1. Login to CHR and go to My Info tab.



CENTRALLY HR (CHR) Benefits Enrollment for Employees

(For new hires and during open enrollment)



CENTRALLY HR (CHR) Benefits Enrollment for Employees

(For new hires and during open enrollment)

	6 . When enrolling medical plan the the Coverage leve	g, choose a n choose el.
Session Timeout X We Lens i	n Creation: The dark sky or X 🕐 CBIZ HCM Admin Account X +	- b x
🔛 Apps 📀 👬 Webinars 🕝 Sign in - My Pay	entry 🗠 839A Benefits 🕋 NextGen - Rayentry 🛞 CHR Login 🔮 Catholic Diocese of 🚱 Online Time and At 🌟 Go To Meeting 🕲 U., Workforce Ser 📓 News from the Vasi 😲 NACPA 👹 Catholic Women Pr	» Other bookmarks
≡ 🚸		و 🎝
New Enrollment Incomplete Stanied on Sep 21, 2020		CONTINUE
Instructions	Medical	Compare Plans
FSA Confirm & Submit	Value all Medical General Valuecare Network (P) Fill in Required Info for Selected Plan Coverage Inne C	
	Cenerge Name	

*For Employee Only coverage

New Enrollment Incomplete Stanted on Sep 21, 2020		CONTINUE
Instructions	Medical	Compare Plans
Medical	Waive all Medical	
PA Confirm & Submit	Coverage Network (P Fill in Required Info for Selected Plan Coverage Level Coverage Level Coverage Network	

Session Timeout X Len	ns on Creation: The dark sky of 🗴 🙆 CBIZ HCM A	dmin Account x +	- 🛛 ×
← → C ☆ a secure5.entertimeon	line.com/ta/CBIZ20073.hcm?rnd=VEJ8showAd	imin=18Ebct=login8istr=HSBERPEUMT nr. 🕼 CHB Loois 🍐 Cutholic Nicessen d. 🌰 Challes Time and At 👾 Go To Massimo 🍈 Utub Woodforw Sar 🗖 Name from the Vec. 🚺 NACOA 🐰 Cutholic Women Dr	Q 🖈 🏇 🚯 :
- A	ayenay <u>a aarroonena</u> menden rayen	A characht & contract norm of contract numbers and the contraction of contract norm metallicity in the contract of the cont	
= \U			• 0
← New Enrollment			
Incomplete 0%			
Started on Sep 21, 2020		Fill in Required Info for Selected Plan	CONTINUE
Instructions	Medical	Coverage Level	Compare Plans
Medical	Waive all Medical	Coverage *	
FSA	-		
Confirm & Submit	General Valuecare Network (P	Spouse	
	Coverage Name	< Page 1 of 1 → 0 Rows + Add ▼	
	General Participating Network	Add New	
	Crustane Name	Contacts	_
	Family	Children	
	Coverage -	Require 0-20 Child/ren	
	Taxable income -	< Page 1 of 1 ≥ 0 Rows +Add ▼	
	Employee Frequency Every Scheduled Pay	Name Helationship Birth Date Actions	
	NO DETAIL O		
		CANCEL SAVE AND ST CT	
	HDHP Participating Network		
	Coverage Name		
	HDHP ValueCar_wetwork		
7h Clister Ad	d 40 onuoll on o	was and/on demandant shildren	
70. Click Ad	a, to enfort spe	buse and/or dependent children.	
Make sure you	u have your de	pendent's SSN and birthday	
information a	vailable as vou	complete this section.	
Noto: For cur	ront omnlovoo	c in most cases your	
Note. For cur	rent employee	s, in most cases your	
dependents h	iave already be	een added to the options for	
vou. You will l	have to click o	n "Choose existing dependents".	
,			
		8 . Click Sav	e and Select

*For Coverage Level with Dependent(s) – 2 party or Family option

CENTRALLY HR (CHR) Benefits Enrollment for Employees (For new hires and during open enrollment)

