



## **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 WITHIN THIRTY (30) DAYS FROM DATE OF THE QUALIFYING EVENT. SUPPORTING DOCUMENTATION IS REQUIRED FOR ALL LIFE EVENTS.**

Any benefit elections made during the life event period cannot be changed unless another life event recognized under Plan rules occurs during the year, or during Open Enrollment (August/September).

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

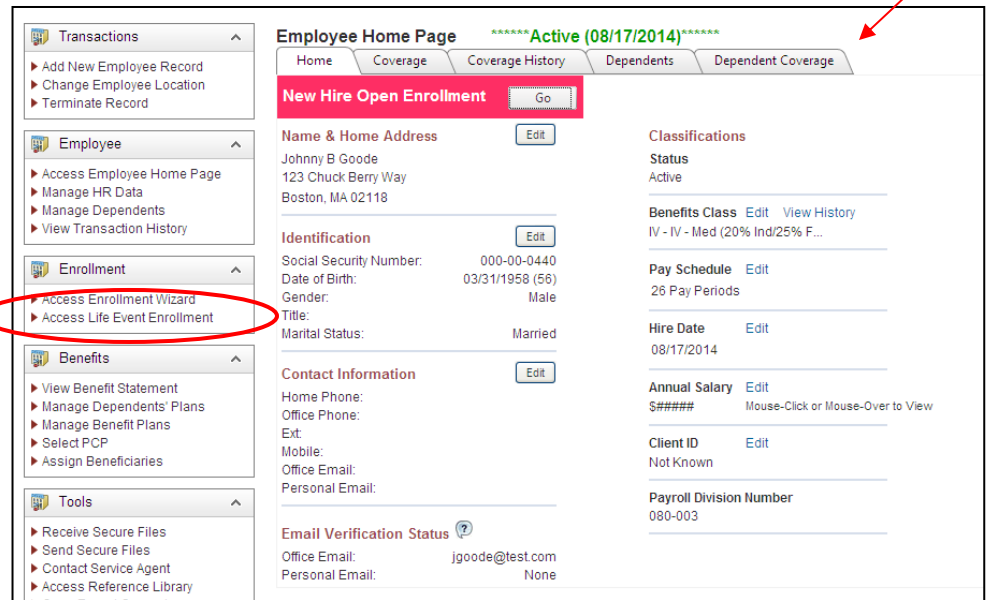
Examples of qualifying life events with examples of supporting documentation include the following:

| <b>Life Event</b>  | <b>Required Documentation</b>  |
|--|--|
| 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.bostoncatholicbenefits.org](http://www.bostoncatholicbenefits.org) and log into 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 into MyEnroll.

Once you have logged in successfully, you will land on your Employee Home page. Please take note of the features on this page, including the left navigation menu and the Coverage/Dependent tabs across the top of the page.




If you have changes to any of your demographic information, please notify your location's payroll/benefits administrator, who will make the change for you.

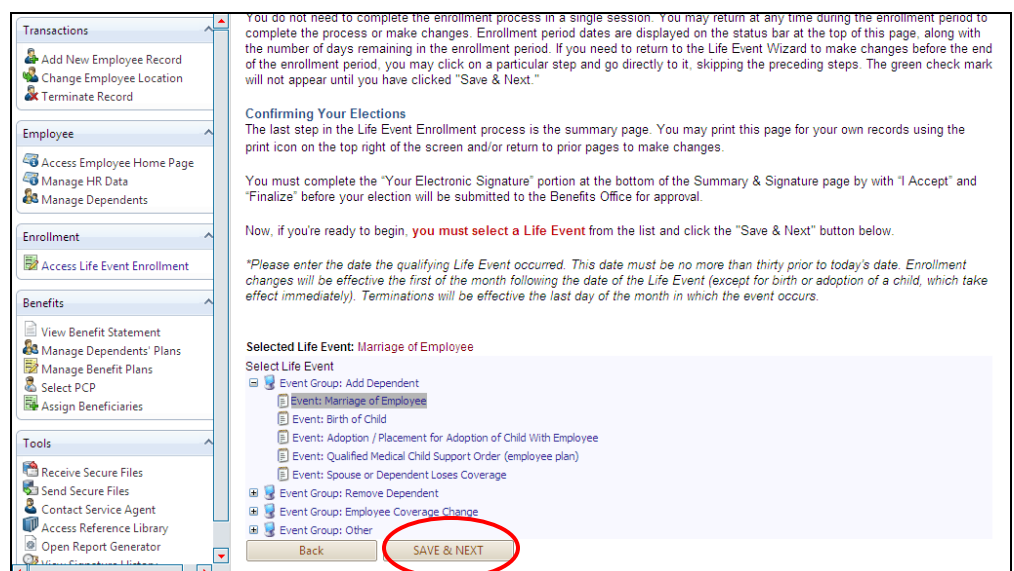
At any time during the Life Event Wizard or afterwards, you can click on "Access Employee Home Page" to review this information again.

