

January 16, 2024

 **isolved™**

# Adaptive Employee Experience

Employee User Guide



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## Help Docs

## Adaptive Employee Experience – Employee User Guide

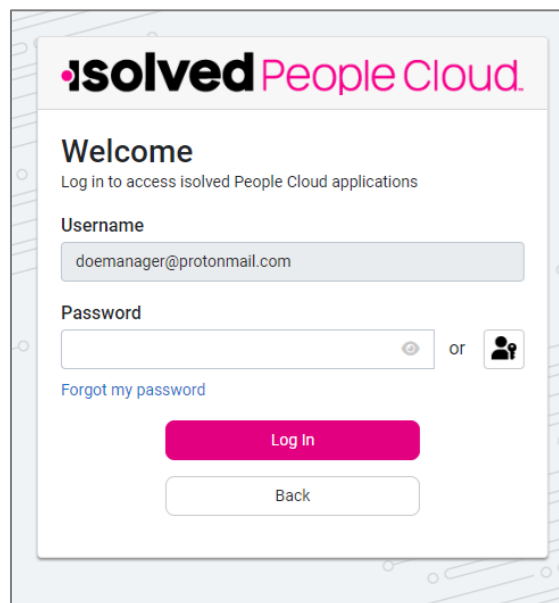
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## General Login and Navigation

isolved is committed to protecting your data. All users are required to use Two - Factor Authentication (2FA) with every login to isolved.

### Logging in

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

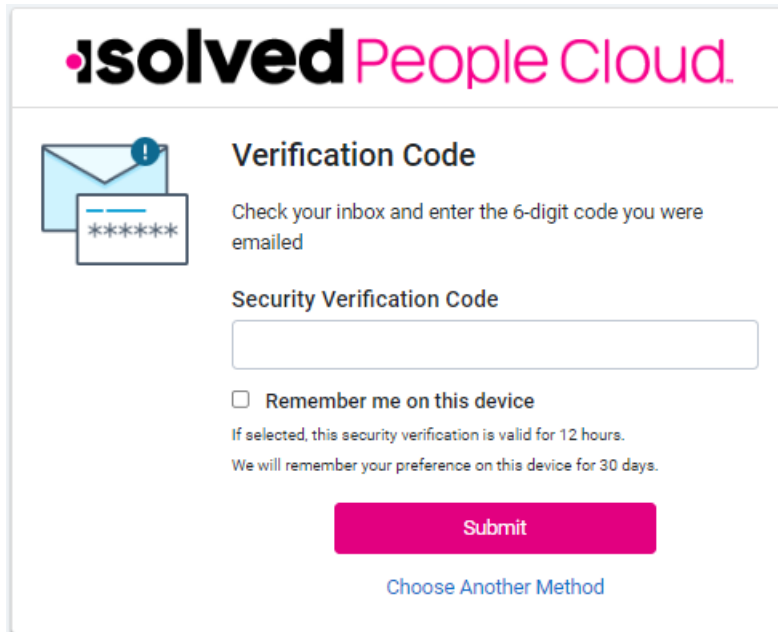
The image shows the login interface for 'isolved People Cloud'. At the top is the logo. Below it, the text 'Welcome' is followed by 'Log in to access isolved People Cloud applications'. There are two input fields: 'Username' with the value 'doemanager@protonmail.com' and 'Password' which is empty. To the right of the password field is an 'or' separator and a user icon. Below the password field is a link that says 'Forgot my password'. At the bottom are two buttons: a pink 'Log In' button and a white 'Back' button.

1. Key in your username and password and select **Log In**.


**Note:** After logging in if you receive an error message stating “You’re not configured to use Adaptive at this time” you will need to contact your administrator to update your access.

The image shows the verification screen for 'isolved People Cloud'. It asks the user to 'Please verify your account by selecting one of the methods below:'. There are two radio button options: 'Email: doemanager@protonmail.com' and 'Text Message: (###) ###-4508'. The 'Text Message' option is selected. Below the options are two buttons: a pink 'Request Security Code' button and a white 'Cancel' button.

2. Select a verification option, select **Request Security Code**.



**isolved** People Cloud

 **Verification Code**

Check your inbox and enter the 6-digit code you were emailed

**Security Verification Code**

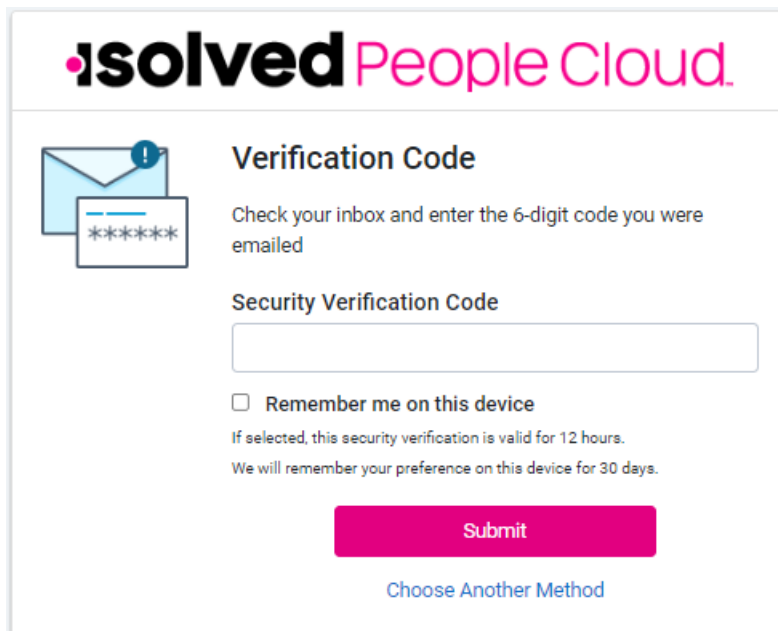
☐ **Remember me on this device**

If selected, this security verification is valid for 12 hours.  
We will remember your preference on this device for 30 days.


**Submit**

[Choose Another Method](#)

3. Enter the code you receive into the **Security Verification Code** field, or you can select **Choose Another Method** to receive the code to the other verification option. Click on the **Submit** icon. On this screen, you can select the “Remember me on this device” (note: this is selected by default on initial login). If this option is checked, then your security verification is valid for 12 hours. If the box is not checked, you’ll be asked to authenticate at any subsequent login, regardless of the amount of time that has passed. Whatever you elect to do with checking or unchecking the box will stay as the default until either a different selection is made or 30 days has passed with no change, at which time the box will revert to being checked.



**isolved** People Cloud

 **Verification Code**

Check your inbox and enter the 6-digit code you were emailed

**Security Verification Code**

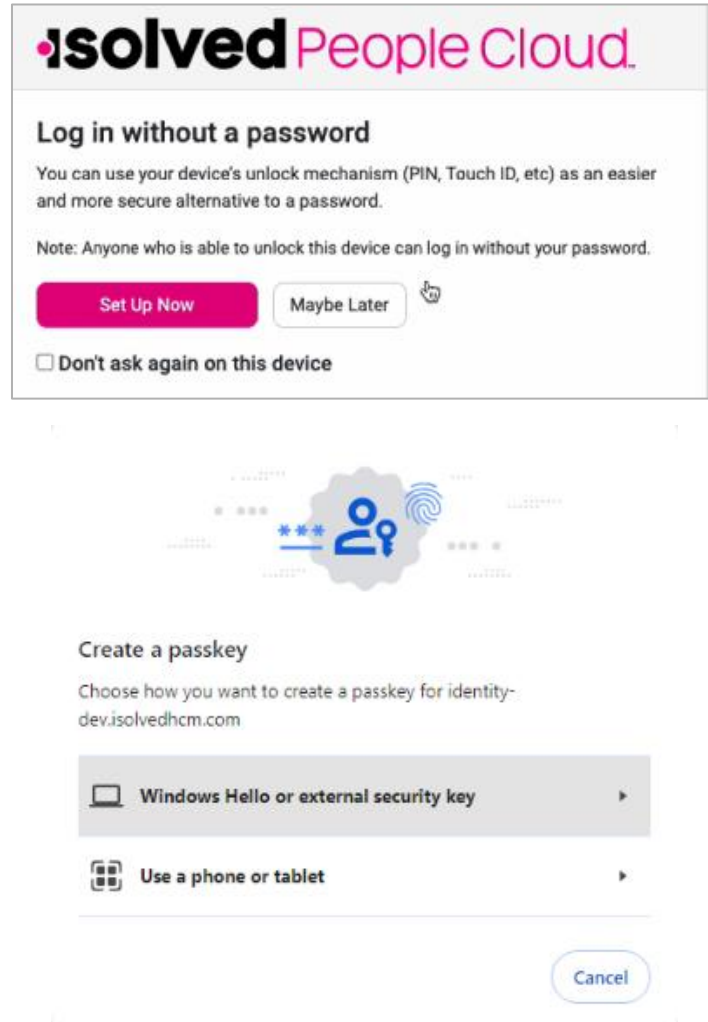
☐ **Remember me on this device**

If selected, this security verification is valid for 12 hours.  
We will remember your preference on this device for 30 days.

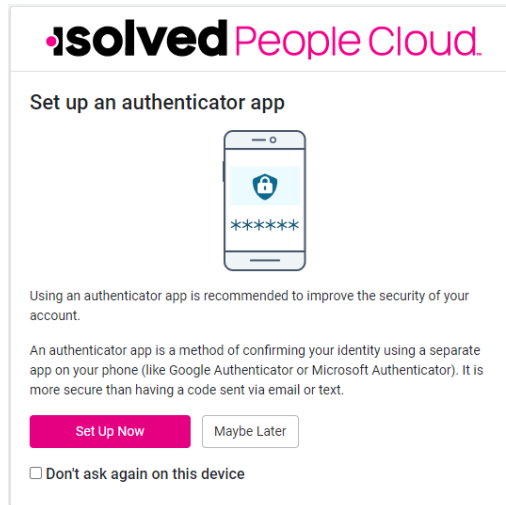
**Submit**

[Choose Another Method](#)

4. **Set Up Now** allows you to setup your passwordless option. You can make changes to this at any time when logged into isolved & you select the drop down under your name, select **My Account**. Once this is set up, future logins will use what you have added for your options. You may be able to use FaceID, Thumbprint, Passcode, PIN, or other options present on your device:



5. **Maybe Later** allows you to set up the password-less criteria later. This does not allow you to bypass the multifactor authentication process.
6. Select **Don't ask again on this device** if you don't want this message to show up again. This does not allow you to bypass the multifactor authentication process.
7. If the **Maybe Later** option is selected, you're presented the opportunity to set up an authenticator app for subsequent logins. This, too, you can choose to Set Up Now, or you may set it up at a later juncture. Choosing **Set Up Now** leads you through the steps to set up your authenticator app.



