

Enterprise Benefits Online System

Instructions for New Hires or Newly Eligible Employees

Log into Web Pay Employee Self Service in Paylocity by visiting <https://login.paylocity.com>

Use your current username and password, click HR & Payroll then select "Enterprise Benefits" from the drop down menu. This will take you directly to your enrollment site. Once in the site, click on "Enroll Now" to begin.

Enter:

- Company ID
- Username
- Password
- Click Login

paylocity [Help](#)

Welcome

Company ID

Username

Password [Show](#)

Remember My Username

Login

Single Sign-On Login



[Privacy Policy](#)

[Register New User](#)

Click:

- HR & Payroll

Select:

- Enterprise Benefits

Roman Catholic Bishop of San Diego [106131]

HR & Payroll Employees HR Payroll User Access Help

paylocity

Self Service Portal

HR & Payroll

Data Insights

Enterprise Benefits

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SAN DIEGO

Change Password Log Out

My Benefits My Profile Library

Welcome to your enrollment!

Enrollment Deadline 3/3/2021

Your Status **Not Started**

Start Your Enrollment

Welcome,
TESTCLIENT NEWHIRE1

My Profile
Edit my profile
Edit dependent profiles
Change My Email Address

My Family
Husband Testclient
Daughter Testclient

Life Events

Welcome

Note:

Do not use the Back and Forth Arrow keys. Use the Home Icon only.

Select:

- **Start Your Enrollment**

Employee Information

All of your personal and family information must be complete sometime before beginning your enrollment. Please complete any required fields below or if the information has already been entered, please make sure it is accurate. You'll need to agree to the information and then click "Continue".

If any of the information below is incorrect, please log into your [Self Service Portal](#) account and make the appropriate changes. Please allow 24 hours for the information to update in Web Benefits.

Demographics

First Name TESTCLIENT

Middle Initial

Last Name NEWHIRE1

Social Security Number 000-00-0249

Date of Birth 6/30/1993

Gender Female

Tobacco User

Address

Address 1 233 ANYWHERE

Address 2

City ANYWHERE

State CO - Colorado

Zip 81028

Home Phone

Home Email testclient1@gmail.com

Work Email

Preferred Email Home Email Work Email None

I verify that my personal information is correct.
 I agree

1 Your Info
Employee Information
Family Info

2 Your Benefits

3 Enroll

4 Complete

Continue

Employee Information:

- Review **Employee Demographic Information**
- Any updates will need to be made in the **Self-Service Portal**. Those updates will reflect in Benefits Enterprise within 24 hours
- Select **I agree** at the bottom of the page
- Select **Continue** in the right sidebar menu

Family Information

Please enter all family information before beginning your enrollment regardless of whether the family members are to be covered by your benefits or not. To do so, click "Add Dependents". To verify or edit the information of a family member who has already been entered, click on the person's name. If you do not have any family members, click "Continue".

TESTCLIENT NEWHIRE1

Female Employee
27 years old (6/30/1993)
SSN: 000-00-0249

Edit >

Husband Testclient

Male Spouse
61 years old (6/3/1959)
SSN: 108-88-8897

Edit >

Daughter Testclient

Female Child
2 years old (8/3/2018)
SSN: 555-55-0055

Edit >



Add Dependents

- 1 Your Info
 - Employee Information
 - Family Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Continue

I agree that the above information is accurate.
 I agree

Family Information:

- Review **Family Information**
- Select **Edit** to change an existing dependent's demographic information
- Select **Add Dependents** to enter a new dependent
- Select **I agree** at the bottom of the page
- Select **Continue** in the right sidebar menu

New Hire Enrollment

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

Medical NO PLAN SELECTED

* Selection Required

Dental NO PLAN SELECTED

* Selection Required

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Your Cost per pay period \$0.00

Finished selecting benefits? Click the button below to continue.

Continue

New Hire Enrollment:

Enroll or Decline Benefits:

- Select **View Plan Options**
- Select which **Dependents** to cover
- Select **Continue**
- Select **View plan details** to review Benefit summaries
- Select to Enroll in a **Plan** or **Waive** to decline the option
- Select **Continue** in the right sidebar menu

Basic Employee Life \$0.00
Your Cost per pay period

PLAN Basic Employee Life / Cigna / [View plan details](#)

COVERAGE 1 X Salary

COVERAGE AMOUNT \$50,000

Completed [View Information](#)

Basic Employee AD&D \$0.00
Your Cost per pay period

PLAN Basic Employee AD&D / Mutual of Omaha / [View plan details](#)

COVERAGE 1 X Salary

COVERAGE AMOUNT \$50,000

Completed [View Information](#)

Voluntary Employee Life NO PLAN SELECTED

*Selection Required [View Plan Options](#)

Voluntary Spousal Life NO PLAN SELECTED

*Selection Required [View Plan Options](#)

Voluntary Child Life NO PLAN SELECTED

*Selection Required [View Plan Options](#)

Voluntary Employee AD&D NO PLAN SELECTED

*Selection Required [View Plan Options](#)

Long Term Disability \$0.00
Your Cost per pay period

PLAN Long Term Disability / Cigna / [View plan details](#)

Completed [View Information](#)

FSA Health Care NO PLAN SELECTED

*Selection Required [View Plan Options](#)

FSA Dependent Care NO PLAN SELECTED

*Selection Required [View Plan Options](#)

Employee Assistance \$0.00
Your Cost per pay period

PLAN Employee Assistance Program / Aetna Resources for Living / [View plan details](#)

Completed [View Information](#)

Note:

Basic Employee Life including AD&D, Long Term Disability and Employee Assistance plans are automatically enrolled and paid by the employer.

