

EMPLOYEE SELF SERVE ONLINE BENEFIT ENROLLMENT



**MICHIGAN
CATHOLIC**
CONFERENCE

REGISTRATION/LOGIN



Employee Self-Serve

The Michigan Catholic Conference *Employee Self-Serve* (ESS) system allows you to access your MCC benefit information online. [New User? Register here.](#)

To continue, please log in...

Email Address

Password
 [Forgot Password](#)

SIGN IN

NEW USER?



Please provide the following pieces of information so we can verify your identity.

Social Security Number (last 4 digits)

Last Name

Birthdate (mm/dd/yyyy)

Continue **Cancel**

PERSONAL INFO



The MCC Benefits System allows you to take control of your benefits. Please sign in below or register if you are a new user.

Enter Login Credentials Below:

Username
 [Forgot Username](#)

Password
 [Forgot Password](#)

Sign In

[New User? Register here.](#)

PERSONAL LOGIN

- SELECT “NEW USER? REGISTER HERE.”
- ENTER THE LAST FOUR DIGITS OF YOUR SSN, LAST NAME, AND BIRTHDATE
- CLICK “CONTINUE”
- ENTER YOUR E-MAIL ADDRESS AND CHOOSE A PASSWORD
- RETURN TO THE LOGIN SCREEN AND ENTER YOUR USERNAME AND PASSWORD
- CLICK “SIGN IN”

HOME PAGE

VIEW YOUR BENEFITS/ “YOUR BENEFITS” TAB

SELECT TO SEE YOUR CURRENT BENEFIT ELECTIONS

SUMMARY BENEFITS AND COVERAGE

SELECT TO VIEW CURRENT BENEFIT PLANS

ASK QUESTIONS

SELECT TO SEND TO AN E-MAIL TO MCC BENEFITS TEAM. THIS CAN ALSO BE DONE BY CLICKING ON THE LINK UNDER “NEED HELP?”

ENROLL

SELECT THE “REVIEW YOUR BENEFITS” LINK ON THE UPPER RIGHT OF THE SCREEN, UNDER “MY TO DO LIST” TO BEGIN ENROLLMENT.

MY PROFILE /”YOUR PROFILE” TAB (TOP RIGHT CORNER)

SELECT TO VIEW YOUR PERSONAL PROFILE INFORMATION, CONTACT INFORMATION, AND TO CHANGE YOUR E-MAIL OR PASSWORD.

The screenshot shows the Michigan Catholic Conference website. At the top left is the logo, a shield with a cross and a map of Michigan. To its right is the text "MICHIGAN CATHOLIC CONFERENCE". In the top right corner, there is a user profile icon and a link "My Profile Sign Out". Below the logo is a blue navigation bar with the following tabs: "HOME", "YOUR BENEFITS", "YOUR PROFILE", "YOUR RETIREMENT", and "CONTACTS & RESOURCES". The main content area features a large banner with the headline "ARE YOUR LOVED ONES PROVIDED FOR?" and a sub-headline "If you participate in the Lay Employees' Retirement Plan and have not assigned or updated your beneficiary for the LERP Death Benefit, please do so today." Below this is a yellow button that says "ASSIGN OR UPDATE YOUR BENEFICIARY NOW →". To the right of the text is a photo of a young girl with curly hair sitting at a desk and coloring. Below the banner is a smaller text line: "If you are having trouble viewing the link, please click [here](#) for more information." Below this is a section titled "Welcome to Your Benefits!" with a photo of a man looking at a laptop. The text in this section reads: "Please note that not all MCC benefit plans are offered by participating parishes, schools, and other Catholic entities. Check with your employer for information on benefits offered and any required employee contributions. From this site you may:" followed by a list of actions: "-Enroll in benefits during Open Enrollment", "-Enroll in benefits when newly benefit eligible", "-View current benefit elections", "-View beneficiaries", "-Review your Lay Employees' Retirement Plan benefits", and "-Link to benefit plan information and carriers". To the right of this section is a "My To Do List" box with a blue header and a yellow star icon next to the link "Select Your Benefits". Below this link is the text "Only 28 day(s) left to make your Annual Enrollment benefit selections." Below the "My To Do List" box is a "Need Help?" box with a blue header. The text in this box reads: "The MCC Benefits Team is available Monday-Friday, 8:30 to 4:45 ET to answer your benefit questions and assist in benefit enrollment. Call: 800-395-5565 Email: benefits@micatholic.org". A red arrow points from the right side of the page towards the "Select Your Benefits" link, with the text "ENROLL HERE" written inside the arrow.

