If you have had a qualifying life event, use this functionality to modify your benefits.

⚠️ You must submit your Life Event benefits change within 60 days of the qualifying life event.

What are qualifying life events?

- Qualifying marital life events include: marriage, divorce, annulment, legal separation, domestic partnership registration or dissolution.
- Qualifying dependent life events include: birth, adoption, adding/removing an economically dependent child or change in custody.
- Gain or Loss of alternate coverage is also a qualifying life event.

Contact Benefits at 657-278-2425 for more information regarding qualifying life events.

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</tr>
</thead>
</table>
| **Navigating to Life Event Changes**  
**Step 1:**  
Launch Internet Explorer (or your browser preference) from your desktop. | ![Browser Options](image1) |
| **Step 2:**  
Your home page opens. If your home page is not the CSUF website, type [www.fullerton.edu](http://www.fullerton.edu) in the address bar and press Enter on your keyboard. | ![Portal Login](image2) |
| **Step 3:**  
Click on the Portal Login button. | ![Portal Login Button](image3) |
| **Step 4:**  
Enter your campus username and password. | ![Sign In](image4) |
<table>
<thead>
<tr>
<th>Processing Steps</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 5:</strong> Click on the <strong>Titan Online</strong> icon.</td>
<td><img src="image1.png" alt="Titan Online Icon" /></td>
</tr>
<tr>
<td><strong>Step 6:</strong> Click on the Titan Online icon.</td>
<td><img src="image2.png" alt="Titan Online Page" /></td>
</tr>
<tr>
<td><strong>Step 7:</strong> The Titan Online page appears.</td>
<td><img src="image3.png" alt="Titan Online Page" /></td>
</tr>
</tbody>
</table>

Depending on your status, you may see various self-service options including Employee Self Service, Student Self Service, and Faculty Self Service.

Depending on your PeopleSoft/CMS access, you may see links to PeopleSoft functionality: Human Resources, Finance, and Student Administration.
### Processing Steps

| Step 8: | In the Employee Self Service box under My Benefits Information, select Life Event Changes. |

| Step 9: | Carefully read all of the information on this screen before making a selection. This screen covers important information on qualifying life events. |

| Step 10: | Select a Life Event Type from the drop-down menu: |
|          | • Add or Remove Dependents |
|          | • Gain or Loss of Alternate Coverage |
|          | • Update Marital Status |

### Screen Shots

#### Employee Self Service

- My Personal Profile
  - Personal Information
  - Home Address
  - Phone Numbers
  - Email Addresses
  - Emergency Contacts
- My Benefits Information
  - Health Plans Summary
  - Dependents Coverage Summary
  - Life and LTD Plans
  - HCRA & DCRA - (FSA)
  - Open Enrollment
  - New Hire/Newly Eligible
  - Life Event Changes

#### Benefits Enrollment

**Life Events**

Philip Pinip

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

Use this page to select your Life Event and proceed to make changes to your current benefits including Health, Dental, FlexCash, or Flexible Spending Account.

- Qualifying marital life events include: marriage, divorce, annulment, legal separation, domestic partnership registration or dissolution.
- Qualifying dependent life events include: birth, adoption, adding/removing an economically dependent child or change in custody.
- Gain or Loss of alternate coverage is also a qualifying life event.

Contact Benefits at 657-276-2425 for more information regarding qualifying life events.

Have you completed the eBenefits Self-Service Electronic Signature Authorization Form? This form must be on file with the Benefits Office in order for you to enroll or change your benefits selections. Click here to complete the form.

**Instructions:**

1. Complete and sign the form.
2. Send the form to Human Resources at CF-700. Scanned copies sent by email will be accepted.

