

How to Perform Annual Benefits Enrollment via Desktop Computer

1. Log into myADP for Benefits to enroll in your Benefits at <https://my.adp.com>. From the Dashboard choose the Benefits area to begin enrollment.



Home

Benefits

2. From the Benefits area you will see an opportunity to enroll and the number of days remaining to enroll.

Not started

Annual Enrollment

🕒 17 Days left to make changes (11/01/2024)

Effective: January 1, 2025

Enroll now

Choose “**Enroll Now**”.

3. The enrollment will begin by asking you the following Survey Question:

Is spouse eligible for other medical insurance coverage through their employer (does not include Medicare and KII couples)?

☒ Spouse is not Eligible for other coverage

☐ Spouse is Eligible for other coverage

4. Choose the applicable answer, then choose **Next** at the bottom of the screen.
5. On the “Review Your Dependents” screen you have the ability to add new dependents and beneficiaries or edit existing ones. When editing choose the Edit link within each beneficiary or dependent. Choose **Add New Dependent** to add dependents and **Add New Beneficiary** to add any beneficiaries for Life and AD&D. **You need to add your dependents here to add them to your benefits.**

Review your dependents

+ Add new dependent

+ Add new beneficiary

6. You will be prompted to enter the information or copy information from an existing beneficiary/dependent.
7. If entering the information when adding a new dependent, populate all fields to add them. Along with name, enter the following (required ones are shown with an *).
 - a. Address
 - b. Relationship: Spouse, Domestic Partner, Child or Child of Domestic Partner (Domestic Partner requires proof of Domestic Partnership).
 - c. Gender
 - d. Date of Birth

- e. Social Security Number
 - f. Status: Full time student or disabled (if pertinent)
- Choose **Save** when complete.

8. You can add another dependent or review your dependents.
9. When you are back to Beneficiaries and Dependents you can add a beneficiary. You can choose a person, organization or trust as the beneficiary. Choose **NEXT**.

Add New Beneficiary or Organization

☐ Person

☐ Organization or Trust

10. You will add information on the following fields:

Name

Address

Phone

E-mail

Relationship: Domestic Partner, Parent, Child, Child of Qualified Domestic Partner, Other

Date of Birth

11. If you need to delete a dependent, please contact the MCR Service Center and they will be able to delete your dependent. You will not be able to delete them.
12. Choose **Save** when complete. You will see a message that states your information was added successfully. On the Dependents and Beneficiaries screen choose **Next** to go to the main enrollment screen.
13. The Benefit election screen displays the benefits you currently have elected. As a reminder, you can also go back and edit your survey answers by choosing “**Survey Questions**” in the Benefit election screen. Benefit changes can be made to the respective plan along with Beneficiary Designations if it relates to the event. Please note the enrollment cannot be completed unless you act on all benefit options that need attention, which will be designated as “**Needs Attention**” similar to the following:

Needs Attention (1)

14. Under Health Care, select which medical plan and dependents you want on your plan. Choose **Select Plan** for your medical plan option. If you do not wish to elect any medical plan, choose **Waive Benefit**. If you answered the question your spouse is eligible for other coverage in the survey questions you will not be able to add them to a medical plan. You can edit your survey answers on the main enrollment screen.
- You can save and continue to the next benefit election option by choosing **Continue to Health Savings Account** or return to the main window by choosing **Save and return to all benefits**.



Health Care

Effective Date: Jan 1, 2025

✓ Current Election

1700 Premium CDHP w/HSA

Covered Individuals (Employee Only)

You are covered

15. If you elect a plan that includes HSA (Health Savings Account), you can set your annual goal amount for the year. The minimum amount you can set is \$52. The maximum is defined annually by the IRS and is configured in the system to not go above the maximum. Choose **Select** after designating an amount or **Waive this benefit** to decline contributing to a HSA.



Health Savings Account

Enter the total amount you want to contribute to your spending account for the year. If you do not want to contribute, select Waive Coverage.

For the entire year, I want to contribute:

Your contribution for the year can be any amount up to \$4,900.00.

☐ Maximum yearly goal

\$4,900.00

(\$188.46 × 26 Paychecks)

☐ Enter a different amount

\$0.00

(\$0.00 × 26 Paychecks)

Summary

Total contribution:

\$0.00

You can save and continue to the next benefit election option by choosing **Continue to Critical Illness** or return to the main window by choosing **Save and return to all benefits**.

