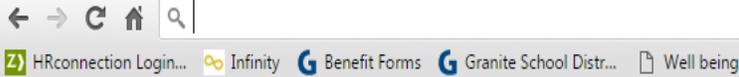


Granite On-Line Enrollment Instructions

1. In your web browser, type: www.infinityhr.com



Welcome to InfinityHR!

To access this system you must have a valid account created for you. If you are unsure as to what your login credentials are, please contact your Human Resources department. If you have forgotten your login information, you can click the appropriate link below to reset your password.

Login

User ID:

Password:

2. Click on ["First Time User?"](#)

[First Time User? Forgot or want to Reset your password?](#)

Having trouble accessing this system?

to check your system against the software requirements (recommendations) of this system.

Note: Your account will become locked after three consecutive failed log in attempts. You may use the Reset Password link to unlock your account.



Account Information

If you have forgotten your password, you can create a new password by entering identifying information below. After locating your profile, you can create a new password.

Enter New Password:

Your User ID:

Your Email:
BENEFITS@GRANITESCHOOLS.ORG

New Password: * Requirements: 6-32 characters in length with at least 1 numeric value.

(Required)

6. Enter your User Id: Last name with last four digits of your social security number. If your name contains a hyphen, enter last name with **NO** hyphen

7. You create and remember a password i.e., (*Fourtwo)

Confirm New Password:

8. Enter your password again

A confirmation email will be sent to you confirming your change.

9. Click ["Create New Password"](#) to confirm



Account Information

[Return to Login](#)

If you have forgotten your password, you can create a new password by entering identifying information below. After locating your profile, you can create a new password.

Account Information:

3. Enter your date of birth

Date of Birth:

4. Enter your Social Security Number

Social Security #:

5. Click on ["Find My Record"](#)



Welcome to InfinityHR!

To access this system you must have a valid account created for you. If you are unsure as to what your login credentials are, please contact your Human Resources department. If you have forgotten your login information, you can click the appropriate link below to reset your password.

Login

User ID:

Password:

[First Time User? Forgot or](#)

Having trouble accessing this system?

to check your system against (recommendations) of this system.

10. Type in the user name and the password you just created then click ["Login"](#) button

Note: Your account will become locked after three consecutive failed log in attempts. You may use the Reset Password link to unlock your account.

My Company Information
 Granite School District
 2500 South State Street
 Salt Lake City, Utah 84115

My Profile
 FIRST EMPLOYEE
 Email: citynch@graniteschools.org
 Work Phone: 3856464528
 Mobile Phone: 3856464528
 Home Phone: 3856464528
 2500 S STATE STREET
 SALT LAKE CITY, UT 84115

Announcements
 To begin your enrollment click Change Events below.

My Workspace
 Change Events | Benefits Statements | Workflows

11. Click on "Change Events"

Granite School District

New Hire | Package: 2016 Plan Year | Employee: FIRST EMPLOYEE
 complete each step →

Personal | **Dependents** | Benefits | Beneficiaries | Review | Confirmation

Save & Continue

Please review the Informational section(s) below. If any of the information displayed is incorrect please correct it before proceeding. To add a dependent, select the "add dependent" link.

Note: It is important that the Dependents section below reflects your actual dependents, as coverage eligibility depends upon this.

First: [] Middle: [] Last: [] Suffix: []

Address is same as Employee (if not checked then Street, City, State and Zip will be required)

SSN: [] Gender: Female Birth Date: (mm/dd/yyyy) Relationship: Spouse

Save Information

18. Enter in your dependents information

19. Click "Save Information"

CHANGE EVENTS

The New Hire Event has been posted to your homepage by your Benefits Department for you to complete. You must complete the New Hire Event by [] in the New Hire system. The New Hire Event must be completed by [] in the New Hire system.

Events Available
 New Hire ▾ **Begin Event** **Cancel Event**

12. Pick from drop down "New Hire"

13. Click on "Begin Event"

New Hire | Package: 2016 Plan Year | Employee: FIRST EMPLOYEE
 complete each step →

Personal | **Dependents** | Benefits | Beneficiaries | Review | Confirmation

Save & Continue >>

Please review the Informational section(s) below. If any of the information displayed is incorrect please correct it before proceeding. To add a dependent, select the "add dependent" link.

