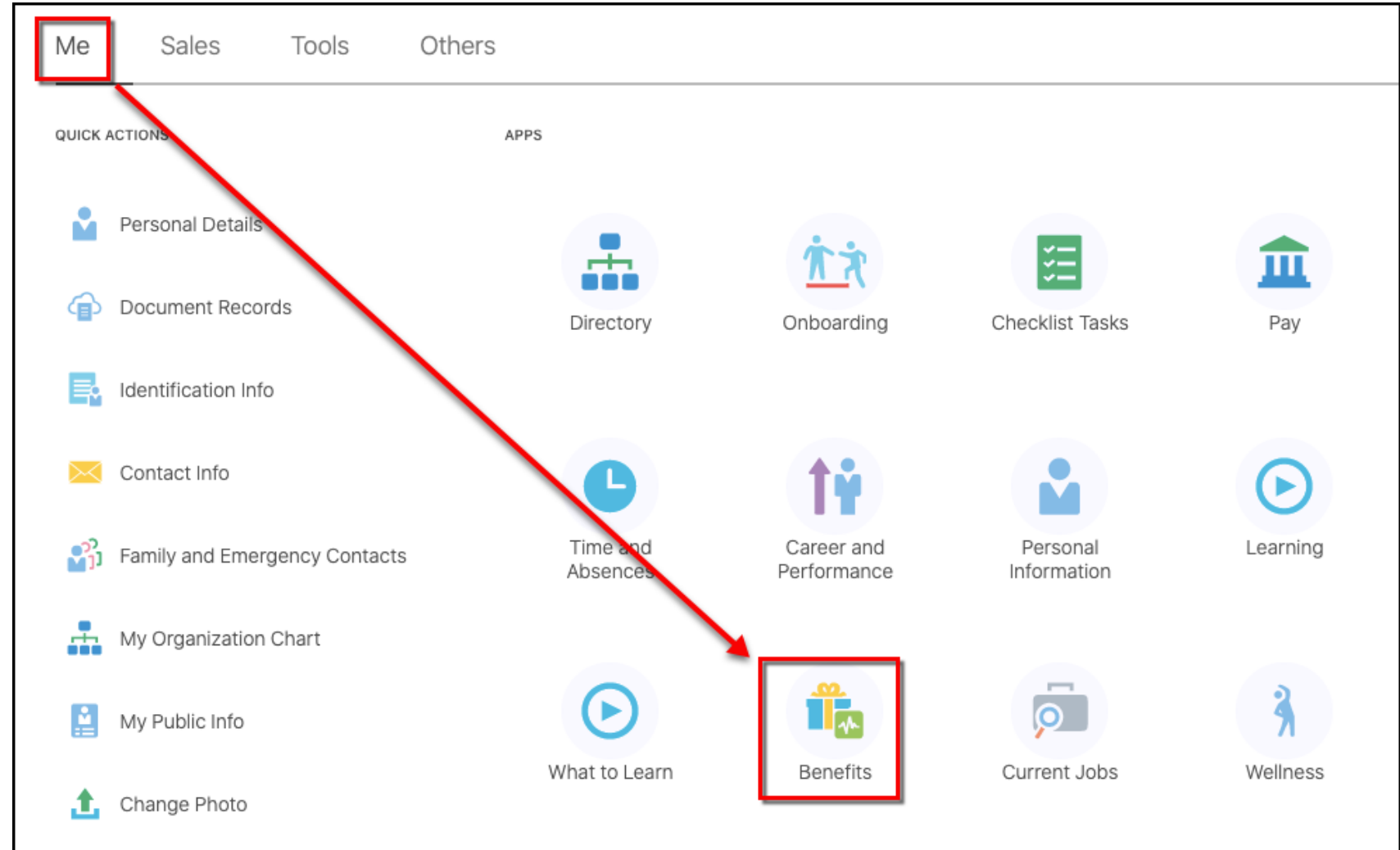
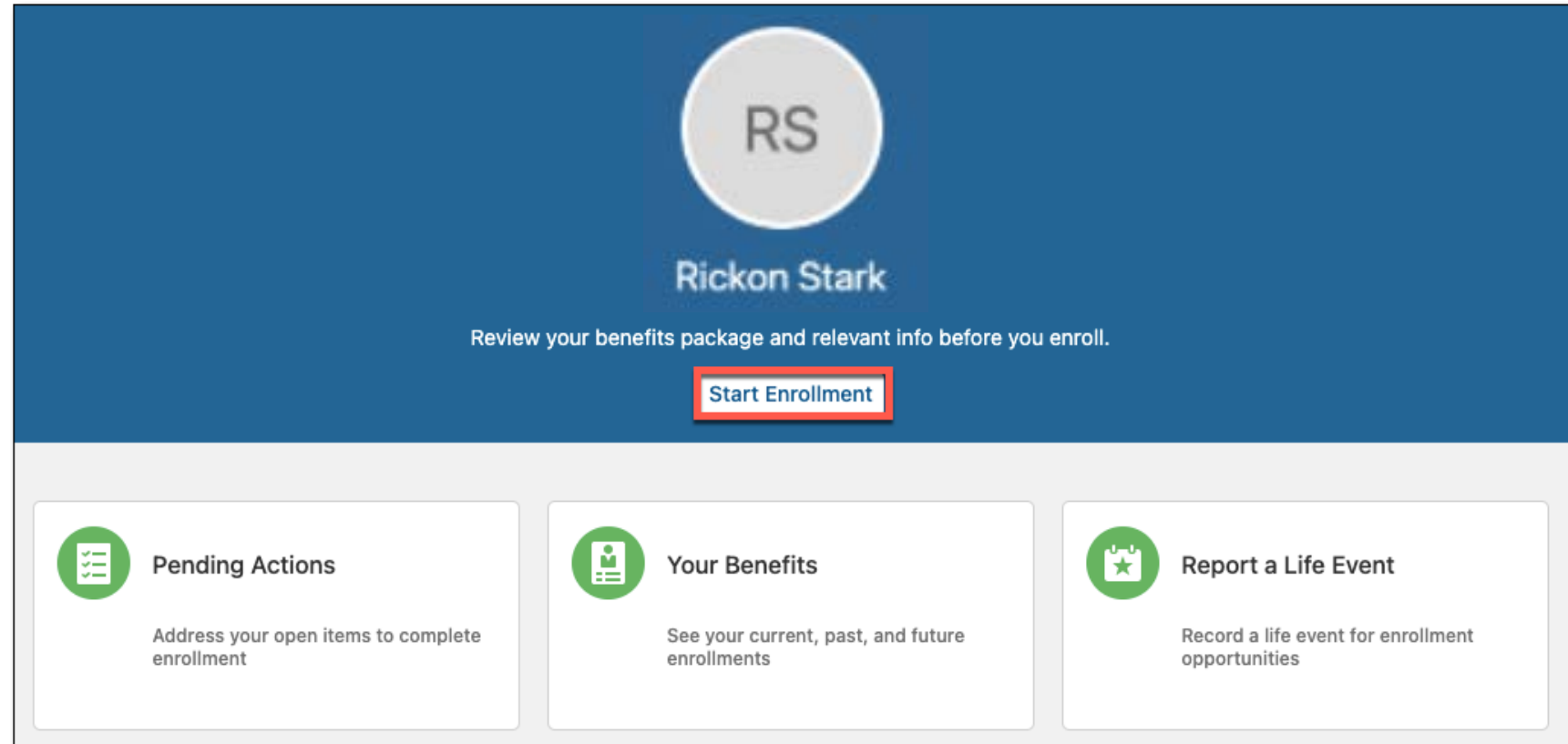