8. Going forward, you can log in to your account by either of these methods:
  - a. Entering your password (this option requires entering a code sent to your email or phone).
  - b. Selecting the icon for passkey when you log in to isolved which allows you to use the passkey you enabled for that device.

## Commonly Asked Questions

**What if I don't remember my password?** Use the Forgot Password option.

**What are the key features and functionality?** We now offer MFA options outside of email and text messaging. MFA requires a user to validate their identity with two or more forms of evidence or factors when they log in. We are enforcing a minimum of two. One factor is something the user knows, such as their username and password combination. Other factors are verification methods that the user has in their possession.

**Can a user have passwordless access on multiple devices?** Yes, each device will allow and recognize what was set up on that device and use that as a default. Some passwordless options can be used on multiple devices.

**What might a user expect this to do that it does not?** The user may expect to not do this every login if they are on the same device, a registered IP address, or have logged in within the same day – however, they will still need to do some method of MFA regardless. This could be different than what they are used to today depending on the system settings per client.

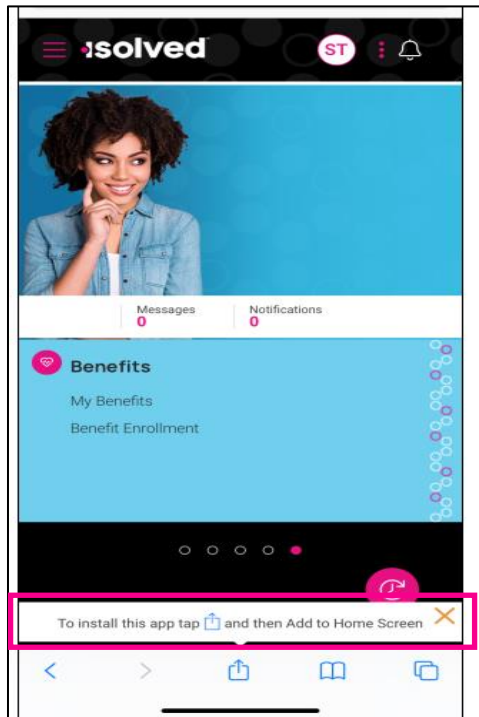
**Can we opt out of the multi-factor authentication?** No

## Logging in on a SmartPhone

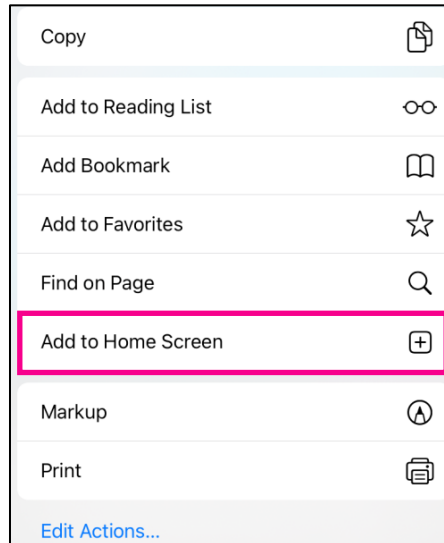
You may log in to AEE on a mobile device in two different ways:

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

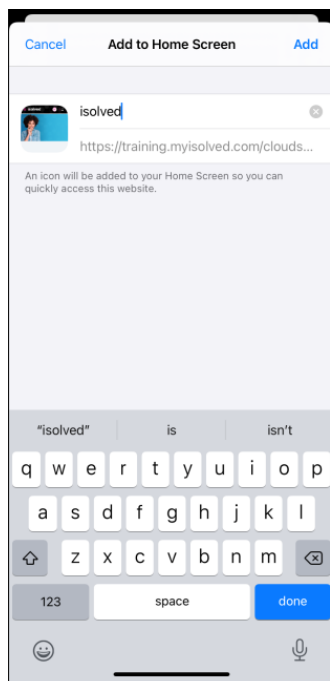
The screen below appears:



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 <https://myisolved.com>. For AEE I would use <https://myisolved.com/cloudservice>.
  - b. Select if you'd like to add to the home screen:

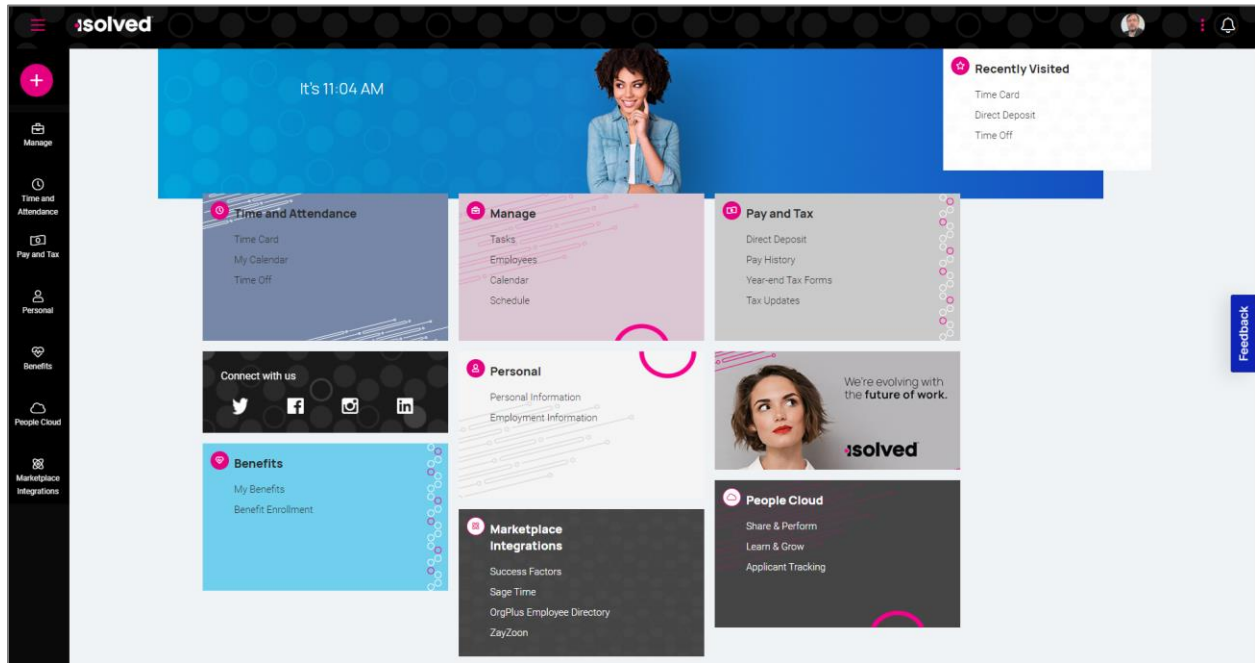


After you select the “Add to Home Screen” option, the screen below becomes available:



Click **Add** at the top of the phone screen.

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



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

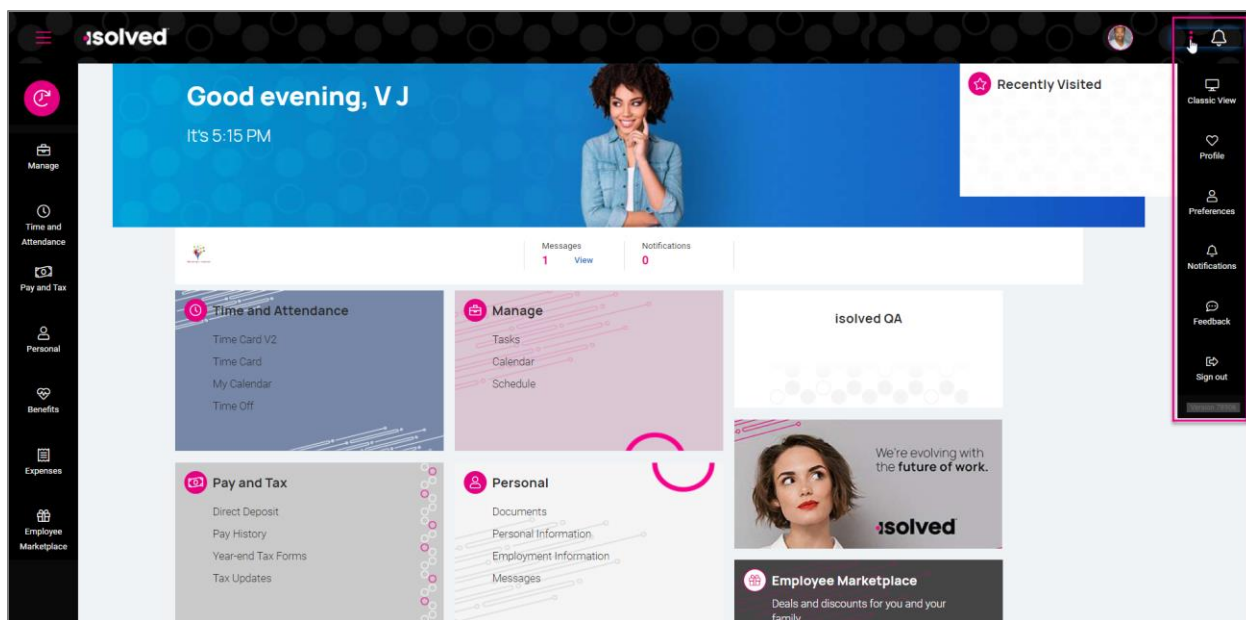
- **Time and Attendance:** Used for all standard time functions such as viewing and verifying your Time Card, requesting time off, and viewing your schedule.
- **Personal:** Used to update your personal information such as address, emergency contacts, dependents, beneficiaries, and federal reporting 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 3<sup>rd</sup> 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:
  - Preferred Name
  - Pronouns
  - Mobile number
  - Password
  - 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.

