



## 2024 ADP WORKFORCENOW OPEN ENROLLMENT INSTRUCTIONS

### November 1, 2023 (Wed) – November 21, 2023 (Tue) 8:59pm PST

#### IMPORTANT CHANGES FOR 2024 – NEW/MODIFIED PLANS, FSA RE-ENROLLMENT REQUIRED!

The changes that you make to your benefits will take effect on January 1<sup>st</sup>, 2024. Please refer to the Open Enrollment Announcement for details.

<b>ADP Login</b>	<a href="https://workforcenow.adp.com">https://workforcenow.adp.com</a> (access on any computer 24/7)
<b>First Time User</b>	Click New user? <a href="#">Get Started</a> > <a href="#">I have a registration code</a> A registration code is required to create a <b>new</b> ADP account. To have a registration code issued to you, please email <a href="mailto:Payroll_US@supermicro.com">Payroll_US@supermicro.com</a>
<b>Forgot User ID/Password?</b>	Click the <b>Forgot User ID/Forgot Password</b> link on the ADP WFN website to complete a quick verification and recover your information.

#### Step 1. To start, go to Myself → Benefits → Enrollments, and click **START ENROLLMENT**

### Open Enrollment - 2024

⚠ Not submitted

🔔 21 days left to complete this event

The enrollment period is still open. You can make changes until November 21, 2023 at 11:59 p.m. ET.

Manage enrollment

If you are returning to resume your election, go to your Enrollments page and click on **MANAGE ENROLLMENT** under Open Enrollment - 2024. Select **RESET EVENT** if you wish to start all over.

#### Step 2. On the **WELCOME** screen, click **NEXT** at the bottom right of the webpage.

#### Open Enrollment - 2024

- Welcome
- Manage Dependents
- Surveys
- Select Benefits
- Review and Submit

### Welcome

Welcome to the Open Enrollment period. This enrollment period gives you the opportunity to make election changes for certain benefits.

During this enrollment period you can:

- Make changes to plan contributions, such as health savings account (HSA) or retirement plans
- Add or change the level of your insurance coverage
- Add or update Beneficiary assignment
- Complete Beneficiary assignment

Please review your options and costs carefully. Once the enrollment period has ended your choices will be final until the next enrollment period or until you have a qualifying life event. Contact your Human Resources department if you have questions.

← Back
Next →

#### Step 3. Review Dependents and Beneficiaries

- ✓ Under **MANAGE DEPENDENTS**, you can add or remove any dependents and beneficiaries. Click **NEXT** to proceed.
- ✓ Please ensure only eligible dependents are enrolled. Dependent audit(s) may be conducted throughout the year.

#### Open Enrollment - 2024

- Welcome
- Manage Dependents
- Surveys
- Select Benefits
- Review and Submit

### Manage Dependents

🔔 Before you continue, take a moment to review your dependent and beneficiary information and ensure things are up to date.

➕ Add dependent or beneficiary

<div style="border: 1px solid #ccc; padding: 2px;"> <p style="margin: 0;">JANE DOE</p> <p style="font-size: 8px; margin: 0;">Type Dependent</p> <p style="font-size: 8px; margin: 0;">Relationship Spouse</p> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> <p style="margin: 0;">JANICE DOE</p> <p style="font-size: 8px; margin: 0;">Type Dependent</p> <p style="font-size: 8px; margin: 0;">Relationship Child</p> </div>
--	---

## Step 4. Surveys

✓ Under **SURVEYS**, please provide your answers accordingly.

This information will be used for the Accident, Critical Illness, and Hospital Indemnity plans if you choose to enroll in them.

Welcome

Manage Dependents

**Surveys**

Select Benefits

Review and Submit

### Surveys

Before you continue, confirm the following information.

**Tobacco Usage**

Are you a tobacco user?\*

No

Yes

## Step 5. Select Your Benefits

✓ Click **VIEW ALL PLANS** on the benefit item you will like to enroll in (Medical/Dental/Vision), and select the individuals to cover. Rates will update according to the coverage level. Click **SELECT PLAN** on the plan you would like to enroll in.

✓ Your most current plan enrollment will be displayed as **SELECTED** at the top of the **PLANS AVAILABLE**.

Available Plans

### Medical

Select the plan that meets your needs and add the dependents you want to cover.

