



# Qualified Life Events

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How to Enroll a QLE (Ex: new spouse or new child)

# Login to



[Myworkplace.net](https://myworkplace.net)

A screenshot of a web browser displaying the myworkplace.net website. The browser's address bar shows "myworkplace.net". The website has a blue header with the logo on the left and navigation links: "Who We Are", "MyWorkplace Experience", "Who We Serve", and an orange "Login" button. The main content area features a large background image of an office. On the left, there is a white text box with the heading "Your benefits, payroll, and employee resources in a single, simple and intuitive solution and service offering" and the instruction "To login, please click on your user type below:". Below this are three orange buttons: "Employee", "Administrator", and "Benefit Counselor". A large yellow arrow points to the "Employee" button. On the right side of the page, there are three blue horizontal bars with white text: "Who We Are", "MyWorkplace Experience", and "Who We Serve".

**Your benefits, payroll, and employee resources in a single, simple and intuitive solution and service offering**

To login, please click on your user type below:

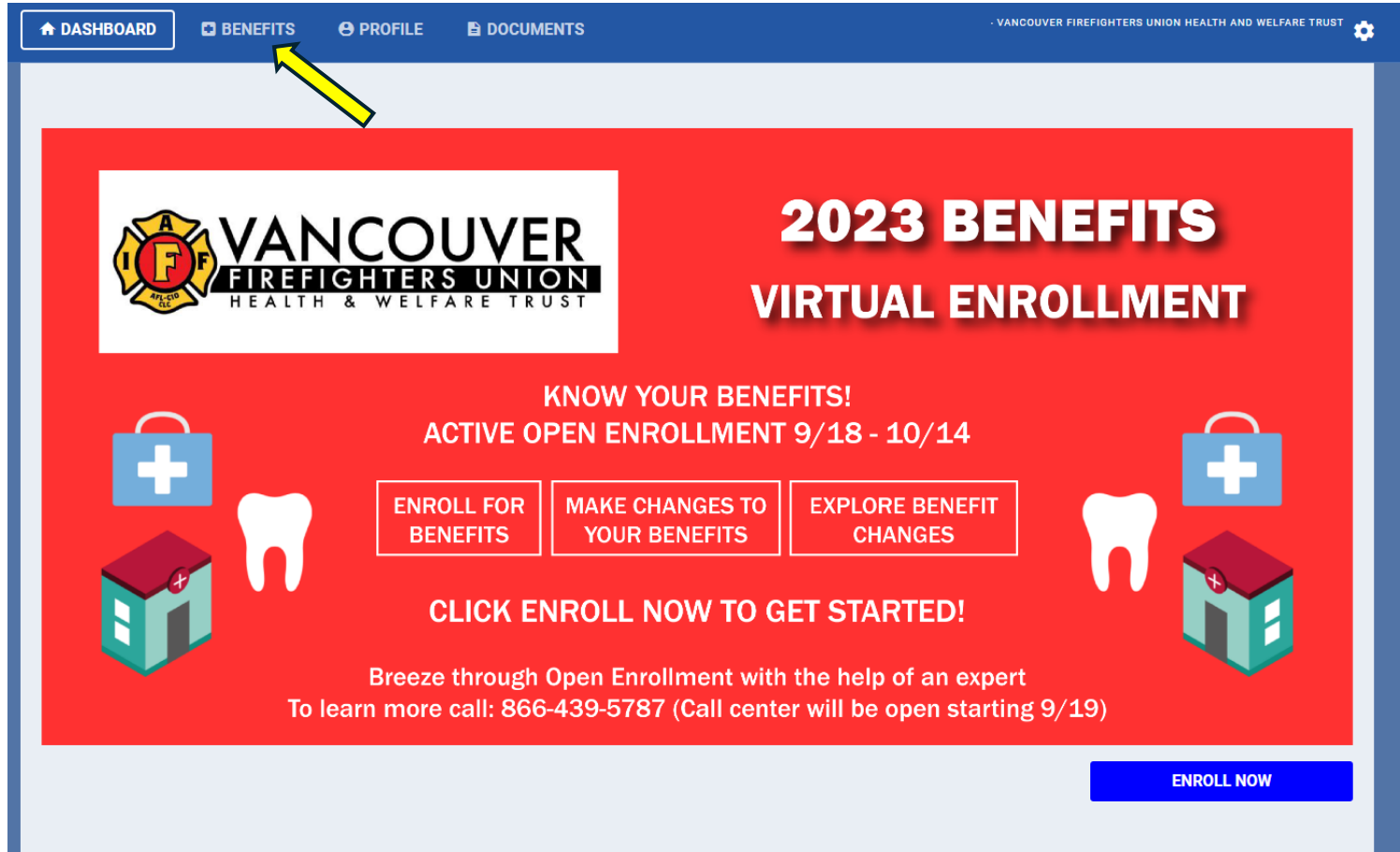
- Employee**
- Administrator**
- Benefit Counselor**

