



THE ROMAN CATHOLIC DIOCESE OF PHOENIX

Bswift New Hire Benefits Enrollment Guide

Access to Online Enrollment

Benefits elections are made online on the Bswift Benefits Administration portal. The benefits enrollment website can be accessed directly at: www.dopbenefits.bswift.com. The site supports the following browsers: **Microsoft Internet Explorer**, version 8.0 and up, **Mozilla Firefox** version 2.0.0.4 and up, **Google Chrome** version 19.0.1084.52 and up, and **Safari** version 4.0.1 and up. We encourage you to keep your browser updated.

Employees will have 30 days from the date of hire or gain of full-time eligibility to enroll in their benefits. Decisions made during New Hire Enrollment are generally binding for the entire year and cannot be changed until next year's Open Enrollment, unless employee experiences a qualifying event that allows for benefit changes during the year.

Usernames and Passwords

All usernames and passwords have been set to the following:

Username: The first initial of your first name plus your last name (e.g. John Smith = JSmith)

Password: The last four digits of your Social Security Number

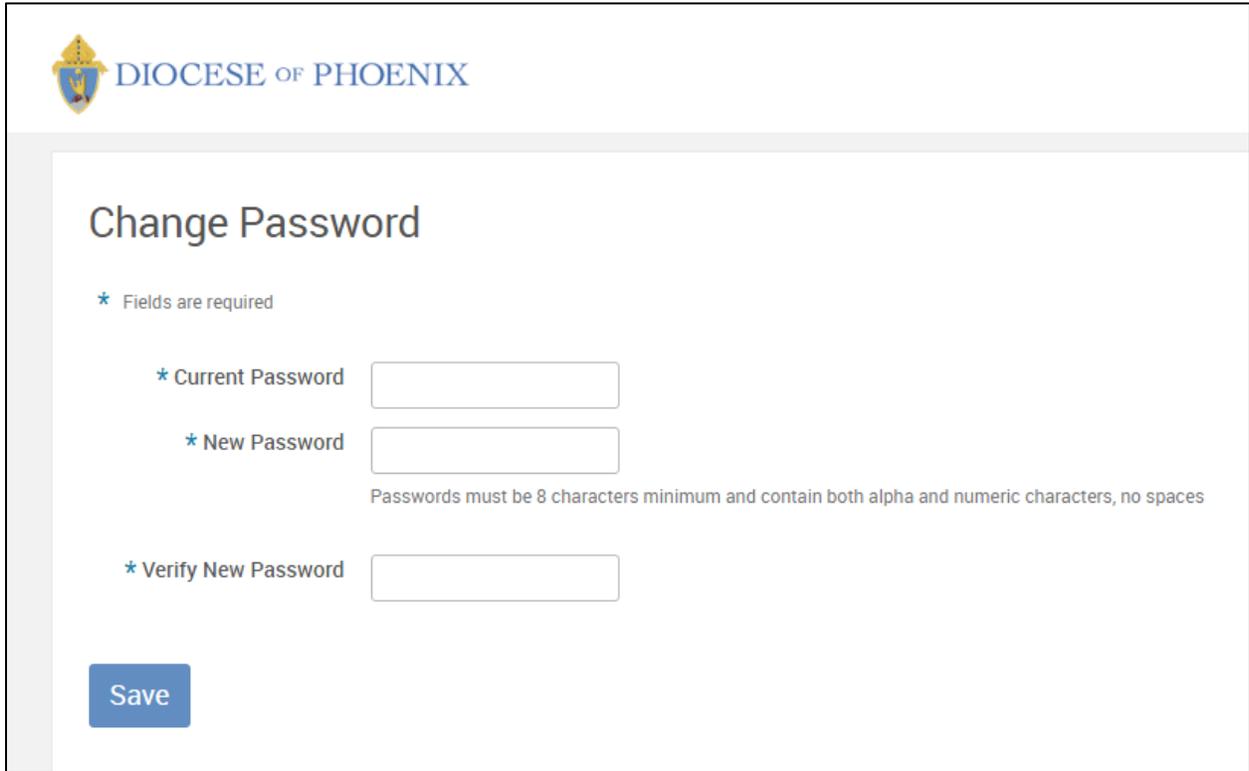
Log In

Username

Password

[Forgot Password](#)

Once you have successfully logged into the website, you will be prompted to create a new password.



The screenshot shows a web page for the Diocese of Phoenix. At the top left is the Diocese of Phoenix logo, which features a shield with a cross and a chalice, with the text 'DIOCESE OF PHOENIX' to its right. Below the logo is a large heading 'Change Password'. Underneath the heading is a note: '* Fields are required'. There are three input fields: '* Current Password', '* New Password', and '* Verify New Password'. Below the 'New Password' field is a note: 'Passwords must be 8 characters minimum and contain both alpha and numeric characters, no spaces'. At the bottom left of the form is a blue button labeled 'Save'.

Please use your newly created password each time you login.

If you wish to leave the site click the “**Log Out**” icon in the upper right-hand corner of the enrollment site to log off. For security purposes, the system will automatically log you out if you leave your system idle for more than 30 minutes. For successful navigation of the site, do NOT use the “**back**” button in your internet browser, as this will automatically log you out of the site.

New Hire Enrollment

Before you start your enrollment, please watch “[New Hire Benefits Enrollment](#)” presentation.

This short video provides you with information that you need to successfully navigate your benefits choices as a new hire.

The screenshot shows the Diocese of Phoenix New Hire Enrollment portal. At the top, there is a navigation bar with a home icon, 'My Benefits', 'My Profile', 'News', 'Specials', and 'Library' (with a dropdown arrow). A yellow arrow points to the 'Library' dropdown. Below the navigation bar, the main content area is divided into two columns. The left column has a 'Welcome to your enrollment!' heading, followed by 'Enrollment Deadline 8/15/2020', 'Enrollment Event New Hire Enrollment', and 'Your Status Not Started'. A 'Start Your Enrollment' button is located below this text. A yellow arrow points to the 'New Hire Enrollment' event. The right column features a video player titled 'New Hire Benefits Enrollment' with a play button. Below the video player is a 'Featured Documents' section with a list of links: 'bswift New Hire Enrollment Guide', 'DOP Benefits Enrollment Guide 2020-2021', '2020 PPO Summary of Benefits and Coverage', '2020 HMO Summary of Benefits and Coverage', and 'Medical Continuation and Cafeteria Plan Summary'. A yellow arrow points to the '2020 PPO Summary of Benefits and Coverage' link.

