



A more human resource.™

MyADP – The ADP Experience

# Getting Started with MyADP

Log in to ADP

USER ID \*

a

PASSWORD \*

Remember User ID

LOG IN

FORGOT YOUR ID/PASSWORD?

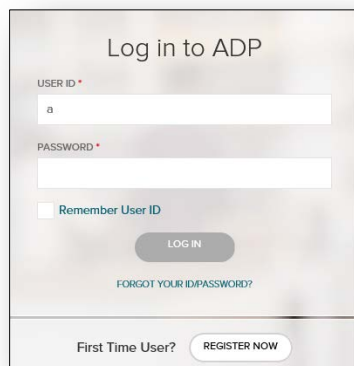
First Time User? REGISTER NOW

*Register, log in,  
and learn about  
key features*

# Self-Registration for First Time Users

If this is your first time using ADP services, follow the self-registration process below. Otherwise, use your existing credentials.

1. Go to <https://my.adp.com>.
2. Click **REGISTER NOW**.
3. Enter the registration code: **AVA-AVA** and click **NEXT**. You will be asked if you are registering with Avaya. Select **YES**.
4. Enter your name and other requested information and click **CONFIRM**.
  - If the prompt indicates that your record was found, click **REGISTER NOW**.
  - If the prompt indicates your record could not be found, contact the Avaya Health & Benefits Decision at 1-800-526-8056 (option 1) Monday through Friday, 8 a.m. - 8 p.m., ET, Saturday, 8 a.m. - 5 p.m., ET.
5. On the *Register for Services* page, enter your contact information.
6. View or create (if permitted) a user ID.
7. Create a password.
8. Select and answer security questions.
9. If prompted, read the terms and conditions and select the **I Agree** check box.
10. Click **Register** (or **Register Now**).
11. Activate your contact devices by following the instructions in the two emails you will receive.
12. You can now log in to your ADP service.

