by selecting the < > buttons with the date next to them.

Data Summary

A breakdown of the "Earnings," "Labor," "Adjustments" (mileage, bonus or reimbursements) as well as a summary of alerts are located on the left-hand side of the screen.

Daily Breakdown

The default view of the Time Card is a Gantt chart of your time. You can select the > icon next to the date to expand the details. When expanded, you can see actual punch times, total hours, errors, and labor associated to the punches.

The color-coding of items on the Time Card are as follows:





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Adding an Adjustment

Time card adjustments allow employees to add hour/unit or dollar amounts to their Time Card that exist outside of regular hours worked. This includes items such as mileage or tips.

ay 30 - June 12, 2022		ADD RECORD
		ADJUSTMENT
12:00a	12:00p	12:00a Total

Once you select Adjustment, fill in the requested details and select Save.

- Date: Date of the adjustment entry.
- Adjustment: Select the appropriate adjustment.
- **Type**: Select whether the entry will be either "Hours/Units" or "Dollars". Depending on configuration, you may only see one option in the drop-down menu.
- Amount: Input the adjustment amount correlated with the Type selected.
- Labor: Should the hours/units or dollars be tied to a certain labor field such as "Department," "Job" or "Task."
- Notes: If needed, add any notes related to your adjustment entry.

Adjustment				
Date		Adjustment	Tips 🗸	
Туре	Dollars	Amount		
Notes				
Labor Group)			
Loc/Dept	None			
Proj/WorkClss	None			

Submitting a Missing Punch

Should you miss a punch at any time, you can select the **Missing Punch** button at the bottom of the Time Card. This option allows you to submit a request that routes directly to your manager/supervisor to approve the missing punch.

Once you select the **Missing Punch** button, fill in the requested details and select **Save**.

- Punch Date: Date of the missing punch.
- **Punch Time:** Time of the missing punch.
- Type: Designate if it should be a "Normal" (standard in/out), "Meal" or "Break" punch.
- Mode: "Auto," "In," "Out," or "Transfer."
- Labor: Should the time be tied to a certain labor field such as "Department," "Job" or "Task."

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Notes: Add any notes for your manager/supervisor to view during the approval process.

Type Normal V Mode Auto Labor Group Corporate None Electricians 1.7161 Change Change	~
Corporate None Electricians 1-TIG1	
Change Change	
Labor Fields	
Department BUSDEV - Business Development V Division Central V	
Task 01 ~ Group G1 ~	

Time Card Verification

Time Card Verification is an optional feature that allows you to electronically sign off on the Time Card prior to the data being populated to the Time Entry Grid for payroll processing.

The button to verify is in the top right-hand corner of the Time Card. Select the square checkbox next to the Employee section to verify.

	😣 Not verified 🗸
Employee	
O Supervisor	
 Manager	

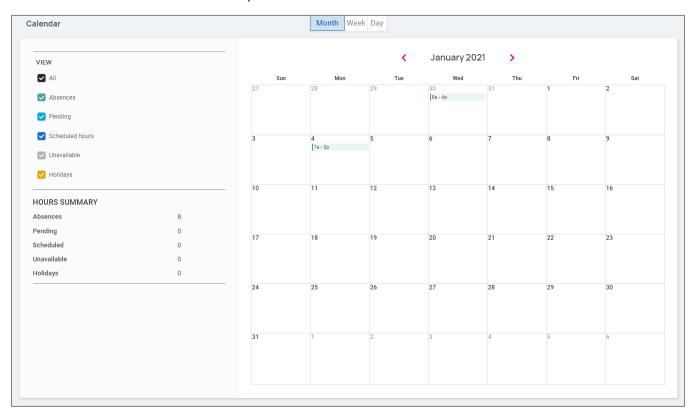
Note: The system does not allow you to verify your Time Card if there are outstanding high or critical alerts pending your manager or supervisor's review.

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Time and Attendance > My Calendar

My Calendar allows you to view your absences, scheduled hours, unavailable time, and holidays in a calendar format. Below is a screenshot and details of the My Calendar screen:



The calendar allows you to view items in a "Monthly," "Weekly" or "Daily" format. Select the words at the top of the calendar to adjust your display.

The filters on the left-hand side of the screen allow you to determine what items you want to display on the calendar. The options are as follows:

- All: Displays all of the items listed below in the calendar view.
- Absences: Displays all approved absences.
- Pending: Displays all pending (not approved or denied) absences.
- Scheduled Hours: Displays the days and hours you are scheduled to work.
- Unavailable: Displays the days and hours you set yourself to "Unavailable."
- Holidays: Displays company holidays.

Note: Hours that are displayed as "Unavailable" are not guaranteed. Managers/Supervisors can still schedule you during these times.

The **Hours Summary** at the bottom of the screen totals up all the types and hours associated with your current calendar view.



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Time and Attendance > Time Off

The **Time Off** screen can be opened by selecting the **Time Off** button at the top of the Time Card view. This allows you to view details of your accrual plans, upcoming, pending, and past time off requests.

The first section provides a summary of your accrual plans with balances, and if selected, a detailed outline of when you last accrued time, any upcoming accrued time, etc.

Summary					
UPDATED AS OF LAST PAY PERI 8/24/2020 - 8/30/2020	OD END				+ TIME OFF
	РТО				
	YTD balance: 330.33 hours				
			334.33	DETAIL	
	TAKEN: 4.00	REMAINING: 330.33			

When you select the Detail button on the right-hand side, the details around that specific accrual plan will be outlined

PTO Details		
PLAN YEAR I ANNIVERSARY		+ TIME OFF
Service date	01/01/2019	
Length of service	1 Years, 11 Months (23 Months)	
Award schedule	Scheduled (Every Pay) period	
Last award date	8/28/2020	
Accrual rate per pay period	1.33 hours	
As of last pay period end		>
Projected current pay period		>
Projected current plan year		>
Projected next plan year		>

- Service Date: This lists your hire date or rehire date, in some case where the accrual is being calculated from.
- Length of Service: Based on your Service Date, this calculates your length of service with the company.
- Award Schedule: This lets you know how frequently you are awarded the accrual time.
- Last Award Date: This displays the last date you were awarded time for this accrual.
- Accrual Rate: This displays how much time you earn on each award schedule.
- As of Last Pay Period End: Once expanded using the > on the right side, this displays your available balance as of the last pay period, hours used last pay period, and year to date.
- Projected Current Pay Period: Once expanded using the > on the right side, this displays projections for the current pay period. It displays how many hours were taken, how many hours will be accrued, and what hours are pending (requests that have not been approved or are in the future).
 Note: Pending hours are not included in your balance.

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- Projected Current Plan Year: Once expanded using the > on the right side, this displays projections for the current plan year. It displays how many hours were taken, how many hours will be accrued, and what hours are pending (requests that have not been approved or are in the future).
 Note: Pending hours are not included in your balance.
- Projected Next Plan Year: Once expanded using the > on the right side, this displays projections for the next plan year. It displays how many hours were rolled over from the previous plan year, what your current balance is, how many absence hours are approved, how many hours will be accrued, and what hours are pending (requests that have not been approved or are in the future).
 Note: Pending hours are not included in your balance.

The bottom of the **Time Off** screen outlines any upcoming time off requests, pending requests, and historical time off entered into the system, as well as company observed holidays.

