

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



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

### What are qualifying life events?


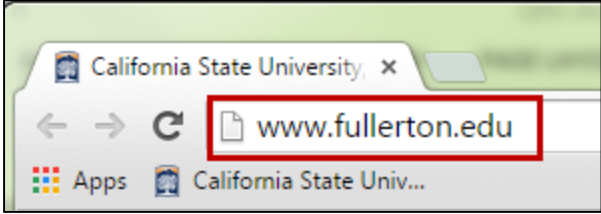
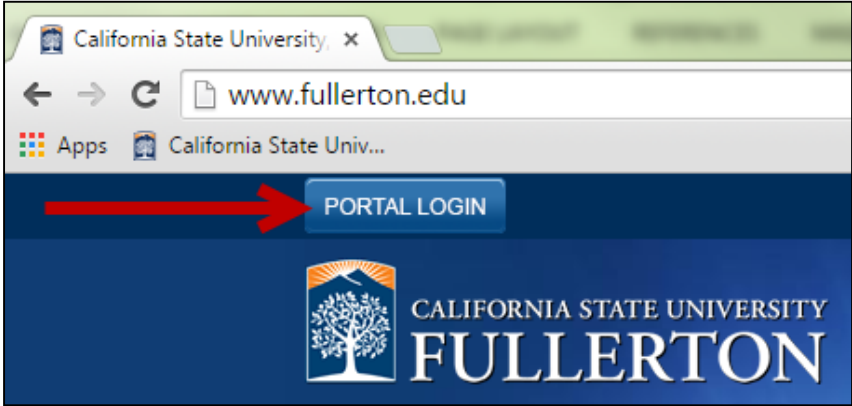

- Qualifying **marital** life events include: marriage, divorce, annulment, legal separation, domestic partnership registration or dissolution.
- Qualifying **dependent** life events include: birth, adoption, adding/removing an economically dependent child or change in custody.
- Gain or Loss of alternate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


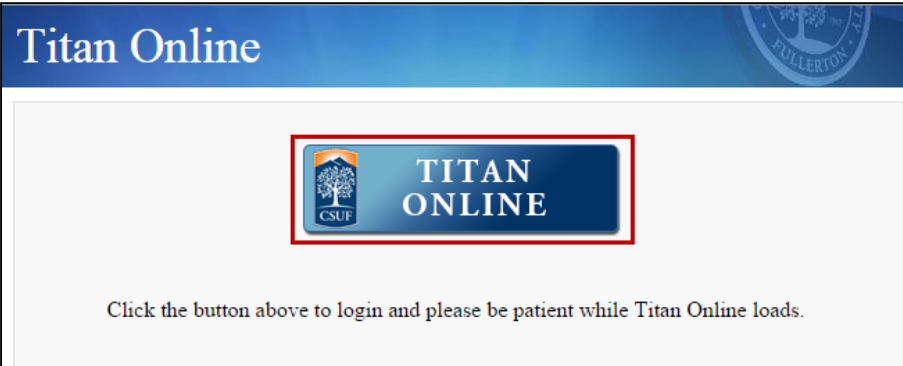





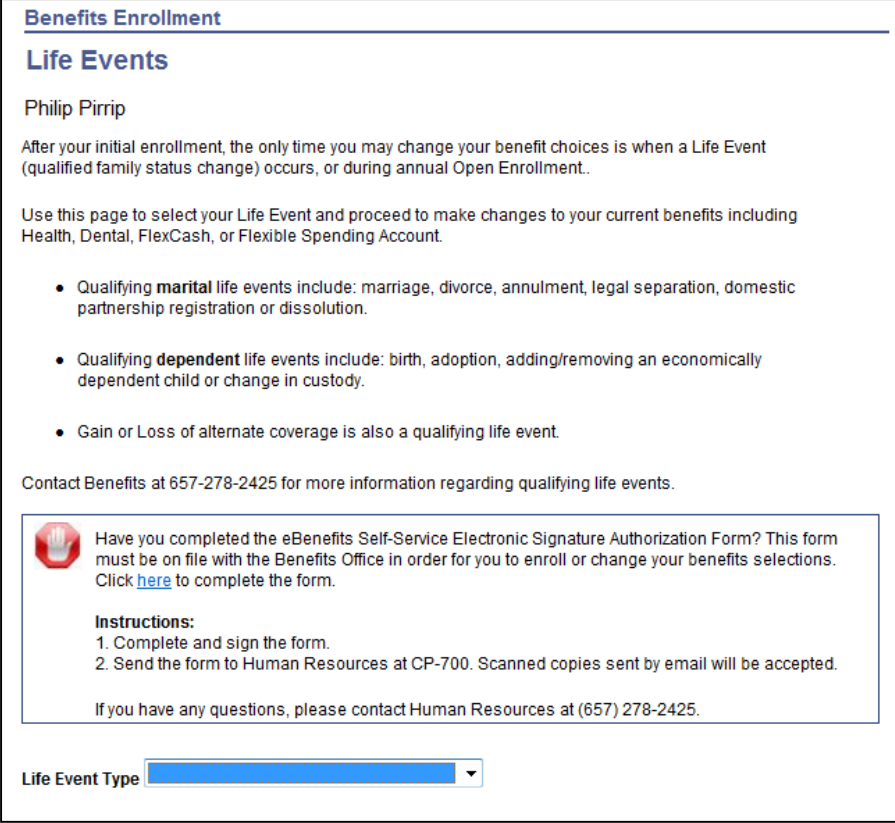
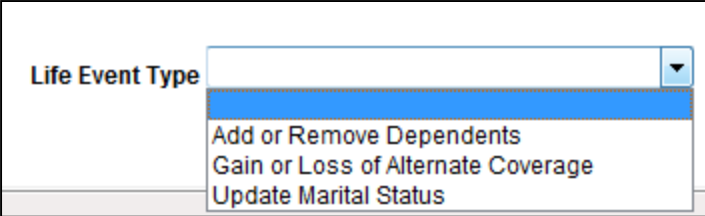
Contact Benefits at 657-278-2425 for more information regarding qualifying life events.


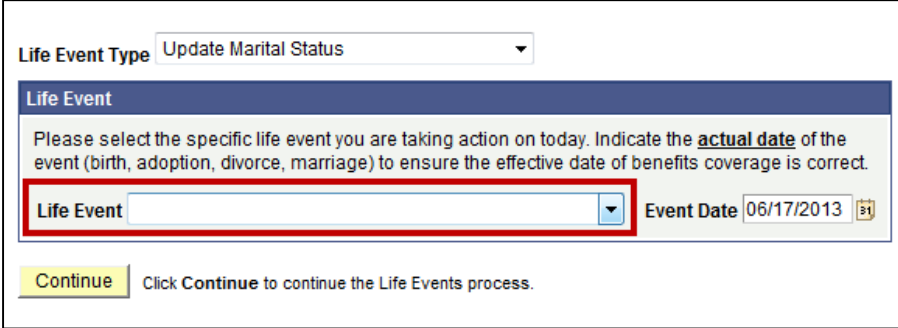
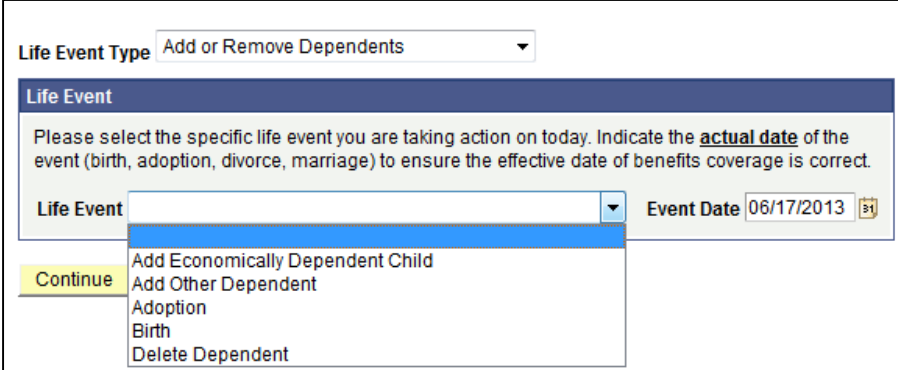
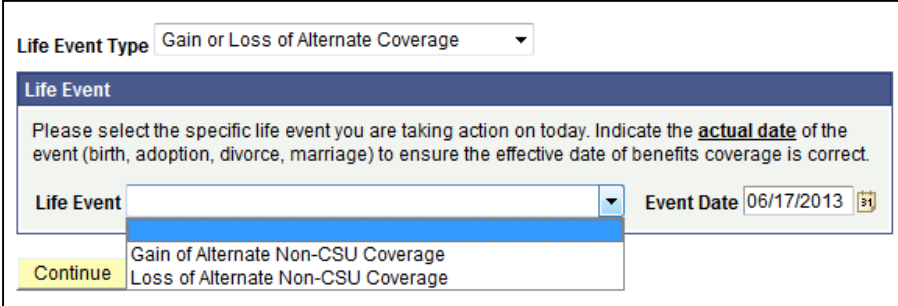
### Contents

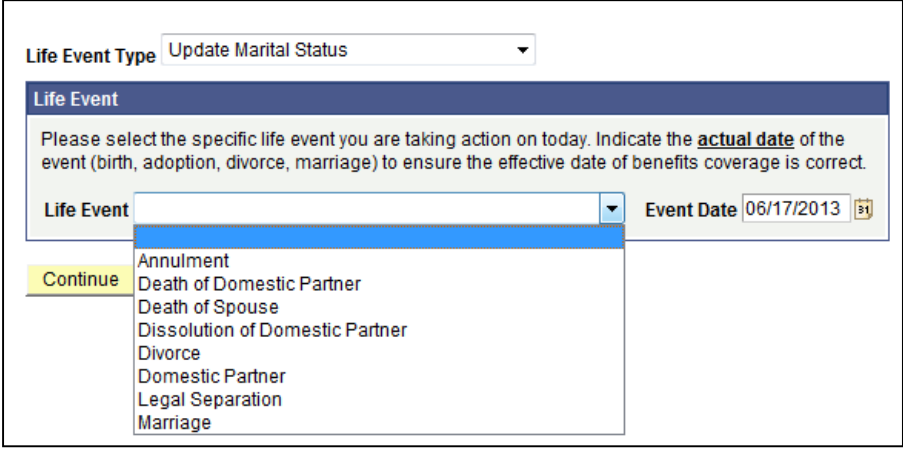

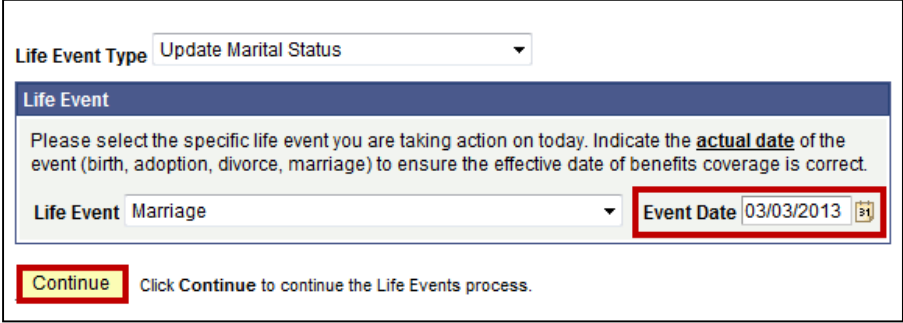
What are qualifying life events?.....	1
Navigating to Life Event Changes .....	2
Making Changes to Current Health Plan .....	10
Making Changes to Current Health FlexCash Plan.....	12
Making Changes to Current Dental Plan .....	14
Making Changes to Current Dental FlexCash Plan.....	17
Making Changes to Current Vision Plan.....	19
Making Changes to Current Flex Spending Health (HCRA) and/or Flex Spending Dependent (DCRA) Plan.....	20
Adding and Removing Dependents .....	23
Adding a New Dependent .....	23
Removing a Dependent .....	25
Modifying a Dependent’s Coverage.....	25
Completing Life Events Elections .....	26


Processing Steps	Screen Shots
<p><b>Navigating to Life Event Changes</b></p> <p><b>Step 1:</b> Launch Internet Explorer (or your browser preference) from your desktop.</p>	
<p><b>Step 2:</b> 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.</p>	
<p><b>Step 3:</b> Click on the <b>Portal Login</b> button.</p>	
<p><b>Step 4:</b> Enter your campus username and password.</p>	