1. Select **Me** to display your employee functions.
2. Select **Personal Information**
3. Select **Personal Details** and make sure your gender at birth is entered
4. Click the **Benefits** icon.



- To initiate your benefit selections as a new employee or for open enrollment, click **Start Enrollment OR Make Changes**



If you have previously enrolled you will see Make Changes instead of Start Enrollment as shown below

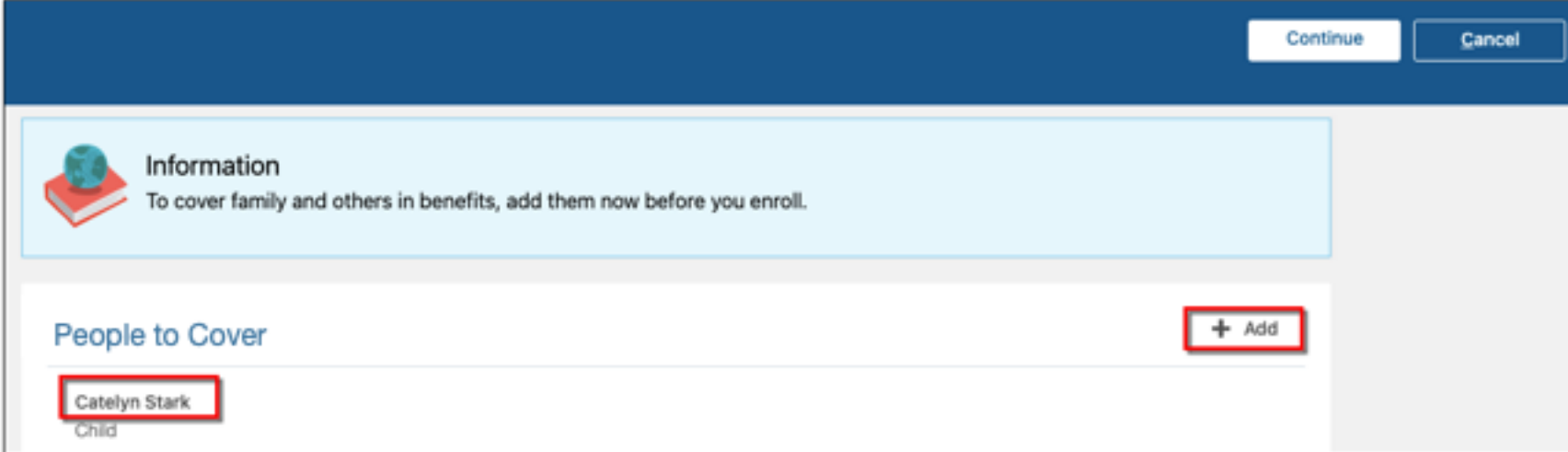


Note: Before making your selections, you can edit or add dependents and beneficiaries.

Be sure to add or update all dependents and beneficiaries **before** you continue with your enrollment selections.

4. To edit an existing person, click their **name**.
5. To add, click the **Add** button.

Note: If desired, an organization can be designated as a beneficiary in lieu of a person.

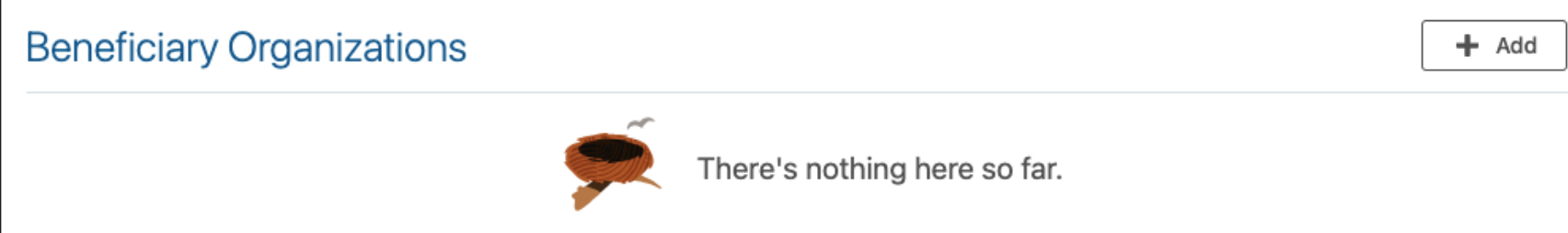
This screenshot shows the 'Information' section of the ESS enrollment interface. At the top right are 'Continue' and 'Cancel' buttons. Below is a light blue box with a globe icon and the text 'Information' and 'To cover family and others in benefits, add them now before you enroll.' Underneath is a section titled 'People to Cover' with a '+ Add' button. A list item for 'Catelyn Stark' is shown with 'Child' below it; the name is highlighted with a red box.