2. Click "Access Life Event Enrollment" on the left navigation menu once you are ready to proceed.

3. On the Welcome Page, scroll to the bottom and select the life event that has occurred.

Additional options will appear once you click the  next to the appropriate category.

Once selected, click "Save & Next."



4. On the Life Event Date & Acceptance page, enter the date that the life event occurred (must be within the past 30 days).

You may also enter a note to the Benefits Office regarding the life event (optional).

Click “I Agree”, then “Save & Next”, to proceed.

**Life Event Date & Acceptance**

Date 08/19/2014 05:57 PM  
Employee Bessette, Kerri R  
Employer ID# 0009769-0460-000  
MyEnroll ID# 510977  
Life Event 001 - Marriage of Employee  
Life Event Date 7/30/2014

**Employee Acknowledgement and Certification**

I acknowledge the qualifying Life Event that I have selected has occurred. A qualifying Life Event allows a benefit election change according to the Plan rules as described in the informational materials available at [www.bostoncatholicbenefits.org](http://www.bostoncatholicbenefits.org). I recognize that certain documentation is required in order to make a change in coverage.

By choosing "I agree" below, I verify that I:

1. Possess the supporting documentation required for any elections made by me and that I will provide such documents to the RCAB Benefits Office within 30 days of the Life Event by fax (617-779-4567), regular mail (RCAB, Benefits Office, 66 Brooks Drive, Braintree, MA 02184) or e-mail ([benefits@rcab.org](mailto:benefits@rcab.org)).
2. Regularly work a minimum of 1,000 hours per year (20 hours per week for year-round employees or 24 hours per week for 10-month employees) for one or more Participating Employers in the RCAB Benefit Plans.
3. Authorize required contributions to be made, through payroll deduction, for the benefit elections made by me; and

**Employee Acknowledgement and Certification**

I Agree  I Disagree

Back

5. Supporting documentation for the life event can be submitted through the Life Event Supporting Documentation Page.

Click “Browse” to search for a document that you have saved and click “Upload Document” to attach to the life event.

If you do not yet have this documentation, it can be sent by mail, fax or e-mail within 30 days of the life event to the Benefits Office.

Click “Continue” to proceed.

**New Life Event Supporting Documentation**

**Prepare & Send Your Life Event Supporting Documentation**

To submit the supporting documentation for this life event, please use either the upload option below or send to the Benefits Office by fax to 617-779-4567 or e-mail to [benefits@rcab.org](mailto:benefits@rcab.org)

**(1) Upload Option**

Use this Option to upload your supporting documents online.

1. Scan your document(s) into a single PDF
2. Store the PDF on your computer
3. Upload the PDF to the system by clicking the Browse... button below to search your computer for the desired PDF.

**Note:** You may only upload one document, so if you want to provide more than one document, please combine them into a single PDF before selecting the document to upload.

Select Document  Browse...

Upload Document

Continue

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

6. On the Dependent Information screen, you can add data for each dependent that you would like enrolled 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 dependents name to view/update information for that dependent.

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

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.

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

7. You will then be directed to the Medical Plan page. To elect coverage, select the radio button next to the coverage being elected 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 Tufts Health Plan website. This step can be skipped by clicking

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

Johnny B. Goode Enrollment Type: New Hire Open Enrollment for 2013  
 Arlington Catholic High School Enrollment Period: 08/17/2014 - 09/16/2014  
 Days Remaining to Enroll: 28 Days

**Enrollment Wizard - Medical Plan Enrollment**  
 To change your Medical 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.

Additional information regarding the RCAB Medical Plan is available at [www.bostoncatholicbenefits.org/health](http://www.bostoncatholicbenefits.org/health)

If you elect enrollment in the RCAB Health Plan, you will receive ID Cards from Tufts Health Plan and CVS/Caremark in 10-14 days

Current Enrollment: **Waive Medical Coverage - Waived**

| Status   | Per Pay Cost             |
|--|--------------------------|
| <b>Waive Medical Coverage</b>                  |                          |
| <input checked="" type="radio"/> Waived        | \$0.00                   |
| <b>Tufts Health Plan/CVS - Group 10000-200</b> |                          |
| <input checked="" type="radio"/> Employee Only | \$61.29                  |
| Employee and Family                            | \$197.13 <b>Note (1)</b> |

**Note 1:** Cannot elect coverage because you do not have an eligible dependent.

Buttons: Back, **SAVE & NEXT**

**CUSTOMER SERVICE**  
 1.617.746.5641  
 benefits@rcab.org

**Enrollment Steps Navigation (Quick Links)**

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

**Selected Enrollment**  
**Total Cost\* \$0.00**

\*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, showing enrollment/non-enrollment.

8. The next page allows you to make a Dental Plan election. To elect coverage, select the radio button next to the coverage being elected then click "Save & Next."

Johnny B. Goode Enrollment Type: New Hire Open Enrollment for 2013  
 Arlington Catholic High School Enrollment Period: 08/17/2014 - 09/16/2014  
 Days Remaining to Enroll: 28 Days

**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.

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 step.