Processing Steps	Screen Shots
<p><b>Step 5:</b> Click on the <b>Titan Online</b> icon.</p>	
<p><b>Step 6:</b> Click on the Titan Online icon.</p>	
<p><b>Step 7:</b> The Titan Online page appears.</p> <p>Depending on your status, you may see various self-service options including Employee Self Service, Student Self Service, and Faculty Self Service.</p> <p>Depending on your PeopleSoft/CMS access, you may see links to PeopleSoft functionality: Human Resources, Finance, and Student Administration.</p>	

Processing Steps	Screen Shots
<p><b>Step 8:</b> In the Employee Self Service box under My Benefits Information, select <b>Life Event Changes</b>.</p>	 <p>The screenshot shows the 'Employee Self Service' portal. Under the 'My Benefits Information' folder, the 'Life Event Changes' link is highlighted with a red rectangular box. Other links in the same folder include Health Plans Summary, Dependents Coverage Summary, Life and LTD Plans, HCRA &amp; DCRA - (FSA), Open Enrollment, and New Hire/Newly Eligible.</p>
<p><b>Step 9:</b></p> <p> Carefully read all of the information on this screen before making a selection.</p> <p>This screen covers important information on qualifying life events.</p>	 <p>The screenshot shows the 'Benefits Enrollment' page for 'Philip Pirrip'. It is titled 'Life Events' and explains that benefit choices can be changed during a Life Event. It lists three types of qualifying life events: marital (marriage, divorce, etc.), dependent (birth, adoption, etc.), and alternate coverage. It includes contact information for Benefits at 657-278-2425 and a section for signature authorization with instructions to complete a form and send it to Human Resources.</p>
<p><b>Step 10:</b> Select a Life Event Type from the drop-down menu:</p> <ul style="list-style-type: none"> <li>• Add or Remove Dependents</li> <li>• Gain or Loss of Alternate Coverage</li> <li>• Update Marital Status</li> </ul>	 <p>The screenshot is a close-up of the 'Life Event Type' drop-down menu. The menu is open, showing three options: 'Add or Remove Dependents', 'Gain or Loss of Alternate Coverage', and 'Update Marital Status'.</p>

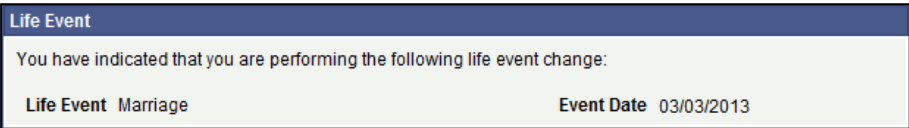


Processing Steps	Screen Shots
<p><b>Step 11:</b> Select the appropriate Life Event from the drop-down menu.</p>  <p>Depending on which Life Event Type you selected in Step 6, you will see different Life Events available.</p>	 <p><b>Life Event Type</b> Update Marital Status</p> <p><b>Life Event</b></p> <p>Please select the specific life event you are taking action on today. Indicate the <b>actual date</b> of the event (birth, adoption, divorce, marriage) to ensure the effective date of benefits coverage is correct.</p> <p><b>Life Event</b> [dropdown] <b>Event Date</b> 06/17/2013</p> <p><b>Continue</b> Click <b>Continue</b> to continue the Life Events process.</p>
<p><b>Step 11a:</b> For the <b>Add or Remove Dependents</b> Life Event Type, the following Life Events are available:</p> <ul style="list-style-type: none"> <li>• Add Economically Dependent Child</li> <li>• Add Other Dependent</li> <li>• Adoption</li> <li>• Birth</li> <li>• Delete Dependent</li> </ul>	 <p><b>Life Event Type</b> Add or Remove Dependents</p> <p><b>Life Event</b></p> <p>Please select the specific life event you are taking action on today. Indicate the <b>actual date</b> of the event (birth, adoption, divorce, marriage) to ensure the effective date of benefits coverage is correct.</p> <p><b>Life Event</b> [dropdown] <b>Event Date</b> 06/17/2013</p> <p><b>Continue</b></p> <ul style="list-style-type: none"> <li>Add Economically Dependent Child</li> <li>Add Other Dependent</li> <li>Adoption</li> <li>Birth</li> <li>Delete Dependent</li> </ul>
<p><b>Step 11b:</b> For the <b>Gain or Loss of Alternate Coverage</b> Life Event Type, the following Life Events are available:</p> <ul style="list-style-type: none"> <li>• Gain of Alternate non-CSU Coverage</li> <li>• Loss of Alternate non-CSU Coverage</li> </ul>	 <p><b>Life Event Type</b> Gain or Loss of Alternate Coverage</p> <p><b>Life Event</b></p> <p>Please select the specific life event you are taking action on today. Indicate the <b>actual date</b> of the event (birth, adoption, divorce, marriage) to ensure the effective date of benefits coverage is correct.</p> <p><b>Life Event</b> [dropdown] <b>Event Date</b> 06/17/2013</p> <p><b>Continue</b></p> <ul style="list-style-type: none"> <li>Gain of Alternate Non-CSU Coverage</li> <li>Loss of Alternate Non-CSU Coverage</li> </ul>


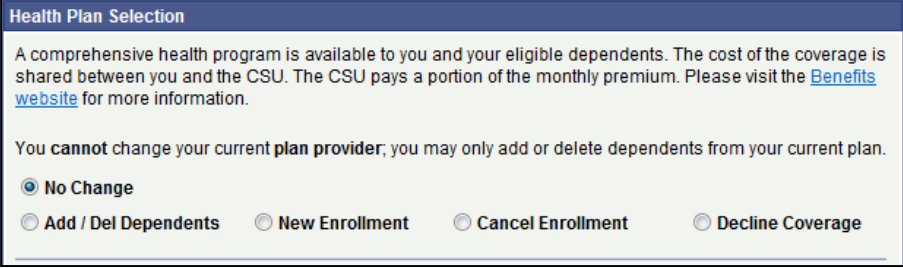
Processing Steps	Screen Shots
<p><b>Step 11c:</b> For the <b>Update Marital Status</b> Life Event Type, the following Life Events are available:</p> <ul style="list-style-type: none"> <li>• Annulment</li> <li>• Death of Domestic Partner</li> <li>• Death of Spouse</li> <li>• Dissolution of Domestic Partner</li> <li>• Divorce</li> <li>• Domestic Partner</li> <li>• Legal Separation</li> <li>• Marriage</li> </ul>	
<p><b>Step 12:</b> Enter the date of the life event in the Event Date field.</p> <p> In the example on the right, the employee is entering the date that the marriage took place.</p> <p>Then click <b>Continue</b>.</p>	

