



center for nonprofit  
advancement

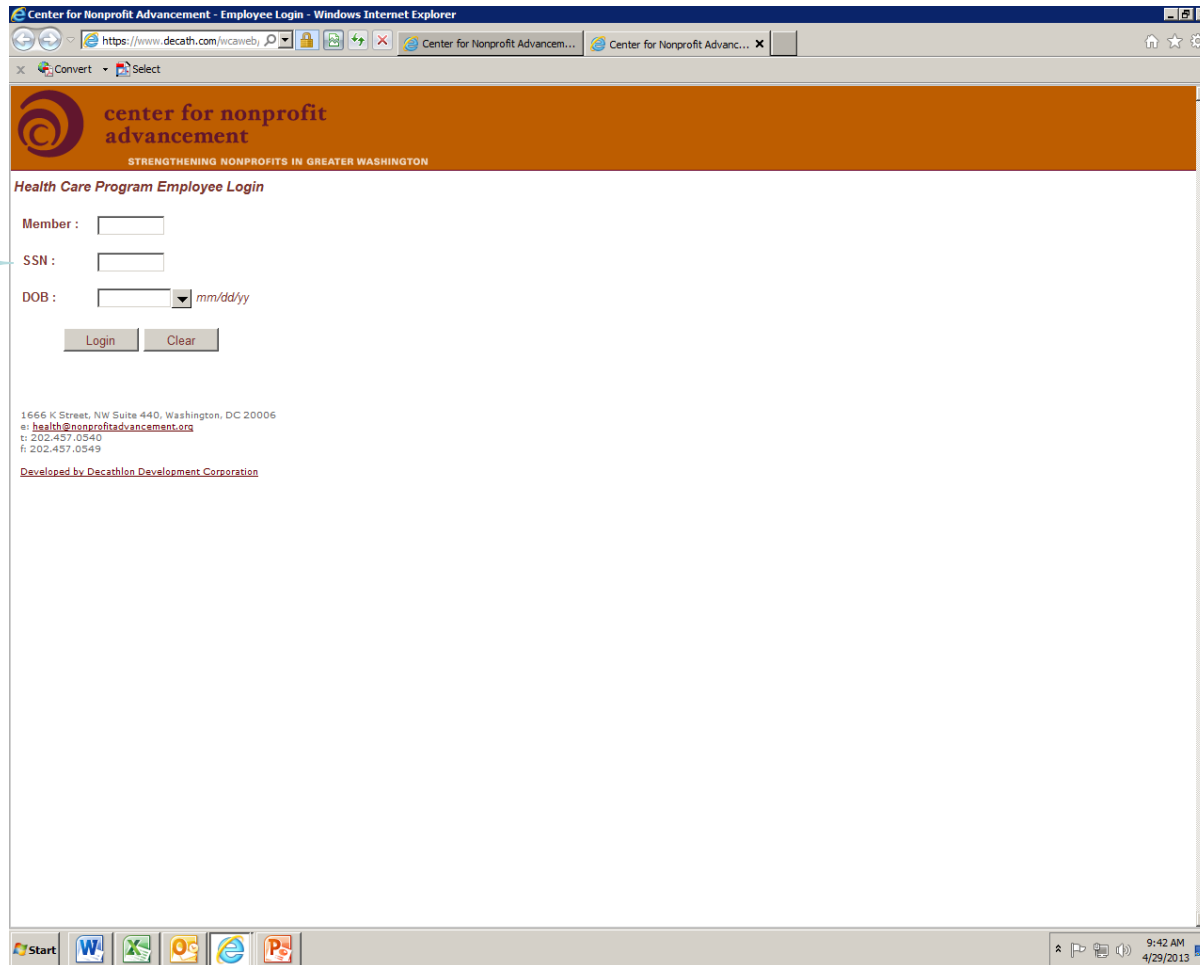
**STRENGTHENING NONPROFITS IN GREATER WASHINGTON  
EDUCATION • NETWORKING • ADVOCACY • BUYING POWER**

