Log in to Paycom.

Username *	
Password *	©
Last 4 digits of SSN or PIN *	Ø
LOG IN	



Choose "Add Qualifying Event".

	Thank you for submitti	ing a qualifying ever	nt to change your plan election	s. Once you receive an approva	al you will be able to n	make 🔺
i	Due to Life Status Char enrollment change by t dental/vision or premit	nges benefits start the deadline. I f you um only plan benefi	the first day of the month after miss the deadline you will hav ts for a July effective date.	your life status change, provide e to wait until Open Enrollment	ed you make the to change your medi	ical,
	ADD QUALIFYING EVEN	٩T			Show 10 🔻	0 - 0 or

Choose "Event Date" (any changes you make to your benefits will be effective the 1st of the month following the Event Date).

Choose "Choose Qualifying Event Type"

You may also optionally enter an "Event Note" or attach documentation.

Event Date *	Choose Qualifying Event Type *	
mm/dd/yyyy	Adoption	*
Event Note *	Q Search or Make Selection	
Documentation Information	Adoption	Î
Include Document	Birth	
File	Change to Service Area	
Show Eligible File Types	Court Order coverage	
	CANCEL ADD QUALIEVING	EVENT

Choose "Add Qualifying Event"

Add Qualifying Event			×
Event Date *	 Choose Qualifying	g Event Type *	
mm/dd/yyyy	Adoption		*
Event Note *			
Documentation Information			
Documentation is not required			
Include Document			
File 🔻			
Show Eligible File Types			
	CANCEL	ADD QUALIFYING EVEN	г

You should now be able to change your benefit selections.

ACTIONS -	2023 Benefit Enro	llment
Eligibility Pr Preview Date Enrollment Y Lay-Benefit 08/30/2023 2023 Eligible (LAY)	\$0.00 Total Cost Per Pay Perior	d
To complete enrollment, press Finalize then Sign and Submit.	✓ Contact Information	
Hello	✓ Dependents and Benefician	ries
Congratulations! You are now a benefit-eligible employee with the Archdiocese of Seattle! Your benefits will take effect on the first day of the month following your date of hirs (or date of heroming henefit-eligible)	Medical	\$0.00
unless you are otherwise advised by your employer.	FSA Dependent	\$0.00
Your core benefits from the Archdiocese are: Medical Insurance, Dental Insurance, Vision Insurance, Life Insurance, Long Term Disability, AD&D and EAP. Only your Medical insurance can be waived and it can only be waived if you are covered under another plan. If you do not take action within the 31 day window of	Dental	\$0.00
enrollment you will be defaulted into Christian Brothers CDHP employee only coverage medical plan.	Vision	\$0.00
Please review all documents attached to each enrollment screen carefully. Plan Summary of Plan Document (SPD) are attached for your review.	✓ Prudential Group Life	

Choose each of the green checkmarks or red X's to change that benefit election.

2023 Benefit Enrollme	nt
\$0.00 Total Cost Per Pay Period	
✓ Contact Information	
✓ Dependents and Beneficiaries	
Medical	\$0.00
FSA Dependent	\$0.00
Dental	\$0.00
Vision	\$0.00
✓ Prudential Group Life	
✓ Prudential Group ADD	
Prudential Group Life - Dependent	
✓ Prudential Long Term Disability	- Lay
Critical Illness - Employee	
Hospital Indemnity	\$0.00
Voluntary Life - Employee	
× Allstate Identity Protection	\$0.00
REVIEW	
FINALIZE	

Make your selections or decline coverage for each benefit.

Choo	se Your Coverage		
۲	Employee Only - \$22.20		
0	Employee and Spouse - \$372.47		
0	Employee and Children - \$267.39		
0	Employee and Family - \$617.66		
C	Kaiser Foundation of Washington Standard Plan	PLAN DOCUMENTS	
Ð	Please select your medical plan and then family coverage level from the following option will be deducted from the first two paychecks of each month. (Your employer pays the res Archdiocesan medical coverage check the Decline Coverage option at the bottom of the p To learn more about your options, click on PLAN DOCUMENTS (for each medical plan) to of the costs and copays when you receive medical care.	s. The costs listed are your share of the premium, which t.) If you have coverage elsewhere and want to waive page. see a summary of the benefits covered and your share	
Choo	se Your Coverage		
۲	Employee Only - \$124.12		
0	Employee and Spouse - \$744.46		
0	Employee and Children - \$548.55		
0	Employee and Family - \$877.72		
_	2010/02/02/02		

When you have completed all benefits please choose "Finalize".



You will then be asked to review if all benefits have been correctly chosen. If not a message box will advise what benefits are missing information before you may proceed. After you have corrected any missing information please choose "Sign and Submit".



Review your selection and then choose "Review".

				X Voluntary Life - Employee	
				X Allstate Identity Protection	\$0.0
duction Frequency	Tax Treatment	Tobacco Rates	Coverage Level	REVIEW	
No Rec	cords Found				

When your elections have been registered in Paycom you should see the following message "Congratulations"

View Detailed Enrollment

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Congratulations! Your enrollment is complete. Below is a recap of your elections including who will be covered under each benefit plan and your named beneficiaries.