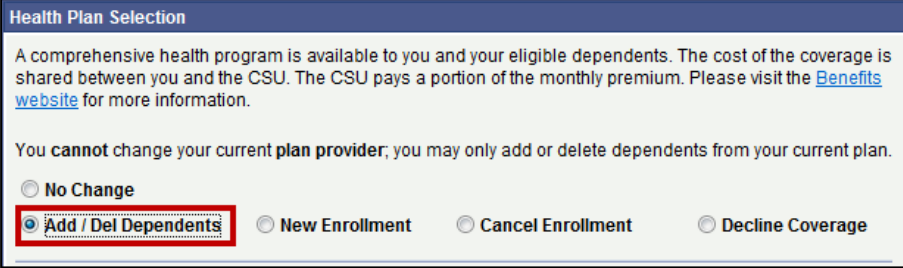
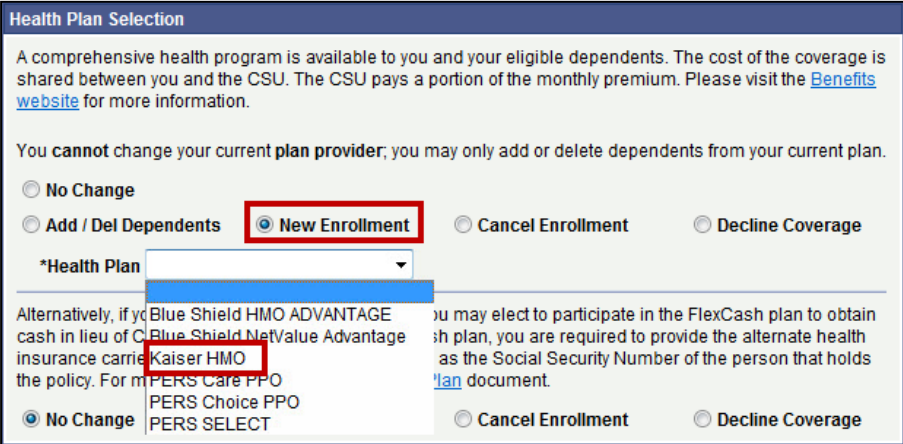
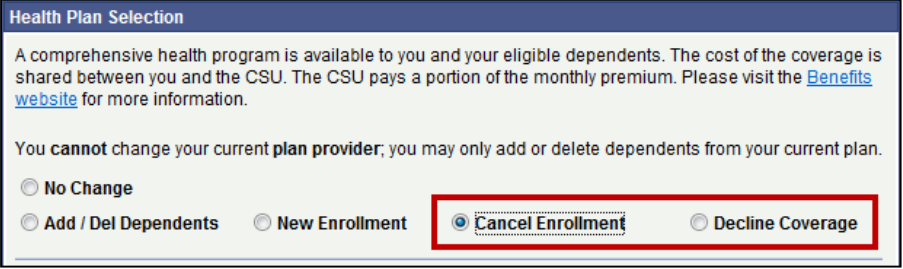
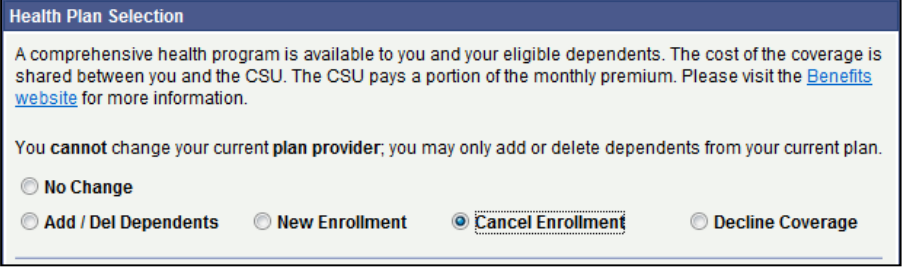
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<p><b>Step 13:</b> The Life Event Rules chart appears.</p>  <p>Carefully review the information on the Life Event that you are entering to determine which benefits you are eligible to modify for the life event.</p> <p>Then click <b>Continue</b>.</p>	<p><b>Life Events</b></p> <p>Philip Pirrip</p> <p>Life Event Rules</p> <p>Please review the chart below to determine what actions you can take for your life event. All events listed qualify as a change in status only if they result in a gain or loss of eligibility under the CSU or another plan. Please note that these are the most common life events, but there may be exceptions to these rules depending on your specific situation. Any change you make should correspond with the Life Event information you submitted on the prior page.</p> <p>If the change you wish to make does not have a Yes or No in the table below or you are unsure about what options you have, please contact Benefits at 657-278-2425.</p> <table border="1" data-bbox="597 491 1469 953"> <thead> <tr> <th>Life Event</th> <th>Switch to Health / Dental FlexCash?</th> <th>Switch from or Cancel Health / Dental FlexCash?</th> <th>Enroll in HCRA / DCRA?</th> <th>Increase HCRA / DCRA amount?</th> <th>Decrease HCRA / DCRA amount?</th> <th>Cancel HCRA / DCRA?</th> </tr> </thead> <tbody> <tr><td>Birth</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>No</td><td>No</td></tr> <tr><td>Adoption</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>No</td><td>No</td></tr> <tr><td>Add Economically Dependent Child</td><td>No</td><td>No</td><td>Yes</td><td>Yes</td><td>No</td><td>No</td></tr> <tr><td>Add Other Dependent</td><td>No</td><td>No</td><td>Yes</td><td>Yes</td><td>No</td><td>No</td></tr> <tr><td>Delete Dependent</td><td>No</td><td>No</td><td>No</td><td>No</td><td>Yes</td><td>Yes</td></tr> <tr><td>Marriage</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td></tr> <tr><td>Domestic Partner</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>No</td><td>No</td></tr> <tr><td>Divorce</td><td>No</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td></tr> <tr><td>Legal Separation</td><td>No</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td></tr> <tr><td>Annulment</td><td>No</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td></tr> <tr><td>Death of Spouse</td><td>No</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td></tr> <tr><td>Death of Domestic Partner</td><td>No</td><td>Yes</td><td>No</td><td>No</td><td>Yes</td><td>Yes</td></tr> <tr><td>Dissolution of Domestic Partner</td><td>No</td><td>Yes</td><td>No</td><td>No</td><td>Yes</td><td>Yes</td></tr> <tr><td>Gain of Alternate Non-CSU Coverage</td><td>Yes</td><td>Yes</td><td>*</td><td>*</td><td>*</td><td>*</td></tr> <tr><td>Loss of Alternate Non-CSU Coverage</td><td>No</td><td>Yes</td><td>*</td><td>*</td><td>*</td><td>*</td></tr> </tbody> </table> <p><b>Continue</b> Click <b>Continue</b> to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.</p>	Life Event	Switch to Health / Dental FlexCash?	Switch from or Cancel Health / Dental FlexCash?	Enroll in HCRA / DCRA?	Increase HCRA / DCRA amount?	Decrease HCRA / DCRA amount?	Cancel HCRA / DCRA?	Birth	Yes	Yes	Yes	Yes	No	No	Adoption	Yes	Yes	Yes	Yes	No	No	Add Economically Dependent Child	No	No	Yes	Yes	No	No	Add Other Dependent	No	No	Yes	Yes	No	No	Delete Dependent	No	No	No	No	Yes	Yes	Marriage	Yes	Yes	Yes	Yes	Yes	Yes	Domestic Partner	Yes	Yes	Yes	Yes	No	No	Divorce	No	Yes	Yes	Yes	Yes	Yes	Legal Separation	No	Yes	Yes	Yes	Yes	Yes	Annulment	No	Yes	Yes	Yes	Yes	Yes	Death of Spouse	No	Yes	Yes	Yes	Yes	Yes	Death of Domestic Partner	No	Yes	No	No	Yes	Yes	Dissolution of Domestic Partner	No	Yes	No	No	Yes	Yes	Gain of Alternate Non-CSU Coverage	Yes	Yes	*	*	*	*	Loss of Alternate Non-CSU Coverage	No	Yes	*	*	*	*
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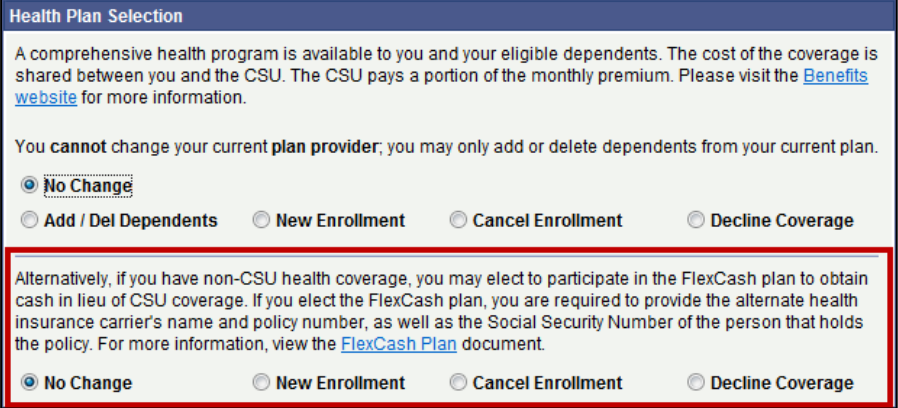
Processing Steps	Screen Shots				
<p>The Life Events page will allow you to make changes to your benefits.</p> <p> Carefully read all of the information on this screen before making any selections.</p> <p>Click on the information icon (  ) to learn more about the various Benefit programs, eligibility, and enrollment.</p> <p>Clicking on hyperlinks on this screen will also allow you to view more information about a particular topic.</p>	<div data-bbox="607 239 1166 260"> <p><b>Benefits Enrollment</b></p> </div> <div data-bbox="607 268 1166 289"> <p><b>Life Events</b></p> </div> <div data-bbox="607 302 1166 352"> <p>Philip Pirrip Use this page to submit changes to your current benefits due to a Life Event. You only have 60 days from the Event Date to make any changes to your benefits.</p> </div> <div data-bbox="607 365 1166 415"> <p>Deletion of dependents may fall under a mandatory effective date based on the date of the event. For example, if a divorce was effective 03/20/2013 and you report the divorce to Benefits on 06/14/2013, the dependent will be deleted with an effective date of 04/01/2013.</p> </div> <div data-bbox="607 428 1166 457"> <p>For questions regarding your benefits information, please contact Benefits at 657-278-2425 or you can visit the <a href="#">Benefits website</a>.</p> </div> <div data-bbox="607 478 1166 508"> <p> Click the information icon to learn more about various Benefit programs, eligibility, and enrollment.</p> </div> <div data-bbox="607 520 1166 571"> <p> 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 <a href="#">here</a> to complete the form.</p> </div> <div data-bbox="607 583 1166 655"> <p><b>Instructions:</b> 1. Complete and sign the form. 2. Send the form to Human Resources at CP-700. Scanned copies sent by email will be accepted.  If you have any questions, please contact Human Resources at (657) 278-2425.</p> </div> <div data-bbox="607 667 1166 697"> <p><b>Life Event</b></p> </div> <div data-bbox="607 697 1166 726"> <p>You have indicated that you are performing the following life event change:</p> </div> <div data-bbox="607 726 1166 747"> <table border="1"> <tr> <td>Life Event</td> <td>Marriage</td> <td>Event Date</td> <td>03/03/2013</td> </tr> </table> </div> <div data-bbox="607 747 1166 768"> <p><b>Marital Status</b></p> </div> <div data-bbox="607 768 1166 789"> <p>Please indicate your current or new marital status.</p> </div> <div data-bbox="607 789 1166 819"> <p>*Marital Status <input type="text"/></p> </div> <div data-bbox="607 831 1166 852"> <p><b>Health Plan Selection</b></p> </div> <div data-bbox="607 852 1166 903"> <p>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 <a href="#">Benefits website</a> for more information.</p> </div> <div data-bbox="607 915 1166 936"> <p>You cannot change your current plan provider, you may only add or delete dependents from your current plan.</p> </div> <div data-bbox="607 936 1166 978"> <p><input checked="" type="radio"/> No Change <input type="radio"/> Add / Del Dependents <input type="radio"/> New Enrollment <input type="radio"/> Cancel Enrollment <input type="radio"/> Decline Coverage</p> </div> <div data-bbox="607 999 1166 1050"> <p>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 <a href="#">FlexCash Plan</a> document.</p> </div> <div data-bbox="607 1062 1166 1083"> <p><input checked="" type="radio"/> No Change <input type="radio"/> New Enrollment <input type="radio"/> Cancel Enrollment <input type="radio"/> Decline Coverage</p> </div> <div data-bbox="607 1096 1166 1117"> <p><b>Dental Plan Selection</b></p> </div> <div data-bbox="607 1117 1166 1167"> <p>A comprehensive dental program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> </div> <div data-bbox="607 1180 1166 1209"> <p>You can not change your current plan provider, you may only add or delete dependents from your current plan.</p> </div> <div data-bbox="607 1209 1166 1251"> <p><input checked="" type="radio"/> No Change <input type="radio"/> Add / Del Dependents <input type="radio"/> New Enrollment <input type="radio"/> Cancel Enrollment <input type="radio"/> Decline Coverage</p> </div> <div data-bbox="607 1272 1166 1323"> <p>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 <a href="#">FlexCash Plan</a> document.</p> </div> <div data-bbox="607 1335 1166 1356"> <p><input checked="" type="radio"/> No Change <input type="radio"/> New Enrollment <input type="radio"/> Cancel Enrollment <input type="radio"/> Decline Coverage</p> </div> <div data-bbox="607 1369 1166 1390"> <p><b>Vision Plan</b></p> </div> <div data-bbox="607 1390 1166 1419"> <p>The CSU provides vision coverage through Vision Service Plan (VSP). The CSU pays the full cost of your monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> </div> <div data-bbox="607 1432 1166 1453"> <p><b>Flex Spending Accounts</b></p> </div> <div data-bbox="607 1453 1166 1545"> <p>The <a href="#">Health Care Reimbursement Account</a> (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.</p> </div> <div data-bbox="607 1558 1166 1579"> <p><input checked="" type="radio"/> No Change <input type="radio"/> New Enrollment <input type="radio"/> Change Monthly Amount <input type="radio"/> Cancel Enrollment</p> </div> <div data-bbox="607 1600 1166 1713"> <p>The <a href="#">Dependent Care Reimbursement Account</a> (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 \$415.66 (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.</p> </div> <div data-bbox="607 1726 1166 1747"> <p><input checked="" type="radio"/> No Change <input type="radio"/> New Enrollment <input type="radio"/> Change Monthly Amount <input type="radio"/> Cancel Enrollment</p> </div> <div data-bbox="607 1759 1166 1801"> <p>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.</p> </div> <div data-bbox="607 1831 1166 1852"> <p><a href="#">Add New Dependent</a></p> </div> <div data-bbox="607 1873 1166 1902"> <p><b>Continue</b> <input type="button" value="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.</p> </div>	Life Event	Marriage	Event Date	03/03/2013
Life Event	Marriage	Event Date	03/03/2013		




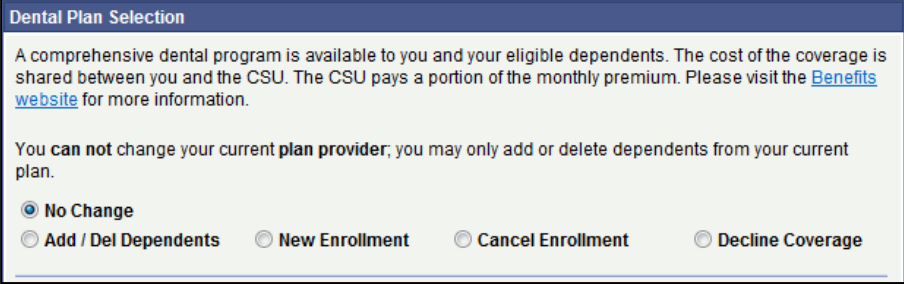
Processing Steps	Screen Shots
<p>The Life Event section shows the type of Life Event that you selected and the date of the event that you entered in steps 7 and 8.</p>	 <p>The screenshot shows a section titled "Life Event" with a blue header. Below the header, it states "You have indicated that you are performing the following life event change:". Underneath, there are two fields: "Life Event" with the value "Marriage" and "Event Date" with the value "03/03/2013".</p>
<p><b>Step 14:</b> Select your current or new marital status from the Marital Status drop-down menu.</p> <p> Even if the Life Event that you are entering is not related to your marital status, you will be required to make a selection.</p>	 <p>The screenshot shows a "Marital Status" section with a blue header. Below the header, it says "Please indicate your current or new marital status.". There is a dropdown menu labeled "*Marital Status" with a list of options: "DissDecl", "Lost Civil Partner", "Divorced", "Domestic Partner", "Married", "Separated", "Single", and "Widowed". The "Married" option is highlighted with a red box.</p>

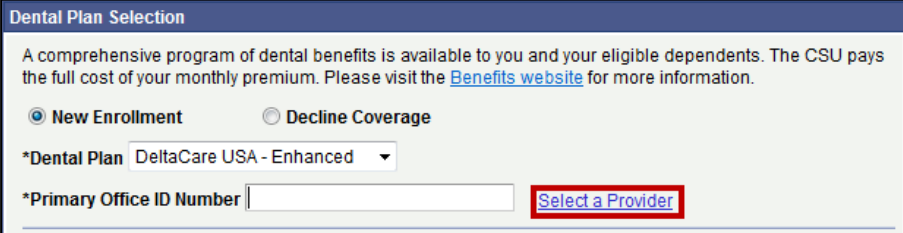
Processing Steps	Screen Shots
<p><b>Making Changes to Current Health Plan</b></p> <p>To change your current health plan after a qualifying life event, follow steps 1-10 in the <a href="#">Navigating to Life Event Changes</a> section on page 2. Then follow the steps below.</p>  <p>Check the Life Events Rules table in step 9 of the <a href="#">Navigating to Life Event Changes</a> section on page 6 to see which benefits can be modified for each life event type.</p> <p><b>Step 1:</b> The default setting for the Health Plan Selection section is <i>No Change</i>.</p> <p>To make a change to your current health plan, select one of the radio buttons:</p> <ul style="list-style-type: none"> <li>• <b>No Change:</b> if you do not want to make any changes to your current health plan, select this radio button.</li> <li>• <b>Add/Del Dependents:</b> if you want to add or delete dependents in your current health plan, select this radio button.</li> <li>• <b>New Enrollment:</b> if you currently do not have a health plan, but want to enroll in one due to your life event, select this radio button.</li> <li>• <b>Cancel Enrollment:</b> if you currently have a health plan but want to cancel it due to your life event, select this radio button.</li> <li>• <b>Decline Coverage:</b> if you do not wish to enroll in a health plan, select this radio button.</li> </ul>	