# Employee Open Enrollment System

# Employee Open Enrollment System

You must enter:

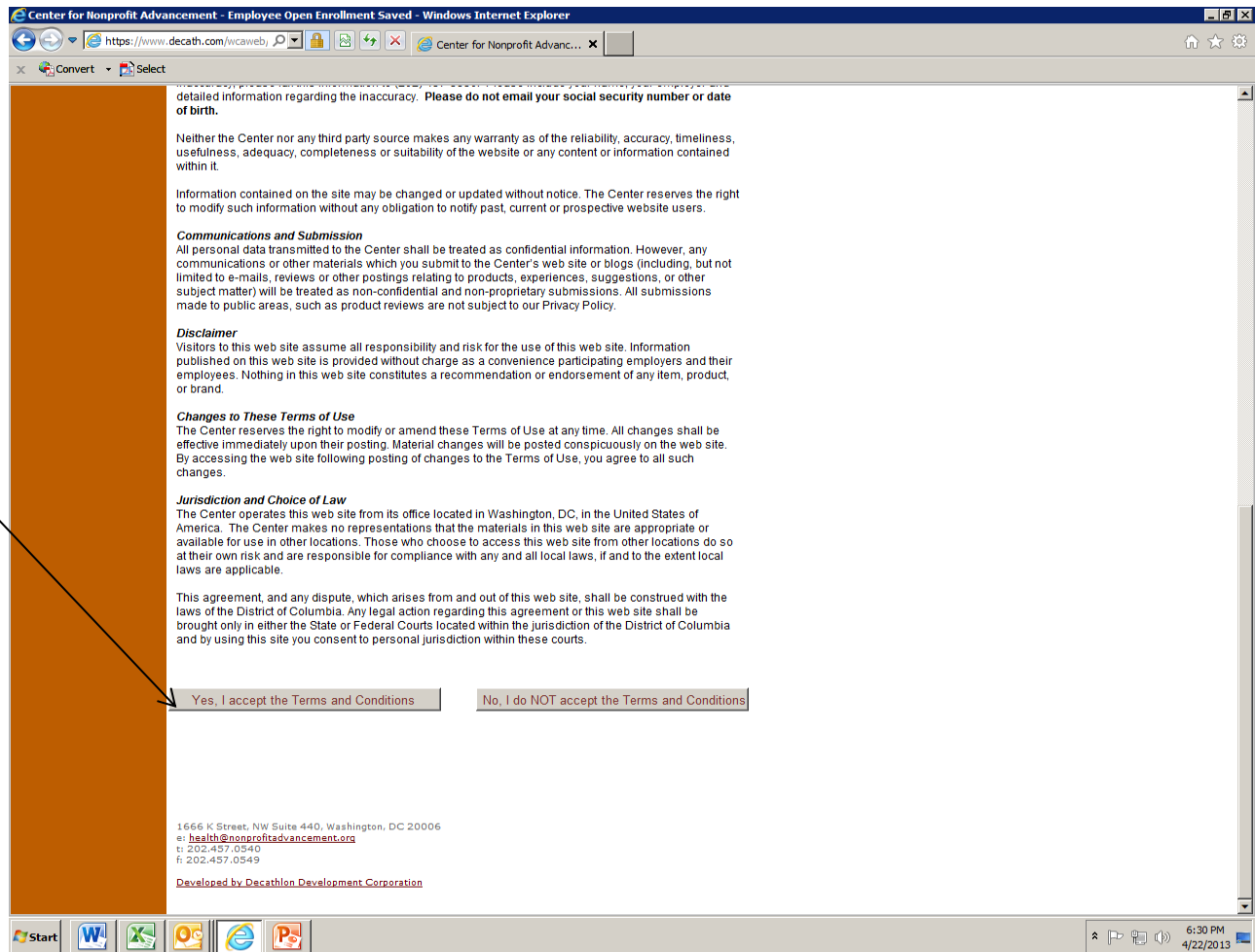
1. Member ID:  
**0003146**
2. Your Social Security Number
3. Your Date of Birth



