



Pima County Human Resources-Benefits

Employee Assistance Manual Newly Hired Employees

Go to the ADP Employee Home Page

<https://home.eease.com/gateway>

Type in your **user name, company identifier, and password.**

user name is your EIN without the leading zeros

company identifier is pimacounty

password is the last four digits of your SSN, the capitalized first letter of your last name and your four digit year of birth.

For Example:

Name: John **D**oe

EIN: 0000**111111**

SSN: xxx-xx-**9133**

DOB: 01/15/**1952**

user name = 111111

company identifier = pimacounty

password = 9133D1952

Then, click on **Login**.

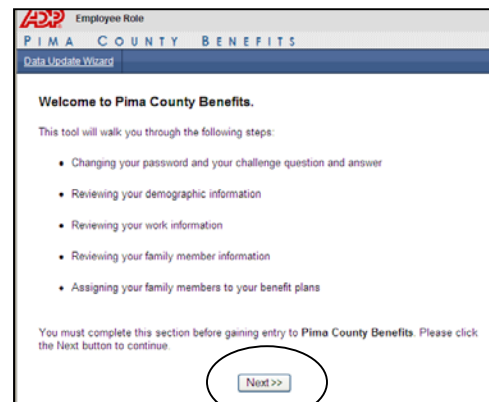
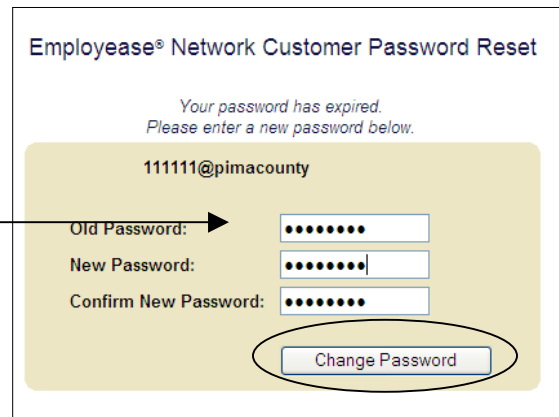
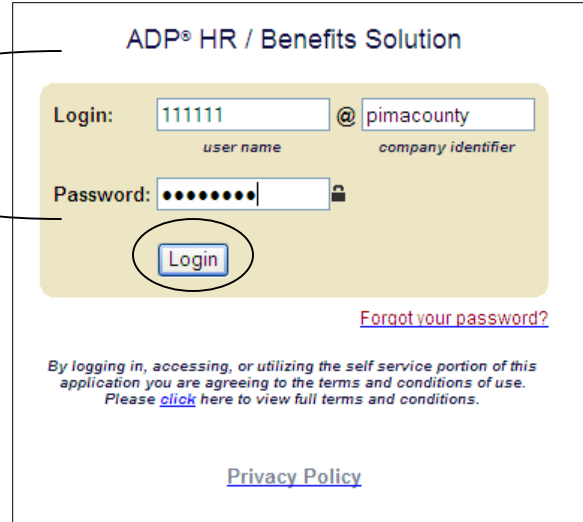
To protect your security, you will now be asked to change your password.

Enter your old password (the one you just entered above) in the text box. Then type in your new password and confirm it on the next line.

Click on **Change Password**

As you progress through the **Data Update Wizard**, instructions will be available on the screen and in the sidebars.

Click on **Next**.



On this page you may choose to use the password you just created by checking the box next to *Use Existing Password*.

If you prefer to change your password again, you may enter the information in the appropriate text boxes here.

Type in a Challenge question and answer.

Then, click on **Next**

Your Password

You must either change your password or elect to use your existing password. If you have not already set your challenge question and answer, you must also do that now. If you forget your password, the challenge question and answer will enable you to reset it without contacting an administrator.

Username: 111111

Password:

Re-type password:

Use existing password

Challenge:

Answer to challenge:

<< Back Next >>

Verify your contact information, and make changes and additions as needed. Then, click on **Next**.

Your Personal Information:

Please update your demographic information.

Personal

Name: John Doe Nickname:

Street Address 1: 1234 West Ave Home Phone: 520-555-5555

Street Address 2: Home Fax:

City: Tucson Personal Wireless:

State/Province: AZ Home Email:

Zip/Postal Code: 85750

County:

Country: United States

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Update your work contact information. In order to have the availability to receive a password reset electronically, you **must** have a valid e-mail address listed for "Work Email." If you do not have or do not wish to use a work e-mail address, please use your home e-mail address here. Then, click on **Next**.

