



Quick Reference Guide (9-11 Steps)

How to Submit a Help Desk Ticket Regarding Health & Welfare Benefits



September 23, 2024

If you are an associate, follow Steps 1 - 9. If you are a People Leader submitting on behalf of an associate, proceed to steps 10 - 20.

STEP 1

Sign into myACI then click on My HR.

\equiv myACI ^{<} Q search fo	people and actions		
Discover YOU			
Me My HR My I	nsights My Client Groups	Knowledge I	Help Desk
QUICK ACTIONS	APPS		
Personal Details	•		57-
Document Records	My Personal	Journeys	Benefits
Identification Info	Information		



Click on My Help

Good a	fternoon, 📕				
Me My H	IR My Insights	My Client Groups	Knowledge	Help Desk Proje	cts Tools O
APPS					
My Payroll	Tax Withholding W4	K My Time Away	My Schedule	? My Help	Lost or Damaged Check
血	<i>y</i>		•??)		•
W2 (Reg Code Safeway-reg1)	2: Leave of Absence)	Direct2Retirement	Diversity , Equity and Inclusion	We Care	Incident/Missing Tiles
L	ā		+		
Direct2HR Lega (Includes Direc Deposit)	icy 1095-C (Emp tt Code: 11202)	Hartford (Associates on Company Benefit			

STEP 3

<u>Click on Create Request in the upper right hand corner.</u>

myACI [']		Δ Ω aw
What do you want to do today?		
Q Try searching by keyword or filter		
View My Requests		Create Request



Enter the subject for your health & welfare benefit request.

Example Subject: "Loss benefit coverage."

			ΟĢ	AW
New	Help Desk Request	Cancel Sa	ve	
Subject Loss of	f benefits coverage	9		
Primary I	Point of Contact	Net	force	

STEP 5

Select Benefits from the request category.

New Help Desk Request		Cancel
Subject Loss of benefits coverage		
Primary Point of Contact	Request Category	
	Benefits	
	Gift Card / Cash Award	
	Learning Course Issues	
	Leave of Absence	
Detailed Description	Merger Inquiry	
	Onboarding / New Hire issues	
	PTO, VAC, OTHER	
	Pay Inquiry	
Category Miscellaneous		



Select Life Event/Coverage Update from the Topic section.

New Help Desk Request		Cancel Save
Subject Loss of benefits coverage		
Primary Point of Contact	Request Category Benefits	
This category is used for/when assistance is needed	d regarding an associate's company sponsored health and welfare benefits.	
Торіс	·	
Form 1095 1099		
HIPAA Authorized Designation/Power of Attorney		
ID Cards		
Life Event/Coverage Update		
Medicare Forms		
Medicare Forms Qualified Medical Child Support Order		
Medicare Forms Qualified Medical Child Support Order Spending Accounts		

STEP 7

Enter a valid phone number.

This category is used for/when assistance is needed regarding an associate's company sponsored he
Topic Life Event/Coverage Update
Contact Phone Number
Detailed Description



Use the detailed description box to enter detailed information regarding your benefit inquiry.

STEP 9

Click on Save in the upper right corner of the screen to save and submit the help desk request.

\equiv myACI [']			Ū Û
New	Help Desk Request		Cancel
Subject Loss of	benefits coverage		
Primary P	oint of Contact	Request Category Benefits	•





Sign into myACI then click on Help Desk.

≡ myACI ^{′<}	Q Search for people and	actions							
	Good afternoon,								
	Me My HR My Insights	My Client Groups	My Client Groups Knowledge Help Desk Projects Tools						
	QUICK ACTIONS	APPS							
	Personal Details	•	Ø	Ŭ.					
	Document Records	My Personal Information	Journeys	Benefits	Benefits Resources				
	dentification Info								
	🔀 Contact Info	+	1¥	×	1				
	Bamily and Emergency Contacts	Learning +	Career and Performance	Connections	Roles and Delegations				
	My Organization Chart								
	My Public Info	\odot	<u></u>	+					
	Employment Info	Learning	Current Jobs						

STEP 11

Click on Help Desk Request

≡ myACI ^{′<}	Q	Search for people and c	actions					
	Good aft	ernoon,						
	Me My HR	My Insights	My Client Groups	Knowledge	Help Desk	Projects	Tools	
	APPS							
	Activities	Help Desk Requests	Technology Portal	HCM System Access	RFA For) m	+	



<u>Click on Create Request in the upper right hand corner.</u>

≡ m	yACI ^{'<}																	Ĺ	ςô
Ope	en HR I	Ielı	o Desk	Rec	luests									O	G Cr	eate Re	quest /	Actions	•
Q	Status (4)	×	Search Filter	All rec	ords I can se	e X	Try sear	ching	g by keyword	or ad	d a filter							Add F	ilter
Result	ts O		05 00	10			11 1.	, , ,							1.11	. 71	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11.1.1	
	Request Number	\$	Subject	٥	Severity	\$	Status	0	Assigned To	0	Queue	\$ Affected Party Person ≎ Number	Affected Party Person	0	Business Unit	0	Creation Date	0	Actio ns
No d	ata to display	у.																	

