

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). The Vision plan is an automatic benefit for all eligible employees. You are automatically enrolled in this plan. Thus, you cannot cancel or change this plan. However, you are able to add or delete dependents from the plan.

This business process guide demonstrates how to add and delete dependents from your Vision plan.

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Login to MySJSU

The MySJSU homepage displays.

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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PEOPLESFT ENTERPRISE

SJSU ID:

Password:

Sign In

General Information

The Benefits Enrollment page displays.

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

The screenshot shows the San José State University Self Service portal. The left-hand menu is expanded to 'Self Service', and the 'Benefits' section is further expanded to 'Open Enrollment'. The main content area is titled 'Benefits Enrollment' and contains the following text:

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  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 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  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.

3. Click the **Edit** button next to the plan you wish to update.

Note: In this example, we will use the Flex Spending Health plan. All other 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:	Blue Shield HMO:Empl+Deps	146.05	
Edit	Dental	Before Tax	After Tax
Current:	Delta Enhanced II:Empl+Deps		
New:	Delta Enhanced II:Empl+Deps		
Edit	Vision	Before Tax	After Tax
Current:	Vision Service Plan:Empl+Deps		
New:	Vision Service Plan:Empl+Deps		
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:	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	146.05	0.00	146.05

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 page displays.

4. Click the radio button next to the **Flex Spending Health** option to enroll in the Flex Spending Health (HCRA) plan.
5. Type in your **Annual Pledge** amount (You may use the worksheet to help calculate your monthly deductions).
6. 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.

7. 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\(s\)](#).

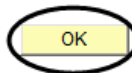


Your Contributions

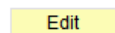
Your approximate per-pay-period contribution will be \$100.00.

Notes

Once submitted, this choice will take effect on 01/01/2009.



Click OK to store your choices.



Click Edit to go back and change your choices.

The system returns you to the Enrollment summary page.

8. 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.

9. 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: Blue Shield HMO:Empl+Deps			
Edit	Dental	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Deps			
New: Delta Enhanced II:Empl+Deps			
Edit	Vision	Before Tax	After Tax
Current: Vision Service Plan:Emp+Deps			
New: Vision Service Plan:Emp+Deps			
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: Flex Spending Health: \$1,200.00			
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	100	0.00	100

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.

10. To make any changes to your elections, click the **Cancel** button.
11. If you are satisfied with your elections, then continue with the steps below.
12. **Eligibility Documentation:** Review this section to find out if any additional documentation is needed by your Benefits Representative before your elections can be finalized.
13. **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.

14. After reading the **Disclosures and Privacy information**, mark the checkbox to affirm that you have read it and understand it.
15. 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.

Disclosures and Privacy Notice

The hyperlink mentioned in step 15 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 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.

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

The Submit Confirmation page displays.

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

Note: The remaining pages of this document will walk through adding and deleting dependents from your Vision plan. Steps 1 and 2 and steps 12 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 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 add a dependent?

The Open Enrollment page displays.

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

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: Blue Shield HMO:Empl+Deps			
Edit	Dental	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Deps			
New: Delta Enhanced II:Empl+Deps			
Edit	Vision	Before Tax	After Tax
Current: Vision Service Plan:Emp+Deps			
New: Vision Service Plan:Emp+Deps			
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	

The Vision enrollment page displays.

3. Scroll down to the **Enroll Your Dependents** section and click the **Add/Review Dependents** button to add a new dependent.

Benefits Enrollment

Vision

Vision coverage allows you and your dependents to see an ophthalmologist, optometrist, or optician to assist you with your eyecare needs.

Important! Your current coverage is: Vision Service Plan with Employee or Employee & Deps 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:



[Vision Service Plan](#)

Coverage Level

Employee or Employee & Deps

Your Costs

\$0.00

Tax Class

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Add/Review Dependents



The Enrollment Dependent/Beneficiary Summary page displays.

4. Click the **Add a dependent or beneficiary** link.

Enrollment Dependent/Beneficiary Summary

Click the Dependent's name if you would like to review or change personal information.

[Add a dependent or beneficiary](#)



The Dependent Personal Information page displays.

5. Enter the **Personal Information** of the dependent.

Note: Fields marked with an asterisk are required. If the dependent you are entering is a spouse or a domestic partner, you will be required to enter their Social Security Number.

6. Enter the **Address & Telephone** information.
7. If address and phone number is the same as the Employee, check the **Same Address as Employee** checkbox.

Dependent Personal Information

Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2009. Remember, a Social Security Number is required for a spouse or domestic partner.

Personal Information

*First Name:

Middle Name:

*Last Name:

Name Prefix: 

Name Suffix: 

*Gender: 

*Date of Birth: 

SSN: (Social Security Number)

*Relationship to Employee: 

Address and Telephone

☒ Same Address as Employee

Country:

Address:

☐ Same Phone as Employee

Phone:

* Required Field

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

Save

The Dependent Personal Information page displays.

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

8. Click the **Save** button to save the new dependent in the database.

Dependent Personal Information

Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2009. Remember, a Social Security Number is required for a spouse or domestic partner.