Continue Cancel

 **Information**
To cover family and others in benefits, add them now before you enroll.

People to Cover + Add

Catelyn Stark
Child

This screenshot shows the 'Beneficiary Organizations' section of the ESS enrollment interface. At the top right is a '+ Add' button. Below is a large empty area with a nest icon and the text 'There's nothing here so far.'.

Beneficiary Organizations + Add

 There's nothing here so far.

6. To edit a person, click the **Pencil** icon for the desired section.

7. Update all relevant fields.

8. When finished, click **Submit**.

Note: When establishing a new relationship, enter the one of the following dates as it applies to you:

- Current open enrollment date
- New hire date

The Relationship date cannot be a future date.

9. To **add** a person, enter the person's information.

Note: Required fields are indicated with a blue asterisk.

10. Be sure to enter details for all sections on the page.

11. When finished, click **Submit**.

Note: Even though it is not a required field, gender at birth must be entered for all dependents that are to be covered by insurance

Relationship

Relationship
Spouse

Relationship Start Date
12/11/20

Emergency Contact
Yes

Country
United States



Relationship

*Relationship

Spouse

☒ Emergency Contact

*When does this relationship change start?

m/d/yy

Country
United States

Enter 12/11/20 if you're correcting a mistake in this relationship.

Submit

Cancel

New Contact

Submit

Cancel

Basic Information

Prefix

Middle Name

*Last Name

Suffix

*First Name

Preferred Name

*Relationship

Select a value

Sex

Select a value

*What's the start date of this relationship?

m/d/yy

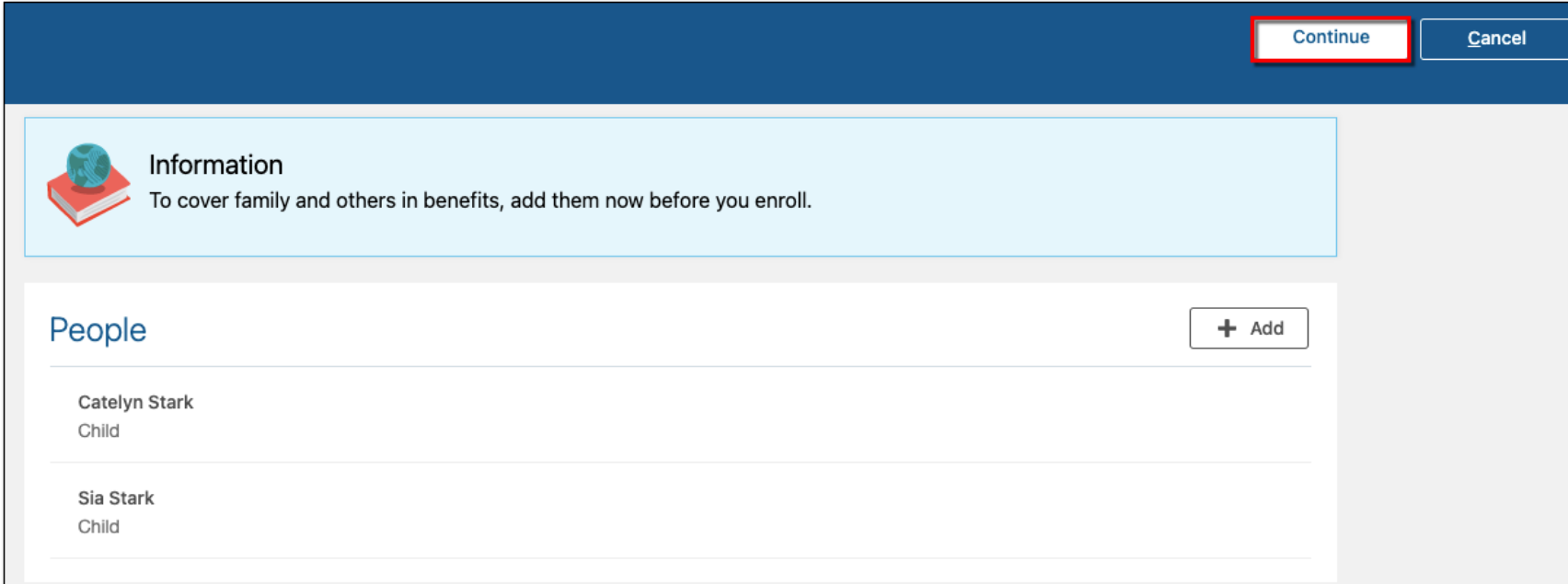
*Date of Birth

m/d/yy

☐ This person is an emergency contact

12. If applicable, click **Add** again to enter additional people to cover or edit other people.

13. When finished, click **Continue**.

A screenshot of a web application interface for enrolling in benefits. At the top right, there are two buttons: 'Continue' (highlighted with a red border) and 'Cancel'. Below this is a light blue box with a globe icon on a red book, titled 'Information', with the text 'To cover family and others in benefits, add them now before you enroll.' Below this is a section titled 'People' with a '+ Add' button. Under 'People', there are two entries: 'Catelyn Stark' (Child) and 'Sia Stark' (Child).

Continue **Cancel**

 **Information**
To cover family and others in benefits, add them now before you enroll.

People **+ Add**

Catelyn Stark
Child

Sia Stark
Child

14. Read the **Authorization** statement and click **Accept** to continue.

Authorization



The information I am providing is accurate, and I authorize the coverage selections and the associated payroll deductions.

