





Benefits Enrollment

Quick Reference Guide

1. Prepare to Enroll

- Review the Benefits Plus Enrollment guide on the Munson>>Human Resources>>Benefits web site. For help, call x56938 or e-mail Benefits@mhc.net.
- Write down your benefit selections.
- Gather your dependent names, dates of birth and social security numbers (SSNs).

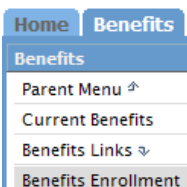
2. Log in to Lawson

- Start your web browser by clicking **Start, Programs, Internet Explorer**. 
- From home or outside the Munson network:** Enter web address: <http://www.munsonhealthcare.org>, press **Enter**. Click **For Employees>> my>HR>>Employee Self-Service>> LOGIN** link. If the Citrix Access Gateway Plug-in is not installed, click **Download>>Run>>Run>>Install>>Finish**. On the black Welcome page enter **your network log in ID, network password** and click **Log On**. If you see a **my>HR_SelfService** link, click it.
- From the Munson home page click  then click on the my>HR icon.
- User Name = **your network ID**
Password = **your network password**
Click the **Login** button.



3. Enroll in Benefits

Before you begin this process, plan your choices ahead of time and **make sure you have sufficient time available to complete the process. If you exit part way through enrollment you will lose your work.** You can go back in and change your elections up to the end of open enrollment.



- Click the **Home** tab>> **Benefits>> Benefits Enrollment**.

- Read** the welcome page. Click **Continue**.

- The current dependents window will appear. Review your current dependents:
 - If the Social (Security) Number is missing, click the **dependent name** to add the SSN. Enter the **SSN**, **scroll down** and click **Update**. A "Dependent Information has been updated" window will appear. Click **OK**.

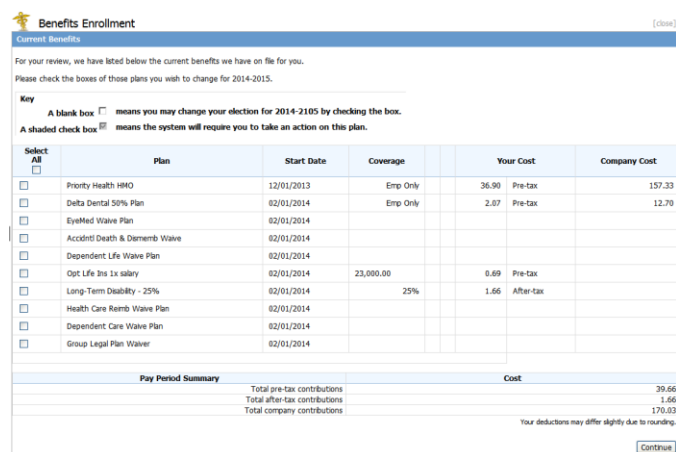
- If the dependent is not listed, click **Add**. Enter the **dependent details including the Social Security Number (SSN)**. **Scroll down** and click **Update**. Click **OK** at the pop-up window. The dependent will appear on the screen.

- If adding a dependent, click the **here** link under "Adding Dependents to your Benefits" to review required documents. **This documentation must be received by the end of open enrollment, or the additional dependents and/or spouse will not be eligible to enroll.**

- Once you have completed all dependent changes, click **Continue**

- An Enrollment Order window will appear. Click **Continue** again.

- Your current benefit elections will appear on the screen. **If you need to add or remove a dependent or want to make a change to a benefit election, check the boxes for all the plans you would like to change.** Notice the Health Reimbursement and Dependent Care Reimbursement are already selected if you are currently enrolled in the plan. These benefits must be elected each year. **Scroll down**, click **Continue**.



Select All	Plan	Start Date	Coverage	Your Cost	Company Cost
<input type="checkbox"/>	Priority Health HMO	12/01/2013	Emp Only	36.90 Pre-tax	157.33
<input type="checkbox"/>	Delta Dental 50% Plan	02/01/2014	Emp Only	2.87 Pre-tax	12.79
<input type="checkbox"/>	EyeMed Waive Plan	02/01/2014			
<input type="checkbox"/>	Accident Death & Dismember Waive	02/01/2014			
<input type="checkbox"/>	Dependent Life Waive Plan	02/01/2014			
<input type="checkbox"/>	Opt Life Ins 1x salary	02/01/2014	23,000.00	0.69 Pre-tax	
<input type="checkbox"/>	Long-Term Disability - 25%	02/01/2014	25%	1.66 After-tax	
<input type="checkbox"/>	Health Care Reimb Waive Plan	02/01/2014			
<input type="checkbox"/>	Dependent Care Waive Plan	02/01/2014			
<input type="checkbox"/>	Group Legal Plan Waiver	02/01/2014			

Pay Period Summary	Cost
Total pre-tax contributions	39.66
Total after-tax contributions	1.66
Total company contributions	170.93

Your deductions may differ slightly due to rounding.

