

The Diocese of Altoona-Johnstown Benefits Bookcase Process

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I. Newly Eligible Employees

The Location Administrator will submit the “Newly Eligible Employee Form” (**Page 5**) to the Reschini Enrollment Department by secure email, fax at (888)939-6374 (Attn: Reschini Enrollment Department), or upload to our secure dropbox:

<https://doaj.benefitsbookcase.com/filedrop/> with the following completed information:

1. Please Select if the Employee is a New Hire, or Newly Eligible Employee (due to an Increase in Hours)
2. Employee Name
3. Employee Address
4. Employee’s Work Email Address (please make sure they have access to this email address before sending the form)
5. Social Security Number
6. Date of Birth
7. Gender
8. Phone Number
9. Hire Date
10. Benefit Effective Date
11. Weekly Hours
12. Annual Salary
13. Location Name/Code

The Reschini Group processes this information and will set up the new account through the Benefits Bookcase Website. We will then email the employee their “New Enrollment Letter” (**Page 6**) to their work issued email address which will include:

1. Introduction about Reschini and who we are
2. Effective Date of Benefits
3. Enrollment Period Dates
4. Login Instructions for Benefits Bookcase
5. Description of documents available to view on Benefits Bookcase
6. Instructions on how to navigate Benefits Bookcase
7. Contact information for Reschini

I. Newly Eligible Employees

The Employee will be required to submit documents to verify the dependent relationship for any dependent being enrolled in coverage through the Diocese of Altoona-Johnstown. The required documents for each eligible dependent are listed below. Please note this is the same documentation that is required at Open Enrollment. We will not need to collect certain information again after it has been submitted (Example: Birth Certificates, Marriage License).

- **Legal Spouse** – Court issued marriage license/certificate AND the first page of the most recently filed federal tax return (Form 1040) that includes the spouse’s name and tax filing status. If married filing separately, submit the first page of both federal tax returns. For privacy, please black out all financial information. If you haven’t been married long enough to file a joint tax return, then just submit your marriage license/certificate. ***The only two tax filing statuses that support a legal spouse are Married Filing Jointly and Married Filing Separately (assuming both parties file with this status). If you file any other status, this does not support the requirement.***
- **Natural Child** – Child’s state-issued birth certificate showing the employee as a parent.
- **Adopted Child** – Child’s state-issued birth certificate showing the employee as a parent OR court documents showing the completed adoption OR a letter of placement from an adoption agency, an attorney or a state social services department that verifies adoption is in progress.
- **Foster Child** – Court Order or other legal document placing the child with the employee.
- **Stepchild** – Child’s state-issued birth certificate showing the name of the natural parent AND proof that the natural parent and employee are married, as described under “Legal Spouse” above.
- **Other Children** – To verify that an employee has legal custody, a court order or other legal document granting custody to the employee.
- **Disabled Child** – Disability would have previously been certified through the insurance carrier. Submit proof of relationship described about AND the first page of your federal tax return (Form 1040) to demonstrate that your child is dependent on you. For privacy, please black out all financial information.

I. Newly Eligible Employees

The employee is typically given 14 days to complete the enrollment process through the Benefits Bookcase website (we can extend enrollment periods by administrator request) and provide supporting documentation. Employees are able to upload supporting documentation to their online Benefits Bookcase account (This is the preferred method). They may also fax documents to 888-939-6374, or upload to our secure dropbox: <https://doaj.benefitsbookcase.com/filedrop/>. If an administrator is sending documentation on behalf of an employee, please ensure they are sent via secure method (fax, dropbox, or secure email).

Once the enrollment process is complete and documentation has been submitted, The Reschini Group will review them and will:

1. Contact the employee or the Location Administrator if any documentation is missing or incomplete.
2. Update the carrier systems to reflect enrollment elections.
3. Send Confirmation of Benefit Elections, as well as any required forms (HSA, FSA, Reliance Forms) to the Location Administrator/Comptroller to make any necessary payroll deductions.

