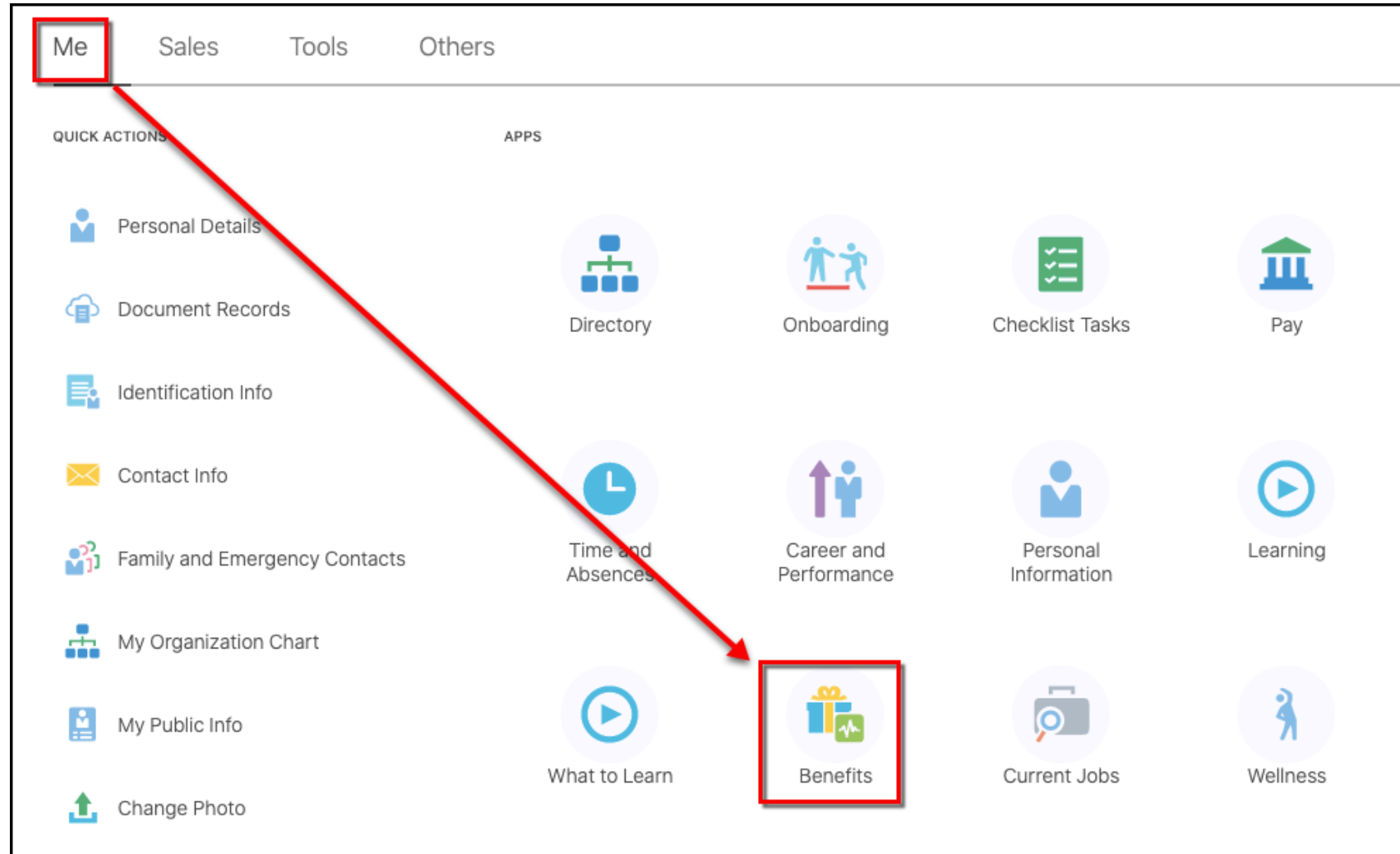


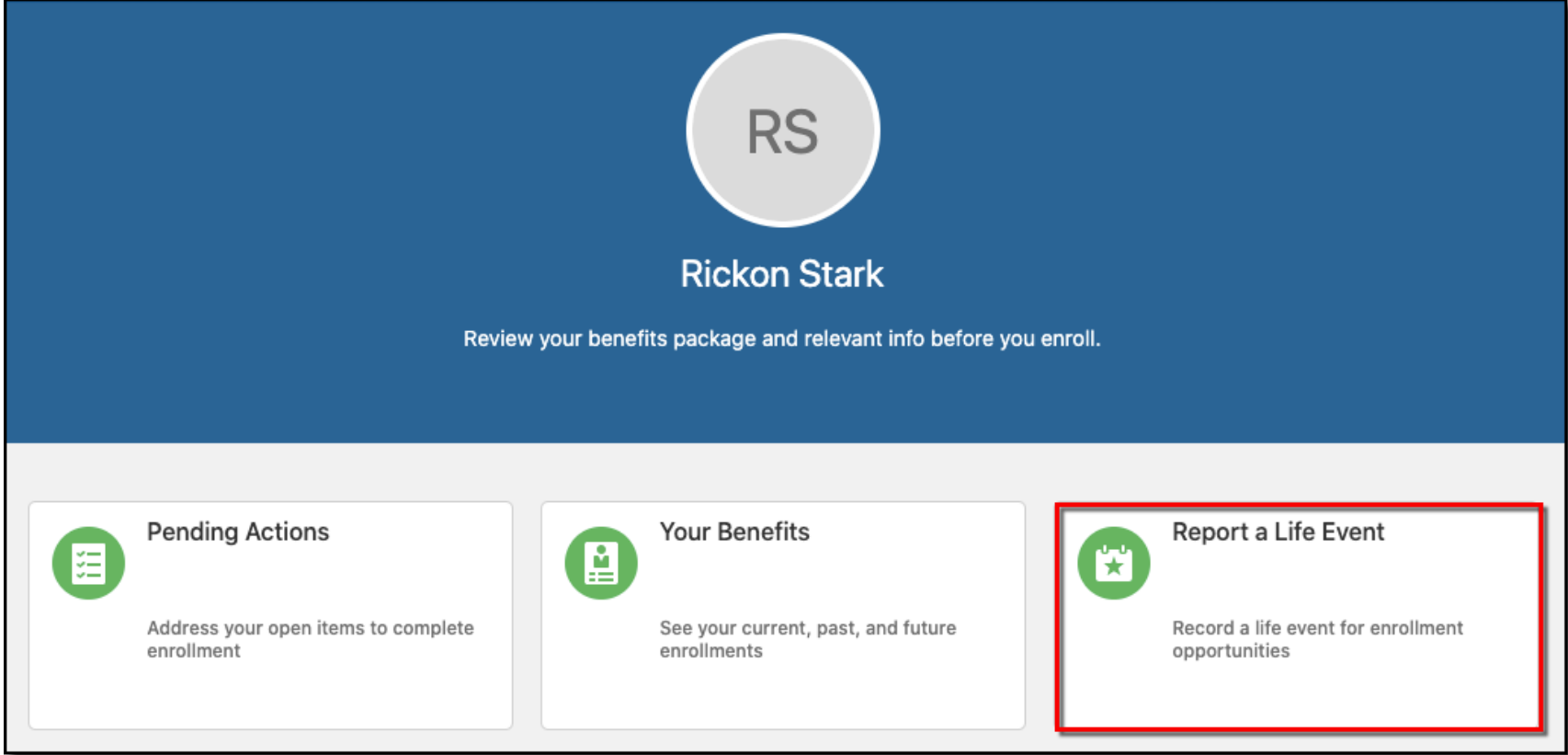
Note: Connect supports the following life events. Changes must be made within 30 days of the event.

- **Add a child**
- **Change HSA Contribution**
