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.

Table of Contents

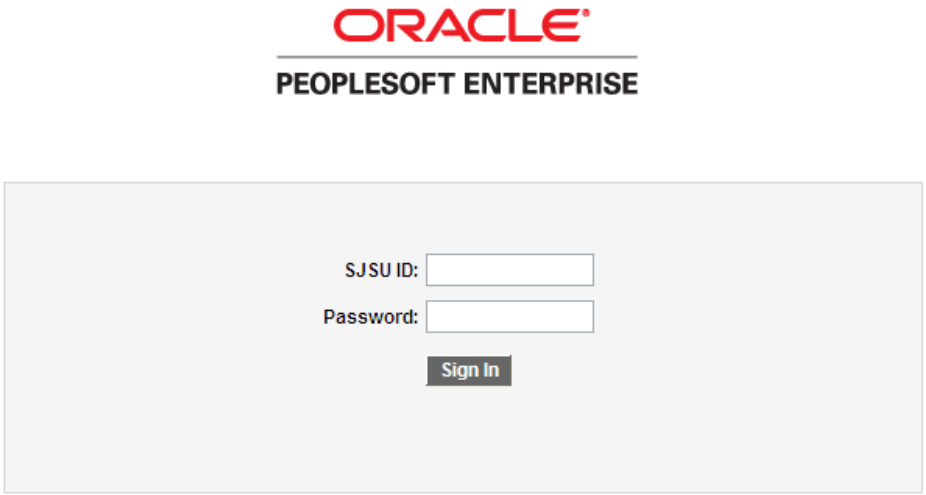
Login to MySJSU

The MySJSU homepage displays.

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

The Login page displays.

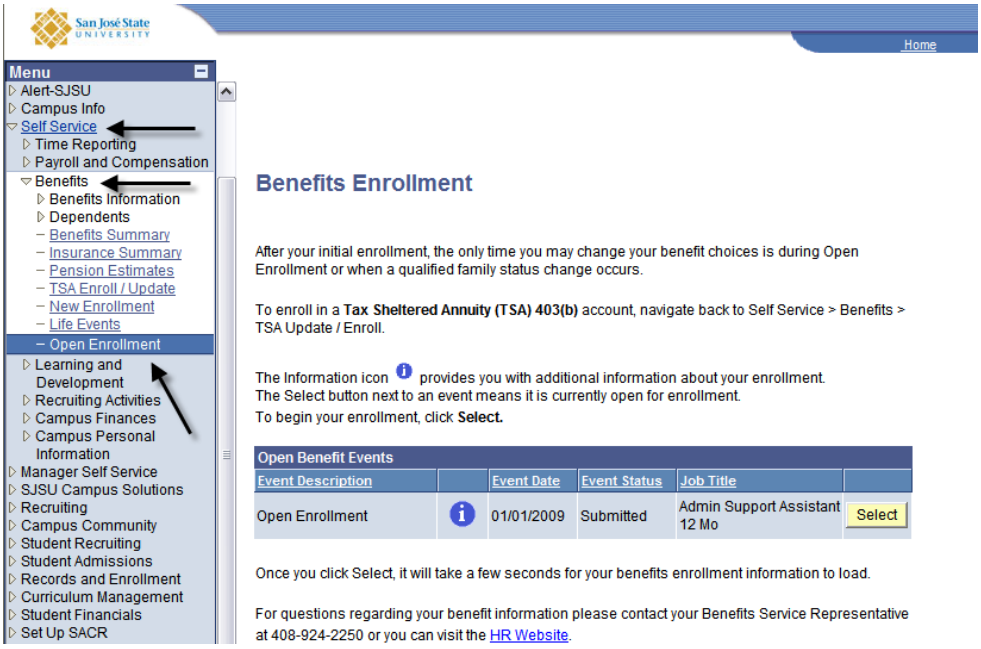
3. Enter your **User ID** and **Password**.
4. Click the **Sign In** button.



General Information

The Benefits Enrollment page displays.

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

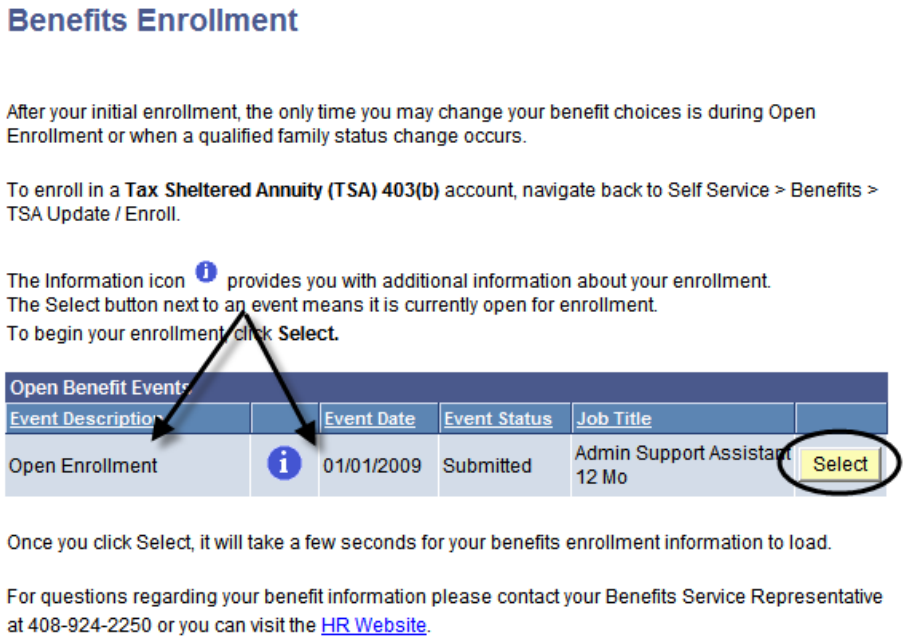


The Benefits Enrollment page displays with an Open Enrollment event.

Notes: The Event Date is also displayed. It will be January 1st because elections made during Open Enrollment are effective January 1st of the next year.

If you click the information icon, it will give you more details about Open Enrollment.

2. Click the **Select** button.

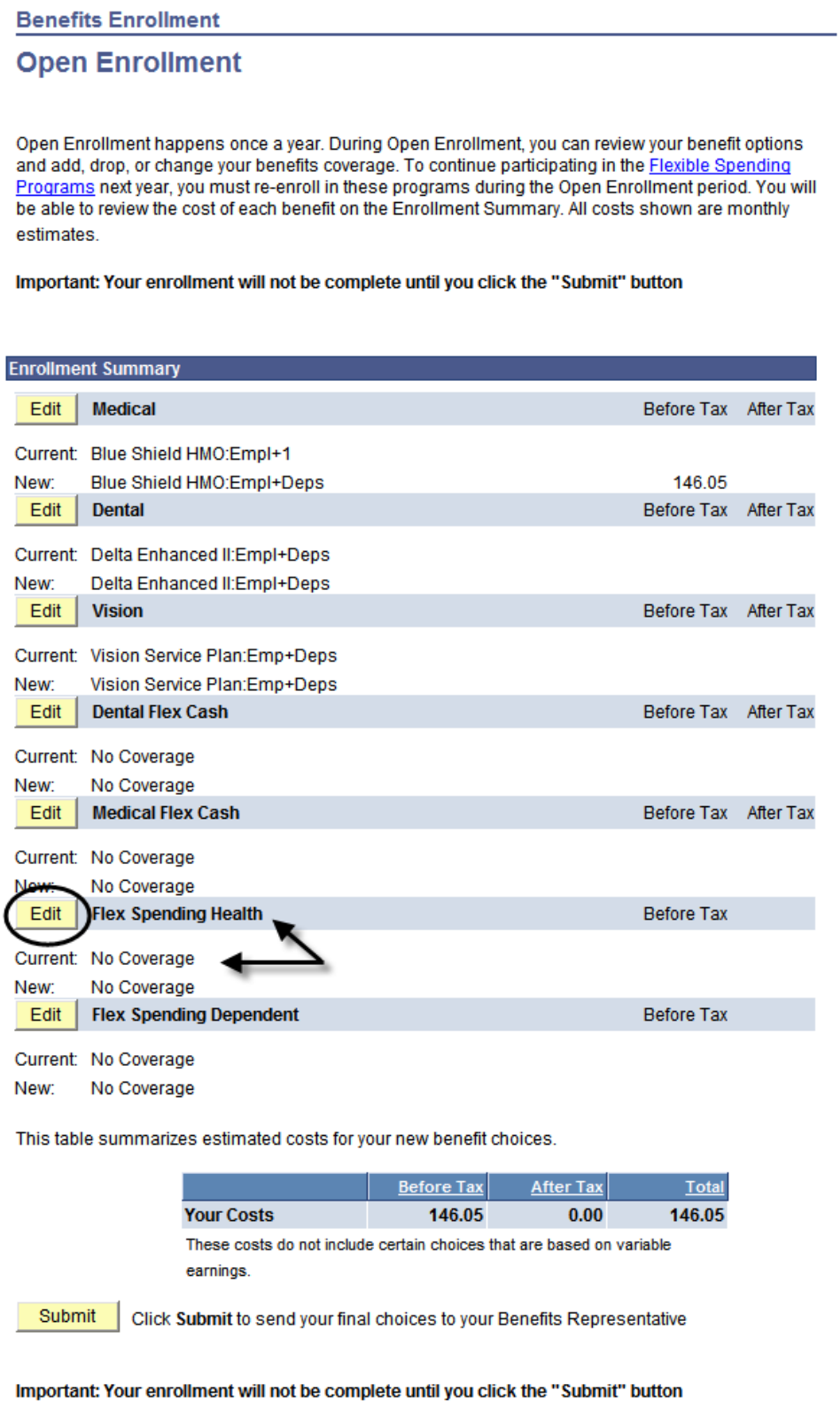


The Open Enrollment page displays.

