

## MyEnroll Employee User Guide Life Event Wizard

Below are step-by-step instructions to complete the Life Event Wizard in MyEnroll.

## <u>PLEASE NOTE</u>: BENEFIT ELECTIONS MUST BE MADE NO LATER THAN THIRTY (30) DAYS AFTER THE DATE OF THE QUALIFYING EVENT. SUPPORTING DOCUMENTATION IS REQUIRED FOR ALL LIFE EVENTS. \*

Any benefit election made during the life event period cannot be changed unless another life event recognized under Plan rules occurs during the year or the election is made during Annual Open Enrollment (May/June).

Please check with your location to determine which benefits your location participates in through the RCAB Benefits Trusts. You may not see all of the screens/steps noted below if your location does not offer all benefits.

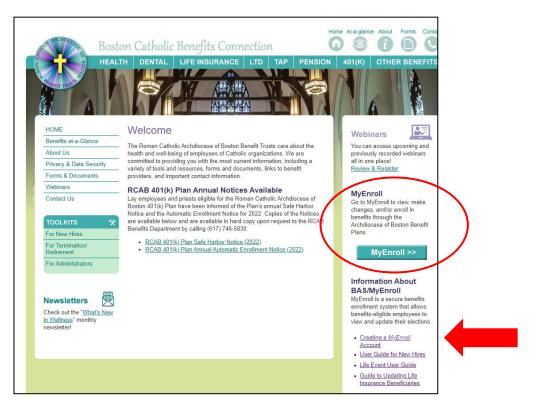
Enrollments are effective on the first day of the month following the qualifying event date, except that for the birth or adoption of a child, elections are effective on that date. Coverage terminations are effective on the last day of the month during which the event occurs.

Examples of qualifying life events with examples of supporting documentation include the following:

Life Event	Required Documentation
birth or adoption of a child	birth or adoption certificate
marriage of the employee	marriage certificate
death of a dependent	death certificate
divorce of the employee	divorce decree
Employee's loss of coverage or enrollment of coverage obtained through employee's spouse or through a government agency	copy of documentation from spouse's employer/government agency showing end date or effective date of other coverage
Dependent's loss of coverage under other plan such as student plan, parent's plan, job loss or through a government agency	copy of documentation from dependent's employer/government agency showing end date or effective date of other coverage
addition of dependent due to court order or other legal mandate	copy of court order or directive from government agency

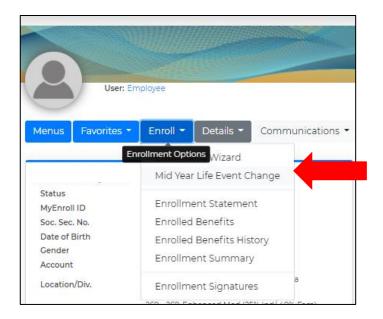
\*If a life event is the result of transferring from one Archdiocese location to another, no supporting documentation will be required.

1. Navigate to <u>www.catholicbenefits.org</u> 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. Please review the information on this page including the Contact Info section. If any information is incorrect, please notify your payroll/benefits administrator.

To access the Life Event Wizard, click the "Enroll" button. You will see various options, including "Mid Year Life Event Change." Click that title to get started. Note that MyEnroll updates the following screens periodically, so your screen may not match the screen shots shown below.



3. On the Life Event Module page, scroll down to read the entire text, using the pull bar at the right. You may need to use "full screen" mode to see all of the text. Click the box "I Accept the Terms and Conditions" and then click "Next" to proceed.

I Accept the Terms & Conditions	
Cancel	Next

4. On the "Type" page, click the Event Group drop down arrow and select the applicable event. Note that these options change from time to time and may not match the options shown below. Choose the applicable Life Event closest to your situation and enter the Life Event date. If the event has already occurred, enter that date (must be within the past 30 days). To enter a life event up to 30 days in advance, enter the current date as the Life Event date. This will cause the wizard to make the first of the following month the effective date. Finally, click "Next."

ar Life Event					
Acknowledge	Туре	Proof	Comme	ents	Confirmation
Life Event					
Event Group	Event Group		÷	Life Event	
Life Event	Life Events		÷.	Documentation	n
Life Event Date	Life Event Date			Comments	
New Cvrg. Effective Dat	te				
Cancel					Previous Next

5. On the "Proof" page, click on the arrows to scroll down and then click "Click or Drag Files Here" to proceed. Do not choose the Fax option as these faxes will not be delivered to the Benefits Office. If you do not have the documentation at this time, you can send it by mail, fax (617-779-4567), or e-mail (<u>benefits@rcab.org</u>) to the Benefits Office within 30 days of the life event. If you do not have the supporting documentation at the time of your life event request, we recommend that you submit your life event request so that the request is submitted within the 30 day requirement. Supporting documentation is required before a life event will be approved by the Benefits Office. Click "Next" to proceed.

ear Life Event					
Acknowledge T	ype	Proof	Comments		Confirmation
Documentation					
Instructions			• 1	Life Event	Loss of Other Coverage
Upload or Fax			* E	Event Date	1/1/2022
Upload	Fax			Documentation	
Click or Drag File Her	Send to		•	Comments	
Comments	Commen	ts			
SUBMIT		GENERATE COVER LETTER			
Cancel					Previous Next

- 6. On the Comments page, you may add comments for the Benefits Office (optional) and click "Next" to proceed.
- 7. If you receive a confirmation page, review your information for accuracy and click "Next" to proceed.
- 8. Select "Continue with Life Event" to make your benefit elections.

