

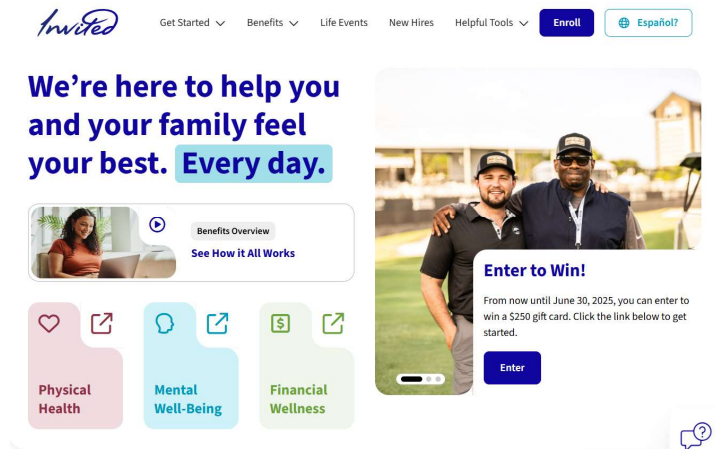
Invited

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Getting Started

Go to Invited Benefits Portal at:
www.InvitedBenefits.com
(available in English and Spanish)



Review the “Get Started” section before Enrolling.

Benefit Guide: Comprehensive list of benefits with detailed information. Many answers to your questions can be found here!

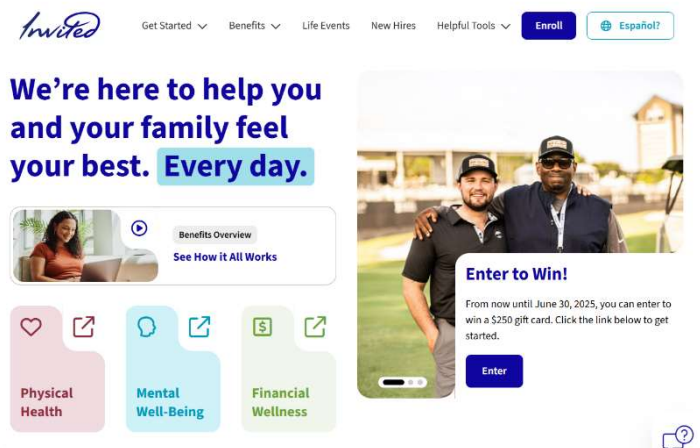
Know Before You Enroll: Important tips to help you navigate enrollment, dependent eligibility and verification requirements, and coverage dates.



Get Started Benefits Life Events New Hires Helpful Tools Enroll Español?

Schedule Appointment: Set aside time to speak to a licensed benefits counselor who can answer questions and assist in benefits selections.

Click “Enroll” to proceed to Self-Enrollment.



Getting Ready to Enroll

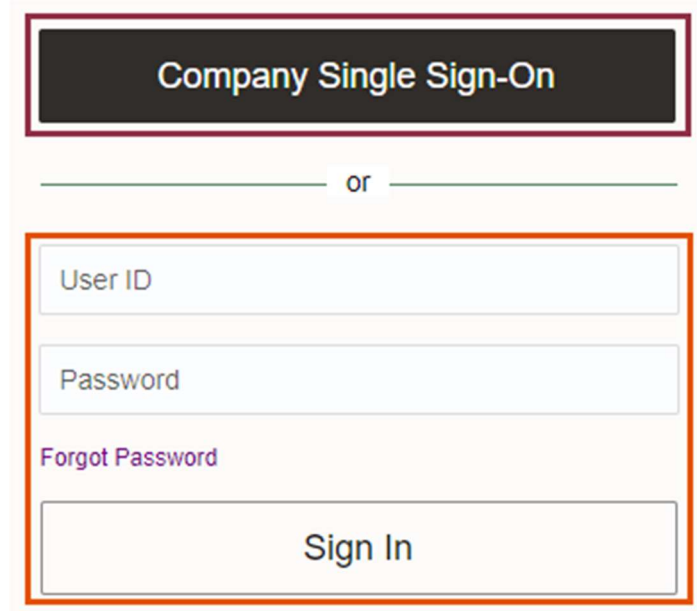
Login to Oracle HCM. Oracle can also be accessed at myclublifeonline.com.

Have an InvitedClubs.com email? Click the “Company Single Sign On” button.

