If you are a new hire to CSUF or you have recently become eligible for benefits at CSUF, follow these instructions to enroll in benefits.

⚠️ You must enroll in benefit plans within 60 days of employment/eligibility.

Contact Benefits at 657-278-2425 for more information regarding enrolling in benefits.

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<td>Navigating to New Hire/Newly Eligible</td>
<td><img src="image1.png" alt="Google Chrome, Mozilla Firefox, Safari, Internet Explorer" /></td>
</tr>
<tr>
<td><strong>Step 1:</strong> Launch Internet Explorer (or your browser preference) from your desktop.</td>
<td><img src="image2.png" alt="Home page" /></td>
</tr>
<tr>
<td><strong>Step 2:</strong> Your home page opens. If your home page is not the CSUF website, type <a href="http://www.fullerton.edu">www.fullerton.edu</a> in the address bar and press Enter on your keyboard.</td>
<td><img src="image3.png" alt="www.fullerton.edu" /></td>
</tr>
<tr>
<td>Processing Steps</td>
<td>Screen Shots</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>Step 3:</strong> Click on the Portal Login button.</td>
<td><img src="image1.png" alt="Portal Login Screen Shot" /></td>
</tr>
<tr>
<td><strong>Step 4:</strong> Enter your campus username and password.</td>
<td><img src="image2.png" alt="Sign In Screen Shot" /></td>
</tr>
<tr>
<td><strong>Step 5:</strong> Click on the Titan Online icon.</td>
<td><img src="image3.png" alt="CSUF Portal Screen Shot" /></td>
</tr>
<tr>
<td>Processing Steps</td>
<td>Screen Shots</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>Step 6:</strong></td>
<td><img src="image1.png" alt="Titan Online Icon" /></td>
</tr>
<tr>
<td>Click on the Titan Online icon.</td>
<td>Click the button above to login and please be patient while Titan Online loads.</td>
</tr>
<tr>
<td><strong>Step 7:</strong></td>
<td><img src="image2.png" alt="Titan Online Page" /></td>
</tr>
<tr>
<td>The Titan Online page appears.</td>
<td>Depending on your status, you may see various self-service options including Employee Self Service, Student Self Service, and Faculty Self Service.</td>
</tr>
<tr>
<td>Depending on your PeopleSoft/CMS access, you may see links to PeopleSoft functionality: Human Resources, Finance, and Student Administration.</td>
<td></td>
</tr>
<tr>
<td>Processing Steps</td>
<td>Screen Shots</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>Step 8:</strong> In the Employee Self Service box under My Benefits Information, select <strong>New Hire/Newly Eligible</strong>.</td>
<td></td>
</tr>
</tbody>
</table>

![Employee Self Service Screen Shot]

- **My Personal Profile**
  - Personal Information
  - Home Address
  - Phone Numbers
  - Email Addresses
  - Emergency Contacts

- **My Benefits Information**
  - Health Plans Summary
  - Dependent Coverage Summary
  - Life and LTD Plans
  - HCRA & DCRA - (FSA)
  - Open Enrollment
  - **New Hire/Newly Eligible**
  - Life Event Changes
### Processing Steps

**Step 9:**

![Warning Icon]

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

Click on the information icon (₁) 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.

---

<table>
<thead>
<tr>
<th>Processing Steps</th>
<th>Screen Shots</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 9:</strong> Carefully read all of the information on this screen before making any selections. Click on the information icon (₁) 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.</td>
<td><img src="image" alt="Benefits Enrollment New Enrollment" /></td>
</tr>
</tbody>
</table>

**Benefits Enrollment**

**New Enrollment**

David Copperfield

Use this page to enroll in Benefits as a new hire or newly benefits-eligible employee. If you have existing benefits through California State University Fullerton and need to make a change, you must use the Life Events or Open Enrollment Page.

You must enroll in benefit plans within 60 days of employment/eligibility. Failure to enroll within 60 days will delay the effective date of coverage. For questions regarding your benefits information, please contact Benefits at 657-278-2425 or visit the Benefits website [here].

- 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 CP-709. Scanned copies sent by email will be accepted.
   - If you have any questions, please contact Human Resources at 657-278-2425.