16. For Critical Illness, you can elect to take this coverage. Choose **Select** to choose this benefit or **Waive benefit** to decline. **You must take Employee Group Critical illness if you plan to take Critical Illness for your spouse or dependents.** If you select Critical Illness you will see something similar to the following:

✓ Selected

Group Critical Illness

Per Paycheck

\$7.91

Selected plan

Choose **Continue to Group Accident Plan** or **Save and return to all benefits**.

17. For Group Accident, choose the plan and dependents you want on your plan. Choose **Select** under your plan option. If you do not wish to elect this plan, choose **Waive benefit** at the bottom of the screen. Save and continue to the next benefit election option by choosing **Continue to Group Hospital Indemnity Plan** or return to the main window by choosing **Save and return to all benefits**.

Selected

Group Accident Coverage

Per Paycheck
\$2.90

Selected plan

18. Under Group Hospital Indemnity, choose the plan and dependents you want on your plan. Choose **Select** under your plan option. If you do not wish to elect this plan, choose **Waive this benefit** at the bottom of the screen. Save and continue to the next benefit election option by choosing **Continue to Dental** or return to the main window by choosing **Save and return to all benefits**.

Selected

Group Hospital Indemnity Plan

Per Paycheck
\$9.79

Selected plan

19. For Dental, choose the plan and dependents you want on your plan. Choose **Select** under your plan option. If you do not wish to elect a plan, choose **Waive benefit** at the bottom of the screen.

2 Plans Available

Selected

\$2000 Max/\$2000 Ortho

Per Paycheck
\$3.88

Selected plan

\$1000 Max/\$1000 Ortho

Per Paycheck
\$2.94

Select plan

Save and continue to the next benefit election option by choosing **Continue to Vision** or return to the main window by choosing **Save and return to all benefits**.

20. For Vision, choose the plan and dependents you want on your plan. Choose **Select** under your plan option. If you do not wish to elect a plan, choose **Waive benefit** at the bottom of the screen.

1 Plans Available

Selected

Vision

Per Paycheck
\$3.85

Selected plan

Save and continue to the next benefit election option by choosing **Continue to Basic Short Term Disability** or return to the main window by choosing **Save and return to all benefits**.

21. For Basic Short Term disability, you do not need to decline coverage as this is a benefit provided by Kimball International.



Basic Short Term Disability

Effective Date: Jan 1, 2025

✓ Current Election

35% STD Coverage : \$1,250.00

\$0.00

[Show price breakdown](#)

Save and continue to the next benefit election option by choosing **Continue to Supplemental Short Term Disability** or return to the main window by choosing **Save and return to all benefits**.

22. For Supplemental Short Term Disability, choose **25% additional option** then **Select** or **Waive this benefit** to decline additional Short Term Disability coverage.



Supplemental Short Term Disability

Enter or change your selections in the sections below.

Select Benefit Option

25% STD Coverage

Costs

Plan Cost Per Paycheck

\$24.01

Save and continue to the next benefit election option by choosing **Continue to Long Term Disability** or return to the main window by choosing **Save and return to all benefits**.

23. For Long Term Disability, you can choose **50% or 60% coverage** then **Select**, or choose **Waive this benefit**.



Long Term Disability

Enter or change your selections in the sections below.

Select Benefit Option

50% LTD Coverage

50% LTD Coverage ✓

60% LTD Coverage

Plan Cost Per Paycheck

\$8.44

Save and continue to the next benefit election option by choosing **Continue to Basic Employee Life Insurance** or return to the main window by choosing **Save and return to all benefits**.

24. For Basic Employee Life Insurance, you do not need to decline coverage as this is a benefit provided by Kimball International. Designate the percentage to your beneficiaries (added at the beginning of enrollment). The total must equal 100%. **Primary** beneficiaries are mandatory but **Secondary** beneficiaries are optional. You can also add additional beneficiaries if you did not add them at the beginning of enrollment.



Basic Employee Life Insurance

Effective Date: Jan 1, 2025

✓ Current Election

\$25,000 : \$25,000.00

\$0.00

[Show price breakdown](#)

Beneficiaries

Save and continue to the next benefit election option by choosing **Continue to Supplemental Employee Life Insurance** or return to the main window by choosing **Save and return to all benefits**.

25. For Supplemental Employee Life Insurance, choose the coverage by wage levels. Designate the percentage to your beneficiaries (added at the beginning of enrollment). The total must equal 100%. **Primary** beneficiaries are mandatory but **Secondary** beneficiaries are optional. You can also add additional beneficiaries at the bottom of the page if you did not add them at the beginning of enrollment. You can only move up one level of life insurance coverage per year, but can move down any level.



Supplemental Employee Life Insurance

Enter or change your selections in the sections below.

