During the Open Enrollment period each year, you can enroll in, modify, or cancel any of your eligible Benefit plans.

The exact dates for Open Enrollment change each year, but typically the Open Enrollment period is in early autumn. Check the Benefits website at http://hr.fullerton.edu/benefits/ or contact Benefits at 657-278-2425 for information on the current Open Enrollment dates.

What changes can be made during Open Enrollment?

- Enroll in, modify, or cancel your health plan
- Enroll in, modify, or cancel your dental plan
- Enroll in, modify, or cancel your FlexCash plan
- Enroll in, modify, or cancel your Flex Spending Health (HCRA) or Flex Spending Dependent (DCRA) plan
- Add or remove dependents from your Benefit plans

Contact Benefits at 657-278-2425 for more information regarding Open Enrollment.

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Processing Steps	Screen Shots
Navigating to Open Enrollment Step 1: Open your internet browser (i.e. Internet Explorer, Safari, Firefox, etc) and go to http://www.fullerton.edu.	California State University, Fullerton - Windows Internet Explorer California State University, Fullerton.edu/ File Edit View Favorites Tools Help X SagIt Tools File Edit View Favorites Tools Help X SagIt Tools File Edit View Favorites Tools Help X SagIt Tools Favorites California State University, Fullerton Tools Favorites Tools SagIt Tools
Step 2: Click on the Portal Login button.	 California State University, × C Www.fullerton.edu Apps C California State Univ PORTAL LOGIN PORTAL LOGIN California state University California state University EUCLERTON

Processing Steps	Screen Shots
Step 3: Enter your campus username and password.	Sign In Username keverdeen Password Sign In Need help signing in?
Step 4: Click on the Titan Online icon.	CSUF Portal Katniss Everdeen CSUF PORTAL GET INVOLVED Go to old portal Set default portal Data Security Training Loors Text
Step 5: Click on the Titan Online icon.	Titan Online Image: Click the button above to login and please be patient while Titan Online loads.



Processing Steps	Screen Shots
Step 8: The Benefits Enrollment page appears. When you access this feature during Open Enrollment, you will see an Open Enrollment Event. Note the event date is January 1 st of the next calendar year; this is because your benefit modifications made during Open Enrollment are not effective until January 1 st of the next calendar year. Click on the information icon (i) to learn more about the various Benefit programs, eligibility, and enrollment. Click Select to begin.	Benefits Enrollment Lizzie Wrayburn After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a qualified family status change. 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. Note: Some events may be temporarily closed until you have completed enrollment for a prior event. Open Benefit Events Event Description Image: Open Enrollment Image: Open Enrollment
Step 8a: If you access the Open Enrollment functionality outside of the Open Enrollment dates, you will see an error message that indicates that you do not have an open benefits enrollment.	Benefits Enrollment Bill Sikes After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a qualified family status change. 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. Note: Some events may be temporarily closed until you have completed enrollment for a prior event. You do not have an open benefits enrollment. Contact the Benefits Department if you have any questions.

Processing Steps	Screen	Shots					
Step 9:	Benefits Enrollment						
The Open Enrollment page appears	Open Enrollment						
with all of the plans that you are	Lizzie Wrayburn						
Benefit enrollments							
Denent enforments.	To continue participating in the Flexible Spending Accounts or the Vacation Buy and Sell program next						
e	You will	be able to review the cost of each benef	fit on the Enrollment S	ant period. Summary.			
The Current field and the	• II	mportant: Your enrollment will not be c	omplete until vou Sul	bmit vour	choices to th	e	
<i>New</i> field will show the same value	O	Benefits Department.	ompioto anti you ou	, our			
unless you use the Edit button to							
make a change to that benefit.	Enrollme	ent Summary					
	Edit	Medical	Full Cost	Credits	Before Tax	After Tax	
	Current:	No Coverage					
	New:	No Coverage					
	Edit	Dental	Full Cost	Credits	Before Tax	After Tax	
	Current:	Delta Enhanced II:Empl+1					
	New:	Delta Enhanced II:EmpI+1 Vision	0.00 Full Cost	0.00 Credits	Before Tax	After Tax	
	Queret	Vision Occiles Place Free Dees		Croand	Denere rax		
	New:	Vision Service Plan:Emp+Deps Vision Service Plan:Emp+Deps	0.00	0.00			
	Edit	Dental Flex Cash	Full Cost	Credits	Before Tax	After Tax	
	Current:	No Coverage					
	New:	No Coverage					
	Edit	Medical Flex Cash	Full Cost	Credits	Before Tax	After Tax	
	Current:	Flex Cash - Medical:Empl Only					
	New:	Flex Cash - Medical:Empl Only	0.00 Full Cost	0.00 Credite	0.00 Before Tay		
	Luit		Tui Oost	Oreans	Delore rax		
	Current: New:	No Coverage No Coverage					
	Edit	Flex Spending Dependent Care	Full Cost	Credits	Before Tax		
	Current:	No Coverage					
	New:	No Coverage					
	L]	

Processing Steps	Screen Shots				
Making Changes to Medical Coverage To change your medical coverage during Open Enrollment, follow the steps in the Navigating to Open Enrollment section on page 2. Then follow the steps below. Step 1:	Benefits Enrollment Open Enrollment Lizzie Wrayburn Open enrollment is your annual opportunity to modify your benefit choices. To continue participating in the Flexible Spending Accounts or the Vacation Buy and Sell program 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. Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.				
coverage, click Edit in the <i>Medical</i>	Enrollment Summary				
section.	Edit Medical Full Cost Credits Before Tax After Tax				
	Current: No Coverage New: No Coverage Edit Dental Full Cost Credits Before Tax After Tax Current: Delta Enhanced II:Empl+1				

Processing Steps	Screen Shots					
Changing Your Medical	Benefits Enrollment					
	Medical					
options available to CSUF	Lizzie Wrayburn					
employees. You may change which	All of our medical choices promote	wellness as part of	their benefits a	and are availab	le to protect	
medical plan you (and your dependents) are enrolled in or	you and your dependents if you bec	come sick or injured.				
waive your medical coverage.	Important! Your current cov coverage. You will continue	verage is: Kaiser Fo with this coverage	undation with if you do not r	Employee + De nake a choice	ependents	
Select the Overview of All Plans	Select an Option					
link to view information on all available medical plans. Or select	Here Are Your Available Options V (Your cost = Full benefit cost - Cre	Vith Your per-pay-pe (dits)	riod Costs:			
another hyperlink on the page to	Overview of all Plans		_			
learn about a specific medical plan.	Select one of the following plans:					
Step 1:						
To make a change to your current medical plan, select one of the radio						
buttons.						
	Coverage Level	Costs	Credits	Your Costs	Tax Class	
	Employee only Employee + 1	\$19.61 \$105.22	\$0.00 \$0.00	\$19.61 \$105.22	Before-Tax Before-Tax	
	Employee+Dependents	\$161.19	\$0.00	\$161.19	Before-Tax	
	Kaisar HMO (pap TAPP)					
	Coverage Level	Costs	Credits	Your Costs	Tax Class	
	Employee Only	\$19.61 \$105.22	\$0.00	\$19.61 \$105.22	After-Tax	
	Employee+Dependents	\$161.19	\$0.00	\$161.19	After-Tax	
		NT				
		<u></u>				
	Coverage Level	Costs	Credits	Your Costs	Tax Class	
	Employee Only	\$0.00	\$0.00	\$0.00	After-Tax	
	Employee + 1 Employee+Dependents	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	After-Tax After-Tax	

Processing Steps	Screen Shots	
Add or Remove Medical Coverage for Dependents You may add or remove medical coverage for a dependent during Open Enrollment.	Enroll Your Dependents The following list displays all individuals who are eligindividual is missing from this list, click Add/Review I eligible. You may also use this button to add new dep You may enroll any of the following individuals for cover Enroll box next to the dependent's name.	jible to be your dependents. If an Dependents to determine why they are not bendents to your list. verage under this plan by checking the
 Step 1: At the bottom of the Medical Benefits Enrollment page, your current dependent coverage is shown as well as a list of other dependents that are eligible for the benefit. To add medical coverage for a dependent, place a check mark in the Enroll column next to their name. To remove medical coverage for a dependent, un-check the box in the Enroll column next to their name. If you have no other changes to your dependent coverage, skip to Saving Your Medical Coverage 	Encoll Name Eugene Wrayburn Pleasant Wrayburn Add/Review Dependents Add/Review Dependents	Relationship Spouse Child
Step 1a: If a dependent does not appear on the list, click Add/Review Dependents to determine why the dependent is not eligible.	Enroll Your Dependents The following list displays all individuals who are elig individual is missing from this list, click Add/Review D eligible. You may also use this button to add new dep You may enroll any of the following individuals for coverence of the dependent's name. Enroll Name Image:	ble to be your dependents. If an ependents to determine why they are not endents to your list. erage under this plan by checking the Relationship Spouse Child

