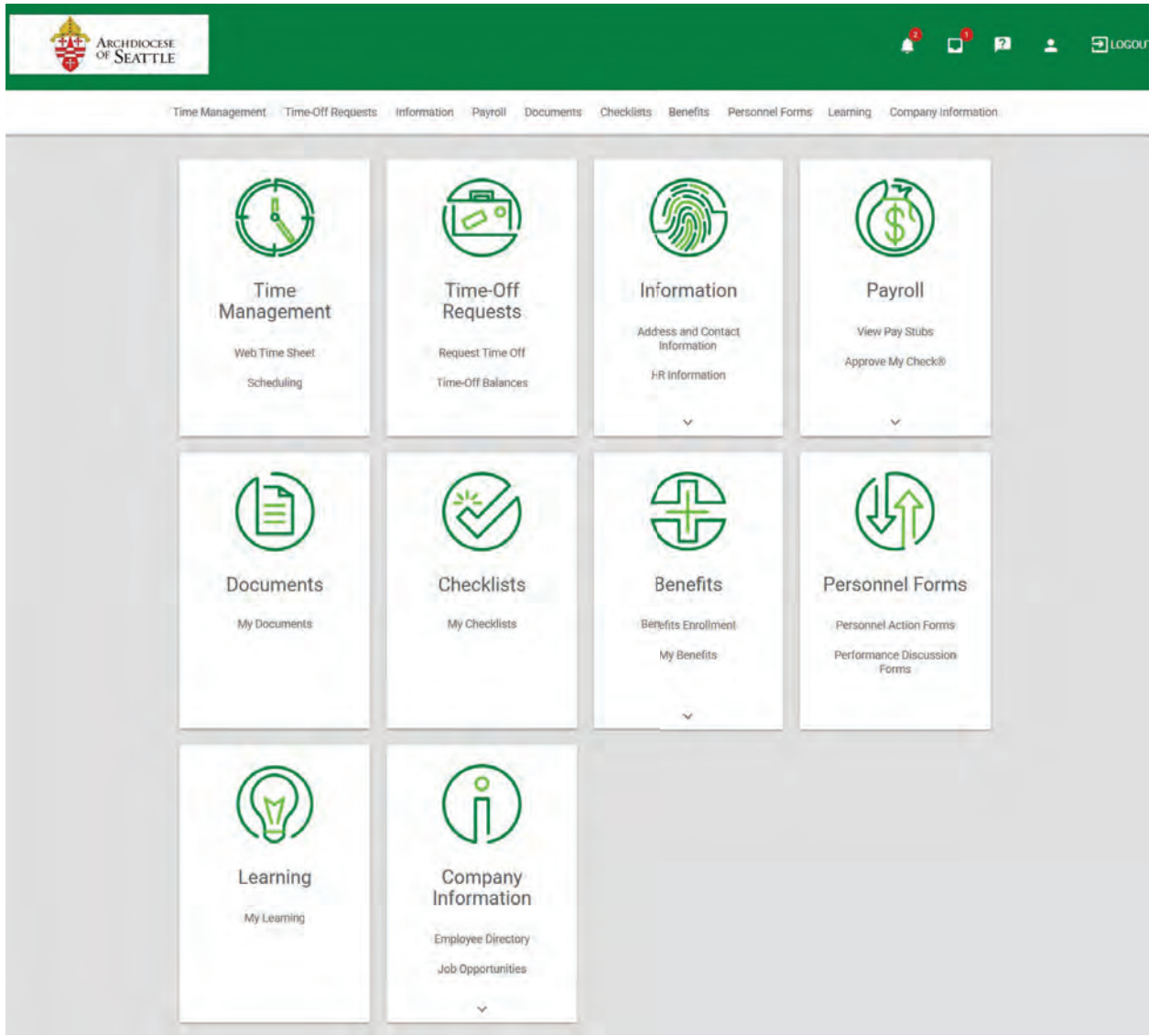


HOW TO ENROLL DURING OPEN ENROLLMENT:

Visit Paycom at www.paycom.com.



