

Overview

The eBenefits functionality allows employees to use MySJSU 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 your Benefits Service Representative at 408-924-2250 or visit [Human Resources](http://www.sjsu.edu/hr/index.htm) (<http://www.sjsu.edu/hr/index.htm>). Depending on your job classification, you may be eligible to enroll yourself, and in many instances your family, 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 as a New Hire or Newly Benefits-Eligible employee.

Table of Contents

Login to MySJSU	2
Navigate to New Enrollment.....	3
How do I enroll in a Medical plan?	6
How do I enroll in a Medical Flex Cash plan?.....	7
How do I enroll in a Dental plan?	8
How do I enroll in a Dental Flex Cash plan?.....	9
How do I enroll in a Flex Spending Health (HCRA) and/or Flex Spending Dependent (DCRA) plan?	10
How do I enroll my eligible dependents in my Medical and/or Dental plan?	11
Complete New Enrollment Elections.....	14
Disclosures and Privacy Notice	16

Login to MySJSU

The MySJSU homepage displays.

1. Go to [MySJSU](http://my.sjsu.edu/) (<http://my.sjsu.edu/>).
2. Click the **MySJSU SIGN IN** button.



Quick Links

- [Class Search](#)
- [Browse Catalog](#)
- [My Password/Sign In Help](#)
- [System Downtime](#)

MySJSU SIGN IN

ABOUT MYSJSU

MySJSU is for current and former [students](#), [applicants for admission](#), [job applicants](#) and all [SJSU employees](#).

NEWS, EVENTS & ANNOUNCEMENTS

Contact Us

MySJSU is supported by the Common Management Systems (CMS) Project Office and its Project Team.

The Login page displays.

3. Enter your **SJSU ID** and **Password**.
4. Click the **Sign In** button.

Note: If you have difficulty logging in, contact the CMS Help Desk by email (cmshelp@sjsu.edu) with your full name, department and SJSU ID.

ORACLE
PEOPLESOFT ENTERPRISE

SJSU ID:

Password:

Sign In

Navigate to New Enrollment

The Main Menu displays.

1. From the **Main Menu**, navigate to **Self Service > Benefits > New Enrollment**.

The screenshot shows the San José State University Self Service portal. On the left is a 'Menu' sidebar with a search bar and a list of categories. The 'Benefits' category is expanded, and 'New Enrollment' is highlighted. On the right, the 'Benefits Enrollment' page is displayed, featuring a 'New Enrollment' section with a 'Twinkl Mistry' header and instructions for new hires. Below this is a 'Marital Status' section with a dropdown menu and a 'Medical Plan Selection' section with introductory text.

San José State UNIVERSITY

Menu

Search: [input]

- My Favorites
- CSU SA Baseline
- Campus Info
- Self Service
- SJSU University Experts
- Time Reporting
- Personal Information
- Payroll and Compensation
- Benefits
- Stock Activity
- Learning and Development
- Performance Management
- Recruiting Activities
- Enrollment
- Campus Finances
- Campus Personal Information
- Academic Records
- Degree Progress/Graduation

Benefits Enrollment

New Enrollment

Twinkl Mistry

Use this page to enroll in Benefits as a **new hire or newly benefits-eligible employee**. If you have existing benefits through San Jose State University and need to make a change, you must use the Life Events or Open Enrollment Page.

You must enroll in benefit plans within 60 days of employment/eligibility. Failure to enroll within the 60 day timeframe will delay the effective date of coverage. For questions regarding your benefits information, please contact your Benefits Service Representative at 408-924-2250 or you can visit the [HR website](#).

i Click the Information icon to learn more about various Benefit programs, eligibility, and enrollment.

Marital Status

Please indicate your current marital status.

'Marital Status' [dropdown]

Medical Plan Selection

You have a comprehensive program of medical benefits available to you, and in many instances, your family. You share the cost of the coverage with the CSU; the CSU pays the greater portion of the monthly premium. For detailed information regarding the CSU medical plans and providers, please visit the [Staff, Faculty](#), or [MPP/Confidential](#) employees section of the HR website.

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.

Benefits Enrollment

New Enrollment

Use this page to enroll in Benefits as a **new hire or newly benefits-eligible employee**. If you have existing benefits through San Jose State University and need to make a change, you must use the Life Events or Open Enrollment Page.

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 Click the Information icon to learn more about various Benefit programs, eligibility, and enrollment.

Marital Status

Please indicate your current marital status.

*Marital Status

Medical Plan Selection

You have a comprehensive program of medical benefits available to you, and in many instances, your family. You share the cost of the coverage with the CSU; the CSU pays the greater portion of the monthly premium. For detailed information regarding the CSU medical plans and providers, please visit the [Staff, Faculty](#), or [MPP/Confidential](#) employees section of the HR website.