Please review all summary plan descriptions, benefit information, special enrollment language, as well as benefits required notices before you start your enrollment. These resources are listed in the Featured Documents and the Library.

To begin your enrollment from the Home Page, click on the “Start Your Enrollment” button.

The screenshot shows the Diocese of Phoenix enrollment portal. At the top, there is a navigation bar with links for "My Benefits", "My Profile", "News", "Specials", and "Library", along with a "Help" button. The main content area features a "Welcome to your enrollment!" message with the following details: Enrollment Deadline 8/15/2020, Enrollment Event New Hire Enrollment, and Your Status Not Started. A prominent "Start Your Enrollment" button is highlighted with a yellow arrow. To the right, there is a "New Hire Benefits Enrollment" video player. Below this, a "Featured Documents" section lists several guides: bswift New Hire Enrollment Guide, DOP Benefits Enrollment Guide 2020-2021, 2020 PPO Summary of Benefits and Coverage, 2020 HMO Summary of Benefits and Coverage, and Medical Continuation and Cafeteria Plan Summary. At the bottom left, a user profile sidebar for "George Tester" includes sections for "My Profile", "My Family", and "Life Events". The bottom right of the page features a large image of a church interior filled with a large congregation.

Your enrollment is broken down into the following 4 sections. You must complete all sections in order to successfully enroll in benefits.

1. Your Information (Personal and Family Information)
2. Your Benefits
3. Confirm
4. Enroll

Verify your Personal Information

Before you begin enrolling in benefits, you will need to ensure that all of your personal and family demographic information is complete and accurate. The personal information that you see is provided from your payroll system. Please review the fields below to make sure all of your personal information is accurate. If something is incorrect, please contact your employer's human resources department to request an update to this information.

It is critical that your contact information, including your mailing address and your email address is accurate to ensure you receive benefits related communication in a timely matter. Keeping this information up to date also helps to ensure accuracy of the Affordable Care Act reporting to the IRS.

In the family information section, you will need to enter information about your spouse and / or dependent children, if applicable.

En Español [Change Password](#) [Log Out](#)

DIOCESE OF PHOENIX

Employee Information

Before you begin enrolling in benefits, you will need to ensure that all of your personal and family information is complete and accurate. The personal information that you see is given from the payroll information that you provided to your employer. Please review the fields below to make sure all of your personal information is accurate. If something is incorrect, please contact your employer's human resources department to request an update to this information.

Please note, your legal name should match the name shown on your social security card.

The Open Enrollment for the Flexible Spending Account (FSA) program occurs around November of each year. Please note that if you choose to elect a Flexible Spending Account, you will need to provide your bank account information to set up direct deposit. You can choose to fill in this information below or later in your enrollment.

In the family information section, you will need to enter information about your spouse and / or dependent children, if applicable.

Please make sure you include all of your dependents, regardless of whether you plan on including them in medical coverage.

There are some benefits, such as the basic life insurance, that are automatically granted to benefit eligible dependents, so you will want to make sure all dependents are entered in the system. The dependent information will also help you in assigning beneficiaries for the life insurance and retirement plans.

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

Continue

Demographics

* Fields are required

First Name George
Middle Initial
Last Name Tester
Social Security Number 877-77-7777
Date of Birth 5/1/1968
Gender Male

Address

Address 1 10 S. Riverside
Address 2

Please verify your name, date of birth and social security numbers for yourself and your dependents and ensure this data matches the IRS records.

When you are finished, please click “I agree” and “Continue” at the bottom on the screen.

Home Email

WORK CONTACT INFORMATION

Work Phone

Work Email

Skype ID

Bank Information

BANK ACCOUNT 1

Bank Name

Account Name

Account Type

Routing Number

Account Number

Medicare Eligibility

* Fields are required

By checking the box "I Agree" below, you agree that the information above is accurate to the best of your knowledge.

I understand that:

- The following documents and/or notices may be provided to me electronically:
 - Summary Plan Descriptions
 - Summaries of Material Modifications
- In order to access information provided electronically, I must have:
 - A computer with Internet access
 - An email account that allows me to send and receive emails

I agree

1 Your Info

Employee Information

Family Info

2 Your Benefits

3 Enroll

4 Complete

Continue

Verify your Family Information

Please be sure to add all dependents that may be missing from the Family Information section before proceeding to the next section. To do this, click on the “Add Dependents” link.

Family Information

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person's name.

Important Note: Your dependents legal names should match the names shown on their social security cards. You must have all eligible dependents on file in order to enroll in basic dependent life coverage which is provided to you at no cost by The Diocese.

George Tester Male Employee 52 years old (5/1/1968) SSN: 877-77-7777 Edit >	Wife Tester Female Spouse 44 years old (8/6/1975) SSN: 123-45-6788 Edit >	Adeline Tester Female Child 10 years old (7/24/2010) SSN: 123-45-6789 Edit >	
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- 1 Your Info
Employee Information
Family Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

[Continue](#)

Dependent Information Notice

We have restrictions for qualified dependent coverage under our benefit plans. **Enrolling someone who is not qualified as a dependent is considered insurance fraud.**

To be eligible for Medical or Dental coverage, your dependent must meet one of the following definitions:

- Spouse: your legally married husband/wife
- Child(ren): children up to age 26
- Disabled Child: child who is mentally or physically handicapped prior to or on the date the dependent reaches age 26 and incapable of engaging in self-sustaining employment due to such incapacity, and claimed as a Dependent on your IRS tax return. Children include: natural children, stepchildren, legally adopted children, children placed for adoption, and children who you are legally appointed as guardian or limited guardian (cannot be temporary guardian).

Who is NOT a qualified dependent?

- Spouse separated from the employee under a legal separation decree
- Parents
- Grandparents/relatives
- Brothers or sisters

If you wish to add dependents, please note that all fields with an asterisk (*) are required.