**Diocese of Altoona – Johnstown
Newly Eligible Employee Form
Lay Employees**

New Hire

Eligible Due to Increase in Hours

Employee Name

Address

City, State, Zip

Work Email Address

Social Security # (xxx-xx-xxxx)

Date of Birth (mm/dd/yyyy)

Gender Phone Number

Hire Date (mm/dd/yyyy)

Benefit Effective Date (mm/dd/yyyy)

Weekly Hours Annual Salary

Location Name/Location Code (Please Select Location/Code)

Location Contact

Contact Phone

PLEASE NOTE THAT THIS FORM CONTAINS CONFIDENTIAL INFORMATION

Please ensure you send it back to Benefits Bookcase via the Reschini Secure Messaging Network, by Fax (888)939-6374, or upload to our secure dropbox:

<https://doaj.benefitsbookcase.com/filedrop/>

IMPORTANT TIME SENSITIVE INFORMATION – PLEASE READ

Today's Date

First Name, Last Name

Street Address

City, State, Zip

Dear Mr./Ms. _____ :

The Reschini Group is the Benefit Administrator for The Diocese of Altoona-Johnstown. As a newly benefit eligible employee, you are eligible to participate in medical, prescription drug, vision, dental, and voluntary benefit plans for you and your family effective **Insert Date**. To enroll in the plans, employees are required to use our online enrollment system called Benefits Bookcase. Benefits Bookcase is very user friendly, and The Reschini Group Customer Service Department is available if you need assistance navigating the system.

Please complete your enrollment and submit all necessary documents by **Insert Date to ensure your benefits are keyed and effective for **Insert Date**.**

To begin your enrollment, navigate to the following website: <https://doaj.benefitsbookcase.com>. You will be asked to enter a username and password. Your unique username is your employer-provided email address. You will need to reset your password by clicking on the “**Forgot your password?**” link just below the Password Field on the Log in page. You will then need to enter your employer-provided email address. The system will send you a password reset link via email. That email will come from notifications@reschini.com and have “Reset Portal Password” in the subject line. Click on the link in the email and follow the on-screen instructions. Note that passwords must be twelve or more characters long, contain both upper and lower case letters, and have at least one numeral or special character.

Once you have logged onto the Benefits Bookcase system, please select “Documents” on the Benefits Bookcase Dashboard. Under the “Documents” section of Benefits Bookcase, you will find available resources to assist with your enrollment process. Available resources include benefit grids, FSA/HSA election forms (if applicable), Payroll Contribution Schedules, etc.

Please review these important informational documents and forms prior to enrolling in the system.

In the “My Documents” section, you will find the “Benefit Bookcase Enrollment Instructions” that you can review for step-by-step instructions.

When you are ready to begin the enrollment process, click on the “Enrollment” button on the Benefits Bookcase Dashboard. You can walk through the online enrollment system to elect the benefits for which you wish to enroll yourself and any eligible dependents. You must also complete the process if you are opting out of coverage. You must provide documentation to support the relationship for all dependents you enroll under your coverage. The specific support requirements are covered on the Pre-Enrollment Data Collection Worksheet and will be identified through the enrollment system process. Once you

have completed your selections, you will need to click the “Sign and Submit” page, enter your electronic signature and the current date and then click on the “Sign and Submit” button. Then, click on “Current Enrollment Selections” at the bottom left of the screen and a report will open. **Print this report as confirmation of your benefits as confirmations will not be mailed out.**

These elections are final unless you experience a qualifying event or until the next open enrollment period.

You must finish the “sign and submit” process for your enrollment to be considered complete.

If you make any changes to your enrollment after completing the “sign and submit” process during your enrollment period, please contact us to confirm these changes have been updated.

