

MEMORANDUM

DATE: August 3, 2010
TO: Faculty, Staff & Administrators of CSU East Bay
FROM: Jim Cimino, Associate Vice President
SUBJECT: Electronic Signatures for **eBenefits Self-Service**

In our continuing efforts to make information available to you electronically, to reduce paper, and to allow you to conduct business via the **MyCSUEB** self-service portal, this Fall we will go live with the PeopleSoft eBenefits self-service module. We intend to make this module available to you in time for the Fall Open Enrollment period. However, for you to use the eBenefits functionality you will need to complete the form on the second page of this memo and return it to the Human Resources Office.

The eBenefits self-service module enables you to *electronically* submit your benefits transaction(s) or request(s) to our benefits staff. This means that a new employee could enroll in benefits for the first time; or an existing employee could make changes to their current benefit selections, on-line, often without coming to the Human Resources Office.

WHY DO YOU NEED TO COMPLETE THIS FORM?

The State Controller's Office (SCO), as the pay agent for the CSU, makes, cancels and/or changes a deduction or reduction at the request of the employee. Presently they require a handwritten authorization (signature) on each benefit form. The CSU Chancellor's Office has informed the SCO that we will begin using eSignatures for our benefits enrollment/change forms this Fall. However, we are required to maintain a single document from you that indicates that you have agreed to use eSignatures for your eBenefits forms.

Complete and return the form on the next page of this memo to:

**Human Resources Office
SA 2600**

eBENEFITS SELF-SERVICE ELECTRONIC SIGNATURE AUTHORIZATION FORM

By signing this document, I _____ (print full name) authorize the campus Benefits Office to accept via electronic submission, my self-service benefits transactions requests that I am eligible for, which may include:

- **New Hire Enrollment(s) and annual Open Enrollment(s):** health, dental, vision, flexible spending plans (Health and/or Dependent Care Reimbursement Account Plans (HCRA/DCRA));
- **Life Event Processing** (i.e., change in status events); and
- **Dependent Information**

By signing this authorization request, I agree to submit any supporting documents required by the Benefits Office in order to process benefits transaction(s) request(s) on my behalf. I also authorize the Benefits Office to send necessary information to the State Controller’s Office and my selected providers to initiate and support benefits deductions and/or enrollment.

My signature on this form certifies that:

I agree that my User ID (Net ID) and password constitute my electronic signature and I understand that any information submitted using eBenefits self-service is electronically certifying my signature. I understand that I am legally bound, obligated, or responsible by use of my electronic signature as much as I would be by my handwritten signature. I agree that I will protect my electronic signature from unauthorized use, and that I will contact the CSU immediately upon discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other individual.

This request is effective immediately upon receipt by the Benefits Office, and will remain in effect until I choose to cancel it, via written notification.

Employee Signature	Date Signed
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Reviewed & Accepted by Authorized Campus Representative	Date Signed
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