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: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:	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**

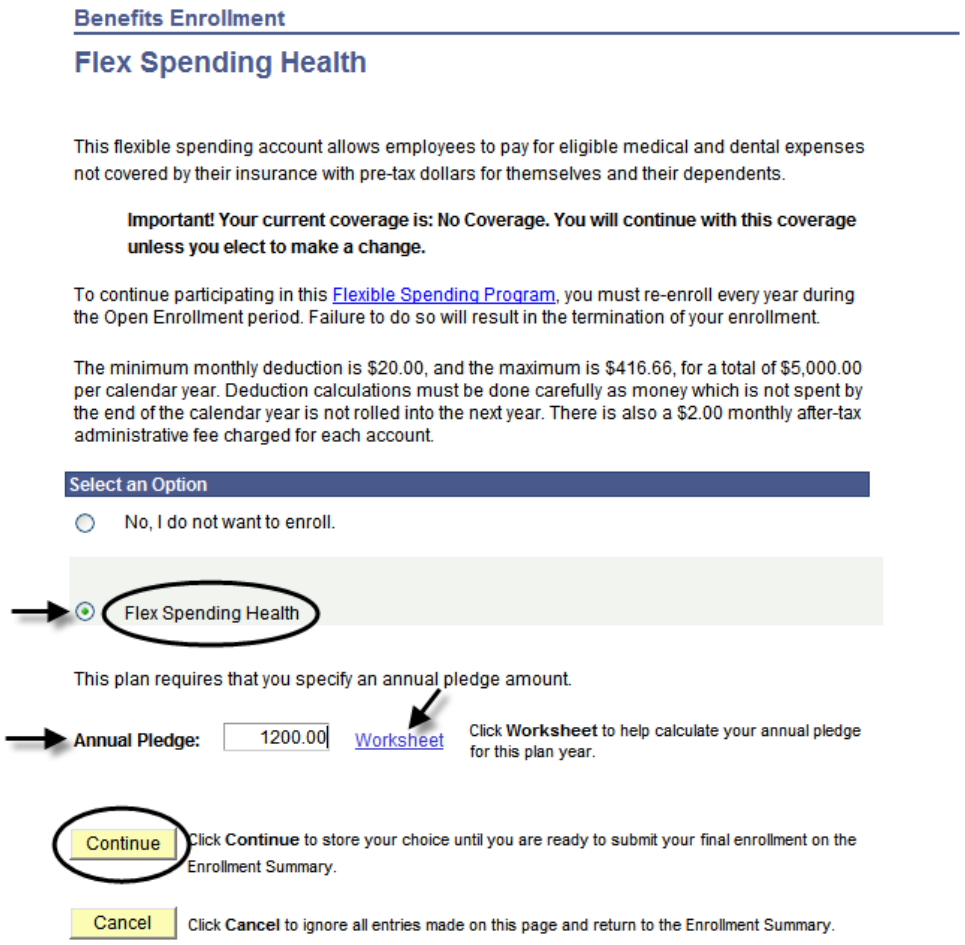
These costs do not include certain choices that are based on variable earnings.

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.

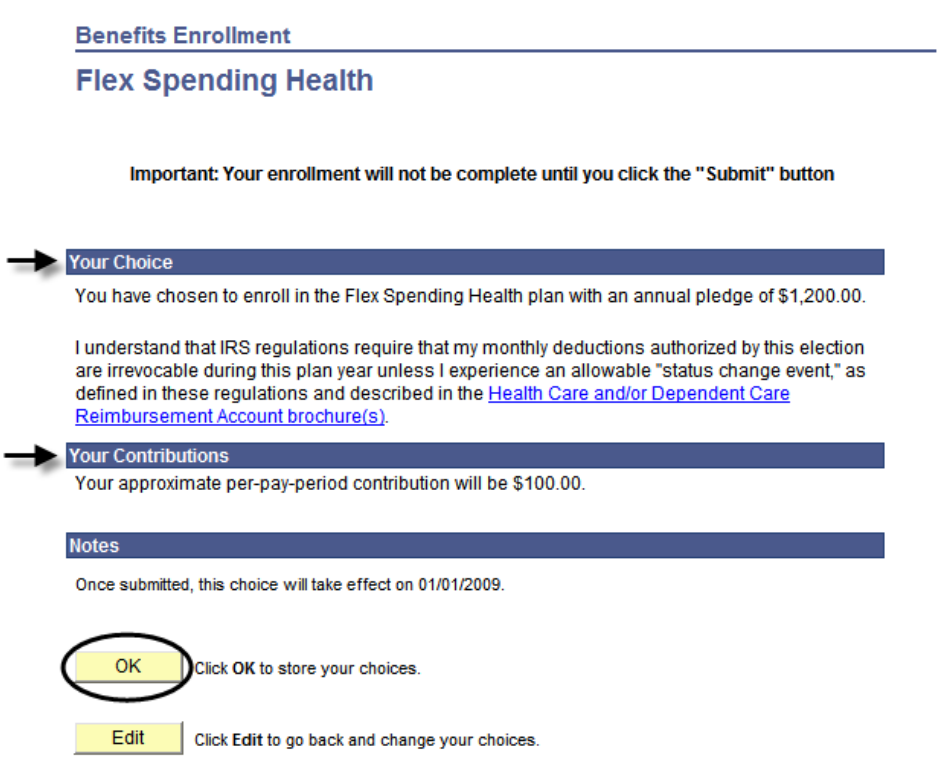
4. Click the radio button next to the **Flex Spending Health** option to enroll in the Flex Spending Health (HCRA) plan.
5. Type in your **Annual Pledge** amount (You may use the worksheet to help calculate your monthly deductions).
6. Click the **Continue** button.



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.