**Benefit Programs**

- **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 CSU. The CSU pays a portion of the monthly premium. Please visit the [CSU's website](https://www.fullerton.edu) for more information.
    - New Enrollment
    - Decline Coverage
  - Alternatively, if you have non-CSU health 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 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 [FlexCash Plan](https://www.fullerton.edu) document.
    - New Enrollment
    - Decline Coverage

- **Dental Plan Selection**
  - A comprehensive program of dental benefits is available to you and your eligible dependents. The CSU pays the full cost of your monthly premium. Please visit the [CSU's website](https://www.fullerton.edu) for more information.
    - New 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](https://www.fullerton.edu) document.
    - New Enrollment
    - Decline 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 [CSU's website](https://www.fullerton.edu) for more information.

- **Flex Spending Accounts**
  - **Health Care Reimbursement Account (HORA)** is a voluntary benefit plan which allows you to pay for eligible out-of-pocket health care expenses with pre-tax 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. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is $20.90 and the maximum is $208.33 (annual maximum is $2500). There is also a $1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.
    - New Enrollment
    - No Enrollment
  - **Dependent Care Reimbursement Account (DCRA)** is a voluntary benefit for eligible employees. DCRA offers you the ability to pay for eligible out-of-pocket dependent care expenses with pre-tax 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. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is $20.00 and the maximum is $416.66 (annual maximum is $5000). There is also a $1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.
    - New Enrollment
    - No Enrollment

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

**Add New Dependent**

**Continue**

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

#### Step 10:
Indicate your current marital status by making a selection from the drop-down menu.

<table>
<thead>
<tr>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diss/Dec/Lost Civil Partner</td>
</tr>
<tr>
<td>Divorced</td>
</tr>
<tr>
<td>Domestic Partner</td>
</tr>
<tr>
<td>Married</td>
</tr>
<tr>
<td>Separated</td>
</tr>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Widowed</td>
</tr>
</tbody>
</table>

### Screen Shots

**Marital Status**

Please indicate your current marital status.

- *Marital Status*

**Health Plan Selection**

A comprehensive health plan is shared between Faculty, or MPP/.

- Married

By default, the New Enrollment radio button is selected. If you do not wish to enroll in a health plan, select the Decline Coverage radio button and skip to the next section.

### Enrolling in a Health Plan

To enroll in a health plan for the first time, follow steps 1-6 in the Navigating to New Hire/Newly Eligible section on page 1 and then follow the steps below.

#### Step 1:
In the Health Plan Selection section, use the drop-down menu to select the Health Plan you wish to enroll in.

By default, the New Enrollment radio button is selected. If you do not wish to enroll in a health plan, select the Decline Coverage radio button and skip to the next section.
### Enrolling in a Health FlexCash Plan

To enroll in a health flexcash plan for the first time, follow steps 1-6 in the [Navigating to New Hire/Newly Eligible](#) section on page 1 and then follow the steps below.

**Step 1:**
Under the Health Plan Selection section, read the FlexCash coverage eligibility information to determine if you are eligible for the Flex Cash plan.

**Step 2:**
If you are eligible for the FlexCash plan and would like to enroll in it, first select the **Decline Coverage** radio button to decline health coverage.

**Step 3:**
Select the **New Enrollment** radio button to enroll in a Health FlexCash plan.

Enter the following:
- **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.

### Screen Shots

**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 CSU. The CSU pays a portion of the monthly premium. Please visit the [Staff, Faculty, or MPPP/Confidential Employees section of the HR website](#) for more information.

- **New Enrollment**
  - **Decline Coverage**

Alternatively, if you have non-CSU health 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 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 [FlexCash Plan](#) document.

- **New Enrollment**
  - **Decline Coverage**

Alternatively, if you have non-CSU health 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 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 [FlexCash Plan](#) document.