Congratulations, yo	u have completed the initial	setup successfully!
	Continue with Life Event	

 To make your benefit elections, continue through the Life Event Wizard. The menu on the right will show your progress through the wizard and your total per pay cost.

CUSTOMER SERVICE 617.746.5640				
benefits@rcab.org				
Enrollment Steps Navigation (Quick Links)				
✓ Welcome				
Dependent Information				
Medical Plans				
Dental Plans				
Pre/Post Tax Deduction				
Summary & Signature				
Selected Enrollment				
Total Cost* \$0.00				
*Employee Per Pay Cost				

To view your Current Coverage, click "Current Coverages."

<b>KERRI R. Sxjffbfb</b> Roman Catholic Archbishop of Boston, a Corporation Sole	Enrollment Type: Enrollment Period:	Life Event: Loss of Other Coverage 1/1/2022 - 03/02/2022	Current Coverages	

10. On the Dependent Information screen, you can add dependents whom you would like to enroll in health and/or dental coverage 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. Select "Edit" next to a dependent's name to view/update information for that dependent.

A pop-up appears when you select "Click Here to Add New Dependent." Fields marked with a red asterisk are required. A link is provided to view "Dependent Eligibility Rules." Click "Save & Exit" when you finish each dependent's data.

<u>Note:</u> If no dependents are entered in this step, the Employee + One and Employee and Family coverage options will not be available later in the Wizard.

Click "Next" when all data entry for dependents is complete.

Enrollment Wizard - Dependent Information
Add or update the information below regarding the dependents for whom you wish to begin or end coverage under the medical and/or dental plan(s). <u>To</u> remove dependents from your coverage, please proceed through the enrollment wizard. You will be able to update coverages on the next two screens.
To view the dependent eligibility rules, select "Click Here to Add New Dependent" then select "Dependent Eligibility Rules."
Click Here to Add New Dependent
BACK NEXT

11. You will then be directed to the Medical Plan page.

- To elect coverage, click the button with the corresponding coverage to be elected and then click "Next."
- In the Life Event Wizard for both the Medical and Dental Plan, changes will show as pending until approved by the Benefits Office.
- The Per Pay Cost shown is based on a percentage of the overall premium as determined by each location.
- 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; additional requirements may apply. Each dependent will appear with "Assigned" or "Not Assigned" next to each name showing enrollment/non-enrollment.
- If no dependents are entered on the previous screen, the Employee + One and Employee and Family coverage options will not show as available.
- If needed, use the "Back" button at the bottom of the page to go back to the "Dependent Information" page.

Blue Cross Enhanced PPO Plan	Blue Cross Basic PPO Plan	Blue Cross High Deductible Health
Employee Only \$83.03	Employee Only \$42.36	Employee Only \$12.12
Employee + One \$298.82	Employee + One \$222.29	Employee + One \$136.34
Employee and Family \$371.87	Employee and Family \$276.63	Employee and Family \$169.66
Selected		
Waive Medical Coverage		

12. The next page allows you to make a Dental Plan election.

- To elect coverage, click the button with the corresponding coverage to be elected and then click "Next."
- In the Life Event Wizard for both the Medical and Dental Plan, changes will show as pending until approved by the Benefits Office.
- 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; additional requirements may apply. Each dependent will appear with "Assigned" or "Not Assigned" next to each name showing enrollment/non-enrollment.
- If no dependents are entered on the previous screen, the Employee and Family coverage option will not show as available.
- If needed, use the "Back" button at the bottom of the page to go back to the "Dependent Information" page.

e that all changes entered will show as pending transactions below changes have been approved by the Archdiocese. nrollment: Waive Dental Coverage - Waived	y your current elections. Your changes will remain in a pending status u
Selected	Delta Dental of Massachusetts
Waive Dental Coverage	Employee Only \$21.86
Waived \$0.00	Employee and Family \$50.06

13. The Pre/Post Tax Deduction page is next. You may elect to pay for Medical and Dental premiums on a pre-tax or post-tax basis. Once an election has been made, click "Save & Next."

Employee Pre-Tax or Post-Tax Payroll Deduction Election
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 click on the following document –
RCAB Description of Premium Only Cafeteria Plan Summary
Please make your required Payroll Deduction Selection below:
Payroll Deduction Option:
Pre-tax
Post-tax
BACK SAVE & NEXT

14.On the "Summary & Signature" page, review the elections made.

- Changes will appear under "Your Pending Elections."
- You may return to a previous screen by clicking on the step you would like to return to on the right navigation menu.
- 15.Once reviewed, proceed to the bottom of the page and click "I Accept" and then "Confirm."
- 16. You may want to print a copy of this page for your records.
- 17.Review the "Notice for Accepting Summary and Salary Reduction Agreement on Behalf of an Employee" then click "OK".

You will receive the following screen once complete.

You're all set!
Congratulations! You have completed your life event for the 2021 Plan Year.
CONTINUE