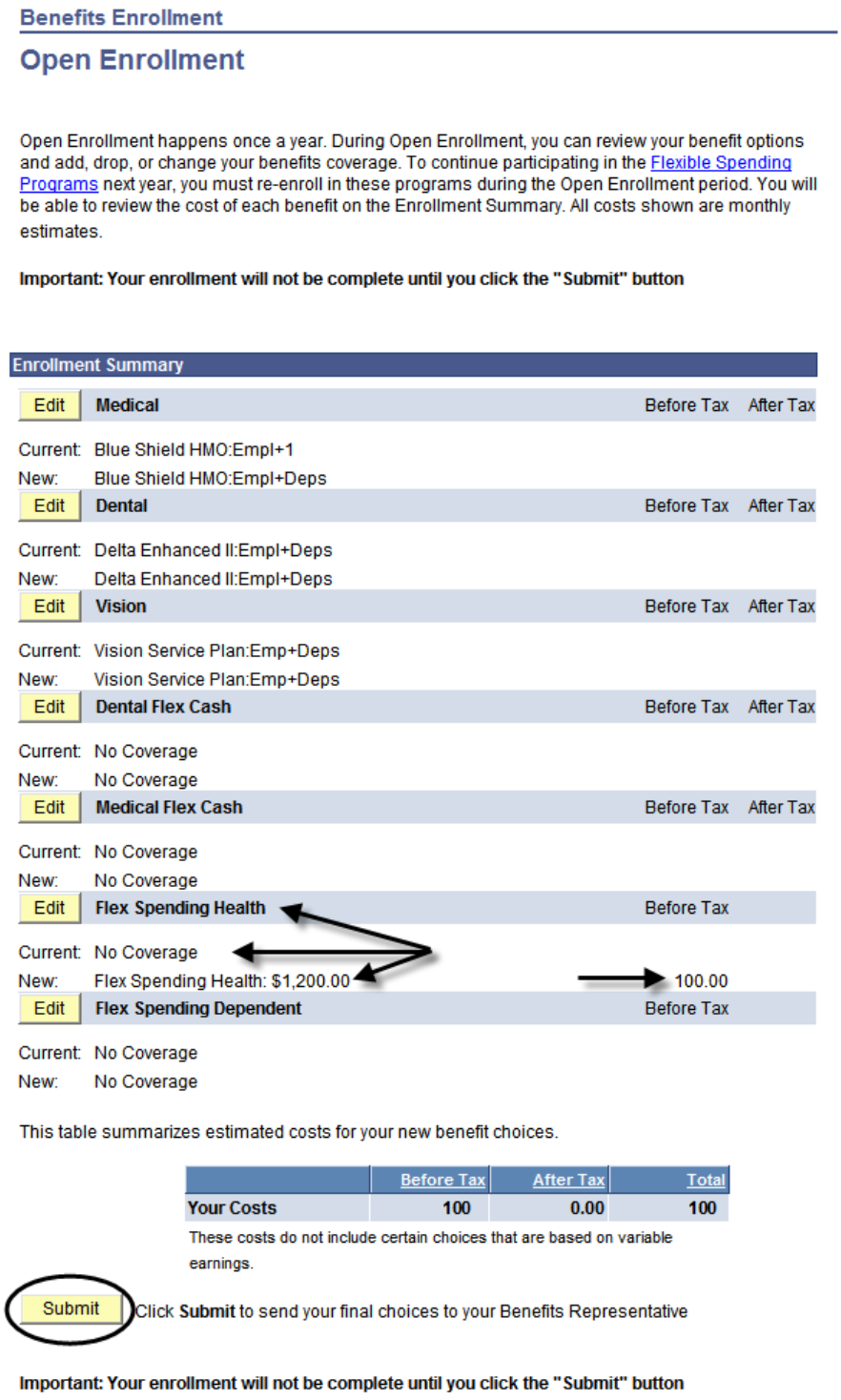
The system returns you to the Enrollment summary page.

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.

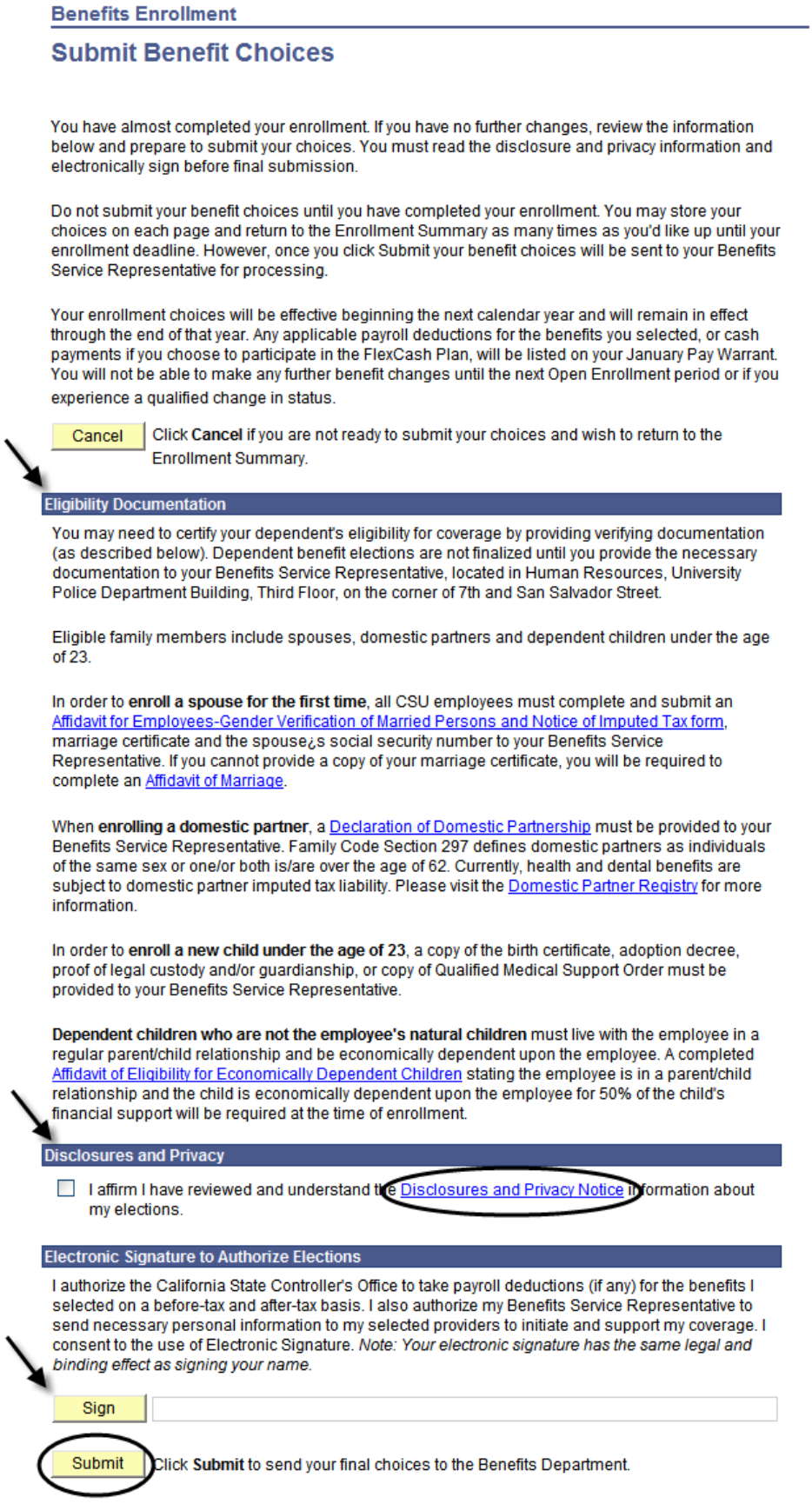


The Submit Benefit Choices page displays.

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.



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.

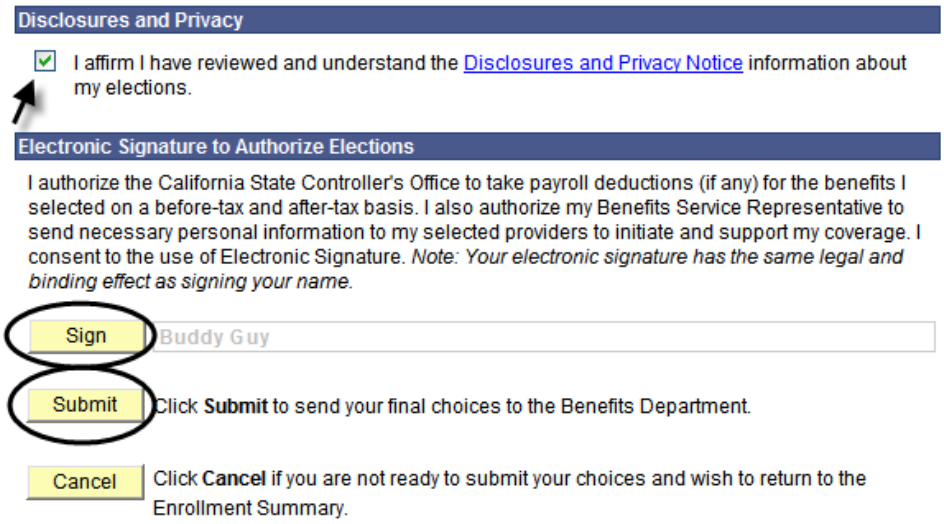
The State Controller's Office requires employee's social security number and name for identification purposes.

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.

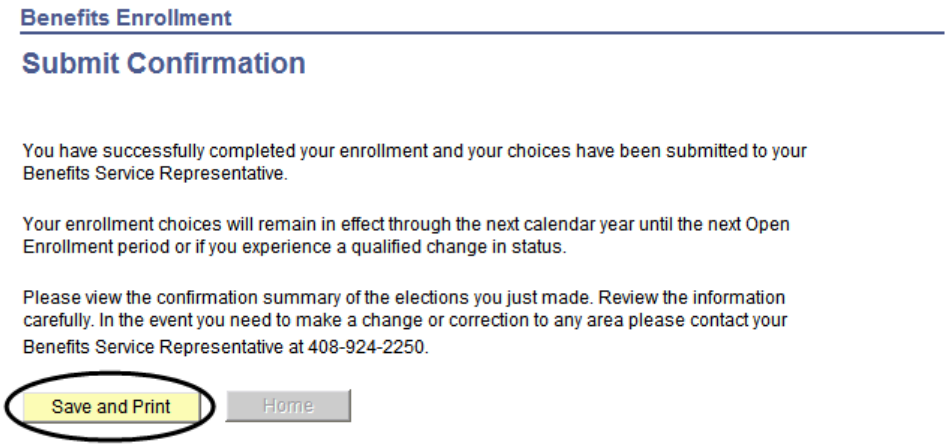
16. Click the **Submit** button to send your final choices to the **Benefits Department**.



