Administrator
Processing Guide

⑤BAS

Table of Contents

Overview

The processes listed below are the basic steps for each process and may vary based on your employer direction or your access to MyEnroll. Processes identified below may not be available to you.

General Site Navigation

MyEnroll

Please navigate to the MyEnroll 360 home page at www.myenroll.com.

How to Access the Menu

1. Access the MyEnroll³⁶⁰ application menu by clicking the grid icon in the top left of the screen. OR
2. Click the **Menus** button below the profile picture

How to View or Edit Your Personal Employee and Administrator Settings (Username, Password, MFA, etc)

1. Click the profile icon in the top right of the page
2. Click **Settings**

How to Search for an Employee

1. Enter the last name, first name of the employee you want to locate in the **Search** bar at the top of the screen. You can also use the employees verified email, BAS # or SS# with dashes.
2. To view recent search history, click the clock icon next to the **Search** bar

How to Add a Favorite

Any MyEnroll³⁶⁰ application or report can be set up as a favorite for quick access in the future. To mark an application as a favorite, click the star icon next to the name in the menu. To mark a report as a favorite, click the star icon next to the report name in the Reports application.

To remove a favorite, click the star icon.

Note: Marking an item as a favorite does not save it to the Quick Links panel.

How to View a Favorite

1. Click **Favorites** from the home page OR
2. Click **Favorite Menus** or **Favorite Reports** from the left side menu OR
3. Click the star icon in the top right of the page

How to View or Edit an Employee's Information

1. Click **Employment** to view details about an employee's employment OR
2. Click **Contact Info** to view an employee's personal contact information
3. Click **Edit** next to any fields that you have access to modify
4. Enter the new information and click **Submit**
5. To view information related to an employee's class code history or salary history, click **Details**

How to View Dependents

1. Search and select an employee record.
2. On the employee profile page, Click **Dependents**
3. To view benefit information for a particular dependent, click **Enrollment**
4. To hide the benefit information, click **Enrollment** again

How to Add a Dependent

Dependents can only be added to the system and coverage during an enrollment period (New Hire, Life Event & Open Enrollment). All dependents that are added to coverage during one of the events listed previously will require verification documentation .

*Please reference the **Dependent Verification** chart below.*

Dependent Verification

Approved Dependent Validation Documents

Dependent Type	# Docs	Primary Required Document	Secondary Required Document	Tertiary Required Document
Spouse	2	Marriage Certificate	Jointly filed 1040* Separately filed 1040 with same address* Financial document in both names* (within 60 days) Utility bill in both names* (within 60 days) Will not accept medical bill with both parties name	N/A N/A N/A N/A N/A
Child to age 26	1	Birth Certificate listing employees name Hospital Birth Record (newborns only)	N/A N/A	N/A N/A
Adoption/ Placed for Adoption	2	Legal Evidence of The intent to Adopt	Legal Evidence that the employee or spouse has either 1. The right to control the healthcare of the child or 2. Assumed a legal obligation for full or partial financial responsibility for the child in anticipation of the child's adoption	N/A N/A N/A N/A N/A
Stepchild	3	Birth Certificate naming spouse as the child's biological parent	Marriage Certificate	Jointly filed 1040* Separately filed 1040 with same address* Financial document in both names*(within 60 days) Utility bill in both names* (within 60 days)
Disabled Dependent	2	Birth Certificate	EE's recent Form 1040 claiming individual as dependent Dependents Form 1040 filed from EE's address SSDI Documentation	N/A N/A
Legal Guardian	1	Court document	N/A	N/A
Foster Child	1	Court document	N/A	N/A

How to Edit a Dependent

Select an Employee and Click **Dependents** on the employee profile

1. Select "Edit" next to the applicable dependent.

2. Modify the appropriate data field(s)
3. Click **Save**

 Note: Not all accounts can edit dependent information or coverage outside of an enrollment period.

How to Enroll- *Employee*

An Enrollment wizard will show as a Banner on the employee profile. This Banner will only show when an employee is in their " *New Hire Enrollment period", "Annual Open Enrollment", or an Employee submitted "Life Event"*.   As an administrator, you complete the enrollment process for any employee.

Note: If you complete this on behalf of an employee, your name, time, and a date stamp will be tied to those transactions.

New Hire and Open Enrollment

1. To enroll in benefits as part of your organization's new hire period or annual open enrollment, click **Enroll**
2. Click **Enrollment Wizard**
3. Follow the steps to complete your enrollment

Note: The Enrollment Banner will only show if you are in a new hire, or open enrollment period.

Life Event

1. To submit a request for a change in enrollment due to a life event, click **Enroll** or select the Life Event quick link on the employee profile page.
2. If you select Enroll, select **Mid-Year Life Event Change from Dropdown**
3. Follow the steps to submit your life event and complete your enrollment

Note: All Life event elections will be pend, the HR office will review and decide based on the documentation submitted.

HR Managers will receive an email alert when an employee submits a life event and action is required. The employee information will be included in the email notification

ADMINISTRATOR PROCESSING

How to Add New Employee

1. On the administrator home page, select "Add Employee" from the Quick Link
2. Click **Add New Employee**
3. Click **Change** to search for the correct Account or Location
4. Click **Change** to select the Class
    1. Click **Save**
5. Click **Change** to select the Pay Schedule
    1. Click Save
6. Enter the employee's Demographic Information
7. Click **Save & Next**
8. Enter the employee's Address and Contact Information
9. Click **Save & Next**
10. Click **Approve**

How to Manage Incomplete New Hire Records

1. Click **Access Incomplete New Hire Records**
2. Click **Edit** next to the selected employee
3. You may edit the employee's record in the following categories:

    o Account or Location
    o Class Code
    o Demographic Information
    o Click **Save & Next**

Note: To finalize this process and set the new hire as a permanent active record, click the **Approve** button. This allows you to revisit a new hire record that was not completed.

How to Terminate an Employee and offer COBRA

1. Click **Yes** to confirm the selected employee
2. Verify the information for the New Qualifying Event Notice and update as necessary
3. Click **Save & Next Step** to confirm employee's demographics
4. Click **Add a Dependent** to add dependent (if necessary)
5. Enter the demographic information for Dependent and answer the questions at the bottom of the screen

6. Click **Save Dependent**
7. Click **Save & Next Step**
8. Select a **Qualifying Event Reason**
9. Enter the **Date Employer Learned of Event**
10. Enter the **Qualifying Event Date**
11. Click **Save & Next Step**
12. If the employer is offering severance to the terminated employee, select **Employer Paid Cobra Period**
    a. Enter the **Employer Paid COBRA or COC/ Severance Begin Date**
    b. Enter the **Employer Paid COBRA or COC Severance End Date**
13. If the employer is not offering severance to the terminated employee, select **No Employer-Provided COBRA or COC Severance or Subsidy**
14. Click **Save & Next Step**
15. Review the current coverages
    a. If changes are needed to existing coverages, click **Edit** next to the appropriate coverage(s) and update the Plan, Family Status and/or Original Coverage Effective Date
16. Click **Save & Next Step**
17. Review ALL entered information
18. Click **Save & Next Step**

Note: If information is incorrect, use the tabs provided to make edits. Confirm that the information is correct before you click **Save & Next Step.** You will receive confirmation notice when process is finished.

