



McDonald's Licensees and
Ronald McDonald House Charities®
Health & Welfare Plan

McDonald's Licensees & RMHC Health & Welfare Plan - Employee Enrollment 365+ User Guide

In this guide, you will find information and step-by-step instructions on how to enroll in benefits, view current benefits, and update beneficiary information.

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Ronald McDonald House Charities®
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Table of Contents

Before you get started: Information to have Ready..... 3

Creating your Employee Account – Email Address on File 3

Creating your Employee Account – Email Address not on File..... 6

Creating your Employee Account – Cannot Access Contact Information on File..... 7

Returning Employee Login Process..... 9

Forgot Username Process..... 11

Forgot Password Process 12

Participant Support Line – Login Support 14

Enrolling in Benefits during Annual Enrollment 15

How to Upload Life Event or Dependent Verification Documentation..... 35

Enrolling in Benefits during Ongoing Enrollment 37



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Before you get started: Information to have Ready



1st: Carefully review the benefits available to you and their costs *before* you enroll. If you have questions about the cost of benefits, you must see your Manager, Owner/Operator or Executive Director for more information. Any costs shown in the online enrollment system are estimates.

Your actual deduction amount for elected benefits may be different. If costs are not displayed, you may still be responsible for the cost.

2nd: Make sure to have your dependents' and beneficiaries' information readily available. You will need to enter information like Social Security Numbers ("SSNs"), Addresses and Dates of Births. If you are enrolling a new dependent (a dependent not already enrolled in your coverage), you may need to provide documentation that they are an eligible dependent.

Once you have the above information, you are ready to enroll!

Creating your Employee Account – Email Address on File

Visit www.mcdrmhcbenefits.com and access the Participant Enrollment Site or use this direct link: www.mercermarketplace365plus.com/mcdonalds. Under the New Users section, click Get Started.

Returning Users

Log in to your existing account.

Email (Username)

Password

Continue

[Forgot Username or Password?](#)

New Users

Register your account now.

Get Started

[Site Help](#)

[Learn about Multifactor Authentication](#)

Register Your Account

The Employee must input the correct data values, which exactly match the data previously provided by the Employer.

- Last 4 of Social Security Number
- Last Name
- Date of Birth
- Country
- Zip Code
- reCAPTCHA Security check

Register Your Account

To register your account, please provide your information below. If you already have an account set up, click "Cancel" then log in using your Username and password.

Last 4 Digits of Social Security Number

Last Name

Date of Birth (MM/DD/YYYY)

Country
 United States Other

ZIP/Postal Code

reCAPTCHA Security Check
Check the box next to "I'm not a robot" if a pop-up window appears, simply follow the instructions at the top and search the Verify button.

I'm not a robot I'm a robot

[Cancel](#) [Next](#)

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Send Verification Code

After the Employee identifies themselves by providing key data elements, they are asked to verify their identity by receipt of either an email, a SMS Text, or a Phone Call.

The email address and phone number that displays here are the contact methods provided by their Employer.

The user selects their preferred contact method for this session, email, text, or phone and presses the "Continue" button.

Two-Step Authentication

This is the portion of the authentication process that constitutes the Multi-Factor Authentication.

The Employee must access their email, text, or phone where they will find a 6-digit code. They must enter that code into the "Enter Your Verification Code" text box and press the "Continue" button.

Select Username

The username must be in the format of an email address. The default username is the email provided by their Employer. The Employee may change their username by entering an alternate address shown in the second box below.

Last Steps

The remaining steps of the Account Registration Process are for the Employee to verify their Multi-Factor Authentication contacts and create their login password.

MM365+ requires the Employee to have two Multi-Factor Authentication Contact Methods on file. When the Employer only provides a single email address or phone number, the user must enter a second personal contact in order to complete their registration.

The last step in the User Registration Process is to create a password for the Employee Enrollment Site.

You're almost there!

Select a way to receive your verification code. If you choose to receive your code via e-mail, it could take up to 5 minutes to arrive in your inbox depending on your e-mail provider.

Email co****@suddenlink.net

Text *****3679

Call *****3679

I don't have access to these anymore. Help me!

Cancel **Continue**

Two-Step Authentication

Enter the 6-digit code sent to your phone

*****3679

Enter Your Verification Code

324460

I did not get my code. Send me a new one.

Previous **Continue**

Select an email address for your Username. ⓘ

public@att.net

or select a new email address for your Username

Cancel **Continue**



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Password Rules

- A valid password must follow these rules:
- Must be at least eight characters
- Maximum length of password equal to 20 characters
- Must include at least one numeric character
- Must include at least one punctuation mark or symbol or alternate case either upper or lower
- Passwords cannot contain three or more repeating letters, numbers, or special characters
- Password cannot contain three or more sequential numbers either ascending or descending order (e.g. 123 or 987)
- Password cannot be the same as previously used eight passwords
- The password must not be in the format of an email

Registration Complete

The Employee receives this notice when they have successfully completed the Account Registration process. When they select the "Log in to Your Account now" button, they are returned to the login page where they must use the credentials they just created.

You're almost there!

We require that you provide two contact methods that can be used for enhanced security purposes. The first contact method is your Username. Please provide your second contact method below. We recommend that one of your contact methods be a personal email or phone number so that you can access your account when you are away from work. [i](#)

<input type="radio"/>	public.hendrix@att.net
<input type="radio"/>	(713) 829-3679

or add an email or phone number

Email Phone

<input checked="" type="checkbox"/>	512-943-8020
-------------------------------------	--------------

Create Your Password

Password View Password Rules

.....

Confirm Password

.....

Cancel

Complete Registration

Congratulations! Your registration is complete.

Please note that the email address used for Username will be used for account related security purposes only and might not be your email address for communications. Review and designate the email address to use for communications in the profile page after logging in.

Log in to Your Account Now

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Creating your Employee Account – Email Address not on File

Visit www.mcdrmhcbenefits.com and access the Participant Enrollment Site or use this direct link: www.mercermarketplace365plus.com/mcdonalds. Under the New Users section, click Get Started.

Returning Users
Log in to your existing account.

Email (Username)

 Password

[Forgot Username or Password?](#)

New Users
Register your account now.

[Site Help](#)

[Learn about Multifactor Authentication](#)

Register Your Account

The Employee must input the correct data values, which exactly match the data previously provided by the Employer.

- Last 4 of Social Security Number
- Last Name
- Date of Birth
- Country
- Zip Code
- reCAPTCHA Security check

Register Your Account

To register your account, please provide your information below. If you already have an account set up, click "Cancel" then log in using your Username and password.

Last 4 Digits of Social Security Number

Last Name
Garrett

Date of Birth (MM/DD/YYYY)
01/01/1980

Country
 United States Other

ZIP/Postal Code
78633

reCAPTCHA Security Check
Check that you are not a robot. If a pop-up window appears, simply follow the instructions at the top and select the verify button.

I'm not a robot

Enter Email Address

This is where the process for Employees without contact information varies from the standard account registration process.

The application recognizes the Employee does not have contact information on file and asks them to provide an email address to use for their username and to receive the Multi-Factor Authentication temporary verification code.

Enter an email address to receive the temporary verification code and use as your Username [i](#)

public@att.net

It is important the Employee has the ability to receive an email at the address they provide here.



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Send Verification Code

When the Employee selects the "Continue" button, an email is immediately sent to the email address they provided.

This Multi-Factor Authentication email includes the 6-digit code that must be entered here.

At that point, the Employee continues through the standard Account Registration process listed in the above section to:

- Add Additional Contacts
- Create Password
- Complete Registration

Two-Step Authentication
Enter the 6-digit code sent to your phone

*****3679

Enter Your Verification Code

324460

I did not get my code. Send me a new one.

Previous **Continue**

Creating your Employee Account – Cannot Access Contact Information on File

This section describes an Alternate User Account Creation Process for Employees whose Employer provided contact information; however, the *person does not have access to the contacts* provided.

On the surface it may appear there is little difference between an Employee who does not have contacts on file versus one who cannot access the contacts provided. However due to security risk definitions, the flow between these situations is quite different.

This process uses Knowledge Based Authentication, which is an independent verification of an Employee's identity using data that does not reside in the 365+ system.

Get Started

The Employee tries to create their account, but does not have access to the contacts provided by their employer in the Creating your Employee Account – Email Address on File section.

Returning Users
Log in to your existing account

First (Last name)

Password

Log In

Forgot Username or Password?

New Users
Register your account now

Get Started ←

- Helpful Tips for accessing your account
- Learn about Multifactor Authentication
- Recommended browsers

Register Your Account

The Employee must input the correct data values, which exactly match the data previously provided by the Employer.