Follow this path. **Benefits > Benefits Enrollment > 2024 Enrollment.**

Eligible Years

2024 Enrollment

Eligible Years

2024 Enrollment

EMPLOYEE, TEST E (E493) ACTIONS

Eligibility Profile	Preview Date	Enrollment Year
Principal South West Wa (PRS)	05/14/2024	2024

To complete enrollment, press Finalize then Sign and Submit.

Hello Test,

Open Enrollment is here!

This is your opportunity to make changes and new elections to your benefits. Please refer to your Enrollment Guide, which is also attached to each page of the enrollment process for ease of reference.

Open Enrollment runs from May 1 to May 15 (10:00 pm PST), we are here to help during our regular office hours Monday through Friday from 8 am to 5 pm. You can contact us via email at IPBS@Seattlearch.org or by phone 206-382-4566 or 800-950-4904.

Remember: you will need to **re-elect your HSA and FSA** plans. These will not roll into the new plan year.

To complete your enrollment elections be sure to press the **FINALIZE** button.

If you are a teacher, you also need to take action to re-elect your HSA or FSA enrollment. Your benefits will roll into the new plan year that starts July 1, with the exception of these plans.

CONTINUE ENROLLMENT

2024 Benefit Enrollment

\$0.00
Total Cost
Per Pay Period

Contact Information	
Dependents and Beneficiaries	
Medical Plans	\$0.00
FSA Dependent Care	\$0.00
Dental	\$0.00
Vision	\$0.00
✓ Prudential Group ADD	
✓ Prudential Group Life	
Prudential Group Life - Dependent	
✓ Prudential Long Term Disability - Lay	
Accident Insurance	\$0.00
Critical Illness - Employee	
Hospital Indemnity	\$0.00
Voluntary Life - Employee	
Allstate Identity Protection	\$0.00

REVIEW **FINALIZE**

Click on **“CONTINUE ENROLLMENT”**

On the next screen you may review and update your contact information.

paycom

Eligible Years

2024 Enrollment

EMPLOYEE, TEST E (E493) ACTIONS

Eligibility Profile Principal South
Preview Date 05/14/2024
Enrollment Year 2024
 West Wa (PRS)

2024 Benefit Enrollment

\$0.00
Total Cost Per Pay Period

Contact Information
Please review your contact information on this page.

If you have questions, please contact the Integrated Payroll and Benefits Services between 8:30 a.m. to 5:00 p.m. at 206-382-4566 or 800-950-4904, by email: IPBS@SeattleArch.org.

Employee Name EMPLOYEE, TEST E
Birth Date 12/15/1950
Tobacco User Yes No
Primary Phone +1 (206) 274-7667
Street Address 1234 121ST
Apt./Suite/Other
City SEATTLE
State WASHINGTON
Zip Code 98004
Work Email JEREMYPACKAGE@SEATTLEARCH.ORG
Personal Email JEREMYPACKAGE@SEATTLEARCH.ORG

2024 Benefit Enrollment Summary:
 Contact Information
 Dependents and Beneficiaries
 Medical Plans \$0.00
 FSA Dependent Care \$0.00
 Dental \$0.00
 Vision \$0.00
 Prudential Group ADD
 Prudential Group Life
 Prudential Group Life - Dependent
 Prudential Long Term Disability - Lay
 Accident Insurance \$0.00
 Critical Illness - Employee
 Hospital Indemnity \$0.00
 Voluntary Life - Employee
 Allstate Identity Protection \$0.00

When complete select **“NEXT”**.

On the next screen you may review and update or enroll your Dependents and Beneficiaries.

