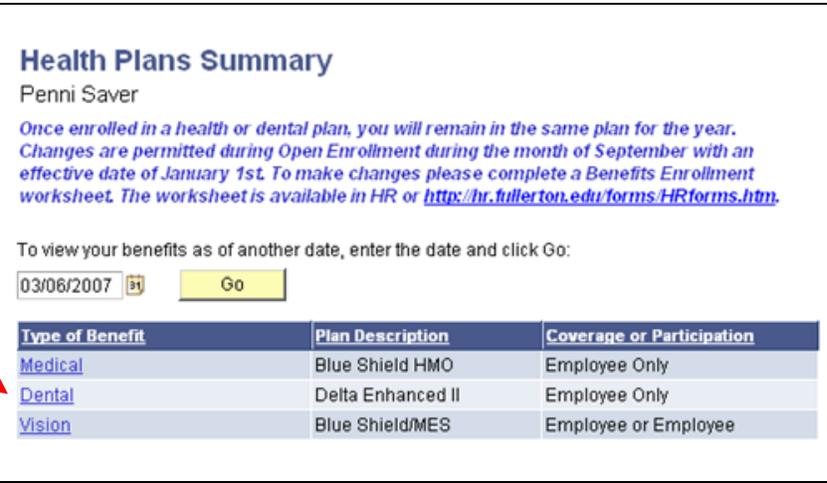


**My Benefits Information**

Processing Steps	Screen Shots												
<p>From the <b>New Titan Online</b> page, click <a href="#">My Benefits Information</a>.</p>													
<p><b>Health Plans Summary</b></p> <p><b>Step 1:</b> Select the type of benefit you wish to view.</p>	 <p><b>Health Plans Summary</b> Penni Saver</p> <p>Once enrolled in a health or dental plan, you will remain in the same plan for the year. Changes are permitted during Open Enrollment during the month of September with an effective date of January 1st. To make changes please complete a Benefits Enrollment worksheet. The worksheet is available in HR or <a href="http://hr.fullerton.edu/forms/HRforms.htm">http://hr.fullerton.edu/forms/HRforms.htm</a>.</p> <p>To view your benefits as of another date, enter the date and click Go:</p> <p>03/06/2007 <input type="button" value="Go"/></p> <table border="1"> <thead> <tr> <th>Type of Benefit</th> <th>Plan Description</th> <th>Coverage or Participation</th> </tr> </thead> <tbody> <tr> <td><a href="#">Medical</a></td> <td>Blue Shield HMO</td> <td>Employee Only</td> </tr> <tr> <td><a href="#">Dental</a></td> <td>Delta Enhanced II</td> <td>Employee Only</td> </tr> <tr> <td><a href="#">Vision</a></td> <td>Blue Shield/MES</td> <td>Employee or Employee</td> </tr> </tbody> </table>	Type of Benefit	Plan Description	Coverage or Participation	<a href="#">Medical</a>	Blue Shield HMO	Employee Only	<a href="#">Dental</a>	Delta Enhanced II	Employee Only	<a href="#">Vision</a>	Blue Shield/MES	Employee or Employee
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<p>Your benefits plan summary is displayed.</p> <p><b>Step 2:</b> Click <a href="#">Return to Health Plans Summary</a> to go back to your</p>	 <p><b>Medical</b> Penni Saver</p> <p>To view your benefits as of another date, enter the date and click Go:</p> <p>03/08/2007 <input type="button" value="Go"/></p> <p><b>Medical</b></p> <p><b>Plan Name:</b> Blue Shield HMO</p> <p><b>Plan Provider:</b> Blue Shield HMO</p> <p><b>Coverage:</b> Employee Only</p> <p><b>Group Number:</b></p> <p><b>Customer Service:</b> <b>Ext:</b></p> <p><b>Covered Dependents</b> No dependent/beneficiary enrollments were found.</p> <p><b>Additional Information</b></p> <p><a href="#">Return to Health Plans Summary</a></p>												