- Last 4 of Social Security Number
- Last Name
- Date of Birth
- Country
- Zip Code
- reCAPTCHA Security check

Register Your Account

To register your account, please provide your information below. If you already have an account set up, click "Cancel" then log in using your username and password.

Last 4 Digits of Social Security Number

Last Name

Garrett

Date of Birth (MM/DD/YYYY)

01/01/1980

Country

United States Other

ZIP/Postal Code

78633

reCAPTCHA Security Check

Check the box to verify. Please click "I'm not a robot" if a pop-up window appears, simply follow the instructions at the top and select the verify button.

I'm not a robot

Cancel **Next**

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Send Verification Code

The Employee is unable to comply when asked to verify their identity by receipt of either an email, text, or phone call.

The Employee selects the link titled, "I don't have access to these anymore. Help me!"

The MM365+ login application then initiates the Knowledge Based Authentication process.

Knowledge Based Authentication

The Employee is asked 3 to 4 questions that must be answered in a certain period of time. After successfully providing the correct responses, the Employee is allowed to continue the Account Creation process.

Enter Email Address

The Employee is now allowed to provide an additional email address for their username and to receive the temporary verification code.

It is important the Employee has the ability to receive an email at the address they provide.

Send Verification Code

When the Employee selects the "Continue" button, an email is immediately sent to the email address they provided.

This Multi-Factor Authentication email includes the 6-digit code that must be entered here.

At that point, the Employee continues through the standard Account Registration process listed in the above section to:

- Add Additional Contacts
- Create Password
- Complete Registration



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Returning Employee Login Process

Visit www.mcdrmhcbenefits.com and access the Participant Enrollment Site or use this direct link: www.mercermarketplace365plus.com/mcdonalds. Under the Returning Users section, enter your username and password, then login to continue.

Returning Users Log in to your existing account.	New Users Register your account now.
Email (Username) <input type="text"/>	Get Started
Password <input type="password"/>	Site Help
Continue	Learn about Multifactor Authentication
Forgot Username or Password?	

Send Verification Code

After the Employee identifies themselves by providing their username and password, they are asked to verify their identity by receipt of either an email, a SMS Text, or a Phone Call.

The Multi-Factor Authentication Contact options available to the user vary based on the contact methods they provided during the Account Creation process or any changes the Employee may have made using the Update Security Settings link from within the site.

Two-Step Authentication

This is the portion of the authentication process that constitutes the Multi-Factor Authentication.

The Employee must check their email, text, or phone where they will find a 6-digit code. They must enter that code into the "Enter Your Verification Code" text box and press the "Continue" button.

At this point, the Employee is fully authenticated and allowed access to the Employee Enrollment Site.

You're almost there!

Select a way to receive your verification code. If you choose to receive your code via e-mail, it could take up to 5 minutes to arrive in your inbox depending on your e-mail provider.

Email jj*****@att.net

Text *****3679

Call *****3679

[I don't have access to these anymore. Help me!](#)

[Cancel](#) [Continue](#)

Two-Step Authentication

Enter the 6-digit code sent to your phone

*****3679

Enter Your Verification Code

[I did not get my code. Send me a new one.](#)

[Previous](#) [Continue](#)



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If the Employee no longer has access to the email, Text, or Phone listed for the Multi-Factor Authentication, they click the link "I don't have access to these anymore. Help me!"

The MM365+ login application then initiates the Knowledge Based Authentication process.

Knowledge Based Authentication

The Employee is asked 3 to 4 questions that must be answered in a certain period of time. After successfully providing the correct responses, the Employee is allowed to continue the Account Creation process.

Enter Email Address

The Employee may now provide an additional email address for their Multi-Factor Authentication Contact Information.

This email address they enter is where they will receive their temporary verification code. This does not change their username. It is important the user has the ability to receive an email at the address they provide.

Send Verification Code

When the Employee selects the "Continue" button, an email is immediately sent to the email address they provided.

This Multi-Factor Authentication email or text includes the 6-digit code that must be entered here.

Add/Update Contact Information

At that point, the Employee is able to add or change Multi-Factor Authentication Contacts.

The Employee may then login to MM365+ using their username, password, and the Multi-Factor Authentication Contact Information they edited.



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Forgot Username Process

This process applies to Employees who have forgotten their username. If you are unable to access the Employee Enrollment Site, Employees must follow this process to verify their identity and access the Employee Enrollment Site.

Login Page

The Employee must navigate to the login page and select the "Forgot Username" link, which appears below the "Login" button.

Verify Identity

The Employee must input the correct data values, which exactly match the data previously provided by the Employer. Employers provide these data elements to 365+ through the census file process, generally sent to Mercer on a weekly basis. Even after login, Employees are not able to change any of the data elements shown on this screen.

- Last 4 of Social Security Number
- Last Name
- Date of Birth
- Country
- Zip Code
- reCAPTCHA Security check

Send Verification Code

After the Employee identifies themselves by providing key data elements, they are asked to verify their identity by receipt of either an email, a SMS Text, or a Phone Call.

The Employee selects their preferred contact method for this session, email, text, or phone and presses the "Continue" button.

Two-Step Authentication

This is the portion of the authentication process that constitutes the Multi-Factor Authentication.

The Employee must check their email, text, or phone where they will find a 6-digit code. They must enter that code into the "Enter Your Verification Code" text box and press the "Continue" button.

Username is Provided

The username is provided on the screen. This allows the Employee to login to the Employee Enrollment Site.



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Forgot Password Process

This process applies to Returning Users who have forgotten their password.

Employees are unable to access the Employee Enrollment Site until they retrieve their password using the Forgot Username link on the login page.

Employees must follow this process in order to verify their identity and access the Employee Enrollment Site.

Login Page

The Employee must navigate to the login page and select the Forgot Username link, which appears below the Login button.

The screenshot shows a login page with two columns: 'Returning Users' and 'New Users'. Under 'Returning Users', there are fields for 'Email (Username)' and 'Password', a 'Login' button, and a link for 'Forgot Username or Password?' which is highlighted with a red arrow. The 'New Users' column has a 'Get Started' button and links for 'Helpful hints for accessing your account', 'Learn about Multifactor Authentication', and 'Recommended browsers'.

Enter Username

The Employee must enter their username in order to continue. Should the Employee not remember their username and their password, they must complete the Forgot Username Process above before starting the Forgot Password Process.

The screenshot shows a form titled 'Provide the following information'. It has a field for 'Enter Username' with the value 'public@att.net'. Below this is a 'reCAPTCHA Security Check' section with a checkbox for 'I'm not a robot' which is checked. There are 'Cancel' and 'Submit' buttons at the bottom right.

Send Verification Code

After the Employee identifies themselves by providing key data elements, they are asked to verify their identity by their receipt of either an email, a SMS Text, or a Phone Call.

The Employee selects their preferred contact method for this session, email, text, or phone and presses the "Continue" button.

The screenshot shows a page titled 'You're almost there!'. It asks the user to 'Select a way to receive your verification code'. There are two radio button options: 'Email j*****@att.net' and 'Email pu*****@att.net'. Below these is a link that says 'I don't have access to these anymore. Help me!'. At the bottom right are 'Cancel' and 'Continue' buttons.

Two-Step Authentication

This is the portion of the authentication process that constitutes the Multi-Factor Authentication.

The Employee must check their email, text, or phone where they will find a 6-digit code.

They must enter that code into the "Enter Your Verification Code" text box and press the "Continue" button.

The screenshot shows a page titled 'Two-Step Authentication'. It says 'Enter the 6-digit code sent to your phone' and shows '*****3679'. Below that is a field for 'Enter Your Verification Code' with the value '324460'. At the bottom right are 'Previous' and 'Continue' buttons.



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Create New Password

The Employee is then allowed to create a new password, which conforms to the Password Rules described below.

Password Rules

- A valid password must follow these rules:
- Must be at least eight characters
- Maximum length of password equal to 20 characters
- Must include at least one numeric character
- Must include at least one punctuation mark or symbol or alternate case either upper or lower
- Passwords cannot contain three or more repeating letters, numbers, or special characters
- Password cannot contain three or more sequential numbers either ascending or descending order (e.g. 123 or 987)
- Password cannot be the same as previously used eight passwords
- The password must not be in the format of an email

Create a new password
pu*****@att.net

Password View Password Rules
.....

Confirm Password
.....

Cancel Submit

Create a new password
ji*****@att.net

Password View Password Rules
.....

Confirm Password
.....

Cancel Submit

Your password must be:

- At least eight (8) characters
- Maximum length of password equal to twenty (20) characters
- Include at least one numeric (0-9) character
- Include at least one punctuation mark/symbol or alternate case (upper/lower)
- Include at least one letter (a-z, A-Z)
- Passwords cannot contain three or more repeating letters, numbers, or special characters
- Password cannot contain three or more sequential numbers (i.e. 123, 987)
- Password cannot be the same as previously used 8 passwords
- The password must not be in the email format

Password Reset

The Employee receives an onscreen notification and email notification that their password was successfully modified.