STEP 1: VERIFY PERSONAL INFORMATION HERE

IF YOU ARE ALREADY ENROLLED, SKIP THIS SECTION.

CLICK "CONTINUE".

The screenshot shows the Michigan Catholic Conference Annual Enrollment form. At the top, the Michigan Catholic Conference logo is displayed. Below the logo, the title "Annual Enrollment" is shown. A progress bar indicates three steps: Step 1 (Personal Information), Step 2 (Review & Change Elections), and Step 3 (Confirmation). Step 1 is currently active and highlighted in blue. Below the progress bar, a message reads: "Please verify all of the information below. Please contact your employer to update any basic information that is not correct. Click continue to advance to the next screen." The form is divided into several sections: "Basic Information" with fields for Name, Date of Birth, Contact Preference, SSN, and Gender; "Address Information" with a table for address details; "Email Information" with a message stating "No emails exist on this record."; and "Telephone Information" with a message stating "No telephone numbers exist on this record." At the bottom of the form, there are two buttons: "Continue" and "Exit". A red arrow points to the "Continue" button with the text "CONTINUE HERE".

Annual Enrollment

Step 1: Personal Information | Step 2: Review & Change Elections | Step 3: Confirmation

Please verify all of the information below. Please contact your employer to update any basic information that is not correct. Click continue to advance to the next screen.

Basic Information

Name		SSN	Gender
Date of Birth			
Contact Preference			

Address Information

ADDRESS TYPE	ADDRESS LINE 1	CITY	STATE	ZIP CODE	PREFERENCE
Permanent					Yes

Email Information

No emails exist on this record.

Telephone Information

No telephone numbers exist on this record.

CONTINUE HERE → [Continue](#) [Exit](#)

DEPENDENTS ON RECORD ARE LISTED; TO ADD A NEW ONE:



Annual Enrollment

Please verify all dependent information is correct. Dependents must be added below before they can be added to coverage.

To add a dependent to coverage, you will still need to add the dependent when selecting your coverage levels. This dependent documentation will be reviewed and processed in accordance with plan terms.

Per program guidelines, a legal dependent child must be under 26 years of age to be eligible for coverage unless permanently disabled. Please contact the MCC Benefits Team if you need to add a permanently disabled dependent.

If you are adding a legally domiciled adult, you will need to supply a LDA Certification ([Click here for LDA Certification Form](#)) and two of the following:

- Drivers license listing a common address
- Tax returns listing a common address
- Bank, credit card or other financial or utility statements listing a common address

LDA Certification Form and supporting documents must be uploaded as one file while adding dependent information, or can be faxed to MCC at 517-372-2911.

Dependent Information [Add New Dependent](#)

FIRST NAME	MIDDLE INITIAL	LAST NAME	DEPENDENT SSN	RELATIONSHIP	DATE OF BIRTH	GENDER	DISABLED
				Legally Domiciled Adult			

CONTINUE HERE  [Continue](#) [Exit](#)

SELECT “ADD NEW DEPENDENT”

DEPENDENT CHILDREN REQUIRE:

CERTIFICATE OF BIRTH

LEGALLY DOMICILED ADULTS

REQUIRE:

LDA CERTIFICATION FORM

TWO (2) SUPPORTING

DOCUMENTS

COMPLETE ALL FIELDS

CLICK “CONTINUE”



STEP 2 – REVIEW & CHANGE ELECTIONS

YOU MAY ONLY MAKE CHANGES
TO THE FOLLOWING AREAS:

MEDICAL

DENTAL

VISION

UPDATE BENEFICIARIES -
LIFE/AD&D*

OPTIONAL LIFE

DEPENDENT CHILDREN OPTIONAL
LIFE

HEALTHCARE FSA

DEPENDENT FSA

*LIFE/AD&D AND DISABILITY AMOUNTS ARE
CALCULATED BY THE SYSTEM AND SUBJECT TO
EMPLOYER OFFERING. CHANGES ARE NOT
PERMITTED.

