

SHBP ENROLLMENT PORTAL: ADP USER GUIDE

MEMBER EXPERIENCE

07/11/13



TABLE OF CONTENTS

MEMBER EXPERIENCE > LOG ON > REGISTRATION 3

EMPLOYEE LOG ON > FORGOT USER ID..... 9

EMPLOYEE LOG ON > FORGOT PASSWORD..... 12

UPDATE PASSWORD OR EMAIL LINK> SECURITY QUESTIONS AND ANSWERS 15

UPDATE PASSWORD OR EMAIL LINK > UPDATE/ACTIVATE EMAIL ADDRESS 18

UPDATE PASSWORD OR EMAIL > UPDATE/ACTIVATE MOBILE PHONE 22

UPDATE PASSWORD OR EMAIL > CHANGE PASSWORD 27

NAVIGATION EXPERIENCE > MY INFORMATION/PLAN INFORMATION 30

CURRENT USER > QUALIFYING EVENTS > THE ADD A DEPENDENT EXPERIENCE 32

CURRENT USER > QUALIFYING EVENTS > THE DROP A DEPENDENT EXPERIENCE 37

CURRENT USER > QUALIFYING EVENTS > UPDATING MY MEDICARE ENROLLMENT > RETIREES..... 41

CURRENT USER > QUALIFYING EVENTS > UPDATING MY MEDICARE ENROLLMENT > ACTIVES..... 45

CURRENT USER > QUALIFYING EVENTS > RETIREE/SURVIVOR ADDRESS CHANGE 47

CURRENT USER > WORK EVENTS > THE NEW HIRE EXPERIENCE 51

CURRENT USER > SYSTEM EVENT 54

STANDARD EMAIL COMMUNICATIONS > CONFIRMATION 56

STANDARD EMAIL COMMUNICATIONS > EVENT WINDOW OPEN 57

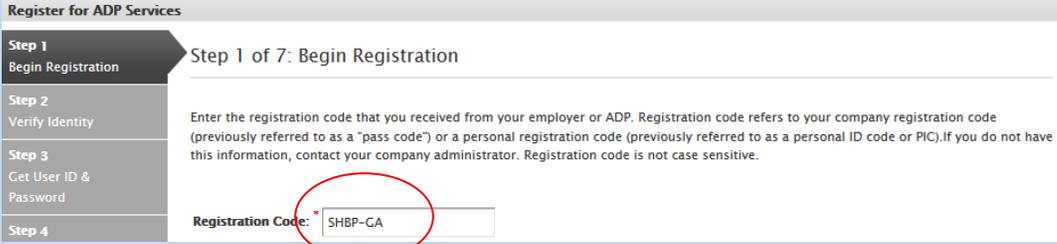
STANDARD EMAIL COMMUNICATIONS > NEW RETIREE..... 59

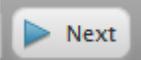
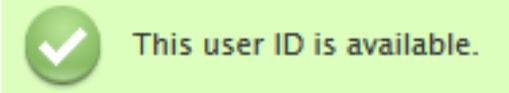
STANDARD EMAIL COMMUNICATIONS > AGE 65; MEDICARE PART B ENROLL 61

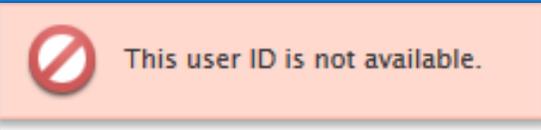
STANDARD EMAIL COMMUNICATIONS > DEPENDENT AGE OUT CONFIRM/REMINDER 62

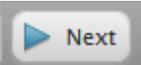
MEMBER EXPERIENCE > LOG ON > REGISTRATION

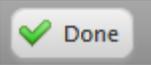
In order for a member to access the SHBP Enrollment Portal on their own, the member needs to register via the ADP NetSecure which controls access and ensures unauthorized users are not able to access the site.

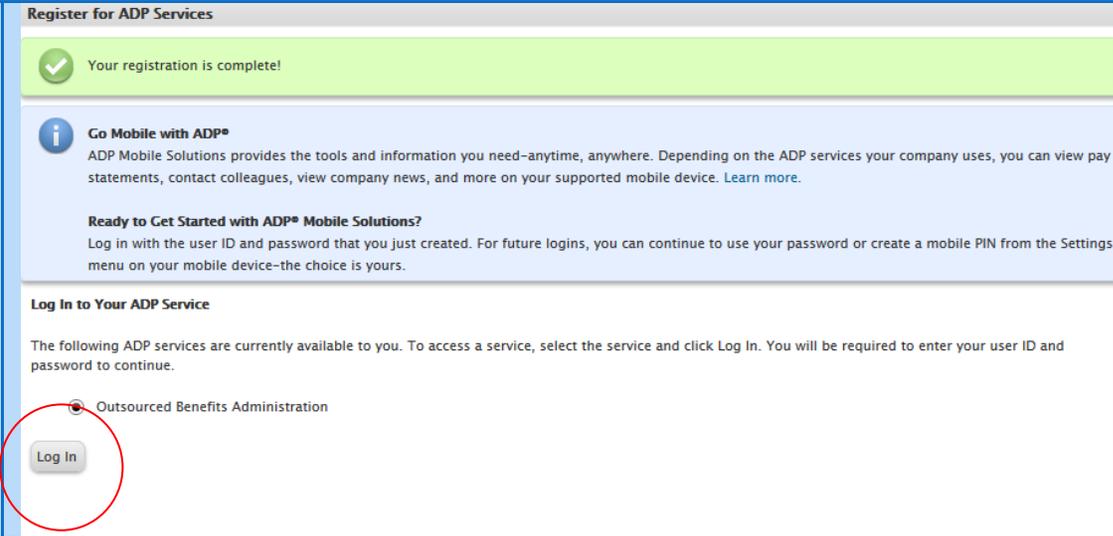
Steps	Process Flow Instructions	Screen Shot
<p>1</p>	<p>Go to SHBP Portal site at: mySHBPga.adp.com, and click Register Here.</p>	
<p>2</p>	<p>This will bring the member to an ADP “Register for ADP Services” page - Step 1 of 7: Begin Registration.</p> <p>The SHBP Registration code is: SHBP-GA</p> <p>Note: ADP logo will be visible on the registration screens.</p>	
<p>3</p>	<p>Click Next at bottom of screen.</p>	

<p>4</p>	<p>Step 2 of 7: Verify Identity Required fields are noted with an asterisk, and must be provided.</p>	<p>Step 2 of 7: Verify Identity</p> <p>ADP is committed to protecting your privacy and ensuring that only you can access your information, so we can verify your identity.</p> <p>Company Name: Georgia Department of Community Health, State Health Insurance Registration Code.)</p> <p>Identity Type* Full SSN ▼</p> <p>First Name:* <input type="text"/></p> <p>Last Name:* <input type="text"/></p> <p>SSN or EIN or ITIN:* <input type="text"/> ?</p> <p>Confirm SSN or EIN or ITIN:* <input type="text"/></p> <p>Birth Month, Day and Year:* <input type="text"/> <input type="text"/></p>
<p>5</p>	<p>Click Next at bottom of screen.</p>	<p></p>
<p>6</p>	<p>Step 3 of 7: Get User ID & Password</p>	<p>Create Your User ID User ID must be at least 4 characters long and may contain letters, numbers, and/or these 4 special characters (- @. _). User ID is not case sensitive.</p> <p>User ID:* <input type="text"/> ?</p> <hr/> <p>Create Your Password Passwords must be at least 8 characters long and contain at least 1 letter and 1 number. Passwords are case sensitive. It is recommended that passwords be 12 or more characters and contain a mix of upper case and lower case letters, numbers, and special characters.</p> <p>Password:* <input type="text"/> ?</p> <p>Password strength: <input type="text"/></p> <p>Confirm Password:* <input type="text"/></p>
<p>7</p>	<p>The system will confirm that the User ID is available.</p>	<p></p>

<p>8</p>	<p>Note: If the User ID is already established by someone else, the member will receive a message. The member needs to try another User ID.</p>	
<p>9</p>	<p>After entering Password information, click Next.</p>	
<p>10</p>	<p>Step 4 of 7: Select Security Questions and Answers</p> <p>Member will choose pre-populated questions and give answers.</p> <p>By selecting Security Questions and Answers, the member can gain access to the site in the event password is forgotten at some time in the future.</p>	<p>Step 4 of 7: Select Security Questions and Answers</p> <hr/> <p>To protect your account, the information you enter will be used to verify your identity if you forget your user ID and/or password.</p> <p>Security Questions and Answers*</p> <p>Answers must be at least 2 alphanumeric characters long and are not case sensitive. Be sure to choose answers you can remember.</p> <p>Question 1: <input type="text"/> <input type="text"/></p> <p>Answer 1: <input type="text"/></p> <p>Question 2: <input type="text"/> <input type="text"/></p> <p>Answer 2: <input type="text"/></p> <p>Question 3: <input type="text"/> <input type="text"/></p> <p>Answer 3: <input type="text"/></p>
<p>11</p>	<p>After questions are answered, click Next.</p>	

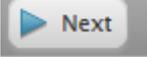
<p>12</p> <p>Step 5 of 7: Enter Your Contact Information</p> <p>“Use for Notifications” is NOT required to register; however, the email address will not be utilized unless checked.</p> <p>It is critical to encourage members to be ready to provide, if not create, a unique email address so it is stored in the ADP system to receive enrollment communications, confirmation communications and to be able to enroll online on their own.</p>	<p>Step 5 of 7: Enter Your Contact Information</p> <p>Enter your contact information to receive communication from your company and/or ADP. ADP will send you an activation code to confirm that we can contact you.</p> <p>ADP may send notifications when your pay statements are ready, benefit enrollment changes are processed, and/or workflow items need your attention. If you forget your login information, ADP can send you an email with your temporary password and/or user ID.</p> <p>Email Addresses *</p> <p>Work: <input type="text"/></p> <p>Personal Email: <input type="text"/></p> <p>Use for Notifications</p> <p><input type="radio"/></p> <p><input type="radio"/></p> <hr/> <p>Phone Numbers</p> <p>If you forget your login information, ADP can send you a text message with your temporary password and/or user ID. ADP does not charge for this service, but standard text and data charges might apply from your mobile phone carrier. Terms and conditions.</p> <p>Work Phone: <input type="text"/> United States +1 <input type="text"/> <input type="text"/> Ext <input type="text"/></p> <p>Work Mobile: <input type="text"/> United States +1 <input type="text"/> <input type="checkbox"/> I authorize ADP to send my login information to this phone at my request.</p> <p>Personal Mobile: <input type="text"/> United States +1 <input type="text"/> <input type="checkbox"/> I authorize ADP to send my login information to this phone at my request.</p>	
<p>13</p>	<p>Click Next.</p>	<p></p>
<p>14</p>	<p>If there is a shared email address being used, the following message to the right will appear.</p> <p>This indicates that the email address has already been activated.</p> <p>Note: Shared email addresses are allowed; however, it is not an ADP best practice.</p>	<p>Step 6 of 7: Enter Activation Code</p> <p> Your email address is not unique within your company's users. For security reasons, we send activation codes only to unique email addresses. Your email address is still linked to your account; however, it cannot be activated to receive your login information if you ever forget it.</p> <p>Choose from these options:</p> <ol style="list-style-type: none"> 1. Click Previous and enter an email address that is not shared with anyone. 2. Click Previous and enter a mobile phone number to activate. 3. Click Next to skip this step.
<p>15</p>	<p>Click Next.</p>	<p></p>

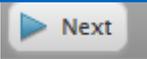
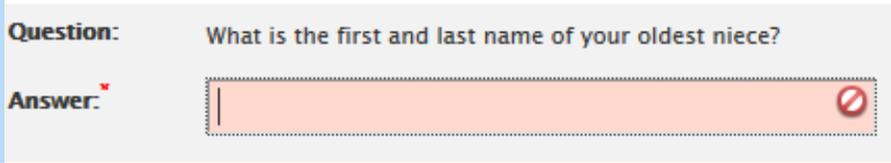
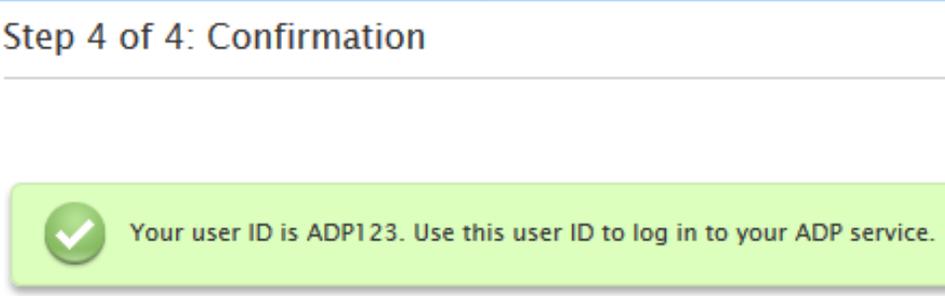
16	Step 7 of 7: Review and Submit The screen displays answers to security questions.	<p>Step 7 of 7: Review and Submit</p> <hr/> <p>Review the information on this page; click Done to confirm and continue. To make changes, use the left navigation options</p> <p>User ID: ADP123</p> <hr/> <p>Security Questions and Answers</p> <p>Question 1: What was the first concert you attended? Answer 1: concert</p> <p>Question 2: What is the first and last name of your oldest niece? Answer 2: niece</p> <p>Question 3: What was the first and last name of your first manager? Answer 3: manager</p> <hr/> <p>Contact Information</p>
17	Click Done	

<p>18</p>	<p>Confirmation of registration displays.</p> <p>Member will be able to log in immediately to the SHBP Enrollment Portal by clicking Log In.</p>	
<p>19</p>	<p>After clicking Log In, the member is directed back to the SHBP-branded homepage, and will need to use their newly created User ID and Password to sign in.</p> <p>Note: An email will be sent to newly registered member to confirm the registration process has been completed.</p>	

EMPLOYEE LOG ON > FORGOT USER ID

In the event a member forgets their User ID, the member needs to go online and follow prompts to obtain the User ID.

