

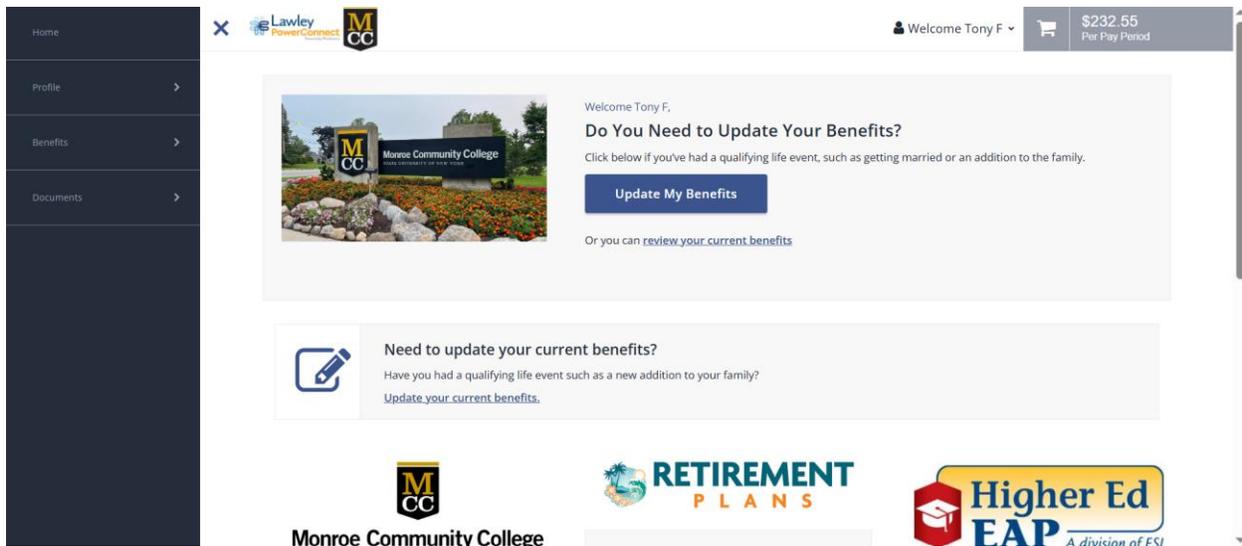
## How to Submit a Life Event in Lawley PowerConnect

When you experience a life changing event such as the birth of a new born child, a marriage, or losing other coverage, you can update your benefits mid-year accordingly. To begin this process, navigate to the Lawley PowerConnect benefits administration system powered by PlanSource. You can access the site through the myMCC tile system.

Once logged into myMCC, you will be signed on automatically to Lawley PowerConnect. To log in, follow the steps below.

myMCC → Employee Home → Human Resources → Benefits → Employee Benefits

When logged into Lawley PowerConnect, your Home Page will look like the below. The amount per pay period currently coming out of your paycheck will show in the top right corner, and important tabs will be to the left. To begin submitting a Life Event, click on "Update My Benefits" in the middle of the screen.



The screenshot shows the Lawley PowerConnect employee home page. On the left is a dark sidebar with navigation links: Home, Profile, Benefits, and Documents. The main content area features a top navigation bar with the Lawley PowerConnect logo, a user greeting "Welcome Tony F", and a shopping cart icon showing "\$232.55 Per Pay Period". Below this is a large white card with a Monroe Community College image on the left and text on the right: "Welcome Tony F, Do You Need to Update Your Benefits? Click below if you've had a qualifying life event, such as getting married or an addition to the family." A blue "Update My Benefits" button is prominent. Below this card is another smaller white card with a pencil icon and text: "Need to update your current benefits? Have you had a qualifying life event such as a new addition to your family? Update your current benefits." At the bottom, there are three logos: Monroe Community College, RETIREMENT PLANS, and Higher Ed EAP (A division of FSI).

Choose one of the life event categories that best fits your situation and begin the process.

## Report Life Event

Some changes in your life or employment can affect your benefits. For example, when you have a baby you may want to add him/her to your health coverage. Changes like these that are made outside of standard benefit enrollment are called Life Events. First, select the type of Life Event from the drop down list to indicate the reason you are making the change. When selecting a particular Life Event, you will be given additional information on the type of change for the Life Event.

