Overview

The eBenefits functionality allows employees to use MyCSUEB to enroll in, change or cancel any of their eligible Benefit plans during the annual Open Enrollment period. The dates for Open Enrollment change every year. Please contact the Human Resources Office at 510-885-4598 to find out the Open Enrollment dates for this year.

The Benefit plans that can be changed during Open Enrollment are Medical, Dental, Medical Flex Cash, Dental Flex Cash, Flex Spending Health (HCRA) and Flex Spending Dependent (DCRA). This business process guide demonstrates the basics of Open Enrollment for Dental plans.
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.*
General Information

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 Open Enrollment link in the Benefits Information section

The Benefits Enrollment page displays with an Open Enrollment event.

Notes: The Event Date is also displayed. It will be January 1st because elections made during Open Enrollment are effective January 1st of the next year.

If you click the information icon, it will give you more details about Open Enrollment.

3. Click the Select button

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

4. You will see all plans you are eligible for.

5. Click the **Edit** button next to the plan you wish to update.

6. For example, to edit Dental information, click the **Edit** button next to Dental.

*Note: The next few pages will use Dental as an example. Medical and both Flex Cash plans will work in a similar fashion.*

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### Benefits Enrollment

#### Open Enrollment

The annual Open Enrollment period allows you to make changes to your benefits. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the Flexible Spending Programs next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

**Important:** Your enrollment will not be complete until you click the "Save" button on the Final Submission page.

#### Enrollment Summary

<table>
<thead>
<tr>
<th>Plan</th>
<th>Current</th>
<th>New</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Kaiser Foundation/Empl Only</td>
<td>Kaiser HMO/Empl Only</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
<td>B. T.</td>
<td>A. T.</td>
</tr>
<tr>
<td>Vision</td>
<td>Vision Service Plan Emp+Dep</td>
<td>Vision Service Plan Emp+Dep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Flex Cash</td>
<td></td>
<td></td>
<td>B. T.</td>
<td>A. T.</td>
</tr>
<tr>
<td>Medical Flex Cash</td>
<td></td>
<td></td>
<td>B. T.</td>
<td>A. T.</td>
</tr>
<tr>
<td>Flex Spending Health</td>
<td></td>
<td></td>
<td>B. T.</td>
<td></td>
</tr>
<tr>
<td>Flex Spending Dependent</td>
<td></td>
<td></td>
<td>B. T.</td>
<td></td>
</tr>
</tbody>
</table>

This table summarizes estimated costs for your new benefit choices.

<table>
<thead>
<tr>
<th>Your Costs</th>
<th>Before Tax</th>
<th>After Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

These costs do not include certain choices that are based on variable earnings.

- **Proceed to Save:** Click **Proceed to Save** to authorize your enrollment request with your electronic signature.
- **I Have No Changes:** Or click the **I Have No Changes** button if you are happy with your prior elections and do not want to make any changes.

**Important:** Your enrollment will not be complete until you click the "Save" button on the Final Submission page.
The Dental enrollment page displays.

7. Select the plan you wish to enroll in from the available list by clicking the radio button next to its name.

Notes: By clicking the various hyperlinks on the enrollment page, you can get more information about the plans and the providers.

8. Click the Continue button
The Dental recap page displays.

*Note: This page summarizes your choice of plan, estimated monthly cost (if any), and provides you information on the effective date of your choice.*

9. Click the **OK** button
The system returns you to the Enrollment summary page.

10. Note your newly selected dental plan

*Note: In this example, we selected DeltaCare USA-Enhanced for employee only.*

11. If you are satisfied with your selection, click the **Proceed to Save** button

*Note: You may come back at any time during the Open Enrollment period to make additional elections or changes.*

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**Benefits Enrollment**

**Open Enrollment**

The annual Open Enrollment period allows you to make changes to your benefits. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the Flexible Spending Programs next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

*Important: Your enrollment will not be complete until you click the "Save" button on the Final Submission page.*

---

**Enrollment Summary**

<table>
<thead>
<tr>
<th></th>
<th>Edit</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>Kaiser Foundation Emp Only</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>Kaiser HMO Emp Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td>Delta Enhanced II Emp Only</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>DeltaCare USA - Enhanced Emp Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td>Vision Service Plan: Emp + Deps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>Vision Service Plan: Emp + Deps</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>No Coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td>Medical Flex Cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>No Coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td>Flex Spending Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>No Coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td>Flex Spending Dependent</td>
<td></td>
<td></td>
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<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

These costs do not include certain choices that are based on variable earnings.

