

Human Resources Service Center (HRSC)



The graphic is a blue-bordered box with a white background, containing various contact and service information for the HRSC. It includes icons for online access, email, and phone service, along with a screenshot of the Lawson Employee Space website. The text is organized into sections for online, email, and phone access, each with specific instructions and contact details.

Easy, fast, secure access to your HR Information.

myHR
HR Service Center
1-844-202-3016
(716) 706-2595 Fax
myhr@chsbuffalo.org

Catholic Health

online 24/7

Log on to Lawson Employee Space at:
chsbuffalo.org/associates
(or from the Favorites Tab → Lawson EBP)

Send a message or scan to an HR Specialist at:
myhr@chsbuffalo.org

by phone M-F 7:00 am to 5:00 pm

Call 1-844-202-3016 to speak with an HR Specialist.

144 Genesee Street, Floor 5, Buffalo, NY 14203

HRSC Teams

Data Analytics: handles reporting

Talent Acquisition: handles onboarding and new hires

Total Rewards: handles benefits and time accrual (PTO)

Lawson Employee Space

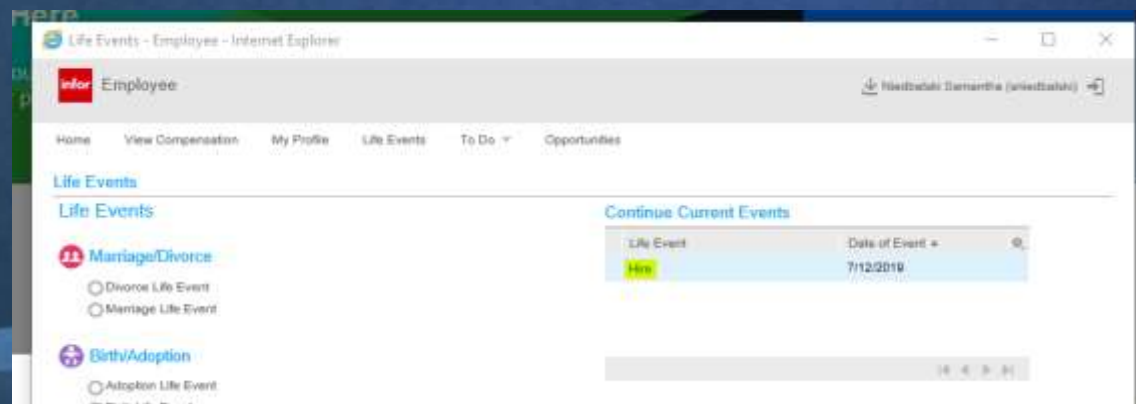
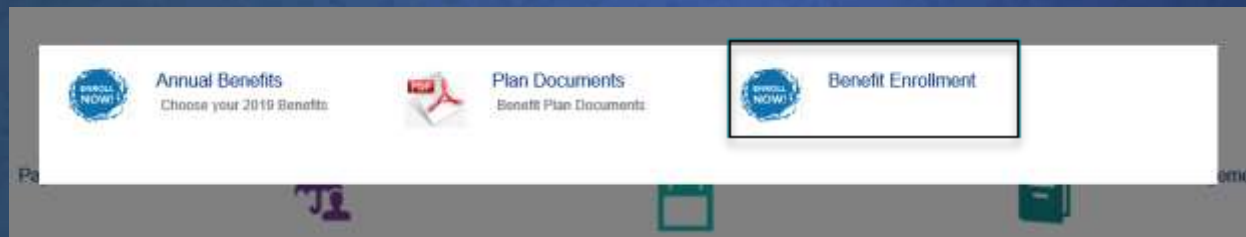
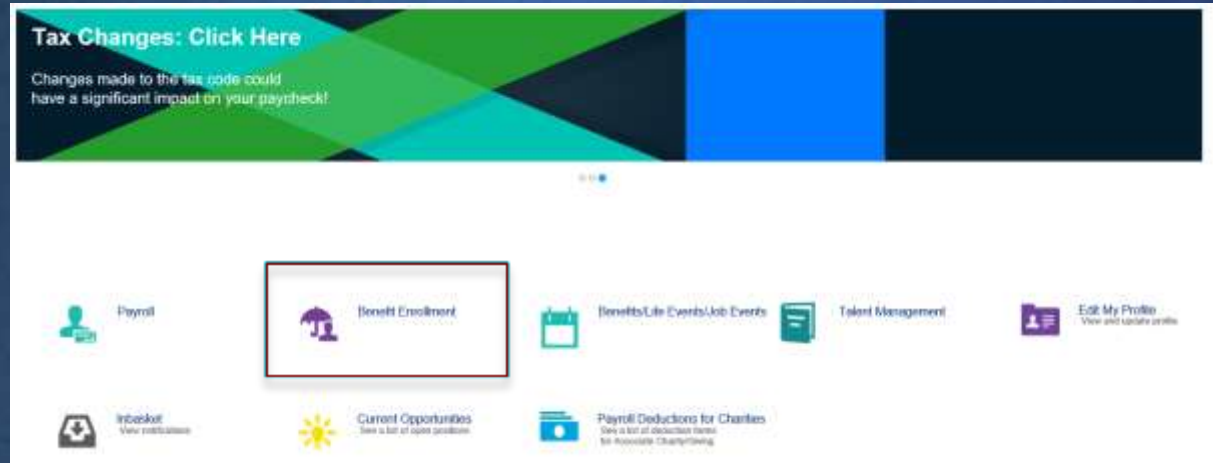
- Things to remember when logging into Employee Space to enroll in benefits
 - When logging in from home:
 - You can only use a computer – phones and tablets are not compatible with the Lawson software
 - Internet Explorer and Mozilla Firefox are the only two supported browsers. You will not be able to complete your enrollment using Google Chrome, Safari, etc.
 - When logging in from work:
 - If you don't regularly access a computer in your job, there are computer labs at each site that you can use to access your Employee Space to enroll in your benefits.