Select Benefit Option

3 x Wage

1 x Wage

2 x Wage

3 x Wage

4 X Wage

You can save and continue to the next benefit election option by choosing **Continue to Basic AD&D** or return to the main window by choosing **Save and return to all benefits**.

26. For Basic AD&D you do not need to decline coverage as this is a benefit provided by Kimball International. Designate the percentage to your beneficiaries (added at the beginning of enrollment). The total must equal 100%. **Primary** beneficiaries are mandatory but **Secondary** beneficiaries are optional. You can also add additional beneficiaries if you did not add them at the beginning of enrollment.



Basic AD&D

Effective Date: Jan 1, 2025

✓ Current Election

\$25,000 AD&D : \$25,000.00

\$0.00

[Show price breakdown](#)

Beneficiaries

Save and continue to the next benefit election option by choosing **Continue to Supplemental AD&D** or return to the main window by choosing **Save and return to all benefits**.

27. For Supplemental AD&D, choose your benefit option. Designate the percentage to your beneficiaries (added at the beginning of enrollment). The total must equal 100%. **Primary** beneficiaries are mandatory but **Secondary** beneficiaries are optional. You can also add additional beneficiaries if you did not add them at the beginning of enrollment. You can only move up one level during enrollment.



Supplemental AD&D

Enter or change your selections in the sections below.

Select Benefit Option

\$250,000 AD&D

\$25,000 AD&D

\$50,000 AD&D

\$100,000 AD&D

\$150,000 AD&D

\$200,000 AD&D

\$250,000 AD&D

Save and continue to the next benefit election option by choosing **Continue to Dependent Life** or return to the main window by choosing **Save and return to all benefits**.

28. For Dependent Life, You must select at least one dependent. You can only move up one level during enrollment and down any level. You must have at least \$30,000 of Supplemental Life insurance on yourself to choose the \$30,000/\$10,000 option.

Dependent Life

3 Plans Available

Selected

\$10,000 Spouse /\$5,000 per Child

Per Paycheck

\$1.41

Selected plan

\$20,000 Spouse/\$10,000 per Child

Per Paycheck

\$3.14

Select plan

\$30,000 Spouse/\$10,000 per Child

Per Paycheck

\$4.23

Select plan

A confirmation window will pop up asking you to confirm your choice. You are the beneficiary of Dependent Life coverage. You can save and return to the main window by choosing **Save and return to all benefits**.

On the main enrollment page you can review your elections to ensure you have what you elected. If a section requires action you will them listed in “Needs Attention” at the top of the screen.

If you are satisfied with your elections, choose **Confirm Elections**. You can also **Save & Finish Later**. You will not be able to confirm your elections until all required benefit elections are completed.

 17 Days left to make changes
Event Date: Jan 1, 2025

Estimated Cost 

Per Paycheck
\$136.84

Per Month
\$296.51

Per Year
\$3,558.04

29. Choose **Next: Confirm Elections.**

Agree and Confirm Elections

I authorize Kimball International to make the necessary adjustments in my pay based on the choices I have made in MyADP. I understand that if I am not actively at work on the effective date, other than because of a leave under the Family and Medical Leave Act, new elections except medical will not be effective until I return to work. If I have declined health care coverage for myself and my eligible dependents, I understand the value of health care coverage, but have voluntarily not selected coverage in a Kimball International sponsored health care plan. If I am declining enrollment in a Kimball International health care plan for myself or my dependents because of other health insurance coverage, I may be able to enroll myself or my dependents in this plan provided I make an election within 60 days after the other coverage ends. In addition, if I have a new dependent due to marriage, declaration of domestic partnership, birth, adoption or placement for adoption, I may be able to enroll myself and my dependents, provided that I request enrollment within 60 days of the event. I understand any elections I have made will remain in effect until I change them during a future annual enrollment or unless I enter a qualified family status change (life event) in MyADP within 60 days of the event. I also understand Kimball International or its vendors may contact me to inform me about wellness or benefit opportunities or health care services that might be available to me or my covered dependents. Under penalties of perjury, I declare that the information that I have furnished, to the best of my knowledge and belief, is true, correct and complete. I further understand that I have an affirmative responsibility to notify Kimball International if any of my information changes or my dependent ceases to be eligible.

Cancel

I agree and confirm elections

30. The enrollment will process and provide you with a confirmation number stating you have completed your enrollment. You can download your confirmation to print or save or exit and return to the main Benefit screen. It is **HIGHLY** recommended to review your confirmation statement to ensure you have elected what you planned to elect.

 You have completed your enrollment.

Confirmation # 20241015101918
Event Date: Jan 01, 2025
Last Confirmed Date: Oct 15, 2024

Download confirmation