

EMPLOYEE ACCESS CENTER (EAC)

Open
Enrollment
Instructions

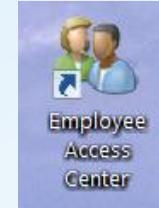
You may gain access to this web application from any device that has an internet connection, including desktop PCs, tablets, and smart phones, and from any location. It works on most internet browsers.

You do not have to be on the Village's network to sign into EAC.

The URL is

<https://plus-ol.aspgov.com/hfm/EAC51/Login.aspx>

There is a shortcut on your Village PC to EAC -



If using Internet Explorer on other than Village-owned PCs and laptops, you will need to set [Compatibility View](#) for this website. This can be accomplished by going to the above URL, then going to Tools, Compatibility View Settings, then click Add, which will add the website.

The screenshot shows the login page for the Village of Hoffman Estates Employee Access Center. At the top left is the village logo and the text "Village of Hoffman Estates Employee Access Center". Below this is a "User ID:" label next to a text input field, and a "Password:" label next to another text input field. A "Login" button is centered below the fields. Below the button is a link that says "Forgot your Password?". At the bottom, there is a blue instruction: "Enter your Employee Number and Password to Login." and a footer note: "If you cannot remember your password, click on the **Forgot Your Password Link** above, and your password will be emailed to you."

Your **employee number** and the **last four digits** of your Social Security Number are all you need to login.

For those already using Time Entry for payroll, your login credentials (ID and password) are shared by Time Entry and Employee Access Center, so there is no need to remember another User ID and password!

If you don't know your **employee number**, it can be found on your pay check, highlighted to the right.

CREATED BY EMPLOYEE ACCESS CENTER

Statement of Earnings and Deductions

| | | | | | Location | Employee No. | Period Ending | Check No. | Check Date |
|-----------------|--|--|----------------------------|--|----------|-------------------------------|---------------|-----------|------------|
| | | | | | | | | | |
| <i>Earnings</i> | | | <i>Employee Deductions</i> | | | <i>Employer Contributions</i> | | | |

- Employee Tasks:
- Employee Information
- Paychecks
- Salary and Benefits
- Leave Calendar & Balance
- Print W2s
- Print 1095-Cs
- Tax Withholding Info
- Deductions and Benefits
- "What If" Paycheck Calculator

Change Password

Old Password:

New Password:

Re-Type New Password:

Change Password

The first time you log in, you should change your password from the last four digits of your SSN to a longer, strong password.



Click on the drop down arrow, and select **Preferences** after logging in for the first time to change your password. Your password should be changed to protect your employee info.

Even for those currently using Time Entry, it is recommended that you change yours to a **strong** password.

In order to start the OPEN ENROLLMENT process, please select the Open Enrollment link under Employee Tasks.

The screenshot shows the Village of Hoffman Estates Employee Access Center. The header includes the logo and the text "Village of Hoffman Estates Employee Access Center". The left sidebar contains a menu with "Employee Tasks" and "Links". Under "Employee Tasks", "Open Enrollment" is highlighted. The main content area contains instructions: "Click on the **Update** button if you need to change any information below. Be sure to fill in the **Effective Date** and click **Save** to submit your changes." Below this, it states: "By clicking the **Save** button after making changes in Update mode, you are authorizing the HRM Department to UPDATE your employee record to reflect those changes." The "Information" section is titled "Information" and has an "Update" button. It contains two columns of form fields: Employee ID, First Name, Middle Name, Last Name, Suffix, Address 1, Address 2, City, State, Zip, Personal Email, Other Phone, Years in Total, Emergency Contact, Physician, Spouse, Staff State ID, Previous Name, Release Information, Phone Number, Work Phone, Work Email, SSN, Birth Date, Hire Date, Department, Check Location, Personal Cell Phone, Emergency Cell Phone, Emergency Phone, Physician Phone, and Spouse Phone. All input fields are blurred.

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Impersonate User

Links:
Return To Intranet
Yahoo
Google

Click on the **Update** button if you need to change any information below. Be sure to fill in the **Effective Date** and click **Save** to submit your changes.

By clicking the **Save** button after making changes in Update mode, you are authorizing the HRM Department to UPDATE your employee record to reflect those changes.