New Enrollment Decline Coverage

*Medical Plan

Alternatively, if you have non-CSU medical coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.

New Enrollment Decline Coverage

Dental Plan Selection

You have a comprehensive program of dental benefits available to you, and in many instances, your family. The CSU pays the full cost of your monthly premium. For detailed information regarding the CSU dental plans and providers, please visit the [Staff, Faculty](#), or [MPP/Confidential](#) employees section of the HR website.

New Enrollment Decline Coverage

*Dental Plan

Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.

New Enrollment Decline Coverage

Flex Spending Accounts

The [Health Care Reimbursement Account](#) (HCRA) is a voluntary benefit plan which allows you to pay for eligible out-of-pocket medical and dental expenses with pre-tax dollars for yourself and your dependents. Re-enrollment in this plan during annual Open Enrollment is required if you wish to continue coverage for the next year. The minimum monthly deduction is \$20.00, and the maximum is \$416.66. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited. There is also a \$2.00 monthly administrative fee charged for each account.

New Enrollment No Enrollment

The [Dependent Care Reimbursement Account](#) (DCRA) is also a voluntary benefit plan which allows you to pay for day care expenses for children under 13, an incapacitated spouse, or other dependent adult who lives with you. The same information above for HCRA also applies to DCRA such as re-enrollment, minimum and maximum deductions, administrative fee, etc.

New Enrollment No Enrollment

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.

[Add New Dependent](#)

Continue Click **Continue** to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.

Current Marital Status:


- If your Life Event was **Marriage**, use the dropdown menu to select your current marital status.

Benefits Enrollment

New Enrollment

Use this page to enroll in Benefits as a **new hire or newly benefits-eligible employee**. If you have existing benefits through San Jose State University and need to make a change, you must use the Life Events or Open Enrollment Page.

You must enroll in benefit plans within 60 days of employment/eligibility. Failure to enroll within the 60 day timeframe will delay the effective date of coverage. For questions regarding your benefits information, please contact your Benefits Service Representative at 408-924-2250 or you can visit the [HR website](#).

 Click the Information icon to learn more about various Benefit programs, eligibility, and enrollment.

→ **Marital Status**

Please indicate your current marital status.

*Marital Status

Divorced
Domestic Partner
Married
Separated
Single
Widowed

Medical Plan Selection

You have a company medical plan. You share the cost of the plan. For detailed information, visit the [MPP/Confidentiality](#) page.

medical benefits available to you, and in many instances, your family. The CSU; the CSU pays the greater portion of the monthly premium. For CSU medical plans and providers, please visit the [Staff, Faculty](#), or the HR website.

New Enrollment Decline Coverage

*Medical Plan

How do I enroll in a Medical plan?

The New Enrollment page displays.

- 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.

- Use the drop-down menu to select the **Medical Plan** you wish to enroll in.
- Information:** Click the **Staff, Faculty** or **MPP/Confidential** hyperlinks, as appropriate to your job classification, to get more information about the medical plans and the providers.

Notes: If you select Blue Shield HMO, the Primary Care Provide field is required.

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

- After selecting all changes, skip to the **Complete New Enrollment Elections** section (on page 14) to complete the process.

The screenshot shows the 'Medical Plan Selection' page. At the top, there is a blue header with the title 'Medical Plan Selection'. Below the header, there is a paragraph of text: 'You have a comprehensive program of medical benefits available to you, and in many instances, your family. You share the cost of the coverage with the CSU; the CSU pays the greater portion of the monthly premium. For detailed information regarding the CSU medical plans and providers, please visit the [Staff](#), [Faculty](#), or [MPP/Confidential](#) employees section of the HR website.' There are two arrows pointing to the 'Staff', 'Faculty', and 'MPP/Confidential' links. Below the text, there are two radio buttons: 'New Enrollment' (which is selected) and 'Decline Coverage'. Below the radio buttons, there is a 'Medical Plan' dropdown menu currently showing 'Blue Shield HMO'. A dropdown list is open below it, showing options: 'Blue Shield HMO', 'Kaiser HMO', 'PERS Care PPO', and 'PERS Choice PPO'. An arrow points to the dropdown menu. To the right of the dropdown menu is a 'Primary Care Provider' text input field. Below the input field, there is a paragraph of text: 'Alternatively, if you obtain cash in lieu of medical insurance that holds the position, you may elect to participate in the FlexCash plan to obtain cash in lieu of medical insurance. If you elect the FlexCash plan, you are required to provide the alternate number, as well as the Social Security Number of the person who holds the position. See the [FlexCash Plan](#) document.' At the bottom of the page, there are two radio buttons: 'New Enrollment' and 'Decline Coverage'.