Note: It is important that the Dependents section below reflects your actual dependents, as coverage eligibility depends upon this.

Dependents
 Add Dependent

Name	SSN	Gender	Birth Date	Relationship	
Firststone Employee	121212121	Female	01/03/2011	Child	Edit
Henry Employee	111111111	Male	01/02/1990	Spouse	Edit
Secondone Employee	131313131	Male	11/21/2015	Child	Edit

20. If everything is correctly entered, click, "Save & Continue"

New Hire | Package: 2016 Plan Year | Employee: FIRST EMPLOYEE
 complete each step →

Personal | **Dependents** | Benefits | Beneficiaries | Review | Confirmation

Save & Continue >>

Please review the Informational section(s) below. If any of the information displayed is incorrect please correct it before proceeding.

edit personal information

Name: FIRST EMPLOYEE
 Address: 2500 S STATE STREET
 City/State/Zip: SALT LAKE CITY, Utah 84115
 SSN: 987-65-4321
 Birth Date: 1/1/1990
 Primary Phone: 3856464528
 Work Phone:
 Mobile Phone:
 Email: citynch@graniteschools.org
 Gender: Female
 Marital Status: Married

16. After changes have been made, click on "Save & Continue"

15. If necessary to change, click "edit personal information"

14. Verify your personal information

New Hire | Package: 2016 Plan Year | Employee: FIRST EMPLOYEE
 complete each step →

Personal | Dependents | **Benefits** | Beneficiaries | Review | Confirmation

Save & Continue >>

Benefits

Benefit
 Consent for Electronic Distribution
 Medical
 Dental
 Vision
 Flexible Spending Account (FSA)
 Dependent Care Account
 Basic Employee Life
 Voluntary Employee Life

Electronic Distribution of Materials
 Granite School District provides required documents electronically on the Granite School District Intranet. You can locate these documents online by going to the Granite School District Home Page. You may request a printed copy of the documents by contacting the Benefits Office.

Plan: Acknowledgment
Coverage
 I have read and understand the above statement

22. Click "Save Information"

21. Mark "I have read and understand the above statement"

New Hire | Package: 2016 Plan Year | Employee: FIRST EMPLOYEE
 complete each step →

Personal | **Dependents** | Benefits | Beneficiaries | Review | Confirmation

Save & Continue >>

Please review the Informational section(s) below. If any of the information displayed is incorrect please correct it before proceeding.

Note: It is important that the Dependents section below reflects your actual dependents, as coverage eligibility depends upon this.

Dependents
 Add Dependent

Name	SSN	Gender

You do not have any valid dependents on file.

17. Click to add any dependents you may have, i.e., Spouse (legally married) or children (step children are included with legal marriage)

Plan: ValueCare | who's eligible for this plan ?

Coverage	Per Pay Employee Cost
<input type="radio"/> Employee Only	\$18.85
<input type="radio"/> Employee + 1 Child	\$36.75
<input type="radio"/> Employee + Children	\$53.71
<input type="radio"/> Employee + Spouse	\$86.37
<input type="radio"/> Employee + Spouse & Child(ren)	\$121.23

Plan: ValueCare Plus | who's eligible for this plan ?

Coverage	Per Pay Employee Cost
<input type="radio"/> Employee Only	\$18.85
<input type="radio"/> Employee + 1 Child	\$36.75
<input type="radio"/> Employee + Children	\$53.71
<input type="radio"/> Employee + Spouse	\$88.11
<input checked="" type="radio"/> Employee + Spouse & Child(ren)	\$123.68

23. Select the coverage you want

Covered Dependents: (check the box next to each dependent to be covered)

	Name	Birth Date	Age*	Relationship
<input checked="" type="checkbox"/>	Henry Employee	01/02/1990	25	Spouse
<input checked="" type="checkbox"/>	Firstone Employee	01/03/2011	4	Child
<input checked="" type="checkbox"/>	Secondone Employee	11/01/2015	0	Child

