Overview
The eBenefits functionality allows employees to use MySJSU 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 your Benefits Representative at 408-924-2250 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.

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Login to MySJSU

To login to MySJSU:

1. Navigate to MySJSU (http://my.sjsu.edu).
2. Click the Login to MySJSU button.

The login page displays.

3. Enter your User ID and Password.
4. Click the Sign In button.
General Information

**The Main Menu displays.**

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

**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.

2. Click the **Select** button.
The Open Enrollment page displays.

3. You will see all plans you are eligible for.
4. Click the Edit button next to the plan you wish to update.
5. 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.

### Benefits Enrollment

**Open Enrollment**

Open Enrollment happens once a year. 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 “Submit” button.

<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>Before Tax</td>
</tr>
<tr>
<td>Current:</td>
<td>Blue Shield HMO Empl+1</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Edit</strong></td>
<td><strong>Dental</strong></td>
<td>Before Tax</td>
</tr>
<tr>
<td>Current:</td>
<td>Delta Enhanced II Empl+1</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td><strong>Edit</strong></td>
<td><strong>Dental Flex Cash</strong></td>
<td>Before Tax</td>
</tr>
<tr>
<td>Current:</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td><strong>Edit</strong></td>
<td><strong>Medical Flex Cash</strong></td>
<td>Before Tax</td>
</tr>
<tr>
<td>Current:</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td><strong>Edit</strong></td>
<td><strong>Flex Spending Health</strong></td>
<td>Before Tax</td>
</tr>
<tr>
<td>Current:</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Edit</strong></td>
<td><strong>Flex Spending Dependent</strong></td>
<td>Before Tax</td>
</tr>
<tr>
<td>Current:</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>No Coverage</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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Submit: Click Submit to send your final choices to your Benefits Representative

**Important:** Your enrollment will not be complete until you click the “Submit” button.
The Flex Spending Health enrollment page displays.

6. 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.

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

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

9. 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.

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

11. 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 $1200.

12. If you are satisfied with your selection, click the Submit button.

Note: You may come back at any time during the Open Enrollment period to make additional elections or changes.
The Submit Benefit Choices page displays.

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

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

15. **Eligibility Documentation**: Review this section to find out if any additional documentation is needed by your Benefits Representative before your elections can be finalized.

16. **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.

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

18. Click the Sign button to electronically authorize your elections.
Disclosures and Privacy Notice

The hyperlink mentioned in step 17 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.

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.

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 wish to continue enrollment for the next plan year, I must re-enroll annually during Open Enrollment. 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). My agreement to have my pay reduced is made on the condition that the CSU contribute the amounts to the Reimbursement Account(s) that I have specified during this enrollment. I also agree to pay the $2.00 monthly administrative fee through payroll deduction on a post-tax basis. The $2.00 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 the Dependent Care Reimbursement Account Plan(s) as outlined. I authorize my Benefits Service 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 purposes of identification and dental 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 dental enrollment action not being processed or being processed incorrectly.

The State Controller’s Office requires employee’s social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151, 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Sections 218, Title II of the Social Security Act.

Information provided on the Benefits election pages will be forwarded to the program administrator. Copies of the Health Care/Dependent Care Reimbursement Enrollment 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 94250-5878, Telephone (916) 445-5361.
Your name displays in the Sign field as an electronic signature.

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

The Submit Confirmation page displays.

20. Click the Save and Print button.

Note: The remaining pages of this document will walk through specific scenarios related to Flex Spending Health & Dependent (HCRA/DCRA) Elections. Steps 1 and 2 and steps 13 through 19 in this section are the same no matter what you do, so they will not be shown again.
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 4).

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.

This table summarizes estimated costs for your new benefit choices.

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

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

Click Submit to send your final choices to your Benefits Representative

Important: Your enrollment will not be complete until you click the "Submit" button.
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.
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.

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 enrolled in both the Flex Spending Health and Flex Spending Dependent plans with an annual pledge of $1200 for each plan.

8. If you are satisfied with your selection, click the Submit button.

9. Proceed through the final submit process (as described on pages 8 – 10).

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Open Enrollment

Open Enrollment happens once a year. 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 “Submit” button

<table>
<thead>
<tr>
<th>Enrollment Summary</th>
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</thead>
<tbody>
<tr>
<td><strong>Edit</strong></td>
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<tr>
<td>Current:</td>
</tr>
<tr>
<td>New:</td>
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<tr>
<td><strong>Edit</strong></td>
</tr>
<tr>
<td>Current:</td>
</tr>
<tr>
<td>New:</td>
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<tr>
<td><strong>Edit</strong></td>
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<td>Current:</td>
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<td><strong>Edit</strong></td>
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<td>Current:</td>
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<td>New:</td>
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<td><strong>Edit</strong></td>
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<td>Current:</td>
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<td>New:</td>
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<tr>
<td><strong>Edit</strong></td>
</tr>
<tr>
<td>Current:</td>
</tr>
<tr>
<td>New:</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Your Costs</th>
<th>Before Tax</th>
<th>After Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>200</td>
<td>0.00</td>
<td>200</td>
<td></td>
</tr>
</tbody>
</table>

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

Click Submit to send your final choices to your Benefits Representative

Important: Your enrollment will not be complete until you click the “Submit” button.
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.

This table summarizes estimated costs for your new benefit choices.

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

Important: Your enrollment will not be complete until you click the "Submit" button.

Submit Click Submit to send your final choices to your Benefits Representative
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 Submit 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.
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 Submit button.

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