Information
Update

Employee ID: [blurred]
First Name: [blurred]
Middle Name: [blurred]
Last Name: [blurred]
Suffix: [blurred]
Address 1: [blurred]
Address 2: [blurred]
City: [blurred]
State: [blurred]
Zip: [blurred]
Personal Email: [blurred]
Other Phone: [blurred]
Years in Total: [blurred]
Emergency Contact: [blurred]
Physician: [blurred]
Spouse: [blurred]
Staff State ID: [blurred]

Previous Name: [blurred]
Release Information: [blurred]
Phone Number: [blurred]
Work Phone: [blurred]
Work Email: [blurred]
SSN: [blurred]
Birth Date: [blurred]
Hire Date: [blurred]
Department: [blurred]
Check Location: [blurred]
Personal Cell Phone: [blurred]
Emergency Cell Phone: [blurred]

Emergency Phone: [blurred]
Physician Phone: [blurred]
Spouse Phone: [blurred]

After selecting the Open Enrollment option, you are at the dependents' screen. It is important that you have all of your dependents listed. If you are going to choose a plan that requires dependents, they need to be listed in order to proceed. If you need to add a new dependent, select the "Add a New Dependent" button. Otherwise, select "Continue to Annual Benefits Enrollment."

The screenshot shows the 'Update Dependents' page of the Village of Hoffman Estates Employee Access Center. The page has a blue header with the logo and name. A left sidebar contains 'Employee Tasks' and 'Links'. The main content area has a title bar 'Update Dependents' and instructions for managing dependents. A table with one row and three columns (First Name, Last Name, Social Security Number) is shown, with an 'Edit' link in the first cell. Below the table are buttons for 'Add a New Dependent' and 'Continue to Annual Benefits Enrollment'.

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Update Dependents

The dependents we have recorded in your employee record are listed below.
click **Edit** to make any changes.

If you need to **ADD** dependents, click **Add a New Dependent**.
enter your dependent information,
and click **Save** to submit your dependent's information.

By clicking the **Save Button**,
I confirm the information as listed is true, accurate, and complete.

| | First Name | Last Name | Social Security Number |
|----------------------|------------|-----------|------------------------|
| Edit | | | |

Depending on your full/part-time status, the first screen that will be available is the Health Plans. **You must make a selection on this screen if you want health coverage.** Note that if you are currently enrolled in a health plan, your current selection will show under Current Information. If choosing a new selection, you will see the costs below. To find more detailed information about the current health plans that the Village of Hoffman Estates offers, click on the available plans and the link associated with each.

NOTE: If choosing “No Selection Made”, you will have no health coverage.

Click next to proceed to the other benefits available to you.

Village of Hoffman Estates
Employee Access Center

Annual Benefits Enrollment for HEALTH PLANS - NON-UNION

To enroll, choose an option in each Benefit Group.

Please note that for some benefits, a paper form is still required by the provider.

Please make sure you read the instructions for each benefit.

Once you go through all your selections, you will have the opportunity to review and make changes before a final confirmation.

Current Information

| | |
|----------------------|--------------|
| Name: | PPO 3 SINGLE |
| Employee Cost: | \$7.65 |
| Deductions Per Year: | 24 |
| Employer Cost | \$382.52 |

Enrollment Election

Select a Category: All

Options:

- No Selection Made
- HMO FAMILY
- HMO SINGLE
- HSA PPO FAMILY
- HSA PPO SINGLE
- PPO 1 FAMILY
- PPO 1 SINGLE
- PPO 2 FAMILY
- PPO 2 SINGLE
- PPO 3 FAMILY
- PPO 3 SINGLE
- PPO 3 SINGLE + 1

Choice Link: [Click for More Info](#)

| | |
|----------------------|----------|
| Employee Cost | \$41.34 |
| Deductions Per Year: | 24 |
| Employer Cost | \$413.34 |

Next

The next screen may offer you the option to opt-out of the Health Insurance plans that the Village of Hoffman Estates offers. Click the link provided to find more detail information about each opt-out option. What you see may differ from this screen or you may not see this screen at all.

Village of Hoffman Estates
Employee Access Center

Annual Benefits Enrollment for HEALTH PLAN OPT-OUT

To enroll, choose an option in each Benefit Group.