How to Transfer an Employee

1. Select the employee to be transferred
2. Click **Next**
3. Enter the **Transfer Effective Date**
4. Click **Next**
5. Select the **Receiving Location**
6. Confirm the **Receiving Class** or select a **New Class**
7. Click **Next**
8. Review complete **Transfer** request and confirm that the selected information is correct
9. Click **Finalize**

Note: If any of the selected information requires changes, click on the "**Go to**" links provided for each step to change the information before clicking **Finalize**. An automated message will confirm that the transfer request was initiated successfully. The transfer request is now pended for review and the transfer WILL NOT be complete until an administrator at the receiving location approves the request. If your client uses BAS for location billing, the applicable credits or charges will apply when the receiving or requested location accepts and approves the transfer.

Pending Election(s)- How to Review and take action *(Life Event, supplemental coverage, etc)*

Administrators are responsible for reviewing and taking action on any pending Life Events, Supplemental coverages, etc.

Note: All Life event elections will be pended. Your HR department will review and make a determination based on the documentation submitted.

To review any pending election, Select the quick link called "Manage Pending Life Event" on the administrator home page or by navigating to the administrator menu and select "Manage Pending Life Events".

You will be presented with a drop down which you can select a specific location or select all locations. (Based on your access, you will see a listing of locations you have access to.)
All pending life events will have a clear description labeled "Life Event" and all other pending coverages will show either new hire enrollment or Open Enrollment if they are any other pending coverages.

Select the applicable event, review the information provided as well as any documentation and apply a decision.

Billing:

EPC BILLING

1. Access the MyEnroll^{360} application menu by clicking the grid icon in the top left of the screen. OR Click the **Menus** button below the profile picture
2. Select **BILLING**

All location billing is available on the 20th of the month. Unless the 20th falls on a weekend, it is available the following business day. If you have master access, you can access the trustor invoice in this section, as well as the location invoices

The location invoices are emailed to the assigned location billing contact on file. The location invoice is also posted in MyEnroll^{360} *and available to any location administrator assigned to the applicable location*

Reporting

Report offerings will vary by each account. As an administrator, you have access to reporting for the locations and employees you oversee.
Master Client administrators have access to ALL employee data under all client locations and have multiple reporting options.

Popular Reports

Census Reports- Multiple Reports
Example Report : **Census** Report provides basic employee data, First and Last Name, Address, Date of Birth, Date of Hire, Email Address, Etc.

Coverage Report- Multiple Reports
Example Report : **All Coverage Report for Active Employees** report provides basic employee data and all employee coverages.

Dependents Reports- Multiple Reports
Example Report :**The Dependent Enrollment Report with Demographics** report provides employee and dependent enrollment coverage information with additional demographics.

Open Enrollment Reports
Example Report: **Employee Open Enrollment Progress (EO Wizard)**, this report will show all employee and if and when they accessed the enrollment wizard, it will show who hasn't accessed, who started but didn't finish and those who completed the enrollment. We offer similar report for new hires in the same section.

ACA

How to View an ACA Tax Form

1. Search and select an employee record.
2. On the employee profile page, Click **ACA Tax Forms**
3. Choose a Tax Year
4. Select the appropriate 1095-B or 1095-C form

EVANGELICAL PRESBYTERIAN CHURCH ADMINISTRATOR TRAINING
MYENROLL360 SYSTEM
OCTOBER 21ST, 2024

PRESENTED BY: DAYNA ROBINSON

Agenda/Training Topics

REPORTING

ADDING NEW HIRES

REVIEW OPEN ENROLLMENT WIZARD

TERMINATING EMPLOYEES

UPDATING EMPLOYEE'S RECORD

REPORTING

CLICK ON **REPORTS** LINK

TO REVIEW ALL EMPLOYEES IN LOCATION, CLICK "**CENSUS**" REPORT LINK

TO REVIEW EMPLOYEES AND DEPENDENTS, CLICK "**ACTIVE EMPLOYEES AND WITH ACTIVE DEPENDENT ONE DIVISION**" REPORT LINK

- CHANGE PLAN YR TO 2024
  DOWNLOAD REPORT INTO EXCEL FORMAT

ADDING NEW HIRE EMPLOYEE

CLICK "**ADD EMPLOYEE**" TO ENTER NEW HIRES INTO MYENROLL
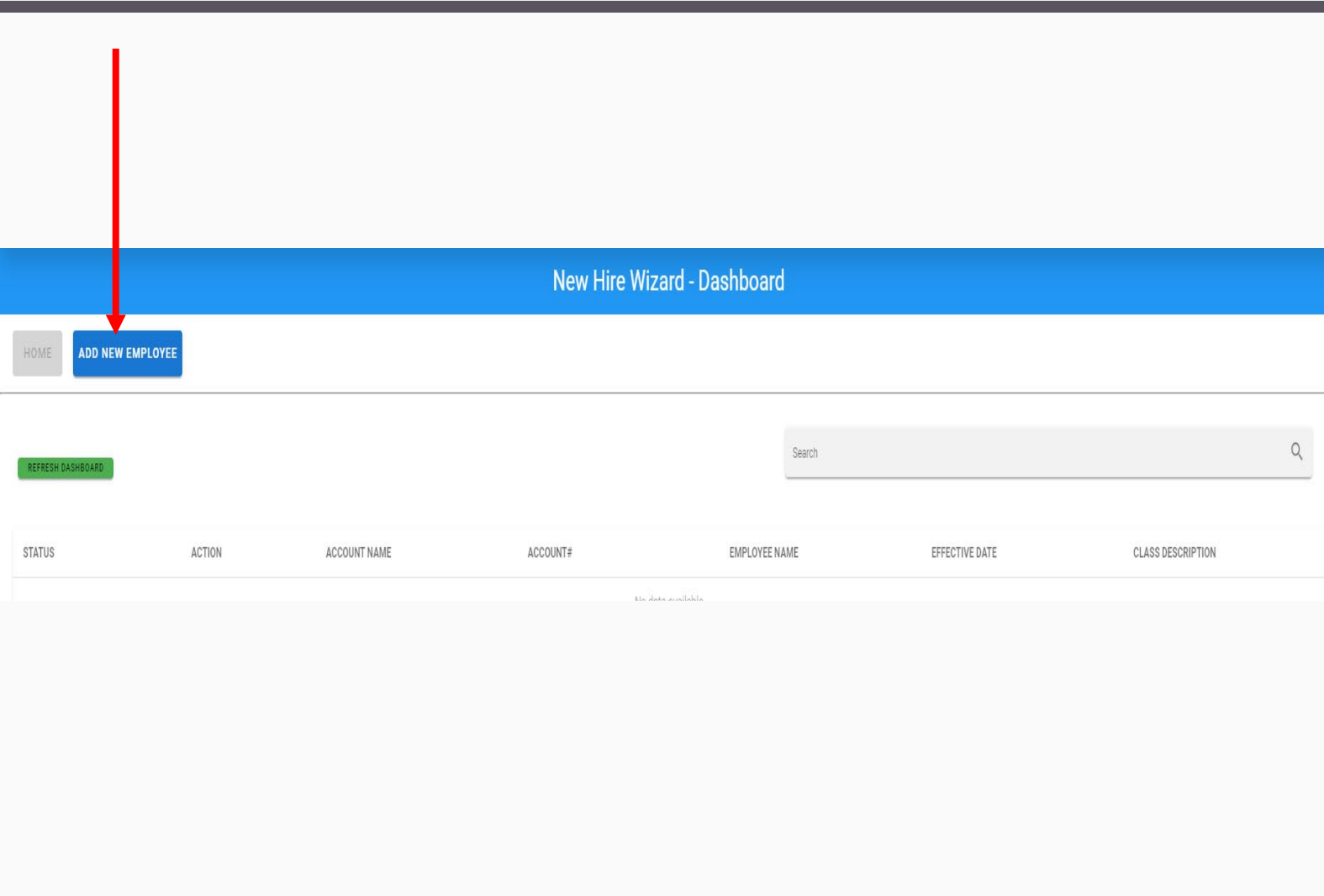
New Hire Wizard - Dashboard