Dependent Demographic

* First Name

Middle Initial

* Last Name

Suffix

* Date of Birth

* Social Security Number

* Gender Male Female

Disabled Yes No

* Relationship

* Fields are required

Dependent Student Information

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR DEPENDENT CHILDREN OVER THE AGE OF 26 ONLY.

Full-Time Student Yes No

When all of your family information is accurate, read through the Dependent Information Notice section, check “I agree” and click “Continue.”

Dependent Information Notice

We have restrictions for qualified dependent coverage under our benefit plans. Enrolling someone who is not qualified as a dependent is considered insurance fraud.

To be eligible for Medical or Dental coverage, your dependent must meet one of the following definitions:

- Spouse: your legally married husband/wife
- Child(ren): children up to age 26
- Disabled Child: child who is mentally or physically handicapped prior to or on the date the dependent reaches age 26 and incapable of engaging in self-sustaining employment due to such incapacity, and claimed as a Dependent on your IRS tax return. Children include: natural children, stepchildren, legally adopted children, children placed for adoption, and children who you are legally appointed as guardian or limited guardian (cannot be temporary guardian).

Who is NOT a qualified dependent?

- Spouse separated from the employee under a legal separation decree
- Parents
- Grandparents/relatives
- Brothers or sisters

Possible Consequences for Insurance Fraud

- Subject to corrective action up to and including termination
- Required to repay additional premium costs for covering ineligible person(s)
- Coverage for the non-qualified person(s) may be canceled back to the date they were first enrolled
- Pay costs of services received by the non-qualified persons(s)
- Permanently barred from enrolling in any benefit plan if your employment is terminated

I have reviewed the above Dependent Information Notice. I consent that the dependents listed in the "Family Information" section is accurate and that all dependents listed are eligible for coverage under the Benefits program.

PLEASE NOTE: it is acceptable to list children here over the age of 26, but they may not be eligible for benefits.

I agree

Continue

After verifying your personal and family information, the system will guide you through your enrollment.

Before we get started...

While enrolling, you will have access to tools that provide cost estimates and make suggestions. But only you can elect benefits that best suit your needs. By using these tools, you agree to the [Terms and Conditions](#).

Select Your Benefits

All available benefits will be displayed on the left-hand side of the screen. When a benefit selection is complete, a yellow check mark will be displayed within the plan type text box. Throughout your enrollment, you can track your per pay period cost on the upper right hand side of your screen.

For medical and dental enrollments first choose the dependents you wish to cover. Once you choose your covered dependents, your costs will automatically update for each plan. If you would like to add another dependent, click on the “**Add Dependents**” link. If you wish to waive the entire benefit, you do not have to select any dependents; only select the “**Waive**” option after all available plans.

En Español Help Exit Enrollment

DIOCESE OF PHOENIX

Back to Benefits Medical

Who will be covered by this plan?

George Tester
Employee

Wife Tester
Spouse

Adeline Tester
Child

+ Add Dependents

Back to Benefits Continue

To find out more details regarding the offered plans, please watch the “[Summary of Medical Benefits](#)” presentation.

En Español Help Exit Enrollment

DIOCESE OF PHOENIX

Back to Benefits Medical

The Diocese of Phoenix Health Plan is a valuable benefit that provides those who serve the Church with high quality, affordable health care coverage that is fully consistent with the teachings of the Catholic Church. Eligible employees may choose from two medical plans with BlueCross BlueShield of Arizona: PPO and HMO. These two plans offer affordable, quality healthcare consistent with the moral and ethical teachings of the Catholic Church. A brief overview of the medical plans follows, along with the monthly premiums for each plan option. Within each plan, there are two tiers of coverage; single coverage for the employee, and family coverage for employees that are interested in covering their eligible spouse and / or eligible dependent children.

This group health plan is a grandfathered health plan under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

To learn more, please watch the *Summary of Medical Benefits presentation* [HERE](#).

[Coordination of Benefits](#)

If you or your dependents are covered by insurance in addition to coverage through The Roman Catholic Diocese of Phoenix, please provide the other insurance information, in the [Other Coverages](#) section.

In addition, click on the “View All Plans Side-by-Side” button or the “Which Plan Is Best for Me?”.

← Back to Benefits
Medical

The Diocese of Phoenix Health Plan is a valuable benefit that provides those who serve the Church with high quality, affordable health care coverage that is fully consistent with the teachings of the Catholic Church. Eligible employees may choose from two medical plans with BlueCross BlueShield of Arizona: PPO and HMO. These two plans offer affordable, quality healthcare consistent with the moral and ethical teachings of the Catholic Church. A brief overview of the medical plans follows, along with the monthly premiums for each plan option. Within each plan, there are two tiers of coverage; single coverage for the employee, and family coverage for employees that are interested in covering their eligible spouse and / or eligible dependent children.

This group health plan is a grandfathered health plan under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

To learn more, please watch the Summary of Medical Benefits presentation [HERE](#).

[Coordination of Benefits](#)

If you or your dependents are covered by insurance in addition to coverage through The Roman Catholic Diocese of Phoenix, please provide the other insurance information, in the Other Coverages section.

Who will be covered by this plan?

George Tester (Employee)
 Wife Tester (Spouse)
 Adeline Tester (Child)
 + Add Dependents

View All Plans Side-by-Side

Which Plan Is Best for Me?

BCBSAZ HMO 1370
Blue Cross Blue Shield of Arizona

[View plan details](#)

Your Cost per pay period:
\$292.28

Tier: Employee + Family

Select

EXPLAIN THESE COSTS	ANNUAL PREMIUM	ESTIMATED ANNUAL OUT-OF-POCKET	YOUR ESTIMATED ANNUAL TOTAL COST	ANNUAL IN-NETWORK MAXIMUM COST
\$7,014.72	⊕	\$200	⊖	\$7,214.72
				N/A

★ Based on your answers, we recommend this plan [Why?](#)

BCBSAZ PPO 1370
Blue Cross Blue Shield of Arizona

[View plan details](#)

Your Cost per pay period:
\$352.63

Tier: Employee + Family

Select

EXPLAIN THESE COSTS	ANNUAL PREMIUM	ESTIMATED ANNUAL OUT-OF-POCKET	YOUR ESTIMATED ANNUAL TOTAL COST	ANNUAL IN-NETWORK MAXIMUM COST
\$8,463.12	⊕	\$180	⊖	\$8,643.12
				N/A

Waive Medical

Waive

To access additional information on the plans provided to you, click on the “View Plan Details” button.