Please note that for some benefits,
a paper form is still required by the provider.

Please make sure you read the instructions for each benefit.

Once you go through all your selections, you will have
the opportunity to review and make changes before a final confirmation.

| Current Information | |
|----------------------|--------|
| Name: | |
| Employee Cost: | \$0.00 |
| Deductions Per Year: | 0 |
| Employer Cost: | \$0.00 |

| Enrollment Election | |
|----------------------|--|
| Select a Category: | All |
| Options: | <input type="radio"/> No Selection Made <input checked="" type="radio"/> DISCONTINUE/DECLINE FAMILY COVERAGE <input type="radio"/> DISCONTINUE/DECLINE SINGLE COVERAGE <input type="radio"/> REDUCTION FROM FAMILY TO SINGLE COVERAGE <input type="radio"/> REDUCTION FROM PPO 3 1 + 1 TO SINGLE |
| Choice Instructions: | To review the options available, please click on the link below. After reviewing the options, please make a choice above. If you choose to enroll in the opt-out program, you must also send a copy of your current insurance card to HRM. |
| Choice Link: | Click for More Info |
| Employee Cost: | \$0.00 |
| Deductions Per Year: | 0 |
| Employer Cost: | \$0.00 |

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Links:
Return To Intranet
Yahoo
Google

Depending on your full/part time status, this screen will show you the available Dental Plans. Note that if you are currently enrolled in a dental plan, your current selection will show under Current Information and that option will already be selected for you. If you want to change your dental coverage for next year, please choose a new selection and you will see the associated costs to that plan below. To find more detailed information about the current dental plans that the Village of Hoffman Estates offers, click on the available plans and the link associated with each.

NOTE: If choosing “No Selection Made”, you will have no dental coverage.

Village of Hoffman Estates
Employee Access Center

Annual Benefits Enrollment for DENTAL PLANS

To enroll, choose an option in each Benefit Group.

Please note that for some benefits, a paper form is still required by the provider.

Please make sure you read the instructions for each benefit.

Once you go through all your selections, you will have the opportunity to review and make changes before a final confirmation.

| Current Information | |
|----------------------|--------|
| Name: | |
| Employee Cost: | \$0.00 |
| Deductions Per Year: | 0 |
| Employer Cost: | \$0.00 |

| Enrollment Election | |
|----------------------|---|
| Select a Category: | All |
| Options: | <input type="radio"/> No Selection Made <input type="radio"/> DENTAL PPO 1 FAMILY <input type="radio"/> DENTAL PPO 1 SINGLE <input checked="" type="radio"/> DENTAL PPO 1 SINGLE + 1 <input type="radio"/> DENTAL PPO 2 FAMILY <input type="radio"/> DENTAL PPO 2 SINGLE <input type="radio"/> DENTAL PPO 2 SINGLE + 1 <input type="radio"/> DENTAL PPO 3 FAMILY <input type="radio"/> DENTAL PPO 3 SINGLE <input type="radio"/> DENTAL PPO 3 SINGLE + 1 |
| Choice Instructions: | Please find your current dental insurance selection shown above. To change plans, please click on the plan you wish to change to. Additional information on each plan can be found by clicking on the link below. |
| Choice Link: | Click for More Info |
| Employee Cost: | \$33.19 |
| Deductions Per Year: | 24 |
| Employer Cost: | \$0.00 |

Include Dependents

Select the dependents which are covered under this enrollment option.

[Update Dependents](#)

Next

If choosing a medical and/or dental plan, there is the option to have the deduction(s) taken out pre-tax. If you wish to have this option you must select the choice. A link has been provided to explain Premium Conversion.



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Annual Benefits Enrollment for PREMIUM CONVERSION

To enroll, choose an option in each Benefit Group.

Please note that for some benefits, a paper form is still required by the provider.

Please make sure you read the instructions for each benefit.

Once you go through all your selections, you will have the opportunity to review and make changes before a final confirmation.