Eligible Years
2024 Enrollment

EMPLOYEE, TEST E (E493) ACTIONS

Eligibility Profile **Preview Date** **Enrollment Year**
Principal South 05/14/2024 2024
West Wa (PRS)

2024 Benefit Enrollment

\$0.00
Total Cost
Per Pay Period

Pre-Enrollment Questions

Do you have a spouse who works for this company? *
 No Yes

Do you want to reenroll in the same benefits you did last year? *
 No Yes

Dependents & Beneficiaries

Even though your dependents may also be your beneficiaries, the rules about enrolling dependents and naming beneficiaries differ, so you should know:

Dependents:

- Adding a dependent record to this section does not automatically enroll your dependent for coverage. You'll need to enter each benefit section (medical, dental, etc.) and select the appropriate family coverage level.
- You may enroll (or cancel coverage) for [Eligible Dependents](#) under your medical, dental, vision and life insurance plans only during specified [Enrollment Periods](#).
- For coverage to become effective, you may be required to provide documentation proving eligibility (such as birth and marriage certificates).

Beneficiaries are those who receive your life insurance benefits if you die.

- You may designate one beneficiary or more than one beneficiary to split the benefit.
- Anyone can be your beneficiary; they do not have to live in the US.
- You can change your beneficiaries any time.
- Updating beneficiaries here will not change your retirement plan beneficiaries.
- If you designate minor children, in many states you must also name legal guardians through a trust; otherwise, the courts could decide when and how your children receive the money.

If you have questions, please reach out to the Benefits Services Office
Integrated Payroll and Benefits Services (IPBS) | Archdiocese of Seattle
710 9TH AVE | Seattle WA 98104
(P) 206-382-4566 | (F) 206-382-3493
(E) IPBS@SeattleArch.org
Monday-Friday 8:30 a.m.-5:00 p.m.

✓ Contact Information

Dependents and Beneficiaries

Medical Plans	\$0.00
FSA Dependent Care	\$0.00
Dental	\$0.00
Vision	\$0.00
✓ Prudential Group ADD	
✓ Prudential Group Life	
Prudential Group Life - Dependent	
✓ Prudential Long Term Disability - Lay	
Accident Insurance	\$0.00
Critical Illness - Employee	
Hospital Indemnity	\$0.00
Voluntary Life - Employee	
Allstate Identity Protection	\$0.00

REVIEW FINALIZE

ADD

Name	Relationship	Dependent	Beneficiary	Birth Date	Gender
No Records Found					

PREVIOUS SAVE AND NEXT

When complete select "SAVE AND NEXT"

On the next screen you may review and update or enroll in Medical Plans.

paycom

Eligible Years

2024 Enrollment

EMPLOYEE, TEST E (E493) ACTIONS ▾

Eligibility Profile Preview Date **Enrollment Year**

Principal South 05/14/2024 2024

West Wa (PRS)

Christian Brothers CDHP Plan PLAN DOCUMENTS

Please select your medical plan and then family coverage level from the following options. The costs listed are your share of the premium, which will be deducted from your first two pay checks of the month. (Your employer pays the rest.) If you have coverage elsewhere and want to waive Archdiocesan medical coverage check the Decline Coverage option at the bottom of the page.

To learn more about your options, click on PLAN DOCUMENTS (for each medical plan) to see a summary of the benefits covered and your share of the costs and copays when you receive medical care.

Choose Your Coverage

- Employee Only - \$25.00
- Employee and Spouse - \$125.00
- Employee and Children - \$42.50
- Employee and Family - \$187.50

Christian Brothers Standard Plan PLAN DOCUMENTS

Please select your medical plan and then family coverage level from the following options. The costs listed are your share of the premium, which will be deducted from the first two paychecks of each month. (Your employer pays the rest.) If you have coverage elsewhere and want to waive Archdiocesan medical coverage check the Decline Coverage option at the bottom of the page.

To learn more about your options, click on PLAN DOCUMENTS (for each medical plan) to see a summary of the benefits covered and your share of the costs and copays when you receive medical care.

