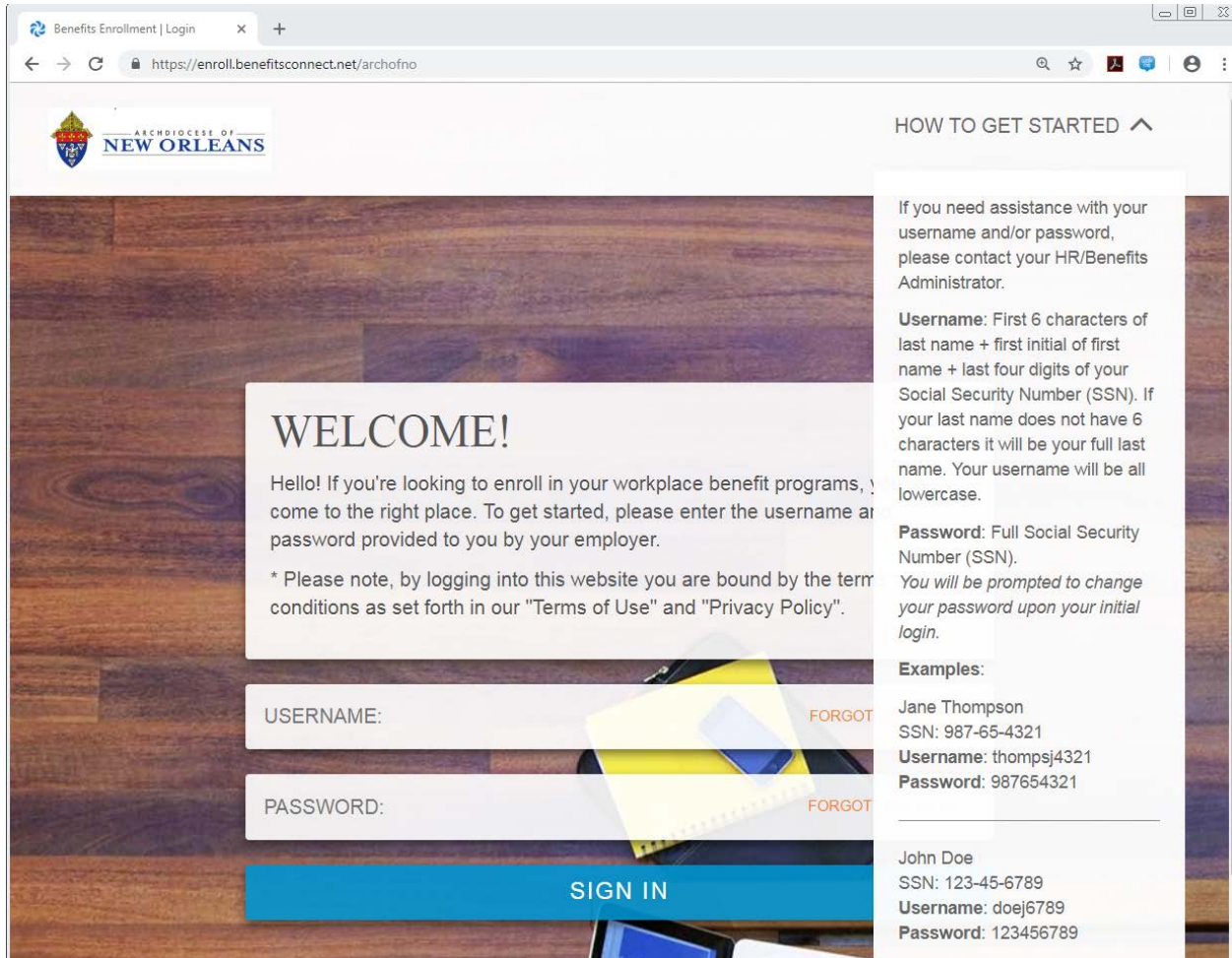


Open Enrollment – Enrolling online

Navigate to the following web address to get started -

<https://enroll.benefitsconnect.net/archofno>



Username: First 6 characters of last name + first initial of first name + last four digits of your Social Security Number (SSN). If your last name does not have 6 characters it will be your full last name. Your username will be all lowercase.

Password: Full Social Security Number (SSN).

You will be prompted to change your password upon your initial login.

Examples:

Jane Thompson
SSN: 987-65-4321
Username: thompsj4321
Password: 987654321

John Doe
SSN: 123-45-6789
Username: doej6789
Password: 123456789

The system will allow you to choose security questions and provide answers which will allow you to do a self-service password reset in the event that you forget your password.