Pressing the Log in to Your Account Now button redirects the user to login page to initiate the Returning User Process.

✔ Congratulations! You have successfully modified your password.

Log in to Your Account Now



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Participant Support Line – Login Support

With the above instructions, Employees should require Login Support in very few circumstances. Employees require support when:

- Data provided by the Employer is inaccurate
- The Employee is unable to complete the Knowledge Based Authentication process flow
- In rare situations requiring escalated support such as errors on the website

Inaccurate Data

When an Employee is attempting to register their account or find their username, they must complete the form shown to the right.

When an Employee sees an error as shown in red, contact the Participant Support Line at 1-866-962-2303. This indicates the Employee was not found in the system. This is either because information was not entered correctly or because the Employer provided data that is inaccurate.

Inaccurate data may only be resolved by the Employer providing corrected data on the inbound census file. The Employee should ask their Employer or HR Department to verify the data sent to Mercer, while the Participant Support Line will create a ticket for the MM365+ Team to work the issue.

Cannot Complete Knowledge Based Authentication

Employees are only sent to the Knowledge Based Authentication process after they are unable to access the Multi-Factor Authentication Contacts provided by their Employer or previously provided by the Employee

If an Employee fails Knowledge Based Authentication, contact the Participant Support Line at 1-866-962-2303. If they can verify the Employee's identity, they may reset the Multi-Factor Authentication which allows the Employee to add an additional Contact Method into their Multi-Factor Authentication.

Forgot Username

To retrieve your Username, please provide your information below.

We are not able to find you by the information you provided or the information is already associated to an account.

Last 4 Digits of Social Security Number

Last Name
GARRETT

Date of Birth (MM/DD/YYYY)
01/01/1980

Country
 United States Other

ZIP/Postal Code
78633

reCaptcha Security Check
Check the box next to "I'm not a robot." If a pop-up window appears, simply follow the instructions at the top and select the verify button.

I'm not a robot

Cancel Next



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Enrolling in Benefits during Annual Enrollment Terms and Conditions

The first page the Employee will see is the Terms and Conditions Agreement. This page provides important information regarding the scope, duration, and terms of any insurance or service Employees may obtain or apply for on this website and describes the terms and conditions of your access to the website.



Mercer Marketplace 365+™

Terms and Conditions Agreement

Terms of Use - Mercer Marketplace 365+

This page provides important information regarding the scope, duration and terms of any insurance or service you may obtain or apply for on this website ("Service"), and describes the terms and conditions of your access to the website ("Mercer Marketplace 365+"). Please read these Terms of Use carefully and be aware that we may change it from time to time. Modifications will be effective immediately upon posting unless indicated otherwise. Please review these Terms of Use periodically for changes. Your use of Mercer Marketplace 365+ indicates your full acceptance of these Terms of Use in its then current form each time you use Mercer Marketplace 365+.

After reading the Terms and Conditions Agreement, click Accept to proceed.

CANCEL ACCEPT >

Employee Dashboard

During Annual Enrollment, there will be no life event menu. On the dashboard, you'll see how many days are remaining to choose benefits. Click Go → to proceed with your Annual Enrollment election.

Welcome Shelia!

Benefits at your fingertips

We'll help you make choices with knowledge and confidence. Let's get started.

Your actions and tasks

Enroll in your 2024 benefits today.
 Start here to enroll in your benefits. You have 71 days remaining to choose your benefits. **Enrollment** Go →



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Dual Year Enrollment

You can also scroll down and see more information on Dual Year Enrollment. Click Update 2023 (not 2024) benefits here to process a 2023 Qualifying Life Event.

DUAL YEAR ENROLLMENT

Need to change to your 2023 elections?

Qualifying Life Event

The election changes you make here apply to 2024 only. If you need to make 2023 election changes, please click the link below to process those 2023 changes.

[Update 2023 \(not 2024\) benefits here →](#)

GETTING STARTED



Click Getting Started option above the picture to get access to the McDonald's Licensees and RMHC Health & Welfare Plan's www.mcdrmhcbenefits.com website with more benefit and Plan information.

DUAL YEAR ENROLLMENT


GETTING STARTED

Get To Know Your 2024 Benefits

2024 Benefits are Here!

Review all benefits offered to you from your employer and their costs before you enroll. For questions/more information, reach out to your Manager, Owner/Operator, or Executive Director.

[More Information →](#)



Further down on the dashboard, you can see various resources and FAQ tiles to help learn more about specific benefits or be directed to carrier websites.

Let's make the most of your benefits.

Learn more about what's important to maximize your benefits and a better enrollment experience.

Resources/FAQs

<div style="text-align: center; font-size: x-small; color: #003366;">Mental Health Assistance</div> <p style="font-size: x-small;">Mental Health and Substance Abuse Assistance</p> <p style="text-align: center; font-size: x-small; color: #003366;">Learn More →</p>	<div style="text-align: center; font-size: x-small; color: #003366;">Supplemental Medical</div> <p style="font-size: x-small;">Supplemental health coverage can be a valuable addition to a medical plan.</p> <p style="text-align: center; font-size: x-small; color: #003366;">Learn More →</p>	<div style="text-align: center; font-size: x-small; color: #003366;">Sword and Bloom</div> <p style="font-size: x-small;">Meet Sword and Bloom, the new virtual physical and pelvic therapy programs.</p> <p style="text-align: center; font-size: x-small; color: #003366;">Learn More →</p>
<div style="text-align: center; font-size: x-small; color: #003366;">Magellan Health - EAP</div> <p style="font-size: x-small;">We're Here for You</p> <p style="text-align: center; font-size: x-small; color: #003366;">Learn More Here →</p>	<div style="text-align: center; font-size: x-small; color: #003366;">BCBSIL - Medical</div> <p style="font-size: x-small;">Health Advocates Customer Service 800-730-8445</p> <p style="text-align: center; font-size: x-small; color: #003366;">BCBSIL Website →</p>	<div style="text-align: center; font-size: x-small; color: #003366;">Express Scripts - Rx</div> <p style="font-size: x-small;">Customer Service 877-783-2268</p> <p style="text-align: center; font-size: x-small; color: #003366;">Express Scripts Website →</p>
<div style="text-align: center; font-size: x-small; color: #003366;">Delta Dental - Dental</div>	<div style="text-align: center; font-size: x-small; color: #003366;">EyeMed - Vision</div>	<div style="text-align: center; font-size: x-small; color: #003366;">Securian - Life Insurance</div>

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To proceed with the enrollment, scroll back to the top of the page. Click Go → to proceed with your Annual Enrollment election.

Welcome DOUGLAS!

Benefits at your fingertips

We'll help you make choices with knowledge and confidence. Let's get started.

Your actions and tasks

Enroll in your 2024 benefits today.
Start here to enroll in your benefits. You have 64 days remaining to choose your benefits. [Enrollment](#) [Go →](#)

Get Started:

Review your Contact Information such as Name, DOB, Gender, Email, Phone, and Mailing Address. You can also set email and text alerts at the employee level. Then click Save and Continue in the bottom right corner.

Let's get started. First, please review your profile preferences.

We'll use the information you provide to help personalize the content you see and suggest cost-saving opportunities offered through your benefit plans.

Contact Information

DJ Your Name

First Name
DOUGLAS

Last Name

Personal Information

Email address for alerts or information about programs and content available to you

You can opt-in to receive email alerts about your benefit programs and website content updates at the email address you select below. *

Email Address for Alerts or Information
[Add](#)

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Step 1: Enter Screen to get started here.

Click the Start Annual Enrollment button to move to the Who's Covered section.

Step 2a: Who's Covered

Please make sure your profile and family information is correct. Then, confirm or update who you want to cover under your medical, dental, and vision plans for the upcoming year. You will be able to access these benefits and others further along in the enrollment process. Adding here will give you a head start when you get to the specific benefit pages.

Click Add a Dependent to add new dependent(s) not listed. Or click the down arrow next to dependent's name to see additional information. Once your dependent information is updated as needed, click Continue to proceed.

NAME	DATE OF BIRTH	WHO'S COVERED*		
		MEDICAL	DENTAL	VISION
[Name]	11-29-1968	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
[Name]	11-21-1961	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



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Step 2b: Adding or Removing Dependents

Adding dependents over the age of two will require a SSN. You will be required to check the acknowledgement for dependent eligibility requirements before continuing.

Please provide the profile information for your new dependents, then click 'Save' to add them. All fields are required unless indicated as optional in order to save.

