



## **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 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.**

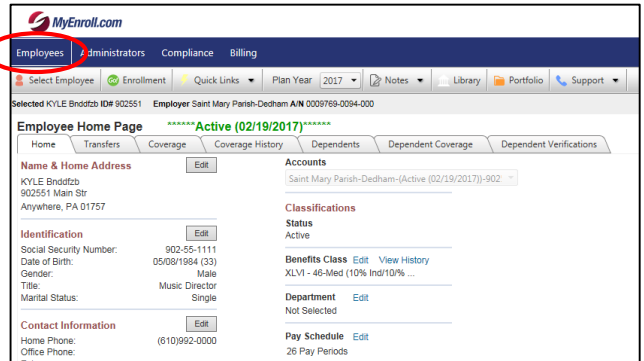
Enrollments are effective the first of the month following the event date, except for birth or adoption of a child, which are effective on that date. Coverage terminations are effective the last day of the month in which the event occurs.

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

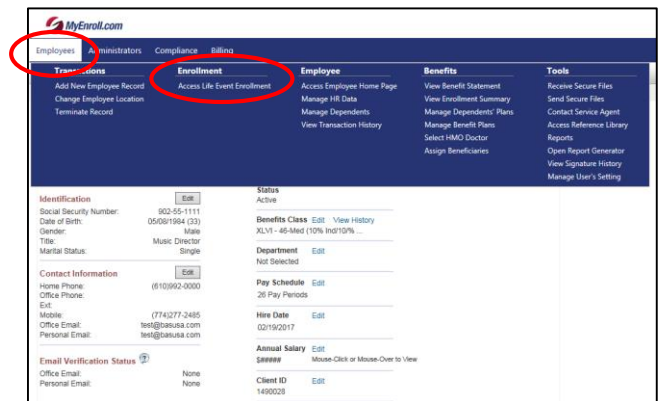
<b>Life Event</b>	<b>Required Documentation</b>
birth or adoption of a child	birth or adoption certificate
marriage of the employee	marriage certificate
death of a dependent	death certificate
divorce of the employee	divorce decree
Employee's loss of coverage or enrollment of coverage obtained through 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 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.

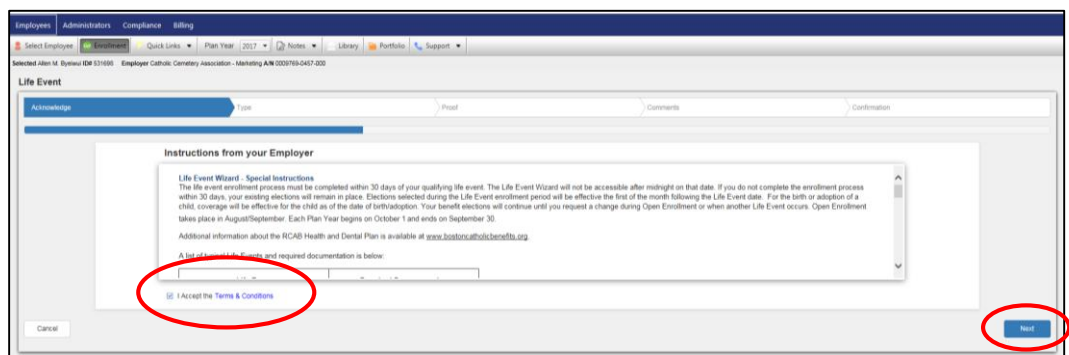
Once you have logged in successfully, you will land on your Employee Home page. Please review your demographic information. If any information is incorrect, please notify your payroll/benefits administrator. Also, take note of the features on this page, including the Coverage/Dependent tabs across the top of the page. At any time during the Life Event Wizard or afterwards, you can click on “Access Employee Home Page” to review this information again.



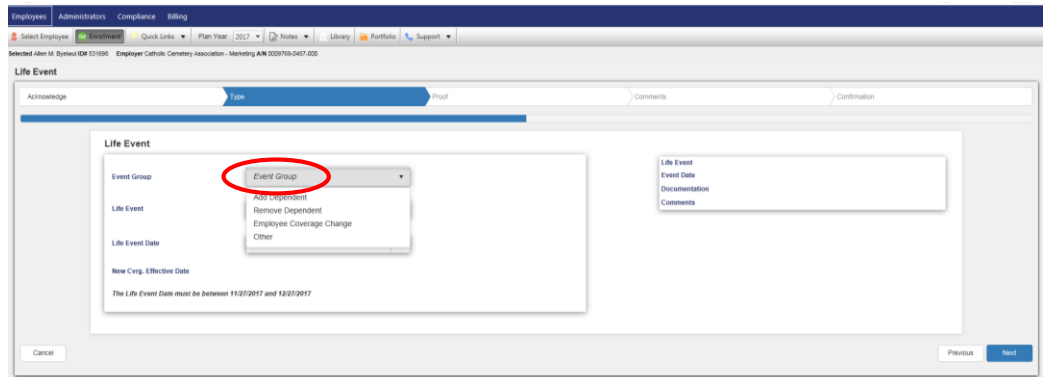
2. To activate the navigation menu, hover over the word “Employees” in the top left corner. This will then reveal various options, including “Access Life Event Enrollment” in the middle of the menu. Click that title to get started.



