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 Flexible Spending HCRA/DCRA 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.

1. Depending on the roles you play on campus, you may see multiple tabs:
   - Student
   - Applicant
   - Faculty
   - Manager
   - Timekeeper
   - Employee

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

3. 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.

4. 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.

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 Flex Spending Health information, click the Edit button next to Flex Spending Health.

Note: The next few pages will use Flex Spending Health as an example. All plans will work in a similar fashion.
The Flex Spending Health enrollment page displays.

7. Read the top section of the Enrollment page to understand the deduction amount restrictions.

Note: By clicking the Flex Spending Program hyperlink on the enrollment page, you can get more information about the plan.

8. Click the radio button next to the Flex Spending Health option to enroll in the Flex Spending Health (HCRA) plan.

9. Type in your Annual Pledge amount (You may use the worksheet to help calculate your monthly deductions).

10. Click the Continue button.
The Flex Spending Health recap page displays.

Note: This page summarizes your choice for the Flex Spending Health plan, contribution amount and provides you information on the effective date of your choice.

11. Click the **OK** button
12. Note the changes you made to your Flex Spending Health plan and the cost associated with your new election.

Note: In this example, we enrolled in the Flex Spending Health plan for the first time with an annual pledge of $1000.

13. 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.

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### Enrollment Summary

<table>
<thead>
<tr>
<th>Current</th>
<th>New:</th>
<th>Before Tax</th>
<th>After Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kaiser Employer Only</td>
<td>0.00</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Kaiser HMO Empl Only</td>
<td>0.00</td>
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<td></td>
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<tr>
<td></td>
<td>Dental</td>
<td>Before Tax</td>
<td>After Tax</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Delta Enhanced HMO Empl Only</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Waive</td>
<td>Before Tax</td>
<td>After Tax</td>
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<tr>
<td>Current</td>
<td>Vision Service Plan Emp+Dep</td>
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<tr>
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<td>Vision Service Plan Emp+Dep</td>
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</tr>
<tr>
<td>Current</td>
<td>Dental Flex Cash</td>
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<td>After Tax</td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td>No Coverage</td>
<td>Before Tax</td>
<td>After Tax</td>
<td></td>
</tr>
<tr>
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<td>No Coverage</td>
<td>Before Tax</td>
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<td>Before Tax</td>
<td>After Tax</td>
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<td>New:</td>
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<tr>
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<td>Before Tax</td>
<td>After Tax</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>Flex Spending Health: $1,000.00</td>
<td>Before Tax</td>
<td>83.33</td>
<td></td>
</tr>
<tr>
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<td>After Tax</td>
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<tr>
<td>New:</td>
<td>No Coverage</td>
<td>Before Tax</td>
<td>After Tax</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>83.33</td>
<td>0.00</td>
<td>83.33</td>
<td></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.
The Submit Benefits Request page displays.

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

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

16. **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.

17. **Disclosures and Privacy Notice:** Click this 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.*

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

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

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**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 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.

- [Cancel]
- [Click Cancel if you are not ready to submit your choices and wish to return to the Enrollment Summary.]

**Eligibility Documentation**

You may need to certify your dependent's eligibility for coverage by providing verifying documentation (as described below). Dependent benefit elections are not finalized until you provide the necessary documentation to Human Resources, located in the Student Administration building, room 2009.

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 257 defines domestic partners as individuals of the same sex or of opposite sex and one of both whose age is 62. Health and dental benefits are subject to domestic partner imputed tax liability. Please visit the Domestic Partners 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.

- 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 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]
- [Click Proceed to Save to save and print your final choices.]
- [Cancel]
- [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 14 of the previous page provides legal disclosures and privacy information about various benefits 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.

A sample of the Disclosures & Privacy Information page displays.

Disclosures and Privacy Information

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

3) FLEXIBLE SPENDING HEALTH AND DEPENDENT CARE ACCOUNTS:

I understand that my enrollment into the Health Care and/or Dependent Care Reimbursement Account Plan(s) is for the current plan year only. If I elect to continue enrollment for the next plan year, I must re-enroll annually during Open Enrollment. I understand that IRS regulations require that any monthly deductions authorized by this section are irrevocable during the plan year, unless I experience a “status change event” as defined in the regulations and described in the Health Care and/or Dependent Care Reimbursement Account Plan(s). My agreement to have my pay reduced to make the contributions to the Reimbursement Account(s) that I have elected during the enrollment, also agree to pay the $200 monthly administrative fee through payroll deduction on a post-tax basis. The $200 administrative fee is charged per Plan. All reimbursement requests for the current Plan Year must be postmarked by June 30 of the following Plan Year in order to be reimbursed. I further understand that any unclaimed amount remaining in my Health Care or Dependent Care Reimbursement Account(s) after that date will be forfeited. I have read the above statements and agree to the terms and conditions of the Health Care and/or Dependent Care Reimbursement Account Plan(s) as outlined. I authorize my Benefits Services Representative to provide requested information to the program administrator for the purpose of identification and account processing.

