

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



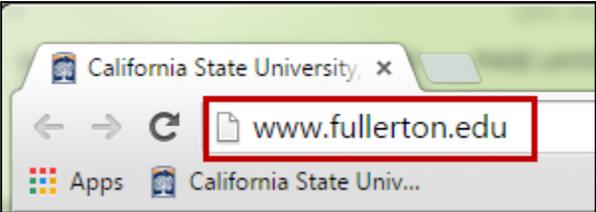
You must enroll in benefit plans within 60 days of employment/eligibility.

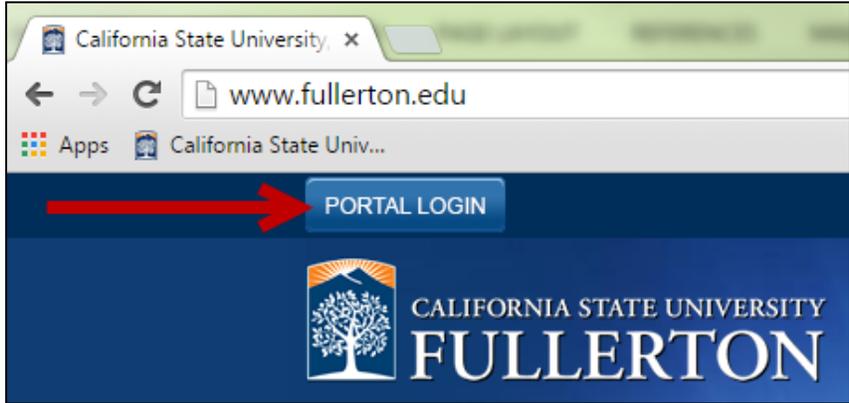


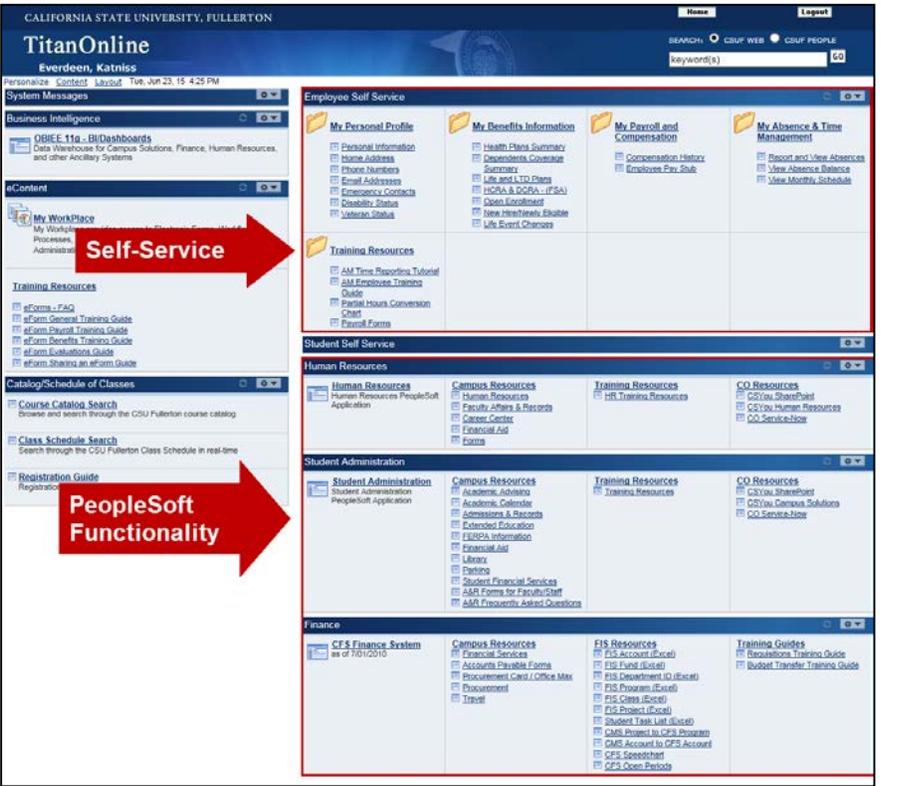
Contact Benefits at 657-278-2425 for more information regarding enrolling in benefits.

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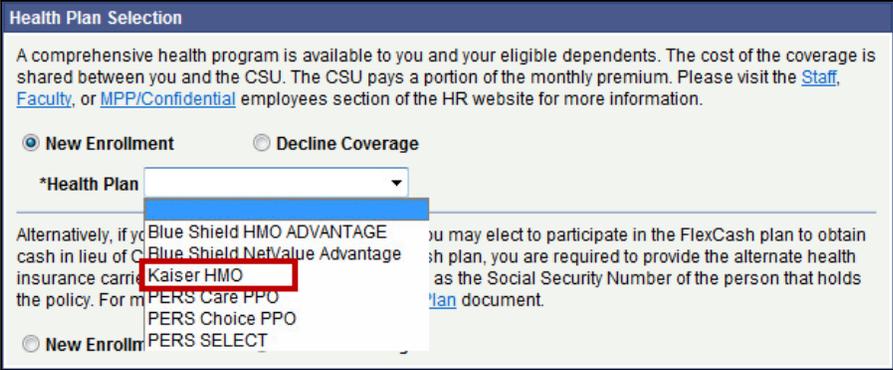
Processing Steps	Screen Shots
<p>Navigating to New Hire/Newly Eligible</p> <p>Step 1: Launch Internet Explorer (or your browser preference) from your desktop.</p>	
<p>Step 2: Your home page opens. If your home page is not the CSUF website, type www.fullerton.edu in the address bar and press Enter on your keyboard.</p>	