The screenshot shows a web browser window titled "Center for Nonprofit Advancement - Employee Login - Windows Internet Explorer". The address bar shows the URL "https://www.decathlon.com/wcaweb/". The page features the Center for Nonprofit Advancement logo and the tagline "STRENGTHENING NONPROFITS IN GREATER WASHINGTON". Below the header, the page is titled "Health Care Program Employee Login". It contains three input fields: "Member :", "SSN :", and "DOB :". The "DOB :" field has a dropdown menu showing "mm/dd/yy". Below the input fields are "Login" and "Clear" buttons. At the bottom of the page, there is contact information: "1666 K Street, NW Suite 440, Washington, DC 20006", "e: [health@nonprofitadvancement.org](mailto:health@nonprofitadvancement.org)", "t: 202.457.0540", "f: 202.457.0549", and "Developed by Decathlon Development Corporation". The Windows taskbar at the bottom shows the Start button and icons for Word, Excel, Outlook, Internet Explorer, and PowerPoint. The system clock in the bottom right corner shows "9:42 AM 4/29/2013".

# Employee Open Enrollment System

Read “Terms and Conditions” and click “Yes” button to enter the website



# Employee Open Enrollment System

The system will open up to show the current active plans.

If you are not enrolled in a plan it will show "none".

You can change plans offered by your employer and change your coverage (i.e. single to employee/spouse).

Review to add or drop new dependents before you change coverage (see instructions on pages 9-11)

Center for Nonprofit Advancement - Open Enrollment - Windows Internet Explorer

https://www.decath.com/wcawebj... Center for Nonprofit Advanc... Professional Development & Ev...

Convert Select

**center for nonprofit advancement**  
STRENGTHENING NONPROFITS IN GREATER WASHINGTON

**Open Enrollment**  
Coverage Report  
Address/Phones  
Dependents  
Logoff

**Open Enrollment**  
\*\*\*-3535 - TESTING, TEST

**Health**

Plan : KP HMO Select Coverage : EMP/CHILD

Dependents

Name	Covered	PCP	Current Patient
TESTING, TEST	<input checked="" type="checkbox"/>		<input type="checkbox"/>
TESTING, SPOUSE	<input checked="" type="checkbox"/>		<input type="checkbox"/>
TESTING, CHILD	<input checked="" type="checkbox"/>		<input type="checkbox"/>

Are you or any covered dependent covered by another group health insurance plan? No

Other Company :  
Other Company Phone # :  
Other Company Policy # :

**Dental**

Plan : None Coverage : SINGLE

Covered Dependents

Name	Covered	PCP	Current Patient
TESTING, TEST	<input checked="" type="checkbox"/>		<input type="checkbox"/>
TESTING, SPOUSE	<input checked="" type="checkbox"/>		<input type="checkbox"/>
TESTING, CHILD	<input checked="" type="checkbox"/>		<input type="checkbox"/>

Are you or any covered dependent covered by another group dental insurance plan? No

Other Company :  
Other Company Phone # :  
Other Company Policy # :

**Vision**

Plan : Advantica Coverage : SINGLE

Start W X O E P

5:52 PM 4/29/2013

Click the drop down button to see the options available by your employer through health, dental and vision.


You cannot make changes to voluntary life insurance online. See your employer for additional instructions.

# Employee Open Enrollment System

https://www.decath.com/wcaweb/wcaweb.dll/CoveragePDF?PDFCount=0422131822321 - Windows Internet Explorer

https://www.decath.com/wcaweb/wcaweb.dll/CoveragePDF?PDFCount=0422131822321

Convert Select



**center for nonprofit advancement**

**TESTING, TEST**

**Open Enrollment - Effective 07/01/13**

**TESTING, TEST**

Address : 1 Main Street  
Towson, MD 21204

Home Phone : 410-123-1234

Work Phone : 410-587-5455

DOB : 01/01/1970

Hired : 01/21/2009

Marital Status : Single

Sex : Male

Medicare # :

