



Enrollment Worksheet

...my benefits

Provena Health, a Catholic health system, builds communities of healing and hope by compassionately responding to human need in the spirit of Jesus Christ.

Window rule is FPO, and does not print.
Window size: 4" x 1.5"

About This Worksheet

This worksheet has been prepared especially for you. It describes your benefit options and costs for the plan year. This worksheet also provides enrollment instructions on how to use the enrollment Web site and IVR systems.

The following information is included:

- Instructions for using the Web site and telephone enrollment system.
- Your benefit options and costs worksheet.
- How to enroll your covered dependents.

How to Enroll

To make your benefit elections, you must enroll via the Web or telephone. If you do not enroll by the end of the enrollment period listed on page 5 of this worksheet, you will receive default coverages only, as outlined on page 2.

Just follow these five simple steps:

Step 1: REVIEW the available plan options and costs.

Step 2: DECIDE which benefit options you would like to elect for the plan year, and complete the worksheet on pages 3-4.

Step 3: ACCESS THE SYSTEM.

- Visit the Website at <https://provenahealth.employee.com>
Enter your username and password when prompted by the system. Your username and password are displayed on page 5 of this worksheet. You will need to personalize your password after the first time you use the site. Your new password must be 4-8 numbers in length and contain no letters or special characters like & or %.
- To enroll by phone, call 1-877-390-4843.

Step 4: ENTER YOUR ELECTIONS AND DEPENDENT INFORMATION.

Use the worksheets on pages 3-4 as a reference when making your benefit elections.

Before you begin, make sure you have on hand the birth date and Social Security number of any dependent you wish to enroll.

Step 5: CONFIRM your elections. If you are enrolling on the Web, be sure to click the "confirm" button when you have finished. If you are enrolling by telephone, wait until you hear "your enrollment is complete and all your elections have been saved" before you hang up.

The Next Step

A confirmation statement outlining any additional steps you need to take will be mailed to you at home.

Using The Enrollment System

Access the system at <http://provenahealth.employee.com> and follow the instructions to enter your dependent information.

If you do not have access to the Web, you can call 1-877-390-4843 to enroll. The names of your eligible dependents need to be coded. Complete the following worksheet by using the designated codes.

Dependent Worksheet

ADD

To add a dependent, fill in all the information requested below. Use the codes provided below to enter your dependent's name.

CHANGE

To change the spelling of a dependent's name or birth date, enter the 1-digit dependent number from page 2 with the correct information below.

DELETE

To delete a dependent shown on page 2, enter the 1-digit dependent number followed by the # sign.

Dependent Example:

| Dependent Name | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|
| J | A | N | E | S | M | I | T | H | | | | | | | | | | | | | | | | |
| 5 | 1 | 2 | 1 | 6 | 2 | 3 | 2 | 9 | 7 | 7 | 3 | 6 | 1 | 4 | 3 | 8 | 1 | 4 | 2 | | | | | |

Codes you will use when enrolling by phone:

| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 1 | 2 | 2 | 2 | 3 | 3 | 1 | 3 | 2 | 3 | 3 | 4 | 1 | 4 | 2 | 4 | 3 | 5 | 1 | 5 | 2 | 5 | 3 | 6 | 1 | 6 | 2 | 6 | 3 |

| P | Q | R | S | T | U | V | W | X | Y | Z | SPACE | - | , | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | 1 | 1 | 1 | 7 | 2 | 7 | 3 | 8 | 1 | 8 | 2 | 8 | 3 | 9 | 1 | 9 | 2 | 9 | 3 | 1 | 2 | 9 | 7 | 9 | 8 | 9 | 9 |

| | | | | | | | | | | | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|----------|--|
| Dep Number | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | Rel. | | Sex | |
| | | | | | | | | | | | | | | | | | |
| Last Name (if not the same as yours) | | | | | | | | | | | | | | 1-Spouse | | 1-Male | |
| | | | | | | | | | | | | | | 2-Child under age 19 | | 2-Female | |
| | | | | | | | | | | | | | | 3-Full-time student between ages 19 and 23 | | | |
| | | | | | | | | | | | | | | 4-Disabled Dependent | | | |
| Social Security Number | | | | | | | | | | | | | | Birth Date (mm/dd/yyyy) | | | |
| | | | | | | | | | | | | | | Month | Day | Year | |
| | | | | | | | | | | | | | | | | | |