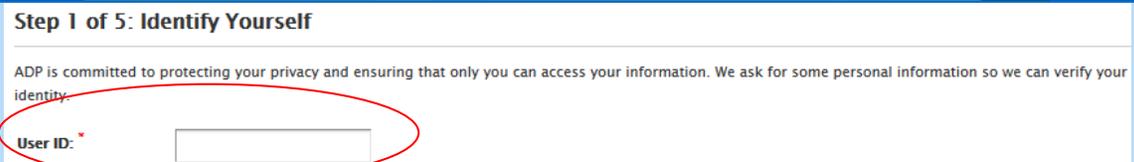
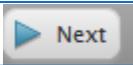
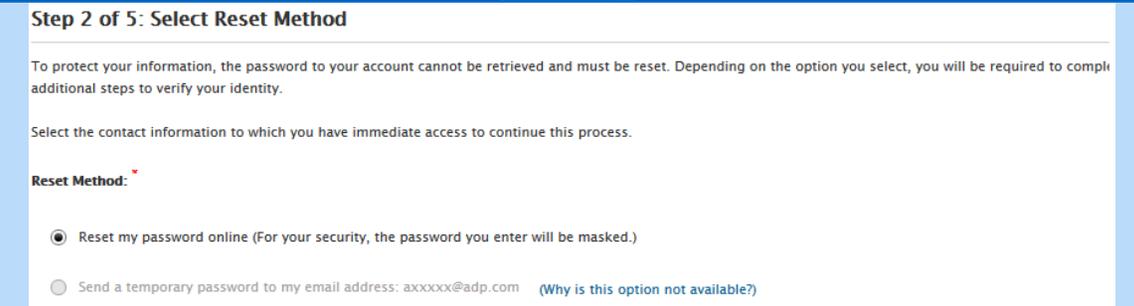
Steps	Process Flow Instructions	Screen Shot
1	<p>Go to SHBP Portal site at mySHBPga.adp.com, and click Forgot User ID</p> <p>Member will be directed to the ADP Netsecure Site.</p>	
2	<p>Step 1 of 4: Identify Yourself</p> <p>Required fields are noted by an asterisk.</p>	
3	<p>Once the information is entered, click Next.</p>	

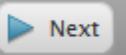
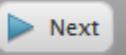
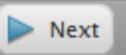
<p>4</p>	<p>Step 2 of 4: Select Delivery Method</p> <p>The member is able to choose how to receive their Forgotten User ID.</p>	<p>Step 2 of 4: Select Delivery Method</p> <hr/> <p>Depending on the option you select, you will be required to complete additional steps to verify your identity.</p> <p><input checked="" type="radio"/> Display my user ID</p> <p><input type="radio"/> Send my user ID to my email address: axxxxx@adp.com (Why is this option not available?)</p>
<p>5</p>	<p>Click Next.</p>	
<p>6</p>	<p>Step 3 of 4: Verify Information</p> <p>Member will need to answer previously established questions.</p>	<p>Example:</p> 
<p>7</p>	<p>Click Next.</p>	
<p>8</p>	<p>After the system confirms the member’s security responses, the member’s password ID either will be emailed, sent to mobile phone or will display on the screen (on right).</p> <p>Note: If the member provided an email address during registration, the member will receive an ADP-generated email.</p> <p>Email subject: Attempt to retrieve your User ID. This is an alert for the member.</p>	<p>Example:</p> 
	<p>Note: If the member also forgot their password, they can continue on the page</p>	

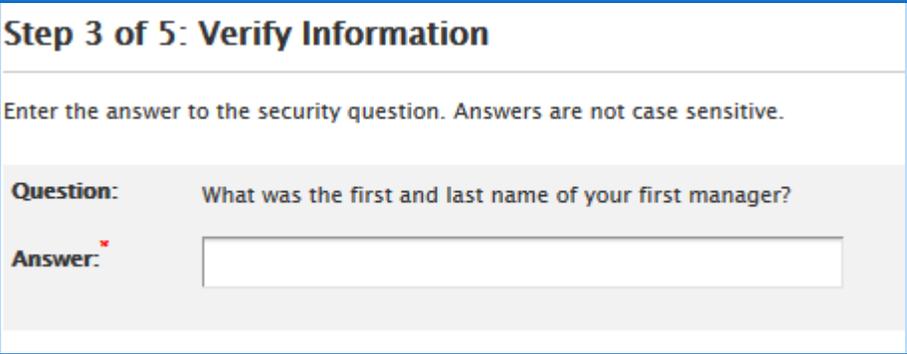
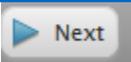
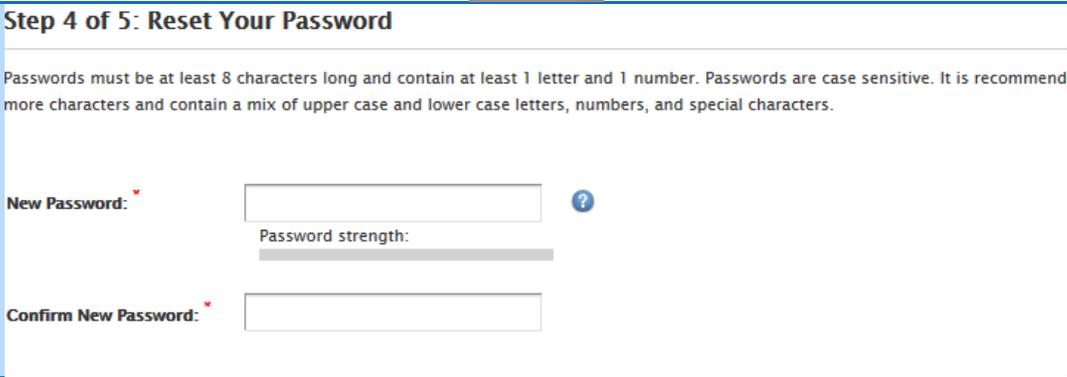
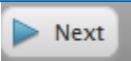
	to obtain password details.	
--	-----------------------------	--

EMPLOYEE LOG ON > FORGOT PASSWORD

In the event a member forgets their password, the member needs to go online and follow prompts to retrieve it.

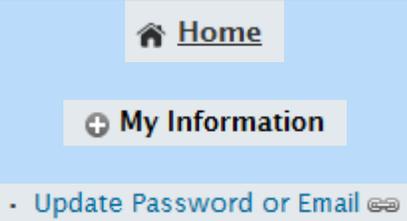
Steps	Process Flow Instructions	Screen Shot
<p>1</p>	<p>Go to SHBP Portal site at: mySHBPga.adp.com and click Forgot Password.</p> <p>Note: ADP logo appears on this screen.</p>	
<p>2</p>	<p>Step 1 of 5: Identify Yourself</p> <p>Member will need to enter their User ID</p>	
<p>3</p>	<p>Click Next.</p>	
<p>4</p>	<p>Step 2 of 5: Select Reset Method</p> <p>To have a temporary password sent, the member must have activated their phone or email. If an option is not available, it will be grayed and a Help Link will explain why.</p>	

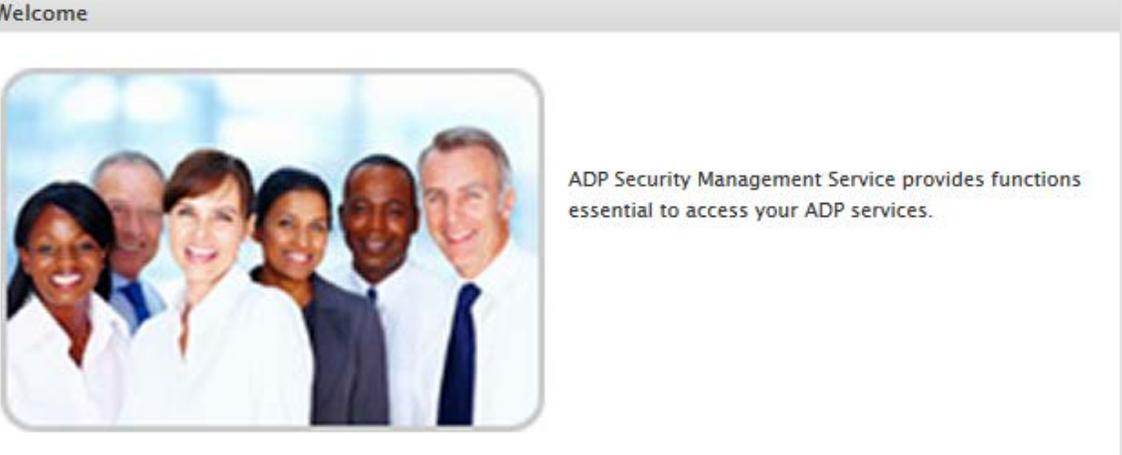
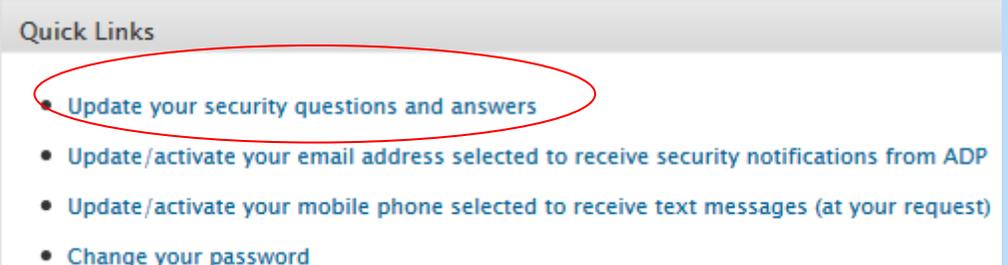
5	Click Next .		
6	Step 2 of 5: Select Reset Method (cont.)		<p>Step 2 of 5: Select Reset Method</p> <hr/> <p>Select an option to continue this process.</p> <p>Online Reset Method: *</p> <p><input checked="" type="radio"/> Ask me identity questions on screen</p>
7	Click Next .		
8	Step 3 of 5: Verify Information	<p>Step 3 of 5: Verify Information</p> <hr/> <p>Your Social Security number (SSN) / Federal Employer Identification number (FEIN) / Individual Taxpayer Identification number (ITIN) process. ADP does not share this personal information with any third-party vendor.</p> <p>Last 4 Digits of SSN, EIN, or ITIN: * <input type="text"/></p> <p>Confirm Last 4 Digits of SSN, EIN, or ITIN: * <input type="text"/></p> <p>Birth Month and Day: * <input type="text"/> <input type="text"/></p>	
9	Click Next .		

<p>10</p>	<p>Step 3 of 5: Verify Information (cont.)</p> <p>System will ask previously answered security questions.</p>	
<p>11</p>	<p>Click Next.</p>	
<p>12</p>	<p>Step 4 of 5: Reset Your Password</p> <p>Enter in a new password.</p>	
<p>13</p>	<p>Click Next.</p>	

UPDATE PASSWORD OR EMAIL LINK > SECURITY QUESTIONS AND ANSWERS

A SHBP Member will follow this process in the event they would like to change/update their existing/established security questions:

Steps	Process Flow Instructions	Screen Shot
1	<p>Go to SHBP Portal site at: mySHBPga.adp.com and log in using current credentials.</p> <p>Note: ADP logo appears on this screen.</p>	
2	<p>At Home page, Select My Information and then Update Password or Email.</p>	

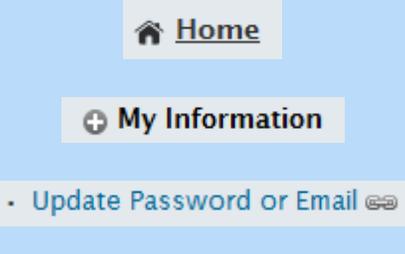
<p>3</p>	<p>Member will be directed to a new page that will welcome them to ADP Security Management Services.</p> <p>Note: SHBP Logo will still be displayed on the screen.</p>	
<p>4</p>	<p>Member will be presented with Quick Links to determine what security they would like to update on their account.</p> <p>Select Update your security questions and answers link.</p>	

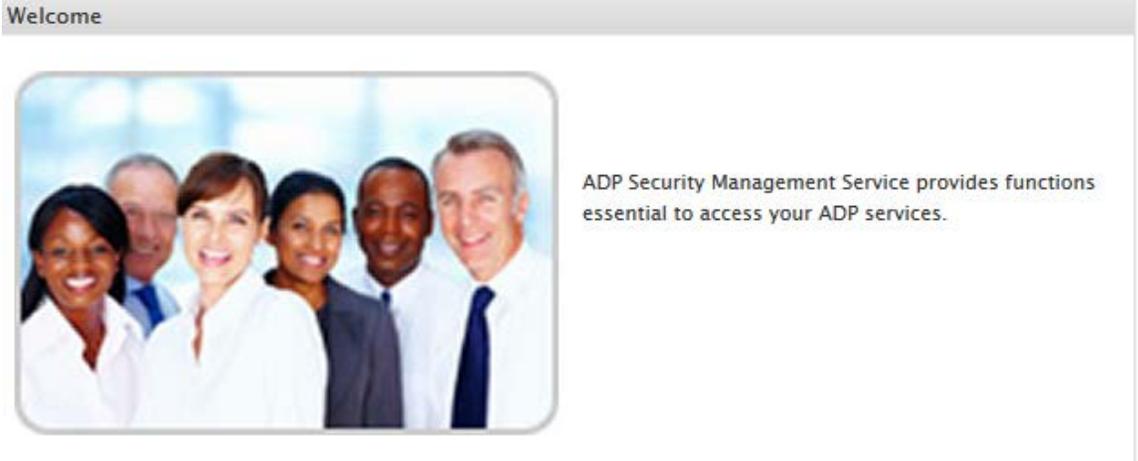
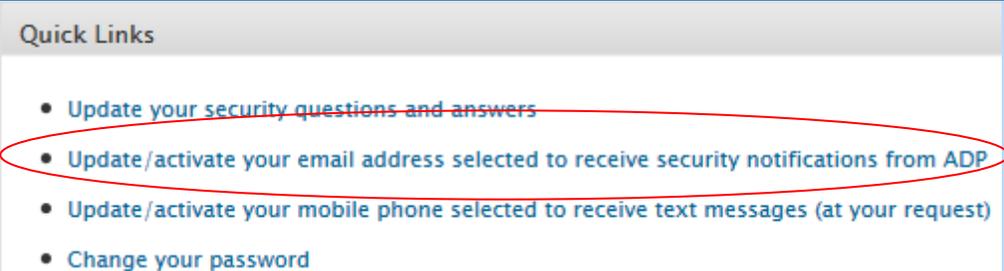
<p>5</p> <p>Member will be prompted to enter their current, established Password and then will be allowed to update the existing security questions chosen.</p> <p>Click Save once complete.</p>		<p>Security</p> <p>Password Security Questions</p> <p>To prevent unauthorized changes to your account information, enter your password.</p> <p>Current Password: * <input type="text"/></p> <hr/> <p>Select Security Questions and Answers</p> <p>To protect your account, the information you enter will be used to verify your identity if you forget your user ID and/or password. Answers must be at least 2 alphanumeric characters long and are not case sensitive. Be sure to choose answers you can remember.</p> <p>Question 1: * In what city was your father born? (Enter full name of city only) ▼</p> <p>Answer 1: * <input type="text"/></p> <p>Question 2: * What is the first and last name of your oldest niece? ▼</p> <p>Answer 2: * <input type="text"/></p> <p>Question 3: * What was the first concert you attended? ▼</p> <p>Answer 3: * <input type="text"/></p> <p> Save Cancel</p>
<p>6</p>	<p>Confirmation of security information saved will display.</p>	<p> Security information has been saved.</p>