- If you enroll a spouse in the health insurance, the Spousal Eligibility questionnaire will appear on your screen. Employees are required to complete this form annually if enrolling a spouse.

- If you enroll in health insurance, the Priority Health Confirmation Statement will appear on your screen. Read the statement and place a check in the box.

j. Click **Continue** to enroll in your next Enrollment Election.

k. On **previously** enrolled plans, you will be presented with your current coverage and up to four options to choose from.

Enrollment Elections - HEALTH			
You are currently enrolled in Priority Health HMO . Costs are per Pay Period.			
As Of	Coverage Type	Your Cost or Amount	
03/29/2013	Emp Plus One	77.14	Pre-tax
07/01/2013	Emp Plus One	84.85	Pre-tax

Covered Dependents As Of 03/29/2013	
Option	Select
Keep the same coverage	<input type="radio"/>
Keep the same plan; add or change dependent coverage	<input type="radio"/>
Change the coverage	<input type="radio"/>
Select a different plan	<input type="radio"/>

l. On **new** plans you can either enroll in the plan, or choose the *No Coverage option, which means you decline coverage*. **Select the option you need for the plan presented.**

Keep the same coverage

1. Select **"Keep the same coverage."**
2. You **may** need to assign dependents(s) to your plan. Check the box(es) for the dependent(s) you want to cover. Click **Continue**.
3. A window will appear confirming your selection. Click **Continue**. Your next Enrollment Election will appear.

Keep the same plan; add or change dependent coverage

1. Select **"Keep the same plan; add or change dependent coverage">>Continue**.
2. Add or change the enrolled dependents by checking the corresponding boxes. Click **Continue**.
3. A window will appear confirming your selection. Click **Continue**. Your next Enrollment Election will appear.

Change the coverage

On medical plans this allows you to change the people you are covering. On reimbursement plans this allows you to change your contribution amounts.

1. Select **"Change the coverage">>Continue**.
2. Select the coverage level you want. Click **Continue**.
3. If your selection covers dependent(s), check the box(es) for the dependent(s) you want to cover. Click **Continue**.
4. A window will appear confirming your selection. Click **Continue**. Your next Enrollment Election will appear.

Select a different benefit plan

1. Select **"Select a different benefit plan">>Continue**.
2. Select the **plan** you want. Click **Continue**.
3. Select the coverage level you want. Click **Continue**.
4. If your selection covers dependent(s), check the box(es) for the dependent(s) you want to cover. Click **Continue**.
5. A window will appear confirming your selection. Click **Continue**. Your next Enrollment Election will appear.

Submit elections

Your selected elections will appear. Carefully review your choices. If you decide you need to change something, click **Do Not Process – Go back and Make Changes** and you will be able to select the plan(s) you want to change and update them as needed.

Pay Period Summary		Cost
Total pre-tax contributions		136.98
Total after-tax contributions		0.00
Total company contributions		137.97

Your deductions may differ slightly due to rounding.

☐ By checking this box, I am confirming my understanding that certificates of coverage and summary plan descriptions are available to me in electronic form on the internet and that copies of these documents are available by contacting the Benefits Office. This box must be checked before you can save your enrollment.

[Save Enrollment and Process](#)

m. If you are satisfied with your choices, read the SPD statement and place a check in the box. Then click **Save Enrollment and Process**.

n. Click **Yes** to e-mail and/or print a copy of your elections. Select the printer you want to use and click the **Print** button.

o. Click **Continue** at the Congratulations window.

p. The window on the right will be blank and your menu selections on the left are available. **To exit the program, click [logout] in the upper-right corner.** [\[logout\]](#)

5. Making Changes to the Enrollment

a. Changes can be made to your benefit elections up to the end of open enrollment.

b. Click the **Home** tab>> **Benefits>> Benefits Enrollment**.

c. Make changes to the current dependents as needed and click **Continue**.

d. At the benefit elections screen, click **Do Not Process – Go Back and Make Changes**.

e. The Enrollment Change window will appear. **Check the boxes** for all the plans you would like to change. Click **Continue**.

f. Enter your desired changes, clicking **Continue** until you reach the benefit verification screen. Check the SPD statement box and then click **Save Enrollment and Process**.

g. Click **Yes** to e-mail and/or print a copy of your elections. Select the printer you want to use and click the **Print** button.

Plan Type	Select
HEALTH	<input type="checkbox"/>
DENTAL	<input type="checkbox"/>
VISION	<input checked="" type="checkbox"/>
LIFE - AD&D	<input type="checkbox"/>
LIFE - DEPENDENT	<input type="checkbox"/>
LIFE - OPTIONAL	<input type="checkbox"/>
DISABILITY	<input type="checkbox"/>
HEALTH REIMBURSEMENT	<input checked="" type="checkbox"/>
DEPENDENT CARE REIMB	<input checked="" type="checkbox"/>

[Continue](#) [Previous](#)