MICHIGAN CATHOLIC CONFERENCE

Annual Enrollment

Review and Change Your Benefits

Please contact your employer for premium sharing policies

Your Benefit Selections	Monthly Employer Premium
MEDICAL BCBS PPO1 Employee & Legally Domiciled Adult Dependents Covered: <input type="text"/>	MAKE CHANGES \$1,100.00
DENTAL Dental Employee & Legally Domiciled Adult Dependents Covered: <input type="text"/>	MAKE CHANGES \$100.00
VISION Vision Employee & Legally Domiciled Adult Dependents Covered: <input type="text"/>	MAKE CHANGES \$100.00
LIFE/AD&D 2 x Pay Life Insurance 2 times Pay <input type="text"/>	MAKE CHANGES \$100.00
Update Beneficiaries	
OPTIONAL LIFE Waive	MAKE CHANGES \$0.00
CHILD OPTIONAL LIFE Waive	MAKE CHANGES \$0.00
DISABILITY LTD 60% of Pay <input type="text"/>	MAKE CHANGES \$100.00
HEALTHCARE FSA Waive	MAKE CHANGES \$0.00
DEPENDENT CARE FSA Waive	MAKE CHANGES \$0.00
Total Premium Cost: \$1,400.00	

[Save](#) [Cancel](#)

Change Your Coverage due to Annual Enrollment

Your change in coverage is effective 1/1/2015.

You have 28 days remaining to complete your changes. Changes must be completed by 10/31/2014.

Election Guide

Election Summary

- Medical Election
- Dental Election
- Vision Election
- Life Election
- Optional Life Election
- Disability Election
- FSA Election



MAKING CHANGES: PROGRAM ELECTIONS

Annual Enrollment

Review and Change Your Benefits

Please contact your employer for premium sharing policies

Your Benefit Selections	Monthly Employer Premium
MEDICAL BCBS PPO1 Employee & Legally Domiciled Adult Dependents Covered: [None]	MAKE CHANGES \$0.00
DENTAL Dental Employee & Legally Domiciled Adult Dependents Covered: [None]	MAKE CHANGES \$0.00
VISION Vision Employee & Legally Domiciled Adult Dependents Covered: [None]	MAKE CHANGES \$0.00
LIFE/AD&D 2 x Pay Life Insurance 2 times Pay Dependents Covered: [None]	MAKE CHANGES \$0.00
Update Beneficiaries	
OPTIONAL LIFE Waive	MAKE CHANGES \$0.00
CHILD OPTIONAL LIFE Waive	MAKE CHANGES \$0.00
DISABILITY LTD 60% of Pay	MAKE CHANGES \$0.00
HEALTHCARE FSA Waive	MAKE CHANGES \$0.00
DEPENDENT CARE FSA Waive	MAKE CHANGES \$0.00
Total Premium Cost: \$0.00	

Change Your Coverage due to Annual Enrollment

Your change in coverage is effective 1/1/2013

You have 28 days remaining to complete your changes. Changes must be completed by 10/31/2012.

Election Guide

Election Summary

- Medical Election
- Dental Election
- Vision Election
- Life Election
- Optional Life Election
- Disability Election
- FSA Election

SELECT "MAKE CHANGES"

CLICK ON DESIRED PROGRAM

"WAIVE" MEANS YOU ARE NOT ENROLLED IN THAT BENEFIT

SELECT DEPENDENTS AS DESIRED

CLICK "SAVE CHANGES"

Change Your Medical Coverage

Please select the medical plan and which dependents you wish to cover below.