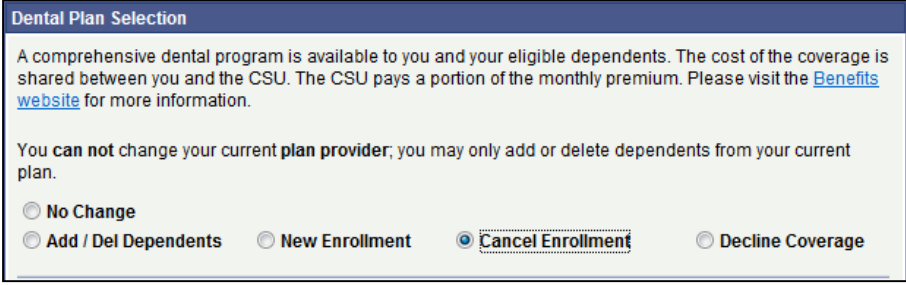
Processing Steps	Screen Shots
<p><b>Step 1a:</b> If you selected <b>Add/Del Dependents</b>, follow the instructions in the <a href="#">Adding and Removing Dependents section</a> on page 22 to add or remove a dependent from your health plan.</p>	 <p><b>Health Plan Selection</b></p> <p>A comprehensive 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 <a href="#">Benefits website</a> for more information.</p> <p>You <b>cannot</b> change your current <b>plan provider</b>; you may only add or delete dependents from your current plan.</p> <p> <input type="radio"/> No Change  <input checked="" type="radio"/> <b>Add / Del Dependents</b>            <input type="radio"/> New Enrollment            <input type="radio"/> Cancel Enrollment            <input type="radio"/> Decline Coverage       </p>
<p><b>Step 1b:</b> If you selected <b>New Enrollment</b>, use the drop-down menu to select the Health Plan you wish to enroll in.</p>	 <p><b>Health Plan Selection</b></p> <p>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 <a href="#">Benefits website</a> for more information.</p> <p>You <b>cannot</b> change your current <b>plan provider</b>; you may only add or delete dependents from your current plan.</p> <p> <input type="radio"/> No Change  <input type="radio"/> Add / Del Dependents            <input checked="" type="radio"/> <b>New Enrollment</b>            <input type="radio"/> Cancel Enrollment            <input type="radio"/> Decline Coverage       </p> <p>*Health Plan <span style="border: 1px solid black; padding: 2px;">▼</span></p> <p>Alternatively, if you elect to participate in the FlexCash plan to obtain cash in lieu of coverage, you are required to provide the alternate health insurance carrier as the Social Security Number of the person that holds the policy. For more information, visit the <a href="#">FlexCash plan document</a>.</p> <p> <input checked="" type="radio"/> No Change            <input type="radio"/> Cancel Enrollment            <input type="radio"/> Decline Coverage       </p> <p> <input type="radio"/> Blue Shield HMO ADVANTAGE  <input type="radio"/> Blue Shield NetValue Advantage  <input checked="" type="radio"/> <b>Kaiser HMO</b>  <input type="radio"/> PERS Care PPO  <input type="radio"/> PERS Choice PPO  <input type="radio"/> PERS SELECT       </p>
<p><b>Step 1c:</b> If you selected either <b>Cancel Enrollment</b> or <b>Decline Coverage</b>, no additional steps are required.</p>	 <p><b>Health Plan Selection</b></p> <p>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 <a href="#">Benefits website</a> for more information.</p> <p>You <b>cannot</b> change your current <b>plan provider</b>; you may only add or delete dependents from your current plan.</p> <p> <input type="radio"/> No Change  <input type="radio"/> Add / Del Dependents            <input type="radio"/> New Enrollment            <input checked="" type="radio"/> <b>Cancel Enrollment</b>            <input type="radio"/> Decline Coverage       </p>
<p><b>Step 2:</b> After selecting all changes to health, dental, flex spending, and/or dependents, skip to the <a href="#">Completing Life Events Elections</a> section on page 25 to complete the process.</p>	 <p><b>Health Plan Selection</b></p> <p>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 <a href="#">Benefits website</a> for more information.</p> <p>You <b>cannot</b> change your current <b>plan provider</b>; you may only add or delete dependents from your current plan.</p> <p> <input type="radio"/> No Change  <input type="radio"/> Add / Del Dependents            <input type="radio"/> New Enrollment            <input checked="" type="radio"/> <b>Cancel Enrollment</b>            <input type="radio"/> Decline Coverage       </p>

Processing Steps	Screen Shots
<p><b>Making Changes to Current Health FlexCash Plan</b></p> <p>To change your current health FlexCash plan after a qualifying life event, follow steps 1-10 in the <a href="#">Navigating to Life Event Changes</a> section on page 2. Then follow the steps below.</p>  <p>Check the Life Events Rules table in step 9 of the <a href="#">Navigating to Life Event Changes</a> section on page 6 to see which benefits can be modified for each life event type.</p> <p><b>Step 1:</b> The default setting for the Health Plan Selection section is <i>No Change</i>.</p> <p>To make a change to your health FlexCash plan, select one of the radio buttons:</p> <ul style="list-style-type: none"> <li>• <b>No Change:</b> if you do not want to make any changes to your current health FlexCash plan, select this radio button. You cannot be enrolled in a health plan and a health flex plan.</li> <li>• <b>New Enrollment:</b> if you currently do not have the health FlexCash plan but want to enroll in it due to your life event, select this radio button.</li> <li>• <b>Cancel Enrollment:</b> if you currently have a health FlexCash plan but want to cancel it due to your life event, select this radio button.</li> <li>• <b>Decline Coverage:</b> if you do not wish to enroll in a health flex plan, select this radio button.</li> </ul>	 <p><b>Health Plan Selection</b></p> <p>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 <a href="#">Benefits website</a> for more information.</p> <p>You <b>cannot</b> change your current <b>plan provider</b>; you may only add or delete dependents from your current plan.</p> <p><input checked="" type="radio"/> <b>No Change</b></p> <p><input type="radio"/> Add / Del Dependents    <input type="radio"/> New Enrollment    <input type="radio"/> Cancel Enrollment    <input type="radio"/> Decline Coverage</p> <p>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 <a href="#">FlexCash Plan</a> document.</p> <p><input checked="" type="radio"/> <b>No Change</b>    <input type="radio"/> New Enrollment    <input type="radio"/> Cancel Enrollment    <input type="radio"/> Decline Coverage</p>


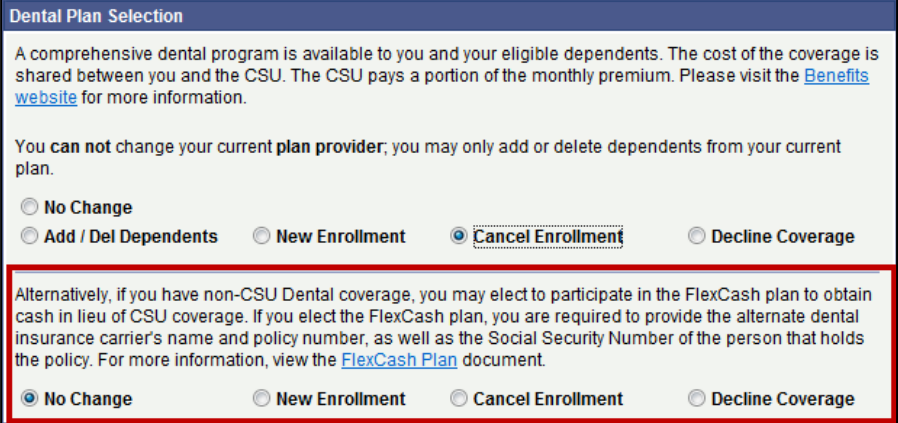
Processing Steps	Screen Shots
<p><b>Step 1a:</b> If you selected <b>New Enrollment</b>, you will need to provide information on your alternate health insurance policy.</p> <p>Enter the following:</p> <ul style="list-style-type: none"> <li>• <b>Social Security Number:</b> this is the social security number of the person who holds the alternate health policy under which you are covered.</li> <li>• <b>Insurance Carrier:</b> the name of the alternate health insurance carrier.</li> <li>• <b>Policy Number:</b> the policy number of the alternate health insurance policy.</li> </ul>	<div data-bbox="586 275 1487 520"> <p>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 <a href="#">FlexCash Plan</a> document.</p> <p> <input type="radio"/> No Change                        <input checked="" type="radio"/> <b>New Enrollment</b>                        <input type="radio"/> Cancel Enrollment                        <input type="radio"/> Decline Coverage                 </p> <p>*Social Security Number <input type="text" value="123456789"/>      *Insurance Carrier <input type="text" value="Blue Shield"/></p> <p>*Policy Number <input type="text" value="123456"/></p> </div>
<p><b>Step 1b:</b> If you selected either <b>Cancel Enrollment</b> or <b>Decline Coverage</b>, no additional steps are required.</p>	<div data-bbox="586 953 1487 1108"> <p>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 <a href="#">FlexCash Plan</a> document.</p> <p> <input type="radio"/> No Change                        <input type="radio"/> New Enrollment                        <input checked="" type="radio"/> <b>Cancel Enrollment</b>                        <input type="radio"/> Decline Coverage                 </p> </div>
<p><b>Step 2:</b> After selecting all changes to health, dental, flex spending, and/or dependents, skip to the <a href="#">Completing Life Events Elections</a> section on page 25 to complete the process.</p>	<div data-bbox="586 1205 1487 1360"> <p>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 <a href="#">FlexCash Plan</a> document.</p> <p> <input type="radio"/> No Change                        <input type="radio"/> New Enrollment                        <input checked="" type="radio"/> <b>Cancel Enrollment</b>                        <input type="radio"/> Decline Coverage                 </p> </div>

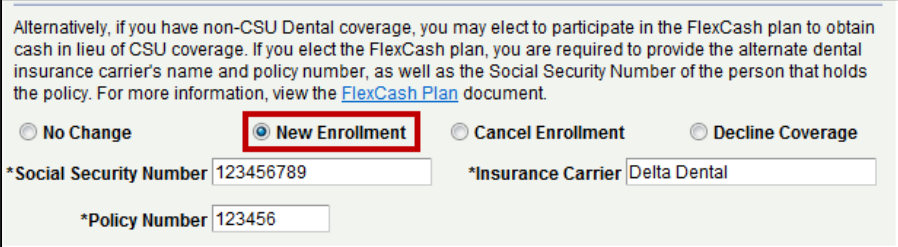
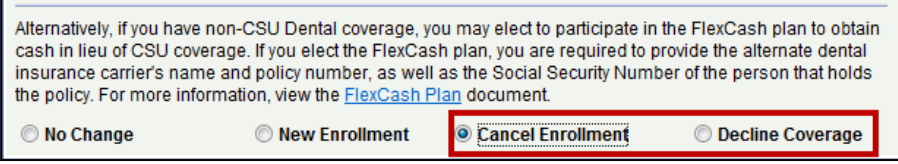
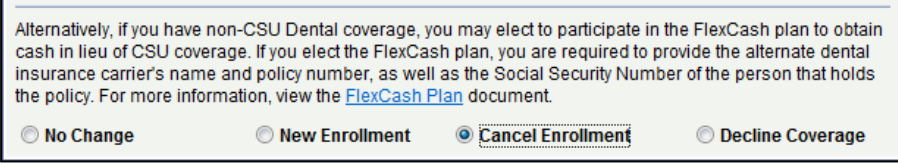
Processing Steps	Screen Shots
<p><b>Making Changes to Current Dental Plan</b></p> <p>To change your current dental plan after a qualifying life event, follow steps 1-10 in the <a href="#">Navigating to Life Event Changes</a> section on page 2. Then follow the steps below.</p>  <p>Check the Life Events Rules table in step 9 of the <a href="#">Navigating to Life Event Changes</a> section on page 6 to see which benefits can be modified for each life event type.</p> <p><b>Step 1:</b> The default setting for the Dental Plan Selection section is <i>No Change</i>.</p> <p>To make a change to your current dental plan, select one of the radio buttons:</p> <ul style="list-style-type: none"> <li>• <b>No Change:</b> if you do not want to make any changes to your current dental plan, select this radio button.</li> <li>• <b>Add/Del Dependents:</b> if you want to add or delete dependents in your current dental plan, select this radio button.</li> <li>• <b>New Enrollment:</b> if you currently do not have a dental plan, but want to enroll in one due to your life event, select this radio button.</li> <li>• <b>Cancel Enrollment:</b> if you currently have a dental plan but want to cancel it due to your life event, select this radio button.</li> <li>• <b>Decline Coverage:</b> if you currently do not have dental coverage from CSU Fullerton and do not wish to enroll in a dental plan, select this radio button.</li> </ul>	