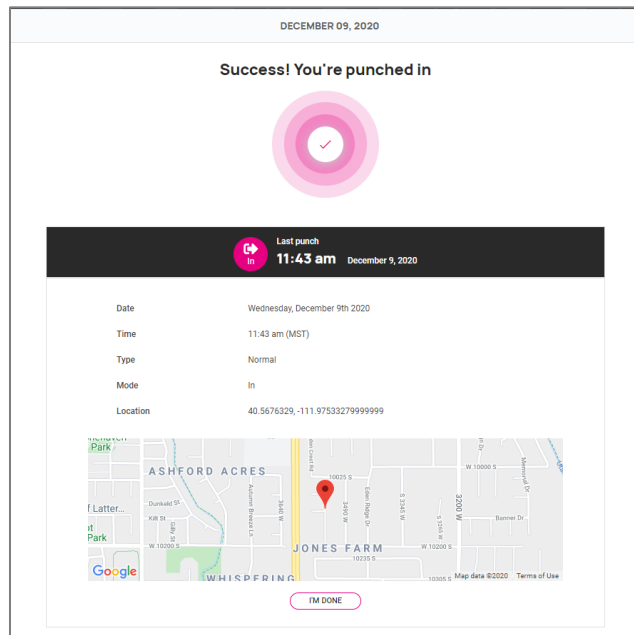


## Self-Service Punching

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:



### 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.

**11:45 AM**

PUNCH OUT



ADD DETAIL



Location 40.5676329, -111.97532799999999

Punch date December 9, 2020      Punch time 11:45 am

Type Normal      Mode Auto

---

**Labor Group**

Corporate None [Change](#)

Electricians 1 - T1G1 [Change](#)

---

**Labor Fields**

Department BUSDEV - Business Development

Division Central

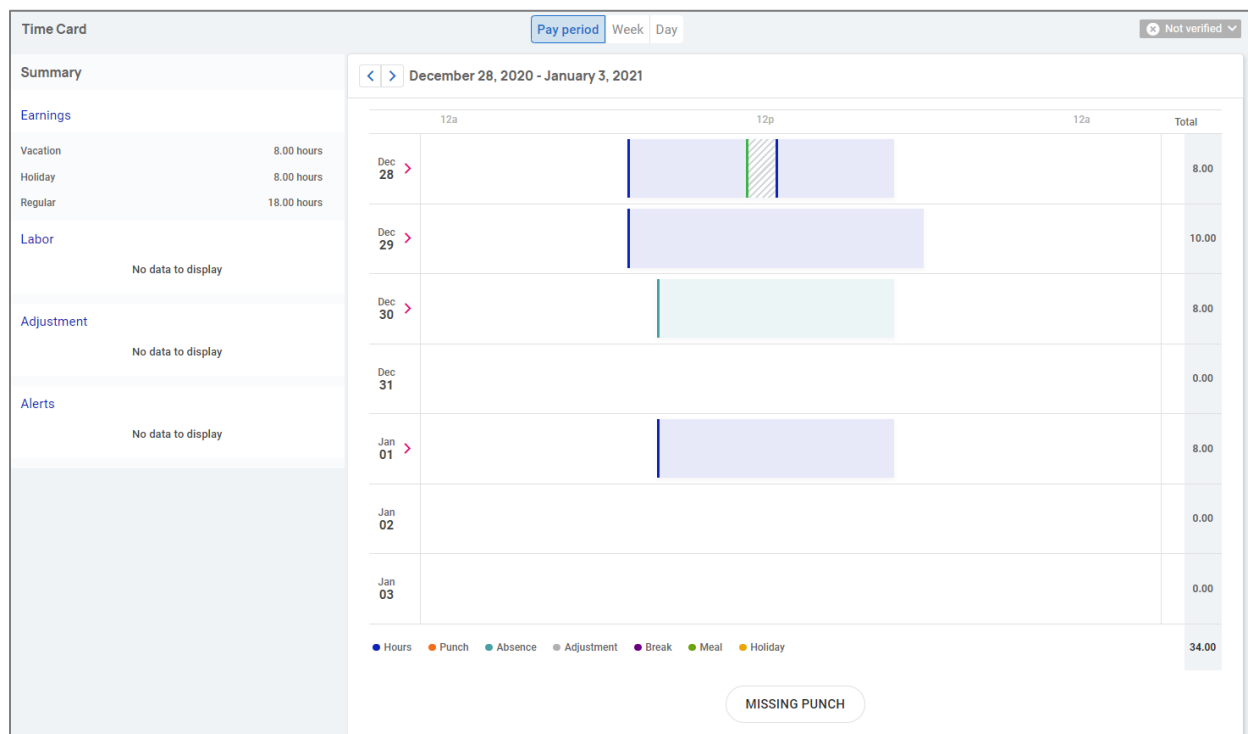
Task G1

Group G1

BACK
SAVE

## Time and Attendance › Time Card

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



### 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.

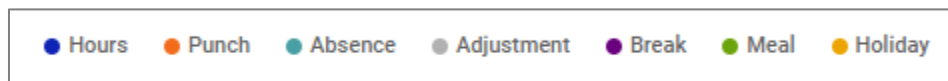
### Data Summary

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

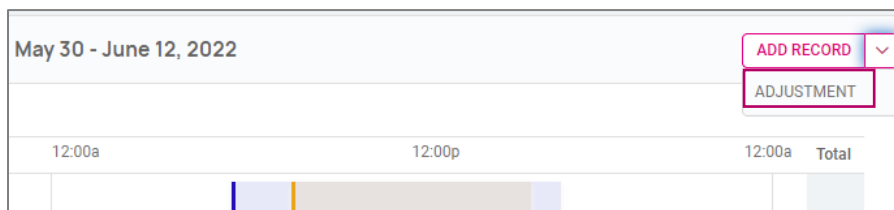
The default view of the Time Card is a Gantt chart of your time. You can select the > icon next to the date to expand the details. When expanded, you can see actual punch times, total hours, errors, and labor associated to the punches.

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



## Adding an Adjustment

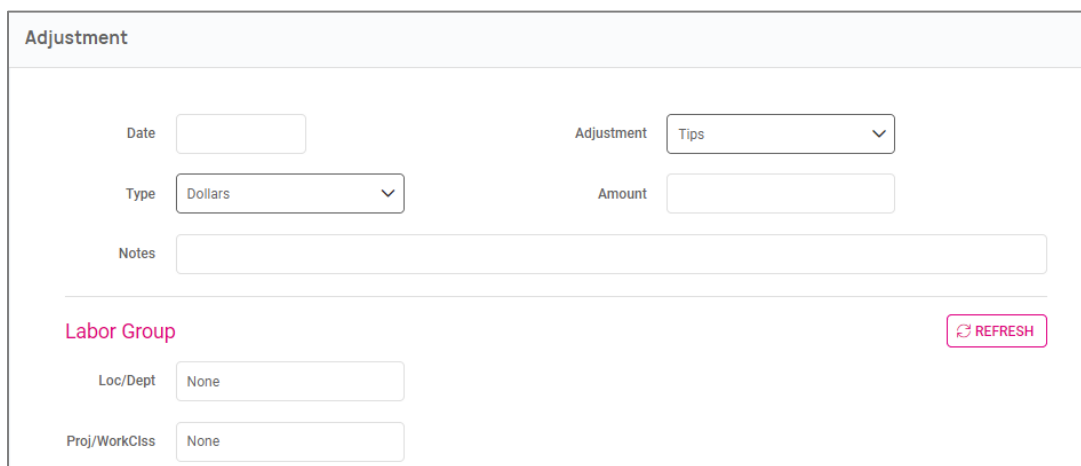
Time Card adjustments allow employees to add hour/unit or dollar amounts to their Time Card that exist outside of regular hours worked. This includes items such as mileage or tips. This can be done under by using the pink  speed dial symbol located at the top-left corner of the page for same day adjustments or by adding a record on the Timecard to add an adjustment to any day during the pay period.



The screenshot shows a time card interface for the period 'May 30 - June 12, 2022'. At the top right, there are two buttons: 'ADD RECORD' and 'ADJUSTMENT'. Below these buttons, there is a timeline view with time slots: '12:00a', '12:00p', and '12:00a'. A 'Total' column is also visible. The timeline shows a bar representing a shift from 12:00p to 12:00a.

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.



The screenshot shows the 'Adjustment' form. It includes the following fields:

- Date:** A text input field.
- Adjustment:** A dropdown menu with 'Tips' selected.
- Type:** A dropdown menu with 'Dollars' selected.
- Amount:** A text input field.
- Notes:** A large text area for notes.
- Labor Group:** A section with two dropdown menus: 'Loc/Dept' (set to 'None') and 'Proj/WorkClss' (set to 'None').
- REFRESH:** A button with a circular arrow icon.

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

## Time Card Verification

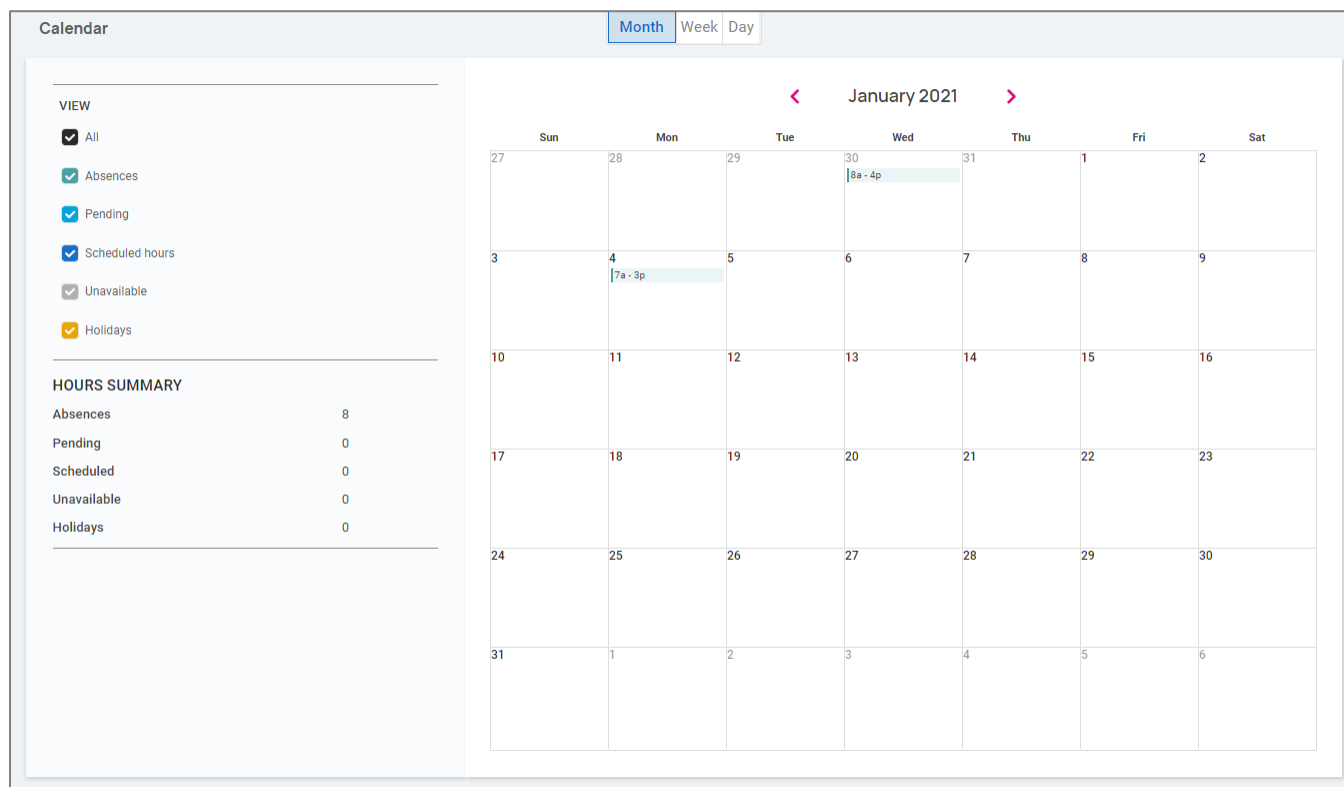
Time Card Verification is an optional feature that allows you to electronically sign off on the Time Card prior to the data being populated to the Time Entry Grid for payroll processing.