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. Information: Click the FlexCash Plan hyperlink to get more information about this plan.
3. Select the **Decline Coverage** radio button to decline medical coverage.
4. To enroll in **Medical Flex Cash** plan, select the **New Enrollment** radio button.
5. 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
 - Alternate medical insurance carrier name
 - Policy number

After selecting all changes, skip to the Complete New Enrollment Elections section (on page 14) to complete the process.

The screenshot shows the 'Medical Plan Selection' page. At the top, there is a blue header with the title 'Medical Plan Selection'. Below the header, there is a paragraph of text: 'You have a comprehensive program of medical benefits available to you, and in many instances, your family. You share the cost of the coverage with the CSU; the CSU pays the greater portion of the monthly premium. For detailed information regarding the CSU medical plans and providers, please visit the [Staff, Faculty](#), or [MPP/Confidential](#) employees section of the HR website.' Below this text are two radio buttons: 'New Enrollment' and 'Decline Coverage'. An arrow points to the 'Decline Coverage' radio button. Below the radio buttons is a horizontal line. Below the line, there is a paragraph of text: 'Alternatively, if you have non-CSU medical coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.' Below this text are three input fields: 'Social Security Number', 'Insurance Carrier', and 'Policy Number'. Arrows point to each of these input fields. Above the 'Social Security Number' and 'Insurance Carrier' fields, there are two radio buttons: 'New Enrollment' and 'Decline Coverage'. An arrow points to the 'New Enrollment' radio button. An arrow also points to the 'Insurance Carrier' field.

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 dropdown menu to select the **Dental Plan** in which you wish to enroll.
3. **Information:** Click **Staff**, **Faculty** or **MPP/Confidential** hyperlink, as appropriate to your job classification, 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.

The screenshot shows the 'Dental Plan Selection' page. At the top, there is a header 'Dental Plan Selection' and a paragraph of introductory text. Below this, there are two radio buttons: 'New Enrollment' (which is selected) and 'Decline Coverage'. To the right of these buttons are three hyperlinks: 'Staff', 'Faculty', and 'MPP/Confidential'. Below the radio buttons, there is a dropdown menu for 'Dental Plan' currently set to 'DeltaCare USA - Enhanced'. Below that is a 'Primary Office' dropdown menu with 'Delta Enhanced II' and 'DeltaCare USA - Enhanced' as options. To the right of the 'Primary Office' dropdown is a 'Select a Provider' hyperlink. At the bottom of the page, there are two radio buttons: 'New Enrollment' and 'Decline Coverage' (which is selected). Arrows point from the text on the left to these specific elements in the screenshot.

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 find out if you are eligible for the **Flex Cash** plan.
3. 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**.
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
 - Alternate dental insurance carrier name
 - Policy number

After selecting all changes, skip to the Complete New Enrollment Elections section (on page 14) to complete the process.

The screenshot shows the 'Dental Plan Selection' form. At the top, there is a blue header with the title 'Dental Plan Selection'. Below the header, there is a paragraph of text: 'You have a comprehensive program of dental benefits available to you, and in many instances, your family. The CSU pays the full cost of your monthly premium. For detailed information regarding the CSU dental plans and providers, please visit the [Staff, Faculty, or MPP/Confidential](#) employees section of the HR website.' Below this text are two radio buttons: 'New Enrollment' and 'Decline Coverage'. An arrow points from the 'Decline Coverage' radio button to the text above it. Below the radio buttons is a horizontal line. Below the line, there is a paragraph of text: 'Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.' Below this text are three input fields: 'Social Security Number', 'Insurance Carrier', and 'Policy Number'. Arrows point from the 'New Enrollment' radio button to the 'Social Security Number' field, from the 'Decline Coverage' radio button to the 'Insurance Carrier' field, and from the 'Policy Number' field to the 'Insurance Carrier' field.

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.

Flex Spending Accounts

The [Health Care Reimbursement Account](#) (HCRA) is a voluntary benefit plan which allows you to pay for eligible out-of-pocket medical and dental expenses with pre-tax dollars for yourself and your dependents. Re-enrollment in this plan during annual Open Enrollment is required if you wish to continue coverage for the next year. The minimum monthly deduction is \$20.00, and the maximum is \$416.66. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited. There is also a \$2.00 monthly administrative fee charged for each account.