Benefits Enrollment | Login

https://enroll.benefitsconnect.net/archofno/Login/SetSecurityQuestions?sessionID=17d156f5-da49-4112-87d4-b750f68770bc&compa...

ARCHDIOCESE OF
NEW ORLEANS

SET SECURITY QUESTIONS

Security Question 1

Answer

Security Question 2

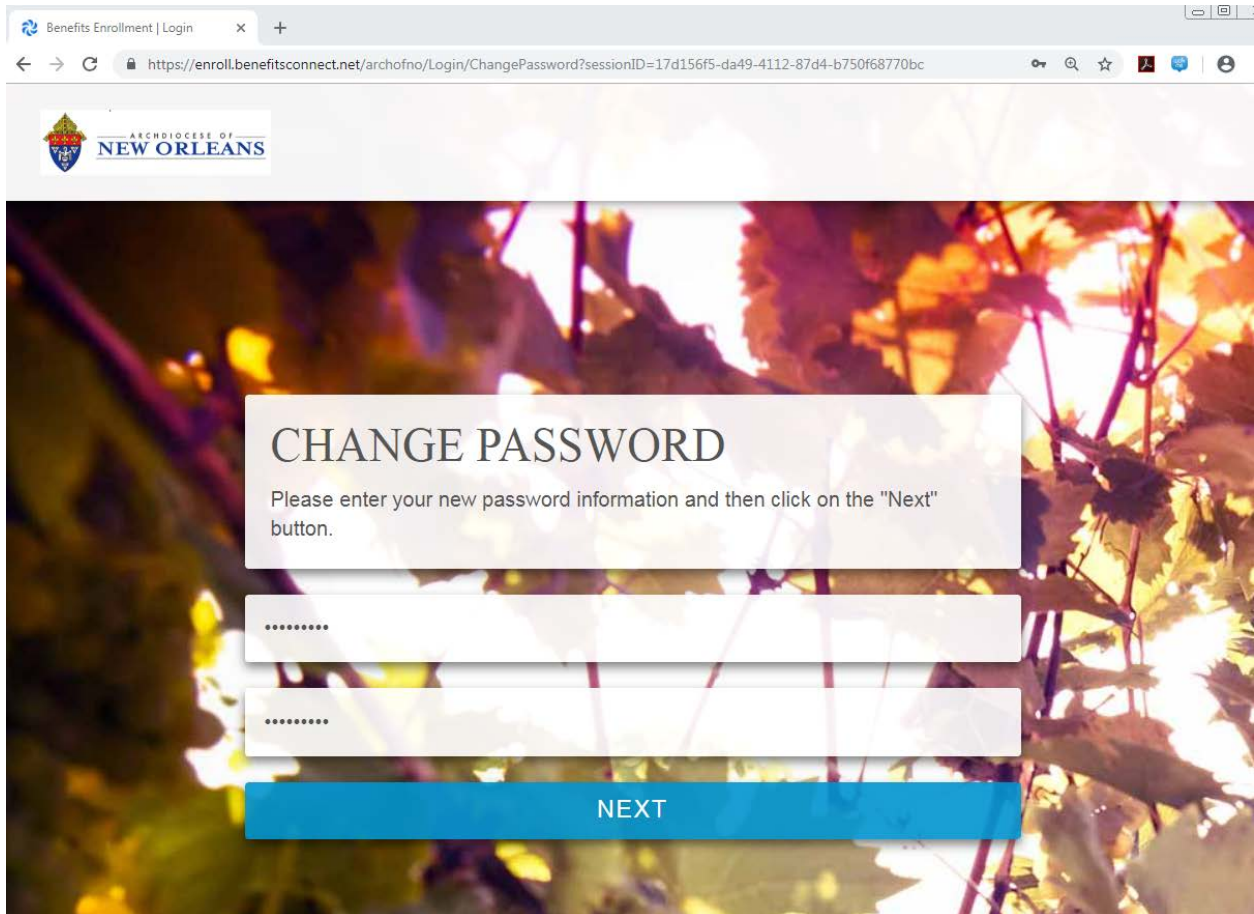
Answer

Security Question 3

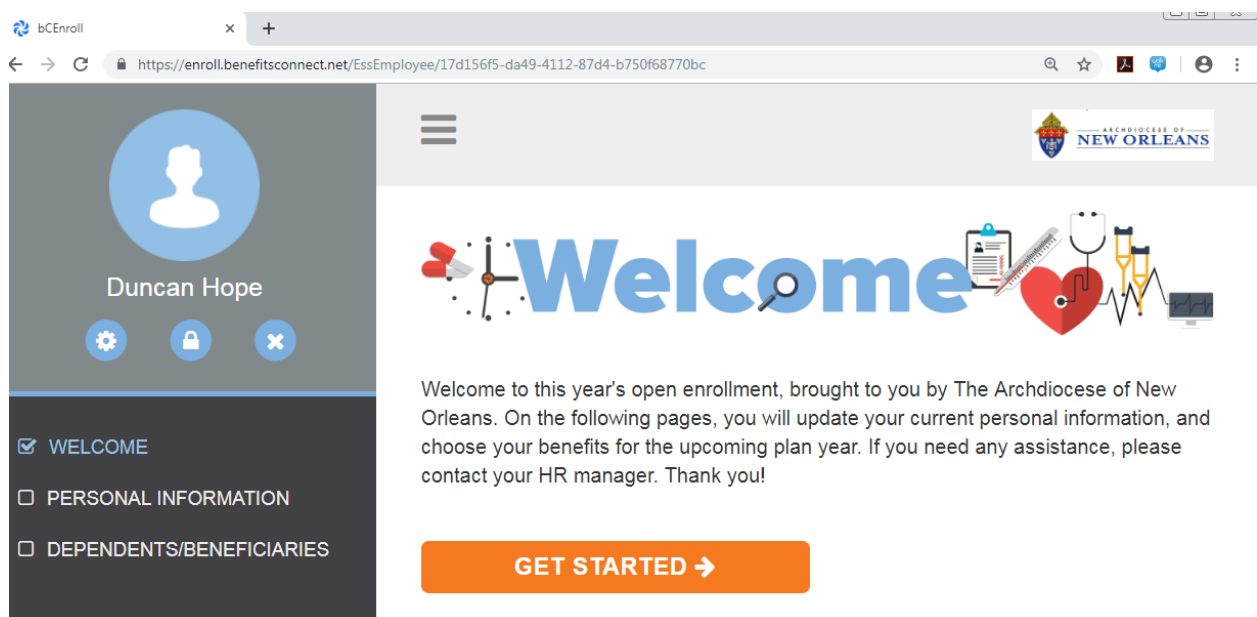
Answer

SAVE ANSWERS


Update your password



You will now be able to review your information and your dependents information before continuing through the enrollment process.



If any of your information is incorrect, please contact your HR Admin so that they can update in the payroll system



Duncan Hope


- WELCOME
- PERSONAL INFORMATION
- DEPENDENTS/BENEFICIARIES

Personal Information

First Name Duncan	Middle Initial
Last Name Hope	Suffix
SSN 999-00-0001	Birth Date 01/01/1970
Gender Male	Marital Status Single
Address Line 1 1 a street	Address Line 2
City Selma	State Alabama
Zip Code 36701	Country United States
Home Phone	
Work Phone	Work Phone Ext
Email Address	


[← BACK](#) [NEXT →](#)

Review and update your dependent information, and add beneficiary information for the Life coverages if applicable



Duncan Hope

- WELCOME
- PERSONAL INFORMATION
- DEPENDENTS/BENEFICIARIES



Dependent Information

Please fill out your dependent and beneficiary information for your upcoming benefits selection.

[+ ADD DEPENDENT](#)

Dependent	
Spouse - Mrs Hope	EDIT
Dependent - Child1 Hope	EDIT

Beneficiary Information

[+ ADD BENEFICIARY](#)