Enrollments remain in effect until changed or canceled by me during an annual open enrollment, or when permitted by a qualified life event.

I understand that my eligibility for benefits may be affected if I subsequently change my contracted work schedule.

I understand that my elections are binding, based upon CMHA-CEI Program plan provisions and applicable laws and regulations.

I also understand that the coverages I am applying for may require that I provide additional information. We reserve the right to terminate any plan, policy, or procedure at any time and at our sole discretion.

Job Share Participants

Please Note: This will not be your final rate. Your final rate will be determined when your benefits selections are evaluated against the allowable amount for Job Share. You will be notified of your final rates by Payroll and Benefits once this evaluation is complete.

Note: Each benefit plan that you are eligible for will be displayed on the **CMHA Benefits Program** page.

Note: Even if the plans change or are different than what you see in this guide, the steps to complete the enrollment remain the same.

Review each section carefully and make your selections.

CMHA Benefits Program

SubmitCancel

Currency in USD

Your Total Cost

0.00

Per Pay Period

Medical

CMHA Medical



There's nothing here so far.

HRA Factor

CMHA HRA Factor

EditEdit

Note: Connect automatically enrolls employees into certain plans such as MERS, Basic Life, AD&D, Short-Term Disability, and Long-Term Disability.

Note: Even if you see the Edit button for these plans, you are not able to enter or edit the selections.

Retirement

Edit

CMHA Retirement Plan

MERS Defined Benefit Plan
Single

STD and LTD

Edit

CMHA STD and LTD

Short Term Disability
STD
Secondary
60.57

Long Term Disability
LTD
Secondary
4.61

15. Click the **Edit** button to enter your elections for **each of the plans** that require a selection.

Medical

CMHA Medical



There's nothing here so far.

Edit

HRA Factor

CMHA HRA Factor



There's nothing here so far.

Edit

Dental

CMHA Dental

Edit

Note: It is very important to carefully review the plan information displayed in Connect before you make your selections. There are eligibility rules and validations built into the system that are explained in these sections.

Some plans require specific options to be made.

Valid combinations are highlighted in **green** and invalid combinations are highlighted in **red**.

For more information on validations, please review the job aid titled Understanding Open Enrollment & Life Events in Connect.

Medical Plan

The information I am providing is accurate, and I authorize the coverage selections and the associated payroll deductions.

I understand that to maintain the Medical plan, I must report any changes to myself or my dependents status annually. Enrollments remain in effect until changed or canceled by me during an annual open enrollment, or when permitted by a qualified life event.

I understand that my eligibility for benefits may be affected if I subsequently change my contracted work schedule. I understand that my elections are binding, based upon CMHA-CEI Program plan provisions and applicable laws and regulations.

I also understand that the coverages I am applying for may require that I provide additional information. I agree to complete all required information for enrollment in the below benefits plan and understand that my failure to provide required information will result in my enrollment being rejected at which time I will not be eligible to participate in this benefit until a qualifying life event (if applicable) or open enrollment from the next year occurs.

Medical Plan Waiver and Opt - Out

I understand that to maintain the Opt-Out, I must re-enroll each year. Enrollments remain in effect until changed or canceled by me during an annual open enrollment, or when permitted by a qualified life event.

I understand that to maintain participation in the CMHA buyout/buydown , I must report any changes to myself or my dependents status annually.

I request to decline coverage through CMHA group health plan for the calendar year and elect to receive the Opt-out payment due to being enrolled in other health care coverage. I certify that I and all other members of my expected tax family, if any, have or will have minimum essential coverage during the plan year.

CMHA will deposit the amount elected on the second pay of every month and I agree to accept this deposit as ordinary income. I further understand, CMHA reserves the right to recoup any Opt-Out payment amounts received by fraud or deceit.

I also understand that the coverages I am applying for may require that I provide additional information. I agree to complete all required information for enrollment in the below benefits plan and understand that my failure to provide required information will result in my enrollment being rejected.

OEI (Other Eligible Individual) Validations with Medical

BCBSM HDHP 1400/2800 <u>Double</u>	BCBSM HRA 1B 250/500 <u>Double</u>	BCBSM HRA 1A <u>Double</u>	Medical Plan - Single
BCBSM HDHP OEI - Single to Double	BCBSM HRA 1B OEI - Single to Double	BCBSM HRA 1A OEI - Single to Double	Not OEI eligible

16. Make your plan selection by clicking the desired **checkbox**.

CMHA Medical

BCBSM HDHP 1400/2800

☐	Single 0.00 Annually	0.00 Employee Rate
	Employer Rate 257.17	
☐	Double 0.00 Annually	0.00 Employee Rate
	Employer Rate 617.21	
☐	Family 0.00 Annually	0.00 Employee Rate
	Employer Rate 771.51	

Note: When selecting Double or Family, Connect will require you to enter your dependent(s) for the selected offerings.

17. Select your **Dependent(s)** if applicable.

18. Click **OK**.

OK Cancel

 You need to designate dependents or beneficiaries for your selected offerings.

BCBSM HRA 1A
Family

Annual Amount
5,245.44

Employer Rate
545.96

218.56
Employee Rate

Who do you want to cover?

