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.

Main Menu

- **Family Status Change**
  Make benefit changes as a result of a qualified change in family status.

- **2009 Benefit Summary**
  View a summary of your 2009 benefits.

- **Update Dependent Information**
  Update basic data about your dependents.

- **Update Beneficiary Information**
  Add beneficiaries or update your beneficiary designations.

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

UPDATING AN EXISTING DEPENDENT

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

<table>
<thead>
<tr>
<th></th>
<th>First</th>
<th>M Last</th>
<th>Relation</th>
<th>Gender</th>
<th>Birth Date</th>
<th>SSN</th>
<th>Student</th>
<th>Disabled</th>
<th>Medicare Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jane Doe</td>
<td>SP</td>
<td>F</td>
<td>05/06/1987</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Mary Doe</td>
<td>CH</td>
<td>F</td>
<td>01/14/2000</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

**Step 2:** The screen below will appear for you to review and click continue or click cancel if error.
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.