UPDATE PASSWORD OR EMAIL LINK > UPDATE/ACTIVATE EMAIL ADDRESS

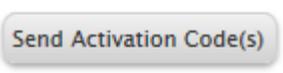
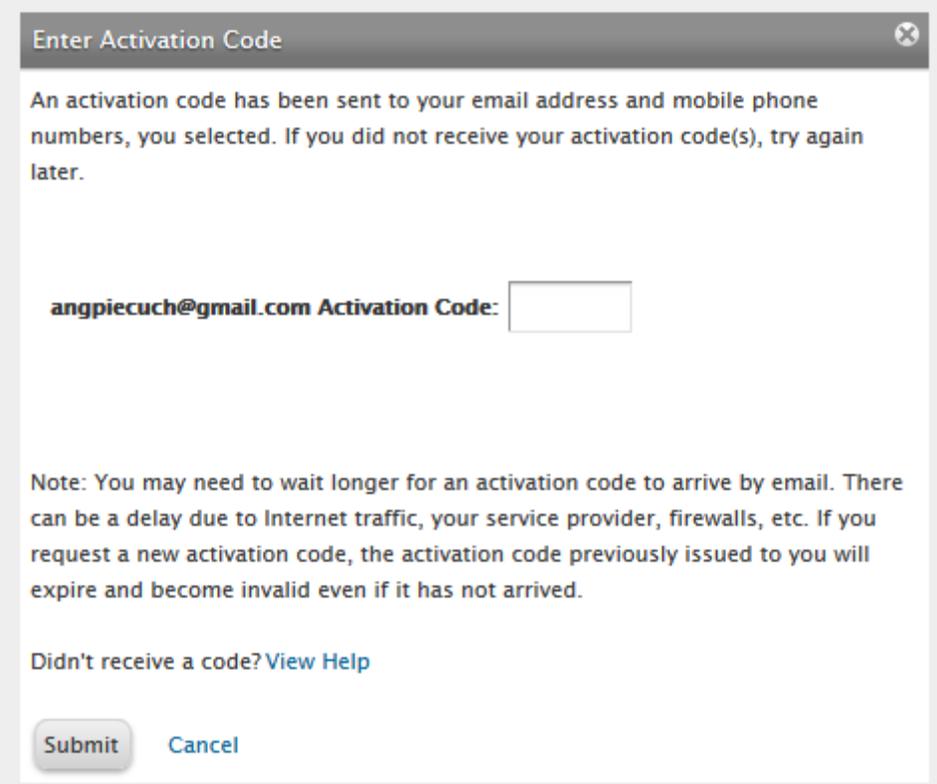
A SHBP Member will follow this process in the event they would like to update or activate the existing/established email address on file.

Note: If a member originally registered using a shared email (email address used by more than one person) but want to update their email address to be unique to only them, this will be the process to follow.

Steps	Process Flow Instructions	Screen Shot
<p>1</p>	<p>Go to SHBP Portal site at: mySHBPga.adp.com and log in using current credentials.</p> <p>Note: ADP logo appears on this screen.</p>	
<p>2</p>	<p>At Home page, Select My Information and then Update Password or Email.</p>	

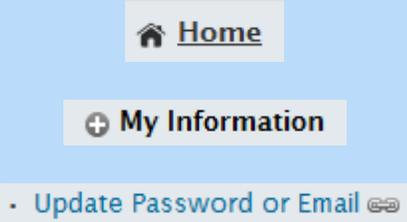
<p>3</p> <p>Member will be directed to a new page that will welcome them to ADP Security Management Services.</p> <p>Note: SHBP Logo will still be displayed on the screen.</p>		
<p>4</p> <p>Member will be presented with Quick Links to determine what security they would like to update on their account.</p> <p>Select Update/activate your email address selected to receive security notifications from ADP link.</p>		
<p>5</p> <p>Member will be prompted to update their details as required.</p> <p>Note: Save button must be chosen in order for the system to accept the desired changes.</p>		

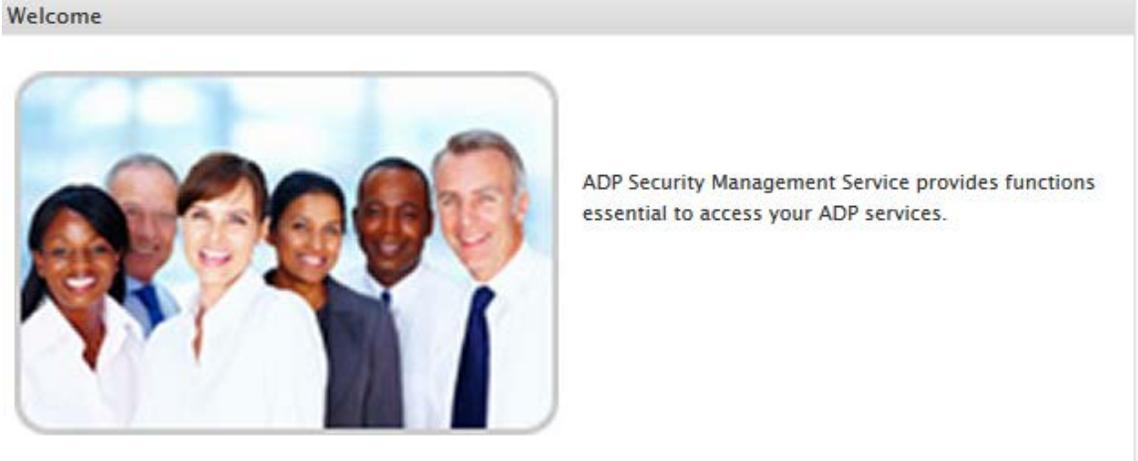
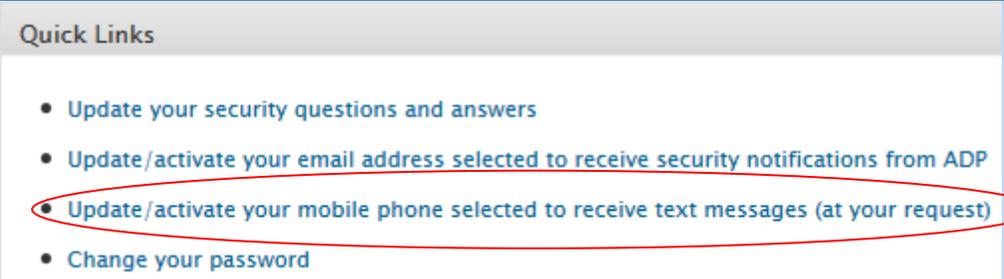
<p>6</p>	<p>Select Add Another to provide an additional email address.</p> <p>Click on the radial button to use the new email address for Notifications.</p>	
<p>7</p>	<p>Confirmation of change will appear on screen.</p> <p>Member will receive an email to their old email address confirming what their email address has been updated to.</p>	
<p>8</p>	<p>In order to active new email address in order to receive details from ADP , Select</p>	

	<p>Activate Email/Mobile tab and check the box appropriately to Send Activation Code.</p>	
<p>9</p>	<p>Member will need to enter their newly established Activation Code that has been sent to the email address just entered.</p>	
<p>10</p>	<p>After entering the Activation code click Submit.</p> <p>Confirmation of activation will appear and will mean that any future notifications sent from the ADP security system will be sent to the email address just updated.</p>	

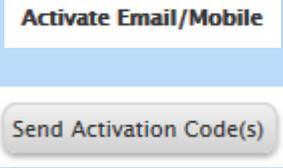
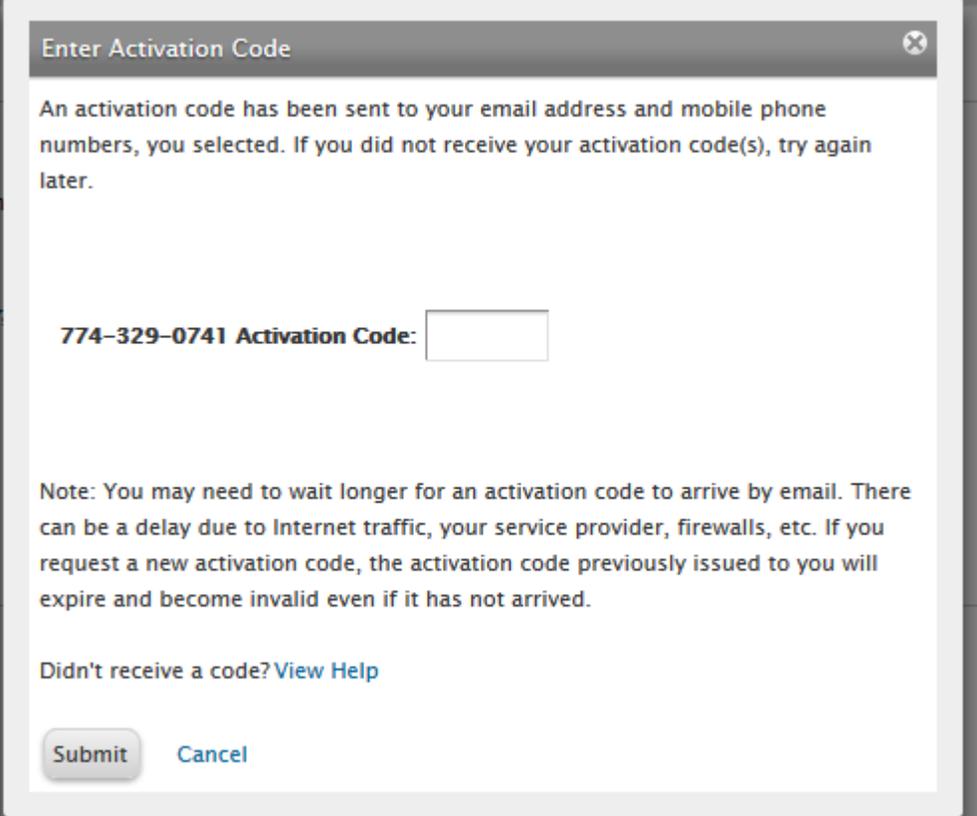
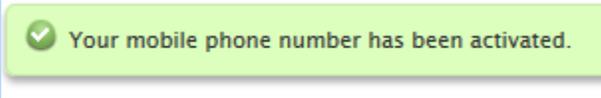
UPDATE PASSWORD OR EMAIL > UPDATE/ACTIVATE MOBILE PHONE

A SHBP Member will follow this process in the event they would like to update/activate their mobile phone to receive text messages.

Steps	Process Flow Instructions	Screen Shot
<p>1</p>	<p>Go to SHBP Portal site at: mySHBPga.adp.com and log in using current credentials.</p> <p>Note: ADP logo appears on this screen.</p>	
<p>2</p>	<p>At Home page, Select My Information and then Update Password or Email.</p>	

<p>3</p>	<p>Member will be directed to a new page that will welcome them to ADP Security Management Services.</p> <p>Note: SHBP Logo will still be displayed on the screen.</p>	
<p>4</p>	<p>Member will be presented with Quick Links to determine what security they would like to update on their account.</p> <p>Select Update/activate your mobile address selected to receive security notifications from ADP link.</p>	

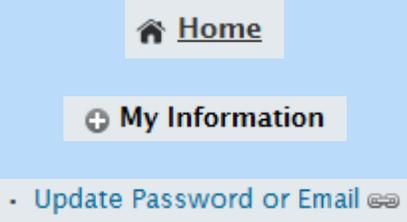
<p>5</p> <p>Member will be prompted to update their details as required.</p> <p>Note: Save button must be chosen in order for the system to accept the desired changes.</p>		<p>Contact Information</p> <p>Contact Information Activate Email/Mobile</p> <p>Update your contact information to receive communication from your company and/or ADP.</p> <p>Contact Email: * Work test.person@dch.gov.com <input checked="" type="checkbox"/> Use for Notifications</p> <p>Add Another</p> <p>If you forget your login information, ADP can send you a text message with your temporary password and/or user ID. ADP does not charge for this service, but standard text and data charges might apply from your mobile phone carrier.</p> <p>Terms and Conditions</p> <p>Phone Numbers: Work United States +1 Ext.:</p> <p>Mobile Phone Numbers:</p> <p>Add Another</p> <p>Save Reset</p>
<p>6</p> <p>Choose the Add Another link to provide a mobile phone.</p> <p>Select drop down to update for Personal Mobile, enter phone number and check the box to authorize ADP to send log in details to the phone.</p> <p>Choose Save.</p>		<p>Add Another</p> <p>Mobile Phone Numbers: United States +1</p> <p><input checked="" type="checkbox"/> I authorize ADP to send my login information to this phone at my request.</p> <p>Save</p>
<p>7</p> <p>Confirmation of activation will display.</p>		<p>✔ Contact information has been saved. Activate your email address/mobile phone numbers to ensure that they are in service and can be used to reach you.</p>