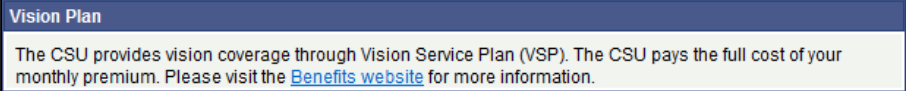
Processing Steps	Screen Shots
<p><b>Step 1a:</b> If you selected <b>Add/Del Dependents</b>, follow the instructions in the <a href="#">Adding and Removing Dependents section</a> on page 22 to add or remove a dependent from your dental plan.</p>	 <p><b>Dental Plan Selection</b></p> <p>A comprehensive dental program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p>You <b>can not</b> change your current <b>plan provider</b>; you may only add or delete dependents from your current plan.</p> <p> <input type="radio"/> No Change  <input checked="" type="radio"/> <b>Add / Del Dependents</b>  <input type="radio"/> New Enrollment  <input type="radio"/> Cancel Enrollment  <input type="radio"/> Decline Coverage         </p>
<p><b>Step 1b:</b> If you selected <b>New Enrollment</b>, use the drop-down menu to select the Dental Plan you wish to enroll in.</p>	 <p><b>Dental Plan Selection</b></p> <p>A comprehensive dental program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p>You <b>can not</b> change your current <b>plan provider</b>; you may only add or delete dependents from your current plan.</p> <p> <input type="radio"/> No Change  <input type="radio"/> Add / Del Dependents  <input checked="" type="radio"/> <b>New Enrollment</b>  <input type="radio"/> Cancel Enrollment  <input type="radio"/> Decline Coverage         </p> <p>*Dental Plan <span style="border: 1px solid black; padding: 2px;">Delta Enhanced II</span></p> <p>Alternatively, <span style="border: 1px solid black; padding: 2px;">DeltaCare USA - Enhanced</span> page, 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 <a href="#">FlexCash Plan</a> document.</p> <p> <input checked="" type="radio"/> No Change  <input type="radio"/> New Enrollment  <input type="radio"/> Cancel Enrollment  <input type="radio"/> Decline Coverage         </p>
<p><b>Step 1b1:</b> If you select <i>DeltaCare USA-Enhanced</i> as your Dental Plan, you will need to provide the Primary Office ID Number.</p> <p>Click on the <b>Select a Provider</b> link to search for a Primary Dental Office ID.</p>	 <p><b>Dental Plan Selection</b></p> <p>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 <a href="#">Benefits website</a> for more information.</p> <p> <input checked="" type="radio"/> New Enrollment  <input type="radio"/> Decline Coverage         </p> <p>*Dental Plan <span style="border: 1px solid black; padding: 2px;">DeltaCare USA - Enhanced</span></p> <p>*Primary Office ID Number <input type="text"/> <a href="#" style="border: 1px solid black; padding: 2px;">Select a Provider</a></p>
<p><b>Step 1c:</b> If you selected either <b>Cancel Enrollment</b> or <b>Decline Coverage</b>, no additional steps are required.</p>	 <p><b>Dental Plan Selection</b></p> <p>A comprehensive dental program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p>You <b>can not</b> change your current <b>plan provider</b>; you may only add or delete dependents from your current plan.</p> <p> <input type="radio"/> No Change  <input type="radio"/> Add / Del Dependents  <input type="radio"/> New Enrollment  <input checked="" type="radio"/> <b>Cancel Enrollment</b>  <input type="radio"/> Decline Coverage         </p>


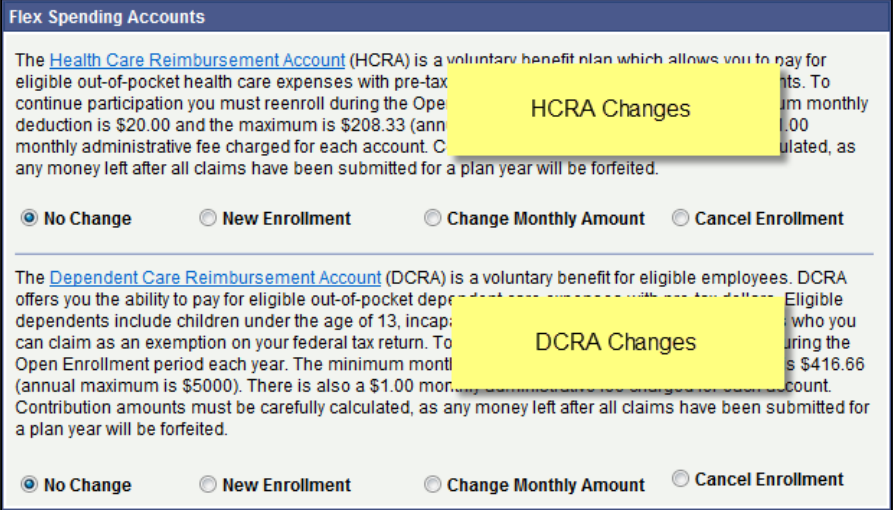
Processing Steps	Screen Shots
<p><b>Step 2:</b>                      After selecting all changes to health, dental, flex spending, and/or dependents, skip to the <a href="#">Completing Life Events Elections</a> section on page 25 to complete the process.</p>	 <p><b>Dental Plan Selection</b></p> <p>A comprehensive dental program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p>You can not change your current plan provider; you may only add or delete dependents from your current plan.</p> <p> <input type="radio"/> No Change             <input type="radio"/> Add / Del Dependents             <input type="radio"/> New Enrollment             <input checked="" type="radio"/> Cancel Enrollment             <input type="radio"/> Decline Coverage         </p>



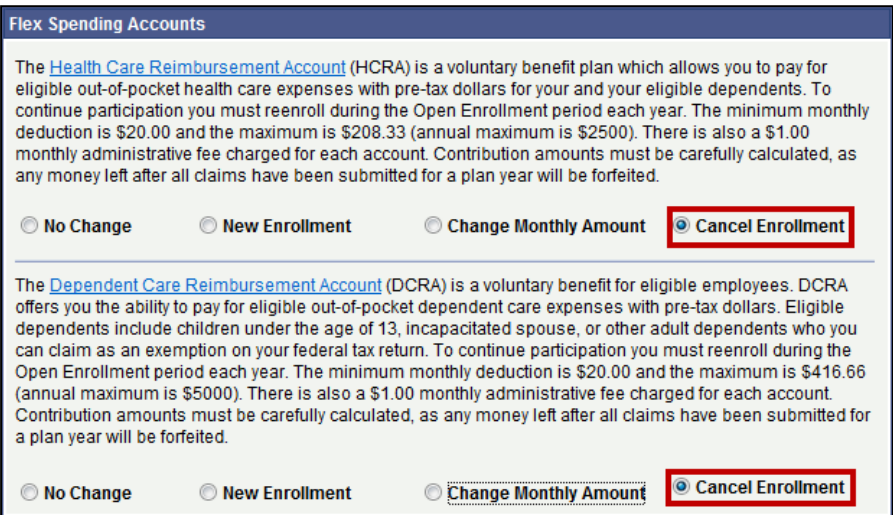
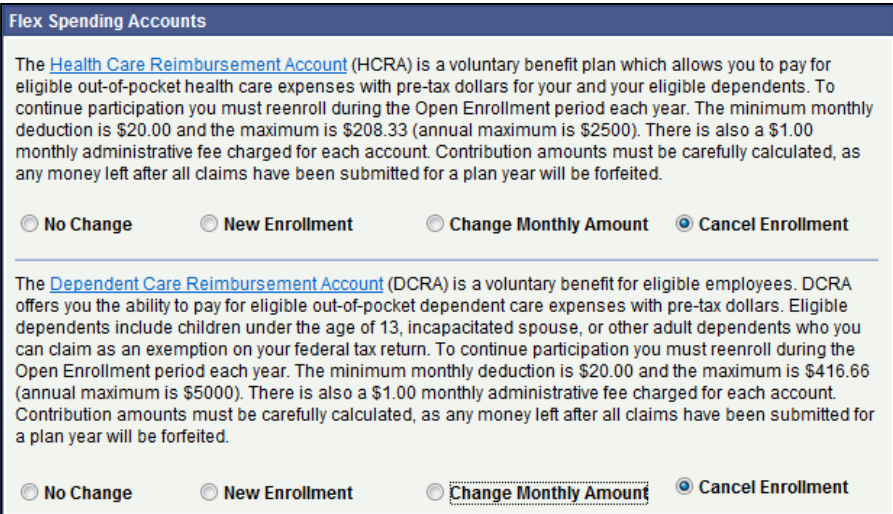
Processing Steps	Screen Shots
<p><b>Making Changes to Current Dental FlexCash Plan</b></p> <p>To change your current dental FlexCash plan after a qualifying life event, follow steps 1-10 in the <a href="#">Navigating to Life Event Changes</a> section on page 2. Then follow the steps below.</p> <p> Check the Life Events Rules table in step 9 of the <a href="#">Navigating to Life Event Changes</a> section on page 6 to see which benefits can be modified for each life event type.</p> <p><b>Step 1:</b> The default setting for the Dental Plan Selection section is <i>No Change</i>.</p> <p>To make a change to your dental FlexCash plan, select one of the radio buttons:</p> <ul style="list-style-type: none"> <li>• <b>No Change:</b> if you do not want to make any changes to your current dental FlexCash plan, select this radio button. You cannot be enrolled in a dental plan and a dental flex plan.</li> <li>• <b>New Enrollment:</b> if you currently do not have the dental FlexCash plan but want to enroll in it due to your life event, select this radio button.</li> <li>• <b>Cancel Enrollment:</b> if you currently have a dental FlexCash plan but want to cancel it due to your life event, select this radio button.</li> <li>• <b>Decline Coverage:</b> if you do not wish to enroll in a dental flex plan, select this radio button.</li> </ul>	 <p><b>Dental Plan Selection</b></p> <p>A comprehensive dental program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p>You <b>can not</b> change your current <b>plan provider</b>; you may only add or delete dependents from your current plan.</p> <p> <input type="radio"/> No Change            <input type="radio"/> Add / Del Dependents            <input type="radio"/> New Enrollment            <input checked="" type="radio"/> <b>Cancel Enrollment</b>            <input type="radio"/> Decline Coverage     </p> <p>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 <a href="#">FlexCash Plan</a> document.</p> <p> <input checked="" type="radio"/> <b>No Change</b>            <input type="radio"/> New Enrollment            <input type="radio"/> Cancel Enrollment            <input type="radio"/> Decline Coverage     </p>


