Overview

The eBenefits functionality allows employees to use MyCSUEB to enroll in various benefit plans. You must enroll in benefit plans within 60 days of employment/eligibility. For questions regarding your benefits information, please call Human Resources Office at 510-885-4598 or visit Human Resources (http://www.aba.csueastbay.edu/HR/).

Depending on your job classification, you may be eligible to enroll yourself, and your family members, in the following benefit plans: Medical, Dental, Medical Flex Cash, Dental Flex Cash, Flex Spending Health (HCRA) and Flex Spending Dependent (DCRA).

This business process guide demonstrates how to submit your benefit elections request as a New Hire or Newly Benefits-Eligible employee.
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 New Enrollment

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 **New Enrollment** link in the Benefits Information section
The New Enrollment page displays.

Note: 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:

3. Use the drop-down menu to select your current marital status.
How do I enroll in a Medical plan?

The New Enrollment page displays.

1. Follow steps 1 and 2 in the Navigate to New Enrollment section

   Note: The Medical Plan Selection defaults with the New Enrollment radio button selected.

2. Use the drop-down menu to select the Medical Plan you wish to enroll in

3. Information: Click the Medical Benefits hyperlink to get more information about the medical plans and the providers

   Notes: If you select Blue Shield plan, the Primary Care Provider field is required.

Steps on how to enroll your eligible dependents in your medical plan are provided on page 11.

4. After selecting all changes, skip to the Complete New Enrollment Elections section (on page 14) to complete the process
How do I enroll in a Medical Flex Cash plan?

The New Enrollment page displays.

1. Follow steps 1 and 2 in the Navigate to New Enrollment section

2. Under the Medical Plan Selection section, read the Flex Cash coverage eligibility information to determine whether or not you are eligible for the Flex Cash plan

3. If you are eligible for the Flex Cash plan, select the Decline Coverage radio button to decline medical coverage

4. To enroll in Medical Flex Cash plan, select the New Enrollment radio button under the Medical Flex Cash section

5. Information: Click the FlexCash Plan hyperlink to get more information about this plan

6. 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 under
   - Alternate medical insurance carrier name
   - Policy number

7. After selecting all changes, skip to the Complete New Enrollment Elections section (on page 14) to complete the process
How do I enroll in a Dental plan?

The New Enrollment page displays.

1. Follow steps 1 and 2 in the Navigate to New Enrollment section

   Note: The Dental Plan Selection defaults with New Enrollment radio button selected.

2. Use the drop-down menu to select the Dental Plan in which you wish to enroll

3. Information: Click Dental Benefits hyperlink to get more information about the dental plans and the providers

   Notes: If you select DeltaCare USA-Enhanced, the Primary Office ID Number field is required. Use the Select a Provider hyperlink to search for a Primary Dental Office ID.

Steps on how to enroll your eligible dependents in your dental plan are provided on page 11.

4. After selecting all changes, skip to the Complete New Enrollment Elections section (on page 14) to complete the process
How do I enroll in a Dental Flex Cash plan?

The New Enrollment page displays.

1. Follow steps 1 and 2 in the Navigate to New Enrollment section

2. Under the Dental Plan Selection section, read the Flex Cash coverage eligibility information to determine whether or not you are eligible for the Flex Cash plan

3. If eligible for Flex Cash plan, first decline dental coverage. Select the Decline Coverage radio button to decline dental coverage

4. To enroll in Dental Flex Cash plan, select the New Enrollment radio button under the Dental Flex Cash section

5. Information: Click the FlexCash Plan hyperlink to get more information about this plan

6. 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 under
   - Alternate dental insurance carrier name
   - Policy number

7. After selecting all changes, skip to the Complete New Enrollment Elections section (on page 14) to complete the process
How do I enroll in a Flex Spending Health (HCRA) and/or Flex Spending Dependent (DCRA) plan?

The New Enrollment page displays.

1. Follow steps 1 and 2 in the Navigate to New Enrollment section

2. Under the Flex Spending Accounts section, read the information about the following voluntary benefit plans:

   - **Health Care Reimbursement Account (HCRA):** Select the New Enrollment radio button to enroll in the HCRA plan

   - **Dependent Care Reimbursement Account (DCRA):** Select the New Enrollment radio button to enroll in DCRA plan

3. **Information:** Click the Health Care Reimbursement Account or Dependent Care Reimbursement Account hyperlink to get more information about these plans.

4. As appropriate, type in your deduction amount in the Monthly HCRA Amount field and/or the Monthly DCRA Amount field

5. After selecting all changes, skip to the Complete New Enrollment Elections section (on page 14) to complete the process
How do I enroll my eligible dependents in my Medical, Dental, and/or Vision plan?

The New Enrollment page displays.

1. Follow steps 1 and 2 in the Navigate to New Enrollment 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. To add a new dependent, click the Add New Dependent button

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

Use the section below to add new dependents and/or enroll existing eligible dependents in your Medical and/or Dental plans. Supporting documents are required when enrolling dependents, please click the information icon at the top of this page to view them.

Note: When enrolling dependents in Blue Shield, you must identify a Primary Care Physician. This is not required by any other plan.

To add a new dependent, click the Add New Dependent button

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

Dependent/Beneficiary Personal Information

Click Save once you have added your Dependent/Beneficiary’s personal information. Remember, a Social Security Number is required for all dependents enrolled in your benefit plans.

<table>
<thead>
<tr>
<th>Personal Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>'First Name:'</td>
<td></td>
</tr>
<tr>
<td>'Middle Name:'</td>
<td></td>
</tr>
<tr>
<td>'Last Name:'</td>
<td></td>
</tr>
<tr>
<td>Name Prefix:</td>
<td></td>
</tr>
<tr>
<td>Name Suffix:</td>
<td></td>
</tr>
<tr>
<td>'Gender:'</td>
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</tr>
<tr>
<td>'Date of Birth:'</td>
<td></td>
</tr>
<tr>
<td>'SSN:'</td>
<td></td>
</tr>
<tr>
<td>(Social Security Number)</td>
<td></td>
</tr>
<tr>
<td>'Relationship to Employee:'</td>
<td></td>
</tr>
</tbody>
</table>
6. Click the OK button to save the new dependent in the database and return to the New Enrollment page.

Note: In this example, we have added a son as a new dependent.

The dependents you added in the database will appear at the bottom section of the New Enrollment page.

Note: In this example, we have added a spouse and a son.
Note: You must have a medical or dental plan selected for yourself before you can cover your eligible dependents in the same plan.

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 New Enrollment Elections section (on page 14) to complete the process.
Complete New Enrollment Elections

The New Enrollment page displays.

1. After you have made all your elections on the New Enrollment page, click the Continue button at the bottom of the page.
The final submit page for New Enrollment 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 selected.

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.

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Benefits Enrollment

New Enrollment

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 dependents 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 25.

In order to enroll a spouse for the first time, all OSU 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 280 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 or adoptive 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 enrollments in the selected plans are subject to my eligibility. I also understand that 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 benefit elections 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 5 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 on 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 408-824-2250
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).