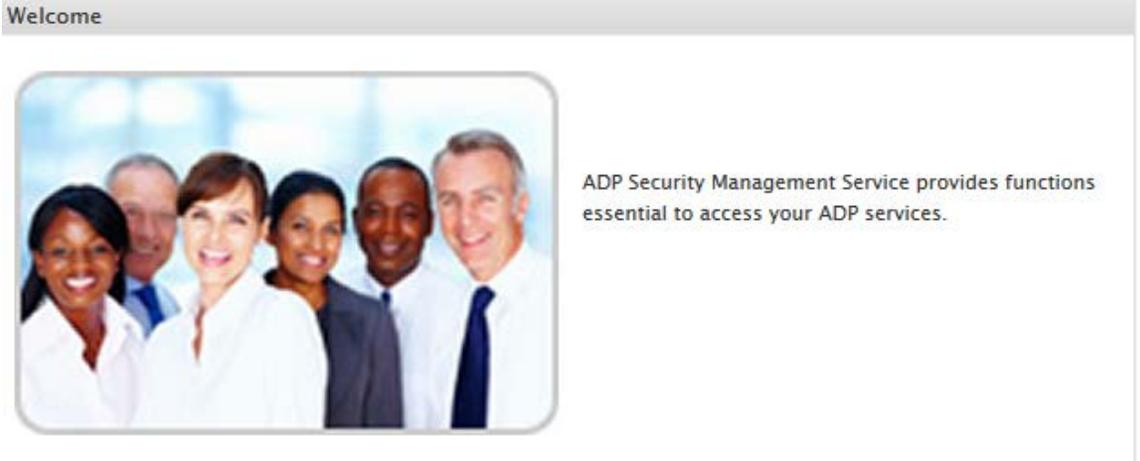
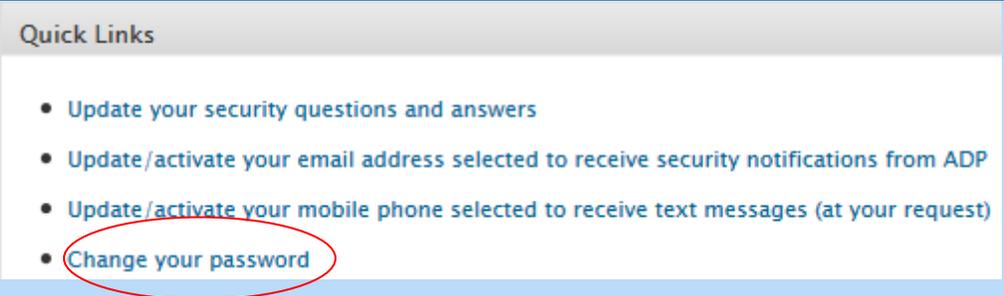
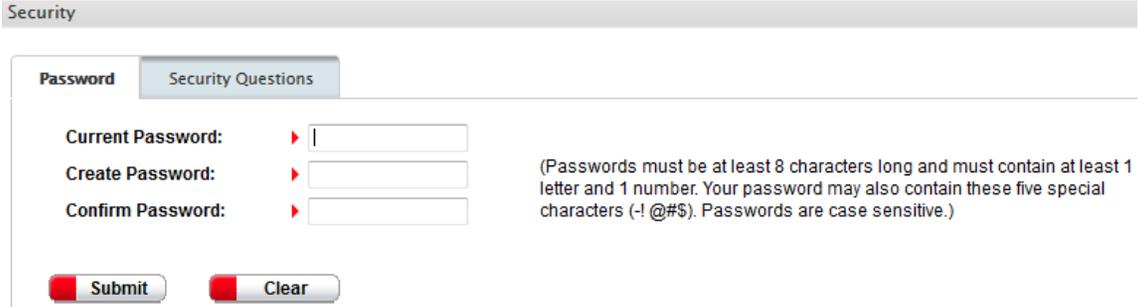
<p>8</p>	<p>In order to active new phone to receive Password and User Details from ADP , Select Activate Email/Mobile tab and check the box appropriately next to the updated phone number and click Send Activation Code.</p>	
<p>9</p>	<p>Member will receive a text immediately that will include the Activation Code.</p>	
<p>10</p>	<p>Confirmation of activation will display. Confirmation of activation means that any future notifications sent from the ADP</p>	

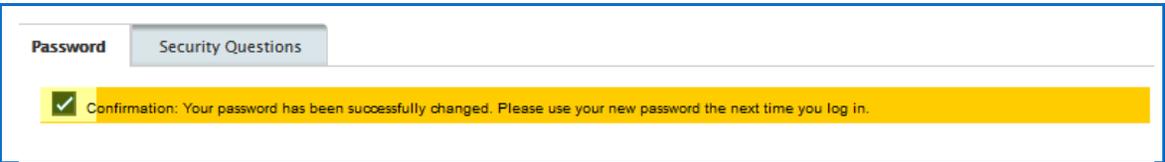
	security system will be sent to the mobile number just updated.	
--	---	--

UPDATE PASSWORD OR EMAIL > CHANGE PASSWORD

A SHBP Member will follow this process in the event they would like to change their existing/established password.

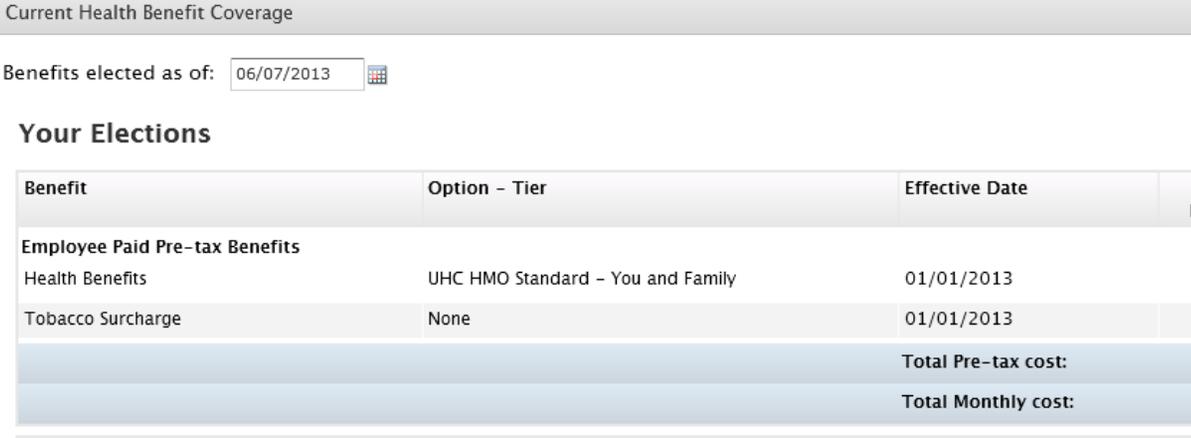
Steps	Process Flow Instructions	Screen Shot
<p>1</p>	<p>Go to SHBP Portal site at: mySHBPga.adp.com and log in using current credentials.</p> <p>Note: ADP logo appears on this screen.</p>	
<p>2</p>	<p>At Home page, Select My Information and then Update Password or Email.</p>	

<p>3</p> <p>Member will be directed to a new page that will welcome them to ADP Security Management Services.</p> <p>Note: SHBP Logo will still be displayed on the screen.</p>		
<p>4</p> <p>Member will be presented with Quick Links to determine what security they would like to update on their account.</p> <p>Select Change your Password link.</p>		
<p>5</p> <p>Member will need to enter their current password in order to create and confirm a new password.</p>		
<p>6</p> <p>After entry, select Submit</p>		
<p>7</p> <p>Confirmation of password change will</p>		

	<p>display.</p> <p>Password is updated immediately in the system</p>	 <p>The screenshot shows a user interface with two tabs: "Password" and "Security Questions". The "Password" tab is active. Below the tabs, there is a yellow confirmation message that reads: "Confirmation: Your password has been successfully changed. Please use your new password the next time you log in." The message is preceded by a green checkmark icon.</p>
--	--	---

NAVIGATION EXPERIENCE > MY INFORMATION/PLAN INFORMATION

This details the navigation options a member has on the left-hand side of their screen after logging onto the SHBP Enrollment Portal.

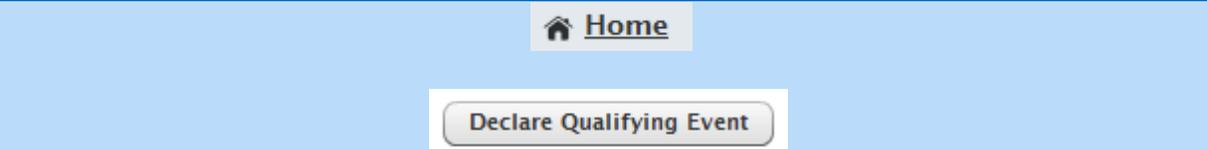
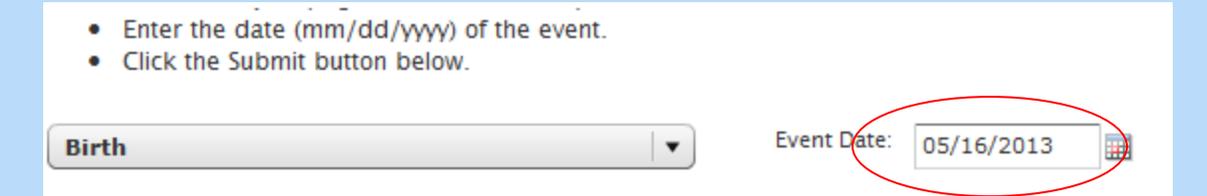
Steps	Process Flow Instructions	Screen Shot																														
1	Log on to SHBP Enrollment Portal at mySHBPga.adp.com .	See Log on Process																														
2	At the home screen, click My Information in the left-hand navigation menu.																															
3	Within the My Information section, the user can choose to view their Current Health Benefit Coverage, Member Profile, Frequently Asked Questions or Medicare Management .																															
4	Click Current Health Benefit Coverage to view benefits in which the subscriber is currently enrolled.	 <p>Current Health Benefit Coverage</p> <p>Benefits elected as of: 06/07/2013</p> <p>Your Elections</p> <table border="1"> <thead> <tr> <th>Benefit</th> <th>Option - Tier</th> <th>Effective Date</th> <th>M</th> <th>P</th> </tr> </thead> <tbody> <tr> <td colspan="5">Employee Paid Pre-tax Benefits</td> </tr> <tr> <td>Health Benefits</td> <td>UHC HMO Standard - You and Family</td> <td>01/01/2013</td> <td></td> <td></td> </tr> <tr> <td>Tobacco Surcharge</td> <td>None</td> <td>01/01/2013</td> <td></td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="2">Total Pre-tax cost:</td> </tr> <tr> <td colspan="3"></td> <td colspan="2">Total Monthly cost:</td> </tr> </tbody> </table>	Benefit	Option - Tier	Effective Date	M	P	Employee Paid Pre-tax Benefits					Health Benefits	UHC HMO Standard - You and Family	01/01/2013			Tobacco Surcharge	None	01/01/2013						Total Pre-tax cost:					Total Monthly cost:	
Benefit	Option - Tier	Effective Date	M	P																												
Employee Paid Pre-tax Benefits																																
Health Benefits	UHC HMO Standard - You and Family	01/01/2013																														
Tobacco Surcharge	None	01/01/2013																														
			Total Pre-tax cost:																													
			Total Monthly cost:																													

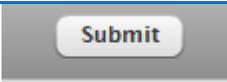
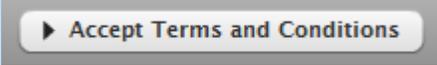
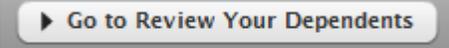
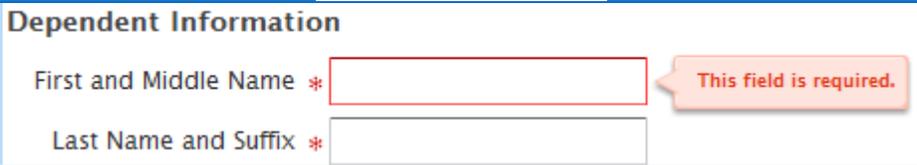
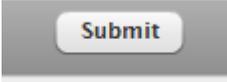
<p>5</p>	<p>Click Member Profile to view personal and company information.</p>	<p>Employee Profile</p> <table border="0"> <tr> <td>Personal Information</td> <td>Company Information</td> </tr> <tr> <td>Home Address 37 SASSAFRAS TRAIL 008 CARTERSVILLE, GA 30121-6025</td> <td>Job Title FT/PT</td> </tr> <tr> <td>Phone Number 7702624157</td> <td>Location ID COBB BOE</td> </tr> <tr> <td>Birth Date 02/19/1975</td> <td>Union ID</td> </tr> <tr> <td>Gender Female</td> <td>Status Active</td> </tr> <tr> <td>AltID A199W0345</td> <td>Hire Date 12/31/2012</td> </tr> <tr> <td>Email Address</td> <td>Original Hire Date 12/31/2012</td> </tr> <tr> <td>Other Medical Coverage</td> <td>Payroll Frequency Monthly</td> </tr> <tr> <td></td> <td>Annual Salary \$1.00</td> </tr> <tr> <td></td> <td>Department ID 0179</td> </tr> <tr> <td></td> <td>Division ID</td> </tr> <tr> <td></td> <td>Participation Group Active</td> </tr> </table>	Personal Information	Company Information	Home Address 37 SASSAFRAS TRAIL 008 CARTERSVILLE, GA 30121-6025	Job Title FT/PT	Phone Number 7702624157	Location ID COBB BOE	Birth Date 02/19/1975	Union ID	Gender Female	Status Active	AltID A199W0345	Hire Date 12/31/2012	Email Address	Original Hire Date 12/31/2012	Other Medical Coverage	Payroll Frequency Monthly		Annual Salary \$1.00		Department ID 0179		Division ID		Participation Group Active						
Personal Information	Company Information																															
Home Address 37 SASSAFRAS TRAIL 008 CARTERSVILLE, GA 30121-6025	Job Title FT/PT																															
Phone Number 7702624157	Location ID COBB BOE																															
Birth Date 02/19/1975	Union ID																															
Gender Female	Status Active																															
AltID A199W0345	Hire Date 12/31/2012																															
Email Address	Original Hire Date 12/31/2012																															
Other Medical Coverage	Payroll Frequency Monthly																															
	Annual Salary \$1.00																															
	Department ID 0179																															
	Division ID																															
	Participation Group Active																															
<p>6</p>	<p>Click Frequently Asked Questions to view answers to common subscriber questions regarding benefit information.</p>	<p>Frequently Asked Questions</p> <p>Why do I have to enter in my personal benefit information?</p> <hr/> <p>Why do I have to enter in my personal benefit information?</p> <p>In order to ensure data accuracy in the ongoing system, we are using AE as an opportunity for everyone to reestablish personal benefit information. That is why you are being asked to enter in your dependents and beneficiaries and to make a positive election.</p>																														
<p>7</p>	<p>Click Medicare Management to access the Medicare Maintenance screen.</p> <p>Note: Visible for both Active and Retirees.</p>	<p>Medicare Maintenance</p> <p> Please take a moment to review your Medicare information on file. To add information for yourself or for a dependent, click the pencil icon.</p> <table border="1"> <thead> <tr> <th>Actions</th> <th>Name</th> <th>Relationship</th> <th>Part A</th> <th>Part B</th> <th>Part D</th> </tr> </thead> <tbody> <tr> <td></td> <td>REBECCA M SMITH</td> <td>Self</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>RUSSELL B SMITH</td> <td>Spouse</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>WILLIAM N SMITH</td> <td>Child</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>GRACE E SMITH</td> <td>Child</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p> = View/Update Details</p>	Actions	Name	Relationship	Part A	Part B	Part D		REBECCA M SMITH	Self					RUSSELL B SMITH	Spouse					WILLIAM N SMITH	Child					GRACE E SMITH	Child			
Actions	Name	Relationship	Part A	Part B	Part D																											
	REBECCA M SMITH	Self																														
	RUSSELL B SMITH	Spouse																														
	WILLIAM N SMITH	Child																														
	GRACE E SMITH	Child																														

