

Getting Started

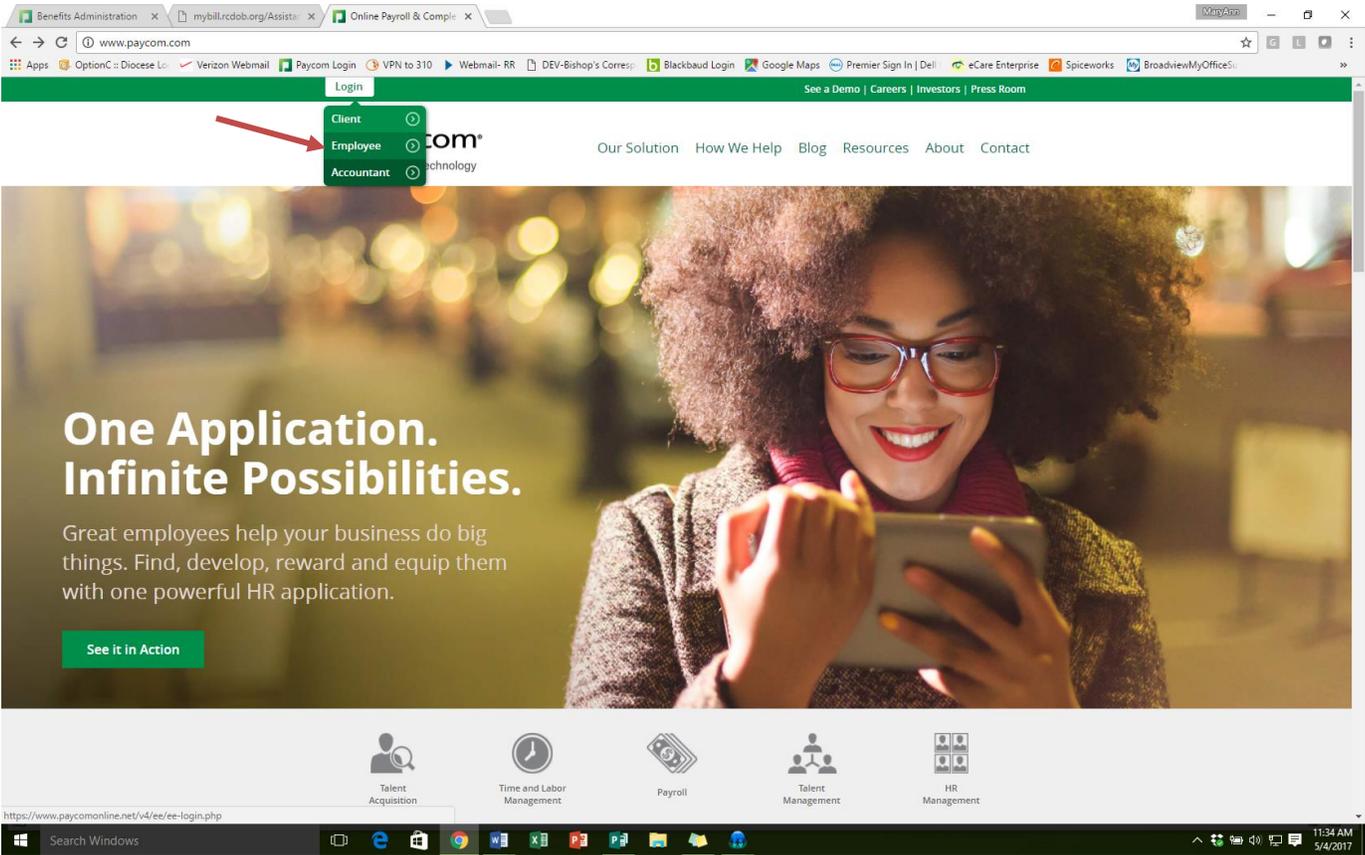
Welcome to Open Enrollment for the Roman Catholic Diocese of Brooklyn! This document will serve as a guide to help you complete your benefits enrollment for the upcoming year.

Are you more of a visual learner? There are videos available on our HRIS website, see details on page 2.