**Proceed to Save** Click **Proceed to Save** to authorize your enrollment request with your electronic signature.

*Important: Your enrollment will not be complete until you click the "Save" button on the Final Submission page.*
The Submit Benefits Request page displays.

12. To make any changes to your elections, click the **Cancel** button.

13. If you are satisfied with your elections, then continue with the steps below.

14. **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.

15. **Disclosures and Privacy Notice:** Click the hyperlink to read the disclosures and privacy information about the Benefits plan you have elected.

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

16. After reading the **Disclosures and Privacy** information, mark the checkbox to affirm that you have read it and understand it.

17. Click the **Sign** button to electronically authorize your elections.

---

**Benefits Enrollment**

**Submit Benefits Request**

You have almost completed your enrollment. If you have no further changes to make, review the information below and prepare to submit your elections. You must read the disclosure and privacy information and electronically sign before final submission.

Do not submit your benefit request until you have completed your enrollment. You may store your elections on each page and return to the Enrollment Summary as many times as you’d like up until the Open Enrollment deadline. However, once you click **Save** on the next page, your benefit elections will be sent to Human Resources Office for processing.

Your elections will be effective beginning in the next calendar year and will remain in effect unless you have a family status change or make changes during next year’s Open Enrollment period. Any applicable payroll deductions for the elections you have selected, or cash payments if you choose to participate in the FlexCash Plan, will be listed on your December Pay Warrant which issues on the January 1st pay check. Once the Open Enrollment period ends, you will not be able to make any further benefit changes until the next Open Enrollment period or if you experience a qualified family status change.

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**Eligibility Documentation**

You may need to certify your dependant’s eligibility for coverage by providing verifying documentation (as described below). Dependent benefit elections are not finalised until you provide the necessary documentation to Human Resources, located in the Student Administration building, room 2600.

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

To **enroll a spouse in benefits**, all CSU employees must submit a copy of their marriage certificate and spouse’s social security number to Human Resources. If you cannot provide a copy of your marriage certificate, you will be required to complete an Affidavit of Marriage.

To **enroll a domestic partner**, a Declaration of Domestic Partnership, and Domestic Partnership Imputed Tax Notice and your domestic partner’s social security number must be provided to Human Resources. Family Code Section 297 defines domestic partners as individuals of the same sex and one or both parties are age 32. Health and dental benefits are subject to domestic partner imputed taxability. Please visit the Domestic Partnership Registry for information about the State of California Domestic partnership certification.

To **enroll a child under the age of 23**, please submit a copy of the applicable supporting document to Human Resources. A copy of the birth certificate, adoption decree, proof of legal custody and/or guardianship, or copy of Qualified Medical Support Order must be provided to Human Resources.

Dependent children who are not the employee’s natural children must live with the employee in a 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.

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**Disclosures and Privacy**

- If you 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 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.

---

Click **Proceed to Save** to save and print your final choices.

Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.
Disclosures and Privacy Notice

The hyperlink mentioned in step 15 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.

A sample of the Disclosures & Privacy Information page displays.

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 94226-2702.

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 employee’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. Enrollment 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 HSD-DO-20 or HSD-DO-22 to determine if this provision is applicable to your plan or contact your Benefits Service Representative at 408-204-2260

Your name displays in the Sign field as an electronic signature.

18. Click the Proceed to Save button to save and print your final choices.
The Final Submission page displays.

19. Click the **Save** button

*Note: The remaining pages of this document will walk you through specific scenarios related to Dental Elections. Steps 1 to 3 and steps 12 through 19 in this section are the same no matter what you do, so they will not be shown again.*
How do I enroll into a dental plan? (No current coverage)

The Open Enrollment page displays.

1. Navigate to the **Open Enrollment** page (as described on page 3).

2. Select the dental plan that you wish to enroll in by clicking the radio button next to the plan provider.

   *Note: In this example, we have selected DeltaCare USA-Enhanced.*

3. **Choose a Primary PMI Office ID number:** This is only required for DeltaCare plans (Click the **Select a Provider** link to select your Primary PMI Office ID).