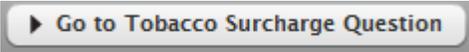
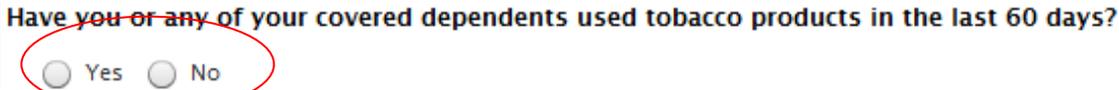
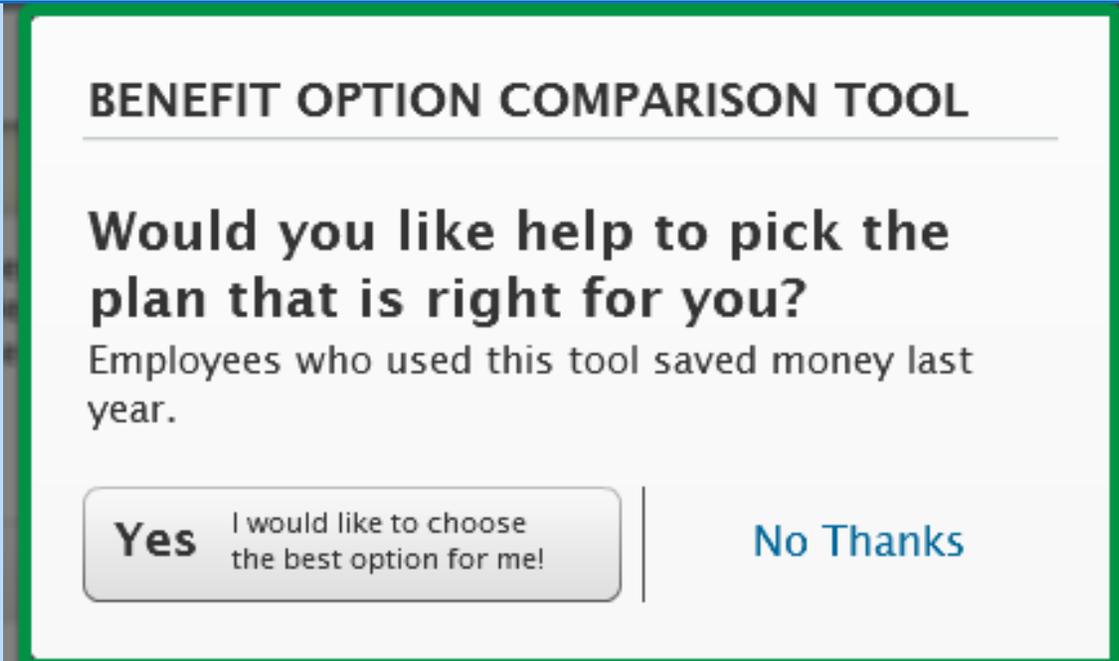
CURRENT USER > QUALIFYING EVENTS > THE ADD A DEPENDENT EXPERIENCE

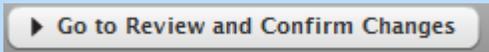
Qualifying Events are available for members to declare and take action on their own via the self service portal.

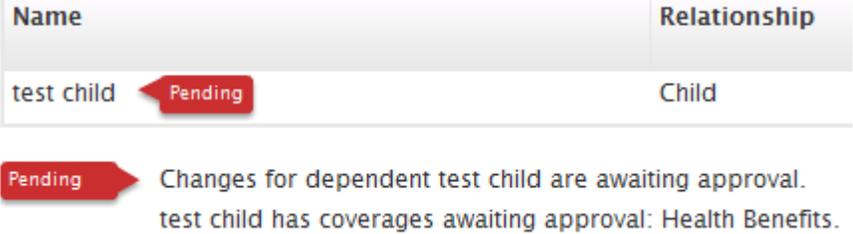
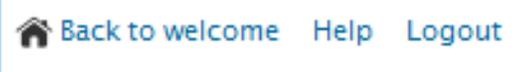
Example: Birth

Steps	Process Flow Instructions	Screen Shot
1	Log on to SHBP Enrollment Portal at mySHBPga.adp.com .	See Log on Process
2	At the home screen, click Declare Qualifying Event	
3	At the Qualifying Event Page ; the member chooses which event they are declaring by clicking the down arrow in the drop down box.	<ul style="list-style-type: none"> • To select a qualifying event click the Select Qualifying Event button. • Select the Qualifying Event from the drop-down list. • Enter the date (mm/dd/yyyy) of the event. • Click the Submit button below. 
4	A member is required to enter an Event Date into the system. Each event has an Overview detailing the event, and instructs the member what required documentation is necessary.	<ul style="list-style-type: none"> • Enter the date (mm/dd/yyyy) of the event. • Click the Submit button below. 

5	Click Submit .	
6	<p>Terms and Conditions</p> <p>A member must select Accept Terms and Conditions to continue to the next step of enrollment. A member may click on the message to review Terms and Conditions before accepting.</p>	
7	<p>Review Your Information</p> <p>The member is able to review their current enrollment. Click Go to Review Your Current Elections.</p>	
8	Upon reviewing Current Elections , click Go to Review Your Dependents .	
9	Click Add a Dependent .	
10	The Dependent Information screen appears with required fields noted.	
11	Click Submit .	
12	Click Go to Make Your Elections .	

<p>13</p>	<p>Make Your Elections</p> <p>Click Go to Tobacco Surcharge Question.</p>	
<p>14</p>	<p>Tobacco Surcharge Question</p> <p>A member must answer the tobacco surcharge question using the radial buttons.</p> <p>Note: A response is required to move to next screen.</p>	
<p>15</p>	<p>Click Go to Health Benefits.</p>	
<p>16</p>	<p>Decision Support:</p> <p>A member is provided an option to utilize Decision Support benefit option comparison tool to help select the right plan to meet their needs.</p> <p>The member can choose to decline or accept the opportunity to use the tool.</p>	

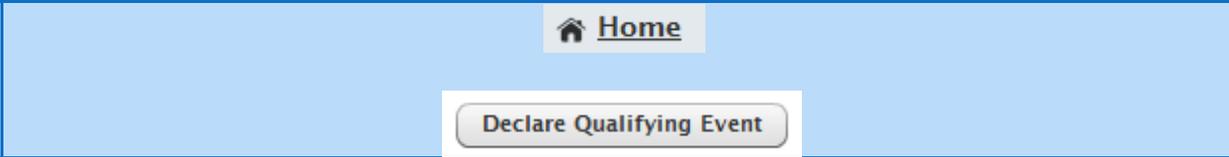
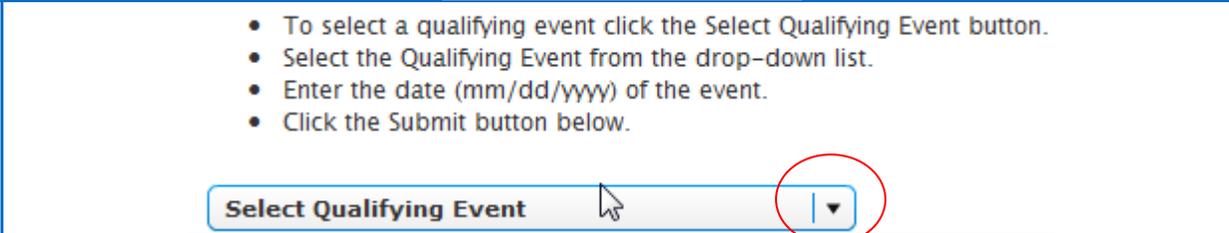
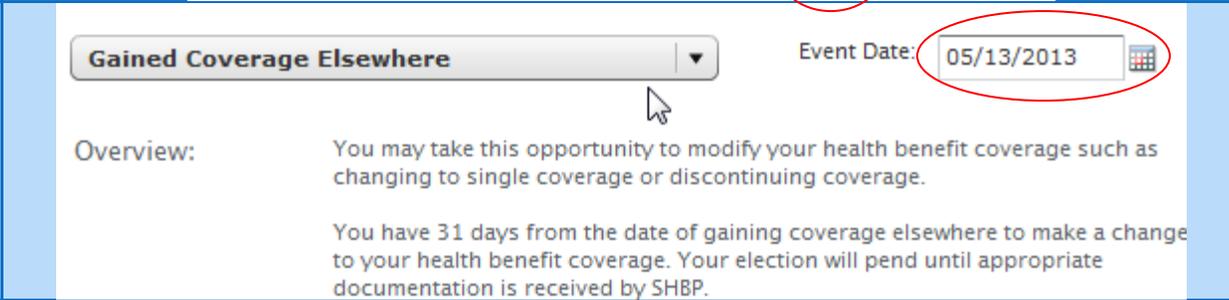
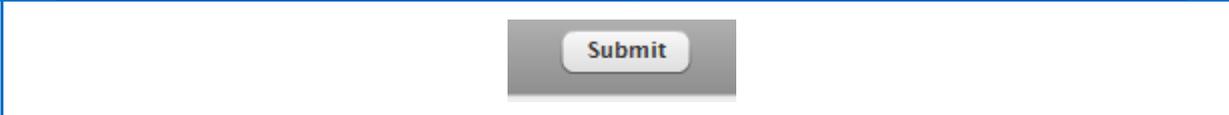
<p>17</p>	<p>Make Your Elections</p> <p>The member can make their desired changes to their enrollment.</p> <p>Note: When adding a dependent, the member MUST scroll down to click on the box to add the newly added dependent to coverage. If you see dependents or Health Benefit plan grayed out, it is because the system is enforcing the plan eligibility rules.</p>	
<p>18</p>	<p>Click Go to Review and Confirm Changes.</p>	
<p>19</p>	<p>Your Elections</p> <p>This screen displays the enrollments made. The member should review, and then click Finish.</p> <p>Note: Members must select Finish in order for the enrollment to save. Members can choose to Exit Without Saving at any time. If a member questions an enrollment, the Audit feature (Part 2) will allow Admins to review web activity for any member to confirm action or non-action taken on an account.</p>	

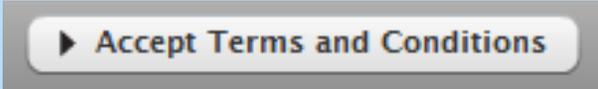
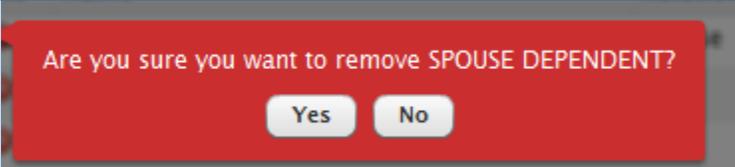
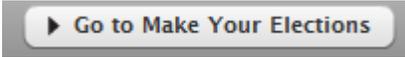
<p>20</p>	<p>The green check mark confirms enrollment was saved and provides the member an opportunity to print or save a Confirmation Statement.</p>	
<p>21</p>	<p>Scrolling down to confirm, newly added dependent is now reflected as 'Pending' status.</p>	
<p>22</p>	<p>Members can choose to go Back to Welcome or Logout at the top of screen.</p>	
	<p>ADP Email Communication: If the member has an email address on file, a Confirmation email will be sent to the member immediately.</p>	
	<p>ADP File Frequency: Files sent daily to SHBP.</p>	

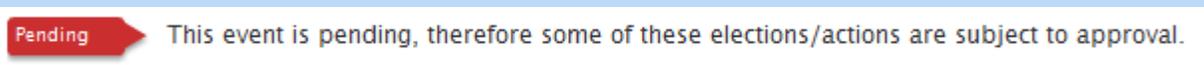
CURRENT USER > QUALIFYING EVENTS > THE DROP A DEPENDENT EXPERIENCE

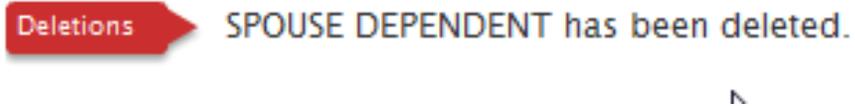
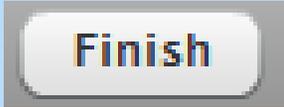
Qualifying Events are available for Members to declare and take action on their own via the self service portal.

Example: Gains Coverage Elsewhere

Steps	Process Flow Instructions	Screen Shot
1	Log on to SHBP Enrollment Portal at mySHBPga.adp.com .	See Log on Process
2	At the home screen click Declare Qualifying Event .	
3	At the Qualifying Event Page , a member can choose which event they are declaring by clicking the down arrow on the drop down box.	<ul style="list-style-type: none"> • To select a qualifying event click the Select Qualifying Event button. • Select the Qualifying Event from the drop-down list. • Enter the date (mm/dd/yyyy) of the event. • Click the Submit button below. 
4	A member is required to enter an Event Date into the system. Each event has an Overview detailing the event, and instructs the member what required documentation is necessary.	
5	Click Submit at the bottom of page.	

