

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 Flex Cash plans.

Table of Contents

Login to MySJSU	2
General Information	3
Disclosures and Privacy Notice.....	9
How do I enroll in dental and medical flex cash? (No current coverage)	11
How do I cancel my dental flex cash and/or medical flex cash?.....	15
How do I cancel my dental flex cash and/or medical flex cash and enroll in dental and/or medical plan?	18

Login to MySJSU

To login to MySJSU:

1. Go to [MySJSU](http://my.sjsu.edu/) (<http://my.sjsu.edu/>).
2. Click the **Login to MySJSU** 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 **User ID** and **Password**.
4. Click the **Sign In** button.

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

ORACLE®
PEOPLESOFT ENTERPRISE

SJSU ID:

Password:

Sign In

General Information

The Main Menu displays.

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

The screenshot shows the San Jose State University Self Service interface. On the left is a 'Menu' sidebar with categories like Alert-SJSU, Campus Info, Self Service, Time Reporting, Payroll and Compensation, Benefits, Learning and Development, Recruiting Activities, Campus Finances, Campus Personal Information, Manager Self Service, SJSU Campus Solutions, Recruiting, Campus Community, Student Recruiting, Student Admissions, Records and Enrollment, Curriculum Management, Student Financials, and Set Up SACR. Arrows point to 'Self Service', 'Benefits', and 'Open Enrollment' in the menu. The main content area is titled 'Benefits Enrollment' and contains text explaining that benefit choices can only be changed during Open Enrollment or when a family status change occurs. It provides instructions on how to enroll in a Tax Sheltered Annuity (TSA) 403(b) account. Below the text is a table of 'Open Benefit Events' with columns for Event Description, Event Date, Event Status, Job Title, and a 'Select' button. The table shows one event: 'Open Enrollment' on 01/01/2009, Submitted, for an Admin Support Assistant (12 Mo). An information icon (i) is next to the event, and the 'Select' button is highlighted. Further text explains that clicking 'Select' will load the enrollment information and provides contact information for the Benefits Service Representative.

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.

Benefits Enrollment

After your initial enrollment, the only time you may change your benefit choices is during Open Enrollment or when a qualified family status change occurs.

To enroll in a **Tax Sheltered Annuity (TSA) 403(b)** account, navigate back to Self Service > Benefits > TSA Update / Enroll.

The Information icon **i** provides you with additional information about your enrollment. The Select button next to an event means it is currently open for enrollment. To begin your enrollment, click **Select**.

Open Benefit Events				
Event Description	Event Date	Event Status	Job Title	
Open Enrollment	01/01/2009	Submitted	Admin Support Assistant 12 Mo	Select

Once you click Select, it will take a few seconds for your benefits enrollment information to load.

For questions regarding your benefit information please contact your Benefits Service Representative at 408-924-2250 or you can visit the [HR Website](#).

The Open Enrollment page displays.

Note You will see all plans you are eligible for.

- Click the **Edit** button next to the plan you wish to update.
- For example, to edit **Dental Flex Cash** information, click the **Edit** button next to Dental Flex Cash.

Note: The next few pages will use Dental Flex Cash 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

Enrollment Summary			
		Before Tax	After Tax
Edit	Medical		
Current:	Blue Shield HMO:Empl+1		
New:	Blue Shield HMO:Empl Only	27.02	
Edit	Dental		
Current:	Delta Enhanced II:Empl+Deps		
New:	Waive		
Edit	Vision		
Current:	Vision Service Plan:Emp+Deps		
New:	Vision Service Plan:Emp+Deps		
Edit	Dental Flex Cash		
Current:	No Coverage		
New:		0.00	
Edit	Medical Flex Cash		
Current:	No Coverage		
New:	No Coverage		
Edit	Flex Spending Health		
Current:	No Coverage		
New:	Flex Spending Health: \$1,200.00		
Edit	Flex Spending Dependent		
Current:	No Coverage		
New:	No Coverage		

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs	0.00	0.00	0.00

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 Dental Flex Cash enrollment page displays.