4. Mark the checkbox if you have previously visited this office.

5. Click the **Continue** button.

---

**Benefits Enrollment**

**Dental**

As an employee of the California State University (CSU), you have a comprehensive program of dental benefits available to you, and your eligible dependents. The Dental Program is offered by Delta Dental of California and offers flexibility and savings within the dental plans. Currently, the monthly dental premium for you and your eligible dependents is employer paid, at no cost to the employee. The CSU pays the full dental premium. However, there may be an out of pocket cost for services when you or your dependents use the dental plan.

*Important! Your current coverage is: Delta Enhanced II with Employee Only coverage. You will continue with this coverage unless you elect to make a change.*

**Select an Option**

Here are your available options with your monthly costs:

**Overview of all Plans**

Select one of the following plans:

- **Delta Enhanced II**
  - **Coverage Level**
    - Employee Only: $0.00
    - Employee + 1: $0.00
    - Employee + Dependents: $0.00

- **DeltaCare USA - Enhanced**
  - **Coverage Level**
    - Employee Only: $0.00
    - Employee + 1: $0.00
    - Employee + Dependents: $0.00

- **Wave**

**Choose a Primary PMI Office Number**

Enrollment in this plan requires that you select a primary PMI office ID number.

**Specify a Primary PMI Office ID Number:** [D007] **Select a Provider**

- [ ] Check here if you have previously visited this office.

- **Continue**
  - Click Continue to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

- **Cancel**
  - Click Cancel to ignore all entries made on this page and return to the Enrollment Summary.
The Dental recap page displays.

Note: This page summarizes your choice of medical plan, estimated monthly cost (if any), and provides you information on the effective date of your choice.

6. Click the OK button
The system returns you to the Enrollment summary page.

7. Note the newly selected dental plan

Note: In this example, we selected DeltaCare USA-Enhanced for employee only.

8. If you are satisfied with your selection, click the Proceed to Save button

9. Proceed through the final submit process (as described on pages 8 - 10)
How do I change my dental plan?

The Open Enrollment page displays.

10. Navigate to the **Open Enrollment** page (as described on page 3)

11. Click the **Edit** button next to Dental
The Dental enrollment page displays.

12. Select the dental plan that you wish to enroll in by clicking the radio button next to the plan provider.

13. Click the **Continue** button.
The Dental recap page displays.

Note: This page summarizes your choice of dental plan, estimated monthly cost (if any), and provides you information on the effective date of your choice.

14. Click the OK button
15. Note the change you made to your dental plan.

Note: In this example, we selected DeltaCare USA-Enhanced for employee only.

16. If you are satisfied with your selection, click the **Proceed to Save** button.

17. Proceed through the final submit process (as described on pages 8 - 10).

---

**Benefits Enrollment**

**Open Enrollment**

The annual Open Enrollment period allows you to make changes to your benefits. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the Flexible Spending Programs next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

**Important:** Your enrollment will not be complete until you click the “Save” button on the Final Submission page.

**Enrollment Summary**

<table>
<thead>
<tr>
<th></th>
<th>Medical</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>Kaiser Foundation Empl Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>Kaiser HMO Empl Only</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Dental</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>Delta Enhanced Empl Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>DeltaCare USA - Enhanced Empl Only</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Vision</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>Vision Service Plan:Emp+Dep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>Vision Service Plan:Emp+Dep</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Dental Flex Cash</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>No Coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>No Coverage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Medical Flex Cash</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>No Coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>No Coverage</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Flex Spending Health</th>
<th>Before Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>No Coverage</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Flex Spending Dependent</th>
<th>Before Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>New</td>
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<td></td>
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<tr>
<th></th>
<th>Before Tax</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Your Costs</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

These costs do not include certain choices that are based on variable earnings.

**Proceed to Save**

Click **Proceed to Save** to authorize your enrollment request with your electronic signature.

**Important:** Your enrollment will not be complete until you click the “Save” button on the Final Submission page.
How do I change my dental plan and add a dependent?

The Open Enrollment page displays.

1. Navigate to the Open Enrollment page (as described on page 3)

2. Click the Edit button next to Dental
The Dental enrollment page displays.

3. Select the dental plan that you wish to enroll in by clicking the radio button next to the plan provider. Note: In this example, we have changed the plan from Delta Enhanced II to DeltaCare USA-Enhanced.

4. Click the Add/Review Dependents button to add a new dependent.

The Enrollment Dependent/Beneficiary Summary page is displayed.