### Select Life Event

- Adoption
- Birth
- Death of Dependent
- Dependent Student Status Change
- Divorce
- Domestic partnership creation
- Legal Separation
- HSA Benefit Change
- Dependent Gains Coverage (Remove Coverage)

If you are welcoming a newborn into the world, you'll select their date of birth as the life event date. If one of your dependents are losing coverage they had somewhere else, then the life event date would be the very first day they no longer have that other coverage. For this example, let's use the "Birth" life event.

## Report Life Event

Some changes in your life or employment can affect your benefits. For example, when you have a baby you may want to add him/her to your health coverage. Changes like these that are made outside of standard benefit enrollment are called Life Events. First, select the type of Life Event from the drop down list to indicate the reason you are making the change. When selecting a particular Life Event, you will be given additional information on the type of change for the Life Event.

### Select Life Event

- Adoption
- Birth**
- Death of Dependent
- Dependent Student Status Change
- Divorce
- Domestic partnership creation
- Employment Status Change
- Legal Separation
- HSA Benefit Change
- Change in Employment Level

### Birth

Congratulations and best wishes to you and the newest member of your family.

Birth is a qualified change in status, so you may make certain changes to your benefits. The coverage changes must be consistent with your change in status. Example: When you have a baby, you may change your medical coverage from single to family coverage.

#### Event Date \*

03/25/2025

18 Days left to make changes

#### Notes

Birth of Test Child.

← BACK

Continue

Next, you'll navigate to your own personal information page. You can edit a few select fields there if necessary. If no updates are needed, click the "Next: Review My Family" icon to enter your newborn child's information.

### Review the Dependent Information on file below

Dependents must be listed on this page to be enrolled in coverage.

**You may:**

- Add New Dependents
- Edit Existing Dependent Information
- Remove Existing Dependent

**By adding a dependent,** you are confirming that this a legal dependent, eligible for benefits under one or more of your available plans.

Adding an address for a dependent is only necessary if the child lives with a custodial parent who's address differs from your own.

#### Current Family Members

<p><b>Spouse Test</b></p> <p>Spouse</p> <p>Born 01/01/1981</p> <p><a href="#">View Details</a></p> <p><a href="#">Cannot Remove</a> <a href="#">Edit</a></p>	<p><b>Child Test</b></p> <p>Child</p> <p>Born 01/01/2020</p> <p><a href="#">View Details</a></p> <p><a href="#">Cannot Remove</a> <a href="#">Edit</a></p>	<p><b>+ Add Family Member</b></p>
--	--	-----------------------------------

[← BACK](#)

[Next: Shop for Benefits](#)

Be sure to fill out all of the relevant personal information for the child and click "Save".

Welcome Tony F ▾

### Please enter your Dependent Information

**By adding a dependent,** you are confirming that this a legal dependent, eligible for benefits under one or more of your available plans.

<p><b>Basic Information</b></p> <p>First Name * <input type="text" value="Child2"/> Middle Name <input type="text" value="Middle Name"/></p> <p>Last Name * <input type="text" value="Test"/> SSN <input type="text" value="998-99-8998"/></p> <p>Gender * <input type="text" value="Male"/> Birthdate * <input type="text" value="03/25/2025"/></p> <p>Relationship * <input type="text" value="Child"/></p>	<p><b>Additional Info</b></p> <p><input checked="" type="checkbox"/> Lives At Home <input type="checkbox"/> Enroll in Medicare</p>
---	--

CANCEL

Save

Once saved successfully, click on “Next: Shop for Benefits” to continue the process.

### Current Family Members

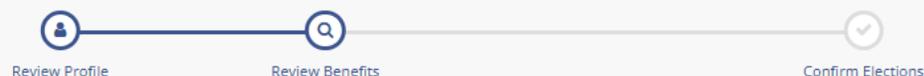
<p><b>Spouse Test</b> Spouse Born 01/01/1981 View Details Cannot Remove Edit</p>	<p><b>Child Test</b> Child Born 01/01/2020 View Details Cannot Remove Edit</p>	<p><b>Child2 Test</b> Child Born 03/25/2025 View Details Remove Edit</p>	<p><b>+ Add Family Member</b></p>
--	--	--	-----------------------------------

[← BACK](#)

[Next: Shop for Benefits](#)

On the Shop page, click into each plan that you wish to add the new dependent to. For a newborn, add them to the medical plan by clicking on “View or Change” next to that plan.