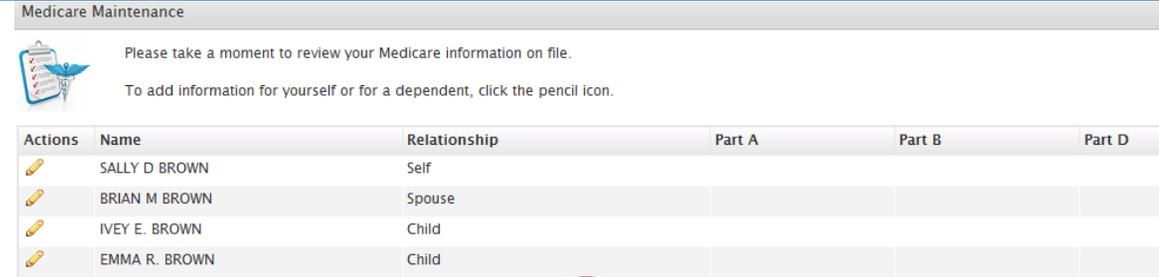
<p>6</p>	<p>Terms and Conditions</p> <p>A member must select Accept Terms and Conditions to continue to the next step of enrollment. A member may click on the message to review Terms and Conditions before accepting.</p>											
<p>7</p>	<p>Review Your Information</p> <p>A member can review their current enrollment. Click Go to Review Your Current Elections.</p>											
<p>8</p>	<p>Review Your Dependents/Add a Dependent</p> <p>The member will have opportunity to remove a dependent due to Qualifying Event.</p>	<table border="1"> <thead> <tr> <th>Actions</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td> </td> <td>SPOUSE DEPENDENT</td> </tr> <tr> <td> </td> <td>CHILD DEPENDENT</td> </tr> <tr> <td> </td> <td>CHILD DEPENDENT</td> </tr> <tr> <td> </td> <td>CHILD DEPENDENT</td> </tr> </tbody> </table> <p> = View/Update Details  = Remove dependent from file</p>	Actions	Name	 	SPOUSE DEPENDENT	 	CHILD DEPENDENT	 	CHILD DEPENDENT	 	CHILD DEPENDENT
Actions	Name											
 	SPOUSE DEPENDENT											
 	CHILD DEPENDENT											
 	CHILD DEPENDENT											
 	CHILD DEPENDENT											
<p>9</p>	<p>To remove the dependent, click the remove icon.</p>											
<p>10</p>	<p>The system confirms that this choice is accurate.</p>											
<p>11</p>	<p>To review the details, and click Go to Make your Elections.</p>											

<p>12</p>	<p>Make Elections</p> <p>The member is given the option to navigate to specific screen or use the buttons to navigate through option. Click Go to Tobacco Surcharge Question.</p>	
<p>13</p>	<p>Tobacco Surcharge Question</p> <p>The member must answer the tobacco surcharge question using the radial buttons.</p> <p>Note: A response is required to move to next screen.</p>	<p>Have you or any of your covered dependents used tobacco products in the last 60 days?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>14</p>	<p>Click Go to Health Benefits.</p>	
<p>15</p>	<p>Make Your Elections</p> <p>The system will automatically remove the dependent from enrollment and update the tier level based on the dependent removal. Click Go to Review and Confirm Changes.</p>	
<p>16</p>	<p>Your Elections</p> <p>A member can review enrollments made, but note that the event is pending.</p> <p>Note: Appropriate paperwork required (as previously defined in the Overview section when selecting the event) will be noted.</p>	

<p>17</p>	<p>The system also notes, at bottom of screen, the removal of the dependent</p> <p>Note: ADP will maintain a record, even though the dependent is removed from the system, and the member and SHBP Admins will no longer see the dependent.</p>	
<p>18</p>	<p>The member should review, and then click Finish.</p> <p>Note: Members must select Finish in order for the enrollment to save. Members can choose to Exit Without Saving at any time. If a member questions an enrollment, the Audit feature (Part 2) will allow Admins to review web activity for any member to confirm action or non action taken on an account.</p>	
<p>19</p>	<p>The green check mark confirms enrollment was saved and provides the member an opportunity to print or save a Confirmation Statement.</p>	
	<p>ADP Email Communication: If the member has an email address on file, a Confirmation email will be sent to member immediately.</p>	
	<p>ADP File Frequency: Files sent daily to SHBP.</p>	

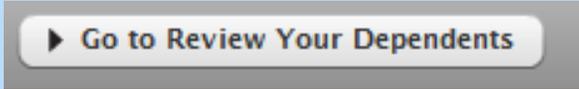
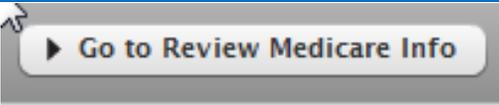
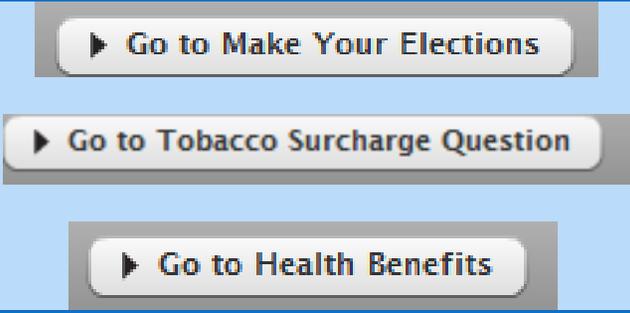
CURRENT USER > QUALIFYING EVENTS > UPDATING MY MEDICARE ENROLLMENT > RETIREES

This event is only an option for Retirees, and allows the member to update Medicare details.

Steps	Process Flow Instructions	Screen Shot																														
1	Log on to SHBP Enrollment Portal at mySHBPga.adp.com .	See Log on Process																														
2	Click on My Information , then Medicare Management																															
3	The Medicare Maintenance screen displays.	 <p>Medicare Maintenance</p> <p>Please take a moment to review your Medicare information on file. To add information for yourself or for a dependent, click the pencil icon.</p> <table border="1"> <thead> <tr> <th>Actions</th> <th>Name</th> <th>Relationship</th> <th>Part A</th> <th>Part B</th> <th>Part D</th> </tr> </thead> <tbody> <tr> <td></td> <td>SALLY D BROWN</td> <td>Self</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>BRIAN M BROWN</td> <td>Spouse</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>IVEY E. BROWN</td> <td>Child</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EMMA R. BROWN</td> <td>Child</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Actions	Name	Relationship	Part A	Part B	Part D		SALLY D BROWN	Self					BRIAN M BROWN	Spouse					IVEY E. BROWN	Child					EMMA R. BROWN	Child			
Actions	Name	Relationship	Part A	Part B	Part D																											
	SALLY D BROWN	Self																														
	BRIAN M BROWN	Spouse																														
	IVEY E. BROWN	Child																														
	EMMA R. BROWN	Child																														
4	To add information for member or a dependent, click the 'pencil' icon.																															

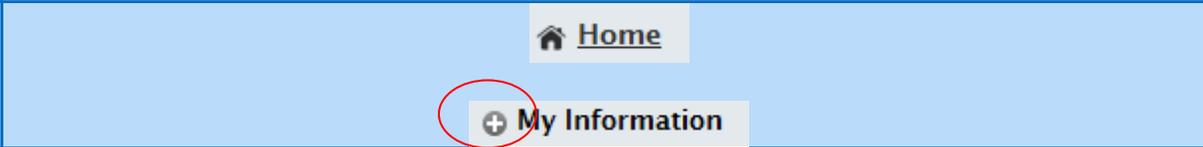
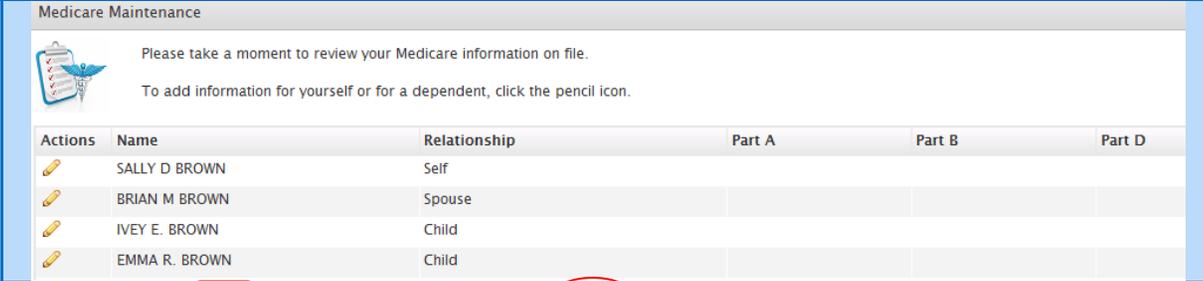
<p>5</p>	<p>The Update Medicare Maintenance screen appears, and allows the member to update necessary details.</p> <p>NOTE: If a Member already has a date in the system they will not be allowed to change it. Only an ADMIN with the appropriate security access will be able to change the date.</p>	<p>Update Medicare Information</p> <p>Medicare Information</p> <p>Name SALLY D BROWN</p> <p>Health Insurance Claim Number <input type="text"/></p> <p>Reason * <input type="text"/></p> <p>Part A <input type="text"/> (MM/DD/YYYY)</p> <p>Part B <input type="text"/> (MM/DD/YYYY)</p> <p>Part D <input type="text"/> (MM/DD/YYYY)</p> <p>Retiree Drug Subsidy <input type="text"/> (MM/DD/YYYY) - <input type="text"/> (MM/DD/YYYY)</p> <p>Reason <input type="text"/></p>
<p>6</p>	<p>Note: ‘Reason’ is a required field, and the member needs to select the reason.</p>	<p>Reason * <input type="text"/></p> <p>Part A 65 or older and Retired</p> <p>Part B Disability</p> <p>Part D End Stage Renal Disease</p>
<p>7</p>	<p>Members click Submit after updating desired field.</p>	<p>Submit</p>
<p>8</p>	<p>Changes will then reflect on the Medicare Maintenance page. Member to click on Finish.</p>	<p>Finish</p>
<p>9</p>	<p>A message confirming changes displays.</p>	<p>Medicare changes successfully saved.</p> <p>OK</p>
<p>10</p>	<p>At the home screen, Declare Qualifying Event.</p>	<p>Home</p>

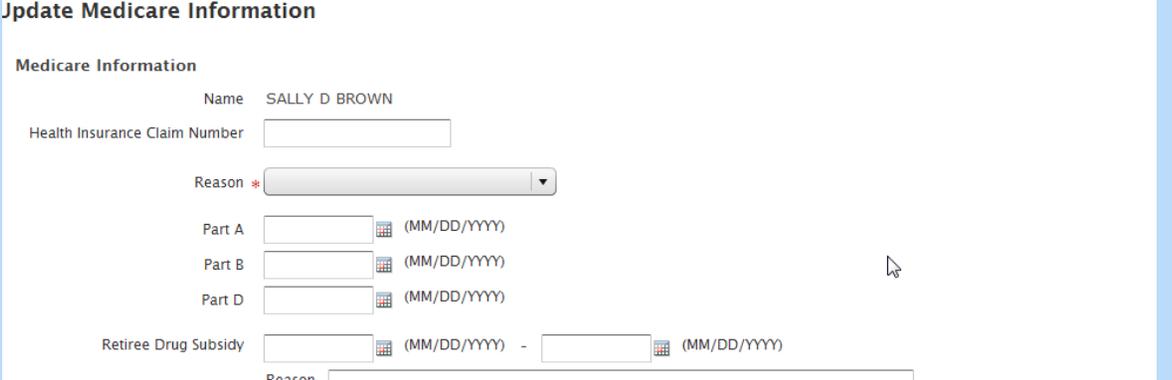
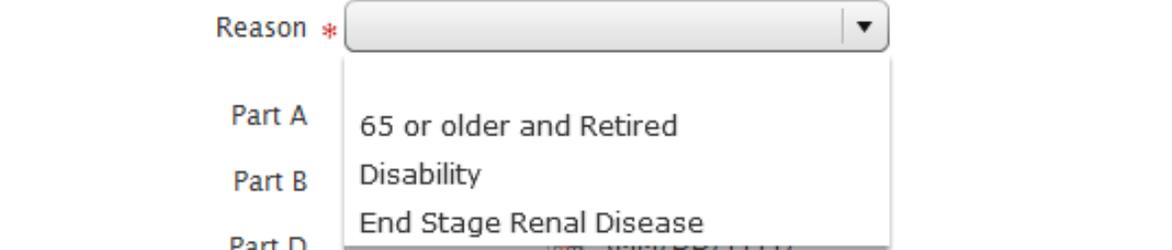
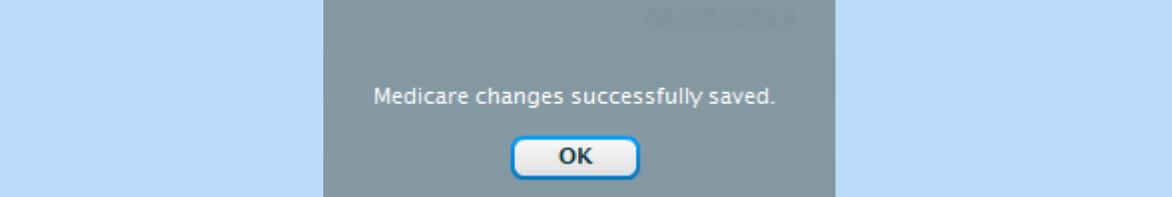
		<div style="text-align: right;"> Declare Qualifying Event </div>
<p>11</p>	<p>At the Qualifying Event page, a member can choose which event they are declaring by clicking the down arrow in the drop down box.</p>	<ul style="list-style-type: none"> • To select a qualifying event click the Select Qualifying Event button. • Select the Qualifying Event from the drop-down list. • Enter the date (mm/dd/yyyy) of the event. • Click the Submit button below. 
<p>12</p>	<p>A member is required to enter an EventDate into the system. Each event will have an Overview detailing the event, and instructs the member what required documentation is necessary.</p>	 <p>Update My Medicare Enrollment</p> <p>Event Date: <input type="text"/></p> <p>Overview: If you have become eligible for Medicare as a result of disability or End Stage Renal Disease you may update your Medicare information at this time. If gaining Medicare eligibility changes your health benefit coverage eligibility and/or costs you may make a health benefit coverage change at this time.</p> <p>Documentation: A copy of your CMS issued Medicare Card.</p>
<p>13</p>	<p>Click Submit at the bottom of page.</p>	<div style="text-align: center;"> Submit </div>
<p>14</p>	<p>Terms and Conditions</p> <p>Members must select Accept Terms and Conditions to continue to the next step of enrollment. Members may click on the message to review Terms and Conditions before accepting.</p>	<div style="text-align: center;"> ▶ Accept Terms and Conditions </div>
<p>15</p>	<p>Click Go to Review Your Current Elections</p> <p>The member should review this information.</p>	<div style="text-align: center;"> ▶ Go to Review Your Current Elections </div>

16	Click Go to Review Your Dependents . The member should review this information.	
17	Click on Go to Review Medicare Info .	
18	Click Go to Make Your Elections , Go to Tobacco Survey Question and then Go to Health Benefits .	
19	At Health Benefits screen, make necessary elections, and then choose Go to Review and Confirm Changes .	
20	Click Finish .	
	ADP Email Communication: No Email Confirmation sent.	
	ADP File Frequency: Files sent daily to SHBP.	

CURRENT USER > QUALIFYING EVENTS > UPDATING MY MEDICARE ENROLLMENT > ACTIVES

This allows active members the opportunity to update Medicare details.