Processing Steps	Screen Shots
Step 1b: A list of your dependents appears. Click on a dependent's name to view their personal information.	Enrollment Dependent/Beneficiary Summary Lizzie Wrayburn The people listed below may be eligible for Benefit Coverage. To add a new dependent, click "Add a dependent or beneficiary". To update an existing dependent, contact Benefits at 657-278-2425 or benefits@exchange.fullerton.edu. Add a dependent or beneficiar! Dependent Information Relationship Date of Birth Marrital Student Disabled Eugene Wrayburn Spouse 08/27/1953 Married 09/17/1983 No
Step 1c: In this example, the dependent is not eligible for benefits as the child is too old to be covered by their parent's benefits. Select Return to Dependent/Beneficiary Summary.	Dependent/Beneficiary Personal Information Lizzie Wrayburn Dependent/Beneficiar/s personal information as of Jan 1, 2014. To update their information, go to eBenefits Life Events or contact Benefits at 657-278-2425 or benefits@fullerton.edu. Personal Information First Name: John Middle Name: Last Name: Wrayburn Name Prefix: Name Suffix: Gender: Male Date of Birth: 10/10/1984 Relationship to Employee: Child Address and Telephone Same Address as Employee Lakewood, CA 90712

Processing Steps	Screen Shots					
Adding a New Dependent Step 1: To add a new dependent, click Add/Review Dependents.	Enroll Your Dependents The following list displays individual is missing from eligible. You may also use You may enroll any of the f Enroll box next to the dependent Image:	all individuals v this list, click A this button to a ollowing individ ndent's name. /burn ayburn	vho are eligi dd/Review D dd new dep uals for cove	ble to be your d ependents to d endents to your erage under this Relat Spou Child	ependents. etermine wh list. s plan by che <u>ionship</u> se	If an ny they are not acking the
Step 2: Select Add a dependent or beneficiary.	Enrollment Depend Lizzie Wrayburn The people listed below may be beneficiary". To update an existin Add a dependent or beneficiari Dependent Information Name Relationshi to Employe Eugene Wrayburn Spouse John Wrayburn Child	ent/Benefi eligible for Benefi g dependent, con e Date of Birth 08/27/1953 10/10/1984	ciary Sur t Coverage. To tact Benefits a Marital Status Married Single	mmary add a new deper t 657-278-2425 o Marital Status Date 09/17/1983	ndent, click "Ar r benefits@ex Student No No	dd a dependent or change.fullerton.edu.
Step 3: Enter the personal information of the new dependent. Fields marked with an asterisk (*) are required. Social Security Number is required for <u>all</u> dependents. If Social Security number is not available for a newborn, please provide it as soon as available.	Dependent/Bener Lizzie Wrayburn Dependent/Beneficiary's pe eBenefits Life Events or com Personal Information *First Name: Middle Name: *Last Name: Name Prefix: Name Prefix: Name Suffix: *Gender: *Date of Birth: SSN: *Relationship to Employee:	ficiary Pe sonal informati tact Benefits at (Jenny Wrayburn Wrayburn Female 07/31/2013	ersonal	Information	DN late their info ullerton.edu	prmation, go to

Processing Steps	Screen Shots
Step 4: 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.	Address and Telephone Same Address as Employee Country: United States Address: 800 N. State College Blvd Fullerton, CA 92831
	Same Phone as Employee 714/555-1212 Phone: * Required Field Save
Step 5: You will receive a message indicating the save was successful. Click OK. You will also receive an email confirmation that a change was made.	Personal Information Save Confirmation ✓ The Save was successful.
Step 6: The new dependent's information appears. Scroll down and select Return to Dependent/Beneficiary Summary.	Same Phone as Employee Phone: 714/555-1212 Return to Dependent/Beneficiary Summary

Processing Steps	Screen Shots
Step 7: The new dependent appears in the Dependent Information table. Select Return to Event Selection.	Enrollment Dependent/Beneficiary Summary Lizzie Wrayburn The people listed below may be eligible for Benefit Coverage. To add a new dependent, click "Add a dependent or beneficiary". To update an existing dependent, contact Benefits at 657-278-2425 or benefits@exchange.fullerton.ex Add a dependent or beneficiari Dependent Information Name Relationship to Employee 08/27/1953 John Wrayburn Child Other of Name Child Other of Date of Birth Single John Wrayburn Child Other of Odd of the other of Date of Birth John Wrayburn Child Other of Date of Birth Single No Image: Date of Birth John Wrayburn Child Other of Date of Birth Single No Image: Date of Birth John Wrayburn Child Other of Date of Birth Single No Image: Date of Birth Jenny Wrayburn Child Other of Date of Birth Single No Image: Date of Birth Single No Image: Date of Birth Single
Step 8: The new dependent now appears in the Enroll Your Dependents section. Place a check mark next to the dependent's name in the Enroll column to enroll them in the benefit.	Enroll Your Dependents The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this 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 Image Relationship Image Spouse Jenny Wrayburn Child Pleasant Wrayburn Child

-	
Processing Steps	Screen Shots
Saving Your Medical	Benefits Enrollment
Coverage Changes	Medical
ooverage onangee	All of our medical choices promote wellness as part of their benefits and are available to protect
Step 1:	you and your dependents if you become sick or injured.
Once you have made the changes	you do not make a choice.
to your medical coverage, click	Here Are Your Available Options With Your annual Costs:
Continue at the bottom of the page.	Overlet of all Plans
	Select one of the following plans:
	KaperHito
	Parallel Parks Parks Tax Park
	Employee Only S0.000 S0
	Employee -1 3-428.10 30.00 3-428.10 Before-Tax Employee-Dependenta \$831.35 \$0.00 \$831.35 Before-Tax
	PERS Care PPO
	Coverage Level Costs Credits Your Costs Tax Class
	Employee Only \$4,890.84 \$0.00 \$4,890.84 Before-Tax Employee + 1 \$10,513.68 \$0.00 \$10,513.68 Before-Tax
	Employee+Dependents \$13.942.56 \$0.00 \$13.942.56 Before-Tax
	O PERSIONAR PED
	Coverage Level Costs Credits Your Costs Tax Class Employee Only \$144.72 \$0.00 \$144.72 Before-Tax
	Employee +1 51.021.44 50.00 51.021.44 Before-Tax Employee +Dependents 51.602.72 50.00 51.602.72 Before-Tax
	© PERSONAL
	Coverage Lavel Costs Credits Your Costs Tax Class
	Employee Only \$0.00 \$0.00 Before-Tax Employee +1 \$0.00 \$0.00 Before-Tax
	Employee+Dependents \$0.00 \$0.00 Before-Tax
	Bue Strink HIQ AD/WITAGE
	Coverage Level Costs Credits Your Costs Tax Class
	Employee 11 \$2,030.64 \$0.00 \$26,030.64 Before-Tax Employee 11 \$2,030.64 \$0.00 \$2,030.64 Before-Tax Employee-Dependence \$2,914.68 \$0.00 \$2,914.68 Before-Tax
	Coverage Level Costs Credits Your Costs Tax Class Employee Only \$0.00 \$0.00 \$0.00 Before-Tax
	Employee +1 \$3000 \$4000 Before-Tax Employee+Dependents \$5000 \$0.00 \$0.00 Before-Tax
	O Wake
	You have chosen to Waive coverage.
	Entred Your Dependentsy. The following list displays all individuals who are eligible to be your dependents. If an
	IndMAgual is missing from this list, dick-AddReview Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.
	You may earolt any of the following individuals for coverage under this plan by checking the Earoll box next to the dependent's name.
	Encol Name Bristontha
	I/P Eugene wrayourn Spouse IZ Janny Wrayburn Child
	Pleasant Wrayburn Child
	AddReview Dependents
	Credinue Cick Continue to store your choice until you are ready to submit your final enrolment on the
	Excellent Summay.
	Cas: Cancer to groze all entries made on this page and return to the Enrolment Summary.