Dependent 1 Delete This Dependent

First Name*	SSN (Optional)	<input checked="" type="checkbox"/> Live At Same Address
Middle Initial(Optional)	Gender* <input type="radio"/> Male <input type="radio"/> Female	Country Nothing selected
Last Name*	Relationship* Nothing selected	Address 1 246 Cr 426
Date of Birth (MM/DD/YYYY)* 01/01/2022		Address 2(Optional)
		City Jonesboro
		Zip/Postal Code(Optional) 72404

Your dependent(s) must meet eligibility criteria. Documentation may be requested at any time to show your proof of eligibility for a covered dependent. If it is determined that your dependent does not meet the plan eligibility rules, you may be subject to penalties that may include repayment of premium, repayment of claims and disciplinary action.

By checking this box you signify that you understand the dependent eligibility requirements and agree with the terms above.

To remove a dependent from medical, dental, or vision coverage, uncheck the benefit box next to their name. Other benefits can be updated later in the election.

When you click continue, you will get the below pop up reminding you elections will not be finalized until the required documents and review is complete. After clicking Close, you will move to Step 3.

You may now make changes to your elections but they will not be finalized until you provide the required documents and review is complete.

Changes to coverage and benefit costs will be updated automatically once the document review is complete.

You will be provided instructions upon checkout.



McDonald's Licensees and Ronald McDonald House Charities® Health & Welfare Plan

Step 3: My Information

Please make sure your information below is correct. If any of the details are incorrect, please be sure to provide accurate information to your Manager, Owner/Operator or RMHC Executive Director to update the census file.

Step 4: Summary

You are eligible to make changes to the benefits listed below. This is a preview of your cart.

Ready to Check Out? [YES, CHECK OUT NOW](#)

[CONTINUE](#)

Together we benefit



**McDonald's Licensees and
Ronald McDonald House Charities®
Health & Welfare Plan**

If you don't need to make any other changes, you can checkout from this page. Otherwise, click "continue" and begin making the elections and/or changes.

Anywhere you see "add to cart" you must click the benefit amount/type and the "add to cart" button to elect the benefit.

IMPORTANT: Any monthly employee costs displayed throughout this site are estimates. Actual payroll deduction amount for elected benefits may be different than what is shown. Changes to hourly pay rate or salary may impact your actual payroll deduction amount. If estimated monthly employee costs are not displayed, you may still be responsible for the cost. Please speak with your Manager, Owner/Operator, or RMHC Executive Director with questions on benefit costs.

Choose Benefits

Once you've completed the above Get Started section, you can proceed to choose benefits. Only benefits that your Employer offer will be displayed in the online enrollment system. In this example, you see medical, hospital indemnity, accident insurance, critical illness insurance, dental, vision, life, disability, and personal protection.

As you proceed through the benefits, you'll see the percentage changes the closer you get to being complete. If you navigate to the next benefit and need to go back, use the < Previous button.





McDonald's Licensees and Ronald McDonald House Charities® Health & Welfare Plan

Enrolling in Medical Coverage

The Medical plan options listed offer a range of coverage and costs, giving you the flexibility to choose what is best for your health care needs and budget. If you do not want to enroll in medical coverage, select "No Coverage".

Your existing election will be selected. You can change to another medical plan or select no coverage. The coverage tier from Step 2a (above) will determine the coverage tier selected here. You can click the Edit Who's Covered button to change the coverage tier.

Employee Only [EDIT WHO'S COVERED](#)

 Blue Cross Blue Shield of Illinois Health Plan 3 Website CURRENTLY SELECTED Remove to Waive	 Blue Cross Blue Shield of Illinois Health Plan 1 Website ADD TO CART	 Blue Cross Blue Shield of Illinois Health Plan 2 Website ADD TO CART	 Blue Cross Blue Shield of Illinois Health Plan 4 Website ADD TO CART
--	--	--	--

Under the benefit options, you will see information for more detail on medical plan overview, services, prescriptions, and health support programs included with medical. You can use the drop-down arrows to open a specific section, click the open all option, or click next to move to the next benefit.

Plan Overview	Open All
Cost Per Pay Period	
Physician Services	
Outpatient Services	
Hospital Services	
Prescription Drugs	
Additional Benefits	

[Previous](#) [NEXT](#)

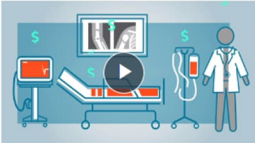


**McDonald's Licensees and
Ronald McDonald House Charities®
Health & Welfare Plan**

Enrolling in Hospital Indemnity

Hospital Indemnity Insurance is a new plan offering for 2024! This benefit may pay a cash benefit directly to you, in the event you need to go to the hospital and can be ideal for labor and delivery or a planned hospitalization. You can spend the benefit as you choose to cover medical costs or other living expenses.

< Previous
NEXT >



Hospital Indemnity

When you're hospitalized for an injury or sickness, there may be medical expenses and out-of-pocket costs that are not covered by your major medical insurance. Hospital Indemnity Insurance coverage provides cash benefits to use as you see fit. The benefits are predetermined and paid regardless of any other insurance you have.

BENEFITS

- Extra coverage toward hospital stays associated with your injury or sickness
- Cover your deductibles and co-insurance amounts
- Reimbursement for unexpected child care related to an illness


Compare plans below and select the one that best fits the needs of you and your family.

[Click here for more](#) ✕

[What To Do Here](#)


Hospital Indemnity Insurance is a new plan offering for 2024! This benefit may pay a cash benefit directly to you, in the event you need to go to the hospital and can be ideal for labor and delivery or a planned hospitalization. You can spend the benefit as you choose to cover medical costs or other living expenses.

If you have questions regarding the estimated monthly employee costs shown below, please see your Manager, Owner/Operator, or RMHC Executive Director.



Voya Hospital Indemnity Insurance pays a daily benefit for a covered stay in a hospital that occurs after their coverage becomes active.

[WANT TO LEARN MORE?](#)

Voya Hospital Indemnity Insurance Video 


No Coverage	High Plan \$13.46/ PAY PERIOD	Low Plan \$5.88/ PAY PERIOD
<input checked="" type="radio"/> Employee Only <input type="radio"/> Employee + Spouse/DP <input type="radio"/> Employee + Child(ren) <input type="radio"/> Employee + Family	<p>\$13.46</p> <p><input checked="" type="radio"/> Employee Only</p> <p><input type="radio"/> Employee + Spouse/DP \$27.88</p> <p><input type="radio"/> Employee + Child(ren) \$26.76</p> <p><input type="radio"/> Employee + Family \$41.18</p>	<p>\$5.88</p> <p><input checked="" type="radio"/> Employee Only</p> <p><input type="radio"/> Employee + Spouse/DP \$13.18</p> <p><input type="radio"/> Employee + Child(ren) \$11.69</p> <p><input type="radio"/> Employee + Family \$18.99</p>
<input type="button" value="CURRENTLY SELECTED"/>	<input type="button" value="ADD TO CART"/>	<input type="button" value="ADD TO CART"/>

< Previous
NEXT >

When adding to cart, you will see a pop up for Voya Disclosures and Conditions for Enrollment.

In order to proceed with electing this coverage, you must read and agree to the following:

- * I understand that this is hospital indemnity insurance. This is a supplement to health insurance and is not a substitute for major medical coverage
- * I acknowledge that I have comprehensive hospital, surgical, and medical health insurance (minimum essential coverage)
- * I have read the documentation provided in the link below which outlines terms and conditions for enrollment



[CLICK HERE: Voya Disclosures and Conditions for Enrollment](#)

[DOWNLOAD](#)

I attest that I have read and agree to the information posted above and via the link provided. I would like to submit my enrollment in this benefit through this electronic process.

NO, I DO NOT AGREE

YES, I AGREE



**McDonald's Licensees and
Ronald McDonald House Charities®
Health & Welfare Plan**

Enrolling in Accident Insurance

Accident Insurance is a new plan offering for 2024! This benefit may pay a cash benefit directly to you, in the event you are injured in a covered accident. You can spend the benefit as you choose to cover medical costs, physical therapy, rent/mortgage, and other living expenses.

[< Previous](#)
[NEXT >](#)

Accident Insurance

Accident Insurance is a way to stay ahead of the medical and out-of-pocket expenses that add up so quickly after an accidental injury—not just for emergency treatment, hospital stays, and medical exams, but for other expenses you may face, such as transportation and lodging needs.

When you are injured in a covered accident, you'll receive cash benefits for expenses that may not be fully covered by your major medical insurance.

BENEFITS

- Accident Insurance can help pick up where other insurance leaves off
- Cash benefits paid directly to you
- Keep your coverage if you leave your employer

Compare plans below and select the one that best fits the needs of you and your family.

