

How to enroll using a CM device

Need help?

If you experience any technical difficulties, please contact the Service Desk at (816) 234-3454 or ext. 53454.

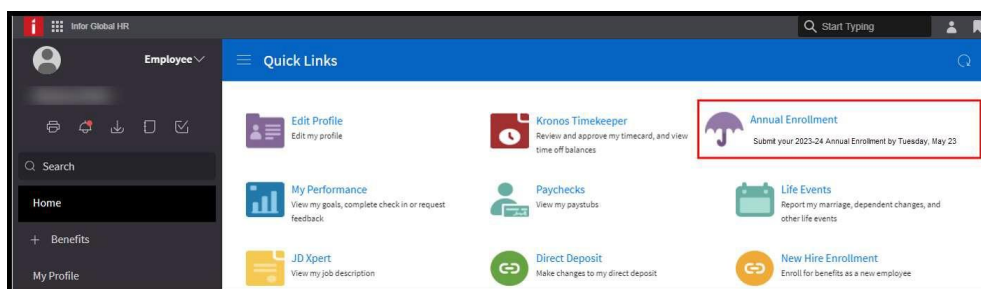
If you have benefit enrollment questions, please email the Benefits team at Benefits@cmh.edu.

Add all dependents first:

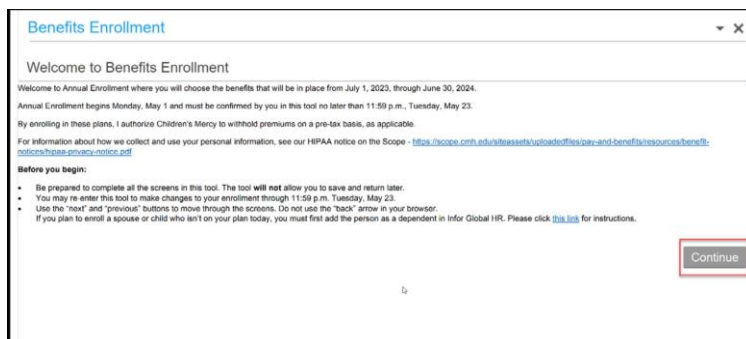
- To enroll new dependents in medical, dental, vision or spouse/child life insurance coverage, you must add them in Infor HR Talent **before** you complete your online Annual Enrollment.
Go to the Scope.
Click on *My Links*.
 - Click on *Infor Global HR*.
- [Step-by-step instructions \(use a CM-issued device\)](#).

After your dependents have been added to Infor HRTalent:

- Using Google Chrome or Microsoft Edge as your browser, open *Infor HR Talent*.
- On the Employee homepage, click the *Employee role*, then on the right-hand side of the page, click the *Annual Enrollment* link below the scrolling banner on the right-hand side of the screen.
- Log in again using your network username and password.

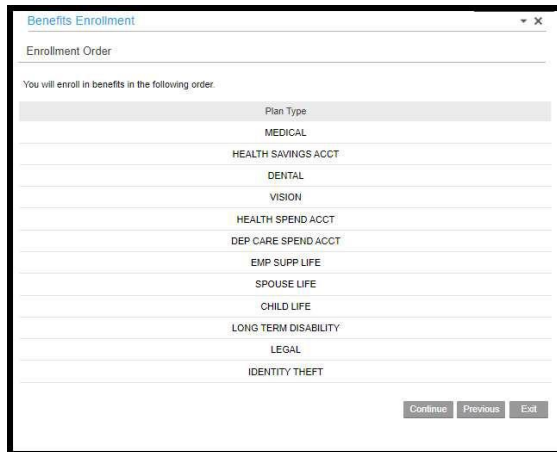


- On the Benefits Enrollment Welcome Screen, click *Continue*.



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- The Enrollment Order screen will open and display the sequence for benefits enrollment. (Note that some benefits will not be listed, as they are not benefits you need to elect or waive during Annual Enrollment.) Click *Continue*.



Benefits Enrollment

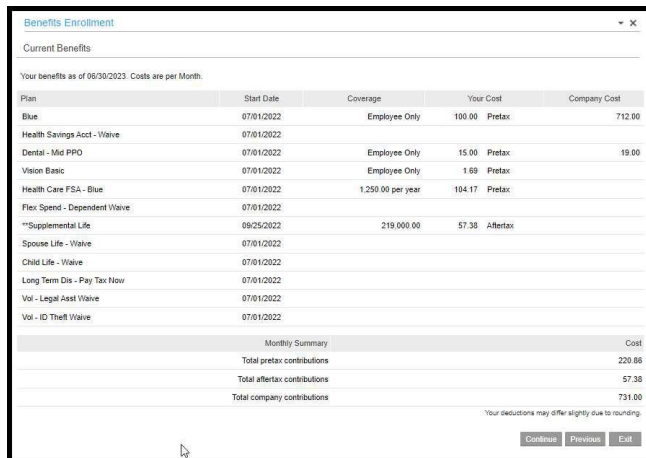
Enrollment Order

You will enroll in benefits in the following order:

