## **Online Benefit Enrollment Instructions**

How to enroll in MFB benefits through API

### In addition to online selections, there may also be paper forms required.

#### For adding a spouse:

- Spousal Verification form\*
- Marriage license

### For adding a dependent:

• Birth Certificate

For enrolling in Life insurance (all full-time employees):

Paper life insurance form including beneficiary information\*

\*Forms found on Benefits Website



#### 1. Go to\* https://api.maryfreebed.com

a. Select the first option- Human Resources & Payroll Self-Service Portal



Human Resources & Payroll Self-Service Portal

Time and Attendance Staffing and Scheduling Portal

Manager Self-Service Portal

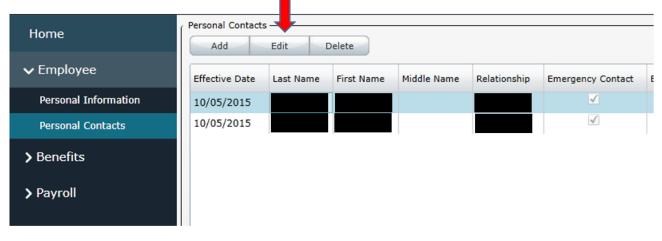
\*You may enroll online from home, however your computer must be a Windows product that also has Microsoft Silverlight plugin installed & using Internet Explorer 9 or above.

- 2. Log into Employee Self-Service portal
  - a. Use the same username and password you use to login to your MFB computer.

(BE)										
	Centricity™									
Huma	an Reso	urces an	d Payroll							
E	mploye	e Self-Se	rvice							
	Username									
	Password									
	MFBHOSP		Ŷ							
		Sign in								

# **STOP!** Are you enrolling your spouse/children in any of your coverages? If so, continue to Step 3. If not, skip to step 5.

3. Select **Employee tab** and **Personal Contacts** from the panel on the left side of the page. If anybody you are enrolling is already listed on this screen as your emergency contact, select that person and click '**Edit'**. If you are enrolling somebody who is not already showing, select '**Add'**.



## Add in SSN, Relationship, Gender, & Birth Date. Ensure you click 'Spouse' or 'Dependent'.

\*Please note that these are all required fields. If SSN is not included your dependents may not be enrolled.

Effective Date: 07/27/2017	Save Close
Personal Contact Information	Personal Contact Type
*Last: New	Dependent: 🗹 Beneficiary:
* First: Dependent	Spouse: Emergency Contact:
Middle:	
SSN:	
* Relationship: Daughter	
Priority: 0	
Address Information  Primary Address Same As Employee Line 1: Line 2:	Detail Information Marital Status:
City:	Birth Date: 01/01/2004 Age: 13
State:	Disabled:
ZIP:	Comments:
Country:	
Phone Information	
Home   Same As Employee  Number:	

4. Enter today's date for the **Effective date**. Your benefits will become effective based off your eligibility dates (i.e. 30 days from hire).

Repeat Steps 3 & 4 for each dependent you will add to your plans.



5. Click on the **Benefits tab** and select **Benefit Plans** from the drop-down options.

Centricity Human Res	sources and Payroll Employee Self-Service
Home	Good afternoon Maddie, today is Friday, September 28, 2018
> Employee	When finished, make sure to Sign Out prior to closing the browser window.
✓ Benefits	
Benefit Plans	
Benefit Balances	
> Payroll	

- 6. On the **Benefit Plans** screen, start by selecting the first choice from the drop-down items. Once that is selected, you can click on **Enroll** to start the enrollment process.
  - a. You will have 3 options under Enroll. You will want to work your way through all 3 enrollments. These will include 1) Medical, Dental, LTD & Voluntary Life Insurance
    2) Vision and 3) Flexible Spending

Centricity Human Re	sources and Pa		elf-Service				
> Employee	View	Enroll		•			
✓ Benefits	Benefit Group	Group Begin Date	Benefit Plan	Enrollment Begin Date	Enrollment End Date	Employee Monthly Cost	Plan Information Link
Benefit Plans	Basic Life	]	Basic Life	09/15/2018		0.00	Plan Information
Benefit Plans	ADD		ADD	09/15/2018		0.00	Plan Information
Benefit Balances	STD		STD	09/15/2018		0.00	Plan Information
> Payroll							