5. Click the radio button next to the **Flex Cash- Dental** option to enroll in dental flex cash coverage.

Notes: Please read the flex cash coverage eligibility information on this page to determine whether or not you are eligible for the flex cash plan.

By clicking the various hyperlinks on the enrollment page, you can get more information about the plan.

6. If you are eligible, then provide your alternate dental insurance policy information including the following:
 - Alternate dental insurance carrier name
 - Policy number
 - Social Security number of the person who holds the alternate policy under which you are covered
7. Click the **Continue** button.

Benefits Enrollment

Dental Flex Cash

Important! Your current coverage is: No Coverage. You will continue with this coverage unless you elect to make a change. As an employee of the CSU, you are not eligible to participate in Dental FlexCash if you are covered for Dental as a dependent of another CSU employee, or retiree. You may only elect Dental FlexCash if you have alternative non-CSU Dental coverage.

Select an Option

Here are your available options with your monthly costs:

[Overview of all Plans](#)

Select one of the following plans:

Flex Cash - Dental

Coverage Level

Employee Only

Employees who have non-CSU Dental coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for information or view the [FlexCash Plan](#) document.

By electing coverage, you certify that you have Dental coverage outside of the CSU and that you are not covered for Dental as a dependent of another CSU employee, or retiree.

Waive

Employees who have non-CSU Medical coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefits Service Representative at 408-924-2250 for more information.

Alternate Policy Information

In order for you to elect Dental FlexCash, you must be covered under another policy. You are required to provide the dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy.

Insurance Carrier

Policy Number

Social Security Number

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

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

The system returns you to the Enrollment summary page.

- Note the changes you made to your dental and dental flex cash plans.

Note: In this example, we waived/cancelled the dental coverage entirely and enrolled in the dental flex cash plan.

- 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.

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

Enrollment Summary			
Edit	Benefit	Before Tax	After Tax
<input type="button" value="Edit"/>	Medical		
Current: Blue Shield HMO:Empl+1			
New: Blue Shield HMO:Empl Only 27.02			
<input type="button" value="Edit"/>	Dental		
Current: Delta Enhanced II:Empl+Deps			
New: Waive			
<input type="button" value="Edit"/>	Vision		
Current: Vision Service Plan:Emp+Deps			
New: Vision Service Plan:Emp+Deps			
<input type="button" value="Edit"/>	Dental Flex Cash		
Current: No Coverage			
New: Flex Cash - Dental:Empl Only 0.00			
<input type="button" value="Edit"/>	Medical Flex Cash		
Current: No Coverage			
New: No Coverage			
<input type="button" value="Edit"/>	Flex Spending Health		
Current: No Coverage			
New: Flex Spending Health: \$1,200.00			
<input type="button" value="Edit"/>	Flex Spending Dependent		
Current: No Coverage			
New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs	0.00	0.00	0.00

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 Submit Benefit Choices page displays.

11. To make any changes to your elections, click the **Cancel** button.
12. If you are satisfied with your elections, then continue with the steps below.
13. **Eligibility Documentation:** Review this section to find out if any additional documentation is needed by your **Benefits Representative** before your elections can be finalized.
14. **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.
15. After reading the **Disclosures and Privacy Information**, mark the checkbox to affirm that you have read it and understand it.
16. Click the **Sign** button to electronically authorize your elections.

Benefits Enrollment

Submit Benefit Choices

You have almost completed your enrollment. If you have no further changes, review the information below and prepare to submit your choices. You must read the disclosure and privacy information and electronically sign before final submission.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you click Submit your benefit choices will be sent to your Benefits Service Representative for processing.

Your enrollment choices will be effective beginning the next calendar year and will remain in effect through the end of that year. Any applicable payroll deductions for the benefits you selected, or cash payments if you choose to participate in the FlexCash Plan, will be listed on your January Pay Warrant. You will not be able to make any further benefit changes until the next Open Enrollment period or if you experience a qualified change in status.