☒ (Spouse)

☒ (Child)

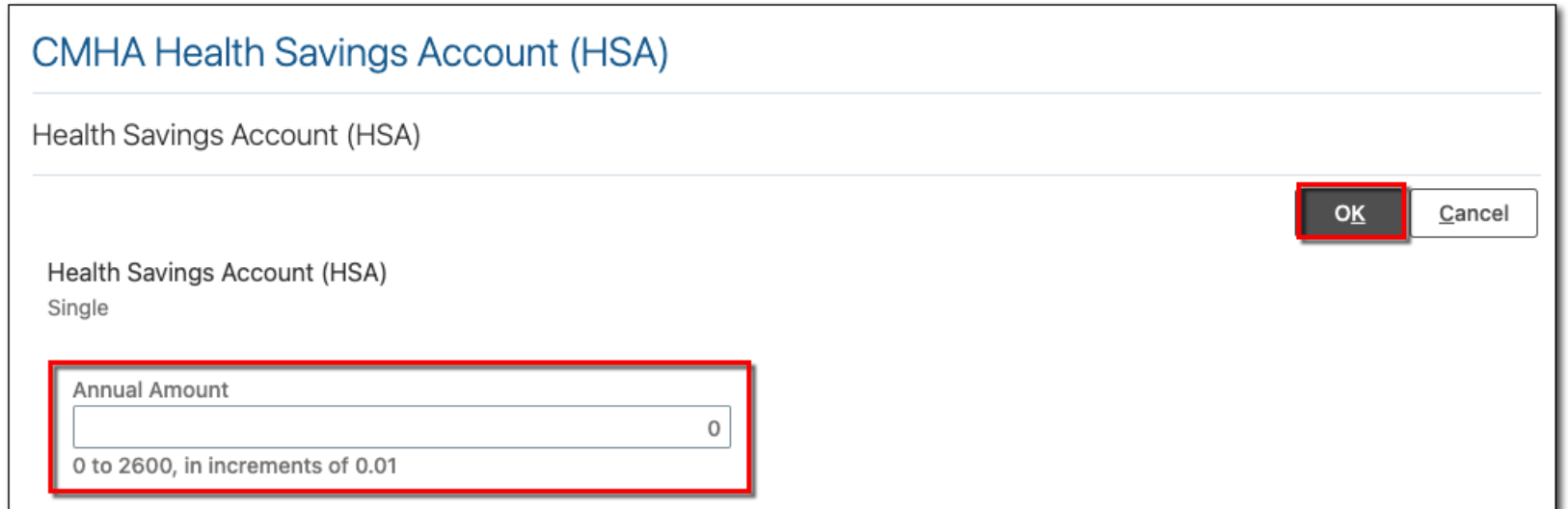
Note: When choosing to contribute to an **HSA** or **FSA**, you must enter your annual contribution amount.

Note: The employee annual contribution limits are displayed under the **Annual Amount** field and are different for Single and Double/Family elections.

19. Enter the **Annual Amount**.

20. Click **OK**.

Note: The **Employee Rate** displays your total cost per pay period from the enrollment date to the end of the year.

The image shows a screenshot of a web form titled 'CMHA Health Savings Account (HSA)'. Below the title is a section header 'Health Savings Account (HSA)'. To the right of this section are two buttons: 'OK' and 'Cancel'. Below this is another section header 'Health Savings Account (HSA)' followed by the text 'Single'. At the bottom of the form is a text input field labeled 'Annual Amount' with the value '0' entered. Below the input field is a small text label '0 to 2600, in increments of 0.01'. The 'Annual Amount' input field and the 'OK' button are highlighted with red rectangular boxes.

Note: Be sure to designate beneficiaries for your life insurance plans.

21. Click the **Pencil** icon for the plan option in which the beneficiaries will be added or updated.

CMHA Life Insurance

Basic Life CIGNA



You haven't picked any beneficiaries yet.



40k

Coverage Amount
40,000.00



Note: You must click **Waive** for all plans not being selected.

Waive Medical

☐
Waive Medical

24. When finished, click **Continue**.

ContinueCancel

Currency in USD	
Your Total Cost	218.56 Per Pay Period

Note: As you make your selections, Connect will display the employer and employee cost for each option as well as the total cost to you per pay period.

Currency in USD

Your Total Cost

220.75

Per Pay Period

Medical

CMHA Medical

BCBSM HRA 1B 250/500

Single

12.31

HRA Factor

CMHA HRA Factor

HRA Factor 1B

Single

25. After all plan selections have been made, click **Submit**.

CMHA Benefits Program

Submit Cancel

Currency in USD

Your Total Cost

220.75
Per Pay Period

Medical Edit

CMHA Medical

BCBSM HRA 1B 250/500
Single

12.31

Note: A notification appears indicating your benefit selections were saved.

26. If desired, click **Print** to print or save an electronic copy of your enrollment selections.

Confirmation

CMHA Benefits Program

Print

 **Confirmation**
Your benefit elections were saved.
You can make changes until 11:59 PM EST, 11/26/2020.

Currency in USD

Your Total Cost Each Pay Period

220.75

27. Scroll through the **Confirmation** page and review all plan selections.

Note: Some plans might require supporting documentation. In those instances, a message appears indicating that the plan is suspended, and you have **Pending Action Items** that need to be completed.

28. Click the left arrow to navigate back to the **Benefits** page.

Vision


This plan is suspended. Complete your pending actions to resume coverage.

VSP Vision
Double
Coverage Start Date
8/16/21
Annual Amount
0.00
Secondary
4.73
Who's covered?
You, Child Gross