**Who We Are**


**MyWorkplace Experience**

**Who We Serve**

# Select Benefits



[DASHBOARD](#) [BENEFITS](#) [PROFILE](#) [DOCUMENTS](#) VANCOUVER FIREFIGHTERS UNION HEALTH AND WELFARE TRUST



## 2023 BENEFITS VIRTUAL ENROLLMENT

KNOW YOUR BENEFITS!  
ACTIVE OPEN ENROLLMENT 9/18 - 10/14

[ENROLL FOR BENEFITS](#) [MAKE CHANGES TO YOUR BENEFITS](#) [EXPLORE BENEFIT CHANGES](#)

**CLICK ENROLL NOW TO GET STARTED!**

Breeze through Open Enrollment with the help of an expert  
To learn more call: 866-439-5787 (Call center will be open starting 9/19)

[ENROLL NOW](#)

Select 'Available Enrollments' then check the box for the QLE (in this case: Marriage) then click 'Continue'

**DASHBOARD** **BENEFITS** PROFILE DOCUMENTS VANCOUVER FIREFIGHTERS UNION HEALTH AND WELFARE TRUST

Available Benefits My Benefits **Available Enrollments** Benefit Change Requests Beneficiaries Life Event Requests

### Available Enrollments

Welcome to your benefits enrollment session!

The system has evaluated your available enrollment options and will step you through the process. If no enrollment options are currently available, a message to this effect will display below.

Your Life Event Request was approved! Please complete the Life Event enrollment session below. If other enrollment options are available, such as an annual open enrollment, those will be enabled for you after the completion of the enrollment session listed below.

#### Mode Selection

**Marriage**

Your access to the enrollment system begins on **Saturday, May 25, 2024** and ends on **Monday, June 24, 2024**. This is your window of opportunity to make benefit elections for this administrative event.

**CONTINUE**

# Confirm your information is correct.

Other than your personal email and phone number, If you find any information that needs updating, you will need to make changes in WORKDAY (the city payroll system) for the changes to take place. This is true for ANY address change.

Available Benefits My Benefits Available Enrollments Benefit Change Requests Beneficiaries Life Event Requests

Please review your profile to ensure all your information is correct, items that are dimmed are not editable. If items that are not editable are incorrect, please contact your payroll, HR or benefits administrator to have these elements updated. Click Continue to proceed.

**System**

SID  
ERID  
Registered Email

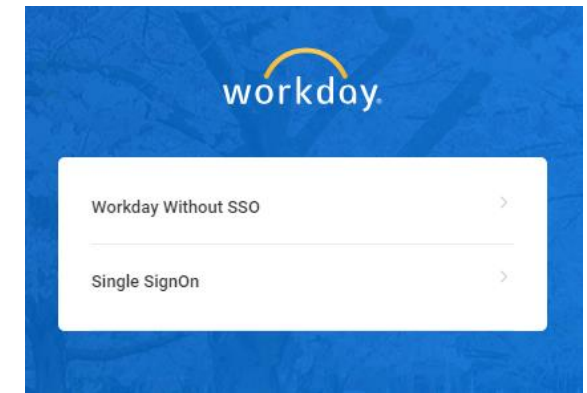
**Personal**

Name  
Date Of Birth  
SSN  
Home Email \*  
Home Phone  
Cell Phone  
Address 1 \*  
Address 2  
City \*  
Home State \*  
WASHINGTON  
Zip Code \*  
Gender

**Employment Details**

Date of Hire  
Job Title  
Work Hours  
0  
Member Type  
3 - SUPPRESSION GROUP  
Employment Status  
Full Time

CONTINUE



Login to city's payroll portal  
Workday to make changes to  
address.