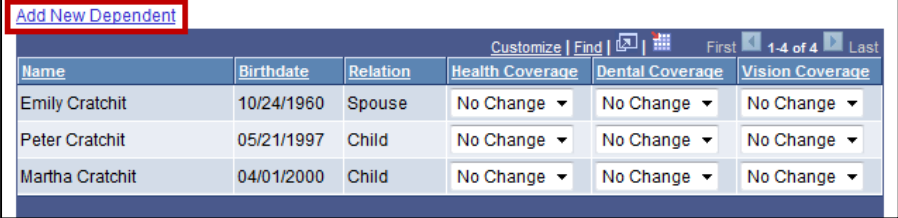

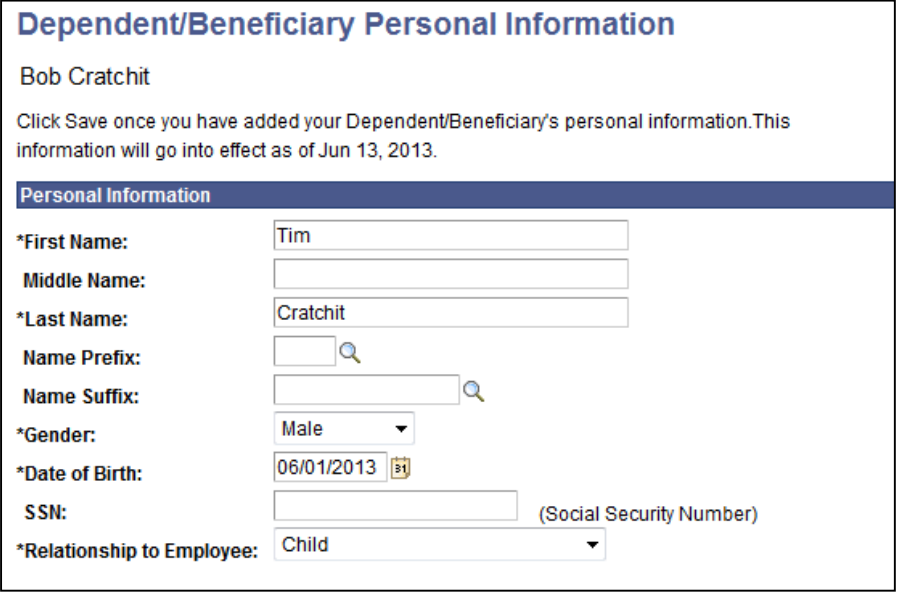
Processing Steps	Screen Shots
<p><b>Step 1a:</b> If you selected <b>New Enrollment</b>, you will need to provide information on your alternate dental insurance policy.</p> <p>Enter the following:</p> <ul style="list-style-type: none"> <li>• <b>Social Security Number:</b> this is the social security number of the person who holds the alternate dental policy under which you are covered.</li> <li>• <b>Insurance Carrier:</b> the name of the alternate dental insurance carrier.</li> <li>• <b>Policy Number:</b> the policy number of the alternate dental insurance policy.</li> </ul>	 <p>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 <a href="#">FlexCash Plan</a> document.</p> <p> <input type="radio"/> No Change            <input checked="" type="radio"/> <b>New Enrollment</b>            <input type="radio"/> Cancel Enrollment            <input type="radio"/> Decline Coverage     </p> <p>*Social Security Number <input type="text" value="123456789"/>    *Insurance Carrier <input type="text" value="Delta Dental"/></p> <p>*Policy Number <input type="text" value="123456"/></p>
<p><b>Step 1b:</b> If you selected either <b>Cancel Enrollment</b> or <b>Decline Coverage</b>, no additional steps are required.</p>	 <p>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 <a href="#">FlexCash Plan</a> document.</p> <p> <input type="radio"/> No Change            <input type="radio"/> New Enrollment            <input checked="" type="radio"/> <b>Cancel Enrollment</b>            <input type="radio"/> Decline Coverage     </p>
<p><b>Step 2:</b> After selecting all changes to health, dental, flex spending, and/or dependents, skip to the <a href="#">Completing Life Events Elections</a> section on page 25 to complete the process.</p>	 <p>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 <a href="#">FlexCash Plan</a> document.</p> <p> <input type="radio"/> No Change            <input type="radio"/> New Enrollment            <input checked="" type="radio"/> <b>Cancel Enrollment</b>            <input type="radio"/> Decline Coverage     </p>

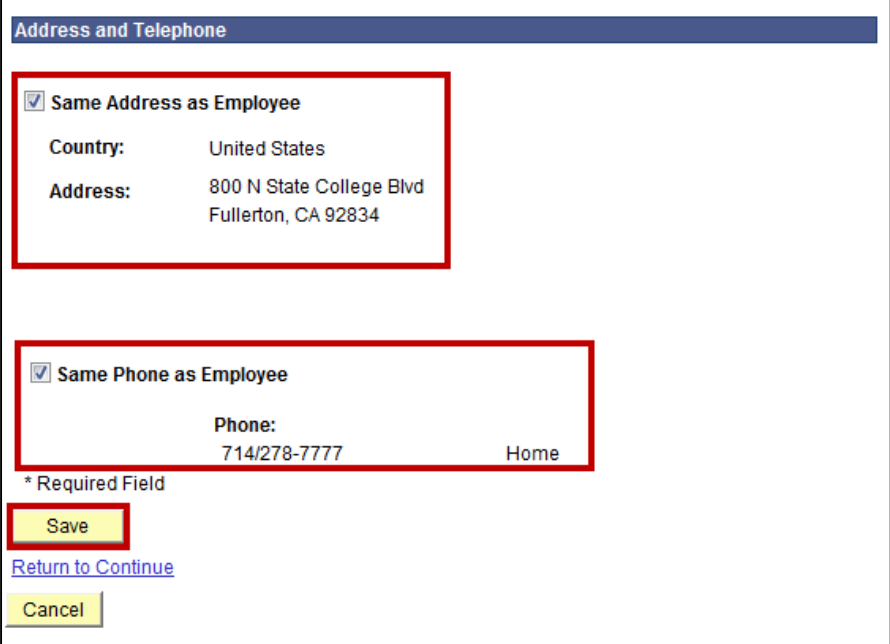

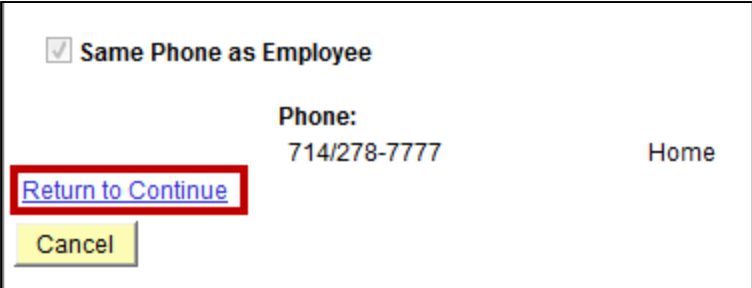
Processing Steps	Screen Shots
<p><b>Making Changes to Current Vision Plan</b></p> <p>The CSU automatically enrolls you (the employee) in a vision plan when you enroll in benefits for the first time. There is no option to change your vision benefits.</p> <p>If you add a new dependent, you can elect to add Vision Coverage for them.</p> <p>When you remove a dependent's benefits, you can elect to remove their Vision Coverage (if applicable).</p> <p>Follow the instructions in the <a href="#">Adding and Removing Dependents section</a> on page 22 to add or remove a dependent from your vision plan.</p>	 <p>The screenshot shows a blue header bar with the text "Vision Plan". Below the header, the text reads: "The CSU provides vision coverage through Vision Service Plan (VSP). The CSU pays the full cost of your monthly premium. Please visit the <a href="#">Benefits website</a> for more information."</p>

Processing Steps	Screen Shots
<p><b>Making Changes to Current Flex Spending Health (HCRA) and/or Flex Spending Dependent (DCRA) Plan</b></p> <p>To change your current HCRA and/or DCRA plan after a qualifying life event, follow steps 1-10 in the <a href="#">Navigating to Life Event Changes</a> section on page 2. Then follow the steps below.</p> <p> Check the Life Events Rules table in step 9 of the <a href="#">Navigating to Life Event Changes</a> section on page 6 to see which benefits can be modified for each life event type.</p> <p><b>Step 1:</b> The default setting for the Flex Spending Accounts section is <i>No Change</i>.</p> <p>To make a change to your HCRA and/or DCRA plan, select one of the radio buttons:</p> <ul style="list-style-type: none"> <li>• <b>No Change:</b> if you do not want to make any changes to your current HCRA and/or DCRA plan, select this radio button.</li> <li>• <b>New Enrollment:</b> if you currently do not have the HCRA and/or DCRA plan but want to enroll in one or both of them due to your life event, select this radio button.</li> <li>• <b>Change Monthly Amount:</b> if you want to change your monthly contribution amount for your current HCRA and/or DCRA plan due to your life event, select this radio button.</li> <li>• <b>Cancel Enrollment:</b> if you currently have the HCRA and/or DCRA plan but want to cancel it due to your life event, select this radio button.</li> </ul>	

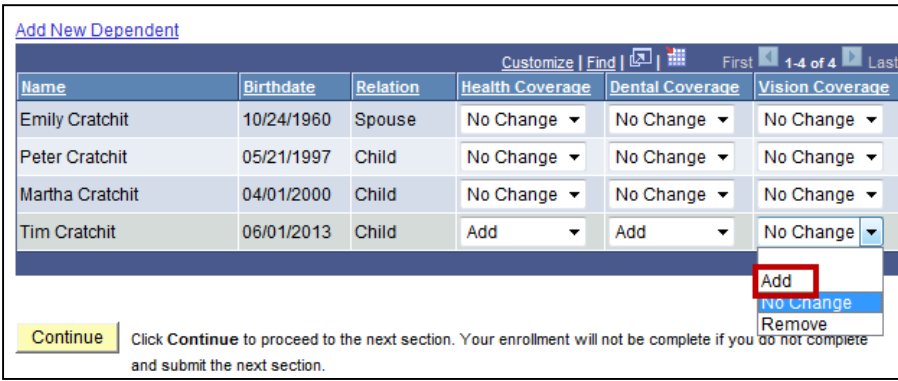
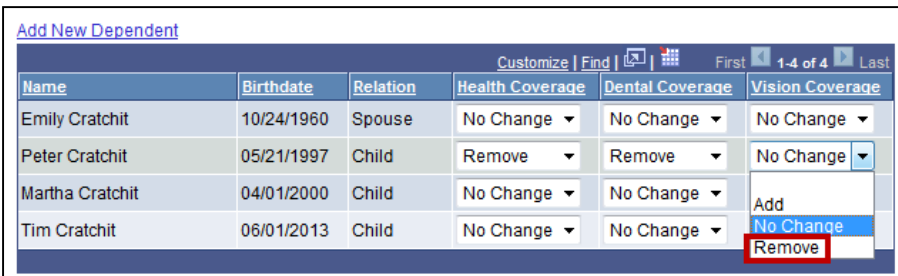
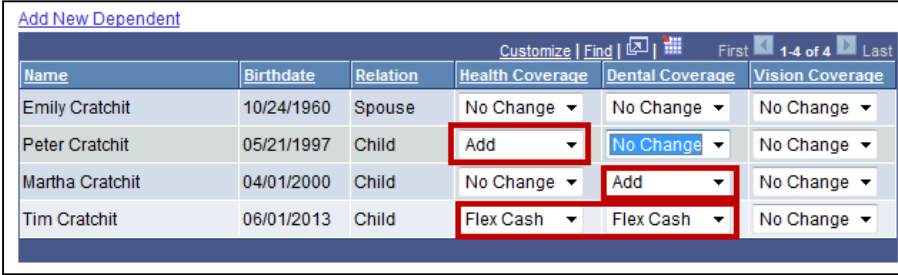
Processing Steps	Screen Shots
<p><b>Step 1a:</b> If you selected <b>New Enrollment</b> for either HCRA or DCRA, you will need to enter the amount of your monthly contribution.</p>	<div data-bbox="586 275 1479 852"> <p><b>Flex Spending Accounts</b></p> <p>The <a href="#">Health Care Reimbursement Account (HCRA)</a> 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.</p> <p> <input type="radio"/> No Change                        <input checked="" type="radio"/> <b>New Enrollment</b>                        <input type="radio"/> Change Monthly Amount                        <input type="radio"/> Cancel Enrollment                 </p> <p>*Monthly HCRA Amount <input type="text" value="\$200.00"/> ←</p> <p>The <a href="#">Dependent Care Reimbursement Account (DCRA)</a> 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.</p> <p> <input type="radio"/> No Change                        <input checked="" type="radio"/> <b>New Enrollment</b>                        <input type="radio"/> Change Monthly Amount                        <input type="radio"/> Cancel Enrollment                 </p> <p>*Monthly DCRA Amount <input type="text" value="200"/> ←</p> </div>
<p><b>Step 1b:</b> If you selected <b>Change Monthly Amount</b> for either HCRA or DCRA, you will need to enter the new monthly contribution amount.</p>	<div data-bbox="586 947 1479 1524"> <p><b>Flex Spending Accounts</b></p> <p>The <a href="#">Health Care Reimbursement Account (HCRA)</a> 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.</p> <p> <input type="radio"/> No Change                        <input type="radio"/> New Enrollment                        <input checked="" type="radio"/> <b>Change Monthly Amount</b>                        <input type="radio"/> Cancel Enrollment                 </p> <p>*Monthly HCRA Amount <input type="text" value="400"/> ←</p> <p>The <a href="#">Dependent Care Reimbursement Account (DCRA)</a> 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.</p> <p> <input type="radio"/> No Change                        <input type="radio"/> New Enrollment                        <input checked="" type="radio"/> <b>Change Monthly Amount</b>                        <input type="radio"/> Cancel Enrollment                 </p> <p>*Monthly DCRA Amount <input type="text" value="400"/> ←</p> </div>