PCOMING TIME OFF					2020 h	olidays	
Date	Absence policy	Hours		Status	Jan 1		New Years
					Jan 15		MLK Jr Day
					Feb 2		President's Day
					May 25		Memorial Day
ENDING REQUESTS					Jul 3 - Jul 9	5	Date Range
Date	Absence policy	Hours S	Status		Jul 4		Independence Day
					Sep 7		Labor Day
10/9/20	Sick	1 P	ending	1	Oct 2		Columbus Day
10/10/20	Sick	1 P	ending	1	Nov 6		Veterans Day
				View 3 more 📏	Nov 26		Thanksgiving Day
					Dec 25		Christmas Day
AST TIME OFF							
Date	Absence policy	Hours		Status			
9/25/20	Vacation	8		Approved			
9/18/20	Vacation	8		Approved			
				View 39 more 📏			



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Requesting Time Off

To submit a time off request, select the Time Off button in the top-right corner of the screen.

	Time Card	My Calendar	Time Off	
Summary				
UPDATED AS OF LAST PAY PERIOD END 8/24/2020 - 8/30/2020				+ TIME OFF

- Select the Absence Policy.
- Select the From and To dates.
- Enter the **Start Time** for the request.
- Update the corresponding **Days of the week**.
- Enter the Number of hours per day you are requesting.
- Double check the Total Requested Hours.
- Enter any **Notes** you want the approver to see.
- Choose Submit.

Once the request has been submitted, it goes through your company workflow process for approval.

TIME OFF RE	QUEST
Policy	V
	AVAILABLE 349.00 Hours AFTER REQUEST 341.00 Hours
From	12/10/2020 To 12/10/2020
Requested days off	Su M T W Th F S Deselect all
Start time	08:00 Hours per 8
Total requeste	d 8 hours
Note	
	CANCEL

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Pay and Tax > Direct Deposit

Your current Direct Deposit account(s) appear when you access this screen. The details are masked for confidentiality purposes. There are several options when using this screen

- In order to deactivate this account, click on the O symbol. You receive a confirmation stating "Deactivate this account?" Click on **Deactivate** to agree. **Cancel** if you do not wish to deactivate this account.
- To view or edit your current accounts, click on the **Details** button.
 - o Your Bank Details appear, including:
 - Routing Number
 - Masked Account Number
 - Account Type
 - Description (if applicable)
 - Distribution Details (net pay or partial amount)
 - Frequency of direct deposit

	4 •••
WACHOVIA BANK N.A.	
Active account ending in 9456	
CActive	
DETAILS	

Your de	posit information		
\bigcirc			
Bank detai	ls		
Routing number	021200025	Account number	******9456
Account type	Savings	Description	0000000000123)(*&^%\$##
Deposit de	tails		
Distribution details	Flat dollar amount \$72.73		
Frequency	Every Pay		
	CLOSE		EDIT
		DELETE	

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If you need to make an adjustment to the account select the Edit button, make your adjustments and choose Save

Your d	eposit information		
Bank detai	ls		
Routing number	021200025		Account number 789456
Account type	Select	~	Description (optional) 0000000000123)(*&^%\$
Deposit de Any remaining Distribution details	tails net pay may be issued by paper check Flat dollar amount Percentage of net pay		
	Remaining net		
Frequency	Select	~	
			CANCEL

If you need to add a new direct deposit account, from the main direct deposit screen, click on the Add New button and add the following:

- **Routing Number**: If you enter an incorrect routing number, a message indicating "Routing number is invalid" appears. Correct the number to continue.
- Account Number: Enter the account number from your account.
- Account Type: Select the applicable check type.
- Distribution Details: Select either:
 - Flat dollar amount: If selected, enter the amount.
 - Percentage of Net Pay: If selected, enter the percentage.
 - Remaining Net (you may only have one Remaining Net account)
- Frequency: Select how often you want the funds in this account.
- Click on Save.

If you have multiple bank accounts and wish to re-sort the order in which they are used for Direct Deposit, click on the ••• symbol in the upper right-hand corner. Instructions appear on how to reorder your accounts. It is a simple drag-anddrop process. See the instructions below.



Savings	4 •••
WACHOVIA BANK N.A.	
Active account ending in 9456	
CActive	
Active	
DETAILS	

Payroll and Tax > Pay History

The **Pay History** screen is where you can obtain and download copies of your check stubs. Your most recent **Pay Summary** appears at the top of the screen and for confidentiality purposes, only the "Gross" and "Net Pay" displays, along with the hours you worked (if applicable). The "Pay Date" also appears in the center.

In order to see the details of your check, you may click on any of the sections of your **Paystub Detail**. Please make sure you are viewing in a private location. The details include:

- Earnings
- Employee Taxes
- Employee Deductions
- Direct Deposit

Pay Summary PAY PERIOD August 24-3	0, 2020		2020 💙
	₽ \$1,135.57 NET PAY	PAY DATE August 31, 2020	0 40 HOURS
Paystub D	etail Earnings and memos		
	Employee deductions		> >
	Time off Direct deposit		>
		DOWNLOAD V	

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If you choose the > next to the details section, the area will expand with full details.

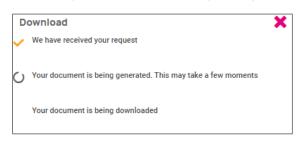
You can change the check detail by using the < in the top left-hand corner to move backward through pay dates. You can also toggle between years on the right-hand side of the screen.

To download a copy of your pay stub, navigate to the bottom of the screen and click the arrow next to Download.

- If **Multiple Pay Stubs** are selected, a list of checks in the current year appears. You may also add a date range at the top of the screen. Select the checks you wish to download by clicking on the box in front of the check date.
- Once your selection is complete, click on Download.

	JITIPLE Pay Stubs
From	Date
То	Date
P	ay Period: Aug 24 - 30, 2020 Pay Date: August 31, 2020
P	ay Period: Mar 23 - 29, 2020 Pay Date: March 30, 2020
P	ay Period: Mar 16 - 22, 2020 Pay Date: March 23, 2020
P	ay Period: Feb 17 - 23, 2020 Pay Date: February 24, 2020
P	ay Period: Feb 10 - 16, 2020 Pay Date: February 14, 2020
	CANCEL DOWNLOAD

- If you select "This Check," a copy of your current check begins downloading.
- Once the file has been downloaded, open the PDF version of your Pay Stub and save or print.



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Pay and Tax > Year-end Tax Forms

The **Year-end Tax Forms** screen displays forms for the current year (if closed) and the past years. All forms are displayed in the summary layout.

Summary			
Name †↓	Year 11	Instructions	
1095-C	2019	View	
W-2	2019	View	

To view your Year-end Tax Form, click on the **Name** of the form in the first column. A pop-up appears indicating that your form is generating. Once available, the form is available in PDF. Open the PDF and view and/or print your Year-end Tax Form. Here is an example of a W-2 stored in this section.

