



# OPEN ENROLLMENT

*by My HR Storage*

My HR Storage now offers Open enrollment for new hires, annual open enrollment or life event changes inside My HR Storage.



You and your clients can now save time by using our paperless enrollment tool, an easy solution to provide online enrollment capabilities for small to mid-sized employers in a secure environment.

The agency sets up the benefit structure by line of coverage, we can handle composite and non-composite rates

Product Admin

Policy Information

Renewal Date: 2/1/2019 Policy Number: 234242342 Available To: @ ALL EE Class Full Time

Newly Eligible Waiting Period: 90 Days Immediate Composite Rates: EE: 100.00 | EE: 20.00 EE + 1: 135.00 | EE + 1: 25.00 Family: 150.00 | Family: 35.00

Enrollment Information

Are Rates Non-Composite?

Product Name: 12-12-12 - (2018) Michigan --Select Carrier-- --Type of Employee Coverage-- Add

Carrier Form Name	Employer Cont. For:	Employee Cont. For:	Pay Type	
VSP Enrollment	EE 100.00	EE 20.00	Monthly	Delete
VSP Enrollment	EE + 1 135.00	EE + 1 25.00	Monthly	Delete
VSP Enrollment	Family 150.00	Family 35.00	Monthly	Delete

Open Enrollment Start Date: 1/1/2018 Open Enrollment End Date: 2/1/2018

Effective Date of Coverage: 2/1/2018 \*Required for ACA purposes

Hide Employer Contribution Information Hide Employee Contribution Information Uncheck if this product is not part of the current open enrollment

Select UNSELECT

Quick Search: [ ] [ ] Email All Notification

Employee Name	Start Date	End Date	Effective Date	BSBC MI	EyeMed	Delta Dental	Email
Bart M Allen	02/01/2018	03/01/2018	02/09/2018	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
bret Spinks	01/01/2018	02/01/2018		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bret M Smith	01/01/2018	02/01/2018		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Harvey M Warren	01/01/2018	02/01/2018		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Jack M Small	01/01/2018	02/01/2018		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Megan f Williams	01/01/2018	02/01/2018		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Phil M Marks	01/01/2018	02/01/2018		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Add the start & end date for open enrollment, check the carrier apps each employee should have access to, once e-mailed to each employee we confirm that it was sent

As each employee signs into My HR Storage they are presented with options to make their elections

Note: Click on Product Name to review the benefits details

Select	Product Name	Line of Coverage	Type of Coverage	Employer Contribution	Employee Contribution	Effective Date	Compare
<input checked="" type="checkbox"/>	FSA - (2018)	FSA	EE	\$	\$ 2500.00	2/8/2018	<input type="checkbox"/>
<input checked="" type="checkbox"/>	12-12-12 - (2018)	Vision	EE	\$30.00	\$ 10.00	2/8/2018	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Dental 20% - (2018)	Dental	EE	\$33.00	\$ 5.00	2/8/2018	<input type="checkbox"/>
<input checked="" type="checkbox"/>	HSA \$2,000 - (2018)	Medical	EE	\$1000.00	\$ 250.00	2/8/2018	<input type="checkbox"/>

I acknowledge that by selecting this box, I am not making any benefit changes from last year to the new benefit year.

<b>Total</b>		\$1063.00	\$473.33
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(Medical Selection rates may not be included in the total depending upon the selection mode)

Next Cancel

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### Carrier Form For Employee

BASIC Flex Enroll Delta Dental HAP VSP Enrollment

Preview

After making their elections, the employee is directed to the carrier form page, click each carrier application, we pre-populate each carrier form, so the employee just fills in the rest of the info we don't track

On each form, the employee reviews and electronically signs each application

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### BASIC Flex Enroll

Please fill the PDF document. Once completed, Please 'Sign' your name in the signature box, and click the 'Save' button.

**BASIC FLEX**

PLEASE PRINT CLEARLY TO ENSURE ACCURATE ENROLLMENT AND FUTURE COMMUNICATION.

Employer Name: **Wendys**

Participant First Name: **abe** Last Name: **abe**

Social Security #: **1123 - 12 - 1233** Date of Birth: **11 / 12 / 1961**

Address: **123 main street**

City, State, Zip: **Fort Wayne IN 46814** Phone Number: **8886244878**

E-mail Address: **agency3@myhrstorage.com** (Notification of direct deposit payments are only sent via e-mail)

Pay Period:  Weekly  Semi-Monthly (twice a month)  Bi-Weekly (every other week)  Monthly

**PREMIUM CONTRIBUTIONS**

I elect to participate (check all that apply)

Health Insurance  Group Life Insurance  Disability Insurance  Dental Insurance

HSA Contributions  Vision Insurance  Other ( )

The amount of salary reduction needed to pay premiums under the insured portions of the Plan will be determined by my employer.

I elect NCCO to contribute

**EMPLOYER USE**

Please complete for mid-year enrollments

Date of first deduction: \_\_\_\_\_

Eligibility date: \_\_\_\_\_

Clear Sign above

Save

Carrier Forms					
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL Wendys					
Active		View Archive		Abe Abe	
Download		Email To Fax		Get Fax Status	
Employee Name	Employer Name	Carrier Document	Date Completed	Action	
abe abe	Wendys	BASIC Flex Enroll	1/30/2018 9:57:32 AM	EDIT	View
abe abe	Wendys	Delta Dental	1/30/2018 9:57:32 AM	EDIT	View
abe abe	Wendys	HAP	1/30/2018 9:57:32 AM	EDIT	View
abe abe	Wendys	VSP Enrollment	1/30/2018 9:57:32 AM	EDIT	View

Once employees are finished the agency is notified via hyperlink, once clicked the agency can see all completed carrier applications, the agency can add missing data without having to send it back to each employee.

When open enrollment is finished, the agency can use our free Concorde Fax tool to send the applications to each carrier in a secure, encrypted, HIPAA compliant environment.

### Recipient Detail

Recipient Name :

Recipient Fax number :

Contact Name :

Cover Subject :

Cover Text :

Fax Status						
Recipient Name	Employee Name	Contact Name	Fax Number	Fax JobId	Fax Date	Fax Status
Anthem - Indiana	Abe Mael	Jarvis Jones	(317)234-1722	br564h512r17780071693	01/18/2018	Job Failed
BASIC	Abe Mael	Jackie Drake	269-327-4996	br561h511r17766649125	01/19/2018	Job Succeeded

Once completed you can track each send on demand.