



**DCC**

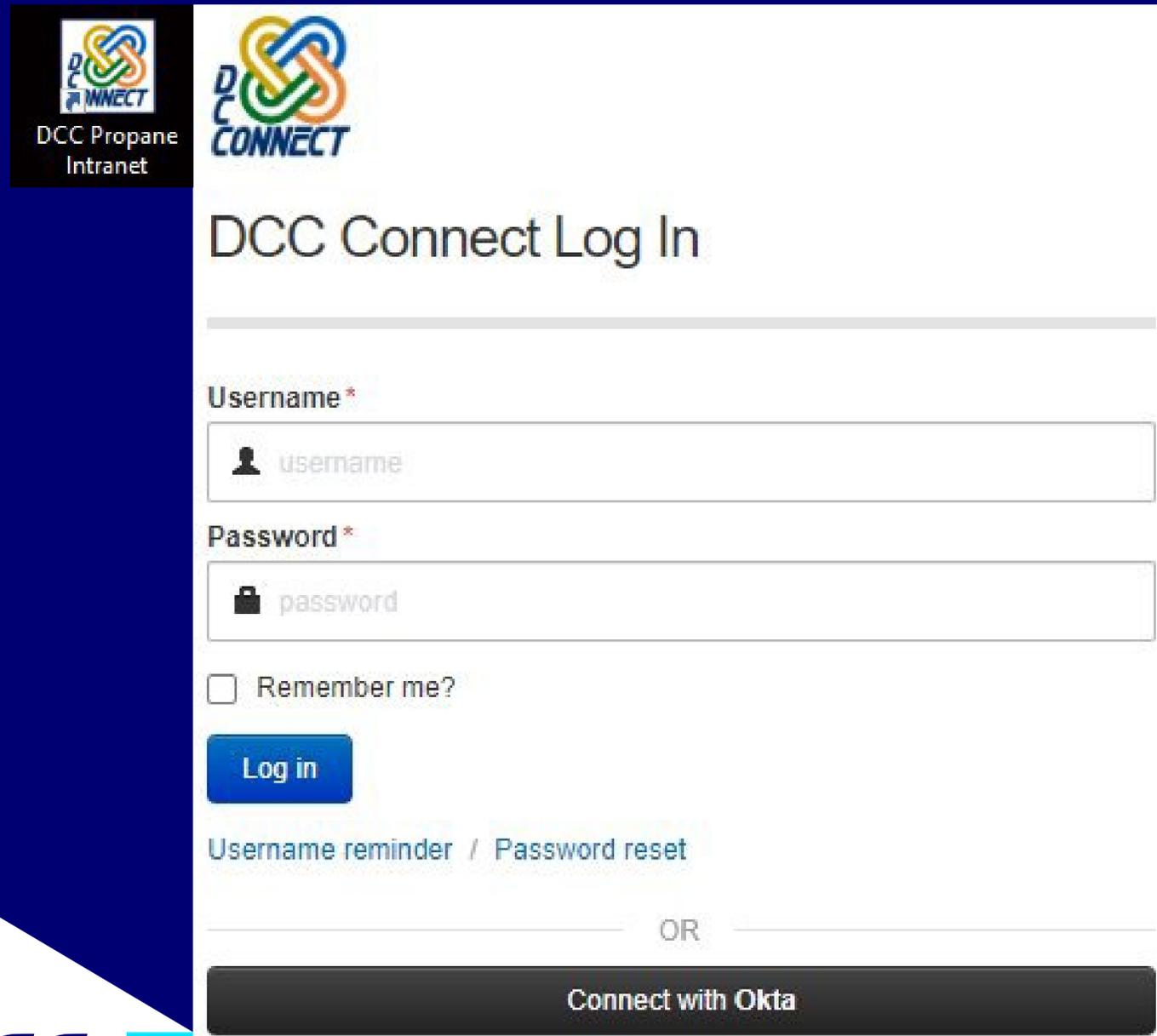
# **FLOCK ENROLLMENT INSTRUCTIONS**

**2025**

# Access Paychex either through the Paychex website address in the search bar OR DCC Connect

1. Type Paychex Flex in the internet search bar: <https://myapps.paychex.com/landingremote/login>

2.a Log into DCC Connect



DCC CONNECT  
DCC Propane  
Intranet

DCC  
CONNECT

## DCC Connect Log In

Username\*

password

Password\*

password

Remember me?

