



Roman Catholic Archdiocese of Boston
BAS/MyEnroll Request to Change or Add a Class Code

Location Name

RCAB Institution Number

Effective date of change(s):

Replace all current Class Codes Yes No

OR

Add new Class Code as an option Yes No

If adding a new Class Code, please indicate the reason for multiple cost shares (example, based on date of hire):

Please provide the employee cost if the employee were to enroll in the following:

Enhanced Health Plan – Individual	%	(recommendation is 25%)
Enhanced Health Plan - Family/Indiv +1	%	(recommendation is 40%)
Basic Health Plan - Individual	%	(recommendation is 15%)
Basic Health Plan - Family/Indiv +1	%	(recommendation is 35%)
High Deductible Health Plan* - Individual	_____ 5 _____%	
High Deductible Health Plan* - Family/Indiv +1	_____ 25 _____%	
Individual Dental	%	(recommendation is 100%)
Family Dental	%	(recommendation is 100%)

Authorized Signer Name

Authorized Signer Signature

Date

Please complete and return to the RCAB Benefits Office via facsimile (617) 779-4567 or e-mail at benefits@rcab.org. If your location plans to change cost sharing effective with the new Plan Year, the form must be returned to the Benefits Office by April 1. This timing ensures that changes are made in MyEnroll in time for Open Enrollment, which will then automatically update deductions for locations in PrimePay after July 1.

*The cost sharing for the HDHP will be set as noted for all locations to ensure that the option being offered is truly more affordable than either of the other two Plans.