

New Employee Visioning
Administrator Enrollment



CPG Sign in

Username *

Remember Username

Enter your username, email address or client number

[Forgot username?](#)

Password *

Show typing

[Forgot password?](#)

Sign in

Don't have an account?

In order to access MyCPG Accounts and other applications, you will have to create an account.

Create an account

Need Help?

Please contact Client Services (855) 594-2201
Monday - Friday 8:30AM - 8:00PM ET (excluding holidays)

* Denotes a required field.



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1 Employee Search

2 Employee Info

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4 Compensation

5 Confirmation

Employee Search

SSN or Tax ID *

Date of Birth *

MM-DD-YYYY



The system will attempt to match and prefill an employee's information. If no match is found, you will have the opportunity to create a new employee.

If the employee lacks a Social Security Number or US Tax ID, please call CPG Client Services at 866-802-6333 (Mon-Fri 8:30am - 8pm ET, except holidays).

Cancel

Search

Get the answers you need



Call



Schedule



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Helpful Hints

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Employee Search

We did not find any match for your search

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Search Again

Create Employee

Get the answers you need



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Employee Found

First Name: David
Middle Name: C
Last Name: Cross
Client Number: 123-456-78
SSN: 000-00-0000

Date of Birth: 00/00/0000
Business Email: david@cpg.org
Personal Email: david@gmail.com
Address: 123 Road Name
City, State, 10010

Cancel

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New Employee Information

Hire Date ***Position Title *****Hours Expected to Work ***

Some help text about employment information placed here regarding hire date and enrollment in medical, coverage effective date from hire date and other help text

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New Employee Information

Salutation *

Select Salutation

First *

First Name

Middle *

Middle Name

Last *

Last Name

SSN/Tax ID *

Last Name

Date of Birth *

MM-DD-YYYY

Gender *

Female

Male

Business Email *

example@cpg.org

Personal Email

example@gmail.com

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Annual Compensation

Cash Salary

Explanation of cash salary next to this text box

Overtime

What is overtime and dollar amount about

Special Services Fees

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Bonuses

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Employer-paid Tuition

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Is housing provided rent free?

Yes No

Etiam in ex imperdiet justo tincidunt egestas. Ut porttitor urna ac augue cursus tincidunt sit amet sed orci.

Exempt Status *

Yes No

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Total Assessible Annual Compensation: \$70,000

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Annual Compensation

Cash Salary

\$...

Explanation of cash salary next to this text box

Overtime

\$...

What is overtime and dollar amount about

Special Services Fees

\$...

Bonuses

\$...

Employer-paid Tuition

\$...

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Is housing provided rent free?

Yes No

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Exempt Status *

Yes No

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Total Assessible Annual Compensation: \$70,000

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Employee not eligible for benefits

The employee is not eligible for benefits and you will not be able to enroll them in any benefits.

OK



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Retirement Benefits

Defined Benefits Plan

Lump Sum Death Benefit:	\$5,000
Group Life:	\$10,000
Disability Retirement:	Yes
Short Term Disability:	Yes

Lump Sum Death Benefit
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Confirmation

[Mail](#)[Print](#)

When you click to confirm:

- Your employee will be registered
- An email will be sent to the new employee with instructions on how to complete benefits registration
- When the employee has finished entering their information ou will receive a notification of completion

Lump Sum Death Benefit
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eiusmod tempor.

David Cross

Client ID: 123-456-78

[Click on any highlighted text to edit](#)

Date of Birth: 00/00/0000
Gender: Male
Social Security #: 000-00-0000
Address: 123 Road Name
City, State, 10010

Business Email: david@cpg.org
Personal Email: david@gmail.com
Hire Date: 07-10-1989
Compensation: \$40,000
D.B Effective Date 07-10-1989

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Confirmation

When you click to confirm:

- Your employee will be registered
- An email will be sent to the new employee with instructions on how to complete benefits registration
- When the employee has finished entering their information you will receive a notification of completion

- Thank you for enrolling David Cross. A confirmation Email has been sent to David Cross.
- Once David Cross finish entering information you will receive a notification of completion.

OK

David Cross

Client ID: 123-456-78

Click on any **highlighted** text to edit

Date of Birth: 00/00/0000
Gender: Male
Social Security #: 000-00-0000
Address: 123 Road Name
City, State, 10010

Business Email: david@cpg.org
Personal Email: david@gmail.com
Hire Date: 07-10-1989
Compensation: \$40,000
D.B Effective Date 07-10-1989

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Employee Information

First Name: David
Middle Name: C
Last Name: Cross
Gender: Male
Client Number: 123-456-78
SSN: 000-00-0000

Date of Birth: 00/00/0000
Primary Email: david@cpg.org
Alternate Email: david@gmail.com
Hire Date: 07-10-89
Compensation: \$40,000

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Benefits Eligibility

Based on your scheduled hours you are eligible to enroll in benefits

Are you enrolling in Benefits?

Yes No

Please provide reason if you are declining

Type here...

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Employee Information

First *

David

Middle *

A

Last *

Cross

SSN/Tax ID *

Last Name

Date of Birth *

MM-DD-YYYY



Gender *

Female

Male

Business Email *

example@gmail.com

Personal Email

example@gmail.com

Hire Date: 07-10-89

Compensation \$40,000

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Marital Status

Marital Status *

- Married Single
 Divorced Widowed

Date of Marriage *

Add spouse as beneficiary and dependent?

- Yes No

Designation

▼

Spouses First Name *

Spouses Middle Name *

Spouses Last Name *

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Benefits Plan Information & Coverage Type

Lump Sum Death Benefit i	\$5,000
Group Life i	\$100,000
Disability Retirement i	Yes
Short Term Disability i	Yes

Effective Date * **09/01/2016**

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You are automatically enrolled
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RSVP

Enroll i Yes No

Employee Contribution i

Your Employer's Contribution Match i

Effective Date * **09/01/2016**

* Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore.

