Overview

The eBenefits functionality allows employees to use MyCSUEB to make changes to their current benefits due to a Life Event (a qualified family status change). You must submit the benefits changes within 60 days of your life event date. Qualifying life events include marriage, divorce, legal separation, annulment, birth, adoption, change in custody, adding or removing an economically dependent child, domestic partnership registration or dissolution, gain or loss of alternate coverage, gain or loss of alternate coverage, etc. For questions regarding qualifying Life Events, please call Human Resources Office at 510-885-4598 or visit [Human Resources](http://www.aba.csueastbay.edu/HR/).

This business process guide demonstrates how to submit your Life Event and the changes to your current benefits including Medical, Dental, Medical Flex Cash, Dental Flex Cash, Flex Spending Health (HCRA) and Flex Spending Dependent (DCRA).
Notice about the new version of PeopleSoft
All page shots used in this guide are from the previous version of PeopleSoft (HCM 8.9). Please be advised that from the fourth week of February 2012, we are using the new version of PeopleSoft (HCM 9.0) and you may experience a difference in the way the new pages look and feel.

In the new version of PeopleSoft (HCM 9.0), the format of how the **Main Menu** expands has changed, but the actual navigation path and functionality has **not** changed. See the sample page shot.

Other minor changes include the following:

- Improved color scheme
- New look for Processing and Save indicators
- Pop-up Search Window and Edit Boxes
- Number of Search Results Option
- Type Ahead Matching
Login to MyCSUEB

The MyCSUEB Homepage displays.

1. Go to MyCSUEB (http://my.csueastbay.edu)
2. Enter your NetID and Password
3. Click the Sign In button

Note: If you have difficulty logging in, please click on the “help” link on the upper right corner of the homepage.
Navigate to Life Events

Your home page displays.

Depending on the roles you play on campus, you may see multiple tabs:

- Student
- Applicant
- Faculty
- Manager
- Timekeeper
- Employee

1. Click the Employee tab if it is not displayed already

2. Click the Life Events link in the Benefits Information section

The Life Events page displays.

3. Use the drop-down menu to select your Life Event Type

Notes: The following are the three Life Event Types that you can submit online via MyCSUEB: 1) Add or Remove Dependents, 2) Gain or Loss of Alternate Coverage, and 3) Update Marital Status.

For information on how to submit any other Life Event Types outside of this list, please contact the Human Resources Office at 510-885-4598.
Life Event:

4. Use the drop-down menu to select the appropriate Life Event

- If you selected Add or Remove Dependents, you must indicate one of the following Life Events:
  - Add Economically Dependent Child
  - Add Other Dependent
  - Adoption
  - Birth
  - Delete Dependent

- If you selected Gain or Loss of Alternate Coverage, you must indicate one of the following Life Events:
  - Gain of Alternate Non-CSU Coverage
  - Loss of Alternate Non-CSU Coverage
  - Significant Change in Alternate Non-CSU Coverage
  - Significant Change in CSU Coverage

- If you selected Update Marital Status, you must indicate one of the following Life Events:
  - Annulment
  - Death of Domestic Partner
  - Death of Spouse
  - Dissolution of DP
  - Divorce
  - Domestic Partnership
  - Legal Separation
  - Marriage
Event Date:

Note: In this example, we have selected Update Marital Status as the Life Event Type and Marriage as the Life Event.

5. Enter the Event Date. This is the date when your qualified life event actually occurred.

Note: In this example, the marriage took place on March 4, 2008.

6. After selecting the Life Event Type, Life Event and Event Date, click the Continue button.

The Life Event Rules page displays.

7. Review the chart and information on this page to determine what benefits actions you can take for your life event. Each Life Event row corresponds with the columns to indicate what actions are allowed or not allowed.

8. When done, click the Continue button.

Life Events

After your initial enrollment, the only time you may change your benefit choices is when a Life Event (qualified family status change) occurs, or during annual Open Enrollment.

Use this page to select your Life Event and proceed to make changes to your current benefits including Medical, Dental, FlexCash, or Flexible Spending Account.

- Qualifying marital life events include: marriage, divorce, annulment, legal separation, domestic partnership registration or dissolution.
- Qualifying dependent life events include: birth, adoption, adding/removing an economically dependent child or changes in custody.
- Gain or Loss of alternate coverage is also a qualifying life event.