BCBSAZ PPO 1370
Blue Cross Blue Shield of Arizona

View plan details

Your Cost per pay period:
\$352.63

Tier: Employee + Family

Select

Once you decide which plan is best for you and your dependents, click the **“Select”** button to the right of the plan name. If you wish to waive the plan, click the **“Waive”** button at the bottom of the screen.

<p>BCBSAZ HMO 1370 Blue Cross Blue Shield of Arizona</p> <p>View plan details</p>		<p>Your Cost per pay period: \$292.28</p> <p>Tier: Employee + Family</p>
<input type="button" value="Select"/>		
<p>BCBSAZ PPO 1370 Blue Cross Blue Shield of Arizona</p> <p>View plan details</p>		<p>Your Cost per pay period: \$352.63</p> <p>Tier: Employee + Family</p>
<input type="button" value="Select"/>		
<p><input checked="" type="checkbox"/> Waive Medical</p>		<input type="button" value="Waive"/>

← Back to Benefits **Dental**

The Diocese of Phoenix offers two types of dental plans. The first is a DHMO or “prepaid” plan insured through TDA. The premium for this plan is paid for by your employer. A participating employee in the DHMO plan is required to select a dentist from the TDA network. The participant pays a fixed fee for each type of service covered by the plan. The second is a PPO plan insured by MetLife. This plan includes an in-network benefit. The participant is not required to use a dentist within the MetLife network, however receiving services from a network provider can help save you money. The employee pays a portion of the monthly PPO dental premium.

Within each plan, there are three tiers; employee, employee + one, and employee + family.

To find a dental provider:

DHMO (TDA) Plan: http://tdadental.com/providers/find_provider.php and select “DHMO / Pre-Paid” as your dental network.
PPO (MetLife) Plan: <https://www.metlife.com/> and select “PDP Plus” as your dental network.

Who will be covered by this plan?

George Tester (Employee)
 Wife Tester (Spouse)
 Adeline Tester (Child)

[View All Plans Side-by-Side](#)

<p>Metlife Dental PPO MetLife</p> <p>View plan details</p>		<p>Your Cost per pay period: \$44.27</p> <p>Tier: Employee + Family</p>
<input type="button" value="Select"/>		
<p>TDA Dental DHMO TDA</p> <p>View plan details</p> <p>Plan Brochure</p>		<p>Your Cost per pay period: \$0.00</p> <p>Tier: Employee + Family</p>
<input type="button" value="Select"/>		
<p><input checked="" type="checkbox"/> Waive Dental</p>		<input type="button" value="Waive"/>

Once you make your plan selection and click Continue you will be brought back to the enrollment page and can continue on to the next plan type to make your next plan selection.

Basic and Accidental Employee Life Insurance

You and your dependents are automatically enrolled in these plans which are provided at no cost to you.

[Back to Benefits](#) **Basic Employee Life**

Our Life and Accidental Death and Dismemberment (AD&D) insurance plan has been designed to meet your individual needs and the needs of your family. Our combination Life/AD&D plan is comprised of two primary components, the first of which is the Basic plan, which is paid for you by your employer. The second is a Voluntary plan, meaning that you have the opportunity to purchase additional coverage to suit your needs.

The basic life provided by The Hartford and AD&D provided by Mutual of Omaha is paid for by the Diocese. The benefit for all eligible employees is one times base annual salary to a maximum of \$100,000. The plan also includes a benefit for eligible dependents.

Actual benefit amount will be determined by The Hartford or Mutual of Omaha at the time of a claim based on the provisions specified in the summary plan description or booklet. Benefit amount may vary from the amount shown in bswift.

CURRENT PLAN

Basic Employee Life | The Hartford 

[View plan details](#)

Coverage Amount:
1 X Salary \$45,000

Cost Summary (per pay period)	
Employer Contribution	\$1.73
Your Cost	\$0.00

[Continue](#)

[Back to Benefits](#) **Basic Accidental Death & Dismemberment**

Our Life and Accidental Death and Dismemberment (AD&D) insurance plan has been designed to meet your individual needs and the needs of your family. Our combination Life/AD&D plan is comprised of two primary components, the first of which is the Basic plan, which is paid for you by your employer. The second is a Voluntary plan, meaning that you have the opportunity to purchase additional coverage to suit your needs.

The basic life provided by The Hartford and AD&D provided by Mutual of Omaha is paid for by the Diocese. The benefit for all eligible employees is one times base annual salary to a maximum of \$100,000.

Actual benefit amount will be determined by The Hartford or Mutual of Omaha at the time of a claim based on the provisions specified in the summary plan description or booklet. Benefit amount may vary from the amount shown in bswift.

CURRENT PLAN

Basic Employee Accidental Death & Dismemberment | Mutual of Omaha 

[View plan details](#)

Coverage Amount:
1 X Salary \$45,000

Cost Summary (per pay period)	
Employer Contribution	\$0.13
Your Cost	\$0.00

[Continue](#)

Supplemental Employee Life Insurance

This enrollment differs from the Medical and Dental plans. When choosing these benefits, you will not need to select dependents to be covered, but you will need to choose whether you would like to enroll in the plan and choose a coverage amount from the radio buttons under coverage amount. You can also click the “**Calculate Costs**” link to view your per pay period cost for each coverage amount. When you are satisfied with your election, click “**Continue**”.

[← Back to Benefits](#) Supplemental Employee Life

Voluntary Term Life Insurance and optional Voluntary AD&D covered by The Hartford is available to employees, their spouses and children, and is paid for by the employee. You have the option to purchase Supplemental Life and AD&D insurance coverage in the increments of \$10,000 to a maximum of \$500,000. For new hires, evidence of insurability (health assessment questionnaire) is not required, unless the new hire requests coverage greater than the guaranteed issue amount of \$150,000. For existing employees, the evidence of insurability is required for any request to increase coverage or new enrollments. This insurance is priced according to employee's age at the time the policy is purchased and is updated based on employee's age once a year at policy anniversary.