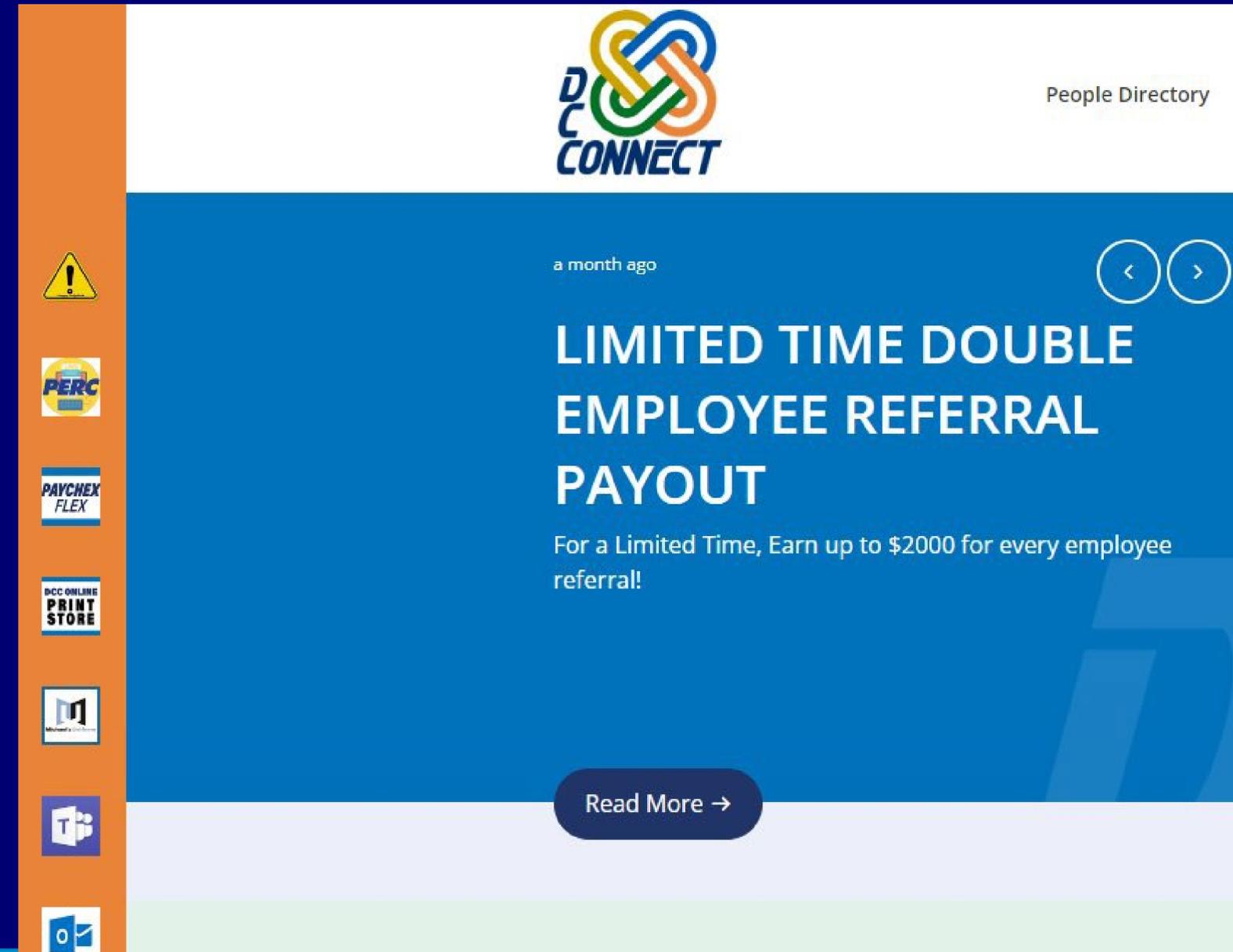
Log in

Username reminder / Password reset

OR

Connect with Okta

2.b Click on Paychex Flex Tab



DCC CONNECT

People Directory

a month ago

## LIMITED TIME DOUBLE EMPLOYEE REFERRAL PAYOUT

For a Limited Time, Earn up to \$2000 for every employee referral!