Follow the steps outlined below to complete the rest of the benefit options available to you.

- Select **View Plan Options**
- Select **View plan details** to review Benefit summaries
- If enrolling select the appropriate **Coverage Amount** in the dropdown menu
- If not enrolling select **Waive** to decline the option
- When finished Select **Continue** in the right sidebar menu

"Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any benefits due after death of the employee/retiree. "Secondary Beneficiaries" represent the person or persons named to receive benefits if the Primary Beneficiary is not alive. Please review the options below and make changes as needed.

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Spouse NH12 (Spouse)	<input type="text"/> %
Child NH12 (Child)	<input type="text"/> %
Child NH12 (Child)	<input type="text"/> %
Child NH12 (Child)	<input type="text"/> %

Total: 0.0000% (must equal 100%)

[+ Add New Beneficiary](#)

▼ Add Secondary Beneficiaries (optional)

Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Spouse NH12 (Spouse)	<input type="text"/> %
Child NH12 (Child)	<input type="text"/> %
Child NH12 (Child)	<input type="text"/> %
Child NH12 (Child)	<input type="text"/> %

Total: 0.0000% (must equal 100%)

[+ Add New Beneficiary](#)

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- Beneficiaries**
- Review and Confirm
- 4 Complete

Your Cost per pay period \$0.00

Continue

Complete Beneficiaries

- Enter the percentage(s) so that in total it equals 100%
- When finished Select **Continue** in the right sidebar menu



Basic Employee AD&D

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Spouse NH12 (Spouse)	<input type="text"/> %
Child NH12 (Child)	<input type="text"/> %
Child NH12 (Child)	<input type="text"/> %
Child NH12 (Child)	<input type="text"/> %

Total: 0.0000% (must equal 100%)

[+ Add New Beneficiary](#)

▼ Add Secondary Beneficiaries (optional)

Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Spouse NH12 (Spouse)	<input type="text"/> %
Child NH12 (Child)	<input type="text"/> %
Child NH12 (Child)	<input type="text"/> %
Child NH12 (Child)	<input type="text"/> %

Total: 0.0000% (must equal 100%)

[+ Add New Beneficiary](#)

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- Beneficiaries**
- Review and Confirm
- 4 Complete

Your Cost per pay period \$0.00

Continue

Review and Confirm



Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at the right side of the page.

Your Total Cost **\$0.00**
Per Pay Period



Medical

This benefit election is pending until approved by HR Department

Waived



Dental

This benefit election is pending until approved by HR Department

Waived

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
Beneficiaries
- 4 Complete

Review and Confirm

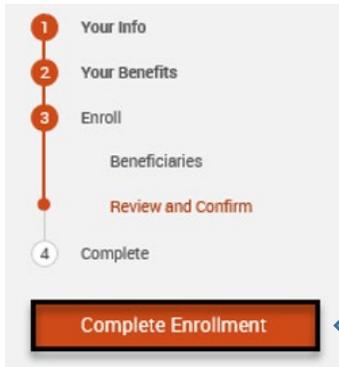
- Review all selections
- Select **Edit Selection** to go back and make any changes

Once You've Reviewed All Your Selections:

I understand that the choices I've made are in effect for one full benefit plan year and cannot be changed until the next enrollment period unless I have a qualified status change. If I do have a qualified family status change, I have 30 days from the date of the life event to make changes to my benefit plans, and that I may be required to furnish proof of the event and/or be asked to furnish evidence of insurability for my eligible dependents or myself. Finally, I authorize payroll deductions, if required, for my contributions in the cost of the coverage I have selected.

I agree, and I'm finished with my enrollment.

- When finished Select **I agree, and I'm finished with my enrollment**



- Click **Complete Enrollment** to submit your enrollment to your location administrator for review and approval



Your enrollment is complete!

 You may make changes to your elections until: **January 19, 2019**

You have completed your enrollment. Click the picture of a printer to create a printer friendly copy of your Confirmation Statement for your records or email yourself a copy of the Statement. If you would like to make changes to your enrollment, you are able to do so from returning to your home page. From your home page, while you are still within your enrollment window, you can click on the Enrollment Complete button to make any changes needed before your window closes.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.



Enrollment Complete

- Click **View, Email or Print** a copy of your statement
- Click **Logout** located upper right corner