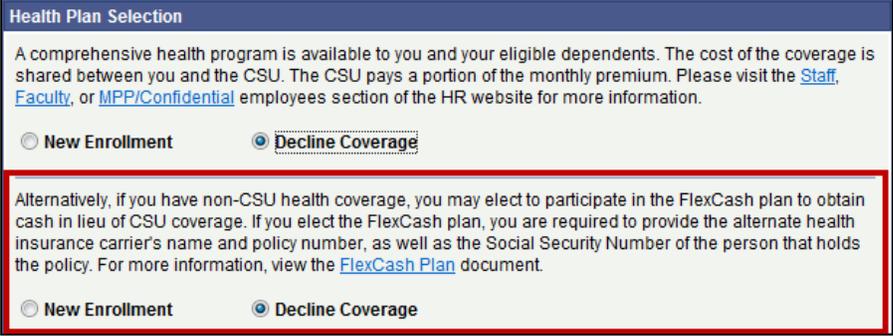
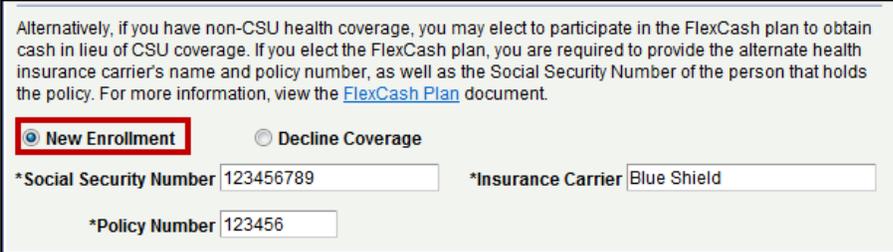
Processing Steps	Screen Shots
<p>Step 3: Click on the Portal Login button.</p>	 <p>The screenshot shows a web browser window with the address bar displaying 'www.fullerton.edu'. Below the address bar, there is a blue navigation bar with a 'PORTAL LOGIN' button. A red arrow points to this button. Below the navigation bar is the university's logo and name: 'CALIFORNIA STATE UNIVERSITY FULLERTON'.</p>
<p>Step 4: Enter your campus username and password.</p>	 <p>The screenshot shows a login form with a dark blue background. It has a 'Sign In' heading, a 'Username' field with the text 'keverdeen', and a 'Password' field with masked characters. A blue 'Sign In' button is highlighted with a red box. Below the button is a link that says 'Need help signing in?'.</p>
<p>Step 5: Click on the Titan Online icon.</p>	 <p>The screenshot shows the CSUF Portal user dashboard for 'Katniss Everdeen'. It features a navigation bar with 'CSUF PORTAL' and 'GET INVOLVED' buttons. Below this is a link 'Go to old portal Set default portal'. The main area contains three icons: 'Data Security Training' (a key icon), 'Titan Online' (a blue square with 'Titan Online' text, highlighted with a red box), and 'Email Employee' (an envelope icon). At the bottom right, there is a link 'Icons Text'.</p>

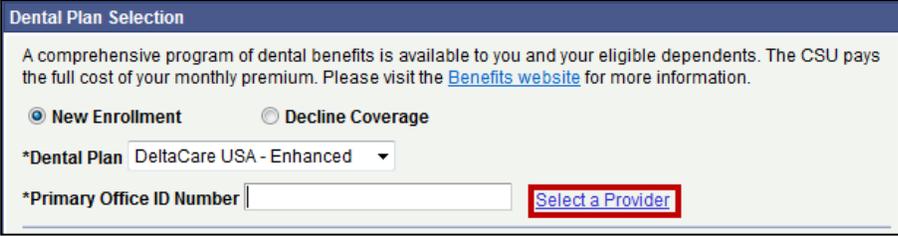
Processing Steps	Screen Shots
<p>Step 6: Click on the Titan Online icon.</p>	
<p>Step 7: The Titan Online page appears.</p> <p>Depending on your status, you may see various self-service options including Employee Self Service, Student Self Service, and Faculty Self Service.</p> <p>Depending on your PeopleSoft/CMS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

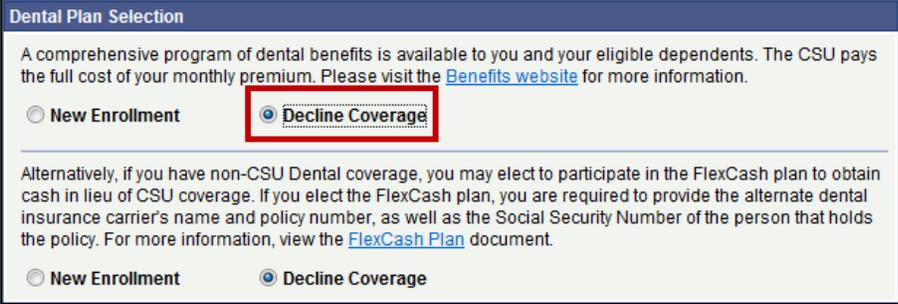
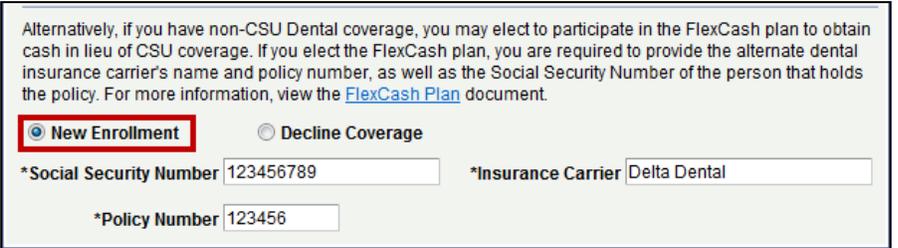
Processing Steps	Screen Shots
<p>Step 8: In the Employee Self Service box under My Benefits Information, select New Hire/Newly Eligible.</p>	 <p>The screenshot displays the 'Employee Self Service' interface. It is divided into two main sections: 'My Personal Profile' and 'My Benefits Information'. Under 'My Personal Profile', there are links for Personal Information, Home Address, Phone Numbers, Email Addresses, and Emergency Contacts. Under 'My Benefits Information', there are links for Health Plans Summary, Dependents Coverage Summary, Life and LTD Plans, HCRA & DCRA - (FSA), Open Enrollment, New Hire/Newly Eligible (highlighted with a red box), and Life Event Changes.</p>