STEP 13

Enter the subject for your health & welfare benefit request.

Example subject: "Lost benefit coverage"

myACI ^{′<}			Δ Ç
New Help Desk Rec	juest		Cancel Save
Subject Lost Benefits Coverage			
Primary Point of Contact	Affected Party	Required Severity Medium	•
Request Category	Required		



In the Affected Party Box, enter the Employee ID of the associate who is inquiring about their benefits.

An Affected Party refers to the associate impacted by this ticket.

≡ myACI ^{′<}	
New Help Desk Request	Cancel Save
Subject Primary Point of Contact	Required
Required Req	•

STEP 15

Select Benefits from the request category.

Subject		
		Required
Primary Point of Contact	Required	•
Request Category		
Application Enhancement		
Benefits		
Candidate Assistance		
Change Area of Responsibility		
Contingent Worker Management		
Contract Maintenance		
FSM Adjustments		



Subject			Required
Primery Point of Contact	Affected Party	Recuired	. , pagina
Request Category Benefits			
This category is used for/when assistance is needed reg	arding an associate's company spons	ored health and welfare benefits.	
Таріс	Republic Courses		
	Benefit Source	•	
Form 1095 1099	benent source	Required	
Form 1095 1099 HIPAA Authorized Designation/Power of Attorney	benent source	Paceutred	
Form 1095 1099 HIPAA Authorized Designation/Power of Attorney ID Cards	Benefit Source	Regulerid	
Form 1095-1099 HIPAA Authorized Designation/Power of Attorney ID Cerds Life Event/Coverage Update	Denent Source	Parquined	
Form 1095 1099 HIPAA Authorized Designation/Power of Attorney ID Cards Life Event/Coverage Update Medicare Forms	Denent Source	Regulered	
Form 1095 1099 HIPAA Authorized Designation/Power of Attorney ID Cards Life Event/Coverage Update Medicare Forms Qualified Medical Child Support Order	Derivit Source	Recyclined	
Form 1095 1099 HIPAA Authorized Designation/Power of Attorney ID Cards Life Event/Coverage Update Medicare Forms Qualified Medical Child Support Order Spending Accounts	Derivit Source	Parcedred	

Select Life Event/Coverage Update from the Topic section.

STEP 17

Select Company Sponsored Benefits or Non Company Sponsored in the Benefits Source Section.

If your benefits are sponsored through the Union, select Non Company sponsored.

Subject			
		Required	
Primary Point of Contact	Affected Party	Severity Medium	
Request Category Benefits			
This category is used for/when assistance is needed regardin	ig an associate's company sponsored health and welfare	benefits.	
Topic Life Event/Coverage Update	Benefit Source		
	Company Sponsored Benefits		
For step-by-step instructions for creating a qualifying life e Adoption or Birth of Child	Non Company Sponsored		
Marriage			
Divorce			
Gain of Other coverage			
Death of a Dependent			
Death of a Dependent Dependent Care FSA Cost Change			
Death of a Dependent Dependent Care FSA Cost Change HSA Contribution Change			
Death of a Dependent Dependent Care FSA Cost Change HSA Contribution Change			
Death of a Dependent Dependent Care FSA Cost Change HSA Contribution Change			



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STEP 18
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Enter a valid associate phone number.

For step_by_step instructions for creating a qualifying life event please click here:	
Adoption or Birth of Child	
Marriage	
Divorce	
Gain of Other coverage	
Lost of Other coverage	
Death of a Dependent	
Dependent Care FSA Cost Change	
HSA Contribution Change	
Contact Phone Number	

STEP 19

Use the detailed description box to enter detailed information regarding your benefit inquiry.

Detailed Description Type # to bring up a list of SmartText.	



Click on Save in the upper right corner of the screen to save and submit the help desk request.

myACI ^{′<}					
New Help Desk Reque	st				Cancel
Subject					Required
Primary Point of Contact	- Aff	ected Party	• Denvind	Severity Medium	
Request Category Benefits	•		. nequires		



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