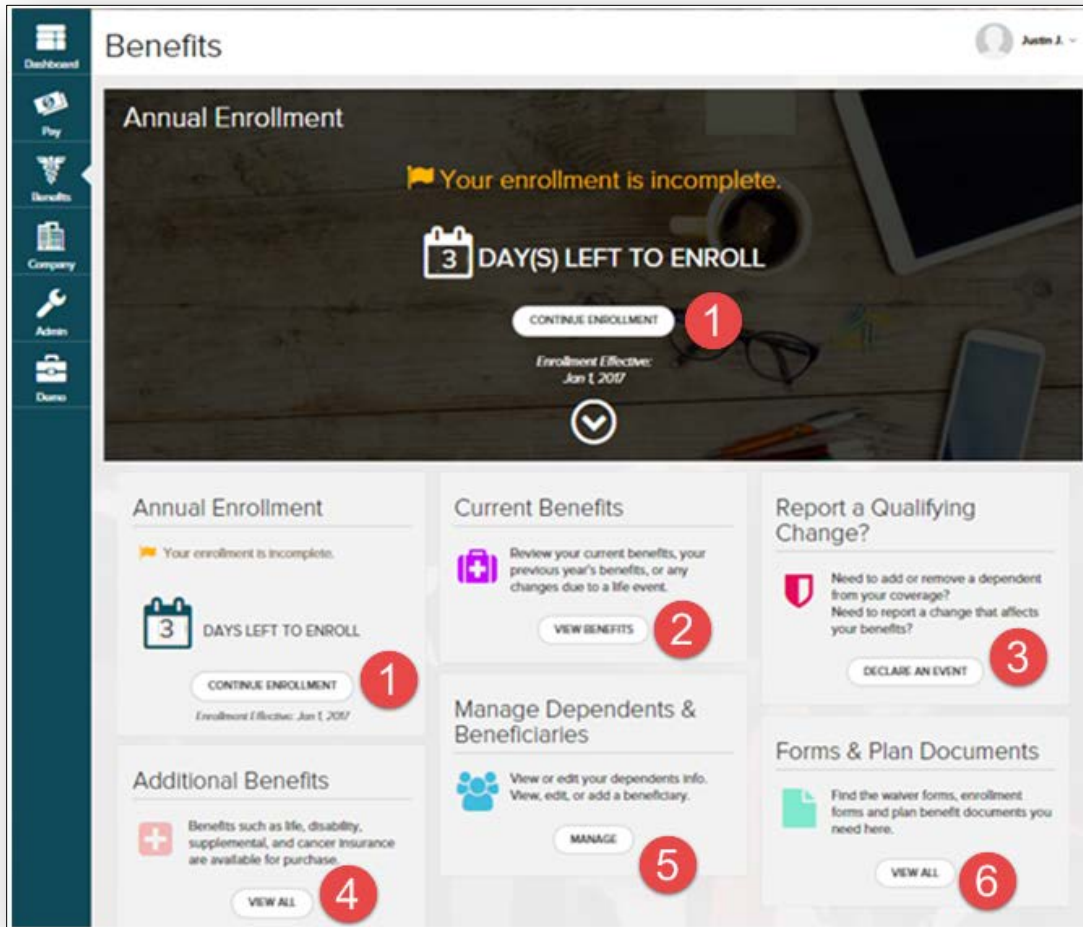


Signing In
1. Go to <a href="https://my.adp.com">https://my.adp.com</a> .
2. Enter your <b>User ID</b> . <i>You received your User ID when you completed self-registration.</i>
3. Enter your <b>Password</b> . <i>Your password is the one you created during self-registration.</i>
4. Click <b>Sign In</b> .

**For further assistance, contact the Avaya Health & Benefits Decision at 1-800-526-8056 (option 1) Monday - Friday, 8 a.m. - 8 p.m., ET, Saturday, 8 a.m. - 5 p.m., ET.**

# Managing Your Benefits

The Benefits home page provides quick access to all your benefits information with easy-to-use navigation.



(1) If applicable, access an open event (New Hire, Annual Enrollment, incomplete Life Events, and so forth) at the top of the page or the corresponding event tile below to begin or continue the enrollment process.

(2) View the benefits you are currently enrolled in and applicable paycheck deductions. Access benefits confirmation statements.

(3) Declare a Life Event, such as marriage, divorce, adoption, birth, and so forth.

(4) Active employees can access additional benefits (information on SonicBoom, Aetna Nurse, Avaya's EAP and the Employee Discount Program).

(5) View or update dependent and beneficiary information, allocations or coverage (with a qualifying event).

(6) Access forms and documents related to your benefits.

# Begin Annual Enrollment Changes/Elections

*(Newly eligible for Avaya's benefits? Skip this section and go to page 9 of this document.)*

The Annual Enrollment page alerts you to your time remaining to make elections for the upcoming plan year and provides easy access to the benefits you'd like to review or make changes to.

(1) Click on the specific tile you'd like to review/change or let the website walk you through each benefit, step-by-step. **Make sure you scroll to the very bottom of this page.**

(2) Need to update your (or your dependents') **tobacco usage status** from the current year? Want to know how to enroll in **Commuter Benefits** (Active Salaried Employees only)? How about getting information on where to take your **HQA for Wellness Incentives**? Click on the "EDIT SURVEY ANSWERS" link to walk through those pages.

