

New Hire / Newly Eligible Benefits Enrollment Quick Reference Guide

1. Prepare to Enroll

- Read the Benefits Plus Enrollment Guide.
- For benefit questions, contact the Benefits Department 935-6938 or e-mail Benefits@mhc.net.
- Write down your benefit selections.
- Gather your beneficiary and dependent names, dates of birth and social security numbers (SSNs) as needed.

2. Log in to Infor

- Eligible employees can enroll in benefits after their date of hire or after their status change effective date. New hires and newly eligible employees have **30 days** to complete the elections from the effective date of their eligibility.

- Employees will need a user id and password to log in to the system. Contact your manager or the Help Desk @ (231) 935-6053 to receive this information.

- Start your web browser by clicking **Start, Programs, Microsoft Edge**.



- From the Munson intranet home page using a Munson network connected computer, click the SharePoint Home page (<https://sharepoint16.mhc.net/Pages/home.aspx>). Then

click  and then click on the **my>HR icon**.



At this point, you should automatically be logged in to enroll if you have logged into the Munson network with your employee ID.

- From home or outside the Munson network:** Enter web address: <http://www.munsonhealthcare.org>, press **Enter**. At the bottom right corner of the page click on For Employees button.



Then navigate to Quick Links and select my>HR Self-Service.

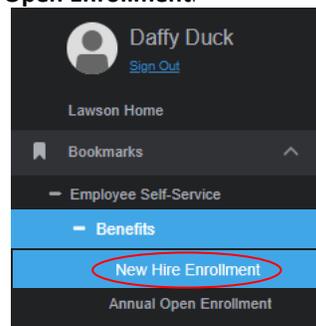


If the Citrix Access Gateway Plug-in is not installed and you do not have multi-factor authentication set up, please read the Log In from Home section and follow the guides listed ([Accessing Employee Self-Service Remotely](#) and [Multi-Factor Authentication Guide for StoreFront](#)). For technical assistance, please contact the Help Desk at (231) 935-6053. After completing the installations find the **my>HR_SelfService link**, click it and with your network ID, you should automatically be logged in to enroll.

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.**

- Click **Bookmarks**, then click on **Employee Self-Service** to expand menus. Click on **Benefits** and then click on **Annual Open Enrollment**.



- Read **all of the information** on the welcome page. Click **Continue**.

Welcome to New Hire Enrollment

Welcome to New Hire Benefits Enrollment!

You have 30 days from your benefits eligibility date (date of hire or date of status change to a benefited position) to enroll in your benefits. If benefit elections are not made during the 30 day period, you will not be eligible to enroll in benefits until the next benefit open enrollment or upon a qualifying event.

If you add a dependent (spouse or child) to your benefits, documentation of eligibility is required (e.g. marriage or birth certificate). **If the documentation is not provided to the Benefits office by the 30th day, the dependents will not be eligible to enroll.**

A beneficiary is a person, estate, trust or organization that you designate to receive monetary benefits if you die while covered under a benefit plan. Be sure to elect your desired beneficiaries once you have completed the enrollment process.

The costs reflected are per pay and will not be deducted from your paycheck until the effective date of the benefit.

[Continue](#)

**c. Review/Update your Mailing & Home addresses:
Add a Spouse's phone # as needed.**

Address Update

Your home address on file with Human Resources / Payroll is listed below.

- If your address information is correct, simply click the **Continue** button.
- If you need to update your address, enter the correct information and click **Save**.

Enter the mailing address below.

Mailing Address

*Address:

* City:

* State:

* Zip:

Country:

Country:

Other Phone: --

Personal Email:

Spouse Phone (if applicable):

Home Address

Is the Home Address the same as the Mailing Address above: Yes No

*Address:

* City:

* State:

* Zip:

Country:

Country:

Home Phone: --

d. Save and Continue.

e. Be sure to use Continue and Previous buttons of your web page selections to navigate. **WARNING -- DO NOT** use the back and forward buttons on your browser to move between pages.



Application is not designed for browser arrow navigation.
If you accidentally click the back button, log out and log back in to refresh your session.

f. Next add your dependents (if applicable):

Current Dependents

Affordable Care Act (ACA) requires Munson HealthCare make a reasonable effort to maintain accurate Social Security Numbers for those enrolled in medical coverage.

PLEASE CONFIRM

1. Your dependents are listed
2. Your dependents' social security numbers are correct

NOTES:

- This page is where you list family members
- Adding a family member to this list DOES NOT enroll that family member in the benefit plan
- Adding a family member DOES put that family member on your dependent list to choose from during benefit enrollment
- Documentation of dependent eligibility is required upon benefit enrollment. Details [here](#)
- Adding or deleting family members during the benefit year requires a Qualifying Event(QE). Details [here](#)

To add a dependent, click on the Add button.

If this screen was presented as part of your benefit enrollment and you have finished adding dependents, please click **continue** to move to the next screen.

[Add](#) [Continue](#) [Previous](#) [Exit](#)

Click **Add** and enter the **dependent details including the Social Security Number (SSN)**. When finished click **Update**. The dependent will appear on the screen. Continue adding all desired dependents.