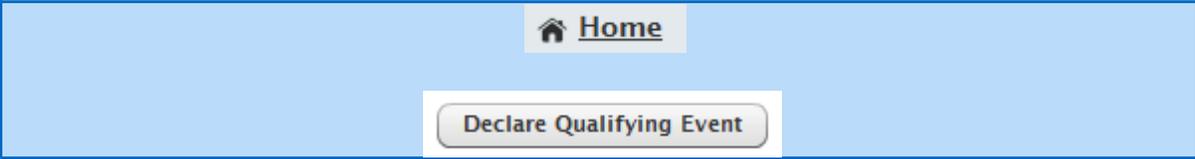
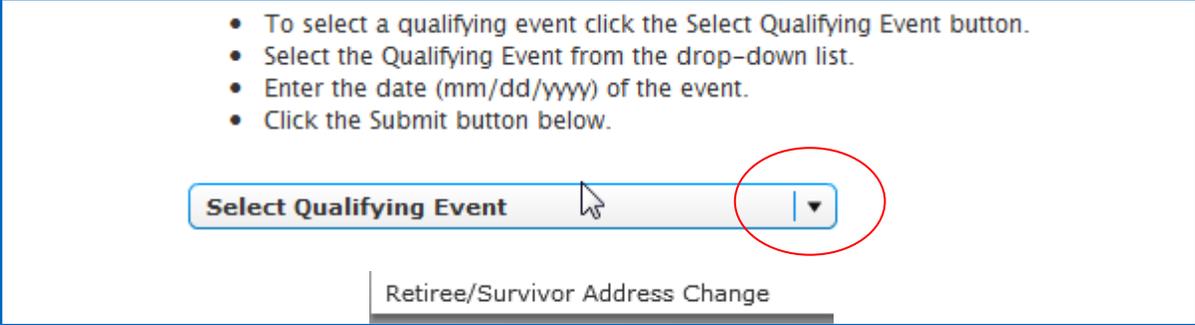
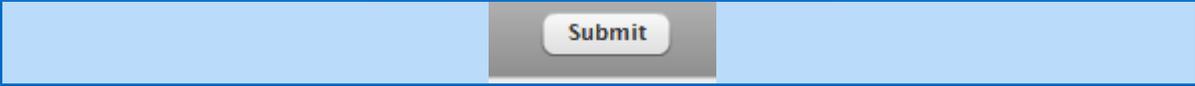
Steps	Process Flow Instructions	Screen Shot																														
1	Log on to SHBP Enrollment Portal	See Log on Process																														
2	On the Home page, scroll down and click on the + icon to expand My Information .																															
3	Select Medicare Management .																															
4	The Medicare Maintenance screen displays.	 <table border="1" data-bbox="835 922 1990 1078"> <thead> <tr> <th>Actions</th> <th>Name</th> <th>Relationship</th> <th>Part A</th> <th>Part B</th> <th>Part D</th> </tr> </thead> <tbody> <tr> <td></td> <td>SALLY D BROWN</td> <td>Self</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>BRIAN M BROWN</td> <td>Spouse</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>IVEY E. BROWN</td> <td>Child</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EMMA R. BROWN</td> <td>Child</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Actions	Name	Relationship	Part A	Part B	Part D		SALLY D BROWN	Self					BRIAN M BROWN	Spouse					IVEY E. BROWN	Child					EMMA R. BROWN	Child			
Actions	Name	Relationship	Part A	Part B	Part D																											
	SALLY D BROWN	Self																														
	BRIAN M BROWN	Spouse																														
	IVEY E. BROWN	Child																														
	EMMA R. BROWN	Child																														
5	To add information for member’s self or a dependent, click the ‘pencil’ icon.																															

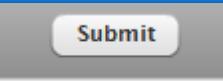
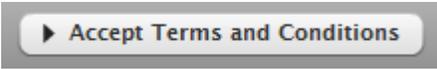
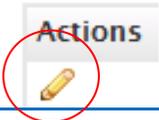
<p>6</p>	<p>The Update Medicare Maintenance screen appears, and allows the member to update necessary details.</p> <p>NOTE: If a Member already has a date in the system they will not be allowed to change it. Only an ADMIN with the appropriate security access will be able to change the date.</p>	
<p>7</p>	<p>Note: 'Reason' is a required field, and the member needs to select the reason.</p>	
<p>8</p>	<p>Members click Submit after updating desired field.</p>	
<p>9</p>	<p>Changes will then reflect on the Medicare Maintenance page. Member to click on Finish.</p>	
<p>10</p>	<p>A message confirming changes displays.</p>	
	<p>ADP Email Communication: No email confirmation sent.</p>	
	<p>ADP File Frequency: Files sent daily to SHBP.</p>	

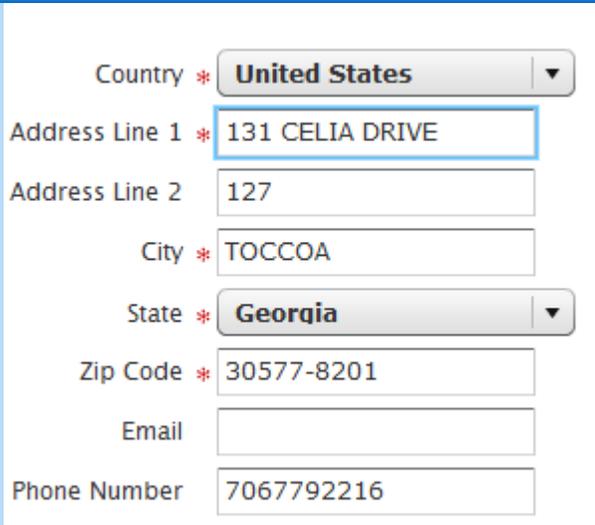
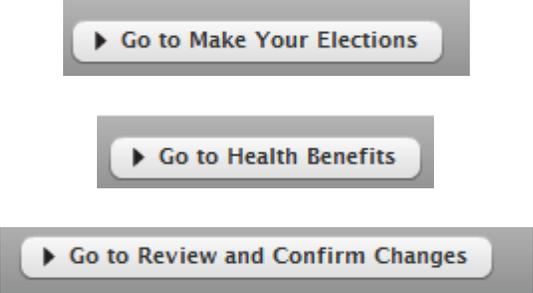
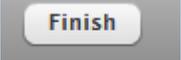
CURRENT USER > QUALIFYING EVENTS > RETIREE/SURVIVOR ADDRESS CHANGE

This event should be declared when a Retiree or Survivor would like to update their address.

Note: Active Members must contact their local HR/Payroll location for address changes.

Steps	Process Flow Instructions	Screen Shot
1	Log on to SHBP Enrollment Portal.	See Log on Process
2	On the Home page, click Declare Qualifying Event .	
3	At the Qualifying Event page; the member will choose which event they are declaring by clicking the down arrow on the drop down box.	<ul style="list-style-type: none"> • To select a qualifying event click the Select Qualifying Event button. • Select the Qualifying Event from the drop-down list. • Enter the date (mm/dd/yyyy) of the event. • Click the Submit button below. 
4	Click Submit ,	
5	The member is required to enter an Event Date into the system. Each event has an Overview detailing the event, and instructs the member what required documentation is necessary.	

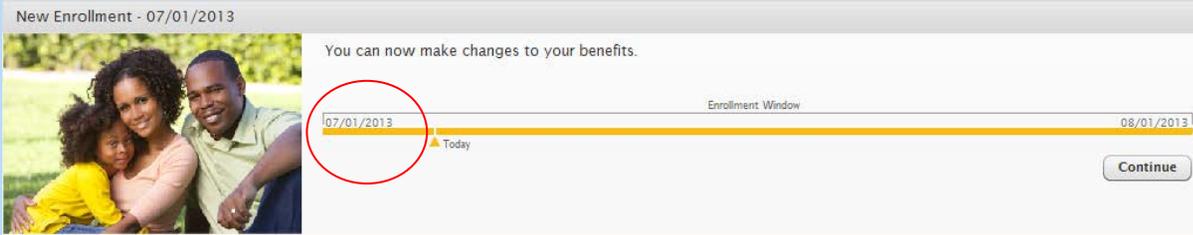
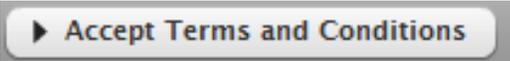
6	Click Submit .	
7	<p>Terms and Conditions</p> <p>Members must select Accept Terms and Conditions to continue to the next step of enrollment. Members may click on the message to review Terms and Conditions before accepting.</p>	
8	<p>Review Your Personal Data screen displays.</p>	<p>Review Your Personal Data Please take a moment to review your personal data.</p> <p>You may update your home and/or mailing address as appropriate. If the address change affects your eligibility you will be allowed to make new elections for the appropriate benefit(s).</p>
9	<p>The retiree or survivor should scroll down, and select the ‘pencil’ under Actions tab.</p>	

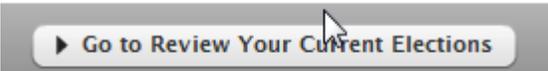
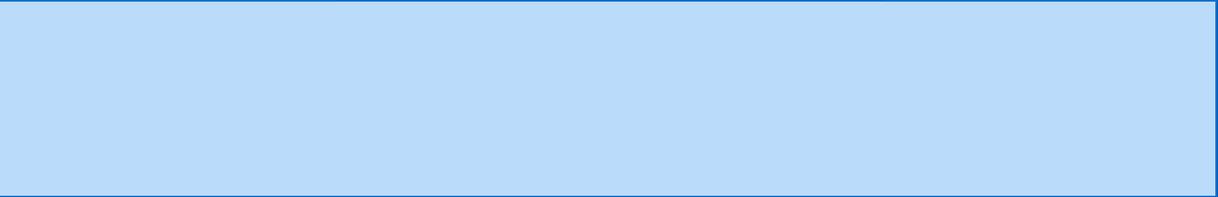
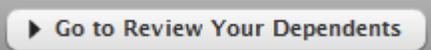
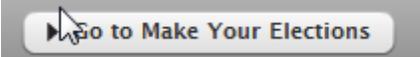
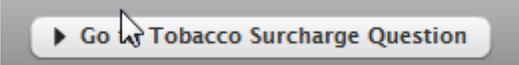
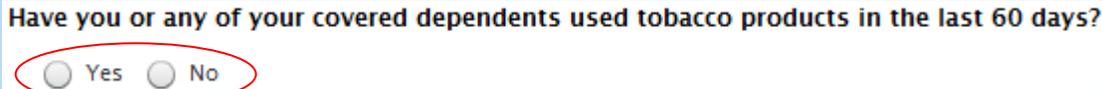
<p>10</p>	<p>The retiree or survivor updates the fields to reflect new address.</p>	 <p>Country * United States ▼ Address Line 1 * 131 CELIA DRIVE Address Line 2 127 City * TOCCOA State * Georgia ▼ Zip Code * 30577-8201 Email Phone Number 7067792216</p>
<p>11</p>	<p>When complete, click Submit.</p>	
<p>12</p>	<p>The retiree/survivor is brought back to the Review Your Information screen, and should review the edits they just saved before moving on.</p>	
<p>13</p>	<p>After review, the following screens must be clicked through in order to save the address change.</p> <p>Note: This event does not allow the retiree/survivor to make changes to their health plan.</p>	
<p>14</p>	<p>Click Finish to save elections.</p>	

15	Confirmation of changes displays.	<p>Your Elections</p> <div style="border: 1px solid #ccc; padding: 5px;">  Please click the 'Print' or Save as PDF button to view, print and/or save your Confirmation Statement. Submitted on 06/15/2013 by Call Counselor. Confirmation #1472 </div>
	ADP Email Communication: No email confirmation sent.	
	ADP File Frequency: Files sent daily to SHBP.	

CURRENT USER > WORK EVENTS > THE NEW HIRE EXPERIENCE

This is the new enrollment experience for a member enrolling as a new employee of SHBP.

Steps	Process Flow Instructions	Screen Shot
1	Log on to SHBP Enrollment Portal.	See Log on Process
2	The Home page displays a ‘New Enrollment’ message indicating the new hire date for member.	
3	The member clicks Continue to proceed with enrollment.	
4	The Welcome page displays an “Active Employee Responsibilities” message.	
5	<p>Terms and Conditions</p> <p>Members must select Accept Terms and Conditions to continue to the next step of enrollment. Members may click on the message to review Terms and Conditions before accepting.</p>	
6	<p>Review Your Information</p> <p>A member is able to review their current enrollment.</p>	

7	Click Go to Review Your Current Elections.	
8	Review Your Current Elections This screen displays appropriate default enrollments for new enrollees.	
9	Click Go To Review Your Dependents.	
10	Review Your Dependents The member clicks Add a Dependent , and provides necessary details to enroll dependents if applicable.	
11	Click on Go to Make your Elections.	
12	Make Your Elections Summary The member is given the option to navigate to a specific screen or use the buttons to navigate through option.	
13	Click Go To Tobacco Surcharge Question.	
14	Tobacco Surcharge Question The member must answer the tobacco surcharge question using the radial buttons..	
15	Click Go to Health Benefits.	

<p>16</p>	<p>Make Your Elections A member makes their needed changes to their enrollment.</p>	
<p>17</p>	<p>Note: When adding a dependent, the member needs to scroll down, and check the box to add the newly added dependent to coverage.</p>	
<p>18</p>	<p>Click Go to Review and Confirm Changes.</p>	
<p>19</p>	<p>Your Elections This screen displays the enrollments made. The member should carefully review elections.</p>	
<p>20</p>	<p>Click Finish.</p> <p>Note: When the member saves their election, the window closes. Even if they are still in their enrollment window, no additional changes can be made. The member will have to go to their Local Admin to make enrollment changes.</p>	
<p>21</p>	<p>The green check mark confirms the enrollment was saved, and provides the member an opportunity to print or save a Confirmation Statement.</p>	
<p>ADP Email Communication:</p>	<p>If the member has an email address on file, a confirmation email will be sent to the member immediately.</p>	
<p>ADP File Frequency:</p>	<p>Files sent daily to SHBP.</p>	

CURRENT USER > SYSTEM EVENT

System-Generated Events are events that are calculated by the system automatically. No action taken by the Member.