7. Next, select the **Start** button in the upper right-hand corner to begin making your benefit elections.

				•			
Home	Benefit Enrollr	ment: New Hire	Benefits	Start	Close		
> Employee	You have until the en	d of <b>Saturday, Janua</b>	ry 5, 2019 to submit your enrollment selections. Click the Start button to begin.				
✓ Benefits	plan documents pr	rovided to you during the i	Enrollment. For detailed directions on how to enroll using this portal, see HR Service Center located on our intra new hire process to assist you in your benefit selection.				
Benefit Plans	department. This v	would include spousal veri	plans, or opting out of medical coverage, please do not forget to send in the applicable documents to the Huma fication form, marriage license and/or birth certificates. IF WE DO NOT RECEIVE THESE DOCUMENTS BY YOUR I				
Benefit Balances	YOUR ENROLLMEN	NT WILL NOT BE PROCESS	ED!				
> Payroll	You are eligible for pl	ans within the followin	a benefit aroups:				
<b>y</b> rayron	Enrollment Overvi		μ = μμ				
	Benefit Group	Current Benefit Plan					
	Health	HDHP FT Single					
	Dental	Dental FT Single					
	Vision	Vision Single					
	Flex Health						
	Flex Childcare						
	LTD						
	Additional Group Life						
	VOL EE ADD						
	VOL SPS LIFE						
	VOL SPS ADD						
	VOL CHLD LIFE						
	VOL CHILD ADD						
	The benefit enrollment you can continue from		gh enrolling or waiving of coverage. If for any reason you cannot complete the wizard, all of your selections	are saved and w	hen you return		

8. Click on the **radio button** (shown below) to make coverage selections. Once you are happy with the plan selection, click **Next**. Be sure to select the appropriate level of coverage (i.e. if I plan to enroll my spouse and my child, I need the Family coverage).

Benefit Enrollment: N	Vew Hire Benefits	
Enrollment Tasks <ul> <li>Health</li> <li>Dental</li> </ul>	Health — Thank you for choosing to enroll in a medical plan through Mary Free Bed. If you are enrolling a spouse in o plan, please submit the spousal verification form found on your Benefits Website and a copy of your marriage license to man Resources.	
Vision	If you are enrolling a dependent under the age of 26 in our medical plan, please submit a copy of each dependent's birth certificate.	
Flex Health	If you have decided to enroll in the HDHP, you should open a Health Savings Account through Lake Michigan Credit Union.	
Flex Childcare		
LTD	Waive Benefit	
Additional Group Life	Pay Period Deduction: \$0.00	
VOL EE ADD	• HDHP FT Single	
VOL SPS LIFE	Pay Period Deduction: \$0.00	
VOL SPS ADD	more	
VOL CHLD LIFE	HDHP FT Spouse	
VOL CHILD ADD	Pay Period Deduction: \$0.00 Minimum Dependents: 1	
	Maximum Dependents: 1	
	more	

#### **STOP!** If you have not yet added your dependents, please go back to Step 3 and add them. Once added, you can return to Step 9

9. Once you add all your dependents and click save, you will see a list of all dependents you added to your plan. Make sure to **check the box** next to each dependent to enroll them in the coverage. As you go through each plan (medical, dental, vision), be sure to select this box for each new plan to enroll the appropriate people in each plan. Click **Next** once the appropriate dependents are selected.



a. Please note that you can cover dependents up to the age of 26 for Medical and Vision, and up to the age of 23 for Dental.

If you are adding dependents, please supply HR with paper copies of the appropriate documentation noted on the front page of this packet. If you do not turn in this documentation prior to the due date, your enrollment <u>cannot</u> be processed. 10. As you move through the different benefit groups, **repeat** steps for selecting the appropriate dependents for each plan. You may also select **Waive Benefit** to not enroll.

Benefit Enrollment: N	lew Hire Benefits Close
Enrollment Tasks  Health  Dental  Vision	Dental — If you are enrolling a spouse in the plan, please submit a copy of your marriage license. If you are enrolling a dependent under the age of 23, please submit a copy of each dependent's birth certificate.
Flex Health Flex Childcare	Waive Benefit Pay Period Deduction: \$0.00      Dental FT Single
LTD Additional Group Life	Pay Period Deduction: \$7.44
VOL EE ADD	Dental FT Spouse
VOL SPS LIFE VOL SPS ADD	Pay Period Deduction:     \$15.13       Minimum Dependents:     1       Maximum Dependents:     1
VOL CHLD LIFE	Spouse required for this plan

11. Please be sure that the correct dependents are selected for each plan. You'll notice the Estimated Deduction is listed. This is the bi-weekly cost you will pay via payroll deduction.

Benefit Enrollment: I	New Hire Benefits Close
Enrollment Tasks  Health  Dental	Dental
Vision Flex Health Flex Childcare	Required In mation Estimated Deduction: \$15.13
LTD	Dependents
Additional Group Life	Last Name First Name DOB Relationship Dependent

12. If you are enrolling in a Flexible Spending Health Reimbursement plan, click on the option to enroll\*. Then select **Next**.