Processing Steps	Screen Shots	
Step 2:	Benefits Enrollment]
You will see a page detailing the	Medical	
entered.		
	Lizzie vyrayburn	
Review the information carefully.	Important: Your enrollment will not be complete until you submit your choices to the Benefits Department. Your Choice	
To save these changes, click OK .		
	You have chosen Kaiser PERMANENTE CALIFORNIA with Employee+Dependents coverage.	
\wedge	Your Estimated per-pay-period Cost	
These changes will not be		
finalized until you submit all of your	Full Cost. \$161.19	
Open Enrollment changes. See the		
Submitting Open Enrollment	Your Cost: \$161.19	
Changes section on page 49.	Your Covered Dependents	
	Name Relationship	
	Eugene Wrayburn Spouse	
	Jenny Wrayburn Child	
	Pleasant Wrayburn Child	
	Notoo	
	Once submitted this choice will take effect on 01/01/2014. Deductions and/or Credits for this	
	choice will start with the pay period beginning 01/01/2014.	
	OK Click OK to store your choices.	
	Click Edit to go back and change your choices.	
		-
Step 3:	Edit Madical Full Cost Credits Before Tay After Ta	v
The Medical section of the Open		^
Enrollment page now shows your	Current: Kaiser Foundation:Empl+Deps	
new selection.	New: Kalser PERMANENTE 161.19 0.00 161.19 CALIFORNIA:Empl+Dens	

Processing Steps	Screen Shots	
Making Changes to Dental Coverage To change your dental coverage during Open Enrollment, follow the steps in the Navigating to Open Enrollment section on page 2. Then follow the steps below. Step 1: To make a change to your dental coverage, click Edit in the Dental	Benefits Enrollment Open Enrollment Lizzie Wrayburn Open enrollment is your annual opportunity to modify your benefit choices. To continue participating in the Flexible Spending Accounts or the Vacation Buy and Sel 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. Important: Your enrollment will not be complete until you Submit your choices Benefits Department.	I program next ; to the
section.	Edit Medical Full Cost Credits Before Current: No Coverage Edit Dental Full Cost Credits Before Current: Dental Full Cost Credits Before Current: Delta Enhanced II:Empl+1 0.00 0.00	Tax After Tax Tax After Tax

Processing Steps	Screen Shots						
Changing Your Dental Plan	Bonofite Enrollmont	Benefits Enrollment					
There are several dental plan	Benefits Enrollment						
options available to CSUF	Dental						
employees. You may change which	Lizzie Wrayburn						
dental plan you (and your	Dental coverage allows you and you	r dependents to ha	we routine clea	ining visits and i	eceive		
dependents) are enrolled in or	services such as the installation of f	illings and crowns.					
waive your dental coverage.	Important! Your current cov	erage is: Delta Enh	anced II with I	Employee + Chil	d(ren)		
	coverage. Coverage for this	plan will be waive	d if you do not	make an electi	on.		
Select the Overview of All Plans	Select an Ontion						
available dental plans. Or select			ria d O a dau				
another hyperlink on the page to	(Your cost = Full benefit cost - Cred	litn Your per-pay-pe dits)	eriod Costs:				
learn about a specific dental plan.							
	Overview of all Plans						
Step 1:	Select one of the following plans:						
To make a change to your current							
dental plan, select one of the radio	Delta Enhanced II						
buttons.							
	Coverage Level	Costs	Credits	Your Costs	Tax Class		
	Employee Only	\$0.00	\$0.00	\$0.00			
	Employee + 1	\$0.00	\$0.00	\$0.00			
	Employee+Dependents	\$0.00	\$0.00	\$0.00			
	DeltaCare USA - Enhanced						
	Children Contraction						
	Coverage Lovel	Costs	Credits	Your Costs	Tax Class		
	Employee Only	\$0.00	\$0.00	\$0.00			
	Employee + 1	\$0.00	\$0.00	\$0.00			
	Employee+Dependents	\$0.00	\$0.00	\$0.00			
	Allaina						
	vvalve						
	Employees who have non-CSU	J Dental coverage	can elect to par	ticipate in the <u>FI</u>	exCash Plan		
	278-2425 for more information	overage. The mone	ey is taxed. Plea	ase contact Ben	ents at 657-		

Processing Steps	Screen Shots	
Processing StepsAdd or Remove Dental Coverage for DependentsYou may add or remove dental coverage for a dependent during Open Enrollment.Step 1:At the bottom of the Dental Benefits Enrollment page, your current dependent coverage is shown as well as a list of other dependents that are eligible for the benefit.To add dental coverage for a dependent, place a check mark in the Enroll column next to their name.	Screen Shots Enroll Your Dependents The following list displays all individuals who are equipived at its missing from this list, click Add/Review eligible. You may also use this button to add new of You may enroll any of the following individuals for of Enroll box next to the dependent's name. Enroll Name Image: Ima	Higible to be your dependents. If an w Dependents to determine why they are not dependents to your list. coverage under this plan by checking the Relationship Spouse Child
To remove dental coverage for a dependent, un-check the box in the Enroll column next to their name. If you have no other changes to your dependent coverage, skip to Saving Your Dental Coverage Changes on page 21.		
Step 1a: If a dependent does not appear on the list, click Add/Review Dependents to determine why the dependent is not eligible.	Enroll Your Dependents The following list displays all individuals who are elindividual is missing from this list, click Add/Review eligible. You may also use this button to add new d You may enroll any of the following individuals for content box next to the dependent's name. Enroll Name Image:	ligible to be your dependents. If an / Dependents to determine why they are not ependents to your list. overage under this plan by checking the Relationship Spouse Child

Processing Steps	Screen Shots
Step 1b: A list of your dependents appears. Click on a dependent's name to view their personal information.	Enrollment Dependent/Beneficiary Summary Lizzie Wrayburn The people listed below may be eligible for Benefit Coverage. To add a new dependent, click "Add a dependent or beneficiary". To update an existing dependent, contact Benefits at 657-278-2425 or benefits@exchange.fullerton.edu. Add a dependent or beneficiar! Dependent Information Relationship Date of Birth Marrital Student Disabled Eugene Wrayburn Spouse 08/27/1953 Married 09/17/1983 No
Step 1c: In this example, the dependent is not eligible for benefits as the child is too old to be covered by their parent's benefits. Select Return to Dependent/Beneficiary Summary.	Dependent/Beneficiary Personal Information Lizzie Wrayburn Dependent/Beneficiar/s personal information as of Jan 1, 2014. To update their information, go to eBenefits Life Events or contact Benefits at 657-278-2425 or benefits@fullerton.edu. Personal Information First Name: John Middle Name: Last Name: Wrayburn Name Prefix: Name Suffix: Gender: Male Date of Birth: 10/10/1984 Relationship to Employee: Child Address and Telephone Same Address as Employee Lakewood, CA 90712

Processing Steps	Screen Shots					
Adding a New Dependent Step 1: To add a new dependent, click Add/Review Dependents.	Enroll Your Dependents The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this 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 Image: Comparison of the plane with the second of the secon					
	Add/Review Dependent	S				
Step 2: Select Add a dependent or beneficiary.	Enrollment Dependent/Beneficiary Summary Lizzie Wrayburn The people listed below may be eligible for Benefit Coverage. To add a new dependent, click "Add a dependent or beneficiary". To update an existing dependent, contact Benefits at 657-278-2425 or benefits@exchange.fullerton.edu.					
	Dependent Information		Marital	Marital Status		
	Name to Employed Eugene Wrayburn Spouse John Wrayburn Child	08/27/1953 10/10/1984	Status Married Single	Date 09/17/1983	No No	
Step 3: Enter the personal information of the new dependent. Fields marked with an asterisk (*) are required. Social Security Number is required for <u>all</u> dependents. If Social Security number is not available for a newborn, please provide it as soon as available.	Dependent/Bene Lizzie Wrayburn Dependent/Beneficiary's per eBenefits Life Events or com Personal Information *First Name: Middle Name: *Last Name: Name Prefix: Name Prefix: Name Suffix: *Gender: *Date of Birth: SSN: *Relationship to Employee:	ficiary Pe sonal information act Benefits at e Jenny Wrayburn Wrayburn Female 07/31/2013	on as of Jan 857-278-2429	nformatic 1, 2014. To upd 5 or benefits@f	on ate their info ullerton.edu	prmation, go to r)

Processing Steps	Screen Shots
Step 4: 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 <i>Same Address</i> <i>as Employee</i> or <i>Same Phone as</i> <i>Employee</i> .	Address and Telephone Same Address as Employee Country: United States Address: 800 N. State College Blvd Fullerton, CA 92831
Then click Save .	Same Phone as Employee 714/555-1212 Phone: * Required Field Save
Step 5: You will receive a message indicating the save was successful. Click OK. You will also receive an email confirmation that a change was made.	Personal Information Save Confirmation ✓ The Save was successful.
Step 6: The new dependent's information appears. Scroll down and select Return to Dependent/Beneficiary Summary.	Same Phone as Employee Phone: 714/555-1212 Return to Dependent/Beneficiary Summary