Pending Action Items

Birth Certificate or Proof for Step/Adult Child: Child Gross



Confirmation

CMHA Benefits Program -



Confirmation

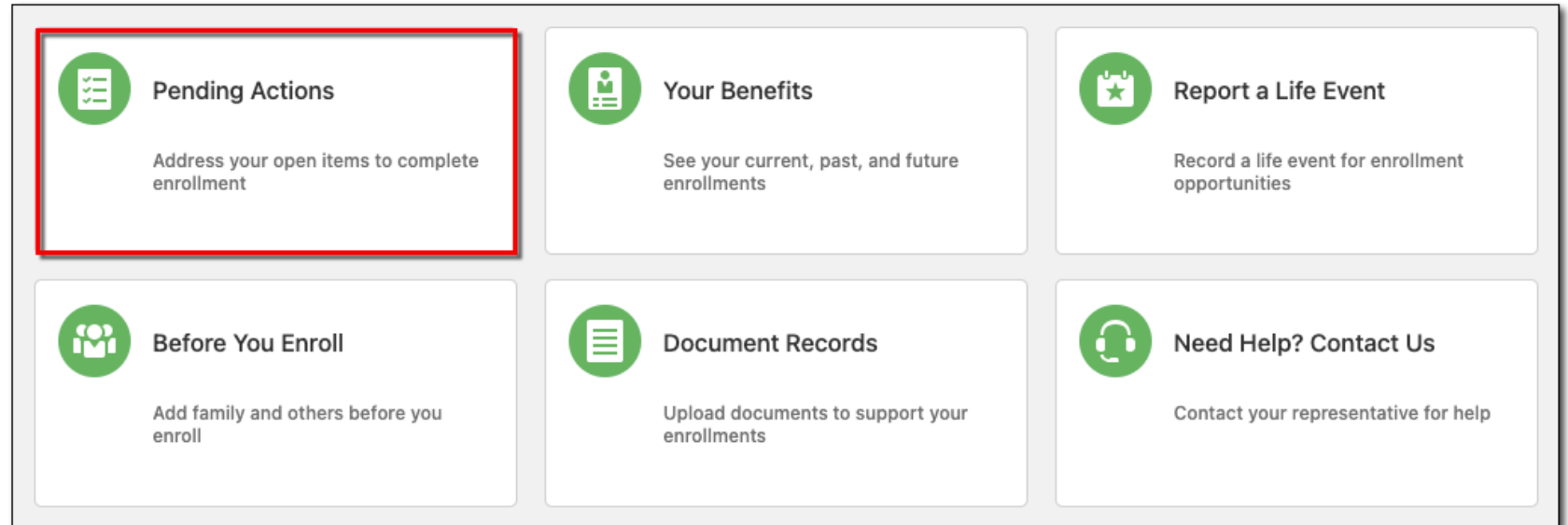
Your benefit elections were saved.

You can make changes until 11:59 PM EST, 9/15/21.

Note: After you submit your selections, be sure to check your **Pending Actions**.

Note: **Pending Actions** will indicate if you need to provide any supporting documents that are required to finalize your enrollment.

29. Click **Pending Actions**.

A dashboard grid with six white rectangular tiles arranged in a 2x3 layout. Each tile has a green circular icon on the left, a title in bold, and a descriptive sentence below. The top-left tile, 'Pending Actions', is highlighted with a red border. The tiles are: 1. Pending Actions (checklist icon): Address your open items to complete enrollment. 2. Your Benefits (person with document icon): See your current, past, and future enrollments. 3. Report a Life Event (calendar with star icon): Record a life event for enrollment opportunities. 4. Before You Enroll (family icon): Add family and others before you enroll. 5. Document Records (document icon): Upload documents to support your enrollments. 6. Need Help? Contact Us (headset icon): Contact your representative for help.

 Pending Actions Address your open items to complete enrollment	 Your Benefits See your current, past, and future enrollments	 Report a Life Event Record a life event for enrollment opportunities
 Before You Enroll Add family and others before you enroll	 Document Records Upload documents to support your enrollments	 Need Help? Contact Us Contact your representative for help

Note: Be sure to review and address all **Pending Actions** to ensure your enrollment selections get finalized.

30. Click the **title** of a Pending Action.

The screenshot shows a web interface for 'Pending Actions' under the 'CMHA Benefits Program'. It lists two required actions: 'HSA Form' and 'Birth Certificate or Proof for Step/Adult Child: Child'. Both are marked as 'Required' in red text. A red box highlights the 'HSA Form' title, and another red box highlights the 'Birth Certificate or Proof for Step/Adult Child: Child' title. A 'View Attached Documents' link is at the bottom.

Pending Actions

CMHA Benefits Program

HSA

HSA Form
Health Savings Account (HSA) - Double/Family
Required

Vision

Birth Certificate or Proof for Step/Adult Child: Child
VSP Vision - Double
Required

[View Attached Documents](#)

Note: Some actions require a form to be downloaded, completed, and uploaded. Other actions simply require a form to be uploaded.

If a form is not displayed in the **Reference Info** field for download, you will need to provide your own document such as a marriage license or birth certificate.

31. Enter the **name** of the form you are uploading.

32. Drag a completed form into the **Attachments** box or click the link inside the box to navigate to the form.

Note: You do not need to enter anything in the **Context Value** field.

Reference Info
CAFETERIA PLAN HSA Election form 2021.pdf

*Name
Stark HSA Election Form

Context Value

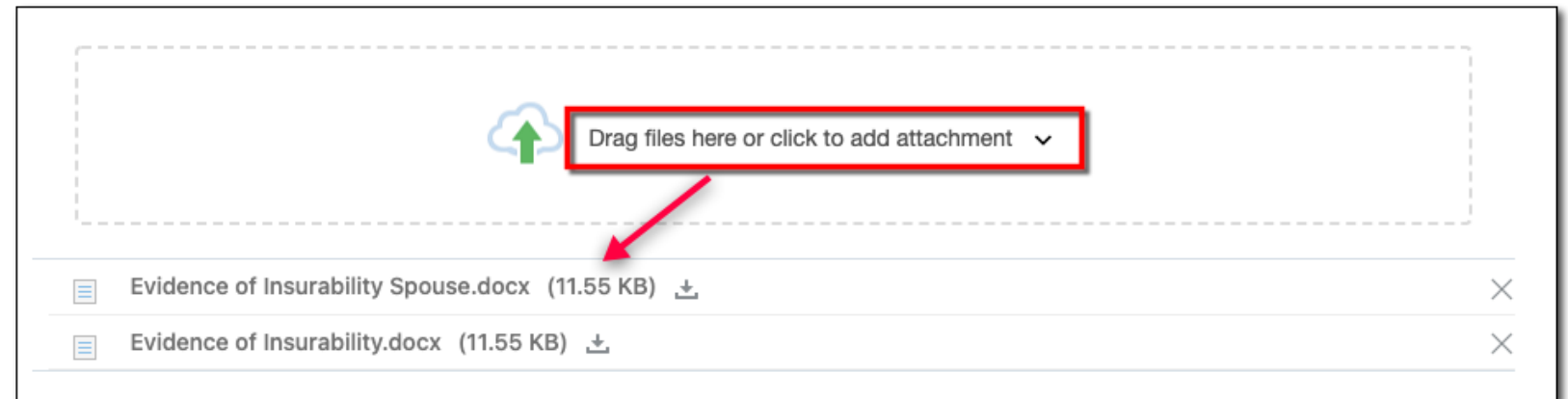
Attachments


Drag files here or click to add attachment

Note: When enrolling your spouse into Cigna Voluntary Life, be sure to upload the Evidence of Insurability forms for you and your spouse if required.

