



MyEnroll Employee User Guide New Hire Open Enrollment

Below are step-by-step instructions to complete the New Hire Open Enrollment Wizard in MyEnroll.

PLEASE NOTE: BENEFIT ELECTIONS MUST BE MADE WITHIN THIRTY (30) DAYS FROM THE DATE OF HIRE OR THE DATE HOURS INCREASED TO MEET BENEFIT-ELIGIBLE PLAN RULES.

All benefit-eligible employees are strongly encouraged to log in and confirm personal benefit information as well as enter a life insurance beneficiary even if not enrolling in the medical or dental plans. Any benefit elections made during the New Hire Open Enrollment period cannot be changed unless a life event recognized under Plan rules occurs during the year, or during Open Enrollment (May/June, for Plan Year start date of July 1).

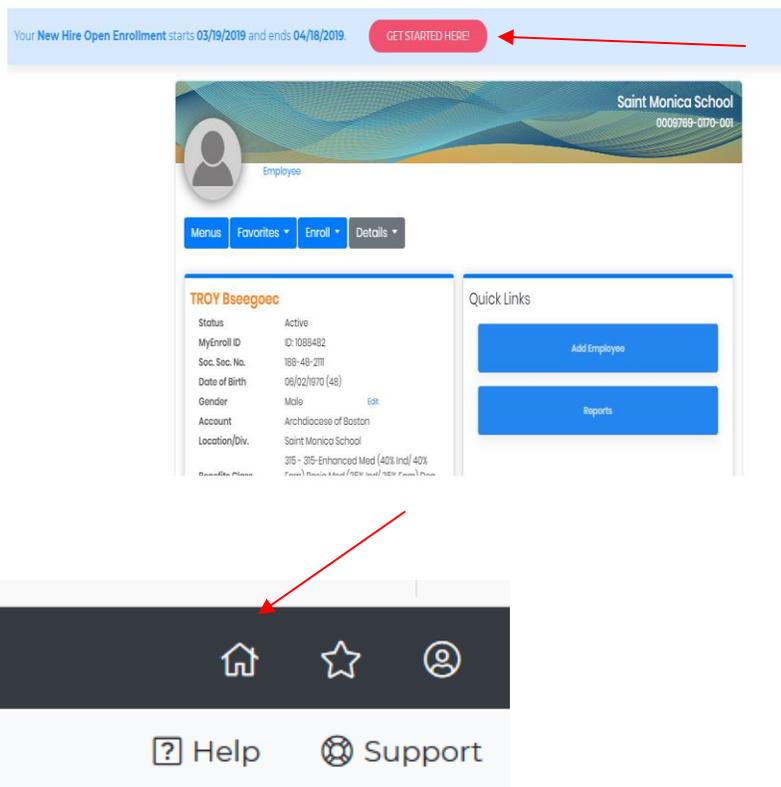
Employees who do not go online to MyEnroll and/or who do not elect any benefits **within thirty (30) days of the date of hire** will be presumed to have waived medical and dental coverage. **Please check with your location to determine which benefits your location participates in through the RCAB Benefit Trusts.** You may not see all of the screens/steps noted below if your location does not offer all benefits.

Employees who work for multiple RCAB locations will have a separate MyEnroll login for each location. Employees who transfer between RCAB locations must log into the new location and re-enroll/enter their benefit elections and beneficiary with the new location. Coverages do not transfer between locations.

