



DIOCESE OF CHARLOTTE PASTORAL CENTER
HUMAN RESOURCES

TO: Our New Full-time Benefit Eligible Lay Employee

FROM:

DATE:

RE: Your Diocese of Charlotte Benefits Enrollment

Welcome to the Diocese of Charlotte! As our new employee you are provided certain benefits, and invited to elect other optional insurance benefits. Given your first full-time workday of _____ these benefits will be effective on the first of the month following the completion of 60 days of full-time employment, _____.

To learn about the benefits provided to you as a full-time employee of the Diocese of Charlotte, and the other optional insurance benefits available to you, including plan summaries, rates, and links to carrier websites, you are directed to our benefits enrollment portal, <https://doc.hrntouch.com>.

Please follow the instructions below to register (Create your account) and login:

1. Navigate to <https://doc.hrntouch.com> (use of Google Chrome or Mozilla Firefox web browsers recommended)
2. Click on "Create an account"
3. Verify your identity
Last name • Date of birth • Last four digits of SSN
4. Complete the security check
5. Create your user name and password and security question settings

If you need navigational assistance, or assistance with your password please contact the Benefitfocus Marketplace 1-877-336-8082 Monday – Friday 8:00a.m. to 9:00 p.m.

Once you have completed your login, I recommend that you familiarize yourself with the information available to you on the website before you begin your enrollment. Once you begin your enrollment, take advantage of the modeling tools available to help you choose a plan that is right for you.

Enroll Now!
[Click Here to View Your Benefits](#)

To begin your enrollment, click on any **Enroll Now!** button that you will find on website. If you wish, you may complete a portion, save your work, and then return to complete your enrollment later. Be sure to save your work before you log out! Once you have completed your enrollment, you can quickly view your benefits by clicking the button *Click Here to View Your Benefits*.

You must complete your enrollment, even if you intend to waive (refuse) coverage, before _____.

For your reference, the following required notices pertaining to the Diocese of Charlotte Health Plans are available at the enrollment portal. You may also request printed copies from Human Resources, 704-370-6299.

- The Privacy Practices Notice
- The Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) Notice
- The North Carolina Exclusion Notice and the Woman's Health and Cancer Rights Act of 1998 Notice

Once you have completed your enrollment, you will not be able to change your elected coverage again until the annual Open Enrollment period, unless you experience a qualifying Life Event as defined by the IRS Code Section 125. Requests to change coverage due to Life Events occurring mid-plan year must be submitted on or within 30 days after the Life Event or the requested change in coverage will be denied. For further information access the *Mid-Year Life Event Change* tab at <https://doc.hrntouch.com>.

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