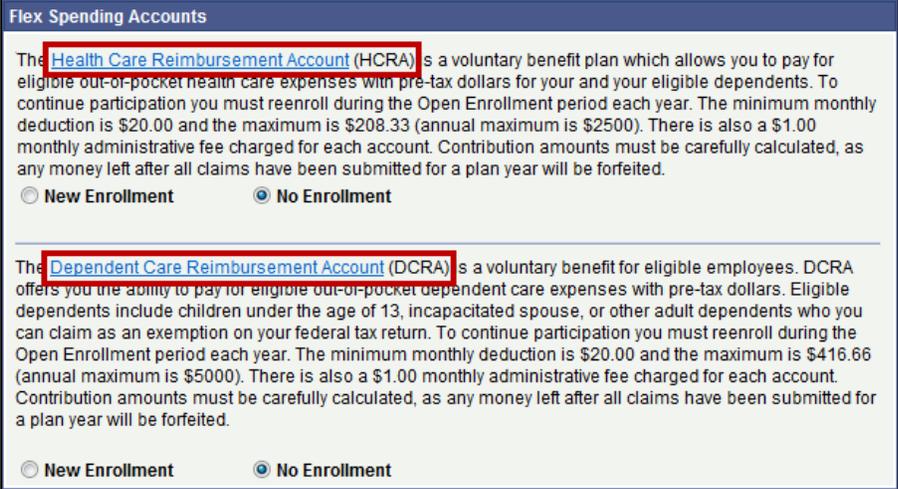
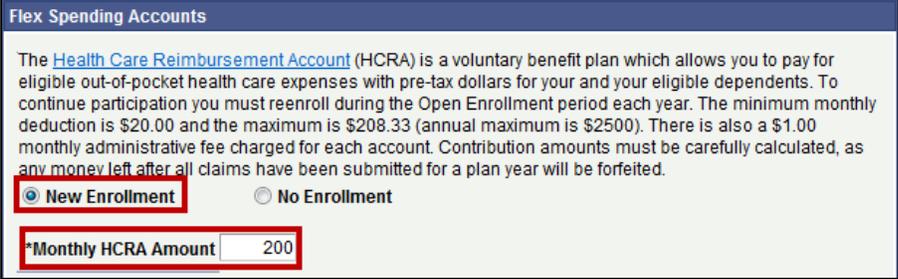
Processing Steps	Screen Shots
<p>Step 9:</p>  Carefully read all of the information on this screen before making any selections. <p>Click on the information icon () to learn more about the various Benefit programs, eligibility, and enrollment.</p> <p>Clicking on hyperlinks on this screen will also allow you to view more information about a particular topic.</p>	<div data-bbox="597 247 1250 273"> <p>Benefits Enrollment</p> </div> <div data-bbox="597 283 1250 304"> <p>New Enrollment</p> </div> <div data-bbox="597 315 1250 451"> <p>David Copperfield</p> <p>Use this page to enroll in Benefits as a new hire or newly benefits-eligible employee. If you have existing benefits through California State University Fullerton and need to make a change, you must use the Life Events or Open Enrollment Page.</p> <p>You must enroll in benefit plans within 60 days of employment/eligibility. Failure to enroll within the 60 day timeframe will delay the effective date of coverage. For questions regarding your benefits information, please contact Benefits at 657-278-2425 or you can visit the Benefits website.</p> </div> <div data-bbox="597 462 1250 493"> <p> Click the information icon to learn more about various Benefit programs, eligibility, and enrollment.</p> </div> <div data-bbox="597 514 1250 661"> <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 here to complete the form.</p> <p>Instructions:</p> <ol style="list-style-type: none"> 1. Complete and sign the form. 2. Send the form to Human Resources at CP-700. Scanned copies sent by email will be accepted. <p>If you have any questions, please contact Human Resources at (657) 278-2425.</p> </div> <div data-bbox="597 682 1250 703"> <p>Marital Status</p> </div> <div data-bbox="597 714 1250 766"> <p>Please indicate your current marital status.</p> <p>*Marital Status <input type="text"/></p> </div> <div data-bbox="597 777 1250 798"> <p>Health Plan Selection</p> </div> <div data-bbox="597 808 1250 1039"> <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 Staff, Faculty, or MPP/Confidential employees section of the HR website for more information.</p> <p><input checked="" type="radio"/> New Enrollment <input type="radio"/> Decline Coverage</p> <p>*Health Plan <input type="text"/></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 FlexCash Plan document.</p> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> Decline Coverage</p> </div> <div data-bbox="597 1060 1250 1081"> <p>Dental Plan Selection</p> </div> <div data-bbox="597 1092 1250 1302"> <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 Benefits website for more information.</p> <p><input checked="" type="radio"/> New Enrollment <input type="radio"/> Decline Coverage</p> <p>*Dental Plan <input type="text"/></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 FlexCash Plan document.</p> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> Decline Coverage</p> </div> <div data-bbox="597 1323 1250 1344"> <p>Vision Plan</p> </div> <div data-bbox="597 1354 1250 1386"> <p>The CSU provides vision coverage through Vision Service Plan (VSP). The CSU pays the full cost of your monthly premium. Please visit the Benefits website for more information.</p> </div> <div data-bbox="597 1396 1250 1417"> <p>Flex Spending Accounts</p> </div> <div data-bbox="597 1428 1250 1753"> <p>The Health Care Reimbursement Account (HCRA) is a voluntary benefit plan which allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars for you and your eligible dependents. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$208.33 (annual maximum is \$2500). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> No Enrollment</p> <p>The Dependent Care Reimbursement Account (DCRA) is a voluntary benefit for eligible employees. DCRA offers you the ability to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible dependents include children under the age of 13, incapacitated spouse, or other adult dependents who you can claim as an exemption on your federal tax return. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$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"/> New Enrollment <input checked="" type="radio"/> No Enrollment</p> </div> <div data-bbox="597 1774 1250 1816"> <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="597 1837 1250 1921"> <p>Add New Dependent</p> <p>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>