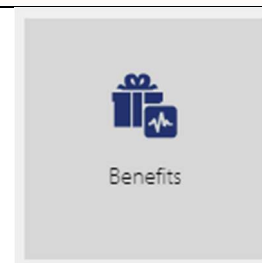
Don’t have an InvitedClubs.com email? Enter your User ID and Password. Then click the “Sign In” button.

User IDs are **firstname.lastname** but may include a number or middle initial if more than one match exists. Example **firstname.m.lastname**

Use the “Forgot Password” link to reset your password. Password reset emails are sent to the email address in your Oracle HCM profile. If you are unsure of what that is or don’t have access to that email, contact the Help Desk at **(972) 888-7777**.

A screenshot of the 'Company Single Sign-On' login page. At the top, there's a dark header with the text 'Company Single Sign-On'. Below it, a horizontal line with the word 'or' in the center. Underneath, there are two input fields: 'User ID' and 'Password'. Below the 'Password' field is a link that says 'Forgot Password' in purple. At the bottom of the form is a large 'Sign In' button.

From the “Me” dashboard, click the “Benefits” app.



Click the “Before You Enroll” under Quick Actions section.



Click “+” to create new contacts. For detailed steps to adding Dependents, skip to [Full Steps for Entering Dependents](#).



People you wish to cover under any type of insurance and any Organizations you want set up as Beneficiaries **MUST BE ENTERED BEFORE YOU BEGIN ENROLLING**. Failure to do so will require you to restart the enrollment process and redo all your selections.

Enter all required information will indicate “Required”. **Social Security Number for the Dependent is Required for active coverage.**

* Required

You may also mark someone as an Emergency Contact. If the new contact is an Emergency Contact, at least one phone number is required. **AREA CODE AND PHONE NUMBER MUST BOTH BE ENTERED.**



To enter the Social Security Number, you must first select a Country.

Click “Submit” to save your Dependents/Beneficiaries.

Country

United States

* National ID Type

Select a value

* National ID

After you create ALL People to Cover and Beneficiary Organizations, click “Enroll Now”

Enroll Now

Attestations and Benefits Selections

Answer the informational only question if you have completed a Diagnostic Screening by clicking “Pencil Icon” and selecting Yes or No for surcharge.

The default option for surcharges is “Yes”, this is for informational purposes only to view your total cost if you and your covered spouse do not complete a diagnostic screening.

Click Continue to save your options.

Select Medical Benefits by clicking the “Pencil icon” button and making your selection. A green “Enrolled” word confirms your selection. Refer to the benefits booklet for full plan details.

Medical

<p>SimplePay Medical Plan</p> <p>\$79.38</p> <p>Employee Only</p> <p>Click Here to Enroll View Details</p>	<p>HEDWP Medical Plan</p> <p>\$43.92</p> <p>Employee Only</p> <p>Click Here to Enroll View Details</p>	<p>Choice Plus Medical Plan</p> <p>\$104.37</p> <p>Employee Only</p> <p>Click Here to Enroll View Details</p>
<p>Healthy Start MEC Medical Plan</p> <p>\$29.00</p> <p>Employee Only</p> <p>Click Here to Enroll View Details</p>	<p>I do not wish to enroll in a Medical Plan</p> <p>Click Here to Enroll</p>	

Enrolled

If you are choosing additional people to cover, be sure to check the box next to their name to include them in the selected plan.

Who do you want to cover?

Select All

☒ Dependent Name (Child)

☒ Spouse Name (Spouse)

Save

Continue

After selecting your plan and other people to cover (if applicable), click “Save” and then “Continue” to save your selection.

Select Dental Benefits by clicking the “Pencil Icon” button and making your selection. You may also waive coverage by checking the appropriate box.

If you are choosing additional people to cover, be sure to check the box next to their name to include them in the selected plan.



Who do you want to cover?

Select All

☒ Dependent Name (Child)

☒ Spouse Name (Spouse)

After checking the desired box, click “OK” and then “Continue” to save your selection.

Save

Continue

Select Vision Benefits by clicking the “Pencil Icon” button and making your selection. You may also waive coverage by checking the appropriate box.

If you are choosing additional people to cover, be sure to check the box next to their name to include them in the selected plan.



Who do you want to cover?