HOME   ADD NEW EMPLOYEE

REFRESH DASHBOARD

Search

STATUS	ACTION	ACCOUNT NAME	ACCOUNT#	EMPLOYEE NAME	EFFECTIVE DATE	CLASS DESCRIPTION

No data available

CLICK "**ADD EMPLOYEE**" TO ENTER NEW HIRES INTO MYENROLL

Selected Account *   Select Account

Church location 24 - 0015153-0024-000

Class Code *   Select Class Code

VI - Non-Benefit Eligible

Payroll Schedule *   Select Payroll Schedule

12 pays 1st Pay Date: Mon - Jul 1, 2024

Salutation

Mr.

First Name *   MI   Last Name *

Steven   MI   Test

Social Security Number *

111-11-1111

Date of Birth *

10/21/1984

Hire Date *

10/01/2024

Gender *

Male

STEP 1: IDENTIFY INFORMATION
STEP 2: CONTACT INFORMATION
STEP 3: REVIEW EMPLOYEE DATA
STEP 4: CONFIRMATION

Selected Account *   Select Account

Evangelical Presbyterian Church Master - 0017683-0000-000

Account Search   ✕

Master Account
Evangelical Presbyterian Church Master - 0017683-0000-000   ✕ ▲

Evangelical Presbyterian Church Master - 0017683-0000-000

CONFIRM

STEP 1: IDENTIFY INFORMATION

"SELECT ACCOUNT" LINK
SELECT LOCATION FROM DROP DPWN BOX
CLICK "CONFIRM" TO POPULATE LOCATION
IN FIELD

Class Code *   Select Class Code

I - Full-Time, Hourly, and Salaried Staff Under age 65

HOME   ADD NEW EMPLOYEE

1 Step 1 - Identity Information

Select Class Code   X

* indicates required field

Search by Class Code description

Selected Account *   Select Account

Evangelical Presbyterian Church Master - 0017683-0000-000   I - Full-Time, Hourly, and Salaried Staff Under age 65

Class Code *   Select Class Code   II - Full-Time, Hourly, and Salaried Staff Age 65 and/or Older

Class Code   III - Management and EPC Ordained Staff Under age 65

                                                            IV - Management and EPC Ordained Staff Age 65 and/or Older

Payroll Schedule *   Select Payroll Schedule   V - Full-Time Staff Earning Above $80,000 Annually Under age 65

Pay Schedule   VI - Full-Time Staff Earning Above $80,000 Annually Age 65 and/or Older

Salutation   VII - Non-EPC Ordained Ministers (Ordained ministers from another denomination)

Salutation   VIII - Dependent of Active Employee on Medicare

First Name *   MI   Last Name *

SELECT CLASS CODE LINK
SELECT THE PROPER CLASS CODE FROM
LIST DISPLAY TO POPULATE INTO FIELD

Step 1 - Identity Information

2 Step 2 - Contact Information

3 Step 3 - Review

* indicates required field

Selected Account *   Select Account

Evangelical Presbyterian Church Master - 0017683-0000-000

Class Code *   Select Class Code

I - Full-Time, Hourly, and Salaried Staff Under age 65

Payroll Schedule *   Select Payroll Schedule

12 pays 1st Pay Date: Mon - Jan 1, 2024

Salutation

Salutation ▼

Select Payroll Schedule   X

12 pays 1st Pay Date: Mon - Jan 1, 2024

CLICK ON "SELECT PAYROLL SCHEDULE"
LINK
SELECT THE PAY SCHEDULE FROM POP BOX
TO POPULATE PAYROLL IN FIELD

First Name *   MI   Last Name *

| Steven | MI | Test1 |

Social Security Number *

111-11-1111

Date of Birth *

02/15/1985

Hire Date *

10/05/2024

Gender *

Male

Annual Salary *

$45,000.00

SAVE & CONTINUE

STEP 2: CONTACT INFORMATION

CONTINUE TO ENTER EMPLOYEE'S INFORMATION AND CLICK "SAVE & CONTINUE" BUTTON

EMPLOYEE: Steven Test1   **ACCOUNT:** Evangelical Presbyterian Church Master - 0017683-0000-000   **CLASS CODE:** I - Full-Time, Hourly, and Salaried Staff Under age 65   **NEW HIRE ENROLLMENT PERIOD:** 10/05/2024 - 1...

* indicates required field

Home Address Line 1 *

526 Horsham Road

Home Address Line 2

Home Address Line 2

City *

Philadelphia

State *

PA

Zip Code *

19563

Work Phone *

(555) 555-5555

Work Email

steven1test@bastest.com

Confirm

steven1test@bastest.com

Personal Phone

(###) ###-####

Personal Email

Personal Email

Confirm

Confirm

HOME   SAVE & CONTINUE   BACK

CONTINUE TO ENTER EMPLOYEE'S INFORMATION AND CLICK "SAVE & CONTINUE" BUTTON

CONTACT INFO: ENTERING EMPLOYEE DEMOGRAPHIC

1

MAKE SURE ALL THE FIELDS WITH RED * IS COMPLETED.