24. Make sure each dependent is marked that you want covered under each benefit plan selected

* Age displayed as of 1/1/2016

Save & Continue >>

25. For each screen you will always have to click "Save & Continue"

Save & Continue >>

Benefits

Benefit
<input checked="" type="checkbox"/> Consent for Electronic Distribution
<input type="checkbox"/> Medical
<input type="checkbox"/> Dental
<input type="checkbox"/> Vision
<input type="checkbox"/> Flexible Spending Account (FSA)
<input type="checkbox"/> Dependent Care Account
<input type="checkbox"/> Basic Employee Life
<input type="checkbox"/> Voluntary Employee Life

Note: This menu will show where you are in the process. To return to a previous screen, simply click on the desired tab

Continue through each option making sure that you check dependents you want covered and always "Save & Continue"

Flexible Spending Account (FSA)

This Flexible Spending Account (FSA) may be used for Medical, Dental or Vision Expenses. The maximum annual contribution is \$2,550.

Please note: This election amount cannot be changed throughout the year.

Plan: Waive

Coverage	Annual Contribution (\$)	Per Pay Employee Cost
<input type="radio"/> Waive		

Plan: FSA-With Card (\$3.50 Per Month Fee)

Coverage	Annual Contribution (\$)	Per Pay Employee Cost
<input checked="" type="radio"/> I wish to contribute	1500	\$75.00

Entry Range: 1 - 2550
Start Date: 03/01/2016
How is my per pay calculated?
Annual Contribution: \$1500.00
Less Year to Date Contributions: 0.00
Remaining Contribution: \$1500.00
Divided by Remaining Pay Periods: 20
Per Pay Amount: \$75.00

27. When putting a figure for your FSA, make sure that it is the ANNUAL amount and not just the monthly amount that you want taken from your check. You can then click on the calculator and it will show you how much will come out of each pay check.

Plan: FSA-Without Card (\$2.00 Per Month Fee)

Coverage	Annual Contribution (\$)	Per Pay Employee Cost
<input type="radio"/> I wish to contribute	0	

Voluntary Employee Life Insurance

If you elect an amount that has EOI REQUIRED listed next to it you are required to fill out the EOI Form. Please [CLICK HERE](#) for the form.

Plan: Waive

Coverage	Per Pay Employee Cost
<input type="radio"/> Waive	

Plan: Voluntary Employee Life Insurance

Coverage	Per Pay Employee Cost
<input type="radio"/> \$10,000	\$0.22
<input type="radio"/> \$20,000	\$0.44
<input type="radio"/> \$30,000	\$0.66
<input type="radio"/> \$40,000	\$0.88
<input type="radio"/> \$50,000	\$1.10
<input type="radio"/> \$60,000	\$1.32

28. Elect the amount you would like in **Optional Life Insurance**. Note, you can elect up to \$400,000 as a new employee without completing an Evidence of Insurability form.

Voluntary Employee + Family AD&D: Choose from a minimum of \$10,000 to a maximum of 5 times your annual earnings or \$500,000.

Please click on the plan name below to view the plan summary.

Plan: Waive

Coverage	Per Pay Employee Cost
<input checked="" type="radio"/> Waive	\$0.00

29. there are both an Employee Only option, and a Family Option for AD&D Insurance

Plan: Voluntary Employee AD&D

Coverage	Per Pay Employee Cost
<input type="radio"/> \$20,000	\$0.17
<input type="radio"/> \$30,000	\$0.26
<input type="radio"/> \$40,000	\$0.34
<input type="radio"/> \$50,000	\$0.43
<input type="radio"/> \$60,000	\$0.51
<input type="radio"/> \$70,000	\$0.60

Please click on the plan name below to view the plan summary

Plan: Waive	
Coverage	Per Pay Em
<input checked="" type="radio"/> Waive	\$0.00

Plan: Short Term & Long Term Disability	
Coverage	Per Pay Em
<input type="radio"/> Salary < \$34,999	\$9.00
<input type="radio"/> Salary \$35,000 - \$49,999	\$9.25
<input type="radio"/> Salary \$50,000 - \$64,999	\$9.50
<input type="radio"/> Salary > \$65,000	\$10.00

30. Teachers, please either waive or select the option listing of your annual salary. **Administrators, Secretaries, and Classifieds**, you are automatically enrolled in this option.