To learn more about Supplemental Life Insurance please visit The Hartford site "My Tomorrow" at <http://thehartford.com/benefits/diocesefoehoenix>.

Reduction in Coverage Due to Age
Supplemental Life Coverage is reduced to 65% of the original amount at age 70; 45% at age 75; 30% at age 80 and 15% at age 90. Benefit amount (including Guaranteed Coverage amount) may vary from the amount shown in bswift based on the provisions specified in the summary plan description or booklet.

Important Note: Dependent coverage is available only when you elect and are approved for coverage for yourself.

You cannot be covered as an employee and a dependent at the same time on the Diocesan plans.

Supplemental Employee Life

The Hartford 

Selected

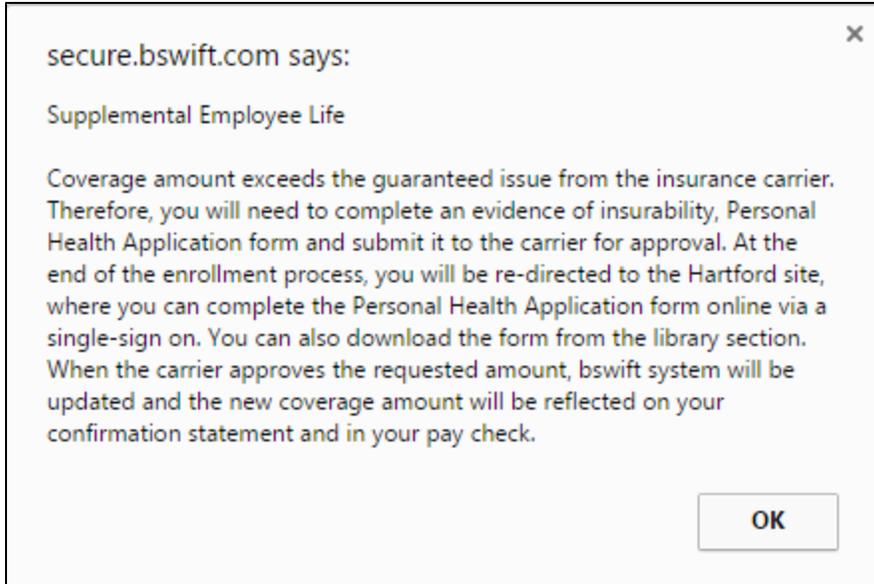
[View plan details](#)

- Reduction in Coverage Due to Age**
Supplemental Life Coverage is reduced to 65% of the original amount at age 70, 45% at age 75; 30% at age 80 and 15% at age 90. Benefit amount (including Guaranteed Coverage Amount) may vary from the amount shown in bswift based on the provisions specified in the summary plan description or booklet.

Coverage Amount:	Cost Summary (per pay period)
<input type="text" value="\$ 200000"/>	Employer Contribution \$0.00
Minimum Coverage Amount: \$10,000.00	Your Cost \$22.80
Maximum Coverage Amount: \$500,000.00	
Increments of: \$10,000.00	
Guaranteed Coverage Amount: \$150,000.00	

Waive Supplemental Employee Life

If your coverage amount exceeds the guaranteed issue amount, you will see a notification on your summary page. This will require you to complete an Evidence of Insurability application with the Hartford via a Single-Sign-On. This application will 'pop up' in a new tab on your browser when you complete your enrollment.



Supplemental Life Coverage is reduced to 65% of the original amount at age 70; 45% at age 75; 30% at age 80 and 15% at age 90. Benefit amount (including Guaranteed Coverage Amount) may vary from the amount shown in bswift based on the provisions specified in the summary plan description or booklet.

Important Note: Dependent coverage is available only when you elect and are approved for coverage for yourself.

You cannot be covered as an employee and a dependent at the same time on the Diocesan plans.

Disability Plans

The Diocese provides eligible employees with short term disability coverage through The Hartford at no cost to the employee. You also have the option to purchase voluntary Long Term Disability coverage.

[← Back to Benefits](#) **Long Term Disability**

You can purchase voluntary long term disability coverage through The Hartford. The Voluntary LTD plan pays 50% of your basic monthly earnings (reduced by benefits payable from other sources, if applicable) up to a maximum monthly benefit of \$4,000 and a minimum monthly benefit of \$100. Benefits begin after 180 days of disability.

For new hires, evidence of insurability (health assessment questionnaire) is not required. For existing employees, evidence of insurability is required if you did not enroll in the Voluntary LTD plan the first time you were eligible to enroll.

Actual benefit amount will be determined by The Hartford at the time of a claim based on the provisions specified in the summary plan description or booklet. Benefit amount may vary from the amount shown in bswift.

Long Term Disability | The Hartford 

Selected

[View plan details](#)

Coverage Amount:
0.5 X Salary \$1,875

Guaranteed Coverage Amount: \$4,000.00

Cost Summary (per pay period)	
Employer Contribution	\$0.00
Your Cost	\$4.88

Continue

Waive Long Term Disability

Click **“Continue”** to proceed.

Health Care FSA & FSA Dependent Care

To enroll in these plans, please enter a flat dollar amount in the Employee Contribution Amount box. You can click the **“Calculate Costs”** button to see what your per pay period amount will be. **Be sure to update your banking information for direct deposit.** You can do this by clicking the **“Click here”** link on the site and completing the information under the **“Banking & Taxes”** tab. This plan offers you a way to convert taxable salary dollars into tax-free dollars.

[← Back to Benefits](#) **FSA Health**

The Health Care Flexible Spending Account is designed to help you pay for health expenses, for yourself, your spouse, or your dependent children, that are not covered by your basic health plans, including any deductible amounts you have to pay and copayments or co-insurance amounts required by your health plan(s). Examples of other eligible expenses may include eyeglasses and many over-the-counter drugs available at your local store. For complete details on which expenses qualify for reimbursement, please review the listing contained in IRS Publication 502 or you may contact PayFlex at 855-516-8593. For further details, please refer to the contact information provided in the benefit enrollment guide.