5. Click the Add a dependent or beneficiary link.

---

**Benefits Enrollment**

**Dental**

As an employee of the California State University (CSU), you have a comprehensive program of dental benefits available to you and your eligible dependents. The Dental Program is offered by Delta Dental of California and offers flexibility and savings within the dental plans. Currently, the monthly dental premium for you and your eligible dependents is employer paid, at no cost to the employee. The CSU pays the full dental premium. However, there may be an out of pocket cost for services when you or your dependents use the dental plan.

Important! Your current coverage is: Delta Enhanced II with Employee Only coverage. You will continue with this coverage unless you elect to make a change.

**Select an Option**

Here are your available options with your monthly costs:

- **Delta Enhanced II**
  - Coverage Level
    - Employee Only: $0.00
    - Employee + 1: $0.00
    - Employee+Dependents: $0.00

- **DeltaCare USA-Enhanced**
  - Coverage Level
    - Employee Only: $0.00
    - Employee + 1: $0.00
    - Employee+Dependents: $0.00

- **Waive**

Click the **Add/Review Dependents** button to add a new dependent.

**Enrollment Dependent/Beneficiary Summary**

Click the Dependents's name if you would like to review or change personal information.
6. Enter the **Personal Information** of the dependent

**Note:** Fields marked with an asterisk are required. Social Security number is required for all dependents.

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

8. If address and phone number are the same as the Employee, and 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 benefits.

<table>
<thead>
<tr>
<th><strong>Personal Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Name:</strong></td>
</tr>
<tr>
<td><strong>Middle Name:</strong></td>
</tr>
<tr>
<td><strong>Last Name:</strong></td>
</tr>
<tr>
<td><strong>Name Prefix:</strong></td>
</tr>
<tr>
<td><strong>Name Suffix:</strong></td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
</tr>
<tr>
<td><strong>Date of Birth:</strong></td>
</tr>
<tr>
<td><strong>SSN:</strong> (Social Security Number)</td>
</tr>
<tr>
<td><strong>Relationship to Employee:</strong></td>
</tr>
</tbody>
</table>

---
The Dependent Personal Information recap page displays.

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

9. Click the **Save** button to save the new dependent in the database.

The Save Confirmation page displays.

10. Click the **OK** button to proceed.

The Save was successful.
The Dependent Personal Information summary page displays.

11. Click the **Return to Event Selection** link at the bottom to enroll the new dependent in your dental plan.

Dependent/Beneficiary Personal Information

Dependent/Beneficiary’s personal information as of Jan 1, 2011. To make changes to this information, please contact Human Resources.

### Personal Information

- **First Name:** John
- **Middle Name:**
- **Last Name:** Smith
- **Name Prefix:**
- **Name Suffix:**
- **Gender:** Male
- **Date of Birth:** 03/01/2007
- **SSN:** 001-23-4567 (Social Security Number)
- **Relationship to Employee:** Son

### Address and Telephone

- **Same Address as Employee**
  - **Country:** United States
  - **Address:**

- **Same Phone as Employee**
  - **Phone:**

[Return to Enrollment Dependent/Beneficiary Summary]

[Edit]
12. At the bottom of this page, mark the **Enroll** checkbox next to the new dependent’s name to add this dependent to your dental coverage.

13. **Specify a Primary PMI Office ID number:** This number is only required for DeltaCare plans. (Click the **Select a Provider** link to select your Primary PMI Office ID number)

14. Mark the checkbox if you have previously visited this office.

15. Click the **Continue** button.
The Dental recap page displays.

Note: This page summarizes your choice of dental plan, estimated monthly cost and your covered dependents and provides you information on the effective date of your choice.

16. Click the **OK** button
The Enrollment Summary page displays.

17. Note the change you made to your dental plan.

Note: In this example, we changed from Delta Enhanced II employee only to DeltaCare USA-Enhanced for employee plus one dependent.

18. If you are satisfied with your selection, click the **Proceed to Save** button.

19. Proceed through the final submit process (as described on pages 8 - 10)

---

### Benefits Enrollment

#### Open Enrollment

The annual Open Enrollment period allows you to make changes to your benefits. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the Flexible Spending Programs next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

Important: Your enrollment will not be complete until you click the "Save" button on the Final Submission page.