Logging on to Employee Space



You will receive your AD login information within the first few days of being employed with CH

Accessing your New Hire Enrollment Event



Enrolling

All dependent verification documents must be uploaded here or emailed directly to this email myhr@chsbuffalo.org in order for dependents to be covered on CH plans

Dependent verification documents include, but are not limited to, marriage certificates, birth certificates, etc.

The screenshot shows a web browser window with the title 'Samantha Niedbalski - 150361 - Hire - Friday, July 12, 2019 - Employee - Internet Explorer'. The page is titled 'Employee' and has a navigation bar with links: Home, View Compensation, My Profile, Life Events, To Do, and Opportunities. Below the navigation bar, the user's name and ID are displayed: 'Samantha Niedbalski - 150361 - Hire - Friday, July 12, 2019'. The main content area is divided into two columns. The left column contains a list of links: Life Event Details, Instructions, Current Benefits, Dependents, Beneficiaries, Enrollment, and Review And Submit. The right column is titled 'Life event details' and contains the following information: Life Event: Hire, Event Date: 7/12/2019, Enrollment Period: 6/11/2019 - 8/12/2019. Below this information are three input fields: 'Marriage Certificate if applicable:', 'Birth Certificates if applicable:', and 'Dependent's SSN if applicable:'. Each field has a small icon to its right. At the bottom right of the page, there are two buttons: 'Previous' and 'Next'.

Enrolling

Samantha Niedbalski - 150361 - Hire - Friday, July 12, 2019 - Employee - Internet Explorer

infor Employee

Home View Compensation My Profile Life Events To Do Opportunities

Samantha Niedbalski - 150361 - Hire - Friday, July 12, 2019

- Life Event Details
- Instructions
- Current Benefits
- Dependents
- Beneficiaries
- Enrollment
 - Health Coverage
 - Dental
 - Vision
 - Voluntary Life
 - Dependent Life
 - Spouse Life
 - Flexible Spending
 - LTD

This page will allow you to make your benefit elections through Catholic Health!

You are almost done with the enrollment process.

Enrollment Work Sheet

Click PDF image to print out work sheet of available plans to choose from.

Previous Next

infor Employee

Home View Compensation My Profile Life Events To Do Opportunities

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Enroll Dependents Additional Information

Select..	Plan	Options
<input type="checkbox"/>	First Choice Original F Associate & Child(ren)	
<input checked="" type="checkbox"/>	First Choice Origins Family	
<input type="checkbox"/>	First Choice High Ded Associate Only	
<input type="checkbox"/>	First Choice High Ded Associate & Spouse	
<input type="checkbox"/>	First Choice High Ded Associate & Child(ren)	
<input type="checkbox"/>	First Choice High Ded Family	
<input type="checkbox"/>	Health Plan Waive	

View Plan Document

Benefit Start: 8/1/2019

Number Of Contributions: 26

Review And Submit

Remember to add all dependent social security numbers, which are referred to as Identification Numbers in Employee Space

Review and Submit

Employee

Home View Compensation My Profile Life Events To Do Opportunities

Samantha Niedbelski - 150361 - Hire - Friday, July 12, 2019

Life Event Details

Instructions

Current Benefits

Dependents

Beneficiaries

Enrollment

Health Coverage

Dental

Vision

Voluntary Life

Dependent Life

Spouse Life

Flexible Spending

LTD

Review And Submit

Submit

Errors, Warnings, And Messages

Warnings

- Voluntary Associate Life Insurance - My beneficiaries have been selected

Benefits Cost Summary - Pay Period

Type	Cost / Percent	Employee	Employer
Health Coverage			
Dental			
Vision			
Voluntary Life			
Dependent Life			
Spouse Life			
Flexible Spending			
LTD			

Pay Period Total

Preview

Be sure to go back through and address any missing information and/or warnings. Messages are for your reference.

