



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 Benefit 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.

The screenshot shows the user profile for Carol W. Geisgge. The profile information is as follows:

Carol W. Geisgge	
Status	Active
MyEnroll ID	ID: 511032
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.

The screenshot shows the 'Enroll' dropdown menu with the following options:

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

The screenshot shows the 'Life Event' Acknowledge page. The page title is 'Life Event' and the sub-header is 'Acknowledge'. The main content area is titled 'Instructions from your Employer' and contains the following text:

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.**

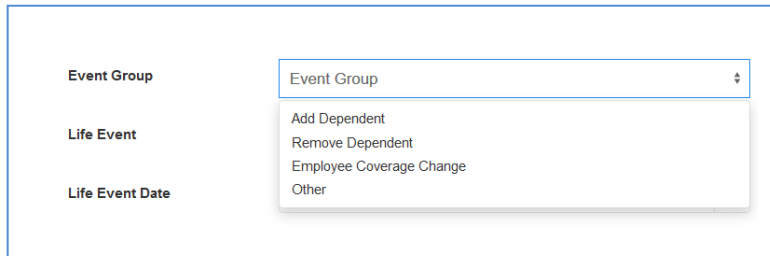
Additional information about the RCAB Health and Dental Plan is available at www.bostoncatholicbenefits.org

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

I Accept the [Terms & Conditions](#)

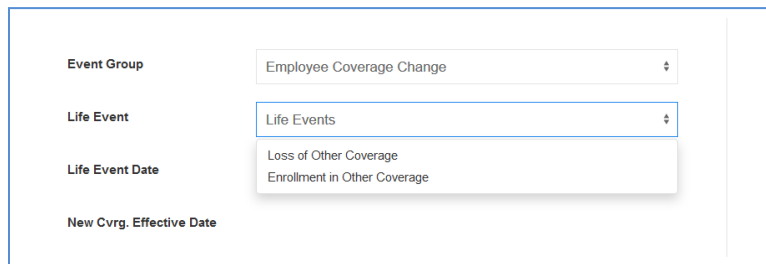
At the bottom right of the page, there is a blue 'Next' button.

4. On the next page, make selections under each drop down to describe your life event.
- Click the **Event Group** drop down and select the applicable event. Note that these options change from time to time. Please select the option closest to your situation.



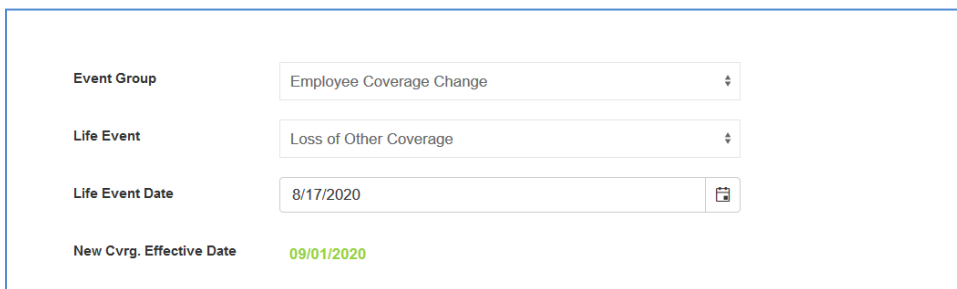
A screenshot of a web form showing a dropdown menu for 'Event Group'. The dropdown is open, displaying four options: 'Add Dependent', 'Remove Dependent', 'Employee Coverage Change', and 'Other'. The 'Event Group' label is to the left of the dropdown. Below it, the 'Life Event' and 'Life Event Date' labels are visible but their respective dropdowns are not open.

- If a drop down appears under **Life Event**, choose the option closest to your situation. Certain Event Group choices do not prompt a drop down in this section.



A screenshot of a web form showing two dropdown menus. The 'Event Group' dropdown is selected to 'Employee Coverage Change'. The 'Life Event' dropdown is open, showing two options: 'Loss of Other Coverage' and 'Enrollment in Other Coverage'. The 'Life Event Date' and 'New Cvrgr. Effective Date' fields are visible below.