Your Work Information:

Please update your work information.

Work Contact Information

Work Phone: Work Pager:

Work Fax: Work Email:

Work Wireless:

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To add a Spouse or Domestic Partner, click on **Add**. When adding a Spouse, you must submit to Human Resources a copy of your marriage license. When adding a Domestic Partner, you must submit to Human Resources a Domestic Partnership Affidavit available on the next page or from your Departmental Benefits Representative.

To add a Child or Children, click on **Add**. You'll need to provide a copy of a birth certificate or court documents. In addition, for children over 18, you'll need to provide proof of full-time student status or a copy of your federal tax return.

If you do not wish to enter dependents here, click on **Save** and continue to the next section.

Worksheet:

Please review the following information and make appropriate changes. If you do not have changes to make to this information, click the **Save** button to continue with the Update Wizard.

Spouse/Domestic Partner **add**

no spouse/domestic partner on record

Child(ren) **add**

no child(ren) on record

If you choose to add a dependent here:

Enter all the required information. (The page to add a Child will look similar to this page.) Then, click on **Save** at the bottom of the page. (You may need to use the scrollbar on the right hand side of the page to view the bottom.)

Fields marked with an asterisk are required.

*First Name: *Your spouse/partner's gender: Male Female

Middle Name:

*Last Name:

*Date of Birth:

*Date Married/
Living Together: *Relation: Spouse Domestic Partner

Home Phone:

SSN / National ID:

Spouse/Domestic Partner's Address Information:

Country:

Address:

City:

State/Province:

scrollbar →

Your additions will now show on the Worksheet Page. Add Child(ren) as needed. When finished, click on **Save**.

Worksheet:

Please review the following information and make appropriate changes. If you do not have changes to make to this information, click the **Save** button to continue with the Update Wizard.

Spouse/Domestic Partner **change this**

Jane Doe

Date of Birth: 12/03/1974 Gender: Female

SSN / National ID: Relation: Spouse

Address: 1234 West Ave
Tucson AZ 85750
United States

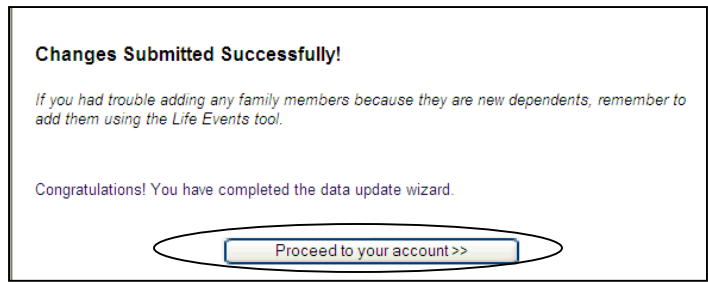
Home Phone:

Date Married/
Living Together: 01/01/2000

Child(ren) **add**

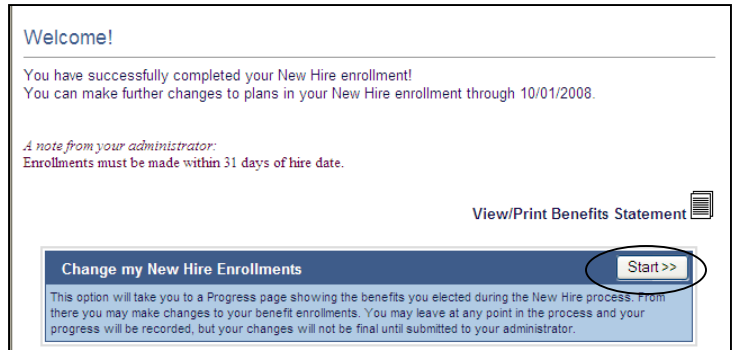
no child(ren) on record

Click on **Proceed to your account** to select your benefits. (Don't forget to submit any required documentation.)