← New Enrollment		
FSA	Waive all Medical	
Confirm & Submit	General Valuecare Network (PVC)	
	Coverage Name	
	General Participating Network (PAR)	
	Coverage Name Employee Only	
	Coverage Employee Contribution 575.00	
	Taxable Income Company Contribution	
	Employee Frequency Company Frequency .	
	✓ DETAILS	
	HDHP Participating Network	
	Coverage Name	
	HDHP ValueCare Network	
	Coverage Name	
		CONTINUE
Y	ou will see the Employee contribution/monthly	
р	remium here.	
← New Enrollment		
Incomplete		
Incomplete Started on Sep 21, 2020	2%	contrase
Incomplete 50	25	CONTRAC
Incomplete 56 Standed on Sep 21, 3223	FSA FSA	CONTRAC Compare Plans
Incomplete Started on Sep 21, 2020 instructions Medical FSA	FSA Water all FSA	 CONTRUE Compare Plans
Incomplete Starred on Sep 21, 2020 Starred on Sep 21, 2020 Medical FSA Confirm & Submit	PSA FSA Valve all FSA FEx Dependent Care	Compare Plans
Incomplete Starred on Sep 21, 2020 Starred on Sep 21,	FSA Wake all FSA Fice Dependent Care Coverage Name -	 Contract Compare Plans
Incomplete Daniel of Sp 21, 200 Mindical FSA Confirm & Submit	FSA Water all FSA Flex Dependent Care Consept Fame Flex Medical	Contract
Incomplete 50 Barned on Sep 21, 2020	FSA Waive all FBA Flex Dependent Care Comprog Name - Flex Medical Comprog Name - - Flex Medical Comprog Name	 Compare Plans
Incomplete Starred on Sep 21, 2020 Starred on Sep 21, 2020 Medical FSA Confirm & Submit	FSA Waive all FSA Waive all FSA Flex Dependent Care Consept Name Image: Flex Medical Consept Name Image: Flex Medical Consept Name	 Compare Plans
Incomplete Starred on Sep 21, 2020 Sep 21,	SN SSA SSA SSA SSA SSA SSA SSA	 Compare Plans
Incomplet Daniel of Sp 21, 2023 Madical FSA Confirm & Submit	FSA FSA Very water all FBA Fiex Dependent Care Compose teme Fiex Medical Compose teme	 Correct Correct Correct
Interceptere	PA FSA Very all FSA Fex Dependent Care Consept Name Fex Medical Consept Name	
Interdiors Sep 21, 2020	7% FSA Weve all FBA Fex Dependent Care Composition Fixe Medical Composition * * * * * * * * * * * * *	 Corper Pine
Internet on Sep 21, 2020	7% FSA Were al FSA Proceeding all all all all all all all all all al	
Interest of Section 21, 2020	FSA Www all FIA Fex Dependent Care Compositive Pex Medical Compositive	 CONTRAC CONTRACT CONTRACT
Interceptiet	PA FSA Were all FSA FEx Dependent Care Composition Fex Medical Composition .	
Source of the second s	The second seco	
9. Choose of	FX • Were at FA • Fex Dependent Care • regrettive • Fex Medical Compretive • Fex Medical • Two regrettive • Name of the Medical	
9. Choose of Note: If you	SA SA Image: Provide of the second of the s	
9. Choose of Note: If you will have the	FX Image: Weat #TA Image: Provide #TA </td <td></td>	

<pre>tenderstand</pre>				
<complex-block><form><form></form></form></complex-block>	← New Enrollment			
A very control of the second of the secon	Incomplete			
I wanted in the state of the	Started on Sep 21, 2020			CONTINUE
<pre> vertice vertice</pre>	Instructions	FSA		Compare Plans
I we were a we we were a we we were a we were a we were a we were a we we	Medical		Fill in Required Info for Selected Plan	×
<pre> for the state</pre>	FSA	Waive all FSA	Coverage Level	
<pre> intervalue intervalue</pre>	Confirm & Submit	Flex Dependent Care	oursings Letter	
<pre> I water</pre>		Coverage Name	Enroll *	
I we				
<pre> imp imp imp imp imp imp imp imp imp</pre>		Flex Medical	Annual Election	
<pre></pre>		Coverage Name Enroll	\$	
I vertice the result of the		Coverage	0.00	
A vertice of the state of th		Taxable income	1	
In the second seco		Employee Frequency	CANCEL SAVE AND SELE	ст
I for a. When you choose to Enroll, you can type your annual contribution here. Note that the FSA Medical annual maximum contribution is \$2,750.		Every Scheduled Pay		
I to a. When you choose to Enroll, you can type your annual contribution here. Note that the FSA Medical annual maximum contribution is \$2,750.				
I for a when you choose to Enroll, you can type your anual contribution here. Note that the FSA Medical anual maximum contribution is \$2,750.				CONTINUE
for the second s				
I Da. When you choose to Enroll, you can type your annual contribution here. Note that the FSA Medical annual maximum contribution is \$2,750.				
10a. When you choose to Enroll, you can type your annual contribution here. Note that the FSA Medical annual maximum contribution is \$2,750.				
Annual contribution here. Note that the FSA Medical annual maximum contribution is \$2,750.	10a. Whe	en you choose t	to Enroll, you can type your	
Annual maximum contribution is \$2,750.	annual co	ntribution here	e. Note that the FSA Medical	
Mere Enrollment Morrigite 99% Serve for Sign Same Same Same Same Modest More an Real Modest	annual m	avimum contrik	aution is \$2.7E0	
New Enrollment Promptie 99% Enrol on 19%	dilludi ili		Jution is \$2,750.	
Event EventIment Incomplet 99% State on 169 21, 200				
• New Enrollment Incomplet 99% 99% 99%				
Incomplete 99% Incomplete 99% 99% Incomplete Incomplete Incomplete Incomplete Incomplete FSA Complete Plans Incomplete Incomplete Incomplete	← New Enrollment			
Statuted on Sep 21, 2020 99% CONTRACT Instructions FSA Compare Plans Image: Medical Image: Waive all FSA Compare Plans	Incomplete			
Ontrink Compare Plans Ø Medical Instructions Compare Plans	99% Started on Sep 21, 2020			
				CONTINUE
Medical Walve al FSA	Instructions	FSA		Compare Plans
Watte all FOA	Medical	Walso all ESA		
Ø FRA	🖉 FSA	waive all PSA		
	Confirm & Submit	Flex Dependent Care		
Confirm & Submit Flex Dependent Care		Coverage Name		
Confern & Submit Coverage Name				
Confirm & Submit Contract & Cont		Elex Medical		
© F5A	New Enrollment Incomplete 99% Stanted on Say 21, 2020 9% Madical FSA	FSA Waive all FSA		CONTREX Compare Films
Surface a school Surface and S	Confirm & Submit	- Hex Dependent Care		
Confern & Submit Flex Dependent Care		- uoverage Name		
Confern & Submit Coverage Name Coverage Name		Flex Medical		
Confirm & Submit Contrage Name Contrage Nam		Coverage Name		

