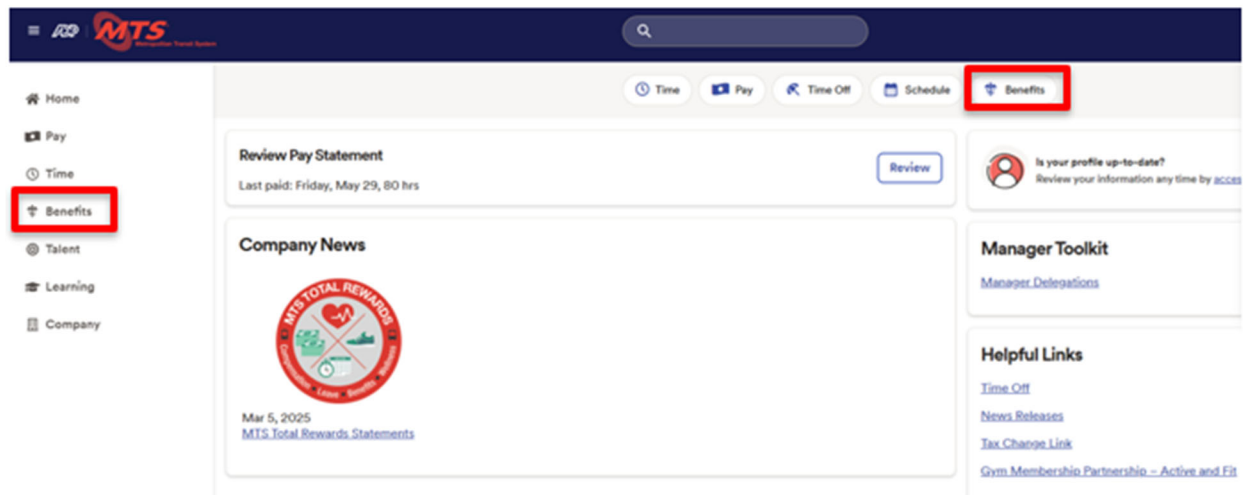


Annual Enrollment

1. Log in to myADP.
2. From your dashboard, click **BENEFITS** on the left-hand side or at the top of the page.



3. In the 'Annual Enrollment' tile, select **ENROLL NOW**.



Benefits

Not started

Annual Enrollment

⌚ 37 days left to make changes (10/31/2025)
Effective: January 1, 2026

Enroll now



Annual Enrollment

Event Date: Jan 1, 2026
⌚ 37 days left to make changes (10/31/2025)

Enroll now

View Your Benefits

Current Benefits >
Review your current benefits.

All Benefits >
Review benefits from previous years or for future changes.

Manage Information

Review information about yourself and others.

Manage info

Report a Qualifying Change

Add or remove a dependent, or report a change in your life in order to make benefit changes.

Declare an event

View Forms and Documents

View forms and documents related to your benefits.

View forms and documents

4. To add dependents or beneficiaries, click **ADD NEW DEPENDENT** or **ADD NEW BENEFICIARY**

- *Add New Dependent*: Only select this option if you are enrolling the individual in benefits.
- *Add New Beneficiary*: Select this option if you are designating the individual as a beneficiary for life insurance.
 - Even if you do not have dependents to add to your benefits, you must enter beneficiary information for your company provided life insurance allocations.
 - Beneficiary designations can be changed in ADP at any time.

New Hire

 **Important...** You are acting as **Employee** : working at San Diego Metropolitan Transit

Review Your Info

Enroll in Benefits

 31 Days left to make changes
Event Date: Jun 8, 2026

Review your info to check if any changes are needed before you enroll.

[+ Add new dependent](#) [+ Add new beneficiary](#)

Employee

You **Self**

Covered For

Not enrolled

Beneficiary Allocations:

Allocations cannot be assigned to the primary insured

 [View](#)

5. Enter the required dependent information and select **SAVE**.

- *If you do not need to add a dependent, select **NEXT** and proceed to Step 7.*
- Click “Add new dependent” and follow the prompts to enter your dependent information.
 - *If your dependent is already listed as a beneficiary in ADP, click the button “Copy info from an existing beneficiary”.*
 - Select the dependent(s) from the listed beneficiaries and follow the prompts to add any required fields.
 - A Social Security Number is required to add a dependent. If your dependent does not have a social security number, call Human Resources to add your dependent.

Enter Dependent Info

Dependent Coverage Address General Info

Do you want to:

☒ Enter a new person's info ☐ Copy info from an existing beneficiary

Dependent

First Name *

Middle Name

Last Name *

Coverage

Covered For

Not enrolled

Address

☒ Use Primary Address

Address

General Info

Relationship *

Gender *

☐ Man/Male ☐ Woman/Female

Date of Birth *

Social Security Number (SSN)

 [Hide](#)

Other Information

This person is a Full Time Student

☐ Yes ☐ No

This person is Disabled

☐ Yes ☐ No

Cancel

Save

6. You will receive a notification window confirming the dependent has been added successfully. You can either add additional dependents or select **REVIEW YOUR DEPENDENTS**.

