

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) (<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.

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SJSU ID:

Password:

Sign In

General Information

The Main Menu displays.

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

The screenshot shows the San José State University Self Service interface. On the left is a 'Menu' sidebar with a search bar and a tree view of options. The 'Benefits' section is expanded, and 'Benefits Enrollment' is highlighted with a black arrow. The main content area is titled 'Benefits Enrollment' and contains explanatory text and a table of 'Open Benefit Events'. The table has columns for 'Event Description', 'Event Date', 'Event Status', and 'Job Title'. One row shows 'Open Enrollment' with an information icon (i) in the 'Event Date' column and a 'Select' button in the 'Job Title' column. A mouse cursor is pointing at the information icon.

Open Benefit Events				
Event Description	Event Date	Event Status	Job Title	
Open Enrollment	<i>i</i> 01/01/2008	Open	Info Tech Consultant 12 Mo	Select

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.

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**.

This screenshot is similar to the one above but includes annotations. A black arrow points from the 'Open Enrollment' row to the information icon (i) in the 'Event Date' column. Another black arrow points from the 'Open Enrollment' row to the 'Select' button in the 'Job Title' column. Both the information icon and the 'Select' button are enclosed in black rectangular boxes.

Open Benefit Events				
Event Description	Event Date	Event Status	Job Title	
Open Enrollment	<i>i</i> 01/01/2008	Open		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.

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

Enrollment Summary

Edit	Medical	Before Tax	After Tax
----------------------	----------------	------------	-----------

Current: Blue Shield HMO:Empl+1

New:

Edit	Dental	Before Tax	After Tax
----------------------	---------------	------------	-----------

Current: Delta Enhanced II:Empl+1

New:

0.00

Edit	Dental Flex Cash	Before Tax	After Tax
----------------------	-------------------------	------------	-----------

Current: No Coverage

New: No Coverage

Edit	Medical Flex Cash	Before Tax	After Tax
----------------------	--------------------------	------------	-----------

Current: No Coverage

New: No Coverage

Edit	Flex Spending Health	Before Tax	
----------------------	-----------------------------	------------	--

Current: No Coverage

New:

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	

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.

Benefits Enrollment

Flex Spending Health

This flexible spending account allows employees to pay for eligible medical and dental expenses not covered by their insurance with pre-tax dollars for themselves and their dependents.

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

To continue participating in this [Flexible Spending Program](#), you must re-enroll every year during the Open Enrollment period. Failure to do so will result in the termination of your enrollment.

The minimum monthly deduction is \$20.00, and the maximum is \$416.66, for a total of \$5,000.00 per calendar year. Deduction calculations must be done carefully as money which is not spent by the end of the calendar year is not rolled into the next year. There is also a \$2.00 monthly after-tax administrative fee charged for each account.

Select an Option

No, I do not want to enroll.

→ **Flex Spending Health**

This plan requires that you specify an annual pledge amount.

→ **Annual Pledge:** [Worksheet](#) Click **Worksheet** to help calculate your annual pledge for this plan year.

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 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.

Benefits Enrollment

Flex Spending Health

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

→ Your Choice

You have chosen to enroll in the Flex Spending Health plan with an annual pledge of \$1,200.00.

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\(s\)](#).

→ Your Contributions

Your approximate per-pay-period contribution will be \$100.00.

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.

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.

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: Blue Shield HMO:Empl+1		
	New:		
Edit	Dental	Before Tax	After Tax
	Current: Delta Enhanced II:Empl+1		
	New:		0.00
Edit	Dental Flex Cash	Before Tax	After Tax
	Current: No Coverage		
	New: No Coverage		
Edit	Medical Flex Cash	Before Tax	After Tax
	Current: No Coverage		
	New: No Coverage		
Edit	Flex Spending Health	Before Tax	After Tax
	Current: No Coverage		
	New: Flex Spending Health: \$1,200.00		100.00
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	100	0.00	100

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 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.

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**, a marriage certificate and the spouse's social security number must be provided 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/for 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.

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.

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 Tom Hanks

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 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.

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: Blue Shield HMO:Empl Only			
New:			
Edit	Dental	Before Tax	After Tax
Current: Delta Enhanced II:Empl Only			
New:			
Edit	Dental Flex Cash	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
Edit	Medical Flex Cash	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
Edit	Flex Spending Health	Before Tax	
Current: No Coverage		←	
New:			
Edit	Flex Spending Dependent	Before Tax	
Current: No Coverage		←	
New:			

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs		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 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.

Benefits Enrollment

Flex Spending Health

This flexible spending account allows employees to pay for eligible medical and dental expenses not covered by their insurance with pre-tax dollars for themselves and their dependents.

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

To continue participating in this [Flexible Spending Program](#), you must re-enroll every year during the Open Enrollment period. Failure to do so will result in the termination of your enrollment.

The minimum monthly deduction is \$20.00, and the maximum is \$416.66, for a total of \$5,000.00 per calendar year. Deduction calculations must be done carefully as money which is not spent by the end of the calendar year is not rolled into the next year. There is also a \$2.00 monthly after-tax administrative fee charged for each account.

Select an Option

No, I do not want to enroll.

→ **Flex Spending Health**

This plan requires that you specify an annual pledge amount.

→ **Annual Pledge:** [Worksheet](#) Click **Worksheet** to help calculate your annual pledge for this plan year.

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 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.

Benefits Enrollment

Flex Spending Health

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

→ **Your Choice**

You have chosen to enroll in the Flex Spending Health plan with an annual pledge of \$1,200.00.

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\(s\)](#).