Name

No beneficiary has been added

[← BACK](#) [NEXT →](#)

Choose the Health plan and the level of coverage that you require by clicking on your dependents that should be also covered

Health Election for Current Enrollment

Choose your dependents

Mrs Hope - Spouse Child1 Hope - Child

Choose your plan

PLAN 3 - HDHP HMO 80	PLAN 1 - HMO 90	PLAN 2 - POS 100/70
\$475.69 (your pay-period cost) UMR Effective on: 5/1/2019 Cost is deducted on a pre-tax basis View Outline of Benefits	\$552.74 (your pay-period cost) UMR Effective on: 5/1/2019 Cost is deducted on a pre-tax basis View Outline of Benefits	\$657.87 (your pay-period cost) UMR Effective on: 5/1/2019 Cost is deducted on a pre-tax basis View Outline of Benefits
<input checked="" type="checkbox"/> SELECT THIS	<input type="checkbox"/> SELECT THIS	<input type="checkbox"/> SELECT THIS

- Or -

WAIVE COVERAGE
I acknowledge that I have been offered the opportunity to purchase Health coverage for myself and my dependents (if applicable) through my employer. I choose to decline enrollment at this time.
<input type="checkbox"/> SELECT THIS

← BACK

SAVE

Benefit Cost Summary

Health	\$475.69
Dental	\$12.59
Vision	\$3.60
Basic Life	\$0.00
Long-term Disability	\$0.00
Short-term Disability	\$0.00
Voluntary Employee Life AD&D	\$17.31
Voluntary Spouse Life AD&D	\$2.88
Total cost of coverage:	\$512.07

You can also waive coverage if you are covered elsewhere. Clicking on 'Save' will automatically move you on to the next benefit election.