Accident Insurance is a new plan offering for 2024! This benefit may pay a cash benefit directly to you, in the event you are injured in a covered accident. You can spend the benefit as you choose to cover medical costs, physical therapy, rent/mortgage and other living expenses.

If you have questions regarding the estimated monthly employee costs shown below, please see your Manager, Owner/Operator, or RMHC Executive Director.

[Click here for more](#)

Voya Accident Insurance provides an additional benefit when you experience a covered accident after their coverage becomes active.

BENEFITS

Coverage includes injuries such as broken bones, lacerations, and burns.

WANT TO LEARN MORE?
[Voya Accident Insurance Video](#)

Plan	Cost	Options	Cost
No Coverage		<input checked="" type="radio"/> No Coverage	CURRENTLY SELECTED
High Plan	\$4.42/ PAY PERIOD	<input checked="" type="radio"/> Employee Only <input type="radio"/> Employee + Spouse/DP <input type="radio"/> Employee + Child(ren) <input type="radio"/> Employee + Family	\$4.42 \$8.85 \$9.51 \$13.94
Low Plan	\$2.53/ PAY PERIOD	<input checked="" type="radio"/> Employee Only <input type="radio"/> Employee + Spouse/DP <input type="radio"/> Employee + Child(ren) <input type="radio"/> Employee + Family	\$2.53 \$5.06 \$5.44 \$7.97

When adding to cart, you will see a pop up for Voya Disclosures and Conditions for Enrollment.

In order to proceed with electing this coverage, you must read and agree to the following:

- * I understand that this is accident-only insurance. It does not provide coverage for sickness. This is a supplement to health insurance and is not a substitute for major medical coverage
- * I acknowledge that I have comprehensive hospital, surgical, and medical health insurance (minimum essential coverage)
- * I have read the documentation provided in the link below which outlines terms and conditions for enrollment

[CLICK HERE: Voya Disclosures and Conditions for Enrollment](#)

[DOWNLOAD](#)

I attest that I have read and agree to the information posted above and via the link provided. I would like to submit my enrollment in this benefit through this electronic process.

NO, I DO NOT AGREE

YES, I AGREE




**McDonald's Licensees and
Ronald McDonald House Charities®
Health & Welfare Plan**

Enrolling In Critical Illness Insurance

Critical Illness Insurance is a new plan offering for 2024! This benefit may pay a cash benefit directly to you, in the event you are diagnosed with cancer, heart disease or other serious conditions. You can spend the benefit as you choose to cover medical costs, groceries, and other living expenses.

[< Previous](#) [NEXT >](#)



Critical Illness Insurance


Critical Illness Insurance provides a cash benefit to you if you're diagnosed or treated for a covered critical illness event. These covered illnesses are typically very severe and likely to render the affected person incapable of working.

Because of the financial strain these illnesses can place on individuals and families, critical illness insurance is designed to help ill employees pay living expenses and other expenses not covered by medical insurance.

BENEFITS

The Critical Illness benefit is triggered by covered illness events such as:

- Cancer
- Heart attack
- Stroke
- End-Stage Renal Failure




What To Do Here

Compare plans below and select the one that best fits the needs of you and your family. Critical Illness Insurance is a new plan offering for 2024!

This benefit may pay a cash benefit directly to you, in the event you are diagnosed with cancer, heart disease or other serious conditions. You can spend the benefit as you choose to cover medical costs, groceries and other living expenses.

If you have questions regarding the estimated monthly employee costs shown below, please see your Manager, Owner/Operator, or RMHC Executive Director.

[Click here for more](#) ✕



Voya Critical Illness Insurance pays a lump-sum benefit after a covered critical illness like a heart attack, cancer or stroke that occurs after their coverage becomes active.

BENEFITS:

This benefit can be used for more than just out-of-pocket medical bills. Payment can be used for things like groceries, gas, utilities and more.

WANT TO LEARN MORE?
[Voya Critical Illness Insurance Video](#)

	\$20,000	\$10,000
	\$28.00/ PAY PERIOD	\$14.00/ PAY PERIOD
<input checked="" type="radio"/> Employee Only	\$28.00	\$14.00
<input type="radio"/> Employee + Spouse/DP	\$45.10	\$22.55
<input type="radio"/> Employee + Child(ren)	\$29.00	\$14.50
<input type="radio"/> Employee + Family	\$46.10	\$23.05

No Coverage

CURRENTLY SELECTED


ADD TO CART

ADD TO CART

When adding to cart, you will see a pop up for Voya Disclosures and Conditions for Enrollment.

In order to proceed with electing this coverage, you must read and agree to the following:

- * I understand that this is critical illness insurance. This is a supplement to health insurance and is not a substitute for major medical coverage
- * I acknowledge that I have comprehensive hospital, surgical, and medical health insurance (minimum essential coverage)
- * I have read the documentation provided in the link below which outlines terms and conditions for enrollment



[CLICK HERE: Voya Disclosures and Conditions for Enrollment](#)

DOWNLOAD

I attest that I have read and agree to the information posted above and via the link provided. I would like to submit my enrollment in this benefit through this electronic process.

NO, I DO NOT AGREE

YES, I AGREE






**McDonald's Licensees and
Ronald McDonald House Charities®
Health & Welfare Plan**

Enrolling in Dental Coverage:

The Employee's existing election will be selected. The coverage tier from Step 2a (above) will determine the coverage tier selected here. You can click the Edit Who's Covered button to change the coverage tier.

Employee + Spouse/DP

[EDIT WHO'S COVERED](#)

 <p>Delta Dental Comprehensive Plan</p> <p>Website</p> <p>CURRENTLY SELECTED</p> <p>Remove to Waive ▶</p>	 <p>Delta Dental Preventive Plan</p> <p>Website</p> <p>ADD TO CART</p>	 <p>No Coverage</p> <p>ADD TO CART</p>	
--	---	---	--

Under the benefit options, you will see the following information for more detail. You can use the drop-down arrows to open a specific section, click the open all option, or click next to move to the next benefit.

<input checked="" type="checkbox"/> Deductible (per person)	Open All*
<input checked="" type="checkbox"/> Cost Per Pay Period	
<input checked="" type="checkbox"/> Preventive Care	
<input checked="" type="checkbox"/> Basic Care (fillings, extractions)	
<input checked="" type="checkbox"/> Major Care (bridges, crowns, dentures)	
<input checked="" type="checkbox"/> Orthodontia	
<input checked="" type="checkbox"/> Maximum Annual Benefit (per person, per year)	
<input checked="" type="checkbox"/> Maximum Lifetime Orthodontia Benefit	



[< Previous](#) [NEXT >](#)

Enrolling in Vision Coverage:

The Employee's existing election will be selected. The coverage tier from Step 2a (above) will determine the coverage tier selected here. You can click the Edit Who's Covered button to change the coverage tier. If you wish to enroll in Vision coverage, select the "EyeMed Vision Plan". If you do not wish to enroll, select the "No Coverage". You can view details on this plan by clicking on the drop downs.

Employee + Spouse/DP

[EDIT WHO'S COVERED](#)

 <p>EyeMed Vision</p> <p>Website</p> <p>CURRENTLY SELECTED</p> <p>Remove to Waive ▶</p>	 <p>No Coverage</p> <p>ADD TO CART</p>	
--	---	--

<input checked="" type="checkbox"/> General Vision Expenses	Open All*
<input checked="" type="checkbox"/> Exams and Other Services	
<input checked="" type="checkbox"/> Lenses and Frames	
<input checked="" type="checkbox"/> Contact Lenses	



**McDonald's Licensees and
Ronald McDonald House Charities®
Health & Welfare Plan**

Enrolling in Life Insurance:

This page includes information on Basic Term Life/AD&D (when applicable), Dependent Term Life (when applicable), and employee supplemental, spouse supplemental, and child supplemental (if offered).

If you elect medical coverage, you are automatically enrolled for Basic Term Life/AD&D/Travel Accident insurance. If you elected medical coverage for Employee + Spouse/Domestic Partner, Employee + Child(ren), or Family, Basic Dependent Life is automatically included. Your Spouse/Domestic Partner and eligible dependent children are not eligible for AD&D or travel accident insurance.

You also have the option to elect Supplemental Employee Life, Spouse Life and/or Child Life Insurance regardless of your medical election if offered per your Adoption Agreement. You can elect up to ten (10) times your annual salary (not to exceed \$1 million). Spouse and Child Life elections do require you to enroll in Supplemental Employee Life before you are able to see your options.

Please designate beneficiaries for all applicable and elective coverages listed below.

Note: Children age 26+ are not eligible for life insurance coverages.

