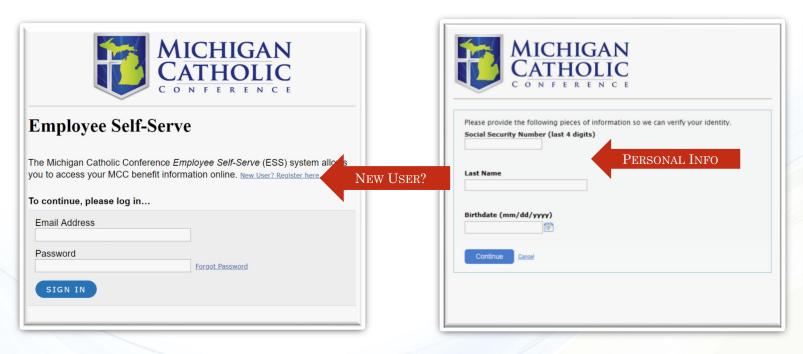
EMPLOYEE SELF SERVE ONLINE BENEFIT ENROLLMENT



REGISTRATION/LOGIN





- SELECT "NEW USER? REGISTER HERE."
- ENTER THE LAST FOUR DIGITS OF YOUR SSN, LAST NAME, AND BIRTHDATE
- CLICK "CONTINUE"
- ENTER YOUR E-MAIL ADDRESS AND CHOOSE A PASSWORD
- RETURN TO THE LOGIN SCREEN AND ENTER YOUR USERNAME AND PASSWORD
- CLICK "SIGN IN"



HOME PAGE

VIEW YOUR BENEFITS/ "YOUR BENEFITS" TAB

SELECT TO SEE YOUR CURRENT BENEFIT ELECTIONS

SUMMARY BENEFITS AND COVERAGE

SELECT TO VIEW CURRENT BENEFIT PLANS

ASK QUESTIONS

SELECT TO SEND TO AN E-MAIL TO MCC BENEFITS TEAM. THIS CAN ALSO BE DONE BY CLICKING ON THE LINK UNDER "NEED HELP?"

ENROLL

SELECT THE "REVIEW YOUR BENEFITS" LINK ON THE UPPER RIGHT OF THE SCREEN, UNDER "MY TO DO LIST" TO BEGIN ENROLLMENT.

MY PROFILE /"YOUR PROFILE" TAB (TOP RIGHT CORNER)

SELECT TO VIEW YOUR PERSONAL PROFILE INFORMATION, CONTACT INFORMATION, AND TO CHANGE YOUR E-MAIL OR PASSWORD.



The MCC Benefits Team is available Monday-Friday, 8:30 to 4:45 ET to answer your benefit questions and assist in benefit enrollment