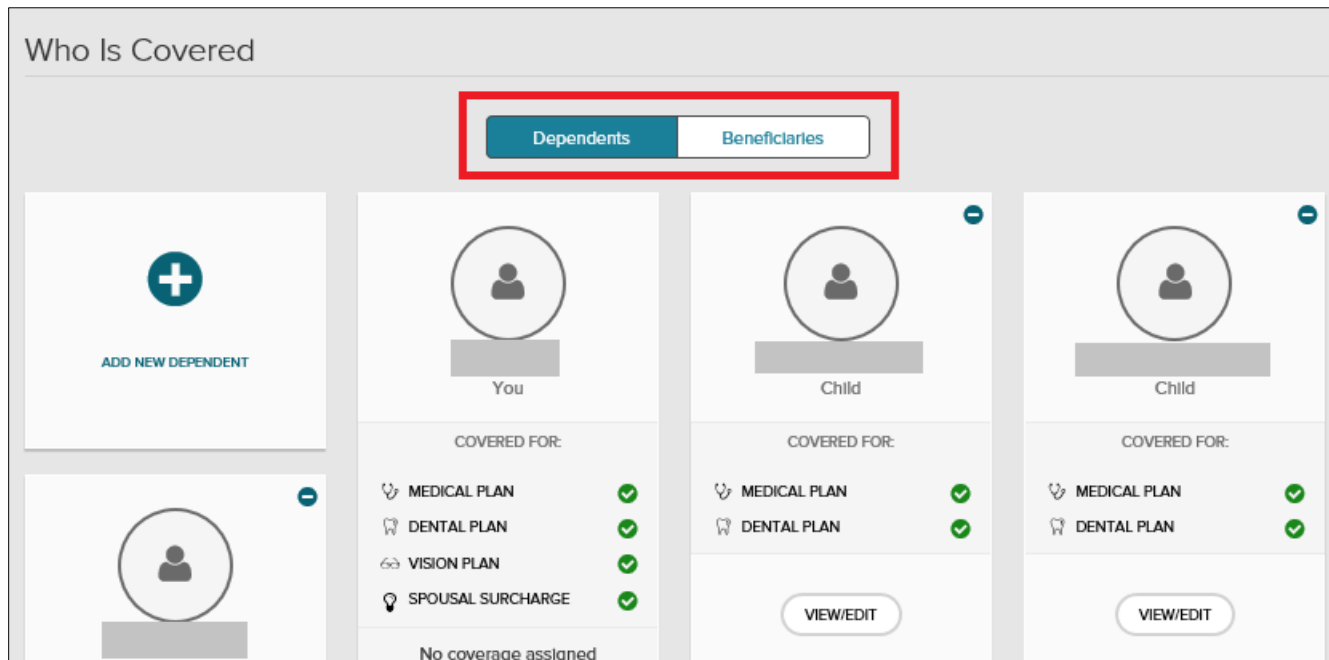
(3) **IMPORTANT!** Any changes you make to your benefits during Annual Enrollment will NOT be sent to the carriers until you click on the "COMPLETE ENROLLMENT" button and "CONFIRM ENROLLMENT" on the subsequent page. You may make changes to your benefits as often as you like during Annual Enrollment, but your final completed and confirmed election, once Annual Enrollment ends, is what will be sent to the carriers.

# Annual Enrollment (continued)

*(Newly eligible for Avaya's benefits? Skip this section and go to page 9 of this document.)*

## Who Is Covered?

Scroll to the bottom of the Annual Enrollment page to review and/or update your eligible dependents and beneficiaries currently listed in the benefit system. You can change the plans any dependent is enrolled in via the specific benefit plan tiles (see next page).



# Annual Enrollment (continued)

*(Newly eligible for Avaya's benefits? Skip this section and go to page 9 of this document.)*

## Benefit Tiles

Review who is covered and which plan you and your family members are enrolled in.

The screenshot shows the 'Medical Plan' enrollment interface. At the top left, a button labeled 'ANNUAL ENROLLMENT' is highlighted with a circled '1'. Below it, the 'Medical Plan' title is followed by an 'ABOUT THIS BENEFIT' section. A red box highlights a 'MORE' link with a circled '2'. To the left, the 'WHO IS COVERED' section lists 'You', 'Child', 'Child', and 'Spouse', each with a checkbox. A circled '3' points to the '4 PLANS AVAILABLE' header. The main area displays three plan options: 'CDHP Alternative' (1st match, \$133.50 per paycheck, \$13,204 yearly cost), 'Healthy Direction CDHP with HSA' (2nd match, \$226.00 per paycheck, \$12,424 yearly cost), and 'Kaiser of California' (3rd match, \$412.50 per paycheck, \$17,900 yearly cost). Each plan has a 'VIEW PLAN DETAILS' link and a 'SELECT THIS PLAN' button. A circled '4' points to the 'HELP ME CHOOSE' and 'COMPARE PLANS' buttons. At the bottom, a 'CONTINUE WITH SELECTED PLAN' button and a 'WAIVE THIS BENEFIT' button are shown, with a circled '5' pointing to the 'CONTINUE WITH SELECTED PLAN' button.