---

#### Enrollment Summary

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Current</th>
<th>New: DeltaCare USA-Enhanced for Emp+1</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>Kaiser HMO Emply</td>
<td>DeltaCare USA-Enhanced for Emp+1</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>Vision Service Plan Empl+Dep</td>
<td>Vision Service Plan Empl+Dep</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**This table summarizes estimated costs for your new benefit choices.**

**Your Costs**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Before Tax</th>
<th>After Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

These costs do not include certain choices that are based on variable earnings.

Click **Proceed to Save** to authorize your enrollment request with your electronic signature.

Important: Your enrollment will not be complete until you click the "Save" button on the Final Submission page.
How do I change my dental plan and delete a dependent?

The Open Enrollment page displays.

1. Navigate to the **Open Enrollment** page (as described on page 3)

2. Click the **Edit** button next to **Dental**
The Dental enrollment page displays.

3. Select the dental plan that you wish to enroll in by clicking the radio button next to the plan provider.

Note: In this example, we have changed the plan from Delta Enhanced II to DeltaCare USA-Enhanced and deleted the coverage of the current dependent.

4. Uncheck the Enroll checkbox to delete/remove the current dependent from the new dental coverage.

5. Click the Continue button.
The Dental recap page displays.

Note: This page summarizes your choice of dental plan, estimated monthly cost (if any), and provides you information on the effective date of your choice.

6. Click the OK button
The system returns you to the Enrollment summary page.

7. Note the changes you made to your dental plan and the cost associated with your new election.

Note: In this example, we changed from Delta Enhanced II with employee plus one to DeltaCare USA-Enhanced with employee only coverage. The dependent is deleted/removed from the new coverage.

8. If you are satisfied with your selection, click the **Proceed to Save** button.

9. Proceed through the final submit process (as described on pages 8 - 10).
How do I add a dependent? (No change to dental plan provider)

The Open Enrollment page displays.

1. Navigate to the Open Enrollment page (as described on page 3)
2. Click the Edit button next to Dental
The Dental enrollment page displays.

3. Note that your current plan is shown next to the selected radio button.

   Note: In this example, we are only adding a dependent and keeping the current dental plan provider Delta Enhanced II.

4. Click the **Add/Review Dependents** button to add a new dependent.

   The Enrollment Dependent/Beneficiary Summary page displays.

5. Click the **Add a dependent or beneficiary** link

   Click Continuing to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.
The Dependent Personal Information page displays.

6. Enter the Personal Information of the dependent.

Note: Fields marked with an asterisk are required. Social Security number is required for all dependents.

7. Enter the Address & Telephone information

8. If address and phone number are the same as the employee, and 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 benefits.

**Personal Information**

- **First Name:**
- **Middle Name:**
- **Last Name:**
- **Name Prefix:**
- **Name Suffix:**
- **Gender:**
- **Date of Birth:**
- **SSN:** (Social Security Number)
- **Relationship to Employee:**
The Dependent Personal Information recap page displays.

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

9. Click the Save button to save the new dependent in the database.

The Save Confirmation page displays.

10. Click the OK button to proceed.
The Dependent Personal Information summary page displays.

11. Click the **Return to Event Selection** link to enroll the new dependent in your dental plan.

---

### Dependent/Beneficiary Personal Information

Dependent/Beneficiary's personal information as of Jan 1, 2011. To make changes to this information, please contact Human Resources.

<table>
<thead>
<tr>
<th><strong>Personal Information</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>John</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>Smith</td>
</tr>
<tr>
<td>Name Prefix:</td>
<td></td>
</tr>
<tr>
<td>Name Suffix:</td>
<td></td>
</tr>
<tr>
<td>Gender:</td>
<td>Male</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>09/01/2007</td>
</tr>
<tr>
<td>SSN:</td>
<td>001-23-4567 (Social Security Number)</td>
</tr>
<tr>
<td>Relationship to Employee:</td>
<td>Son</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Address and Telephone</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Same Address as Employee</td>
</tr>
<tr>
<td>Country:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
</tbody>
</table>

- [ ] Same Phone as Employee

Phone:

- [ ] Return to Enrollment Dependent/Beneficiary Summary
12. At the bottom of this page, mark the Enroll checkbox next to the new dependent's name to enroll this dependent in your dental coverage.

13. Click the Continue button.
The Dental recap page displays.

Note: This page summarizes your choice of dental plan, estimated monthly cost and your covered dependents and provides you information on the effective date of your choice.

14. Click the OK button
The system returns you to the Enrollment summary page.

15. Note the changes you made to your dental plan and the cost associated with your new election.

Note: In this example, we added a dependent without changing the dental plan provider. We changed from Delta Enhanced II with employee only coverage to Delta Enhanced II with employee plus one coverage.