Call: 800-395-5565 Email: benefits@micatholic.org



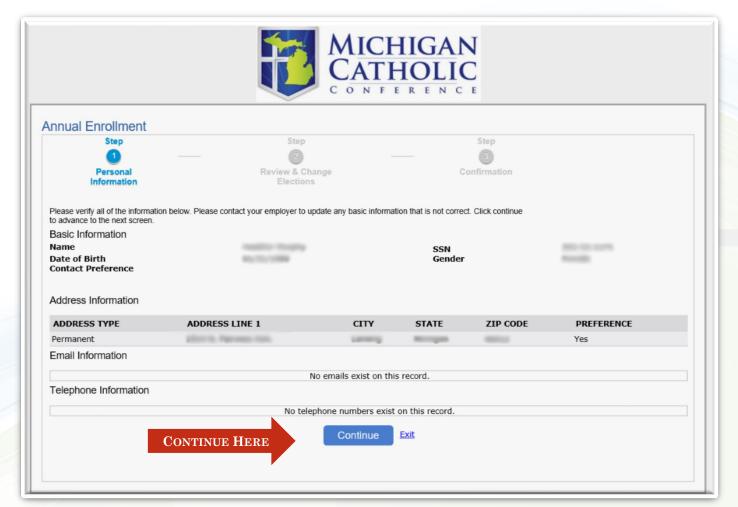
ENROLL

HERE

STEP 1: VERIFY PERSONAL INFORMATION HERE

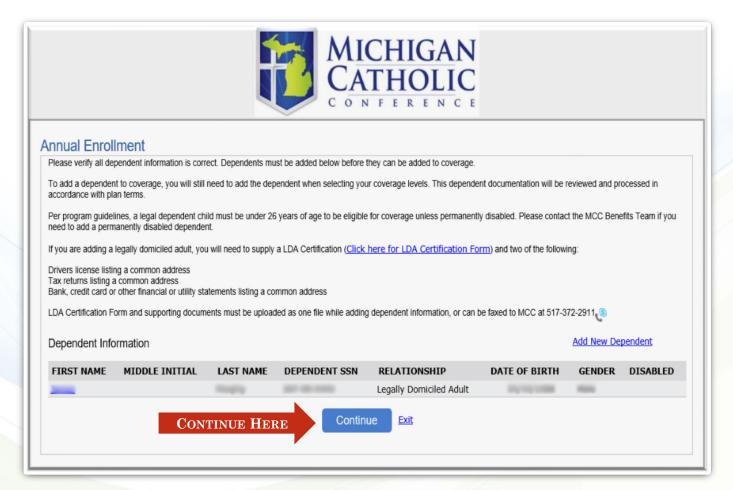
IF YOU ARE ALREADY ENROLLED, SKIP THIS SECTION.

CLICK "CONTINUE".





DEPENDENTS ON RECORD ARE LISTED; TO ADD A NEW ONE:



SELECT "ADD NEW DEPENDENT"

DEPENDENT CHILDREN REQUIRE:
CERTIFICATE OF BIRTH
LEGALLY DOMICILED ADULTS
REQUIRE:

LDA CERTIFICATION FORM TWO (2) SUPPORTING DOCUMENTS

COMPLETE ALL FIELDS CLICK "CONTINUE"



STEP 2 – REVIEW & CHANGE ELECTIONS

YOU MAY ONLY MAKE CHANGES TO THE FOLLOWING AREAS:

MEDICAL

DENTAL

VISION

UPDATE BENEFICIARIES -

Life/AD&D*

OPTIONAL LIFE

DEPENDENT CHILDREN OPTIONAL

LIFE

HEALTHCARE FSA

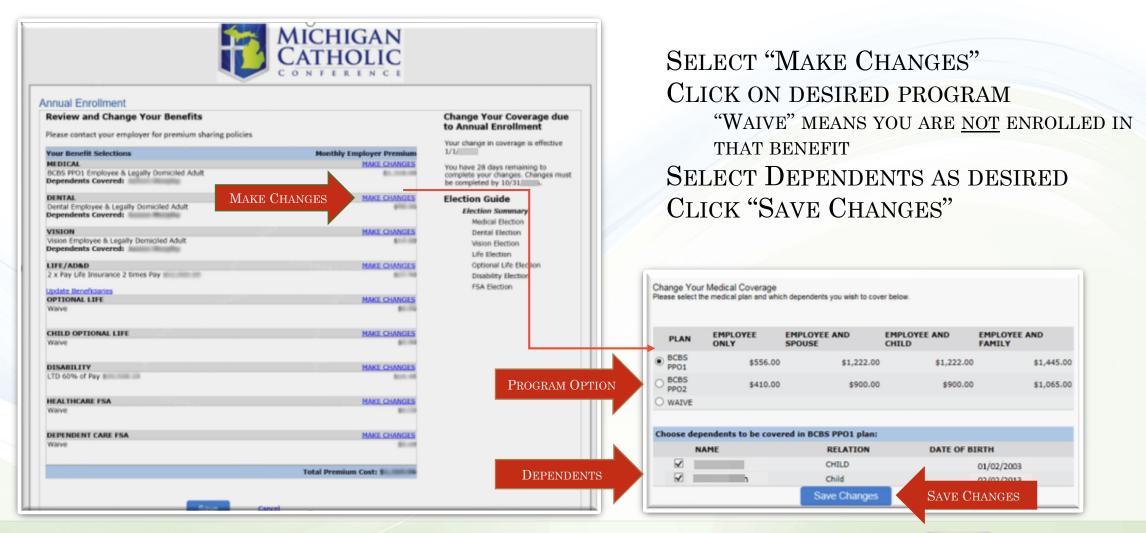
DEPENDENT FSA

*LIFE/AD&D AND DISABILITY AMOUNTS ARE CALCULATED BY THE SYSTEM AND SUBJECT TO EMPLOYER OFFERING. CHANGES ARE NOT PERMITTED.