The Submit Confirmation page displays.

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

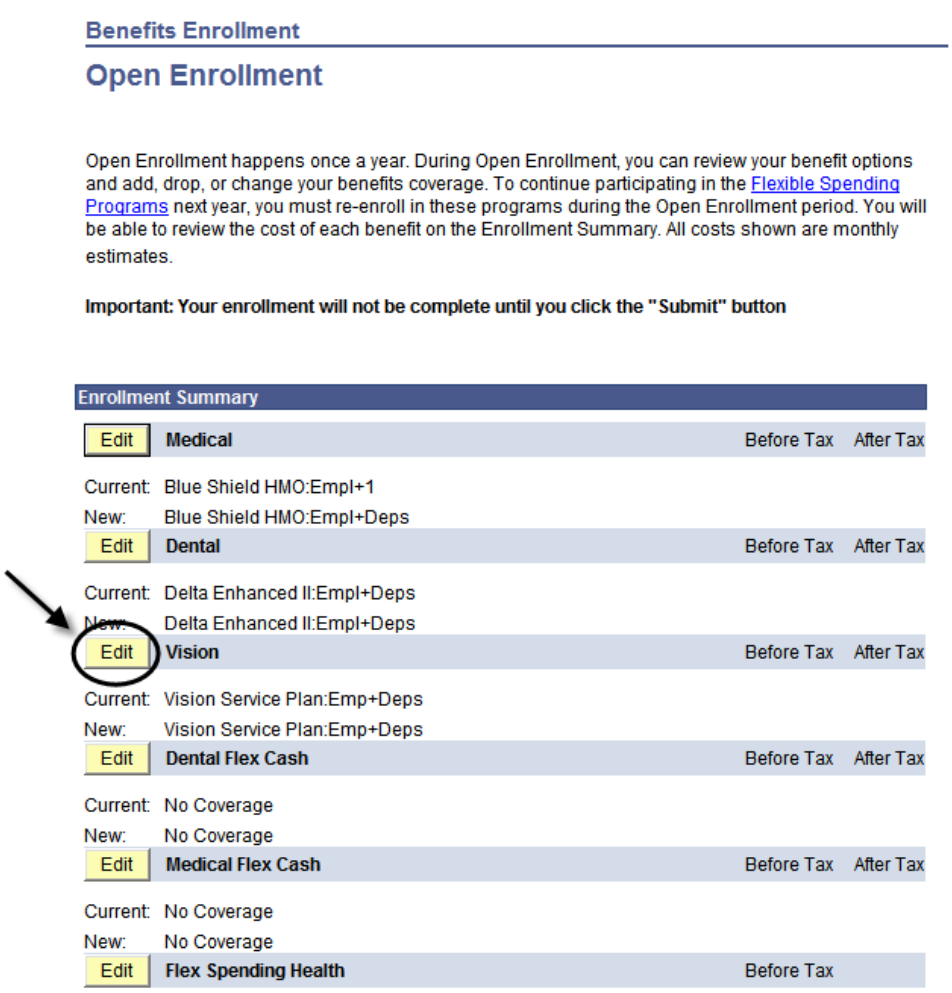
Note: The remaining pages of this document will walk through adding and deleting dependents from your Vision plan. Steps 1 and 2 and steps 12 through 19 in this section are the same no matter what you do, so they will not be shown again.



How do I add a dependent?

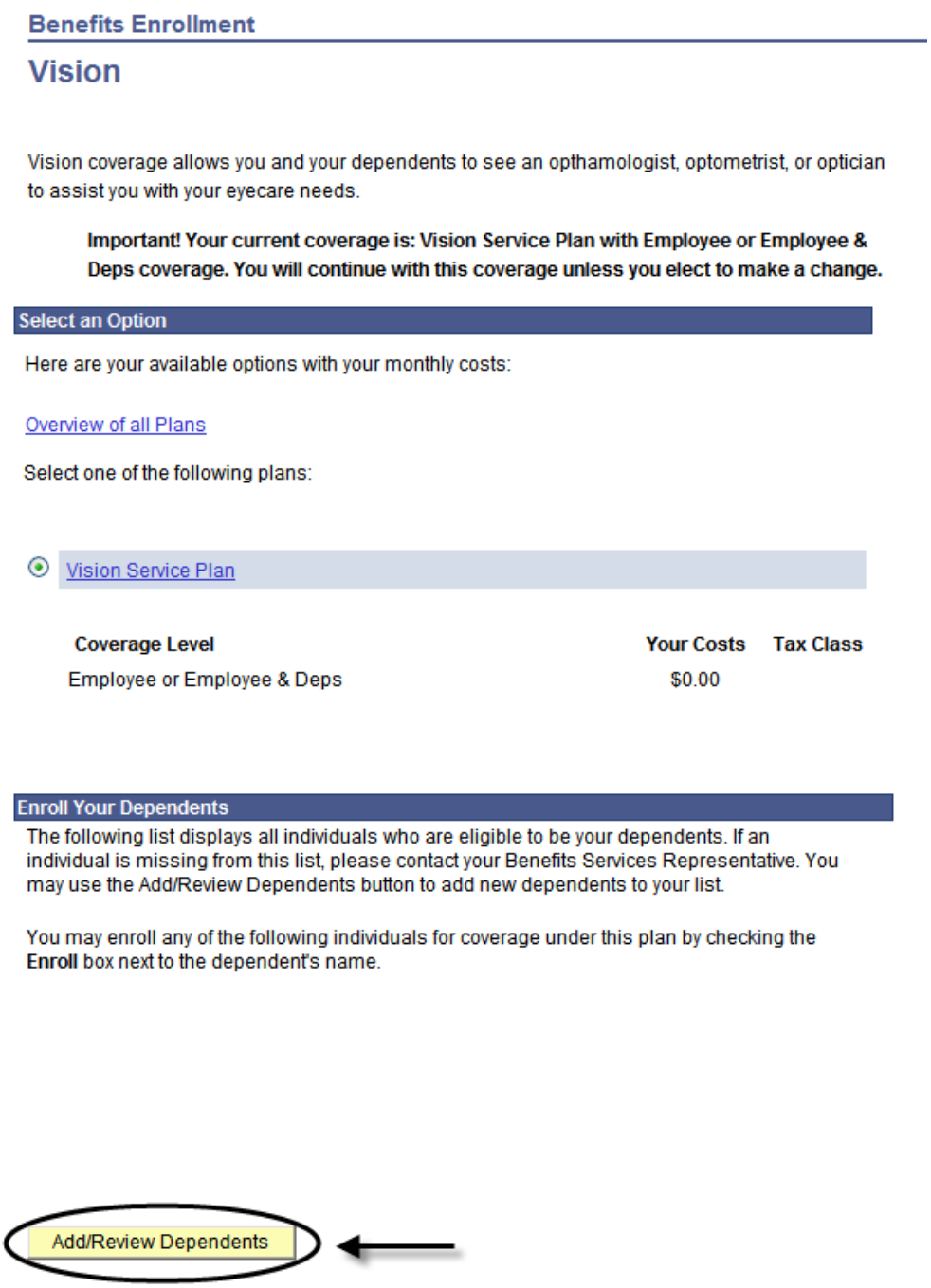
The Open Enrollment page displays.

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



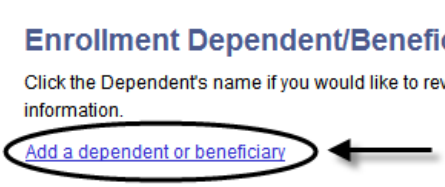
The Vision enrollment page displays.

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



The Enrollment Dependent/Beneficiary Summary page displays.