Note: Please only Add a dependent from this screen. If corrections to an existing dependent is needed, please contact the benefits office at Benefits@mhc.net.

g. If adding a dependent, click the [here](#) (see section Required Documentation) 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. Note: Dependents may only be deleted by contacting the Benefits Department.**

h. Once you have completed all dependent changes, click **Continue**

i. An Enrollment Order window will appear. Your current eligible benefit elections list will appear on the screen. Click **Continue** again.

Enrollment Order

You will enroll in benefits in the following order:

Plan Type
HEALTH
DENTAL
VISION
LIFE - AD&D
LIFE - OPTIONAL
LIFE - SPOUSE
LIFE - DEPENDENT
HEALTH REIMBURSEMENT
DEPENDENT CARE REIMB
GROUP LEGAL

[Continue](#) [Exit](#)

j. As you are guided through each benefit, please choose the button you desire and click continue to go to the next screen. Note: Add or remove dependents as desired by checking the boxes next to each dependent's name.

Benefit Elections - HEALTH

Select the plan in which you would like to enroll.

Select	Plan	Coverage Begins	Coverage	Your Per Pay Period Cost	Company Per Pay Period Cost
<input type="radio"/>	Priority Health HMO	07/01/2021	Emp Only	56.21	199.29
<input type="radio"/>	Priority Health HMO	07/01/2021	Emp Plus One	129.28	458.34
<input type="radio"/>	Priority Health HMO	07/01/2021	Emp Plus Family	160.42	568.74
<input type="radio"/>	Priority Health POS	07/01/2021	Emp Only	97.01	199.21
<input type="radio"/>	Priority Health POS	07/01/2021	Emp Plus One	223.14	458.20
<input type="radio"/>	Priority Health POS	07/01/2021	Emp Plus Family	277.17	569.15
<input type="radio"/>	No Coverage - Priority Health	07/01/2021	PH Decline		

k. 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.

Spousal Eligibility

If your spouse is eligible to be covered elsewhere and that medical coverage costs less than \$100 per month (single rate), your spouse must elect that medical coverage as primary, before enrolling in Munson's plan as secondary. Indicate your spouse's employment status below. If he/she is employed outside of Munson or self-employed, you will need to complete their employer and insurance information. If he/she is employed at Munson, not employed or retired, you only need to indicate their employment status.

If your spouse has a change in eligibility during the year, you are required to contact Munson's Benefits Office to make appropriate changes within 30 days of that event.

Additionally, if your spouse has prescription coverage, prescriptions will be processed under his/her employer's plan first.

My Spouse is (check one):

Employed (outside of Munson) or Self-Employed
 Employed at Munson
 Not Employed
 Retired

Employer Name:

l. 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.

Priority Health Confirmation Statement

Priority Health coverage requires that both employee and spouse complete certain requirements by October 31 to remain enrolled in the Choice level of benefits. Details are included in the online Benefits Plus Enrollment guide.

Requirements for Choice benefits:

- Online health risk appraisal: Complete the online health risk appraisal from July 1 through October 31, which is available through the Priority Health Member Center.
- Meet 3 wellness criteria documented on a Health/Choice Incentives Qualification Form by physician:
 - Tobacco Use = Non-tobacco user
 - Body Mass Index (BMI) = Below 30
 - Blood Pressure = Below 140/90
- Employees/spouses who don't meet the 3 criteria can still maintain Choice level of benefits if they complete the following by October 31:
 - A fasting cholesterol test
 - A fasting blood sugar test
 - Agree to follow physician's treatment recommendations

By checking this box, I have read and understand the Priority Health requirements for me and my spouse (if applicable) to be enrolled in the Choice level of benefits.

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

n. On *specific* 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.*

4. Add Beneficiaries

a. If you enroll in Optional Life or AD/D or have a Life plan, please enter beneficiaries.

Note: This can be completed/updated within Employee Self-Service throughout the year as well.

Beneficiaries Form

*Benefit Plan: Basic Life

*Beneficiary Type: Individual Trust

*Primary or Contingent: Primary Contingent

Percent:

*Individual: *Last: *First: Middle:

Social Security Number: --

*Relationship:

Address same as Employee's home? Other Employee Home Address

Beneficiaries Form

*Benefit Plan: Optional Life

*Beneficiary Type: Individual Trust

*Primary or Contingent: Primary Contingent

Percent:

Select an existing dependent:

*Individual: *Last: *First: Middle:

Social Security Number: --

*Relationship:

Address same as Employee's home? Other Employee Home Address

Beneficiaries Form

*Benefit Plan: Additional AD/D

*Beneficiary Type: Individual Trust

*Primary or Contingent: Primary Contingent

Percent:

Select an existing dependent:

*Individual: *Last: *First: Middle:

Social Security Number: --

*Relationship:

Address same as Employee's home? Other Employee Home Address

b. Once you have completed all of your beneficiary information per plan and are ready to save the information, click the Save Beneficiaries button.

Save Beneficiaries

c. If you want to complete beneficiary information at a later time, you can click the Continue WITHOUT Beneficiary Update button.