When two of the same Form Types need to be uploaded, they can all be uploaded from the same page.

In this example, the employee was able to upload their Evidence of Insurability form in addition to their spouse's form on the same page using the Drag and Add Attachment link.



33. Click **Submit** when your document is attached.

Add Document

Submit
Cancel

Document Details

34. Review any other Pending Actions and the associated statuses.

Note: Actions will remain **Pending** until reviewed and approved by Benefits.

35. Complete all Pending Actions that are not **Pending Approval** or **Approved**.

Pending Actions

CMHA Benefits Program

HSA

HSA Form
Health Savings Account (HSA) - Double/Family
Required

Pending approval

View Attached Documents

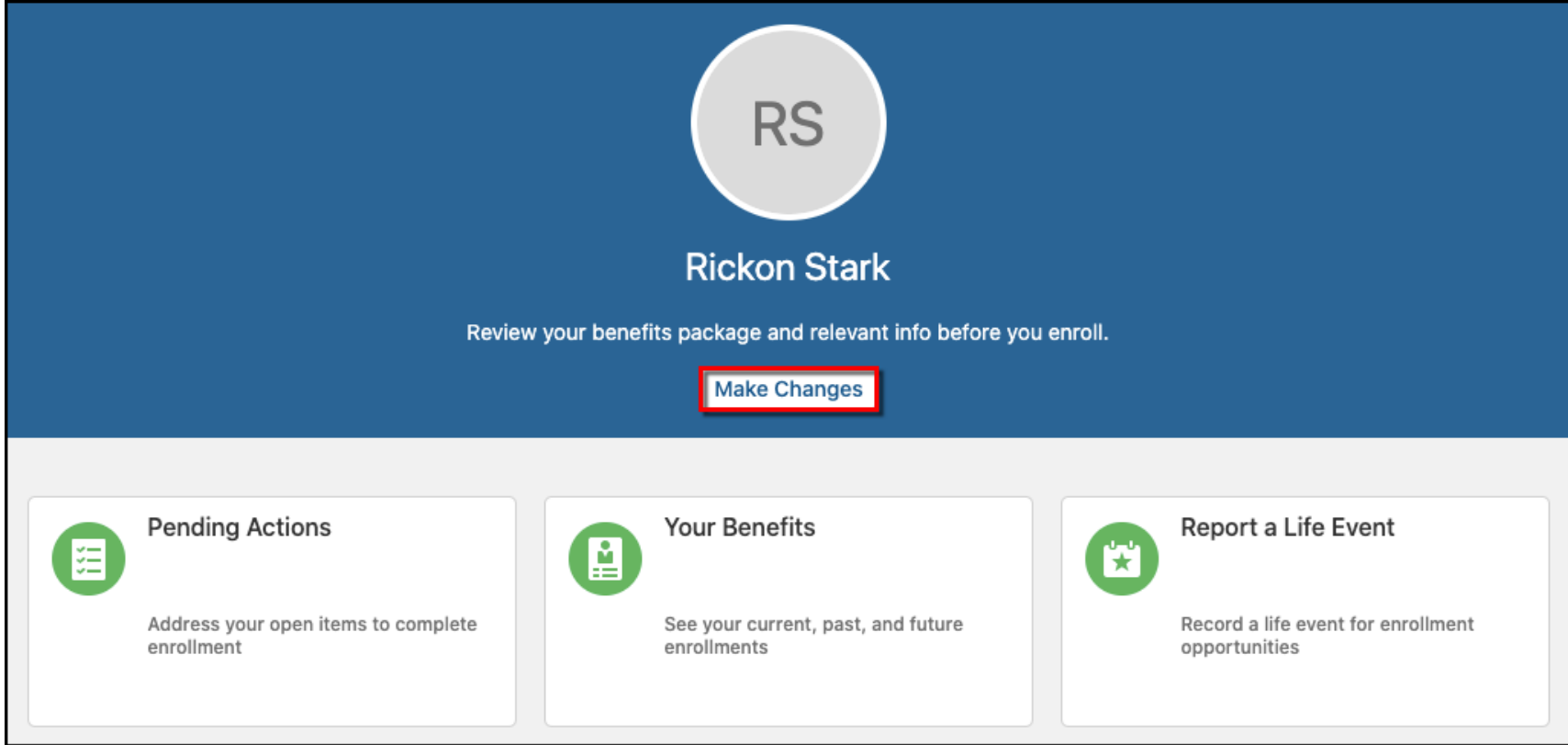
Vision

Birth Certificate or Proof for Step/Adult Child: Child
VSP Vision - Double
Required

Approved

View Attached Documents

36. If your enrollment period is still open and you need to make changes after your selections were submitted, click **Make Changes**.

The dashboard has a dark blue header section. At the top center is a light gray circle containing the initials 'RS'. Below this is the name 'Rickon Stark' in white. Underneath the name is the instruction 'Review your benefits package and relevant info before you enroll.' in a smaller white font. A red rectangular box highlights a 'Make Changes' button with a blue border and white text. The bottom section of the dashboard is light gray and contains three white rectangular cards. Each card has a green circular icon on the left, a title, and a description. The first card has a checklist icon, the second has a person icon, and the third has a calendar icon with a star.

RS

Rickon Stark

Review your benefits package and relevant info before you enroll.