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

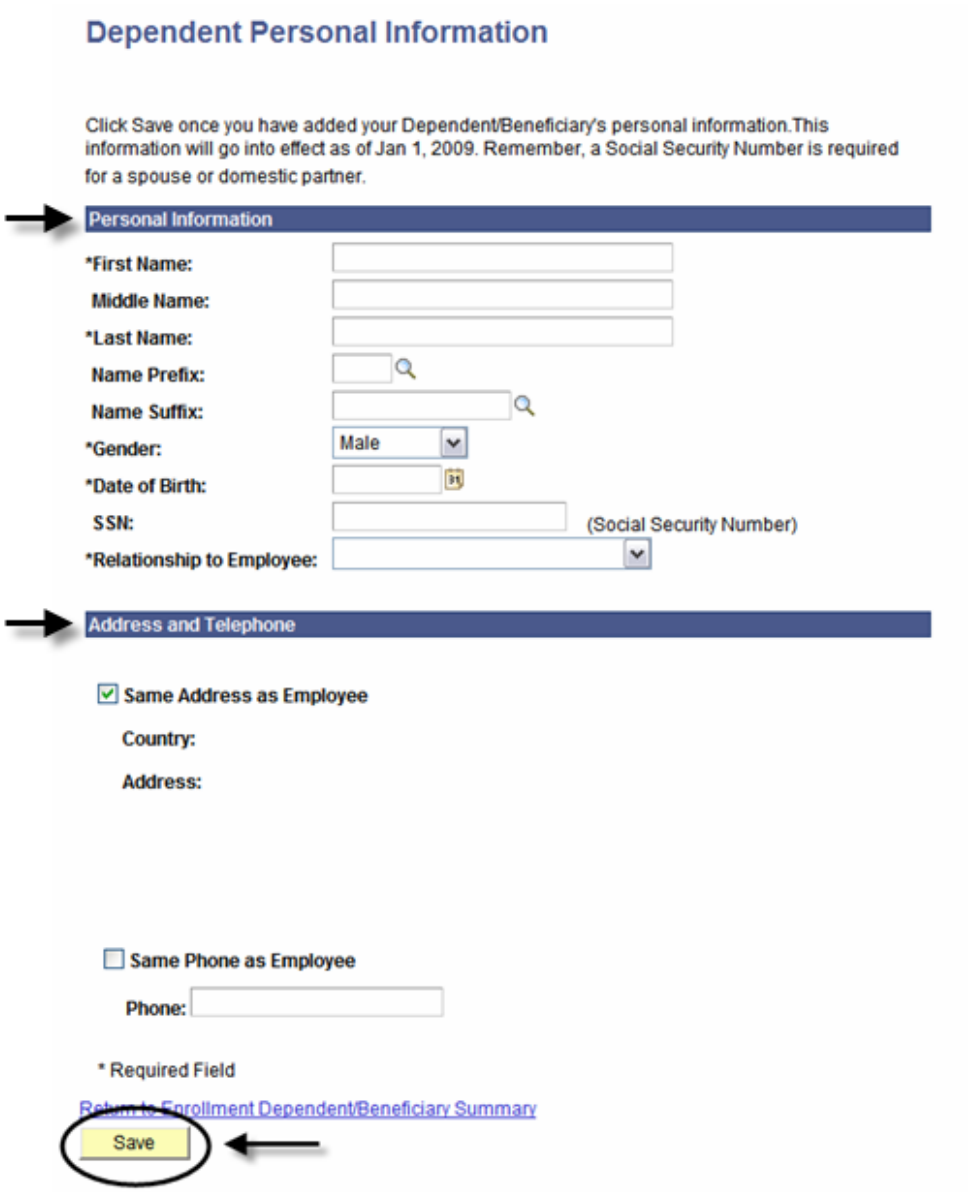


The Dependent Personal Information page displays.

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.

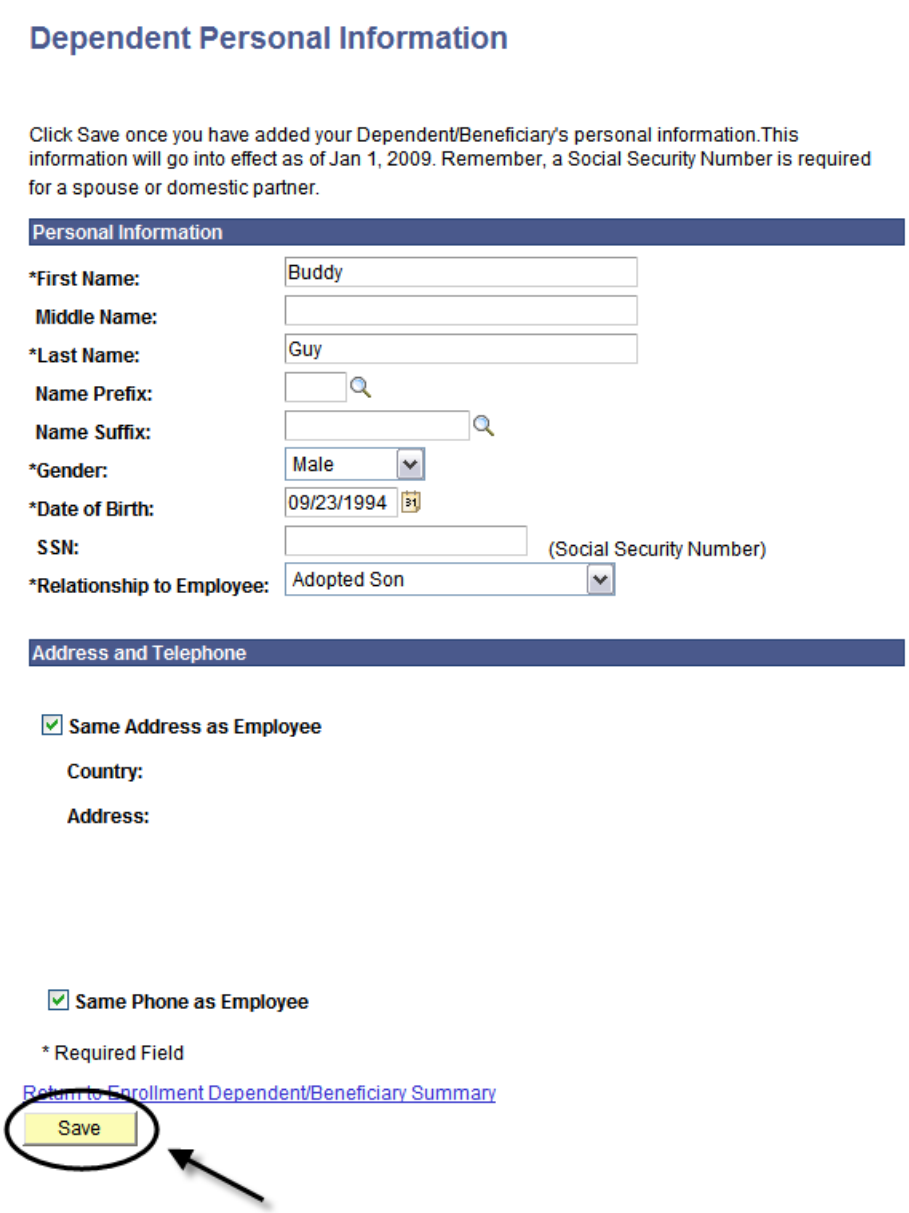
6. Enter the **Address & Telephone** information.
7. If address and phone number is the same as the Employee, check the **Same Address as Employee** checkbox.



The Dependent Personal Information page displays.

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

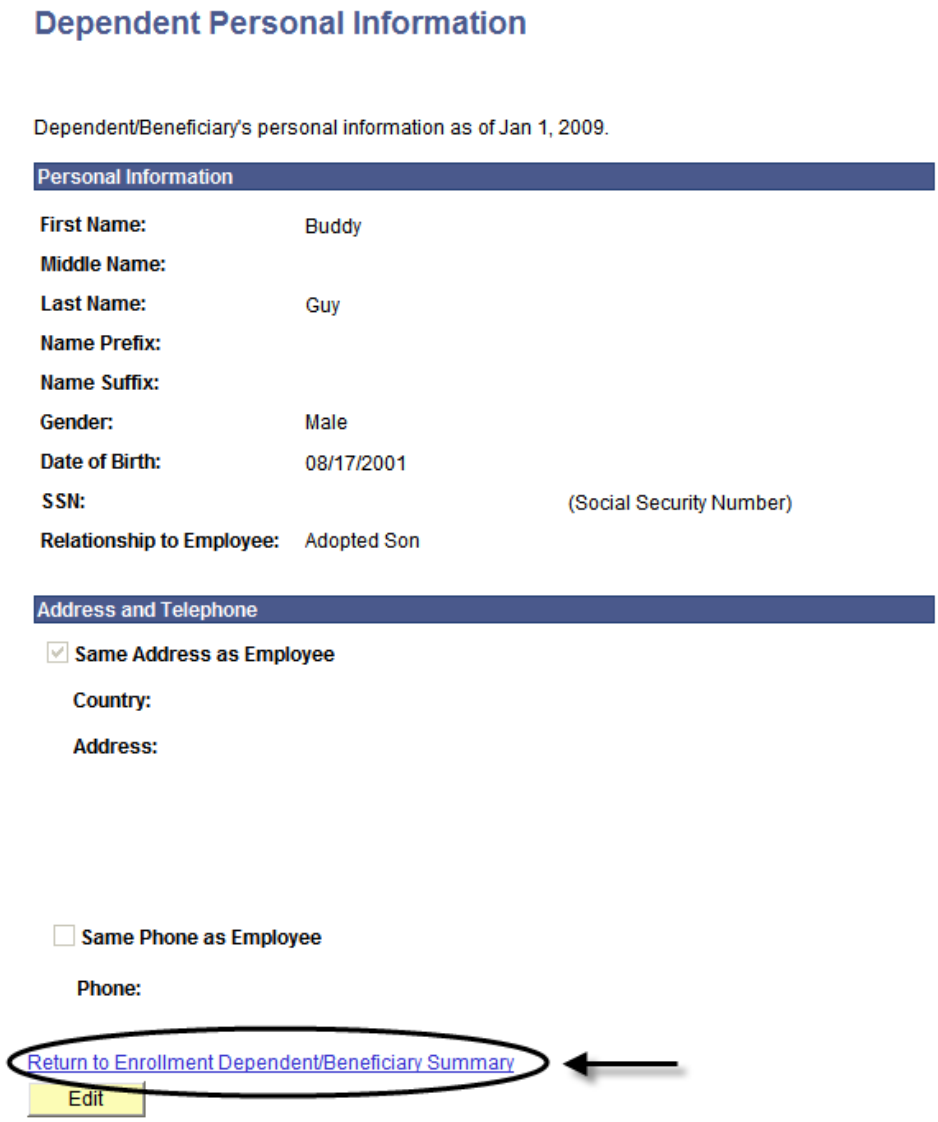
8. Click the **Save** button to save the new dependent in the database.