Choose Your Coverage

- Employee Only - \$100.00
- Employee and Spouse - \$500.00
- Employee and Children - \$250.00
- Employee and Family - \$750.00

Kaiser NW CDHP Plan PLAN DOCUMENTS

Please select your medical plan and then family coverage level from the following options. The costs listed are your share of the premium, which will be deducted from the first two paychecks each month. (Your employer pays the rest.) If you have coverage elsewhere and want to waive Archdiocesan medical coverage check the Decline Coverage option at the bottom of the page.

To learn more about your options, click on PLAN DOCUMENTS (for each medical plan) to see a summary of the benefits covered and your share of the costs and copays when you receive medical care.

Choose Your Coverage

- Employee Only - \$37.50
- Employee and Spouse - \$231.25
- Employee and Children - \$175.00
- Employee and Family - \$368.75

Kaiser NW Standard PLAN DOCUMENTS

Please select your medical plan and then family coverage level from the following options. The costs listed are your share of the premium, which will be deducted from the first two paychecks of each month. (Your employer pays the rest.) If you have coverage elsewhere and want to waive Archdiocesan medical coverage check the Decline Coverage option at the bottom of the page.

To learn more about your options, click on PLAN DOCUMENTS (for each medical plan) to see a summary of the benefits covered and your share of the costs and copays when you receive medical care.

Choose Your Coverage

- Employee Only - \$150.00
- Employee and Spouse - \$800.00
- Employee and Children - \$600.00
- Employee and Family - \$1,000.00

Decline Coverage

2024 Benefit Enrollment

\$0.00

Total Cost
Per Pay Period

- Contact Information
- Dependents and Beneficiaries
- Medical Plans \$0.00
- FSA Dependent Care \$0.00
- Dental \$0.00
- Vision \$0.00
- Prudential Group ADD
- Prudential Group Life
- Prudential Group Life - Dependent
- Prudential Long Term Disability - Ley
- Accident Insurance \$0.00
- Critical Illness - Employee
- Hospital Indemnity \$0.00
- Voluntary Life - Employee
- Allstate Identity Protection \$0.00

REVIEW
FINALIZE

PREVIOUS
SKIP

Select the box next to the plan name of your election choice.

Then select the circle indicating the coverage level you would like.

To complete select **“ENROLL”**.

OR

Select the box next to Decline Coverage at the bottom of the page to decline enrollment in a Medical Plan. You will then need to indicate a Decline Reason. Complete by selecting **“DECLINE”**

This Decline process may be used on each benefit through the enrollment process.

If you enroll in a CDHP plan (Christian Brothers or Kaiser) you will be taken to the following screen.

paycom

Eligible Years

2024 Enrollment

EMPLOYEE, TEST E (E493) ACTIONS ▾

Eligibility Profile Preview Date **Enrollment Year**

Principal South 05/14/2024 2024

West Wa (PRS)

Flexible Spending Account - Employee PLAN DOCUMENTS

For employees not eligible for a Health Savings Account you have the option to elect a Flexible Spending Accounts which allows you to put aside money for important expenses and help you reduce your income taxes at the same time.

If you are enrolled into a CDHP Medical plan and are eligible for an HSA you could receive an Employer Seed of \$1,000 employee only coverage or \$2,000 employee plus dependents. Or you can choose an FSA here and receive an Employer Seed of \$500.

To learn more click on the Plan Document Tab and review the FSA details in the Benefit Guide.

*This is a plan that requires you to use the funds prior to the end of the Plan Year or June 30, 2024. The IRS will allow a carryover of \$610 unused funds in 2024.

Employee Per Pay Period Amount: **\$ 0.00**

Employee Annual Contribution Amount: **\$ 0.00**

Minimum Contribution Amount: **\$0.00**

Maximum Contribution Amount: **\$2,700.00**

Employee Plan YTD Contributions: **\$0.00**

Employee Health Savings Account PLAN DOCUMENTS

HSA's are tax-exempt savings and spending accounts that can be used to help pay for qualified medical expenses if you are enrolled in a CDHP.

