



MyEnroll Employee User Guide Life Event Wizard

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

PLEASE NOTE: 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.

Below are examples of qualifying life events and supporting documentation that would be acceptable:

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

1. Navigate to www.catholicbenefits.org and log in to the secure online enrollment system, MyEnroll. Please see the **Creating a User ID and Password User Guide** for specific instructions on obtaining your log-in information if you have not previously logged in to MyEnroll.

Once you have logged in successfully, you will land on your Employee Home Page. Please review your demographic information under Contact Info. Your current benefit enrollment information is located at the bottom of the screen. If any information is incorrect, please notify your payroll/benefits administrator.

Carol W. Geisggo

Status	Active
MyEnroll ID	ID: 51032
Soc. Sec. No.	511-03-2111 Edit
Date of Birth	05/3 8) Edit
Gender	Female Edit
Account	Archdiocese of Boston
Location/Div.	Roman Catholic Archbishop of Boston, a Corporation Sole
Benefits Class	XCIII - 93-Enhanced Med (25% Ind/ 40% Fam) Basic Med (15% Ind/ 35% Fam) Den (100% Ind/ 100% Fam)
Marital Status	Married Edit

[Contact Info](#) [Employment](#) [Dependents](#)

[ACA Tax Forms](#)

2. Click the “Enroll” button. You will see various options, including **“Mid Year Life Event Change.”** Click that title to get started.
3. On the Life Event Module Acknowledge page, scroll down to read the entire text, using the pull bar at the right. Click the box “I Accept the Terms and Conditions” and then click “Next” to proceed.

Enroll

- Enrollment Wizard
- Mid Year Life Event Change
- Enrollment Statement
- Enrollment Summary
- Enrollment Signatures

Life Event

Acknowledge

Instructions from your Employer

Life Event Wizard - Special Instructions

The life event enrollment process must be completed within 30 days of your qualifying life event. The Life Event Wizard will not be accessible after midnight on that date. If you do not complete the enrollment process within 30 days, your existing elections will remain in place. Elections selected during the Life Event enrollment period will be effective the first of the month following the Life Event date. For the birth or adoption of a child, coverage will be effective for the child as of the date of birth/adoption. Your benefit elections will continue until you request a change during Open Enrollment or when another Life Event occurs. Open Enrollment takes place in May/June. Each Plan Year begins on July 1 and ends on June 30.

Additional information about the RCAB Health and Dental Plan is available at www.bostoncatholicbenefits.org

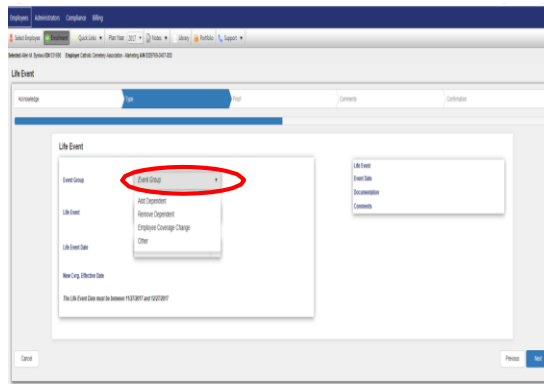
A list of typical Life Events and required documentation is below:

☐ I Accept the Terms & Conditions

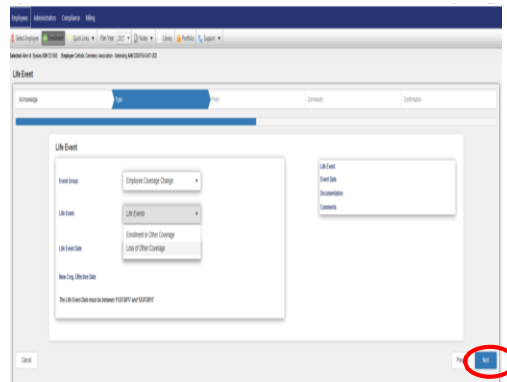
Cancel

Next

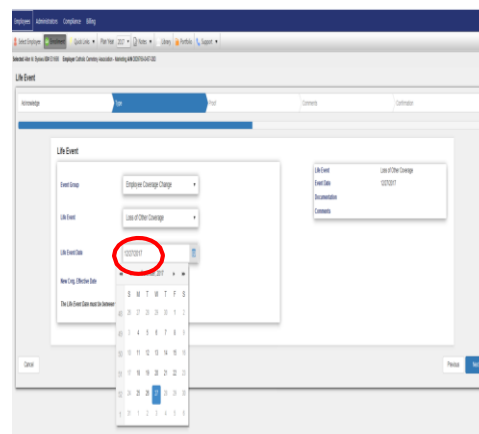
4. On the Type page, click the Event Group drop down arrow and select the applicable event. Note that these options change from time to time. Please select the option closest to your situation.