Additional plan information is included under the “Documents” section of the Dashboard and remains available for you to review throughout the plan year such as:

- Benefit grids, booklets, and summaries of coverage
- Additional information and FAQ’s on HSA’s
- Required notices and information regarding your healthcare rights and protections

If you have any questions, please contact The Reschini Group Customer Service Department at 1-800-442-8047 Monday through Friday from 8:00 am to 5:00 pm or click on the “I Need Help” link located within the online enrollment website.

II. Life Event Changes

The employee notifies the Location Administrator of the life event. The Location Administrator provides the employee with the "Employee Benefit Change Form" (**Page 10**) to complete. The employee must indicate which coverage is changing and provide the reason for the change on the form. Once complete, the employee must submit the completed form and any additional documentation to the Location Administrator. The Location Administrator will then send to the Reschini Enrollment Department by secure email, fax at (888)939-6374 (Attn: Reschini Enrollment Department), or upload to our secure dropbox:

<https://doaj.benefitsbookcase.com/filedrop/>.

(NOTE: The Employee only needs to complete lines for self/spouse/dependent that are changing; they are not required to provide info for every family member, only those impacted by the life event change.)

The Employee has a determined amount of days based on the plan document from the date of the life event to notify the Location Administrator. For example, the employee would have 30 days from the date of marriage to notify the Location Administrator that they want to enroll their eligible spouse under coverage. Once the form and the supporting documents are submitted, The Reschini Group will review these documents upon receipt and will:

1. Contact the employee or Location Administrator if any documentation is missing or incomplete.
2. Update Carrier Systems.
3. Send a confirmation of the Life Event Change to the Location Administrator via secure email.

(NOTE: If an Administrator is sending documentation on behalf of an employee, please ensure they are sent via secure method (fax, dropbox, or secure email.)

The Location Administrator must make the applicable changes to the Paycor system and file the original form(s) in the employee's personnel folder.

II. Life Event Changes

The employee will be required to submit documents to verify the dependent relationship for any dependent being enrolled in coverage through the Diocese of Altoona-Johnstown. The required documents for each eligible dependent are listed below:

- **Legal Spouse** – Court issued marriage license/certificate AND the first page of the most recently filed federal tax return (Form 1040) that includes the spouse’s name and tax filing status. If married filing separately, submit the first page of both federal tax returns. For privacy, please black out all financial information. If you haven’t been married long enough to file a joint tax return, then just submit your marriage license/certificate. ***The only two tax filing statuses that support a legal spouse are Married Filing Jointly and Married Filing Separately (assuming both parties file with this status). If you file any other status, this does not support the requirement.***
- **Natural Child** – Child’s state-issued birth certificate showing the employee as a parent.
- **Adopted Child** – Child’s state-issued birth certificate showing the employee as a parent OR court documents showing the completed adoption OR a letter of placement from an adoption agency, an attorney or a state social services department that verifies adoption is in progress.
- **Foster Child** – Court Order or other legal document placing the child with the employee.
- **Stepchild** – Child’s state-issued birth certificate showing the name of the natural parent AND proof that the natural parent and employee are married, as described under “Legal Spouse” above.
- **Other Children** – To verify that an employee has legal custody, a court order or other legal document granting custody to the employee.
- **Disabled Child** – Disability would have previously been certified through the insurance carrier. Submit proof of relationship described about AND the first page of your federal tax return (Form 1040) to demonstrate that your child is dependent on you. For privacy, please black out all financial information.

DIOCESE OF ALTOONA - JOHNSTOWN

EMPLOYEE BENEFIT CHANGE FORM

FOR ADMINISTRATOR USE: ONLY IF INCREASING HOURS TO 35+

LOCATION NAME: Diocese Office

PREVIOUS WEEKLY HOURS:

NEW WEEKLY HOURS:

LOCATION CODE: A003

NEW ANNUAL SALARY:

FORMS WITH MISSING INFORMATION WILL NOT BE PROCESSED. PLEASE PRINT LEGIBLY.