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. Depending on your employer’s setup, you may also see an **Objection** tab to object to the data on your Time Card.

**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.

## 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.

## 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 PERIOD END  
8/24/2020 - 8/30/2020

PTO

YTD balance: 330.33 hours

TAKEN: 4.00

REMAINING: 330.33

334.33

DETAIL

+ TIME OFF

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 | ANNIVERSARY

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

+ TIME OFF

- **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.

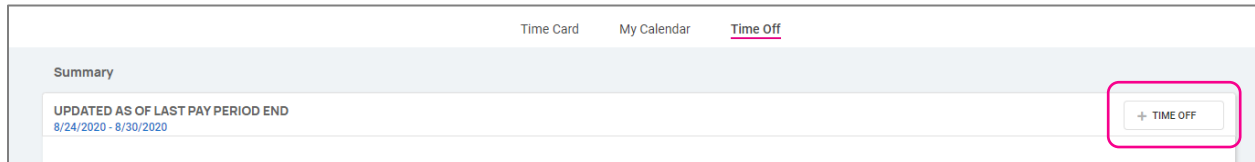
- Note:** Pending hours are not included in your balance.

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.

[illegible]

## 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

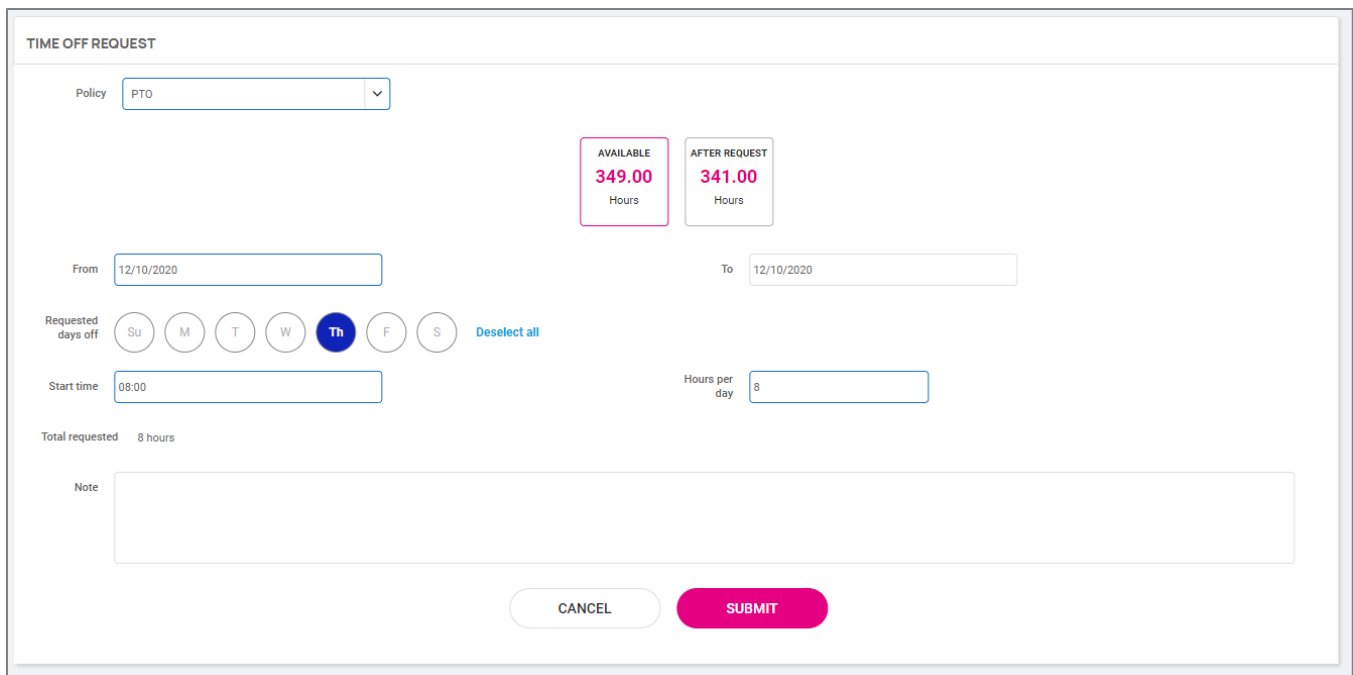
Summary

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 REQUEST

Policy: PTO

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 day: 8

Total requested: 8 hours


Note:

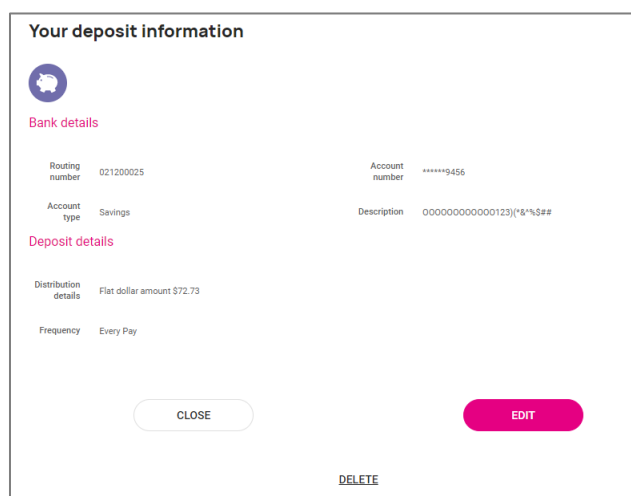
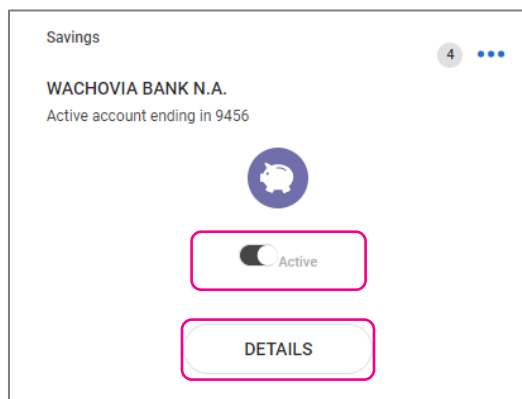
AVAILABLE 349.00 Hours AFTER REQUEST 341.00 Hours

CANCEL SUBMIT

## 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  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.
  - 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



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

### Your deposit information

#### Bank details

Routing number
021200025

Account number
789456

Account type
Select

Description (optional)
000000000000123)(\*%\$##

#### Deposit details

Any remaining net pay may be issued by paper check

Distribution details

☒ Flat dollar amount
☐ Percentage of net pay
☐ Remaining net

\$ 72.73


Frequency
Select

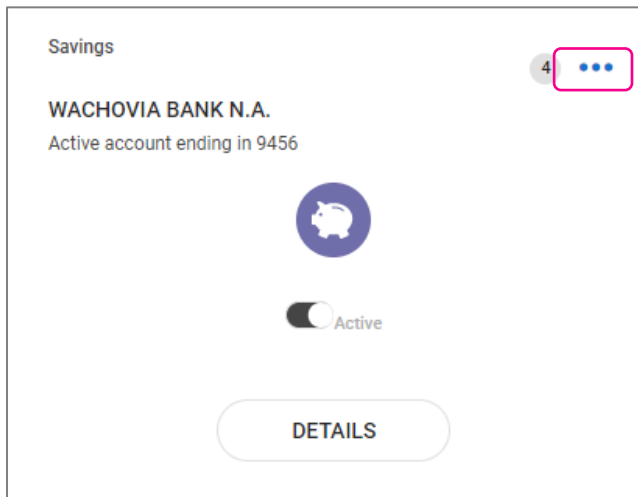
CANCEL

SAVE

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-and-drop process. See the instructions below.

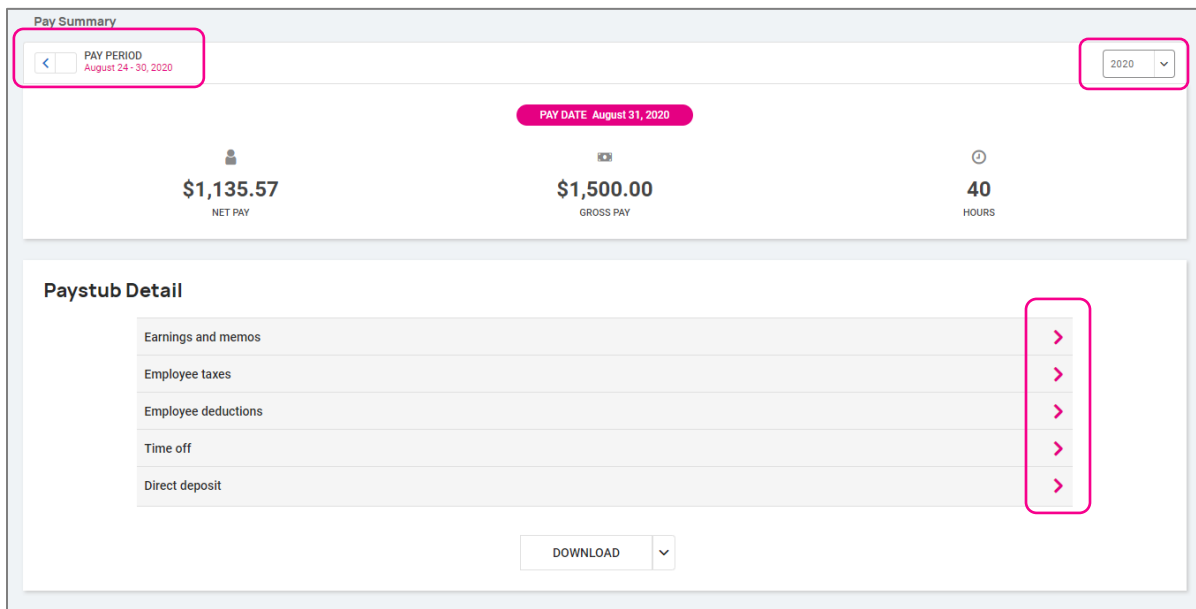


## Payroll and Tax › Pay History

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



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**.