For questions regarding your benefits information, please contact the Human Resources Office at 510-885-2334 or visit the Employee Benefits website.

Click Continue to continue the Life Events process.

The chart below indicates the actions that can be taken for your life event. Each Life Event row corresponds with the columns to indicate whether actions are allowed or not allowed.

Continue to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.
Table descriptions:

- **1st Column:** Lists the common life events.
- **2nd Column:** Indicates whether you can switch to Medical Flex Cash or Dental Flex Cash from your current Medical or Dental plan.
- **3rd Column:** Indicates whether you can switch from or cancel your current Medical Flex Cash or Dental Flex Cash and enroll in Medical or Dental plan.
- **4th Column:** Indicates whether you can enroll in a new HCRA or DCRA plan.
- **5th Column:** Indicates whether you can increase the monthly contribution amount for your HCRA or DCRA plan.
- **6th Column:** Indicates whether you can decrease the monthly contribution amount for your HCRA or DCRA plan.
- **7th Column:** Indicates whether you can cancel your HCRA or DCRA plan.
The Life Events page displays.

Notes: If you click the information icon, it will display more details about various Benefit programs, eligibility and enrollment.

The other hyperlinks on this page provide more information about each highlighted item.
Current Marital Status:

9. If your Life Event was **Marriage**, use the drop-down menu to select your current marital status.
How do I make changes to my current Medical plan?

The Life Events page displays.

1. Follow steps 1 through 8 in the Navigate to Life Events section

   Note: The Medical Plan Selection defaults with the No Change radio button selected.

2. Under Medical Plan Selection, select the appropriate radio button (Descriptions are listed below)

   Radio button descriptions:
   - **No Change**: If you do not want to make any changes to your current medical plan, select this radio button.
   - **Add/Del Dependents**: If you want to add or delete dependents in your current medical plan, select this radio button.
   - **New Enrollment**: If you currently do not have a medical plan but want to enroll in it due to your life event, select this radio button.
   - **Cancel Enrollment**: If you currently have medical plan, but want to cancel it due to your life event, select this radio button.
   - **Decline Coverage**: If you currently do not have medical coverage from CSUEB and do not wish to enroll in a medical plan, select this radio button.

   Note: Any change you make based on your life event should correspond with the Life Event Rules chart displayed on the previous page. (See page 6 for details.)
Notes: In this example, we have selected the **Add/Del Dependents** radio button to add the spouse to the current medical plan due to the life event of marriage.

Steps on how to enroll your eligible dependents in your medical plan are provided on page 19.

3. After selecting all changes, skip to the **Complete Life Events Elections** section (on page 23) to complete the process.
How do I make changes to my current Medical FlexCash plan?

The Life Events page displays.

1. Follow steps 1 through 8 in the Navigate to Life Events section

   Note: The Medical Plan Selection defaults with the No Change radio button selected.

2. Under Medical Plan Selection, click the FlexCash Plan hyperlink to get more information about this plan

3. Depending on your life event, select the appropriate radio button (Descriptions are listed below)

Radio button descriptions:

- **No Change**: If you do not want to make any changes to your medical flexcash plan, select this radio button.
- **New Enrollment**: If you currently do not have the medical flexcash plan but want to enroll in it due to your life event, select this radio button.
- **Cancel Enrollment**: If you currently have the medical flexcash plan, but want to cancel it due to your life event, select this radio button.
- **Decline Coverage**: If you currently do not have medical flexcash coverage from CSUEB and do not wish to enroll in it, select this radio button.

Note: Any change you make based on your life event should correspond with the Life Event Rules chart displayed on the previous page. (See page 6 for details.)
Note: In this example, we have first selected the **Cancel Enrollment** radio button to cancel the current medical plan and then selected the **New Enrollment** radio button to enroll in the medical flexcash plan due to the life event of marriage.

4. Provide your alternate medical insurance policy information including the following:
   - Social Security number of the person who holds the alternate policy under which you are covered
   - Alternate medical insurance carrier name
   - Policy number

5. After selecting all changes, skip to the **Complete Life Events Elections** section (on page 23) to complete the process.
How do I make changes to my current Dental plan?

The Life Events page displays.