Select All

☒ Dependent Name (Child)

☒ Spouse Name (Spouse)

After checking the desired box, click “Save” and then “Continue” to save your selection.

Save

Continue

Select Flexible Spending Accounts (FSAs) options by clicking the “Pencil Icon” button and making your selections.

This section includes Health Care FSA and Dependent Care FSA. You may also waive coverage by checking the appropriate box.

Follow the instructions to enter valid dollar amounts.

Health Care FSA

Coverage

26 to 3300, in increments of 1

Dependent Care FSA

Coverage

26 to 5000, in increments of 1

After checking the desired box, click “Save” and then “Continue” to save your selection.

Save

Continue

Select Health Savings Accounts (HSA) options by clicking the “Pencil Icon” button and making your selections.

This section includes Health Savings account separated by Employee Only or Family Plans. You may also waive coverage by checking the appropriate box.

Follow the instructions to enter valid dollar amounts.

Health Savings Account

Health Savings Account

I do not wish to enroll in a HSA Plan

After checking the desired box, click “Save” and then “Continue” to save your selection.

Save

Continue

Select Commuter Benefits options by clicking the “Pencil Icon” button and making your selections.

This section includes Parking and Transit Plans. You may also waive coverage by checking the appropriate box.

Follow the instructions to enter valid dollar amounts.

After checking the desired box, click “Save” and then “Continue” to save your selection.

Commuter Benefits

Commuter Benefits Parking

I do not wish to enroll in a Communter Benefits Parking

Commuter Benefits Transit

I do not wish to enroll in a Communter Benefits Transit

Save

Continue

Select Life Insurance options by clicking the “Pencil Icon” button and making your selections.

This section includes Basic Life/Accidental Death and Disability, and Supplemental Life for Employees, Spouse, and Children.

You are automatically enrolled in Basic Life/Accidental Death and Disability paid by Invited. You **must** designate a beneficiary. Divide the proceeds of your benefits among as many beneficiaries as you like.

Spouse and Child Coverage are **not** available unless the Employee is also covered. You may also waive coverage by checking the appropriate box.

Follow the instructions to enter valid dollar amounts.

Basic Life/Accidental Death and Disability

Automatic Basic Life/Accidental Death and Disability

⚠ You haven't designated any beneficiaries yet.

Unenroll

View Details



Beneficiaries

Dependent Name (Child)

Primary

%

Contingent

%

Spouse Name (Spouse)

Primary

%

Contingent

%

After checking the desired box, click “Save” and then “Continue” to save your selection.

Save

Continue

Select Disability options by clicking the “Pencil Icon” button and making your selections.



This section includes Short-Term Disability. You may also waive coverage by checking the appropriate box.

Short-Term Disability

Short-Term Disability

\$16.31

Short Term Disability Plan - 60%

[Click Here to Enroll](#)

[View Details](#)

Enrolled

I do not wish to enroll Short-Term Disability

[Unenroll](#)

Save

Continue

Select Voluntary Plan Options by clicking the “Pencil Icon” button and making your selections.

If you are choosing additional people to cover, be sure to check the box next to their name to include them in the selected plan.

Accident - CI - Hospital

Voluntary Accident

I do not wish to enroll in a Voluntary Accident Plan

Voluntary Critical Illness

I do not wish to enroll in a Voluntary Critical Illness Plan

Voluntary Hospital Indemnity

I do not wish to enroll in a Voluntary Hospital Indemnity Plan

Who do you want to cover?

[Select All](#)

☒ Dependent Name (Child)

☒ Spouse Name (Spouse)

After checking the desired box, click “Save” and then “Continue” to save your selection.

Save

Continue

Select Legal Plan Options by clicking the “Pencil Icon” button and making your selections.

Select your desired coverage option. You may also waive coverage by checking the appropriate box.

Legal/ID Theft

Legal Plan

I do not wish to enroll in a Legal Plan

After checking the desired box, click “Save” and then “Continue” to save your selection.

Continue

Review Your Elections and your Total Cost Per Pay Period at the top-right of the Benefits Enrollment Options page.

Total Cost per Pay Period	\$60.00
Pretax	\$60.00
After Tax	\$0.00
Annual Cost	\$1,560.00

NOTE: This amount only reflects Employee coverage. The amount will be updated once dependent eligibility is verified and Proof/Statement of Health is approved.

Click "Submit" to save your Benefits Enrollment selections.