Read More →

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# Logging into Paychex

- Log into Paychex Flex
- If you do not remember your Username or Password, click link “Forgot Username or Password” to receive security question. Please check your email to reset your password.

**PAYCHEX FLEX**

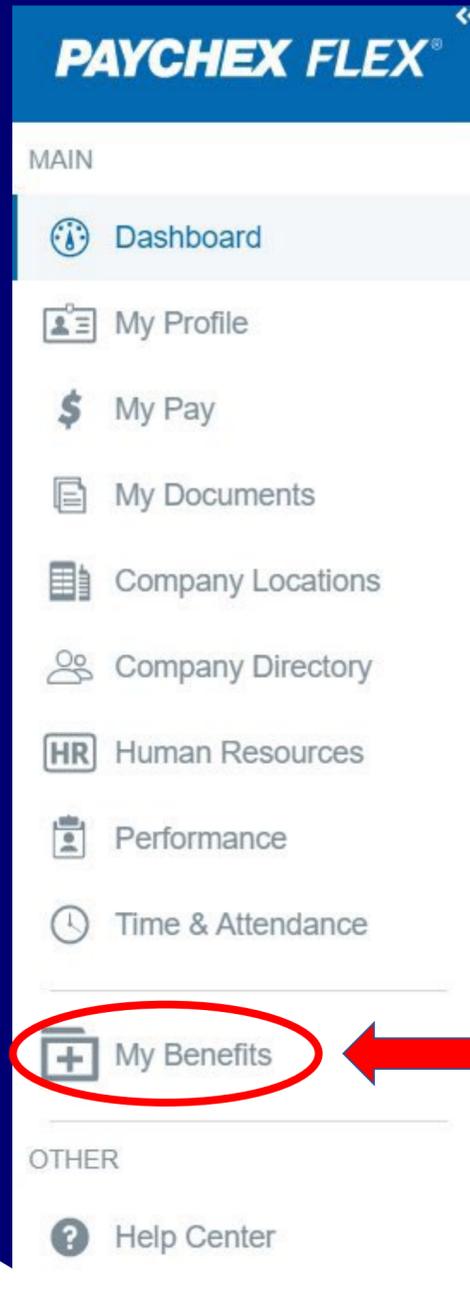
Paychex Flex Login

Enter Username

Enter Username

Sign-Up • [Forgot Username or Password?](#)

## Select “My Benefits”



First

Next: My Benefits will take you to the “Flock” benefit integration, then follow the step-by-step directions below:

Open Enrollment is active. Enroll in your employee health benefits. [Enroll Now](#)

Step 1: Click on the **Enroll Now** link at the top of the page.

Step 2: Select “Get Started”

Step 3: Update Basic Information: Fill in any missing profile information. Fields marked with an asterisk (\*) are required. To proceed, click **Save & Proceed** at the bottom of the page.

Step 4: Add Dependents: You may add dependents you wish to include in your elections by clicking the **Add Dependent** button. *(You will have the option to enroll them or not enroll them in the next steps.)*

Step 5: Edit/Delete Existing Dependents: **Edit** or **Delete** their information in Flock by clicking the Edit pencil in the upper right corner of their information section.

Step 6: When finished, click **Save & Proceed**.

**Then, Select Your Benefits:** You will now be shown any plans for which you are eligible.

- For each plan displayed, decide which of your dependents you wish to include in coverage by selecting the dependent at the top of the page.
- Select the plan you wish to enroll in by clicking on the plan.
- For more information about a plan, including information like emergency room costs and co-insurance rates, you may wish to view the **Plan Details**. You may also be able to view the carrier's plan summary or follow a link to the carrier's website.
- If there are multiple plans to choose from in any given coverage type, you have the option to **Compare Plans**. Clicking this button will allow you to see the coverage details of different plans side-by-side. You may view up to 3 plans, when available, in the comparison window.
- If you have current elections in Flock, you may see them by clicking on the **Existing Coverage** drop down menu on the bottom right-hand side of the screen:

*Note: You may choose to **Waive** any plan or group of plans at the bottom of the page. When you've made your choices, click **Save & Proceed**. Follow the same steps for the remaining benefits.*