Plan Type
MEDICAL
HEALTH SAVINGS ACCT
DENTAL
VISION
HEALTH SPEND ACCT
DEP CARE SPEND ACCT
EMP SUPP LIFE
SPOUSE LIFE
CHILD LIFE
LONG TERM DISABILITY
LEGAL
IDENTITY THEFT

Continue Previous Exit

- Review your current benefits and costs on the Current Benefits screen and click *Continue*.



Benefits Enrollment

Current Benefits

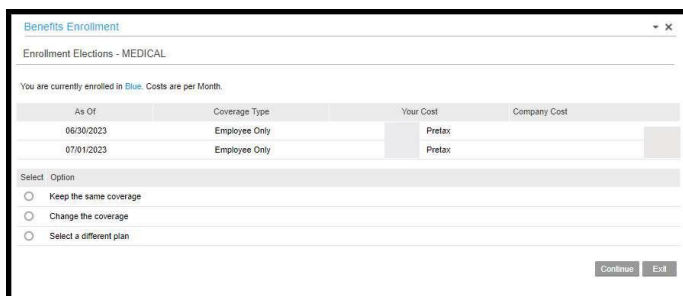
Your benefits as of 06/30/2023. Costs are per Month.

Plan	Start Date	Coverage	Your Cost	Company Cost
Blue	07/01/2022	Employee Only	100.00 Pretax	712.00
Health Savings Acct - Waive	07/01/2022			
Dental - Mid PPO	07/01/2022	Employee Only	15.00 Pretax	19.00
Vision Basic	07/01/2022	Employee Only	1.69 Pretax	
Health Care FSA - Blue	07/01/2022	1,250.00 per year	104.17 Pretax	
Flex Spend - Dependent Waive	07/01/2022			
Supplemental Life	09/25/2022	219,000.00	57.38 Aftertax	
Spouse Life - Waive	07/01/2022			
Child Life - Waive	07/01/2022			
Long Term Dis - Pay Tax Now	07/01/2022			
Vol - Legal Asst Waive	07/01/2022			
Vol - ID Theft Waive	07/01/2022			
Monthly Summary				Cost
Total pretax contributions				220.86
Total aftertax contributions				57.38
Total company contributions				731.00

Your decisions may differ slightly due to rounding.

Continue Previous Exit

- The Enrollment Elections screen shows your current benefits and costs, and your costs if you keep the same coverage.
 - Select one of the available enrollment options. (For example, if you are currently enrolled in the Blue Plan and wish to change to the Gold Plan or waive coverage, choose *Select a different plan*. If you wish to change coverage from Employee+ Spouse to Family coverage, select *Change the coverage*.) Then click *Continue*.



Benefits Enrollment

Enrollment Elections - MEDICAL

You are currently enrolled in **Blue**. Costs are per Month.

As Of	Coverage Type	Your Cost	Company Cost
06/30/2023	Employee Only	Pretax	
07/01/2023	Employee Only	Pretax	

Select Option

☐ Keep the same coverage
☐ Change the coverage
☐ Select a different plan

Continue Exit

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- o Confirm your selection on the next screen and click *Continue*.

Plan	Coverage	Cost	Company Cost
Blue	Employee Only	Pretax	

- If you selected to change or select a different plan:
 - o Select your plan and/or coverage level.
 - o Click *Continue*.

Select	Coverage	Cost	Company Cost
<input type="radio"/>	Employee Only	103.00	741.00
<input type="radio"/>	Employee + Child(ren)	329.00	1,151.00
<input type="radio"/>	Employee + Spouse	439.00	1,228.00
<input type="radio"/>	Family	514.00	1,790.00

- Confirm your selections and click *Continue*.
- Repeat the above steps for all benefits.

Tips about specific benefit plans

- **Health Care Flexible Spending Account**
 - o Enter a *monthly* or *annual* contribution amount to be used to pay eligible health care expenses only.

Monthly Minimum	Monthly Maximum	Annual Minimum	Annual Maximum
10.00	237.50	120.00	2,850.00

- **Dependent Day Care Flexible Spending Account**
 - o Enter a *monthly* or *annual* contribution amount to be used to pay eligible adult or child care expenses only.