### Current Benefit Elections



- To **change an election**, click directly on the name of the benefit.
- To **complete enrollment**, click continue at the bottom of the page.

### Current Benefits Plan Year Effective from 01/01/2025 to 12/31/2025

#### Medical

Excellus  Standard Option D [View or Change](#)

#### Flexible Spending Account

 Flexible Spending Account - Medical [Review & Confirm](#)

You will notice here that there is a box unchecked for the new dependent. Simply click that check box and click “Update Cart” to formally add the child to the policy.

## Medical: Standard Option D

[← TO BENEFITS](#)

### Family Covered

[+ ADD FAMILY MEMBER](#)

<input checked="" type="checkbox"/> Yourself	<input checked="" type="checkbox"/> Spouse Test	<input checked="" type="checkbox"/> Child Test
<input type="checkbox"/> Child2 Test		
Employee		
+  Employee + 1 Dependent		
+  +  Employee + Children		



**Standard Option D**

[Update Cart](#)

Continue this process for all plans you would like to update due to this event, and then scroll down to "Review and Confirm" to get to the final steps in the process.

Once all plan changes meet your desired needs, click "Checkout".

### Dependent Care Reimbursement Account

+		Coverage Declined	<a href="#">View or Change</a>
---	--	-------------------	--------------------------------

Employer Contribution	
Benefits Cost	
Employer Credit Applied	
<a href="#">View Cost Breakdown</a>	
<b>Your Cost Per Pay Period</b>	<b>\$232.55</b>

*You must select or decline all coverages before moving on*

[Review and Checkout](#)

Once finished, you will see a confirmation in the middle of the page letting you know that you have successfully submitted the life event. You will then want to make sure you upload any documentation necessary for your HR to approve or deny your request. This will show up under your "To Do List" items highlighted below.

## Current Benefit Elections

### Life Event Changes Complete!

You have completed the life event changes to your benefits.

Need a copy of your benefits confirmation statement?

Send by Email



The coverage details listed below are the current active elections on file for you and your dependents.

- If you believe there is an error in your statement, please contact your Benefits Administrator.
- If you need to make changes due to a qualifying life event, please click on the Life Event link to the left.

Click on the icons below to print your confirmation statement or generate a pdf file.

## Your To-Do List <sup>2</sup>

<input type="checkbox"/> Upload the required document for Child2 Test by May 22 2025	Open	>
--	------	---

You can then upload a birth certificate as proof of relationship for this life event. Files must not exceed 5 MB in size. Once that is submitted you are all set and your employer will approve or deny your life event accordingly!

## My Documents

The following documents have been requested from you. Please be aware that acceptance of enrollment in any number of benefits may rely on your submitting the requested documents in a timely fashion.

### Required Documents

Select Document Type:  
Adoption Certificate/Court Order

Child2 Test

Please provide a birth certificate.



Drag document here  
or click to browse

Files must not exceed 5MB in size. For optimal performance please select files of 3MB or less.

The document(s) requested in this section must be submitted by 12 AM EST on **05/18/2025** or else the following elected benefit(s) will be subject to termination: **Medical**

Select Document Type:  
Adoption Certificate/Court Order

Child Test

Please provide a birth certificate.



Drag document here  
or click to browse

Files must not exceed 5MB in size. For optimal performance please select files of 3MB or less.

The document(s) requested in this section must be submitted by 12 AM EST on **05/18/2025** or else the following elected benefit(s) will be subject to termination: **Dental, Medical, Vision**

If you have any questions about your benefits or the enrollment process contact your Human Resources department at:

Phone - (585) 292-2048

Email - [mcchrbenefits@monroecc.edu](mailto:mcchrbenefits@monroecc.edu)