Employee Contribution

Consectetur adipisicing elit, sed do eiusmod tempo. Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor.

Health Plans

Who are you covering?

Myself Self & Spouse Family

Medical *

Available medical providers:

Available medical plans:

Cost per pay period = **\$50**

UnitedHealthcare Plus - Select EPO

Consectetur adipisicing elit, sed do eiusmod tempo. Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor.

Dental *

Available medical providers:

Cost per pay period = **\$50**

Cigna Preventive Dental PPO





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Effective Date * **09/01/2016**

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Beneficiaries / Dependents

Lump Sump Death Benefit

Beneficiary

First *	Last *	Social Security #	Date of Birth *	Percent *
<input type="text" value="Elenor"/>	<input type="text" value="Cross"/>	<input type="text" value="000-00-0000"/>	<input type="text" value="MM-DD-YYYY"/>	<input type="text" value="100%"/>
<input type="text" value="Elenor"/>	<input type="text" value="Cross"/>	<input type="text" value="000-00-0000"/>	<input type="text" value="MM-DD-YYYY"/>	<input type="text" value="100%"/>

+ Add Beneficiary Total = 100%

Group Life

[Same as above](#)

Beneficiary

First *	Last *	Social Security #	Date of Birth *	Percent *
<input type="text" value="Elenor"/>	<input type="text" value="Cross"/>	<input type="text" value="000-00-0000"/>	<input type="text" value="MM-DD-YYYY"/>	<input type="text" value="100%"/>
<input type="text" value="Elenor"/>	<input type="text" value="Cross"/>	<input type="text" value="000-00-0000"/>	<input type="text" value="MM-DD-YYYY"/>	<input type="text" value="100%"/>

+ Add Beneficiary Total = 100%

RSVP

[Same as above](#)

Beneficiary

First *	Last *	Social Security #	Date of Birth *	Percent *
<input type="text" value="Elenor"/>	<input type="text" value="Cross"/>	<input type="text" value="000-00-0000"/>	<input type="text" value="MM-DD-YYYY"/>	<input type="text" value="100%"/>

+ Add Beneficiary Total = 100%

Medical

[Same as above](#)

Beneficiary

First *	Last *	Social Security #	Date of Birth *	Percent *
<input type="text" value="Elenor"/>	<input type="text" value="Cross"/>	<input type="text" value="000-00-0000"/>	<input type="text" value="MM-DD-YYYY"/>	<input type="text" value="100%"/>

+ Add Beneficiary Total = 100%

Dental

[Same as above](#)

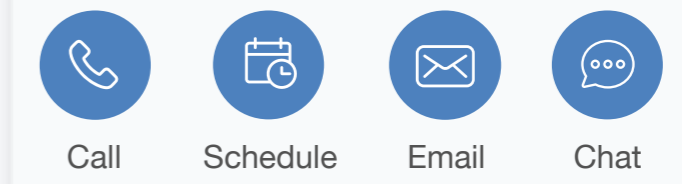
Beneficiary

First *	Last *	Social Security #	Date of Birth *	Percent *
<input type="text" value="Elenor"/>	<input type="text" value="Cross"/>	<input type="text" value="000-00-0000"/>	<input type="text" value="MM-DD-YYYY"/>	<input type="text" value="100%"/>

+ Add Beneficiary Total = 100%

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Employee Information

Name:	David	Spouse:	00/00/0000
Gender:	C	Business Email:	david@cpg.org
Date of Birth:	Cross	Personal Email:	david@gmail.com
Social Security:	Male	Hire Date:	07-10-89
Client Number:	123-456-78	Compensation	\$40,000
SSN:	000-00-0000	Primary Phone:	555-000-0000
		Alternate Phone:	555-555-5555

Enrolled Benefits

Clergy Pension Plan

Spouse: Elena Cross 75%
Group Life: Amy Crolss 100%

Medical

Spouse: Elena Cross 75%
Dependent: Amy Crolss 100%

RSVP

Beneficiaries: Elena Cross 100%

Dental

Spouse: Elena Cross 75%
Dependent: Amy Crolss 100%

Your deductions per pay period:

RSVP Contribution	\$76.93
Your Employer's Match	\$76.93
Medical / Dental	\$60.00

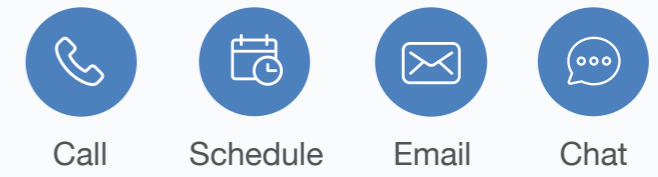
Total:

\$136.93

Your charges will be pro-rated based on your billing cycle

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Employee Information

Name: David
Gender: C
Date of Birth: Cross
Social Security: Male
Client Number: 123-456-
SSN: 000-00-0

Enrolled Benefits

Clergy Pension Plan

Spouse: Elena Cross 75%
Group Life: Amy Crolss 100%

RSVP

Beneficiaries: Elena Cross 100%

Medical

Spouse: Elena Cross 75%
Dependent: Amy Crolss 100%

Dental

Spouse: Elena Cross 75%
Dependent: Amy Crolss 100%

Your deductions per pay period:

RSVP Contribution	\$76.93
Your Employer's Match	\$76.93
Medical / Dental	\$60.00

Total:

\$136.93

Your charges will be pro-rated based on your billing cycle

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