The Save Confirmation page displays.

9. Click the **OK** button.

The Dependent Personal Information page displays.



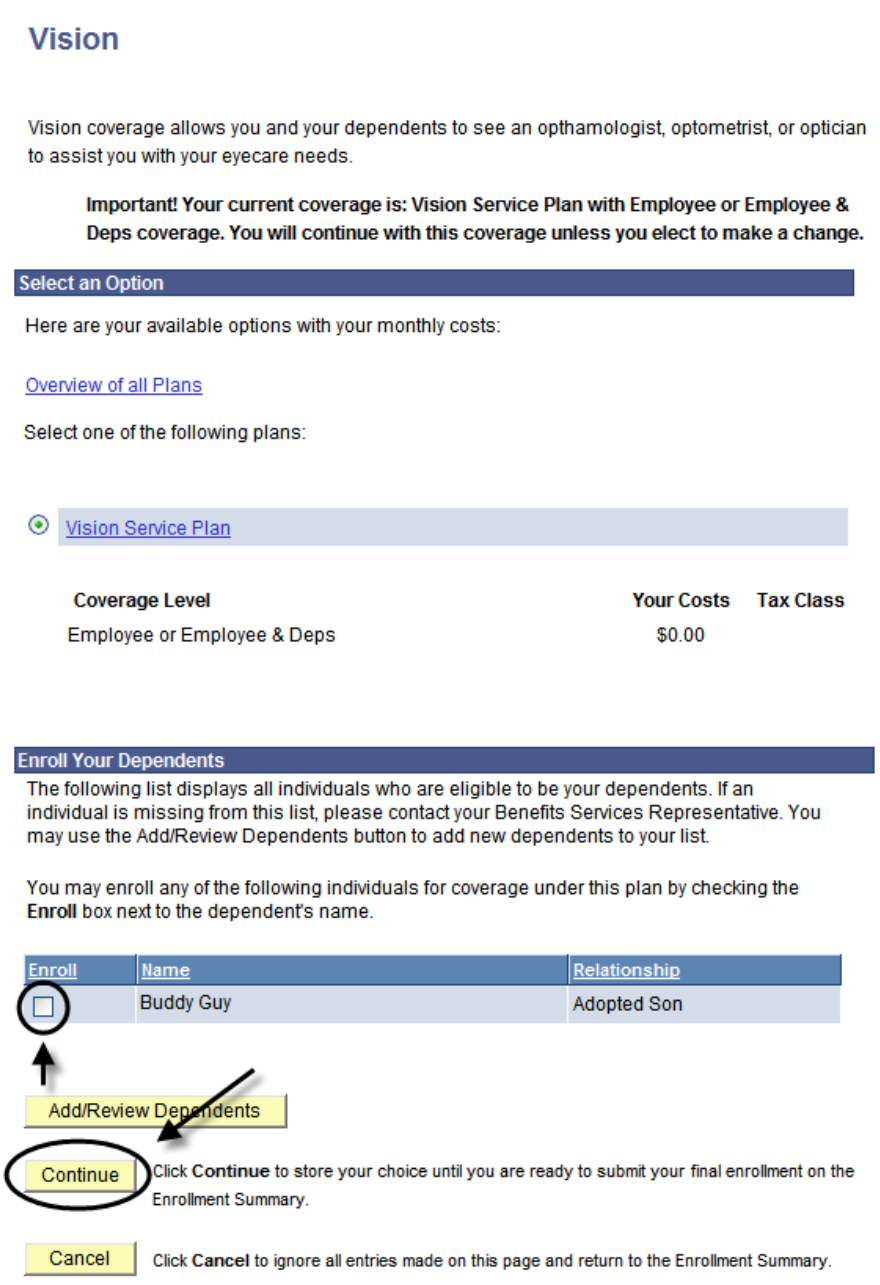
The Enrollment Dependent/Beneficiary Summary page displays.

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.

The Vision Enrollment page displays.

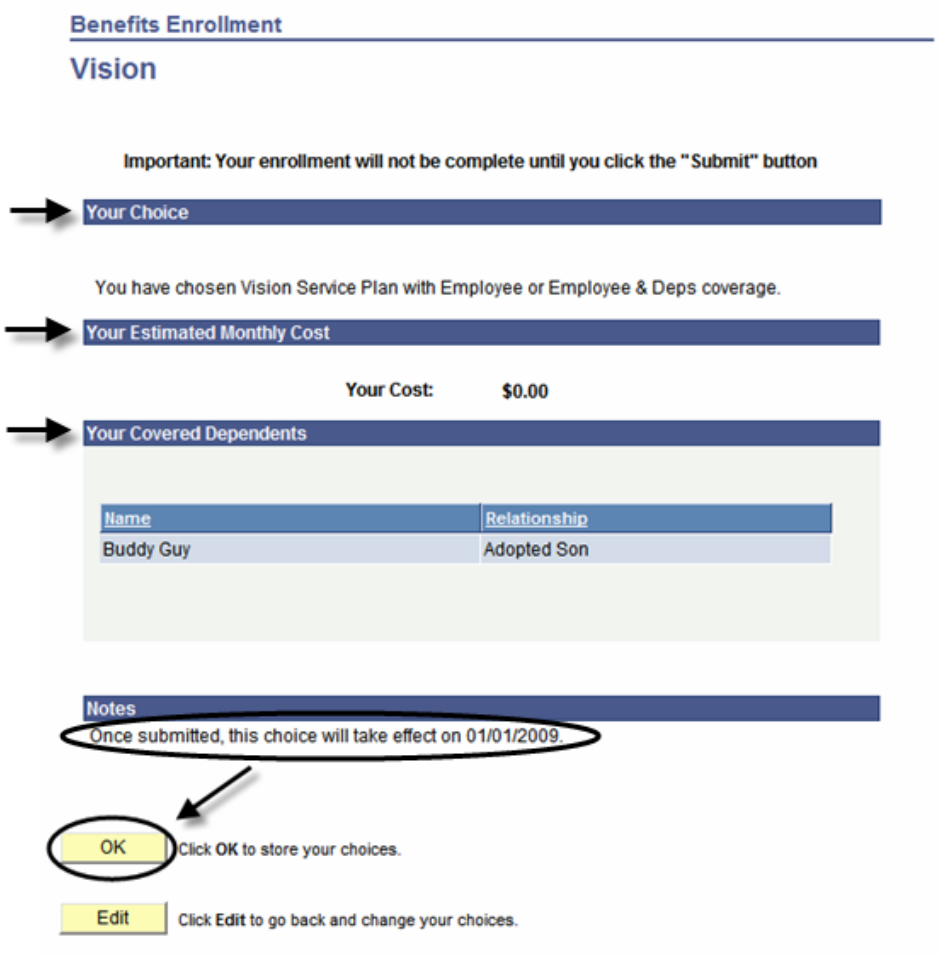
11. Scroll down to the **Enroll Your Dependents** section and click the checkbox next to your new dependent.
12. Click the **Continue** button.



The Vision Recap page displays with your Covered dependents.