Continue WITHOUT Beneficiary Update

5. Review and Submit Elections

a. Please be sure to review your Benefit Summary Screen thoroughly.

Benefits Enrollment X

Benefit Elections As Of 05/10/2021

New Hire Benefit Verification

Please verify that your elections and dependents are listed correctly below:

Click **Do Not Process - Go Back and Make Changes** if you would like to make changes to any of the information below.

Click **Save Enrollment and Process** if the information below is correct.

After you click **Save Enrollment and Process**, you will be asked if you want to print and/or e-mail your elections. Be sure to print and keep your elections for future reference.

If you added a dependent (spouse or child) to your benefits, documentation of eligibility is required (e.g. marriage or birth certificate). If the documentation is not provided to the Benefits office by the 30th day, the dependents will not be eligible to enroll.

I have provided accurate and complete information in submitting this information. I understand that should I provide incomplete or inaccurate information I am falsifying this document. By doing so I am subjecting myself to Munson's Corrective Action Policy, up to and including termination of employment and/or loss of coverage.

Plan	Coverage	Your Cost	Company Cost
Priority Health HMO	Emp Plus Family	160.42 Pctax	568.74
Delta Dental TSN Plan	Emp Plus Family	33.10 Pctax	24.44
Vision Service Plan - Buy-Up	Emp Plus Family	28.15 Pctax	
No Coverage - ADBD			
No Coverage - Optional Life			
No Coverage - Spousal Life			
No Coverage - Dependent Life			
Health Care FSA	2,700.00 per year	105.77 Pctax	
No Coverage - Dependent Care			
Group Legal Plan		7.62 Pctax	
Pending Plans			
* Opt Life Insurance Pending		100.00.00	15.92 Pctax
* Election changed			

Dependent Information	Health	Dental	Vision
Jane J. Jenson	✓	✓	✓
Elroy J. Jenson	✓	✓	✓
Judy J. Jenson	✓	✓	✓
Rose J. Jenson	✓	✓	✓

Name	Plan	Pr or Cont	Planmt
Jelison, Judy	Additional ACO	Contingent	50.00
Jelison, Rose	Additional ACO	Contingent	50.00
Sawley, Cozmo	Additional ACO	Primary	100.00
Jelison, Jane	Optional Life - Pending EOI	Primary	100.00
Jelison, Judy	Optional Life - Pending EOI	Contingent	33.00
Jelison, Rose	Optional Life - Pending EOI	Contingent	34.00
Jelison, Elroy	Optional Life - Pending EOI	Contingent	33.00
Jelison, Jane	Basic Life	Primary	100.00
Jelison, Elroy	Basic Life	Contingent	33.00
Jelison, Judy	Basic Life	Contingent	33.00
Jelison, Rose	Basic Life	Contingent	34.00

Pay Period Summary	Cost
Total member contributions	343.30
Total after-tax contributions	7.62
Total company contributions	589.18

Your deductions may differ slightly due to rounding.

[Do Not Process](#) [Go Back and Make Changes](#) [Exit](#)

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](#)

Note: If you have elected benefits that require Evidence of Insurability, your election will show pending and guaranteed issue amounts (if applicable). The pending election will be processed after we are notified by the carrier that the coverage has been approved.

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

c. Otherwise, **if you are satisfied with your elections as they appear, skip to step f**. There you may click the checkbox acknowledgment and click the **Save Enrollment and Process** button.

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](#)

Enrollment Change

Select the plan type(s) you would like to change. You will re-enroll for benefits within the type(s) selected.

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

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

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

e. If necessary, you can also make changes to the current dependents as needed and click **Continue**.

f. Only if you are satisfied with your choices, read the Summary Plan Description (SPD) statement and place a check in the box. Then click **Save Enrollment and Process** button.

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](#)

g. A pop-up window will appear. If you do not anticipate to make any benefit election changes, click OK. Otherwise, click Cancel to exit to go back to make or initiate elections at a later date.

Dialog ✕

If you choose to keep these benefits and you want to make additional changes within 30 days of your eligibility date, you will have to contact the Benefits department. If you are not sure of the elections you made, select cancel and then choose exit to make elections later. You can then use the web enrollment process when you have made your final decisions. Choose OK to keep these benefits.

[OK](#) [Cancel](#)

h. 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.

Dialog ✕

Do you want to print these elections for your reference?

Yes

No

Do you want to send these elections to your email address on file?

Yes

No

[Continue](#)

i. If you have enrolled in plans requiring an Evidence of Insurability, the form will be automatically sent to your MHC email address. Or you can click the red Print button to print the form manually to complete it and mail it directly to Cigna.

Enrollment Elections

Congratulations George Jelison. Your enrollment has been successful.

Your benefit summary has been sent to the following email address: Lawson1@legGroup@mtc.net

[Logout](#)

Because your elections require an EOI form, please print, complete and mail it directly to Cigna. You will be notified when Cigna approves or denies the additional coverage and your payroll deduction will be adjusted accordingly.

[Print the EOI Form Now](#)

j. To exit the program, click on the **Sign Out** icon in the upper-right corner.

[Sign Out](#)