1. Navigate to www.catholicbenefits.org and log in to the secure online enrollment system, MyEnroll.

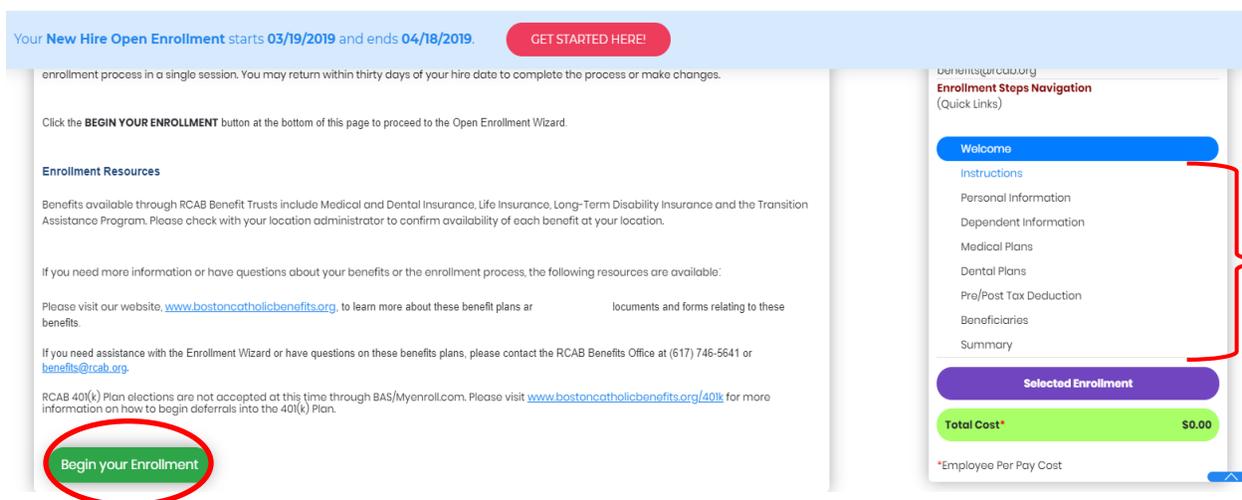
Please see the **Creating a MyEnroll Account** for specific instructions on obtaining your log-in information if you have not previously logged in to MyEnroll.

2. Once you have logged in successfully, you will land on your Employee Home page. This page will remain with your record during your employment and will be the place to check on coverage and dependents in the future. To begin your enrollment, click “Get Started Here.” To return to the Home Page once you have left this screen, click on the home icon on the top right-hand side.



3. Review the information on the Welcome Page and click “Begin Your Enrollment.”

The right navigation will list the steps to be completed for the New Hire Open Enrollment Wizard. As a step is completed, a green check mark will appear next to it. You can navigate back and forth between steps once they have been completed.



- Review the information on the Instructions page and click “Next” at the bottom left of the page to proceed.

The screenshot shows the 'New Hire Enrollment Wizard - Special Instructions' page. The page header includes the user's name 'AMANDA GATELY' and the enrollment type 'New Hire Open Enrollment for 2021'. A navigation menu on the right lists steps: Welcome, Instructions (highlighted), Personal Information, Dependent Information, Medical Plans, Dental Plans, Pre/Post Tax Deduction, Beneficiaries, and Summary. At the bottom left, a 'NEXT' button is circled in red.

On the next screen, you will see your Personal Information. You can view information but cannot make updates except to the e-mail address fields. If you have changes for these fields, please notify your location’s payroll/benefits administrator, who will make the change for you.

The screenshot shows the 'Enrollment Wizard - Personal Information' form. The 'Personal Information' section is circled in red. The form contains the following fields:

Field	Value
First Name	TROY
M.I.	
Last Name	Bseegoec
Date of Birth	06/02/1970
Gender	Male
Marital Status	Single
Home Address	1088482 Main Str
Address Line 2	
City	
State	
Zip	

Click “Next” to advance to next screen.

5. On the Dependent Information screen, you can add data for each dependent you will enroll in the Medical and/or Dental Plans by selecting “Click Here to Add New Dependent.” You can repeat this process until all dependents are added. If you have no spouse or children and/or you do not plan to enroll them in the Medical or Dental Plans, click “Next” to skip data entry for Dependents.

The screenshot shows the 'Enrollment Wizard - Dependent Information' screen. The main content area contains instructions and a button labeled 'Click Here to Add New Dependent' which is circled in red. Below it is a 'NEXT' button, also circled in red. The right sidebar includes 'CUSTOMER SERVICE' contact information, an 'Enrollment Steps Navigation' menu with 'Dependent Information' highlighted, and a 'Selected Enrollment' section showing a 'Total Cost' of '\$0.00'.

Note: If no dependents are entered in this step, Employee and Family coverage option will not be available later in the Wizard.

6. A pop-up appears when you select “Click Here to Add New Dependent.” Fields with a red asterisk * are required. A link is provided to view “Dependent Eligibility Rules.” Click “Save & Exit” when done with each dependent’s data.

The screenshot shows the 'Add a New Dependent' pop-up form. At the top, there is a link for 'Dependent Eligibility Rules' circled in red. The form contains several required fields marked with an asterisk (*): 'Relationship' (dropdown menu), 'Effective Date' (text field with '03/29/2019'), 'First Name', 'Middle Initial', and 'Last Name' (text fields), 'SSN' (text field), 'DOB' (text field), 'Gender' (dropdown menu), and 'Disabled' (dropdown menu with 'No' selected). At the bottom, there are fields for 'Student', 'School Name', 'Grad. Month', and 'Grad. Year'.