	D Be Filed With Emploin on is being furnished to the				OMB No. 1545-0008		Copy 21 or Local	To Be Filed With Emp Income Tax Return	loyee's State, (City,		OMB No. 1545-0008
	's social security number 3-4453	1. Wages, tips, of	er compensation 406.00		income tax withheld 16.37	٦.		t's social security number 33-4453	1. Wages, Sps,	other compensa 406.0		ederal income tax withheld 16.3
b. Employe 13-99	r ID number (EIN) 99999	3. Social securi	tywages 406.00		cial security tax withheld 25.17			er ID number (EIN) 999999	3. Social sec	urity wages 406.0		Social security tax withheld 25.1
d. Control n 2005-30		5. Medicare wa	ges and tips 406.00		edicare tax withheld 5.89		d. Control 2005-30		5. Medicare	wages and tip 406.0		Medicare tax withheld 5.89
Fusion 100 Mai	r's name, address, an Test-Training in St rk, NY 10004						Fusion 100 Ma	er's name, address, a a Test-Training ain St brk, NY 10004				
	e's name, address, ar	nd ZIP code				1	1 ' '	ee's name, address, a	ind ZIP code			
	r S Johnson						Edgar S Johnson					
	Haga Drive						3276 Haga Drive					
San J	Jose, 10005						San J	ose, 10005				
7. Social se	curity tips	8. Allocated tips		9.			7. Social s	security tips	8. Allocated tip:	8	9	9.
10. Depend	lent care benefits	11. Nonqualified p	lans	12	a. Code See inst. for Box 1	2	10. Deper	ident care benefits	11. Nonqualifie	d plans	1	12a. Code See inst. for Box
 Statutor 		14. Other NYSDI 0.60		12	b. Code		13. Statutory employee		14. Other NYSDI 0.60		1	12b. Code
Retir	rement plan			12	tc. Code	1	Re	tirement plan				12c. Code
Third-p	party sick pay			12	td. Code	1	Third	l-party sick pay			1	12d. Code
	Employer's state ID r 139999999 0	number	16. State wage	es, tips, etc. 406.00	. 17.State income tax 9.8	4	15. State NY	Employer's state ID 139999999 0	number	16. State wa	406.00	
18. Local w	ages, tips, etc. 19 406.00	9. Local income ta		0. Locality r			18. Local	wages, tips, etc. 406.00	19. Local incom	e tax 6.81	20. Locality NEW YOR	

Also available under **Summary** are the Instructions for the Year-end Tax form selected. Simply choose the **View** icon on the right-hand side for them to populate.

Su	ummary		
Ι.	Name 11	Year 11	Instructions
	1095-C	2019	View
	W-2	2019	View

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Pay and Tax > Tax Updates

The Tax Updates screen allows you to begin the process of updating your withholdings. Your current Tax Withholdings for Federal, State, and Local (if applicable) appear when you access the screen.

Tax Withholdings			
Tax Updates Wizard	Federal		~
412	🕑 Block tax		
Make changes and updates to your tax withholdings	Filing status	Married Filing Jointly	
START WIZARD	Dependent exemption amount	\$7,503.00	
	Additional income amount	\$3.00	
Enable 3rd party cookies in your browser settings if the wizard shows "your session is inactive"	Additional withholding	\$234.00	
	State		~
	Non Resident State		~
	State	NJ	
	Tax description	NEW JERSEY WH	
	Block tax		
	Filing status	Married/Civil Union Partner Separate	
	Exemptions	3	
	Additional withholding	\$3.00	

If you need to change your Tax Withholdings and complete a new tax form, click on the **Start Wizard** button on the lefthand side of the screen as outlined above.

Note: Please read the message below Start Wizard to ensure you have the correct settings in your browser.

Once you select Start Wizard, you are presented with the **Tax Withholdings** screen to start or sign out. To start a new form, click **Start.**



You can then choose the jurisdiction by selecting the radio buttons and clicking on **Continue**. If you wish to change your Federal withholding, click on "Help me determine which withholding forms apply to me" and take the **Survey**.



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Once the survey is complete, click on the **Start** icon in the **Federal-Summary** screen.

	answers you ithholding forr		ve have determined the following upply to you.	
	Locality	Name	Title	Status
Start	Federal	W-4	Employee's Withholding Certificate	Not completed

You can click on the **Back** button if you made an error on your survey, or move forward and complete each section in the form by responding to questions on the screen and clicking the **Next** icon. Your progress is saved on the left side, and you can return to any section by using the **Back** button or the side menu.

★ Wizard	Form and Instructions		
Check my pr	ogress	Select a filing status	
			 Single or Married filing separately
Nonresident A	Alien		O Married Filing Jointly
Exemption			Head of Household
Filing Status		×	Sack Next >

The next page gives you the following options:

- "I want to use the worksheet to calculate roughly accurate withholding."
- "There are only two jobs total. The option is accurate or jobs with similar pay, otherwise more taxes than necessary may be withheld."
- "None of the above."

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends
on income earned from all of these lobs.
Choose one
 I want to use the worksheet to calculate roughly accurate withholding
O There are only two jobs total. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.
O None of the above
< Back Next >

Select the desired option and click on **Next**. Depending on your selection, different options may appear. In the example below, "None of the above" was selected since the Forms and Instructions were already used to determine the withholding.

Complete each section by responding to the questions on the screen and clicking on Next.

Adaptive Employee Experience – Employee User Guide

Help Docs

Once complete, you are able to view or print your completed W-4. You must also attest to the accuracy of the W-4 by clicking on:

- "Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete."
- Enter your PIN in the box provided by entering the last 4 digits of your SSN.
- Once complete, click on **Submit Form**.

★ Wizard Sorm and Instructions	
Please review the document below	
If you would like to make any changes, you may return to the previous page.	
If you would like to submit this form, please agree to the terms below.	
Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.	
Submit Form	

You receive a confirmation stating "Your form has been submitted. All sections are completed." If you have additional jurisdictions to complete, follow the same procedures.

Personal > Personal Information

The **Personal Information** screen allows you to view your "Name," "Date of Birth," "SSN" (masked), and "Marital Status." There is also a drop-down menu for viewing your "Address" and "Contact" information.

Personal Inform	ation		
	Mason	n Doe	
	Date of birth SSN	1/1/25	
	Marital status	Married	
Address			>
Contact			>

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By selecting the > you can expand your address and contact info to see the details on file. If your company allows you to edit/update this information, the icon appears on the right-hand side, allowing you to edit the details.

Address		~
Street address	27 Serpentine Lane	
Street address 2	kjdfkjdfkd	
City	Levittown	
State	NY	
Zip code	11756	
Contact		~
Work phone	(609) 553-2265	i.
Mobile phone	(732) 251-0275	
Home phone	(704) 555-7895	
Self-service email	doemanager@protonmail.com	
Personal email	emailchange@someplace.com	

Contacts

The next section, labeled **Contacts**, stores any existing "Emergency Contacts," "Beneficiaries" and "Dependents" available. If you need to add to any of the categories, click on the **Manage Contacts** button. A new page appears which allows you to **Add New** or **Edit** contacts.

Contacts	
Emergency contacts	>
Beneficiaries	>
Dependents	>
MANAGE CONTAC	TS

The symbol allows you to edit or delete the contact on file if needed.

Manage Contacts					
Name	Beneficiary	Dependent	Emergency		
McCorkle, Josiah	~	~	~	:	



If you need to Add New, choose the button at the bottom of the screen and fill out the form that opens

			ADD	NEW		
Contac	ttype					
Beneficia	ry					
Depender	ıt					
Emergend	zy					
General						
Relationship	Select	~				
	Select other if adding trust/estate as a beneficiary					
First name				Last name		
Prefix				Suffix		
Contact						
Work number				Mobile number		
Home				Email address		
Use employ	vee address			address		
Address				Address 2		
Zip code				City		
State						
Personal						
SSN				Update SSN		
Data of kinds				Update date		
Date of birth				of birth		
Gender	Select 🗸					
			CANCEL		SAVE	

Note: You are able to check "Use employee address" or key in a different address.