# The first step is the Medical coverage. Select MODIFY BENEFIT

**Benefit Review**

Before you move into your enrollment session, you may wish to review any benefits you have today and/or pending benefit requests you have made. When you are ready to begin your enrollment session, click the Continue button to proceed.

**Current Benefits**

Category	Benefit	Tier	Effective	Termination	Cost
> MEDICAL	LOOMIS HRA MEDICAL PLAN	EMPLOYEE + CHILD(REN)	10/01/2020		\$90.00 SM (PRE-TAX)
> DENTAL	METLIFE DENTAL ACTIVES	EMPLOYEE + CHILD(REN)	10/01/2023		
	LONG TERM DISABILITY	THE STANDARD LTD	COVERED SALARY FOR DI - \$9,630.00	01/01/2024	\$22.50 SM (POST TAX)

**SEMI-MONTHLY DEDUCTIONS**

Total Pre-Tax	Total Post-Tax	Total Cost
\$90.00	\$22.50	\$112.50

**Current Benefits and Requests**

Benefit	Tier	Effective	Termination	Process	Cost
> LOOMIS HRA MEDICAL PLAN	EMPLOYEE + CHILD(REN)	10/01/2020			\$90.00 SM (PRE-TAX)
> METLIFE DENTAL ACTIVES	EMPLOYEE + CHILD(REN)	10/01/2023			

**Current Costs**

Total Pre-Tax	Total Post-Tax	Total Cost
\$90.00	\$0.00	\$90.00

**Buttons:** CONTINUE, KEEP BENEFIT, MODIFY BENEFIT, NEXT CATEGORY

# Check box 'LOOMIS HRA MEDICAL PLAN' then click CONFIRM

↑ DASHBOARD **BENEFITS** PROFILE DOCUMENTS VANCOUVER FIREFIGHTERS UNION HEALTH AND WELFARE TRUST ⚙️

## Marriage

The category list below let's you know where you are in the enrollment process. If you would like to go back and edit a benefit selection in a certain category, just click on the name of the category below. Categories that have a red dot next to their name are required in order to complete the Checkout process.

**Categories**

- **Medical**
- Other Coverage
- Checkout

**DEDUCTION SUMMARY**

**Modify Benefit** Available Benefits ▾

You have elected to replace a previous benefit request for this category. The following panels will allow you to adjust the members you wish to add or terminate from this benefit election and confirm your decision.

The check boxes under the Add Coverage column will allow you to add members to the current benefit. The check boxes under the Terminate Coverage check box will remove members from the current benefit. Click on the check box next to the name of the member you would like to adjust. If a check box is not available next to a member's name, that member is required to have coverage under the plan and may not be modified. If you do not wish to modify a currently unrolled member, you do not need to select any check boxes.



Once you have submitted your benefit request, you will be prompted to continue with the enrollment process, or if applicable, proceed to the checkout section.

Please select from your currently available benefit(s) listed below. If a benefit has an "Unavailable On" date illustrated, you will be prompted to select a replacement benefit option on a subsequent page that is valid after this benefit expires. Click Confirm to continue.

**Benefits**

Benefit
<input checked="" type="checkbox"/> LOOMIS HRA MEDICAL PLAN

CANCEL **CONFIRM**



# Dental – ensure box is checked, then click CONFIRM

The screenshot shows a web interface for the Vancouver Firefighters Union Health and Welfare Trust. The top navigation bar includes 'DASHBOARD', 'BENEFITS', 'PROFILE', and 'DOCUMENTS'. The main content area is titled 'Marriage' and contains instructions about the enrollment process. A 'Modify Benefit' section is active, showing 'LOOMIS HRA MEDICAL PLAN' and 'Core Benefits'. Below this, a blue instruction bar asks the user to select a plan option. The 'DENTAL' section is highlighted with a yellow arrow, showing a table with one row: 'METLIFE DENTAL ACTIVES' with a checked checkbox. At the bottom right, a yellow arrow points to the 'CONFIRM' button.

**Marriage**

The category list below let's you know where you are in the enrollment process. If you would like to go back and edit a benefit selection in a certain category, just click on the name of the category below. Categories that have a red dot next to their name are required in order to complete the Checkout process.