- Click "Next" when all data entry for dependents is complete. Select "Edit" next to a dependent's name to view/update information for that dependent.

Pending New Dependents

FULL NAME	RELATION	DOB	GENDER	STATUS	ACTION
R, J	Child - Male	12/23/1993	M	Pending - Add	<input type="button" value="Edit"/> <input type="button" value="Remove"/>

- You will be directed to the Medical Plan Enrollment page. Buttons appear showing all coverage for which you are eligible. Coverage is defaulted to Waive. To enroll, you must make an affirmative election on this page. Each button shows your per paycheck cost for each option. To elect coverage, click the button with the corresponding coverage being elected and then click "Save & Next." **Note: Once you have made an election on this page, it is considered binding, even if you do not complete the entire wizard.**

Enrollment Wizard - Medical Plan Enrollment

To enroll or change your Medical Plan selection, select the button associated with the plan you wish to select. Click the "Next" button to save your selection and move to the next enrollment step.

Current Enrollment: **Blue Cross Enhanced PPO Plan - Employee + One**

Blue Cross Basic PPO Plan	Selected	Blue Cross High Deductible Health Plan
<input type="button" value="Employee Only \$42.36"/> <input type="button" value="Employee + One \$222.29"/> <input type="button" value="Employee and Family \$276.63"/>	<input type="button" value="Employee Only \$83.03"/> <input checked="" type="button" value="Employee + One \$298.82"/> <input type="button" value="Employee and Family \$371.87"/> Kaitlyn DOB:02/08/2000 Assigned <input type="button" value="Edit Covered Dependents"/>	<input type="button" value="Employee Only \$12.12"/> <input type="button" value="Employee + One \$136.34"/> <input type="button" value="Employee and Family \$169.66"/>
<p>Waive Medical Coverage</p> <input type="button" value="Waived \$0.00"/>		

When Employee and Family coverage is elected, eligible dependents will automatically be assigned coverage. The maximum age for adult child dependents in the Medical and Dental Plans is 26. Each dependent will appear with **Assigned** or **Not Assigned** next to each, showing enrollment/non-enrollment.

To enroll or change your Medical Plan selection, select the button associated with the plan you wish to select. Click the "Next" button to save your selection and move to the next enrollment step.
Current Enrollment: **Blue Cross Enhanced Plan - Employee Only**

The screenshot shows three panels for Medical Plan enrollment. The first panel, 'Waive Medical Coverage', has a 'Waived' button for \$0.00. The second panel, 'Selected', shows 'Blue Cross Enhanced Plan' with 'Employee Only' at \$89.77 and 'Employee and Family' at \$359.82. Below this, it lists 'John DOB:08/17/2017 Not Assigned' and an 'Edit Covered Dependents' link. The third panel, 'Blue Cross Basic Plan', has 'Employee Only' at \$48.21 and 'Employee and Family' at \$281.66.

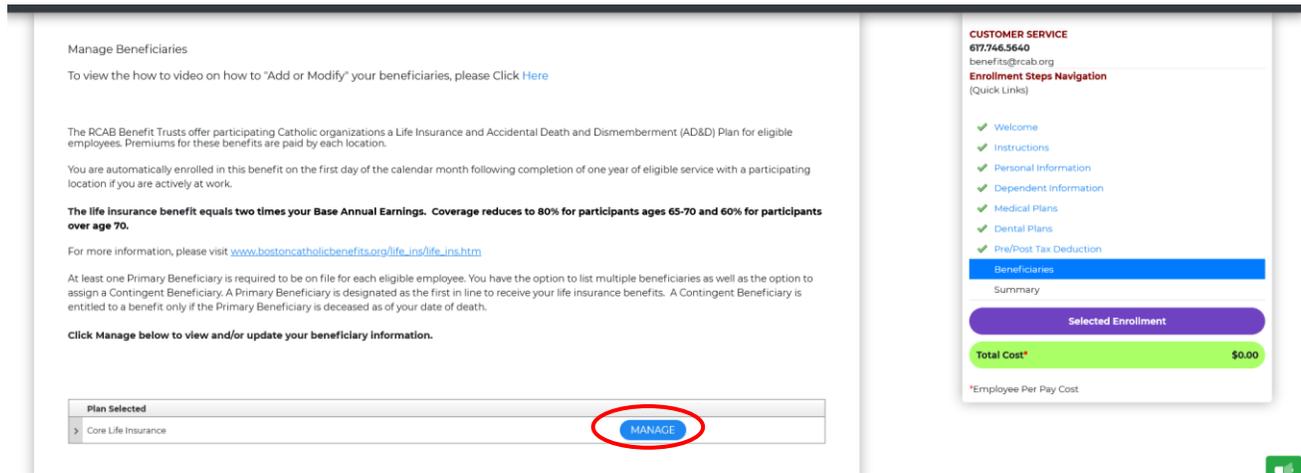
9. The next page allows you to make a Dental Plan election. Coverage is defaulted to Waive. To enroll, you must make an affirmative election on this page. To elect coverage, select the button with the corresponding coverage being elected and then click "Save & Next." **Note: Once you have made an election on this page, it is considered binding, even if you do not complete the entire wizard.**