If you have any questions, please contact Human Resources at 657-276-2425.
### Processing Steps

<table>
<thead>
<tr>
<th>Step 11:</th>
<th>Screen Shots</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select the appropriate Life Event from the drop-down menu.</td>
<td><img src="image1.png" alt="Image" /> Select the appropriate Life Event from the drop-down menu. Depending on which Life Event Type you selected in Step 6, you will see different Life Events available.</td>
</tr>
</tbody>
</table>

**Step 11a:**

For the *Add or Remove Dependents* Life Event Type, the following Life Events are available:

- Add Economically Dependent Child
- Add Other Dependent
- Adoption
- Birth
- Delete Dependent

**Step 11b:**

For the *Gain or Loss of Alternate Coverage* Life Event Type, the following Life Events are available:

- Gain of Alternate non-CSU Coverage
- Loss of Alternate non-CSU Coverage
### Processing Steps

**Step 11c:**

For the *Update Marital Status* Life Event Type, the following Life Events are available:

- Annulment
- Death of Domestic Partner
- Death of Spouse
- Dissolution of Domestic Partner
- Divorce
- Domestic Partner
- Legal Separation
- Marriage

### Screen Shots

**Step 11c:**

In the example on the right, the employee is entering the date that the marriage took place.

Then click **Continue**.

**Step 12:**

Enter the date of the life event in the Event Date field.

In the example on the right, the employee is entering the date that the marriage took place.

Then click **Continue**.
Step 13:
The Life Event Rules chart appears.

Carefully review the information on the Life Event that you are entering to determine which benefits you are eligible to modify for the life event.

Then click Continue.
### Processing Steps

The Life Events page will allow you to make changes to your benefits.

**Carefully read all of the information on this screen before making any selections.**

Click on the information icon (ℹ️) to learn more about the various Benefit programs, eligibility, and enrollment.

Clicking on hyperlinks on this screen will also allow you to view more information about a particular topic.

### Screen Shots

#### Benefits Enrollment

**Life Events**

*Philip Peng*

Use this page to submit changes to your current benefits due to a Life Event. You only have 30 days from the Event Date to make any changes to your benefits.

Deadline of dependent will fall under a termination effective date based on the date of the event. For example, if a divorce is effective 02/28/2015 and you revert the divorce to benefits on 03/10/2015, the dependent will be deleted with an effective date of 04/01/2015.

For questions regarding your benefits information, please contact Benefits at 617-278-2425 or you can visit the benefits website.

Click on the information icon to learn more about various Benefit programs, eligibility, and enrollment.

- If you have completed the eBenefits Self-Service Electronic Signature Authorization Form? This form must be on file with the Benefits Office in order for you to enroll/unenroll or change your benefits selections.
  - **On Screen 1:** Complete and sign the form.
  - **Screen 2:** Submit one (1) electronic completed form per year for each employee and any dependents who need to be added.

If you have any questions, please contact Human Resources at 617-278-2425.

#### Life Event

You have indicated that you are performing the following life event change:

**Life Event:** Marriage  
**Event Date:** 03/10/2013

**Marital Status**

Please indicate your current or new marital status.

**Marital Status:**

#### Health Plan Selection

A comprehensive health program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CUH. The CSU pays a portion of the monthly premium. Please visit the [benefit website](#) for more information.

You cannot change your current plan provider; you may only add or delete dependents from your current plan.

- **No Change**
  - Add/Del Dependents
  - New Enrollment
  - Cancel Enrollment
  - Deductible Coverage

Alternatively, if you are not CSU health coverage, you may elect to participate in the FlexChoice plan to obtain cash in lieu of CSU coverage. If you elect the FlexChoice plan, you are required to provide the alternate health insurance carrier’s name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexChoice Plan document](#).

- **No Change**
  - New Enrollment
  - Cancel Enrollment
  - Deductible Coverage

#### Dental Plan Selection

A comprehensive dental program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the [benefit website](#) for more information.

You cannot change your current plan provider; you may only add or delete dependents from your current plan.

- **No Change**
  - Add/Del Dependents
  - New Enrollment
  - Cancel Enrollment
  - Deductible Coverage

Alternatively, if you are not CSU dental coverage, you may elect to participate in the FlexChoice plan to obtain cash in lieu of CSU coverage. If you elect the FlexChoice plan, you are required to provide the alternate dental insurance carrier’s name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexChoice Plan](#) document.

- **No Change**
  - New Enrollment
  - Cancel Enrollment
  - Deductible Coverage

#### Vision Plan

The CSU provides vision coverage through Vision Service Plan (VSP). The CSU pays the full cost of your monthly premium. Please visit the [benefit website](#) for more information.