Current Information

| | |
|----------------------|--------|
| Name: | |
| Employee Cost: | \$0.00 |
| Deductions Per Year: | 0 |
| Employer Cost: | \$0.00 |

Enrollment Election

Select a Category: All

Options:
 No Selection Made
 I WANT PRE-TAX INSURANCE PREMIUMS

Choice Instructions:
I agree that my base pay will be reduced before taxes by my portion of the premium costs of the Group Health and Dental Plan coverage(s) in which I have elected to participate. "by choosing "No Selection Made" you will default to making these payments from your base pay, after taxes.

Choice Link:
[Click for More Info](#)

| | |
|----------------------|--------|
| Employee Cost: | \$0.00 |
| Deductions Per Year: | 0 |
| Employer Cost: | \$0.00 |

Next

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Annual Benefits Enrollment for FSA - MEDICAL

To enroll, choose an option in each Benefit Group.

Please note that for some benefits, a paper form is still required by the provider.

Please make sure you read the instructions for each benefit.

Once you go through all your selections, you will have the opportunity to review and make changes before a final confirmation.

Current Information

| | |
|----------------------|--------|
| Name: | |
| Employee Cost: | \$0.00 |
| Deductions Per Year: | 0 |
| Employer Cost: | \$0.00 |

Enrollment Election

Select a Category: All

Options:
 No Selection Made
 FSA - MEDICAL

Choice Link:
[Click for More Info](#)

| | |
|-------------------------|---------|
| Employee Cost [Annual]: | \$ 0.00 |
| Deductions Per Year: | 26 |
| Employer Cost: | \$0.00 |

Next



As an employee, you have the choice to put money into a Flexible Spending Account both for Medical and Dependent Care. When you choose to participate in an FSA, you must enter the annual amount to be deducted. Please refer to the link for the form and the maximum amount that can be deducted.

An employee who is part of IMRF can contribute an additional percentage into the IMRF Voluntary Additional Contribution (VAC) plan and/or participate in the IMRF Life Insurance Plan. Please click on the link provided to access the forms that are required to return to HRM.

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links:
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Annual Benefits Enrollment for IMRF VOLUNTARY ADDL CONTR

To enroll, choose an option in each Benefit Group.

Please note that for some benefits,
a paper form is still required by the provider.

Please make sure you read the instructions for each benefit.

Once you go through all your selections, you will have
the opportunity to review and make changes before a final confirmation.

| Current Information | |
|----------------------|--|
| Name: | IMRF VOLUNTARY ADDITIONAL CONTRIBUTION |
| Employee Cost: | 10.00% |
| Deductions Per Year: | 26 |
| Employer Cost: | \$0.00 |

| Enrollment Election | |
|------------------------|---|
| Select a Category: | All |
| Options: | <input type="radio"/> No Selection Made <input checked="" type="radio"/> IMRF VOLUNTARY ADDITIONAL CONTRIBUTION |
| Choice Instructions: | To enroll in or change your Voluntary Additional Contribution (VAC) to IMRF, click on the link below, complete the form and return it to HRM. |
| Choice Link: | Click for More Info |
| Employee Cost [Annual] | 10.00% |
| Deductions Per Year: | 26 |
| Employer Cost: | \$0.00 |

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links:
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Annual Benefits Enrollment for IMRF NPERS LIFE PLAN

To enroll, choose an option in each Benefit Group.

Please note that for some benefits,
a paper form is still required by the provider.

Please make sure you read the instructions for each benefit.

Once you go through all your selections, you will have
the opportunity to review and make changes before a final confirmation.

| Current Information | |
|----------------------|--------|
| Name: | |
| Employee Cost: | \$0.00 |
| Deductions Per Year: | 0 |
| Employer Cost: | \$0.00 |

| Enrollment Election | |
|----------------------|---|
| Select a Category: | All |
| Options: | <input type="radio"/> No Selection Made <input checked="" type="radio"/> IMRF LIFE INSURANCE |
| Choice Instructions: | To enroll in or change this plan, you must complete the required application form and return it to HRM. |
| Choice Link: | Click for More Info |
| Employee Cost: | \$0.00 |
| Deductions Per Year: | 24 |
| Employer Cost: | \$0.00 |

Next

An employee has the option to choose from several 457 and Roth plans. Below is an example of one of the plans that is offered. For many of the plans, a dollar amount and a percentage amount is offered. Please select the link provided to find out more about the specific plan you wish to choose.