[Do we want to include reasons if the member waives coverage? If so, what reasons do we want to collect?]

Dental Election for Current Enrollment

Choose your dependents

Mrs Hope - Spouse Child1 Hope - Child

Choose your plan

BASIC LOW PLAN		PREFERRED HIGH PLAN	
<p>\$6.32 (your pay-period cost)</p> <p>Effective on: 5/1/2019 Cost is deducted on a pre-tax basis</p>	 Guardian View Outline of Benefits	<p>\$12.59 (your pay-period cost)</p> <p>Effective on: 5/1/2019 Cost is deducted on a pre-tax basis</p>	 Guardian View Outline of Benefits
<input type="checkbox"/> SELECT THIS		<input type="checkbox"/> SELECT THIS	

- Or -

WAIVE COVERAGE

I acknowledge that I have been offered the opportunity to purchase Dental coverage for myself and my dependents (if applicable) through my employer. I choose to decline enrollment at this time.

SELECT THIS

[← BACK](#)

[SAVE](#)

Benefit Cost Summary


Health	\$475.69
Dental	\$0.00
Vision	\$3.60
Basic Life	\$0.00
Long-term Disability	\$0.00
Short-term Disability	\$0.00
Voluntary Employee Life AD&D	\$17.31
Voluntary Spouse Life AD&D	\$2.88
Total cost of coverage:	\$499.48

Vision Election for Current Enrollment

Choose your dependents

Mrs Hope - Spouse Child1 Hope - Child

Choose your plan

<p>\$7.92 (your pay-period cost)</p> <p>Effective on: 5/1/2019 Cost is deducted on a pre-tax basis</p>	 Guardian View Outline of Benefits
<input checked="" type="checkbox"/> SELECT THIS	

- Or -

WAIVE COVERAGE

I acknowledge that I have been offered the opportunity to purchase Vision coverage for myself and my dependents (if applicable) through my employer. I choose to decline enrollment at this time.

SELECT THIS

[← BACK](#)

[SAVE](#)


Benefit Cost Summary

Health	\$475.69
Dental	\$0.00
Vision	\$7.92
Basic Life	\$0.00
Long-term Disability	\$0.00
Short-term Disability	\$0.00
Voluntary Employee Life AD&D	\$17.31
Voluntary Spouse Life AD&D	\$2.88
Total cost of coverage:	\$503.80

Some benefits are provided by your employer at no cost to you.

Long-term Disability Election for Current Enrollment

Choose your plan

\$0.00 (your pay-period cost) Effective on: 5/1/2019 Cost is deducted on a post-tax basis	 Guardian View Outline of Benefits
Monthly Coverage Amount \$4,000.00	
<input checked="" type="checkbox"/> SELECT THIS	

← BACK


SAVE

Benefit Cost Summary

Health	\$475.69
Dental	\$0.00
Vision	\$7.92
Basic Life	\$0.00
Long-term Disability	\$0.00
Short-term Disability	\$0.00
Voluntary Employee Life AD&D	\$17.31
Voluntary Spouse Life AD&D	\$2.88
Total cost of coverage:	\$503.80

Short-term Disability Election for Current Enrollment

Choose your plan

\$0.00 (your pay-period cost) Effective on: 5/1/2019 Cost is deducted on a post-tax basis	 Guardian View Outline of Benefits
Weekly Coverage Amount \$577.00	
<input checked="" type="checkbox"/> SELECT THIS	

← BACK

SAVE

Benefit Cost Summary

Health	\$475.69
Dental	\$0.00
Vision	\$7.92
Basic Life	\$0.00
Long-term Disability	\$0.00
Short-term Disability	\$0.00
Voluntary Employee Life AD&D	\$17.31
Voluntary Spouse Life AD&D	\$2.88
Total cost of coverage:	\$503.80

Using the slider choose the level of Voluntary Employee Life.