Flexible Spending Health and Dependent Care Accounts Privacy Information: The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on the Benefits election pages is used by the State Controller’s Office and the dental insurance company for the purpose of identification and benefit coverage processing. It is mandatory to furnish all the information requested on the Benefits election pages except for employee’s marital status, which may be furnished on a voluntary basis. Failure to provide the mandatory information may result in the denial of enrollment, being processed or being processed incorrectly.

The State Controller’s Office requires employee’s social security number and name for identification purposes.


Information provided on the Benefits election pages will be forwarded to the program administrator. Copies of the Health Care/Dependent Care Reimbursement Enrolment Authorization Form(s) are maintained in confidential files of the State Controller’s Office for five years. Employees have the right of access to copies of their Enrollment Authorization forms upon request. The official responsible for the maintenance of the forms is: Chief of Personnel/Payroll Services Division, State Controller’s Office, P.O. Box 94250, Sacramento, California 94250-9425. Telephone (916) 445-5361.

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

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

21. Click the **Save** button

*Note: The remaining pages of this document will walk through specific scenarios related to Flex Spending Health & Dependent (HCRA/DCRA) Elections. Steps 1 to 3 and steps 13 through 18 in this section are the same no matter what you do, so they will not be shown again.*

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**Benefits Enrollment**

**Final Submission**

Click *Save* to submit your enrollment request to the Human Resources Office and print a copy of your enrollment summary.

Your enrollments will remain in effect unless you experience a qualified family status change or make new changes during the next Open Enrollment period.

*Important: Your enrollment will not be complete until you click the "Save" button on this page.*
How do I enroll in a Flex Spending Health (HCRA) and/or Flex Spending Dependent (DCRA) 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 Flex Spending Health or Flex Spending Dependent

Notes: In this example, we are enrolling in both the Flex Spending Health (HCRA) and Flex Spending Dependent (DCRA) plans.

Steps to enroll in both the flex spending plans (Health & Dependent) are the same. Thus, only the screenshots for Flex Spending Health will be shown in this section.
The Flex Spending Health enrollment page displays.

3. Click the radio button next to the Flex Spending Health option

4. Enter your Annual Pledge amount (You may use the worksheet to help calculate your monthly deductions)

5. Click the Continue button
TheFlex Spending Health recap page displays.

Note: This page summarizes your choice for the Flex Spending Health plan, contribution amount and provides you information on the effective date of your choice.

6. Click the **OK** button

- **Benefits Enrollment**

- **Flex Spending Health**

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

  - **Your Choice**
    
    You have chosen to enroll in the Flex Spending Health plan with an annual pledge of $1,000.00.

    I understand that IRS regulations require that my monthly deductions authorized by this election are irrevocable during this plan year unless I experience an allowable "status change event," as defined in these regulations and described in the Health Care and/or Dependent Care Reimbursement Account brochure(s).

  - **Your Contributions**
    
    Your approximate per pay period contribution will be $83.33.

  - **Notes**
    
    Once submitted, this enrollment will take effect on January 1st. Any deductions for this enrollment will issue on the December pay check which issues on January 1st.

- **OK**

  Click **OK** to put forward your enrollment request.

- **Edit**

  Click **Edit** to go back and change your enrollment request.
The system returns you to the Enrollment summary page.

7. Note the changes you made to your **Flex Spending Health** and **Flex Spending Dependent** plans and the cost associated with your new election.

*Note: In this example, we enrolled in both the Flex Spending Health and Flex Spending Dependent plans with an annual pledge of $1000 for each plan.*

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)