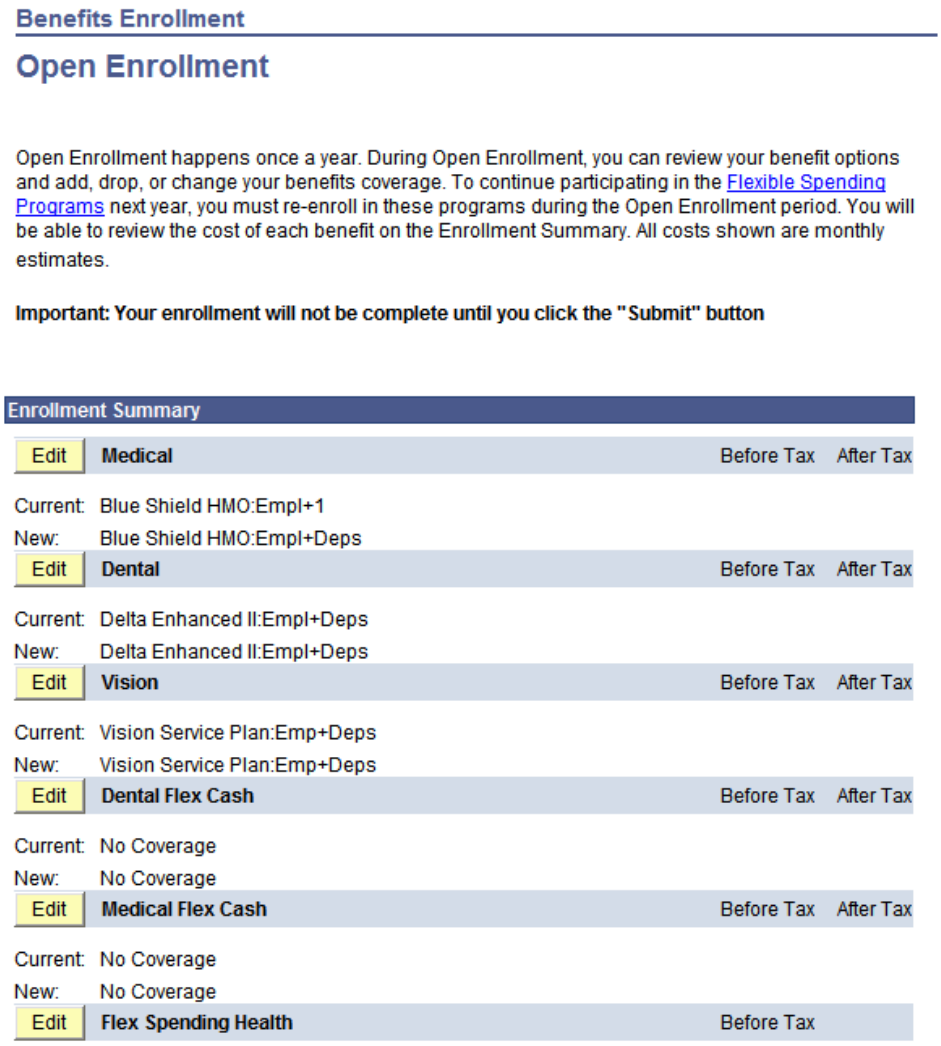
Note: This page summarizes your choice for Vision plan, estimated monthly cost and provides you information on the effective date of your choice.

13. Click the **OK** button.



The Enrollment Summary page displays.

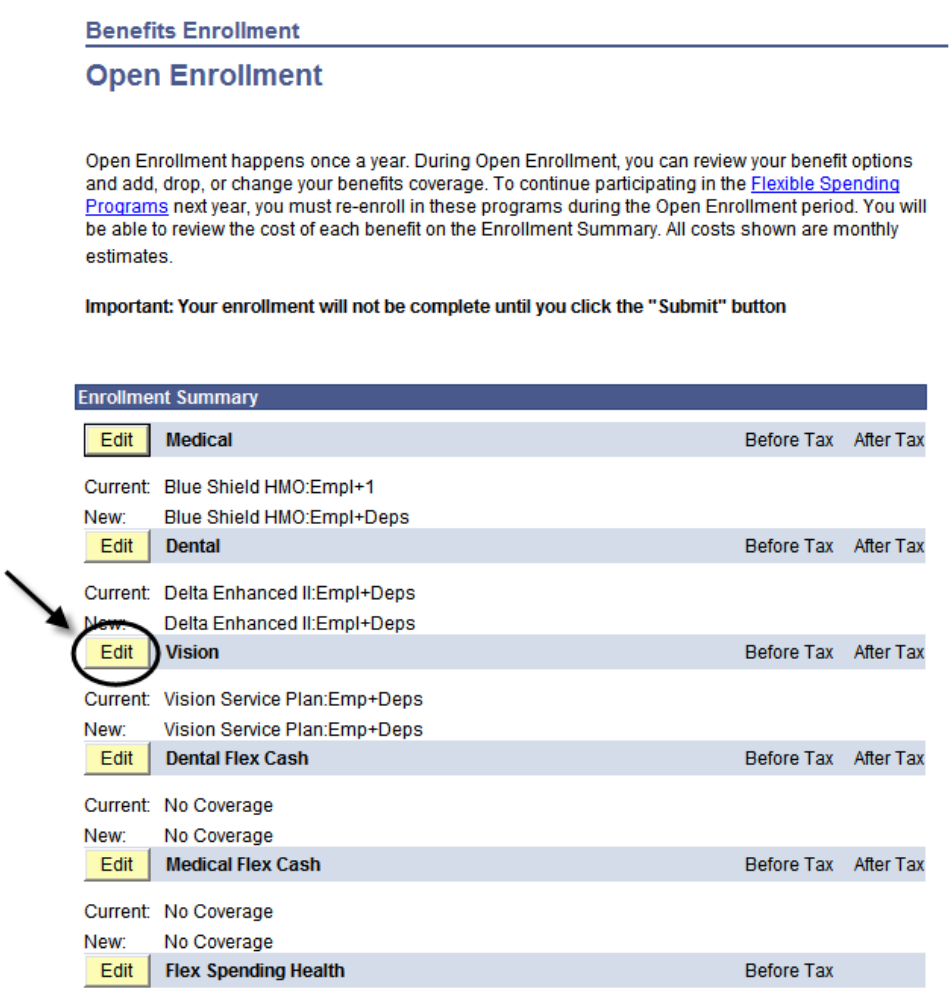
14. If you are satisfied with your selection, click the **Submit** button.
15. Proceed through the final submit process (as described on pages **8-10**).



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**.