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 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**, all CSU employees must complete and submit an [Affidavit for Employees-Gender Verification of Married Persons and Notice of Imputed Tax form](#), marriage certificate and the spouse's social security number to your Benefits Service Representative. 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 to your Benefits Service Representative. Family Code Section 297 defines domestic partners as individuals of the same sex or one/or both is/are over the age of 62. Currently, health and dental benefits are subject to domestic partner imputed tax liability. Please visit the [Domestic Partner Registry](#) for more information.

In order to **enroll a new child under the age of 23**, 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 your Benefits Service Representative.

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 send your final choices to the Benefits Department.

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 the Disclosures and Privacy Notice hyperlink 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.

2) FLEXCASH PLAN:

I have reviewed the brochure describing the CSU's optional FlexCash Plan, including the legal definitions and change in benefit election limitations authorized under Section 125 of the Internal Revenue Service (IRS) Code. I understand that regulations under the IRS Code require that my benefit choices authorized by the election are irrevocable during this plan year unless I have a "Change of Family Status" as defined in these regulations or other permitting events as described in the enrollment brochure. I understand that my FlexCash enrollment in lieu of medical and/or dental coverage will continue from year to year until I complete a new FlexCash Enrollment or Cancellation. I authorize my Benefits Service Representative to provide requested information to the program administrator for the purpose of identification and account processing.

FlexCash Plan 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.

Copies of the FlexCash Enrollment Authorization 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, Post Office Box 94250, Sacramento, California 94250-5878.

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

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

The Submit Confirmation page displays.

18. Click the **Save and Print** button.

Note: The remaining pages of this document will walk through specific scenarios related to Flex Cash Elections. Steps 1 and 2 and steps 11 through 18 are the same no matter what you do, so they will not be shown again.

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 Buddy Guy

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

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

Benefits Enrollment

Submit Confirmation

You have successfully completed your enrollment and your choices have been submitted to your Benefits Service Representative.

Your enrollment choices will remain in effect through the next calendar year until the next Open Enrollment period or if you experience a qualified change in status.

Please view the confirmation summary of the elections you just made. Review the information carefully. In the event you need to make a change or correction to any area please contact your Benefits Service Representative at 408-924-2250.

Save and Print

Home

How do I enroll in dental and medical flex cash? (No current coverage)

The *Open Enrollment page displays.*

1. Navigate to the **Open Enrollment page** (as described on page 3).
2. Click the **Edit** button next to **Dental** or **Medical**.

Note: In this example, we first cancelled/waived the dental & medical coverage by clicking the Edit button next to respective plans and selecting the waive radio button. Now we are enrolling in dental flex cash and medical flex cash plans.

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

Enrollment Summary

	Before Tax	After Tax
Edit Medical		
Current: PERS Choice PPO:Empl Only		
New: Waive		0.00
Edit Dental		
Current: Delta Enhanced II:Empl Only		
New: Waive		0.00
Edit Dental Flex Cash		
Current: No Coverage		
New:		0.00
Edit Medical Flex Cash		
Current: No Coverage		
New:		0.00
Edit Flex Spending Health		
Current: No Coverage		
New: No Coverage		
Edit Flex Spending Dependent		
Current: No Coverage		
New: No Coverage		

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs	0.00	0.00	0.00

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 Dental Flex Cash enrollment page displays.

3. Click the radio button next to the **Flex Cash- Dental** option to enroll in dental flex cash coverage.

Note: Please read the flex cash coverage eligibility information on this page to determine whether you are eligible for the flex cash plan or not.

4. If you are eligible, then provide your alternate dental insurance policy information including the following:
 - Alternate dental insurance carrier name
 - Policy number
 - Social Security number of the person who holds the alternate policy under which you are covered
5. Click the **Continue** button.