- **Divorce**
- **Gain of Coverage**
- **Loss of Coverage**
- **Marriage & Domestic Partner**

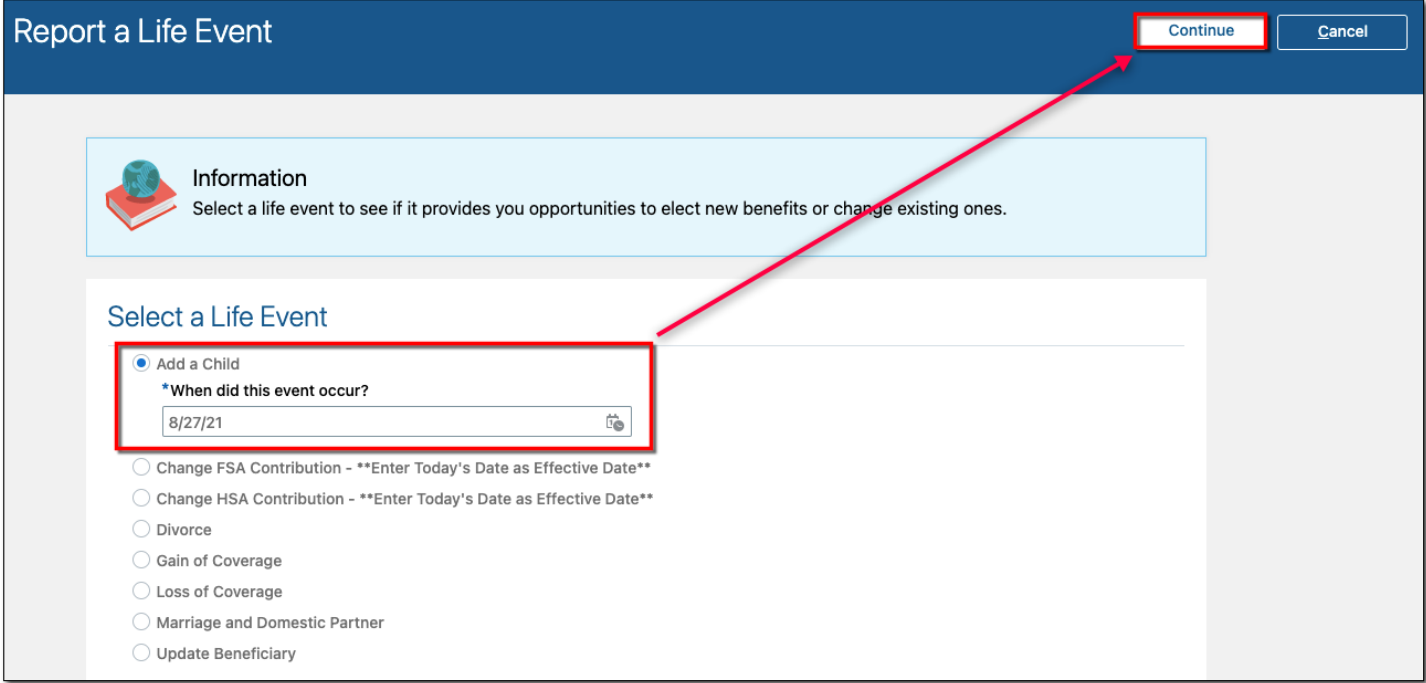
1. Select **Me** to display your employee functions.
2. Click the **Benefits** icon.



