

**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));
- **Savings Plan Enrollment(s) and Change(s):**  
 (CSU 403(b) Tax Sheltered Annuity (TSA) Program);
- **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 SCO 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 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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