Processing Steps	Screen Shots						
Step 7: The new dependent appears in the Dependent Information table. Select Return to Event Selection .	Enrollment E Lizzie Wrayburn The people listed bel beneficiary". To upda	Depende low may be eli te an existing	nt/Benefi igible for Benefi dependent, cor	ciary Su t Coverage. T ntact Benefits	o add a new dep at 657-278-2425	pendent, click "A 5 or benefits@ex	.dd a dependent or xchange.fullerton.edu.
	Add a dependent or b	peneficiary					
	Dependent Informat	ion Pelationshin		Marital	Marital Status	e .	
	Name	to Employee	Date of Birth	Status	Date	Student	Disabled
	Eugene Wrayburn	Spouse	08/27/1953	Married	09/17/1983	No	
	John Wrayburn	Child	10/10/1984	Single		No	
	Jenny Wrayburn ┥	Child	07/31/2013	Single		No	
	Pleasant Wrayburn	Child	04/02/2000	Single		No	
	Return to Event Sel	lection					
Step 8:							
The new dependent now appears in the Enroll Your Dependents section. Place a check mark next to the dependent's name in the Enroll column to enroll them in the benefit.	Enroll Your Depe The following lis individual is mis eligible. You ma You may enroll a Enroll box next to	endents at displays a assing from th ay also use t any of the fo o the depen	II individuals his list, click A his button to llowing indivi dent's name.	who are eli Add/Review add new de duals for co	gible to be you Dependents t ependents to y werage under	ur dependent: to determine v rour list. this plan by c	s. If an why they are not thecking the
	Enroll Na	<u>me</u>			R	elationship	
	Eu	igene Wrayb	ourn		S	pouse	
	Jer	nny Wraybu	m		C	hild	
	Ple Ple	easant Wrav	burn		C	hild	

Processing Steps	Screen Shots	
	Benefits Enrollment	
Saving Your Dental	Dental	
Coverage Changes	Lizzie Wrayburn	
Step 1:	Dental coverage allows you and your dependents to have routine cleaning visits and receive	
Once you have made the changes	services such as the installation of fillings and crowns.	
Continue at the bottom of the page.	Important! Your current coverage is: Delta Enhanced II with Employee + Child(ren) coverage. Coverage for this plan will be waived if you do not make an election.	
	Select an Option	
	Here Are Your Available Options With Your per-pay-period Costs: (Your cost = Full benefit cost - Credits)	
	Overview of all Plans	
	Select one of the following plans:	
	Delta Enhanced II	
	Coverage Level Costs Credits Your Costs Tax Class	3
	Employee only \$0.00 \$0.00 \$0.00 Employee + 1 \$0.00 \$0.00 \$0.00	
	Employee+Dependents \$0.00 \$0.00 \$0.00	
	DeltaCare USA - Enhanced	
	Coverage Level Costs Credits Your Costs Tax Class	3
	Employee Only \$0.00 \$0.00 \$0.00	
	Employee + 1 \$0.00 \$0.00 \$0.00	
	Employee+Dependents \$0.00 \$0.00 \$0.00	
	O Waive	
	Employees who have non-CSU Dental coverage can elect to participate in the FlexCash Pla to obtain cash in lieu of CSU coverage. The money is taxed. Please contact Benefits at 657- 278-2425 for more information.	n
	Enroll Your Danandants	
	The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this 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	
	Eugene Wrayburn Spouse	
	Jenny Wrayburn Child	
	Pleasant Wrayburn Child	
	Add/Review Dependents	
	Click Continue to store your choice until you are ready to submit your final enrollment on Enrollment Summary.	the
	Click Cancel to ignore all entries made on this page and return to the Enrollment Summary.	

Processing Steps	Screen Shots						
Step 2:	Benefits Enrollment						
dental coverage changes you	Dental						
entered.	Lizzie Wrayburn						
Review the information carefully.	 Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department. Your Choice 						
These changes will not be	You have chosen DeltaCare USA - Enhanced with Employee+Dependents coverage. You are also covering Employee+Dependents. Your Estimated annual Cost						
Open Enrollment changes. See the	Full Cost: \$0.00						
Submitting Open Enrollment Changes section on page 49	Credits: \$0.00						
Changes section on page 43.	Your Cost: \$0.00						
	Name Relationship Eugene Wrayburn Spouse Jenny Wrayburn Child Pleasant Wrayburn Child Notes Once submitted, this choice will take effect on 01/01/2014. Deductions and/or Credits for this choice will start with the pay period beginning 01/01/2014. OK Click OK to store your choices. Edit Click Edit to go back and change your choices.						
Step 3: The Dental section of the Open Enrollment page now shows your new selection.	Edit Dental Full Cost Credits Before Tax After Tax Current: Delta Enhanced II:Empl+1 0.00 0.00 0.00 0.00						

Processing Steps	Screen Shots					
Making Changes to	Benefits Enrollment					
Vision Coverage	Open Enrollment					
	l izzie Wrayburn					
To change your vision coverage during Open Enrollment, follow the steps in the <u>Navigating to Open</u> <u>Enrollment</u> section on page 2. Then follow the steps below. Step 1: To make a change to your vision	Open enrollment is your annual opportunity to modify yo To continue participating in the Flexible Spending Accou- year, you must re-enroll in these programs during the O You will be able to review the cost of each benefit on the Important: Your enrollment will not be complete Benefits Department.	our benefit cho unts or the Vac pen Enrollme Enrollment S e until you Sul	tices. cation Buy ent period. Summary. bmit your (and Sell prog choices to th	gram next Ie	
coverage, click Edit in the Vision	Enrollment Summary					
section.	Edit. Medical	Full Cost	Credits	Before Tax	After Tax	
	Current: Kaiser Foundation:Empl+Deps New: Kaiser PERMANENTE CALIFORNIA:Empl+Deps	161.19	0.00	161.19		
	Edit Dental	Full Cost	Credits	Before Tax	After Tax	
	Current: Delta Enhanced II:Emp+Child					
	New: DeltaCare USA - Enhanced:Empl+Deps	0.00	0.00	Defect Terr	10- T	
	Edit Vision	Full Cost	Credits	Before Lax	After Tax	
	Current: Vision Service Plan:Emp+Deps	0.00	0.00			
		0.00	0.00			
Changing Your Vision Plan	Benefits Enrollment					
There is only one vision plan	Vision					
available to CSUF employees:	Lizzie Wrayburn					
cannot select a different vision plan.	Vision coverage allows you and your dependents to see	e an opthamol	logist, opto	metrist, or op	ptician	
Llowever, you can click on the	lo assist you will you eyecale needs.	uiaa Dian with	- Familana	F lau		
Overview of All Plans link or the	Deps coverage. You will continue with this coverage if you do not make a choice.					
Vision Service Plan link to learn more about the VSP plan	Select an Option					
	Here Are Your Available Options With Your per-pay-per (Your cost = Full benefit cost - Credits)	riod Costs:				
	Overview of all Plans					
	Select one of the following plans:					
	Vision Service Plan	_				
	Coverage Level Costs	Credits	Your C	osts Tax (Class	
	Empl.or Empl.& Deps \$0.00	\$0.00	\$0.	00		

Processing Steps	Screen Shots	
Add or Remove Dental Coverage for Dependents You may add or remove vision coverage for a dependent during Open Enrollment.	Enroll Your Dependents The following list displays all individuals who are individual is missing from this list, click Add/Revie eligible. You may also use this button to add new You may enroll any of the following individuals for Enroll box next to the dependent's name.	eligible to be your dependents. If an ew Dependents to determine why they are not dependents to your list. coverage under this plan by checking the
 Step 1: At the bottom of the Vision Benefits Enrollment page, your current dependent coverage is shown as well as a list of other dependents that are eligible for the benefit. To add vision coverage for a dependent, place a check mark in the Enroll column next to their name. To remove vision coverage for a dependent, un-check the box in the Enroll column next to their name. If you have no other changes to your dependent coverage, skip Saving Your Vision Coverage Changes on page 29. 	Enroll Name Image: Eugene Wrayburn Pleasant Wrayburn Add/Review Dependents Image: Eugene Wrayburn	Relationship Spouse Child
Step 1a: If a dependent does not appear on the list, click Add/Review Dependents to determine why the dependent is not eligible.	Enroll Your Dependents The following list displays all individuals who are end individual is missing from this list, click Add/Reviereligible. You may also use this button to add new end of the following individuals for end to the dependent's name. You may enroll any of the following individuals for end to the dependent's name. Enroll Name Image: Ima	eligible to be your dependents. If an w Dependents to determine why they are not dependents to your list. coverage under this plan by checking the <u>Relationship</u> Spouse Child

