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	? 🗙
The server agateway [09:48:33:1519] requ	.adp.com at Employee Access ires a username and password.	
User name:	1	*
Password:		
	Remember my password	
	OK Car	ncel

Step 3: Click on Benefits Tab



Step 4: Click My Benefits Link

Welco	me To The Benefits Page
The lini depend	below will allow you to access the ADP Benefit lents, and family status changes.
BOSS	provides a summary of an employee's medical, de
Benefi	ts
Click t	he link below to get started.

Step 5: Expand screen and click Continue
https://www3.essbenefits.com/USGBOR/secured/ReceiveUser.asp - Windows Internet Explorer Image: https://www3.essbenefits.com/USGBOR/secured/ReceiveUser.asp
Please wait while we retrieve your data.
Logout
FORMS LIBRARY FAQs HELP
ity System of Georgia benefits website.
UPDATING DEPENDENT INFORMATION
Step 1: Click Update Dependent 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 Dependent Information Update basic data about your dependents.
Update Beneficiary Information Add beneficiaries or update your beneficiary designations.

This will take you to the next page where you may update dependents.

UPDATING AN EXISTING DEPENDENT

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

	Dependent Information										
		First	M Last	Relation	Gender	Birth Date	SSN	Student	Disabled	Medicare Eligible	
→	1 Jane Doe		SP	F	06/06/1967		N	N	N		
	2	Mary D	oe	СН	F	01/14/2000		Y	N	N	

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

Dependent Maintenance								
First Name	Mary	Birth Date	01 / 14 / 2000					
Middle Initial	Μ	SSN						
Last Name	Doe	Verify SSN						
Relation	Child	Student (if age 19 to 26)	Yes 🗸					
Gender	Female 🚩	Disabled	No 💙					
Eligible for Medicare ?	No 🛩							
Medicare Claim Number								
Medicare Part A Effective Date								
Medicare Part B Effective Date								
Medicare Part D Effective Date								
			Update Clear					

Step 2: The screen below will appear for you to review and click continue or click cancel if error.

Dependent	t Inform	nation							Con
First I	M Last	Relation	Gender	Birth Date	SSN	Student	Disabled	Medicare Eligible	Ca
1 Jane Do	e	SP	F	06/06/1967	xxx-	N	N	N	
2 Mary Do	be	СН	F	01/14/2000	xxx- xx-	Y	N	N	

Step 3: The program will default to the date you are making the update, review the information in the summary and click submit.

2009 Benefit Summary

Benefits Effective Date

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

9/10/2009

Step 4: Read the certification statement and click **I agree** to complete the update or click **cancel** if you do not agree. If you click cancel, your updates 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 5: You will receive a confirmation number along with your summary. You can select the **print icon** to print the information and then select **continue** to complete the process.

2009 Confirmation

You have successfully completed your enrollment.

Your Confirmation Number is 09101627.

Your Benefits will be effective as of 9/10/2009.