Please follow these instructions to complete the enrollment into our Medical and Dental plans.If you need help with your enrollment call 718-965-7390, Monday through Friday 8 AM through 5 PM.

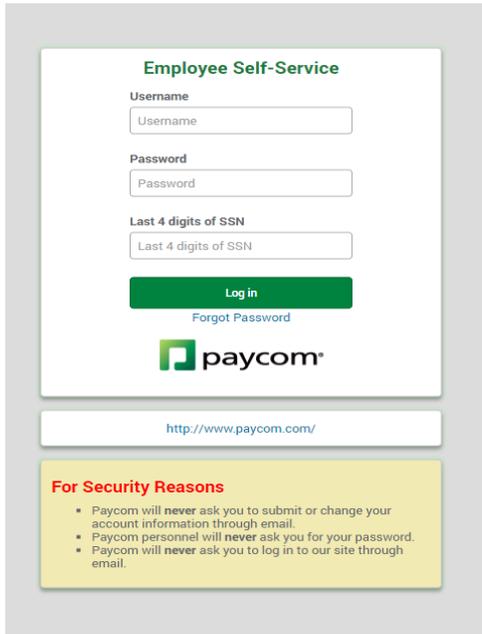
Go to our HRIS website: www.paycom.com

Click on **Login**-> then **Employee**



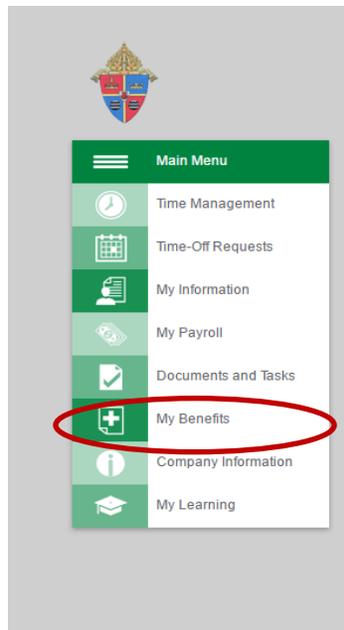
Use the HRIS credentials that you received from your employer to log into your record.

Important: The initial credentials given to you begin with a **zero (0FC...)** not with an “o”.



The image shows a screenshot of the 'Employee Self-Service' login page. It features a white login box with a green header. The fields include 'Username', 'Password', and 'Last 4 digits of SSN'. Below the fields is a green 'Log in' button and a 'Forgot Password' link. The Paycom logo is at the bottom of the login box. Below the login box is a URL bar showing 'http://www.paycom.com/'. At the bottom, there is a yellow box with the heading 'For Security Reasons' and three bullet points: 'Paycom will never ask you to submit or change your account information through email.', 'Paycom personnel will never ask you for your password.', and 'Paycom will never ask you to log in to our site through email.'

- Under Main Menu on the left side of the screen, click on the icon **MY BENEFITS**.
- Click on **2017 Benefit Enrollment**



If you want to watch a **video presentation of these instructions**, use the menu above to click on **My Learning**, then on **Learning**. Click on the **tab** called **Paycom University Courses**. Enter “Enrollment” in the Search Box. Come to the line that says *My Benefits: Enrollment* and click on the green **START** button.

- Click on **Start Enrollment**.

Hello | Jane
Here are some tips for enrollment.

- 1 Make sure you have all dependent and beneficiary information necessary. If you have not entered dependents before, you will need their social security number and date of birth.
- 2 To get started, click Start Enrollment.
- 3 You also can choose an enrollment section in the progress bar to jump to that particular section.



- Check your personal information and make corrections if necessary, click **NEXT**.

Employee Name	Jane Doe
Birthdate	01/01/1970
Tobacco User?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Primary Phone	<input type="text" value="212"/> - <input type="text" value="555"/> - <input type="text" value="1234"/>
Street Address	<input type="text" value="1 Main Street"/>
City, State, Zip	<input type="text" value="Anytown"/> <input type="text" value="New York"/> <input type="text" value="11215"/> - <input type="text"/>

- Check your dependent information and make corrections, deletions, and additions.
Note: If you are adding a new dependent please scroll to the bottom of the screen and click the **BROWSE** button to upload your scanned copy of the required document(s) then click **ADD**

click **NEXT**.