**First Spending Accounts**

The Health Care Reimbursement Account (HRA) is a valuable benefit plan which allows you to pay for eligible out-of-pocket health care expenses with you tax-deductible dollars. Eligible dependents include children under the age of 13, incapacitated spouse, or other adult dependents who you can claim as an exemption on your federal tax return. In addition, you cannot be married. To continue participation, you must contribute using the Open Enrollment period each year. The minimum monthly contribution is $20.00 and the maximum is $450.00 (annual maximum: $5,400). You must contribute a total amount to your HRA account each month. The total monthly amount that you contribute will be tax-deductible as a medical expense.

- **No Change**
  - New Enrollment
  - Change Monthly Amount
  - Cancel Enrollment

**Dependent Care Reimbursement Account (DCRA)** is a valuable benefit for eligible employees. DCRA offers you the ability to pay for eligible out-of-pocket dependent care expenses with you tax-deductible dollars. Eligible dependents include children under the age of 13, incapacitated spouse, or other eligible dependents who you can claim as an exemption on your federal tax return. To continue participation, you must contribute using the Open Enrollment period each year. The minimum monthly deduction is $20.00 and the maximum is $450.00 (annual maximum: $5,400). The maximum monthly contribution is $100.00. You must contribute a total amount to your DCRA account each month. The total monthly amount that you contribute will be tax-deductible as a medical expense.

- **No Change**
  - New Enrollment
  - Change Monthly Amount
  - Cancel Enrollment

#### Add/New Dependent

Use the section below to add new dependents and to add/modify eligible dependents in your Health, Dental and Vision plans. Supporting documents are required when adding dependent. Please click the information icon at the top of this page for more information.

**Add/Show Dependents**

Click Continue to proceed to the next section. Your enrollment will be complete if you do not complete and submit the next section.
### Processing Steps

The Life Event section shows the type of Life Event that you selected and the date of the event that you entered in steps 7 and 8.

### Screen Shots

**Life Event**
- You have indicated that you are performing the following life event change:
- **Life Event:** Marriage
- **Event Date:** 03/03/2013

**Marital Status**
- Please indicate your current or new marital status.
- **Marital Status:** Married

---

**Step 14:**
Select your current or new marital status from the Marital Status drop-down menu.

Even if the Life Event that you are entering is not related to your marital status, you will be required to make a selection.
Making Changes to Current Health Plan

To change your current health plan after a qualifying life event, follow steps 1-10 in the Navigating to Life Event Changes section on page 2. Then follow the steps below.

Step 1:
The default setting for the Health Plan Selection section is No Change.

To make a change to your current health plan, select one of the radio buttons:

- **No Change**: if you do not want to make any changes to your current health plan, select this radio button.
- **Add/Del Dependents**: if you want to add or delete dependents in your current health plan, select this radio button.
- **New Enrollment**: if you currently do not have a health plan, but want to enroll in one due to your life event, select this radio button.
- **Cancel Enrollment**: if you currently have a health plan but want to cancel it due to your life event, select this radio button.
- **Decline Coverage**: if you do not wish to enroll in a health plan, select this radio button.
<table>
<thead>
<tr>
<th>Processing Steps</th>
<th>Screen Shots</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1a:</strong> If you selected <strong>Add/Del Dependents</strong>, follow the instructions in the <strong>Adding and Removing Dependents section</strong> on page 22 to add or remove a dependent from your health plan.</td>
<td><img src="image" alt="Screen Shot" /></td>
</tr>
<tr>
<td><strong>Step 1b:</strong> If you selected <strong>New Enrollment</strong>, use the drop-down menu to select the Health Plan you wish to enroll in.</td>
<td><img src="image" alt="Screen Shot" /></td>
</tr>
<tr>
<td><strong>Step 1c:</strong> If you selected either <strong>Cancel Enrollment</strong> or <strong>Decline Coverage</strong>, no additional steps are required.</td>
<td><img src="image" alt="Screen Shot" /></td>
</tr>
<tr>
<td><strong>Step 2:</strong> After selecting all changes to health, dental, flex spending, and/or dependents, skip to the <strong>Completing Life Events Elections</strong> section on page 25 to complete the process.</td>
<td><img src="image" alt="Screen Shot" /></td>
</tr>
</tbody>
</table>
Making Changes to Current Health FlexCash Plan

To change your current health FlexCash plan after a qualifying life event, follow steps 1-10 in the Navigating to Life Event Changes section on page 2. Then follow the steps below.