(1) You can always get back to the main Annual Enrollment page by clicking on the “ANNUAL ENROLLMENT” button at the top of each benefit page.

(2) Always read the section “ABOUT THIS BENEFIT” to learn more about your options. Clicking on the “MORE” link will provide further detail on each benefit.

(3) The “WHO IS COVERED” section alerts you to who will be enrolled in each benefit. In this example, the employee, two children and a spouse are covered on the Medical Plan. If you’d like to cover a listed dependent that doesn’t have a check mark next to their name, simply check the box next to their name in this section. If you don’t see a dependent listed that needs to be covered, please review page 5 to add them as a dependent to the system, first.

(4) The “HELP ME CHOOSE” and “COMPARE PLANS” buttons are decision support tools to assist you with your plan decision-making.

(5) You have the option of selecting a plan for you and your covered dependents for the upcoming plan year, or you can “WAIVE THIS BENEFIT”. You may also “CONTINUE WITH SELECTED PLAN” (once you’ve chosen a plan), or simply return to the Annual Enrollment page by clicking on the “ANNUAL ENROLLMENT” button at the top of the screen.



# Annual Enrollment (continued)

*(Newly eligible for Avaya's benefits? Skip this section and go to page 9 of this document.)*

## **Spousal Surcharge Tile (Active Salaried Employees only)**

To edit your current spousal surcharge status for the upcoming plan year, if applicable, scroll to the middle of the Annual Enrollment page to review your status and certify your spouse or domestic partner's eligibility. *You, the employee, will always be the only person listed under the "WHO IS COVERED" section on this page.*

< ANNUAL ENROLLMENT

## Spousal Surcharge

**ABOUT THIS BENEFIT**

If you choose to cover your spouse/domestic partner under an Avaya medical plan and your spouse/domestic partner has the opportunity to enroll in medical coverage through his/her own employer, you will pay a surcharge of \$100 per month. This fee is in addition to your monthly medical contribution.

The surcharge does not apply to a non-working spouse/domestic partner, a spouse/domestic partner whose employer does not offer health coverage, a spouse/domestic partner that does not qualify for their employer's health coverage, or a spouse/domestic partner who has or is eligible for Medicare.

By choosing "SELECT THIS PLAN" you are certifying that your spouse/domestic partner IS eligible for medical coverage through his/her own employer. If they are not eligible for medical coverage through their own employer, select "WAIVE THIS BENEFIT" at the bottom of the page to continue. In either case, you are agreeing that the information you are providing is true and accurate to the best of your knowledge, and that you understand your obligation to adhere to the Avaya Code of Conduct.

↑ LESS

**WHO IS COVERED**

[Redacted] You

Spouse IS eligible for medical coverage through his/her own employer.

**YOUR CURRENT ELECTION**

Plan cost per paycheck  
**\$50.00**

SELECTED PLAN

CONTINUE WITH SELECTED PLAN ✕ WAIVE THIS BENEFIT

# Annual Enrollment (continued)

*(Newly eligible for Avaya’s benefits? Skip this section and go to page 9 of this document.)*

## Review & Confirm Your Elections

Finished with your Annual Enrollment elections and changes? *Review this page thoroughly before clicking on the “CONFIRM ENROLLMENT” button.*





**Annual Enrollment**

Review & Confirm Benefits

SAVE & FINISH LATER    **CONFIRM ENROLLMENT**

Your elections will not be processed until you click 'Confirm Enrollment'.