Your employer will contribute \$750 for employee only CDHP coverage (Individual) and \$1,500 for employee plus Children/Spouse/Family CDHP coverage (Family). This is contributed over the course of the plan year from the first two pay periods each month. The amount you receive will be pro-rated to your enrollment date/effective date of election into the HSA plan.

To learn more click on the attached HSA document.

***If you are enrolled in Medicare Part A and/or B you are not eligible to enroll in an HSA. If you do elect an HSA and are in another plan that prohibits HSA enrollment, you will be responsible for any taxes incurred, retroactive correction or return of any funds are not allowed on this plan.**

Choose Your Contribution Level and Amount for the Year:

Individual Individual Limit - Minimum: \$0.00 Maximum: \$4,150.00

Family Family Limit - Minimum: \$0.00 Maximum: \$7,200.00

Number of Checks to Withhold Distribution Amount: **24**

Employee Per Pay Period Amount: **\$ 0.00**

Employee Annual Contribution Amount: **\$ 0.00**

Employee Plan YTD Contributions: **\$0.00**

Decline Coverage

2024 Benefit Enrollment

\$25.00

Total Cost
Per Pay Period

- Contact Information
- Dependents and Beneficiaries
- Medical Plans \$25.00
- HSA/FSA \$0.00
- FSA Dependent Care \$0.00
- Dental \$0.00
- Vision \$0.00
- Prudential Group ADD
- Prudential Group Life
- Prudential Group Life - Dependent
- Prudential Long Term Disability - Lay
- Accident Insurance \$0.00
- Critical Illness - Employee \$0.00
- Hospital Indemnity \$0.00
- Voluntary Life - Employee \$0.00
- Allstate Identity Protection \$0.00

REVIEW
FINALIZE

PREVIOUS
SKIP

You will need to then review and update or enroll in a Flexible Spending Account (FSA) or Health Savings Account (HSA). **Active enrollment or re-enrollment is required each plan year for FSA and HSA accounts.** HSA enrollment is only for individuals enrolled in a CDHP Medical Plan. You will need to enroll in an HSA Employee account (even with \$0) in order to receive an

Archdiocesan contribution. If you decline enrollment in a HSA you may enroll in a FSA Employee Account (even with \$0) and receive an Archdiocesan contribution.

If you elect a HSA you will then see the following screen which will allow you to enroll in a Flexible Spending Account Limited. Determine your contribution election by entering either the per pay amount or an annual amount.

paycom

Eligible Years
2024 Enrollment

EMPLOYEE, TEST E (E493) **ACTIONS**

Eligibility Profile **Preview Date** **Enrollment Year**
Principal South 05/14/2024 2024
West Wa (PRS)

Flexible Spending Account Limited - Employee **PLAN DOCUMENTS**

Limited Flexible Spending Accounts allows you to put aside money for Dental and Vision expenses and help you reduce your income taxes at the same time. This plan ties with an Health Savings Account nicely. To learn more click on the Plan Document tab and then see the Benefit Guide for more details.

Employee Per Pay Period Amount
\$ 0.00

Employee Annual Contribution Amount
\$ 0.00

Minimum Contribution Amount
\$24.00

Maximum Contribution Amount
\$3,200.00

Employee Plan YTD Distributions
\$0.00

Decline Coverage

2024 Benefit Enrollment

\$25.00
Total Cost Per Pay Period

- ✓ Contact Information
- ✓ Dependents and Beneficiaries
- ✓ Medical Plans \$25.00
- ✓ HSA/FSA \$0.00
- ✓ HSA ER Contribution \$0.00
- FSA Limited Purpose \$0.00
- FSA Dependent Care \$0.00
- Dental \$0.00
- Vision \$0.00
- ✓ Prudential Group ADD
- ✓ Prudential Group Life
- Prudential Group Life - Dependent
- ✓ Prudential Long Term Disability - Lay
- Accident Insurance \$0.00
- Critical Illness - Employee
- Hospital Indemnity \$0.00
- Voluntary Life - Employee
- Allstate Identity Protection \$0.00