3. To initiate your benefit selections for a life event, click the **Report a Life Event** tile.

A user dashboard for Rickon Stark. The top section is a blue header with a circular profile picture containing the initials 'RS', the name 'Rickon Stark', and the instruction 'Review your benefits package and relevant info before you enroll.' Below this is a light gray bar containing three white tiles: 'Pending Actions' (with a checklist icon), 'Your Benefits' (with a person icon), and 'Report a Life Event' (with a calendar icon). The 'Report a Life Event' tile is highlighted with a red border and contains the text 'Record a life event for enrollment opportunities'.

4. Select the applicable **life event** and enter the **occurrence date**.
5. Click the **Continue** button.



Report a Life Event

Continue **Cancel**

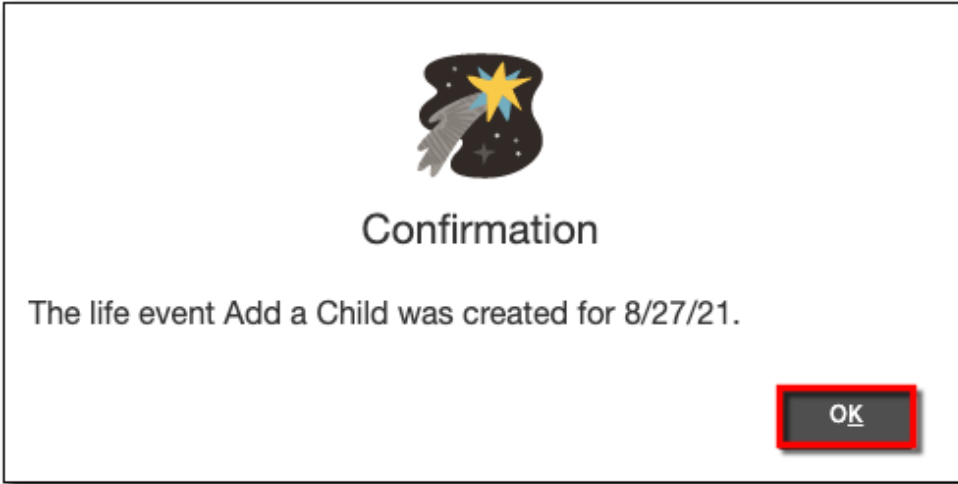
Information
Select a life event to see if it provides you opportunities to elect new benefits or change existing ones.

Select a Life Event

☒ Add a Child
*When did this event occur?
8/27/21

☐ Change FSA Contribution - **Enter Today's Date as Effective Date**
☐ Change HSA Contribution - **Enter Today's Date as Effective Date**
☐ Divorce
☐ Gain of Coverage
☐ Loss of Coverage
☐ Marriage and Domestic Partner
☐ Update Beneficiary

- Note:** A notification appears indicating the life event was created.
6. Click **OK**.





Confirmation

The life event Add a Child was created for 8/27/21.

OK

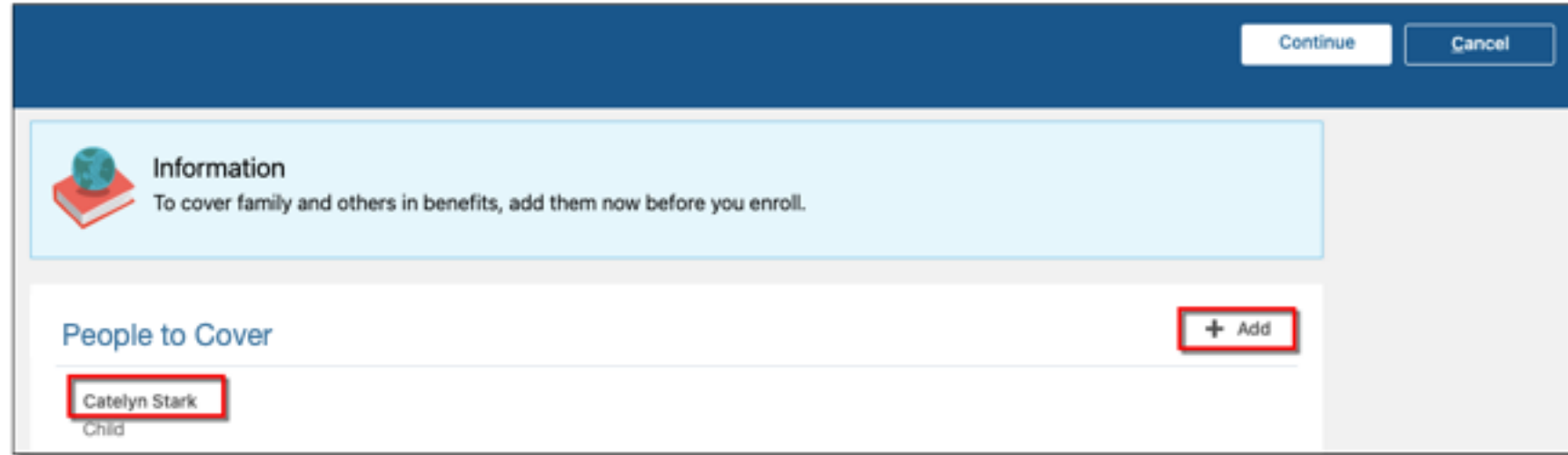
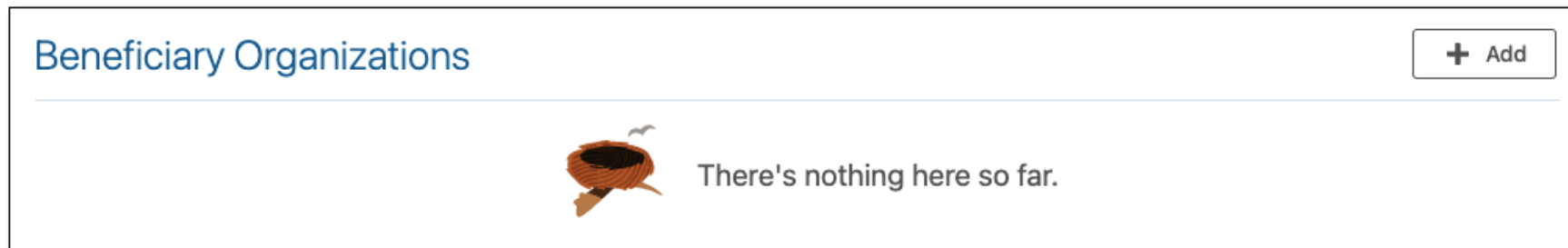
Note: Before making your selections, you can edit or add dependents and beneficiaries.

