

CENTRAL LABORERS' WELFARE FUND

# OPEN ENROLLMENT PROCESS GUIDE



**EASY ACCESS**  
**USER FRIENDLY SCREENS**  
**DOWNLOAD &**  
**UPLOAD CAPABILITY**

**Do you want to save time?**  
**Complete your Open Enrollment**  
**online!**

[www.central-laborers.com](http://www.central-laborers.com)



Completing your Open Enrollment does not need to be a daunting task. Central Laborers' Welfare Fund believes in making the process as painless as possible. How? By deploying a new online Open Enrollment process that will allow you to complete your enrollment with ease, saving you time.

Some of the new features you will find with the new enrollment process are:

- A sleek new look with user friendly screens.
- An easy to follow footprint that allows you to verify information and go back to areas you may want to amend.
- A new download feature that gives you immediate access to required documents.
- A new upload feature that allows you to upload enrollment documents that you have scanned or saved to your computer.

**CHECK US OUT!**

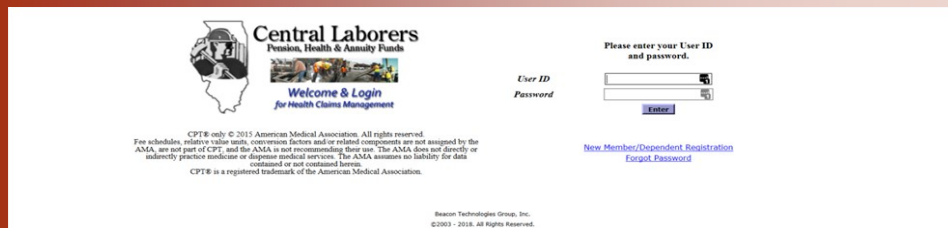
## OPEN ENROLLMENT ONLINE

### STEP 1

- Visit the Central Laborers' website at <https://www.central-laborers.com> and complete your Member Access Portal registration.

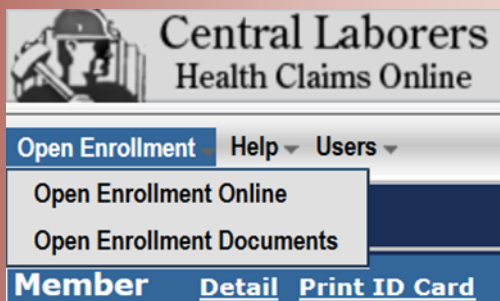
### STEP 2

- After you have completed your member access registration, return to <https://www.central-laborers.com> and locate the link: **OPEN ENROLLMENT** located in the center of the page. On the Welcome & Login page enter your user name, confirm your icon and enter your password (case sensitive).



### STEP 3

1. On the member information screen, locate the Open Enrollment drop-down on the upper left side of the taskbar.

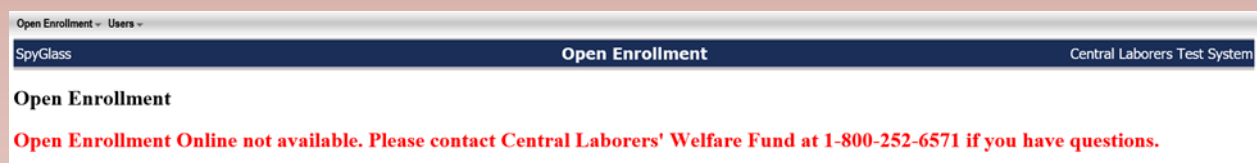


## STEP 3 (cont.)

2. Select the “Open Enrollment Documents” option.
  - A. This link will provide you with the paper documents that are included in your Open Enrollment packet. Based on your circumstance, you may need to download certain forms, print them and complete them in preparation for uploading.
3. Select the “Open Enrollment Online” option.
  - A. If online enrollment is available to you, clicking on the Open Enrollment online link will navigate you to the Open Enrollment launch screen.



- B. If online enrollment is not available to you, clicking on the Open Enrollment online will present you with the following message, which is telling you that the Open Enrollment process is not yet available for you to complete.



4. If online enrollment is available, clicking “Launch Open Enrollment Process” will allow you to start your online Open Enrollment.



## STEP 4

**Complete your enrollment information!**

# THE SCREENS

On each screen, some information may be pre-populated for you. Please review the information provided for accuracy. If changes need to be made, click in the box and make the necessary corrections. If a box is blank and you have the information required, please enter that information in the space provided.