PLAN	EMPLOYEE ONLY	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD	EMPLOYEE AND FAMILY
<input checked="" type="radio"/> BCBS PPO1	\$556.00	\$1,222.00	\$1,222.00	\$1,445.00
<input type="radio"/> BCBS PPO2	\$410.00	\$900.00	\$900.00	\$1,065.00
<input type="radio"/> WAIVE				

Choose dependents to be covered in BCBS PPO1 plan:

NAME	RELATION	DATE OF BIRTH
<input checked="" type="checkbox"/>	CHILD	01/02/2003
<input checked="" type="checkbox"/>	Child	02/02/2013

[Save Changes](#)

MAKING CHANGES: UPDATE BENEFICIARIES

NAME OR UPDATE EXISTING BENEFICIARIES WHILE ENROLLING:
SELECT "UPDATE BENEFICIARIES"
SELECT FROM EXISTING ENTRIES, OR "ADD NEW BENEFICIARY"
SELECT INDIVIDUAL(S)
ENTER PERCENTAGE (%)
CLICK "SAVE CHANGES"

Annual Enrollment
Review and Change Your Benefits
Please contact your employer for premium sharing policies

Your Benefit Selections	Monthly Employer Premium
MEDICAL BCBS PPO1 Employee & Legally Domiciled Adult Dependents Covered: [redacted]	MAKE CHANGES \$1,100.00
DENTAL Dental Employee & Legally Domiciled Adult Dependents Covered: [redacted]	MAKE CHANGES \$100.00
VISION Vision Employee & Legally Domiciled Adult Dependents Covered: [redacted]	MAKE CHANGES \$10.00
LIFE/AD&D 2 x Pay Life Insurance 2 times Pay Update Beneficiaries	MAKE CHANGES \$100.00
OPTIONAL LIFE Waive	MAKE CHANGES \$10.00
CHILD OPTIONAL LIFE Waive	MAKE CHANGES \$10.00
DISABILITY LTD 60% of Pay	MAKE CHANGES \$100.00
HEALTHCARE FSA Waive	MAKE CHANGES \$10.00
DEPENDENT CARE FSA Waive	MAKE CHANGES \$10.00
Total Premium Cost: \$1,340.00	

[Save](#) [Cancel](#)

Change Your Life/AD&D Beneficiary Information [ADD](#) [Add New Beneficiary](#)

Your beneficiary information is summarized below. You must designate a beneficiary for your life insurance plan(s).

2 x Pay Life Insurance				
BENEFICIARY NAME	BENEFICIARY SSN	BENEFICIARY DOB	PRIMARY	PERCENT
John Smith		01/02/2003	<input type="checkbox"/>	<input type="text"/> %
James Smith		02/02/2013	<input type="checkbox"/>	<input type="text"/> %
Jack Smith		06/05/1950	<input type="checkbox"/>	<input type="text"/> %
John Smith	111-22-3333	01/02/2003	Yes <input type="checkbox"/>	50 %
James Smith	333-22-1111	02/02/2013	Yes <input type="checkbox"/>	50 %

[SAVE CHANGES](#) [Save Changes](#) [Cancel](#)

MAKING CHANGES: OPTIONAL LIFE

Annual Enrollment

Review and Change Your Benefits

Please contact your employer for premium sharing policies

Your Benefit Selections	Monthly Employer Premium
MEDICAL BCBS PPO1 Employee & Legally Domiciled Adult Dependents Covered: [Redacted]	MAKE CHANGES
DENTAL Dental Employee & Legally Domiciled Adult Dependents Covered: [Redacted]	MAKE CHANGES
VISION Vision Employee & Legally Domiciled Adult Dependents Covered: [Redacted]	MAKE CHANGES
LIFE/AD&D 2 x Pay Life Insurance 2 times Pay	MAKE CHANGES
Update Beneficiaries	
OPTIONAL LIFE Waive	MAKE CHANGES
CHILD OPTIONAL LIFE Waive	MAKE CHANGES
DISABILITY LTD 60% of Pay	MAKE CHANGES
HEALTHCARE FSA Waive	MAKE CHANGES
DEPENDENT CARE FSA Waive	MAKE CHANGES
Total Premium Cost: \$ [Redacted]	

[Save](#) [Cancel](#)

Change Your Coverage due to Annual Enrollment

Your change in coverage is effective 1/1/2017.