NOTE: EMPLOYEES CAN'T LOG INTO SYSTEM IF THEY DON'T HAVE AN EMAIL ACCOUNT

2

MAKE SURE YOUR REVIEW EMPLOYEE DATA. KEEP IN MIND THAT THIS IS THE DATA THAT IS BEING SENT TO CARRIERS

3

PRESS CONTINUE BUTTON

New Hire Wizard - Add Employee

HOME   ADD NEW EMPLOYEE

✔ Step 1 - Identity Information   ✔ Step 2 - Contact Information   ③ Step 3 - Review   ④ Step 4 - Confirmation

EMPLOYEE: Steven Test1   **ACCOUNT:** Evangelical Presbyterian Church Master - 0017683-0000-000   **CLASS CODE:** I - Full-Time, Hourly, and Salaried Staff Under age 65   **NEW HIRE ENROLLMENT PERIOD:** 10/05/2024 - 1...

Approve New Hire to Active Record

You have successfully staged your new hire. To finalize this process and set the new hire as a permanent active record, click the "Approve" button below.
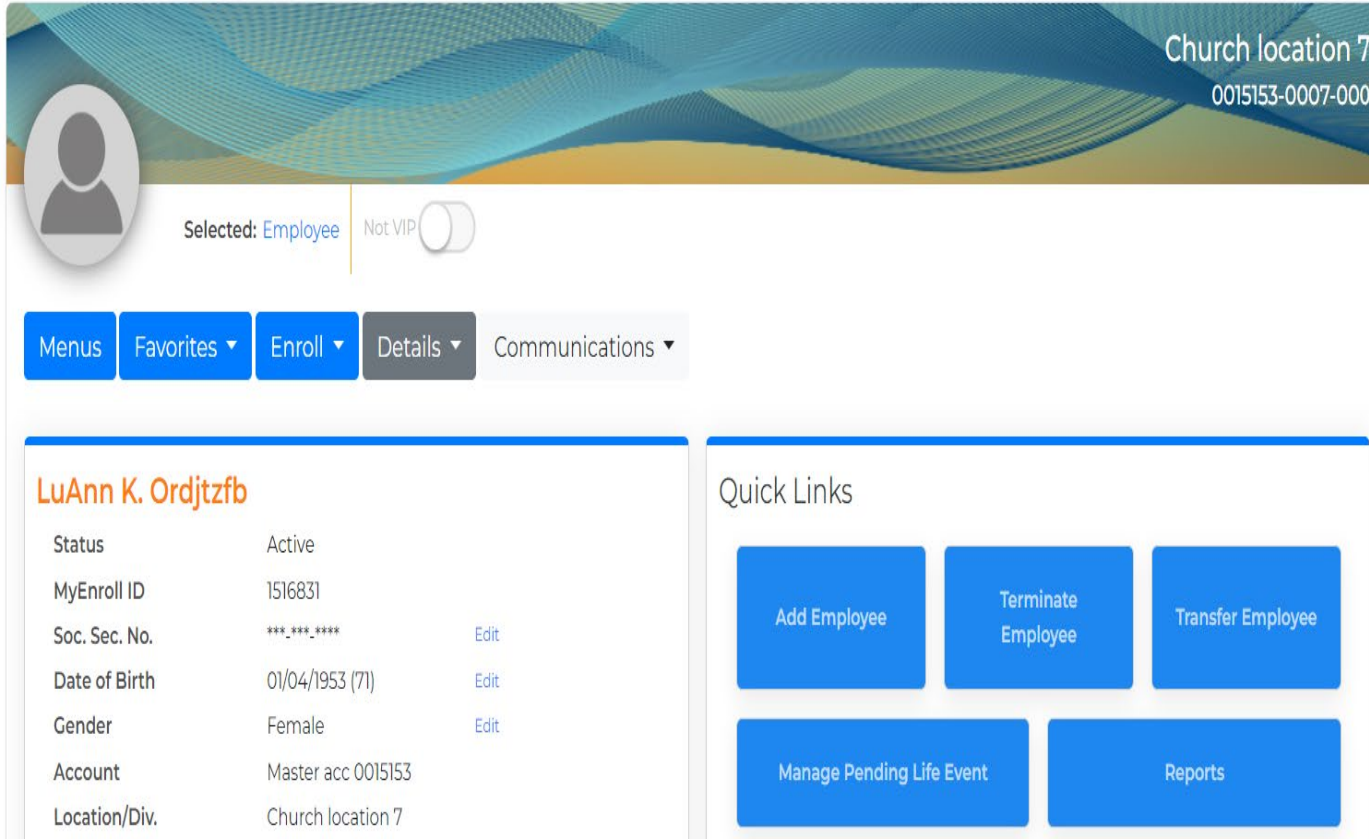
HOME   APPROVE   BACK

CONFIRMATION

CLICK "**APPROVE**" BUTTON

OPEN ENROLLMENT WIZARD

Your **New Hire Open Enrollment** starts **10/16/2024** and ends **11/16/2024**.

GET STARTED HERE!

Church location 7
0015153-0007-000

Selected: Employee   Not VIP

Menus | Favorites ▾ | Enroll ▾ | Details ▾ | Communications ▾

LuAnn K. Ordjtzfb

Status	Active	
MyEnroll ID	1516831	
Soc. Sec. No.	***-***-****	Edit
Date of Birth	01/04/1953 (71)	Edit
Gender	Female	Edit
Account	Master acc 0015153	
Location/Div.	Church location 7	

Quick Links

Add Employee

Terminate Employee

Transfer Employee

Manage Pending Life Event

Reports

CLICK ON "GET STARTED HERE" BUTTON TO BEGIN ENROLLMENT PROCESS

Enrollment Wizard - Home Page Welcome!

This enrollment wizard will guide you through all of the pages you need to visit during this enrollment period.

New Hire Enrollment Timeframe

You do not need to complete the enrollment process in a single session. You may return at any time during the New Hire Enrollment period to complete the process or make changes. New Hire Enrollment period dates are displayed on the status bar at the top of this page, along with the number of days remaining in the enrollment period.

Click on the **BEGIN YOUR ENROLLMENT** button to move automatically through each of the enrollment steps listed to the right.

Open Enrollment Resources

If you need more information or have questions about your benefits or the enrollment process, the following resources are available:

Benefit Plan Information: To access information about your employee benefit plan options, click on "Reta Benefits Center" located under Quick Links section to left side of homepage.

Technical Assistance: If you need assistance with the Enrollment Wizard, customer service contact information is located on the top right of this page, or go to "Tools" on left navigational menu and click on "Contact Service Rep."