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

7. To edit an existing person, click their **name**.

8. 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 'People to Cover' section of the Connect interface. At the top right are 'Continue' and 'Cancel' buttons. Below is an 'Information' box with a globe icon and text: 'To cover family and others in benefits, add them now before you enroll.' The main section is titled 'People to Cover' and contains a list with one entry: 'Catelyn Stark' with 'Child' below it. A red box highlights the name 'Catelyn Stark'. To the right of the list is a '+ Add' button, also highlighted with a red box.This screenshot shows the 'Beneficiary Organizations' section. At the top right is a '+ Add' button. The section contains a large empty area with a nest icon and the text 'There's nothing here so far.'

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

10. Update all relevant fields.

Note: Be sure to update the **Relationship** if applicable. When reporting a divorce, change the relationship to Ex-Spouse so the existing spouse is no longer benefit eligible.

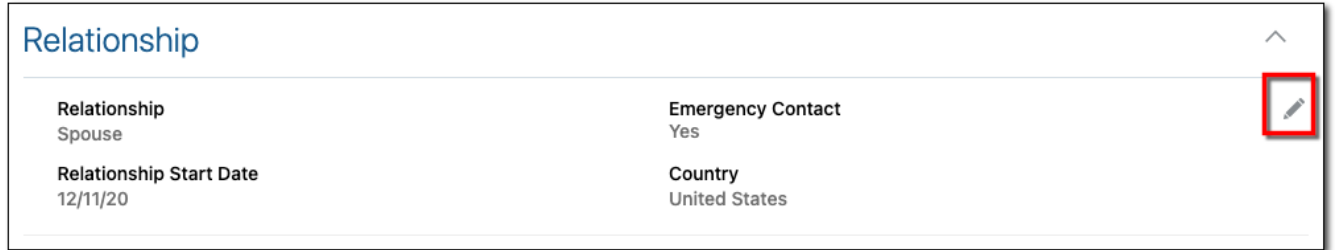
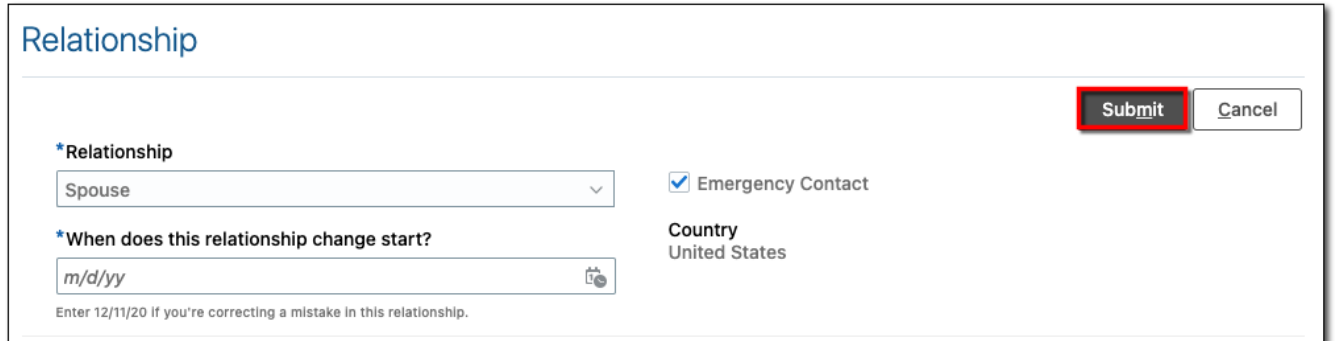
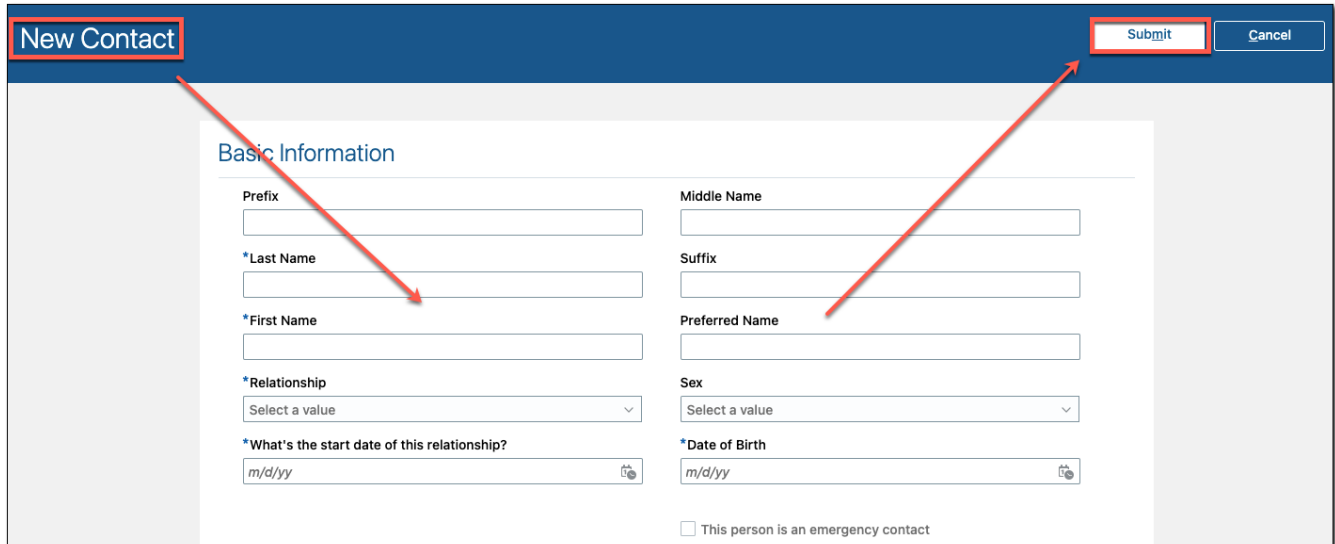
11. When finished, click **Submit**.