The screenshot shows the 'Enrollment Wizard - Dental Plan Enrollment' screen. It includes the instruction: 'To enroll or change your Dental Plan selection, select the button associated with the plan you wish to select. Click the "Next" button to save your selection and move to the next enrollment step. Current Enrollment: **Delta Dental of Massachusetts - Employee and Family**'. There are two panels: 'Waive Dental Coverage' with a 'Waived' button for \$0.00, and 'Selected' for 'Delta Dental of Massachusetts' with 'Employee Only' at \$21.88 and 'Employee and Family' at \$50.08. Below the 'Selected' panel, it lists 'Claudia DOB:11/26/1981 Assigned', 'Christopher DOB:02/15/1995 Assigned', and 'David DOB:11/18/2002 Assigned', with an 'Edit Covered Dependents' link.

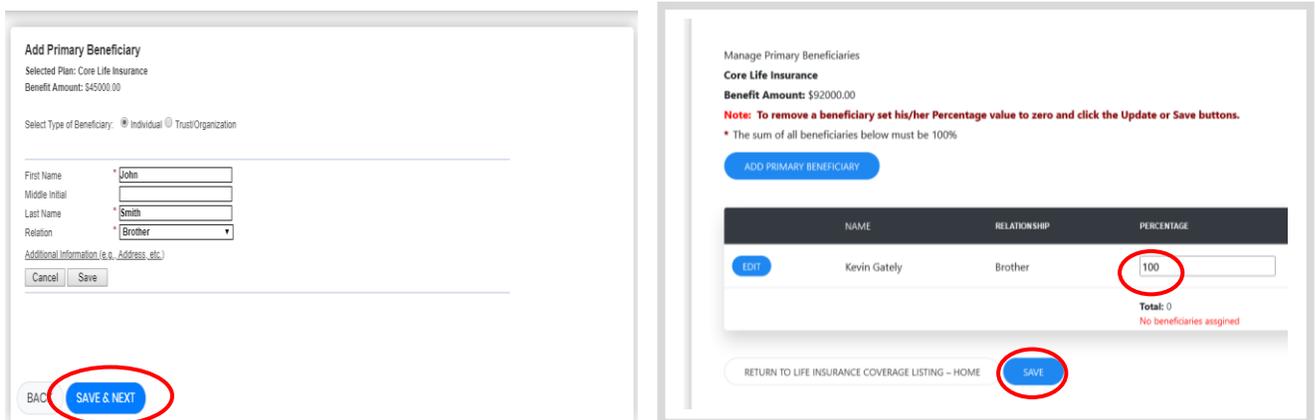
10. The Pre/Post Tax Deduction page is next. This page allows you to elect to pay Medical and Dental premiums on a pre-tax or post-tax basis. The default setting is pre-tax. Once an election has been made, click "Save & Next."

The screenshot shows the 'Employee Pre-Tax or Post-Tax Payroll Deduction Election' page. It contains the following text: 'You are automatically enrolled in the RCAB Section 125 Premium Only Payment Plan, which means that payroll deductions are taken on a pre-tax basis for your health and/or dental coverage. You may elect to have your payroll deductions for health and dental premiums taken on a post-tax basis by selecting the appropriate radio button below. To view the RCAB Section 125 Premium Payment Plan please visit - RCAB Description of Premium Only Cafeteria Plan Summary. Please make your required Payroll Deduction Selection below.' Under 'Payroll Deduction Option:', there are two radio buttons: 'Pre-tax' (selected) and 'Post-tax'. At the bottom, there are 'BACK' and 'SAVE & NEXT' buttons, with 'SAVE & NEXT' circled in red.