Dependent added successfully

What would you like to do now?

[Review your dependents](#)

[Add another dependent](#)

7. All new dependents will appear as *Pending* until proof documents are submitted to Human Resources, however, you can finalize your elections while your dependents are still listed as pending. Select **ENROLL IN BENEFITS** or **NEXT** to enroll in benefits.

Review Your Info

31 Days left to make changes
Event Date: Jun 8, 2026

Review your info to check if any changes are needed before you enroll.

[Add new dependent](#) [Add new beneficiary](#)

Employee Name		Dependent Name	
You	Self	Child	Pending
Covered For	Beneficiary Allocations:	Covered For	Beneficiary Allocations:
Not enrolled	Allocations cannot be assigned to the primary insured	Not enrolled	Not assigned.
View		View	

[Finish later](#) [Next →](#)

- If you navigate back to your main dashboard before assigning/updating benefits, you will see the Annual Enrollment event on the Benefits page. Select **CONTINUE ENROLLMENT** to assign the new dependent to benefits.

Annual Enrollment

Event Date: Jan 1, 2026

🕒 36 days left to make changes (10/31/2025)

🚩 Your enrollment is incomplete.

[Continue enrollment](#)

8. The ‘Enroll in Benefits’ section will list all available benefits.
 - The “Needs Attention” section will list all benefits that require you to take action on.
 - If you do not want to make changes to the benefits listed in this section, you must still click into the benefit and save your election.
 - Click **REVIEW** to the right of the benefit to make changes and/or enroll dependents into the plan.

Enroll in Benefits

Needs Attention (1) Your Elections (6) Waived Benefits (6)



36 Days left to make changes
Event Date: Jan 1, 2026

Estimated Cost ⓘ

Per Paycheck
\$130.49

Per Month
\$282.73

Per Year
\$3,392.76

⚠ To save your elections, select Confirm elections.



▲ Needs Attention (1)

**Medical**
Effective Date: Jan 1, 2026

Needs Review

Current Election

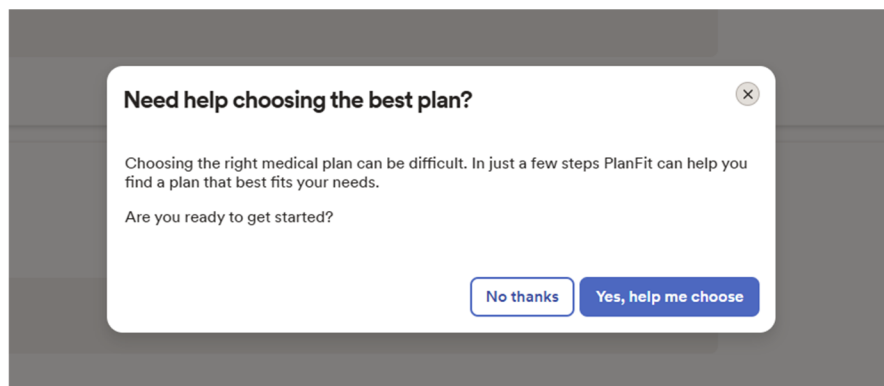
Blue Shield HMO
Covered Individuals (Employee Only)
You are covered

\$126.98
[Show price breakdown](#)

[Review](#)

9. When making your Medical election, you'll receive a prompt introducing *PlanFit*, a tool designed to help you choose the plan that best fits your needs.

- To use this service, select **YES, HELP ME CHOOSE.**
 - Enter information about your anticipated medical costs and visits to help determine which plans best meet your needs.
- If you already know which plan you'd like to select, or plan to opt-out of coverage, select **NO THANKS.**



- If you select **No Thanks** but later decide you would like help choosing a plan, select **HELP ME CHOOSE** or **COMPARE PLANS** at the top of the Medical screen.

Medical

Select the dependents you wish to add to coverage before you make your selection. Dependents who are not eligible for this plan coverage will not be available for selection. If you choose to elect the MTS PPO plan you will be automatically enrolled in the Health Reimbursement Account (HRA). In the event of any disc

[READ MORE](#) ↓

Who do you want to cover?

☒ Employee ☐ Dependent ☐ Dependent

4 Plans Available

[Help me choose](#) [Compare plans](#)

1st match

Plan Name	Estimated Yearly Cost	Per Paycheck	Plan Fit Performance
Kaiser HMO	\$1,806	\$68.27	Plan Fit Performance

10. The benefit screen will list all eligible dependents at the top of the page and all available plans at the bottom of the page.