Processing Steps	Screen Shots
Step 1b: A list of your dependents appears. Click on a dependent's name to view their personal information.	Enrollment Dependent/Beneficiary Summary Lizzie Wrayburn The people listed below may be eligible for Benefit Coverage. To add a new dependent, click "Add a dependent or beneficiary". To update an existing dependent, contact Benefits at 657-278-2425 or benefits@exchange.fullerton.edu. Add a dependent or beneficiary Dependent Information Name Relationship Date of Birth Married No John Wrayburn Child No No
Step 1c: In this example, the dependent is not eligible for benefits as the child is too old to be covered by their parent's benefits. Select Return to Dependent/Beneficiary Summary.	Dependent/Beneficiary Personal Information Lizzie Wrayburn Dependent/Beneficiary's personal information as of Jan 1, 2014. To update their information, go to eBenefits Life Events or contact Benefits at 657-278-2425 or benefits@tullerton.edu. Personal Information First Name: John Middle Name: Last Name: Wrayburn Name Prefix: Name Suffix: Gender: Male Date of Birth: 10/10/1984 Relationship to Employee: Child Address and Telephone Same Address as Employee Lakewood, CA 90712

Processing Steps	Screen Shots					
Adding a New Dependent Step 1: To add a new dependent, click Add/Review Dependents.	Enroll Your Dependents The following list displays individual is missing from eligible. You may also use You may enroll any of the f Enroll box next to the dependent Image:	all individuals v this list, click A this button to a ollowing individ ndent's name. /burn ayburn	vho are eligi dd/Review D dd new dep uals for cove	ble to be your d ependents to d endents to your erage under this Relat Spou Child	ependents. etermine wh list. s plan by che <u>ionship</u> se	If an ny they are not acking the
Step 2: Select Add a dependent or beneficiary.	Enrollment Depend Lizzie Wrayburn The people listed below may be beneficiary". To update an existin Add a dependent or beneficiari Dependent Information Name Relationshi to Employe Eugene Wrayburn Spouse John Wrayburn Child	ent/Benefi eligible for Benefi g dependent, con e Date of Birth 08/27/1953 10/10/1984	ciary Sur t Coverage. To tact Benefits a Marital Status Married Single	mmary add a new deper t 657-278-2425 o Marital Status Date 09/17/1983	ndent, click "Ar r benefits@ex Student No No	dd a dependent or change.fullerton.edu.
Step 3: Enter the personal information of the new dependent. Fields marked with an asterisk (*) are required. Social Security Number is required for <u>all</u> dependents. If Social Security number is not available for a newborn, please provide it as soon as available.	Dependent/Bener Lizzie Wrayburn Dependent/Beneficiary's pe eBenefits Life Events or com Personal Information *First Name: Middle Name: *Last Name: Name Prefix: Name Prefix: Name Suffix: *Gender: *Date of Birth: SSN: *Relationship to Employee:	ficiary Pe sonal informati tact Benefits at (Jenny Wrayburn Wrayburn Female 07/31/2013	ersonal	Information	DN late their info ullerton.edu	prmation, go to

Processing Steps	Screen Shots
Step 4: 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.	Address and Telephone Same Address as Employee Country: United States Address: 800 N. State College Blvd Fullerton, CA 92831
Then click Save .	Same Phone as Employee 714/555-1212 Phone: * Required Field Save
Step 5: You will receive a message indicating the save was successful. Click OK. You will also receive an email confirmation that a change was made.	Personal Information Save Confirmation ✓ The Save was successful.
Step 6: The new dependent's information appears. Scroll down and select Return to Dependent/Beneficiary Summary.	Same Phone as Employee Phone: 714/555-1212 Return to Dependent/Beneficiary Summary

Processing Steps	Screen Shots
Step 7: The new dependent appears in the Dependent Information table. Select Return to Event Selection.	Enrollment Dependent/Beneficiary Summary Lizzie Wrayburn The people listed below may be eligible for Benefit Coverage. To add a new dependent, click "Add a dependent or beneficiary". To update an existing dependent, contact Benefits at 657-278-2425 or benefits@exchange.fullerton.ex Add a dependent or beneficiari Dependent Information Name Relationship to Employee 08/27/1953 John Wrayburn Child Other Orly 1/2013 Single No Image: Single Pleasant Wrayburn Child O4/02/2000 Single No Image: Single
Step 8: The new dependent now appears in the Enroll Your Dependents section. Place a check mark next to the dependent's name in the Enroll column to enroll them in the benefit.	Enroll Your Dependents The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this 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 Upper Eugene Wrayburn Spouse Jenny Wrayburn Child Pleasant Wrayburn Child

Processing Steps	Screen Shots
Saving Your Vision	Benefits Enrollment
Coverage Changes	Vision
Step 1:	Lizzie Wrayburn
Once you have made the changes	Vision coverage allows you and your dependents to see an opthamologist, optometrist, or optician
Continue at the bottom of the page.	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 if you do not make a choice.
	Select an Option
	Here Are Your Available Options With Your per-pay-period Costs: (Your cost = Full benefit cost - Credits)
	Overview of all Plans
	Select one of the following plans:
	Vision Service Plan
	Coverage Level Costs Credits Your Costs Tax Class
	Empl.or Empl.& Deps \$0.00 \$0.00 \$0.00
	Enroll Your Dependents
	individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this 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
	Image: Construction Image: Construction Image: Construction Spouse
	Jenny Wrayburn Child
	Pleasant Wrayburn Child
	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.

Processing Steps	Screen Shots
Processing Steps Step 2: You will see a page detailing the vision coverage changes you entered. Review the information carefully. To save these changes, click OK. Image: These changes will not be finalized until you submit all of your Open Enrollment changes. See the Submitting Open Enrollment Changes section on page 49.	Screen Shots Benefits Enrollment Vision Lizzie Wrayburn Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department. Your Choice You have chosen Vision Service Plan with Empl.or Empl.& Deps coverage. You are also covering Empl or Empl.& Deps. Your Ave chosen Vision Service Plan with Empl.or Empl.& Deps coverage. You are also covering Empl or Empl.& Deps. Your Estimated annual Cost Your Covered Dependents Your Covered Dependents Eugene Wrayburn Spouse Jenny Wrayburn Child Notes Once submitted, this choice will take effect on 01/01/2014. Deductions and/or Credits for this choice will start with the pay period beginning 01/01/2014. OK Click K to store your choices. Edit Click K to store your choices.
Step 3: As there is only one option for Vision coverage, the Vision section of the Open Enrollment page will show the same value in the Current field as in the New field.	Edit Vision Full Cost Credits Before Tax After Tax Current: Vision Service Plan:Emp+Deps 0.00 0.00 0.00

Processing Stons	Scroon	Shots				
Frocessing steps	Screen	511015				
Making Changes to	Benefi	ts Enrollment				
Dental Flex Cash	Oper	n Enrollment				
To change your dental flex cash	Lizzie \	Vrayburn				
coverage during Open Enrollment.	Open en	rollment is your annual opportunity to modify	your benefit cho	ices.		
follow the steps in the Navigating to	To contin	nue participating in the Flexible Spending Act	counts or the Va	cation Buy	and Sell pro	gram next
Open Enrollment section on page 2.	You will	be able to review the cost of each benefit on	the Enrollment S	Summary.		
Then follow the steps below.		nportant: Your enrollment will not be compl	ete until vou Su	bmit vour	choices to th	e
Step 1:	• в	enefits Department.				
To make a change to your dental						
flex cash coverage, click Edit in the	Enrollme	nt Summary				
Dental Flex Cash section.	Edit	Medical	Full Cost	Credits	Before Tax	After Tax
A	Current:	Kaiser Foundation:Empl+Deps				
If you are enrolling in dental	New:	Kaiser PERMANENTE	161.19	0.00	161.19	
flex cash for the first time, ensure	Edit	Dental	Full Cost	Credits	Before Tax	After Tax
that your Dental selection is set to	Current	Delta Enhanced II:Emn+Child				
waived.	New:	Waive	0.00	0.00		
	Edit	Vision	Full Cost	Credits	Before Tax	After Tax
	Current:	Vision Service Plan:Emp+Deps				
	New:	Vision Service Plan:Emp+Deps	0.00	0.00		
	Edit	Dental Flex Cash	Full Cost	Credits	Before Tax	After Tax
	Current:	No Coverage				
	New:	No Coverage				

li louooning olopo	Shots	
 Step 1a: If you choose to enroll in a Dental FlexCash plan, you will need to provide information on your alternate dental insurance policy. Enter the following: Insurance Carrier: the name of the alternate dental insurance carrier. Policy Number: the policy number of the alternate dental insurance policy. Social Security Number: this is the social security number of the person who holds the alternate dental policy under which you are covered. 	box te Policy Information r for you to elect Dental FlexCash, you must be covered under another polic ed to provide the dental insurance carrier's name and policy number, as we by Number of the person that holds the policy. nsurance Carrier Delta Dental Policy Number Security Number 123456789	cy. You are Il as the Social 123456