→ **Your Contributions**

Your approximate per-pay-period contribution will be \$100.00.

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 **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.

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

Benefit 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
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Current: Blue Shield HMO:Empl Only

New:

Edit	Dental	Before Tax	After Tax
----------------------	---------------	------------	-----------

Current: Delta Enhanced II:Empl Only

New:

Edit	Dental Flex Cash	Before Tax	After Tax
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Current: No Coverage

New: No Coverage

Edit	Medical Flex Cash	Before Tax	After Tax
----------------------	--------------------------	------------	-----------

Current: No Coverage

New: No Coverage

Edit	Flex Spending Health	Before Tax	
----------------------	-----------------------------	------------	--

Current: No Coverage

New: Flex Spending Health: \$1,200.00 → 100.00

Edit	Flex Spending Dependent	Before Tax	
----------------------	--------------------------------	------------	--

Current: No Coverage

New: Flex Spending Dependent: \$1,200.00 → 100.00

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs	200	0.00	200

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 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.

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		Before Tax	After Tax
Edit	Medical		
	Current: Kaiser Foundation:Empl+Deps		
	New: Kaiser HMO:Empl+Deps		2.39
Edit	Dental		
	Current: Delta Enhanced II:Empl+Deps		
	New: Delta Enhanced II:Empl+Deps		0.00
Edit	Dental Flex Cash		
	Current: No Coverage		
	New: No Coverage		
Edit	Medical Flex Cash		
	Current: No Coverage		
	New: No Coverage		
Edit	Flex Spending Health		
	Current: Flex Spending Health: \$3,000.00		
	New:		
Edit	Flex Spending Dependent		
	Current: Flex Spending Dependent: \$4,999.99		
	New:		

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs		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 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.

Benefits Enrollment

Flex Spending Health

This flexible spending account allows employees to pay for eligible medical and dental expenses not covered by their insurance with pre-tax dollars for themselves and their dependents.

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

Select an Option

→ **No, I do not want to enroll.**

Flex Spending Health

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 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.

Benefits Enrollment

Flex Spending Health

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

→ **Your Choice**

You have chosen NOT to enroll in the Health Care Flex Spending Account.

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 **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.

- 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		Before Tax	After Tax
	Medical		
	Current: Kaiser Foundation:Empl+Depts		
	New: Kaiser HMO:Empl+Depts	2.39	
	Dental		
	Current: Delta Enhanced II:Empl+Depts		
	New: Delta Enhanced II:Empl+Depts		0.00
	Dental Flex Cash		
	Current: No Coverage		
	New: No Coverage		
	Medical Flex Cash		
	Current: No Coverage		
	New: No Coverage		
	Flex Spending Health		
	Current: Flex Spending Health: \$3,000.00		
	New: Waive		
	Flex Spending Dependent		
	Current: Flex Spending Dependent: \$4,999.99		
	New: Waive		

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs	2.39	0.00	2.39

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 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.

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: Kaiser Foundation:Empl+Depts New:			
Edit	Dental	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Depts New:			
Edit	Dental Flex Cash	Before Tax	After Tax
Current: No Coverage New: No Coverage			
Edit	Medical Flex Cash	Before Tax	After Tax
Current: No Coverage New: No Coverage			
Edit	Flex Spending Health	Before Tax	
Current: Flex Spending Health: \$600.00			
New:			
Edit	Flex Spending Dependent	Before Tax	
Current: Flex Spending Dependent: \$4,999.99			
New:			

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs		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 Flex Spending Health enrollment page displays.

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.

Benefits Enrollment

Flex Spending Health

This flexible spending account allows employees to pay for eligible medical and dental expenses not covered by their insurance with pre-tax dollars for themselves and their dependents.

Important! Your current coverage is: Flex Spending Health with an annual pledge of \$600.00. You will have no coverage with this plan if you do not make a choice.

To continue participating in this [Flexible Spending Program](#), you must re-enroll every year during the Open Enrollment period. Failure to do so will result in the termination of your enrollment.

The minimum monthly deduction is \$20.00, and the maximum is \$416.66, for a total of \$5,000.00 per calendar year. Deduction calculations must be done carefully as money which is not spent by the end of the calendar year is not rolled into the next year. There is also a \$2.00 monthly after-tax administrative fee charged for each account.

Select an Option

No, I do not want to enroll.

→ Flex Spending Health

This plan requires that you specify an annual pledge amount.

→ **Annual Pledge:** [Worksheet](#) Click **Worksheet** to help calculate your annual pledge for this plan year.

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 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.

Benefits Enrollment

Flex Spending Health

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

→ Your Choice

You have chosen to enroll in the Flex Spending Health plan with an annual pledge of \$800.00.

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\(s\)](#).

→ Your Contributions

Your approximate per-pay-period contribution will be \$66.67.

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 **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.

- 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: Kaiser Foundation:Empl+Deps

New:

[Edit](#) **Dental** Before Tax After Tax

Current: Delta Enhanced II:Empl+Deps

New:

[Edit](#) **Dental Flex Cash** Before Tax After Tax

Current: No Coverage

New: No Coverage

[Edit](#) **Medical Flex Cash** Before Tax After Tax

Current: No Coverage

New: No Coverage

[Edit](#) **Flex Spending Health** Before Tax

Current: Flex Spending Health: \$600.00

New: Flex Spending Health: \$800.00

→ 66.67

[Edit](#) **Flex Spending Dependent** Before Tax

Current: Flex Spending Dependent: \$4,999.99

New: Flex Spending Dependent: \$4,000.00

→ 333.33

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
→ Your Costs	400	0.00	400

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