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- **Employee Supplemental Life and Spouse Life Insurance**
 - If you elect to increase or add coverage, you'll receive an email from The Hartford after Annual Enrollment.
 - Be sure to read the email carefully and submit your Personal Health Application by the requested deadline.
 - If you do not respond to the email, you will not be eligible for the coverage.
- **Child Life Insurance**
 - Add eligible covered children to the plan.
 - If your dependents are not in the system, see page 1 for instructions to add dependents before you begin Annual Enrollment.

Submit your enrollment

- Once you have selected or waived coverage, a summary screen will show the choices you have made. Review your enrollment elections carefully and click *Continue* or *Make Changes*.

The screenshot shows the 'Benefits Enrollment' window with a title bar. Below the title bar, it says 'Benefits Elections As Of 07/01/2023'. The main area is a table with columns: Plan, Coverage, Your Cost, and Company Cost. The table lists various benefits with checkboxes for selection. At the bottom, there is a 'Monthly Summary' section with rows for 'Total pre-tax contributions', 'Total after-tax contributions', and 'Total company contributions'. Below this, a note states 'Your deductions may differ slightly due to rounding.' and there are three buttons: 'Continue', 'Make Changes', and 'Exit'.

Plan	Coverage	Your Cost	Company Cost
Blue	Employee Only	Pre-tax	
Health Savings Acct - Waive			
Dental - Mid PPO	Employee Only	Pre-tax	
Vision Basic	Employee Only	Pre-tax	
Health Care FSA - Blue	per year	Pre-tax	
Flex Spend - Dependent Waive			
Supplemental Life		After-tax	
Spouse Life - Waive			
Child Life - Waive			
Long Term Dis - Pay Tax Now			
Vol - Legal Assist Waive			
Vol - ID Theft Waive			

Monthly Summary

	Cost
Total pre-tax contributions	
Total after-tax contributions	
Total company contributions	

Your deductions may differ slightly due to rounding.

[Continue](#) [Make Changes](#) [Exit](#)

- To make changes to a specific benefit, check the appropriate box and click *Continue*.

The screenshot shows the 'Enrollment Change' window. It has a title bar and a subtitle 'Enrollment Change'. Below the subtitle, it says 'Select the plan type(s) you would like to change. You will re-enroll for benefits within the type(s) selected.' There is a 'Select Plan Type' section with a list of checkboxes for various benefits. At the bottom right, there are two buttons: 'Continue' and 'Previous'.

Select Plan Type

- ☐ MEDICAL
- ☐ HEALTH SAVINGS ACCT
- ☐ DENTAL
- ☐ VISION
- ☐ HEALTH SPEND ACCT
- ☐ DEP CARE SPEND ACCT
- ☐ EMP SUPP LIFE
- ☐ SPOUSE LIFE
- ☐ CHILD LIFE
- ☐ LONG TERM DISABILITY
- ☐ LEGAL
- ☐ IDENTITY THEFT

[Continue](#) [Previous](#)

- Click *Continue*.

The screenshot shows a 'Dialog' window with a title bar. It contains the text 'Send these elections to your email address on file?' and a radio button labeled 'YES' which is selected. Below the radio button is a 'Continue' button.

Dialog

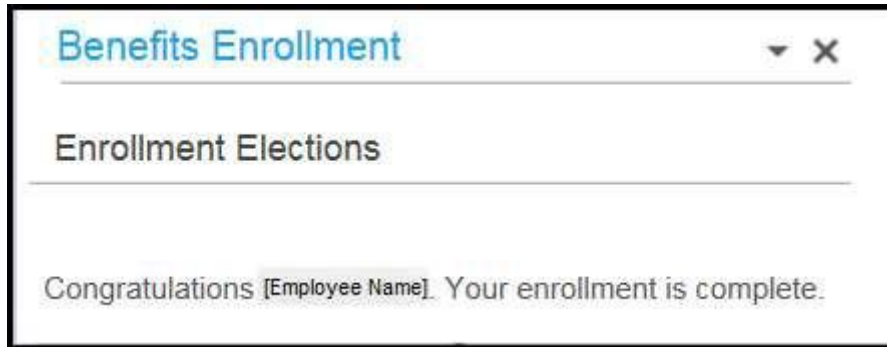
Send these elections to your email address on file?

☒ YES

[Continue](#)

How to enroll using a CM device

- The Congratulations screen confirms that your enrollment has been successfully submitted. If you do not see this screen, your enrollment was unsuccessful, and you must resubmit your elections.



- Log out completely by clicking:
 - The X in the upper-right hand corner of your enrollment screen;
 - The arrow at the top right-hand side of the Infor HR Talent homepage; then
 - *Sign out* at the bottom of the right-hand navigation on the Infor HR Talent homepage.