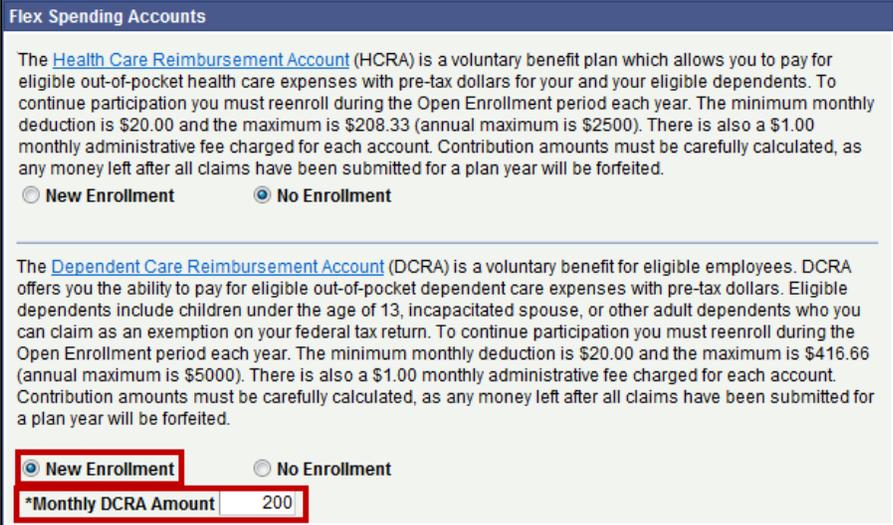
Processing Steps	Screen Shots
<p>Step 10: Indicate your current marital status by making a selection from the drop-down menu.</p>	
<p>Enrolling in a Health Plan</p> <p>To enroll in a health plan for the first time, follow steps 1-6 in the Navigating to New Hire/Newly Eligible section on page 1 and then follow the steps below.</p> <p>Step 1: In the Health Plan Selection section, use the drop-down menu to select the Health Plan you wish to enroll in.</p> <p> By default, the <i>New Enrollment</i> radio button is selected. If you do not wish to enroll in a health plan, select the Decline Coverage radio button and skip to the next section.</p>	

Processing Steps	Screen Shots
<p>Enrolling in a Health FlexCash Plan</p> <p>To enroll in a health flexcash plan for the first time, follow steps 1-6 in Navigating to New Hire/Newly Eligible section on page 1 and then follow the steps below.</p> <p>Step 1: Under the Health Plan Selection section, read the FlexCash coverage eligibility information to determine if you are eligible for the Flex Cash plan.</p>	 <p>The screenshot shows the 'Health Plan Selection' screen. It contains a paragraph about the health program, followed by two radio buttons: 'New Enrollment' and 'Decline Coverage'. The 'Decline Coverage' radio button is selected and highlighted with a red box. Below this is another paragraph about non-CSU health coverage, followed by the same two radio buttons, with 'Decline Coverage' again selected and highlighted with a red box.</p>
<p>Step 2: If you are eligible for the FlexCash plan and would like to enroll in it, first select the Decline Coverage radio button to decline health coverage.</p>	 <p>The screenshot shows the 'Health Plan Selection' screen. It contains a paragraph about the health program, followed by two radio buttons: 'New Enrollment' and 'Decline Coverage'. The 'Decline Coverage' radio button is selected and highlighted with a red box. Below this is another paragraph about non-CSU health coverage, followed by the same two radio buttons, with 'Decline Coverage' again selected and highlighted with a red box.</p>
<p>Step 3: Select the New Enrollment radio button to enroll in a Health FlexCash plan.</p> <p>Enter the following:</p> <ul style="list-style-type: none"> • Social Security Number: this is the social security number of the person who holds the alternate health policy under which you are covered. • Insurance Carrier: the name of the alternate health insurance carrier. • Policy Number: the policy number of the alternate health insurance policy. 	 <p>The screenshot shows the 'Health Plan Selection' screen. It contains a paragraph about non-CSU health coverage, followed by two radio buttons: 'New Enrollment' and 'Decline Coverage'. The 'New Enrollment' radio button is selected and highlighted with a red box. Below the radio buttons are three form fields: '*Social Security Number' with the value '123456789', '*Insurance Carrier' with the value 'Blue Shield', and '*Policy Number' with the value '123456'.</p>

Processing Steps	Screen Shots
<p>Enrolling in a Dental Plan</p> <p>To enroll in a dental plan for the first time, follow steps 1-6 in the Navigating to New Hire/Newly Eligible section on page 1 and then follow the steps below.</p> <p>Step 1: In the Dental Plan Selection section, use the drop-down menu to select the Dental Plan you wish to enroll in.</p>  <p>By default, the <i>New Enrollment</i> radio button is selected. If you do not wish to enroll in a dental plan, select the Decline Coverage radio button and skip to the next section.</p>	 <p>The screenshot shows the 'Dental Plan Selection' header and introductory text. Below, there are two radio buttons: 'New Enrollment' (selected) and 'Decline Coverage'. A dropdown menu for '*Dental Plan' is open, with 'Delta Enhanced II' highlighted and circled in red. Below the dropdown, there is a line of text: 'Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the FlexCash Plan document.'</p>
<p>Step 1a: 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 Select a Provider link to search for a Primary Dental Office ID.</p>	 <p>The screenshot shows the 'Dental Plan Selection' header and introductory text. Below, there are two radio buttons: 'New Enrollment' (selected) and 'Decline Coverage'. The '*Dental Plan' dropdown menu is set to 'DeltaCare USA - Enhanced'. Below this, there is a text input field for '*Primary Office ID Number' and a red-bordered button labeled 'Select a Provider'.</p>
<p>Enrolling in a Dental FlexCash Plan</p> <p>To enroll in a dental flex cash plan for the first time, follow steps 1-6 in Navigating to New Hire/Newly Eligible section on page 1 and then follow the steps below.</p> <p>Step 1: Under the Dental Plan Selection section, read the FlexCash coverage eligibility information to determine if you are eligible for the FlexCash plan.</p>	 <p>The screenshot shows the 'Dental Plan Selection' header and introductory text. Below, there are two radio buttons: 'New Enrollment' and 'Decline Coverage' (selected). The '*Dental Plan' dropdown menu is open. A red-bordered box highlights the text: 'Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the FlexCash Plan document.'</p>