Check the Life Events Rules table in step 9 of the Navigating to Life Event Changes section on page 6 to see which benefits can be modified for each life event type.

**Step 1:**
The default setting for the Health Plan Selection section is *No Change*.

To make a change to your health FlexCash plan, select one of the radio buttons:

- **No Change**: if you do not want to make any changes to your current health FlexCash plan, select this radio button. You cannot be enrolled in a health plan and a health flex plan.

- **New Enrollment**: if you currently do not have the health FlexCash plan but want to enroll in it due to your life event, select this radio button.

- **Cancel Enrollment**: if you currently have a health FlexCash plan but want to cancel it due to your life event, select this radio button.

- **Decline Coverage**: if you do not wish to enroll in a health flex plan, select this radio button.
### Processing Steps

<table>
<thead>
<tr>
<th>Step 1a:</th>
<th>Screen Shots</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you selected <strong>New Enrollment</strong>, you will need to provide information on your alternate health insurance policy. Enter the following:</td>
<td><img src="image1.png" alt="Screen Shot" /></td>
</tr>
</tbody>
</table>
| • **Social Security Number**: this is the social security number of the person who holds the alternate health policy under which you are covered.  
  • **Insurance Carrier**: the name of the alternate health insurance carrier.  
  • **Policy Number**: the policy number of the alternate health insurance policy. | |

<table>
<thead>
<tr>
<th>Step 1b:</th>
<th>Screen Shots</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you selected either <strong>Cancel Enrollment</strong> or <strong>Decline Coverage</strong>, no additional steps are required.</td>
<td><img src="image2.png" alt="Screen Shot" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2:</th>
<th>Screen Shots</th>
</tr>
</thead>
<tbody>
<tr>
<td>After selecting all changes to health, dental, flex spending, and/or dependents, skip to the <strong>Completing Life Events Elections</strong> section on page 25 to complete the process.</td>
<td><img src="image3.png" alt="Screen Shot" /></td>
</tr>
</tbody>
</table>
Making Changes to Current Dental Plan

To change your current dental plan after a qualifying life event, follow steps 1-10 in the Navigating to Life Event Changes section on page 2. Then follow the steps below.

![Check the Life Events Rules table in step 9 of the Navigating to Life Event Changes section on page 6 to see which benefits can be modified for each life event type.]

Step 1:
The default setting for the Dental Plan Selection section is No Change.

To make a change to your current dental plan, select one of the radio buttons:

- **No Change**: if you do not want to make any changes to your current dental plan, select this radio button.
- **Add/Del Dependents**: if you want to add or delete dependents in your current dental plan, select this radio button.
- **New Enrollment**: if you currently do not have a dental plan, but want to enroll in one due to your life event, select this radio button.
- **Cancel Enrollment**: if you currently have a dental plan but want to cancel it due to your life event, select this radio button.
- **Decline Coverage**: if you currently do not have dental coverage from CSU Fullerton and do not wish to enroll in a dental plan, select this radio button.
### Processing Steps

#### Step 1a:
If you selected **Add/Del Dependents**, follow the instructions in the [Adding and Removing Dependents section](#) on page 22 to add or remove a dependent from your dental plan.

<table>
<thead>
<tr>
<th>Screen Shots</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Dental Plan Selection" /></td>
</tr>
</tbody>
</table>

#### Step 1b:
If you selected **New Enrollment**, use the drop-down menu to select the Dental Plan you wish to enroll in.

<table>
<thead>
<tr>
<th>Screen Shots</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image2" alt="Dental Plan Selection" /></td>
</tr>
</tbody>
</table>

#### Step 1b1:
If you select **DeltaCare USA-Enhanced** as your Dental Plan, you will need to provide the Primary Office ID Number.

- Click on the **Select a Provider** link to search for a Primary Dental Office ID.

<table>
<thead>
<tr>
<th>Screen Shots</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image3" alt="Dental Plan Selection" /></td>
</tr>
</tbody>
</table>

#### Step 1c:
If you selected either **Cancel Enrollment** or **Decline Coverage**, no additional steps are required.

<table>
<thead>
<tr>
<th>Screen Shots</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image4" alt="Dental Plan Selection" /></td>
</tr>
</tbody>
</table>
### Processing Steps

**Step 2:**
After selecting all changes to health, dental, flex spending, and/or dependents, skip to the [Completing Life Events Elections](#) section on page 25 to complete the process.