1. Follow steps 1 through 8 in the Navigate to Life Events section

Note: The Dental Plan Selection section defaults with the No Change radio button selected.

2. Depending on your life event, select the appropriate radio button (Descriptions are listed below)

Radio button descriptions:

- **No Change**: If you do not want to make any changes to your current dental plan, select this radio button.

- **Add/Del Dependents**: If you want to add or delete dependents in your current dental plan, select this radio button.

- **New Enrollment**: If you currently do not have a dental plan but want to enroll in it due to your life event, select this radio button.

- **Cancel Enrollment**: If you currently have dental plan, but want to cancel it due to your life event, select this radio button.

- **Decline Coverage**: If you currently do not have dental coverage from CSUEB and do not wish to enroll in a dental plan, select this radio button.

*Note: Any change you make based on your life event should correspond with the Life Event Rules chart displayed on the previous page. (See page 6 for details.)*
Notes: In this example, we have selected the **Add/Del Dependents** radio button to add the spouse to the current dental plan due to the life event of marriage.

Steps on how to enroll your eligible dependents in your dental plan are provided on page 19.

3. After selecting all changes, skip to the **Complete Life Events Elections** section (on page 23) to complete the process.
How do I make changes to my current Dental FlexCash plan?

The Life Events page displays.

1. Follow steps 1 through 8 in the **Navigate to Life Events** section

   *Note: The FlexCash Plan defaults with the No Change radio button selected.*

2. Click the **FlexCash Plan** hyperlink to get more information about this plan

3. Depending on your life event, select the appropriate radio button (Descriptions are listed below)

Radio button descriptions:

- **No Change**: If you do not want to make any changes to your dental flexcash plan, select this radio button.

- **New Enrollment**: If you currently do not have the dental flexcash plan but want to enroll in it due to your life event, select this radio button.

- **Cancel Enrollment**: If you currently have the dental flexcash plan, but want to cancel it due to your life event, select this radio button.

- **Decline Coverage**: If you currently do not have dental flexcash coverage from CSUEB and do not wish to enroll in it, select this radio button.

*Note: Any change you make based on your life event should correspond with the Life Event Rules chart displayed on the previous page. (See page 6 for details.)*
Note: In this example, we have first selected the **Cancel Enrollment** radio button to cancel the current dental plan and then selected the **New Enrollment** radio button to enroll in dental flexcash plan due to the life event of marriage.

4. Provide your alternate dental insurance policy information including the following:
   - Social Security number of the person who holds the alternate policy under which you are covered
   - Alternate medical insurance carrier name
   - Policy number

5. After selecting all changes, skip to the **Complete Life Events Elections** section (on page 23) to complete the process
How do I make changes to my current Flex Spending Health (HCRA) and/or Flex Spending Dependent (DCRA) plan?

The Life Events page displays.

1. Follow steps 1 through 8 in the Navigate to Life Events section

   Note: The HCRA and DCRA plans default with No Change radio button selected.

2. Click the Health Care Reimbursement Account or Dependent Care Reimbursement Account hyperlink to get more information about these plans

3. Depending on your life event, select the appropriate radio button (Descriptions are listed below)

Radio button descriptions:

- **No Change**: If you do not want to make any changes to your HCRA and/or DCRA plan, select this radio button.
- **New Enrollment**: If you currently do not have the HCRA and/or DCRA plan but want to enroll in either of them due to your life event, select this radio button.
- **Change Monthly Amount**: If you want to change your monthly contribution amount for your current HCRA and/or DCRA plan due to your life event, select this radio button.
- **Cancel Enrollment**: If you currently have the HCRA and/or DCRA plan, but want to cancel either of them due to your life event, select this radio button.

*Note: Any change you make based on your life event should correspond with the Life Event Rules chart displayed on the previous page. (See page 6 for details.)*
Note: In this example, we have selected the **Change Monthly Amount** radio button to increase the monthly contribution amount for the HCRA plan and the **New Enrollment** radio button to enroll in DCRA plan due to the life event of marriage.

4. After selecting all changes, skip to the **Complete Life Events Elections** section (on page 23) to complete the process.
How do I add and/or remove eligible dependents from my Medical and/or Dental plan?

The Life Events page displays.

1. Follow steps 1 through 8 in the Navigate to Life Events section

At the bottom section of the New Enrollment page, you can add New Dependents and cover them in your Medical, Dental, and/or Vision plan.