Jane Doe (0011) ⚡

Eligibility Profile: CDA - (Above 20,500) (019) Preview Date: 05/15/2017

Please verify your family members on file.
To add a family member, simply click the 'Add Dependent' button.
You may also add them later once you have learned more about a particular benefit plan and enrolled.

First Name	Last Name	Social Security Number	Gender	Relationship	Birth Date	Documents	Edit	Delete
LIZ	DOE	3333	Female	Son or Daughter	02/01/1992	0		
JOHN	DOE	4444	Male	Spouse	03/01/1960	0		
CHARLES	DOE	5555	Male	Son or Daughter	04/01/1997	0		

[Add Dependent](#)

Beneficiaries

First Name	Last Name	Social Security Number	Relationship	Edit	Delete
JANE	DOE	1111	Self		
LIZ	DOE	3333	Son or Daughter		
JOHN	DOE	4444	Spouse		
CHARLES	DOE	5555	Son or Daughter		

[Add Beneficiary](#)

Previous Next

- Review the plan summaries and plan features found under the **Plan Documents** tab, make your medical and dental benefit selections, and follow the prompts to complete the enrollment.

Open Access Plus 1 Compare **Plan Documents**

Click the plan documents box to view the summary of benefits and coverage description for each plan.

Please select one of the plans by clicking the box next to the plan name.

The payroll deduction is displayed.

If you are enrolling your dependents, you must upload the following documents:

- Spouse for the first time: Marriage Certificate and your current Federal Tax Return page 1 showing married filing jointly or married filing separately (you may black out the financial information).
- Child(ren) for the first time: a birth certificate and/or guardianship appointment documents.

If you are adding dependents for the first time and you do not upload the required documents, the Group Medical Insurance Trust will not be able to approve your change of elections.

If you are electing a medical plan, you will automatically be enrolled in the prescription drug plan with CVS Health/Caremark.

To view the percentages of benefit for each beneficiary, please click the PEN icon in the Life and Ad&d box in the employee selected benefits screen before clicking **Complete Enrollment**.

Remember your benefit election request must be approved by the Group Medical Insurance Trust to be valid for the upcoming plan year 2017-2018. You will receive a Cigna medical ID card once you are enrolled.

Your final confirmation of benefits will be available online after July 7, 2017. Please log back in at that time to print your GMIT approved confirmation.

Choose Your Coverage Level

- Employee Only
- Employee and Spouse
- Employee and Children
- Employee and Family

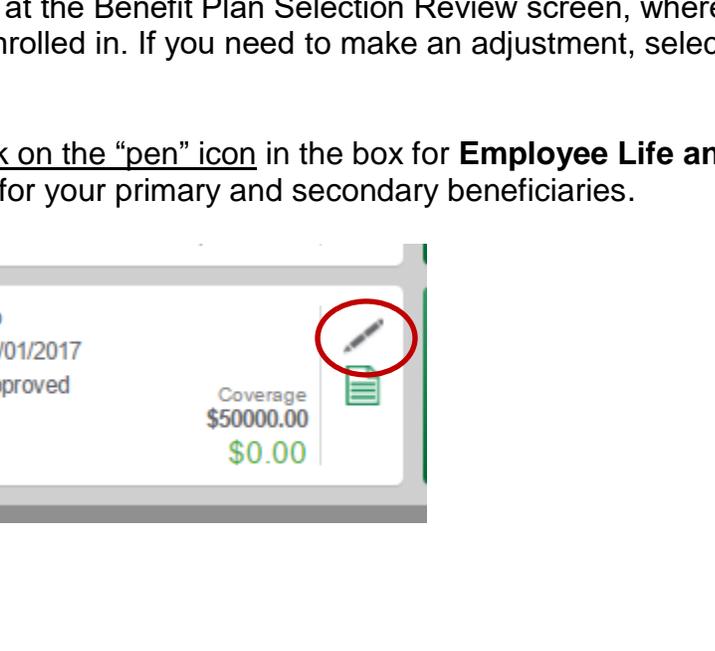
Attribute	In-Network	Out-of-Network
Coinsurance	100%	50%
Individual Deductible	0	\$5,000
Family Deductible	0	\$12,500
Individual Out of Pocket Maximum	\$1,500	\$20,000

- Follow the prompts to step through the enrollment process.
- Identify your beneficiaries and allocate percentages if necessary. When you are finished, click on the **Enroll** button.