Benefits Enrollment

Dental Flex Cash

Important! Your current coverage is: No Coverage. You will continue with this coverage unless you elect to make a change. As an employee of the CSU, you are not eligible to participate in Dental FlexCash if you are covered for Dental as a dependent of another CSU employee, or retiree. You may only elect Dental FlexCash if you have alternative non-CSU Dental coverage.

Select an Option

Here are your available options with your monthly costs:

[Overview of all Plans](#)

Select one of the following plans:

Flex Cash - Dental

Coverage Level

Employee Only

Employees who have non-CSU Dental coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for information or view the [FlexCash Plan](#) document.

By electing coverage, you certify that you have Dental coverage outside of the CSU and that you are not covered for Dental as a dependent of another CSU employee, or retiree.

Waive

Employees who have non-CSU Medical coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of [CSU coverage](#). The money is taxed. Please contact your Benefits Service Representative at 408-924-2250 for more information.

Alternate Policy Information

In order for you to elect Dental FlexCash, you must be covered under another policy. You are required to provide the dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy.

Insurance Carrier

Policy Number

Social Security Number

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

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

The Dental Flex Cash recap page displays.

Note: This page summarizes your choice for dental flex cash, the alternate policy information, and provides you information on the effective date of your choice.

6. Click the **OK** button.

Benefits Enrollment

Dental Flex Cash

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

→ **Your Choice**

You have chosen Flex Cash - Dental with Employee Only coverage.

Please contact your Benefits Service Representative at 408-924-2250 for information or view the [FlexCash Plan](#) document.

→ **Alternate Policy Information**

You have indicated that you are covered under the following insurance policy:

Insurance Carrier	delta	Policy Number	1234
Social Security Number	012345678		

Notes

Once submitted, this choice will take effect on 01/01/2008. Any deductions for this choice will start with the pay period beginning 01/01/2008.

OK

Click **OK** to store your choices.

Edit

Click **Edit** to go back and change your choices.

The system returns you to the Enrollment Summary page.

- Note the changes you made to your dental flex cash and medical flex cash plans.

Note: In this example, we waived/cancelled the dental and medical coverage entirely and enrolled in the dental flex cash and medical flex cash plans.

- If you are satisfied with your selection, click the **Submit** button.
- Proceed through the final submit process (as described on pages 8 - 10).

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

Enrollment Summary

Edit	Medical	Before Tax	After Tax
	Current: PERS Choice PPO:Empl Only		
	New: Waive		0.00
Edit	Dental	Before Tax	After Tax
	Current: Delta Enhanced II:Empl Only		
	New: Waive		0.00
Edit	Dental Flex Cash	Before Tax	After Tax
	Current: No Coverage		
	New: Flex Cash - Dental:Empl Only		0.00
Edit	Medical Flex Cash	Before Tax	After Tax
	Current: No Coverage		
	New: Flex Cash - Medical:Empl Only		0.00
Edit	Flex Spending Health	Before Tax	After Tax
	Current: No Coverage		
	New: No Coverage		
Edit	Flex Spending Dependent	Before Tax	After Tax
	Current: No Coverage		
	New: No Coverage		

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs	0.00	0.00	0.00

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

How do I cancel my dental flex cash and/or medical flex cash?

The Open Enrollment page displays.

1. Navigate to the **Open Enrollment** page (as described on page 3).
2. Click the **Edit** button next to **Dental Flex Cash**.

Notes: In this example, we are waiving/canceling the dental flex cash and medical flex cash plans without enrolling in any other plans. Steps to waive/cancel both the flex cash plans (dental & medical) are the same. Thus, only the screenshots for dental flex cash will be shown in this section.