**Next Year Enrollment**  
Benefits / Next Year Enrollment / Medical

**Choose Medical Plan**

**Dependents**  
Who else do you want to cover?

Autumn Kamibayashiyan Child

Lauren Kamibayashiyan Child

Brianne Kamibayashiyan Child

Gabriel Kamibayashiyan Spouse

**Select a plan** [Compare Plans](#)

Plan	Deductible (individual)	Deductible (family)	Rx: Co-Pay	Office Co-Pay	Employer Contribution Per deduction	Employee Contribution Per deduction
HDHP \$2000 HSA/HRA ELIGIBLE	\$2000	\$3750	In-network 20% coinsurance / Out-of-network 40% coinsurance	20% coinsurance	\$823.01	\$352.72
HDHP \$7000 HSA/HRA ELIGIBLE	\$7000	\$10000	In-network 20% coinsurance / Out-of-network 25% coinsurance	20% coinsurance	\$248.10	\$161.96
HDHP \$5000 HSA/HRA ELIGIBLE (SELECTED)	\$5000	\$10000	In-network \$0 / Out-of-network 25%	\$0	\$917.79	\$161.96

[Click here to waive coverage.](#) [Waive Medical](#)

[Back](#) [Save & Proceed](#)

Additional Info: This important step may ask you to sign consent forms, answer additional enrollment questions, and may contain important information for you to know before you finalize your elections.

### Review & Submit:

- To make changes to your elections, click on the **Benefit Type** in the left-hand column.
- When you are satisfied with your elections, remember to click **Submit Enrollment** at the bottom of this page *otherwise, your changes will not be recorded! Don't forget to print and save your benefit summary!*

Kamibayashiyama, Tylene | Next Year Enrollment | Benefits / Next Year Enrollment / Review & Submit

- Basic Information
- Dependents
- Medical
- Dental
- Vision
- HSA
- Group Plans
- Life Insurance
- AD&D
- Critical Care
- Hospital
- Accident
- Beneficiary
- Additional Items
- Review & Submit

Critical Care [EDIT] [WAIVED]

Hospital [EDIT] [WAIVED]

Accident [EDIT] [WAIVED]

Beneficiary / Trust Allocation [EDIT]

FIRST NAME	LAST NAME	RELATIONSHIP	TYPE	ALLOCATION
Gabriel	Kamibayashiyama	Spouse	Primary	100
Brianne	Kamibayashiyama	Child	Secondary	34
Lauren	Kamibayashiyama	Child	Secondary	33
Autumn	Kamibayashiyama	Child	Secondary	33

[Back] [Submit Enrollment]

***Changed your mind about something? You have until November 22<sup>nd</sup> to go back in and update your selections!***

Current Enrollment | **Open Enrollment** | Dependents | Beneficiaries

[Download] [Enroll / Update] ...

Open Enrollment - Start Date: Nov 06 - End Date: Nov 22

# Adding a Beneficiary

To Add your beneficiary information:

Click the **Add Beneficiary** button to add a different beneficiary, or to edit your current beneficiary you can just click the 3 edit buttons to edit.

- When you click the "Add Beneficiary" button you will be prompted for your Beneficiary's information.
  - Phone number/email address are required fields
- Next, please make sure to allocate a percentage to those beneficiaries. If you have more than 1 beneficiary, please make sure that the amounts for each beneficiary total 100%.
- Once you are finished adding their information, click **Submit**.

## Next Year Enrollment

Benefits / Next Year Enrollment / Beneficiary

### Beneficiary

#### Beneficiaries

Add/edit beneficiary information and update primary/secondary allocations here.

[Add Dependent as Beneficiary](#)

[Add Beneficiary](#)

FIRST NAME	LAST NAME	RELATIONSHIP	GENDER	DATE OF BIRTH	SSN	ACTIONS
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No Beneficiary to show

#### Trusts

Add/edit trusts information here. You can also add multiple trusts.

[Add Trust](#)

TRUST NAME	CONTACT NAME	TRUST PHONE	TRUST EMAIL	ACTIONS
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No Trusts to show

#### Beneficiary / Trust Allocation

Primary & secondary must total 100%. Secondary is not mandatory though.

BENEFICIARY / TRUST	PRIMARY	SECONDARY
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