Processing Steps	Screen Shots
<p>Step 2: If you are eligible for the FlexCash plan and would like to enroll in it, first select the Decline Coverage radio button to decline dental coverage.</p>	 <p>Dental Plan Selection</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 Benefits website for more information.</p> <p><input type="radio"/> New Enrollment <input checked="" 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 FlexCash Plan document.</p> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> Decline Coverage</p>
<p>Step 3: Select the New Enrollment radio button to enroll in a Dental FlexCash plan.</p> <p>Enter the following:</p> <ul style="list-style-type: none"> • Social Security Number: this is the social security number of the person who holds the alternate dental policy under which you are covered. • Insurance Carrier: the name of the alternate dental insurance carrier. • Policy Number: the policy number of the alternate dental insurance policy. 	 <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 FlexCash Plan document.</p> <p><input checked="" type="radio"/> New 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>Enrolling in a Vision Plan</p> <p>All employees are automatically enrolled in vision care benefits.</p> <p>When you add a dependent, you can elect to add Vision Coverage for them.</p> <p>Adding coverage for dependents is covered in the Enrolling Dependents in Health, Dental, and/or Vision Plan(s) section on page 9.</p>	 <p>Vision Plan</p> <p>The CSU provides vision coverage through Vision Service Plan (VSP). The CSU pays the full cost of your monthly premium. Please visit the Benefits website for more information.</p>

Processing Steps	Screen Shots
<p>Enrolling in a Flex Spending Health (HCRA) and/or Flex Spending Dependent (DCRA) Plan</p> <p>To enroll in a HCRA and/or DCRA plan for the first time, follow steps 1-6 in the Navigating to New Hire/Newly Eligible section on page 1 and then follow the steps below.</p> <p>Step 1: Under the Flex Spending Accounts section, read the information about the voluntary benefit plans: Health Care Reimbursement Account (HCRA) and Dependent Care Reimbursement Account (DCRA).</p> <p>Click on the hyperlinks to learn more about each plan.</p>	 <p>Flex Spending Accounts</p> <p>The Health Care Reimbursement Account (HCRA) is a voluntary benefit plan which allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars for you and your eligible dependents. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$208.33 (annual maximum is \$2500). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> No Enrollment</p> <hr/> <p>The Dependent Care Reimbursement Account (DCRA) is a voluntary benefit for eligible employees. DCRA offers you the ability to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible dependents include children under the age of 13, incapacitated spouse, or other adult dependents who you can claim as an exemption on your federal tax return. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$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"/> New Enrollment <input checked="" type="radio"/> No Enrollment</p>
<p>Step 2: To enroll in the Health Care Reimbursement Account (HCRA) plan, select the New Enrollment radio button.</p> <p>Then enter your monthly deduction amount in the Monthly HCRA Amount field.</p>	 <p>Flex Spending Accounts</p> <p>The Health Care Reimbursement Account (HCRA) is a voluntary benefit plan which allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars for you and your eligible dependents. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$208.33 (annual maximum is \$2500). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> <p><input checked="" type="radio"/> New Enrollment <input type="radio"/> No Enrollment</p> <p>*Monthly HCRA Amount 200</p>