<table>
<thead>
<tr>
<th>Screen Shots</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental Plan Selection</strong></td>
</tr>
<tr>
<td>A comprehensive dental program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSLU. The CSLU pays a portion of the monthly premium. Please visit the <a href="#">elemente website</a> for more information.</td>
</tr>
<tr>
<td>You can not change your current plan provider; you may only add or delete dependents from your current plan.</td>
</tr>
<tr>
<td><img src="image" alt="Dental Plan Selection" /></td>
</tr>
<tr>
<td><img src="image" alt="Add / Del Dependents" /></td>
</tr>
</tbody>
</table>
### Processing Steps

**Making Changes to Current Dental FlexCash Plan**

To change your current dental FlexCash plan after a qualifying life event, follow steps 1-10 in the [Navigating to Life Event Changes](#) section on page 2. Then follow the steps below.

1. **Step 1:**
   - The default setting for the Dental Plan Selection section is *No Change*.

   To make a change to your dental FlexCash plan, select one of the radio buttons:

   - **No Change**: if you do not want to make any changes to your current dental FlexCash plan, select this radio button. You cannot be enrolled in a dental plan and a dental flex plan.
   - **New Enrollment**: if you currently do not have the dental FlexCash plan but want to enroll in it due to your life event, select this radio button.
   - **Cancel Enrollment**: if you currently have a dental FlexCash plan but want to cancel it due to your life event, select this radio button.
   - **Decline Coverage**: if you do not wish to enroll in a dental flex plan, select this radio button.

### Screen Shots

#### Dental Plan Selection

A comprehensive dental program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the [Benefits website](#) for more information.

You can not change your current plan provider; you may only add or delete dependents from your current plan.

- **No Change**
- **Add / Del Dependents**
- **New Enrollment**
- **Cancel Enrollment**
- **Decline Coverage**

Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier’s name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.

- **No Change**
- **New Enrollment**
- **Cancel Enrollment**
- **Decline Coverage**
## Processing Steps

<table>
<thead>
<tr>
<th>Step 1a:</th>
<th>Screen Shots</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you selected <strong>New Enrollment</strong>, you will need to provide information on your alternate dental insurance policy. Enter the following:</td>
<td><img src="image1" alt="Screen Shot" /></td>
</tr>
<tr>
<td>- <strong>Social Security Number</strong>: this is the social security number of the person who holds the alternate dental policy under which you are covered.</td>
<td></td>
</tr>
<tr>
<td>- <strong>Insurance Carrier</strong>: the name of the alternate dental insurance carrier.</td>
<td></td>
</tr>
<tr>
<td>- <strong>Policy Number</strong>: the policy number of the alternate dental insurance policy.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 1b:</th>
<th>Screen Shots</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you selected either <strong>Cancel Enrollment</strong> or <strong>Decline Coverage</strong>, no additional steps are required.</td>
<td><img src="image2" alt="Screen Shot" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2:</th>
<th>Screen Shots</th>
</tr>
</thead>
<tbody>
<tr>
<td>After selecting all changes to health, dental, flex spending, and/or dependents, skip to the <strong>Completing Life Events Elections</strong> section on page 25 to complete the process.</td>
<td><img src="image3" alt="Screen Shot" /></td>
</tr>
</tbody>
</table>
### Processing Steps

**Making Changes to Current Vision Plan**

The CSU automatically enrolls you (the employee) in a vision plan when you enroll in benefits for the first time. There is no option to change your vision benefits.

If you add a new dependent, you can elect to add Vision Coverage for them.

When you remove a dependent's benefits, you can elect to remove their Vision Coverage (if applicable).

Follow the instructions in the Adding and Removing Dependents section on page 22 to add or remove a dependent from your vision plan.

<table>
<thead>
<tr>
<th>Screen Shots</th>
</tr>
</thead>
</table>
| **Vision Plan**
The CSU provides vision coverage through Vision Service Plan (VSP). The CSU pays the full cost of your monthly premium. Please visit the [Benefits website](#) for more information. |
Making Changes to Current Flex Spending Health (HCRA) and/or Flex Spending Dependent (DCRA) Plan

To change your current HCRA and/or DCRA plan after a qualifying life event, follow steps 1-10 in the Navigating to Life Event Changes section on page 2. Then follow the steps below.