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

Enrollment Summary

Edit **Medical** Before Tax After Tax

Current: No Coverage

New: No Coverage

Edit **Dental** Before Tax After Tax

Current: No Coverage

New: No Coverage

Edit **Dental Flex Cash** Before Tax After Tax

Current: Flex Cash - Dental:Empl Only

New: 0.00

Edit **Medical Flex Cash** Before Tax After Tax

Current: Flex Cash - Medical:Empl Only

New: 0.00

Edit **Flex Spending Health** Before Tax

Current: No Coverage

New: No Coverage

Edit **Flex Spending Dependent** Before Tax

Current: No Coverage

New: No Coverage

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs	0.00	0.00	0.00

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 Dental Flex Cash enrollment page displays.

3. Click the **Waive** option radio button to cancel the dental flex cash coverage.
4. Click the **Continue** button.

Benefits Enrollment

Dental Flex Cash

Important! Your current coverage is: Flex Cash - Dental. You will continue with this coverage unless you elect to make a change. As an employee of the CSU, you are not eligible to participate in Dental FlexCash if you are covered for Dental as a dependent of another CSU employee, or retiree. You may only elect Dental FlexCash if you have alternative non-CSU Dental coverage.

Select an Option

Here are your available options with your monthly costs:

[Overview of all Plans](#)

Select one of the following plans:

Flex Cash - Dental

Coverage Level

Employee Only

Employees who have non-CSU Dental coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for information or view the [FlexCash Plan](#) document.

By electing coverage, you certify that you have Dental coverage outside of the CSU and that you are not covered for Dental as a dependent of another CSU employee, or retiree.

→ **Waive**

Employees who have non-CSU Medical coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of [CSU coverage](#). The money is taxed. Please contact your Benefits Service Representative at 408-924-2250 for more information.

Continue

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Cancel

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

The Dental Flex Cash recap page displays.

Note: This page summarizes your choice for dental flex cash and provides you information on the effective date of your choice.

5. Click the **OK** button.

Benefits Enrollment

Dental Flex Cash

Important! Your enrollment will not be complete until you click the "Submit" button on the Enrollment Summary page.

→ **Your Choice**

You have chosen to Waive coverage.

Notes

Once submitted, this choice will take effect on 01/01/2008. Any deductions for this choice will start with the pay period beginning 01/01/2008.

OK

Click **OK** to store your choices.

Edit

Click **Edit** to go back and change your choices.

The system returns you to the Enrollment Summary page.

- Note the changes you made to your dental flex cash and medical flex cash plans.

Note: In this example, we waived/cancelled the dental flex cash and medical flex cash plans without enrolling in any other plans.

- If you are satisfied with your selection, click the **Submit** button.
- Proceed through the final submit process (as described on pages 8 - 10).

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

Enrollment Summary

Edit	Medical	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
Edit	Dental	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
Edit	Dental Flex Cash	Before Tax	After Tax
Current: Flex Cash - Dental:Empl Only			
New: Waive			
Edit	Medical Flex Cash	Before Tax	After Tax
Current: Flex Cash - Medical:Empl Only			
New: Waive			
Edit	Flex Spending Health	Before Tax	
Current: No Coverage			
New: No Coverage			
Edit	Flex Spending Dependent	Before Tax	
Current: No Coverage			
New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs	0.00	0.00	0.00

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

How do I cancel my dental flex cash and/or medical flex cash and enroll in dental and/or medical plan?

The **Open Enrollment** page displays.

1. Navigate to the **Open Enrollment** page (as described on page 3).
2. Cancel/waive your dental flex cash & medical flex cash plans (as described on pages 15 - 17).

Note: In this example, we are waiving/canceling the dental flex cash and medical flex cash plans and enrolling in dental and medical plans.

After waiving/canceling both the flex cash plans, the steps to enroll in dental and medical plans are the same. Thus, only the screenshots for enrolling in dental will be shown in this section.