FSA	THUR OF OR		
Confirm & Submit	Flex Dependent Care		
	Coverage Name		
	Flex Medical		
	Coverage Name Enroll		
	Coverage \$800.00	Employee Contribution \$200.00	
	Taxable Income	Company Contribution	
	Employee Frequency Every Scheduled Pay	Company Frequency	
	V DETAILS		
10b. Your is shown h	monthly contribution ere.		CONTRAC
			11. Click Continue.

		MY BENEFITS		* (?
Incomplete Started on Sep 21, 2020				UBMIT	
 Instructions Medical FSA Confirm & Submit 	Confirm & Submit Takes you for selecting (or varies) your new benefit plans. Rease take a moment to review the plans. Meth. 'you varie you' haath and wellen coverage for any benefits, you may not be adde to available. If you varies you' haath and wellen coverage for any benefits, you may not be adde to available. If you varies you' haath and wellen coverage for any benefits, you may not be adde to available. If you varies you haath and wellen coverage for any benefits. If you was extinded only your dependents that are to be included on the HB Department will review your submitst and context you should be have any additional questor the HB Department will review your submitst and context you should be have any additional questor the HB Department will review your submitst and context you should be have any additional questor the HB Department will review your submitst and context you should be have any additional questor the HB Department of the review your submitst and context you should be have any additional questor the HB Department of the review your submitst and context you should be have any additional questor the HB Department of the review your submitst and context you should be have any additional questor the HB Department of the review your submitst and context you should be have any additional questor the review of the review your submitst and context you should be have any additional questor the review of th	8 coverage Invels. Select the Produces splits is into the plan(s) and the vert Open Derolfm your plan (if applicable). Once you have ident is. There you.	on the meru below to make any changes up to finalization. If does unless you have a qualifying Ue Change Event . Eed your dependents, you will be able to use the "submit reguest" option to Finalize and submit your selections. Economic Mountly Premium Statistic Income Concept Pressure Company Pressurey -	D Contra	P
✓ DETAILS		12. This paber benefit sel rest of the	ge will have a summary of your ections. Scroll down to see the page.		

FSA		Ø
Flex Medical		Enroll
Employee Contribution \$200.00	Taxable Income	
Employee Frequency Every Scheduled Pay	Coverage Amount \$800.00	
Company Contribution	Company Frequency	
V DETAILS		
HSA		Ø
		SUBM
	13. Click Submit.	

CENTRALLY HR (CHR) Benefits Enrollment for Employees

(For new hires and during open enrollment)



Once you click accept, this message will pop up.

Medical	0
General Participating Network (PAR)	Employee On
Employee Contribution \$75.00	
Employee Frequency Every Scheduled Pay	
Company Contribution	
FSA	6
Flex Medical	Enr
Employee Contribution \$200.00	
Employee Frequency Every Scheduled Pay	

Note:

The Location HR/Finance manager will receive an email notification that you have submitted your enrollment for approval.

You will receive an email notification when it is approved.