

How To Enroll in Your Benefits



YMCA EMPLOYEE BENEFITS
A nonprofit benefit Plan exclusively
serving YMCAs since 1970.

Welcome

First time here?
Register to create your user name and password.

User Name *

case sensitive

Password *

case sensitive

Login >

[Forgot your user name or password?](#)


RETURNING USERS: Click on the **Forgot your username or password?** link to reset your login details.

New Hire Enrollment is Here!
New Hire Enrollment Ends March 18th.

22
Days Left

Start Here >

About You



Your Information


First Name: _____

Middle Initial: _____

Last Name: _____

Social Security Number: _____

Your Family



Do you have any dependents?

Yes No

▶ REGISTER AND LOGIN

1. Visit www.YEBenroll.com and click the **Register** button to get started. The case-sensitive company key is **ymca**.
2. Create your username and password, verify your personal information, and answer a few security questions.
3. Log in using your new username and password.

▶ EXPLORE YOUR OPTIONS

Explore the site to learn about your benefits. The calendar at the top of the **Home** page lets you know how many days you have to enroll. Your YMCA may have posted additional details in the **Reference Center**, or you can also visit our separate website www.YBenefits.org for formal plan documents and benefits information for the benefits your YMCA offers through YMCA Employee Benefits.

▶ START YOUR ENROLLMENT

Click the **Start Here** button to review your personal information and add or edit any dependents you wish to cover.

You will need to provide each dependent's legal name, Social Security Number, and birth date to add them to your coverage.*

*The first time you add a dependent, you will be required to provide documentation to prove your relationship to each dependent. Within a few weeks of enrolling, you should receive a letter in the mail from our vendor partner, Alight, with instructions for verifying your dependents.

Questions? Contact your YMCA's Benefits Administrator
www.YEBenroll.com | Company Key: **ymca**



Medical

Who would you like to cover with Medical coverage?

Jane Doe

[+ Add a New Dependent](#)

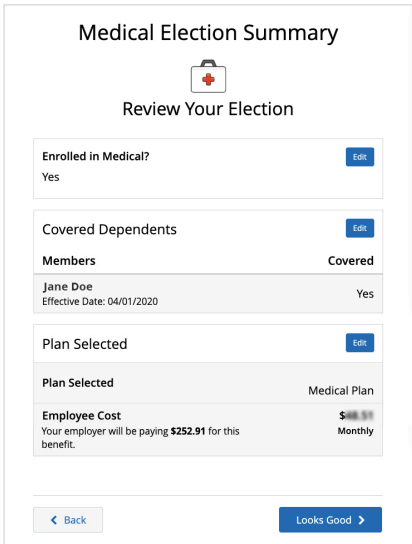
[Compare](#) [Plan Details](#)

[Back](#) [Next](#)

▶ ENROLL IN COVERAGE

Use the **Next** and **Back** buttons to review and elect options available to you. Choose or decline coverage for each option and select which family members you want to cover.

Review plan documents and use the **Compare** and **Plan Details** tools to view details and costs for the options available to you.



Medical Election Summary

Review Your Election

Enrolled in Medical? [Edit](#)
Yes

Covered Dependents [Edit](#)

Members	Covered
Jane Doe Effective Date: 04/01/2020	Yes

Plan Selected [Edit](#)

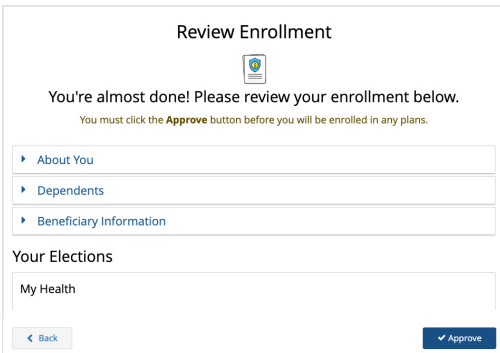
Plan Selected	Employee Cost
Medical Plan	\$587.34 Your employer will be paying \$252.91 for this benefit. Monthly

[Back](#) [Looks Good](#)

▶ REVIEW AND FINALIZE YOUR ELECTIONS

Make sure your personal information, elections, dependents, and beneficiaries are accurate, then approve your elections.

To finish, click **I Agree**. When your enrollment is complete, you will receive a confirmation number and can print your **Benefit Summary** for your records.



Review Enrollment

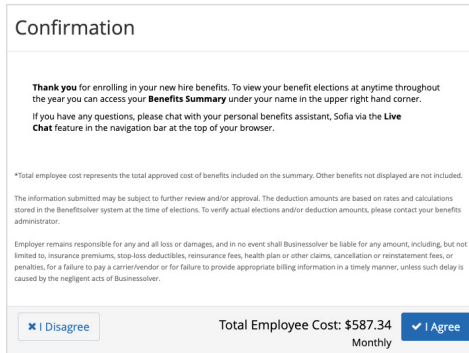
You're almost done! Please review your enrollment below.
You must click the **Approve** button before you will be enrolled in any plans.

- About You
- Dependents
- Beneficiary Information

Your Elections

My Health

[Back](#) [Approve](#)



Confirmation

Thank you for enrolling in your new hire benefits. To view your benefit elections at anytime throughout the year you can access your **Benefits Summary** under your name in the upper right hand corner.

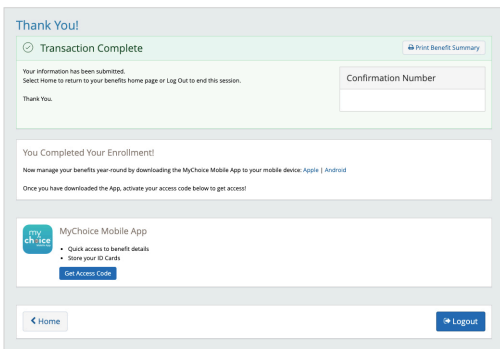
If you have any questions, please chat with your personal benefits assistant, Sofia via the **Live Chat** feature in the navigation bar at the top of your browser.

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

[I Disagree](#) **Total Employee Cost: \$587.34 Monthly** [I Agree](#)



Thank You!

Transaction Complete [Print Benefit Summary](#)

Your information has been submitted.
Select Home to return to your benefits home page or Log Out to end this session.

Thank You.

You Completed Your Enrollment!

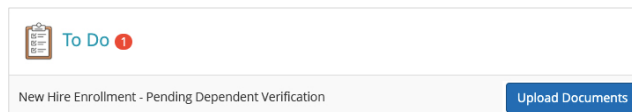
Now manage your benefits year-round by downloading the MyChoice Mobile App to your mobile device: [Apple](#) | [Android](#)
Once you have downloaded the App, activate your access code below to get access!

[my choice](#) MyChoice Mobile App

- Quick access to benefits details
- Store your ID Cards

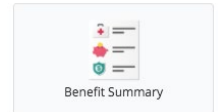
[Get Access Code](#)

[Home](#) [Logout](#)



To Do 1

New Hire Enrollment - Pending Dependent Verification [Upload Documents](#)



Benefit Summary

▶ AFTER YOU ENROLL

Return to the **Home** page to check for any additional tasks needed to complete your enrollment, view or download your **Benefit Summary**, and download the MyChoiceSM Mobile App.

Visit this site anytime you want to learn more about your benefits or make a change to your coverage (if you experience a qualifying life event).