CURRENTLY SELECTED

<p>Basic Coverage For Your Family</p>	<p>Basic Employee Life / AD&D</p> <p><small>Benefit reduction due to age may apply. See benefit summaries for additional detail.</small></p> <p>COVERAGE OPTIONS (MONTHLY COST):</p> <p><input type="radio"/> No Coverage</p> <p><input checked="" type="radio"/> \$50,000 GF (Amount: \$30,000)</p> <p style="text-align: center; background-color: #ccc; padding: 2px 5px; font-weight: bold;">CURRENTLY SELECTED</p> <p style="text-align: center; background-color: #ccc; padding: 2px 5px; font-weight: bold;">MANAGE BENEFICIARIES ✎</p>	<p>BENEFITS:</p> <ul style="list-style-type: none"> Note: You must be actively at work on the plan effective date for any new or increased coverage to begin.
--	--	---

CURRENTLY SELECTED

<p>Basic Dependent Life Insurance Coverage</p>	<p>Basic Dependent Life Insurance</p> <p>COVERAGE OPTIONS (MONTHLY COST):</p> <p><input checked="" type="radio"/> Basic Dependent Life (Amount: \$1,000)</p> <p style="text-align: center; background-color: #ccc; padding: 2px 5px; font-weight: bold;">CURRENTLY SELECTED</p>	<p>BENEFITS:</p> <ul style="list-style-type: none"> Note: You must be actively at work on the plan effective date for any new or increased coverage to begin.
---	--	---

Together we benefit



**McDonald's Licensees and
Ronald McDonald House Charities®
Health & Welfare Plan**

CURRENTLY SELECTED

Extra Protection For Your Family

Supplemental Employee Life
Provide financial security for your family by purchasing supplemental life insurance. Benefit reduction due to age may apply. See benefit summaries for additional detail.

COVERAGE OPTIONS (MONTHLY COST) :

- No Coverage
- 1 X Pay (Amount: \$132,000) / \$81.71 Before-Tax
- 2 X Pay (Amount: \$264,000) / \$163.42 Before-Tax
- 3 X Pay (Amount: \$396,000) / \$245.12 Before-Tax
- 4 X Pay (Amount: \$528,000) / \$326.83 Before-Tax
- 5 X Pay (Amount: \$660,000) / \$408.54 Before-Tax
- 6 X Pay (Amount: \$792,000) / \$490.25 Before-Tax
- 7 X Pay (Amount: \$924,000) / \$571.96 Before-Tax
- 8 X Pay (Amount: \$1,000,000) / \$619.00 Before-Tax

CURRENTLY SELECTED

MANAGE BENEFICIARIES

BENEFITS :

- Added financial security.
- Your coverage may be subject to Evidence of Insurability (EOI). You will be notified upon election whether your coverage requires EOI.
- **Note:** You must be actively at work on the plan effective date for any new or increased coverage to begin.

WANT TO LEARN MORE?

- What is Evidence of Insurability
- Find out how much life insurance you need.

If you increase Supplemental Employee Life more than 1x or more than Guarantee Issue during Annual Enrollment, the election is subject to Evidence of Insurability:

Your election is subject to Evidence of Insurability (EOI).

CURRENTLY SELECTED

Extra Protection For Your Family

Supplemental Spouse Life
Provide financial security for your family by purchasing life insurance for your spouse.

COVERAGE OPTIONS (MONTHLY COST) :

- No Coverage
- \$10,000 (Amount: \$10,000) / \$6.19 Before-Tax
- \$15,000 (Amount: \$15,000) / \$9.29 Before-Tax
- \$25,000 (Amount: \$25,000) / \$15.48 Before-Tax
- \$50,000 (Amount: \$50,000) / \$30.95 Before-Tax
- \$75,000 (Amount: \$75,000) / \$46.43 Before-Tax
- \$100,000 (Amount: \$100,000) / \$61.90 Before-Tax

CURRENTLY SELECTED

BENEFITS :

- Adds to your family's financial protection.
- Your benefit may be limited by the employee's elected life coverage.
- Your coverage may be subject to Evidence of Insurability (EOI). You will be notified upon election whether your coverage requires EOI.
- Benefit reduction due to age may apply. See benefit summaries for additional detail.
- **Note:** You must be actively at work on the plan effective date for any new or increased coverage to begin.

WANT TO LEARN MORE?

- What is Evidence of Insurability
- Find out how much life insurance you need.

AVAILABLE

Extra Protection For Your Family

Supplemental Child Life
All children in your family are covered with this election up to a maximum age as noted in your policy.

COVERAGE OPTIONS (MONTHLY COST) :

- No Coverage
- \$10,000 (Amount: \$10,000) / \$1.50 Before-Tax

ADD TO CART

BENEFITS :

- Low cost.
- Your benefit may be limited by the employee's elected life coverage.
- **Note:** You must be actively at work on the plan effective date for any new or increased coverage to begin.

Reminder – Click Add to Cart when selecting and the border will change to green/currently selected.



**McDonald's Licensees and
Ronald McDonald House Charities®
Health & Welfare Plan**

Manage Beneficiaries

Using the Edit Beneficiaries screen requires you to provide an electronic signature of the choices you enter. Clicking on NEXT below serves as your electronic signature of the information you enter on the Edit Beneficiaries screen.

[< Back](#) | **Online Beneficiary Signature**

You have selected EDIT BENEFICIARIES and as a result will be able to add, remove, or change your beneficiaries or their proportional interests. Before continuing, please make note of the following:

- Using the Edit Beneficiaries screen requires you to provide an electronic signature of the choices you enter. Clicking on NEXT below serves as your electronic signature of the information you enter on the Edit Beneficiaries screen. By law, this electronic signature will have the same effect as a signature on a paper form.
- You have the right to receive, at no charge, a written paper confirmation of all choices you enter in the Edit Beneficiaries screen. To obtain this paper record, you may print the confirmation page on the website.

I agree to the terms above and to use the electronic beneficiary designation process.

Edit Beneficiaries

Percentage must total 100% for each Priority Level (e.g. 100% for Primary and 100% for Secondary). In addition, a Primary beneficiary is required when adding a Secondary beneficiary. Click Add a Beneficiary to enter an existing dependent as a beneficiary, or to add a trust, or a new individual.

Basic Employee Life and Supplemental Employee Life beneficiaries are separate and entered within the specified benefit.

[< Back](#) | **Edit Beneficiaries**

* All the fields marked with an asterisk are required fields.

Supplemental Employee Life

BENEFICIARIES	PERCENTAGE (%)
PRIMARY	
There are no beneficiaries to display.	
SECONDARY	
There are no beneficiaries to display.	

*Percentage must total 100% for each Priority Level (e.g. 100% for Primary and 100% for Secondary). In addition, a Primary beneficiary is required when adding a Secondary beneficiary.



**McDonald's Licensees and
Ronald McDonald House Charities®
Health & Welfare Plan**

Enrolling in Disability Coverage:

The Employee's existing election will be selected. The coverage tier from Step 2a (above) will determine the coverage tier selected here. Employees who live in Hawaii, California, New Jersey, Rhode Island, or Puerto Rico are not eligible for Short Term Disability coverage.

AVAILABLE

Income Replacement In Case Of Illness Or Injury

Short Term Disability

Protect yourself and your family if you are unable to work because of illness or injury.

COVERAGE OPTIONS (MONTHLY COST) :

No Coverage

STD 500 / \$3.65 After-Tax

STD 1000 / \$5.14 After-Tax

NO COVERAGE SELECTED

BENEFITS :

- Replaces a percentage of your income should you become disabled as defined in your benefit summary.
- Approved disability claims are subject to policy maximums and durations.
- Note:** You must be actively at work on the plan effective date for any new or increased coverage to begin.

AVAILABLE

Income Replacement In Case Of An Extended Illness Or Injury

Long Term Disability

Protect yourself and your family if you are unable to work because of illness or injury.

COVERAGE OPTIONS (MONTHLY COST) :

No Coverage

60% of Pay / \$1.39 After-Tax

NO COVERAGE SELECTED

BENEFITS :

- Replaces a percentage of your income should you become disabled, after a waiting period, as defined in your benefit summary.
- Approved disability claims are subject to policy maximums and durations.
- Note:** You must be actively at work on the plan effective date for any new or increased coverage to begin.

WANT TO LEARN MORE?

Estimate Long Term Disability Needs



**McDonald's Licensees and
Ronald McDonald House Charities®
Health & Welfare Plan**

Enrolling in Personal Protection Benefits:

This page includes the Reimbursement Assistance Program, Legal Assistance, and Identity Theft if offered by your Employer.