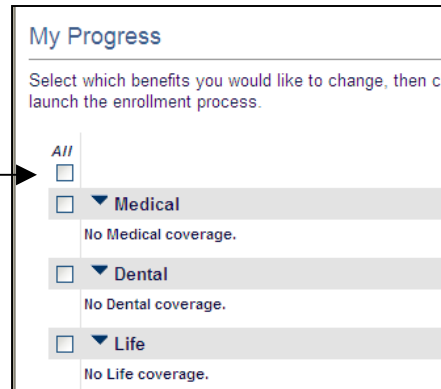


Click on **Start**.

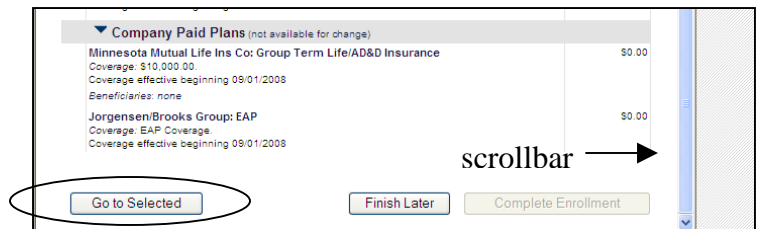
Remember – all new hire enrollments must be submitted within the first 31 days of employment. Benefits become effective the beginning of the pay period following 30 days of eligibility.



Select the box under **All**.



Use the scrollbar on the side of the page to scroll to the bottom of the page and click on **Go to Selected**.



Select the button for the plan you want. Plans are pre-tax unless specified.

Click on the arrow for the drop-down box and select the type of coverage.

If you do not wish to enroll in a medical plan, select the **Decline Medical** box at the top of the page.

Then, click on **Continue**.

You will follow the same steps to select or decline a dental plan.

If you wish to add Supplemental Life insurance for yourself, select the button for (pre) or post-tax.

Click on the arrow for the drop-down box and select the amount of coverage (1, 2, 3 or 4 times your annual salary). Remember: during your first 31 days of employment no medical questionnaire is required.

If you do not wish to enroll in a Supplemental Life plan select the **Decline Life** box at the top of the page.

Then, click on **Continue**.

If you wish to add Dependent Life insurance, select the button.

Click on the arrow for the drop-down box and select **Dependent Life**.

Select the Dependent(s) you wish to insure.

If you do not wish to enroll in Dependent Life select the **Decline Dependent Life** box at the top of the page.

Then, click on **Continue**.

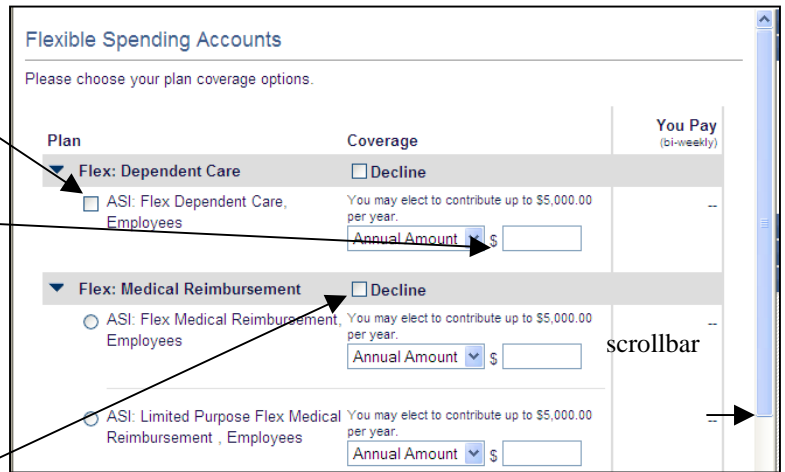
Select or Decline AD&D and Coverage amounts. Coverage is 1 to 8 times your annual salary. Then, click on **Continue**.

Note: If you have not selected Supplemental Life you will not have an option to select plans on this page.

If you wish to enroll in a Medical or Dependent Flexible Spending Account, select the button for the plan(s) you want.