The maximum contribution you can make to your Health Care Flexible Spending Account is up to \$2,750 per calendar year, effective 1/1/2020.

Participants in this plan will be issued a debit card that can be used to make purchases directly from their flexible spending account.

Be sure to update your banking information for direct deposit! Click here and complete the information under the "Banking & Taxes" tab.

For further details, please refer to the [2020 Flexible Spending Account Plan Open Enrollment Memo and Medical Continuation Coverage and Cafeteria Plan Summary Plan Description](#).

2020 Health FSA
PayFlex Systems USA (Aetna, Inc.)

Selected

[View plan details](#)

Employee Contribution Amount:

\$ annually [Calculate Costs](#)

Minimum Annual Contribution Amount: \$0.00
Maximum Annual Contribution Amount: \$2,750.00
Remaining Pay Periods: 8

[Continue](#)

[Waive FSA Health](#) [Waive](#)

Be sure to update your banking information for direct deposit.

Employee Assistance Program

Now more than ever, the overall wellbeing of our employees is our top priority.

Aetna Resources for Living Employee Assistance Program is accessible to all employees and their eligible family members at no cost.

The program gives you access to a wide variety of supportive services in areas such as emotional well-being support, legal and financial services, daily life assistance and other services. You can use the resources by calling 1-888-238-6232 24 hours a day, seven days a week. You can also visit www.resourcesforliving.com/, and then enter Username DPHX and Password EAP.

[Back to Benefits](#) Employee Assistance

Aetna Resources For Living Employee Assistance Program

Now more than ever, the overall wellbeing of our employees is our top priority. Therefore, effective April 1, 2020 the Diocese of Phoenix is pleased to announce a new Employee Assistance Program (EAP) – Aetna Resources for Living Employee Assistance Program that is accessible to all employees and their eligible family members.

Here are some highlights of the program:

- **Designed for everyone:** The Aetna EAP is designed for anyone who could use a little help in managing demanding everyday situations.
- **Variety resources all in one place:** The program gives you access to a wide variety of supportive services in areas such as emotional well-being support, legal and financial services, daily life assistance and other services. You can save time and effort because the resources are all in one place.
- **Easy, confidential access:** Call 1-888-238-6232 to be guided to the information you need 24 hours a day, seven days a week. When you call, a specially trained professional will guide you to the resources that can address your needs. Or visit <http://www.resourcesforliving.com/>, and then enter Username **DPHX** and Password **EAP**, for easy access to information, interactive tools and self-assessments.

For further details, please refer to:
[Diocese of Phoenix EAP Benefits Summary](#)
[Diocese of Phoenix EAP Benefits Summary - Spanish](#)

CURRENT PLAN

EAP	Aetna	Your Cost per pay period: \$0.00
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[Continue](#)

Charity Contributions

The Diocese offers Catholic Charities Foster Care Charitable Giving to come out via payroll deduction to make your giving easier and maximize your impact on thousands of people. Catholic Charities Foster Care charitable giving helps foster children and families, veterans, victims of domestic violence, refugees and others in your community.

← Back to Benefits
Catholic Charities Foster Care Charitable Giving State Tax Credit

To live as true children of God means to love our neighbor and to be close to those who are lonely and in difficulty. [Pope Francis](#)

Catholic Charities invites you to benefit from the State of Arizona's Foster Care Charitable Giving Tax Credit opportunity - You can improve lives in your community at no additional cost to you.

You may be eligible to direct your Arizona Tax dollars to benefit those served by Catholic Charities. You may receive a dollar-for-dollar state tax credit for your donations up to \$500 (single filer) or \$1,000 (joint filer). Your donation benefits programs for foster children and families, at-risk children and youth and more. So not only will you get a tax credit, you'll help your community. For more information on the Catholic Charities programs please visit www.catholiccharitiesaz.org

This credit may be taken in addition to other available credits such as private school, public school or charitable tax credits and will make such a difference for our organization and those we serve.

Enroll today to set up donations that will qualify you for a Foster Care Charitable Giving Tax Credit. Catholic Charities' Qualifying Foster Care Charitable Organizations Code (QFCO) is 10000. This number must be used on form 352 if claiming the Foster Care Tax Credit on your AZ State income taxes.

After Tax Deduction Option

You can participate in the Foster Care Charitable Giving State tax credit by contributing on an after tax basis. This option will change your take home pay.

You choose the amount to have deducted each pay period. You can give any amount up to the maximum allowed by state law, but not to exceed your state tax liability. Examples below are payment calculations assuming contributions for 24 and 26 pay periods.

Thank you for considering a gift to support our work with the most vulnerable.

Total Amount Per Year	Amount Based on 24 Pay Periods	Amount Based on 26 Pay Periods
\$100	\$4.16	\$3.85
\$250	\$10.41	\$9.62
\$500*	\$20.83	\$19.23
\$1,000**	\$41.67	\$38.46

*Maximum 2020 Foster Care Charitable Giving state tax credit allowed by law for single filers.
**Maximum 2020 Foster Care Charitable Giving state tax credit allowed by law for married filers.

* Please consult your individual tax adviser to determine how much of your contribution is deductible.

MARRIED FILER 2020 | DOP

Select

SINGLE FILER 2020 | DOP

Select

Waive Catholic Charities Foster Care Charitable Giving State Tax Credit

Waive

The Diocese offers Catholic Education Arizona Charity plans that exists to help provide tuition scholarships to underserved families and students who desire an education at one of the Catholic schools. There is no limit to what you are able to contribute, although there is a limit of the tax credit.

The Diocese of Phoenix allows your contribution to come out via payroll deduction to make your giving easier and maximize your impact on Catholic education.

[Back to Benefits](#) **Catholic Education Arizona Private School State Tax Credit (Option 1)**

A quality Catholic Education for ALL students. Yes, it's possible. Here's how you can help with "no" out-of-pocket cost to you. Get it done with Option 1!

Direct your Arizona State income tax dollars to Catholic Education Arizona

- ✓ Select "State tax withholding option" to direct your state income tax liability to CEA through payroll deductions.
- ✓ This does not affect your net pay check amount. Only the amount that would have been paid to the state each month is directed to CEA.
- ✓ Direct only up to the amount of state tax you pay each month.
- ✓ You must re-enroll in this program each year.