Reimbursement Assistance Program

Two options are available for the RAP benefit, a High Option (offering higher reimbursement amounts, but costing more per paycheck) and a Low Option (offering lower reimbursement amounts for a lower paycheck cost).

To manage which coverage tier, you can select the Edit Who's Covered box and then check mark the corresponding box. The coverage tier options listed below will change based on the type of dependent covered.

AVAILABLE

Help To Offset Healthcare Costs.

Reimbursement Assistance Program

You have two options for the RAP:

1. High Option - Offering higher reimbursement limits, but costing more per paycheck.
2. Low Option - Offering lower reimbursement limits for a lower paycheck cost.

No Coverage [EDIT WHO'S COVERED](#)

Check the box for each eligible dependent you want to cover for this benefit.

NAME	DATE OF BIRTH	WHO'S COVERED
Lori	05/24/1963	<input type="checkbox"/>
Kenneth	01/11/1957	<input type="checkbox"/>

COVERAGE OPTIONS (MONTHLY COST):

No Coverage

High Option Employee Only (\$66.00 After-Tax)
[Show All Tiers And Costs](#)

Low Option Employee Only (\$49.00 After-Tax)
[Show All Tiers And Costs](#)

NO COVERAGE SELECTED

KEY FEATURES :

- Pays a flat amount for certain types of care and prescription.
- Lower cost and works as a "fixed indemnity plan."
- Typically pays a pre-set amount of money to the hospital or doctor, so you pay less of the bill.
- For prescription drugs, you pay a pre-set copay for covered drugs, up to certain limits.
- You pay a premium out of your paycheck for RAP coverage (like with other benefits).
- NOTE: Not available to residents of New Hampshire or to employees under the age of 18.

WANT TO LEARN MORE?

[Get More Information and How to Submit a Claim](#)

[What Does RAP Cover?](#)

Legal Assistance

AVAILABLE

Legal Assistance At Your Fingertips

Legal Assistance

Get a wide range of personal legal services. The benefits are very comprehensive. Some benefits may have limitations and conditions. Refer to your plan documents for more information.

COVERAGE OPTIONS (MONTHLY COST) :

No Coverage

Coverage / \$15.45 Before-Tax

NO COVERAGE SELECTED

BENEFITS :

Benefits include:

- Will and estate planning
- Family law matters such as adoption and guardianship
- Personal injury
- Home and real estate
- Elder matters
- Network of attorneys
- Access Code for MetLife Legal Benefits Website (below): METLAW

WANT TO LEARN MORE?

[MetLife Legal Benefits Brochure](#)

[Top 5 Reasons to enroll in Legal plan](#)



**McDonald's Licensees and
Ronald McDonald House Charities®
Health & Welfare Plan**

Identity Theft

AVAILABLE

Protect Your Finances, Privacy, And Reputation

Identity Theft

The Allstate Identity Protection benefit proactively monitors against identity and credit fraud to detect threats and instances sooner. By detecting fraud at the source, this benefit can minimize damages and better protect you.

COVERAGE OPTIONS (MONTHLY COST) :

No Coverage

Employee Only / \$7.00 Before-Tax

Employee + Family / \$12.50 Before-Tax

NO COVERAGE SELECTED

BENEFIT HIGHLIGHTS: :

Monitors for:

- High risk transactions
- Suspicious identity patterns
- Digital Wallet Security
- Social Media: Reputation / Cyberbullying
- Unauthorized account access
- Fund transfers

MORE INFORMATION

Allstate Identity Protection Overview Video

Allstate Identity Protection Brochure

Almost Done! Review your Cart:

As indicated in the image below, on this page you will review your elections. You are required to accept the Terms and Conditions below to finalize your elections at the bottom of the page. Dependent verification is required for all dependents to be covered on a medical plan.

Review Your Cart

What To Do Here

Please review your elections below. You are required to accept the Terms and Conditions below to finalize your elections at the bottom of the page.

IMPORTANT NOTE: Dependent verification is required for all dependents to be covered on a Medical plan.

If your covered dependent has not already been verified, dependent verification documentation can be uploaded immediately by clicking the paper icon in the upper right-hand corner and then the "SEE DETAILS & UPLOAD" button in the drop down. Weekly reminders will be sent via email, mail, and/or text until acceptable documentation has been submitted or the deadline has passed.

If you have questions regarding the estimated monthly employee costs, please see your Manager, Owner/Operator, or RMHC Executive Director.

Dependent Verification Form X

You will see a section for dependents, benefits selected, and benefits waived. If costs are displayed and you have questions regarding the estimated monthly employee costs, please see your Manager, Owner/Operator, or RMHC Executive Director.

If you click an edit pencil, it will take you back to that benefit. You will then need to move through the benefit screens to get to the Cart again. Once you agree to the Terms and Conditions, click Check Out.

Yes, I accept.

▲ IMPORTANT: You must keep your records up-to-date. Immediately inform your employer if your email address or other personal information change.

CHECK OUT >



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You will get a reminder about dependent verification:

Verification Required

You are required to upload documents to complete enrollment for yourself and/or family members. You should expect to see a notification on your dashboard for the next steps needed regarding the changes to your benefits.

[Close](#)

Completed Enrollment: Confirmation Message & Statement

A confirmation message will appear stating that Your Enrollment Has Been Submitted.

Get Started
Choose Benefits
Review / Save

1. Review

2. Confirmation

Your Enrollment Has Been Submitted

[PRINT](#)

[What To Do Here](#)

Select the "Print" button located to the right in order to print or save a copy of your Enrollment Summary. This summary includes your enrollment confirmation number and proof of the coverages you selected. Confirmation of your elections is also available any time from the Home Page. Please contact us if you would like additional assistance.

Your Enrollment Confirmation Number is: RZG7608

Below this message you will see Who's Covered, Benefits Selected, and Benefits Waived. In the medical section, when dependent verification is required, the benefit will display as follows. In this scenario, the spouse is already verified but the child needs verification. Therefore, Employee + Spouse coverage is what shows active and there is a message indicating when the child is verified, you will be enrolled in Employee + Family coverage.

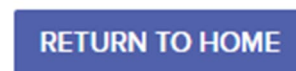
BENEFITS SELECTED

	<p>MEDICAL</p> <p>Blue Cross Blue Shield of Illinois Health Plan 4</p> <p>COVERAGE LEVEL: Employee + Spouse/DP</p> <p>EFFECTIVE AS OF 01/01/2024</p>	BEFORE-TAX	BEFORE-TAX
--	--	------------	------------

After your dependents are verified, you will be enrolled in coverage level Employee + Family with a per pay period cost of: _____

Return Home

At the end of the confirmation, is a Return Home button that will take you back to the dashboard.





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On the dashboard, you will see the election now shows Completed. You will also see the option to upload required documentation.

If any dependents need additional information, you will see an alert here. And you will also have an option from the dashboard to edit beneficiaries.

Your actions and tasks

- Your 2024 benefit choices are saved.**
You may edit your benefit choices for the next 70 days if you like. **Completed** Go →
- Please upload required documentation!**
To ensure coverage for yourself or your family members, documentation is required! **Incomplete** Go →
- Your family member is missing data!**
Please enter missing data for one or more of your family members! **Incomplete** Go →
- Would you like to update your beneficiaries?**
Review or edit your current beneficiary information. **Info** Go →

Resume Enrollment:

If an enrollment had been started for the Employee but not submitted, you can access and pick up where you left off. You'll see the following on the Employee Dashboard:

Your actions and tasks

- Your 2024 benefit choices are not saved!**
You have 74 days remaining to save your benefit choices! **Incomplete** Go →
- Would you like to update your beneficiaries?**
Review or edit your current beneficiary information. **Info** Go →

When you click Go → the system will take you to the page where you left off in order to complete the enrollment.

Reprocess Enrollment:

If the Employee wants to make an update to previously submitted Annual Enrollment elections, access the system in the same manner. When you enter the enrollment system, it will take you directly to the Review Your Cart page. Use the various pencil icons to update the necessary benefits.



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How to Upload Life Event or Dependent Verification Documentation

On the Employee dashboard, select the Go → button to upload required documentation:

Welcome Shelia!

Benefits at your fingertips

We'll help you make choices with knowledge and confidence. Let's get started.

Your actions and tasks

- Your 2024 benefit choices are saved.** Completed [Go →](#)
 You may edit your benefit choices for the next 70 days if you like.
- Please upload required documentation!** Incomplete [Go →](#)
 To ensure coverage for yourself or your family members, documentation is required!