### Select Multiple Pay Stubs

Enter a date range to show your available pay stubs within that time period and a list will be generated. Check the ones you would like and click download.

From

To


☐ Pay Period: Aug 24 - 30, 2020 Pay Date: August 31, 2020  
☐ Pay Period: Mar 23 - 29, 2020 Pay Date: March 30, 2020  
☐ Pay Period: Mar 16 - 22, 2020 Pay Date: March 23, 2020  
☐ Pay Period: Feb 17 - 23, 2020 Pay Date: February 24, 2020  
☐ Pay 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.

### Download

 We have received your request

 Your document is being generated. This may take a few moments

 Your document is being downloaded

## 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 <sup>11</sup>	Year <sup>11</sup>	Instructions
1095-C	2019	<a href="#">View</a>
W-2	2019	<a href="#">View</a>

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.

Copy B--To Be Filed With Employee's FEDERAL Tax Return				OMB No. 1545-0008			
This information is being furnished to the Internal Revenue Service.							
a. Employee's social security number 222-33-4453	1. Wages, tips, other compensation 406.00	2. Federal income tax withheld 16.37					
b. Employer ID number (EIN) 13-9999999	3. Social security wages 406.00	4. Social security tax withheld 25.17					
d. Control number 2005-30044	5. Medicare wages and tips 406.00	6. Medicare tax withheld 5.89					
c. Employer's name, address, and ZIP code Fusion Test-Training 100 Main St New York, NY 10004							
e. Employee's name, address, and ZIP code Edgar S Johnson 3276 Haga Drive San Jose, 10005							
7. Social security tips	8. Allocated tips	9.					
10. Dependent care benefits	11. Nonqualified plans	12a. Code See inst. for Box 12					
13. Statutory employee	14. Other NYSDI 0.60	12b. Code					
Retirement plan		12c. Code					
Third-party sick pay		12d. Code					
15. State NY	Employer's state ID number 139999999 0	16. State wages, tips, etc. 406.00	17. State income tax 9.84				
18. Local wages, tips, etc. 406.00	19. Local income tax 6.81	20. Locality name NEW YORK					

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.

Summary		
Name <sup>11</sup>	Year <sup>11</sup>	Instructions
1095-C	2019	<a href="#">View</a>
W-2	2019	<a href="#">View</a>

## 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

Make changes and updates to your tax withholdings

**START WIZARD**

Enable 3rd party cookies in your browser settings if the wizard shows "your session is inactive"

**Federal**

☒ Block tax

Filing status: Married Filing Jointly

Dependent exemption amount: \$7,503.00

Additional income amount: \$3.00

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 left-hand 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**.

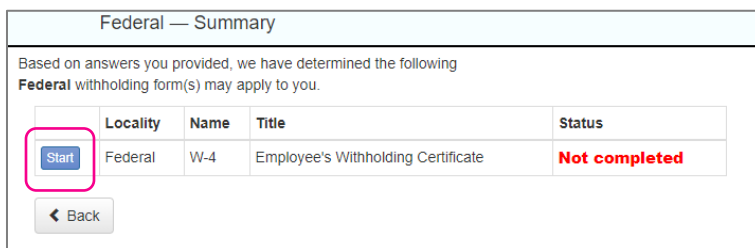
**Employee Withholding Resource Center**

The assistant can guide you to the correct forms. You can also choose which forms you would like to fill out if you're certain.

**Start →** **Sign out**

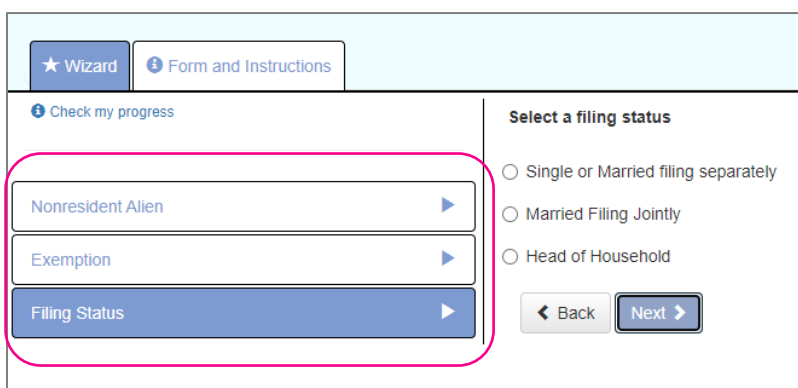
You can then choose the jurisdiction by selecting the radio buttons and clicking on **Continue**. If you wish to change your Federal withholding, click on "Help me determine which withholding forms apply to me" and take the **Survey**.

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



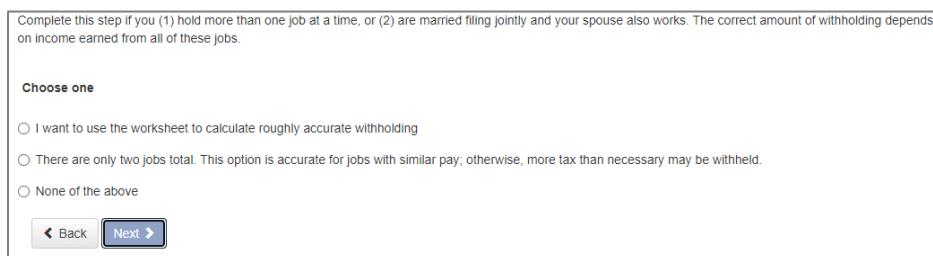
Locality	Name	Title	Status
Federal	W-4	Employee's Withholding Certificate	Not completed

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.



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.”

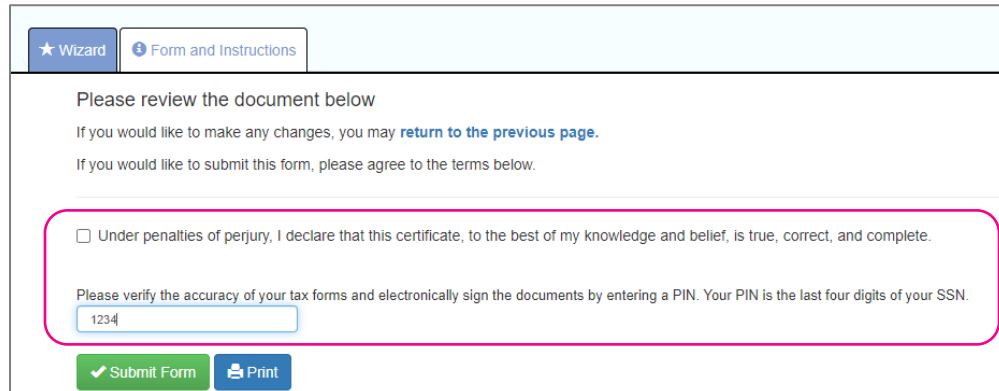


Select the desired option and click on **Next**. Depending on your selection, different options may appear. In the example below, “None of the above” was selected since the Forms and Instructions were already used to determine the withholding.

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

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    ⓘ Form 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.

Please verify the accuracy of your tax forms and electronically sign the documents by entering a PIN. Your PIN is the last four digits of your SSN.

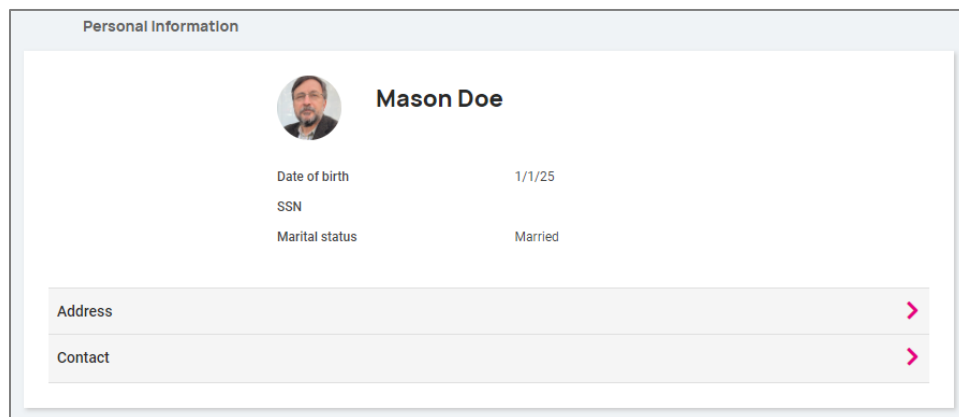
1234

✓ Submit Form    🖨️ Print


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 Information

 **Mason Doe**

Date of birth      1/1/25

SSN      [Masked]

Marital status      Married

Address >

Contact >

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

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.

Emergency contacts

>

Beneficiaries

>

Dependents

>

MANAGE CONTACTS

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

**Contact type**

☐ Beneficiary
 ☐ Dependent
 ☐ Emergency

---

**General**

Relationship Select

Select other if adding trust/estate as a beneficiary

First name

Prefix

Last name

Suffix

---

**Contact**

Work number

Home number

Mobile number

Email address

☐ Use employee address
 

Address 
Address 2

Zip code 
City

State

---

**Personal**

SSN 
Update SSN

Date of birth 
Update date 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.