## PERSONAL INFORMATION SCREEN

The screenshot shows the 'Open Enrollment' header and a progress bar with seven steps: Personal Information, Dependents, Coverage, Other Insurance, Beneficiary, Review, and Enrollment Confirmation. The 'Personal Information' step is active. The form includes fields for First Name, Middle Initial, Last Name, Date of Birth, Gender, SSN, Home Phone, Cell Phone, Email Address, Marital Status, Local No., Address (Street Line 1, City, State, Zip), and a checkbox for Medicare. A 'Cancel' button is at the bottom left, and a 'Save & Continue' button is at the bottom right.

If you are covered by Medicare, this is the screen where you will provide that information by checking the box next to the word Medicare in the left hand lower corner.

Once you have verified or entered the required information, click the “Save & Continue” button in the lower-right corner. If you have missed any required information, you will not be allowed to move to the next screen. Required information fields you have missed will be highlighted in **RED**.

## DEPENDENT INFORMATION SCREEN

The screenshot shows the 'Open Enrollment' header and a progress bar with seven steps: Personal Information, Dependents, Coverage, Other Insurance, Beneficiary, Review, and Enrollment Confirmation. The 'Dependents' step is active. The form displays information for a spouse, Jane A. Doe, including DOB, Home Phone, Employed status, Medicare status, Gender, Cell Phone, SSN, Email Address, and Address. There are 'Edit' and 'Terminate' links below the spouse's information. At the bottom left is an 'Add New Dependent' button, and at the bottom right are 'Previous' and 'Save & Continue' buttons.

It is here where you will Add or Edit your spouse's and dependent's information.

Employment information is required for your spouse and adult dependent(s).

1. You can select edit to update or correct information.
2. To remove a dependent from your plan, select “Terminate” below the dependent's information. Additional information may be required.
3. To add a dependent, click the **+Add New Dependent**. This will open a window where information about that new dependent can be added. Don't forget to click “Save”.

## THE SCREENS (cont.)

### DEPENDENT INFORMATION SCREEN (CONT.)

4. To edit information on a dependent, click the **Edit** button. This will open a window where information about the dependent can be added or updated. Don't forget to click "Save".

**Edit Dependent**

First Name \* MI Last Name \* Gender \* SSN \* Cell Phone \* Home Phone \* Street Address 1 \* City \* State \* Zip \* Email \* Relation \*

Employer Information

Employed \* Self Employed \* Employer Name \* Work Phone \* Street \* City \* State \* Zip \*

[Add New Employer](#)

☐ Medicare

**Save** **Cancel**

Once you have verified or entered the required information, click the "Save & Continue" button in the lower-right corner. If you have missed any required information, you will not be allowed to move to the next screen. Required information fields you have missed will be highlighted in **RED**.

### COVERAGE INFORMATION SCREEN

**Coverage** Step 3 of 7

Current Coverage : HL OPEN ACCESS - ACT  
Selected Coverage : HL OPEN ACCESS - ACT

For Plan Year : 2017  
For Plan Year : 2018

Select Your Coverage

☐ Blue Cross Blue Shield PPO ☒ HealthLink Open Access

Network	Deductible	Individual (per year)	Family (per year)
Blue Cross Blue Shield PPO	In Network	125.00	375.00
	Out Of Network	1,900.00	5,700.00
HealthLink Open Access	In Network	125.00	375.00
	Out Of Network	1,900.00	5,700.00

[Click to review schedule of benefits for Blue Cross Blue Shield PPO](#) [Click to review schedule of benefits for HealthLink Open Access](#)

1. Click on the link under either of the networks/plans to view the benefit grids.  
(IF YOU CANNOT ACCESS BY CLICKING THE LINK, RIGHT CLICK THE LINK AND SELECT OPEN.)
2. Once you have decided on a network/plan, click the option button next to the name of that network/plan.
3. Click "Save & Continue" to move on to the next screen.

# THE SCREENS (cont.)

## OTHER INSURANCE INFORMATION SCREEN

Policy Holder	Policy Holder Relation	Policy Number	Other Insurance Address	Other Insurance Phone	Effective Date	Termination Date
Jane A. Doe	Spouse	123456789012345	123 Main St, Anytown, NY 12345	555-555-5555	01/01/2020	
Jane A. Doe	Spouse	123456789012345	123 Main St, Anytown, NY 12345	555-555-5555	01/01/2020	
Jane A. Doe	Spouse	123456789012345	123 Main St, Anytown, NY 12345	555-555-5555	01/01/2020	
Jane A. Doe	Spouse	123456789012345	123 Main St, Anytown, NY 12345	555-555-5555	01/01/2020	

It is here where you will verify or add other insurance information that is covering you, your spouse or your dependents.

If you have provided other coverage information on you, your spouse or dependents in the past, that information will be pre-populated for you. Simply review and verify the information is accurate.

If at any time you click the **Terminate** button in error, you will be able to restore the information by clicking on **Reinstate**.