You have 28 days remaining to complete your changes. Changes must be completed by 10/31/2016.

Election Guide

Election Summary

- Medical Election
- Dental Election
- Vision Election
- Life Election
- Optional Life Election
- Disability Election
- FSA Election

MAKE CHANGES

SELECT \$

TO ELECT OPTIONAL LIFE INSURANCE DURING ENROLLMENT:

SELECT "MAKE CHANGES"

SELECT A COVERAGE AMOUNT*

*YOU MUST ENROLL IN OPTIONAL LIFE IN ORDER TO ENROLL YOUR CHILD(REN)

CLICK "CONTINUE"

Optional Life				
OPTION	MONTHLY PREMIUM COST	EMPLOYER PAY PERIOD COST	AMOUNT ELECTED	
<input type="radio"/> \$10,000	\$0.99	\$0.00	\$10,000.00	
<input type="radio"/> \$25,000	\$2.48	\$0.00	\$25,000.00	
<input checked="" type="radio"/> \$50,000	\$4.95	\$0.00	\$50,000.00	
<input type="radio"/> \$100,000	\$9.90	\$0.00	\$100,000.00	
<input type="radio"/> WAIVE	\$0.00	\$0.00	\$0.00	

Child Optional Life				
OPTION	MONTHLY PREMIUM COST	EMPLOYER PAY PERIOD COST	AMOUNT ELECTED	
<input checked="" type="radio"/> \$10,000	\$2.75	\$0.00	\$0.00	
<input type="radio"/> Waive	\$0.00	\$0.00	\$0.00	

CONTINUE [Continue](#) [Cancel](#)

MAKING CHANGES: UPDATING OPTIONAL LIFE BENEFICIARIES

NAME OR UPDATE EXISTING
BENEFICIARIES DURING ENROLLMENT:

SELECT “UPDATE BENEFICIARIES”

SELECT FROM EXISTING ENTRIES, OR
“ADD NEW BENEFICIARY”

SELECT INDIVIDUAL(S)

ENTER PERCENTAGE (%)

CLICK “SAVE CHANGES”

Change Your Optional Life Beneficiary Information [Add New Beneficiary](#)

Your beneficiary information is summarized below. You must designate a beneficiary for your life insurance plan(s).

Optional Life				
BENEFICIARY NAME	BENEFICIARY SSN	BENEFICIARY DOB	PRIMARY	PERCENT
[REDACTED]	[REDACTED]	12/28/2008	<input type="checkbox"/>	<input type="text"/> %
[REDACTED]	[REDACTED]	10/14/2012	<input type="checkbox"/>	<input type="text"/> %
[REDACTED]	[REDACTED]	06/05/1950	<input checked="" type="checkbox"/>	100 %
[REDACTED]	[REDACTED]	12/28/2008	<input type="checkbox"/>	<input type="text"/> %
[REDACTED]	[REDACTED]	10/14/2012	<input type="checkbox"/>	<input type="text"/> %

[Save Changes](#) [Cancel](#)



MAKING ANNUAL ELECTIONS TO HEALTHCARE OR DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

HEALTHCARE FSA	Waive	\$0.00
DEPENDENT CARE FSA	Waive	\$0.00

Total Premium Cost: \$1,606.24

Save Cancel

Healthcare FSA	OPTION	MONTHLY PREMIUM	AMOUNT ELECTED
	<input type="radio"/> ANNUAL AMOUNT	\$0.00	\$0.00
	<input checked="" type="radio"/> Waive	\$0.00	

Dependent Care FSA	OPTION	MONTHLY PREMIUM	AMOUNT ELECTED
	<input type="radio"/> ANNUAL AMOUNT	\$0.00	\$0.00
	<input checked="" type="radio"/> Waive	\$0.00	

Save Changes Cancel

SELECT “MAKE CHANGES” TO HEALTHCARE FSA AND/OR DEPENDENT CARE FSA

ENTER THE ANNUAL AMOUNT ELECTED

CLICKING OUTSIDE OF THE ELECTION BOX WILL CALCULATE MONTHLY PREMIUM

SAVE CHANGES

Healthcare FSA	OPTION	MONTHLY PREMIUM	AMOUNT ELECTED
	<input type="radio"/> ANNUAL AMOUNT	\$0.00	\$0.00
	<input checked="" type="radio"/> Waive	\$0.00	