Your Estimated Cost of Benefits  
Per Paycheck = \$326.01

PLANS	PLAN COST
 Medical Plan ✓ CDHP Alternative Effective Date: Jan 1, 2018 Coverage: You <a href="#">CHANGE</a>	\$133.50 ⓘ
 Dental Plan ✓ Dental PPO Effective Date: Jan 1, 2018 Coverage: You <a href="#">CHANGE</a>	\$29.50 ⓘ
 Vision Plan ✓ EyeMed Vision Care Effective Date: Jan 1, 2018 Coverage: You <a href="#">CHANGE</a>	\$4.01 ⓘ
 Health Savings Account ✗ Waived <a href="#">LEARN MORE</a>	\$0.00 ⓘ

**PLAN AHEAD! Save or print your confirmation statement once you have clicked on the “CONFIRM ENROLLMENT” button.**

1. Click on “VIEW BENEFITS” on the *Current Benefits* tile on the home page.
2. Click on “VIEW ALL STATEMENTS”.
3. Select the “Annual Enrollment” event as of the first day of the upcoming plan year.
4. Click on the download icon and you can print or save your confirmation statement.

**For further assistance, contact the Avaya Health & Benefits Decision at 1-800-526-8056 (option 1)  
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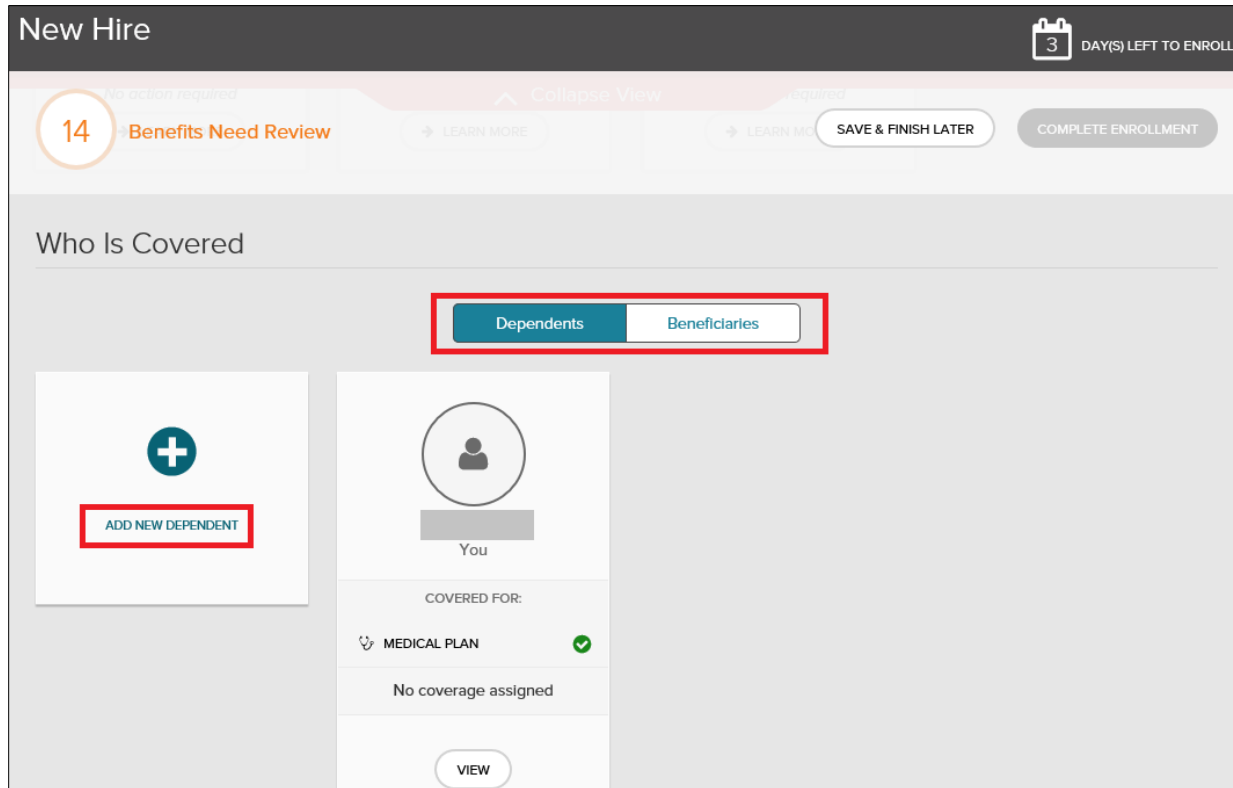
# Newly Eligible for Avaya Benefits