5. On the Type page, click the Life Event drop down arrow and select the applicable event. Note that these options also change from time to time. Please select the option closest to your situation.



6. On the Type page, click the calendar icon to select a Life Event Date. If the event has already occurred, you should enter that date. If the Life Event is enrollment or disenrollment in other coverage, you can enter the Life Event up to 30 days in advance of its effective date. To do so, enter the current date as the Life Event date and the wizard will make the first day of the following month the effective date.



7. On the Type page, click “Next” to proceed.

The screenshot shows a web application interface for a 'Life Event' form. The 'Type' tab is selected. The form has several input fields: 'Event Type' (dropdown menu showing 'Employee Coverage Change'), 'Life Event' (dropdown menu showing 'Loss of Other Coverage'), 'Life Event Date' (calendar icon showing '12/23/2017'), and 'New Coverage Effective Date' (calendar icon showing '01/01/2018'). To the right, there is a summary box with 'Life Event: Loss of Other Coverage', 'Event Date: 12/23/17', and links for 'Documentation' and 'Comments'. At the bottom right, a blue 'Next' button is circled in red.

8. On the Proof page, click on the arrows to scroll down and then click “Got It” to proceed.

The screenshot shows the 'Documentation' section of the 'Proof' tab. A large text box contains instructions: 'New Life Event Supporting Documentation: Please upload or provide a scan of the documents to complete your documentation request by clicking on the upload or fax button below the supporting documents.' Below this, there is a section for 'Upload or Fax' with a red circle highlighting the 'Got It' button at the bottom right.

9. Scroll down and click on either “Select” to upload supporting documentation or “Send to” to submit documentation via fax. You may also scroll down and add in comments. If you do not have the documentation at this time, you can send it by mail, fax (617-779-4567), or e-mail (benefits@rcab.org) to the Benefits Office within 30 days of the life event. Click “Next” to proceed.

This screenshot shows the 'Upload or Fax' section of the 'Documentation' form. It has two columns: 'Upload or Fax' and 'Fax'. The 'Upload or Fax' column has a 'Select' button circled in red. Below it are 'Comments' and 'Send' buttons. The 'Fax' column has a 'Send' button. A red circle at the bottom right highlights the 'Next' button.

10. On the Comments page, you may add comments for the Benefits Office (optional) and click “Next” to proceed.

Job Title	Comments
Senior Department Manager	Comments

11. On the Confirmation page, review your information for accuracy and then click “Finish” to proceed.

Job Title	Comments
Senior Department Manager	Comments

12. 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 “Save & Next” to skip data entry for Dependents. Select “Edit” next to a dependent’s name to view/update information for that dependent.

The right navigation will list the steps to be completed for the Life Event Wizard.

Click Here to Add New Dependent

BACK SAVE & NEXT

CUSTOMER SERVICE
877.246.5643
benefits@robbins.org
Enrollment Steps Navigation
(Quick Links)

- Welcome
- Dependent Information**
- Medical Plans
- Dental Plans
- Pre/Post Tax Deduction
- Summary & Signature

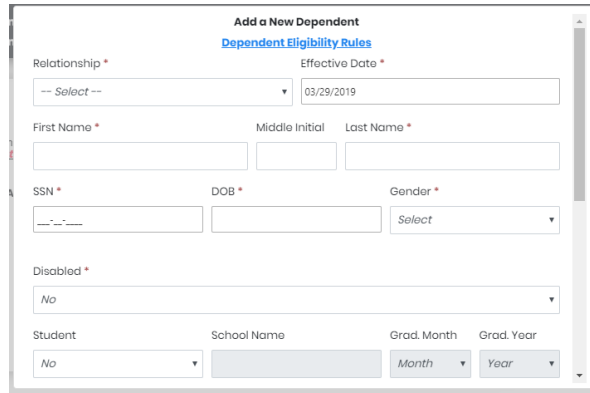
Selected Enrollment

Blue Cross Blue...	\$46.25
Dental Dental of M...	\$23.88
Total Cost*	\$70.07

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.