12. To add a person, enter the person's information.

Note: Required fields are indicated with a blue asterisk.

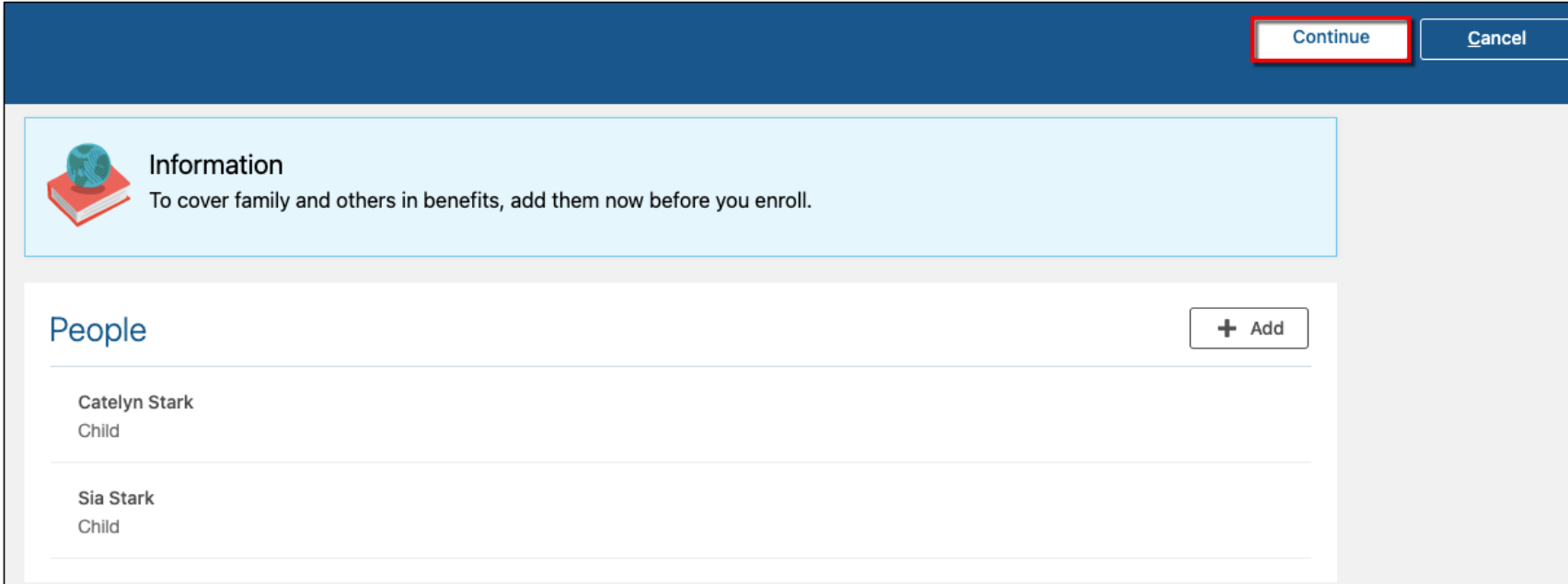
13. Be sure to enter details for all sections on the page.

14. When finished, click **Submit**.

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

16. When finished, click **Continue**.

A screenshot of a web form titled 'Reporting a Life Event'. The form has a dark blue header bar with 'Continue' and 'Cancel' buttons on the right. Below the header is a light blue section titled 'Information' with a globe icon and the text 'To cover family and others in benefits, add them now before you enroll.' Below this is a white section titled 'People' with a '+ Add' button. The 'People' section contains 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

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

Start Enrollment

Cancel

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.