The New Hire page alerts you to your time remaining to make elections for the current plan year and guides you through Avaya’s benefit options, step-by-step.

*As a time saver, scroll to the bottom of the New Hire page to add dependents, if applicable, to the benefit system before starting your elections.*

## Who Is Covered?

Add your eligible dependents and beneficiaries to the benefit system. You can edit the plans any dependent is enrolled in via the specific benefit plan tiles (see page 11).



# Newly Eligible for Avaya Benefits (continued)

**New Hire** 3 DAYS LEFT TO ENROLL

14 **Benefits Need Review** 3 SAVE & FINISH LATER COMPLETE ENROLLMENT

Estimated Costs Per Paycheck = \$56.00 2 EDIT SURVEY ANSWERS

Please take a moment to review and make changes to your benefits. You cannot complete your enrollment unless you take action on the benefits that need review. Please note that you will also not be able to make changes to any company provided benefits.

Benefit Type	Status	Cost
Medical Plan	Needs Review	CDHP Alternative \$56.00
Dental Plan	Needs Review	No Coverage \$0.00
Vision Plan	Needs Review	No Coverage \$0.00
Health Care Flexible Spending Account	Needs Review	Waive HCFSA \$0.00

*You are covered*

(1) To begin, click on the first benefit tile at the top of the page, and let the website walk you through each benefit, step-by-step. **Make sure you scroll through this entire page before committing to your benefit elections.**

(2) When you logged in to this site for the first time you were walked through several “survey” pages: **tobacco usage status** (for you and your dependents, separately), instructions on how to enroll in **Commuter Benefits** (Active Salaried Employees only) and how to complete the **HQA for Wellness Incentives**. If you need to update any of those items, click on the “EDIT SURVEY ANSWERS” link to walk through those pages again.

(3) **IMPORTANT!** Any changes you make to your benefits during your New Hire eligibility window will NOT be sent to the carriers until you click on the “COMPLETE ENROLLMENT” button and “CONFIRM ENROLLMENT”. You may make changes to your benefits as often as you like during your New Hire eligibility window, but your final completed and confirmed election, once that window closes, is what will be sent to the carriers.

# Newly Eligible for Avaya Benefits (continued)

## Benefit Tiles

Review your plan options and who is to be covered on each plan.

**1** < NEW HIRE

### Medical Plan

**ABOUT THIS BENEFIT**  
 Make your plan election by clicking the "SELECT THIS PLAN" button. Your current enrollment information is marked. If you are eligible for more than one plan, please select the "UPDATE ESTIMATED COSTS & RANKINGS" button to use the Decision Support Tool that will help you determine which plan is the best for you and your family, as applicable. If you select coverage other than Employee Only, you must specify the dependents you want to cover.

**2** [MORE](#)

**WHO IS COVERED** **3**

**3 PLANS AVAILABLE** **4** [HELP ME CHOOSE](#) [COMPARE PLANS](#)

Match	Plan Name	Plan cost per paycheck	Estimated yearly cost
2nd match	CDHP Alternative	\$56.00	\$4,750
1st match	Healthy Direction CDHP with HSA	\$92.00	\$3,762
3rd match	TRICARE Supplemental Coverage	\$67.50	\$1,675

**5** [CONTINUE WITH SELECTED PLAN](#) [WAIVE THIS BENEFIT](#)

(1) You can always get back to the main New Hire page by clicking on the "NEW HIRE" button at the top of each benefit page.