New Enrollment **No Enrollment**

*Monthly HCRA Amount ←

The [Dependent Care Reimbursement Account](#) (DCRA) is also a voluntary benefit plan which allows you to pay for day care expenses for children under 13, an incapacitated spouse, or other dependent adult who lives with you. The same information above for HCRA also applies to DCRA such as re-enrollment, minimum and maximum deductions, administrative fee, etc.

New Enrollment **No Enrollment**

*Monthly DCRA Amount ←

How do I enroll my eligible dependents in my Medical and/or Dental 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 and/or Dental 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. If the dependent you are entering is a spouse or a domestic partner, you will be required to enter their Social Security Number.

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.

→ [Add New Dependent](#)

Continue Click **Continue** to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.

Dependent Personal Information

Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2008. Remember, a Social Security Number is required for a spouse or domestic partner.

→ Personal Information

*First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
*Last Name:	<input type="text"/>
Name Prefix:	<input type="text"/>
Name Suffix:	<input type="text"/>
*Gender:	Male <input type="button" value="v"/>
*Date of Birth:	<input type="text"/>
SSN:	<input type="text"/> (Social Security Number)
*Relationship to Employee:	<input type="button" value="v"/>

→ Address and Telephone

Same Address as Employee

Country:

Address:

Same Phone as Employee

Phone:

* Required Field

Save

[Return to Enrollment Dependent/Beneficiary Summary](#)

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

- Click the **OK** button to save the new dependent in the database and return to the **New Enrollment** page.

Dependent Personal Information

Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2008. Remember, a Social Security Number is required for a spouse or domestic partner.

Personal Information

*First Name:

Middle Name:

*Last Name:

Name Prefix:

Name Suffix:

*Gender:

*Date of Birth:

SSN: (Social Security Number)

*Relationship to Employee:

Address and Telephone

Same Address as Employee

Country: United States

Address: 34 Nan Crmn
San Jose, CA 94550

Same Phone as Employee

Phone: 408/924-1000

* Required Field

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.

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.

[Add New Dependent](#)

Customize Find First 1-2 of 2 Last					
Name	Birthdate	Relation	Medical Coverage	Blue Shield Primary Care Provider	Dental Coverage
→ Elaine Smith	07-AUG-68	Spouse	No Change	<input type="text"/>	No Change
→ John Smith	01-SEP-07	Son	No Change	<input type="text"/>	No Change

Click **Continue** to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.

Note: You must have a medical or dental plan selected for yourself before you can cover your eligible dependents in the same plan.

- Use the drop-down menu to select **Add** from the **Medical Coverage**.

Note: You must provide the Primary Care Physician when enrolling dependents in Blue Shield HMO.

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.

[Add New Dependent](#)

Name	Birthdate	Relation	Medical Coverage	Blue Shield Primary Care Provider	Dental Coverage
Elaine Smith	07-AUG-68	Spouse	Add		No Change
John Smith	01-SEP-07	Son	Add		No Change

Continue Click **Continue** to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.

- Use the drop-down menu to select **Add** or **Remove** from **Dental Coverage**.
- After selecting all changes, skip to the **Complete New Enrollment Elections** section (on page 14) to complete the process.

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.

[Add New Dependent](#)

Name	Birthdate	Relation	Medical Coverage	Blue Shield Primary Care Provider	Dental Coverage
Elaine Smith	07-AUG-68	Spouse	Add		Add
John Smith	01-SEP-07	Son	No Change		Add

Continue Click **Continue** to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.

Complete New Enrollment Elections

The New Enrollment page displays.

- After you have made all your elections on the **New Enrollment** page, click the **Continue** button at the bottom of the page.

Medical Plan Selection

You have a comprehensive program of medical benefits available to you, and in many instances, your family. You share the cost of the coverage with the CSU; the CSU pays the greater portion of the monthly premium. For detailed information regarding the CSU medical plans and providers, please visit the [Staff, Faculty, or MPP/Confidential](#) employees section of the HR website.

New Enrollment
 Decline Coverage

'Medical Plan 'Primary Care Provider

Alternatively, if you have non-CSU medical coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.

New Enrollment
 Decline Coverage

Dental Plan Selection

You have a comprehensive program of dental benefits available to you, and in many instances, your family. The CSU pays the full cost of your monthly premium. For detailed information regarding the CSU dental plans and providers, please visit the [Staff, Faculty, or MPP/Confidential](#) employees section of the HR website.

New Enrollment
 Decline Coverage

'Dental Plan

'Primary Office ID Number [Select a Provider](#)

Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.