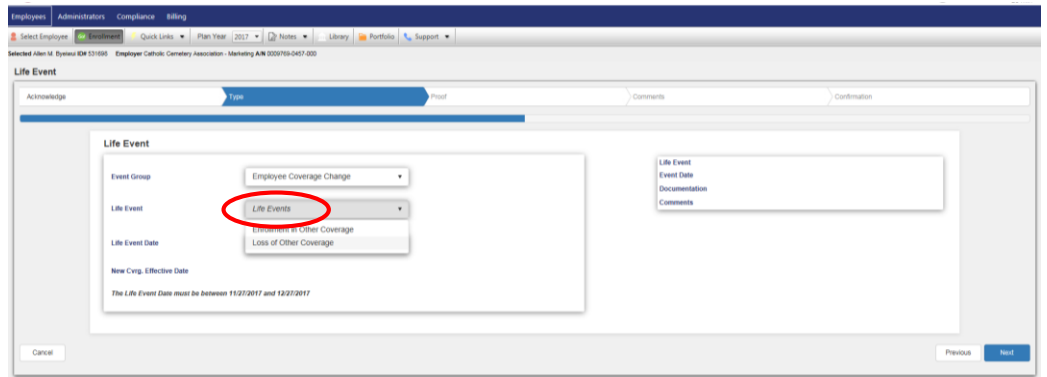
3. On the Life Event Module Acknowledge page, click the box to “I Accept the Terms and Conditions” and then click “Next” to proceed.



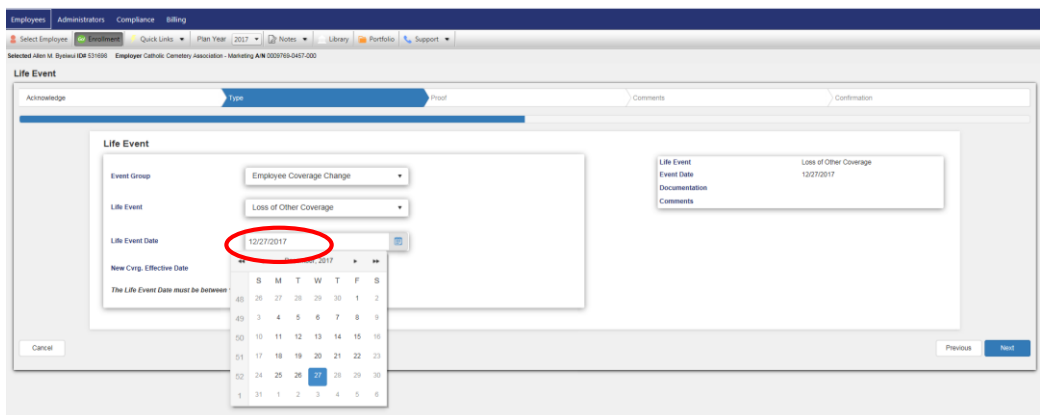
- On the Type page, click the Event Group drop down arrow and select the applicable event. Note that these options change from time to time; please select the one closest to your situation.



- 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 one closest to your situation.



- 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, which will cause the wizard to make the first of the following month the effective date.



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

The screenshot shows the 'Life Event' form in the 'Type' step. The 'Event Group' is 'Employee Coverage Change' and the 'Life Event' is 'Loss of Other Coverage'. The 'Life Event Date' is 12/27/2017. A 'New Cvg. Effective Date' is 01/01/2018. A warning message states: 'The Life Event Date must be between 11/27/2017 and 12/27/2017'. The 'Next' button is circled in red.