Accept

Decline

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

Note: Even if the plans change or are different than what you see in this job aid, 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

Edit

Edit

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

Note: Even if you see the Edit button for these plans, you are not able to enter any 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

▲

18. 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



There's nothing here so far.

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

19. 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.

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

21. 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)

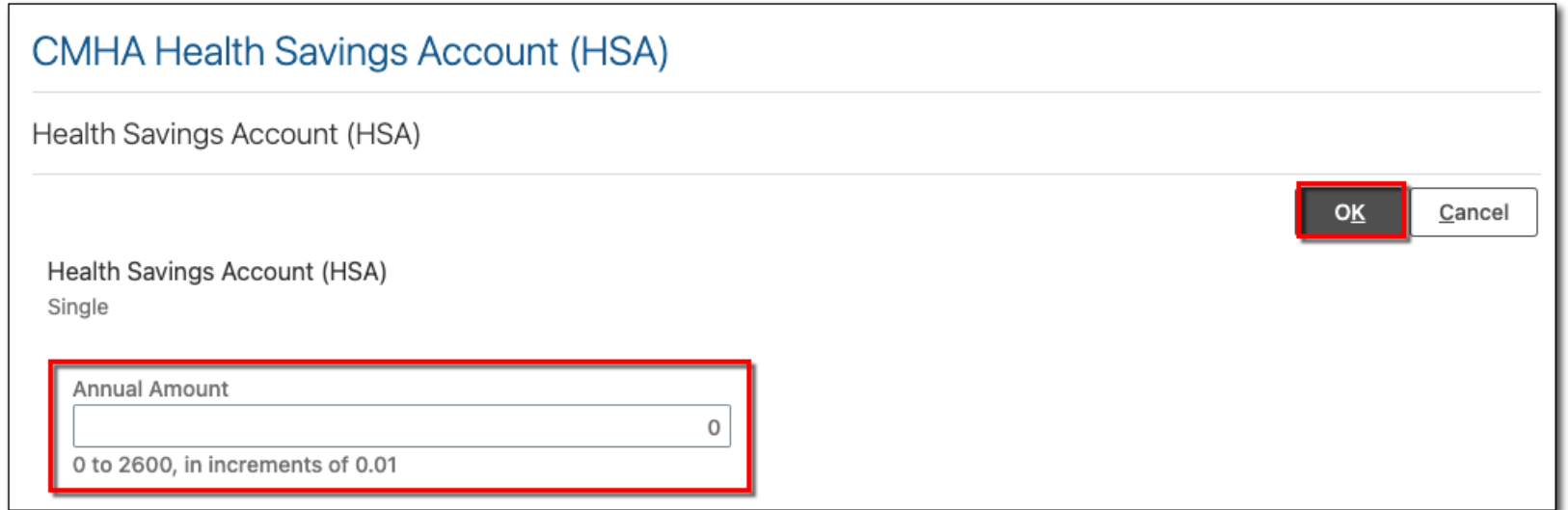
☒ (Child)

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

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

22. Enter the **Annual Amount**.

23. Click **OK**.

A screenshot of a web form titled 'CMHA Health Savings Account (HSA)'. The form has a light blue header with the title. Below the title, the text 'Health Savings Account (HSA)' is displayed. Further down, the text 'Health Savings Account (HSA)' and 'Single' are shown. At the bottom, there is a text input field labeled 'Annual Amount' with the value '0' entered. Below the input field, the text '0 to 2600, in increments of 0.01' is displayed. In the top right corner of the form, there are two buttons: 'OK' and 'Cancel'. The 'OK' button is highlighted with a red border.

CMHA Health Savings Account (HSA)

Health Savings Account (HSA)

Health Savings Account (HSA)
Single

Annual Amount
0

0 to 2600, in increments of 0.01

OK Cancel

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

24. 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

27. 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

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

CMHA Benefits Program

SubmitCancel

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.

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

Confirmation

Print

CMHA Benefits Program



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

30. 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.

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.

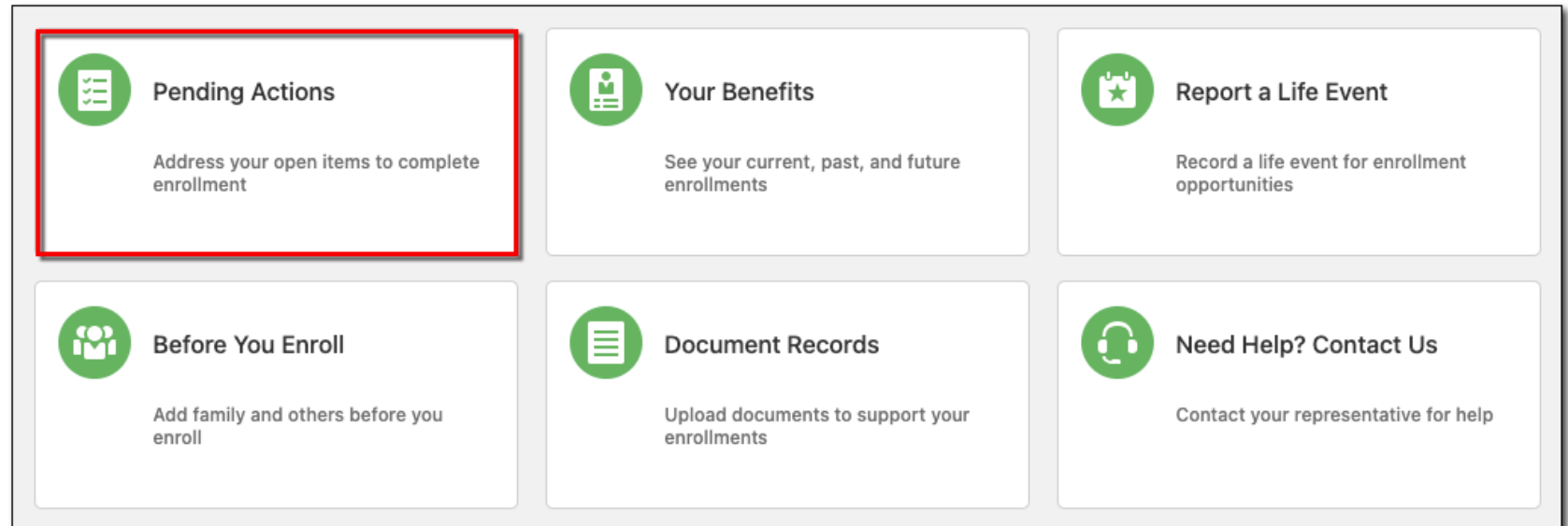
You can make changes until 11:59 PM EST, 9/15/21.