PREVIOUS **SKIP**

REVIEW **FINALIZE**

If you elected an FSA or HSA account, your next election choice will be the Dependent Care FSA. Determine your contribution election by entering either the per pay amount or an annual amount.

paycom

Eligible Years
2024 Enrollment

EMPLOYEE, TEST E (E493) ACTIONS

Eligibility Profile **Preview Date** **Enrollment Year**
Principal South 05/14/2024 2024
West Wa (PRS)

2024 Benefit Enrollment

\$25.00
Total Cost
Per Pay Period

Flexible Spending Account - Dependent Care PLAN DOCUMENTS

Flexible Spending Accounts allows you to put aside money for important expenses and help you reduce your income taxes at the same time. Dependent Care FSA can be used for elder care or child care. The funds are available as deposited into your Health Equity Account. This is done as payroll deductions from the first two pay periods of each month.
To learn more click on the Plan Document tab and review the Benefit Guide FSA Dependent Care.

Employee Per Pay Period Amount
\$ 0.00

Employee Annual Contribution Amount
\$ 0.00

Minimum Contribution Amount
\$24.00

Maximum Contribution Amount
\$5,000.00

Employee Plan YTD Contributions
\$0.00

Decline Coverage

PREVIOUS SKIP

REVIEW FINALIZE

✓ Contact Information	
✓ Dependents and Beneficiaries	
✓ Medical Plans	\$25.00
✓ HSA/FSA	\$0.00
✓ HSA ER Contribution	\$0.00
FSA Limited Purpose	\$0.00
FSA Dependent Care	\$0.00
Dental	\$0.00
Vision	\$0.00
✓ Prudential Group ADD	
✓ Prudential Group Life	
Prudential Group Life - Dependent	
✓ Prudential Long Term Disability - Lay	
Accident Insurance	\$0.00
Critical Illness - Employee	
Hospital Indemnity	\$0.00
Voluntary Life - Employee	
Allstate Identity Protection	\$0.00

Continue on with each election using the same processes as above.

You may make each election separately by selecting from the list on the right-hand side or walk through the enrollment page by page, enrolling or declining each benefit offering.

When you have gone through all the election choices be sure to click the FINALIZE button then SIGN AND SUBMIT.

Voluntary Life - Employee	\$0.00
Allstate Identity Protection	\$0.00

Enrollment Submission ✕

Please review your enrollment. When complete please select "**SIGN AND SUBMIT**".
This will complete enrollment.

These benefits will be effective July 1.

If you have questions, please contact the IPBS between 8:30 a.m. to 5:00 p.m. at 206-382-4566 or 800-950-4904, by email: IPBS@SeattleArch.org.

You will then see a preview of your election choices.

View Detailed Enrollment



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.

Employee Information

You may make changes multiple times as needed between

May 1st and 10:00 p.m. on May 15th PST.

At 10:01 p.m. PST on May 15th no further changes or enrollment will be allowed.

PLEASE NOTE:

If you have not selected your Beneficiaries, you will need to go back and add them and assign a primacy and a total percentage.

Plans that Require Action



Group Life Insurance

1. Plan Prudential Group ADD (PA24)

This plan requires primary beneficiaries to be selected

This plan requires total percentage of all primary beneficiaries to be 100%

2. Plan Prudential Group Life (PL24)

This plan requires primary beneficiaries to be selected

This plan requires total percentage of all primary beneficiaries to be 100%

ADD BENEFICIARIES

Beneficiary Type

None

% Percentage

Add Beneficiary



* Required Fields

Relationship *

First Name *

Middle Name

Last Name *

Suffix

Social Security Number

Address

Same Address as Employee

Country

 United States of America (USA)

Street Address *

Apt / Suite / Other

City *

State / Territory *

Select an option

When you have added your Beneficiaries, again click the **FINALIZE** button then **SIGN AND SUBMIT**.

For Assistance:

For further assistance please contact Integrated Payroll and Benefits Services at IPBS@seattlearch.org or 206-382-4566 / 800-950-4904.