Plan Types	Current Coverage through 06/30/13		New Coverage as of 07/01/13	
	Plan/Coverage	PCP	Plan/Coverage	PCP
HEALTH	GABC/SINGLE		None	
DENTAL	None		None	
VISION	None		None	
BASIC LIFE	None		None	
ADD LIFE	None		None	

*The Open Enrollment period is May 1 to June 14 annually. All Open Enrollment additions, changes and/or terminations are binding from July 1 to June 30 annually.*

*Any new enrollments submitted after June 14 will incur a \$100 processing fee.*

*No Open Enrollment forms submitted after June 30 will be processed by the Center.*

Start W X O E 6:34 PM 4/22/2013

You can view/print a report of your current benefits and changes at any time.


# Employee Open Enrollment System

Center for Nonprofit Advancement - Employees - Windows Internet Explorer

https://www.decath.com/wcaweb/

Center for Nonprofit Advancement

Convert Select

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**Open Enrollment**  
Coverage Report  
**Address/Phones**  
Dependents  
Logoff

*Edit Address / Phones*

(\* = required field)

Address 1 : \*

Address 2 :

City, State, Zip : \*

Home Phone :

Business Phone :

1666 K Street, NW Suite 440, Washington, DC 20006  
e: [health@nonprofitadvancement.org](mailto:health@nonprofitadvancement.org)  
t: 202.457.0540  
f: 202.457.0549  
[Developed by Decathlon Development Corporation](#)

Start W X O E P

6:37 PM  
4/22/2013

You can update  
your address,  
work and home  
telephone  
numbers

# Employee Open Enrollment System

Center for Nonprofit Advancement - Dependents - Windows Internet Explorer

https://www.decathlon.com/wcawebj/

Center for Nonprofit Advancement

Convert Select

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STRENGTHENING NONPROFITS IN GREATER WASHINGTON

Open Enrollment  
Coverage Report  
Address/Phones  
Dependents  
Logoff

**TESTING, TEST Dependents**  
To perform an action, click on the Dependent and press the appropriate button.

\*\*\*.\*\*-3535 - TESTING, TEST

SS #	Name	Type
------	------	------

No Data Found

Edit Add

1666 K Street, NW Suite 440, Washington, DC 20006  
e: [health@nonprofitadvancement.org](mailto:health@nonprofitadvancement.org)  
t: 202.457.0540  
f: 202.457.0549  
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Start W O E P

6:40 PM 4/22/2013

Click this button to view current dependents

Click this box to edit dependent information (name)

Click this button to add a dependent

# Employee Open Enrollment System

Add Dependent

Center for Nonprofit Advancement - Dependents - Windows Internet Explorer

https://www.decath.com/wcawebj... Center for Nonprofit Advanc... Professional Development & Ev...

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Open Enrollment  
Coverage Report  
Address/Phones  
Dependents  
Logoff

**Add Dependent**

(\* = required field)

Employee : \*\*\*-\*\*-3535 - TESTING, TEST

SS # : \* [\*\*\*-\*\*-\*\*\*\*]

Name : [ ] [TESTING]

Type : [Child] Sex : [Male]

DOB : [01/01/70] [mm/dd/yy]

Married : [ ] [mm/dd/yy]

Disabled : [ ] College : [ ]

Medicare # : [ ]

[Add] [Reset] [Cancel]

1666 K Street, NW Suite 440, Washington, DC 20006  
e: [health@nonprofitadvancement.org](mailto:health@nonprofitadvancement.org)  
t: 202.457.0540  
f: 202.457.0549  
Developed by Decathlon Development Corporation

You must add SS #, first name, middle initial, type of dependent (child, spouse or domestic partner), sex and date of birth (last name is defaulted to the employees last name).