New Enrollment
 Decline Coverage

Flex Spending Accounts

The [Health Care Reimbursement Account](#) (HCRA) is a voluntary benefit plan which allows you to pay for eligible out-of-pocket medical and dental expenses with pre-tax dollars for yourself and your dependents. Re-enrollment in this plan during annual Open Enrollment is required if you wish to continue coverage for the next year. The minimum monthly deduction is \$20.00, and the maximum is \$416.66. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited. There is also a \$2.00 monthly administrative fee charged for each account.

New Enrollment
 No Enrollment

'Monthly HCRA Amount

The [Dependent Care Reimbursement Account](#) (DCRA) is also a voluntary benefit plan which allows you to pay for day care expenses for children under 13, an incapacitated spouse, or other dependent adult who lives with you. The same information above for HCRA also applies to DCRA such as re-enrollment, minimum and maximum deductions, administrative fee, etc.

New Enrollment
 No Enrollment

'Monthly DCRA Amount

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.

[Add New Dependent](#)

Name	Birthdate	Relation	Medical Coverage	Blue Shield Primary Care Provider	Dental Coverage
Elaine Smith	07-AUG-68	Spouse	Add	Dr. Kim Hansen	Add
John Smith	01-SEP-07	Son	Add	Dr. Pham Nguyen	Add

Continue

Click **Continue** to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.

The final submit page for New Enrollment displays.

- Effective Date of Coverage:** Review this section to understand when your new elections will be effective.
- Eligibility Documentation:** Review this section to find out if any additional documentation is needed by your **Benefits Representative** before your elections can be finalized.
- 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.
- After reading the **Disclosures and Privacy Information**, mark the checkbox to affirm that you have read it and understand it.
- Click the **Sign** button to electronically authorize your elections.

Benefits Enrollment

New Enrollment

Effective Date of Coverage

Medical and Dental coverage becomes effective the first day of the month following the day your Benefits Service Representative receives your completed benefit elections. Coverage for **FlexCash Plans** and **Flexible Spending Accounts** becomes effective the first day of the **second** month following the day your Benefits Service Representative receives your completed benefit elections.

Example: If you make Medical and/or Dental elections and provide all the supporting documents on 2/25/2008, they will be effective on 3/1/2008. However, if you elect FlexCash and/or enroll in a Flexible Spending Account on 2/25/2008, they will be effective on 4/1/2008.

Benefit elections are not finalized until you provide the required supporting documentation to your Benefits Service Representative.

Supporting Documentation

You may need to certify your dependent's eligibility for coverage by providing verifying documentation as described below. Benefit elections are not finalized until you provide the necessary documentation to your Benefits Service Representative, located in Human Resources, University Police Department Building, Third Floor, on the corner of 7th and San Salvador Street.

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

In order to **enroll a spouse for the first time**, a marriage certificate and the spouse's social security number must be provided. 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 297](#) 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 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.

Electronic Signature to Authorize Elections

I authorize the California State Controller's Office to take payroll deductions (if any) for the benefits I selected on a before-tax and after-tax basis. I also authorize my Benefits Service Representative to send necessary personal information to my selected providers to initiate and support my coverage. 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 choices to your Benefits Service Representative.

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 408-924-2250

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

7. Click the **Submit** button to send your final choices to the Benefits Department.

The submit confirmation page displays.

8. After reading the information on this page, click the **OK** button.

Disclosures and Privacy

- I affirm I have reviewed and understand the [Disclosures and Privacy Notice](#) information about my elections.

Electronic Signature to Authorize Elections

I authorize the California State Controller's Office to take payroll deductions (if any) for the benefits I selected on a before-tax and after-tax basis. I also authorize my Benefits Service Representative to send necessary personal information to my selected providers to initiate and support my coverage. I consent to the use of Electronic Signature. *Note: Your electronic signature has the same legal and binding effect as signing your name.*

Tom Smith

Click **Submit** to submit your choices to your Benefits Service Representative.

Click **Cancel** to ignore all entries made on this page and return to the Enrollment page.

Benefits Enrollment

New Enrollment

Your Elections have been successfully submitted to the Benefits Department. Within 2 business days your Benefits Service Representative will process and finalize your elections. You will be notified via email when this is complete or if more information is required. If you have any questions about the process, please contact your Benefits Service Representative at 408-924-2250.

Notes: You and your Benefits Service Representative will receive an email notification indicating that you have submitted your benefits enrollment. Within 2 business days, your Benefits Service Representative will process and finalize your elections and send you another email notification indicating that your benefits enrollment is completed by the Benefits department.

The email notifications are sent to your preferred email address on your MySJSU account. If you have not saved your preferred email address in MySJSU, update it under Self Service > Personal Information > Email Addresses.

Employees without a preferred email address in MySJSU will be contacted by phone by their Benefits Service Representative.