Example: Child Age Out (reach age 26) Experience

Steps	Process Flow Instructions	Screen Shot																
1	<p>If the Member has an email address on file, an email from the SHBP Enrollment Portal will be sent out 31 days prior to the event.</p> <p>Note: Coverage ends on the last day of the month in which the child turns 26.</p> <p>Member does NOT need to take action.</p>	<p>Example of communication is w/in this guide.</p>																
2	<p>Log on to SHBP Enrollment Portal.</p>	<p>See Log on Process</p>																
3	<p>Click My Information.</p>																	
4	<p>Choose Current Health Benefit Coverage.</p>																	
5	<p>If reviewing enrollment prior to the end of the month, the member will still see child on the plan.</p> <p>Example: If the child turns 26 on 7/8, benefits continue through 7/31.</p>	<p>Your dependents on file</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Relationship</th> <th>Date of Birth</th> <th>Health Benefits</th> </tr> </thead> <tbody> <tr> <td>SPOUSE DEPENDENT</td> <td>Spouse</td> <td>11/08/1954</td> <td>Yes</td> </tr> <tr> <td>CHILD DEPENDENT</td> <td>Child</td> <td>07/08/1987</td> <td>Yes</td> </tr> <tr> <td>CHILD DEPENDENT</td> <td>Child</td> <td>11/01/1989</td> <td>Yes</td> </tr> </tbody> </table>	Name	Relationship	Date of Birth	Health Benefits	SPOUSE DEPENDENT	Spouse	11/08/1954	Yes	CHILD DEPENDENT	Child	07/08/1987	Yes	CHILD DEPENDENT	Child	11/01/1989	Yes
Name	Relationship	Date of Birth	Health Benefits															
SPOUSE DEPENDENT	Spouse	11/08/1954	Yes															
CHILD DEPENDENT	Child	07/08/1987	Yes															
CHILD DEPENDENT	Child	11/01/1989	Yes															

<p>6</p>	<p>If reviewing dependents as of 8/1 or later, the member will no longer see the child on the plan.</p> <p>Note: Admins with the appropriate security access are able to review the Dependent Age Out Event. This will be addressed in the “Audit” functionality accessible to Admins.</p>	<div style="border: 1px solid #ccc; padding: 10px; background-color: #f9f9f9;"> <p>Your dependents on file</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Relationship</th> <th>Date of Birth</th> <th>Health Benefits</th> </tr> </thead> <tbody> <tr> <td>SPOUSE DEPENDENT</td> <td>Spouse</td> <td>11/08/1954</td> <td>Yes</td> </tr> <tr> <td>CHILD DEPENDENT</td> <td>Child</td> <td>11/01/1989</td> <td>Yes</td> </tr> </tbody> </table> </div>	Name	Relationship	Date of Birth	Health Benefits	SPOUSE DEPENDENT	Spouse	11/08/1954	Yes	CHILD DEPENDENT	Child	11/01/1989	Yes
Name	Relationship	Date of Birth	Health Benefits											
SPOUSE DEPENDENT	Spouse	11/08/1954	Yes											
CHILD DEPENDENT	Child	11/01/1989	Yes											
	<p>ADP Email Communication: No ADP confirmation; only proactive emails informing the member of the upcoming changes.</p>													
	<p>ADP File Frequency: Files sent daily to SHBP; this change will be sent 31 days prior to the age out event.</p>													

STANDARD EMAIL COMMUNICATIONS > CONFIRMATION

Distributed to:	Any member who has a change to their health plan or rates related to a work, qualifying life or system event and has an email address on file.
Frequency:	Email sent immediately <u>after</u> a member saves an election on the SHBP Enrollment Portal.
Email Text:	<p>To: <Employee - Email Address> From: SHBP Member Services Subject: Review your State Health Benefit Plan (SHBP) Confirmation Statement</p> <p>This message confirms a recent change to your SHBP health benefits. You may review your benefits confirmation statement online at the SHBP Enrollment Portal at mySHBPga.adp.com. Your benefit elections will remain in effect through December 31, <current benefit plan year> unless you experience a Qualifying Event. We recommend that you download or print a copy of your elections to retain for your records.</p> <p>Important Reminder: SHBP requires documentation confirming eligibility of dependents and/or a Qualifying Event, such as a marriage or birth certificate. For information about eligibility for coverage, please refer to the State Health Benefit Plan Decision Guide and Summary Plan Description available at www.dch.georgia.gov/shbp.</p> <p>This documentation must be faxed to SHBP’s secured fax line at 866-828-4796 within 90 days of the Qualifying Event. Failure to submit proper documentation will result in denial of request and coverage will revert to prior coverage.</p> <p>Questions or need more information? Please contact us by phone at 800-610-1863 to speak with a representative. Benefit representatives are available to assist you Monday through Friday from 8:30 am to 5:00 pm, Eastern Time</p> <p><i>This is a system generated message. Please do not reply to this email as this mailbox does not accept responses, and your message will not be received. This message was generated because of an event that affects your State Health Benefit Plan coverage. It is your responsibility to contact 800-610-1863 if you have any questions about this email. This email may contain general information about eligibility or enrollment in State Health Benefit Plan coverage. Complete information about eligibility and enrollment is set forth in the Plan Documents for the State Health Benefit Plan, which are posted on www.dch.georgia.gov/shbp. If there is a difference between the language in this email and the language in the Plan Documents with respect to your eligibility or enrollment in the State Health Benefit Plan, state law requires that the language in the Plan Documents must be followed. If you think this email was sent to the wrong email address, please call 800-610-1863 immediately, and delete this email.</i></p>

STANDARD EMAIL COMMUNICATIONS > EVENT WINDOW OPEN

Distributed to:	New Hires
Frequency	Sent immediately when new hire is sent and loaded into the ADP system.
Email Text	<p>To: Employee - Email Address From: SHBP Member Services Subject: Enroll in your State Health Benefit Plan (SHBP) coverage</p> <p>Welcome! Now is the time to enroll in your SHBP coverage.</p> <p>Your health benefits become effective the first of the month following one full calendar month of employment. If your hire date is concurrent with the first of the month, your coverage is effective on the first of the following month. You must enroll by <enrollment window end date>.</p> <p>To enroll in your health benefits, visit the SHBP Enrollment Portal at mySHBPga.adp.com. If you are using the site for the first time, you will be prompted to register and create a User Name and Password.</p> <p>Once logged in, follow the prompts to elect your health benefits and add dependents. Be sure to click FINISH when you are done to confirm your election. Your elections will not be saved until you click FINISH. You will receive an email confirmation that your benefits have been submitted.</p> <p>Important Reminders: Once you confirm your election, you will not be able to discontinue, change or enroll in health benefits until the next Open Enrollment period, unless you experience a Qualifying Event such as marriage, divorce, birth, adoption or change in work status.</p> <p>SHBP requires documentation confirming eligibility of dependents and/or a Qualifying Event, such as a marriage or birth certificate. For information about eligibility for coverage, please refer to the State Health Benefit Plan Decision Guide and Summary Plan Description available at www.dch.georgia.gov/shbp.</p> <p>This documentation must be faxed to SHBP’s secured fax line at 866-828-4796 within 90 days of Hire Date. Failure to submit proper documentation will result in denial of request and coverage will revert to prior coverage.</p> <p>Questions or need help? If you have any questions, you may contact us by phone at 800-610-1863 to speak with a representative. Benefit representatives are available to assist you Monday through Friday from 8:30 am to 5:00 pm, Eastern Time.</p>

	<p><i>This is a system generated message. Please do not reply to this email as this mailbox does not accept responses, and your message will not be received. This message was generated because of an event that affects your State Health Benefit Plan coverage. It is your responsibility to contact 800-610-1863 if you have any questions about this email. This email may contain general information about eligibility or enrollment in State Health Benefit Plan coverage. Complete information about eligibility and enrollment is set forth in the Plan Documents for the State Health Benefit Plan, which are posted on www.dch.georgia.gov/shbp. If there is a difference between the language in this email and the language in the Plan Documents with respect to your eligibility or enrollment in the State Health Benefit Plan, state law requires that the language in the Plan Documents must be followed. If you think this email was sent to the wrong email address, please call 800-610-1863 immediately, and delete this email.</i></p>
--	---

STANDARD EMAIL COMMUNICATIONS > NEW RETIREE

Email Name	New retiree
Distributed to:	Retirees on their retirement start date
Frequency	Sent immediately when Retirement status is sent and loaded into the ADP system.
Email Text	<p>To: Employee - Email Address From: SHBP Member Services Subject: Review your State Health Benefit Plan (SHBP) coverage</p> <p>Congratulations on your retirement! Now that you have reached your retirement date, you have the opportunity to make changes to your SHBP coverage. As a retiree, you may reduce your coverage tier(s) or discontinue coverage at anytime. However, it is only during the Retiree Option Change Period (ROCP)/Open Enrollment or during a qualifying event that you are able to increase tiers or change options. If you wish to increase tiers or change options, you must do so by <enrollment window end date>.</p> <p>To review or make changes to your health benefits, visit the SHBP Enrollment Portal at mySHBPga.adp.com. If you are using the site for the first time, you will be prompted to register and create a User Name and Password.</p> <p>Once logged in, follow the prompts to elect your health benefits. Be sure to click FINISH when you are done to confirm your election. Your elections will not be saved until you click FINISH. You will receive an email confirmation that your benefits have been submitted.</p> <p>Important Reminders: Once you confirm your election, you will not be able to change health benefits until the next Retiree Option Change period, unless you experience a Qualifying Event such as marriage, divorce, or a loss or gain of your spouse's coverage.</p> <p>SHBP requires documentation confirming eligibility of dependents and/or a Qualifying Event, such as a marriage or birth certificate. For information about eligibility for coverage, please refer to the State Health Benefit Plan Decision Guide and Summary Plan Description available at www.dch.georgia.gov/shbp.</p> <p>This documentation must be faxed to SHBP's secured fax line at 866-828-4796 within 90 days of the Qualifying Event. Failure to submit proper documentation will result in denial of request and coverage will revert to prior coverage.</p> <p>Questions or need help? If you have any questions, you may contact us by phone at 800-610-1863 to speak with a representative. Benefit representatives are available to assist you Monday through Friday from 8:30 am to 5:00 pm, Eastern Time.</p>

	<p><i>This is a system generated message. Please do not reply to this email as this mailbox does not accept responses, and your message will not be received. This message was generated because of an event that affects your State Health Benefit Plan coverage. It is your responsibility to contact 800-610-1863 if you have any questions about this email. This email may contain general information about eligibility or enrollment in State Health Benefit Plan coverage. Complete information about eligibility and enrollment is set forth in the Plan Documents for the State Health Benefit Plan, which are posted on www.dch.georgia.gov/shbp. If there is a difference between the language in this email and the language in the Plan Documents with respect to your eligibility or enrollment in the State Health Benefit Plan, state law requires that the language in the Plan Documents must be followed. If you think this email was sent to the wrong email address, please call 800-610-1863 immediately, and delete this email.</i></p>
--	---

STANDARD EMAIL COMMUNICATIONS > AGE 65; MEDICARE PART B ENROLL

Distributed to:	Actives and retirees turning age 65 or with covered dependent reaching 65
Frequency:	90 days <u>prior</u> to DOB
Email Text:	<p>To: Employee - Email Address From: SHBP Member Services Subject: Review your State Health Benefit Plan (SHBP) coverage</p> <p>As you may know, your health plan option and premium changes when you or a covered dependent reach age 65[attain Medicare Part B coverage]. Now is the time to review your new coverage and to make changes, if applicable. If you wish to make any changes, you must do so by <enrollment window end date>.</p> <p>To review or make changes to your health benefits, visit the SHBP Enrollment Portal at mySHBPga.adp.com. If you are using the site for the first time, you will be prompted to register and create a User Name and Password.</p> <p>Once logged in, click ENROLL NOW and follow the prompts to elect your health benefits. Be sure to click FINISH when you are done to confirm your election. Your elections will not be saved until you click FINISH. You will receive an email confirmation that your benefits have been submitted.</p> <p>Important Reminders: Once you confirm your election, you will not be able to change health benefits until the next Retiree Option Change Period, unless you experience a Qualifying Event.</p> <p>Questions or need help? If you have any questions, you may contact us by phone at 800-610-1863 to speak with a representative. Benefit representatives are available to assist you Monday through Friday from 8:30 am to 5:00 pm, Eastern Time.</p> <p><i>This is a system generated message. Please do not reply to this email as this mailbox does not accept responses, and your message will not be received. This message was generated because of an event that affects your State Health Benefit Plan coverage. It is your responsibility to contact 800-610-1863 if you have any questions about this email. This email may contain general information about eligibility or enrollment in State Health Benefit Plan coverage. Complete information about eligibility and enrollment is set forth in the Plan Documents for the State Health Benefit Plan, which are posted on www.dch.georgia.gov/shbp. If there is a difference between the language in this email and the language in the Plan Documents with respect to your eligibility or enrollment in the State Health Benefit Plan, state law requires that the language in the Plan Documents must be followed. If you think this email was sent to the wrong email address, please call 800-610-1863 immediately, and delete this email.</i></p>

STANDARD EMAIL COMMUNICATIONS > DEPENDENT AGE OUT CONFIRM/REMINDER

Distributed to:	Any employee who has a dependent who will age out (turn 26) in 31 days.
Frequency:	Email is sent 31 days <u>prior</u> to event.
Email Text:	<p>To: <Employee - Email Address> From: SHBP Member Services Subject: Changes to Your State Health Benefit Plan (SHBP)</p> <p>This message confirms an upcoming change to your SHBP health benefits. A dependent currently covered on your State Health Benefit Plan will reach age 26 and will no longer be covered at the end of the month in which the child reaches age 26. If this is the only child under your plan the coverage tier will be change and your premium reduced.</p> <p>If your dependent was disabled prior to their 26 birthday, he/she may be eligible for continuation of coverage under the disabled dependent provision of the Plan. A disabled dependent questionnaire can be downloaded at http://dch.georgia.gov/eligibility-forms within 90 days of the child's loss of coverage under the Plan to request continuation. Your dependent will not have coverage until documentation is received and approved. If coverage is approved it will be updated back to the expiration date. If your tier was change additional premiums will be due and must be submitted before coverage is updated.</p> <p>Your dependent child who does not qualify under the disabled dependent provision may enroll in Temporary Extended Coverage by paying the full cost of coverage under COBRA. You must contact SHBP at 800-610-1863-COBRA Option within 60 days of your dependent's coverage termination to request an application.</p> <p>Important Reminder: For information about eligibility for coverage, please refer to the State Health Benefit Plan Decision Guide and Summary Plan Description available at www.dch.georgia.gov/shbp.</p> <p>Questions or need more information? Please contact us by phone at 800-610-1863 to speak with a representative. Benefit representatives are available to assist you Monday through Friday from 8:30 am to 5:00 pm, Eastern Time.</p> <p><i>This is a system generated message. Please do not reply to this email as this mailbox does not accept responses, and your message will not be received. This message was generated because of an event that affects your State Health Benefit Plan coverage. It is your responsibility to contact 800-610-1863 if you have any questions about this email. This email may contain general information about eligibility or enrollment in State Health Benefit Plan coverage. Complete information about eligibility and enrollment is set forth in the Plan Documents for the State Health Benefit Plan, which are posted on www.dch.georgia.gov/shbp. If there is a difference between the language in this email and the language in the Plan Documents with respect to your eligibility or enrollment in the State Health Benefit Plan, state law requires that the language in the Plan Documents must be followed. If you think this email was sent to the wrong email address, please call 800-610-1863 immediately, and delete this email.</i></p>