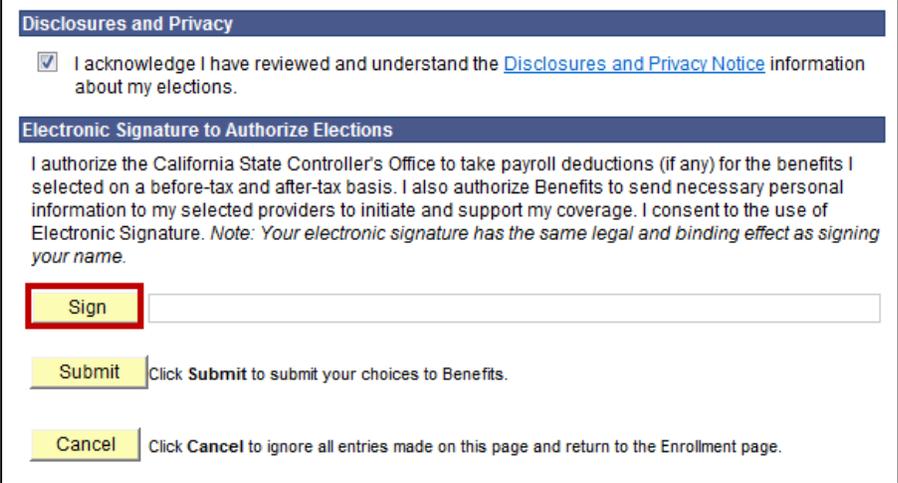
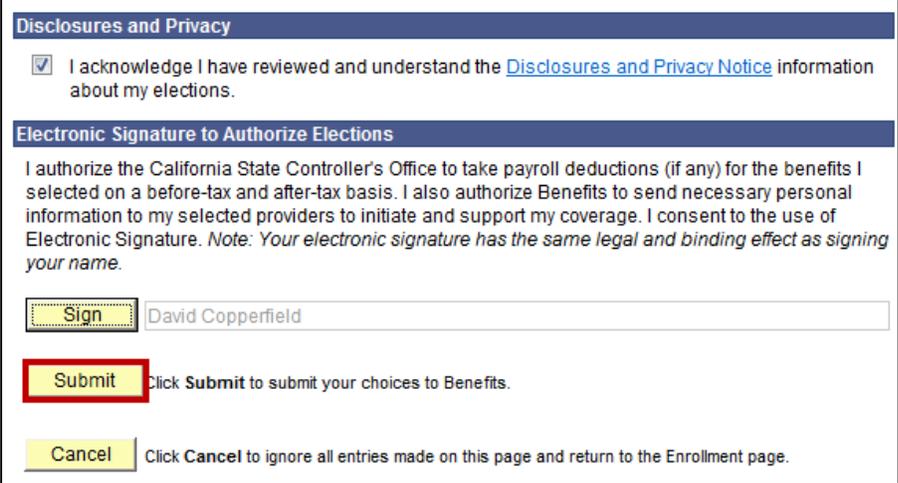
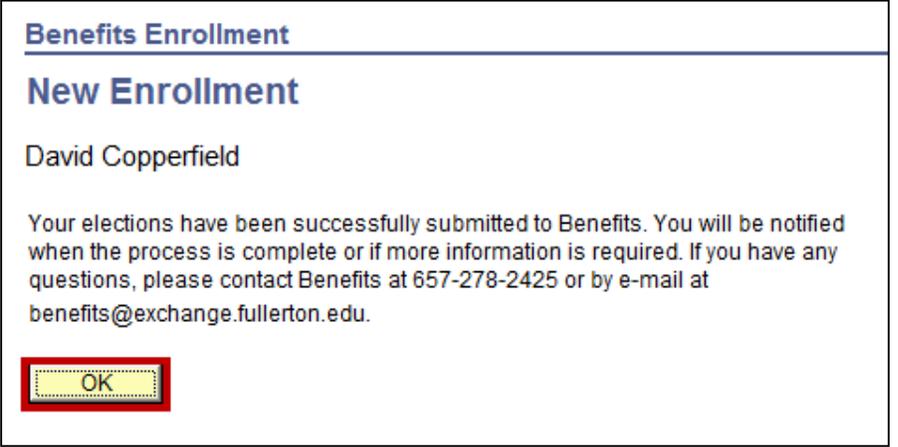
Processing Steps	Screen Shots
<p>Step 3: To enroll in the Dependent Care Reimbursement Account (DCRA) plan, select the New Enrollment radio button.</p> <p>Then enter your monthly deduction amount in the Monthly DCRA Amount field.</p>	 <p>Flex Spending Accounts</p> <p>The Health Care Reimbursement Account (HCRA) is a voluntary benefit plan which allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars for you and your eligible dependents. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$208.33 (annual maximum is \$2500). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> <p><input checked="" type="radio"/> New Enrollment <input type="radio"/> No Enrollment</p> <hr/> <p>The Dependent Care Reimbursement Account (DCRA) is a voluntary benefit for eligible employees. DCRA offers you the ability to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible dependents include children under the age of 13, incapacitated spouse, or other adult dependents who you can claim as an exemption on your federal tax return. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$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 checked="" type="radio"/> New Enrollment <input type="radio"/> No Enrollment</p> <p>*Monthly DCRA Amount 200</p>
<p>Enrolling Dependents in Health, Dental, and/or Vision Plan(s)</p> <p>To enroll your dependents in health, dental, and/or vision plans for the first time, follow steps 1-6 in the Navigating to New Hire/Newly Eligible section on page 1 and then follow the steps below.</p> <p> You must elect to enroll yourself in a benefit in order to extend the benefit to your dependent(s). I.e. to enroll a dependent in a health plan, you must have elected to enroll yourself in the same health plan.</p> <p>Step 1: Scroll down to the bottom of the New Enrollment page.</p> <p>Select Add New Dependent.</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>Add New Dependent</p> <p>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>