Processing Steps	Screen Shots
Saving Your Dental FlexCash Changes Step 1: Once you have made the changes to your dental flexcash coverage, click Continue at the bottom of the page.	Benefits Enrollment
	Dental Flex Cash
	Lizzie Wrayburn
	Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.
	Select an Option
	Here Are Your Available Options With Your per-pay-period Costs: (Your cost = Full benefit cost - Credits)
	Overview of all Plans
	Select one of the following plans:
	Flex Cash - Dental
	Coverage Level Costs
	Employee Only
	Employees who have non-CSU Dental coverage can elect to participate in the <u>FlexCash Plan</u> to obtain cash in lieu of CSU coverage. The money is taxed. Please contact Benefits at 657-278-2425 for information or view the <u>FlexCash Plan</u> document.
	By electing coverage, you certify that you have Dental coverage outside of the CSU and that you are not covered for Dental as a dependent of another CSU employee, or retiree.
	⊘ Waive
	In order for you to elect Dental FlexCash, you must be covered under another policy. You are required to provide the dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy.
	Groupbox Alternate Policy Information
	In order for you to elect Dental FlexCash, you must be covered under another policy. You are required to provide the dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy.
	Insurance Carrier Delta Dental Policy Number 123456
	Social Security Number 123456789
	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.

Processing Steps	Screen Shots			
Processing Steps Step 2: You will see a page detailing the dental flexcash coverage changes you entered. Review the information carefully. To save these changes, click OK. Image: These changes will not be finalized until you submit all of your Open Enrollment changes. See the Submitting Open Enrollment Changes section on page 49.	Screen Shots Benefits Enrollment Dental Flex Cash Lizzie Wrayburn Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department. Your Choice You have chosen Flex Cash - Dental with Employee Only coverage. You are also covering Employee Only. Alternate Policy Information You have indicated that you are covered under the following insurance policy: Insurance Carrier Delta Dental Policy Number 123456 Social Security Number 123456789 Notes Once submitted, this choice will take effect on 01/01/2014. Deductions and/or Credits for this choice will start with the pay period beginning 01/01/2014. OK Click OK to store your choices.			
	Edit Click Edit to go back and change your choices.			
Step 3: The Dental Flex Cash section of the Open Enrollment page now shows your new selection.	Edit Dental Flex Cash Full Cost Credits Before Tax After Tax Current: No Coverage New: Flex Cash - Dental:Empl Only 0.00 0.00 0.00			

Processing Steps	Screen Shots			
Processing Steps Making Changes to Medical Flex Cash To change your medical flex cash coverage during Open Enrollment, follow the steps in the <u>Navigating to</u> <u>Open Enrollment</u> section on page 2. Then follow the steps below.	Screen Shots Benefits Enrollment Open Enrollment Lizzie Wrayburn Open enrollment is your annual opportunity to modify your benefit choir To continue participating in the Flexible Spending Accounts or the Vac year, you must re-enroll in these programs during the Open Enrollment You will be able to review the cost of each benefit on the Enrollment Si montant: Your enrollment will not be complete until you Sub	ices. ation Buy nt period. ummary.	and Sell pro	gram next
Step 1: To make a change to your dental flex cash coverage, click Edit in the <i>Medical Flex Cash</i> section.	Benefits Department. Enrollment Summary Edit Medical Full Cost	Credits	Before Tax	After Tax
If you are enrolling in medical flex cash for the first time, ensure that your Medical selection is set to	Current: No Coverage New: Waive O.00 Edit Dental Full Cost Current: Delta Enhanced II:Empl+1 Nave Woke	0.00 Credits	Before Tax	After Tax
Waived.	Edit Vision Full Cost Current: Vision Service Plan:Emp+Deps 0.00 New: Vision Service Plan:Emp+Deps 0.00 Edit Dental Flex Cash Full Cost	0.00 Credits 0.00 Credits	Before Tax Before Tax	After Tax
	Current: No Coverage New: Flex Cash - Dental:Empl Only 0.00 Edit Medical Flex Cash Full Cost Current: Flex Cash - Medical:Empl Only 0.00 New: Flex Cash - Medical:Empl Only 0.00	0.00 Credits 0.00	0.00 Before Tax 0.00	After Tax

Processing Steps	Screen Shots
Processing Steps Changing Your Medical Flex Cash Option Step 1: Select one of the following options: Flex Cash – Medical: select this option if you wish to enroll in or continue with your existing medical flex cash plan. Waive: select this option to cancel your medical flex cash plan. Select the FlexCash Plan links to learn more about the FlexCash plan, including information on eligibility.	Screen Shots Benefits Enrollment Medical Flex Cash Lizzie Wrayburn Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice. Select an Option Here Are Your Available Options With Your per-pay-period Costs: (Your cost = Full benefit cost - Credits) Overview of all Plans Select one of the following trans: Period Costs Employee Only Employee O
	In order for you to elect Medical FlexCash, you must be covered under another policy. You are required to provide the medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy.

Processing Steps	Screen Shots
Step 1a: If you choose to enroll in a Medical FlexCash plan, you will need to provide information on your alternate medical insurance policy.	Groupbox Alternate Policy Information In order for you to elect Medical FlexCash, you must be covered under another policy. You are required to provide the medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy.
Enter the following:	Insurance Carrier Kaiser HMO Policy Number 123456
Insurance Carrier: the name of the alternate medical insurance carrier.	Social Security Number 123456789
Policy Number: the policy number of the alternate medical insurance policy.	
• Social Security Number: this is the social security number of the person who holds the alternate medical policy under which you are covered.	

Processing Steps	Screen Shots
Saving Your Medical FlexCash Coverage	Benefits Enrollment
	Medical Flex Cash
Stop 1:	Lizzie Wrayburn
Once you have made the changes	
to your medical flexcash coverage, click Continue at the bottom of the page.	Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.
	Select an Option
	Here Are Your Available Options With Your per-pay-period Costs: (Your cost = Full benefit cost - Credits)
	Overview of all Plans
	Select one of the following plans:
	I Flex Cash - Medical
	Coverage Level Costs
	Employee Only Employees who have non-CSU Medical coverage can elect to participate in the <u>FlexCash</u> <u>Plan</u> to obtain cash in lieu of CSU coverage. The money is taxed. Please contact Benefits at 657-278-2425 for information or view the <u>FlexCash Plan</u> document.
	By electing coverage, you certify that you have Medical coverage outside of the CSU and that you are not covered for Medical as a dependent of another CSU employee, or retiree.
	O Waive
	In order for you to elect Medical FlexCash, you must be covered under another policy. You are required to provide the medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy.
	Crownbau
	Alternate Policy Information
	In order for you to elect Medical FlexCash, you must be covered under another policy. You are required to provide the medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy.
	Insurance Carrier Kaiser HMO Policy Number 123456
	Social Security Number 123456789
	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.