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

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.

32. Click **Pending Actions**.



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

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

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.

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

35. 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

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

Add Document

SubmitCancel

Document Details

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

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

38. 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

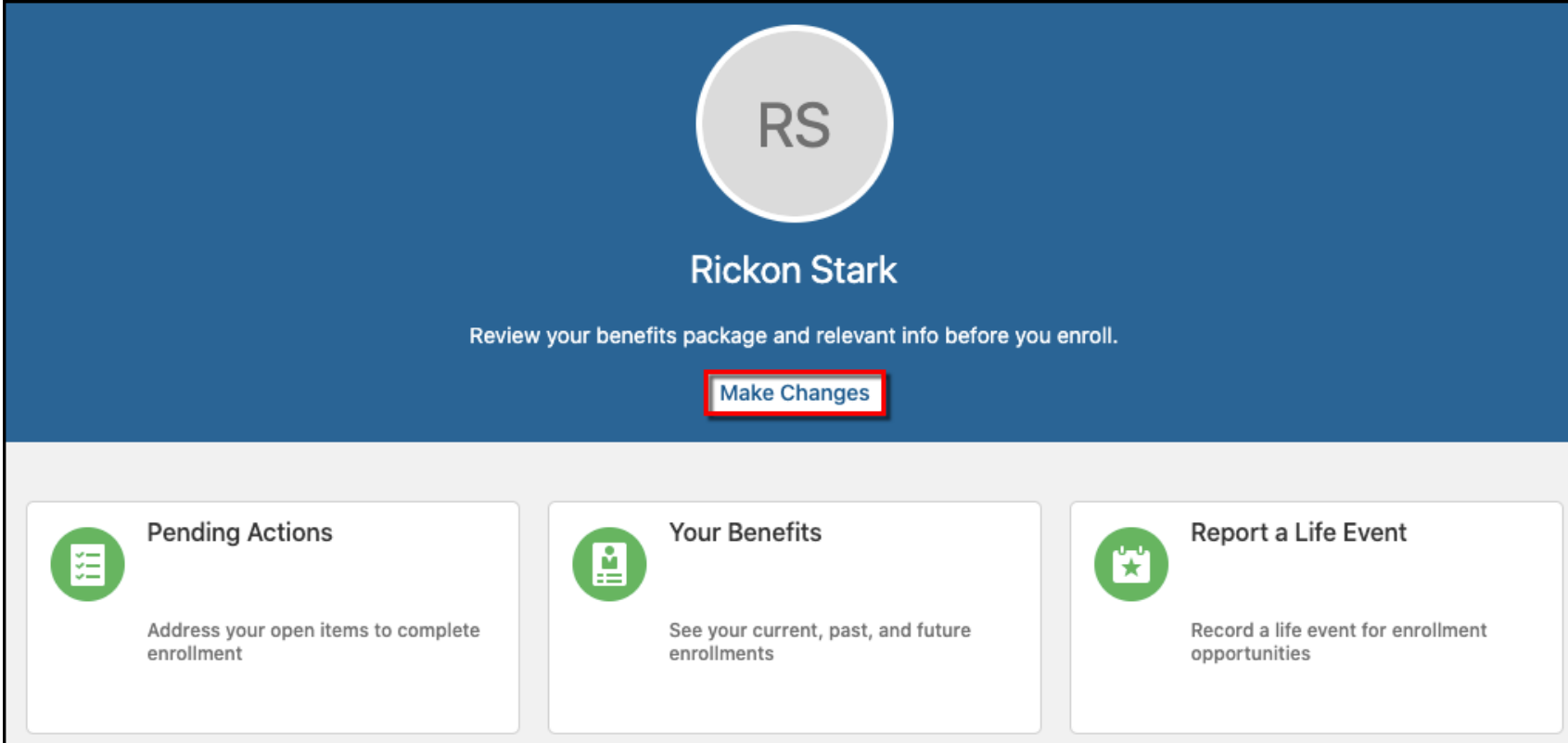
Vision

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

Approved

View Attached Documents

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

The dashboard for Rickon Stark has a dark blue header. At the top center is a grey circle with the initials 'RS'. Below it is the name 'Rickon Stark' and a prompt to 'Review your benefits package and relevant info before you enroll.' A red-bordered button labeled 'Make Changes' is positioned below the prompt. The main content area is divided into three white boxes with green icons: 'Pending Actions' (calendar icon), 'Your Benefits' (person icon), and 'Report a Life Event' (calendar with star icon).