Once saved, the information appears under the drop-down menu for the appropriate contact type.



Help Docs

Federal Reporting Data

There are three options under Federal Reporting Data:

- Disability Self-Identification
- EEO Self-Identification
- Veteran Self-Identification

By using the arrow > symbol, you are able to view the information that your employer currently has recorded for these categories. If you wish to add or change any of the categories, click on the arrow.

Disability Self-Identification

If available, your "Current disability status" is displayed. You are also given the reason why you are being asked to provide this information.

	Current disability status
	Not Disabled
Vhy are you	being asked to complete this form?
measure our	l contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at years.
ot be seen by egardless of w	self as an individual with a disability is voluntary and we hope that you will chose to do so. Your answer will be maintand confidentially and selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, tetler you have self-identified in the part. For more information about this form or the equal employment obligations of feederal contractors 03 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at 10cp.
elect an op	tion
Yes, I Ha	ve A Disability, Or Have A History/Record Of Having A Disability
	't Have A Disability, Or A History/Record Of Having A Disability
No, I Doi	

After reading, you can decide to respond:

- "Yes, I have a disability, or have a history/record of having a disability."
- "No, I don't have a disability or a history/record of having a disability."
- "I don't wish to answer."

Make your selection and click on **Save**. The information provided displays as your "Current disability status" upon saving.



Help Docs

EEO Self-Identification

If available, your "Gender" and "Ethnic Origin" displays. You are also given the reason why you are being asked to provide this information.

EEO Self-identifica	ation		
	Cu	rrent EEO status	
	Gender	Male	
	Ethnic origin	White (Not Hispanic or Latino)	
, , ,	asked to complete this form?		
your employer invites e adverse treatment. The orders, and regulations	employees to voluntarily identify their race, ethnicity, and ge information obtained will be kept confidential within the H	uirements for the administration of civil rights laws and regulations. To comply with these nder, submission of this information is voluntary and refusal to provide it will not subject uman Resources Department and may only be used in accordance with applicable laws, e Ized and reported to the federal government for our Affirmative Action Program and civil i	you to any executive
If you choose not to ide other available informa	entify your race, ethnicity, or gender at this time, the federal ition.	government requires your employer to determine this information by visual observation a	and/or
For civil rights monitor for each category have	ing and enforcement purposes only, all race, ethnicity, and been established by the federal government. If you choose	ender information will be collected and reported in the categories identified below. The d to voluntarily self-identify, you may mark only one of the boxes in each section presented	lefinitions d below.
Gender identificat	ion		
- Female			
Male			
I don't wish to an	swer		
Race and ethnicity	/ identification		
Hispanic or Lati	no		
White (Not Hisp	anic or Latino)		
Black or African	American (Not Hispanic or Latino)		
Native Hawaiian	or Other Pacific Islander		
Asian (Not Hisp	anio or Latino)		
Native American	n or Alaska Native (Not Hispanic)		
Two or More Ra	ces (Not Hispanic or Latino)		
Chose not to an	swer		
	CANCEL	SAVE	
	CANCEL	SAVE	

After reading, you can decide to respond to the Gender Identification using the following selections:

- Female
- Male
- I don't wish to answer

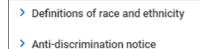
You can then decide to respond to Race and Ethnicity Identification using the following selections:

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American or other Pacific islander
- Asian (Not Hispanic or Latino)
- Native American or Alaska (Not Hispanic)
- Two or more races (Not Hispanic or Latino)
- Chose not to answer

If you want to add or change your information, make your selections and click on Save.



For more information about the Race and Ethnicity selections or to read the "Anti-Discrimination Notice," select the following:



Veteran Self-Identification

If available, your "Current Veteran Status" displays. You are also given the reason why you are being asked to provide this information.

Veteran Self-identification
Current Veteran status
Unknown
Why are you being asked to complete this form? Your emplover is a federal government contractor subject to the Vietnam Era Veterans' Readiustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38
Tour employer is a recercing overnment contractor subject to the vietnam Era veterans needpustment assistance Act or 1974, as amended by the Joos for veterans Act or 2002, 30 U.S.C. 4212 (VEVRAA), which requires employers to take affirmative action to employ and advance in employment veterans within one of the following four categories:
1. Disabled Veteran
2. Recently Separated Veteran
3. Active Duty Wartime or Campaign Badge Veteran
4. Armed Forces Service Medal Veteran
This information is being requested on a voluntary basis. It will be kept confidential except when your employer is required to provide information to the Office of Federal Contract Compliance (OFCCP), United States Department of Labor (US OL), thoreas to provide this information will not be used in a manner in constitent with the Vietnam Era Vietnard Readjustment Assistance Act of 1974, as a monded.
Protectors wereas may have additional rights under the luformed Service Employment and Reemployment Rights Act (USERA). In particular 47, your ear bacent form employment in order to perform service in a uniformed service, you may be entited to a treemployen in the position provuold lave obtained with reasoable certainty in or for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll Free, at 1-866-4USA- DGL.
As a Government contractor subject to VEVRAA, your employer is required to submit a report to the OFCCP, US DOL, each year identifying the number of employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans, please indicate by selecting the appropriate box below.
Select the option(s) that apply to your veteran status
I am not a veteran
I belong to the following categories of protected veteran
Choose all that apply
Disabled Veteran
Recently Separated veteran
Military discharge date
Active Wartime or Campaign Badge Veteran
Armed Forces or Service Medal Veteran
I don't wish to identify my veteran status
I am a protected veteran, but I choose not to self-identify the categories to which I belong
I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above)
CANCEL

After reading the reason, you can add or edit the information by selecting the Veteran status that applies:

- "I am not a veteran."
- "I belong to the following categories of protected veteran:"
 - o Disabled Veteran
 - o Recently Separated Veteran (discharge date)
- "I don't wish to identify my veteran status."
- "I am a protected veteran, but I choose not to self-identify to which I belong."
- "I am NOT protected veteran, I served in the military but do not fall into the veteran categories listed above."

After making your selections, click on Save.



Help Docs

Once the information is saved, it will replace your "Current Veteran Status."

For more information on the "Definition of protected veteran," "Reasonable accommodation notice" and "Anti-Discrimination note," click on the following:

- > Definitions of protected veterans
- Reasonable accommodation notice
- Anti-discrimination notice

Benefits > My Benefits

The **My Benefits** screen allows you to assess your elected personal benefits package and at a quick glance, view your annual and per pay deductions for those benefits.

Current	>	当	4
		i i i i i i i i i i i i i i i i i i i	
Waived History		\$7,800.00	\$150.00 PER PAY PERIOD ⁴
		401(k)	\$150.00
		HSA ('Other' category)	\$0.00
		Vision Pre-Tax 125	Waived
		Elected costs is an estimate only. Actual deduction amounts can vary in specific inst projected using your base pay, but the deduction is calculated using actual compensa nsurance, reflect the cost of the requested amount but the deduction may be based o	tion and plan rules. Plans that require Evidence of Insurability (EOI) such as

By selecting the **Current** tab on the left-hand side, you will see the benefits you are currently enrolled for in a detailed view with effective dates, per pay amounts, and frequencies.