add beneficiary add beneficiary trust

Benefit	Beneficiary	Relationship	Primary	Secondary	Percentage	Edit Beneficiary
Basic Employee Life	Henry Employee	Spouse	<input type="radio"/>	<input type="radio"/>	50 %	
	Firststone Employee	Child	<input type="radio"/>	<input type="radio"/>	50 %	
	Secundone Employee	Child	<input checked="" type="radio"/>	<input type="radio"/>	50 %	Edit Beneficiary
Voluntary Employee Life	Henry Employee	Spouse	<input checked="" type="radio"/>	<input type="radio"/>	100 %	Edit Beneficiary
	Firststone Employee	Child	<input type="radio"/>	<input type="radio"/>	50 %	Edit Beneficiary
	Secundone Employee	Child	<input type="radio"/>	<input type="radio"/>	50 %	Edit Beneficiary

32. Once your election has been completed, you will be at the Beneficiary tab. Enter in a percentage for each beneficiary, also indicating if they are primary or a secondary beneficiary.

Save & Continue >>

Benefits

Benefit

- Consent for Electronic Distribution
- Medical
- Dental
- Vision
- Flexible Spending Account (FSA)
- Dependent Care Account
- Basic Employee Life
- Voluntary Employee Life
- Voluntary Spouse Life
- Voluntary Child Life
- Voluntary Employee AD&D
- Voluntary Short Term/Long Term Disability
- Allstate Benefits Group Accident
- Tobacco Use
- Allstate Benefits Group Critical Illness
- District Welfare Association

31. All benefits should be checked off as seen for completion then click "Save & Continue"

Personal Dependents Benefits Beneficiaries **Review** Confirmation

Save & Confirm >>

Please review each section displayed below for correctness. When you have reviewed all sections, click the "Save & Confirm" button above.

Personal Information

Name: FIRST EMPLOYEE
 Address: 2500 S STATE STREET
 City/State/Zip: SALT LAKE CITY, Utah 84115
 Country:
 SSN: 987-65-4321
 Birth Date: 1/1/1990
 Email: BENEFITS@GRANITESCHOOLS.ORG

My Elected Coverages

Start Date	End Date	Benefit	Plan - Coverage	Cost	Employee Contribution	Employer Contribution	Supplemental
03/01/2016	12/31/2016	Consent for Electronic Distribution	Acknowledgment - I have read and understand the above statement	\$0.00	\$0.00	\$0.00	\$0.00
03/01/2016	12/31/2016	Medical	Waive - Waive	\$0.00	\$0.00	\$0.00	\$0.00
03/01/2016	12/31/2016	Dental	Waive - Waive/Not Eligible	\$0.00	\$0.00	\$0.00	\$0.00
03/01/2016	12/31/2016	Vision	Waive - Waive/Not Eligible	\$0.00	\$0.00	\$0.00	\$0.00
03/01/2016	12/31/2016	Flexible Spending Account (FSA)	FSA-With Card (\$3.50 Per Month Fee) - I wish to contribute	\$250.00	\$12.50	\$12.50	\$0.00

34. To correct any errors, please select the correct tab. To change elected coverage, click "Benefits", if all information is correct, click "Save & Confirm." Note, this will confirm your elections.

33. Review your personal information and elected benefits to ensure accuracy

New Hire | Package: 2016 Plan Year | Employee: FIRST EMPLOYEE

complete each step →

Personal Dependents Benefits Beneficiaries Review **Confirmation**

Thank you. Your event has been recorded and is now awaiting Administrative Approval.

Click the link below to return to your Home Page. You will not be allowed to resubmit another Event until this Event has either been approved or denied.

To return to your Homepage, click the link

<< Return to My Homepage

35. This is the last screen that you will see, a confirmation will be sent to your email upon receiving the documentation require. If you are adding a spouse: Marriage Certificate required; adding child(ren): Birth Certificates of each child required. Click on "Return to My Homepage" to upload documentations.

Workspace

Change Events Benefits Statements Workflows

36. To attach documentation, click on *"upload document(s)"*

ck Links Links Documents

There are no links available

upload document(s)
Click here for more documents...
EOI Form

To upload a document, click Browse, and then select the file. After you have selected the file, click Upload. The file will be uploaded to your Account.

Document Path:

Choose File | No file chosen

Note:

[Empty text input field for notes]

37. Click *"Choose File"* then attach all documentation needed. Add a note as to what the documentations should be then click *"upload document"*

Upload Document