Disability Self-Identification

Current disability status

Not Disabled

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability 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 least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

Select an option

☐ 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

SAVE

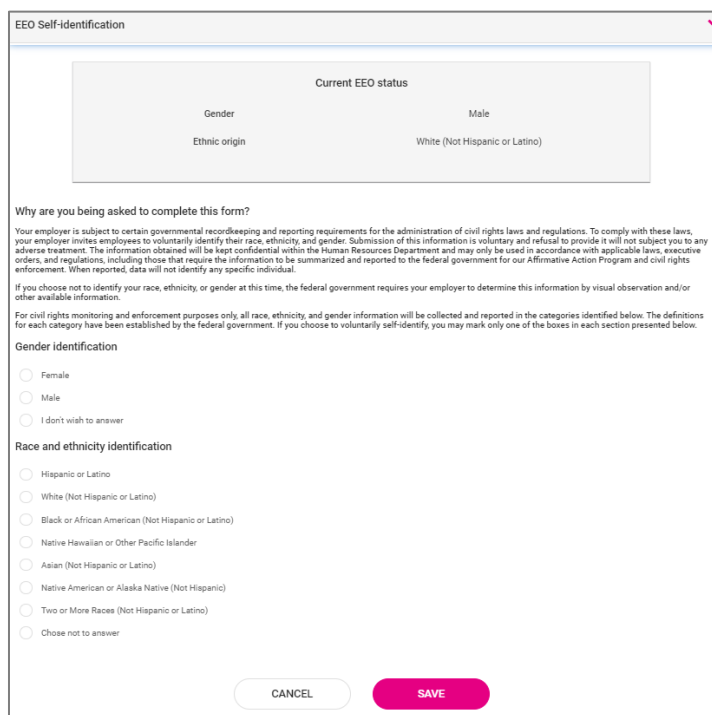
After reading, you can decide to respond:

- “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.

## 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-Identification**

Current EEO status

Gender	Male
Ethnic origin	White (Not Hispanic or Latino)

**Why are you being asked to complete this form?**

Your employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, your employer invites employees to voluntarily identify their race, ethnicity, and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential within the Human Resources Department and may only be used in accordance with applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for our Affirmative Action Program and civil rights enforcement. When reported, data will not identify any specific individual.

If you choose not to identify your race, ethnicity, or gender at this time, the federal government requires your employer to determine this information by visual observation and/or other available information.

For civil rights monitoring and enforcement purposes only, all race, ethnicity, and gender information will be collected and reported in the categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes in each section presented below.

**Gender identification**

☐ Female

☐ Male

☐ I don't wish to answer

**Race and ethnicity identification**

☐ Hispanic or Latino

☐ White (Not Hispanic or Latino)

☐ Black or African American (Not Hispanic or Latino)

☐ Native Hawaiian or Other Pacific Islander

☐ Asian (Not Hispanic or Latino)

☐ Native American or Alaska Native (Not Hispanic)

☐ Two or More Races (Not Hispanic or Latino)

☐ Chose not to answer

**CANCEL** **SAVE**

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

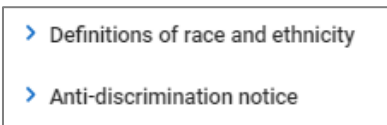
- Female
- Male
- I don't wish to answer

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

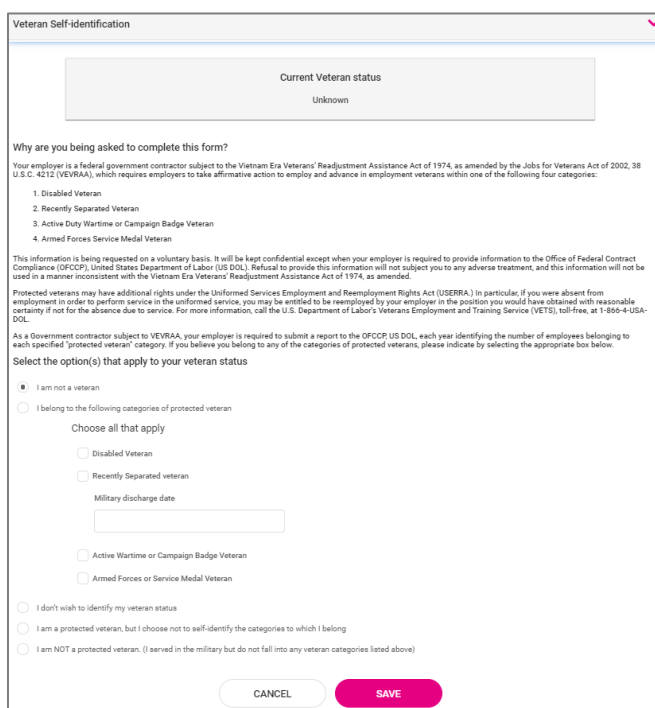
If you want to add or change your information, make your selections and click on **Save**.

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 employer is a federal government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 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 DOL). Refusal to provide this information will not subject you to any adverse treatment, and this information will not be used in a manner inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

Protected veterans may have additional rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA.) In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not 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 1-866-4-USA-DOL.

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 SAVE

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:”
  - Disabled Veteran
  - 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**.

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

## Personal > Form I-9

If this option is enabled, you will be able to complete your portion of the Form I-9 to confirm your identity and verify your employment eligibility.

### Form I-9 Employment Eligibility Verification



Verify your identity, and complete authorization for employment.

Read instructions for I-9 employment eligibility verification carefully before completing this form.

[VIEW INSTRUCTIONS](#)

[+ FORM I-9](#)

## 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.

[Summary](#)
[Current](#)
[Waived](#)
[History](#)

### BENEFIT COST AND CONTRIBUTIONS

**\$7,800.00**  
ANNUALLY

**\$150.00**  
PER PAY PERIOD\*

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 instances. For example, a 5% deferred compensation (i.e., 401k plan) election is projected using your base pay, but the deduction is calculated using actual compensation and plan rules. Plans that require Evidence of Insurability (EOI) such as life insurance, reflect the cost of the requested amount but the deduction may be based on actual coverage until EOI is approved.

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](#)
[Current](#)
[Waived](#)
[History](#)

### 401(K)

Effective 5/26/2019

Deductions

401K \$150.00

**401(K)**

**\$150.00**  
Every Pay

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](#)
[Current](#)
[Waived](#)
[History](#)

### WAIVED BENEFITS

VISION PRE-TAX 125

Effective December 1, 2020

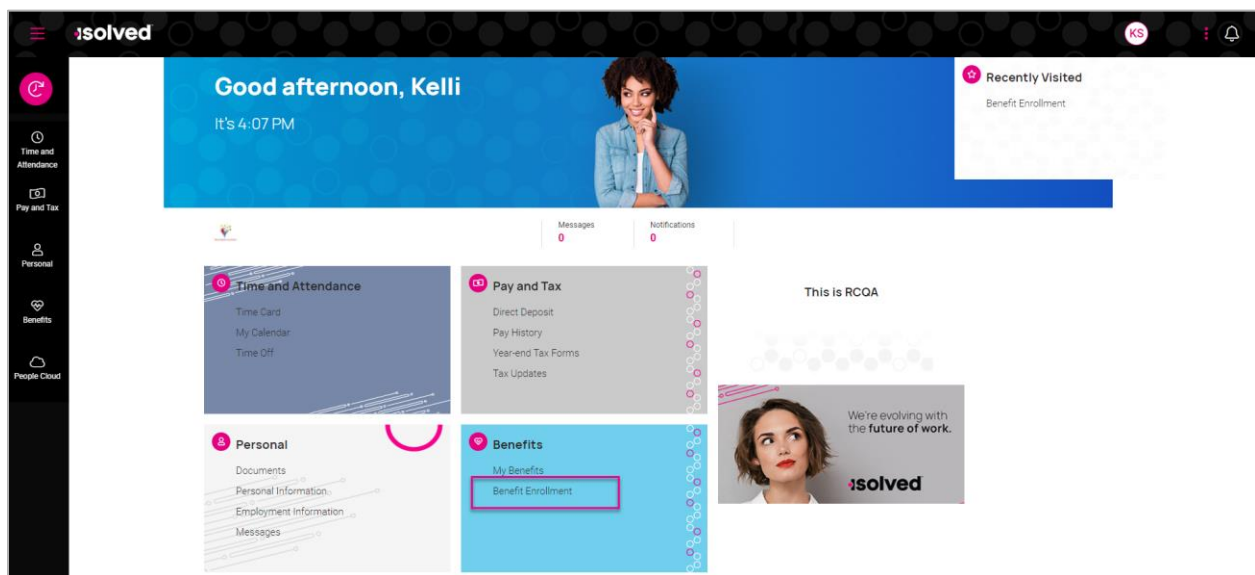
## Benefits › Benefit Enrollment

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

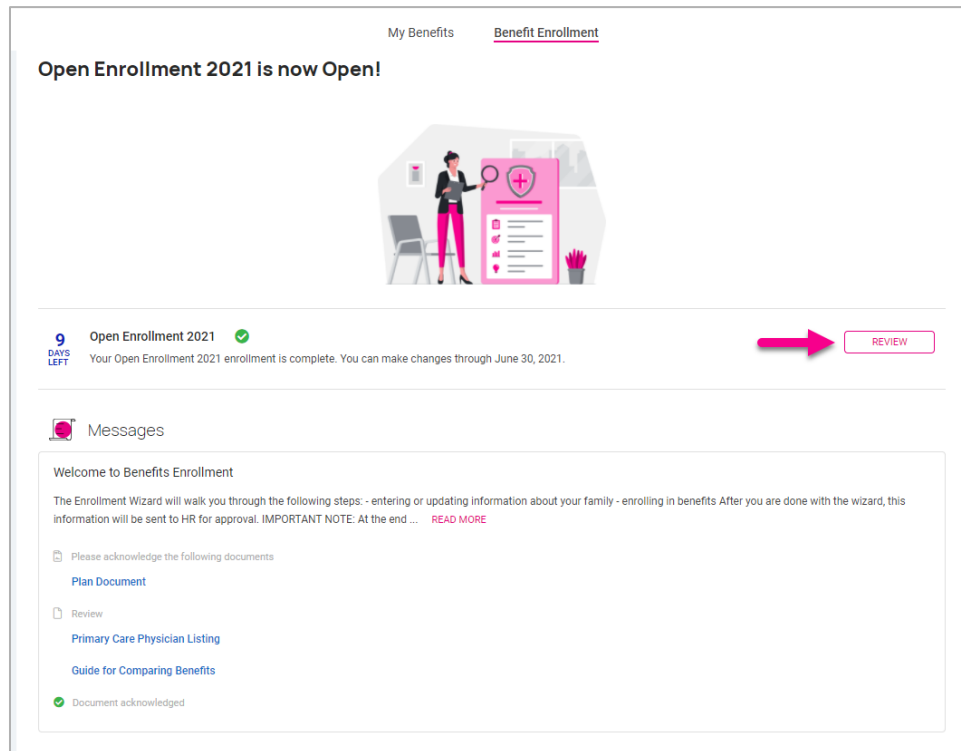
- Log in to isolved using your Employee Self-Service People Cloud login credentials.
- To access your enrollment, select “Benefit Enrollment” in the **Benefits** tile.



## 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.



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**.