I. THIS SECTION TO BE COMPLETED BY/FOR THE EMPLOYEE:

EMPLOYEE NAME (FIRST, MI, LAST)		SSN	DATE OF BIRTH		GENDER
STREET ADDRESS OR PO BOX		CITY	STATE	ZIP	
HOME / CELL TELEPHONE NUMBER	WORK EMAIL ADDRESS		EFFECTIVE DATE	DATE OF HIRE	
Change to: <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> Email Address <input type="checkbox"/> Other: _____					

II. COMPLETE THE FOLLOWING SECTION IF YOU ARE ENROLLING YOURSELF AND ANY ELIGIBLE DEPENDENTS IN BENEFITS DUE TO A QUALIFYING EVENT:

Last Name/First Name/MI <i>(If Change, check box indicating reason and include effective date of event)</i>	SOCIAL SECURITY NO.	DATE OF BIRTH	GENDER	Check Appropriate Boxes			
				\$750 / \$1,500 MEDICAL T67PPO1-A003	\$2,000 / \$4,000 MEDICAL T67HDHPPPO-A003	DENTAL 12691-000-0A003	VISION 3026-A003
EMPLOYEE: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Loss of/New Coverage <input type="checkbox"/> Other: _____ Effective Date: _____			M / F	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term
SPOUSE: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Loss of/New Coverage <input type="checkbox"/> Other: _____ Effective Date: _____			M / F	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term
DEPENDENT: <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Loss of/New Coverage <input type="checkbox"/> Other: _____ Effective Date: _____			M / F	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term
DEPENDENT: <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Loss of/New Coverage <input type="checkbox"/> Other: _____ Effective Date: _____			M / F	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term
DEPENDENT: <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Loss of/New Coverage <input type="checkbox"/> Other: _____ Effective Date: _____			M / F	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term	<input type="checkbox"/> Add <input type="checkbox"/> Waive* <input type="checkbox"/> Term

***WAIVER OF COVERAGE:** I understand that I may not be able to enroll in benefits prior to the next open enrollment period unless I experience a valid qualifying event and provide sufficient documentation of such event within the guidelines of the plan document.

Employee Signature:	Date:
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Location Administrators may submit completed forms to the Reschini Enrollment Department via fax at 888.939.6374, secure email, or upload to our secure dropbox:

<https://doaj.benefitsbookcase.com/filedrop/>.

III. Demographic Changes

The employee notifies the Location Administrator of any demographic changes. The Location Administrator provides the employee with the “Employee Benefit Change Form” (**Page 10**) to complete. The employee must check the applicable box for the changing demographic and provide the updated information. Once complete, the employee must submit the completed form to the Location Administrator. The Location Administrator will then send the “Employee Benefit Change Form” to the Reschini Enrollment Department by secure email, fax at (888)939-6374 (Attn: Reschini Enrollment Department), or upload to our secure dropbox: <https://doaj.benefitsbookcase.com/filedrop/>.

Once the form is submitted, The Reschini Group will update all applicable carrier systems.

The Location Administrator must make the applicable changes to the Paycor system and file the original form(s) in the employee’s personnel folder.

IV. Termination of Benefits

The Location Administrator submits the “Termination Reporting Form” (**Page 13**) to the Reschini Enrollment Department by secure email, fax at (888)939-6374 (Attn: Reschini Enrollment Department), or upload to our secure dropbox:

<https://doaj.benefitsbookcase.com/filedrop/> including the following information:

1. Reason for Termination
2. DAJ Work Location
3. Employee Name
4. Employee SSN
5. Employee Date of Birth
6. Termination Date
7. Last Day Worked (Note: If a teacher is under contract, indicate the last day covered per contract)
8. Location Administrator Name and Contact Information

The Reschini Group will update the carrier systems.

The Location Administrator must make the applicable changes to the Paycor system and file the original form(s) in the employee’s personnel folder.