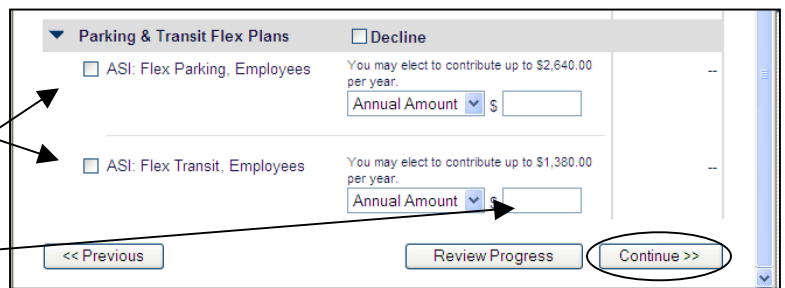
Type in the Annual Dollar Amount you wish to contribute. If you prefer to select a dollar amount per pay period, click on the arrow for the drop-down box. Pay calendars are available in the sidebar to determine the number of pay periods remaining in the year.

If you do not wish to enroll in a Flex Medical or Dependent Care Account, select the **Decline** boxes.



Use the scrollbar, scroll down to view the rest of the page.

If you wish to enroll in a Parking or Transit Flexible Spending Account, select the button for the plan you want and type in the Annual Dollar Amount you wish to contribute.



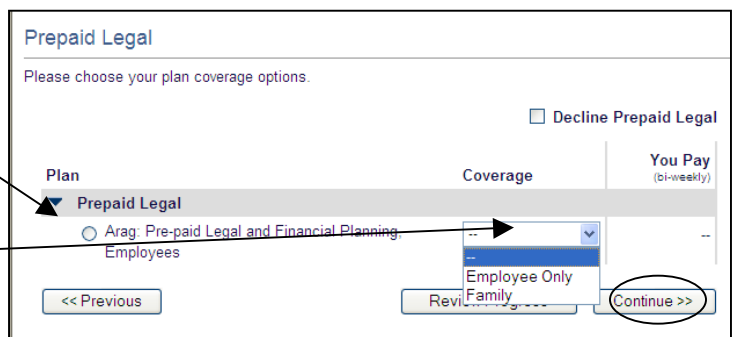
If you do not wish to enroll in a Flex Parking or Transit Account, select the **Decline** box.

Then, click on **Continue**.

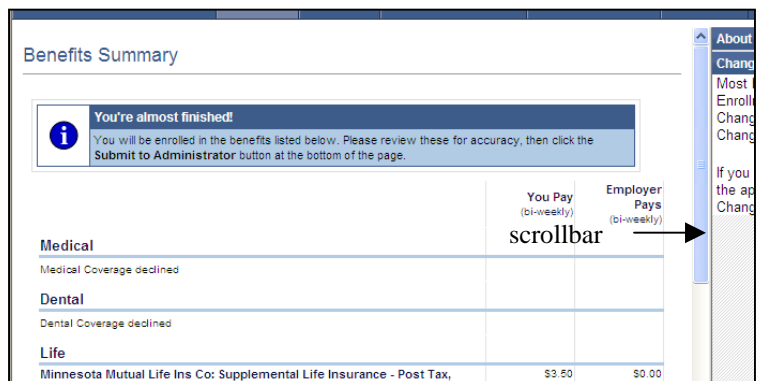
If you wish to enroll in Prepaid Legal, select the button.

Click on the arrow for the drop-down box to select *Employee Only* or *Family*.

Then, click on **Continue**.



Review the benefits you have selected to verify they are correct. Use the scrollbar on the side of the page to scroll down to the bottom.



If all of the information is correct, click on **Submit to Administrator**.

If you need to adjust anything, click on **Make More Changes**.

Company Paid Plans		
Minnesota Mutual Life Ins Co: Group Term Life/AD&D Insurance	\$0.00	\$0.62
Coverage: \$10,000.00 Coverage effective beginning 09/01/2008 Beneficiaries: none		
Jorgensen/Brooks Group: EAP	\$0.00	\$0.42
Coverage: EAP Coverage Coverage effective beginning 09/01/2008		

Make More Changes Submit to Administrator

Don't forget to submit to your Departmental Benefits Representative any necessary supporting documentation, i.e. Affidavit for Domestic Partnership Coverage, Birth Certificate, Marriage License, etc. Please referred to the **Required Document List** available on the Benefits website or from your Representative.

Once you've submitted your information, **make sure to Log Out of Employease**. Click on **Logout**.



When returning to *Employease*, if you need additional instructions such as retrieving a forgotten password, please refer to the **User Assistance Manual** available on the Benefits Website.