Begin your Enrollment

CUSTOMER SERVICE

Enrollment Steps Navigation

(Quick Links)

Welcome

Instructions

Personal Information

Dependent Information

Reta Decision Tool

Medical

Dental

Vision

Summary

Selected Enrollment

Total Cost* $0.00

CLICK GREEN BUTTON AT BOTTOM OF WELCOME PAGE

Your **New Hire Open Enrollment** starts **10/16/2024** and ends **11/16/2024**.

GET STARTED HERE!

| LuAnn K. Ordjtzfb | Enrollment Type: | New Hire Open Season for 2024 | Current Coverages |
| Church location 7 | Enrollment Period: | 10/16/2024 - 11/16/2024 | |

Open Enrollment Wizard - Special Instructions

You must complete the enrollment process by the enrollment end date, shown above. The Enrollment Wizard will not be accessible after midnight on this date. If you do not complete the enrollment process by then, your existing elections will remain in place for the 2023 Plan Year. Elections selected at the end of the Open Enrollment period will be applied for the 2023 Enrollment Plan Year.

Open Enrollment Navigation

The enrollment navigation steps shown at the right must be completed in the order shown. Clicking "Save & Next" at the end of each step will confirm your selection(s) and move you to the next step. The navigation link will then become hyper-linked and a green checkmark will appear next to the link. This indicates that you have completed this enrollment step and if you need to return to the Enrollment Wizard to make changes before the end of the Open Enrollment period, you may go directly to this step, skipping the preceding steps. The arrow will not appear until you have clicked "Save & Next," thereby confirming your elections.

Confirming Your Elections

The last step in the Open Enrollment process will allow you to review and print a summary of your employee benefit elections. If you are satisfied with your elections, print a copy for your records. Otherwise, you may return to any of the proceeding steps to make changes. Now, if you're ready to begin, click the "Save & Next" button below and let's get started.

BACK   NEXT

Enrollment Steps Navigation
(Quick Links)

✔ Welcome

Instructions

Personal Information

Dependent Information

Reta Decision Tool

Medical

Dental

Vision

Summary

READ INSTRUCTIONS PAGE
CLICK "NEXT" BUTTON TO CONTINUE ENROLLMENT

GET STARTED HERE!

LuAnn K. Ordjtzfb
Church location 7

Enrollment Type: New Hire Open Season for 2024

Enrollment Period: 10/16/2024 - 11/16/2024

Current Coverages

Enrollment Wizard - Personal Information

Please review your information below and make updates as necessary. The "*****" indicates required information. When you are finished, click the "Next" button below and your changes will be saved and the wizard will move you to the next enrollment step to manage your dependents, if any.

Personal Information

First Name * : LuAnn

M.I. : K

Last Name * : Ordjtzfb

Date of Birth * : 01/04/1953

Gender * : Female

Marital Status * : Married

Home Address

Address Line 1 * : 1516831 Main Str

Address Line 2 : PO Box 544

Enrollment Steps Navigation
(Quick Links)

✔ Welcome

✔ Instructions

Personal Information

Dependent Information

Reta Decision Tool

Medical

Dental

Vision

Summary

Selected Enrollment

REVIEW PERSONAL INFORMATION PAGE AND CLICK "NEXT" BUTTON
EMPLOYEES CAN'T MAKE ANY CHANGES ON THE PERSONAL INFORMATION PAGE

Your **New Hire Open Enrollment** starts **10/26/2022** and ends **11/26/2022**.

GET STARTED HERE!

Consuelo Heqmuoqc	Enrollment Type:	New Hire Open Season for 2022
Church location 1	Enrollment Period:	10/26/2022 - 11/26/2022

Enrollment Wizard - Dependents Information

Please review your dependent information below and make updates as necessary. To rem...
update dependent coverage on each screen.

Add a New Dependent

Dependent Eligibility Rules

Relationship *

-- Select --

Effective Date *

10/01/2022

First Name *

Middle Initial

Last Name *

SSN *

___-__-____

DOB *

Gender *

Select

Disabled *

No

Student *   School Name   Grad Month   Grad Year

Click Here to Add New Dependent

BACK   NEXT

SELECT, "CLICK HERE TO ADD NEW DEPENDENT"

CLICK "SAVE" BUTTON AFTER DEPENDENT INFO IS ENTERED

CLICK "NEXT" BUTTON TO CONTINUE ENROLLMENT

Enrollment Wizard - Medical Enrollment
To enroll or change your Medical selection, select the button associated with the plan you wish to select. Click the "Next" button to save your selection and move to the next enrollment step.
Current Enrollment: BS 5103 - 104 90/70 PPO $20/$35 $250 - Single

Waive Medical Coverage
| Single | $.00 |

Pending
This election is subject to your employer's approval.
BS 5103 - 104 90/70 PPO $20/$35 $250
| Single | $470.24 |
| Employee & Child(ren) $871.38 (Pending) |
| Employee & Spouse | $1,161.85 |

BS 5126-139 HSA $1,600
| Single | $348.37 |
| Employee & Child(ren) $652.74 |
| Employee & Spouse | $870.32 |
| Family | $1,107.68 |

- ✔ Welcome
- ✔ Instructions
- ✔ Personal Information
- ✔ Dependent Information
- ✔ Reta Decision Tool
- Medical
- Dental
- Vision
- Summary

Selected Enrollment
| BS 5103 - 104 90/. | $470.24 |

Your selected benefit plan is pended (i.e., not enrolled with the insurer carrier) until you fulfill the dependent verification requirements shown on the next page. Click the "Next" button below to continue.

NAME	PLAN NAME	FAMILY STATUS	YOUR COST	STATUS	REMOVE
Test Greg	BS 5103 - 104 90/70 PPO $20/$35 $250	Employee & Child(ren)	$871.38	Pending	Remove

BACK   NEXT

MEDICAL ENROLLMENT PAGE

NOTE: IF AN EMPLOYEE IS ENROLLING AN ELIGIBLE DEPENDENT FOR THE FIRST, THEN THEY MUST COMPLETE THE DEPENDENT VERIFICATION PROCESS

THIS PROCESS WILL ALSO NEED TO BE COMPLETED FOR THE DENTAL & VISION ENROLLMENT, IF A FAMILY TIER IS SELECTED

Dependents Requiring Verification Documentation

Instructions for Validating Your Dependents

Option 1 - UPLOAD DOCUMENTS

If you are uploading your dependent verification documents from your computer, click the Upload button on a dependent's row in the grid below, in order to open the document upload window.

To see your uploaded documents for each dependent after upload, click on the > to the left of a dependent's name in the grid below.

You must upload each dependent's documents separately.