Summary	401(K)	401(K)
Current 401(k) HSA ('Other' category) Waived History	Effective 5/26/2019 Control Deductions 401K \$150.00	ک \$150.00 Every Pay

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Help Docs

When you select the **Waived** tab on the left-hand side, you see the information on plans that you have waived and the date the waiver took effect.

Summary	WAIVED BENEFITS
Current	VISION PRE-TAX 125 Effective December 1, 2020
Waived	
History	

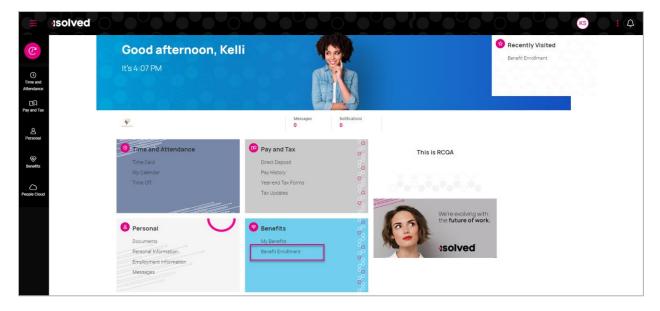
Benefits > Benefit Enrollment

This topic goes over Open Enrollment from an employee's perspective for Adaptive Employee Experience isolved People Cloud. This Benefit Enrollment adapts to your computer and most mobile devices and provide a truly unique benefit enrollment experience.

Note: Screen images may differ based on the mobile device used.

Employee Self-Service Benefit Enrollment

- Log in to isolved using your Employee Self-Service People Cloud login credentials.
- To access your enrollment, select "Benefit Enrollment" in the **Benefits** tile.





Help Docs

Your Information

You will be moved into the Benefits Enrollment Wizard **Welcome** screen.

- See the timeframe for your enrollment so you can be aware of when your enrollment must be finalized.
- You will be able to select the **Next** or **Review** buttons to move through the enrollment screens and start your enrollment.

Open Enrollment 2021 is now Open! Image: Comparison of the c		My Benefits Benefit Enrollment
Vour Open Enrollment 2021 errollment is complete. You can make changes through June 30, 2021. Vour Open Enrollment 2021 errollment is complete. You can make changes through June 30, 2021. Velcome to Benefits Enrollment The Enrollment Wizard will walk you through the following steps: - entering or updating information about your family - enrolling in benefits After you are done with the wizard, this information will be sent to HR for approval. IMPORTANT NOTE: At the end READ MORE Please acknowledge the following documents Plan Document Review Primary Care Physician Listing Guide for Comparing Benefits)pe	n Enrollment 2021 is now Open!
Vour Open Enrollment 2021 errollment is complete. You can make changes through June 30, 2021. Vour Open Enrollment 2021 errollment is complete. You can make changes through June 30, 2021. Velcome to Benefits Enrollment The Enrollment Wizard will walk you through the following steps: - entering or updating information about your family - enrolling in benefits After you are done with the wizard, this information will be sent to HR for approval. IMPORTANT NOTE: At the end READ MORE Please acknowledge the following documents Plan Document Review Primary Care Physician Listing Guide for Comparing Benefits		
Welcome to Benefits Enrollment The Enrollment Wizard will walk you through the following steps: - entering or updating information about your family - enrolling in benefits After you are done with the wizard, this information will be sent to FR for approval. IMPORTANT NOTE: At the end READ MORE Please acknowledge the following documents Plan Document Review Primary Care Physician Listing Guide for Comparing Benefits	DAYS	Net the t
The Enrollment Wizard will walk you through the following steps: - entering or updating information about your family - enrolling in benefits After you are done with the wizard, this information will be sent to HR for approval. IMPORTANT NOTE: At the end READ MORE Place acknowledge the following documents Plan Document Review Primary Care Physician Listing Guide for Comparing Benefits		
Information will be sent to HR for approval. IMPORTANT NOTE: At the end READ MORE Please acknowledge the following documents Plan Document Review Primary Care Physician Listing Guide for Comparing Benefits		Messages
Plan Document Review Primary Care Physician Listing Guide for Comparing Benefits	Welc	-
Review Primary Care Physician Listing Guide for Comparing Benefits	The E	- ome to Benefits EnrolIment nroliment Wizard will walk you through the following steps: - entering or updating information about your family - enrolling in benefits After you are done with the wizard, this
Primary Care Physician Listing Guide for Comparing Benefits	The E inform	ome to Benefits Enrollment nrollment Wizard will walk you through the following steps: - entering or updating information about your family - enrolling in benefits After you are done with the wizard, this nation will be sent to HR for approval. IMPORTANT NOTE: At the end READ MORE
Guide for Comparing Benefits	The E inform	ome to Benefits Enrollment nrollment Wizard will walk you through the following steps: - entering or updating information about your family - enrolling in benefits After you are done with the wizard, this nation will be sent to HR for approval. IMPORTANT NOTE: At the end READ MORE ease acknowledge the following documents
	The E inform	ome to Benefits Enrollment nrollment Wizard will walk you through the following steps: - entering or updating information about your family - enrolling in benefits After you are done with the wizard, this nation will be sent to HR for approval. IMPORTANT NOTE: At the end READ MORE ease acknowledge the following documents an Document
Document acknowledged	The E inform PI PI	ome to Benefits Enrollment nrollment Wizard will walk you through the following steps: - entering or updating information about your family - enrolling in benefits After you are done with the wizard, this nation will be sent to HR for approval. IMPORTANT NOTE: At the end READ MORE ease acknowledge the following documents an Document wiew
	The E inform Pl Pl Re Pl	ome to Benefits Enrollment nrollment Wizard will walk you through the following steps: - entering or updating information about your family - enrolling in benefits After you are done with the wizard, this nation will be sent to HR for approval. IMPORTANT NOTE: At the end READ MORE ease acknowledge the following documents an Document wiew imary Care Physician Listing

Any messages from your employer are displayed below the enrollment period(s) available. These messages display helpful information such as messages, documents, forms, and links from your employer.

- If a document is posted that requires acknowledgment appears in its own section, prompting you to acknowledge that document.
- Select the document name to review.

Once reviewed, select **Acknowledge,** and if you certify that you have read and understood the content of the document. Select **OK**.

Adaptive Employee Experience – Employee User Guide

Help Docs

You are moved into the Benefits Enrollment Wizard where you are able to see your navigation and process on the lefthand side. Your **Shopping Cart** displays your elections so far and any messages attached to the page or item you are on will be displayed in their own boxes on the page.

