Accessing Your Benefits from the ADP Portal

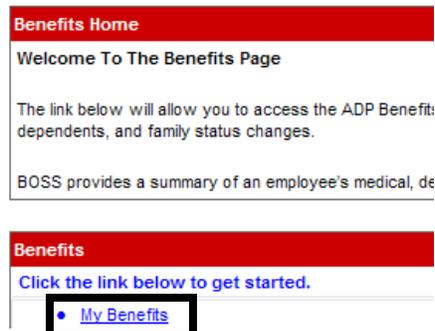**Step 1:** Go to the portal https://portal.adp.com/public/index.htm and Click on User Login
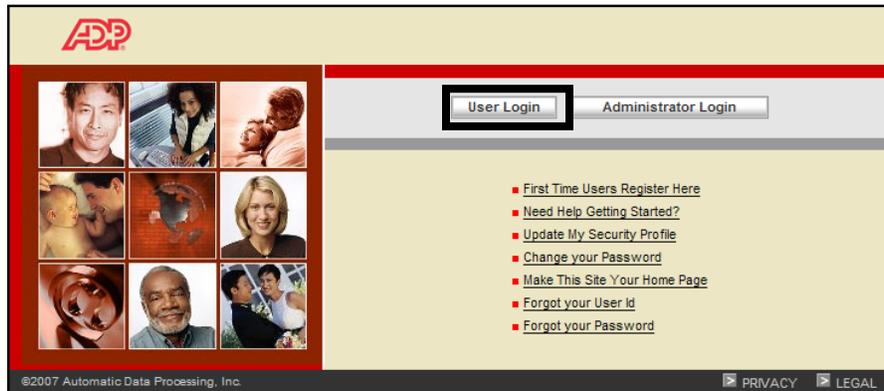
Step 2: Type your **user name** (_____@usg) and **password** (you created when you registered.)
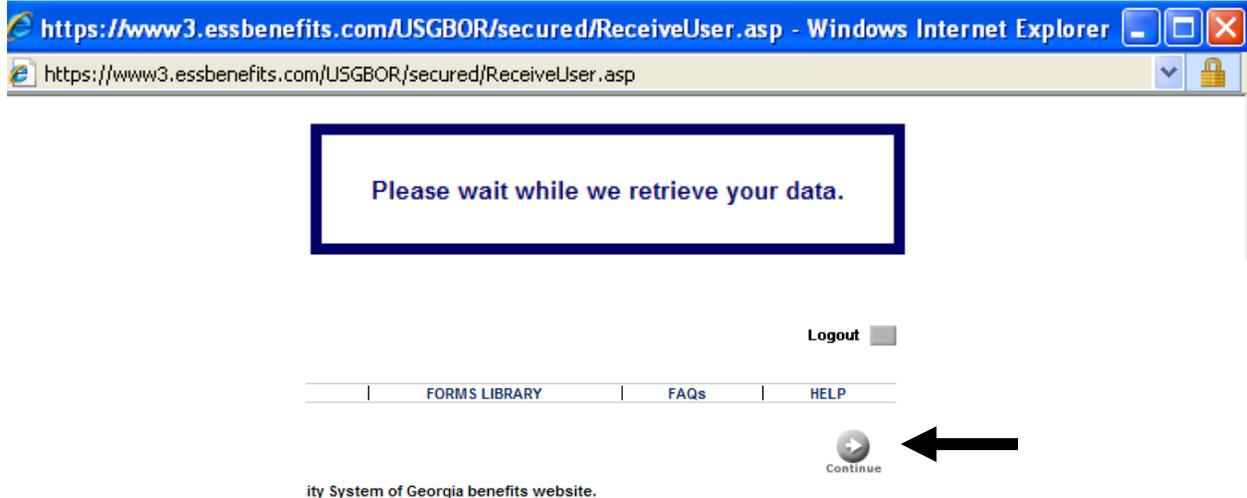

Step 3: Click on Benefits Tab

Step 4: Click My Benefits Link

Step 5: Expand screen and click Continue

UPDATING DEPENDENT INFORMATION

Step 1: Click Update Dependent Information.

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

<u>UPDATING AN EXISTING DEPENDENT</u>

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

	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 Doe		CH	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	M	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.

Continue

Cancel

Dependent Information

	First	M	Last	Relation	Gender	Birth Date	SSN	Student	Disabled	Medicare Eligible
1	Jane Doe			SP	F	06/06/1967	xxx-xx-	N	N	N
2	Mary Doe			CH	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.