



Quick Reference Guide (11 Steps)

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



Sign into myACI then click on Help Desk.

\equiv myACI ^{'<}	Q Search for people and ac	ctions				
	Good afternoon,					
	Me My HR My Insights	My Client Groups	Knowledge H	elp Desk Projec	ts Tools	
	QUICK ACTIONS	APPS				
	Personal Details		\bigotimes	Ÿ.		
		My Personal Information	Journeys	Benefits	Benefits Resources	
	🔀 Contact Info	+	t¥	×	.	
	🔐 Family and Emergency Contacts	Learning +	Career and Performance	Connections	Roles and Delegations	
	My Organization Chart		_			
	My Public Info	Learning	Current Jobs	÷		

STEP 2

Click on Help Desk Request





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

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Ope	en HR I	Help	o Desk	Rec	quests											O	Cr	eate Rec	juest /	Actions	•
Q	Status (4)	×	Search Filter	All red	ords I can se	e X	Try searc	hing	by keyword	or ad	d a filter									Add F	ilter
Result	s 0		04 60	la i			11 73	1 1						000				11	1 - 1 - 2010 - 20	UKOAS	
	Request Number	\diamond	Subject	\$	Severity	\$	Status	0	Assigned To	0	Queue	0	Affected Party Person Number	0	Affected Party Person	\$	Business Unit	0	Creation Date	¢	Actio ns
No da	ata to displa	у.																			

STEP 4

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 [′]		ΟĈ
New Help Desk Request	Cancel	Save
Subject		Devided
Primary Point of Contact		•
Request Category		

STEP 6

Select Benefits from the request category.

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



Subject				
				Required
Primary Point of Contact	Affected Party	- 2	Severity Medium	÷
Request Category Benefits		Required		
This category is used for/when assistance is needed rep	arding an associate's company spon	sored health and welfare ben	efits.	
[where	1			
Topic	Republic Courses			
<u> </u>	Denent Source	•		
Form 1095 1099	benent source	Required		
Form 1095 1099 HIPAA Authorized Designation/Power of Attorney	benent source	Required		
Form 1095 1099 HIIPAA Authorized Designation/Power of Attorney	Dement Source	Required		
Form 1095 1099 HIPAA Authorized Designation/Power of Attorney ID Cards	Derient Source	Regulard		
Form 1095 1099 HIPAA Authorized Designation/Power of Attorney ID Cards Life Event/Coverage Update	Derient Source	Required		
Form 1095 1099 HIPAA Authorized Designation/Power of Attorney ID Cards Life Event/Coverage Update Medicare Forms	Derient Source	Required		
Form 1095 1099 HIPAA Authorized Designation/Power of Attorney ID Cards Life Event/Coverage Update Medicare Forms Qualified Medical Child Support Order	Derient Source	Required		
Form 1095 1099 HIPAA Authorized Designation/Power of Attorney ID Cards Life Event/Coverage Update Medicare Forms Qualified Medical Child Support Order Spending Accounts	Derient Source	Respired		

Select Life Event/Coverage Update from the Topic section.

STEP 8

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
Request Category Benefits	
This category is used for/when assistance is needed regard	rding 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	e Non Company Sponsored
Adoption or Birth of Child	The company operation
Adoption or Birth of Child Marriage	Non company openance
Adoption or Birth of Child Marriage Divorce Gain of Other coverage	
Adoption or Birth of Child Marriage Divorce Gain of Other coverage Lost of Other coverage	
Adoption or Birth of Child Marriage Divorce Gain of Other coverage Lost of Other coverage Death of a Dependent Denendent Care FSA Cost Change	
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	
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	



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STEP 9
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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 10

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

Detailed Description	
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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		