Beneficiaries					
Beneficiary/Dependent	Relationship	Primary	Percentage	Secondary	Percentage
MARTHA ADAMS	Spouse	<input checked="" type="checkbox"/>	100.00 %	<input type="checkbox"/>	0.00 %
MARY ADAMS	Son or Daughter	<input type="checkbox"/>	0.00 %	<input checked="" type="checkbox"/>	100.00 %
JOHN ADAMS	Father or Mother	<input type="checkbox"/>	0.00 %	<input type="checkbox"/>	0.00 %

Decline Coverage

Previous **Enroll**



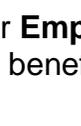
When you're done, you'll arrive at the Benefit Plan Selection Review screen, where you'll see a summary of the plans you've enrolled in. If you need to make an adjustment, select the plan from the side bar.

Important: Everyone must click on the "pen" icon in the box for **Employee Life and AD&D** to review and select percentages for your primary and secondary beneficiaries.

Employee Life and AD&D

Pre-Tax: No
Effective Date: 09/01/2017
Status: Approved

Coverage: \$50000.00
\$0.00



When you are done, click on **Complete Enrollment.**



FRANK ADAMS
Executive Sales Representative
frank.adams@paycomonline.com
(405) 977-4456
[Return to Main Menu](#)

[Help and Settings](#)

Benefit Plan Selection Review

Employee Selected Benefits

Employee Life	Employer Cost	\$0.00	<div style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg); position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">SAMPLE</div>	<div style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg); position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">SAMPLE</div>
	Pre-Tax	Yes		
	Effective Date	03/01/2017		
	Status	Requested		
		Coverage	\$91520.00	\$19.01

HMO Medical Plan	Employer Cost	\$0.00	<div style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg); position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">SAMPLE</div>	<div style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg); position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">SAMPLE</div>
	Pre-Tax	Yes		
	Effective Date	03/01/2017		
	Status	Requested		
		Coverage	Employee and Spouse	\$200.00

Auto Enrolled Benefits

Complete Enrollment

Benefit Enrollment

Total Cost

- ✓ Contact Information
- ✓ Dependents and Beneficiaries
- ✓ Employee Life \$19.01
- ✗ Spouse Life \$0.00
- ✓ Retirement \$50.00
- ✓ Medical \$200.00
- ✗ Short-Term Disability \$0.00

Review Enrollment

- Print a copy of your confirmation.

Sign and Submit

If you are satisfied with your enrollment, click sign and submit.

Benefit Confirmation / Deduction Authorization - ADAMS, FRANK

Employee Information

Name	Date of Birth	Primary Phone	Secondary Phone	Address
ADAMS, FRANK	08/14/1985	(405) 977 - 4456		3319 ELLIS WAY OKLAHOMA CITY, OK 55555

Employee ID	Hire Date	Gender	E-mail Address
A016	06/10/2013	M	frank.adams@paycomonline.com

Company Name	Location(s)	Department Code	Reason(s) for Completing Form
ABC OF OKC	OK	800	Open Enrollment

Job Class	Title
Full Time	Executive Sales Representative

Requested Benefits

Plan Code	Plan Name	Deduction Start Date	Deduction Frequency	Tax Treatment	Tobacco Rates	Coverage Level	Employer Cost	Employee Deduction
EMPL	Employee Life	03/01/2017	Every Payroll	PRE	No	\$91,520.00	\$0.00	\$19.01
HMO1	HMO Medical Plan	03/01/2017	Every Payroll	PRE	N/A	Employee and Spouse	\$0.00	\$200.00
RET2	Retirement	03/01/2017	Every Payroll	PRE	N/A	N/A	\$0.00	\$50.00
Total							\$0.00	\$269.01

- When you're ready to complete the process, scroll to the bottom of the screen and click "Sign and Submit." Your enrollment is now complete.

Sign and Submit