Processing Steps	Screen Shots
<p><b>Step 1c:</b> If you selected <b>Cancel Enrollment</b> no additional steps are required.</p>	 <p><b>Flex Spending Accounts</b></p> <p>The <a href="#">Health Care Reimbursement Account (HCRA)</a> 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.</p> <p> <input type="radio"/> No Change            <input type="radio"/> New Enrollment            <input type="radio"/> Change Monthly Amount            <input checked="" type="radio"/> <b>Cancel Enrollment</b> </p> <hr/> <p>The <a href="#">Dependent Care Reimbursement Account (DCRA)</a> 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.</p> <p> <input type="radio"/> No Change            <input type="radio"/> New Enrollment            <input type="radio"/> Change Monthly Amount            <input checked="" type="radio"/> <b>Cancel Enrollment</b> </p>
<p><b>Step 2:</b> After selecting all changes to health, dental, flex spending, and/or dependents, skip to the <a href="#">Completing Life Events Elections</a> section on page 25 to complete the process.</p>	 <p><b>Flex Spending Accounts</b></p> <p>The <a href="#">Health Care Reimbursement Account (HCRA)</a> 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.</p> <p> <input type="radio"/> No Change            <input type="radio"/> New Enrollment            <input type="radio"/> Change Monthly Amount            <input checked="" type="radio"/> <b>Cancel Enrollment</b> </p> <hr/> <p>The <a href="#">Dependent Care Reimbursement Account (DCRA)</a> 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.</p> <p> <input type="radio"/> No Change            <input type="radio"/> New Enrollment            <input type="radio"/> Change Monthly Amount            <input checked="" type="radio"/> <b>Cancel Enrollment</b> </p>

Processing Steps	Screen Shots
<p><b>Adding and Removing Dependents</b></p> <p>To add or remove dependents after a qualifying life event, follow steps 1-10 in the <a href="#">Navigating to Life Event Changes</a> section on page 2. Then follow the steps below.</p>  <p>Check the Life Events Rules table in step 9 of the <a href="#">Navigating to Life Event Changes</a> section on page 6 to see which benefits can be modified for each life event type.</p> <p><b>Adding a New Dependent</b></p> <p><b>Step 1:</b> At the bottom of the Life Events page, your current list of dependents appears.</p> <p>Select <b>Add New Dependent</b>.</p>	
<p><b>Step 2:</b> Enter the personal information of the new dependent.</p>  <p>Fields marked with an asterisk (*) are required. Social Security Number is required for <b>all</b> dependents. If Social Security number is not available for a newborn, please provide it as soon as available.</p>	


Processing Steps	Screen Shots
<p><b>Step 3:</b> Enter the address and phone number for the new dependent.</p> <p>If the address or phone is the same as yours, you can place a checkmark next to <i>Same Address as Employee</i> or <i>Same Phone as Employee</i>.</p> <p>Then click <b>Save</b>.</p>	
<p><b>Step 4:</b> You will receive a message indicating the save was successful. Click <b>OK</b>.</p> <p> You will also receive an email confirmation that a change was made.</p>	
<p><b>Step 5:</b> The new dependent's information appears. Scroll down and select <b>Return to Continue</b>.</p>	


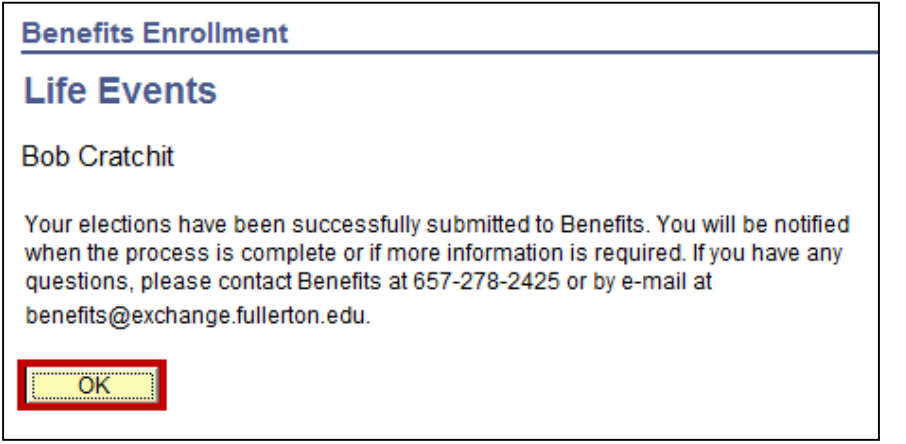


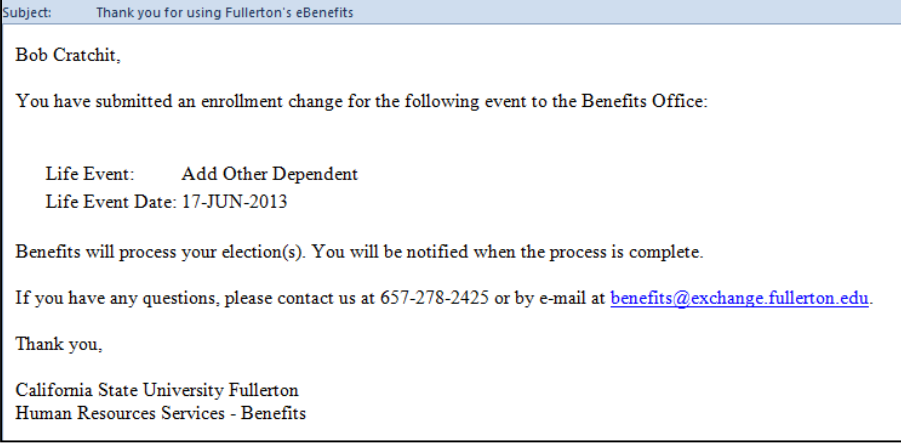
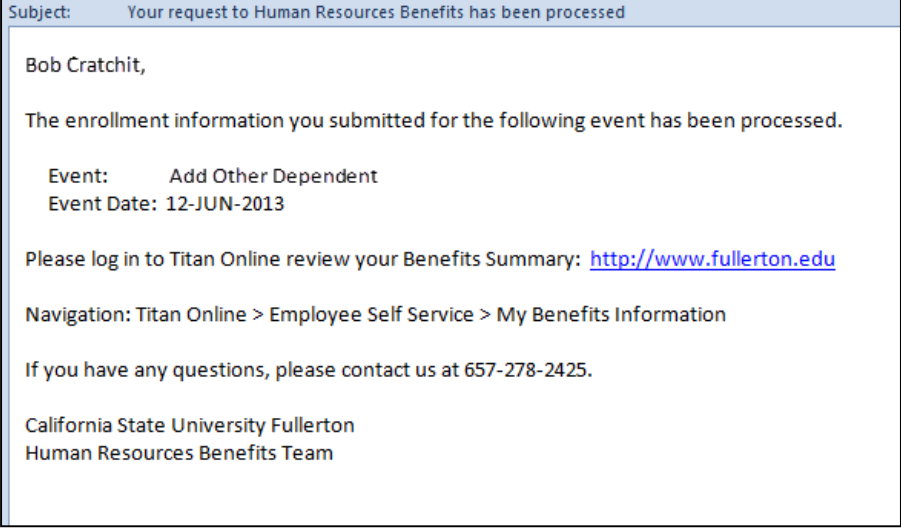
Processing Steps	Screen Shots																														
<p><b>Step 6:</b> The dependent you added appears at the bottom of the table of dependents. You may repeat steps 1-5 to add additional dependents.</p> <p>Use the drop-down menus to select which coverage you wish to add for the new dependent(s).</p>	 <p><b>Add New Dependent</b></p> <table border="1"> <thead> <tr> <th>Name</th> <th>Birthdate</th> <th>Relation</th> <th>Health Coverage</th> <th>Dental Coverage</th> <th>Vision Coverage</th> </tr> </thead> <tbody> <tr> <td>Emily Cratchit</td> <td>10/24/1960</td> <td>Spouse</td> <td>No Change</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Peter Cratchit</td> <td>05/21/1997</td> <td>Child</td> <td>No Change</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Martha Cratchit</td> <td>04/01/2000</td> <td>Child</td> <td>No Change</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Tim Cratchit</td> <td>06/01/2013</td> <td>Child</td> <td>Add</td> <td>Add</td> <td>No Change</td> </tr> </tbody> </table> <p>Continue Click <b>Continue</b> to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.</p>	Name	Birthdate	Relation	Health Coverage	Dental Coverage	Vision Coverage	Emily Cratchit	10/24/1960	Spouse	No Change	No Change	No Change	Peter Cratchit	05/21/1997	Child	No Change	No Change	No Change	Martha Cratchit	04/01/2000	Child	No Change	No Change	No Change	Tim Cratchit	06/01/2013	Child	Add	Add	No Change
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Tim Cratchit	06/01/2013	Child	Add	Add	No Change																										
<p><b>Removing a Dependent</b></p> <p><b>Step 1:</b> At the bottom of the Life Events page, your current list of dependents appears. Locate the dependent you wish to remove.</p> <p>Use the drop-down menus to select <b>Remove</b> from the Health Coverage, Dental Coverage, and/or Vision Coverage, as applicable.</p>	 <p><b>Add New Dependent</b></p> <table border="1"> <thead> <tr> <th>Name</th> <th>Birthdate</th> <th>Relation</th> <th>Health Coverage</th> <th>Dental Coverage</th> <th>Vision Coverage</th> </tr> </thead> <tbody> <tr> <td>Emily Cratchit</td> <td>10/24/1960</td> <td>Spouse</td> <td>No Change</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Peter Cratchit</td> <td>05/21/1997</td> <td>Child</td> <td>Remove</td> <td>Remove</td> <td>No Change</td> </tr> <tr> <td>Martha Cratchit</td> <td>04/01/2000</td> <td>Child</td> <td>No Change</td> <td>No Change</td> <td>Add</td> </tr> <tr> <td>Tim Cratchit</td> <td>06/01/2013</td> <td>Child</td> <td>No Change</td> <td>No Change</td> <td>Remove</td> </tr> </tbody> </table>	Name	Birthdate	Relation	Health Coverage	Dental Coverage	Vision Coverage	Emily Cratchit	10/24/1960	Spouse	No Change	No Change	No Change	Peter Cratchit	05/21/1997	Child	Remove	Remove	No Change	Martha Cratchit	04/01/2000	Child	No Change	No Change	Add	Tim Cratchit	06/01/2013	Child	No Change	No Change	Remove
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Tim Cratchit	06/01/2013	Child	No Change	No Change	Remove																										
<p><b>Modifying a Dependent's Coverage</b></p> <p><b>Step 1:</b> At the bottom of the Life Events page, your current list of dependents appears. Locate the dependent(s) whose coverage you wish to modify.</p> <p>Use the drop-down menus to select the appropriate change for each dependent in the Health Coverage, Dental Coverage, and/or Vision Coverage, as applicable.</p>	 <p><b>Add New Dependent</b></p> <table border="1"> <thead> <tr> <th>Name</th> <th>Birthdate</th> <th>Relation</th> <th>Health Coverage</th> <th>Dental Coverage</th> <th>Vision Coverage</th> </tr> </thead> <tbody> <tr> <td>Emily Cratchit</td> <td>10/24/1960</td> <td>Spouse</td> <td>No Change</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Peter Cratchit</td> <td>05/21/1997</td> <td>Child</td> <td>Add</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Martha Cratchit</td> <td>04/01/2000</td> <td>Child</td> <td>No Change</td> <td>Add</td> <td>No Change</td> </tr> <tr> <td>Tim Cratchit</td> <td>06/01/2013</td> <td>Child</td> <td>Flex Cash</td> <td>Flex Cash</td> <td>No Change</td> </tr> </tbody> </table>	Name	Birthdate	Relation	Health Coverage	Dental Coverage	Vision Coverage	Emily Cratchit	10/24/1960	Spouse	No Change	No Change	No Change	Peter Cratchit	05/21/1997	Child	Add	No Change	No Change	Martha Cratchit	04/01/2000	Child	No Change	Add	No Change	Tim Cratchit	06/01/2013	Child	Flex Cash	Flex Cash	No Change
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Processing Steps	Screen Shots																														
<p><b>Completing Life Events Elections</b></p> <p><b>Step 1:</b> Once you have made all of your elections on the Life Events page, click the <b>Continue</b> button at the bottom of the page.</p>	<p><b>Benefits Enrollment</b> <b>Life Events</b></p> <p>Bob Cratcht Use this page to submit changes to your current benefits due to a Life Event. You only have 60 days from the Event Date to make any changes to your benefits.</p> <p>Deletion of dependents may fall under a mandatory effective date based on the date of the event. For example, if a divorce was effective 03/20/2013 and you report the divorce to Benefits on 06/14/2013, the dependent will be deleted with an effective date of 04/01/2013.</p> <p>For questions regarding your benefits information, please contact Benefits at 657-279-2425 or you can visit the <a href="#">Benefits website</a>.</p> <p>Click the information icon to learn more about various benefit programs, eligibility, and enrollment.</p> <p>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 <a href="#">here</a> to complete the form.</p> <p><b>Instructions:</b> 1. Complete and sign the form. 2. Send the form to Human Resources at CP-700. Scanned copies sent by email will be accepted. If you have any questions, please contact Human Resources at (657) 278-2425.</p> <p><b>Life Event</b> You have indicated that you are performing the following life event change: <b>Life Event</b> Add Other Dependent      <b>Event Date</b> 06/24/2013</p> <p><b>Marital Status</b> Please indicate your current or new marital status. *<b>Marital Status</b> Married</p> <p><b>Health Plan Selection</b> 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 <a href="#">Benefits website</a> for more information. You cannot change your current plan provider, you may only add or delete dependents from your current plan. <input type="radio"/> No Change <input checked="" type="radio"/> Add / Del Dependents    <input type="radio"/> New Enrollment    <input type="radio"/> Cancel Enrollment    <input type="radio"/> 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 <a href="#">FlexCash Plan</a> document. <input checked="" type="radio"/> No Change    <input type="radio"/> New Enrollment    <input type="radio"/> Cancel Enrollment    <input type="radio"/> Decline Coverage</p> <p><b>Dental Plan Selection</b> A comprehensive dental program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information. You can not change your current plan provider, you may only add or delete dependents from your current plan. <input type="radio"/> No Change <input checked="" type="radio"/> Add / Del Dependents    <input type="radio"/> New Enrollment    <input type="radio"/> Cancel Enrollment    <input type="radio"/> 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 <a href="#">FlexCash Plan</a> document. <input checked="" type="radio"/> No Change    <input type="radio"/> New Enrollment    <input type="radio"/> Cancel Enrollment    <input type="radio"/> Decline Coverage</p> <p><b>Vision Plan</b> The CSU provides vision coverage through Vision Service Plan (VSP). The CSU pays the full cost of your monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p><b>Flex Spending Accounts</b> The <a href="#">Health Care Reimbursement Account (HCRA)</a> 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. <input checked="" type="radio"/> No Change    <input type="radio"/> New Enrollment    <input type="radio"/> Change Monthly Amount    <input type="radio"/> Cancel Enrollment The <a href="#">Dependent Care Reimbursement Account (DCRA)</a> 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. <input checked="" type="radio"/> No Change    <input type="radio"/> New Enrollment    <input type="radio"/> Change Monthly Amount    <input type="radio"/> Cancel Enrollment</p> <p>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.</p> <p><b>Add New Dependent</b></p> <table border="1"> <thead> <tr> <th>Name</th> <th>Birthdate</th> <th>Relation</th> <th>Health Coverage</th> <th>Dental Coverage</th> <th>Vision Coverage</th> </tr> </thead> <tbody> <tr> <td>Emily Cratcht</td> <td>10/24/1960</td> <td>Spouse</td> <td>No Change</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Peter Cratcht</td> <td>05/21/1997</td> <td>Child</td> <td>No Change</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Martha Cratcht</td> <td>04/01/2000</td> <td>Child</td> <td>No Change</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Tim Cratcht</td> <td>06/01/2013</td> <td>Child</td> <td>Add</td> <td>Add</td> <td>Add</td> </tr> </tbody> </table> <p><b>Continue</b> Click Continue to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.</p>	Name	Birthdate	Relation	Health Coverage	Dental Coverage	Vision Coverage	Emily Cratcht	10/24/1960	Spouse	No Change	No Change	No Change	Peter Cratcht	05/21/1997	Child	No Change	No Change	No Change	Martha Cratcht	04/01/2000	Child	No Change	No Change	No Change	Tim Cratcht	06/01/2013	Child	Add	Add	Add
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Tim Cratcht	06/01/2013	Child	Add	Add	Add																										