OPTION 2 - FAX DOCUMENTS ∨

You have until 12/16/2024 to finish this process. Failure to submit correct documentation by this date may result in your dependent(s) not receiving coverage.

Employee Ordjtzfb, LuAnn K (ID#1516831)

	Dependent	Birth Date	Number & Type of Documents Needed	Documents Upload or Fax
>	Greg Test (Child - Male)	02/05/2013	1 - Click to See Eligible Documents	Upload

Back Next

Dependents Requiring Verification Documentation

Instructions for Validating Your Dependent

Option 1 - UPLOAD DOCUMENTS

If you are uploading your dependent verification documents from your
below, in order to open the document upload window.

To see your uploaded documents for each dependent after upload, clic

You must upload each dependent's documents separately.

OPTION 2 - FAX DOCUMENTS ∨

You have until 12/16/2024 to finish this process. Failure to submit cor
not receiving coverage.

Employee Ordjtzfb, LuAnn K (ID#1516831)

Dependent	Birth Date	
∨	Greg Test (Child - Male)	02/05/2013	1 - Click

Back Next

Upload Documents

You have chosen to upload documents from your computer that will verify your dependent's
eligibility

Employee	LuAnn K. Ordjtzfb (#1516831)
Selected Dependent	Greg Test, Child - Male
Required Documents	View

You may upload scanned supporting documents in the following formats.

- bmp
- gif
- jpg / jpeg
- png
- tif / tiff
- PDF

Note: The total size of all the documents you upload at one time must not exceed 2 Gigabytes.

* Select File(s) to Upload from your computer

● Blank.pdf ✗ Remove

[   ] Select

Your Files are NOT uploaded until you click the Upload button below

cancel   Upload

CLICK "SELECT" BUTTON TO UPLOAD
DOCUMENTATION
NEXT, CLICK "UPLOAD" BUTTON

**NOTE: WORD DOCUMENT IS NOT A
SUPPORTING FORMAT**

CLICK "OK", ONCE DOCUMENT HAS BEEN UPLOADED SUCCESSFULLY

THEN, CLICK "NEXT" BUTTON TO CONTIINUE ENROLLMENT

Dependents Requiring Verification Documentation

Instructions for Validating Your Dependent

Option 1 - UPLOAD DOCUMENTS

If you are uploading your dependent verification documents from your below, in order to open the document upload window.

To see your uploaded documents for each dependent after upload, clic

You must upload each dependent's documents separately.

Upload Documents

You have chosen to upload documents from your computer that will verify your dependent's eligibility

Employee	LuAnn K. Ordjtzfb (#1516831)
Selected Dependent	Greg Test, Child - Male
Requ	

Upload Successful

Your upload was successful!
Documents Uploaded Successfully

• Blank.pdf

[OK] [Cancel]

Note:

* Sele

OPTION 2 - FAX DOCUMENTS ⌄

You have until 12/16/2024 to finish this process. Failure to submit cor not receiving coverage.

Employee Ordjtzfb, LuAnn K (ID#1516831)

| | Dependent | Birth Date | |
| ⌄ | Greg Test (Child - Male) | 02/05/2013 | 1 - |

[Back] [Next]

If you are uploading your dependent verification documents from your computer, click the Upload button on a dependent's row in the grid below, in order to open the document upload window.

To see your uploaded documents for each dependent after upload, click on the > to the left of a dependent's name in the grid below.

You must upload each dependent's documents separately.

OPTION 2 - FAX DOCUMENTS ⌄

You have until 12/16/2024 to finish this process. Failure to submit correct documentation by this date may result in your dependent(s) not receiving coverage.

Employee Ordjtzfb, LuAnn K (ID#1516831)

	Dependent	Birth Date	Number & Type of Documents Needed	Documents Upload or Fax
⌄	Greg Test (Child - Male)	02/05/2013	1 - Click to See Eligible Documents	[Upload] [Fax]
	Record ID	File Name	Status	Action
	91902	Blank.pdf	Pending Review	View Remove

[Back] [Next]

Approved Dependent Validation Documents

Dependent Type	# Docs	Primary Required Document	Secondary Required Document	Tertiary Required Document
Spouse	2	Marriage Certificate	Jointly filed 1040* Separately filed 1040 with same address* Financial document in both names* (within 60 days) Utility bill in both names* (within 60 days) Will not accept medical bill with both parties name	N/A N/A N/A N/A N/A
Child to age 26	1	Birth Certificate listing employees name Hospital Birth Record (newborns only)	N/A N/A	N/A N/A
Adoption/ Placed for Adoption	2	*Legal Evidence* of The intent to Adopt	*Legal Evidence* that the employee or spouse has either 1. The right to control the healthcare of the child *or* 2. Assumed a legal obligation for full or partial financial responsibility for the child in anticipation of the child's adoption	N/A N/A N/A N/A N/A
Stepchild	3	Birth Certificate naming spouse as the child's biological parent	Marriage Certificate	Jointly filed 1040* Separately filed 1040 with same address* Financial document in both names*(within 60 days) Utility bill in both names* (within 60 days)
Disabled Dependent	2	Birth Certificate	EE's recent Form 1040 claiming individual as dependent Dependents Form 1040 filed from EE's address SSDI Documentation	N/A N/A
Legal Guardian	1	Court document	N/A	N/A
Foster Child	1	Court document	N/A	N/A

APPROVED DOCUMENT LIST

REVIEW ELECTION PAGE

ALL EMPLOYEES SHOULD BE SIGNING OFF ON THEIR ENROLLMENT BY THE ELECTRONIC SIGNATURE PROCESS

NOTE: EMPLOYEES CAN MAKE CHANGES UP UNTIL THE ENROLLMENT BUTTON CLOSES. OUR SYSTEM WILL TAKE THE LAST CHANGE THAT WAS MADE, EVEN IF THE EMPLOYEE DID NOT SELECT THE "I ACCEPT" BUTTON.

CLICK "CONFIRM", THEN "CONTINUE" BUTTON.