囵			My Benefits Benefit Enrollment		
C	Benefit Enrollment				E> EXIT WIZARD
() Time and Attendance	Vour Information Please review and update for accuracy. Pleasent and accuracy. Pleasent and accuracy accuracy. Pleasent accuracy accu	Kelli L Smith Status Completed	nal Information	9 DAYS LEFT	Shopping cart W You have not selected any benefits.
Pay and Tax	Health and Welness Preview Current Benefits did Cost Analysis	KS Kelli L Smith General First name Midde name Last name	Kali L Smth	EDIT	Messages Vou have no message.
Benefits	Your selections Medical PreTax Dental PreTax Vision Vol.Life EE Vol.Life SP Vol.Life SP Vol.Life SA SPA. Medical	Address Address Street address Street address 2 City Zip code	Married Married 10900 Mesdowood Lane St Helena CA 94574		
	FSA Dep Care HSA 401(k) CoPd tife CoPd sTD Inal review	Contact Work phone Home phone Self-service email Personal email	megandemo35⊚gmail.com		
	Review and submit your benefit selections. 5 Compare Costs Ø Tasks to Complete	\subset	START WIZARD NEXT		

Personal Beneficiaries and Dependents

Benefit Enrollment						C→ EXIT WIZARD
1 Your information	KS Kelli L Smith Status: Completed			9 DAYS	Shopping cart	
Please review and update for accuracy. Bersonal Beneficiaries and Dependents Health and Wellness		r Beneficiaries an dents and beneficiaries here. They r	-	nclude them on your benefit coverage.	You have not selected any benefits.	
2 Preview	Beneficiaries			:		
 Current Benefits 論 Cost Analysis 	Child	Date of birth	01/01/****	1		
Your selections Medical PreTax	Spouse	Date of birth	01/01/****	1		
 Dental PreTax Vision 	Dependents			+		
Vol Life EE Vol Life SP Vol Life SP Vol Life CH	 Child Smith Child Spouse Smith 	Date of birth	01/01/****	C Edit		
 FSA Medical FSA Dep Care 	Spouse	Date of birth	01/01/****			
 HSA 401(k) CoPd Life 						
COPd STD		START WIZARD	NEXT			
(4) Final review Review and submit your benefit selections.						
S Compare Costs P Tasks to Complete						



Help Docs

Adaptive Employee Experience – Employee User Guide

- You can update or add beneficiaries/dependents so that you can attach them to your coverages, as needed.
- If you have dependents/beneficiaries listed already, click on the three ellipses to edit or delete any information.

& Child Smith			
Child	Date of birth	01/01/****	
患 Spouse Smith			1
Spouse	Date of birth	01/01/****	
Add dependent			

- To add a new dependent/beneficiary:
 - 1. Select the plus sign next to Add dependent.
 - 2. Use the drop-down menu to select the Relationship type.
 - 3. Choose **Dependent** if they are eligible to participate in your benefits coverage.
 - 4. Choose **Beneficiary** if they may be selected as a beneficiary on applicable plans.
 - 5. Complete the remainder of the information, noting the required fields.

Note: If you do not have a social security number, please do not use a fake number as a placeholder, as this can cause issues for future reporting.

Health and Wellness

Note: This may not be an option on your employer's setup.

Benefit Enrollment				C→ EXIT WIZARD
Your Information Please review and update for accuracy. Personal Personal Health and Wellness	Kell L Smith Butur: Completed Tobacco Use Affidavit Help Text Select the box below for any individual who should be designated as a tobacco user for insurance premium purposes. Any change in tuse status is effective as of the later of the pian year benefit start date or the life event initiating this enrolment.	9 LEFT	Shopping cart You have not selected any benefits.	and the second s
② Preview ③ Current Benefits ﷺ Cost Analysis ③ Your selections	You Spouse Smith Child Smith START WIZARD NEXT			
Medical PreTax Dental PreTax Vision Vol.Life EE Vol.Life SP Vol.Life CH				
 FSA Medical FSA Dep Care HSA 401(k) CoPd Life CoPd STD 				

Select the contacts who are tobacco users.

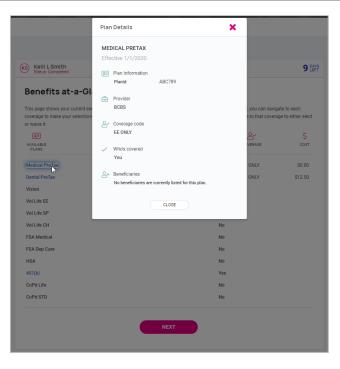
Help Docs

Preview

Current Benefits

This option may vary based on your employer's setup. Your **Benefits at-a-Glance** are listed here. Select any plans highlighted in blue to open more detailed information on that benefit.

Benefit Enrollment	A				E> EXIT WIZAR
1 Your information	KS Kelli L Smith Status: Completed		9 DAYS	Shopping cart	Ĵ
Please review and update for accuracy.					
& Personal	Benefits at-a-Glance			You have not selected any benefits.	
Beneficiaries and Dependents					
Health and Wellness		nay have the opportunity to select "Keep" on this page. or, you can na the option to "Keep" a coverage, you do need to navigate to that cov			
	or waive it.	the option to heep a coverage, you do need to havigate to that cov	erage to either elect	Messages	
2 Preview	[R=]	ti est	Ś	Messages	
Hereit	AVAILABLE	CURRENTLY COVERAGE	COST		
Current Benefits	PLANS	ENROLLED			
🕼 Cost Analysis	Medical PreTax	Yes EE ONLY	\$0.00		
	Dental PreTax	Yes EE ONLY	\$12.50		
3) Your selections	Vision	No			
Medical PreTax	Vol Life EE	No			
Dental PreTax	Vol Life SP	No			
 Vision 	Vol Life CH	No			
Vol Life EE					
Vol Life SP	FSA Medical	No			
Vol Life CH	FSA Dep Care	No			
SA Medical	HSA	No			
FSA Dep Care	401(k)	Yes			
🕑 HSA	CoPd Life	No			
	CoPd STD	No			
 CoPd Life 					
CoPd STD					
_		NEXT			
4 Final review					
eview and submit your benefit selections.					
S Compare Costs	*Value displayed may be an annual target or per pay election an	nount (FSA/QTB/HSA type plans) or actual coverage amount (life or disability type	plan).		
Tasks to Complete					



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Help Docs

Cost Analysis

1) Your Information	KS Kelli L Sm Status: Comp	l th leted					9
ease review and update for accuracy.	Medical PreTax	Dental PreTax	Vision	Vol Life EE	Vol Life SP	Vol Life CH	View more
B Personal							
Beneficiaries and Dependents	Medical	PreTax					
Health and Wellness	Sack to Beneficial Control of	ficiaries and Dependen	ts				
2 Preview	This page is infor	rmational. You can use	this to quickly comp	are prices.			
Current Benefits							O DISPLAY
🛍 Cost Analysis	Plans	EE ONLY	EE	+SP	EE+CH(REN)	EE+FAM	
2	Med PPO	\$0.00	\$1	25.00	\$200.00	\$510.00	
3) Your selections	Med HMO	\$0.00	\$1	00.00	\$200.00	\$300.00	
Medical PreTax	Med HDHP	\$0.00	\$1	00.00	\$200.00	\$300.00	
Dental PreTax		00.00		00.00	0200.00	0000.00	
Vision	Monthly deduction a	mounts are displayed above	e.				
Vol Life EE							
Vol Life SP				NEXT			
Vol Life CH				NEXT			
FSA Medical							
FSA Dep Care							
HSA							
2 401(k)							
CoPd Life							
CoPd STD							

- Displays the cost of coverages you are eligible to select.
- You can choose to view each plan type from the tabs across the top.