3. Click the **Edit** button next to **Dental**.

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

Enrollment Summary

Edit	Medical	Before Tax	After Tax
	Current: No Coverage		
	New: 0.00		
Edit	Dental	Before Tax	After Tax
	Current: No Coverage		
	New: 0.00		
Edit	Dental Flex Cash	Before Tax	After Tax
	Current: Flex Cash - Dental:Empl Only		
	New: Waive		0.00
Edit	Medical Flex Cash	Before Tax	After Tax
	Current: Flex Cash - Medical:Empl Only		
	New: Waive		0.00
Edit	Flex Spending Health	Before Tax	
	Current: No Coverage		
	New: No Coverage		
Edit	Flex Spending Dependent	Before Tax	
	Current: No Coverage		
	New: No Coverage		

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs	0.00	0.00	0.00

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 Dental enrollment page displays.

4. Select the dental plan that you wish to enroll in from the available list.
5. Click the radio button next to the plan provider to make your selection.

Note: In this example, we have selected PMI Deltacare (Enhanced).

6. **Choose a Primary PMI Office ID Number:** This is only required for PMI plans. (Click the **Select a Provider** link to select your Primary PMI Office ID number).
7. Mark the checkbox if you have previously visited this office.
8. Click the **Continue** button.

Benefits Enrollment

Dental

As an employee of the The California State University (CSU), you have a comprehensive program of dental benefits available to you, and in many instances, your family. The Dental Program is offered by Delta Dental of California and offers the ultimate in flexibility and savings. Currently, the CSU pays the full dental premium for you and your eligible dependents.

Important! Your current coverage is: No Coverage. You will continue with this coverage unless you elect to make a change.

Select an Option

Here are your available options with your monthly costs:
[Overview of all Plans](#)

Select one of the following plans:

Delta Enhanced II

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Nontaxable Benefit
Employee + 1	\$0.00	Nontaxable Benefit
Employee + Dependents	\$0.00	Nontaxable Benefit

PMI Deltacare (Enhanced)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Nontaxable Benefit
Employee + 1	\$0.00	Nontaxable Benefit
Employee + Dependents	\$0.00	Nontaxable Benefit

Waive

Employees who have non-CSU Dental coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.

[Add/Review Dependents](#)

Choose a Primary PMI Office Number

Enrollment in this plan requires that you select a primary PMI office ID number.

Specify a Primary PMI Office ID Number: [Select a Provider](#)

Check here if you have previously visited this office.

[Continue](#) Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

The Dental recap page displays.

Note: This page summarizes your choice of dental plan, estimated monthly cost (if any), and provides you information on effective date of your choice.

9. Click the **OK** button.

Benefits Enrollment

Dental

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

→ **Your Choice**

You have chosen PMI Deltacare (Enhanced) with Employee Only coverage.

→ **Your Estimated Monthly Cost**

Your Cost: \$0.00

The PMI office ID number is DEN007. You have not visited this office before.

Notes

Once submitted, this choice will take effect on 01/01/2008. Any deductions for this choice will start with the pay period beginning 01/01/2008.

OK Click **OK** to store your choices.

Edit Click **Edit** to go back and change your choices.

The system returns you to the Enrollment Summary page.

- Note the changes you made to your dental and medical plans and both the flex cash plans.

Note: In this example, we waived/cancelled the dental flex cash and medical flex cash plans and enrolled in dental and medical plans.

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

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

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

Enrollment Summary

Edit	Medical	Before Tax	After Tax
Current: No Coverage			
New: Kaiser HMO:Empl Only			0.00
Edit	Dental	Before Tax	After Tax
Current: No Coverage			
New: PMI Deltacare (Enhanced):Empl Only			0.00
Edit	Dental Flex Cash	Before Tax	After Tax
Current: Flex Cash - Dental:Empl Only			
New: Waive			0.00
Edit	Medical Flex Cash	Before Tax	After Tax
Current: Flex Cash - Medical:Empl Only			
New: Waive			0.00
Edit	Flex Spending Health	Before Tax	
Current: No Coverage			
New: No Coverage			
Edit	Flex Spending Dependent	Before Tax	
Current: No Coverage			
New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs	0.00	0.00	0.00

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