Voluntary Employee Life AD&D Election for Current Enrollment

Choose your plan

\$11.54
(your pay-period cost)
Effective on: **5/1/2019**
Cost is deducted on a post-tax basis

Guardian
Guardian
[View Outline of Benefits](#)

Select a Coverage Amount

\$25000 \$50000 \$75000 \$100000 \$150000

SELECT THIS

- Or -

WAIVE COVERAGE

I acknowledge that I have been offered the opportunity to purchase Voluntary Employee Life AD&D coverage for myself and my dependents (if applicable) through my employer.
I choose to decline enrollment at this time.

SELECT THIS

← BACK

SAVE

Benefit Cost Summary

Health	\$475.69
Dental	\$0.00
Vision	\$7.92
Basic Life	\$0.00
Long-term Disability	\$0.00
Short-term Disability	\$0.00
Voluntary Employee Life AD&D	\$11.54
Voluntary Spouse Life AD&D	\$2.88
Total cost of coverage:	\$498.03

Voluntary Spouse Life AD&D Election for Current Enrollment

Choose your plan

\$2.88
(your pay-period cost)
Effective on: **5/1/2019**
Cost is deducted on a post-tax basis

Guardian
Guardian
[View Outline of Benefits](#)

Mrs Hope - Spouse

\$25,000.00

SELECT THIS

- Or -

WAIVE COVERAGE

I acknowledge that I have been offered the opportunity to purchase Voluntary Spouse Life AD&D coverage for myself and my dependents (if applicable) through my employer.
I choose to decline enrollment at this time.

SELECT THIS

← BACK

SAVE

Benefit Cost Summary

Health	\$475.69
Dental	\$0.00
Vision	\$7.92
Basic Life	\$0.00
Long-term Disability	\$0.00
Short-term Disability	\$0.00
Voluntary Employee Life AD&D	\$11.54
Voluntary Spouse Life AD&D	\$2.88
Total cost of coverage:	\$498.03

If you are completing both a New Hire enrollment for benefits effective before the 7/1/2019 the system will then allow you to complete your Open Enrollment too. If you are just doing Open Enrollment you will be taken directly to the Consolidated Enrollment Form.

Current / Future Enrollment

CURRENT BENEFITS ELECTIONS

You have successfully completed your current benefits elections!

Your benefit elections for your new current eligibility is now complete.

FUTURE BENEFITS ELECTIONS

Begin your future benefits elections now

You are eligible to enroll in your future enrollment benefits. Click the start button to proceed.

START >>

Once you have reviewed your elections click on finished. If you need to make any changes, you can click on edit and go back to update as necessary

Once you've reviewed your elections, please press the "Finish Elections" button below.

Consolidated Enrollment

Please review your Personal Information and Election choices. Note that you can edit those choices if you see anything you wish to change.

- CURRENT ELECTIONS
- FUTURE ELECTIONS
- MY BENEFITS
- MY TOTAL COMPENSATION

ER Cost signifies Employer Cost. This is how much your employer is contributing to the total plan cost. All costs are shown as a per pay-period amount. Deduction amounts surrounded by parentheses indicates a REFUND due to you.

Current Elections

Name: Duncan Hope
 Job Title: A
 Division: AN105 - Annunciation Church
 Category: Part Time - Benefits Eligible
 Print Date: 4/24/2019 11:32:49 AM



FINISH ELECTIONS

Health Election		Coverage Detail	Effective Date	My Cost	ER Cost	Total Cost
UMR Plan 3 - HDHP HMO 80 Policy #: RLG20008 View Outline of Benefits		Duncan Hope - Employee Mrs Hope - Spouse Child1 Hope - Child	5/1/2019	\$475.69	\$224.76	\$700.45
EDIT ELECTION						
Vision Election		Coverage Detail	Effective Date	My Cost	ER Cost	Total Cost
Guardian Policy #: tbc View Outline of Benefits		Duncan Hope - Employee Child1 Hope - Child	5/1/2019	\$7.92	\$0.00	\$7.92
EDIT ELECTION						
Basic Life Election						

Benefit Cost Summary			
Benefit	My Cost	ER Cost	Total Cost
Health	\$475.69	\$224.76	\$700.45
Vision	\$7.92	\$0.00	\$7.92
Basic Life	\$0.00	\$0.00	\$0.00
Long-term Disability	\$0.00	\$10.15	\$10.15
Short-term Disability	\$0.00	\$6.66	\$6.66
Voluntary Employee Life AD&D	\$11.54	\$0.00	\$11.54
Voluntary Spouse Life AD&D	\$2.88	\$0.00	\$2.88
Total:	\$498.03	\$241.57	\$739.60
Total Cost Distribution by benefit			

Congratulations! You have successfully completed your enrollment process!

Home

Welcome to your Benefits Homepage. Here you may review your dependents and beneficiaries, view your benefit elections summary and process any life events.