(2) Always read the section "ABOUT THIS BENEFIT" to learn more about your options. Clicking on the "MORE" link will provide further detail on each benefit.

(3) The "WHO IS COVERED" section alerts you to who will be enrolled in each benefit. In this example, the employee (only) is covered on the Medical Plan. If you'd like to cover a listed dependent that doesn't have a check mark next to their name in this section. If you don't see a dependent listed that needs to be covered, please review page 9 to add them as a dependent to the system, first.

(4) The "HELP ME CHOOSE" and "COMPARE PLANS" buttons are decision support tools to assist you with your plan decision-making.

(5) You have the option of selecting a plan for you and your covered dependents for the current plan year, or you can "WAIVE THIS BENEFIT". You may also "CONTINUE WITH SELECTED PLAN" (once you've chosen a plan), or simply return to the New Hire page by clicking on the "NEW HIRE" button at the top of the screen.

# Newly Eligible for Avaya Benefits (continued)

## Spousal Surcharge Tile (Active Salaried Employees only)

This tile is used to certify whether or not your spouse or domestic partner is eligible for medical coverage through their own employer. *You, the employee, will always be the only person listed under the “WHO IS COVERED” section on this page.*

< ANNUAL ENROLLMENT

### Spousal Surcharge

**ABOUT THIS BENEFIT**

If you choose to cover your spouse/domestic partner under an Avaya medical plan and your spouse/domestic partner has the opportunity to enroll in medical coverage through his/her own employer, you will pay a surcharge of \$100 per month. This fee is in addition to your monthly medical contribution.

The surcharge does not apply to a non-working spouse/domestic partner, a spouse/domestic partner whose employer does not offer health coverage, a spouse/domestic partner that does not qualify for their employer's health coverage, or a spouse/domestic partner who has or is eligible for Medicare.

By choosing "SELECT THIS PLAN" you are certifying that your spouse/domestic partner IS eligible for medical coverage through his/her own employer. If they are not eligible for medical coverage through their own employer, select "WAIVE THIS BENEFIT" at the bottom of the page to continue. In either case, you are agreeing that the information you are providing is true and accurate to the best of your knowledge, and that you understand your obligation to adhere to the Avaya Code of Conduct.

↑ LESS

**WHO IS COVERED**

[Redacted] You

Spouse IS eligible for medical coverage through his/her own employer.

**YOUR CURRENT ELECTION**

Plan cost per paycheck  
**\$50.00**

SELECTED PLAN

CONTINUE WITH SELECTED PLAN  WAIVE THIS BENEFIT

# Newly Eligible for Avaya Benefits (continued)

## Review & Confirm Your Elections

Finished with your New Hire elections? *Review this page thoroughly before clicking on the “CONFIRM ENROLLMENT” button.*





**Annual Enrollment**

Review & Confirm Benefits

Your elections will not be processed until you click 'Confirm Enrollment'.

SAVE & FINISH LATER    CONFIRM ENROLLMENT

Your Estimated Cost of Benefits  
Per Paycheck = \$326.01

PLANS	PLAN COST
 Medical Plan ✓ CDHP Alternative Effective Date: Jan 1, 2018 Coverage: You [redacted] <a href="#">CHANGE</a>	\$133.50 <a href="#">i</a>
 Dental Plan ✓ Dental PPO Effective Date: Jan 1, 2018 Coverage: You [redacted] <a href="#">CHANGE</a>	\$29.50 <a href="#">i</a>
 Vision Plan ✓ EyeMed Vision Care Effective Date: Jan 1, 2018 Coverage: You [redacted] <a href="#">CHANGE</a>	\$4.01 <a href="#">i</a>
 Health Savings Account ✗ Waived <a href="#">LEARN MORE</a>	\$0.00 <a href="#">i</a>

**PLAN AHEAD! Save or print your confirmation statement once you have clicked on the “CONFIRM ENROLLMENT” button.**

1. Click on “VIEW BENEFITS” on the *Current Benefits* tile on the home page.
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