Processing Steps	Screen Shots
Step 2: You will see a page detailing the medical flexcash coverage changes you entered. Review the information carefully. To save these changes, click OK. These changes, click OK. These changes will not be finalized until you submit all of your Open Enrollment changes. See the Submitting Open Enrollment Changes section on page 49.	Benefits Enrollment Medical Flex Cash Lizzie Wrayburn Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department. You Choice You have chosen Flex Cash - Medical with Employee Only coverage. You are also covering Employee Only. Atternate Policy Information You have indicated that you are covered under the following insurance policy: Insurance Carrier Kaiser HMO Policy Number 123456 Social Security Number 123456789 Notes Once submitted, this choice will take effect on 01/01/2014. Deductions and/or Credits for this choice will start with the pay period beginning 01/01/2014. OK Click OK to store your choices. Edit Click Edit to go back and change your choices.
Step 3: The Medical Flex Cash section of the Open Enrollment page now shows your new selection.	Edit Medical Flex Cash Full Cost Credits Before Tax After Tax Current: Flex Cash - Medical:Empl Only 0.00 0.00 0.00 New: Flex Cash - Medical:Empl Only 0.00 0.00 0.00

Processing Steps	Screen S	Shots				
Making Changes to	Benefi	ts Enrollment				
Health Care Spending	Open	Enrollment				
Account (HCSA)	Lizzie \	Vrayburn				
To change your health care spending account (HCSA) during Open Enrollment, follow the steps in the <u>Navigating to Open Enrollment</u> section on page 2. Then follow the steps below.	Open en To contir year, you You will () In B	Open enrollment is your annual opportunity to modify your benefit choices. To continue participating in the Flexible Spending Accounts or the Vacation Buy and Sell program 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. Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.				
Sten 1	Enrollme	nt Summary				
To make a change to your health	Edit	Medical	Full Cost	Credits	Before Tax	After Tax
care spending account (HCSA),	Current:	No Coverage				
click Edit in the Flex Spending	New:	Waive	0.00	0.00		
Health – U.S. section.	Edit	Dental	Full Cost	Credits	Before Tax	After Tax
	Current:	Delta Enhanced II:Empl+1				
	New:	Waive	0.00	0.00		
	Edit	Vision	Full Cost	Credits	Before Tax	After Tax
	Current	Vision Service Plan Emp+Deps				
	New:	Vision Service Plan:Emp+Deps	0.00	0.00		
	Edit	Dental Flex Cash	Full Cost	Credits	Before Tax	After Tax
	Current	No Coverage				
	New:	Flex Cash - Dental Empl Only	0.00	0.00	0.00	
	Edit	Medical Flex Cash	Full Cost	Credits	Before Tax	After Tax
	Current:	Flex Cash - Medical:Empl Only	0.00	0.00	0.00	
	Edit	Flex Spending Health - U.S.	Full Cost	Credits	Before Tax	
	Con	aponany roadin - oron	7 di Oost	oround	Delete rax	
	Current:	No Coverage				
	New:	No Coverage				

Processing Steps	Screen Shots
 Processing Steps Changing Your Health Care Spending Account Option Step 1: Select one of the following options: No, I do not want to enroll: select this option if you do not want to enroll in a HCSA or you wish to cancel your HCSA enrollment. Health Care Flex Spending: 	Screen Shots Benefits Enrollment Flex Spending Health - U.S. Lizzie Wrayburn The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your or your spouse's group health care plans. Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice. Select > Option
select this option to enroll in a HCSA or continue with your existing HCSA account.	No, I do not want to enroll. Health Care Flex Spending
If you choose to enroll in a Health Care Spending Account (HCSA), you will need to enter the amount of your annual pledge (contribution).	Select an Option Image: Select an Option Image: No, I do not want to enroll. Image: Health Care Flex Spending
Select the Worksheet link if you need assistance in calculating your annual pledge based on the monthly contribution.	This plan requires that you specify an annual pledge amount. Annual Pledge: 2000.00 Worksheet Click Worksheet to help calculate your annual pledge for this plan year.

Processing Steps	Screen Shots
Step 2: You will see a page detailing the health care spending account changes you entered. Review the information carefully. To save these changes, click OK. These changes, click OK. These changes will not be finalized until you submit all of your Open Enrollment changes. See the Submitting Open Enrollment Changes section on page 49.	Benefits Enrollment Flex Spending Health - U.S. Lizzie Wrayburn Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department. Your Choice You have chosen to enroll in the Health Care Flex Spending plan with an annual pledge of \$2,000.00. Your approximate per-pay-period contribution will be \$166.67. Notes Once submitted, this choice will take effect on 01/01/2014. OK Click OK to store your choices. Edit Click Edit to go back and change your choices.
Step 3: The Flex Spending Health – U.S. section of the Open Enrollment page now shows your new selection.	Edit Flex Spending Health - U.S. Full Cost Credits Before Tax Current: No Coverage

Processing Steps	Screen	Shots				
Making Changes to Dependent Care Spending Account (DCSA) To change your dependent care spending account (DCSA) during Open Enrollment, follow the steps in the Navigating to Open Enrollment section on page 2. Then follow the steps below.	Benefits Enrollment Open Enrollment Lizzie Wrayburn Open enrollment is your annual opportunity to modify your benefit choices. To continue participating in the Flexible Spending Accounts or the Vacation Buy and Sell program 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. Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.					
	Enrollme	nt Summary				
Step 1:	Edit	Medical	Full Cost	Credits	Before Tax	After Tax
To make a change to your dependent care spending account (DCSA), click Edit in the <i>Flex</i>	Current: New: Edit	Kaiser Foundation:Empl+Deps Waive Dental	0.00 Full Cost	0.00 Credits	Before Tax	After Tax
Spending Dependent Care section.	Current: New:	Delta Enhanced II:Emp+Child Waive	0.00	0.00	Defect Terr	48 T
	Edit	Vision	Full Cost	Credits	Before Lax	Anter Lax
	New:	Vision Service Plan.Emp+Deps Vision Service Plan:Emp+Deps	0.00 Full Cost	0.00 Crodito	Refere Tax	After Tex
	Current:	No Coverage	Fuil Cost	Credits	Delote Lax	Alter Tax
	New: Edit	Flex Cash - Dental:Empl Only Medical Flex Cash	0.00 Full Cost	0.00 Credits	0.00 Before Tax	After Tax
	Current	No Coverage				
	New: Edit	Flex Cash - Medical:Empl Only Flex Spending Health - U.S.	0.00 Full Cost	0.00 Credits	0.00 Before Tax	
	Current	No Coverage				
	New: Edit	Health Care Flex Spending: \$2,000.00 Flex Spending Dependent Care	166.67 Full Cost	0.00 Credits	166.67 Before Tax	
	Current: New:	No Coverage No Coverage	0.00	0.00	0.00	

Processing Steps	Screen Shots
 Changing Your Dependent Care Spending Account Option Step 1: Select one of the following options: No, I do not want to enroll: select this option if you do not want to enroll in a DCSA or you wish to cancel your DCSA enrollment. Dependent Care Flex Spending: select this option to enroll in a DCSA or continue with your existing DCSA account. 	Benefits Enrollment Flex Spending Dependent Care Lizzie Wrayburn The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work. Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice. Select in Option No, I do not want to enroll. Dependent Care Flex Spending
Step 1a: If you choose to enroll in a Dependent Care Spending Account (DCSA), you will need to enter the amount of your annual pledge (contribution). Select the Worksheet link if you need assistance in calculating your annual pledge based on the monthly contribution.	Select an Option Image: No, I do not want to enroll. Image: Dependent Care Flex Spending This plan requires that you specify an annual pledge amount. Annual Pledge: 2500.00 Worksheet Click Worksheet to help calculate your annual pledge for this plan year.

Processing Steps	Screen Shots
Saving Your Dependent Care Spending Account Changes Step 1: Once you have made the changes to your dependent care spending account, click Continue at the bottom of the page.	Benefits Enrollment
	Flex Spending Dependent Care
	The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work. Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.
	Your annual pledge must not exceed \$5,000.00, which is the maximum amount allowed for this account in the current plan year. You must not exceed \$999,999.99 when you add up your annual pledge amounts for all Flexible Spending Accounts.
	Select an Option Image: Select an Option
	Dependent Care Flex Spending
	This plan requires that you specify an annual pledge amount.
	Annual Pledge: 2500.00 Worksheet 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.

