Accessing Your Benefits from the ADP Portal

Step 1: Go to the portal <u>https://portal.adp.com/public/index.htm</u> and Click on User Login



Step 2: Type your user name (______@usg) and password (you created when you registered.)

Connect to agatew	vay.adp.com 🛛 💽 🔀
	G
The server agateway [09:48:33:1519] requ	.adp.com at Employee Access irres a username and password.
User name:	😰 I 🛛 👻
Password:	
	Remember my password
	OK Cancel

Step 3: Click on Benefits Tab



Step 4: Click My Benefits Link

Welco	ome To The Benefits Page
The lin depen	k below will allow you to access the ADP Benefit dents, and family status changes.
BOSS	provides a summary of an employee's medical, de
Benef	its
Click	the link below to get started.
	My Benefits

Step 5: Expand screen and	d click Continue	ţ
https://www3.essbenef https://www3.essbenefits.co	its.com/USGBOR/secured/ReceiveUser.asp - Windows Internet Explorer	
	Please wait while we retrieve your data.	
	Logout FORMS LIBRARY FAQS HELP	
	ity System of Georgia benefits website.	

UPDATING, DELETING AND ADDING BENEFICIARY INFORMATION

Step 1: Click Update Beneficiary Information

Main Menu	
Family Status Change Make benefit changes as a result of a qualified change in family status.	2009 Benefit Summary View a summary of your 2009 benefits.
Update Beneficiary Information Add beneficiaries or update your beneficiary designations.	

This will take you to the next page where you may add, delete and update beneficiaries. You will make the beneficiary designations on each benefit election screen.

ADDING A BENEFICIARY

Step 1: Fully complete the maintenance form as shown below and click the add button at the bottom of the screen.

BENEFICIARY MAINTENANCE

First Name	
Middle Initial	
Last Name	
OR	
Trust/Estate Name	
Relation	
Same Address Indicator	Y/N
Address	
Address 2	
City	
State	✓
Zip	
Country Code	
SSN	Format: 111223333 (no dashes)
Confirm SSN	Format: 111223333 (no dashes)
Birth Date	
Phone Number	Format: 1112223333 (no dashes)
	Update Delete Add Clear

1

Step 2: Review your information and click Continue.

Bei	neficiary I	nformation					
	Name	Relation	Address	City	State	Zip	SSN
1	Jack Doe	HUSBAND	111 Jane St.	VALDOSTA	GA	31601	xxx-xx- 0524
2	Jane Doe	DAUGHTER	111 Jane St.	VALDOSTA	GA	31601	xxx-xx- 1124

- **Step 3:** Designate your beneficiaries for each benefit by entering a percentage value (1% to 100%). If a person is listed but is not intended to receive a share of this benefit, assign a percentage of 0%.
- Step 4: Assign a designation of primary or secondary to each individual with a value greater than 0%,
- **Step 5:** Click the continue button when you are finished.

				Continue
Beneficiary Designations Beneficiary Information				
Basic Life and /	AD&D - Coverage Amo	unt: \$25,000.00		Cancel
Name	Relation	Percent	Designation	
Jack Doe	HUSBAND	100 %	Primary 💙	
Jane Doe	DAUGHTER	0%	None 💌	

Note: The individual you designate as your Primary Beneficiary will be the first to receive a share of the intended benefit. Should the Primary Beneficiary be unable to receive this benefit, the Secondary Beneficiary designated will receive the assigned percentage of the benefit.

Step 6: The date will default to the date you are making the change, if the information looks correct, click submit.



Beneficiary Summary

Benefits Effective Date

Please select the date you would like your benefits to be effective:

9/10/2009
 9/10/2009

Step 7: Please read the certification statement and click on the I Agree button to continue and save your elections. If you do not agree click the cancel button and your changes will not be saved.

Certification Statement

By submitting the changes you have requested, you are certifying that the information you have provided in support of your requested change in election is true, accurate, and complete and you are providing the information intending that it will be relied upon by the Plan Administrator for purposes of effecting changes in your coverage elections under the Plan. Falsification of any of the information provided to the Plan Administrator may result in your termination from coverage under the Plan, or termination of the coverage of your spouse and/or dependents. In addition, the Plan reserves the right to demand reimbursement for benefits paid to you or anyone receiving benefits through you based on falsified claims.

Please note: In connection with documents that are part of the Plan records (such as this form), it is a criminal violation of federal law to make any false statement or representation of fact, knowing it to be false, or to knowingly conceal, cover up, or fail to disclose any fact the disclosure of which is necessary to administer the Plan in accordance with its terms. In addition to a requirement to restore benefits that are obtained falsely, federal law imposes fines and/or imprisonment (not more than five years).

Step 8: The tables to the right are a confirmation of the beneficiary changes you have made. To print a copy of the confirmation statement for your records, click on the Print button. Remember to click Continue to complete the process.



Your Confirmation Number is 09100855.

UPDATING AN EXISTING BENEFICIARY

Step 1: To update existing Information, click the number by the person's name.

	Beneficiary Info	rmation					
	Name	Relation Add	dress	City	State	Zip	SSN
►	1 Jack Doe	HUSBAND 11	L1 Jane St.	VALDOSTA	GA	31601	xxx-xx- 0524





This will open an editable maintenance screen as shown below that will allow you to change any of the information. Once you have made your changes, click the update button at the bottom of the screen.

Last Name	Doe
OR	
Trust/Estate Name	
Relation	HUSBAND
Same Address Indicator	Y/N
Address	111 Jane St.
Address 2	
City	VALDOSTA
State	GA 🛩
Zip	31601
Country Code	
SSN	Format: 111223333 (no dashes)
Confirm SSN	Format: 111223333 (no dashes)
Birth Date	12 / 09 / 1972
Phone Number	2291111111 Format: 1112223333 (no dashes)
	Update Delete Add Clear

Then follow steps 2-8 as shown during the add process to review and submit changes.

DELETING AN EXISTING BENEFICIARY

Step 1: Click on the number beside the name you want to delete.

Beneficiary Information						
Name	Relation	Address	City	State	Zip	SSN
1 Jack Doe	HUSBAND	2427 LOCHWOOD DRIVE	VALDOSTA	GA	31601	xxx-xx- 0524

Step 2: Click on the Delete button at the bottom of the screen.

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The box below will appear. Click **OK** to delete.

Windows	s Internet Explorer 🔀
?	To remove this beneficiary completely from the system, click ok. To change a specific amount or percentage for this beneficiary, click Cancel, then click Continue to go to the Beneficiary Designation page.
	OK Cancel

You will be prompted to review your information and click the **Continue** button after each screen. Then click the **Submit** button to finish the process. If at any time you do not wish to make a change you can select the Cancel button. To go back to the maintenance screen – click the Beneficiary Information link as shown below.

			•
Beneficiary Designations			Beneficiary Information
Basic Life and AD&	<u>D</u>		
Name	Relationship	Percent	Designation
Jack Doe	HUSBAND	100%	Primary
Jane Doe	DAUGHTER	100%	Secondary