Start W O E P 5:58 PM 4/29/2013



# Employee Open Enrollment System


Edit Dependent  
information

Center for Nonprofit Advancement - Dependents - Windows Internet Explorer

https://www.decath.com/wcawebj/

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STRENGTHENING NONPROFITS IN GREATER WASHINGTON

Open Enrollment  
Coverage Report  
Address/Phones  
Dependents  
Logoff

**Add Dependent**

(\* = required field)

Employee : \*\*\*-\*\*-3535 - TESTING, TEST

SS # : \*

Name :

Type :  Sex :

DOB :  mm/dd/yy

Married :  mm/dd/yy

Disabled : ☐ College : ☐

Medicare # :

1666 K Street, NW Suite 440, Washington, DC 20006  
e: [health@nonprofitadvancement.org](mailto:health@nonprofitadvancement.org)  
t: 202.457.0540  
f: 202.457.0549  
Developed by Decathlon Development Corporation

You can edit SS #, name, sex, date of birth and date of marriage (last name is defaulted to the employees last name).

# Employee Open Enrollment System

Center for Nonprofit Advancement - Open Enrollment - Windows Internet Explorer

https://www.decath.com/wcawebj

Center for Nonprofit Advanc... Professional Development & Ev...

Convert Select

Other Company Policy # :

**Vision**

Plan : Advantica Coverage : SINGLE

Covered Dependents

Name	Covered	PCP	Other
TESTING, TEST	<input checked="" type="checkbox"/>		<input type="checkbox"/>
TESTING, SPOUSE	<input type="checkbox"/>		<input type="checkbox"/>
TESTING, CHILD	<input type="checkbox"/>		<input type="checkbox"/>

Are you or any covered dependent covered by another group vision insurance plan? No

Other Company :

Other Company Phone # :

Other Company Policy # :

In the past 10 years have you or any family member been treated for injuries from an accident? No

**Basic Life**

Plan : Assurant Basic Life1 Coverage : SINGLE

**Additional Life**

Plan : None Coverage : SINGLE

Voluntary life enrollments and/or increases in coverage must be reviewed and processed by the Center for Nonprofit Advancement's Benefits Trust. The primary contact of your organization should forward your complete enrollment form to the Center.

Save Reset

1666 K Street, NW Suite 440, Washington, DC 20006  
e: [health@nonprofitadvancement.org](mailto:health@nonprofitadvancement.org)  
t: 202.457.0540  
f: 202.457.0549

Developed by Decathlon Development Corporation

Start W X O E P

6:23 PM 4/29/2013

Make sure you save any changes you make to your benefits

# Employee Open Enrollment System

View the **Coverage Report** to confirm your selections.

https://www.decath.com/wcaweb/wcaweb.dll/CoveragePDF?PDFCount=04221318223221 - Windows Internet Explorer

https://www.decath.com/wcaweb/wcaweb.dll/CoveragePDF?PDFCount=04221318223221

Convert Select

**center for nonprofit advancement**

**Open Enrollment - Effective 07/01/13**

**TESTING, TEST**

**Address :** 1 Main Street  
Towson, MD 21204

**DOB :** 01/01/1970

**Hired :** 01/21/2009

**Marital Status :** Single

**Sex :** Male

**Medicare # :**

**Home Phone :** 410-123-1234

**Work Phone :** 410-587-5455

Plan Types	Current Coverage through 06/30/13		New Coverage as of 07/01/13	
	Plan/Coverage	PCP	Plan/Coverage	PCP
HEALTH	GABC/SINGLE		KP HMO Select/EMP/CHILD	
DENTAL	None		None	
VISION	None		None	
BASIC LIFE	None		Assurant Basic Life1/SINGLE	
ADD LIFE	None		None	

**Dependents**

**Name :** TESTING, MARK

**Type :** Child **DOB :** 01/01/2012 **Sex :** Male

**Marriage Date :** **Medicare # :** **College :** No **Disabled :** No

Plan Types	Current Coverage through 06/30/13		New Coverage as of 07/01/13	
	Plan/Coverage	PCP/Benefit	Plan/Coverage	PCP/Benefit
HEALTH	None		KP HMO Select/EMP/CHILD	
DENTAL	None		None	
VISION	None		None	
BASIC LIFE	None		None	
ADD LIFE	None		None	

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Start W O e P 6:50 PM 4/22/2013