Submit

Print the confirmation page for your records.

If you have others covered in any insurance, you must proceed to Dependent Eligibility Verification below.

Enrollment submitted

You can go ahead and enroll in other benefits that are available to you. Or you can continue with the rest of the process.

You may see post-enrollment pending actions items.

Post-enrollment



Complete pending actions

Click the Pending Actions drop down arrow to review any required tasks.

If you have others covered under any insurance plan, you must submit verification documents if you have not already to confirm they are eligible for coverage.

Click the Pencil Icon to drag and drop dependent document for each pending action requiring verification documents. Click "Save" when done.

To load a different type of documentation, click the Back Arrow to return to the Benefits App in Oracle and proceed to Dependent Verification.



Document Type

Marriage certificate

Description

Documents associated with benefits certification - Marriage certificate

Drag and Drop

Select or drop files here.

URL

Add URL

Cancel

Save

Dependent Eligibility Verification

Click the "Document Records" from Quick actions.



Document Records

Click the "Add" button to begin the dependent verification process.

Select the document type from the dropdown menu.

Document Type

Required

Upload documents by clicking the by dragging documents into the box under the "Drag and Drop" area.

Attachments

Drag and Drop

Select or drop files here.

Click "Submit" to save your document to your HR file.

Submit

NOTE: All documents are reviewed for validity. Dependents will not be covered until documentation is verified.

PRINT YOUR ENROLLMENT CONFIRMATION

You will receive an email confirming your Benefits enrollment. Click “Summary” to see what you selected and **PRINT** your selections.

Email will generate automatically and sent from:
ecwl-test.fa.sender@workflow.mail.us2.cloud.oracle.com

You have successfully selected your benefits for ClubCorp Benefit Program. See a [summary](#) of what you selected, and **PRINT** your selections.

You can go to [pending actions](#) to check the following:


- Pending actions related to your benefit selections.
- Suspensions or interim benefits that require you to close a pending action.

Please note: Surcharge Plan selections will be audited to ensure alignment to the Preventative Diagnostic Screening attestation. Should there be a conflict your plan selection will be automatically updated to match your attestations.

To learn more about how to complete the Preventative Diagnostic Screening - please visit: www.invitedbenefits.com/diagnosticscreening/

Don't reply to this automated message. For more information, contact [Need Help? Contact Us](#).

Thank you,
The Invited Benefits Team



Full Steps for Entering Dependents

Click the “+ ” button.



Enter the person’s Information

Required Fields:
Last Name
First Name
Relationship
What’s the start date of this relationship?
Gender
Date of Birth
Address
Social Security Required for dependents over 3 months old
Disability Status – If your dependent has a disability, select that here so eligibility of disability benefits can be confirmed

NOTE: You can also mark a person as an Emergency Contact by checking the box in this section. If a contact is made an Emergency Contact, at least one phone number is required.

New Contact

Basic info

Global Name

Last Name

First Name

Title

Prefix

Suffix

Middle Name

Address

Preferred Name

Preferred Last Name

Relationship

Relationship

What's the start date of this relationship?

Gender

Date of Birth

This person is an emergency contact

Additional info

Student Status

Disability Type

Disability Status

Emergency Contact

Phone

Complete the Phone details section as desired/required for Emergency Contacts.

Select a Country from the dropdown.
Select a Phone Type from the dropdown.

Required Fields:

Area Code

Number

NOTE: Area Code and Phone Number are separate fields.
Please enter both.

Select an Email Type from the dropdown.

Required Field:

Email

Select an Address from the dropdown of your existing addresses or create a new address by clicking “Enter a New Address” and entering the required data.

Required Fields:

Country

Type

Address Line 1

City

State

Postal Code

County

Enter the person’s Social Security Number by first selecting the Country from the dropdown.

Required Fields:

Country

National ID Type

National ID

Click “Submit” to save your Dependent/person you want to cover.

Communication

Phones

Type

Home Mobile Phone

Country

United States 1

*Area Code

*Number

Email

Type

Work Email

Extension

*From Date

10/26/22

To Date

m/d/yy

Email details

Type

Address

☒ Use My Address

☐ Enter a New Address

Select a value

Social Security Number

Country

United States

*National ID Type

Select a value

*National ID

Issue Date

m/d/yy

Expiration Date

m/d/yy

Submit