**Covered Individuals**

(You)  (Spouse)  (Child)

**6 Plans Available**

Your current medical plan you are enrolled in will be displayed below:

**Aetna OAMC POS 500, Enrolled**  
Effective: January 1, 2024 Selected

Provider: [Aetna Inc.](#) Who is Covered? Employer Cost Your Cost

**Kaiser HMO 20 (CA), Enrolled**  
(3 Individuals selected) [Additional details](#)

Provider: [Kaiser Permanente Northern California](#) Employer Cost Your Cost

[Select plan](#)

✓ The system will confirm the enrollment; click **YES** to proceed to the next step, **NO** to revise the enrollment.

### You will be unenrolled from your current plan

You are already enrolled in a plan. If you continue, you will be unenrolled from your current plan.

**⚠ You are enrolled in a plan**  
Enrolling in another plan removes your elections from the current plan.

Are you sure you want to unenroll from your current plan?

✓ If any enrollments require special attention, they will appear at the top of the “Select Benefits” section under **ACTION REQUIRED**.

✓ If you do not wish to enroll in a certain benefit, you can select “Waive benefit” next to “View all plans” and provide the waive reason in the “Eligible Plans” > “Miscellaneous” section.

### Selected Plans

You are enrolled in the following plans. You can make changes until the enrollment period closes.

Medical [Waive benefit](#) [View all plans](#)

**Aetna OAMC POS 500 (Enrolled)**  
Effective: January 1, 2024 Selected

Who is Covered? Your Cost

## Eligible Plans

You're eligible to enroll in the following plans.

### Miscellaneous

[View all plans](#)

Medical Waiver Credit, Waived

You have 1 benefit options available to choose from. See what is right for you!

### Miscellaneous

[View all plans](#)

Dental Waiver Credit, Waived

You have 1 benefit options available to choose from. See what is right for you!

- ✓ **Re-enrollment in FSA is required every year!** Scroll down to **ELIGIBLE PLANS** for the available FSA options. Enroll and set an annual contribution amount. The system will also show the paycheck contribution amount.

### FSA Health Care

[View all plans](#)

2024 Health Care FSA (HCFSA), Enrolled

You have 1 benefit options available to choose from. See what is right for you!

### FSA Dependent Care

[View all plans](#)

2024 Dependent Care FSA (DCFSA), Enrolled

You have 1 benefit options available to choose from. See what is right for you!

- ✓ **Enrollment in the Aetna High Deductible Health Plan (HDHP) will allow individuals to be eligible for a Health Savings Account (HSA).** Likewise, enrollment in **Limited Health Care FSA (LHCFA)** is for those who enroll in a HDHP/HAS medical plan. These plans will not be available if you do not meet the requirements.

#### HSA/Limited FSA

Select the plan that meets your needs.

1 Plan Available

2024 Health Savings Account, Enrolled

Provider  
HealthEquity, Inc.

#### Enrollment Dependency

If you want to enroll in this plan, you must also enroll in one or more of the following plans:

- Aetna POS-HDHP/HSA3200, Enrolled
- Aetna POS-HDHP/HSA 1600, Enrolled

## Step 6. Review Benefits Elections and Submit!

Review all your selections, and click **SUBMIT ENROLLMENT** and “Yes” on the submission confirmation. HR will review and process your open enrollment request accordingly.

### Open Enrollment - 2024

- Welcome
- Manage Dependents
- Surveys
- Select Benefits
- Review and Submit**

#### Review and Submit

30 days left to enroll  
Effective: January 1, 2024

Employer Cost Per Paycheck    Your Cost Per Paycheck

Your benefit elections will not be effective until you click Submit enrollment.

#### Enrolled Plans

You are enrolled in the following plans. You can make changes until the enrollment period closes.

##### Medical

**Aetna OAMC POS 500 (Enrolled)**

Effective: January 1, 2024

Who is Covered?

Enrolled

Your Cost

[Finish later](#)

[← Back](#)

[Submit enrollment](#)

## Additional Changes or Modifications

If you would like to make additional changes or modifications during the Open Enrollment Period, you may log in and navigate to **Myself > Benefits > Enrollments** and click **Start enrollment** in the **2024 Open Enrollment** box, which will bring you back to the beginning of the enrollment event.

## QUESTIONS?

Additional changes can be made throughout the Open Enrollment period. If you have any difficulties submitting another Open Enrollment request, please contact [Benefits@supermicro.com](mailto:Benefits@supermicro.com) or your dedicated [HR Representative](#).