Village of Hoffman Estates
Employee Access Center

Annual Benefits Enrollment for FIDELITY 457 DOLLAR AMT

To enroll, choose an option in each Benefit Group.

Please note that for some benefits,
a paper form is still required by the provider.

Please make sure you read the instructions for each benefit.

Once you go through all your selections, you will have
the opportunity to review and make changes before a final confirmation.

| Current Information | |
|----------------------|--------|
| Name: | |
| Employee Cost: | \$0.00 |
| Deductions Per Year: | 0 |
| Employer Cost: | \$0.00 |

| Enrollment Election | |
|------------------------|--|
| Select a Category: | All |
| Options: | <input type="radio"/> No Selection Made <input checked="" type="radio"/> FIDELITY 457 PLAN - AMOUNT DEDUCTION |
| Choice Instructions: | To enroll in this benefit, you must have an active account. If you do not have an active account, please click on the link below to complete the account enrollment application form. If you do have an active account, you may change your contribution from what is indicated above. |
| Choice Link: | Click for More Info |
| Employee Cost [Annual] | \$ 0.00 |
| Deductions Per Year: | 26 |
| Employer Cost: | \$0.00 |

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Annual Benefits Enrollment for FIDELITY 457 PERCENTAGE

To enroll, choose an option in each Benefit Group.

Please note that for some benefits,
a paper form is still required by the provider.

Please make sure you read the instructions for each benefit.

Once you go through all your selections, you will have
the opportunity to review and make changes before a final confirmation.

| Current Information | |
|----------------------|--------|
| Name: | |
| Employee Cost: | \$0.00 |
| Deductions Per Year: | 0 |
| Employer Cost: | \$0.00 |

| Enrollment Election | |
|------------------------|--|
| Select a Category: | All |
| Options: | <input type="radio"/> No Selection Made <input checked="" type="radio"/> FIDELITY 457 PLAN - PERCENTAGE DEDUCTION |
| Choice Instructions: | To enroll in this benefit, you must have an active account. If you do not have an active account, please click on the link below to complete the account enrollment application form. If you do have an active account, you may change your contribution from what is indicated above. |
| Choice Link: | Click for More Info |
| Employee Cost [Annual] | 0.00 % |
| Deductions Per Year: | 26 |
| Employer Cost: | \$0.00 |

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The final screen is where an employee will confirm their Open Enrollment selections. You are able to edit your selections by clicking on the options under benefit type. Once you hit Confirm All Selections, these will be your benefits moving forward.

Village of Hoffman Estates
Employee Access Center

Annual Benefits Enrollment Summary

[Update Dependents](#)

Show >>

| New Year Selections | | | | | | |
|---|--|-------------|------------------|------------------|----------------|----------------|
| Benefit Type | Choice | Times Taken | Deduction Amount | Annual Deduction | Benefit Amount | Annual Benefit |
| IMRF NPERS LIFE PLAN | IMRF LIFE INSURANCE | 24 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| LEGAL | None | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| FIDELITY 457 PLANS | None | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| ICMA 457 PLANS | None | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| IPPFA 457 PLANS | None | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| NATIONWIDE 457 PLANS | None | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| ICMA - ROTH PLANS | None | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| IPPFA ROTH PLAN | None | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| BRIGHT START SAVINGS | None | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| HEALTH PLANS - NON-UNION | None | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| HEALTH PLAN OPT-OUT | None | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| DENTAL PLANS | None | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| CHOOSE AFTER TAX DED | None | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| FSA - MEDICAL | None | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| FSA - DEPENDENT CARE | None | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| IMRF VOLUNTARY ADDL CONTR | IMRF VOLUNTARY ADDITIONAL CONTRIBUTION | 26 | 10.00% | | \$0.00 | \$0.00 |
| TOTALS | | | | | | \$0.00 |

By clicking on the **Confirm All Selections** I apply for benefits as indicated above and authorize the deductions to be taken from my paycheck.

these will be your benefits moving forward.

Confirm All Selections

This is just a sample representation of the screens you may see depending on your employment status.

If you have further questions regarding the benefits that are offered to you, please contact the Human Resource Department.