Dependent Care FSA	OPTION	MONTHLY PREMIUM	AMOUNT ELECTED
	<input checked="" type="radio"/> ANNUAL AMOUNT	\$100.00	\$1,200.00
	<input type="radio"/> Waive	\$0.00	

Save Changes Cancel



REVIEW AND SAVE ENROLLMENT ELECTIONS

AFTER ALL ELECTIONS/UPDATES
HAVE BEEN ENTERED:
VERIFY INFORMATION ON REVIEW
SCREEN
CLICK “SAVE”

Review and Change Your Benefits

Please contact your employer for premium sharing policies

Your Benefit Selections	Premium Cost
MEDICAL BCBS PPO1 Employee & Family Dependents Covered: John Smith James Smith	MAKE CHANGES \$1,445.00
DENTAL Dental Employee & Family Dependents Covered: John Smith James Smith	MAKE CHANGES \$124.00
VISION Waive	MAKE CHANGES \$0.00
LIFE/AD&D 2 x Pay Life Insurance 2 times Pay	MAKE CHANGES \$21.84
Update Beneficiaries OPTIONAL LIFE \$50,000	MAKE CHANGES \$4.95
Update Beneficiaries CHILD OPTIONAL LIFE \$10,000	MAKE CHANGES \$2.75
DISABILITY LTD 60% of Pay	MAKE CHANGES \$15.40
HEALTHCARE FSA Waive	MAKE CHANGES \$0.00
DEPENDENT CARE FSA Annual Amount \$1,200.00	MAKE CHANGES \$100.00
Total Premium Cost: \$1,713.94	

Change Your Coverage due to Annual Enrollment

Your change in coverage is effective

Election Guide

Election Summary

- Medical Election
- Dental Election
- Vision Election
- Life Election
- Optional Life Election
- Disability Election
- FSA Election

SAVE →

← REVIEW & VERIFY



STEP 3 – PRINT YOUR CONFIRMATION

THIS SCREEN SHOWS YOUR UPDATED BENEFIT PLAN ELECTIONS.

❖ **PLEASE PRINT THIS SCREEN AS CONFIRMATION OF YOUR BENEFIT ELECTIONS.**
YOUR EMPLOYER WILL RECEIVE A CHANGE REPORT WHICH WILL REFLECT YOUR BENEFIT CHANGES.



Print

HOME		YOUR PROFILE			
Newly Eligible Event					
Please print for your records. Your employer will receive a FINAL confirmation statement at the end of the Annual Enrollment period confirming your plan year's elections. Please contact your employer for the amount of monthly premiums you are responsible for. Current plan year elections can be viewed in the current coverage tab.					
Event Elections					
BENEFIT	PLAN	OPTION	AMOUNT ELECTED	MONTHLY PREMIUM	
MEDICAL	BCBS PPO1	EMPLOYEE & FAMILY	\$0.00		\$1,445.00
Dental	Dental	Employee & Family	\$0.00		\$124.00
VISION	WAIVE	WAIVE	\$0.00		\$0.00
Life/AD&D	2 x Pay Life Insurance	2 times Pay			\$21.80
OPTIONAL LIFE	OPTIONAL LIFE	\$50,000	\$50,000.00		\$4.90
OPTIONAL LIFE	CHILD OPTIONAL LIFE	\$10,000	\$0.00		\$2.70
Disability	LTD	60% of Pay			\$15.40
FSA	HEALTHCARE FSA	WAIVE	\$0.00		\$0.00
FSA	Dependent Care FSA	Annual Amount	\$1,200.00		\$100.00



THANK YOU FOR USING EMPLOYEE SELF SERVE
FOR ONLINE BENEFIT ENROLLMENT

QUESTIONS? CALL: 800-395-5565 OR E-MAIL:
benefits@micatholic.org



MICHIGAN
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