1. If you need to change any of the information, click the **Edit** button under the coverage that requires updating.
2. If there is a coverage listed that is no longer participated in, you can click **Terminate** to remove that coverage from your enrollment.
3. If you need to add a new coverage, click the **"Add New Other Coverage"** button located in the bottom-left of your screen. This will allow you to add information from your other insurance cards.
4. Then, click "Save".

**Add New Other Coverage**

Policy Holder \*  
Other Insurance Name \*  
Employer \*Policy Holder Relation  
Group Number  
Policy Number \*  
Other Ins. Phone \*  
Coverage Type \*Other Insurance Address  
Street  
City  
State  
Zip  
Insured/Dependent(s) Covered  
Jane A. Doe  
No Yes  
Save Cancel





## THE SCREENS (cont.)

### BENEFICIARY INFORMATION SCREEN (FOR ACTIVE PARTICIPANTS ONLY)

If you are a Retiree or a Retiree Spouse, this screen will not be available.

1. All dependents on your plan will be listed next to the exclude or include buttons. You may elect one or more dependents on your plan by clicking include. Alternatively you may add a beneficiary if that person is not listed.
2. If the beneficiary you want to elect is not on your plan, click the **+Add New Beneficiary** button and complete the information requested.

If, after adding a beneficiary, you find you need to edit that person's information you may do so by clicking the  icon. If you find you need to delete the person you added, you may do so by clicking the  icon.

3. Once you have selected your beneficiaries, you will be prompted to designate each as primary or alternate. Your primary beneficiaries are those you want to receive 100% of your Death Benefit. Your alternate beneficiaries are those who will receive your Death Benefit only if your primary beneficiaries precede you in death. If you choose more than one primary, your 100% benefit will be divided between all those designated as primary. Likewise, 100% of your benefit will be allocated equally among all alternate beneficiaries, as well.
4. Click "Save & Continue" to move on to the next screen.

**PLEASE NOTE, YOU WILL NOT NEED TO ENTER PERCENTAGES FOR YOUR BENEFICIARIES. THE PERCENTAGES WILL AUTOMATICALLY CALCULATE.**



# THE SCREENS (cont.)

## REVIEW SCREEN

The screenshot shows the 'Review' screen, which is Step 6 of 7. It displays a summary of the enrollment information for John A. Doe. The information is organized into three main sections: Personal Information, Covered Dependents, and Coverage. Each section has an 'Edit' button. The Personal Information section shows John A. Doe's details. The Covered Dependents section shows his spouse, Jane A. Doe. The Coverage section shows the HealthLink Open Access plan with individual and family deductibles and in/out of network rates.

Section	Field	Value
Personal Information	Name	John A. Doe
	DOB	01/01/1985
	Gender	M
	SSN	999-99-9999
	Address	1 JOHN DOE LN, JACKSONVILLE, IL, 62855
	Home Phone	999-999-9999
	Cell Phone	
Covered Dependents	Spouse Name	Jane A. Doe
	DOB	01/01/1986
	Gender	F
	SSN	999-99-9999
	Address	1 JOHN DOE LN, JACKSONVILLE, IL, 62855
	Home Phone	(999) 999-9999
	Cell Phone	
	Email Address	
	Employed	No
	Self Employed	No
Coverage	HealthLink Open Access	
	Individual Deductible (per year)	In Network: \$25.00 Out Of Network: \$1,800.00
	Family Deductible (per year)	In Network: \$75.00 Out Of Network: \$1,700.00
	HealthLink	

It is here where you will have an opportunity to review all your enrollment information. Any changes you made throughout the enrollment process will be highlighted in **RED**.

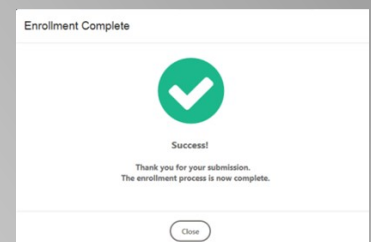
If you need to edit any information, click the **Edit** button under the section you need to revise. You will be returned to that specific section. Make your changes, confirm your information, click Save & Continue and you will return to the review page.

## STEP 5

- Once you have confirmed that all your enrollment information is correct, click the Sign & Submit button in the bottom right corner of the page.

## STEP 6

- Review the acknowledgement on the Enrollment Confirmation Screen and electronically sign by either using the left button of your mouse or if you have a touch screen, by using an instrument on that screen.
- Select Finish and wait for the following message telling you your enrollment is complete.



**YOU DID IT!**



QUESTIONS?

CALL US

1-800-252-6571

Option 5



## **CENTRAL LABORERS' WELFARE FUND**

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JACKSONVILLE, IL 62651-1267

PHONE: 1-800-252-6571

CONFIDENTIAL FAX: 1-217-243-8619