- **New Enrollment**
  - **Decline Coverage**

  - Social Security Number: 123456789
  - Insurance Carrier: Elite Shield
  - Policy Number: 123456
### Processing Steps

<table>
<thead>
<tr>
<th>Enrolling in a Dental Plan</th>
<th>Screen Shots</th>
</tr>
</thead>
<tbody>
<tr>
<td>To enroll in a dental plan for the first time, follow steps 1-6 in the Navigating to New Hire/Newly Eligible section on page 1 and then follow the steps below.</td>
<td><img src="image" alt="Dental Plan Selection" /></td>
</tr>
<tr>
<td><strong>Step 1:</strong> In the Dental Plan Selection section, use the drop-down menu to select the Dental Plan you wish to enroll in.</td>
<td><img src="image" alt="Dental Plan Selection" /></td>
</tr>
<tr>
<td>By default, the New Enrollment radio button is selected. If you do not wish to enroll in a dental plan, select the Decline Coverage radio button and skip to the next section.</td>
<td><img src="image" alt="Dental Plan Selection" /></td>
</tr>
<tr>
<td><strong>Step 1a:</strong> If you select DeltaCare USA-Enhanced as your Dental Plan, you will need to provide the Primary Office ID Number.</td>
<td><img src="image" alt="Dental Plan Selection" /></td>
</tr>
<tr>
<td>Click on the Select a Provider link to search for a Primary Dental Office ID.</td>
<td><img src="image" alt="Dental Plan Selection" /></td>
</tr>
</tbody>
</table>

### Enrolling in a Dental FlexCash Plan

To enroll in a dental flex cash plan for the first time, follow steps 1-6 in Navigating to New Hire/Newly Eligible section on page 1 and then follow the steps below.

**Step 1:**

Under the Dental Plan Selection section, read the FlexCash coverage eligibility information to determine if you are eligible for the FlexCash plan.
### Step 2:
If you are eligible for the FlexCash plan and would like to enroll in it, first select the Decline Coverage radio button to decline dental coverage.

### Step 3:
Select the New Enrollment radio button to enroll in a Dental FlexCash plan.

Enter the following:
- **Social Security Number**: this is the social security number of the person who holds the alternate dental policy under which you are covered.
- **Insurance Carrier**: the name of the alternate dental insurance carrier.
- **Policy Number**: the policy number of the alternate dental insurance policy.

### Enrolling in a Vision Plan
All employees are automatically enrolled in vision care benefits.

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

Adding coverage for dependents is covered in the Enrolling Dependents in Health, Dental, and/or Vision Plan(s) section on page 9.
### Processing Steps

<table>
<thead>
<tr>
<th>Enrolling in a Flex Spending Health (HCRA) and/or Flex Spending Dependent (DCRA) Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>To enroll in a HCRA and/or DCRA plan for the first time, follow steps 1-6 in the Navigating to New Hire/Newly Eligible section on page 1 and then follow the steps below.</td>
</tr>
</tbody>
</table>

**Step 1:**
Under the Flex Spending Accounts section, read the information about the voluntary benefit plans: Health Care Reimbursement Account (HCRA) and Dependent Care Reimbursement Account (DCRA).

Click on the hyperlinks to learn more about each plan.

**Step 2:**
To enroll in the Health Care Reimbursement Account (HCRA) plan, select the New Enrollment radio button.

Then enter your monthly deduction amount in the Monthly HCRA Amount field.
### Processing Steps

**Step 3:**
To enroll in the Dependent Care Reimbursement Account (DCRA) plan, select the New Enrollment radio button.

Then enter your monthly deduction amount in the Monthly DCRA Amount field.

### Screen Shots

#### Flex Spending Accounts

The Health Care Reimbursement Account (HCRA) is a voluntary benefit plan which allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars for you and your eligible dependents. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is $20.00 and the maximum is $208.33 (annual maximum is $2500). There is also a $1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.

<table>
<thead>
<tr>
<th>@ New Enrollment</th>
<th>@ No Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly DCRA Amount</td>
<td>200</td>
</tr>
</tbody>
</table>

The Dependent Care Reimbursement Account (DCRA) is a voluntary benefit for eligible employees. DCRA offers you the ability to pay for eligible out-of-pocket dependent care expenses with pre-tax 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. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is $20.00 and the maximum is $415.86 (annual maximum is $5000). There is also a $1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.