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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>Medical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current: Kaiser Foundation Emp Only</td>
<td>New: Wave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current: Delta Enhanced</td>
<td>New: Wave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current: Vision Service Plan Emp</td>
<td>New: Vision Service Plan Emp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Flex Cash</td>
<td></td>
<td>Before Tax</td>
<td>After Tax</td>
</tr>
<tr>
<td>Current: No Coverage</td>
<td>New: Wave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Flex Cash</td>
<td></td>
<td>Before Tax</td>
<td>After Tax</td>
</tr>
<tr>
<td>Current: No Coverage</td>
<td>New: Flex Cash - Medical Emp Only</td>
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<td></td>
</tr>
<tr>
<td>Flex Spending Health</td>
<td></td>
<td>Before Tax</td>
<td>After Tax</td>
</tr>
<tr>
<td>Current: No Coverage</td>
<td>New: Flex Spending Health: $1,000.00</td>
<td>83.33</td>
<td></td>
</tr>
<tr>
<td>Flex Spending Dependent</td>
<td></td>
<td>Before Tax</td>
<td>After Tax</td>
</tr>
<tr>
<td>Current: No Coverage</td>
<td>New: Flex Spending Dependent: $1,000.00</td>
<td>83.33</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></td>
<td>166.66</td>
<td>0.00</td>
<td>166.66</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 cancel my Flex Spending Health (HCRA) and/or Flex Spending Dependent (DCRA) 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 Flex Spending Health or Flex Spending Dependent

Note: In this example we are canceling both the Flex Spending Health (HCRA) and Flex Spending Dependent (DCRA) plans.

Note: Steps to cancel both the flex spending plans (Health & Dependent) are the same. Thus, only the screenshots for Flex Spending Health will be shown in this section.
The Flex Spending Health enrollment page displays.

3. Click the radio button next to the **No, I do not want to enroll** option to cancel the Flex Spending Health (HCRA) plan.

4. Click the **Continue** button.

The Flex Spending Health recap page displays.

*Note: This page summarizes your choice for Flex Spending Health and provides you information on the effective date of your choice.*

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

6. Note the changes you made to your Flex Spending Health and Flex Spending Dependent plans.

Note: In this example, we have waived/cancelled both the Flex Spending Health (HCRA) and Flex Spending Dependent (DCRA) plans.

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 change my deduction amount for my Flex Spending Health (HCRA) and/or Flex Spending Dependent (DCRA) 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 Flex Spending Health or Flex Spending Dependent

Note: In this example we are changing the deduction amount (annual pledge) for both the Flex Spending Health (HCRA) and Flex Spending Dependent (DCRA) plans.

Note: Steps to change the deduction amount (annual pledge) for both the flex spending plans (Health & Dependent) are the same. Thus, only the screenshots for Flex Spending Health will be shown in this section.
The Flex Spending Health enrollment page displays.

3. Verify that the radio button next to the **Flex Spending Health** option is selected in order to re-enroll in the Flex Spending Health (HCRA) plan.

4. Change the **Annual Pledge** amount to the new amount you wish to deduct for the next plan year (You may use the worksheet to help calculate your monthly deductions).

5. Click the **Continue** button.
The Flex Spending Health recap page displays.

Note: This page summarizes your choice for the Flex Spending Health plan, new contribution amount 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 Flex Spending Health and Flex Spending Dependent plans and the cost associated with your new election.

Note: In this example, we changed the deduction amount (annual pledge) for both the Flex Spending Health (HCRA) and Flex Spending Dependent (DCRA) plans.

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).

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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.

<table>
<thead>
<tr>
<th>Enrollment Summary</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Edit</strong></td>
<td><strong>Medical</strong></td>
<td><strong>Before Tax</strong></td>
</tr>
<tr>
<td>Current:</td>
<td>Kaiser Foundation Emp Only</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>Wave</td>
<td></td>
</tr>
<tr>
<td><strong>Edit</strong></td>
<td><strong>Dental</strong></td>
<td><strong>Before Tax</strong></td>
</tr>
<tr>
<td>Current:</td>
<td>Delta Enhanced II Emp Only</td>
<td></td>
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<tr>
<td>New:</td>
<td>Wave</td>
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<tr>
<td><strong>Edit</strong></td>
<td><strong>Vision</strong></td>
<td><strong>Before Tax</strong></td>
</tr>
<tr>
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<td>Vision Service Plan Emp+Deps</td>
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<tr>
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</tr>
<tr>
<td><strong>Edit</strong></td>
<td><strong>Dental Flex Cash</strong></td>
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<td>Current:</td>
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<td><strong>Edit</strong></td>
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<tr>
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<tr>
<td><strong>Edit</strong></td>
<td><strong>Flex Spending Health</strong></td>
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<tr>
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<tr>
<td><strong>Edit</strong></td>
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<td>Flex Spending Dependent: $1,000.00</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>Flex Spending Dependent: $1,200.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

This table summarizes estimated costs for your new benefit choices.

<table>
<thead>
<tr>
<th></th>
<th><strong>Before Tax</strong></th>
<th><strong>After Tax</strong></th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your Costs</strong></td>
<td>165.67</td>
<td>0.00</td>
<td>165.67</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.
**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).