Make Changes

 **Pending Actions**
Address your open items to complete enrollment

 **Your Benefits**
See your current, past, and future enrollments

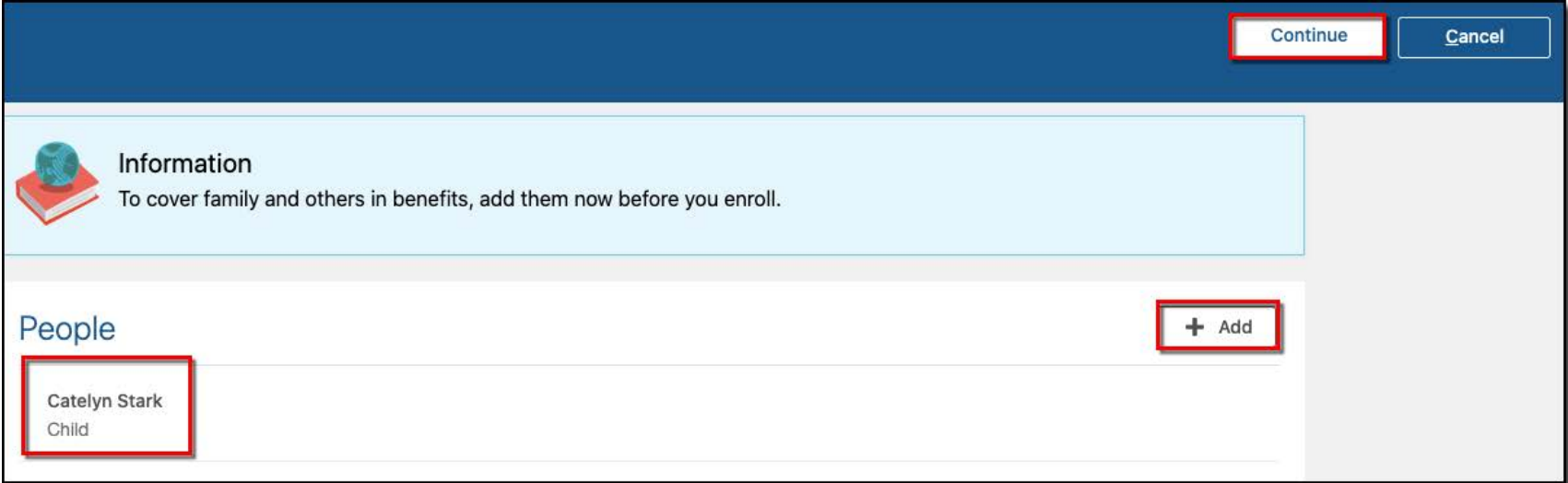
 **Report a Life Event**
Record a life event for enrollment opportunities

Note: You will return to the same open enrollment page where you started.

Following the previous steps, make any necessary updates.

37. Begin by verifying/updating your **People to Cover**.

38. When finished, click **Continue**.

A screenshot of a web application interface for enrolling in benefits. The top navigation bar is dark blue with a 'Continue' button (highlighted with a red box) and a 'Cancel' button. Below this is a light blue section titled 'Information' with a globe icon on a red book. The text reads: 'Information To cover family and others in benefits, add them now before you enroll.' Below the information section is a 'People' section. It contains a list of people, with the first entry 'Catelyn Stark Child' highlighted by a red box. To the right of the list is a '+ Add' button, also highlighted with a red box.

39. Click **Edit** to make any other updates.

40. When finished, click **Submit**.

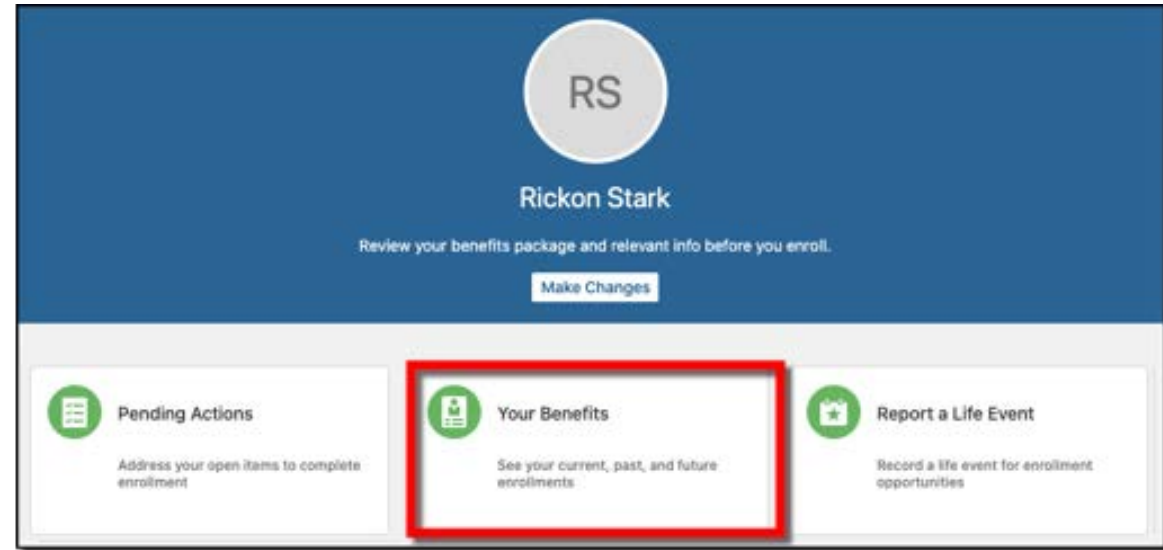
Program

Submit

Cancel

Medical		Edit
CMHA Medical		
BCBSM HRA 1B 250/500	Single	12.31
HRA Factor		Edit
CMHA HRA Factor		
HRA Factor 1B	Single	
Dental		Edit
CMHA Dental		

41. If desired, you can view your benefit selections at any time. Click the **Your Benefits** tile.



42. Enter the **As Of** date you for viewing your benefit selections.

43. Click the **CMHA Benefits Program** Link.

44. View your benefits.



End of Procedure