The Required Documents screen will show what documents can be used for the specified dependent. Once you have your documents, click the Upload New button in the right corner:

Required Documents

You are required to upload documents for the Dependent(s) and Life Event(s) below. [Upload New ↕](#)

Required Upload	Approved Documents	Participant	Status
Child Dependent Verification	Submit ONE of the following documents as evidence for dependent verification: <ul style="list-style-type: none"> • Birth Certificate • Hospital Birth Record • Naturalization Certificate or Consular Report of Birth Abroad • Adoption Paperwork • Legal Guardianship Court Order • Divorce Decree, Custody Agreement, or Qualified Medical Child Support Order (QMCSO) In addition, if your child is over the age of 26 you must include proof of disabled status from your medical carrier.	Janes Test (01/01/2022)	Required

Need to download additional documents to complete your task? [IRS](#) [CDC](#) [Vital Chek](#)

The Document Uploader will open. Files must be PDF, BMP, GIF, JPG, or PNG format with a maximum file size of 2 MB for PDF and 10 MB for images. From the drop-down boxes, select which document type is being loaded and the applicable participant(s). Then browse files to add the document.

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If you add the wrong file, you can click the trash can icon to remove. Once you add a file and select the necessary items from the drop-down menus, click the Upload button.

Document Uploader

Select documents for the participant(s) below. (*All fields are required unless indicated)

McDonald's DEV-QLE.pdf - 1 MB

Preview PDF files →

Document* Birth Certificate/Live Birth Document Participant(s)* Janes Test

File Formats

PDF, BMP, GIF, JPG and PNG | Maximum File Size: 2 MB for PDF, 10 MB for images

Cancel Upload ↗

The Required Documents page will update and show as follows:

Required Documents

You are required to upload documents for the Dependent(s) and Life Event(s) below. [Upload New ↗](#)

Required Upload	Approved Documents	Participant	Status
Child Dependent Verification	Submit ONE of the following documents as evidence for dependent verification: <ul style="list-style-type: none"> • Birth Certificate • Hospital Birth Record • Naturalization Certificate or Consular Report of Birth Abroad • Adoption Paperwork • Legal Guardianship Court Order • Divorce Decree, Custody Agreement, or Qualified Medical Child Support Order (QMCSO) In addition, if your child is over the age of 26 you must include proof of disabled status from your medical carrier.	Janes Test (01/01/2022)	Required

Your Documents

View your uploaded documents.

Category	Participant	Document	Upload Date	Status
Child Dependent Verification	Janes Test	Birth Certificate/Live Birth Document	10/06/2023	In Review

Need to download additional documents to complete your task? [IRS](#) [CDC](#) [Vital Chek](#)

You can use the Menu icon to return to the Dashboard/Home page or Exit the system.

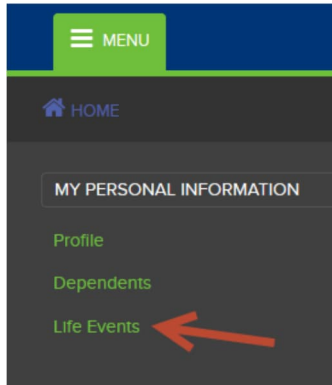


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Enrolling in Benefits during Ongoing Enrollment

After logging into the 365+ Employee Enrollment Site, Employees will see sections for Life Event Changes, Resources, Beneficiary Information, a Dashboard, and Benefit Summary.

From the home page, click the Menu button and select Life Events.



You will be directed to the Life Events tab within the Portal. The Life Events are set up based upon the below Columns:

- Category:
 - Add Dependents
 - Change Your Dependents
 - Other Benefit Changes (Only to be used by HR Admin/SD Team to make changes to the Employees account in which a life event does not pertain)
 - Changes That Impact Your Coverage
- Life Event:
 - Birth or Adoption
 - Dependent Verification Add
 - Marriage
 - Death of Child
 - Dependent Verification Drop
 - Enrollment in Other Coverage
 - Loss of Other Coverage
 - Qualified Medical Support Court Order (QMSCO)
 - Administrator Change
 - Change in After-tax Benefits
 - Loss of Medicaid Coverages of CHIP Eligibility
- Description
 - Provides a detailed description for each Life Event to assist with choosing the right Life Event through the process.
- Link
 - Allows you to Get Started with the particular life event that was chosen.

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Click Get Started link next to the Life Event that is chosen.

CATEGORY	LIFE EVENT	DESCRIPTION	LINK
Add Dependents 	Birth or Adoption	If you have a baby, legally adopt or accept placement of a child for adoption, or obtain legal guardianship of a child, you have 30 days from the date of the event to make changes to your benefits.	Get Started ▶
	Dependent Verification Add	Used to add dependents to accounts when the participant has successfully verified their dependent status.	Get Started ▶
	Marriage	If you get married or meet the requirements for a common law marriage, you have 30 days from the date of the event to make changes to your benefits.	Get Started ▶

Enter the date in which the Life Event occurred then click Get Started.

Birth or Adoption

If you have a baby, legally adopt or accept placement of a child for adoption, or obtain legal guardianship of a child, you have 30 days from the date of the event to make changes to

Start Life Event

Enter the date your child was born or the date of adoption or placement for adoption to initiate this event. Keep in mind that changes must be made within 30 days of the event.

Date of Event
05/01/2019

[GET STARTED](#)

Click Next to continue.

Get Started

Birth or Adoption

You're Eligible to Make Changes

You're eligible now to make changes to your benefits. Click NEXT to begin.

[NEXT](#)

Update the necessary dependent information, benefit information, and upload life event documentation and dependent verification documentation as needed.

Edit Dependent Information

Click Add a Dependent (when applicable based on selected Life Event)

Who's Covered

What To Do Here

Your current information is shown below. Check to be sure it's up-to-date and make changes as needed. Be sure to add any new dependents you wish to cover under the Schlumberger plans.

[+ ADD A DEPENDENT](#)

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Click + to add more than one dependent and then click continue.

How many dependents would you like to add? - 1 + →

Input the Dependents information, click the box to agree to the terms and conditions, then click save.

Please provide the requested information for your new dependents, then click SAVE to add them. All fields are required unless otherwise noted.

Dependent 1

[Delete This Dependent](#)

First Name Test	SSN (Optional) XXX-XX-3333	<input checked="" type="checkbox"/> Live At Same Address
Middle Initial(Optional)	Gender <input type="radio"/> Male <input checked="" type="radio"/> Female	Country United States
Last Name User	Relationship Child	Address 1 11418 Indian Hills Dr NE
Date Of Birth (MM/DD/YYYY) 05/01/2019		Address 2(Optional)
		City Bollivar
		State Ohio
		Zip/Postal Code 44612

Your dependent(s) must meet certain [eligibility requirements](#) to enroll in Schlumberger Medical, Dental and Supplemental Vision coverage.

You have 60 days to submit the required documentation. If you miss the deadline or fail to provide acceptable proof of eligibility, coverage on any undocumented dependents will be cancelled.

After you complete enrollment, click the icon in the top right corner of any page (next to the shopping cart) to submit the required documentation.

By checking this box, you confirm that you understand the dependent eligibility requirements and the terms stated above.

You will be directed back to the dependents screen. Click continue to move forward with adding this dependent to benefits.

<input checked="" type="checkbox"/>	Test User	05/01/2019	<input type="checkbox"/>	<input type="checkbox"/>	
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*Your coverage selections will be saved when you click the CONTINUE button. You may also make changes at any time during the enrollment process.

→

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Verify Employee Personal Information

My Information

What To Do Here | Verify your information below, then click to continue or make changes as needed.

My Information [Edit](#)

Personal Information

PRIMARY ADDRESS
11418 Indian Hills Dr NE
Bolivar, OH 44612
United States

To update your address of record, log on to the Cameron Process Portal at <https://mysap.c-a-m.com/ij/portal>.

CONTACT INFORMATION
TAHRENDS@invalid.com

Update the necessary or available benefits based on the Life Event selected

Review Your Cart

Review Your Cart

What To Do Here | Carefully review your benefit elections below. You can make additional edits now, or check out to save these changes.

If there are no other changes, agree to the terms and conditions then click checkout.

Terms and Conditions

You've made changes to your benefit elections and / or eligible dependents.

- To confirm these changes, you must provide an electronic signature to authorize your choices.
- Click YES, I ACCEPT below to give this consent. Your click serves as your electronic signature with the same legal weight as your written signature.

1

Yes, I accept.

2 [Cancel](#)

IMPORTANT: You must keep your records up-to-date. Visit PeopleConnect / the Cameron Process Portal to make changes to your personal information as needed.

Completed Enrollment: Confirmation Message & Statement

A confirmation message will appear stating that Your Enrollment Has Been Submitted.

Your Enrollment Has Been Submitted

What To Do Here | Your Enrollment Summary is shown below. Be sure to print a copy for your records. If you have questions or need assistance, please click LIVE CHAT (during normal business hours) to speak to a benefits counselor.