Your Selections

Deferred Compensation

(S Kell L Smith Status: Completed 9 DAYS	Shopping cart
401(k)	You have not selected any benefits.
You are only able to enroll in Jan, Apr, July & Oct. Keep this in mind if you decide not to elect this now.	
	Messages
Plan selections COST ANALYSIS	You have no message.
401(K) SELECTED EDIT	
C Plan information Guardian	
PREVIOUS	
* Elected cost is an estimate only. Actual deduction amounts can vary in specific instances. For example, a 5% deferred compensation (i.e. 401k plan) election is projected using your base pay but the deduction are but actual compensation and plan nulse. Plant that require Exidence of Insurability (EOI) such as life insurance, reflect the cost of the requested amount but he deduction may be based on actual company unit EOI alegorized. ** Per Month costs are calculated by taking the annual amount and dividing it by 12; therefore, the actual monthly cost may vary from the stated amount if the deduction schedule is not distributed evenly on a per month basis.	

• Select Edit to contribute to the plan or waive.

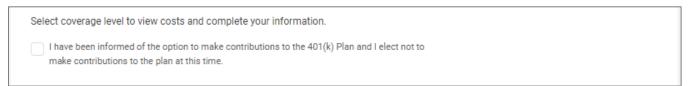
Help Docs

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• If selected, you must enter in a contribution amount and beneficiary designation, and percentage. The beneficiary percentages must equal 100%.

	ompleted					
Select	Coverag	e				COST ANALYSIS
401(k)						
Select covera	ge level to view co	sts and complete	your information.			
	n informed of the o tributions to the pla		ibutions to the 401(k)	Plan and I elect n	ot to	
\$ Deductio	ons					
401(k) Roth Amount		401(k) Roth Percent	3.00			\$1,500.00 Per Pay
401K Amount		401K Percent	3.00			Amount
Spour Spour Primary percent Child	ISE Smith			Contingent percent	0.00	
Primary percent	0.00			Contingent percent	100.00	
🕀 Add	beneficiary					
				_		
			CANCEL	SAVE A	ND NEXT	

If wishing to not contribute to your deferred compensation plan, select the button at the top.



Adaptive Employee Experience – Employee User Guide

Help Docs

Company-Paid Benefits

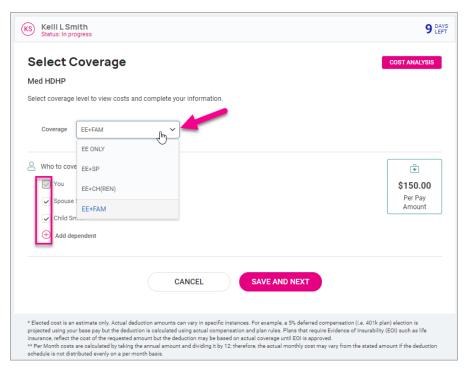
KS Kelli L Smith Status: In progres				9 DAYS LEFT
Select Co	verage			COST ANALYSIS
Basic Life				
Select coverage leve	I to view costs and complete y	our information.		
Coverage EE	ONLY Y			
 Who to cover You Add depend 	ient			So.00 Per Pay Amount
coverage	ns .00			
 Beneficiaries Spouse Smith Primary percent Child Smith Primary percent Add benefice 		Contin	cent	
		CANCEL	AVE AND NEXT	

- If your employer offers benefits such as company-paid life insurance, you may not have an opportunity to waive the coverage.
- Select the coverage and, if available, enter beneficiary designation and percentage.

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Medical, Dental, and Vision



- If you select **Coverage Waived**, you may be required to select a waive reason from the drop-down menu.
- Once on the waived screen, you can go back to the election screen by selecting the **Back** option.
- Select a plan using the Select Plan option and use the drop-down to select the Coverage option.
- Any dependents you may have are listed. Select the dependents you wish to add to the plan. Dependents can be selected based only on the coverage option you choose. For example, if you choose "employee + spouse," only your spouse can be selected.
- If you do not see your dependents listed, select **Add dependent**. Remember to check the "dependent" box when adding dependents that will be added to your plans.

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HSA/FSA

- When electing HSA, you must select the level of coverage that matches the level of coverage for your medical HDHP plan, whether that plan is offered by your employer or is provided by outside coverage.
- Enter in the amount you would like to contribute under Amount Per Scheduled Pay or Annual Target Amount.
- Based on your company's configuration, you may receive a message that you are not eligible for the FSA since you enrolled in the HSA. Otherwise, you would have the option to enroll in the FSA.

Status: In pr		98
Select (Coverage	COST ANALYSIS
HSA		
Select coverage	level to view costs and complete your information.	
Coverage	EE ONLY	
Who to cov	er	<u>ې</u> \$62.50
	contribution amounts	Per Pay Amount
Annual target	\$1,000.00	
	Amount must be less than or equal to \$4,450.00	
	CANCEL SAVE AND NEXT	
projected using you insurance, reflect tl ** Per Month costs	estimate only. Actual deduction amounts can vary in specific instances. For example, a 5% deferred compensation ur base pay but the deduction is calculated using actual compensation and plan rules. Plans that require Evidence of the cost of the requested amount but the deduction may be based on actual coverage until EOI is approved. are calculated by taking the annual amount and dividing it by 12; therefore, the actual monthly cost may vary from the ributed evenivo na per month basis.	Insurability (EOI) such as life

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Voluntary Life, Spouse Life, and Child Life

- Your plan may be configured to alert you if you select an amount over the guaranteed amount that would require evidence of insurability (EOI).
- The message includes the amount your coverage is allowed up to until the EOI approval is obtained.
- Select beneficiaries and/or those dependents covered by the related plan.

KS Kelli L Sr Status: In pr							9 DAYS LEFT
Select (Coverage						COST ANALYSIS
Voluntary Life	e EE						
Select coverage	e level to view costs	and complete yo	ur information.				
Coverage	EE ONLY	~					
Who to cov	er ependent						So.00 Per Pay Amount
Coverage Coverage	options						
coverage	\$100,000.00	~					
Per Pay Amount Requested	\$61.87						
Actual coverage	\$0.00						
Age-reduced amount	\$0.00						
Any benefit ove	r \$0.00 requires Ev	idence of Insurat	ility (EOI). Your o	coverage will be \$	0.00 until EOI appro	val is obtained	
Beneficiari	es						
At least on	e beneficiary is req	uired to be select	ed for this plan.				
✓ Spouse	e Smith						
Primary percent	100.00			Contingent percent	0.00		
✓ Child S	mith						
Primary percent	0.00			Contingent percent	100.00		

Help Docs

Final Review

Compare Costs

Move to compare your costs. This takes your shopping cart and puts in a "current vs. elected" cost analysis for you.