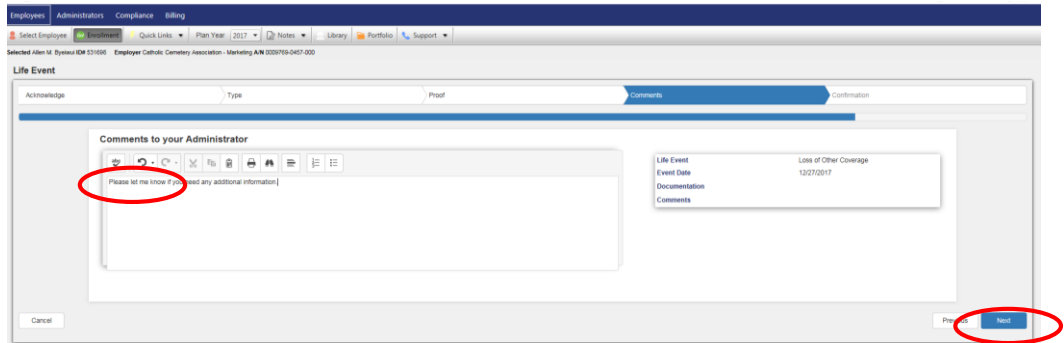
8. On the Proof page, click on the arrows to scroll down, then click “Got It” to proceed.

The screenshot shows the 'Life Event' form in the 'Proof' step. The 'Documentation' section is visible, with an 'Instruction' and an 'Upload or Fax' button. The 'Upload or Fax' button is circled in red. The 'Next' button is also circled in red.

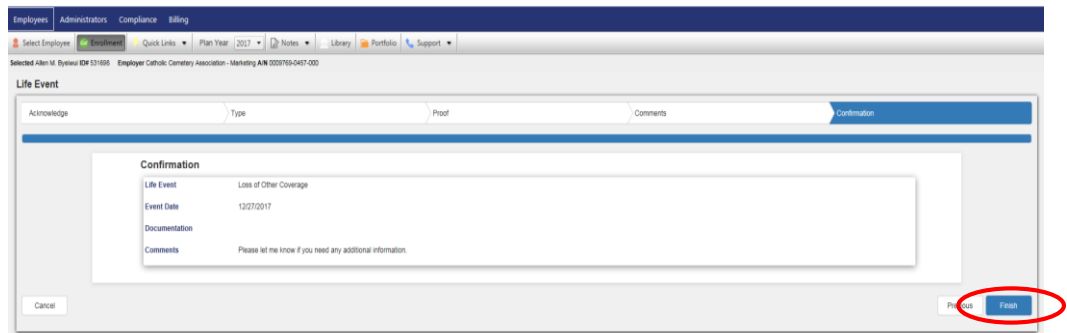
9. Scroll down and click on either “Select” to upload supporting documentation or “Send to...” to submit documentation via fax. You may also scroll down and add in comments. If you do not yet have this documentation, it can be sent by mail, fax (617-779-4567) or e-mail (benefits@rcab.org) within 30 days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

The screenshot shows the 'Life Event' form in the 'Proof' step. The 'Documentation' section is visible, with a 'Select' button and a 'Send to...' dropdown menu. The 'Select' button and the 'Send to...' dropdown menu are circled in red. The 'Next' button is also circled in red.

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

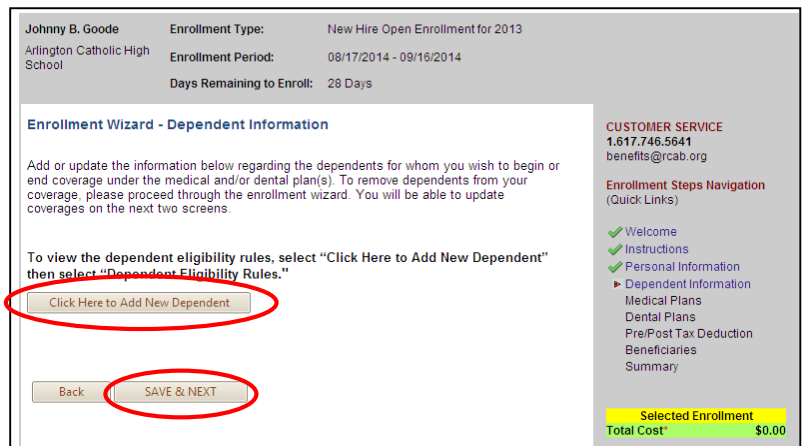


- On the Confirmation page, you may review your information for accuracy and then click "Finish" to proceed.



- 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.

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

**Note:** If no dependents are entered in this step, 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, 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.

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 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.

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.

14. 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
Waived	\$0.00
<b>MetLife Dental Plan - Group: 101323</b>	
<input checked="" type="radio"/> <b>Employee Only</b>	<b>\$19.81</b>
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
<b>Total Cost*</b>	<b>\$19.81</b>

\*Employee Per Pay Cost

15. 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\\_S](http://www.catholicbenefits.org/PDF/health/RCAB_Description_of_Premium_Only_Cafeteria_Plan_S)

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
<b>Total Cost*</b>	<b>\$19.81</b>

\*Employee Per Pay Cost

16. 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.**

<b>Johnny B. Goode</b>	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	

Print

**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