

# AutoEnroll Processing Rehires

1. Login to AutoEnroll at [www.ppienroll.com](http://www.ppienroll.com).
2. Search for an employee by name or social security number.
3. Click on the Actions drop down menu and select "Edit/Term".
4. Click on the gray "Administration" box, and then select "Rehire".
5. Enter the effective date of change, which means **the date the rehired employee will become benefits eligible, NOT the date of rehire**.
6. Next, click on the blue "Edit" button in the Employment Information section, and **add the Date of Rehire**.
7. **Remove the Date of Termination.**
8. **Change Employment Status from terminated to full-time or part-time.**
9. **Remove the Termination Reason by clicking back to "Please Select One".**
10. Confirm the rest of the information and make changes if necessary. Click "Next".
11. Review/update the employee's compensation information, dependent information, and make their benefit elections.
12. Click "Approve".

Harry Smith

Please select an action

Please select an action

Edit/Term

History

Benefit Summary

ADMINISTRATION

Examples:  
Administrator Correction  
Administrator Override

COBRA Election

Corrections

Rehire

Employment Information

Date of Hire: 02/11/2015  
Date of Rehire:  
Job Title: CEO

Structure: Sample :: 12345 :: Employee :: Active  
Date of Termination: 09/15/2015  
Employment Status: ~~terminated~~  
Voluntary  
Payroll Frequency: Semi-Monthly  
Variable Hours:  
Average Hours: 0

Department:  
ACA Reporting Override: No Override  
EEO Classification:  
Employment State:  
Benefits Eligible:  
ACA Begin DOE:

Edit

Employment Information

Date of Hire: \* 02/11/2015  
MM/DD/YYYY

Date of Rehire: 10/10/2022  
MM/DD/YYYY

Date of Termination: 09/15/2015  
MM/DD/YYYY

Job Title: CEO

Employment Status: Full-time

Termination Reason: Please Select One

Date of Hire: 02/11/2015  
Date of Rehire: 10/10/2022  
Job Title: CEO  
Classification:  
Employment State:  
Benefits Eligible:  
ACA Begin DOE:

Structure: Sample :: 12345 :: Employee :: Active  
Date of Termination:  
Employment Status: Full-time  
Employee #:  
Employment Zip: NO\_CHANGE  
Date Benefit Status:  
ACA End DOE:

Department:  
ACA Reporting Override: No Overri  
Payroll Frequency: Semi-Monthly  
Variable Hours:  
Average Hours: 0