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

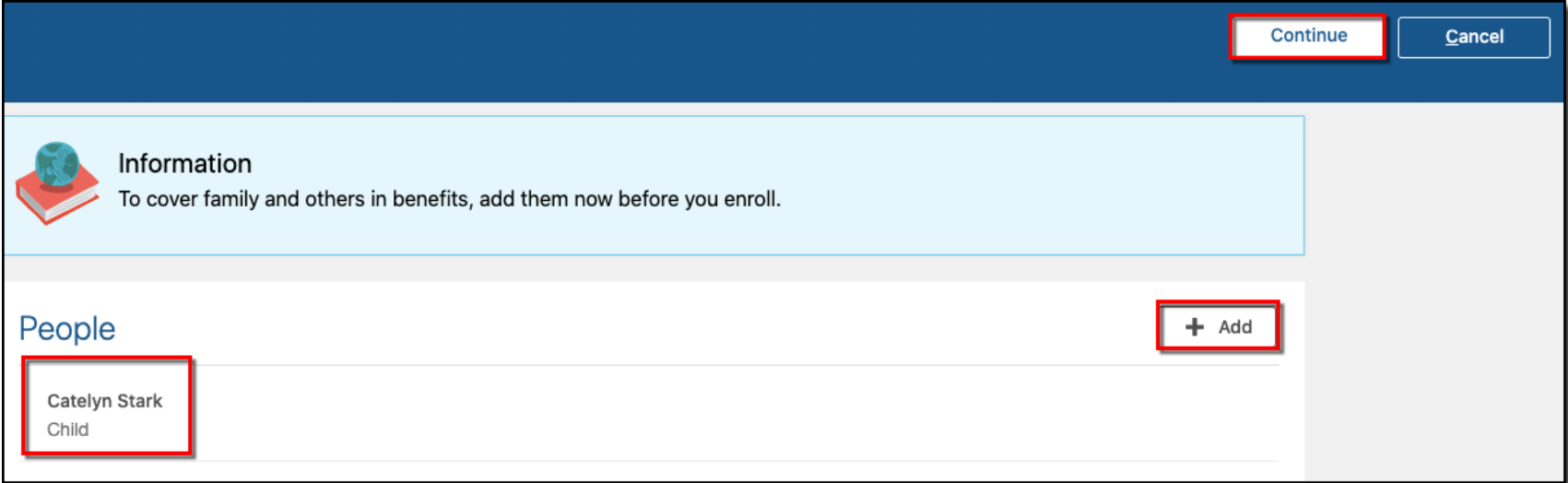
 **Report a Life Event**
Record a life event for enrollment opportunities

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

Following the previous steps, make any necessary updates.

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

41. When finished, click **Continue**.

A screenshot of a web form titled 'Reporting a Life Event'. The form has a dark blue header bar with 'Continue' and 'Cancel' buttons. Below the header is a light blue section titled 'Information' with a globe icon and the text 'To cover family and others in benefits, add them now before you enroll.' Below this is a white section titled 'People' with a '+ Add' button. A red box highlights the 'Continue' button in the header, the '+ Add' button in the 'People' section, and a list item for 'Catelyn Stark Child' in the 'People' section. The list item is enclosed in a red box.

Continue Cancel

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

People + Add

Catelyn Stark
Child

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

43. When finished, click **Submit**.

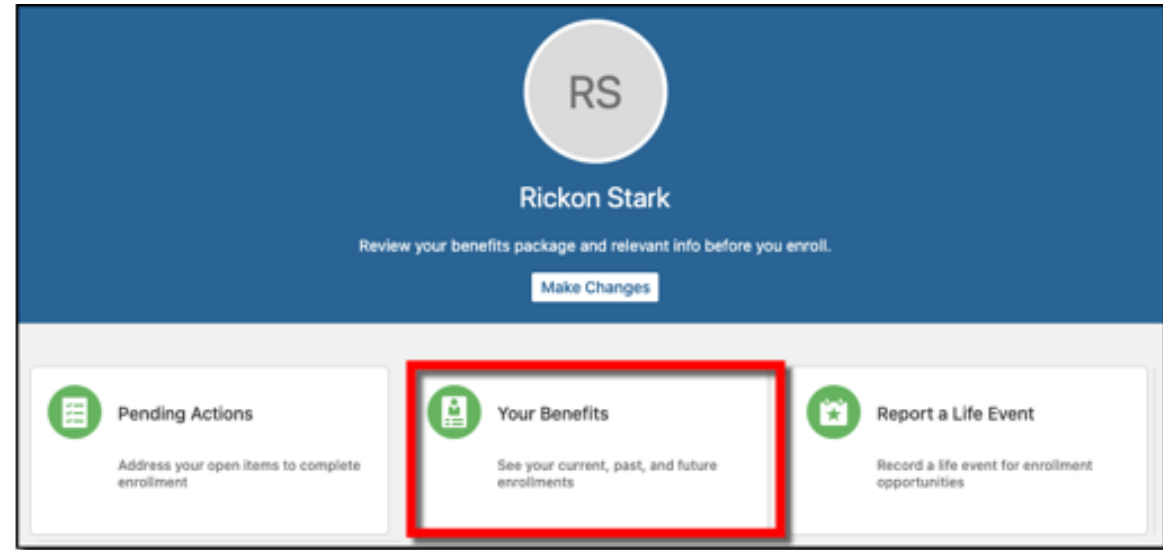
Program

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	

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



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

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

47. View your benefits.



End of Procedure