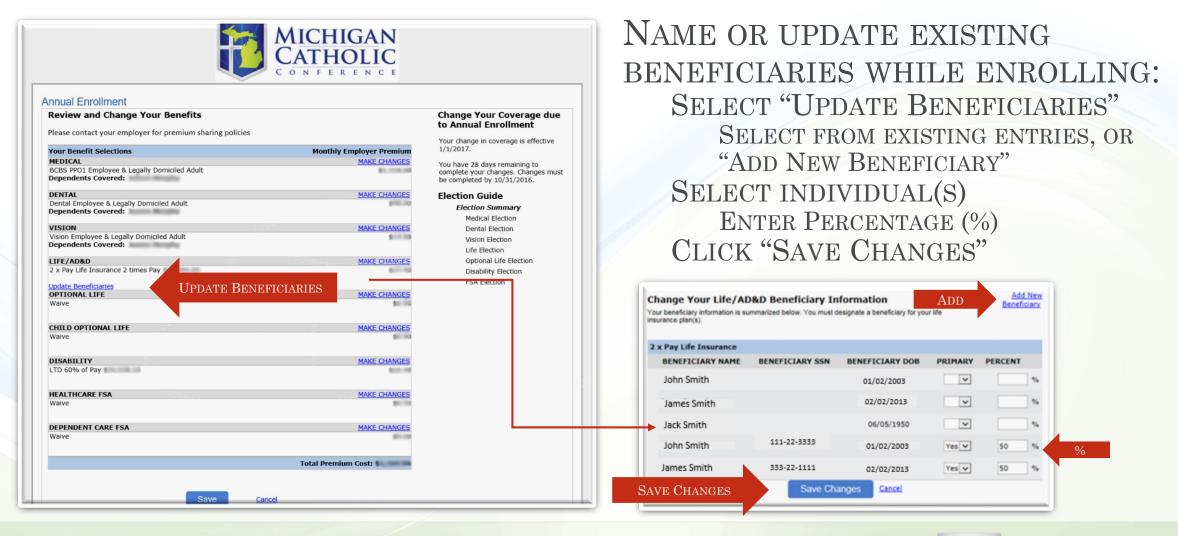


Making Changes: Program Elections



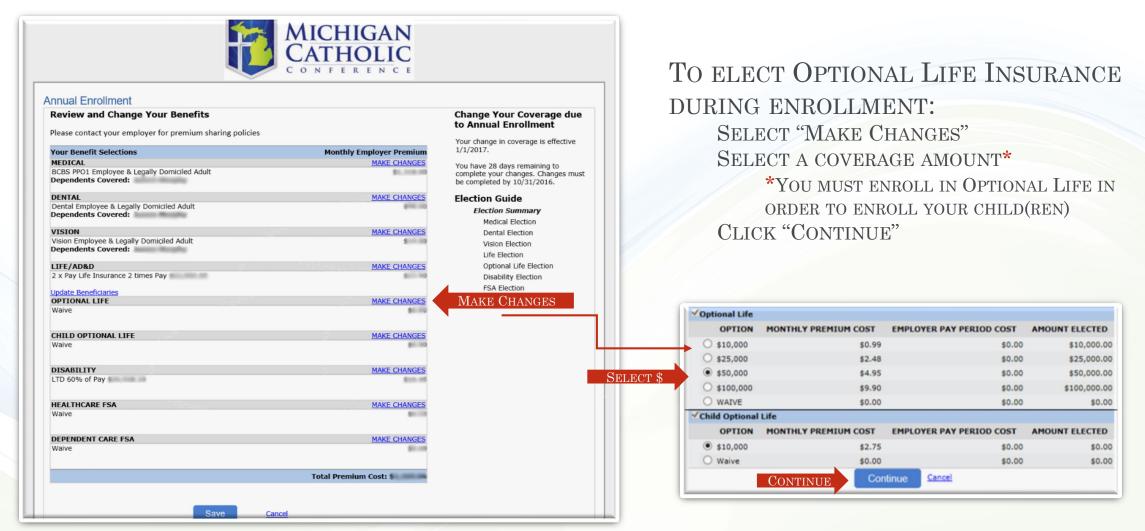


MAKING CHANGES: UPDATE BENEFICIARIES





MAKING CHANGES: OPTIONAL LIFE





MAKING CHANGES: UPDATING OPTIONAL LIFE BENEFICIARIES

NAME OR UPDATE EXISTING
BENEFICIARIES DURING ENROLLMENT:

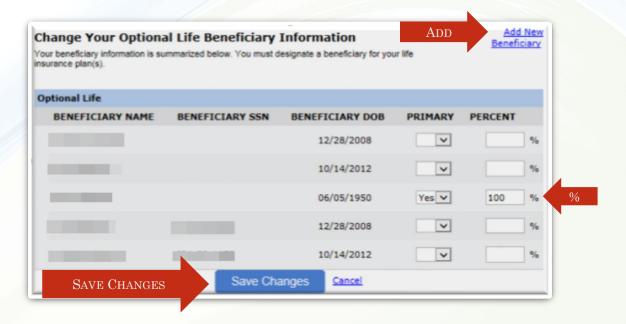
SELECT "UPDATE BENEFICIARIES"