- Check the Life Events Rules table in step 9 of the Navigating to Life Event Changes section on page 6 to see which benefits can be modified for each life event type.

Step 1:
The default setting for the Flex Spending Accounts section is No Change.

To make a change to your HCRA and/or DCRA plan, select one of the radio buttons:

- **No Change**: if you do not want to make any changes to your current HCRA and/or DCRA plan, select this radio button.
- **New Enrollment**: if you currently do not have the HCRA and/or DCRA plan but want to enroll in one or both of them due to your life event, select this radio button.
- **Change Monthly Amount**: if you want to change your monthly contribution amount for your current HCRA and/or DCRA plan due to your life event, select this radio button.
- **Cancel Enrollment**: if you currently have the HCRA and/or DCRA plan but want to cancel it due to your life event, select this radio button.
### Processing Steps

**Step 1a:** If you selected **New Enrollment** for either HCRA or DCRA, you will need to enter the amount of your monthly contribution.

**Screen Shots**

*Monthly HCRA Amount: $200.00*

**Step 1b:** If you selected **Change Monthly Amount** for either HCRA or DCRA, you will need to enter the new monthly contribution amount.

**Screen Shots**

*Monthly DCRA Amount: $200*

*Monthly DCRA Amount: $400*
### Processing Steps

<table>
<thead>
<tr>
<th>Screen Shots</th>
</tr>
</thead>
</table>

**Step 1c:**
If you selected **Cancel Enrollment** no additional steps are required.

**Step 2:**
After selecting all changes to health, dental, flex spending, and/or dependents, skip to the [Completing Life Events Elections](#) section on page 25 to complete the process.
### Processing Steps

**Adding and Removing Dependents**

To add or remove dependents after a qualifying life event, follow steps 1-10 in the [Navigating to Life Event Changes](#) section on page 2. Then follow the steps below.

1. Check the Life Events Rules table in step 9 of the [Navigating to Life Event Changes](#) section on page 6 to see which benefits can be modified for each life event type.

#### Adding a New Dependent

**Step 1:**

At the bottom of the Life Events page, your current list of dependents appears.

Select **Add New Dependent**.

**Step 2:**

Enter the personal information of the new dependent.

Fields marked with an asterisk (*) are required. Social Security Number is required for **all** dependents. If Social Security number is not available for a newborn, please provide it as soon as available.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth/Date of Death</th>
<th>Relationship</th>
<th>Health Coverage</th>
<th>Dental Coverage</th>
<th>Vision Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emily Cratchit</td>
<td>10/24/1960</td>
<td>Spouse</td>
<td>No Change</td>
<td>No Change</td>
<td>No Change</td>
</tr>
<tr>
<td>Peter Cratchit</td>
<td>05/21/1997</td>
<td>Child</td>
<td>No Change</td>
<td>No Change</td>
<td>No Change</td>
</tr>
<tr>
<td>Martha Cratchit</td>
<td>04/01/2000</td>
<td>Child</td>
<td>No Change</td>
<td>No Change</td>
<td>No Change</td>
</tr>
</tbody>
</table>

#### Adding a New Dependent

**Step 1:**

At the bottom of the Life Events page, your current list of dependents appears.

Select **Add New Dependent**.

**Step 2:**

Enter the personal information of the new dependent.

Fields marked with an asterisk (*) are required. Social Security Number is required for **all** dependents. If Social Security number is not available for a newborn, please provide it as soon as available.

**Dependent/Beneficiary Personal Information**

Bob Cratchit

Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jun 13, 2013.

**Personal Information**

- **First Name:** Tim
- **Middle Name:**
- **Last Name:** Cratchit
- **Name Prefix:**
- **Name Suffix:**
- **Gender:** Male
- **Date of Birth:** 06/01/2013
- **SSN:** (Social Security Number)
- **Relationship to Employee:** Child
### Processing Steps

#### Step 3:
Enter the address and phone number for the new dependent.

If the address or phone is the same as yours, you can place a checkmark next to *Same Address as Employee* or *Same Phone as Employee*.