You are moved into the Benefits Enrollment Wizard where you are able to see your navigation and process on the left-hand 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.

**Benefits Enrollment**

**1 Your information**  
Please review and update for accuracy.

**2 Preview**  
Current Benefits  
Cost Analysis

**3 Your selections**  
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

**4 Final review**  
Review and submit your benefit selections.  
Compare Costs  
Tasks to Complete

**Let's Verify Your Personal Information**

**General**  
First name: Kelli  
Middle name: L  
Last name: Smith  
Date of birth: \*\* / \*\* / \*\*\*\*  
Marital status: Married

**Address**  
Street address: 10900 Meadowood Lane  
Street address 2:  
City: St Helena  
State: CA  
Zip code: 94574

**Contact**  
Work phone:  
Mobile phone:  
Home phone:  
Self-service email: megandemo35@gmail.com  
Personal email:

**Shopping cart**  
You have not selected any benefits.

**Messages**  
You have no message.

**START WIZARD** **NEXT**

## Personal Beneficiaries and Dependents

**Benefits Enrollment**

**1 Your information**  
Please review and update for accuracy.

**2 Preview**  
Current Benefits  
Cost Analysis

**3 Your selections**  
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

**4 Final review**  
Review and submit your benefit selections.  
Compare Costs  
Tasks to Complete

**Let's Verify Your Beneficiaries and Dependents**

Please add/update your dependents and beneficiaries here. They must be flagged as a dependent to include them on your benefit coverage.

**Beneficiaries**  
Child Smith  
Date of birth: 01/01/\*\*\*\*  
Spouse Smith  
Date of birth: 01/01/\*\*\*\*  
Add beneficiary

**Dependents**  
Child Smith  
Date of birth: 01/01/\*\*\*\*  
Spouse Smith  
Date of birth: 01/01/\*\*\*\*  
Add dependent

**Shopping cart**  
You have not selected any benefits.

**START WIZARD** **NEXT**

- 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.

- 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.

- Select the contacts who are tobacco users.

## 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

1 Your information

Please review and update for accuracy.

Personal

Beneficiaries and Dependents

Health and Wellness

2 Preview

Current Benefits

Cost Analysis

3 Your selections

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

4 Final review

Review and submit your benefit selections.

Compare Costs

Tasks to Complete

KS Keili L Smith

Status: Completed

9 DAYS LEFT

Benefits at-a-Glance

This page shows your current elections, if any. You may have the opportunity to select "Keep" on this page, or you can navigate to each coverage to make your selections. If you do not have the option to "Keep" a coverage, you do need to navigate to that coverage to either elect or waive it.

AVAILABLE PLANS	CURRENTLY ENROLLED	COVERAGE	COST
Medical PreTax	Yes	EE ONLY	\$0.00
Dental PreTax	Yes	EE ONLY	\$12.50
Vision	No		
Vol Life EE	No		
Vol Life SP	No		
Vol Life CH	No		
FSA Medical	No		
FSA Dep Care	No		
HSA	No		
401(k)	Yes		
CoPd Life	No		
CoPd STD	No		

NEXT

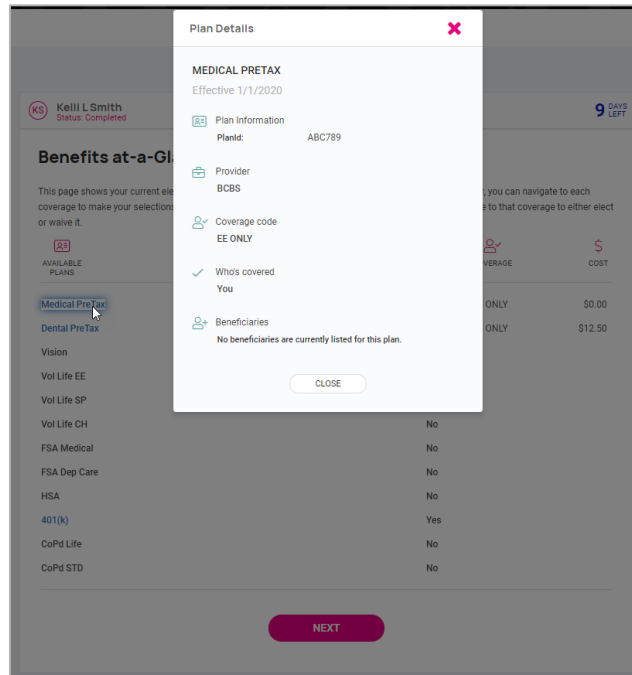
\*Value displayed may be an annual target or per pay election amount (FSA/QTB/HSA type plans) or actual coverage amount (life or disability type plan).

EXIT WIZARD

Shopping cart

You have not selected any benefits.

Messages



## Cost Analysis

1 Your information  
Please review and update for accuracy.  

- Personal
- Beneficiaries and Dependents
- Health and Wellness

2 Preview  

- Current Benefits
- [Cost Analysis](#)

3 Your selections  

- ☒ 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

KS Kelli L Smith  
Status: Completed  
9 DAYS LEFT

Medical PreTax | Dental PreTax | Vision | Vol Life EE | Vol Life SP | Vol Life CH | View more

### Medical PreTax

[Back to Beneficiaries and Dependents](#)

This page is informational. You can use this to quickly compare prices.

DISPLAY

Plans	EE ONLY	EE+SP	EE+CH(REN)	EE+FAM
Med PPO	\$0.00	\$125.00	\$200.00	\$510.00
Med HMO	\$0.00	\$100.00	\$200.00	\$300.00
Med HDHP	\$0.00	\$100.00	\$200.00	\$300.00

Monthly deduction amounts are displayed above.

NEXT

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

**401(k)**

You are only able to enroll in Jan, Apr, July & Oct. Keep this in mind if you decide not to elect this now.

**Plan selections**

Plan Name	Status	Action
401(K)	SELECTED	EDIT

Plan information  
Guardian

PREVIOUS NEXT

\* 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 is calculated using actual compensation and plan rules. Plans that require Evidence of Insurability (EOI) such as life insurance, reflect the cost of the requested amount but the deduction may be based on actual coverage until EOI is approved.  
\*\* 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.
- If selected, you must enter in a contribution amount and beneficiary designation, and percentage. The beneficiary percentages must equal 100%.

**Select Coverage**

401(k)

Select coverage level to view costs and complete your information.

☐ I have been informed of the option to make contributions to the 401(k) Plan and I elect not to make contributions to the plan at this time.

**Deductions**

401(k) Roth Amount	401(k) Roth Percent
<input type="text"/>	<input type="text"/>

**Beneficiaries**

Beneficiary	Primary percent	Contingent percent
<input checked="" type="checkbox"/> Spouse Smith	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Child Smith	<input type="text"/>	<input type="text"/>

CANCEL SAVE AND NEXT

**COST ANALYSIS**

**\$1,500.00**  
Per Pay Amount

\* 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 is calculated using actual compensation and plan rules. Plans that require Evidence of Insurability (EOI) such as life insurance, reflect the cost of the requested amount but the deduction may be based on actual coverage until EOI is approved.  
\*\* 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.

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

Select coverage level to view costs and complete your information.

- ☐ I have been informed of the option to make contributions to the 401(k) Plan and I elect not to make contributions to the plan at this time.

## Company-Paid Benefits

KS

Keili L Smith

Status: In progress

9 DAYS LEFT

Select Coverage

COST ANALYSIS

Basic Life

Select coverage level to view costs and complete your information.

Coverage

EE ONLY

Who to cover

☒ You
 

+ Add dependent

\$0.00

Per Pay Amount

Coverage options

Actual coverage

\$0.00

Age-reduced amount

\$0.00

Beneficiaries

☐ Spouse Smith
 

Primary percent

Contingent percent

☐ Child Smith
 

Primary percent

Contingent percent

+ Add beneficiary

CANCEL

SAVE 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.

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.

## 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.

**Select Coverage** COST ANALYSIS

HSA

Select coverage level to view costs and complete your information.

Coverage EE ONLY

Who to cover

☒ You

☐ Add dependent

Employee contribution amounts

Annual target \$1,000.00

Amount must be less than or equal to \$4,450.00

**\$62.50**  
Per Pay Amount

CANCEL SAVE AND NEXT

\* 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 is calculated using actual compensation and plan rules. Plans that require Evidence of Insurability (EOI) such as life insurance, reflect the cost of the requested amount but the deduction may be based on actual coverage until EOI is approved.  
\*\* 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.

## 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 Smith

Status: In progress

9 DAYS LEFT

Select Coverage

COST ANALYSIS

Voluntary Life EE

Select coverage level to view costs and complete your information.

Coverage

EE ONLY

Who to cover

☒ You
 

+ Add dependent

\$0.00

Per Pay Amount

Coverage options

Requested coverage

\$100,000.00

Per Pay Amount Requested

\$61.87

Actual coverage

\$0.00

Age-reduced amount

\$0.00

Any benefit over \$0.00 requires Evidence of Insurability (EOI). Your coverage will be \$0.00 until EOI approval is obtained.

Beneficiaries

At least one beneficiary is required to be selected for this plan.

☒ Spouse Smith
 

Primary percent

100.00

Contingent percent

0.00

☒ Child Smith
 

Primary percent

0.00

Contingent percent

100.00

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

Benefit Review

1 Your Information

Please review and update for accuracy.

Personal

Beneficiaries and Dependents

Health and Wellness

2 Preview

Current Benefits

Cost Analysis

3 Your selections

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

4 Final review

Review and submit your benefit selections.

Compare Costs

Tasks to Complete

KS Kelli L Smith

Status: In progress

9 Days LEFT

Compare Your Costs

PLAN

CURRENT

ELECTED

Medical PreTax	\$0.00	\$150.00
Dental PreTax	\$12.50	\$50.00
Vision	—	\$0.00
Vol Life EE	—	\$0.00
Vol Life SP	—	\$0.00
Vol Life CH	—	\$0.00
FSA Medical	—	\$62.50
FSA Dep Care	—	—
HSA	—	\$62.50
401(k)	—	\$2,000.00
CoPd Life	—	\$0.00
CoPd STD	—	\$0.00
Total	\$12.50	\$2,325.00

NEXT

\*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 projected using your base pay, but the deduction is calculated using actual compensation and plan rules. Plans that require Evidence of Insurability (EOI) such as life insurance, reflect the cost of the requested amount but the deduction may be based on actual coverage until EOI is approved.

\*\* 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.