2. Click the Add New Dependent link to add a new dependent
The Dependent Personal Information page displays.

3. Enter the **Personal Information** of the dependent  
   
   *Note: Fields marked with an asterisk are required. Social Security number is required for all dependents.*

4. Enter the **Address & Telephone** information

5. If address and phone are the same as the **Employee,** then mark the **Same Address as Employee** checkbox
Note: In this example, we have added a son as a new dependent.

6. Click the **OK** button to save the new dependent in the database and return to the **Life Events** page.

The dependents you added in the database display at the bottom of the **Life Events** page.

Note: In this example, we have added a spouse and a son due to the life event of marriage.
Note: You must be currently enrolled in the medical or dental plan in order to add and/or remove eligible dependents from the respective plans.

7. Use the drop-down menu to select Add from the Medical Coverage, Dental Coverage, and/or Vision Coverage.

Note: You may provide the Primary Care Physician when enrolling dependents in Blue Shield.

8. After selecting all changes, skip to the Complete Life Events Elections section (on page 23) to complete the process.
Complete Life Events Elections

The Life Events page displays.

1. After you have made all your elections on the Life Events page, click the Continue button at the bottom of the page.

Note: In this example, we have submitted a life event of marriage. We have added a spouse and a son to the current Medical and Dental plans. We have also changed the monthly contribution amount for HCRA and enrolled in DCRA due to this life event.
The final submit page for Life Events displays.

2. Effective Date of Coverage: Review this section to understand when your new elections will be effective.

3. Eligibility Documentation: Review this section to find out if any additional documentation is needed by the Human Resources Office before your election request can be finalized.

4. Disclosures and Privacy Notice: Click this hyperlink to read the disclosures and privacy information about the benefit plans you have elected.

Note: See next page to understand the disclosures and privacy page.

5. After reading the Disclosures and Privacy Information, mark the checkbox to affirm that you have read it and understand it.

6. Click the Sign button to electronically authorize your elections.

<table>
<thead>
<tr>
<th>Benefits Enrolment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Events</td>
</tr>
</tbody>
</table>

**Effective Date of Coverage**

Medical and Dental coverage is effective on the first day of the following month you submit your completed benefit elections request to Human Resources Office. Coverage for FlexCash Plans and Flexible Spending Accounts is effective the first day of the following second month you submit your completed benefit elections request to Human Resources Office.

Example: if you make Medical and/or Dental elections and provide all the supporting documents on 2/25/2011, they will be effective on 3/1/2011. However, if you elect FlexCash and/or enroll in a Flexible Spending Account on 2/25/2011, they will be effective on 4/1/2011.

Benefit elections are not finalized until you provide the required supporting documentation to Human Resources Office. Your benefit enrollment is not completed until you see your elections listed on your pay check.

**Supporting Documentation**

You may need to certify your eligibility for coverage by providing verifying documentation as described below. Benefit elections are not finalized until you provide the necessary documentation to Human Resources Office, located in the Student Administration (SA) building, Second Floor.

Eligible family members include spouses, domestic partners and dependent children under the age of 23.

In order to enroll a spouse for the first time, all CSU employees must submit a copy of the marriage certificate and the spouse’s social security number to Human Resources Office. If you cannot provide a copy of your marriage certificate, you will be required to complete an Affidavit of Marriage.

When enrolling a domestic partner, a Declaration of Domestic Partnership must be provided. For more information regarding Domestic Partners, please visit Family Code section 297 of the California State Code. Please visit the Domestic Partner Registry website for more information.

In order to enroll a new child under the age of 23, a copy of birth certificate, adoption decree, proof of legal custody and/or guardianship, or copy of Qualified Medical Support Order must be provided.

Dependent children who are not the employee’s natural children must live with the employee in a regular parent-child relationship and be economically dependent upon the employee. A completed Affidavit of Eligibility for Economically-Dependent Children stating the employee is in a parent-child relationship and the child is economically dependent upon the employee for 50% of the child’s financial support will be required at the time of enrollment.

**Disclosures and Privacy**

- I affirm I have reviewed and understand the Disclosures and Privacy Notice information about my elections.
- I understand that my elections in the selected plans are subject to my eligibility. I also understand that I will be contacted by the Human Resources Office to submit any required supporting documents to complete my enrollment. I hereby certify that the information provided on this document is true and correct.