Then click **Save**.

#### Step 4:
You will receive a message indicating the save was successful. Click **OK**.

You will also receive an email confirmation that a change was made.

#### Step 5:
The new dependent’s information appears. Scroll down and select **Return to Continue**.
### Processing Steps

**Step 6:**
The dependent you added appears at the bottom of the table of dependents. You may repeat steps 1-5 to add additional dependents.

Use the drop-down menus to select which coverage you wish to add for the new dependent(s).

### Screen Shots

<table>
<thead>
<tr>
<th>Add New Dependent</th>
<th>Continue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Click Continue to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.</td>
</tr>
</tbody>
</table>

### Removing a Dependent

**Step 1:**
At the bottom of the Life Events page, your current list of dependents appears. Locate the dependent you wish to remove.

Use the drop-down menus to select Remove from the Health Coverage, Dental Coverage, and/or Vision Coverage, as applicable.

### Modifying a Dependent's Coverage

**Step 1:**
At the bottom of the Life Events page, your current list of dependents appears. Locate the dependent(s) whose coverage you wish to modify.

Use the drop-down menus to select the appropriate change for each dependent in the Health Coverage, Dental Coverage, and/or Vision Coverage, as applicable.
### Completing Life Events Elections

**Step 1:**
Once you have made all of your elections on the Life Events page, click the **Continue** button at the bottom of the page.

---

**Screen Shots**

**Benefits Enrollment**

- **Life Events**
  - **Contribution**
    - Use this page to submit changes to your current benefits due to a life event. You only have 60 days from the Eligibility Date to make any changes to your benefits.
    - **Dependents**
      - If you have dependents, you will enter a cumulative effective date based on the date after the event. You may change your elections at any time. If you change your elections after the Eligibility Date, the change will be effective 13 months after the Eligibility Date. If you do not make the elections within the 60 days, the elections will be effective as of the Eligibility Date. You will have until the Eligibility Date to make your elections.
      - **Coverage Effective Date**
        - If you change your elections after the Eligibility Date, the change will be effective 13 months after the Eligibility Date. If you do not make the elections within the 60 days, the elections will be effective as of the Eligibility Date. You will have until the Eligibility Date to make your elections.

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**Dental Plan Selection**

- A comprehensive dental program is available to all employees. You can select one or more of the dental plans. The cost of the coverage is shared between you and the CDP. The CDP pays a portion of the monthly premium. Please visit the Benefits website for more information.

**Fax/Specific Accounts**

- The Health Care High Deductible Account (HCD) is a voluntary benefit plan with a $2,000 deductible. The employee pays the first $2,000 of all eligible expenses. The HCD is a tax-advantaged account with a maximum of $2,000 per calendar year. The amount contributed to the HCD can be taken as a tax deduction in the year you contribute to it.

**Life Event Changes**

- **New Beneficiaries**
  - **Federal**
    - If you have a Federal or State dependents, you can add or remove them from your benefits. The new dependents will be enrolled in the benefits as of the Eligibility Date. If you do not make the elections within the 60 days, the elections will be effective as of the Eligibility Date. You will have until the Eligibility Date to make your elections.
  - **State**
    - If you have a State or Federal dependents, you can add or remove them from your benefits. The new dependents will be enrolled in the benefits as of the Eligibility Date. If you do not make the elections within the 60 days, the elections will be effective as of the Eligibility Date. You will have until the Eligibility Date to make your elections.

---

**New Dependents**

- **Fax/Specific Accounts**
  - **HCD**
    - If you have a HCD, you can add or remove beneficiaries from your benefits. The new beneficiaries will be enrolled in the benefits as of the Eligibility Date. If you do not make the elections within the 60 days, the elections will be effective as of the Eligibility Date. You will have until the Eligibility Date to make your elections.
  - **State**
    - If you have a State or Federal dependents, you can add or remove them from your benefits. The new dependents will be enrolled in the benefits as of the Eligibility Date. If you do not make the elections within the 60 days, the elections will be effective as of the Eligibility Date. You will have until the Eligibility Date to make your elections.
# Processing Steps

<table>
<thead>
<tr>
<th>Step 2:</th>
<th>Screen Shots</th>
</tr>
</thead>
</table>
| You will receive a pop-up message asking you to confirm that there are changes. | **Message**  

Please confirm these are the changes to be processed. Click Yes to confirm and proceed. Click No to review.  