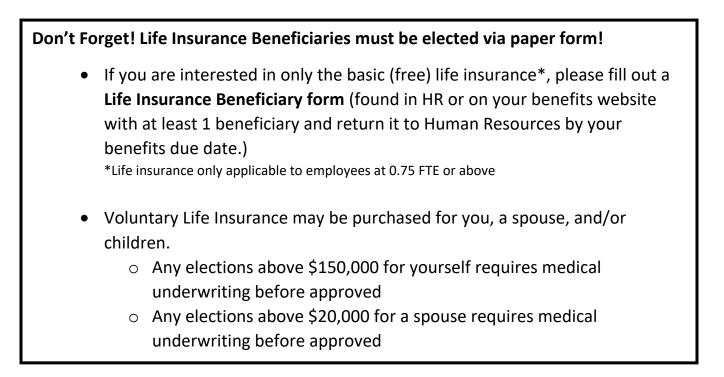
\*If you are electing the HDHP, you <u>cannot</u> also enroll in the FSA Health plan.



13. Next, enter the annual election amount. The <u>annual amount</u> you enter here will be deducted between the remaining pay periods in the calendar year. Click on **Next**.

Benefit Enrollment: I	New Hire Benefits
Enrollment Tasks	Flex Health
🖌 Health	The maximum amount you can choose to enroll in is \$2,6
🗸 Dental	Prior to the end of the year, you will receive an email from deposit.
🖌 Vision	Required Information
Flex Health	Election Amount: 2000.00
Flex Childcare	Deduction Amount: <b>\$76.92</b> Calculate Deduction
LTD	Add
Additional Group Life	Dependents

14. Repeat steps 12-13 if you want to enroll in Flex Childcare (daycare). Then click on Next. Within a few weeks of your Flexible Spending enrollment, you will receive an email from Discovery Benefits offering to set up your online account.



15. After moving through all enrollments, click on **Next** to get to the summary page. That will show you what elections you've made. Please review the information carefully. When you are done, click **Submit**. You may print a summary for your records.

Benef	enefit Enrollment Summary Submit Close									
Т 🔬	🔊 To complete the enrollment process you must submit your benefit selections.									
g	Thank you for using the Human Resources Benefits Enrollment. We hope you found this experience a valuable, accessible source of information about Benefits Enrollment. Our goal is to fully communicate the benefit plans and options that supplement cash compensation, providing security for our employees and their families.									
	Benefit Group	Benefit Pla	in	Coverage Date	Election Amount	Deduction Amount	Net Change	Submitted		
Edit	Health	Current: New:	HDHP FT Single HDHP FT Single	1/5/2019	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	No		
Edit	Dental	Current:	Dental FT Single	1/5/2019	\$193.44	\$7.44	\$0.00	No		

View	Enroll Enrollmer	nt Complete!		
Benefit Group	Group Begin Date	Benefit Plan	Enrollment Begin Date	Enrollm
Basic Life		Basic Life	07/09/2016	
ADD		ADD	07/09/2016	
STD		STD	07/09/2016	

16. After selecting Submit, you will see that your enrollment is complete!

17. If you need to edit any of your elections after submission, select an option from the drop-down menu and click the **Enroll** button. You will be taken to the summary page-from there you can click on **Edit** to make changes to each plan\*.

\*You can only make changes within your initial 30 day period from your hire/change date. For example, if I was hired on April 12<sup>th</sup>, I can only enroll and changes until May 12<sup>th</sup>.

Centricity Human Resources and Payroll Employee Self-Service								
Home	CEmployee Benefit							
> Employee	View	Enroll	*	•				
✓ Benefits	Benefit Group	Group Begin Date	Benefit Plan	Enrollment Begin Date	Enrollment End Date			



18. Once you select **Edit**, you will be taken to that plan where you can make the appropriate changes. Once you make the changes you need, click on **Update**. You then will return to the summary page. To save the changes, please click **Submit** again.

Benefit Enrollment: I	New Hire Benefits Update < Previous Next > Cancel
Enrollment Tasks	Health
<ul> <li>Health</li> <li>Dental</li> </ul>	submit the spousal verification form found on your Benefits Website and a copy of your marriage license to Human Resources.
🗸 Vision	If you are enrolling a dependent under the age of 26 in our medical plan, please submit a copy of each dependent's birth certificate.
<ul> <li>✓ Flex Health</li> <li>✓ Flex Childcare</li> </ul>	If you have decided to enroll in the HDHP, you should open a Health Savings Account through Lake Michigan Credit Union.
<ul> <li>✓ LTD</li> <li>✓ Additional Group Life</li> </ul>	Waive Benefit         Pay Period Deduction:       \$0.00

If you have questions about online enrollment, please contact Human Resources by calling (616) 840-8358 (x58358) or email <u>Benefits@maryfreebed.com</u>.