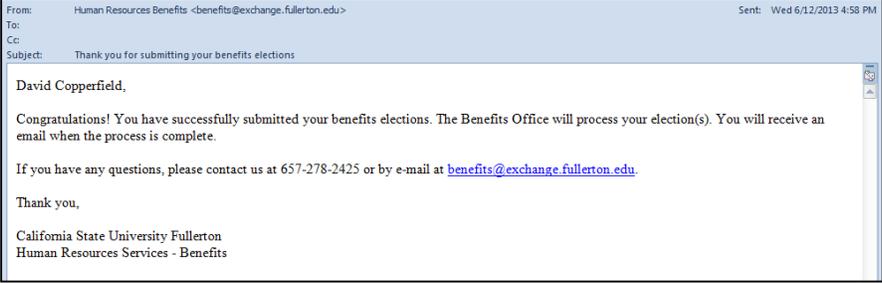
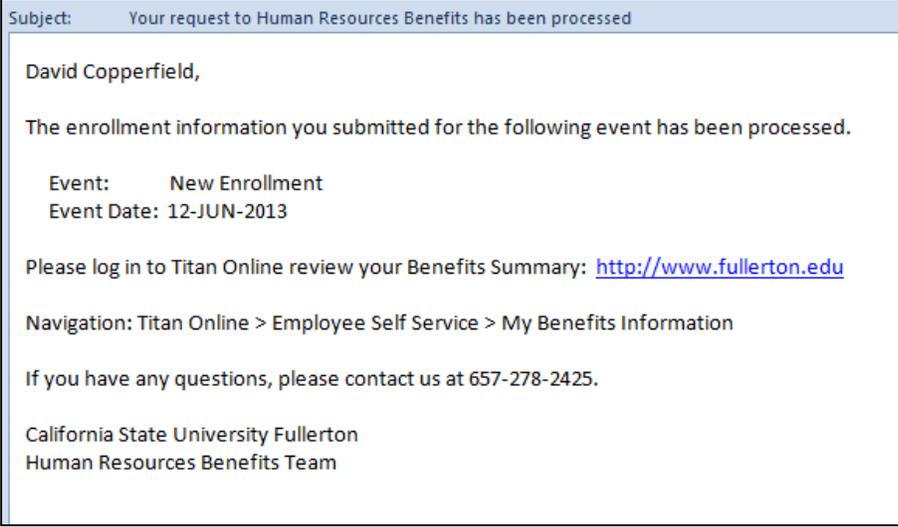
Processing Steps	Screen Shots
<p>Step 2: Enter the personal information of the new dependent.</p> <p> Fields marked with an asterisk (*) are required. Social Security Number is required for all dependents. If Social Security number is not available for a newborn, please provide it as soon as available.</p>	<div data-bbox="586 273 1474 926"> <h3>Dependent/Beneficiary Personal Information</h3> <p>David Copperfield</p> <p>Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jun 17, 2013.</p> <p>Personal Information</p> <p>*First Name: <input type="text" value="Clara"/></p> <p>Middle Name: <input type="text"/></p> <p>*Last Name: <input type="text" value="Copperfield"/></p> <p>Name Prefix: <input type="text"/> </p> <p>Name Suffix: <input type="text"/> </p> <p>*Gender: <input type="text" value="Female"/></p> <p>*Date of Birth: <input type="text" value="06/01/2000"/> </p> <p>SSN: <input type="text"/> (Social Security Number)</p> <p>*Relationship to Employee: <input type="text" value="Child"/></p> </div>
<p>Step 3: 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 Save.</p>	<div data-bbox="586 1018 1474 1663"> <p>Address and Telephone</p> <div data-bbox="597 1094 1031 1287" style="border: 2px solid red; padding: 5px;"> <p><input checked="" type="checkbox"/> Same Address as Employee</p> <p>Country: United States</p> <p>Address: 800 N State College Blvd Fullerton, CA 92834</p> </div> <div data-bbox="597 1360 1175 1491" style="border: 2px solid red; padding: 5px; margin-top: 10px;"> <p><input checked="" type="checkbox"/> Same Phone as Employee</p> <p>Phone: 714/278-7777 Home</p> </div> <p>* Required Field</p> <p><input type="button" value="Save"/></p> <p>Return to Continue</p> <p><input type="button" value="Cancel"/></p> </div>

Processing Steps	Screen Shots
<p>Step 4: You will receive a message indicating the save was successful. Click OK.</p>	
<p>Step 5: The new dependent's information appears. Scroll down and select Return to Continue.</p>	
<p>Step 6: The dependent you added appears in a table at the bottom of the New Enrollment screen. You may repeat steps 1-5 to add additional dependents.</p> <p>Use the drop-down menus to select which coverage you wish to add for each dependent.</p> <p>For employees enrolling in FlexCash, select FlexCash for each dependent.</p> <p> In the example on the right, the employee has added two dependents and has selected the benefits that they wish to enroll each dependent in.</p>	

Processing Steps	Screen Shots																		
<p>Completing New Enrollment Elections</p> <p>Step 1:</p> <p>Once you have made all of your elections on the New Enrollment page, click the Continue button at the bottom of the page.</p>	<div data-bbox="597 247 1198 625"> <p>Benefits Enrollment</p> <p>New Enrollment</p> <p>David Copperfield</p> <p>Use this page to enroll in Benefits as a new hire or newly benefits-eligible employee. If you have existing benefits through California State University Fullerton and need to make a change, you must use the Life Events or Open Enrollment Page.</p> <p>You must enroll in benefit plans within 60 days of employment/eligibility. Failure to enroll within the 60 day timeframe will delay the effective date of coverage. For questions regarding your benefits information, please contact Benefits at 657-278-2425 or you can visit the Benefits website.</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 here to complete the form.</p> <p>Instructions:</p> <ol style="list-style-type: none"> 1. Complete and sign the form. 2. Send the form to Human Resources at CP-700. Scanned copies sent by email will be accepted. <p>If you have any questions, please contact Human Resources at (657) 278-2425.</p> </div> <div data-bbox="597 640 1198 724"> <p>Marital Status</p> <p>Please indicate your current marital status.</p> <p>*Marital Status: Married</p> </div> <div data-bbox="597 735 1198 966"> <p>Health Plan Selection</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 Staff, Faculty, or MPP/Confidential employees section of the HR website for more information.</p> <p><input checked="" type="radio"/> New Enrollment <input type="radio"/> Decline Coverage</p> <p>*Health Plan: Kaiser HMO</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 FlexCash Plan document.</p> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> Decline Coverage</p> </div> <div data-bbox="597 976 1198 1207"> <p>Dental Plan Selection</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 Benefits website for more information.</p> <p><input checked="" type="radio"/> New Enrollment <input type="radio"/> Decline Coverage</p> <p>*Dental Plan: Delta Enhanced II</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 FlexCash Plan document.</p> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> Decline Coverage</p> </div> <div data-bbox="597 1218 1198 1281"> <p>Vision Plan</p> <p>The CSU provides vision coverage through Vision Service Plan (VSP). The CSU pays the full cost of your monthly premium. Please visit the Benefits website for more information.</p> </div> <div data-bbox="597 1291 1198 1617"> <p>Flex Spending Accounts</p> <p>The Health Care Reimbursement Account (HCRA) is a voluntary benefit plan which allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars for you and your eligible dependents. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$208.33 (annual maximum is \$2500). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> No Enrollment</p> <p>The Dependent Care Reimbursement Account (DCRA) is a voluntary benefit for eligible employees. DCRA offers you the ability to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible dependents include children under the age of 13, incapacitated spouse, or other adult dependents who you can claim as an exemption on your federal tax return. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$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"/> New Enrollment <input checked="" type="radio"/> No Enrollment</p> </div> <div data-bbox="597 1627 1198 1680"> <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="597 1690 1198 1827"> <p>Add New Dependent</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>Jay Bird</td> <td>09/22/1965</td> <td>DP Female</td> <td>Add</td> <td>Add</td> <td>Add</td> </tr> <tr> <td>Clara Coppfield</td> <td>06/01/2000</td> <td>Child</td> <td>Add</td> <td>Add</td> <td>Add</td> </tr> </tbody> </table> </div> <div data-bbox="597 1837 1198 1890"> <p>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>	Name	Birthdate	Relation	Health Coverage	Dental Coverage	Vision Coverage	Jay Bird	09/22/1965	DP Female	Add	Add	Add	Clara Coppfield	06/01/2000	Child	Add	Add	Add
Name	Birthdate	Relation	Health Coverage	Dental Coverage	Vision Coverage														
Jay Bird	09/22/1965	DP Female	Add	Add	Add														
Clara Coppfield	06/01/2000	Child	Add	Add	Add														