Additional information regarding the RCAB Dental Plan is available at [www.bostoncatholicbenefits.org/dental](http://www.bostoncatholicbenefits.org/dental)

If you elect enrollment in the RCAB Dental Plan, please note that MetLife does not send cards to members. Your dentist's office can access your member information through the MetLife website. If you voluntarily elect to drop dental coverage, you cannot elect to enroll in the RCAB dental plan for two years following the end of your prior coverage.

Current Enrollment: **MetLife Dental Plan - Group: 101323 - Employee Only**

| Status   | Per Pay Cost            |
|--|-------------------------|
| <b>Waive Dental Coverage</b>                   |                         |
| <input type="radio"/> Waived                   | \$0.00                  |
| <b>MetLife Dental Plan - Group: 101323</b>     |                         |
| <input checked="" type="radio"/> Employee Only | \$19.81                 |
| Employee and Family                            | \$45.37 <b>Note (1)</b> |

**Note 1:** Cannot elect coverage because you do not have an eligible dependent.

**CUSTOMER SERVICE**  
 1.617.746.5641  
 benefits@rcab.org

**Enrollment Steps Navigation (Quick Links)**

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

**Selected Enrollment**  
 MetLife Dental Pl. \$19.81  
**Total Cost\* \$19.81**

\*Employee Per Pay Cost

9. The Pre/Post Tax Deduction page is next. This allows you to 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."

Johnny B. Goode Enrollment Type: New Hire Open Enrollment for 2013  
 Arlington Catholic High School Enrollment Period: 08/17/2014 - 09/16/2014  
 Days Remaining to Enroll: 28 Days

**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 - [http://www.catholicbenefits.org/PDF/health/RCAB\\_Description\\_of\\_Premium\\_Only\\_Cafeteria\\_Plan\\_Summary.pdf](http://www.catholicbenefits.org/PDF/health/RCAB_Description_of_Premium_Only_Cafeteria_Plan_Summary.pdf)

Please make your **required** Payroll Deduction Selection below:

Payroll Deduction Option:  
 Pre-tax  
 Post-tax

Back **SAVE & NEXT**

**CUSTOMER SERVICE**  
 1.617.746.5641  
 benefits@rcab.org

**Enrollment Steps Navigation (Quick Links)**  
 Welcome  
 Instructions  
 Personal Information  
 Dependent Information  
 Medical Plans  
 Dental Plans  
 Pre/Post Tax Deduction  
 Beneficiaries  
 Summary

**Selected Enrollment**  
 MetLife Dental Pl. \$19.81  
**Total Cost \$19.81**  
 \*Employee Per Pay Cost

10. The final step in the Life Event Wizard is the **Summary & Signature** page. At this point, you should review the elections made. **Changes will appear as pending.**

Johnny B. Goode Enrollment Type: New Hire Open Enrollment for 2013  
 Arlington Catholic High School Enrollment Period: 08/17/2014 - 09/16/2014  
 Days Remaining to Enroll: 28 Days

**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. Your elections will not be complete until you click the I Accept and Finalize buttons at the bottom of this screen.

Selected Payroll Deduction pre-tax

| Benefit Plan                        | Benefit Level | Core/Optional Benefit | Your Perpay Cost | Effective Date |
|-------------------------------------|---------------|-----------------------|------------------|----------------|
| Core Life Insurance                 | \$60,000.00   | Core                  | \$0.00           | 09/01/2015     |
| Core Long Term Disability           | Enrolled      | Core                  | \$0.00           | 09/01/2015     |
| Transition Assistance Plan          | Enrolled      | Core                  | \$0.00           | 09/01/2015     |
| Waive Medical Coverage              | Waived        | Optional              | \$0.00           | 09/01/2014     |
| MetLife Dental Plan - Group: 101323 | Employee Only | Optional              | \$19.81          | 09/01/2014     |
|                                     |               |                       | <b>\$19.81</b>   |                |

**CUSTOMER SERVICE**  
 1.617.746.5641  
 benefits@rcab.org

**Enrollment Steps Navigation (Quick Links)**  
 Welcome  
 Instructions  
 Personal Information  
 Dependent Information  
 Medical Plans  
 Dental Plans  
 Pre/Post Tax Deduction  
 Beneficiaries  
 Summary

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" then "Finalize."

| Benefit Plan                        | Benefit Level | Benefit  | Perpay Cost    | Effective Date |
|-------------------------------------|---------------|----------|----------------|----------------|
| Core Life Insurance                 | \$60,000.00   | Core     | \$0.00         | 09/01/2015     |
| Core Long Term Disability           | Enrolled      | Core     | \$0.00         | 09/01/2015     |
| Transition Assistance Plan          | Enrolled      | Core     | \$0.00         | 09/01/2015     |
| Waive Medical Coverage              | Waived        | Optional | \$0.00         | 09/01/2014     |
| MetLife Dental Plan - Group: 101323 | Employee Only | Optional | \$19.81        | 09/01/2014     |
|                                     |               |          | <b>\$19.81</b> |                |

**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](http://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

**Finalize**

**Pre/Post Tax Deduction**  
 Beneficiaries  
 Summary

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