If you do not have sufficient state tax liability to make the maximum contribution per year, you have the option to contribute using the After-Tax Deduction Option. This is explained in Option 2.

* Please consult your individual tax adviser to determine how much of your contribution is deductible.

MARRIED FILER 2020 | DOP

Selected

The state credit maximum is \$2,365.

Employee Contribution Amount:

\$ 50 per pay period = \$400.00 annually

Minimum Annual Contribution Amount: \$0.00

Maximum Annual Contribution Amount: \$2,365.00

Remaining Pay Periods: 8

Continue

SINGLE FILER 2020 | DOP

Select

Once you elect and contribute an amount you will be asked to select the school(s) you would like to apply your state tax deferral charity contribution to.

Please answer question(s) below:

George Tester (Employee)

Catholic Education Arizona Private School State Tax Credit (Option 1)

1.) Filing Status:

Married

2.) Parish Registration & School Designation:

I am a registered parishioner at:

Corpus Christi Parish Phoenix

3.) Please designate my contribution to:

Please Note: If you would like to designate to more than two schools, please select "General Scholarship Fund" now and then contact CEA offices at 602-218-6542 to provide your full designation.

Christ the King Catholic School, Mesa

What percentage of your contribution would you like to go to this school?

100%

If you would like to contribute a portion of your state tax deferral to a second school, please choose one below. If not, leave blank.

Save Answers

After-Tax Deduction: Option 2

Some employees prefer to participate in the Private School State Tax Credit by contributing on an "after-tax basis". This option will change your take home pay.

With Option 2, you can designate a fixed contribution amount each pay period **after taxes**. You can give any amount up to the maximum allowed by state law. Examples below are payment calculations assuming contributions for one year or 24 pay periods. This option reduces your net pay by the amount you choose to give.

Total amount per year	Amount per pay period
\$250	\$10.41
\$500	\$20.83
\$1,183*	\$49.29
\$2,365**	\$98.54

*Maximum Private School State Tax credit amount allowed by law for single filers in Tax Year 2020.
**Maximum Private School State Tax credit amount allowed by law for married filers in Tax Year 2020

[* Please consult your individual tax adviser to determine how much of your contribution is deductible.](#)

MARRIED FILER 2020 | DOP

Select

SINGLE FILER 2020 | DOP

Select

Waive Catholic Education Arizona Private School State Tax Credit (Option 2)

Keep Selection

Selected

The Charity and Development Appeal supports more than 70 educational, charitable and spiritual organizations which counsel, feed clothe, house, educate and comfort those in need throughout the four counties in the Diocese of Phoenix.

The Diocese of Phoenix allows your contribution to come out via payroll deduction to make your giving easier and maximize your impact on thousands of people.

[← Back to Benefits](#) **Charity - Charity and Development Appeal**



Love one another. As I have loved you, so you also should love one another. This is how you all will know that you are my disciples, if you have love for one another.
John 13:34-35

The love that Jesus calls us to is more than words and feelings. Christian love is a call to action. Jesus calls us to open our hearts and extend a helping hand the most vulnerable and needy. The Charity and Development Appeal brings the message of love, mercy and hope to thousands of families and individuals across our Diocese. All money collected stays within our Diocese and is put to work within our communities.

As employees for the Diocese of Phoenix, we answer God's call every day in our work. Please consider taking it a step further and support the CDA. In doing so, you support the work of your co-workers in the vineyard of Christ. Together we can take action to help those in need beyond the reach of any one parish, program, or agency.

Payroll deduction is an easy way to make your pledge and automatically give the "first fruits" back to God. Your pledge will also assist your parish with their CDA goal. Make your pledge today. For more information on the CDA, please visit www.dphx.org/cda.

May the Lord bless you with His love and mercy.

***Please consult your individual tax advisor to determine how much of your contribution is deductible.**

CHARITY AND DEVELOPMENT APPEAL 2020 (CHARITY CDA)
DOP Charity 

Waive Charity - Charity and Development Appeal

Designating Beneficiaries

For all life insurance plans, you must designate beneficiaries for your benefit. Each percentage, primary or secondary must equal 100%. The Primary designation is required before completing your enrollment. The second tab labeled “**Secondary Beneficiaries**” is optional. Each dependent will appear as a beneficiary option. If you would like to add an additional beneficiary, click on the “**Add Beneficiary**” link.

New Hire Enrollment

Please verify your beneficiary information is complete and accurate before proceeding.
"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. "Contingent Beneficiary" represents the person or persons named to receive benefits if the Primary Beneficiary is not alive.

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries(required)

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Wife Tester (Spouse)	100.00 %
Adeline Tester (Child)	<input type="text"/> %

Total: 100%

+ Add New Beneficiary

v Add Secondary Beneficiaries (optional)
Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

Beneficiaries
Other Coverages
Review and Confirm

Your Cost per pay period \$414.23

Continue

Please make sure beneficiaries are designated, as the system will automatically default to “My Estate”.

Once you have designated your beneficiaries, click the “**Continue**” button.

Coordination of Benefits

If you or your dependents are covered by insurance in addition to coverage through The Roman Catholic Diocese of Phoenix, please provide the other insurance information, in the Other Coverages section.

Coordination of Benefits

If you or your dependents are covered by insurance in addition to coverage through The Roman Catholic Diocese of Phoenix, please provide the other insurance information, in the Other Coverages section.

Medical

George Tester (Employee)
Other Medical Insurance Coverage:
Current or Prior Coverages Yes No
Medicare:
Current or Prior Coverages Yes No

Wife Tester (Spouse)
Other Medical Insurance Coverage:
Current or Prior Coverages Yes No
Medicare:
Current or Prior Coverages Yes No

Adeline Tester (Child)
Other Medical Insurance Coverage:
Current or Prior Coverages Yes No
Medicare:
Current or Prior Coverages Yes No

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

Your Cost per pay period **\$414.23**

Continue

Once you have stepped through your enrollment and made your selection on the final plans and selected your beneficiaries, click the “**Continue**” button.