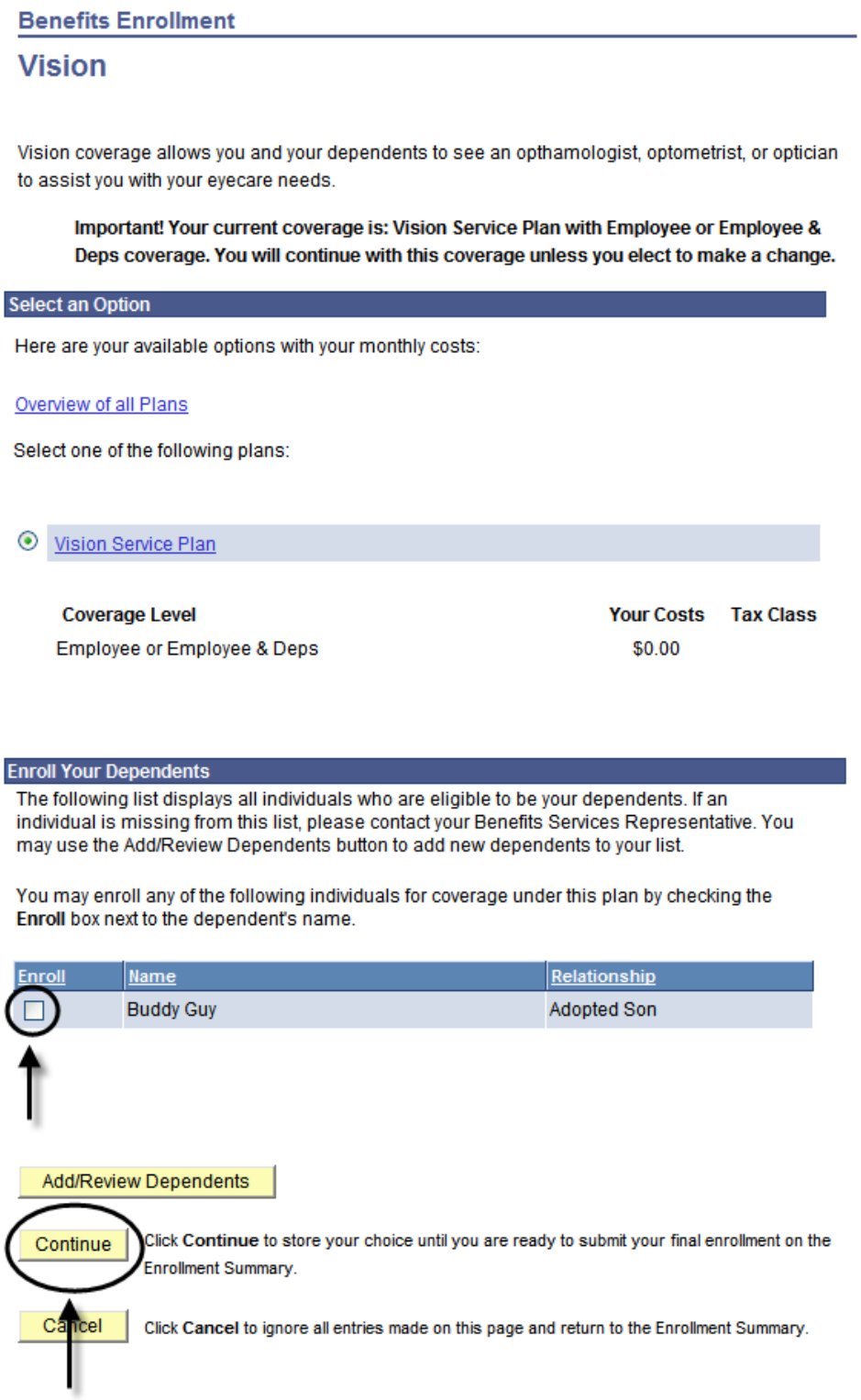


The Vision enrollment page displays.

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.

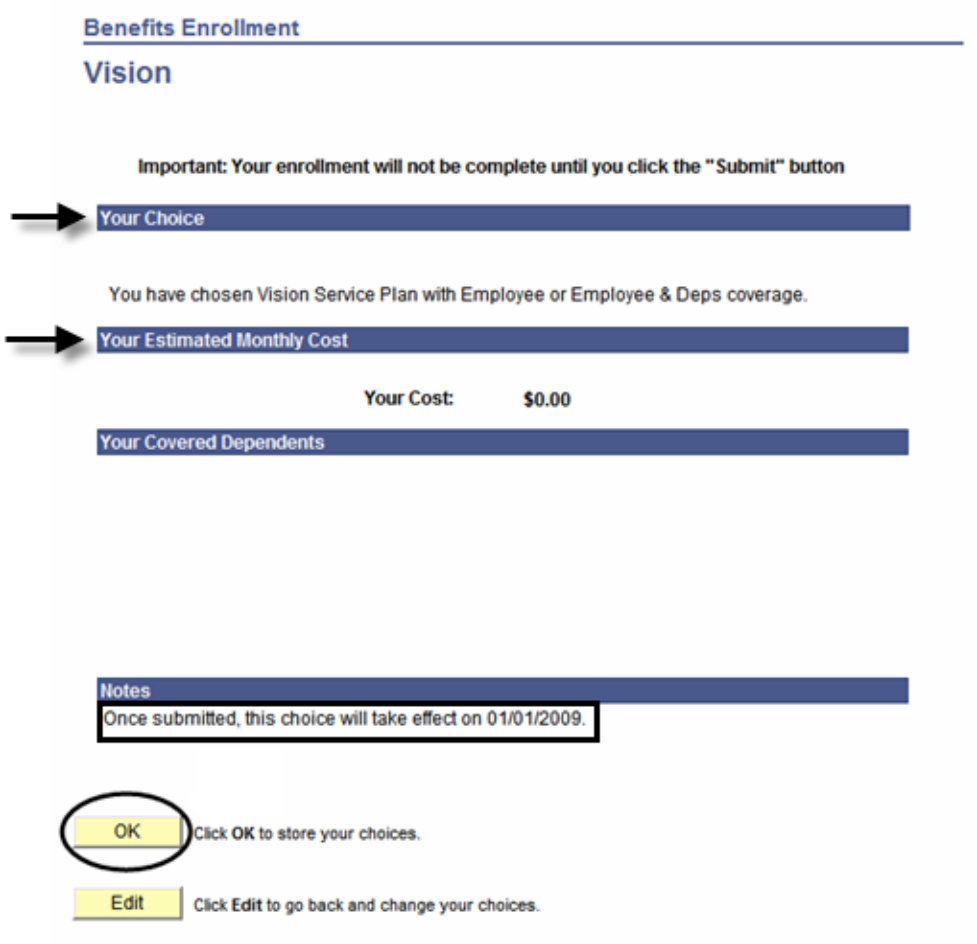
4. Uncheck the **Enroll** checkbox to delete/remove the dependent from your **Vision** coverage.
5. Click the **Continue** button.



The Vision recap page displays.

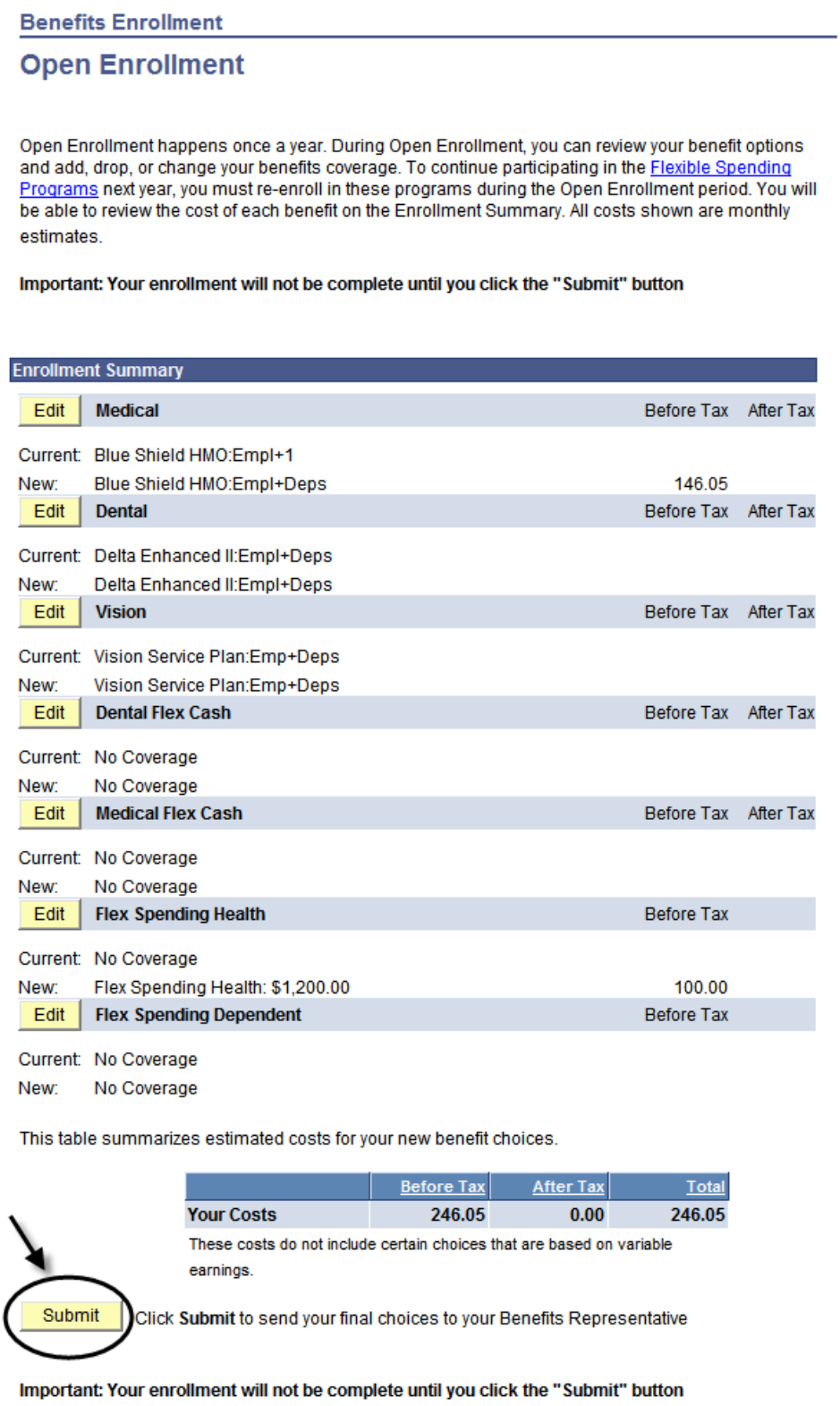
Note: This page summarizes your choice for Vision plan, estimated monthly cost and provides you information on the effective date of your choice.

6. Click the **OK** button.



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.

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