Yes | No |
|-----|----|
### Processing Steps

#### Step 2:
Review the information on this screen carefully before proceeding.

**Effective Date of Coverage**: this section will indicate when your new elections will be effective.

**Supporting Documentation**: this section will indicate if any additional documentation is needed by the CSUF Benefits office in order to finalize your elections. If you do not provide this documentation, your benefits cannot be finalized.

**Disclosures and Privacy**: click on the hyperlink in this section to read the disclosures and privacy information about the benefit plan(s) you have selected.

Once you have read the Disclosures and Privacy Notice, mark the check box to indicate you have read it and understand it.

### Screen Shots

#### Benefits Enrollment

**Life Events**

**Bob Crachit**

**Effective Date of Coverage**

Benefits will notify you when your enrollment is complete. Health and Dental coverage becomes effective the first of the following month. Coverage for FlexCash Plans and Flexible Spending Accounts become effective the first of the second month.

*Example:* If you make Health and/or Dental elections and provide all the supporting documents on 9/25/2013, they will be effective on 10/1/2013. However, if you elect FlexCash and/or enroll in a Flexible Spending Account on 9/25/2013, they will be effective on 11/1/2013.

Benefit elections are not finalized until you provide the required supporting documentation to Benefits.

**Supporting Documentation**

You must certify your dependent’s eligibility for coverage by providing documentation (as described below). Eligible family members include spouses, domestic partners and dependent children under the age of 25.

To enroll a spouse, a marriage certificate must be provided to Benefits. If you cannot provide a copy of your marriage certificate, you will be required to complete an **Affidavit of Marriage/Domestic Partnership**.

To enroll a domestic partner, a **Declaration of Domestic Partnership** must be provided to Benefits. Family Code section 297 defines domestic partners as individuals of the same sex or opposite sex if one or both 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 website for more information.

To enroll a child, (natural, adopted, domestic partners, or step) under the age of 26, a copy of the birth certificate, adoption decree, proof of legal custody and/or guardianship, or copy of Qualified Medical Support Order and the child’s social security number must be provided to Benefits before the enrollment becomes effective.

Dependent children who are not the employee’s natural children must live with the employee in a regular parent/child relationship and the child is economically dependent upon the employee. A completed **Affidavit of Parent-Child Relationship** 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 and the child’s social security number will be required at the time of enrollment.

**Disclosures and Privacy**

I acknowledge 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 Benefits 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 submit your choices to Benefits.

[Cancel] Click Cancel to ignore all entries made on this page and return to the Enrollment page.
<table>
<thead>
<tr>
<th>Processing Steps</th>
<th>Screen Shots</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 3:</strong></td>
<td><img src="image1" alt="Screen Shot" /></td>
</tr>
<tr>
<td>Click the Sign button to electronically authorize your elections.</td>
<td></td>
</tr>
<tr>
<td><strong>Step 4:</strong></td>
<td><img src="image2" alt="Screen Shot" /></td>
</tr>
<tr>
<td>Your name appears in the Sign field as an electronic signature.</td>
<td></td>
</tr>
<tr>
<td>Click <strong>Submit</strong> to send your final choices to the CSUF Benefits department.</td>
<td></td>
</tr>
<tr>
<td>! Be sure that you have completed and submitted the eBenefits Self-Service Electronic Signature Authorization form (see page 5).</td>
<td></td>
</tr>
<tr>
<td><strong>Step 5:</strong></td>
<td><img src="image3" alt="Screen Shot" /></td>
</tr>
<tr>
<td>You will see a confirmation that your elections were successfully submitted to the CSUF Benefits office.</td>
<td></td>
</tr>
<tr>
<td>Click <strong>OK</strong>.</td>
<td></td>
</tr>
</tbody>
</table>
### Processing Steps

#### Step 5a:
You will also receive an email confirmation of your submission.

<table>
<thead>
<tr>
<th>Screen Shots</th>
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</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Email Confirmation" /></td>
</tr>
</tbody>
</table>

Once the CSUF Benefits office has processed your benefits enrollment, you will receive an email.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><img src="image2.png" alt="Email Confirmation" /></td>
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