Processing Steps	Screen Shots
<p><b>Step 2:</b> You will receive a pop-up message asking you to confirm that there are changes.</p> <p>Click <b>Yes</b> to continue.</p>	 <p>The screenshot shows a blue-titled message box with the text: "Please confirm these are the changes to be processed. Click Yes to confirm and proceed. Click No to review." At the bottom right, there are two yellow buttons: "Yes" and "No". The "Yes" button is highlighted with a red rectangular border.</p>

Processing Steps	Screen Shots
<p><b>Step 2:</b> Review the information on this screen carefully before proceeding.</p> <p><b>Effective Date of Coverage:</b> this section will indicate when your new elections will be effective.</p> <p><b>Supporting Documentation:</b> this section will indicate if any additional documentation is needed by the CSUF Benefits office in order to finalize your elections.  If you do not provide this documentation, your benefits cannot be finalized.</p> <p><b>Disclosures and Privacy:</b> click on the hyperlink in this section to read the disclosures and privacy information about the benefit plan(s) you have selected.</p> <p>Once you have read the Disclosures and Privacy Notice, mark the check box to indicate you have read it and understand it.</p>	<div data-bbox="607 289 816 319">Benefits Enrollment</div> <hr/> <div data-bbox="607 333 760 365">Life Events</div> <p data-bbox="607 390 727 415">Bob Cratchit</p> <div data-bbox="607 422 833 447">Effective Date of Coverage</div> <p data-bbox="607 455 1390 520">Benefits will notify you when your enrollment is complete. <b>Health</b> and <b>Dental</b> coverage becomes effective the first of the following month. Coverage for <b>FlexCash Plans</b> and <b>Flexible Spending Accounts</b> become effective the first of the <b>second</b> month.</p> <p data-bbox="607 548 1409 615"><b>Example:</b> If you make Health and/or Dental elections and provide all the supporting documents on 9/25/2013, they will be effective on 10/1/2013. However, if you elect FlexCash and/or enroll in a Flexible Spending Account on 9/25/2013, they will be effective on 11/1/2013.</p> <p data-bbox="607 642 1390 686"><b>Benefit elections are not finalized until you provide the required supporting documentation to Benefits.</b></p> <div data-bbox="607 716 833 741">Supporting Documentation</div> <p data-bbox="607 749 1429 816">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.</p> <p data-bbox="607 844 1438 911"><b>To enroll a spouse,</b> 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 <a href="#">Affidavit of Marriage/Domestic Partnership</a>.</p> <p data-bbox="607 938 1433 1029"><b>To enroll a domestic partner,</b> a <a href="#">Declaration of Domestic Partnership</a> 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 62. Currently, health and dental benefits are subject to domestic partner imputed tax liability. Please visit the <a href="#">Domestic Partner Registry</a> website for more information.</p> <p data-bbox="607 1056 1433 1146"><b>To enroll a child,</b> (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.</p> <p data-bbox="607 1173 1433 1283"><b>Dependent children who are not the employee's natural children</b> must live with the employee in a regular parent/child relationship and the child is economically dependent upon the employee. A completed <a href="#">Affidavit of Parent-Child Relationship</a> stating the employee is in a parent/child relationship and the child is economically dependent upon the employee for 50% of the child's financial support and the child's social security number will be required at the time of enrollment.</p> <div data-bbox="607 1312 816 1337">Disclosures and Privacy</div> <p data-bbox="607 1346 1422 1396"><input checked="" type="checkbox"/> I acknowledge I have reviewed and understand the <a href="#">Disclosures and Privacy Notice</a> information about my elections.</p> <div data-bbox="607 1413 967 1438">Electronic Signature to Authorize Elections</div> <p data-bbox="607 1446 1438 1558">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. <i>Note: Your electronic signature has the same legal and binding effect as signing your name.</i></p> <p data-bbox="621 1581 1433 1612"><input type="button" value="Sign"/> <input type="text"/></p> <p data-bbox="621 1644 1076 1675"><input type="button" value="Submit"/> Click <b>Submit</b> to submit your choices to Benefits.</p> <p data-bbox="621 1707 1341 1738"><input type="button" value="Cancel"/> Click <b>Cancel</b> to ignore all entries made on this page and return to the Enrollment page.</p>

Processing Steps	Screen Shots
<p><b>Step 3:</b> Click the Sign button to electronically authorize your elections.</p>	 <p><b>Disclosures and Privacy</b></p> <p><input checked="" type="checkbox"/> I acknowledge I have reviewed and understand the <a href="#">Disclosures and Privacy Notice</a> information about my elections.</p> <p><b>Electronic Signature to Authorize Elections</b></p> <p>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. <i>Note: Your electronic signature has the same legal and binding effect as signing your name.</i></p> <p><b>Sign</b></p> <p><b>Submit</b> Click <b>Submit</b> to submit your choices to Benefits.</p> <p><b>Cancel</b> Click <b>Cancel</b> to ignore all entries made on this page and return to the Enrollment page.</p>
<p><b>Step 4:</b> Your name appears in the Sign field as an electronic signature.</p> <p>Click <b>Submit</b> to send your final choices to the CSUF Benefits department.</p> <p> Be sure that you have completed and submitted the eBenefits Self-Service Electronic Signature Authorization form (see page 5).</p>	 <p><b>Disclosures and Privacy</b></p> <p><input checked="" type="checkbox"/> I acknowledge I have reviewed and understand the <a href="#">Disclosures and Privacy Notice</a> information about my elections.</p> <p><b>Electronic Signature to Authorize Elections</b></p> <p>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. <i>Note: Your electronic signature has the same legal and binding effect as signing your name.</i></p> <p><b>Sign</b> Bob Cratchit</p> <p><b>Submit</b> Click <b>Submit</b> to submit your choices to Benefits.</p> <p><b>Cancel</b> Click <b>Cancel</b> to ignore all entries made on this page and return to the Enrollment page.</p>
<p><b>Step 5:</b> You will see a confirmation that your elections were successfully submitted to the CSUF Benefits office.</p> <p>Click <b>OK</b>.</p>	 <p><b>Benefits Enrollment</b></p> <p><b>Life Events</b></p> <p>Bob Cratchit</p> <p>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 657-278-2425 or by e-mail at <a href="mailto:benefits@exchange.fullerton.edu">benefits@exchange.fullerton.edu</a>.</p> <p><b>OK</b></p>

Processing Steps	Screen Shots
<p><b>Step 5a:</b> You will also receive an email confirmation of your submission.</p>	 <p>Subject: Thank you for using Fullerton's eBenefits</p> <p>Bob Cratchit,</p> <p>You have submitted an enrollment change for the following event to the Benefits Office:</p> <p>Life Event: Add Other Dependent Life Event Date: 17-JUN-2013</p> <p>Benefits will process your election(s). You will be notified when the process is complete.</p> <p>If you have any questions, please contact us at 657-278-2425 or by e-mail at <a href="mailto:benefits@exchange.fullerton.edu">benefits@exchange.fullerton.edu</a>.</p> <p>Thank you,</p> <p>California State University Fullerton Human Resources Services - Benefits</p>
<p>Once the CSUF Benefits office has processed your benefits enrollment, you will receive an email.</p>	 <p>Subject: Your request to Human Resources Benefits has been processed</p> <p>Bob Cratchit,</p> <p>The enrollment information you submitted for the following event has been processed.</p> <p>Event: Add Other Dependent Event Date: 12-JUN-2013</p> <p>Please log in to Titan Online review your Benefits Summary: <a href="http://www.fullerton.edu">http://www.fullerton.edu</a></p> <p>Navigation: Titan Online &gt; Employee Self Service &gt; My Benefits Information</p> <p>If you have any questions, please contact us at 657-278-2425.</p> <p>California State University Fullerton Human Resources Benefits Team</p>