Diocese of Altoona-Johnstown

Termination Reporting Form

Employee Information

Name:

SSN:

Date of Birth:

Location Name/Code:

Last Day Worked: (Note: If a teacher is under contract, include last day covered per contract)

Effective Date:

Reason for Termination:

Location Contact:

Location Contact Phone Number:

SAMPLE

Internal Use Only

Term

HNAS Medical

Medical:

UCCI Dental

Dental:

VBA Vision

Vision:

Employer-Paid Term Life and AD&D, STD, and LTD

Employee Term:

Voluntary Term Life and AD&D Policy # VGTL188527

Term Life:

Voluntary Accident Policy # VAI828067

Accident:

Voluntary Critical Illness Policy # VCI802802

Critical Illness:

Location Administrators may submit completed forms via the Reschini Secure Messaging Network, by fax at (888)939-6374, or upload to our secure dropbox: <https://doaj.benefitsbookcase.com/filedrop/>.

V. Decrease/Increase in Hours

The Location Administrator submits the appropriate form to the Reschini Enrollment Department by secure email, fax at (888)939-6374 (Attn: Reschini Enrollment Department), or upload to our secure dropbox: <https://doaj.benefitsbookcase.com/filedrop/> including the following information:

Note that employer paid benefit eligibility is based on 35 hours per week. Medical, Dental, Vision, and Voluntary benefits are based on 30 hours per week. An increase in hours meeting either of these thresholds must be reported.

For an Increase in Hours (If they are now eligible for benefits):

Please complete the “Newly Eligible Employee Form” (**Page 5**) if your employee was previously not benefit eligible but is now working 30 or more hours per week.

When benefits are being offered, a Newly Eligible Enrollment letter (**Page 6**) will be sent by email (work provided email address) to the employee.

The Location Administrator will receive confirmation of the benefits elected by the Newly Eligible Employee and will need to make any applicable payroll deductions.

For an Increase in Hours Between 30 - 35 Hours:

Please complete the “Employee Benefit Change Form” (**Page 10**) if an employee increases their hours to 35 or more per week and is currently eligible for medical, dental, vision, and voluntary benefits. This change must be reported to initiate employer-paid benefits for the employee.

Ensure the Previous Weekly hours, New Weekly Hours, and New Annual Salary Fields are completed at the top of the form along with Section 1 of the “Employee Benefit Change Form”.

For a Decrease in Hours (If this effects benefits eligibility):

Please complete the “Termination Reporting Form” (**Page 13**)

If an employee decreases weekly hours to work below 30 hours per week for Medical, Dental, Vision, and Voluntary benefits or falling below 35 hours per week for employer paid benefits, this change must be reported.

The Reschini Group will process the information based upon the increase or decrease in hours provided by the Location Administrator on the appropriate form.

The Location Administrator must make the applicable changes to the Paycor system and file the original form(s) in the employee’s personnel folder.

VI. FMLA (Family Medical Leave)/STD (Short Term Disability)

All employees needing FMLA/STD must be referred to the Director of Human Resources.

The employee will continue to be responsible for the employee contributions for all benefits while on leave. The Location Administrator must invoice the employee for any contributions during unpaid leave.

Note that benefits coverage ends when Short Term Disability is exhausted. The Location Administrator must notify The Reschini Group by submitting the "Termination Reporting Form" (**Page 13**) to the Reschini Enrollment Department by secure email, fax at (888)939-6374 (Attn: Reschini Enrollment Department), or upload to our secure dropbox: <https://doaj.benefitsbookcase.com/filedrop/>.

The Reschini Group will update the carrier systems.

The Location Administrator must make the applicable changes to the Paycor system and file the original form(s) in the employee's personnel folder.



**THE
RESCHINI
GROUP**

We're here to help

If you need assistance
or have any questions regarding
your benefit coverages or claims,
please contact us,

Customer Liaison Services

1-800-442-8047

Select option 1 and then option 1

The Reschini Group
Employee Benefits Division
Customer Liaison Services
922 Philadelphia Street
Indiana, PA 15701