Please Review All Your Selections

You will now be directed to the final review page. Carefully review all of your benefit elections and covered dependents. Note that you may change your elections by clicking the **“Edit Selection”** button for any of your plan selections. The dependents you wish to have included in your coverage will be listed. You may notice that some of your elections are pended due to approval by the insurance carrier.

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.

CHANGED BENEFITS: [Medical](#) [Dental](#) [Basic Dependent Life](#) [Supplemental Employee Life](#) [Supplemental Spousal Life](#) [Supplemental Child Life](#) [Long Term Disability](#) [Catholic Education Arizona Private School State Tax Credit \(Option 1\)](#) [Catholic Education Arizona Private School State Tax Credit \(Option 2\)](#) [Charity - Charity and Development Appeal](#)

*INDICATES CHANGED BENEFITS

Your Total Cost **\$408.53**
Per Pay Period

Your total cost (pending approval) **\$414.23**
Per Pay Period

Your cost per pay period **\$292.28**

Medical*

BCBSAZ HMO 1370 Blue Cross Blue Shield of Arizona
Coverage: **Employee + Family**

Who will be covered on this plan:

Name	Relationship	Coverage
George Tester	Employee	<input checked="" type="checkbox"/> Cover
Wife Tester	Spouse	<input checked="" type="checkbox"/> Cover
Adeline Tester	Child	<input checked="" type="checkbox"/> Cover

[Edit Selection](#)

Cost Details Per Pay Period

Employer Contribution	\$542.80
Your Cost	\$292.28

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Complete Enrollment

Completing your Enrollment

Once you've completed your review, read through the Participation agreement, click the **"I agree, and I'm finished with my enrollment"** and then **"Complete Enrollment"** in the right side panel.

- ✓ **Please Note:** Your enrollment selections are not considered complete until you click the **"I agree and I am finished with my enrollment"** followed by the **"Complete Enrollment"** button at the end of the enrollment and confirmation process.

Charity - Charity and Development Appeal*

Waived

Edit Selection

Once You've Reviewed All Your Selections:

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible).

I hereby consent to receive all benefits information electronically. I acknowledge that I have been provided access to the bswift resource Library, which contains all summary plan descriptions, benefit information, special enrollment language, and required notices for the employee benefit plans available to me as an employee, and I acknowledge receipt of such notices.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

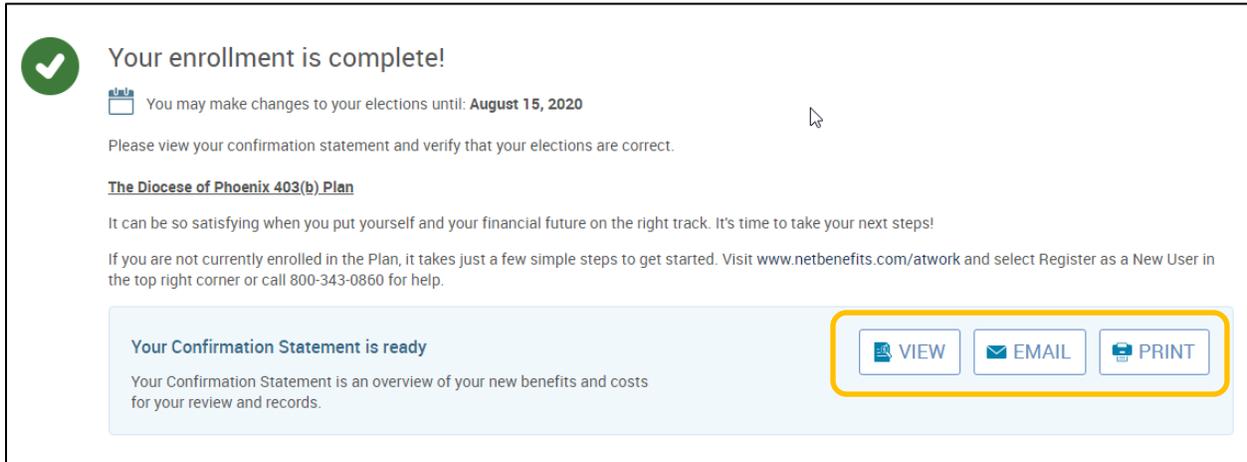
I agree, and I'm finished with my enrollment

1 Your Info
2 Your Benefits
3 Enroll
Beneficiaries
Other Coverages
Review and Confirm
4 Complete

Complete Enrollment

Confirmation Statement

It is highly recommended that you e-mail yourself a confirmation of your elections. To do so, click on the “**Email**” link on the New Elections page after making your election. If you don’t have an e-mail address in the system, please print out the confirmation page before you leave the site by clicking on “**Print**” link.



 **Your enrollment is complete!**

 You may make changes to your elections until: **August 15, 2020**

Please view your confirmation statement and verify that your elections are correct.

The Diocese of Phoenix 403(b) Plan

It can be so satisfying when you put yourself and your financial future on the right track. It's time to take your next steps!

If you are not currently enrolled in the Plan, it takes just a few simple steps to get started. Visit www.netbenefits.com/atwork and select Register as a New User in the top right corner or call 800-343-0860 for help.

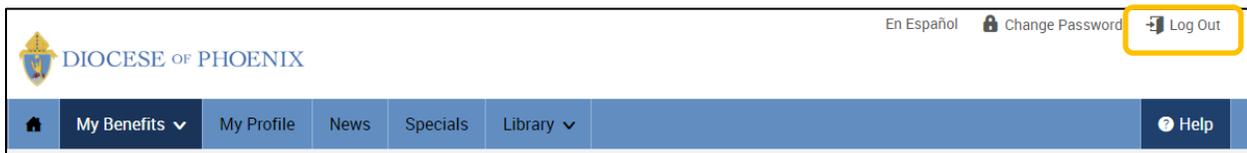
Your Confirmation Statement is ready

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

 **VIEW**  **EMAIL**  **PRINT**

Logging Out

When you have completed any actions taken on the Diocese of Phoenix, please be sure to log out by clicking the “**Log Out**” button on the upper right hand corner of your browser.



 **DIOCESE OF PHOENIX**

En Español  Change Password  **Log Out**

 **My Benefits** ▾ **My Profile** **News** **Specials** **Library** ▾ **Help**