Processing Steps	Screen Shots
<p>Step 2: Review the information on this screen carefully before proceeding.</p> <p>Effective Date of Coverage: this section will indicate when your new elections will be effective.</p> <p>Supporting Documentation: this section will indicate if any additional documentation is needed by the CSUF Benefits office in order to finalize your elections.  If you do not provide this documentation, your benefits cannot be finalized.</p> <p>Disclosures and Privacy: click on the hyperlink in this section to read the disclosures and privacy information about the benefit plan(s) you have selected.</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="613 279 1471 310" style="border: 1px solid black; padding: 5px;"> <p>Benefits Enrollment</p> <hr/> <p>New Enrollment</p> <p>David Copperfield</p> <p>Effective Date of Coverage</p> <p>Benefits will notify you when your enrollment is complete. Health and Dental coverage becomes effective the first of the following month. Coverage for FlexCash Plans and Flexible Spending Accounts become effective the first of the second month.</p> <p>Example: If you make Health and/or Dental elections and provide all the supporting documents on 9/25/2013, they will be effective on 10/1/2013. However, if you elect FlexCash and/or enroll in a Flexible Spending Account on 9/25/2013, they will be effective on 11/1/2013.</p> <p>Benefit elections are not finalized until you provide the required supporting documentation to Benefits.</p> <p>Supporting Documentation</p> <p>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>To enroll a spouse, a marriage certificate must be provided to Benefits. If you cannot provide a copy of your marriage certificate, you will be required to complete an Affidavit of Marriage/Domestic Partnership.</p> <p>To enroll a domestic partner, a Declaration of Domestic Partnership must be provided to Benefits. Family Code section 297 defines domestic partners as individuals of the same sex or opposite sex if one/both is/are over the age of 62. Currently, health and dental benefits are subject to domestic partner imputed tax liability. Please visit the Domestic Partner Registry website for more information.</p> <p>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.</p> <p>Dependent children who are not the employee's natural children must live with the employee in a regular parent/child relationship and the child is economically dependent upon the employee. A completed Affidavit of Parent-Child Relationship stating the employee is in a parent/child relationship and the child is economically dependent upon the employee for 50% of the child's financial support and the child's social security number will be required at the time of enrollment.</p> <p>Disclosures and Privacy</p> <p><input checked="" type="checkbox"/> I acknowledge I have reviewed and understand the Disclosures and Privacy Notice information about my elections.</p> <p>Electronic Signature to Authorize Elections</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>Sign <input type="text"/></p> <p>Submit Click Submit to submit your choices to Benefits.</p> <p>Cancel Click Cancel to ignore all entries made on this page and return to the Enrollment page.</p> </div>

Processing Steps	Screen Shots
<p>Step 3: Click the Sign button to electronically authorize your elections.</p>	 <p>Disclosures and Privacy</p> <p><input checked="" type="checkbox"/> I acknowledge I have reviewed and understand the Disclosures and Privacy Notice information about my elections.</p> <p>Electronic Signature to Authorize Elections</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>Sign <input type="text"/></p> <p>Submit Click Submit to submit your choices to Benefits.</p> <p>Cancel Click Cancel to ignore all entries made on this page and return to the Enrollment page.</p>
<p>Step 4: Your name appears in the Sign field as an electronic signature.</p> <p>Click Submit 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>Disclosures and Privacy</p> <p><input checked="" type="checkbox"/> I acknowledge I have reviewed and understand the Disclosures and Privacy Notice information about my elections.</p> <p>Electronic Signature to Authorize Elections</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>Sign <input type="text" value="David Copperfield"/></p> <p>Submit Click Submit to submit your choices to Benefits.</p> <p>Cancel Click Cancel to ignore all entries made on this page and return to the Enrollment page.</p>
<p>Step 5: You will see a confirmation that your elections were successfully submitted to the CSUF Benefits office.</p> <p>Click OK.</p>	 <p>Benefits Enrollment</p> <p>New Enrollment</p> <p>David Copperfield</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 benefits@exchange.fullerton.edu.</p> <p>OK</p>

Processing Steps	Screen Shots
<p>Step 5a: You will also receive an email confirmation of your submission.</p>	 <p>From: Human Resources Benefits <benefits@exchange.fullerton.edu> Sent: Wed 6/12/2013 4:58 PM To: Cc: Subject: Thank you for submitting your benefits elections</p> <p>David Copperfield,</p> <p>Congratulations! You have successfully submitted your benefits elections. The Benefits Office will process your election(s). You will receive an email when the process is complete.</p> <p>If you have any questions, please contact us at 657-278-2425 or by e-mail at benefits@exchange.fullerton.edu.</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>David Copperfield,</p> <p>The enrollment information you submitted for the following event has been processed.</p> <p>Event: New Enrollment Event Date: 12-JUN-2013</p> <p>Please log in to Titan Online review your Benefits Summary: http://www.fullerton.edu</p> <p>Navigation: Titan Online > Employee Self Service > 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>