Shopping cart

Pay Month Year

Medical PreTax	\$150.00
Coverage level	
EE+FAM	
Dental PreTax	\$50.00
Coverage level	
EE+FAM	
Vision	\$0.00
Coverage level	
EE+FAM	
Vol Life EE	\$0.00
Coverage level	
EE ONLY	
Vol Life SP	\$0.00
Coverage level	
SP ONLY	
Vol Life CH	\$0.00
Coverage level	
CH ONLY	
FSA Medical	\$62.50
Coverage level	
EE ONLY	
FSA Dep Care	Waived
HSA	\$62.50
Coverage level	
EE ONLY	
401(k)	\$2,000.00
CoPd Life	\$0.00
Coverage level	
EE ONLY	

EXIT WIZARD

## 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.

Benefit Review

1 Your Information

Please review and update for accuracy.

Personal

Beneficiaries and Dependents

Health and Wellness

2 Preview

Current Benefits

Cost Analysis

3 Your selections

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

4 Final review

Review and submit your benefit selections.

Compare Costs

Tasks to Complete

KS Kelil L Smith

Status: In progress

9 DAYS LEFT

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 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

Document acknowledged

CLOSE

FINISH LATER

Shopping cart

Pay

Month

Year

Medical PreTax

Coverage level

EE+FAM

\$150.00

Dental PreTax

Coverage level

EE+FAM

\$50.00

Vision

Coverage level

EE+FAM

\$0.00

Vol Life EE

Coverage level

EE ONLY

\$0.00

Vol Life SP

Coverage level

SP ONLY

\$0.00

Vol Life CH

Coverage level

CH ONLY

\$0.00

FSA Medical

Coverage level

EE ONLY

\$62.50

FSA Dep Care

Coverage level

EE ONLY

Waived

HSA

Coverage level

EE ONLY

\$62.50

401(k)

Coverage level

EE ONLY

\$2,000.00

CoPd Life

Coverage level

EE ONLY

\$0.00

KS Kelil L Smith

Status: In progress

9 DAYS LEFT

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 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

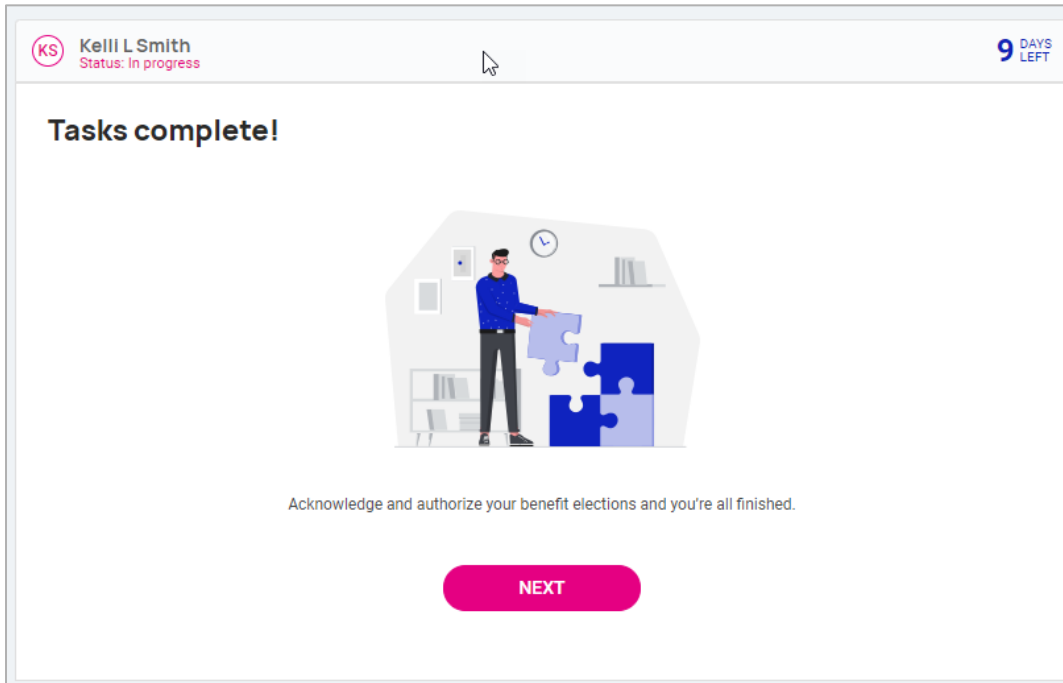
Plan Document

I acknowledge I have read and understand this document.

I certify I have read, understood and accept the content of this document.

✓

SIGN



1 Your information  
Please review and update for accuracy.  
Personal  
Beneficiaries and Dependents  
Health and Wellness

2 Preview  
Current benefits  
Cost Analysis

3 Your selections  
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

4 Final review  
Review and submit your benefit selections.  
Compare Costs  
Tasks to Complete

KS Kelli L Smith  
Status: In progress

9 DAYS LEFT

### Benefit Election and Deduction Authorization

- I have elected to participate or opt out of the benefit plans as shown below.
- I authorize my Employer to deduct from my pay any premium amounts shown below.
- I understand that most pre-tax elections cannot be changed or revoked prior to the next plan anniversary date unless I experience a "Change in Status" as defined under the Internal Revenue Code
- Updates to these elections can be made until the final day of the enrollment period

SUBMIT BENEFITS

Plan selections

DOWNLOAD

These benefits will start on January 1, 2021

MED HDHP

Provider  
BCBS

Who's covered  
Spouse Smith  
Child Smith

MEDICAL PRETAX

ANNUAL CONTRIBUTIONS

\$3,600.00  
You

\$1,800.00  
Your Employer

DENTAL

Provider  
Guardian

Who's covered  
Spouse Smith  
Child Smith

DENTAL PRETAX

ANNUAL CONTRIBUTIONS

\$1,200.00  
You

\$0.00  
Your Employer

VISION

Provider  
VSP

VISION

ANNUAL CONTRIBUTIONS

\$0.00  
You

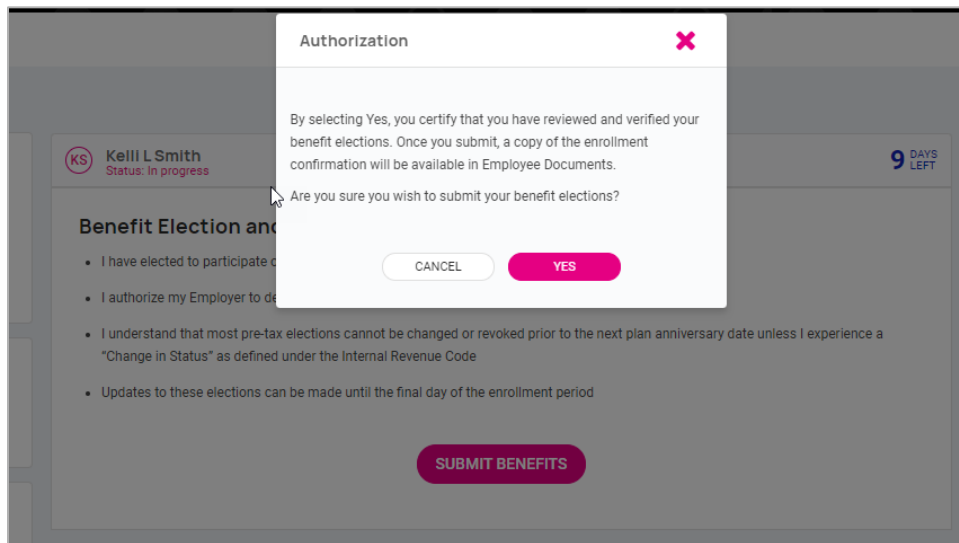
\$0.00  
Your Employer

Shopping cart

Pay Month Year

Medical PreTax	\$150.00
Coverage level EE+FAM	
Dental PreTax	\$50.00
Coverage level EE+FAM	
Vision	\$0.00
Coverage level EE+FAM	
Vol Life EE	\$0.00
Coverage level EE ONLY	
Vol Life SP	\$0.00
Coverage level SP ONLY	
Vol Life CH	\$0.00
Coverage level CH ONLY	
FSA Medical	\$62.50
Coverage level EE ONLY	
FSA Dep Care	Waived
HSA	\$62.50
Coverage level EE ONLY	
401(k)	\$2,000.00
CoPd Life	\$0.00
Coverage level EE ONLY	
CoPd STD	\$0.00
Coverage level EE ONLY	

- 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**.



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

**Benefit Review**

KS Kelli L Smith  
Status: Completed 9 DAYS LEFT

**Success!**  
Your benefits have been submitted

We have saved a copy of your enrollment summary in [Employee Documents](#).  
**Need to make a change?**  
You have until June 30, 2021 to make any changes.

**Plan selections** DOWNLOAD

These benefits will start on November 1, 2020

MED HDHP		MEDICAL PRETAX	
ANNUAL CONTRIBUTIONS		ANNUAL CONTRIBUTIONS	
Provider BCBS		\$3,600.00 You	\$1,800.00 Your Employer
✓ Who's covered Spouse Smith Child Smith			

DENTAL		DENTAL PRETAX	
ANNUAL CONTRIBUTIONS		ANNUAL CONTRIBUTIONS	
Provider Guardian		\$1,200.00 You	\$0.00 Your Employer
✓ Who's covered Spouse Smith			

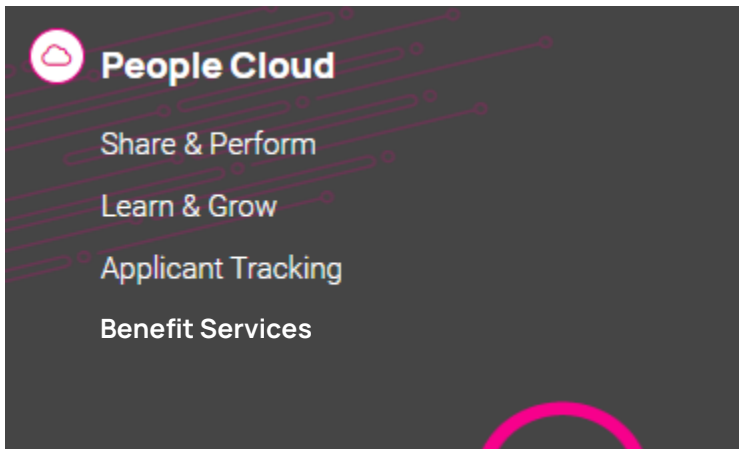
**Shopping cart**

You have not selected any benefits.

## People Cloud

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

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



## Marketplace Integrations



Help Docs

## Adaptive Employee Experience – Employee User Guide

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 3<sup>rd</sup> party companies, or companies isolved partners with.