- In the **Life Event Date** field, click the calendar icon to select a Life Event Date. If the event has already occurred, you should enter the date of the event (which cannot be more than 30 days prior to the date of completion of the Life Event). **If the Life Event is enrollment or disenrollment in other coverage in the following month, 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, as shown below.**



A screenshot of a web form showing the completed fields. 'Event Group' is 'Employee Coverage Change', 'Life Event' is 'Loss of Other Coverage', 'Life Event Date' is '8/17/2020', and 'New Cvrgr. Effective Date' is '09/01/2020'. A calendar icon is visible next to the 'Life Event Date' field.

Click "Next" to proceed.

- On the Proof page, scroll down and click on either “Select” to upload supporting documentation. 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. We do not recommend using the Fax/Generate Cover Letter option at this time. Click “Next” to proceed.

- On the **Comments** page, you may add comments for the Benefits Office (optional) and click “Next” to proceed. On the **Confirmation** page, review your information for accuracy and then click “Next” to proceed.
- 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.

Selected Enrollment	
Blue Cross Basic..	\$48.00
Delta Dental of M.	\$2.00
Total Cost*	\$50.00

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.

Add a New Dependent
[Dependent Eligibility Rules](#)

Relationship * Effective Date *

First Name * Middle Initial Last Name *

SSN * DOB * Gender *

Disabled *

Student School Name Grad. Month Grad. Year

8. 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.”

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 Administrators.

Please click the links below to view the current Summary of Benefits and Coverage.

[Blue Cross Enhanced Medical Plan Summary of Benefits & Coverage](#)

[Blue Cross Basic Medical Plan Summary of Benefits & Coverage](#)

Current Enrollment: Blue Cross Enhanced PPO Plan - HSA - Employee and Family

Waive Medical Coverage	Blue Cross Basic PPO Plan	Blue Cross Basic PPO Plan - HSA
Waiver \$0.00	Employee Only \$33.87	Employee Only \$33.87
	Employee + One \$77.68	Employee + One \$77.68
	Employee and Family \$233.40	Employee and Family \$233.40

Blue Cross Enhanced PPO Plan	Selected
Employee Only \$60.94	Blue Cross Enhanced PPO Plan - HSA
Employee + One \$108.94	Employee Only \$60.94
Employee and Family \$273.46	Employee + One \$108.94
	Employee and Family \$273.46

Robert DOB:02/02/1988 Assigned
John DOB:04/05/1991 Assigned
Thomas DOB:03/05/2002 Assigned

Enrollment Steps Navigation
(Quick Links)

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

Selected Enrollment

Blue Cross Enhanc.	\$273.46
Total Cost*	\$273.46

*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.

9. 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	Selected
<input type="radio"/> Waived \$0.00	<input checked="" type="radio"/> Delta Dental of Massachusetts
	<input checked="" type="radio"/> Employee Only \$3.96
	<input type="radio"/> Employee and Family \$50.08

CUSTOMER SERVICE
617.746.5540
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 M.	\$26.66
Total Cost*	\$70.87

*Employee Per Pay Cost

10. 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. Dammick
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

BACK 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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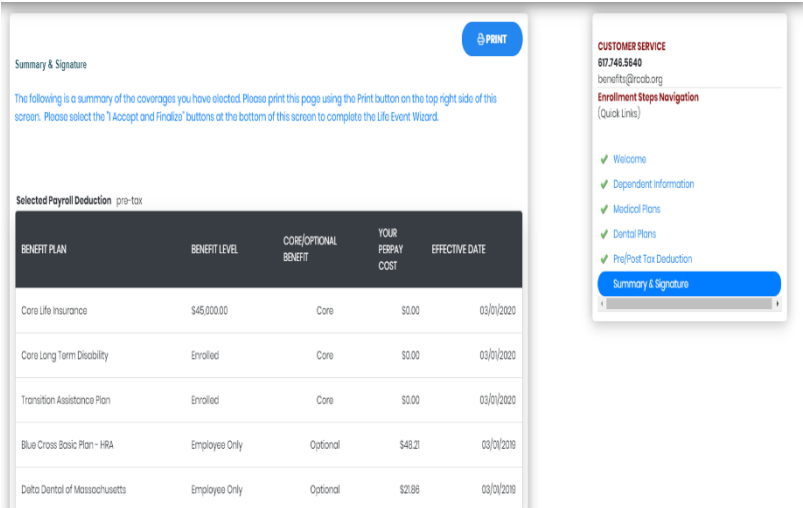
Enrollment Steps Navigation
(Quick Links)

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

Selected Enrollment

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



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."