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

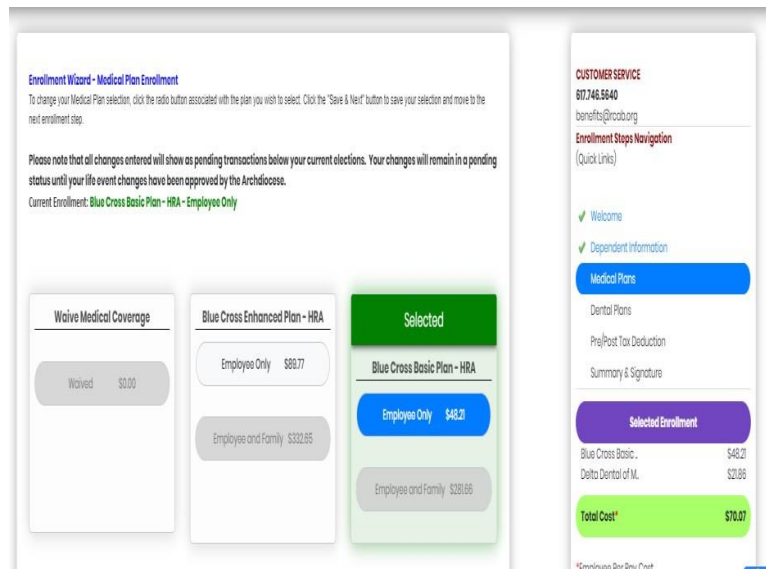
Click “Save & Next” when all data entry for dependents is complete.



13. 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 “Save & Next.”

If medical coverage is elected, a popup will appear requesting PCP information for each member. A link is provided to locate a PCP and the PCP Enrollment ID# from the BCBSMA website.

Note: Care may have a higher out-of-pocket cost or be denied if a PCP is not on file.



Plan	Employee Only	Employee and Family
Waive Medical Coverage	Waived \$0.00	
Blue Cross Enhanced Plan - HRA	\$89.77	\$332.85
Blue Cross Basic Plan - HRA (Selected)	\$48.21	\$281.66

Item	Cost
Blue Cross Basic	\$48.21
Delta Dental of MI	\$23.86
Total Cost*	\$78.07

*Employee Per Pay Cost

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.

14. The next page allows you to make a Dental Plan election. To elect coverage, select the button indicating the type of coverage being elected and then click "Save & Next."

Enrollment Wizard - Dental Plan Enrollment

To change your Dental Plan selection, click the radio button associated with the plan you wish to select. Click the "Save & Next" button to save your selection and move to the next enrollment step.

Please note that all changes entered will show as pending transactions below your current elections. Your changes will remain in a pending status until your life event changes have been approved by the Archdiocese.

Current Enrollment: **Delta Dental of Massachusetts - Employee Only**

Waive Dental Coverage	
Waived	\$0.00

Selected	
Delta Dental of Massachusetts	
Employee Only	\$21.88
Employee and Family	\$50.06

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

Blue Cross Basic	\$48.21
Delta Dental of MA	\$21.86
Total Cost*	\$70.07

*Employee Per Pay Cost

15. 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."

JOSEPH X. Dammekegi
Roman Catholic Archbishop of Boston, a Corporation Sole

Enrollment Type: Life Event: Spouse or Dependent Loss Coverage
Enrollment Period: 5/8/2019 - 07/07/2019

Current Coverages

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 please visit -
[RCAB Description of Premium Only Cafeteria Plan Summary](#)

Please make your required Payroll Deduction Selection below:

Payroll Deduction Option:

☒ Pre-tax
☐ Post-tax

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Enrollment Steps Navigation
(Quick Links)

- ✓ Welcome
- ✓ Dependent Information
- ✓ Medical Plans
- ✓ Dental Plans
- Pre/Post Tax Deduction**
- Summary & Signature

Selected Enrollment

Blue Cross Basic	\$48.21
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16. The final step in the Life Event Wizard is the **Summary & Signature** page. You should review the elections made. **Changes will appear as pending.**

Summary & Signature

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. Please select the "I Accept and Finalize" buttons at the bottom of this screen to complete the Life Event Wizard.

Selected Payroll Deduction gross-tax

BENEFIT PLAN	BENEFIT LEVEL	CORE/OPTIONAL BENEFIT	YOUR PERMANENT COST	EFFECTIVE DATE
Core Life Insurance	\$45,000.00	Core	\$0.00	03/01/2020
Core Long Term Disability	Enrolled	Core	\$0.00	03/01/2020
Transition Assistance Plan	Enrolled	Core	\$0.00	03/01/2020
Blue Cross Basic Plan - HRA	Employee Only	Optional	\$48.21	03/01/2019
Delta Dental of Massachusetts	Employee Only	Optional	\$2.88	03/01/2019

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Summary & Signature

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.

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

I hereby acknowledge that I have read and understand the information at www.bostoncatholicbenefits.org, explaining my available benefits and the procedures for making a change to my elections for one or more employers that participate in the RCAB Benefit Plans and that I understand that 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.

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 Permitted Election Change and follow the appropriate procedures for making a change to my elections for one or more employers that participate in the RCAB Benefit Plans and that I understand that 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.

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