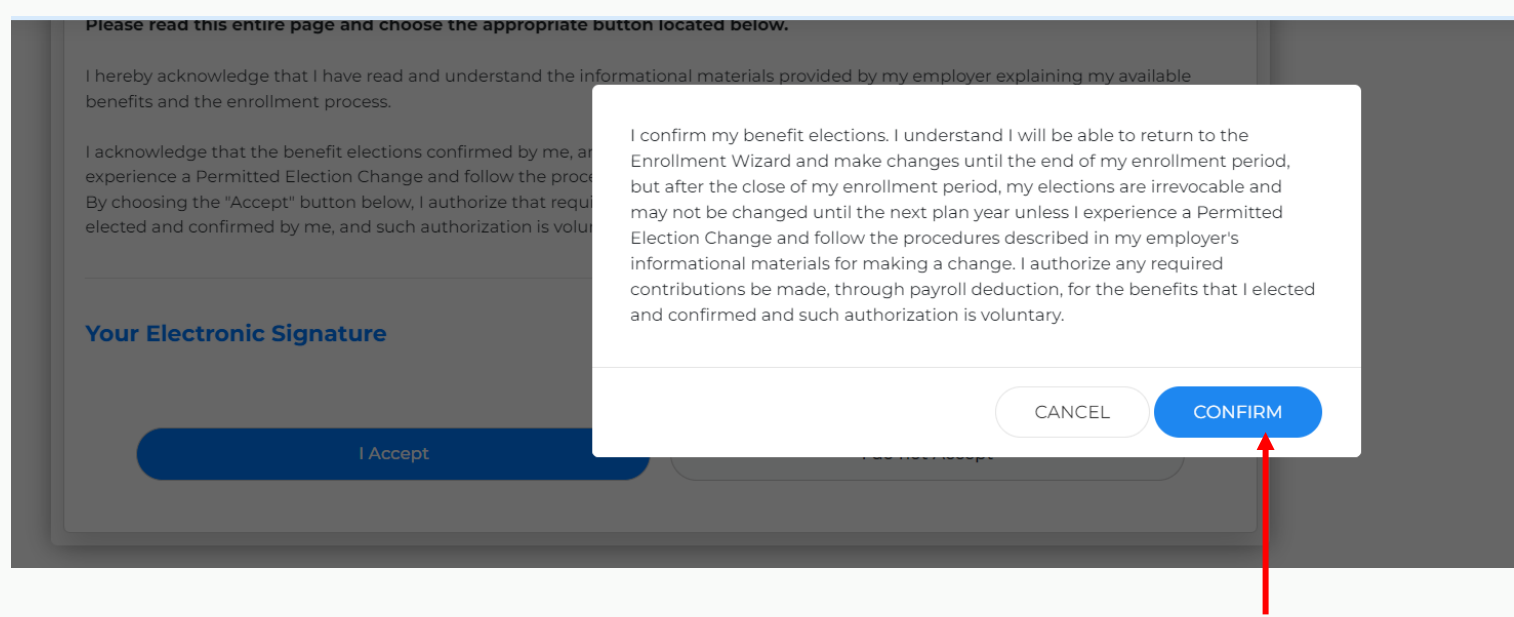Please read this entire page and choose the appropriate button located below.

I hereby acknowledge that I have read and understand the informational materials provided by my employer explaining my available benefits and the enrollment process.

I acknowledge that the benefit elections confirmed by me, a
experience a Permitted Election Change and follow the proce
By choosing the "Accept" button below, I authorize that requi
elected and confirmed by me, and such authorization is volu

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.

Your Electronic Signature

CANCEL   CONFIRM

I Accept

You're all set!

Congratulations! You have completed your new hire enrollment for the 2024 Plan Year.

CONTINUE

TERMINATE EMPLOYEE

LAST NAME, FIRST NAME
SOCIAL: 11-111-1111
MYENROLL NUMBER

CLICK "**TERMINATE EMPLOYEE**"

| 1)Select Account | 2)Select Employee | 3)Employee | 4)Dependents | 5)Dates | 6)Severance | 7)Coverage | 8)Confirmation |

Employee Qualifying Event Letter – Step 2: Employee Selection (Confirmation)

Employee Found: **Gpbhrxdj, Melissa S**

Is this who you wanted to select? [Yes] [No]

SELECT "YES" BUTTON

Change Text Font Size A A A

| 1)Select Account | 2)Select Employee | 3)Employee | 4)Dependents | 5)Dates | 6)Severance | 7)Coverage | 8)Confirmation |

Qualifying Event Letter – Step 3.1: Determining Type of Processing

As a new client within 15-days of your service effective date, you can (1) Convert Current Covered COBRA Continuants to this system, (2) Initiate a New Qualifying Event Notice for someone who you or your prior administrator has not already provided such notice. Choose from one of the options below. <u>After 15-days from your Service Effective, you will only be able to initiate new qualifying event notices someone who you or your prior administrator has not already provided such notice.</u>

○ **Conversion of Current <u>Covered COBRA Continuants</u>**
Note: No qualifying event notice will be issued. However, we will issue a Change of Administrator
         Welcome letter and new billing coupons payable to Cobra Control Services, LLC.

○ **<u>New</u> Qualifying Event Notice**
Note: We will issue a QEN and Election Form. If any Qualified Beneficiary returns an Election Form to us, we will update this system, accordingly, and provide you with a detailed notice about updating your insurer(s) with their elections.

| Back | Next |

SELECT, "NEW QUALIFYING EVENT NOTICE" BUTTON
CLCIK "NEXT" BUTTON TO CONTINUE

1)Select Account	2)Select Employee	3)Employee	4)Dependents	5)Dates	6)Severance	7)Coverage	8)Confirmation

Employee Qualifying Event Letter – Step 3: Employee Identification

The | symbol before a data entry field indicates required data entry.

Selected Employer: 0015153-0007-000

Edit Mode

MyEnroll ID#	1516829
Prefix	Mrs.
First Name	Melissa
Middle Initial	S
Last Name	Gpbhrxdj
Date of Hire	08/28/2024
Soc. Sec. No	151 68 2911
Date of Birth	02/14/1964
Gender	Female
Country	UNITED STATES
Address Line1	1516829 Main Str
Address Line2	
City	Anywhere
State	Pennsylvania

REVIEW EMPLOYEE'S DEMOGRAPHIC PAGE, THEN CLCIK "NEXT" BUTTON TO CONTINUE

| 1)Select Account | 2)Select Employee | 3)Employee | 4)Dependents | 5)Dates | 6)Severance | 7)Coverage | 8)Confirmation |

Employee Qualifying Event Letter – Step 4: Dependents
Add all dependents that will, or could be, covered by benefit plans subject to COBRA.

Selected Employer: 0015153-0007-000 - Church location 7
Selected Employee: 1516829 - Gpbhrxdj, Melissa S

Add a Dependent

Save & Next Step   Go Back One Step   Cancel Transaction

REVIEW DEPENDENT PAGE, THEN CLICK SAVE & NEXT BUTTON TO CONTINUE

| 1)Select Account | 2)Select Employee | 3)Employee | 4)Dependents | 5)Dates | 6)Severance | 7)Coverage | 8)Confirmation |

Employee Qualifying Event Letter – Step 5: Cobra Dates

Use this page to enter the required data for initiating your request for a COBRA Qualifying Event Letter ('QEL') for the employee selected

Qualifying Event Date should be later than the Original Benefit Eligibility Date 09/01/2024

Selected Employer: 0015153-0007-000 - Church location 7
Selected Employee: 1516829 - Gpbhrxdj, Melissa S

Employer Notice Date   10/16/2024

Qualifying Event Reason | Termination of Employment(18 Months) ▾

Required for above Reason Selected | ● Voluntary ○ Involuntary

Use the calendar icon buttons to select dates. Typing dates disabled for quality control purposes.