SELECT FROM EXISTING ENTRIES, OR "ADD NEW BENEFICIARY"

SELECT INDIVIDUAL(S)

ENTER PERCENTAGE (%)

CLICK "SAVE CHANGES"





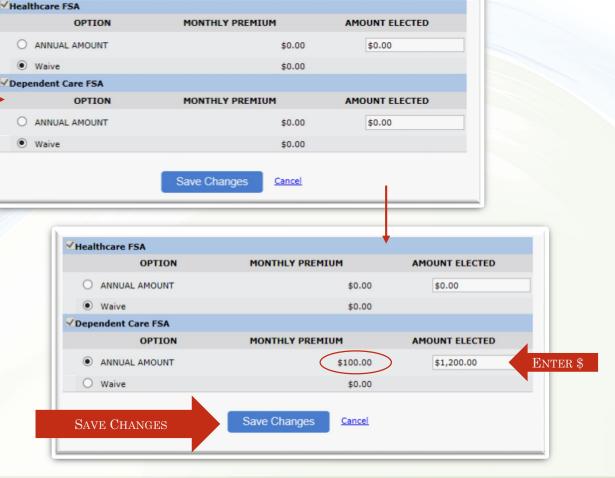
MAKING ANNUAL ELECTIONS TO HEALTHCARE OR DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS



SELECT "MAKE CHANGES" TO HEALTHCARE FSA AND/OR DEPENDENT CARE FSA

ENTER THE ANNUAL AMOUNT ELECTED
CLICKING OUTSIDE OF THE ELECTION BOX WILL
CALCULATE MONTHLY PREMIUM

SAVE CHANGES

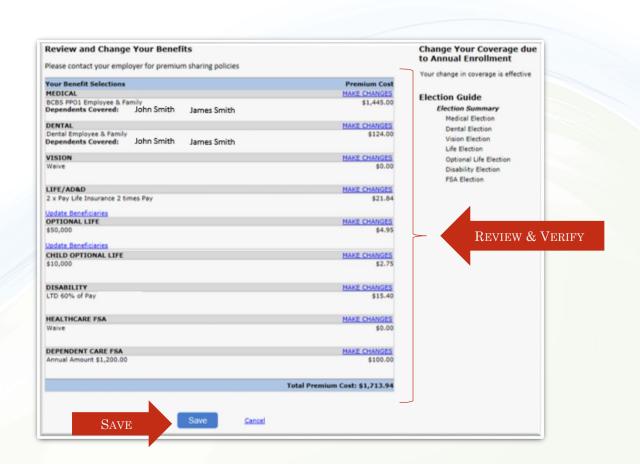




REVIEW AND SAVE ENROLLMENT ELECTIONS

AFTER ALL ELECTIONS/UPDATES HAVE BEEN ENTERED:

VERIFY INFORMATION ON REVIEW SCREEN CLICK "SAVE"





STEP 3 – PRINT YOUR CONFIRMATION

THIS SCREEN SHOWS YOUR UPDATED BENEFIT PLAN ELECTIONS.

*Please Print this screen as confirmation of your benefit elections.
Your Employer will receive a Change Report which will reflect your benefit changes.



HOME		YOUR PROFILE		
Newly Eligible E	vent			
	s. Please contact your employer		ment at the end of the Annual Enroll niums you are responsible for. Curre	
		Event Electio	ns	
BENEFIT	PLAN	OPTION	AMOUNT ELECTED	MONTHLY PREMIUM
MEDICAL	BCBS PPO1	EMPLOYEE & FAMILY	\$0.00	\$1,445.0
Dental	Dental	Employee & Family	\$0.00	\$124.0
VISION	WAIVE	WAIVE	\$0.00	\$0.0
Life/AD&D	2 x Pay Life Insurance	2 times Pay		\$21.0
OPTIONAL LIFE	OPTIONAL LIFE	\$50,000	\$50,000.00	\$4.5
OPTIONAL LIFE	CHILD OPTIONAL LIFE	\$10,000	\$0.00	\$2.
Disability	LTD	60% of Pay		\$15.4
FSA	HEALTHCARE FSA	WAIVE	\$0.00	\$0.0
FSA	Dependent Care FSA	Annual Amount	\$1,200.00	\$100.0



THANK YOU FOR USING EMPLOYEE SELF SERVE FOR ONLINE BENEFIT ENROLLMENT

QUESTIONS? CALL: 800-395-5565 OR E-MAIL: benefits@micatholic.org