16. If you are satisfied with your selection, click the Proceed to Save button.

17. Proceed through the final submit process (as described on pages 8 - 10).
How do I delete a dependent? (No change to dental plan provider)

The Open Enrollment page displays.

1. Navigate to the Open Enrollment page (as described on page 3).
2. Click the Edit button next to Dental
The Dental enrollment page displays.

3. Note that your current plan is shown next to the selected radio button.

   **Note:** In this example, we are only deleting a dependent and keeping the current dental plan provider Delta Enhanced II.

4. Uncheck the **Enroll** checkbox to delete/remove the dependent from your dental coverage.

5. Click the **Continue** button.
The Dental recap page displays.

Note: This page summarizes your choice of dental plan, estimated monthly cost and your covered dependents and provides you information on the effective date of your choice.

6. Click the **OK** button
7. Note the changes you made to your dental plan.

Note: In this example, we deleted a dependent without changing the dental plan provider. We changed from Delta Enhanced II with employee plus one coverage to Delta Enhanced II with employee only coverage.

8. If you are satisfied with your selection, click the Proceed to Save button.

9. Proceed through the final submit process (as described on pages 8 - 10).
How do I cancel my dental plan?

The Open Enrollment page displays.

1. Navigate to the **Open Enrollment** page (as described on page 3)

2. Click the **Edit** button next to Dental
The Dental enrollment page displays.

3. Click the radio button next to the Waive option to cancel your dental coverage.

Note: In this example, we are canceling dental coverage.

4. Click the Continue button.
The Dental recap page displays.

*Note: This page summarizes your choice of dental plan, estimated monthly cost and your covered dependents and provides you information on the effective date of your choice.*

*Note: For the purpose of this example, the dental coverage is waived/cancelled.*

5. Click the **OK** button
The system returns you to the Enrollment summary page.

6. Note the changes you made to your dental plan

*Note: In this example, we waived/cancelled the dental coverage entirely.*

7. If you are satisfied with your selection, click the **Proceed to Save** button

8. Proceed through the final submit process (as described on pages 8 - 10)
How do I cancel my dental plan and enroll into dental flex cash?

The Open Enrollment page displays.

1. Navigate to the **Open Enrollment** page (as described on page 3)

2. Cancel/waive the dental plan (as described in the previous section)

3. After waiving/canceling the dental plan, click the **Edit** button next to **Dental Flex Cash** to proceed

---

**Benefits Enrollment**

**Open Enrollment**

The annual Open Enrollment period allows you to make changes to your benefits. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the Flexible Spending Programs next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

Important: Your enrollment will not be complete until you click the “Save” button on the Final Submission page.

---

**Enrollment Summary**

<table>
<thead>
<tr>
<th></th>
<th>Medical</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>Kaiser Foundation:Emp Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>Kaiser HMO:Emp Only</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Dental</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>Delta Enhanced II:Emp Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>Waive</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Vision</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>Vision Service Plan Emp+Deps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>Vision Service Plan Emp+Deps</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Dental Flex Cash</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>No Coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>No Coverage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Medical Flex Cash</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
</table>
The Dental Flex Cash enrollment page displays.

4. Click the radio button next to the **Flex Cash-Dental** option to enroll in Dental flex cash coverage

   *Note: In this example, we first cancelled dental coverage and are now enrolling in dental flex cash.*

5. **Important!** Please read the flex cash coverage eligibility information on this page to determine whether you are eligible for the flex cash plan or not.

6. **Alternate Policy Information:** If you are eligible, then provide your alternate dental insurance policy information including the following:
   - Alternate dental insurance carrier name
   - Policy number
   - Social Security number of the person who holds the alternate policy under which you are covered

7. Click the **Continue** button
The Dental Flex Cash recap page displays.

Note: This page summarizes your choice for dental flex cash, the alternate policy information, and provides you information on the effective date of your choice.

8. Click the **OK** button
The system returns you to the Enrollment summary page.

9. Note the changes you made to your dental and dental flex cash plans.

*Note: In this example, we waived/cancelled the dental coverage entirely and enrolled in dental flex cash plan.*

10. If you are satisfied with your selection, click the **Proceed to Save** button.

11. Proceed through the final submit process (as described on pages 8 - 10).
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).