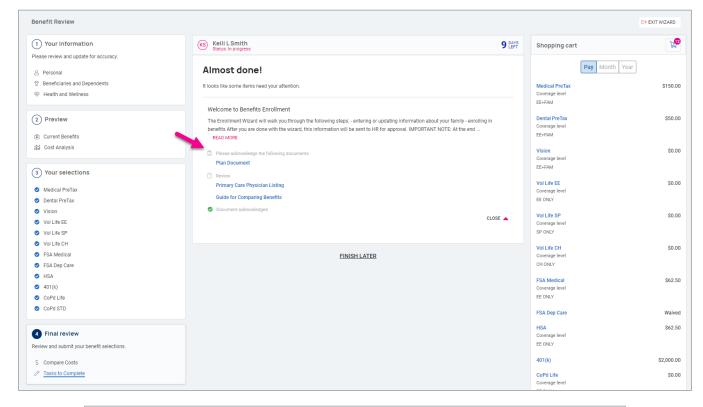
enefit Review					C→ EXIT WIZARD
Your Information	KS Kelli L Smith Status: In progress		9 DAYS	Shopping cart	Ę
ease review and update for accuracy.					
Personal	Compare Your Costs			Pay Month	Year
Beneficiaries and Dependents				Medical PreTax	\$150.
P Health and Wellness	R=	2	<u>e</u>	Coverage level	\$150.
	PLAN	CURRENT	ELECTED	EE+FAM	
Preview	Medical PreTax	\$0.00	\$150.00	Dental PreTax	\$50
Current Benefits	Dental PreTax	\$12.50	\$50.00	Coverage level EE+FAM	
	Vision	-	\$0.00		
Cost Analysis	Vol Life EE	_	\$0.00	Vision	so
	Vol Life SP	_	\$0.00	Coverage level EE+FAM	
) Your selections	Vol Life CH	_	\$0.00		
Medical PreTax	FSA Medical		\$62.50	Vol Life EE Coverage level	S
Dental PreTax		_	-	EE ONLY	
Vision	FSA Dep Care	-			
Vol Life EE	HSA	-	\$62.50	Vol Life SP Coverage level	SC
Vol Life SP	401(k)	-	\$2,000.00	SP ONLY	
Vol Life CH	CoPd Life	-	\$0.00		
FSA Medical	CoPd STD	-	\$0.00	Vol Life CH Coverage level	SC
FSA Dep Care				CH ONLY	
HSA	Total	\$12.50	\$2,325.00		\$61
401(k)		FSA Medical Coverage level			
CoPd Life		NEXT			
CoPd STD		NEAT		FSA Dep Care	Wai
				r Sk Dep Gale	Wa
Final review	*Elected costs are an estimate only. Actual deduction amounts can vary in specific instances. For example, a 5% deferred compensation (i.e., 401k plan) election is			HSA Coverage level	\$62
view and submit your benefit selections.	projected using your base pay, but the deduction is calculated using actua	• Second and an emission of Acquarter and Acquarter and Acquarter and Acquarter and Acquarter and Acquarter accord and acquarter accord and acquarter accord accord acquarter			
view and submit your benefit selections.	** Per Month costs are calculated by taking the annual amount and dividir				
Compare Costs	schedule is not distributed evenly on a per month basis.				\$2,000
Tasks to Complete				CoPd Life	\$0
				Coverage level	

Tasks to Complete

View any task that still requires your attention, such as unverified documents or forms, incorrect plan enrollment, missing required information such as beneficiaries or PCP information. Once all tasks have been completed you are allowed to finish your enrollment. You may leave and come back and finish your enrollment at any time during the enrollment period. The wizard will save your place.

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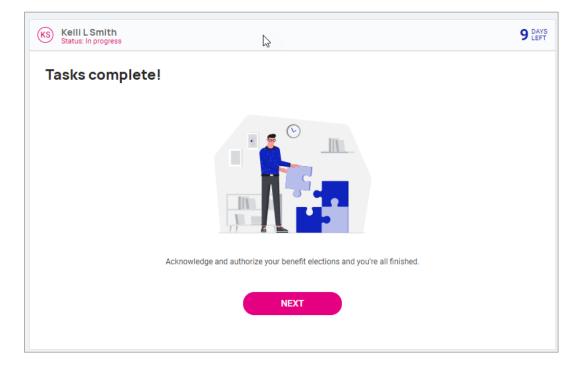
Help Docs

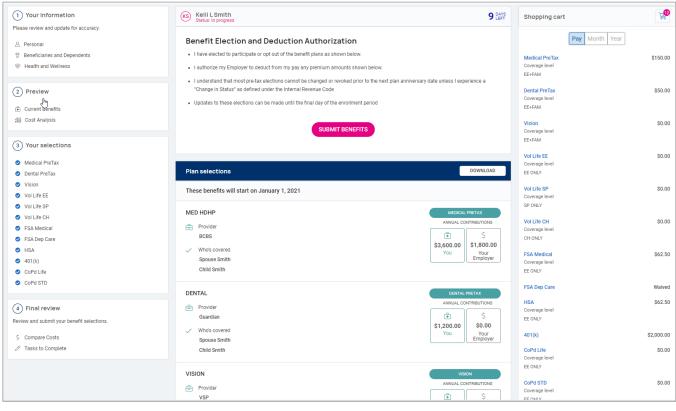


S Kelli L Smith Status: In progress	9 DAY LEF
Almost done!	
It looks like some items need your attention.	
Welcome to Benefits Enrollment	
The Enrollment Wizard will walk you through the following steps: - entering or updating information about benefits After you are done with the wizard, this information will be sent to HR for approval. IMPORTANT I	
READ MORE	
READ MORE	
Please acknowledge the following documents	
Please acknowledge the following documents Plan Document	SIGN

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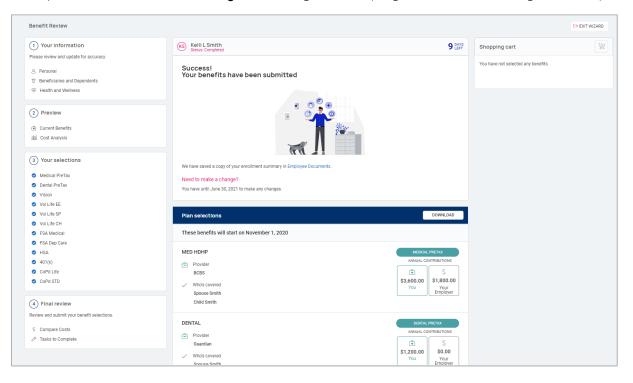


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- Help Docs
 - When you have finished making your benefit elections, the confirmation page displays.
 - Scroll down to see a full list of your elections.
 - Select Download at the right of the page to download your elections.
 - Select Submit Benefits when you are ready to complete your enrollment.
 - A message appears to ensure you reviewed and verified your elections and will remind you that a copy of the enrollment confirmation is available to you in **Documents**.
 - If you wish to submit your benefit elections, select Yes. If you wish to go back, select Cancel.

	Authorization	×
KS Kelli L Smith Status: In progress	By selecting Yes, you certify that you have reviewed and ve benefit elections. Once you submit, a copy of the enrollmen confirmation will be available in Employee Documents.	-
	Are you sure you wish to submit your benefit elections?	
Benefit Election and		
I have elected to participate of	CANCEL YES	
I authorize my Employer to de		
	elections cannot be changed or revoked prior to the next pl under the Internal Revenue Code	an anniversary date unless I experience a
Updates to these elections ca	n be made until the final day of the enrollment period	
	SUBMIT BENEFITS	

• Once you submit, the Enrollment Progress message at the top-right of the screen changes to "Completed."



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People Cloud

The links within the People Cloud tile log you in through SSO (single sign-on) to other isolved modules:

- o Share & Perform: This takes you to the engagement management platform.
- o Learn & Grow: This takes you to the online LMS (learning management system).
- Applicant Tracking: This takes you to the applicant tracking platform.
- o Benefit Services: This takes you to COBRA.



Marketplace Integrations

The links within the Marketplace Integrations tile log you in through SSO (single sign-on) to any integrations your company may have set up with 3rd party companies, or companies isolved partners with.