Once you have reviewed your elections, and have addressed any errors or warnings, select the submit button at the top of the page. Once you submitted, please keep the confirmation printout as your reference. MYHR will send you a confirmation statement. If you elected Medical/Rx coverage you will also receive a Summary of Benefits & Coverage (SBC) document.

Review and Submit

Samantha Niedbalski - 150361 - Hire - Friday, July 12, 2019 - Employee - Internet Explorer

Employee

Samantha Niedbalski - 150361 - Hire - Friday, July 12, 2019

Life/Flex/Health
Dental
Vision
Disability
Life Insurance
Health Savings
Flexible Spending
Retirement
Tuition
Charitable
Other

Review and Submit

Please review and confirm your selections.

Benefits Cost Summary Period:

Plan	Cost
Health Insurance	\$0.00
Dental	\$0.00
Vision	\$0.00
Disability	\$0.00
Life Insurance	\$0.00
Health Savings	\$0.00
Flexible Spending	\$0.00
Retirement	\$0.00
Tuition	\$0.00
Charitable	\$0.00
Other	\$0.00

Total: \$0.00

Submit

Select OK when you are ready to submit your selections.

I acknowledge, by checking the box that (if applicable) medical, dental, vision and flexible spending contributions are deducted from my paycheck on a pre-tax basis. I also understand that I cannot change my benefit election or enrollment options until Catholic Health's next open enrollment period which is held in the fall each year, unless I have a change in family status such as marriage, divorce, death of a family member, birth or adoption or a change in spouse's employment status.

Please note, All deductions for benefit premiums are taken over 26/52 pay periods. Falsification of my records may lead to disciplinary action up to and including termination.

☒ Agree To Enrollment Terms

OK Cancel

Samantha Niedbalski - 150361 - Hire - Friday, July 12, 2019 - Employee - Internet Explorer

Submit

The following action 'Submit' completed

Samantha Niedbalski - 150361 - Hire - Friday, July 12, 2019

IMPORTANT

You have 31 days from your date of hire to enroll in benefits. If applicable, you must submit all dependent verifications I.e. birth and marriage certificates if you would like them covered on CH plans. If you do not submit documentation by the 31st you will be enrolled in single coverage. The next chance to enroll in coverage will be at the annual open enrollment period or a mid year qualifying event I.e. marriage, birth or adoption.

PTO

All new associates who are eligible for PTO will be able to use their time by the end of their probationary period (90 days). PTO is based on hours worked and should be used for vacations, personal time, holidays, sick time, etc.

Although you are accruing PTO on hours worked from your very first day, your balance will not be accessible in Employee Space until your probationary period is over.

Direct Deposit and Tax Forms in Employee Space

- Tax Forms
 - You can access both Federal (W-4) and New York State tax withholding forms through your Employee Space
- Creating and Updating Direct Deposit
 - Type in your account number and access your routing number from a drop down menu of banking institutions
 - If your bank is not listed in the menu, contact the Payroll department to get your bank added

Catholic Health Retirement Plans

There are two retirement plans:

403(b)

- Choose the percent of your pay to set aside pre taxed dollars toward your retirement
- Change or stop the percentage at any time
- Choose where to invest the funds, there are many investment options available
- Always 100% vested in the 403(b) plan-this means whatever is in your account will be yours to keep
- The 403(b) plan is record kept at Fidelity Investments-refer to the postcard sent to your home address for information on how to enroll in the plan (online or by phone)

CHS Pension Plan

- 100% paid for by Catholic Health-you don't put any of your own money into the pension plan
- You become eligible for the pension after working for 1 year
- Pension credit is earned by working 975 hours per year
- 100% vested after 5 years (5 years of working at least 975hours)
- Pension credit is a percentage of your pay plus interest
- Pension statements are sent out annually once you start accruing a benefit
- For More information on your pension refer to the Summary Plan Description (SPD) document

New Hire Benefit Enrollment Check List

- ☐ Log into Lawson's Employee Space and submit benefit elections within 31 days from your start date
- ☐ If applicable, submit dependent verification(s), either while enrolling in your new hire event or to myhr@chsbuffalo.org, within 31 days from your start date. Please submit:
 - ☐ Marriage Certificate
 - ☐ Children's Birth Certificate(s)
 - ☐ Social Security Numbers for all dependents
- ☐ Email myhr@chsbuffalo.org with your beneficiary designations for your company sponsored life insurance
 - ☐ What we require from you:
 - ☐ The name & address of your beneficiary(ies)
 - ☐ If they are primary or contingent
 - ☐ What percentage you want to designate

le: Mary Sample, Spouse, 100% Primary



THANK YOU
FOR
YOUR
ATTENTION
ANY QUESTIONS?