Date Employer Learned of Event | 10-16-2024

Qualifying Event Date | 10-31-2024

[Save & Next Step]   [Go Back One Step]   [Cancel Transaction]

SELECT QUALIFYING EVENT REASON FROM DROP DOWN BOX
CLICK ON CALENDAR TO POPULATE DATES IN FIELDS
NOTE: QUALIFYING EVEN DATE IS THE EMPLOYEE'S TERMINATION DATE
THEN CLICK "SAVE & NEXT STEP"

Plan Year: 2024 |

| 1)Select Account | 2)Select Employee | 3)Employee | 4)Dependents | 5)Dates | 6)Severance | 7)Coverage | 8)Confirmation |

Employee Qualifying Event Letter – Step 6: Severance Date
Use this page to enter the COBRA Severance related information for the employee captioned below.

Selected Employer: 0015153-0007-000 - Church location 7
Selected Employee: 1516829 - Gpbhrxdj, Melissa S

Employer Notice Date	10/16/2024
Qualifying Event Reason	Termination of Employment(18 Months)
Date Employer Learned of Event	10/16/2024
Qualifying Event Date	10/31/2024
Loss of Coverage Date	11/01/2024
Cobra Start Date	11/01/2024
Coverage Last Date	10/31/2024

🔘 **No Employer-Provided COBRA Severance or Subsidy**

⚪ **Employer Paid COBRA Period** (complete this only if employer is paying full premium cost of COBRA coverage for the time period indicated below)

    Employer Paid COBRA Severance Begin Date   [_____]

    Employer Paid COBRA Severance End Date   [_____] 🗓

[Save & Next Step]   [Go Back One Step]   [Cancel Transaction]

Plan Year: 2024 |

| 1)Select Account | 2)Select Employee | 3)Employee | 4)Dependents | 5)Dates | 6)Severance | 7)Coverage | 8)Confirmation |

Employee Qualifying Event Letter – Step 7: Coverages
To assign a different plan and/or coverage level to the employee, click 'Edit' link.

Selected Employer: 0015153-0007-000 - Church location 7
Selected Employee: 1516829 - Gpbhrxdj, Melissa S

Action	Selected Benefit Plans	Family Status	Monthly Premium	Original Effective Date	Qualifying Event date/ Loss of Coverage date
Edit	**Medical**: BS 5124 - 112 80/60 PPO $25/$40 $1,000	Single	$652.25	09/01/2024	10-31-2024 10/31/2024
Edit	**Dental**: Reta Delta Dental Plan 2A - 801	Single	$38.37	09/01/2024	10-31-2024 10/31/2024
Edit	**ins - Vision**: Reta VSP Vison Plan 2 - 901	Single	$7.96	09/01/2024	10-31-2024 10/31/2024

Note: If you choose the "Cancel" button below, it will be your responsibility to manually select the employee at a later date and follow the process to launch the printing of QEL.

Save & Next Step   Go Back One Step   Cancel Transaction

| 1)Select Account | 2)Select Employee | 3)Employee | 4)Dependents | 5)Dates | 6)Severance | 7)Coverage | 8)Confirmation |

Employee Qualifying Event Letter – Step 8: Confirmation

Selected Employer: 0015153-0007-000 - Church location 7
Selected Employee: 1516829 - Gpbhrxdj, Melissa S

IMPORTANT- Please Review the Information Entered Below

If you need to make changes to the information below, please use the tabs above. It is your responsibility to confirm that the information below is accurate. If you have any questions, please contact your Account Manager or our Client Services Department

Please Do Not Click "Save And Next" If You Believe Any Of The Information Below Is Incorrect.

Continuant Information
Qualified Continuant   Melissa Gpbhrxdj S(MyEnroll # 1516829)
Employer   Church location 7
Employer Acct. No.   0015153-0007-000
Qualifying Event   Termination of Employment (Voluntary)
Qualifying Event Date   10-31-2024
COBRA Start Date   11/01/2024
COBRA Maximum Duration (in months)   18
COBRA End Date   04/30/2026
COBRA Severance Period   N/A

Coverage Offered*
BS 5124 - 112 80/60 PPO $25/$40 $1,000 (Single) $652.25
Reta Delta Dental Plan 2A - 801 (Single) $38.37
Reta VSP Vison Plan 2 - 901 (Single) $7.96

*Please Note: The Premium Rate listed does NOT include the administrative fee

Qualified Beneficiaries (Dependents)
N/A

| Save & Next Step | Go Back One Step | Cancel Transaction |

REVIEW CONFIRMATION SCREEN, THEN CLICK SAVE & NEXT STEP

| 1)Select Account | 2)Select Employee | 3)Employee | 4)Dependents | 5)Dates | 6)Severance | 7)Coverage | 8)Confirmation |

Qualifying Event Letter – Step 8: Confirmation. Processing Finished & Successful!

You have processed a COBRA Qualifying Event Notice for the employee listed below successfully. This letter will be printed and mailed on the next business day and a PDF copy forwarded to your designated email address.

Selected Employer: 0015153-0007-000 - Church location 7
Selected Employee: 1516829 - Gpbhrxdj, Melissa S

Congratulations, You Have Processed the Qualifying Event Letter Successfully!

[Return to COBRA Home Page]

CONFIRMATION SCREEN – EMPLOYEES HAS BEEN SUCCESSFULLY TERMINATED

UPDATE EMPLOYEE CONTACT INFO

CLICK "EDIT" BUTTON TO UPDATE EMPLOYEE'S INFO

FINAL TIPS & TAKEAWAYS

LOG INTO www.myenroll.com website once you receive credentials.

Note: All user/temporary passwords will come from email Security@MyEnroll.com

DOWNLOAD CENSUS AND REVIEW EMPLOYEE DATA

TERMINATE ANY EMPLOYEES THAT ARE LISTED ON CENSUS IF THEY ARE NO LONGER EMPLOYED

ADD EMPLOYEES INTO SYSTEM IF THEY ARE NOT DISPLAYED ON CENSUS

DON'T HESITATE TO CALL OR EMAIL OUR CLIENT SERVICE TEAM IF YOU NEED HELP OR ASSISTANCE

CLIENT SERVICE

Client Services Contact Info

Client Services

🕐 Operating Hours

Client Services Hours
Monday - Friday, 8:30 AM - 5:00 PM, Eastern Time.

📞 Phone

Client Services Phone Number
1.800.945.5513

@ Email

Client Services Email
Service@MyEnroll.com

THANK YOU!

QUESTIONS?