



- 01 Visit the Pro-Enroll website: <u>GRANITECONSTRUCTION.E.PAYLOGIX.COM</u>
- 02 Register and Log in (using your social security number as your log in ID)

LOGIN		
SSN:		
	Enter	
	Please use your full SSN number as your log in credentials	

03





Click any product to view more information and to enroll or make changes to an existing enrollment







### 04 Click Get Election Confirmation Statement to print or email a confirmation statement

Hello, test test 06/01/24 DEDUCTION SI	UMMARY	Welcome to the Howarts Pro-Enroll for all of your voluntary benefits needs. Here you can enroll, access transaction history and edit your demographic information. Abracadabra
Monthly Total	\$25.38	BENEFIT PROGRAMS YOU ARE CURRENTLY PARTICIPATING IN:
Get Election Confirmation	×	Humana - Dental Group Policy No: Provider: Humana Specialty Benefits A description for this product is not available at this time.
		© Enrollment Ends: 01/31 Effective 06/01/2024 Cost Monthly \$25.38

	Enter recipient's E-mail address:	Þ	Send
Report Date: 05/10/2024			





#### 05 Log out











#### FAQ:

Q. What if this is direct pay (ACH) vs payroll deduction?

A. If individual ACH is an available payment method, Pro-Enroll will prompt the participant at the time of enrollment to add their payment data. The Participant can always update this information via the Automated Payments tab on Pro-Enroll

	Select a Method of Payment	
ons	For your convenience, we offer you two options for electronic payment. Please choose one of the following:	ck
N	Credit Card	nro
	Electronic Bank Drafts	
,	PRODUCT SUMMARY	

# GRANITE



ank Authorization	Credit Card Information			
will attempt to deduct the premiums for your benefits from your bank account. Please ovide your banking information below.  YOUR NAME Office Office Office NUMBER	We will attempt to debit the pren from your credit card account. P card information below.	niums for your bene lease provide your o	fits credit DISCOVER Matriced VIS	A
PAY TO THE S	Credit Card #:			B
WING	Expiration Date:	MMYY	Security Code:	6
COODOODOODI         1 2 3 = 4 5 5 7 *         0 10 1 *           KUTNO NO THEORY REALES         ACCOUNT RUNDER         How	Cardholder First Name:			B
ROUTING AND TRANSIT NUMBER Bank Name:	Cardholder Last Name:			B
Account Type: Savings	Billing Address:	Use Home Ad	idress	l
ansit Routing Number:				
Account Number:	City:			B
	State:	[]a	Postal Code:	8
choose new payment method	Choose new payment metho	bd	Continue	Cancel
WELCOME TO YOUR BENEFITS CENTER!				
Benefits Transactions Documents Profile	Automated Payments Backup Funding			
Hello, Welcome to the Howarts Pro-Enroll for all of your vo Spud Potato your demographic information. Abracadabra	untary benefits needs. Here you can enroll, access transaction history and edit			