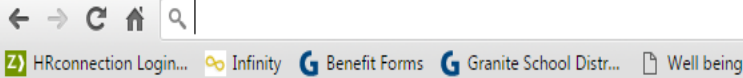


# Granite On-Line Enrollment Instructions

**1.** In your web browser, type: [www.infinityhr.com](http://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](mailto: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: ctyrnc@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

**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 the deadline. The New Hire Event must be completed before the New Hire Event deadline.

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

**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: ctyrnc@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 >>**

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)

**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"

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

complete each step →

Personal | Dependents | Benefits | Beneficiaries | Review

**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	Edit
Firstone 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 >>**

**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"

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

- Consent for Electronic Distribution
- Medical
- Dental
- Vision
- Flexible Spending Account (FSA)
- Dependent Care Account
- Basic Employee Life
- 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 EOIR REQUIRED listed next to it you are required to fill out the EOIR 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)"*

Check 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 box for note]

**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