Personal Information	
*First Name:	Buddy
Middle Name:	
*Last Name:	Guy
Name Prefix:	
Name Suffix:	
*Gender:	Male
*Date of Birth:	09/23/1994
SSN:	(Social Security Number)
*Relationship to Employee:	Adopted Son

Address and Telephone

☒ Same Address as Employee

Country:

Address:

☒ Same Phone as Employee

* Required Field

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

The Save Confirmation page displays.

9. Click the **OK** button.

Personal Information

Save Confirmation

✓ The Save was successful.



The Dependent Personal Information page displays.

Dependent Personal Information

Dependent/Beneficiary's personal information as of Jan 1, 2009.

Personal Information

First Name: Buddy
Middle Name:
Last Name: Guy
Name Prefix:
Name Suffix:
Gender: Male
Date of Birth: 08/17/2001
SSN: (Social Security Number)
Relationship to Employee: Adopted Son

Address and Telephone

☒ Same Address as Employee

Country:

Address:

☐ Same Phone as Employee

Phone:

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

Edit

**The Enrollment
Dependent/Beneficiary
Summary page displays.**

Note: Your newly added dependent will not appear on this screen, but the new dependent will show up on the Event Selection page.

10. Click the **Return to Event Selection** hyperlink to add the dependent to the Vision plan.

Enrollment Dependent/Beneficiary Summary

Click the Dependent's name if you would like to review or change personal information.

[Add a dependent or beneficiary](#)



The Vision Enrollment page displays.

11. Scroll down to the **Enroll Your Dependents** section and click the checkbox next to your new dependent.
12. Click the **Continue** button.

Vision

Vision coverage allows you and your dependents to see an ophthalmologist, optometrist, or optician to assist you with your eyecare needs.

Important! Your current coverage is: Vision Service Plan with Employee or Employee & Deps 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:

☒ [Vision Service Plan](#)

Coverage Level	Your Costs	Tax Class
Employee or Employee & Deps	\$0.00	

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Enroll	Name	Relationship
☐	Buddy Guy	Adopted Son

[Add/Review Dependents](#)

[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 Vision Recap page displays with your Covered dependents.

Note: This page summarizes your choice for Vision plan, estimated monthly cost and provides you information on the effective date of your choice.

13. Click the **OK** button.

Benefits Enrollment

Vision

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



Your Choice

You have chosen Vision Service Plan with Employee or Employee & Deps coverage.



Your Estimated Monthly Cost

Your Cost: \$0.00

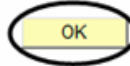


Your Covered Dependents

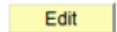
Name	Relationship
Buddy Guy	Adopted Son

Notes

Once submitted, this choice will take effect on 01/01/2009.



Click OK to store your choices.



Click Edit to go back and change your choices.

The Enrollment Summary page displays.

14. If you are satisfied with your selection, click the **Submit** button.
15. 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: Blue Shield HMO:Empl+1			
New: Blue Shield HMO:Empl+Deps			
Edit	Dental	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Deps			
New: Delta Enhanced II:Empl+Deps			
Edit	Vision	Before Tax	After Tax
Current: Vision Service Plan:Emp+Deps			
New: Vision Service Plan:Emp+Deps			
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	

How do I delete a dependent?

The Open Enrollment page displays.

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

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: Blue Shield HMO:Empl+Deps			
Edit	Dental	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Deps			
New: Delta Enhanced II:Empl+Deps			
Edit	Vision	Before Tax	After Tax
Current: Vision Service Plan:Emp+Deps			
New: Vision Service Plan:Emp+Deps			
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	

The Vision enrollment page displays.

3. Scroll down to the **Enroll Your Dependents** section. You will see your currently covered dependent.

Note: In this example, we are deleting the adopted son from the Vision plan.

4. Uncheck the **Enroll** checkbox to delete/remove the dependent from your **Vision** coverage.
5. Click the **Continue** button.

Benefits Enrollment

Vision

Vision coverage allows you and your dependents to see an ophthalmologist, optometrist, or optician to assist you with your eyecare needs.

Important! Your current coverage is: Vision Service Plan with Employee or Employee & Deps 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:

☒ [Vision Service Plan](#)

Coverage Level	Your Costs	Tax Class
Employee or Employee & Deps	\$0.00	

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Enroll	Name	Relationship
☐	Buddy Guy	Adopted Son



[Add/Review Dependents](#)

[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 Vision recap page displays.

Note: This page summarizes your choice for Vision plan, estimated monthly cost and provides you information on the effective date of your choice.

6. Click the **OK** button.

Benefits Enrollment

Vision

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



Your Choice

You have chosen Vision Service Plan with Employee or Employee & Deps coverage.



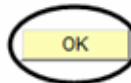
Your Estimated Monthly Cost

Your Cost: \$0.00

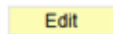
Your Covered Dependents

Notes

Once submitted, this choice will take effect on 01/01/2009.



Click OK to store your choices.



Click Edit to go back and change your choices.

The Enrollment Summary page displays.

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).

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: Blue Shield HMO:Empl+Deps		146.05	
Edit	Dental	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Deps			
New: Delta Enhanced II:Empl+Deps			
Edit	Vision	Before Tax	After Tax
Current: Vision Service Plan:Emp+Deps			
New: Vision Service Plan:Emp+Deps			
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: Flex Spending Health: \$1,200.00		100.00	
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	246.05	0.00	246.05

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