11. If you are eligible for Life Insurance, on the Beneficiaries screen, click “Manage” next to Core Life Insurance to enter your Life Insurance beneficiary. Then select “Primary” to enter your primary beneficiary. You must designate a beneficiary to proceed.



Select the type of beneficiary, enter beneficiary information, and click “Save & Next.” Enter a percentage for that beneficiary (you must erase the “1” that appears and then re-type 100 if there is only one designated beneficiary) and click “Save.”



To add multiple primary beneficiaries (*i.e.*, the life insurance benefit is to be split among more than one person if both are still living at the time of the employee’s death), click on “Add Primary Beneficiary” and repeat steps above until all beneficiaries are added with a percentage. Coverage total must equal 100%. To add contingent beneficiaries (*i.e.*, a beneficiary only effective if the primary beneficiary has passed away at the time of your death), click Manage, then Contingent, and follow appropriate steps. After this step is complete, click “Save & Next.”

12. The final step in the New Hire Open Enrollment Wizard is the **Summary & Signature** page. At this point, you should review the elections made. You may return to a previous screen by clicking on the step you would like to return to on the right navigation menu. You may print a copy of this screen for your records.

Summary & Signature PRINT

The following is a summary of the coverages you have elected. Please print this page using the Print button on the top right side of this screen. Your elections will not be complete until you click the I Accept and Confirm buttons at the bottom of this screen.

BENEFIT PLAN	BENEFIT LEVEL	CORE/OPTIONAL BENEFIT	YOUR PERPAY COST	EFFECTIVE DATE
Core Life Insurance	\$52,000.00	Core	\$0.00	07/01/2022
Core Long Term Disability	Enrolled	Core	\$0.00	07/01/2022
Transition Assistance Plan	Enrolled	Core	\$0.00	07/01/2022
Waive Medical Coverage	Waived	Optional	\$0.00	07/01/2021
Waive Dental Coverage	Waived	Optional	\$0.00	07/01/2021

CUSTOMER SERVICE
677.746.5640
benefits@rcab.org

Enrollment Steps Navigation
(Quick Links)

- ✓ Welcome
- ✓ Instructions
- ✓ Personal Information
- ✓ Dependent Information
- ✓ Medical Plans
- ✓ Dental Plans
- ✓ Pre/Post Tax Deduction
- ✓ Beneficiaries
- Summary

Once reviewed, proceed to the bottom of the page and click “I Accept” and then “Confirm.”

Please read this entire page and choose the appropriate button located below.

I hereby acknowledge that I have read and understand the informational materials provided by my employer, including those materials posted at www.bostoncatholicbenefits.org, explaining my available benefits and the enrollment process. I confirm that I work at least 1,000 hours per year at one or more employers that participate in the RCAB Benefit Plans and that I am otherwise eligible for the benefits I have elected.

I acknowledge that the benefit elections I have made are irrevocable and may not be changed until the next plan year unless I experience a qualified life event and follow the appropriate procedures for making such a change. By choosing the “Finalize” button below, I authorize that required contributions be made, through payroll deduction, for the benefits I have elected and I confirm that such authorization is voluntary.

Your Electronic Signature

I Accept

I do not Accept

I confirm my benefit elections. I understand I will be able to return to the Enrollment Wizard and make changes until the end of my enrollment period, but after the close of my enrollment period, my elections are irrevocable and may not be changed until the next plan year unless I experience a Permitted Election Change and follow the procedures described in my employer’s informational materials for making a change. I authorize any required contributions be made, through payroll deduction, for the benefits that I elected and confirmed and such authorization is voluntary.

CANCEL

CONFIRM

You will see a message confirming your completion of the enrollment process.

You're all set!

Congratulations! You have completed your new hire enrollment for the 2018 Plan Year.

[CONTINUE](#)

To view a summary of all of your benefits, including those automatically provided to you by your employer, click on the Home icon and scroll down to “Enrollment Summary” located in the middle of the page.

Enrollment Summary Current & History Details

ENROLLED WAIVED/OPTED OUT

Blue Cross Basic Plan - HRA Employee Only 03/01/2019	Core Life Insurance \$111,000.00 03/01/2020	Core Long Term Disability Enrolled 03/01/2020
Delta Dental of Massachusetts Employee Only 03/01/2019	Transition Assistance Plan Enrolled 03/01/2020	

For questions, please contact the RCAB Benefits Office at (617) 746-5640 or benefits@rcab.org.