- Covered dependents will have a blue checkmark next to their name.
 - To add/remove a dependent from coverage, check the box next to their name.
- Your current election will say “Selected” in green above the plan.
 - *To enroll:* click **SELECT PLAN** next to your desired plan.
 - *To stop coverage:* click **WAIVE BENEFIT**
 - *To keep your current plan,* click **SAVE PLAN**

Medical



Medical

Select the dependents you wish to add to coverage before you make your selection. Dependents who are not eligible for this plan coverage will not be available for selection. Employees may choose to opt-out and receive a \$250/month stipend as long as they can show proof of coverage under another employer sponsored gr

[READ MORE](#) ↓

Who do you want to cover?



Employee name



Spouse name



Child name



Child name

5 Plans Available

[Help me choose](#)

[Compare plans](#)

2nd match

☒ Selected

Kaiser HMO

Estimated Yearly Cost

\$3,165

Per Paycheck

\$113.65

Plan Fit Performance



Lower Cost

?



Lower Risk

?



Network Access

?

[Additional details](#)

Selected plan

1st match

Blue Shield PPO

Estimated Yearly Cost

\$3,521

Per Paycheck

\$135.39

Plan Fit Performance



Lower Cost

?



Lower Risk

?



Network Access

?

[Additional details](#)

Select plan

Save plan

Waive benefit

11. Any new elections that require proof documentation to be submitted to Human Resources will show as “Pending” at the top of the screen.
 - If you do not provide the required proof documents, you will only be enrolled in the coverage listed under “Guaranteed”.

- To return to the full list of benefits, click **SAVE AND RETURN TO ALL BENEFITS**.
- Otherwise, click **CONTINUE TO** the next benefit.
 - Repeat steps 10 and 11 for all benefits that require changes.
 - Note: **You must reselect your dependents for dental and vision coverage if you wish to include them.** If there's no blue checkmark next to their name, they are not enrolled.

Save Your Medical Election



 Pending

 This pending coverage requires approval before becoming effective.

Blue Shield PPO

\$133.75

Effective Date: To be updated after approval

[Show price breakdown](#)

 Guaranteed

 You are guaranteed the coverage below until the pending coverage is approved and becomes effective.

Blue Shield PPO

\$42.75

Effective Date: Aug 5, 2025

[Show price breakdown](#)

 Your dependent coverage will not change unless you provide the following documents by 08/22/2025: For your newly enrolled dependent, you must provide proof of eligibility or your requested changes will not go into effect. Acceptable proof documents and instructions for submitting them can be found in Forms & Documents within MyADP under the Qualifying Events section.

Covered Individuals

Coverage Level (Employee Only)

Employee

You

Spouse

Dependent Pending

Spouse

 Your election will take effect pending approval.

[Save and return to all benefits](#)

[Continue to Dental](#)

12. Your main benefits dashboard will display what coverage is pending and what coverage is guaranteed. Once all desired changes have been made, click **CONFIRM ELECTIONS**.

- If this button is not clickable, you must review each benefit that still reflects “Needs Review”.

Enroll in Benefits

Your Elections (7) Waived Benefits (6)

36 Days left to make changes
Event Date: Jan 1, 2026

Estimated Cost ⓘ

Per Paycheck
\$130.49

Per Month
\$282.73

Per Year
\$3,392.76

⚠ To save your elections, select Confirm elections.

✔ Your Elections (7)



Medical

⚠ Pending

⚠ This pending coverage requires approval before becoming effective.

Blue Shield HMO

Effective Date: To be updated after approval

\$286.89

[Show price breakdown](#)

Covered Individuals (Employee + Child(ren))
You and Child are covered

Child

✔ Guaranteed

ⓘ You are guaranteed the coverage below until the pending coverage is approved and becomes effective.

Blue Shield HMO

Effective Date: Jan 1, 2026

\$126.98

[Show price breakdown](#)

Covered Individuals (Employee Only)
You are covered

[→ Change plan](#)



Health Reimbursement Account

[Finish later](#)

[← Back](#)

[Confirm elections →](#)

13. Review the conditions and select **I AGREE AND CONFIRM ELECTIONS.**

Agree and Confirm Elections

I certify that any documentation or certification required and provided for this enrollment, election or election change is true, accurate and complete, and that my employer may rely on the information. I acknowledge that the provision of false, misleading or incomplete information may result in adverse consequences under the terms of my employer's Plan or Plans, including without limitation, termination or rescission of coverage, recovery of benefits paid, fines and penalties under law. Many of your plan option choices are subject to additional terms and conditions, for example arbitration agreements or banking terms. By enrolling in such plan options you are subject to those additional terms, which can be located in the Forms and Plans Documents.

[Cancel](#)

[I agree and confirm elections](#)

14. You will receive a confirmation number for your enrollment, and an opportunity to download a confirmation statement showing your pending elections.

Enroll in Benefits



Your Elections (7) Waived Benefits (6) Personal Info (2)

 36 Days left to make changes
Event Date: Jan 1, 2026

Estimated Cost ⓘ

Per Paycheck
\$130.49

Per Month
\$282.73

Per Year
\$3,392.76

 You have completed your enrollment.

Confirmation # 20250925143622
Event Date: Jan 01, 2026
Last Confirmed Date: Sep 25, 2025

 Download confirmation