**Electronic Signature to Authorize Elections**

I authorize the California State Controller’s Office to take payroll deductions (if applicable) for the benefits I have selected on a pre-tax and after-tax basis. I also authorize the Human Resources Office to send necessary personal information to my selected plan providers to initiate my enrollment. I consent to the use of Electronic Signature. Note: Your electronic signature has the same legal and binding effect as signing your name.

**Sign**

**Submit** Click Submit to submit your benefits election request to the Human Resources Office.

**Cancel** Click Cancel to ignore all entries made on this page and return to the Enrollment page.
Disclosures and Privacy Notice
The hyperlink mentioned in step 4 of the previous page provides legal disclosures and privacy information about various benefit plans such as Health (Medical & Dental), Flex Cash and Flexible Spending. The information is applicable to you only for the benefit plans you have elected. It is recommended that you read all the information to gain a better understanding of the legal aspects of the benefit plans you are electing to enroll in. Below is a sample of the Disclosures & Privacy Information section. To read the entire Disclosures and Privacy notice, click the Disclosures and Privacy Notice hyperlink displayed on the final submit page.

Disclosures and Privacy Information

Read below the Disclosures & Privacy information for the Benefits Plan you have elected. The information is not applicable to you if you have not elected that Benefit Plan.

1) HEALTH BENEFITS PLAN:
If you have elected for Medical or Dental Plan, you authorize applicable deductions to be made from your salary to cover your share of the cost of enrollment as it is now or as it may be in the future. You also certify that the names of the persons listed as dependents are eligible family members as defined by the State of California and are not enrolled in another State of California medical or dental plan. You authorize your Benefits Service Representative to provide requested information to the program administrator for the purpose of identification and account processing.

Medical Plan Privacy Information: Submissions of the requested information on the Benefits election pages is mandatory. The information requested is collected pursuant to the Government Code Sections (20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to another governmental agency (such as your employer), but only in strict accordance with current statutes regarding confidentiality. Failure to supply the information may result in the System being unable to perform its functions regarding your status. You have the right to review your membership files maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Practices Act Coordinator, CalPERS, PO Box 942702, Sacramento, CA 94229-2702.

Section 7(b), of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency which requests an individual to disclose his Social Security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The Office of Employer and Member Health Services of the California Public Employees’ Retirement System request each enrollee’s Social Security account number on a voluntary basis. However, it should be noted that due to the use of Social Security account numbers by other agencies for identification purposes, the Office of Employer and Member Health Services may be unable to verify eligibility for benefits without the Social Security account number.

The Office of Employer and Member Health Services of the California Public Employees’ Retirement System uses Social Security account numbers for the following purposes:

1. Enrollee identification for eligibility processing and eligibility verification
2. Payroll deduction and state contribution for state employees
3. Billing of contracting agencies for employee and employer contributions
4. Reports to the California Public Employees’ Retirement System and other state agencies
5. Coordination of benefits among carriers

Binding Arbitration: Enrollment in certain plans constitutes an agreement to have any issue of medical malpractice decided by neutral arbitration and waiver of any right to a jury or court trial. Refer to the HBD-DO-29 or HBD-DO-22 to determine if this provision is applicable to your plan or contact your Benefits Service Representative at 408-924-2250
Your name displays in the Sign field as an electronic signature.

7. Click the Submit button to send your final election request to the Human Resources Office.

The submit confirmation page displays.

8. After reading the information on this page, click the OK button.

Notes: You and the Benefit Programs Specialist in the Human Resources Office will receive an email notification indicating that you have submitted your benefits election request. Within 3 business days, the Benefit Programs Specialist will process and finalize your elections and send you another email notification indicating that your benefits enrollment is completed by the Human Resources Office.

The email notifications are sent to your preferred email address on your MyCSUEB account. If you have not saved your preferred email address in MyCSUEB, please update it under Personal Information section > Email Addresses.

Employees without a preferred email address in MyCSUEB will be contacted via phone by the Human Resources Office.
Whom to Contact for Help?
For additional help or to report problems with this functionality, please log a ticket via the Service Desk (http://www.csueastbay.edu/servicedesk).