**Categories**

- Medical
- Other Coverage
- Checkout

**DEDUCTION SUMMARY**

**Modify Benefit** LOOMIS HRA MEDICAL PLAN Core Benefits

You have elected to replace a previous benefit request for this category. The following panels will allow you to adjust the members you wish to add or terminate from this benefit election and confirm your decision.

The check boxes under the Add Coverage column will allow you to add members to the current benefit. The check boxes under the Terminate Coverage check box will remove members from the current benefit. Click on the check box next to the name of the member you would like to adjust. If a check box is not available next to a member's name, that member is required to have coverage under the plan and may not be modified. If you do not wish to modify a currently unrolled member, you do not need to select any check boxes.

Once you have submitted your benefit request, you will be prompted to continue with the enrollment process, or if applicable, proceed to the checkout section.

Please select the plan option you wish to add to your benefits package. If only one option is displayed it will be pre-selected for you. Click Next to continue.

**DENTAL**

Benefit
<input checked="" type="checkbox"/> METLIFE DENTAL ACTIVES

CANCEL CONFIRM



This page will show your current tier and any dependents you have. In this case our QLE is MARRIAGE so we will click the 'ADD DEPENDENT' box. Enter all information

**Marriage**

The category list below let's you know where you are in the enrollment process. If you would like to go back and edit a benefit selection in a certain category, just click on the name of the category below. Categories that have a red dot next to their name are required in order to complete the Checkout process.

**Categories**

- Medical
- Other Coverage
- Checkout

**Modify Benefit** LOOMIS HRA MEDICAL PLAN Coverage Selection

You have elected to replace a previous benefit request for this category. The following panels will allow you to adjust the members you wish to add or terminate from this benefit election and confirm your decision.

The check boxes under the Add Coverage column will allow you to add members to the current benefit. The check boxes under the Terminate Coverage check box will remove members from the current benefit. Click on the check box next to the name of the member you would like to adjust. If a check box is not available next to a member's name, that member is required to have coverage under the plan and may not be modified. If you do not wish to modify a currently unrolled member, you do not need to select any check boxes.

Once you have submitted your benefit request, you will be prompted to continue with the enrollment process, or if applicable, proceed to the checkout section.

**LOOMIS HRA MEDICAL PLAN**

Total Current Coverage: EMPLOYEE + CHILD(REN)  
Total Current Semi-Monthly Deduction: \$90.00

**Members / Dependents**

Add/Term	Name	Relationship	Current Status
<input checked="" type="checkbox"/> Required	JOHN DOE	Member	Active
<input type="checkbox"/> Term	JOHNNY JR DOE	Child	Active

**ADD DEPENDENT**

**Tiers**

Tier	Employee Deduction	Deduction Frequency
EMPLOYEE + CHILD(REN)	\$90.00	SEMI-MONTHLY

CANCEL CONFIRM

This box opens to ADD DEPENDENT

**Add Dependent**

Dependent's demographic information (first name, last name, relationship, gender, and date-of-birth are required).  
Social security number is optional, though highly recommended.

First Name \* Middle Name

Last Name \* Suffix

Relationship \* Gender \*

Dependent SSN Date Of Birth \*

CANCEL SAVE

A SSN will be needed even though it may let you checkout without one. Please enter a SSN now if possible.

Once dependent has been added, check the toggle to 'Add' then click 'CONFIRM'. You should now be taken to the checkout. Once completed you will receive a confirmation email of the added dependent. The Employee Deduction shows your updated semi-monthly deduction.

Once you have submitted your benefit request, you will be prompted to continue with the enrollment process, or if applicable, proceed to the checkout section.

**LOOMIS HRA MEDICAL PLAN**

**Total Current Coverage:** EMPLOYEE + CHILD(REN)  
**Total Current Semi-Monthly Deduction:** \$90.00

**Members / Dependents**

Add/Term	Name	Relationship	Current Status
<span>Required</span>	JOHN DOE	Member	Active
<span>Term</span>	JOHNNY JR DOE	Child	Active
<span>Add</span>	JANE DOE	Spouse	Active

**ADD DEPENDENT**

**Tiers**

Tier	Employee Deduction	Deduction Frequency
EMPLOYEE + FAMILY	\$150.00	SEMI-MONTHLY

**CANCEL** **CONFIRM**