Processing Steps	Screen Shots
Step 2: You will see a page detailing the dependent care spending account changes you entered. Review the information carefully. To save these changes, click OK. These changes, click OK. These changes will not be finalized until you submit all of your Open Enrollment changes. See the <u>Submitting Open Enrollment</u> <u>Changes</u> section on page 49.	Benefits Enrollment Flex Spending Dependent Care Lizzie Wrayburn Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department. Your Choice You have chosen to enroll in the Dependent Care Flex Spending plan with an annual pledge of \$2,500.00. Your Contributions Your approximate per-pay-period contribution will be \$208.33. Notes Once submitted, this choice will take effect on 01/01/2014. OK Click OK to store your choices. Edit Click Edit to go back and change your choices.
Step 3: The Flex Spending Dependent Care section of the Open Enrollment page now shows your new	Edit Flex Spending Dependent Care Full Cost Credits Before Tax Current: No Coverage 208.23 0.00 208.23
selection.	New. Dependent Care Flex Spending, \$2,500.00 208.33 0.00 208.33

Submitting Open Enrollment Changes Once you have finished making all of your changes, you must submit your changes to the Benefits department in order for them to be processed and finalized.	Benefits Enrollment Open Enrollment Lizzie Wrayburn Open enrollment is your annual opportunity To continue participating in the Flexible Spe year, you must re-enroll in these programs of You will be able to review the cost of each be Important: Your enrollment will not be Benefits Department.	to modify your benefit cho nding Accounts or the Va during the Open Enrollme enefit on the Enrollment S	pices. cation Buy and Sell program ent period. Summary.	n next			
Submitting Open Enrollment Changes Once you have finished making all of your changes, you must submit your changes to the Benefits department in order for them to be processed and finalized.	Benefits Enrollment Open Enrollment Lizzie Wrayburn Open enrollment is your annual opportunity To continue participating in the Flexible Spe year, you must re-enroll in these programs of You will be able to review the cost of each be Important: Your enrollment will not be Benefits Department.	to modify your benefit cho nding Accounts or the Va during the Open Enrollme enefit on the Enrollment S	pices. cation Buy and Sell prograr ent period. Summary.	n next			
Once you have finished making all of your changes, you must submit your changes to the Benefits department in order for them to be processed and finalized.	Open Enrollment Lizzie Wrayburn Open enrollment is your annual opportunity To continue participating in the Flexible Spe year, you must re-enroll in these programs of You will be able to review the cost of each b Important: Your enrollment will not the Benefits Department.	to modify your benefit cho nding Accounts or the Va during the Open Enrollme enefit on the Enrollment S	pices. cation Buy and Sell program ent period. Summary.	n next			
Once you have finished making all of your changes, you must submit your changes to the Benefits department in order for them to be processed and finalized.	Lizzie Wrayburn Open enrollment is your annual opportunity To continue participating in the Flexible Spe year, you must re-enroll in these programs You will be able to review the cost of each b Important: Your enrollment will not h Benefits Department.	to modify your benefit cho nding Accounts or the Va during the Open Enrollme enefit on the Enrollment S	pices. cation Buy and Sell prograr ent period. Summary.	n next			
Once you have finished making all of your changes, you must submit your changes to the Benefits department in order for them to be processed and finalized.	Open enrollment is your annual opportunity To continue participating in the Flexible Spe year, you must re-enroll in these programs of You will be able to review the cost of each b Important: Your enrollment will not be Benefits Department.	to modify your benefit cho nding Accounts or the Va during the Open Enrollme enefit on the Enrollment S	vices. cation Buy and Sell prograr ent period. Summary.	n next			
of your changes, you must submit your changes to the Benefits department in order for them to be processed and finalized.	To continue participating in the Flexible Spe year, you must re-enroll in these programs You will be able to review the cost of each b Important: Your enrollment will not l Benefits Department.	nding Accounts or the Va during the Open Enrollme enefit on the Enrollment S	cation Buy and Sell prograr ent period. Summary.	m next			
department in order for them to be processed and finalized.	You will be able to review the cost of each b Important: Your enrollment will not l Benefits Department.	enefit on the Enrollment §	Bummary.				
processed and finalized.	i Important: Your enrollment will not l Benefits Department.		You will be able to review the cost of each benefit on the Enrollment Summary.				
	Benefits Department.	Important: Your enrollment will not be complete until you Submit your choices to the					
	1						
Step 1:	Enrollmont Summan/						
table summarizing the per-pay-		Full Coot	Cradita Bafara Tay Aff	tor Toy			
period cost to you for your new		Full Cost	Credits Before Tax All	ter rax			
benefits.	Current: Kaiser Foundation:Empl+Deps	0.00	0.00				
	Edit Dental	Full Cost	Credits Before Tax Aft	ter Tax			
Click Submit at the bottom of the	Current: Delta Enhanced II:Emp+Child						
page when you are ready to finalize	New: Waive	0.00	0.00				
your selections.	Edit Vision	Full Cost	Credits Before Tax Aft	ter Tax			
	Current: Vision Service Plan:Emp+Deps						
	New: Vision Service Plan:Emp+Deps	0.00 Full Cost	0.00 Credits Before Tax Aff	ter Tax			
		10110000					
	New: Flex Cash - Dental:Empl Only	0.00	0.00 0.00				
	Edit Medical Flex Cash	Full Cost	Credits Before Tax Aft	ter Tax			
	Current: No Coverage						
	New: Flex Cash - Medical:Empl Only	0.00	0.00 0.00				
	Edit Flex Spending Health - U.S.	Full Cost	Credits Before Lax				
	Current: No Coverage	0.00 166.67	0.00 166.67				
	Edit Flex Spending Dependent Care	Full Cost	Credits Before Tax				
	Current: No Coverage						
	New: Dependent Care Flex Spending: \$	2,500.00 208.33	0.00 208.33				
	This table summarizes estimated costs for	your new benefit choices	. (The "Employer" column				
	displays the amount the Company is contrib	buting to subsidize the co	st of your benefits.)				
	Bef	ore Tax After Tax	<u>Total</u> <u>Employe</u>	r			
	Costs	375.00 0.00	375.00 147.50	0			
	Your Costs	0.00 375.00 0.00	0.00 375.00				
	These costs do not inclu	de certain choices that are b	ased on variable earnings.				
	If the Before Tax costs total is negative, it	means the credits the co	ompany is providing for you	ur			
	Submit Click Submit to send your fin	al choices to the Benefits	Department.				
	i Important: Your enrollment will not l	be complete until you Su	bmit your choices to the				

Processing Steps	Screen Shots
Processing Steps Step 2: Carefully review the section on Supporting Documentation. You may be required to submit documentation to the CSUF Benefits office in order for them to finalize your benefit modifications.	Screen Shots Benefits Enrollment Submit Benefit Choices Lizzie Wrayburn You have almost completed your enrollment. If you have no further changes, click Submit at the bottom of this page to finalize your benefit choices. Cancel Click Cancel if you are not ready to submit your choices and wish to return to the Enrollment Summary. 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 26. 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 <u>Affidavit of Marriage/Domestic Partnership</u> . To enroll a domestic partner, a <u>Declaration of Domestic Partnership</u> must be provided to Benefits. Family Code section 297 defines domestic partners as individuals of the same sex or opposite sex if one/both is/are over the age of 26. Currently, health and dental benefits are subject to domestic partner imputed tax liability. Please visit the <u>Domestic Partner Reoistry</u> website for more information. To enroll a child, (natural, adopted, domestic partner's, 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 A completed Affi
Step 3: The Excess Credit Rollover section does not apply to CSUF.	✓ Excess Credit Rollover If the "Before Tax" costs total on an Earollment Summary, age is negative, it means the credits the company is providing for your benefits an eds with a cutual benefit costs. Therefore, it results in a net earnings for you. If this is the case, you with the adesignate how those "excess credits" will be applied: If necessary, apply excess Before Tax credits to: Count
Step 4: Place a check mark in the Deduction Authorizations section to indicate your authorizations of deductions from your paycheck to cover benefit costs.	Deduction Authorizations Image: By submitting your benefit choices you are authorizing the company to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

Processing Steps	Screen Shots
Step 5: Click the Sign button to electronically sign the form.	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
Step 6: Click Submit to submit your changes.	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 Lizzie Wrayburn 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.
Step 7: Click Save to finalize your submission.	Benefits Enrollment Submit Confirmation Lizzie Wrayburn Click Save to finalize your changes. Benefits will email you a confirmation once Open Enrollment closes and your election changes have been processed. If you have any questions, please contact Benefits at 657-278-2425 or email at benefits@fullerton.edu Save Cancel

Processing Steps	Screen Shots
Step 8: The status of your Open Enrollment event is now set to Submitted.	Benefits Enrollment Lizzie Wrayburn After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a qualified family status change. 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. Note: Some events may be temporarily closed until you have completed enrollment for a prior event. Open Benefit Events Event Description Event Date Event Description 101/01/2014 Submitted Admin Analyst/SpcIst 12 Select Mo
Step 9: You will also receive an email confirmation that your submission was received.	From: Human Resources Benefits <benefits@exchange.fullerton.edu> To: Wrayburn, Lizzie Cc: Subject: Your Open Enrollment elections have been submitted Lizzie Wrayburn, . You have submitted your Open Enrollment elections to Benefits. Date Elections Submitted: 02-Oct-2013 If you would like to review your elections please log in to your portal (www.fullerton.edu). If you have any questions, please contact us at 657-278-2425 or by e-mail at benefits@exchange.fullerton.edu. Thank you, California State University Fullerton Human Resources Services - Benefits Denefits</benefits@exchange.fullerton.edu>