### Enrolling Dependents in Health, Dental, and/or Vision Plan(s)

To enroll your dependents in health, dental, and/or vision plans for the first time, follow steps 1-6 in the Navigating to New Hire/Newly Eligible section on page 1 and then follow the steps below.

You must elect to enroll yourself in a benefit in order to extend the benefit to your dependent(s). I.e. to enroll a dependent in a health plan, you must have elected to enroll yourself in the same health plan.

**Step 1:**
Scroll down to the bottom of the New Enrollment page.

Select Add New Dependent.
### Processing Steps

#### 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.

#### 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**.
<table>
<thead>
<tr>
<th>Processing Steps</th>
<th>Screen Shots</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 4:</strong></td>
<td>Personal Information</td>
</tr>
<tr>
<td>You will receive a message indicating the save was successful. Click <strong>OK</strong>.</td>
<td>Save Confirmation</td>
</tr>
<tr>
<td></td>
<td>✓ The Save was successful.</td>
</tr>
<tr>
<td><strong>Step 5:</strong></td>
<td><img src="image" alt="Same Phone as Employee" /></td>
</tr>
<tr>
<td>The new dependent’s information appears. Scroll down and select <strong>Return to Continue</strong>.</td>
<td>Phone: 714/278-7777 Home</td>
</tr>
<tr>
<td></td>
<td><img src="image" alt="Return to Continue" /></td>
</tr>
<tr>
<td><strong>Step 6:</strong></td>
<td><img src="image" alt="Add New Dependent" /></td>
</tr>
<tr>
<td>The dependent you added appears in a table at the bottom of the New Enrollment screen. You may repeat steps 1-5 to add additional dependents. Use the drop-down menus to select which coverage you wish to add for each dependent. For employees enrolling in FlexCash, select <strong>FlexCash</strong> for each dependent. In the example on the right, the employee has added two dependents and has selected the benefits that they wish to enroll each dependent in.</td>
<td><img src="image" alt="Add" /> <img src="image" alt="No Change" /> <img src="image" alt="Remove" /></td>
</tr>
<tr>
<td></td>
<td><img src="image" alt="Continue" /> <img src="image" alt="Click" /> <img src="image" alt="Continue" /> To proceed to the next section. Your enrollment will not be complete if you do not save and submit the next section.</td>
</tr>
</tbody>
</table>
Completing New Enrollment Elections

**Step 1:**
Once you have made all of your elections on the New Enrollment page, click the **Continue** button at the bottom of the page.
### 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. **Warning:** 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

**New Enrollment**

**David Copperfield**

**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 becomes effective the first of the second month.

**Example:** If you make Health and 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 the **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 is below the age or 30 and the other is 30 or older. Currently, health and dental benefits are subject to domestic partner income levels. Please visit the Domestic Partner Registry website for more information.

To enroll a child (natural, adopted, domestic partner's, or step) under the age of 25, a copy of the birth certificate, adoption decree, proof of legal custody, or guardianship, or copy of Qualifying 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 to 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.
### Processing Steps

**Step 3:**
Click the **Sign** button to electronically authorize your elections.

### Screen Shots

**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.

![](image)

**Submit**
Click Submit to submit your choices to Benefits.

**Cancel**
Click Cancel to ignore all entries made on the page and return to the Enrollment page.

---

**Step 4:**
Your name appears in the Sign field as an electronic signature.

Click **Submit** to send your final choices to the CSUF Benefits department.

Be sure that you have completed and submitted the eBenefits Self-Service Electronic Signature Authorization form (see page 5).

![](image)

**Submit**
Click Submit to submit your choices to Benefits.

**Cancel**
Click Cancel to ignore all entries made on the page and return to the Enrollment page.

---

**Step 5:**
You will see a confirmation that your elections were successfully submitted to the CSUF Benefits office.

Click **OK**.

### Benefits Enrollment

**New Enrollment**

David Copperfield

Your elections have been successfully submitted to Benefits. You will be notified when the process is complete or if more information is required. If you have any questions, please contact Benefits at 657-273-2425 or by e-mail at benefits@exchange.fullerton.edu.

![](image)
### Processing Steps

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

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