



2025 ADP WORKFORCENOW OPEN ENROLLMENT INSTRUCTIONS

November 1, 2024 (Fri) – November 22, 2024 (Fri) 8:59pm PST

IMPORTANT CHANGES FOR 2025 – **2025 PLANS, FSA RE-ENROLLMENT REQUIRED!**

The changes that you make to your benefits will take effect on January 1st, 2025. Please refer to the Open Enrollment Announcement for details.

ADP Login	https://workforcenow.adp.com (access on any computer 24/7)
First Time User	Click New user? Get Started > I have a registration code A registration code is required to create a new ADP account. To have a registration code issued to you, please email MichaelL@supermicro.com
Forgot User ID/Password?	Click the Forgot User ID/Forgot Password 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 - 2025 ⚠ Not started

🔔 26 days left to complete this event

You can make changes to your enrollment from November 1, 2024 to November 22, 2024 at 11:59 p.m. ET.

[Start enrollment](#)

If you are returning to resume your election, go to your Enrollments page and click on **Manage enrollment** under Open Enrollment - 2025. Or 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 - 2025

Welcome

2025 Open Enrollment
November 1, 2024 to November 22, 2024, 8:59 pm PST

This year is Active Enrollment, which means all employees must make your 2025 benefit plan elections. Your current enrollment elections will not automatically rollover to the new 2025 plan year.

[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 - 2025

Welcome

Manage Dependents

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](#)

Name (Spouse) ...	Name (Child) ...
Type	Type
Dependent	Dependent
Relationship	Relationship
Spouse	Child

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) (You) (Spouse) (Spouse) (Child) (Child)

5 Plans Available

Anthem PPO 500, Enrolled Effective: January 1, 2025 Additional details	Selected
Provider: Anthem Blue Cross of California	Who is Covered?: You
Employer Cost: \$387.80	Your Cost: \$27.50

Kaiser HMO 20 (CA), Enrolled (1 Individual selected) Additional details	
Provider: Kaiser Permanente Northern California	
Employer Cost: \$301.57	Your Cost: \$27.50

[Select plan](#)

[Waive benefit](#) [Back](#)

✓ 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?

No Yes

✓ 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 to select Waiver Credit (Medical/Dental).

Selected Plans

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

Medical Waive benefit View all plans

Anthem PPO 500 (Enrolled)
Effective: January 1, 2025 Selected

Who is Covered?
You

Your Cost
\$27.50
[Show cost details](#)

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

2025 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

2025 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 an 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

2025 Health Savings Account (HSA), 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:

- Anthem PPO-HDHP/HSA 3300, Enrolled

ACTION REQUIRED: If any enrollments require special attention, they will appear at the top of the “Select Benefits” section under Action Required. You may be required to designate your **beneficiaries**, click **View all plans** to allocate the percentages of your benefits payout.

Action Required

These plans need your attention. You can confirm details for this plan or click View all plans to select another plan.

🔍 Employee Life View all plans

Group Term Life and AD&D (Enrolled) ✔ Selected

Effective: January 1, 2025

Employee Coverage Your Cost

\$ **\$0.00**

[Show cost details](#)

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 - 2025

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

Review and Submit

25 days left to enroll
Effective: January 1, 2025

Employer Cost Per Paycheck	Your Cost Per Paycheck
\$517.83	\$62.67

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** ✔ Enrolled
Anthem PPO 500 (Enrolled)
Effective: January 1, 2025
Your Cost: **\$27.50**
[Show cost details](#)
- Dental** ✔ Enrolled

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 **2025 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 or your dedicated [HR Representative](#).